

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
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☒ a DFE (specify) <u>E</u> ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST PO BOX 7068 1620 BASS ROAD MACON, GA 31209
2b	Employer Identification Number (EIN) 83-3648130
2c	Plan Sponsor's telephone number 478-474-8411
2d	Business code (see instructions)

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	05/05/2025	RACHEL MOSELY
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	
a(2) Total number of active participants at the end of the plan year	6a(2)	
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
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)	
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)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	(1)	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	(2)	☐ Code section 412(e)(3) insurance contracts
(3)	☐ Trust	(3)	☐ Trust
(4)	☐ General assets of the sponsor	(4)	☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) ☐ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) ☐ **DCG** (Individual Plan Information) – Number Attached _____

(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information – Small Plan)

(3) ☒ **A** (Insurance Information) – Number Attached 1

(4) ☒ **C** (Service Provider Information)

(5) ☒ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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 146266918

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024		
A Name of plan	B Three-digit plan number (PN)	501
GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST		
83-3648130		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
ANTHEM LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0980405	10345	0000	4716	08/01/2023	07/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☒ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2452664
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 08/01/2023 and ending 07/31/2024

A Name of plan GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST	D Employer Identification Number (EIN) 83-3648130

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).. ☐ 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
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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)

BLUE CROSS BLUE SHIELD HEALTHCARE P

58-1638390

(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?
12	N/A	1355785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONSOLIPLEX GEORGIA AGRICULTURE

84-3886744

(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 15 16	N/A	181037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MALONEY + NOVOTNY LLC

34-0677006

(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 16	N/A	40995	Yes ☐ No ☒	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)

NAVIA BENEFIT SOLUTIONS

91-1467758

(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?
38	N/A	16082	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNTINGTON NATIONAL BANK

31-0966785

(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?
28	N/A	8832	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED HEALTH ACTUARIAL SERVICES

04-3738148

(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?
11	N/A	5465	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
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(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 08/01/2023 and ending 07/31/2024					
A Name of plan GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST				B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST				D Employer Identification Number (EIN) 83-3648130	
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:					
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)		
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)		
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)		
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					

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
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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
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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
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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
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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
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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 1792 CAPITAL LLC GFB BENEFIT PLAN		
b Name of plan sponsor	1792 CAPITAL LLC	c EIN-PN 88-3784525-501
a Plan name 1860 LLC GFB BENEFIT PLAN		
b Name of plan sponsor	1860 LLC	c EIN-PN 83-4462146-501
a Plan name 200 CLUB OF THE COASTAL EMPIRE GFB BENEFIT PLAN		
b Name of plan sponsor	200 CLUB OF THE COASTAL EMPIRE	c EIN-PN 31-1766874-501
a Plan name 343 AMBULANCE GFB BENEFIT PLAN		
b Name of plan sponsor	343 AMBULANCE	c EIN-PN 82-3991191-501
a Plan name 360 IRON FITNESS, LLC GFB BENEFIT PLAN		
b Name of plan sponsor	360 IRON FITNESS, LLC	c EIN-PN 85-1898079-501
a Plan name 3F PROPERTIES, LLC GFB BENEFIT PLAN		
b Name of plan sponsor	3F PROPERTIES, LLC	c EIN-PN 20-3225364-501
a Plan name 3RD STARR INVESTMENTS GFB BENEFIT PLAN		
b Name of plan sponsor	3RD STARR INVESTMENTS	c EIN-PN 83-1765205-501
a Plan name 4 ELEMENTS ART GFB BENEFIT PLAN		
b Name of plan sponsor	4 ELEMENTS ART	c EIN-PN 86-1706063-501
a Plan name 4 H FARMS GFB BENEFIT PLAN		
b Name of plan sponsor	4 H FARMS	c EIN-PN 47-3117918-501
a Plan name 4-M RANCH LLC GFB BENEFIT PLAN		
b Name of plan sponsor	4-M RANCH LLC	c EIN-PN 84-2153566-501
a Plan name 76 DENTAL PARTNERS, LLC GFB BENEFIT PLAN		
b Name of plan sponsor	76 DENTAL PARTNERS, LLC	c EIN-PN 85-2855434-501
a Plan name 911 NORTHEAST GEORGIA GFB BENEFIT PLAN		
b Name of plan sponsor	911 NORTHEAST GEORGIA	c EIN-PN 88-3348792-501

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	A PRINTERS INK GFB BENEFIT PLAN
b	Name of plan sponsor	A PRINTERS INK
c	EIN-PN	71-0985759-501
a	Plan name	A-1 WRECKER SERVICES GFB BENEFIT PLAN
b	Name of plan sponsor	A-1 WRECKER SERVICES
c	EIN-PN	58-2121940-501
a	Plan name	AAA GLOBAL TECHNOLOGIES LLC GFB BENEFIT PLAN
b	Name of plan sponsor	AAA GLOBAL TECHNOLOGIES LLC
c	EIN-PN	47-1146690-501
a	Plan name	ABE ENTERPRISES, INC GFB BENEFIT PLAN
b	Name of plan sponsor	ABE ENTERPRISES, INC
c	EIN-PN	58-2313103-501
a	Plan name	ABS FRANCHISING LLC GFB BENEFIT PLAN
b	Name of plan sponsor	ABS FRANCHISING LLC
c	EIN-PN	58-2660975-501
a	Plan name	ACCESS BENEFIT SOLUTIONS, INC GFB BENEFIT PLAN
b	Name of plan sponsor	ACCESS BENEFIT SOLUTIONS, INC
c	EIN-PN	27-3245156-501
a	Plan name	ACM VETERINARY LLC GFB BENEFIT PLAN
b	Name of plan sponsor	ACM VETERINARY LLC
c	EIN-PN	84-2678262-501
a	Plan name	ADAMS LAW FIRM GFB BENEFIT PLAN
b	Name of plan sponsor	ADAMS LAW FIRM
c	EIN-PN	45-4100875-501
a	Plan name	ADDED TOUCH CATERING GFB BENEFIT PLAN
b	Name of plan sponsor	ADDED TOUCH CATERING
c	EIN-PN	93-2686089-501
a	Plan name	ADVANCE CARE HEATING & COOLING GFB BENEFIT PLAN
b	Name of plan sponsor	ADVANCE CARE HEATING & COOLING
c	EIN-PN	82-4725057-501
a	Plan name	ADVANCED ACCESS PRODUCTS GFB BENEFIT PLAN
b	Name of plan sponsor	ADVANCED ACCESS PRODUCTS
c	EIN-PN	46-2455284-501
a	Plan name	ADVANCED WAREHOUSING TECHNOLOGIES LLC GFB BENEFIT PLAN
b	Name of plan sponsor	ADVANCED WAREHOUSING TECHNOLOGIES LLC
c	EIN-PN	93-3620799-501

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 AERIAL TITAN INC GFB BENEFIT PLAN	
b	Name of plan sponsor AERIAL TITAN INC	c EIN-PN 46-1185110-501
a	Plan name AGILE INTERNATIONAL LLC GFB BENEFIT PLAN	
b	Name of plan sponsor AGILE INTERNATIONAL LLC	c EIN-PN 26-4750017-501
a	Plan name AGRIVENTURES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor AGRIVENTURES LLC	c EIN-PN 45-4116056-501
a	Plan name AHAVA EARLY LEARNING CENTER GFB BENEFIT PLAN	
b	Name of plan sponsor AHAVA EARLY LEARNING CENTER	c EIN-PN 47-3734097-501
a	Plan name AIKEN HARPER ELECTRICAL SERVICES INC GFB BENEFIT PLAN	
b	Name of plan sponsor AIKEN HARPER ELECTRICAL SERVICES INC	c EIN-PN 20-2355915-501
a	Plan name AILEGAL LAW AND LU LLP GFB BENEFIT PLAN	
b	Name of plan sponsor AILEGAL LAW AND LU LLP	c EIN-PN 86-2463353-501
a	Plan name AL ROWLAND GFB BENEFIT PLAN	
b	Name of plan sponsor AL ROWLAND	c EIN-PN 58-2656802-501
a	Plan name ALL OR NOTHING, INC GFB BENEFIT PLAN	
b	Name of plan sponsor ALL OR NOTHING, INC	c EIN-PN 54-2153176-501
a	Plan name ALL TECH HEATING AND COOLING INC. GFB BENEFIT PLAN	
b	Name of plan sponsor ALL TECH HEATING AND COOLING INC.	c EIN-PN 58-1774733-501
a	Plan name ALLISON LANE HOMES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor ALLISON LANE HOMES LLC	c EIN-PN 84-4340212-501
a	Plan name ALLISON METAL FABRICATION GFB BENEFIT PLAN	
b	Name of plan sponsor ALLISON METAL FABRICATION	c EIN-PN 58-1315658-501
a	Plan name ALLWOOD CABINETS AND FURNITURE GFB BENEFIT PLAN	
b	Name of plan sponsor ALLWOOD CABINETS AND FURNITURE	c EIN-PN 27-1405968-501

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 ALPHA DEVELOPMENT AND RESIDENTIAL, INC GFB BENEFIT PLAN	
b	Name of plan sponsor ALPHA DEVELOPMENT AND RESIDENTIAL, INC	c EIN-PN 20-0891141-501
a	Plan name ALPHARETTA CHAMBER OF COMMERCE GFB BENEFIT PLAN	
b	Name of plan sponsor ALPHARETTA CHAMBER OF COMMERCE	c EIN-PN 46-3730379-501
a	Plan name ALTAMAHA BROILERS GFB BENEFIT PLAN	
b	Name of plan sponsor ALTAMAHA BROILERS	c EIN-PN 27-1524414-501
a	Plan name ALTAMIRA INSTRUMENTS GFB BENEFIT PLAN	
b	Name of plan sponsor ALTAMIRA INSTRUMENTS	c EIN-PN 85-3792284-501
a	Plan name ALTO AG LLC GFB BENEFIT PLAN	
b	Name of plan sponsor ALTO AG LLC	c EIN-PN 40-8678927-501
a	Plan name ALUMINIUM BAHRAIN US INC GFB BENEFIT PLAN	
b	Name of plan sponsor ALUMINIUM BAHRAIN US INC	c EIN-PN 61-1753602-501
a	Plan name AMAC HOLDINGS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor AMAC HOLDINGS LLC	c EIN-PN 81-5246686-501
a	Plan name AMACHER BROTHERS CONSTRUCTION COMPANY GFB BENEFIT PLAN	
b	Name of plan sponsor AMACHER BROTHERS CONSTRUCTION COMPANY	c EIN-PN 58-0832621-501
a	Plan name AMERICAN EAGLE LLC GFB BENEFIT PLAN	
b	Name of plan sponsor AMERICAN EAGLE LLC	c EIN-PN 87-3239100-501
a	Plan name AML CONSTRUCTION AND CONTRACTING, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor AML CONSTRUCTION AND CONTRACTING, LLC	c EIN-PN 20-3496591-501
a	Plan name ANDERSON AND SON INC. GFB BENEFIT PLAN	
b	Name of plan sponsor ANDERSON AND SON INC.	c EIN-PN 55-0902573-501
a	Plan name ANDREW T MECCA MD PC GFB BENEFIT PLAN	
b	Name of plan sponsor ANDREW T MECCA MD PC	c EIN-PN 04-3731976-501

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 ANIMAL WELLNESS CENTER OF ATHENS, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor ANIMAL WELLNESS CENTER OF ATHENS, LLC	c	EIN-PN 47-2388637-501
a	Plan name ANSLEY DEVELOPER SERVICES GROUP LLC GFB BENEFIT PLAN		
b	Name of plan sponsor ANSLEY DEVELOPER SERVICES GROUP LLC	c	EIN-PN 99-1804686-501
a	Plan name APRIL ARTS CORPORATION GFB BENEFIT PLAN		
b	Name of plan sponsor APRIL ARTS CORPORATION	c	EIN-PN 58-2218319-501
a	Plan name APT ROSWELL GA LLC GFB BENEFIT PLAN		
b	Name of plan sponsor APT ROSWELL GA LLC	c	EIN-PN 92-1595731-501
a	Plan name ARDENT LOANS LLC GFB BENEFIT PLAN		
b	Name of plan sponsor ARDENT LOANS LLC	c	EIN-PN 88-3457450-501
a	Plan name ARENA BIOPHARMA CONSULTING GFB BENEFIT PLAN		
b	Name of plan sponsor ARENA BIOPHARMA CONSULTING	c	EIN-PN 99-0758881-501
a	Plan name ARETE SERVICES MANAGEMENT GROUP GFB BENEFIT PLAN		
b	Name of plan sponsor ARETE SERVICES MANAGEMENT GROUP	c	EIN-PN 46-4000597-501
a	Plan name ARMSTRONG CONSTRUCTION COMPANY, INC GFB BENEFIT PLAN		
b	Name of plan sponsor ARMSTRONG CONSTRUCTION COMPANY, INC	c	EIN-PN 20-4657828-501
a	Plan name ARNOLD BROTHERS FARM PARTNERSHIP GFB BENEFIT PLAN		
b	Name of plan sponsor ARNOLD BROTHERS FARM PARTNERSHIP	c	EIN-PN 47-3246890-501
a	Plan name ARROWOOD ENVIRONMENTAL GROUP, INC GFB BENEFIT PLAN		
b	Name of plan sponsor ARROWOOD ENVIRONMENTAL GROUP, INC	c	EIN-PN 16-1704519-502
a	Plan name ARROWOOD SUPPLY COMPANY, INC GFB BENEFIT PLAN		
b	Name of plan sponsor ARROWOOD SUPPLY COMPANY, INC	c	EIN-PN 20-8575049-501
a	Plan name ASH ELECTRIC COMPANY INC GFB BENEFIT PLAN		
b	Name of plan sponsor ASH ELECTRIC COMPANY INC	c	EIN-PN 58-2275415-501

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	ASO HOLDINGS, INC GFB BENEFIT PLAN
b	Name of plan sponsor	ASO HOLDINGS, INC
c	EIN-PN	45-2205870-501
a	Plan name	ASSESSIVATE LLC GFB BENEFIT PLAN
b	Name of plan sponsor	ASSESSIVATE LLC
c	EIN-PN	83-1800106-501
a	Plan name	ATHENS GAS AND WELDING SUPPLY, INC GFB BENEFIT PLAN
b	Name of plan sponsor	ATHENS GAS AND WELDING SUPPLY, INC
c	EIN-PN	26-2305260-501
a	Plan name	ATHENS ROOFING GFB BENEFIT PLAN
b	Name of plan sponsor	ATHENS ROOFING
c	EIN-PN	46-1578627-501
a	Plan name	ATLANTA CLASSIC TREE GFB BENEFIT PLAN
b	Name of plan sponsor	ATLANTA CLASSIC TREE
c	EIN-PN	58-1872619-501
a	Plan name	ATLANTA COMPRESSOR, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	ATLANTA COMPRESSOR, LLC
c	EIN-PN	47-2687638-501
a	Plan name	ATLANTA DEVELOPMENTAL CONSULTANTS GFB BENEFIT PLAN
b	Name of plan sponsor	ATLANTA DEVELOPMENTAL CONSULTANTS
c	EIN-PN	58-2343338-502
a	Plan name	ATLANTA RESOURCE FOUNDATION GFB BENEFIT PLAN
b	Name of plan sponsor	ATLANTA RESOURCE FOUNDATION
c	EIN-PN	58-1895227-501
a	Plan name	ATLANTIC FLOORING SOLUTIONS, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	ATLANTIC FLOORING SOLUTIONS, LLC
c	EIN-PN	83-2302133-501
a	Plan name	AUMCORE LLC GFB BENEFIT PLAN
b	Name of plan sponsor	AUMCORE LLC
c	EIN-PN	27-2113689-501
a	Plan name	AUSTIN C HARALSON GFB BENEFIT PLAN
b	Name of plan sponsor	AUSTIN C HARALSON
c	EIN-PN	67-3077120-501
a	Plan name	AUTEN ENTERPRISES, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	AUTEN ENTERPRISES, LLC
c	EIN-PN	27-2366473-501

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	AVANDE, INC. GFB BENEFIT PLAN
b	Name of plan sponsor	AVANDE, INC.
c	EIN-PN	81-1577674-501
a	Plan name	AVERYS REFRIGERATION SERVICE LLC GFB BENEFIT PLAN
b	Name of plan sponsor	AVERYS REFRIGERATION SERVICE LLC
c	EIN-PN	87-2807846-501
a	Plan name	AVITR TEC INC GFB BENEFIT PLAN
b	Name of plan sponsor	AVITR TEC INC
c	EIN-PN	88-4143962-501
a	Plan name	AXIS CONSTRUCTION COMPANY GFB BENEFIT PLAN
b	Name of plan sponsor	AXIS CONSTRUCTION COMPANY
c	EIN-PN	47-1394019-501
a	Plan name	AXIS LEADERSHIP, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	AXIS LEADERSHIP, LLC
c	EIN-PN	92-2316180-501
a	Plan name	B & L DISPOSAL INC GFB BENEFIT PLAN
b	Name of plan sponsor	B & L DISPOSAL INC
c	EIN-PN	58-2596177-501
a	Plan name	BACK HOME STRUCTURES LLC GFB BENEFIT PLAN
b	Name of plan sponsor	BACK HOME STRUCTURES LLC
c	EIN-PN	83-2533966-501
a	Plan name	BAILEYS FARMS GFB BENEFIT PLAN
b	Name of plan sponsor	BAILEYS FARMS
c	EIN-PN	58-2389170-501
a	Plan name	BARE NAKED FARMS INC GFB BENEFIT PLAN
b	Name of plan sponsor	BARE NAKED FARMS INC
c	EIN-PN	26-2218952-501
a	Plan name	BARNES GIBSONS PARTNER ARCHITECTS, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	BARNES GIBSONS PARTNER ARCHITECTS, LLC
c	EIN-PN	46-2381517-501
a	Plan name	BARRY FLURER GFB BENEFIT PLAN
b	Name of plan sponsor	BARRY FLURER
c	EIN-PN	48-2769941-501
a	Plan name	BARTLETT FAMILY WINDER, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	BARTLETT FAMILY WINDER, LLC
c	EIN-PN	46-2854628-501

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 BASIN CO LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BASIN CO LLC	c EIN-PN 46-4724724-501
a	Plan name BAXLEY ELECTRIC COMPANY INC. GFB BENEFIT PLAN	
b	Name of plan sponsor BAXLEY ELECTRIC COMPANY INC.	c EIN-PN 58-2572246-501
a	Plan name BBR PROPERTIES GFB BENEFIT PLAN	
b	Name of plan sponsor BBR PROPERTIES	c EIN-PN 58-2202281-501
a	Plan name BEALL DENTAL CENTER GFB BENEFIT PLAN	
b	Name of plan sponsor BEALL DENTAL CENTER	c EIN-PN 03-0466925-501
a	Plan name BECCARIA VENTURES, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BECCARIA VENTURES, LLC	c EIN-PN 92-3998781-501
a	Plan name BECK 4 PROPERTIES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BECK 4 PROPERTIES LLC	c EIN-PN 81-1258932-501
a	Plan name BEN ATTAWAY LOGGING INC GFB BENEFIT PLAN	
b	Name of plan sponsor BEN ATTAWAY LOGGING INC	c EIN-PN 03-0438331-501
a	Plan name BENNETT PAINTING INC GFB BENEFIT PLAN	
b	Name of plan sponsor BENNETT PAINTING INC	c EIN-PN 65-1195691-501
a	Plan name BENTON BROTHERS SOLUTIONS, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor BENTON BROTHERS SOLUTIONS, INC.	c EIN-PN 58-2306345-501
a	Plan name BFP MANAGEMENT LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BFP MANAGEMENT LLC	c EIN-PN 82-0869952-501
a	Plan name BI-CITY BODY WORKS, INC GFB BENEFIT PLAN	
b	Name of plan sponsor BI-CITY BODY WORKS, INC	c EIN-PN 58-1625002-502
a	Plan name BIG CREEK AGRICULTURE, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor BIG CREEK AGRICULTURE, INC.	c EIN-PN 84-2337028-502

