

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ 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) _____ ☐ 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 OASIS RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 333
		1c Effective date of plan 01/01/1998
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) OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES 2054 VISTA PARKWAY WEST PALM BEACH, FL 33411	2b Employer Identification Number (EIN) 65-0731524 2c Plan Sponsor's telephone number 888-627-4735 2d Business code (see instructions) 561300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	06/23/2025	MICHELLE MAXWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 109052
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 78645 6a(2) 83612 6b 0 6c 30195 6d 113807 6e 0 6f 113807 6g(1) 62111 6g(2) 64129 6h 791
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

2E 2F 2G 2J 2K 2T 2V

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

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 _____
- (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 _____

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 01/01/2023 and ending 12/31/2023

A Name of plan OASIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES	D Employer Identification Number (EIN) 65-0731524

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

x

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

(b)

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

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 50	TPA	6349578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OASIS OUTSOURCING HOLDINGS, INC

65-0731524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	621460	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(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 51	INVESTMENT MGMT	369831	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)

REGIONS

P.O. BOX 12385
BIRMINGHAM, AL 35202-2385

(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?
16	SERVICE PROVIDER	135000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BKS FINANCIAL INVESTMENTS, LLC

25400 US 19 N., SUITE 204
CLEARWATER 33763 FI

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INV ADVISORY	65000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	48300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
---	---	---

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

A Name of plan OASIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
--	---

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES	D Employer Identification Number (EIN) 65-0731524
---	---

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:	RELIANCE TRUST STABLE VALUE EMPLOYE
---	-------------------------------------

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

c EIN-PN	46-6350416-001	d Entity code	C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53322416
----------	----------------	---------------	---	--	----------

a Name of MTIA, CCT, PSA, or 103-12 IE:	GALLIARD STABLE RETURN FUND C
---	-------------------------------

b Name of sponsor of entity listed in (a):	ALLSPRING COLLECTIVE INVESTMENT TRUST
--	---------------------------------------

c EIN-PN	52-2250946-001	d Entity code	C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	758647
----------	----------------	---------------	---	--	--------

a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY ADVISORY STABLE VALUE PORT
---	-------------------------------------

b Name of sponsor of entity listed in (a):	FIDELITY MANAGEMENT TRUST COMPANY
--	-----------------------------------

c EIN-PN	04-3022712-026	d Entity code	C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
----------	----------------	---------------	---	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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:	
---	--

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan OASIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES		
		D Employer Identification Number (EIN) 65-0731524

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10118928	9662362
(2) Participant contributions	1b(2)	4780970	4763865
(3) Other	1b(3)	212975	241031
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	22839780	25499069
(9) Value of interest in common/collective trusts	1c(9)	61482641	54081063
(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)	1582083359	1865336525
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1681518653	1959583915
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	2150879	2952339
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2150879	2952339
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1679367774	1956631576

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)	72260591	
(B) Participants	2a(1)(B)	189558955	
(C) Others (including rollovers)	2a(1)(C)	18274812	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		280094358
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1223579	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1223579
(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)	52422840	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		52422840
(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)		1739595
(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)		237006509
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		572486881

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	187738131	
(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)		187738131
f Corrective distributions (see instructions)	2f		2235784
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)	7171038	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	48300	
(5) Investment advisory and investment management fees	2i(5)	369831	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2500	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7591669
j Total expenses. Add all expense amounts in column (b) and enter total	2j		197565584

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		374921297
l Transfers of assets:			
(1) To this plan	2l(1)		94995594
(2) From this plan	2l(2)		192653089

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: **CBIZ CPAS P.C.**

(2) EIN: **43-1947695**

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.)	☒	☐	27320
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒	☐	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☒	☐	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
360 MANAGEMENT GROUP CO 401(K) PLAN	82-0934474	333
A AND H CARTAGE, INC. 401(K) PLAN	41-1247163	002
ABO 401(K) PLAN	47-4975107	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001

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

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

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)
AMBULATORY MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN	45-1157458	001
AMPLIFY HR MANAGEMENT RETIREMENT SAVINGS PLAN	82-1671832	001
ARGENT FINANCIAL GROUP 401(K) PLAN	72-1480307	001
ASPEN HR PEO LLC RETIREMENT SAVINGS PLAN	85-3188438	001

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

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

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)
ATLANTIC PAYROLL 401(K) PLAN	45-3090410	001
AUTAJON PACKAGING 401(K) PLAN	22-3076074	001
BORGWARNER INC. RETIREMENT SAVINGS PLAN	13-3404508	066
BROWNING REALTY MANAGEMENT, LLC RETIREMENT SAVINGS PLAN	45-5435841	001

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

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

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)
C.J. & COMPANY	31-1276279	001
CIAMBELLA HOME CARE, INC. RETIREMENT SAVINGS PLAN	46-3963199	001
CLC RESORT MANAGEMENT LLC 401(K) PLAN	33-1219358	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333

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 _____.

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)
COGENT ANALYTICS, INC. 401(K) PLAN	20-2905141	001
COMPLIANCE SYSTEMS MANAGEMENT, LLC	20-8365355	001
CONNECTIFY HR RETIREMENT SAVINGS PLAN	86-3868012	333
CORNERSTONE EMPLOYER SOLUTIONS RETIREMENT SAVINGS PLAN	47-1197332	333

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 _____.

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)
CYPRESS PARTNERS, LLC	65-1049847	333
EMPLOYER FLEXIBLE, INC. 401(K) PLAN	27-4406361	333
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
EPC POWER 401(K) PLAN	27-2568879	001

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

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

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)
ESPEY & ASSOCIATES, PC	26-4114000	333
EVOLVEDMD, INC. 401(K) PLAN	47-5046608	001
EXTENSIS GROUP RETIREMENT SAVINGS PLAN	86-1064991	333
FAN TECHNOLOGIES 401(K) PLAN	85-1858371	001

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

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

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)
FLORIDA FOOD PRODUCTS LLC	59-3013598	001
FRANKCRUM RETIREMENT SAVINGS PLAN	59-2626531	333
G&A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	001
GEORGIA DEVELOPMENTAL SERVICES, INC. 401(K)	45-3551620	001

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

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

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)
GRASSLANDS GOLF AND COUNTRY CLUB 401(K) PLAN	59-3012740	001
GREAT LAKES COMMUNICATION CORP 401(K) PLAN	20-2658447	001
GREAT OUTDOORS FOUNDATION 401(K) PLAN	42-1441098	001
GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	34-1707723	001

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

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

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)
GRX 401K PLAN	26-2347195	002
HEITEK AUTOMATION INC. 401(K) PLAN	86-1002261	002
HITO, LLC 401(K) PLAN	82-2985115	001
HUMAN CAPITAL CONCEPTS, LLC 401(K) SAVINGS PLAN	26-0177492	001

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

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

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)
IGL CONSTRUCTION RETIREMENT SAVINGS PLAN	47-2036793	001
INNOVA BUSINESS MANAGEMENT SERVICES, LLC 401(K) PLAN	35-2579273	333
INSPERITY 401(K) PLAN	76-0178498	001
INTERNATIONAL TRAINING CAREERS 401(K) PLAN	13-4036055	001

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

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

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)
JKL TECHNOLOGIES 401(K) PLAN	20-1557881	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
KANE RETIREMENT SAVINGS PLAN	23-1662471	001
KRAMER SEAMLESS GUTTERS INC. DBA CUSTOM CUT GUTTERS SPIN OFF	42-1477031	001

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

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

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)
MARINE INDUSTRY RETIREMENT PLAN	36-2369301	333
MARK GILLAM ENTERPRISES 401(K) PROFIT SHARING PLAN	94-3098600	001
MOSS HILL FOLIAGE, INC. 401(K) PLAN	59-3017271	001
MRI TECHNOLOGIES, INC. 401(K) PLAN	76-0241594	003

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 _____.

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)
MY METAL BUSINESS CARD LLC 401(K) PROFIT SHARING PLAN AND TRUST	46-1862953	002
OLIVANA AUTOMOTIVE GROUP 401(K)	84-5170614	001
PAYCHEX POOLED EMPLOYER 401(K) SAVINGS PLAN	85-3275179	001
PLUTO ACQUISITION OPCO LLC 401(K) PROFIT SHARING PLAN AND TRUST	35-2649107	001

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

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

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)
PRN & VRS 401(K) PLAN	82-1168188	001
PROSERVICE HAWAII 401(K) PLAN	61-1582293	776
QUESTCO COMPANIES RETIREMENT PLAN	81-2333797	001
RESOURCING EDGE RETIREMENT SAVINGS PLAN	46-3045894	002

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 _____.