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 BILL FANCHER & ASSOCIATES GFB BENEFIT PLAN	
b	Name of plan sponsor BILL FANCHER & ASSOCIATES	c EIN-PN 58-1137495-501
a	Plan name BILL SPALDING WEALTH MANAGEMENT GFB BENEFIT PLAN	
b	Name of plan sponsor BILL SPALDING WEALTH MANAGEMENT	c EIN-PN 58-2282108-501
a	Plan name BLACKOUT SOLUTIONS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BLACKOUT SOLUTIONS LLC	c EIN-PN 84-3921880-501
a	Plan name BLAKE EDENFIELD FARMS INC. GFB BENEFIT PLAN	
b	Name of plan sponsor BLAKE EDENFIELD FARMS INC.	c EIN-PN 81-0932963-501
a	Plan name BLESSED BEYOND MEASURE GFB BENEFIT PLAN	
b	Name of plan sponsor BLESSED BEYOND MEASURE	c EIN-PN 31-1839443-501
a	Plan name BLIND CREATIONS, INC GFB BENEFIT PLAN	
b	Name of plan sponsor BLIND CREATIONS, INC	c EIN-PN 58-2600496-501
a	Plan name BLOWING SPRINGS KENNEL LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BLOWING SPRINGS KENNEL LLC	c EIN-PN 27-0227199-501
a	Plan name BLUE POINT MOBILE SOLUTIONS GFB BENEFIT PLAN	
b	Name of plan sponsor BLUE POINT MOBILE SOLUTIONS	c EIN-PN 82-0688639-501
a	Plan name BLUE RIDGE POULTRY, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BLUE RIDGE POULTRY, LLC	c EIN-PN 80-0562363-501
a	Plan name BLUE SKY PAPERS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BLUE SKY PAPERS LLC	c EIN-PN 26-0137080-501
a	Plan name BLUEGRASS REAL ESTATE, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor BLUEGRASS REAL ESTATE, INC.	c EIN-PN 82-3509875-501
a	Plan name BLUESTOR NETWORK SERVICES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BLUESTOR NETWORK SERVICES LLC	c EIN-PN 20-2450533-501

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	BLUETIE TECHNOLOGIES LLC GFB BENEFIT PLAN
b	Name of plan sponsor	BLUETIE TECHNOLOGIES LLC
c	EIN-PN	87-2547078-501
a	Plan name	BOBBY SWANSON CONTRUCTION GFB BENEFIT PLAN
b	Name of plan sponsor	BOBBY SWANSON CONTRUCTION
c	EIN-PN	58-2502338-501
a	Plan name	BOBBY WELCH CONSTRUCTION CO., INC. GFB BENEFIT PLAN
b	Name of plan sponsor	BOBBY WELCH CONSTRUCTION CO., INC.
c	EIN-PN	58-1601051-501
a	Plan name	BORO SUBS INC GFB BENEFIT PLAN
b	Name of plan sponsor	BORO SUBS INC
c	EIN-PN	46-2542701-501
a	Plan name	BOSTICK FARM GFB BENEFIT PLAN
b	Name of plan sponsor	BOSTICK FARM
c	EIN-PN	25-2681931-501
a	Plan name	BOSWELL MACHINED PRODUCTS GFB BENEFIT PLAN
b	Name of plan sponsor	BOSWELL MACHINED PRODUCTS
c	EIN-PN	57-0802084-501
a	Plan name	BOWEN & SONS INC GFB BENEFIT PLAN
b	Name of plan sponsor	BOWEN & SONS INC
c	EIN-PN	31-1837609-501
a	Plan name	BOWLINE INVESTMENT GROUP LLC GFB BENEFIT PLAN
b	Name of plan sponsor	BOWLINE INVESTMENT GROUP LLC
c	EIN-PN	88-2707499-501
a	Plan name	BOYD FAMILY DENTISTRY LLC GFB BENEFIT PLAN
b	Name of plan sponsor	BOYD FAMILY DENTISTRY LLC
c	EIN-PN	83-1128159-501
a	Plan name	BP DESIGNS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	BP DESIGNS LLC
c	EIN-PN	46-2760774-501
a	Plan name	BRADEN BENEFIT STRATEGIES, INC GFB BENEFIT PLAN
b	Name of plan sponsor	BRADEN BENEFIT STRATEGIES, INC
c	EIN-PN	58-2664316-501
a	Plan name	BRASWELL CONSTRUCTION GFB BENEFIT PLAN
b	Name of plan sponsor	BRASWELL CONSTRUCTION
c	EIN-PN	74-3060375-501

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 BRAZELL CREEK LAND & TIMBER GFB BENEFIT PLAN	
b	Name of plan sponsor BRAZELL CREEK LAND & TIMBER	c EIN-PN 26-3883921-501
a	Plan name BRINA BEADS INC. GFB BENEFIT PLAN	
b	Name of plan sponsor BRINA BEADS INC.	c EIN-PN 14-1868762-501
a	Plan name BRINK DESIGN LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BRINK DESIGN LLC	c EIN-PN 82-1499655-501
a	Plan name BRISTOL ENGINEERED METALS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BRISTOL ENGINEERED METALS LLC	c EIN-PN 26-2784182-501
a	Plan name BROOKS & WARNER LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BROOKS & WARNER LLC	c EIN-PN 27-0304595-501
a	Plan name BROWN EQUIPMENT CO., INC. GFB BENEFIT PLAN	
b	Name of plan sponsor BROWN EQUIPMENT CO., INC.	c EIN-PN 58-1371784-501
a	Plan name BROWNS ELECTRIC GFB BENEFIT PLAN	
b	Name of plan sponsor BROWNS ELECTRIC	c EIN-PN 26-4146250-501
a	Plan name BRYANT BUILT OF GEORGIA LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BRYANT BUILT OF GEORGIA LLC	c EIN-PN 47-1366960-501
a	Plan name BTS FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor BTS FARMS	c EIN-PN 27-2274584-501
a	Plan name BUCKLAND LAW LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BUCKLAND LAW LLC	c EIN-PN 92-3477584-501
a	Plan name BUCKLEY SERVICES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor BUCKLEY SERVICES LLC	c EIN-PN 90-0916358-501
a	Plan name BUCK'S ELECTRIC, INC GFB BENEFIT PLAN	
b	Name of plan sponsor BUCKS ELECTRIC, INC	c EIN-PN 58-2360080-501

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 BUGBUSTERS PEST CONTROL, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor BUGBUSTERS PEST CONTROL, LLC	c	EIN-PN 87-1649373-501
a	Plan name BULLDAWG PHARM LLC GFB BENEFIT PLAN		
b	Name of plan sponsor BULLDAWG PHARM LLC	c	EIN-PN 83-4164466-501
a	Plan name BULLOCH BOLT GFB BENEFIT PLAN		
b	Name of plan sponsor BULLOCH BOLT	c	EIN-PN 58-2444995-501
a	Plan name BULLOCH GIN, INC GFB BENEFIT PLAN		
b	Name of plan sponsor BULLOCH GIN, INC	c	EIN-PN 58-1800972-501
a	Plan name BURGERS OF DOUGHERTY, INC GFB BENEFIT PLAN		
b	Name of plan sponsor BURGERS OF DOUGHERTY, INC	c	EIN-PN 58-0875523-501
a	Plan name BUSINESS CARDS INC GFB BENEFIT PLAN		
b	Name of plan sponsor BUSINESS CARDS INC	c	EIN-PN 58-2101212-502
a	Plan name BUTLER LANDSCAPE MGMT, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor BUTLER LANDSCAPE MGMT, LLC	c	EIN-PN 46-2986308-501
a	Plan name C HAMILTON AND ASSOCIATES INC GFB BENEFIT PLAN		
b	Name of plan sponsor C HAMILTON AND ASSOCIATES INC	c	EIN-PN 56-2327631-501
a	Plan name C PERGERSON CONSTRUCTION LLC GFB BENEFIT PLAN		
b	Name of plan sponsor C PERGERSON CONSTRUCTION LLC	c	EIN-PN 82-0629082-501
a	Plan name C&H INDUSTRIAL, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor C&H INDUSTRIAL, LLC	c	EIN-PN 58-2356414-501
a	Plan name CABANISS DAIRY LLC GFB BENEFIT PLAN		
b	Name of plan sponsor CABANISS DAIRY LLC	c	EIN-PN 58-2371612-501
a	Plan name CABINET CONCEPTS LLC GFB BENEFIT PLAN		
b	Name of plan sponsor CABINET CONCEPTS LLC	c	EIN-PN 83-2892931-501

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	CAGLE LAND TIMBER AND REAL ESTATE GFB BENEFIT PLAN	
b	Name of plan sponsor	CAGLE LAND TIMBER AND REAL ESTATE	c EIN-PN 27-1690813-501
a	Plan name	CAIL TOOL & MACHINERY GFB BENEFIT PLAN	
b	Name of plan sponsor	CAIL TOOL & MACHINERY	c EIN-PN 58-1893858-501
a	Plan name	CAJANNI FARM LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	CAJANNI FARM LLC	c EIN-PN 84-4982329-501
a	Plan name	CALHOUN DESIGN & METALWORKS GFB BENEFIT PLAN	
b	Name of plan sponsor	CALHOUN DESIGN & METALWORKS	c EIN-PN 58-2139378-501
a	Plan name	CALIBRATION CONTROLS & AUTOMATION GFB BENEFIT PLAN	
b	Name of plan sponsor	CALIBRATION CONTROLS & AUTOMATION	c EIN-PN 13-4251866-501
a	Plan name	CALL GLOBAL SOLUTIONS GFB BENEFIT PLAN	
b	Name of plan sponsor	CALL GLOBAL SOLUTIONS	c EIN-PN 45-3642642-501
a	Plan name	CAMPBELL VETERINARY HOSPITAL,LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	CAMPBELL VETERINARY HOSPITAL,LLC	c EIN-PN 85-1210198-501
a	Plan name	CANDID CONSTRUCTION LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	CANDID CONSTRUCTION LLC	c EIN-PN 46-3849457-501
a	Plan name	CAPITOL CYCLE CO GFB BENEFIT PLAN	
b	Name of plan sponsor	CAPITOL CYCLE CO	c EIN-PN 58-1599934-502
a	Plan name	CARBON CONSTRUCTION, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	CARBON CONSTRUCTION, LLC	c EIN-PN 27-1660261-501
a	Plan name	CARDINAL CREEK PROPERTIES, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	CARDINAL CREEK PROPERTIES, LLC	c EIN-PN 85-2902395-501
a	Plan name	CARL CHAPMAN PC GFB BENEFIT PLAN	
b	Name of plan sponsor	CARL CHAPMAN PC	c EIN-PN 83-1360869-501

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 CARTER MACHINE WORKS GFB BENEFIT PLAN		
b	Name of plan sponsor CARTER MACHINE WORKS	c EIN-PN 58-2592902-501	
a	Plan name CEDAR ROCK FARM, INC. GFB BENEFIT PLAN		
b	Name of plan sponsor CEDAR ROCK FARM, INC.	c EIN-PN 58-2577425-501	
a	Plan name CELEBRATING GRACE INC GFB BENEFIT PLAN		
b	Name of plan sponsor CELEBRATING GRACE INC	c EIN-PN 27-0654208-501	
a	Plan name CENTURION POULTRY, INC. GFB BENEFIT PLAN		
b	Name of plan sponsor CENTURION POULTRY, INC.	c EIN-PN 58-1955206-502	
a	Plan name CENTURY INTERNATIONAL FOODS GFB BENEFIT PLAN		
b	Name of plan sponsor CENTURY INTERNATIONAL FOODS	c EIN-PN 58-1770513-501	
a	Plan name CHAD THE HVAC BUTLER GFB BENEFIT PLAN		
b	Name of plan sponsor CHAD THE HVAC BUTLER	c EIN-PN 82-0916373-501	
a	Plan name CHAMBLEY ELECTRIC CO. GFB BENEFIT PLAN		
b	Name of plan sponsor CHAMBLEY ELECTRIC CO.	c EIN-PN 92-0605674-501	
a	Plan name CHAMPION GREEN TURF & ORNAMENTAL SERVICES LLC GFB BENEFIT PLAN		
b	Name of plan sponsor CHAMPION GREEN TURF & ORNAMENTAL SERVICES LLC	c EIN-PN 58-2560964-501	
a	Plan name CHANCELLOR'S MENS STORE GFB BENEFIT PLAN		
b	Name of plan sponsor CHANCELLORS MENS STORE	c EIN-PN 26-0676317-501	
a	Plan name CHAPPELL MILL TREES, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor CHAPPELL MILL TREES, LLC	c EIN-PN 05-0539557-501	
a	Plan name CHARLES E CRUMLEY ELECTRIC INC GFB BENEFIT PLAN		
b	Name of plan sponsor CHARLES E CRUMLEY ELECTRIC INC	c EIN-PN 26-1869678-501	
a	Plan name CHASTAIN BUILDING SERVICES, LLC. GFB BENEFIT PLAN		
b	Name of plan sponsor CHASTAIN BUILDING SERVICES, LLC.	c EIN-PN 45-2406289-501	

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 CHATTAHOOCHEE MARKETING GROUP GFB BENEFIT PLAN	
b	Name of plan sponsor CHATTAHOOCHEE MARKETING GROUP	c EIN-PN 20-0386399-502
a	Plan name CHATTAHOOCHEE RAFTING COMPANY, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor CHATTAHOOCHEE RAFTING COMPANY, LLC	c EIN-PN 46-2467427-501
a	Plan name CHATTAHOOCHEE TIMBER COMPANY GFB BENEFIT PLAN	
b	Name of plan sponsor CHATTAHOOCHEE TIMBER COMPANY	c EIN-PN 20-1377122-501
a	Plan name CHAUNCEY FARM SUPPLY COMPANY GFB BENEFIT PLAN	
b	Name of plan sponsor CHAUNCEY FARM SUPPLY COMPANY	c EIN-PN 58-1236664-501
a	Plan name CHEROKEE FOREST INC GFB BENEFIT PLAN	
b	Name of plan sponsor CHEROKEE FOREST INC	c EIN-PN 20-8679330-501
a	Plan name CHESLEY ENTERPRISES, INC GFB BENEFIT PLAN	
b	Name of plan sponsor CHESLEY ENTERPRISES, INC	c EIN-PN 81-4219167-501
a	Plan name CHESTATEE GROWERS, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor CHESTATEE GROWERS, INC.	c EIN-PN 58-2322326-502
a	Plan name CHICKEN TRAX LLC GFB BENEFIT PLAN	
b	Name of plan sponsor CHICKEN TRAX LLC	c EIN-PN 65-1178308-501
a	Plan name CHILDRESS FAMILY PARTNERSHIP GFB BENEFIT PLAN	
b	Name of plan sponsor CHILDRESS FAMILY PARTNERSHIP	c EIN-PN 84-4287538-501
a	Plan name CHRIS LEACH ENTERPRISES INC. GFB BENEFIT PLAN	
b	Name of plan sponsor CHRIS LEACH ENTERPRISES INC.	c EIN-PN 20-2540242-501
a	Plan name CHUCK HILL CONSTRUCTION CO., INC. GFB BENEFIT PLAN	
b	Name of plan sponsor CHUCK HILL CONSTRUCTION CO., INC.	c EIN-PN 58-2432433-501
a	Plan name CHUCK'S AUTO REPAIR GFB BENEFIT PLAN	
b	Name of plan sponsor CHUCKS AUTO REPAIR	c EIN-PN 47-1569687-501

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	CIRCLE C FARMS INC GFB BENEFIT PLAN	
b	Name of plan sponsor	CIRCLE C FARMS INC	c EIN-PN 58-1591607-501
a	Plan name	CKING INVESTMENT CORPORATION GFB BENEFIT PLAN	
b	Name of plan sponsor	CKING INVESTMENT CORPORATION	c EIN-PN 27-0948986-501
a	Plan name	CLASSIC CABINETS GFB BENEFIT PLAN	
b	Name of plan sponsor	CLASSIC CABINETS	c EIN-PN 58-2202307-501
a	Plan name	CLASSIC CITY ORTHODONTICS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	CLASSIC CITY ORTHODONTICS LLC	c EIN-PN 38-4130312-501
a	Plan name	CLAXTON BAKERY INC GFB BENEFIT PLAN	
b	Name of plan sponsor	CLAXTON BAKERY INC	c EIN-PN 58-0908117-501
a	Plan name	CLAXTON OIL COMPANY GFB BENEFIT PLAN	
b	Name of plan sponsor	CLAXTON OIL COMPANY	c EIN-PN 58-0899175-502
a	Plan name	CLAY STRANGE FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor	CLAY STRANGE FARMS	c EIN-PN 25-6634515-501
a	Plan name	CLIFTON FOREST AND APPRAISAL INC GFB BENEFIT PLAN	
b	Name of plan sponsor	CLIFTON FOREST AND APPRAISAL INC	c EIN-PN 58-2117972-502
a	Plan name	CLOUD RUSH LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	CLOUD RUSH LLC	c EIN-PN 46-8884709-501
a	Plan name	CMMA LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	CMMA LLC	c EIN-PN 81-4134336-501
a	Plan name	CNG ENTERPRISES II, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	CNG ENTERPRISES II, LLC	c EIN-PN 26-1825969-501
a	Plan name	COAST TO COAST CONTENT CLEANING & PACKOUTS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	COAST TO COAST CONTENT CLEANING & PACKOUTS LLC	c EIN-PN 88-1049442-501

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 COASTAL EMPIRE ENTERPRISES LLC GFB BENEFIT PLAN		
b	Name of plan sponsor COASTAL EMPIRE ENTERPRISES LLC	c EIN-PN 20-5882734-501	
a	Plan name COASTAL FOREST PRODUCTS INC GFB BENEFIT PLAN		
b	Name of plan sponsor COASTAL FOREST PRODUCTS INC	c EIN-PN 58-2376038-501	
a	Plan name COASTAL LASER GRADING, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor COASTAL LASER GRADING, LLC	c EIN-PN 88-3813939-501	
a	Plan name COLONY PEANUT AND STORAGE INC GFB BENEFIT PLAN		
b	Name of plan sponsor COLONY PEANUT AND STORAGE INC	c EIN-PN 58-1566689-501	
a	Plan name COLONY PECAN NURSERY LLC GFB BENEFIT PLAN		
b	Name of plan sponsor COLONY PECAN NURSERY LLC	c EIN-PN 83-1743057-501	
a	Plan name COLUMBUS BUSINESS SERVICE GFB BENEFIT PLAN		
b	Name of plan sponsor COLUMBUS BUSINESS SERVICE	c EIN-PN 58-2510335-501	
a	Plan name COLUMBUS CABINET COMPANY INC GFB BENEFIT PLAN		
b	Name of plan sponsor COLUMBUS CABINET COMPANY INC	c EIN-PN 58-0810185-502	
a	Plan name COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY GFB BENEFIT PLAN		
b	Name of plan sponsor COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY	c EIN-PN 58-2381589-501	
a	Plan name COMMUNITY ROOTS LLC GFB BENEFIT PLAN		
b	Name of plan sponsor COMMUNITY ROOTS LLC	c EIN-PN 85-2100158-502	
a	Plan name COMPLETE COVERAGE PAINTING, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor COMPLETE COVERAGE PAINTING, LLC	c EIN-PN 83-0537352-501	
a	Plan name COMPLETE PROPERTY MAINTENANCE OF ATLANTA, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor COMPLETE PROPERTY MAINTENANCE OF ATLANTA, LLC	c EIN-PN 81-5474118-501	
a	Plan name CONCRETE COATINGS OF THE SOUTH GFB BENEFIT PLAN		
b	Name of plan sponsor CONCRETE COATINGS OF THE SOUTH	c EIN-PN 82-4502379-501	

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 CONCRETE STRUCTURES MANAGEMENT GFB BENEFIT PLAN		
b	Name of plan sponsor CONCRETE STRUCTURES MANAGEMENT	c	EIN-PN 81-3619309-501
a	Plan name COOK REDLANDS CORPORATION GFB BENEFIT PLAN		
b	Name of plan sponsor COOK REDLANDS CORPORATION	c	EIN-PN 36-3009948-501
a	Plan name COPPENRATH USA LP GFB BENEFIT PLAN		
b	Name of plan sponsor COPPENRATH USA LP	c	EIN-PN 20-8743969-501
a	Plan name CORBETT BROTHERS FARMS GFB BENEFIT PLAN		
b	Name of plan sponsor CORBETT BROTHERS FARMS	c	EIN-PN 83-1642774-501
a	Plan name CORE PHYSICAL THERAPY GFB BENEFIT PLAN		
b	Name of plan sponsor CORE PHYSICAL THERAPY	c	EIN-PN 20-5988044-502
a	Plan name COTT LAW GROUP GFB BENEFIT PLAN		
b	Name of plan sponsor COTT LAW GROUP	c	EIN-PN 45-2528537-501
a	Plan name COX RESTAURANT ENTERPRISES LTD GFB BENEFIT PLAN		
b	Name of plan sponsor COX RESTAURANT ENTERPRISES LTD	c	EIN-PN 58-1967595-501
a	Plan name COZART REALTY LLC GFB BENEFIT PLAN		
b	Name of plan sponsor COZART REALTY LLC	c	EIN-PN 81-1138160-502
a	Plan name CRANES AND CONSTRUCTION EQUIPMENT LLC GFB BENEFIT PLAN		
b	Name of plan sponsor CRANES AND CONSTRUCTION EQUIPMENT LLC	c	EIN-PN 46-4758210-501
a	Plan name CREATIVE WHOLESALE DISTRIBUTORS INC GFB BENEFIT PLAN		
b	Name of plan sponsor CREATIVE WHOLESALE DISTRIBUTORS INC	c	EIN-PN 58-1764781-501
a	Plan name CREEKSIDE CUSTOM CABINETS GFB BENEFIT PLAN		
b	Name of plan sponsor CREEKSIDE CUSTOM CABINETS	c	EIN-PN 84-2701119-501
a	Plan name CROOKED CREEK FARMS INC GFB BENEFIT PLAN		
b	Name of plan sponsor CROOKED CREEK FARMS INC	c	EIN-PN 26-4357873-501

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 CROSS PLAINS TRADING COMPANY GFB BENEFIT PLAN		
b	Name of plan sponsor CROSS PLAINS TRADING COMPANY	c	EIN-PN 46-3406661-501
a	Plan name CROSS PLUMBING INC GFB BENEFIT PLAN		
b	Name of plan sponsor CROSS PLUMBING INC	c	EIN-PN 58-1925470-501
a	Plan name CROWE FARMS - BOGART GA, LLC. GFB BENEFIT PLAN		
b	Name of plan sponsor CROWE FARMS - BOGART GA, LLC.	c	EIN-PN 82-1239205-501
a	Plan name CRS EXCAVATING GFB BENEFIT PLAN		
b	Name of plan sponsor CRS EXCAVATING	c	EIN-PN 83-3258016-501
a	Plan name CURTIS L IVEY JR GFB BENEFIT PLAN		
b	Name of plan sponsor CURTIS L IVEY JR	c	EIN-PN 58-1361534-501
a	Plan name CUSTOM HOMES BY JEFF, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor CUSTOM HOMES BY JEFF, LLC	c	EIN-PN 58-2629833-501
a	Plan name D & R WOOD PRODUCTS GFB BENEFIT PLAN		
b	Name of plan sponsor D & R WOOD PRODUCTS	c	EIN-PN 58-2616783-501
a	Plan name D 'N A HEATING & AIR GFB BENEFIT PLAN		
b	Name of plan sponsor D N A HEATING & AIR	c	EIN-PN 45-5268872-501
a	Plan name D R STUBBS FARM GFB BENEFIT PLAN		
b	Name of plan sponsor D R STUBBS FARM	c	EIN-PN 58-2646299-501
a	Plan name DALLAS METAL PRODUCTS GFB BENEFIT PLAN		
b	Name of plan sponsor DALLAS METAL PRODUCTS	c	EIN-PN 58-2605565-501
a	Plan name DAN RIC, INC GFB BENEFIT PLAN		
b	Name of plan sponsor DAN RIC, INC	c	EIN-PN 58-1315271-501
a	Plan name DANA BURTON GFB BENEFIT PLAN		
b	Name of plan sponsor DANA BURTON	c	EIN-PN 99-1491316-501

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	DANGIE CONSTRUCTION INC GFB BENEFIT PLAN	
b	Name of plan sponsor	DANGIE CONSTRUCTION INC	c EIN-PN 27-5466769-501
a	Plan name	DANIEL CUSTOM CONSTRUCTION, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	DANIEL CUSTOM CONSTRUCTION, LLC	c EIN-PN 26-4285002-501
a	Plan name	DANIEL MORRELL FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor	DANIEL MORRELL FARMS	c EIN-PN 46-1734497-501
a	Plan name	DASHER CONCRETE SERVICES, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	DASHER CONCRETE SERVICES, INC	c EIN-PN 58-1474806-501
a	Plan name	DAVID WILLIAMS PLUMBING LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	DAVID WILLIAMS PLUMBING LLC	c EIN-PN 88-3754145-501
a	Plan name	DAVIS AIRTECH INC GFB BENEFIT PLAN	
b	Name of plan sponsor	DAVIS AIRTECH INC	c EIN-PN 58-1423439-501
a	Plan name	DAVIS PLUMBING COMPANY INC GFB BENEFIT PLAN	
b	Name of plan sponsor	DAVIS PLUMBING COMPANY INC	c EIN-PN 58-2357178-501
a	Plan name	DAYS BUSINESS SERVICE INC GFB BENEFIT PLAN	
b	Name of plan sponsor	DAYS BUSINESS SERVICE INC	c EIN-PN 58-2076137-501
a	Plan name	DBG & ASSOCIATES, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	DBG & ASSOCIATES, LLC	c EIN-PN 20-1631934-501
a	Plan name	DEAN VINSON PROPERTIES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	DEAN VINSON PROPERTIES LLC	c EIN-PN 25-5294113-501
a	Plan name	DEEP SOUTH CS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	DEEP SOUTH CS LLC	c EIN-PN 26-1268151-501
a	Plan name	DEGOLIAN REALTY GFB BENEFIT PLAN	
b	Name of plan sponsor	DEGOLIAN REALTY	c EIN-PN 83-0705096-501

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 DESIGN ACCENTS UNLIMITED GFB BENEFIT PLAN	
b	Name of plan sponsor DESIGN ACCENTS UNLIMITED	c EIN-PN 11-3679080-501
a	Plan name DESIGN TECHNOLOGY SYSTEMS INC GFB BENEFIT PLAN	
b	Name of plan sponsor DESIGN TECHNOLOGY SYSTEMS INC	c EIN-PN 58-2246745-501
a	Plan name DESPORTES FAMILY LIMITED PARTNERSHIP GFB BENEFIT PLAN	
b	Name of plan sponsor DESPORTES FAMILY LIMITED PARTNERSHIP	c EIN-PN 58-2455442-501
a	Plan name DEWEY A DAVIS JR GFB BENEFIT PLAN	
b	Name of plan sponsor DEWEY A DAVIS JR	c EIN-PN 58-1993135-502
a	Plan name DICKEY FARMS, INC GFB BENEFIT PLAN	
b	Name of plan sponsor DICKEY FARMS, INC	c EIN-PN 58-1920579-501
a	Plan name DIGITAL CONCEALMENT SYSTEMS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor DIGITAL CONCEALMENT SYSTEMS LLC	c EIN-PN 26-4482215-501
a	Plan name DIVERSIFIED PLUMBING CONTRACTORS GFB BENEFIT PLAN	
b	Name of plan sponsor DIVERSIFIED PLUMBING CONTRACTORS	c EIN-PN 20-3208673-501
a	Plan name DIXON RESTAURANT GROUP LLC GFB BENEFIT PLAN	
b	Name of plan sponsor DIXON RESTAURANT GROUP LLC	c EIN-PN 41-2256492-501
a	Plan name DOBBS DEALER DEVELOPMENT GROUP, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor DOBBS DEALER DEVELOPMENT GROUP, LLC	c EIN-PN 58-2350315-501
a	Plan name DON CHUCHO'S INC. GFB BENEFIT PLAN	
b	Name of plan sponsor DON CHUCHOS INC.	c EIN-PN 30-0113721-501
a	Plan name DOORSMITH INC. GFB BENEFIT PLAN	
b	Name of plan sponsor DOORSMITH INC.	c EIN-PN 01-0676223-501
a	Plan name DOUBLE L FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor DOUBLE L FARMS	c EIN-PN 47-3243705-501

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	DOUBLE Q PECAN COMPANY LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	DOUBLE Q PECAN COMPANY LLC	c EIN-PN 81-3739506-501
a	Plan name	DOUGLAS CHAMBERS DAIRIES, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor	DOUGLAS CHAMBERS DAIRIES, INC.	c EIN-PN 58-1413509-501
a	Plan name	DOVETAIL CIVIL DESIGN INC GFB BENEFIT PLAN	
b	Name of plan sponsor	DOVETAIL CIVIL DESIGN INC	c EIN-PN 26-3812253-502
a	Plan name	DOWNS HEATING & AIR GFB BENEFIT PLAN	
b	Name of plan sponsor	DOWNS HEATING & AIR	c EIN-PN 26-2813558-501
a	Plan name	DREGER PLUMBING COMPANY INC GFB BENEFIT PLAN	
b	Name of plan sponsor	DREGER PLUMBING COMPANY INC	c EIN-PN 58-1567969-501
a	Plan name	DRIGGERS COUNTRY MARKET GFB BENEFIT PLAN	
b	Name of plan sponsor	DRIGGERS COUNTRY MARKET	c EIN-PN 81-3271162-501
a	Plan name	DSW, ENJOY THE JOURNEY, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	DSW, ENJOY THE JOURNEY, LLC	c EIN-PN 82-4368924-501
a	Plan name	DUKES ELECTRIC COMPANY INC GFB BENEFIT PLAN	
b	Name of plan sponsor	DUKES ELECTRIC COMPANY INC	c EIN-PN 58-1902928-501
a	Plan name	E MISSION ADVISORY GFB BENEFIT PLAN	
b	Name of plan sponsor	E MISSION ADVISORY	c EIN-PN 93-2332344-501
a	Plan name	E&S METROLOGY GFB BENEFIT PLAN	
b	Name of plan sponsor	E&S METROLOGY	c EIN-PN 26-1190958-502
a	Plan name	EARTHSCAPE DESIGNS, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	EARTHSCAPE DESIGNS, INC	c EIN-PN 58-2371125-502
a	Plan name	EAST COAST CARPENTRY LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	EAST COAST CARPENTRY LLC	c EIN-PN 92-2997729-501

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 EBERLY & COLLARD PUBLIC RELATIONS, INC GFB BENEFIT PLAN		
b Name of plan sponsor	EBERLY & COLLARD PUBLIC RELATIONS, INC	c EIN-PN 47-2686034-501
a Plan name ECCO BELLA FARMS LLC GFB BENEFIT PLAN		
b Name of plan sponsor	ECCO BELLA FARMS LLC	c EIN-PN 87-3805406-501
a Plan name ECHO ACRES, LLC GFB BENEFIT PLAN		
b Name of plan sponsor	ECHO ACRES, LLC	c EIN-PN 84-4083344-501
a Plan name EDD W DUNN & SONS GFB BENEFIT PLAN		
b Name of plan sponsor	EDD W DUNN & SONS	c EIN-PN 58-1467003-501
a Plan name EDWARD L WALKER GFB BENEFIT PLAN		
b Name of plan sponsor	EDWARD L WALKER	c EIN-PN 27-3046097-501
a Plan name EFM UNDERGROUND, LLC GFB BENEFIT PLAN		
b Name of plan sponsor	EFM UNDERGROUND, LLC	c EIN-PN 26-4586506-501
a Plan name EGE CORPORATION GFB BENEFIT PLAN		
b Name of plan sponsor	EGE CORPORATION	c EIN-PN 25-1911244-501
a Plan name EGGER TURO PUMPS, N A GFB BENEFIT PLAN		
b Name of plan sponsor	EGGER TURO PUMPS, N A	c EIN-PN 20-8177682-501
a Plan name EISENHOWER VET LLC GFB BENEFIT PLAN		
b Name of plan sponsor	EISENHOWER VET LLC	c EIN-PN 26-1729237-501
a Plan name ELITE LANDSCAPING SERVICES GFB BENEFIT PLAN		
b Name of plan sponsor	ELITE LANDSCAPING SERVICES	c EIN-PN 27-0981831-501
a Plan name ELMWOOD PROPERTIES LCC GFB BENEFIT PLAN		
b Name of plan sponsor	ELMWOOD PROPERTIES LCC	c EIN-PN 82-2638961-501
a Plan name EMANUEL PEANUT AND GRAIN LLC GFB BENEFIT PLAN		
b Name of plan sponsor	EMANUEL PEANUT AND GRAIN LLC	c EIN-PN 20-2656819-501

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	ENGINEERED ELECTRIC GFB BENEFIT PLAN
b	Name of plan sponsor	ENGINEERED ELECTRIC
c	EIN-PN	58-1878911-501
a	Plan name	ENT CONSULTANTS OF NORTH ATLANTA LLC GFB BENEFIT PLAN
b	Name of plan sponsor	ENT CONSULTANTS OF NORTH ATLANTA LLC
c	EIN-PN	99-2074829-501
a	Plan name	ERIKA READE LTD GFB BENEFIT PLAN
b	Name of plan sponsor	ERIKA READE LTD
c	EIN-PN	58-1682624-502
a	Plan name	ETHAN LINDSEY GFB BENEFIT PLAN
b	Name of plan sponsor	ETHAN LINDSEY
c	EIN-PN	25-5996861-501
a	Plan name	EXPRESS TUNE AND LUBE GFB BENEFIT PLAN
b	Name of plan sponsor	EXPRESS TUNE AND LUBE
c	EIN-PN	58-1983919-501
a	Plan name	EXXON 21 LLC GFB BENEFIT PLAN
b	Name of plan sponsor	EXXON 21 LLC
c	EIN-PN	81-4994951-501
a	Plan name	F&F FARMING LLC GFB BENEFIT PLAN
b	Name of plan sponsor	F&F FARMING LLC
c	EIN-PN	82-3768195-501
a	Plan name	FELSER LAW GROUP GFB BENEFIT PLAN
b	Name of plan sponsor	FELSER LAW GROUP
c	EIN-PN	58-2521744-501
a	Plan name	FENCEWORKS OF GA, INC. GFB BENEFIT PLAN
b	Name of plan sponsor	FENCEWORKS OF GA, INC.
c	EIN-PN	90-0290826-501
a	Plan name	FILLITALIA CORP GFB BENEFIT PLAN
b	Name of plan sponsor	FILLITALIA CORP
c	EIN-PN	80-0023984-501
a	Plan name	FINISHLINE AUTO INC GFB BENEFIT PLAN
b	Name of plan sponsor	FINISHLINE AUTO INC
c	EIN-PN	26-1705418-501
a	Plan name	FIRECRACKER HILL, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	FIRECRACKER HILL, LLC
c	EIN-PN	01-0641148-501

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	FIRST ADVISORS NATIONAL GFB BENEFIT PLAN	
b	Name of plan sponsor	FIRST ADVISORS NATIONAL	c EIN-PN 80-0865240-501
a	Plan name	FITNESS DEPOT GFB BENEFIT PLAN	
b	Name of plan sponsor	FITNESS DEPOT	c EIN-PN 58-1488672-501
a	Plan name	FLUX CONSTRUCTION INC GFB BENEFIT PLAN	
b	Name of plan sponsor	FLUX CONSTRUCTION INC	c EIN-PN 27-0912026-501
a	Plan name	FOREHAND LOGGING CO. INC. GFB BENEFIT PLAN	
b	Name of plan sponsor	FOREHAND LOGGING CO. INC.	c EIN-PN 58-1679298-501
a	Plan name	FORESTER SOLUTIONS INC GFB BENEFIT PLAN	
b	Name of plan sponsor	FORESTER SOLUTIONS INC	c EIN-PN 84-2541358-501
a	Plan name	FORSYTH LANDSCAPE SUPPLY, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	FORSYTH LANDSCAPE SUPPLY, LLC	c EIN-PN 85-4348696-501
a	Plan name	FORTIS CONTRACTING GROUP GFB BENEFIT PLAN	
b	Name of plan sponsor	FORTIS CONTRACTING GROUP	c EIN-PN 64-0895893-501
a	Plan name	FOUR PAWS ANIMAL HOSPITAL GFB BENEFIT PLAN	
b	Name of plan sponsor	FOUR PAWS ANIMAL HOSPITAL	c EIN-PN 58-2024027-501
a	Plan name	FOUR SEASONS LANDSCAPING GFB BENEFIT PLAN	
b	Name of plan sponsor	FOUR SEASONS LANDSCAPING	c EIN-PN 58-1278285-501
a	Plan name	FRANKLIN CONSTRUCTION, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	FRANKLIN CONSTRUCTION, LLC	c EIN-PN 46-0902160-501
a	Plan name	FRANKS & WHITE LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	FRANKS & WHITE LLC	c EIN-PN 11-3642806-501
a	Plan name	FREEDOM DOOR SPECIALISTS GFB BENEFIT PLAN	
b	Name of plan sponsor	FREEDOM DOOR SPECIALISTS	c EIN-PN 84-4695149-501

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	FRIEDMAN & MARTIN LLP GFB BENEFIT PLAN	
b	Name of plan sponsor	FRIEDMAN & MARTIN LLP	c EIN-PN 58-2058577-501
a	Plan name	FRONKO'S, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor	FRONKOS, INC.	c EIN-PN 57-1148501-501
a	Plan name	FSR HOMES INC. GFB BENEFIT PLAN	
b	Name of plan sponsor	FSR HOMES INC.	c EIN-PN 58-2158265-501
a	Plan name	FULL CIRCLE BENEFIT SOLUTIONS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	FULL CIRCLE BENEFIT SOLUTIONS, LLC	c EIN-PN 83-2314095-501
a	Plan name	FULL CIRCLE FARM SANCTUARY INC GFB BENEFIT PLAN	
b	Name of plan sponsor	FULL CIRCLE FARM SANCTUARY INC	c EIN-PN 36-4735749-501
a	Plan name	FULL TURN CHURCH INC GFB BENEFIT PLAN	
b	Name of plan sponsor	FULL TURN CHURCH INC	c EIN-PN 27-3652788-501
a	Plan name	FUSSELL INVESTMENT GROUP GFB BENEFIT PLAN	
b	Name of plan sponsor	FUSSELL INVESTMENT GROUP	c EIN-PN 46-4126712-501
a	Plan name	G & M ACQUISITION GROUP, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	G & M ACQUISITION GROUP, LLC	c EIN-PN 26-2991653-502
a	Plan name	GAB LAND CLEARING LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GAB LAND CLEARING LLC	c EIN-PN 86-1211149-501
a	Plan name	GAINESVILLE IMAGING ASSOCIATES GFB BENEFIT PLAN	
b	Name of plan sponsor	GAINESVILLE IMAGING ASSOCIATES	c EIN-PN 20-3387086-501
a	Plan name	GAR MECHANICAL INC GFB BENEFIT PLAN	
b	Name of plan sponsor	GAR MECHANICAL INC	c EIN-PN 82-0993279-501
a	Plan name	GARDNER TRIAL ATTORNEYS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GARDNER TRIAL ATTORNEYS, LLC	c EIN-PN 46-4193916-501

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	GARLAND & ASSOCIATES CONTRACTORS INC GFB BENEFIT PLAN	
b	Name of plan sponsor	GARLAND & ASSOCIATES CONTRACTORS INC	c EIN-PN 20-3484700-501
a	Plan name	GARRETT AND ROBINSON GFB BENEFIT PLAN	
b	Name of plan sponsor	GARRETT AND ROBINSON	c EIN-PN 16-1703969-501
a	Plan name	GARRETT THOMAS & FAZIO GFB BENEFIT PLAN	
b	Name of plan sponsor	GARRETT THOMAS & FAZIO	c EIN-PN 58-1202556-501
a	Plan name	GARRETTS TRANSMISSION LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GARRETTS TRANSMISSION LLC	c EIN-PN 27-4402322-501
a	Plan name	GAVIN REED FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor	GAVIN REED FARMS	c EIN-PN 25-2996790-501
a	Plan name	GENE AND MATT TRACTOR SALES, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	GENE AND MATT TRACTOR SALES, INC	c EIN-PN 58-1343475-501
a	Plan name	GENE COOK ASSOCIATES INC GFB BENEFIT PLAN	
b	Name of plan sponsor	GENE COOK ASSOCIATES INC	c EIN-PN 20-8670962-501
a	Plan name	GENUINE GEORGIA GROUP GFB BENEFIT PLAN	
b	Name of plan sponsor	GENUINE GEORGIA GROUP	c EIN-PN 26-3802377-501
a	Plan name	GENUINE MAPPING AND DESIGN GFB BENEFIT PLAN	
b	Name of plan sponsor	GENUINE MAPPING AND DESIGN	c EIN-PN 47-5574247-501
a	Plan name	GEORGETOWN BEVERAGES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GEORGETOWN BEVERAGES LLC	c EIN-PN 83-2271543-501
a	Plan name	GEORGETOWN CSA GFB BENEFIT PLAN	
b	Name of plan sponsor	GEORGETOWN CSA	c EIN-PN 23-7423128-501
a	Plan name	GEORGIA AIR SPECIALISTS GFB BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA AIR SPECIALISTS	c EIN-PN 81-1266616-501

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 GEORGIA CATTLEMEN'S ASSOCIATION, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor GEORGIA CATTLEMENS ASSOCIATION, INC.	c EIN-PN 58-0968048-501
a	Plan name GEORGIA CLIMATE CONTROL INC GFB BENEFIT PLAN	
b	Name of plan sponsor GEORGIA CLIMATE CONTROL INC	c EIN-PN 14-1897865-501
a	Plan name GEORGIA EMPIRE CONTRACTING LLC GFB BENEFIT PLAN	
b	Name of plan sponsor GEORGIA EMPIRE CONTRACTING LLC	c EIN-PN 88-1835922-501
a	Plan name GEORGIA GUNITE & POOL CO GFB BENEFIT PLAN	
b	Name of plan sponsor GEORGIA GUNITE & POOL CO	c EIN-PN 58-2536012-501
a	Plan name GEORGIA MACHINE WORKS, INC GFB BENEFIT PLAN	
b	Name of plan sponsor GEORGIA MACHINE WORKS, INC	c EIN-PN 20-2939677-501
a	Plan name GEORGIA PLASTIC SURGERY GFB BENEFIT PLAN	
b	Name of plan sponsor GEORGIA PLASTIC SURGERY	c EIN-PN 58-1932588-501
a	Plan name GEORGIA POULTRY FEDERATION GFB BENEFIT PLAN	
b	Name of plan sponsor GEORGIA POULTRY FEDERATION	c EIN-PN 58-0611036-501
a	Plan name GEORGIA TIMBER LLC GFB BENEFIT PLAN	
b	Name of plan sponsor GEORGIA TIMBER LLC	c EIN-PN 35-2325051-501
a	Plan name GETTING FRESH, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor GETTING FRESH, LLC	c EIN-PN 27-3822585-501
a	Plan name GLASS FARMS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor GLASS FARMS LLC	c EIN-PN 20-8502577-501
a	Plan name GLAZIER NATION LLC GFB BENEFIT PLAN	
b	Name of plan sponsor GLAZIER NATION LLC	c EIN-PN 84-3958400-501
a	Plan name GLEITER FARMS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor GLEITER FARMS LLC	c EIN-PN 87-3072027-501

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	GLEN WILLIAMS CONTRACTOR, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor	GLEN WILLIAMS CONTRACTOR, INC.	c EIN-PN 59-2683919-501
a	Plan name	GLENN FAMILY FARMS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GLENN FAMILY FARMS, LLC	c EIN-PN 45-5434423-501
a	Plan name	GLOBAL DIRECT SUPPLIERS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GLOBAL DIRECT SUPPLIERS, LLC	c EIN-PN 47-1361409-501
a	Plan name	GM SERVICES INC GFB BENEFIT PLAN	
b	Name of plan sponsor	GM SERVICES INC	c EIN-PN 58-1926209-501
a	Plan name	GNATS LANDING OF STATESBORO LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GNATS LANDING OF STATESBORO LLC	c EIN-PN 26-0446309-502
a	Plan name	GNF, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	GNF, INC	c EIN-PN 58-2593027-501
a	Plan name	GOBLE SAW SHOP INC GFB BENEFIT PLAN	
b	Name of plan sponsor	GOBLE SAW SHOP INC	c EIN-PN 58-1651575-502
a	Plan name	GOFF APPRAISAL SERVICE GFB BENEFIT PLAN	
b	Name of plan sponsor	GOFF APPRAISAL SERVICE	c EIN-PN 20-5861635-501
a	Plan name	GOLDEN BROTHERS CO GFB BENEFIT PLAN	
b	Name of plan sponsor	GOLDEN BROTHERS CO	c EIN-PN 58-0522344-501
a	Plan name	GOLDEN EAGLE AG LABOR CONTRACTING, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GOLDEN EAGLE AG LABOR CONTRACTING, LLC	c EIN-PN 83-3119406-501
a	Plan name	GRANITE COUNTERTOPS UNLIMITED GFB BENEFIT PLAN	
b	Name of plan sponsor	GRANITE COUNTERTOPS UNLIMITED	c EIN-PN 55-0911607-501
a	Plan name	GRAYMADD HOME SERVICES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GRAYMADD HOME SERVICES LLC	c EIN-PN 84-3233993-501

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	GREAT CARS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GREAT CARS LLC	c EIN-PN 26-3922480-502
a	Plan name	GREEN FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor	GREEN FARMS	c EIN-PN 25-9474028-501
a	Plan name	GREENE PLUMBING & HEATING GFB BENEFIT PLAN	
b	Name of plan sponsor	GREENE PLUMBING & HEATING	c EIN-PN 58-1543951-501
a	Plan name	GREENES LANDSCAPES GFB BENEFIT PLAN	
b	Name of plan sponsor	GREENES LANDSCAPES	c EIN-PN 82-1639507-501
a	Plan name	GREENHAVEN CATTLE COMPANY, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GREENHAVEN CATTLE COMPANY, LLC	c EIN-PN 38-4039209-501
a	Plan name	GREG K WRIGHT INC GFB BENEFIT PLAN	
b	Name of plan sponsor	GREG K WRIGHT INC	c EIN-PN 58-1850743-501
a	Plan name	GRIGGS & SONS CONSTRUCTION GFB BENEFIT PLAN	
b	Name of plan sponsor	GRIGGS & SONS CONSTRUCTION	c EIN-PN 20-2782563-501
a	Plan name	GROOVE HOSPITALITY, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	GROOVE HOSPITALITY, LLC	c EIN-PN 47-4814080-501
a	Plan name	GROWERS SUPPLY INC GFB BENEFIT PLAN	
b	Name of plan sponsor	GROWERS SUPPLY INC	c EIN-PN 58-1498423-501
a	Plan name	H AND H QUALITY HOMES INC GFB BENEFIT PLAN	
b	Name of plan sponsor	H AND H QUALITY HOMES INC	c EIN-PN 81-3354208-501
a	Plan name	H20S LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	H20S LLC	c EIN-PN 46-5342162-501
a	Plan name	HAGAN FARMS & CATTLE LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	HAGAN FARMS & CATTLE LLC	c EIN-PN 46-4249658-501

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	HALEY & HALEY LAW GROUP LLC GFB BENEFIT PLAN
b	Name of plan sponsor	HALEY & HALEY LAW GROUP LLC
c	EIN-PN	27-2136278-501
a	Plan name	HALLS FLOWER GFB BENEFIT PLAN
b	Name of plan sponsor	HALLS FLOWER
c	EIN-PN	58-0835314-501
a	Plan name	HALLS MANUFACTURED HOMES, INC. GFB BENEFIT PLAN
b	Name of plan sponsor	HALLS MANUFACTURED HOMES, INC.
c	EIN-PN	58-2349160-501
a	Plan name	HALYARD CATERING COMPANY GFB BENEFIT PLAN
b	Name of plan sponsor	HALYARD CATERING COMPANY
c	EIN-PN	26-3941936-501
a	Plan name	HALYARDS RESTAURANT GROUP, LTD GFB BENEFIT PLAN
b	Name of plan sponsor	HALYARDS RESTAURANT GROUP, LTD
c	EIN-PN	34-2004776-501
a	Plan name	HARD ROCK FARMS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	HARD ROCK FARMS LLC
c	EIN-PN	20-8918257-501
a	Plan name	HARDEN FALLS CONSULTING, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	HARDEN FALLS CONSULTING, LLC
c	EIN-PN	93-1494488-501
a	Plan name	HARRISON FARMS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	HARRISON FARMS LLC
c	EIN-PN	58-1669971-501
a	Plan name	HASLEY RECREATION INC GFB BENEFIT PLAN
b	Name of plan sponsor	HASLEY RECREATION INC
c	EIN-PN	45-4844266-501
a	Plan name	HEART OF GEORGIA PEANUT AND GIN COMPANY GFB BENEFIT PLAN
b	Name of plan sponsor	HEART OF GEORGIA PEANUT AND GIN COMPANY
c	EIN-PN	58-1030361-501
a	Plan name	HEATON PLUMBING GFB BENEFIT PLAN
b	Name of plan sponsor	HEATON PLUMBING
c	EIN-PN	85-3230267-501
a	Plan name	HEAVY DUTY DISTRIBUTORS GFB BENEFIT PLAN
b	Name of plan sponsor	HEAVY DUTY DISTRIBUTORS
c	EIN-PN	99-0837323-501

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 HERITAGE HOMES AND CONSTRUCTION, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor HERITAGE HOMES AND CONSTRUCTION, LLC	c	EIN-PN 26-2865445-501
a	Plan name HEUER DESIGN COLLECTIVE GFB BENEFIT PLAN		
b	Name of plan sponsor HEUER DESIGN COLLECTIVE	c	EIN-PN 84-5108838-501
a	Plan name HIGHLAND PROVISION CO GFB BENEFIT PLAN		
b	Name of plan sponsor HIGHLAND PROVISION CO	c	EIN-PN 20-5643049-501
a	Plan name HINSON GALLERIES GFB BENEFIT PLAN		
b	Name of plan sponsor HINSON GALLERIES	c	EIN-PN 58-0678140-501
a	Plan name HISPANO CARIBE DISTRIBUTORS, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor HISPANO CARIBE DISTRIBUTORS, LLC	c	EIN-PN 20-1349142-501
a	Plan name HOBBS LAWN SERVICE OF CORDELE INC. GFB BENEFIT PLAN		
b	Name of plan sponsor HOBBS LAWN SERVICE OF CORDELE INC.	c	EIN-PN 26-2774178-501
a	Plan name HOBODY VENTURES, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor HOBODY VENTURES, LLC	c	EIN-PN 88-2507539-501
a	Plan name HOCK & ASSOCIATES, INC GFB BENEFIT PLAN		
b	Name of plan sponsor HOCK & ASSOCIATES, INC	c	EIN-PN 58-2648974-501
a	Plan name HOCK GROUP HOLDINGS LLP GFB BENEFIT PLAN		
b	Name of plan sponsor HOCK GROUP HOLDINGS LLP	c	EIN-PN 87-4032763-501
a	Plan name HODGES SPRING CREEK LLLP GFB BENEFIT PLAN		
b	Name of plan sponsor HODGES SPRING CREEK LLLP	c	EIN-PN 58-2521737-501
a	Plan name HODGES VENTURES, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor HODGES VENTURES, LLC	c	EIN-PN 46-4219658-501
a	Plan name HOMESTEAD ARCHITECTURE, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor HOMESTEAD ARCHITECTURE, LLC	c	EIN-PN 46-0667341-501

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	HOMESTEAD LIBATIONS, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	HOMESTEAD LIBATIONS, LLC
c	EIN-PN	87-2943643-501
a	Plan name	HOMETOWN HARDWARE GFB BENEFIT PLAN
b	Name of plan sponsor	HOMETOWN HARDWARE
c	EIN-PN	82-3549201-501
a	Plan name	HOMETOWN ORTHOPEDIC AND SPORTS REHABILITATIONS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	HOMETOWN ORTHOPEDIC AND SPORTS REHABILITATIONS LLC
c	EIN-PN	88-1551209-501
a	Plan name	HORIZON CONSULTANTS GFB BENEFIT PLAN
b	Name of plan sponsor	HORIZON CONSULTANTS
c	EIN-PN	58-1847563-501
a	Plan name	HOUSEMAN SERVICES INC GFB BENEFIT PLAN
b	Name of plan sponsor	HOUSEMAN SERVICES INC
c	EIN-PN	58-1807512-502
a	Plan name	HOWARD AND HOWARD ASSOCIATES, INC GFB BENEFIT PLAN
b	Name of plan sponsor	HOWARD AND HOWARD ASSOCIATES, INC
c	EIN-PN	58-2004998-501
a	Plan name	HOYT ALTMAN BLUEBERRY FARM LLC GFB BENEFIT PLAN
b	Name of plan sponsor	HOYT ALTMAN BLUEBERRY FARM LLC
c	EIN-PN	27-1790179-501
a	Plan name	HT RESEARCH US LLC GFB BENEFIT PLAN
b	Name of plan sponsor	HT RESEARCH US LLC
c	EIN-PN	30-1339219-501
a	Plan name	HUDGINS CAPITAL CORP GFB BENEFIT PLAN
b	Name of plan sponsor	HUDGINS CAPITAL CORP
c	EIN-PN	58-2449019-501
a	Plan name	I. PERLIS & SONS, INC. GFB BENEFIT PLAN
b	Name of plan sponsor	I. PERLIS & SONS, INC.
c	EIN-PN	58-1346333-501
a	Plan name	INDOOR SOLUTIONS INC GFB BENEFIT PLAN
b	Name of plan sponsor	INDOOR SOLUTIONS INC
c	EIN-PN	20-0182788-501
a	Plan name	INGLESIDE VILLAGE PIZZA GFB BENEFIT PLAN
b	Name of plan sponsor	INGLESIDE VILLAGE PIZZA
c	EIN-PN	58-2042747-501

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	INGRAM & ASSOCIATES CONSULTING ENGINEERS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	INGRAM & ASSOCIATES CONSULTING ENGINEERS, LLC	c EIN-PN 20-3570167-501
a	Plan name	INNOVATIVE AUTOMOTIVE LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	INNOVATIVE AUTOMOTIVE LLC	c EIN-PN 85-1177470-501
a	Plan name	INNOVATIVE SERVICES GFB BENEFIT PLAN	
b	Name of plan sponsor	INNOVATIVE SERVICES	c EIN-PN 83-1892424-501
a	Plan name	INTEGRITY AIR, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	INTEGRITY AIR, LLC	c EIN-PN 45-4373676-501
a	Plan name	INTEGRITY DEALER SERVICES GFB BENEFIT PLAN	
b	Name of plan sponsor	INTEGRITY DEALER SERVICES	c EIN-PN 92-3561241-501
a	Plan name	IRIE JAMAICAN BAKERY & RESTAURANT LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	IRIE JAMAICAN BAKERY & RESTAURANT LLC	c EIN-PN 81-1765802-501
a	Plan name	J & J DAWSON, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	J & J DAWSON, INC	c EIN-PN 58-2471430-501
a	Plan name	J & M FORESTRY & GRADING INC GFB BENEFIT PLAN	
b	Name of plan sponsor	J & M FORESTRY & GRADING INC	c EIN-PN 20-8523505-501
a	Plan name	J BAGLEY CONSTRUCTION, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	J BAGLEY CONSTRUCTION, LLC	c EIN-PN 92-1016810-501
a	Plan name	J BOB HAULING GFB BENEFIT PLAN	
b	Name of plan sponsor	J BOB HAULING	c EIN-PN 84-4100443-501
a	Plan name	J L MORGAN COMPANY INC GFB BENEFIT PLAN	
b	Name of plan sponsor	J L MORGAN COMPANY INC	c EIN-PN 58-2314604-501
a	Plan name	J P SHORT FARM FAMILY, LP GFB BENEFIT PLAN	
b	Name of plan sponsor	J P SHORT FARM FAMILY, LP	c EIN-PN 47-4519060-501

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 J RYLE ELECTRIC GFB BENEFIT PLAN		
b Name of plan sponsor	J RYLE ELECTRIC	c EIN-PN 20-8213809-501
a Plan name JACKSON FARMS GFB BENEFIT PLAN		
b Name of plan sponsor	JACKSON FARMS	c EIN-PN 25-3960216-501
a Plan name JAFFER LAW PC GFB BENEFIT PLAN		
b Name of plan sponsor	JAFFER LAW PC	c EIN-PN 47-2822166-502
a Plan name JAMES L. RAINEY CO. GFB BENEFIT PLAN		
b Name of plan sponsor	JAMES L. RAINEY CO.	c EIN-PN 58-1627036-501
a Plan name JANLAN LLC GFB BENEFIT PLAN		
b Name of plan sponsor	JANLAN LLC	c EIN-PN 93-2434796-501
a Plan name JAWS ENTERPRISES OF GA LLC GFB BENEFIT PLAN		
b Name of plan sponsor	JAWS ENTERPRISES OF GA LLC	c EIN-PN 46-3251902-501
a Plan name JB DAVIS HOLDINGS LLC GFB BENEFIT PLAN		
b Name of plan sponsor	JB DAVIS HOLDINGS LLC	c EIN-PN 92-3341774-501
a Plan name JBRR HOLDINGS GFB BENEFIT PLAN		
b Name of plan sponsor	JBRR HOLDINGS	c EIN-PN 45-3615179-501
a Plan name JD LANDSCAPES, LLC GFB BENEFIT PLAN		
b Name of plan sponsor	JD LANDSCAPES, LLC	c EIN-PN 27-3929053-501
a Plan name JD MOHLER HEATING & AIR PROS LLC GFB BENEFIT PLAN		
b Name of plan sponsor	JD MOHLER HEATING & AIR PROS LLC	c EIN-PN 81-5453456-501
a Plan name JDF WELDING INC GFB BENEFIT PLAN		
b Name of plan sponsor	JDF WELDING INC	c EIN-PN 20-2513048-501
a Plan name JDG INVESTMENTS LLC GFB BENEFIT PLAN		
b Name of plan sponsor	JDG INVESTMENTS LLC	c EIN-PN 82-4700510-501

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 JEFFREY BRUCE BAKER DESIGNS, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor JEFFREY BRUCE BAKER DESIGNS, LLC	c EIN-PN 26-4244711-501	
a	Plan name JEFFREY N POWERS PC GFB BENEFIT PLAN		
b	Name of plan sponsor JEFFREY N POWERS PC	c EIN-PN 90-0061925-502	
a	Plan name JERNIGANS FARM SERVICE & SUPPLY, INC. GFB BENEFIT PLAN		
b	Name of plan sponsor JERNIGANS FARM SERVICE & SUPPLY, INC.	c EIN-PN 58-2034900-501	
a	Plan name JEROME B TILLMAN JR GFB BENEFIT PLAN		
b	Name of plan sponsor JEROME B TILLMAN JR	c EIN-PN 25-5880918-501	
a	Plan name JETT MEDICAL STAFFING LLC GFB BENEFIT PLAN		
b	Name of plan sponsor JETT MEDICAL STAFFING LLC	c EIN-PN 85-2500504-501	
a	Plan name JIMMY JENKINS JR. ROOFING INC. GFB BENEFIT PLAN		
b	Name of plan sponsor JIMMY JENKINS JR. ROOFING INC.	c EIN-PN 52-2148299-501	
a	Plan name JIMMY'S STEAKHOUSE GFB BENEFIT PLAN		
b	Name of plan sponsor JIMMYS STEAKHOUSE	c EIN-PN 58-2114788-501	
a	Plan name JL BROOKS CONSTRUCTION GFB BENEFIT PLAN		
b	Name of plan sponsor JL BROOKS CONSTRUCTION	c EIN-PN 58-1673008-501	
a	Plan name JM INDUSTRIAL SERVICES GFB BENEFIT PLAN		
b	Name of plan sponsor JM INDUSTRIAL SERVICES	c EIN-PN 88-1718312-501	
a	Plan name JMC AG LLC GFB BENEFIT PLAN		
b	Name of plan sponsor JMC AG LLC	c EIN-PN 93-1704467-501	
a	Plan name JOHN GAINES, JR. FARMS GFB BENEFIT PLAN		
b	Name of plan sponsor JOHN GAINES, JR. FARMS	c EIN-PN 46-4655951-501	
a	Plan name JOHN MARSHALL MEDIA GFB BENEFIT PLAN		
b	Name of plan sponsor JOHN MARSHALL MEDIA	c EIN-PN 38-3667118-501	

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	JOHN MCAVOY GFB BENEFIT PLAN
b	Name of plan sponsor	JOHN MCAVOY
c	EIN-PN	25-5512624-501
a	Plan name	JOHNNY MITCHELL LAW GFB BENEFIT PLAN
b	Name of plan sponsor	JOHNNY MITCHELL LAW
c	EIN-PN	54-2069213-501
a	Plan name	JOHNSON EQUIPMENT, INC GFB BENEFIT PLAN
b	Name of plan sponsor	JOHNSON EQUIPMENT, INC
c	EIN-PN	26-1377697-501
a	Plan name	JOHNSON FARM GFB BENEFIT PLAN
b	Name of plan sponsor	JOHNSON FARM
c	EIN-PN	58-1722155-501
a	Plan name	JOINER EWING INDUSTRIES GFB BENEFIT PLAN
b	Name of plan sponsor	JOINER EWING INDUSTRIES
c	EIN-PN	26-3754237-501
a	Plan name	JOSH BRANNEN FARMS GFB BENEFIT PLAN
b	Name of plan sponsor	JOSH BRANNEN FARMS
c	EIN-PN	83-4157466-501
a	Plan name	JOURNEY LOGISTICS GFB BENEFIT PLAN
b	Name of plan sponsor	JOURNEY LOGISTICS
c	EIN-PN	81-3546679-501
a	Plan name	JP ALFONSO ART LLC GFB BENEFIT PLAN
b	Name of plan sponsor	JP ALFONSO ART LLC
c	EIN-PN	47-4723326-501
a	Plan name	JR JAMES BROKERAGE COMPANY GFB BENEFIT PLAN
b	Name of plan sponsor	JR JAMES BROKERAGE COMPANY
c	EIN-PN	46-4430578-502
a	Plan name	JULIE C, INC GFB BENEFIT PLAN
b	Name of plan sponsor	JULIE C, INC
c	EIN-PN	20-4146554-501
a	Plan name	JW HOLDINGS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	JW HOLDINGS LLC
c	EIN-PN	81-2685416-501
a	Plan name	JW THOMPSON ENTERPRISES GFB BENEFIT PLAN
b	Name of plan sponsor	JW THOMPSON ENTERPRISES
c	EIN-PN	46-3609518-501

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 JWE CONSULTING INC GFB BENEFIT PLAN	
b	Name of plan sponsor JWE CONSULTING INC	c EIN-PN 87-1838751-501
a	Plan name KAD ENTERPRISE, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor KAD ENTERPRISE, LLC	c EIN-PN 20-3837425-501
a	Plan name KALEB WEST GFB BENEFIT PLAN	
b	Name of plan sponsor KALEB WEST	c EIN-PN 66-9012605-501
a	Plan name KANGAS LANDSCAPE LLC GFB BENEFIT PLAN	
b	Name of plan sponsor KANGAS LANDSCAPE LLC	c EIN-PN 47-1950046-501
a	Plan name KATHRYN YEARWOOD ARTIST LLC GFB BENEFIT PLAN	
b	Name of plan sponsor KATHRYN YEARWOOD ARTIST LLC	c EIN-PN 25-6255614-501
a	Plan name KEITH SMITH FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor KEITH SMITH FARMS	c EIN-PN 31-1748883-501
a	Plan name KENT HALL FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor KENT HALL FARMS	c EIN-PN 58-1554298-501
a	Plan name KICKLIGHTER REALTY GFB BENEFIT PLAN	
b	Name of plan sponsor KICKLIGHTER REALTY	c EIN-PN 58-1904993-501
a	Plan name KIMBRELL VETERINARY CLINIC PC GFB BENEFIT PLAN	
b	Name of plan sponsor KIMBRELL VETERINARY CLINIC PC	c EIN-PN 58-2365564-501
a	Plan name KIM'S INTERIOR DECORATING & DESIGN GFB BENEFIT PLAN	
b	Name of plan sponsor KIMS INTERIOR DECORATING & DESIGN	c EIN-PN 99-2248790-501
a	Plan name KING SHOW HORSES GFB BENEFIT PLAN	
b	Name of plan sponsor KING SHOW HORSES	c EIN-PN 27-0902711-501
a	Plan name KIRKYARD AV LLC GFB BENEFIT PLAN	
b	Name of plan sponsor KIRKYARD AV LLC	c EIN-PN 86-3161616-501

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	KOR SYSTEMS GFB BENEFIT PLAN	
b	Name of plan sponsor	KOR SYSTEMS	c EIN-PN 20-1647021-501
a	Plan name	KR BEASLEY ENTERPRISES, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	KR BEASLEY ENTERPRISES, INC	c EIN-PN 30-0286485-501
a	Plan name	KRAFT MACHINES INC GFB BENEFIT PLAN	
b	Name of plan sponsor	KRAFT MACHINES INC	c EIN-PN 82-4318345-502
a	Plan name	KRUHU INC GFB BENEFIT PLAN	
b	Name of plan sponsor	KRUHU INC	c EIN-PN 01-0964118-501
a	Plan name	L SCOTT BARNARD & ASSOC ARCHITECTS GFB BENEFIT PLAN	
b	Name of plan sponsor	L SCOTT BARNARD & ASSOC ARCHITECTS	c EIN-PN 58-2107172-501
a	Plan name	LA BONANZA HOSPITALITY GROUP LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	LA BONANZA HOSPITALITY GROUP LLC	c EIN-PN 47-2162761-501
a	Plan name	LA PLANCHA RESTAURANT CORP GFB BENEFIT PLAN	
b	Name of plan sponsor	LA PLANCHA RESTAURANT CORP	c EIN-PN 81-4735547-501
a	Plan name	LAKE DOW ANIMAL HOSPITAL GFB BENEFIT PLAN	
b	Name of plan sponsor	LAKE DOW ANIMAL HOSPITAL	c EIN-PN 20-5644776-501
a	Plan name	LAKE HARTWELL CHEVROLET LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	LAKE HARTWELL CHEVROLET LLC	c EIN-PN 88-4071947-501
a	Plan name	LAKE RUSSELL BUILDING SUPPLY LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	LAKE RUSSELL BUILDING SUPPLY LLC	c EIN-PN 06-1739217-501
a	Plan name	LAMAR PECAN COMPANY GFB BENEFIT PLAN	
b	Name of plan sponsor	LAMAR PECAN COMPANY	c EIN-PN 58-1356677-502
a	Plan name	LANAO LTD GFB BENEFIT PLAN	
b	Name of plan sponsor	LANAO LTD	c EIN-PN 02-0578372-501

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	LANCE TOLAND ASSOC, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LANCE TOLAND ASSOC, LLC
c	EIN-PN	72-1528268-501
a	Plan name	LAND DESIGN ASSOCIATES, INC GFB BENEFIT PLAN
b	Name of plan sponsor	LAND DESIGN ASSOCIATES, INC
c	EIN-PN	01-0614356-501
a	Plan name	LARRY JORDAN ELECTRIC GFB BENEFIT PLAN
b	Name of plan sponsor	LARRY JORDAN ELECTRIC
c	EIN-PN	58-1870219-501
a	Plan name	LATTA CONSULTING, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LATTA CONSULTING, LLC
c	EIN-PN	81-2498229-501
a	Plan name	LAW OFFICE OF AMY C WALTERS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LAW OFFICE OF AMY C WALTERS LLC
c	EIN-PN	27-0675367-501
a	Plan name	LAW OFFICE OF LARRY K MOORE GFB BENEFIT PLAN
b	Name of plan sponsor	LAW OFFICE OF LARRY K MOORE
c	EIN-PN	47-1367827-501
a	Plan name	LAWSON LAW FIRM, P C GFB BENEFIT PLAN
b	Name of plan sponsor	LAWSON LAW FIRM, P C
c	EIN-PN	85-2532358-501
a	Plan name	LCB ADVISORS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LCB ADVISORS LLC
c	EIN-PN	47-1240556-501
a	Plan name	LEE FRIENDS TREE SERVICE INC GFB BENEFIT PLAN
b	Name of plan sponsor	LEE FRIENDS TREE SERVICE INC
c	EIN-PN	58-1967588-501
a	Plan name	LEE NUNN FARM & FENCE CO, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LEE NUNN FARM & FENCE CO, LLC
c	EIN-PN	25-7256678-501
a	Plan name	LEGACY C+C LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LEGACY C+C LLC
c	EIN-PN	85-3678635-501
a	Plan name	LEGACY DEMOLITION LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LEGACY DEMOLITION LLC
c	EIN-PN	83-3535651-501

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	LEHIGH DEVELOPMENT GFB BENEFIT PLAN
b	Name of plan sponsor	LEHIGH DEVELOPMENT
c	EIN-PN	47-1283912-501
a	Plan name	LEO ROCI, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LEO ROCI, LLC
c	EIN-PN	81-2168760-501
a	Plan name	LESLIE H WELLS GFB BENEFIT PLAN
b	Name of plan sponsor	LESLIE H WELLS
c	EIN-PN	25-2043560-501
a	Plan name	LEWIS FAMILY FARMS, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LEWIS FAMILY FARMS, LLC
c	EIN-PN	20-0057424-501
a	Plan name	LG SQUARED, INC. GFB BENEFIT PLAN
b	Name of plan sponsor	LG SQUARED, INC.
c	EIN-PN	14-1955637-501
a	Plan name	LH ENGLISH FARMS INC GFB BENEFIT PLAN
b	Name of plan sponsor	LH ENGLISH FARMS INC
c	EIN-PN	82-3461268-501
a	Plan name	LIBERTY HOME MORTGAGES, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LIBERTY HOME MORTGAGES, LLC
c	EIN-PN	26-4193199-502
a	Plan name	LINDSEY'S INC GFB BENEFIT PLAN
b	Name of plan sponsor	LINDSEYS INC
c	EIN-PN	58-0830074-501
a	Plan name	LITTLE RIVER FARMS INC GFB BENEFIT PLAN
b	Name of plan sponsor	LITTLE RIVER FARMS INC
c	EIN-PN	59-3100352-501
a	Plan name	LOADEM, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LOADEM, LLC
c	EIN-PN	82-3222032-501
a	Plan name	LOCAL MANAGEMENT GROUP LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LOCAL MANAGEMENT GROUP LLC
c	EIN-PN	45-3086796-501
a	Plan name	LONG CUSTOM WOODWORKS INC GFB BENEFIT PLAN
b	Name of plan sponsor	LONG CUSTOM WOODWORKS INC
c	EIN-PN	20-8551722-501

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	LONGLEAF, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LONGLEAF, LLC
c	EIN-PN	58-2451642-501
a	Plan name	LOOK AHEAD BUSINESS CONSULTING GFB BENEFIT PLAN
b	Name of plan sponsor	LOOK AHEAD BUSINESS CONSULTING
c	EIN-PN	84-1941237-501
a	Plan name	LOOPER CABINET COMPANY, INC GFB BENEFIT PLAN
b	Name of plan sponsor	LOOPER CABINET COMPANY, INC
c	EIN-PN	58-1443967-501
a	Plan name	LOVE IS LOVE COOPERATIVE FARM GFB BENEFIT PLAN
b	Name of plan sponsor	LOVE IS LOVE COOPERATIVE FARM
c	EIN-PN	85-4338110-501
a	Plan name	LOW COUNTRY FLEET SERVICES INC GFB BENEFIT PLAN
b	Name of plan sponsor	LOW COUNTRY FLEET SERVICES INC
c	EIN-PN	20-1030677-501
a	Plan name	LOWERY ELECTRIC CO INC GFB BENEFIT PLAN
b	Name of plan sponsor	LOWERY ELECTRIC CO INC
c	EIN-PN	80-0036165-501
a	Plan name	LUTHER GRIFFIN FARMS GFB BENEFIT PLAN
b	Name of plan sponsor	LUTHER GRIFFIN FARMS
c	EIN-PN	58-1459661-501
a	Plan name	LUXURY LANDSCAPE SUPPLY LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LUXURY LANDSCAPE SUPPLY LLC
c	EIN-PN	46-1625268-501
a	Plan name	LYLE FARMS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	LYLE FARMS LLC
c	EIN-PN	26-4254472-501
a	Plan name	M & V GARBAGE SERVICES, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	M & V GARBAGE SERVICES, LLC
c	EIN-PN	45-1955327-501
a	Plan name	M ANGELA BRUCE CPA PC GFB BENEFIT PLAN
b	Name of plan sponsor	M ANGELA BRUCE CPA PC
c	EIN-PN	81-0599260-501
a	Plan name	M&K INTERNATIONAL, INC GFB BENEFIT PLAN
b	Name of plan sponsor	M&K INTERNATIONAL, INC
c	EIN-PN	58-1493702-502

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 MAC INDUSTRIAL SERVICES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor MAC INDUSTRIAL SERVICES LLC	c EIN-PN 92-0420037-501
a	Plan name MACON DOOR & HARDWARE LLC GFB BENEFIT PLAN	
b	Name of plan sponsor MACON DOOR & HARDWARE LLC	c EIN-PN 92-2562478-501
a	Plan name MACON LUNG CENTER PC GFB BENEFIT PLAN	
b	Name of plan sponsor MACON LUNG CENTER PC	c EIN-PN 58-2336605-501
a	Plan name MANAN I SHAH MD PC GFB BENEFIT PLAN	
b	Name of plan sponsor MANAN I SHAH MD PC	c EIN-PN 27-2521818-501
a	Plan name MANOR HOLDING LLC GFB BENEFIT PLAN	
b	Name of plan sponsor MANOR HOLDING LLC	c EIN-PN 20-8140788-502
a	Plan name MARBLE MASTERS OF MIDDLE GEORGIA INC GFB BENEFIT PLAN	
b	Name of plan sponsor MARBLE MASTERS OF MIDDLE GEORGIA INC	c EIN-PN 58-1170601-501
a	Plan name MARK PRODUCTS OF GEORGIA GFB BENEFIT PLAN	
b	Name of plan sponsor MARK PRODUCTS OF GEORGIA	c EIN-PN 42-1564813-502
a	Plan name MASSINGILL EXPERT SERVICES GFB BENEFIT PLAN	
b	Name of plan sponsor MASSINGILL EXPERT SERVICES	c EIN-PN 55-0841740-501
a	Plan name MCC FARMS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor MCC FARMS LLC	c EIN-PN 82-3371069-501
a	Plan name MCCRANIE FARMS NO 2 GFB BENEFIT PLAN	
b	Name of plan sponsor MCCRANIE FARMS NO 2	c EIN-PN 20-2358958-501
a	Plan name MCFARLANE FARM LCC GFB BENEFIT PLAN	
b	Name of plan sponsor MCFARLANE FARM LCC	c EIN-PN 26-0289367-501
a	Plan name MCKINNON CATTLE LLC GFB BENEFIT PLAN	
b	Name of plan sponsor MCKINNON CATTLE LLC	c EIN-PN 83-2714041-501

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	MCLOCKLIN CATTLE LLC GFB BENEFIT PLAN
b	Name of plan sponsor	MCLOCKLIN CATTLE LLC
c	EIN-PN	83-2986895-501
a	Plan name	MCNEILL VETERINARY SERVICES LLC GFB BENEFIT PLAN
b	Name of plan sponsor	MCNEILL VETERINARY SERVICES LLC
c	EIN-PN	46-2428391-501
a	Plan name	MDM AUTO REPAIR GFB BENEFIT PLAN
b	Name of plan sponsor	MDM AUTO REPAIR
c	EIN-PN	87-4033018-501
a	Plan name	MDR FLOORING & TILE, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	MDR FLOORING & TILE, LLC
c	EIN-PN	25-6973531-501
a	Plan name	MECHANICAL SERVICES, INC GFB BENEFIT PLAN
b	Name of plan sponsor	MECHANICAL SERVICES, INC
c	EIN-PN	58-1327389-501
a	Plan name	MELISSA MCGILL, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	MELISSA MCGILL, LLC
c	EIN-PN	81-5359145-501
a	Plan name	MENKE & ASSOCIATES, INC GFB BENEFIT PLAN
b	Name of plan sponsor	MENKE & ASSOCIATES, INC
c	EIN-PN	94-2349093-501
a	Plan name	MES ENTERPRISES GFB BENEFIT PLAN
b	Name of plan sponsor	MES ENTERPRISES
c	EIN-PN	47-1717292-501
a	Plan name	METRIC FINANCIAL, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	METRIC FINANCIAL, LLC
c	EIN-PN	04-2729618-501
a	Plan name	METRO DEVELOPERS, INC GFB BENEFIT PLAN
b	Name of plan sponsor	METRO DEVELOPERS, INC
c	EIN-PN	58-0681581-501
a	Plan name	METTER HOME CENTER GFB BENEFIT PLAN
b	Name of plan sponsor	METTER HOME CENTER
c	EIN-PN	83-4495347-501
a	Plan name	MIDDLE FORK FARM LLC GFB BENEFIT PLAN
b	Name of plan sponsor	MIDDLE FORK FARM LLC
c	EIN-PN	47-5087779-501

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 MIDDLE GEORGIA VETERINARY EMERGENCY CENTER GFB BENEFIT PLAN	
b	Name of plan sponsor MIDDLE GEORGIA VETERINARY EMERGENCY CENTER	c EIN-PN 81-2847216-501
a	Plan name MID-GA FARM SERVICES GFB BENEFIT PLAN	
b	Name of plan sponsor MID-GA FARM SERVICES	c EIN-PN 20-0531158-501
a	Plan name MIDWAY FOREST, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor MIDWAY FOREST, LLC	c EIN-PN 20-0997442-501
a	Plan name MIGHTY 8TH MEDIA, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor MIGHTY 8TH MEDIA, LLC	c EIN-PN 90-0156879-501
a	Plan name MILLENNIUM SOLUTIONS, INC GFB BENEFIT PLAN	
b	Name of plan sponsor MILLENNIUM SOLUTIONS, INC	c EIN-PN 58-2418487-501
a	Plan name MILLER BROTHERS LTD GFB BENEFIT PLAN	
b	Name of plan sponsor MILLER BROTHERS LTD	c EIN-PN 58-2562779-501
a	Plan name MINI FOOD STORES, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor MINI FOOD STORES, INC.	c EIN-PN 58-1033600-501
a	Plan name MINISTRY MEDIA GFB BENEFIT PLAN	
b	Name of plan sponsor MINISTRY MEDIA	c EIN-PN 84-2095368-501
a	Plan name MIROME CONSTRUCTION LLC GFB BENEFIT PLAN	
b	Name of plan sponsor MIROME CONSTRUCTION LLC	c EIN-PN 46-5033570-501
a	Plan name MISSION FLOORS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor MISSION FLOORS LLC	c EIN-PN 87-1729944-501
a	Plan name MIZELL FLOOR COVERING & INTERIORS, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor MIZELL FLOOR COVERING & INTERIORS, INC.	c EIN-PN 58-1308171-501
a	Plan name MMI CONSTRUCTION & ASSOCIATES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor MMI CONSTRUCTION & ASSOCIATES LLC	c EIN-PN 45-2772892-502

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	MMTR ATLANTA LLC GFB BENEFIT PLAN
b	Name of plan sponsor	MMTR ATLANTA LLC
c	EIN-PN	85-3189848-501
a	Plan name	MODE WORLD GFB BENEFIT PLAN
b	Name of plan sponsor	MODE WORLD
c	EIN-PN	58-1121615-501
a	Plan name	MOORE DEEN FARMS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	MOORE DEEN FARMS LLC
c	EIN-PN	82-0585656-501
a	Plan name	MOORE MACON DENTAL LAB GFB BENEFIT PLAN
b	Name of plan sponsor	MOORE MACON DENTAL LAB
c	EIN-PN	58-1449613-501
a	Plan name	MORGAN & AUTEN P.C. GFB BENEFIT PLAN
b	Name of plan sponsor	MORGAN & AUTEN P.C.
c	EIN-PN	83-0612829-501
a	Plan name	MOSES GRASS COMPANY GFB BENEFIT PLAN
b	Name of plan sponsor	MOSES GRASS COMPANY
c	EIN-PN	58-1239961-501
a	Plan name	MOYE SPORTS ASSOCIATES INC GFB BENEFIT PLAN
b	Name of plan sponsor	MOYE SPORTS ASSOCIATES INC
c	EIN-PN	58-2090128-502
a	Plan name	MPP GFB BENEFIT PLAN
b	Name of plan sponsor	MPP
c	EIN-PN	83-3609056-501
a	Plan name	MRBOSSFTW CORP GFB BENEFIT PLAN
b	Name of plan sponsor	MRBOSSFTW CORP
c	EIN-PN	46-5177111-501
a	Plan name	MURPHDOG, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	MURPHDOG, LLC
c	EIN-PN	46-4257481-501
a	Plan name	MVY CONSULTING LLC GFB BENEFIT PLAN
b	Name of plan sponsor	MVY CONSULTING LLC
c	EIN-PN	82-1035246-501
a	Plan name	NATE'S POOLS AND SERVICE GFB BENEFIT PLAN
b	Name of plan sponsor	NATES POOLS AND SERVICE
c	EIN-PN	81-2771351-501

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 NEW RIVER PRODUCE, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor NEW RIVER PRODUCE, LLC	c EIN-PN 20-0719171-501
a	Plan name NG CAPITAL MANAGEMENT LLC GFB BENEFIT PLAN	
b	Name of plan sponsor NG CAPITAL MANAGEMENT LLC	c EIN-PN 82-3094610-502
a	Plan name NICHOLS' FINE GARDENING GFB BENEFIT PLAN	
b	Name of plan sponsor NICHOLS FINE GARDENING	c EIN-PN 88-4086553-501
a	Plan name NIK SCHUEPBACH ENTERPRISE GFB BENEFIT PLAN	
b	Name of plan sponsor NIK SCHUEPBACH ENTERPRISE	c EIN-PN 47-3309343-501
a	Plan name NIKI BEACH LLC GFB BENEFIT PLAN	
b	Name of plan sponsor NIKI BEACH LLC	c EIN-PN 22-1274023-501
a	Plan name NINA ROSES PROPERTIES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor NINA ROSES PROPERTIES LLC	c EIN-PN 47-4597277-501
a	Plan name NINE ACRE FARM, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor NINE ACRE FARM, LLC	c EIN-PN 83-2390204-501
a	Plan name NITRAM FARMS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor NITRAM FARMS, LLC	c EIN-PN 26-3954682-501
a	Plan name NORTH GEORGIA DESIGN LLC GFB BENEFIT PLAN	
b	Name of plan sponsor NORTH GEORGIA DESIGN LLC	c EIN-PN 88-1452061-501
a	Plan name NORTH GEORGIA VETERINARY SPECIALISTS GFB BENEFIT PLAN	
b	Name of plan sponsor NORTH GEORGIA VETERINARY SPECIALISTS	c EIN-PN 27-0707414-501
a	Plan name NUTRISHUS BRANDS, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor NUTRISHUS BRANDS, INC.	c EIN-PN 83-4653699-501
a	Plan name NUTTY H PECAN LLC GFB BENEFIT PLAN	
b	Name of plan sponsor NUTTY H PECAN LLC	c EIN-PN 82-3697324-501

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 NVESTOR HOMES INC GFB BENEFIT PLAN	
b	Name of plan sponsor NVESTOR HOMES INC	c EIN-PN 16-1659284-501
a	Plan name NVS RIDGEWAY INC GFB BENEFIT PLAN	
b	Name of plan sponsor NVS RIDGEWAY INC	c EIN-PN 20-5624282-501
a	Plan name OAK MEADOW MONTESSORI SCHOOL GFB BENEFIT PLAN	
b	Name of plan sponsor OAK MEADOW MONTESSORI SCHOOL	c EIN-PN 85-3118044-501
a	Plan name OB/GYN SPECIALISTS OF COLUMBUS GFB BENEFIT PLAN	
b	Name of plan sponsor OB/GYN SPECIALISTS OF COLUMBUS	c EIN-PN 20-3747900-501
a	Plan name OCMULGEE VET CLINIC GFB BENEFIT PLAN	
b	Name of plan sponsor OCMULGEE VET CLINIC	c EIN-PN 58-2609103-501
a	Plan name OFFENBERG AG CONSULTING GFB BENEFIT PLAN	
b	Name of plan sponsor OFFENBERG AG CONSULTING	c EIN-PN 46-2428283-501
a	Plan name OLD POST FARM LLC GFB BENEFIT PLAN	
b	Name of plan sponsor OLD POST FARM LLC	c EIN-PN 26-4430673-501
a	Plan name OLIVER'S CORNER BISTRO GFB BENEFIT PLAN	
b	Name of plan sponsor OLIVERS CORNER BISTRO	c EIN-PN 82-2731591-501
a	Plan name OM RONAK CORPORATION GFB BENEFIT PLAN	
b	Name of plan sponsor OM RONAK CORPORATION	c EIN-PN 20-8404816-501
a	Plan name OPTIMAL BRANDS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor OPTIMAL BRANDS, LLC	c EIN-PN 41-2226092-501
a	Plan name P&R ELECTRIC COMPANY, INC GFB BENEFIT PLAN	
b	Name of plan sponsor P&R ELECTRIC COMPANY, INC	c EIN-PN 58-2238830-501
a	Plan name PADGETT BUSINESS SERVICES GFB BENEFIT PLAN	
b	Name of plan sponsor PADGETT BUSINESS SERVICES	c EIN-PN 58-2274248-501

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	PADGETT CONSTRUCTION, INC GFB BENEFIT PLAN
b	Name of plan sponsor	PADGETT CONSTRUCTION, INC
c	EIN-PN	27-0182771-501
a	Plan name	PALMETTO LOGISTICS SOLUTIONS GFB BENEFIT PLAN
b	Name of plan sponsor	PALMETTO LOGISTICS SOLUTIONS
c	EIN-PN	84-3035688-501
a	Plan name	PARKER PROPERTIES LLC GFB BENEFIT PLAN
b	Name of plan sponsor	PARKER PROPERTIES LLC
c	EIN-PN	58-2462618-501
a	Plan name	PATE DESIGN GROUP INC GFB BENEFIT PLAN
b	Name of plan sponsor	PATE DESIGN GROUP INC
c	EIN-PN	58-2312123-501
a	Plan name	PATH FOUNDATION INC GFB BENEFIT PLAN
b	Name of plan sponsor	PATH FOUNDATION INC
c	EIN-PN	58-1949696-501
a	Plan name	PATRICKS PROFESSIONAL HORSESHOEING LLC GFB BENEFIT PLAN
b	Name of plan sponsor	PATRICKS PROFESSIONAL HORSESHOEING LLC
c	EIN-PN	27-0242562-501
a	Plan name	PEACH STATE AC GFB BENEFIT PLAN
b	Name of plan sponsor	PEACH STATE AC
c	EIN-PN	81-2290918-501
a	Plan name	PEACHTREE DEMOLITION LLC GFB BENEFIT PLAN
b	Name of plan sponsor	PEACHTREE DEMOLITION LLC
c	EIN-PN	45-4712026-501
a	Plan name	PEAK CONSULTING SERVICES, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	PEAK CONSULTING SERVICES, LLC
c	EIN-PN	93-1727388-501
a	Plan name	PECAN LANE FARM GFB BENEFIT PLAN
b	Name of plan sponsor	PECAN LANE FARM
c	EIN-PN	81-1050906-501
a	Plan name	PELUSO'S INC GFB BENEFIT PLAN
b	Name of plan sponsor	PELUSOS INC
c	EIN-PN	58-1883941-502
a	Plan name	PERSEPHONE FARMS, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	PERSEPHONE FARMS, LLC
c	EIN-PN	84-2137785-501

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 PETERSON PROPERTY MAINTENANCE SERVICES GFB BENEFIT PLAN		
b	Name of plan sponsor PETERSON PROPERTY MAINTENANCE SERVICES	c EIN-PN 84-4312461-501	
a	Plan name PHILLIPS WEALTH MANAGEMENT GFB BENEFIT PLAN		
b	Name of plan sponsor PHILLIPS WEALTH MANAGEMENT	c EIN-PN 82-4397511-501	
a	Plan name PIEDMONT FINANCIAL PARTNERS GFB BENEFIT PLAN		
b	Name of plan sponsor PIEDMONT FINANCIAL PARTNERS	c EIN-PN 58-2545400-501	
a	Plan name PIEDMONT FOREST PRODUCTS OF GEORGIA LLC GFB BENEFIT PLAN		
b	Name of plan sponsor PIEDMONT FOREST PRODUCTS OF GEORGIA LLC	c EIN-PN 84-2027970-501	
a	Plan name PIEDMONT FORESTRY LLC GFB BENEFIT PLAN		
b	Name of plan sponsor PIEDMONT FORESTRY LLC	c EIN-PN 45-4453923-501	
a	Plan name PINEBLOOM FARMS GP GFB BENEFIT PLAN		
b	Name of plan sponsor PINEBLOOM FARMS GP	c EIN-PN 81-5085628-501	
a	Plan name PINEY SPRINGS LLC GFB BENEFIT PLAN		
b	Name of plan sponsor PINEY SPRINGS LLC	c EIN-PN 47-3489381-501	
a	Plan name PIONIER FARMS OF WALTON LLC GFB BENEFIT PLAN		
b	Name of plan sponsor PIONIER FARMS OF WALTON LLC	c EIN-PN 27-3041826-501	
a	Plan name PIRKLE AND ASSOC SURVEYING INC GFB BENEFIT PLAN		
b	Name of plan sponsor PIRKLE AND ASSOC SURVEYING INC	c EIN-PN 58-2474309-501	
a	Plan name PITT'S PLUMBING LLC GFB BENEFIT PLAN		
b	Name of plan sponsor PITTS PLUMBING LLC	c EIN-PN 93-4588011-501	
a	Plan name POLY PRO INC GFB BENEFIT PLAN		
b	Name of plan sponsor POLY PRO INC	c EIN-PN 46-0692224-501	
a	Plan name PONDER DEVELOPMENT GFB BENEFIT PLAN		
b	Name of plan sponsor PONDER DEVELOPMENT	c EIN-PN 56-2576367-501	

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 PORT CITY ANIMAL HOSPITAL GFB BENEFIT PLAN		
b	Name of plan sponsor PORT CITY ANIMAL HOSPITAL	c EIN-PN 01-0828799-501	
a	Plan name PREMIER SOUTH TIMBER LLC GFB BENEFIT PLAN		
b	Name of plan sponsor PREMIER SOUTH TIMBER LLC	c EIN-PN 45-3627972-502	
a	Plan name PRESTIGE WORLDWIDE RENTALS LLC GFB BENEFIT PLAN		
b	Name of plan sponsor PRESTIGE WORLDWIDE RENTALS LLC	c EIN-PN 87-4507006-501	
a	Plan name PRICE CREEK ANIMAL HOSPITAL GFB BENEFIT PLAN		
b	Name of plan sponsor PRICE CREEK ANIMAL HOSPITAL	c EIN-PN 26-3976957-501	
a	Plan name PRIMO FIRE PROTECTION GFB BENEFIT PLAN		
b	Name of plan sponsor PRIMO FIRE PROTECTION	c EIN-PN 85-4231251-501	
a	Plan name PRO MOTORS, INC GFB BENEFIT PLAN		
b	Name of plan sponsor PRO MOTORS, INC	c EIN-PN 26-4643669-501	
a	Plan name PROPERTY ACTION LLC GFB BENEFIT PLAN		
b	Name of plan sponsor PROPERTY ACTION LLC	c EIN-PN 26-1432362-501	
a	Plan name PROVEAUX REALTY LLC GFB BENEFIT PLAN		
b	Name of plan sponsor PROVEAUX REALTY LLC	c EIN-PN 84-3656483-501	
a	Plan name PULLIAM LUMBER COMPANY, INC. GFB BENEFIT PLAN		
b	Name of plan sponsor PULLIAM LUMBER COMPANY, INC.	c EIN-PN 58-1109391-501	
a	Plan name PURVIS FARMS INC GFB BENEFIT PLAN		
b	Name of plan sponsor PURVIS FARMS INC	c EIN-PN 20-0479039-501	
a	Plan name QUALITY CONSTRUCTION & PLUMBING INC. GFB BENEFIT PLAN		
b	Name of plan sponsor QUALITY CONSTRUCTION & PLUMBING INC.	c EIN-PN 81-1350337-501	
a	Plan name QUALITY FOODS INC GFB BENEFIT PLAN		
b	Name of plan sponsor QUALITY FOODS INC	c EIN-PN 58-2394920-501	

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	QUALITY FOREST ROADS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	QUALITY FOREST ROADS LLC	c EIN-PN 05-0540573-501
a	Plan name	QUALITY TECH SERVICES GFB BENEFIT PLAN	
b	Name of plan sponsor	QUALITY TECH SERVICES	c EIN-PN 20-3593880-501
a	Plan name	R & R SPRINKLER SERVICE LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	R & R SPRINKLER SERVICE LLC	c EIN-PN 45-4394473-501
a	Plan name	R W FLOWERS INC GFB BENEFIT PLAN	
b	Name of plan sponsor	R W FLOWERS INC	c EIN-PN 58-1944517-501
a	Plan name	R&D PLANTATION, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	R&D PLANTATION, LLC	c EIN-PN 47-3289341-501
a	Plan name	R&K POWELL INVESTMENTS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	R&K POWELL INVESTMENTS, LLC	c EIN-PN 20-1447404-501
a	Plan name	RABBIT RIDGE FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor	RABBIT RIDGE FARMS	c EIN-PN 26-4995885-501
a	Plan name	RAIN BOTTLING COMPANY LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	RAIN BOTTLING COMPANY LLC	c EIN-PN 83-4561118-501
a	Plan name	RAISIN MANAGEMENT LLLP GFB BENEFIT PLAN	
b	Name of plan sponsor	RAISIN MANAGEMENT LLLP	c EIN-PN 20-2636241-501
a	Plan name	RAMAH DAROM INC GFB BENEFIT PLAN	
b	Name of plan sponsor	RAMAH DAROM INC	c EIN-PN 58-2146741-501
a	Plan name	RANDALL RODERICK & ASSOCIATES GFB BENEFIT PLAN	
b	Name of plan sponsor	RANDALL RODERICK & ASSOCIATES	c EIN-PN 58-2039601-501
a	Plan name	RANDY RHODES FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor	RANDY RHODES FARMS	c EIN-PN 58-2086390-501

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 RB FORESTRY LLC GFB BENEFIT PLAN	
b	Name of plan sponsor RB FORESTRY LLC	c EIN-PN 47-3472484-501
a	Plan name RBC LAND COMPANY LLLP GFB BENEFIT PLAN	
b	Name of plan sponsor RBC LAND COMPANY LLLP	c EIN-PN 20-1067892-502
a	Plan name RBS LOGGING CO INC GFB BENEFIT PLAN	
b	Name of plan sponsor RBS LOGGING CO INC	c EIN-PN 58-2039597-501
a	Plan name RD PADGETT INC GFB BENEFIT PLAN	
b	Name of plan sponsor RD PADGETT INC	c EIN-PN 20-2886048-501
a	Plan name RDG VENTURES LLC GFB BENEFIT PLAN	
b	Name of plan sponsor RDG VENTURES LLC	c EIN-PN 31-1843905-501
a	Plan name RDL INC GFB BENEFIT PLAN	
b	Name of plan sponsor RDL INC	c EIN-PN 58-1236016-501
a	Plan name REDLAND GRADING COMPANY INC GFB BENEFIT PLAN	
b	Name of plan sponsor REDLAND GRADING COMPANY INC	c EIN-PN 84-4006431-501
a	Plan name REESE FOSTER FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor REESE FOSTER FARMS	c EIN-PN 25-9956349-501
a	Plan name REGULATORY COUNSEL GROUP, INC GFB BENEFIT PLAN	
b	Name of plan sponsor REGULATORY COUNSEL GROUP, INC	c EIN-PN 58-2591592-501
a	Plan name REMODEL SOUTH GFB BENEFIT PLAN	
b	Name of plan sponsor REMODEL SOUTH	c EIN-PN 06-1639283-501
a	Plan name RENEW ENTERPRISES DEVELOPRNENT GFB BENEFIT PLAN	
b	Name of plan sponsor RENEW ENTERPRISES DEVELOPRNENT	c EIN-PN 27-4005554-501
a	Plan name RENTAL EQUIPMENT COMPANY INC GFB BENEFIT PLAN	
b	Name of plan sponsor RENTAL EQUIPMENT COMPANY INC	c EIN-PN 58-2660915-501

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 REPTILES2YOU LLC GFB BENEFIT PLAN	
b	Name of plan sponsor REPTILES2YOU LLC	c EIN-PN 47-4606910-502
a	Plan name RESCOM CABINETS INC GFB BENEFIT PLAN	
b	Name of plan sponsor RESCOM CABINETS INC	c EIN-PN 58-2109094-501
a	Plan name RESET ROOFING GFB BENEFIT PLAN	
b	Name of plan sponsor RESET ROOFING	c EIN-PN 81-4226076-501
a	Plan name RESLAWN LLC GFB BENEFIT PLAN	
b	Name of plan sponsor RESLAWN LLC	c EIN-PN 45-5514944-501
a	Plan name RFP FINANCIAL GROUP, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor RFP FINANCIAL GROUP, LLC	c EIN-PN 82-4438526-501
a	Plan name RGR INC. GFB BENEFIT PLAN	
b	Name of plan sponsor RGR INC.	c EIN-PN 86-1054951-501
a	Plan name RHINO REMEDIATION LLC GFB BENEFIT PLAN	
b	Name of plan sponsor RHINO REMEDIATION LLC	c EIN-PN 83-2373126-501
a	Plan name RICK BAILEY AND COMPANY GFB BENEFIT PLAN	
b	Name of plan sponsor RICK BAILEY AND COMPANY	c EIN-PN 58-2224335-502
a	Plan name RIDLEY INTERNATIONAL INC GFB BENEFIT PLAN	
b	Name of plan sponsor RIDLEY INTERNATIONAL INC	c EIN-PN 62-1099222-502
a	Plan name RITTER INTERNATIONAL, INC GFB BENEFIT PLAN	
b	Name of plan sponsor RITTER INTERNATIONAL, INC	c EIN-PN 58-1957180-501
a	Plan name RIVERSIDE TRAFFIC SOLUTIONS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor RIVERSIDE TRAFFIC SOLUTIONS LLC	c EIN-PN 88-4273463-501
a	Plan name RNA ENTERPRISES, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor RNA ENTERPRISES, LLC	c EIN-PN 46-1351706-501

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 ROADSPRINT CARGO SERVICES INC GFB BENEFIT PLAN	
b	Name of plan sponsor ROADSPRINT CARGO SERVICES INC	c EIN-PN 46-0552028-501
a	Plan name ROBERT BUSBIN FARM GFB BENEFIT PLAN	
b	Name of plan sponsor ROBERT BUSBIN FARM	c EIN-PN 20-4263685-501
a	Plan name ROBERT HUIE GFB BENEFIT PLAN	
b	Name of plan sponsor ROBERT HUIE	c EIN-PN 25-6533624-501
a	Plan name ROBERT JENKINS LAW FIRM GFB BENEFIT PLAN	
b	Name of plan sponsor ROBERT JENKINS LAW FIRM	c EIN-PN 25-8331341-502
a	Plan name ROBIN HILL TEXTILES, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor ROBIN HILL TEXTILES, LLC	c EIN-PN 26-3763647-502
a	Plan name ROCKING A FARM, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor ROCKING A FARM, LLC	c EIN-PN 83-1750163-501
a	Plan name ROLLING B. RANCH, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor ROLLING B. RANCH, LLC	c EIN-PN 82-3222966-501
a	Plan name ROME DENTAL COMPANY LLC GFB BENEFIT PLAN	
b	Name of plan sponsor ROME DENTAL COMPANY LLC	c EIN-PN 83-0839323-502
a	Plan name RONALD MCDONALD HOUSE CHARITIES OF AUGUSTA GFB BENEFIT PLAN	
b	Name of plan sponsor RONALD MCDONALD HOUSE CHARITIES OF AUGUSTA	c EIN-PN 58-1509465-501
a	Plan name ROOF AUTHORITY LLC GFB BENEFIT PLAN	
b	Name of plan sponsor ROOF AUTHORITY LLC	c EIN-PN 26-4442272-501
a	Plan name ROOFING PROFESSIONALS INC GFB BENEFIT PLAN	
b	Name of plan sponsor ROOFING PROFESSIONALS INC	c EIN-PN 58-2513876-501
a	Plan name ROSEWOOD DEVELOPMENT COMPANY LLC GFB BENEFIT PLAN	
b	Name of plan sponsor ROSEWOOD DEVELOPMENT COMPANY LLC	c EIN-PN 20-4142584-501

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 ROSS FARM GFB BENEFIT PLAN		
b Name of plan sponsor	ROSS FARM	c EIN-PN 26-4345265-501
a Plan name RTY PROPERTY MANAGEMENT LLC GFB BENEFIT PLAN		
b Name of plan sponsor	RTY PROPERTY MANAGEMENT LLC	c EIN-PN 46-0765039-501
a Plan name RUSSELL HARDING INS AGENCY GFB BENEFIT PLAN		
b Name of plan sponsor	RUSSELL HARDING INS AGENCY	c EIN-PN 58-2119537-501
a Plan name RW SERVICES LLC GFB BENEFIT PLAN		
b Name of plan sponsor	RW SERVICES LLC	c EIN-PN 47-2710406-501
a Plan name S&J STAFFING LLC GFB BENEFIT PLAN		
b Name of plan sponsor	S&J STAFFING LLC	c EIN-PN 82-3568440-501
a Plan name S&S WAREHOUSE LLC GFB BENEFIT PLAN		
b Name of plan sponsor	S&S WAREHOUSE LLC	c EIN-PN 46-1810676-501
a Plan name S. R. I. TECHNOLOGIES, INC. GFB BENEFIT PLAN		
b Name of plan sponsor	S. R. I. TECHNOLOGIES, INC.	c EIN-PN 58-2194559-501
a Plan name S. SHANE KELLEY FARMS GFB BENEFIT PLAN		
b Name of plan sponsor	S. SHANE KELLEY FARMS	c EIN-PN 26-2286591-502
a Plan name S.O.S FARMS GFB BENEFIT PLAN		
b Name of plan sponsor	S.O.S FARMS	c EIN-PN 58-2275623-501
a Plan name SAM & LAMB, INC. GFB BENEFIT PLAN		
b Name of plan sponsor	SAM & LAMB, INC.	c EIN-PN 58-1564709-501
a Plan name SANDERS FURNITURE GFB BENEFIT PLAN		
b Name of plan sponsor	SANDERS FURNITURE	c EIN-PN 58-0536438-501
a Plan name SATILLA PROPERTIES GFB BENEFIT PLAN		
b Name of plan sponsor	SATILLA PROPERTIES	c EIN-PN 58-1146406-501

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	SAVANNAH MARINA LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	SAVANNAH MARINA LLC	c EIN-PN 87-0835837-501
a	Plan name	SCHEBLER ENTERPRISES INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SCHEBLER ENTERPRISES INC	c EIN-PN 34-2022479-501
a	Plan name	SD DENTAL LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	SD DENTAL LLC	c EIN-PN 84-3657518-501
a	Plan name	SEASIDE LOGISTICS AGENCY, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	SEASIDE LOGISTICS AGENCY, LLC	c EIN-PN 92-1655969-501
a	Plan name	SEASONAL SOLUTION GFB BENEFIT PLAN	
b	Name of plan sponsor	SEASONAL SOLUTION	c EIN-PN 58-2439163-501
a	Plan name	SEC INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SEC INC	c EIN-PN 58-2379234-502
a	Plan name	SEC TRUCKING, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SEC TRUCKING, INC	c EIN-PN 20-3284870-501
a	Plan name	SEDGHI LAW LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	SEDGHI LAW LLC	c EIN-PN 58-2435850-501
a	Plan name	SELDOM REST INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SELDOM REST INC	c EIN-PN 58-1307441-501
a	Plan name	SELINA MANAGEMENT FKA LADSON LAW GFB BENEFIT PLAN	
b	Name of plan sponsor	SELINA MANAGEMENT FKA LADSON LAW	c EIN-PN 86-1564560-501
a	Plan name	SERVANTEE, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SERVANTEE, INC	c EIN-PN 83-1639747-501
a	Plan name	SERVAWARD, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SERVAWARD, INC	c EIN-PN 58-2210229-501

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 SHAGGY DOOS MOBILE GROOMING LLC GFB BENEFIT PLAN		
b	Name of plan sponsor SHAGGY DOOS MOBILE GROOMING LLC	c EIN-PN 88-2011502-501	
a	Plan name SHAKER HOUSE LIMITED GFB BENEFIT PLAN		
b	Name of plan sponsor SHAKER HOUSE LIMITED	c EIN-PN 04-3608974-501	
a	Plan name SHEAROUSE LUMBER COMPANY INC GFB BENEFIT PLAN		
b	Name of plan sponsor SHEAROUSE LUMBER COMPANY INC	c EIN-PN 58-1262840-501	
a	Plan name SHELTON CARR & ASSOCIATES, INC GFB BENEFIT PLAN		
b	Name of plan sponsor SHELTON CARR & ASSOCIATES, INC	c EIN-PN 45-1828971-501	
a	Plan name SHERIDAN MECHANICAL LLC GFB BENEFIT PLAN		
b	Name of plan sponsor SHERIDAN MECHANICAL LLC	c EIN-PN 82-4816035-501	
a	Plan name SHIPE LAW PC GFB BENEFIT PLAN		
b	Name of plan sponsor SHIPE LAW PC	c EIN-PN 26-4568147-501	
a	Plan name SHIPPER SERVICES LLC GFB BENEFIT PLAN		
b	Name of plan sponsor SHIPPER SERVICES LLC	c EIN-PN 51-0630708-502	
a	Plan name SHORELINE LANDSCAPE SOLUTIONS, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor SHORELINE LANDSCAPE SOLUTIONS, LLC	c EIN-PN 26-3759438-501	
a	Plan name SHRI HARIKRISHNAYA LLC GFB BENEFIT PLAN		
b	Name of plan sponsor SHRI HARIKRISHNAYA LLC	c EIN-PN 27-1550207-501	
a	Plan name SIGN SYSTEMS GFB BENEFIT PLAN		
b	Name of plan sponsor SIGN SYSTEMS	c EIN-PN 61-1997745-501	
a	Plan name SIKES BROTHERS, INC. GFB BENEFIT PLAN		
b	Name of plan sponsor SIKES BROTHERS, INC.	c EIN-PN 58-2161852-501	
a	Plan name SIMMONS FARM INC GFB BENEFIT PLAN		
b	Name of plan sponsor SIMMONS FARM INC	c EIN-PN 20-3870378-501	

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	SIMPLY SIDING LLC GFB BENEFIT PLAN
b	Name of plan sponsor	SIMPLY SIDING LLC
c	EIN-PN	45-3181237-501
a	Plan name	SIMS FAMILY PARTNERS LP GFB BENEFIT PLAN
b	Name of plan sponsor	SIMS FAMILY PARTNERS LP
c	EIN-PN	58-2482324-501
a	Plan name	SINIBAR ROOM LLC GFB BENEFIT PLAN
b	Name of plan sponsor	SINIBAR ROOM LLC
c	EIN-PN	83-4301481-501
a	Plan name	SIX RIVERS ELECTRICAL CONTRACTING GFB BENEFIT PLAN
b	Name of plan sponsor	SIX RIVERS ELECTRICAL CONTRACTING
c	EIN-PN	82-1955071-501
a	Plan name	SKALIY FAMILY ASSOCIATES, LLP GFB BENEFIT PLAN
b	Name of plan sponsor	SKALIY FAMILY ASSOCIATES, LLP
c	EIN-PN	58-2612705-501
a	Plan name	SLAB DREAM LAB LLC GFB BENEFIT PLAN
b	Name of plan sponsor	SLAB DREAM LAB LLC
c	EIN-PN	83-3017969-501
a	Plan name	SLACK WATER MARINE GFB BENEFIT PLAN
b	Name of plan sponsor	SLACK WATER MARINE
c	EIN-PN	82-4767017-501
a	Plan name	SLOW POUR BREWING CO GFB BENEFIT PLAN
b	Name of plan sponsor	SLOW POUR BREWING CO
c	EIN-PN	87-4089578-501
a	Plan name	SMC EXPRESS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	SMC EXPRESS LLC
c	EIN-PN	88-0686158-501
a	Plan name	SMITH BUILT COMMUNITIES GFB BENEFIT PLAN
b	Name of plan sponsor	SMITH BUILT COMMUNITIES
c	EIN-PN	93-1551008-501
a	Plan name	SMITHCONN SUPPLY INC GFB BENEFIT PLAN
b	Name of plan sponsor	SMITHCONN SUPPLY INC
c	EIN-PN	46-4155762-501
a	Plan name	SOL FARMING, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	SOL FARMING, LLC
c	EIN-PN	47-4938844-501

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 SOLARIS ASSET MANAGEMENT GFB BENEFIT PLAN	
b	Name of plan sponsor SOLARIS ASSET MANAGEMENT	c EIN-PN 85-3793661-501
a	Plan name SOLOMON DEATON AND BUICE LLC GFB BENEFIT PLAN	
b	Name of plan sponsor SOLOMON DEATON AND BUICE LLC	c EIN-PN 47-4043902-501
a	Plan name SOUTH GEORGIA FARMS, INC GFB BENEFIT PLAN	
b	Name of plan sponsor SOUTH GEORGIA FARMS, INC	c EIN-PN 58-1999680-501
a	Plan name SOUTH SHORE BUILDERS GFB BENEFIT PLAN	
b	Name of plan sponsor SOUTH SHORE BUILDERS	c EIN-PN 58-2448391-501
a	Plan name SOUTHEAST PHARMACY GFB BENEFIT PLAN	
b	Name of plan sponsor SOUTHEAST PHARMACY	c EIN-PN 86-3067061-501
a	Plan name SOUTHEASTERN GIN INC GFB BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN GIN INC	c EIN-PN 58-2147424-501
a	Plan name SOUTHEASTERN PECAN CO GFB BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN PECAN CO	c EIN-PN 82-5374921-501
a	Plan name SOUTHEASTERN SERVICES, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN SERVICES, INC.	c EIN-PN 58-2595051-501
a	Plan name SOUTHEASTERN TANK & TOWER, INC GFB BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN TANK & TOWER, INC	c EIN-PN 58-1994521-502
a	Plan name SOUTHEASTERN VETERINARY SURGERY CENTER LLC GFB BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN VETERINARY SURGERY CENTER LLC	c EIN-PN 87-1423373-501
a	Plan name SOUTHERN ACTUARIAL SERVICES GFB BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN ACTUARIAL SERVICES	c EIN-PN 58-2409046-501
a	Plan name SOUTHERN BELLE FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN BELLE FARMS	c EIN-PN 20-5211610-501

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	SOUTHERN CUTS PROCESSING, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	SOUTHERN CUTS PROCESSING, LLC	c EIN-PN 82-2226701-501
a	Plan name	SOUTHERN HARDWARE GFB BENEFIT PLAN	
b	Name of plan sponsor	SOUTHERN HARDWARE	c EIN-PN 58-1672241-501
a	Plan name	SOUTHERN JEWISH RESOURCE NETWORK, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SOUTHERN JEWISH RESOURCE NETWORK, INC	c EIN-PN 46-3383825-501
a	Plan name	SOUTHERN PROPERTIES OF GEORGIA GFB BENEFIT PLAN	
b	Name of plan sponsor	SOUTHERN PROPERTIES OF GEORGIA	c EIN-PN 20-0892364-501
a	Plan name	SOUTHERN SOCCER VENTURES, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	SOUTHERN SOCCER VENTURES, LLC	c EIN-PN 93-4424245-501
a	Plan name	SOUTHPROP INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SOUTHPROP INC	c EIN-PN 58-1536533-501
a	Plan name	SOUTHWEST BROILER INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SOUTHWEST BROILER INC	c EIN-PN 58-2239030-501
a	Plan name	SOWHATCHEE FARMS, GP GFB BENEFIT PLAN	
b	Name of plan sponsor	SOWHATCHEE FARMS, GP	c EIN-PN 86-1407065-501
a	Plan name	SPEED BURGER INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SPEED BURGER INC	c EIN-PN 58-2028221-501
a	Plan name	SPILLER PARK STAFFING LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	SPILLER PARK STAFFING LLC	c EIN-PN 92-2331584-502
a	Plan name	STACI V. DESIGNS GFB BENEFIT PLAN	
b	Name of plan sponsor	STACI V. DESIGNS	c EIN-PN 87-3204720-501
a	Plan name	STANLEY CORBETT FARMS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	STANLEY CORBETT FARMS LLC	c EIN-PN 81-1119676-501

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 STARLIGHTS JOURNEY PC GFB BENEFIT PLAN	
b	Name of plan sponsor STARLIGHTS JOURNEY PC	c EIN-PN 27-4733255-501
a	Plan name STATESBORO GRAIN GFB BENEFIT PLAN	
b	Name of plan sponsor STATESBORO GRAIN	c EIN-PN 56-2097067-501
a	Plan name STATESBORO TRANSFER & STORAGE GFB BENEFIT PLAN	
b	Name of plan sponsor STATESBORO TRANSFER & STORAGE	c EIN-PN 58-1100410-501
a	Plan name STATHAM FARM GFB BENEFIT PLAN	
b	Name of plan sponsor STATHAM FARM	c EIN-PN 25-4119683-501
a	Plan name STEPHENS SUPERFOODS MANAGEMENT GROUP LLC GFB BENEFIT PLAN	
b	Name of plan sponsor STEPHENS SUPERFOODS MANAGEMENT GROUP LLC	c EIN-PN 84-1837914-501
a	Plan name STEVE ANTHONY CONSTRUCTION, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor STEVE ANTHONY CONSTRUCTION, LLC	c EIN-PN 20-1449381-501
a	Plan name STEVE SHIVERS GFB BENEFIT PLAN	
b	Name of plan sponsor STEVE SHIVERS	c EIN-PN 25-9044335-501
a	Plan name STEVEN R DOSTER GFB BENEFIT PLAN	
b	Name of plan sponsor STEVEN R DOSTER	c EIN-PN 58-2598684-501
a	Plan name STEWARTS PROFESSIONAL TREE SERVICE GFB BENEFIT PLAN	
b	Name of plan sponsor STEWARTS PROFESSIONAL TREE SERVICE	c EIN-PN 59-3365628-501
a	Plan name STRICK LANDSCAPING LLC GFB BENEFIT PLAN	
b	Name of plan sponsor STRICK LANDSCAPING LLC	c EIN-PN 26-4434127-501
a	Plan name STRIVE FOR GREAT LLC GFB BENEFIT PLAN	
b	Name of plan sponsor STRIVE FOR GREAT LLC	c EIN-PN 92-0397533-501
a	Plan name STRUDWICK ENTERPRISES GFB BENEFIT PLAN	
b	Name of plan sponsor STRUDWICK ENTERPRISES	c EIN-PN 58-2528750-501

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	SUMMERS CONSTRUCTION GROUP LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	SUMMERS CONSTRUCTION GROUP LLC	c EIN-PN 92-2624748-501
a	Plan name	SUMMIT MASONRY, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor	SUMMIT MASONRY, INC.	c EIN-PN 31-1832516-501
a	Plan name	SUNDRENCHED POOLS GFB BENEFIT PLAN	
b	Name of plan sponsor	SUNDRENCHED POOLS	c EIN-PN 81-1713637-501
a	Plan name	SUPERIOR DRYWALL AND RENOVATIONS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	SUPERIOR DRYWALL AND RENOVATIONS LLC	c EIN-PN 88-4131394-501
a	Plan name	SUPERIOR METAL BUILDINGS, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SUPERIOR METAL BUILDINGS, INC	c EIN-PN 93-3025391-501
a	Plan name	SUPERIOR TURF MANAGEMENT GFB BENEFIT PLAN	
b	Name of plan sponsor	SUPERIOR TURF MANAGEMENT	c EIN-PN 81-5068065-501
a	Plan name	SWAILS FARMS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	SWAILS FARMS, LLC	c EIN-PN 25-4512209-501
a	Plan name	SWC MARKETING GFB BENEFIT PLAN	
b	Name of plan sponsor	SWC MARKETING	c EIN-PN 85-0585194-501
a	Plan name	SYCAMORE CONSULTING, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	SYCAMORE CONSULTING, INC	c EIN-PN 58-2211399-501
a	Plan name	T & D MASON FARMS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	T & D MASON FARMS, LLC	c EIN-PN 42-1568454-501
a	Plan name	T AND J GRANITE COUNTER TOPS INC GFB BENEFIT PLAN	
b	Name of plan sponsor	T AND J GRANITE COUNTER TOPS INC	c EIN-PN 58-2628162-501
a	Plan name	T MURRAY RESTAURANT GROUP GFB BENEFIT PLAN	
b	Name of plan sponsor	T MURRAY RESTAURANT GROUP	c EIN-PN 88-3497988-501

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	TABB & ASSOCIATES GFB BENEFIT PLAN
b	Name of plan sponsor	TABB & ASSOCIATES
c	EIN-PN	75-3079362-501
a	Plan name	TALL PINES ANESTHESIA GFB BENEFIT PLAN
b	Name of plan sponsor	TALL PINES ANESTHESIA
c	EIN-PN	93-1404106-501
a	Plan name	TANYA CHASTAIN GFB BENEFIT PLAN
b	Name of plan sponsor	TANYA CHASTAIN
c	EIN-PN	25-4578655-502
a	Plan name	TAQUERIA LOS HERMANOS GFB BENEFIT PLAN
b	Name of plan sponsor	TAQUERIA LOS HERMANOS
c	EIN-PN	26-3390091-501
a	Plan name	TARA FARMS, INC. GFB BENEFIT PLAN
b	Name of plan sponsor	TARA FARMS, INC.
c	EIN-PN	20-4416914-501
a	Plan name	TAYLOR GABLE GFB BENEFIT PLAN
b	Name of plan sponsor	TAYLOR GABLE
c	EIN-PN	25-3831818-501
a	Plan name	TC CASTINGS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	TC CASTINGS LLC
c	EIN-PN	03-0597583-501
a	Plan name	TD BUILDERS INC GFB BENEFIT PLAN
b	Name of plan sponsor	TD BUILDERS INC
c	EIN-PN	20-3759811-501
a	Plan name	TERRA FOODS TRADING CORP GFB BENEFIT PLAN
b	Name of plan sponsor	TERRA FOODS TRADING CORP
c	EIN-PN	46-5428121-501
a	Plan name	TH EQUIPMENT GFB BENEFIT PLAN
b	Name of plan sponsor	TH EQUIPMENT
c	EIN-PN	87-4728938-501
a	Plan name	THAI RICKSAW RESTAURANT GROUP LLC GFB BENEFIT PLAN
b	Name of plan sponsor	THAI RICKSAW RESTAURANT GROUP LLC
c	EIN-PN	85-1600195-501
a	Plan name	THE AUGUSTA CARPET MART INC GFB BENEFIT PLAN
b	Name of plan sponsor	THE AUGUSTA CARPET MART INC
c	EIN-PN	58-1588955-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	THE BERT SHOW GFB BENEFIT PLAN
b	Name of plan sponsor	THE BERT SHOW
c	EIN-PN	20-0966035-501
a	Plan name	THE BURCH GFB BENEFIT PLAN
b	Name of plan sponsor	THE BURCH
c	EIN-PN	86-3004738-501
a	Plan name	THE CHASTAIN SCHOOL AT ST JOHN GFB BENEFIT PLAN
b	Name of plan sponsor	THE CHASTAIN SCHOOL AT ST JOHN
c	EIN-PN	58-1821436-501
a	Plan name	THE DEVIN JAMES AGENCY, INC GFB BENEFIT PLAN
b	Name of plan sponsor	THE DEVIN JAMES AGENCY, INC
c	EIN-PN	32-0394854-501
a	Plan name	THE FARMERS DAUGHTER OF GOOSE GFB BENEFIT PLAN
b	Name of plan sponsor	THE FARMERS DAUGHTER OF GOOSE
c	EIN-PN	82-4823423-501
a	Plan name	THE FLOWER BUDS,LLC GFB BENEFIT PLAN
b	Name of plan sponsor	THE FLOWER BUDS,LLC
c	EIN-PN	20-8405446-501
a	Plan name	THE GO AG GROUP, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	THE GO AG GROUP, LLC
c	EIN-PN	82-1203715-501
a	Plan name	THE GRAND RESERVE COLUMBUS GFB BENEFIT PLAN
b	Name of plan sponsor	THE GRAND RESERVE COLUMBUS
c	EIN-PN	27-5401276-502
a	Plan name	THE GROGAN GROUP GFB BENEFIT PLAN
b	Name of plan sponsor	THE GROGAN GROUP
c	EIN-PN	20-2431801-502
a	Plan name	THE JAMES POLK COMPANY, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	THE JAMES POLK COMPANY, LLC
c	EIN-PN	58-1927387-501
a	Plan name	THE MILAM GROUP, INC GFB BENEFIT PLAN
b	Name of plan sponsor	THE MILAM GROUP, INC
c	EIN-PN	46-4440931-502
a	Plan name	THE QUINLEY GROUP, LLC GFB BENEFIT PLAN
b	Name of plan sponsor	THE QUINLEY GROUP, LLC
c	EIN-PN	83-4132542-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE SANFORD COMPANY GFB BENEFIT PLAN	
b	Name of plan sponsor	THE SANFORD COMPANY	c EIN-PN 02-0634255-502
a	Plan name	THE VET AT BLUE RIDGE GFB BENEFIT PLAN	
b	Name of plan sponsor	THE VET AT BLUE RIDGE	c EIN-PN 83-0360794-501
a	Plan name	THINK 79 LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	THINK 79 LLC	c EIN-PN 26-3900121-501
a	Plan name	THOMAS GLEN ROSS GFB BENEFIT PLAN	
b	Name of plan sponsor	THOMAS GLEN ROSS	c EIN-PN 25-9294308-501
a	Plan name	THOMAS J.SMITH FARM GFB BENEFIT PLAN	
b	Name of plan sponsor	THOMAS J.SMITH FARM	c EIN-PN 25-2969277-501
a	Plan name	THOMPSON BOATWORKS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	THOMPSON BOATWORKS, LLC	c EIN-PN 30-8784702-501
a	Plan name	THOMPSON GRADING AND PIPELINE, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	THOMPSON GRADING AND PIPELINE, LLC	c EIN-PN 45-4992383-501
a	Plan name	THREE RIVERS LANDSCAPING, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	THREE RIVERS LANDSCAPING, LLC	c EIN-PN 47-3044454-501
a	Plan name	TIDEWATER TIMBER GFB BENEFIT PLAN	
b	Name of plan sponsor	TIDEWATER TIMBER	c EIN-PN 84-3951996-501
a	Plan name	TILLEM MEDIA GROUP, INC. GFB BENEFIT PLAN	
b	Name of plan sponsor	TILLEM MEDIA GROUP, INC.	c EIN-PN 26-2468220-501
a	Plan name	TILLMAN BRANNEN AND MINICK FARM SUPPLY GFB BENEFIT PLAN	
b	Name of plan sponsor	TILLMAN BRANNEN AND MINICK FARM SUPPLY	c EIN-PN 58-2381664-501
a	Plan name	TIM COLEY CONSTRUCTION GFB BENEFIT PLAN	
b	Name of plan sponsor	TIM COLEY CONSTRUCTION	c EIN-PN 90-0215638-501

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 TIMOTHY CROSBY FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor TIMOTHY CROSBY FARMS	c EIN-PN 26-4201610-501
a	Plan name TIMOTHY SINGLETARY GFB BENEFIT PLAN	
b	Name of plan sponsor TIMOTHY SINGLETARY	c EIN-PN 58-2176499-501
a	Plan name TIN64LLC GFB BENEFIT PLAN	
b	Name of plan sponsor TIN64LLC	c EIN-PN 47-4816257-501
a	Plan name TITAN FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor TITAN FARMS	c EIN-PN 92-2409185-501
a	Plan name TOMMY WATLEY PLUMBING CO, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor TOMMY WATLEY PLUMBING CO, LLC	c EIN-PN 87-3993553-501
a	Plan name TOP FORM INDUSTRIAL GFB BENEFIT PLAN	
b	Name of plan sponsor TOP FORM INDUSTRIAL	c EIN-PN 20-5724366-501
a	Plan name TORO BLANCO GROUP LLC GFB BENEFIT PLAN	
b	Name of plan sponsor TORO BLANCO GROUP LLC	c EIN-PN 84-2327472-502
a	Plan name TOTO HOLDINGS, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor TOTO HOLDINGS, LLC	c EIN-PN 20-0935779-502
a	Plan name TOWERING YOUR SUCCESS GFB BENEFIT PLAN	
b	Name of plan sponsor TOWERING YOUR SUCCESS	c EIN-PN 82-5063361-502
a	Plan name TOWN-N-COUNTRY FARM & PET SUPPLY GFB BENEFIT PLAN	
b	Name of plan sponsor TOWN-N-COUNTRY FARM & PET SUPPLY	c EIN-PN 47-3575635-501
a	Plan name TRAMICI, INC GFB BENEFIT PLAN	
b	Name of plan sponsor TRAMICI, INC	c EIN-PN 20-4393321-501
a	Plan name TRANSWORLD FOOD SERVICE GFB BENEFIT PLAN	
b	Name of plan sponsor TRANSWORLD FOOD SERVICE	c EIN-PN 32-0467450-501

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 TRAVERSE LAND SERVICES, LLC GFB BENEFIT PLAN		
b	Name of plan sponsor TRAVERSE LAND SERVICES, LLC	c	EIN-PN 87-3580227-501
a	Plan name TREATMENT CENTERS OF AMERICA GFB BENEFIT PLAN		
b	Name of plan sponsor TREATMENT CENTERS OF AMERICA	c	EIN-PN 20-1046202-501
a	Plan name TREAVER LEE POLLOCK, JR. GFB BENEFIT PLAN		
b	Name of plan sponsor TREAVER LEE POLLOCK, JR.	c	EIN-PN 25-5905001-501
a	Plan name TRIBUTARY LANDSCAPE GROUP LLC GFB BENEFIT PLAN		
b	Name of plan sponsor TRIBUTARY LANDSCAPE GROUP LLC	c	EIN-PN 84-4559264-501
a	Plan name TRINITY VEGETABLE CO., LLC GFB BENEFIT PLAN		
b	Name of plan sponsor TRINITY VEGETABLE CO., LLC	c	EIN-PN 47-4420084-501
a	Plan name TROPHY AND GIFT CENTER INC GFB BENEFIT PLAN		
b	Name of plan sponsor TROPHY AND GIFT CENTER INC	c	EIN-PN 58-0953015-501
a	Plan name TURFNOLOGY INC. GFB BENEFIT PLAN		
b	Name of plan sponsor TURFNOLOGY INC.	c	EIN-PN 20-1864960-501
a	Plan name TURNER CONSTRUCTION MANAGEMENT LLC GFB BENEFIT PLAN		
b	Name of plan sponsor TURNER CONSTRUCTION MANAGEMENT LLC	c	EIN-PN 88-2350306-501
a	Plan name TWINS FARM GFB BENEFIT PLAN		
b	Name of plan sponsor TWINS FARM	c	EIN-PN 45-4172665-501
a	Plan name TYLER FORESTRY SERVICE GFB BENEFIT PLAN		
b	Name of plan sponsor TYLER FORESTRY SERVICE	c	EIN-PN 58-1578488-501
a	Plan name TYRONE BURRITO BROTHERS, INC. GFB BENEFIT PLAN		
b	Name of plan sponsor TYRONE BURRITO BROTHERS, INC.	c	EIN-PN 20-1941373-501
a	Plan name UNIVERSAL FILTRATION & PUMPING SOLUTIONS INC GFB BENEFIT PLAN		
b	Name of plan sponsor UNIVERSAL FILTRATION & PUMPING SOLUTIONS INC	c	EIN-PN 82-0569288-502

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 URBAN TREE HARD CIDER LLC GFB BENEFIT PLAN	
b	Name of plan sponsor URBAN TREE HARD CIDER LLC	c EIN-PN 47-2219154-501
a	Plan name URSULA WIEDMANN MODELS INC GFB BENEFIT PLAN	
b	Name of plan sponsor URSULA WIEDMANN MODELS INC	c EIN-PN 46-3855988-501
a	Plan name US BREAKER INC GFB BENEFIT PLAN	
b	Name of plan sponsor US BREAKER INC	c EIN-PN 27-0095499-503
a	Plan name US DENTAL TRANSITIONS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor US DENTAL TRANSITIONS LLC	c EIN-PN 82-1993417-501
a	Plan name US MANAGEMENT & CONSULTING SERVICES GFB BENEFIT PLAN	
b	Name of plan sponsor US MANAGEMENT & CONSULTING SERVICES	c EIN-PN 82-1228801-501
a	Plan name VALLEY BROOK RESEARCH, INC GFB BENEFIT PLAN	
b	Name of plan sponsor VALLEY BROOK RESEARCH, INC	c EIN-PN 58-2651069-501
a	Plan name VALLEY COMPONENTS INC GFB BENEFIT PLAN	
b	Name of plan sponsor VALLEY COMPONENTS INC	c EIN-PN 58-1598238-501
a	Plan name VAUGHN FARMS L P GFB BENEFIT PLAN	
b	Name of plan sponsor VAUGHN FARMS L P	c EIN-PN 58-2479937-501
a	Plan name VERGE GROUP LLC GFB BENEFIT PLAN	
b	Name of plan sponsor VERGE GROUP LLC	c EIN-PN 27-2129750-501
a	Plan name VINCE EDWARD CAINE GFB BENEFIT PLAN	
b	Name of plan sponsor VINCE EDWARD CAINE	c EIN-PN 25-5554206-501
a	Plan name VININGS CHIRO INC GFB BENEFIT PLAN	
b	Name of plan sponsor VININGS CHIRO INC	c EIN-PN 26-3952543-502
a	Plan name VIRTUE MEDIA INC GFB BENEFIT PLAN	
b	Name of plan sponsor VIRTUE MEDIA INC	c EIN-PN 86-0966587-501

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	VISA PEST CONTROL GFB BENEFIT PLAN	
b	Name of plan sponsor	VISA PEST CONTROL	c EIN-PN 87-2073360-501
a	Plan name	VIVEK STRATEGIC CAPITAL, LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	VIVEK STRATEGIC CAPITAL, LLC	c EIN-PN 93-3972953-501
a	Plan name	VORTEX MIDTOWN INC GFB BENEFIT PLAN	
b	Name of plan sponsor	VORTEX MIDTOWN INC	c EIN-PN 58-2334038-501
a	Plan name	W A ENTREKIN LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	W A ENTREKIN LLC	c EIN-PN 46-5176291-501
a	Plan name	WALKER FARMS GFB BENEFIT PLAN	
b	Name of plan sponsor	WALKER FARMS	c EIN-PN 38-4144154-501
a	Plan name	WALL HEATING & AIR CONDITIONING, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	WALL HEATING & AIR CONDITIONING, INC	c EIN-PN 58-2429941-501
a	Plan name	WALLINGTON PLANTATION LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	WALLINGTON PLANTATION LLC	c EIN-PN 81-4393670-501
a	Plan name	WATERMAN SPRING WATER, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	WATERMAN SPRING WATER, INC	c EIN-PN 43-1956316-501
a	Plan name	WATTS SERVICE CENTER INC GFB BENEFIT PLAN	
b	Name of plan sponsor	WATTS SERVICE CENTER INC	c EIN-PN 01-0711364-501
a	Plan name	WEIMAR CONSTRUCTION COMPANY GFB BENEFIT PLAN	
b	Name of plan sponsor	WEIMAR CONSTRUCTION COMPANY	c EIN-PN 58-1300462-501
a	Plan name	WESSEX HOTELS LLC GFB BENEFIT PLAN	
b	Name of plan sponsor	WESSEX HOTELS LLC	c EIN-PN 45-3650936-501
a	Plan name	WESTCOTT & ASSOCIATES, INC GFB BENEFIT PLAN	
b	Name of plan sponsor	WESTCOTT & ASSOCIATES, INC	c EIN-PN 20-1573082-501

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	WESTMORELAND COMPANIES LLC GFB BENEFIT PLAN
b	Name of plan sponsor	WESTMORELAND COMPANIES LLC
c	EIN-PN	27-2940915-501
a	Plan name	WESTSIDE HEATING AND AIR INC. GFB BENEFIT PLAN
b	Name of plan sponsor	WESTSIDE HEATING AND AIR INC.
c	EIN-PN	58-2443487-501
a	Plan name	WHITE'S REFRIGERATION GFB BENEFIT PLAN
b	Name of plan sponsor	WHITES REFRIGERATION
c	EIN-PN	87-1867581-501
a	Plan name	WILDER LANDS INC GFB BENEFIT PLAN
b	Name of plan sponsor	WILDER LANDS INC
c	EIN-PN	58-0939579-501
a	Plan name	WILEY WILSON AGENCY INC GFB BENEFIT PLAN
b	Name of plan sponsor	WILEY WILSON AGENCY INC
c	EIN-PN	84-2927859-501
a	Plan name	WILLIAM C ODONALD GFB BENEFIT PLAN
b	Name of plan sponsor	WILLIAM C ODONALD
c	EIN-PN	20-4081311-501
a	Plan name	WILLIAM GARRARD GFB BENEFIT PLAN
b	Name of plan sponsor	WILLIAM GARRARD
c	EIN-PN	26-0738079-501
a	Plan name	WILSON FARMS ENTERPRISE, INC GFB BENEFIT PLAN
b	Name of plan sponsor	WILSON FARMS ENTERPRISE, INC
c	EIN-PN	81-4336610-501
a	Plan name	WILSON INDUSTRIAL ELECTRIC, INC GFB BENEFIT PLAN
b	Name of plan sponsor	WILSON INDUSTRIAL ELECTRIC, INC
c	EIN-PN	58-1647439-501
a	Plan name	WILSON INVESTMENT GROUP GFB BENEFIT PLAN
b	Name of plan sponsor	WILSON INVESTMENT GROUP
c	EIN-PN	61-1989052-501
a	Plan name	WINDER EMS LLC GFB BENEFIT PLAN
b	Name of plan sponsor	WINDER EMS LLC
c	EIN-PN	46-0775371-501
a	Plan name	WINES ON BELVOIR LLC GFB BENEFIT PLAN
b	Name of plan sponsor	WINES ON BELVOIR LLC
c	EIN-PN	83-1228832-501

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	WINGO INC GFB BENEFIT PLAN	c	EIN-PN	58-2014524-502
b	Name of plan sponsor	WINGO INC			
a	Plan name	WINVILLE PLANTATION GFB BENEFIT PLAN	c	EIN-PN	84-3817371-501
b	Name of plan sponsor	WINVILLE PLANTATION			
a	Plan name	WISE CHOICE INTERNET GROUP INC GFB BENEFIT PLAN	c	EIN-PN	01-0691072-501
b	Name of plan sponsor	WISE CHOICE INTERNET GROUP INC			
a	Plan name	WOLF CREEK TREE SERVICE GFB BENEFIT PLAN	c	EIN-PN	25-3553731-502
b	Name of plan sponsor	WOLF CREEK TREE SERVICE			
a	Plan name	YELLOW DIAMOND CONSULTANTS GFB BENEFIT PLAN	c	EIN-PN	82-1180199-501
b	Name of plan sponsor	YELLOW DIAMOND CONSULTANTS			
a	Plan name	ZABAN PARADIES CENTER FOR HOMELESS COUPLES GFB BENEFIT PLAN	c	EIN-PN	27-0728201-501
b	Name of plan sponsor	ZABAN PARADIES CENTER FOR HOMELESS COUPLES			
a	Plan name	ZEPHYR CLOUD INC GFB BENEFIT PLAN	c	EIN-PN	93-2883352-501
b	Name of plan sponsor	ZEPHYR CLOUD INC			
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				

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 08/01/2023 and ending 07/31/2024		
A Name of plan GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST		
		D Employer Identification Number (EIN) 83-3648130

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	50000	25000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3801	750
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2318595	3952233
(2) U.S. Government securities	1c(2)	101873	100268
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	46684

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2474269	4124935
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	28535	31114
i Acquisition indebtedness	1i		
j Other liabilities	1j	1511576	2771811
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1540111	2802925
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	934158	1322010

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	135206	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		135206
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		135206

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	1552905	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	40995	
(5) Investment advisory and investment management fees	2i(5)	8832	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	10343	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	122529	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1735604
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1735604

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1600398
l Transfers of assets:			
(1) To this plan	2l(1)		28570858
(2) From this plan	2l(2)		26582608

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MALONEY + NOVOTNY LLC**

(2) EIN: **34-0677006**

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			
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.)		X	
4b			
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.)		X	
4c			
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.)		X	
4d			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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 ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**GEORGIA FARM BUREAU
MEMBER HEALTH PROGRAM TRUST**

FINANCIAL REPORT

JULY 31, 2024 and 2023



GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST

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Independent Auditors' Report

To the Board of Trustees of
Georgia Farm Bureau Member Health Program Trust
Macon, Georgia

Opinion

We have audited the financial statements of the Georgia Farm Bureau Member Health Program Trust (the "Trust"), which comprise the statements of net assets as of July 31, 2024 and 2023, and the related statement of changes in net assets for the year ended July 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets of the Trust as of July 31, 2024 and 2023, and the changes in its net assets for the year ended July 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

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 Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Trust 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 audit opinion.

Other Matter

The accompanying financial statements are those of the Trust. These financial statements do not purport to present the net assets available for benefits and accumulated plan benefits or the changes in net assets available for benefits or changes in accumulated plan benefits of the participating plans and do not contain certain information and other disclosures necessary for a fair presentation of the financial statements of the participating plans in accordance with accounting principles generally accepted in the United States of America. Further, these financial statements do not purport to satisfy the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") relating to the financial statements of employee benefit plans.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and 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.

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 Trust's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audits of the Financial Statements

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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but it 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 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 Trust'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 Trust's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Supplemental Schedules Required by ERISA and Other Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of operating expenses for the year ended July 31, 2024, and the supplemental schedule of assets (held at end of year) as of July 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) as of July 31, 2024 is supplementary information required by the DOL'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 has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule of assets (held at end of year) as of July 31, 2024, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "Meloney + Novotny LLC".

Cleveland, Ohio
April 30, 2025

GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST

STATEMENTS OF NET ASSETS

July 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$ 25,000	\$ 50,000
Investments, at fair value:		
Interest-bearing cash	3,819,143	1,600,264
Money market funds	133,090	718,331
U.S. Government securities	<u>100,268</u>	<u>101,873</u>
Total investments	4,052,501	2,420,468
Investment income receivable	750	3,801
Prepaid expenses	<u>46,684</u>	<u>-</u>
Total assets	4,124,935	2,474,269
<u>LIABILITIES</u>		
Advanced premiums	14,506	13,542
Accounts payable	16,608	14,993
Net reinsurance payable	<u>2,771,811</u>	<u>1,511,576</u>
Total liabilities	<u>2,802,925</u>	<u>1,540,111</u>
NET ASSETS	<u>\$1,322,010</u>	<u>\$ 934,158</u>

The accompanying notes are an integral part of these financial statements.

GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST

STATEMENT OF CHANGES IN NET ASSETS

Year Ended July 31, 2024

ADDITIONS

Contributions from participating plans	\$28,570,858
Interest income	<u>135,206</u>
Total additions	28,706,064

DEDUCTIONS

Distributions to participating plans for benefit claims paid, net of reinsurance recoveries	2,159,625
Distributions to participating plans for premiums paid for the provision of benefits, net of ceding allowances	<u>24,422,983</u>
Total distributions to participating plans	26,582,608
Operating expenses	<u>1,735,604</u>
Total deductions	<u>28,318,212</u>

INCREASE IN NET ASSETS	387,852
------------------------	---------

NET ASSETS

BEGINNING OF YEAR	<u>934,158</u>
END OF YEAR	<u><u>\$ 1,322,010</u></u>

The accompanying notes are an integral part of these financial statements.

GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Trust

The following description of the Georgia Farm Bureau Member Health Program Trust (the "Trust") provides only general information. Participating plans should refer to the Trust agreement for a more complete description of the Trust's provisions.

General:

The Trust is intended to be a voluntary employees' beneficiary association ("VEBA") under Section 501(c)(9) of the Internal Revenue Code ("IRC"). The purpose of the Trust is to hold Plan assets of a non-plan multiple employer welfare arrangement ("MEWA") as described in Georgia Code Title 33 Chapter 50 and to pay benefits and expenses on behalf of the plans participating in the MEWA (the "Plans"). The Plans represent employers in good standing with the Georgia Farm Bureau Federation.

Contributions:

The Trust receives contributions for health and welfare coverage from participating Plans. Such funds are utilized for the payment of premiums to Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. d/b/a Anthem Blue Cross and Blue Shield ("Anthem") for the provision of benefits on behalf of the Plans.

Distributions:

In addition to distributions for the premium payments to Anthem described above, distributions are made for the payment of benefit claims. These benefit claims are paid out of the Trust, on behalf of the participating Plans, to Anthem. Anthem administers payment of hospital charges, medical/surgical claims and prescription coverage.

Operating Expenses:

All administrative fees are paid by the Trust or the participating Plans at the option of the Trustees.

Note 2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Trust:

Basis of Presentation:

The accompanying financial statements have been prepared on the accrual basis of accounting.

Net Reinsurance Payable:

Net reinsurance payable represents the net of amounts recoverable for claims paid (including stop loss recoveries) and amounts recoverable for administrative expenses under the quota share reinsurance agreement offset by the amounts payable for premium ceded under the quota share and stop loss agreements.

GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Recognition of Contribution Revenue:

Contribution revenue is recognized in the month for which coverage is being paid. Contributions received after the coverage months are recorded as receivables. Contributions for premiums received prior to the coverage months are recorded as advanced premiums. Management has determined no allowance is necessary for contributions receivable from participating plans as of July 31, 2024 or 2023.

Investment Valuation and Income Recognition:

The Trust's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Reference Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Distributions for the Payment of Benefits:

Distributions for the payment of benefit claims are recorded when processed and approved for payment to Anthem.

Risks and Uncertainties:

The Trust holds various investment options in combinations of investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets.

Reclassifications:

Certain reclassifications of prior year amounts have been made to conform to the current year presentation.

Subsequent Events:

The Trust has evaluated subsequent events through April 30, 2025, the date the financial statements were available to be issued.

GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Cash and Investments

The Trust holds its temporary cash as cash or money market funds with national financial institutions which at times may exceed federally insured amounts. The actual balance may exceed reported balances due to outstanding checks.

The Trust's investments are held by Huntington Bank and US Bank in non-insured trust funds.

Note 4. Fair Value Measurements

The Trust estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for Trust assets measured at fair value:

- Interest-bearing cash is classified as a Level 1 investment.
- Money market funds consist of short-term investment funds that maintain daily liquidity and have constant unit values of \$1.00. These are classified as Level 1 instruments.
- U.S. Government securities are reported at amortized cost which approximates fair value. These are classified as Level 2 instruments.

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. There have been no changes in methodologies used from 2023 to 2024. Furthermore, while the Trust 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.

The following table summarizes the Trust's investments at July 31, 2024 and 2023 at fair value and indicates the level of valuation techniques utilized by the Trust:

	Level	July 31,	
		2024	2023
Interest-bearing cash	1	\$3,819,143	\$1,600,264
Money market funds	1	133,090	718,331
U.S. Government securities	2	100,268	101,873

GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Reinsurance

During the year ended July 31, 2024, the participating Plans were subject to a quota share reinsurance agreement with Anthem to cede 90% of the participating Plans' health business.

During the year ended July 31, 2024, the participating Plans were subject to a stop loss reinsurance agreement with Anthem for medical and prescription drug coverage. The premium is based upon the monthly funding rates and number of participants in each month of the contract with a specific stop loss threshold per covered person of \$400,000 per year. The total amount of reinsurance recovered due to stop loss was \$1,513,098 for the year ended July 31, 2024.

Note 6. Related Party/Party-in-Interest Transactions

The Trust has entered into an administrative services contract with Anthem, whereby Anthem collects premiums on behalf of participating Plans, provides quoting, servicing and renewing employers of participating Plans and administers payment of hospital charges, medical/surgical claims and prescription coverage on behalf of participating Plans. These transactions qualify as party-in-interest. Total fees paid from the Trust to Anthem for these services amounted to \$1,355,786 for the year ended July 31, 2024.

The Trust has appointed Consoliplex-GFB, LLC to act as plan manager of the participating Plans and Trust. Fees paid to Consoliplex-GFB, LLC for the year ended July 31, 2024 were \$181,037.

Note 7. Tax Status

The Trust is a taxable trust. Investment income, less attributable deductions, is subject to federal income tax. For the year ended July 31, 2024, the Trust incurred \$60,299 in federal income taxes that is included in operating expenses on the statement of changes in net assets. The Trust's management has analyzed the tax positions taken by the Trust and has concluded that, as of July 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Trust Termination

The Trust may only be terminated by the Georgia Farm Bureau Federation with at least 30 days' written notice to the Trustees. Any Trust assets at the time of termination will be distributed or will be transferred to another trust that complies with the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The participating Plans' sponsors have the right under the Plans to discontinue their contributions at any time and to terminate the Plans, subject to provisions set forth in ERISA.

SUPPLEMENTAL SCHEDULES

GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST

SCHEDULE OF OPERATING EXPENSES

Year Ended July 31, 2024

Outsourced services	\$1,552,905
Income tax	65,634
Professional services	51,338
Regulatory fees	29,736
Insurance expense	27,159
Investment fees	<u>8,832</u>
Total operating expenses	<u>\$1,735,604</u>

GEORGIA FARM BUREAU MEMBER HEALTH PROGRAM TRUST

EMPLOYER NO. 61-1927403

PLAN NO. 001

SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

July 31, 2024

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investments</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		<u>Interest-bearing cash</u>		
	Huntington Bank	Cash	\$3,819,143	\$3,819,143
		<u>Money market funds</u>		
	Huntington Bank	Huntington Conservative Deposit Account	125,000	125,000
	Allspring	Allspring Treasury Plus Mm Inst	8,090	8,090
		<u>U.S. Government securities</u>		
	U.S. Treasury	U.S. Treasury Note 2.125% due 9/30/2024	<u>104,817</u>	<u>100,268</u>
			<u>\$4,057,050</u>	<u>\$4,052,501</u>