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)
RFG 401(K) PLAN	81-3161463	001
S & G FOX ENTERPRISES, INC RETIREMENT SAVINGS PLAN	26-2661972	001
SECOND LIFE MAC 401(K) PROFIT SHARING PLAN	46-2638459	001
SECURE YOUR RETIREMENT 401(K) PLAN	41-0417830	877

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 _____.

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)
SLAVIC SECURE PEP	65-0608221	001
SMARTBOOKS CORP. 401(K) SPIN-OFF PLAN	26-4085547	001
SNAPPT INC. 401(K) PLAN	47-1036599	002
SPORTRADAR US LLC RETIREMENT PLAN	27-3528118	001

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

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

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)
SPOT CONTENT STUDIO 401K	30-0176569	002
SUCCESSWISE POOLED EMPLOYER PLAN	85-3213245	314
SYRINIX, INC. 401(K) PLAN	37-1751547	001
TEAM SELECT HOME CARE 401(K)	20-1407867	001

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

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

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)
TRADEMARK PROPERTIES, INC. 401(K) PLAN	56-1454418	002
TRINET 401(K) PLAN	43-1304650	333
UPCERA DENTAL AMERICA, INC. 401(K) PLAN	86-2871560	001
VENSURE EMPLOYER SERVICES, INC 401(K) PROFIT SHARING PLAN	37-1508469	001

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

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

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)
VESTED HR SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	84-2321487	001
VISION H.R. RETIREMENT SAVINGS PLAN	59-3507322	333
VLGP INC.	84-4618437	001
VOXTUR ANALYTICS US CORP. 401(K) PLAN	87-2071392	001

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

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

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)
WEB SALES BROKER RETIREMENT SAVINGS PLAN	81-3954070	001
ZUMMO MEAT COMPANY, INC.	74-1478952	333

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan OASIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES	D Employer Identification Number (EIN) 65-0731524	

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan OASIS RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN) ►	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES	D Administrator's EIN 65-0731524	

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

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

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

Part II	Participating Employer Information.
----------------	--

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

2a Name of Participating Employer 10FOLD ARCHITECTURE + ENGINEERING, LTD.	2b EIN 81-3619460	2c Percentage of Total Contributions for the Plan Year 0.07	2d Aggregate Account Balances Attributable to Participating Employer 1112670
2a Name of Participating Employer 12 FINANCIAL, LLC	2b EIN 46-3300547	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 248815

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

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

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
145 STEWART PARTNERS LLC	82-4399708	0.00	1079
2a Name of Participating Employer 150 20TH MANAGEMENT, LLC DBA COMFORT INN BROOKLYN	83-4001882	0.00	211
2a Name of Participating Employer 15511 MANAGEMENT, LLC	92-3054749	0.12	2869751
2a Name of Participating Employer 1847 HQ, INC	86-3897320	0.23	2849904
2a Name of Participating Employer 192 DONUTS, LLC DBA DUNKIN DONUTS	81-4371733	0.00	6158
2a Name of Participating Employer 1NHEALTH, INC.	83-2789875	0.04	287769
2a Name of Participating Employer 1ST CLASS MECHANICAL, INC.	59-1767267	0.00	0
2a Name of Participating Employer 1ST COAST CARGO INC.	45-5286454	0.02	529499
2a Name of Participating Employer 200 VENICE OPERATING LLC	82-2703700	0.00	11908

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
21ST CENTURY THERAPY, P.C.	43-1748211	0.00	222
2a Name of Participating Employer 24 KARAT ENTERPRISES INC DBA MESSAGE ENVY SPA	46-0880347	0.00	25395
2a Name of Participating Employer 3 SCREEN STUDIO LLC	46-1631851	0.00	13982
2a Name of Participating Employer 360 MANAGEMENT GROUP, CO.	06-1637790	0.02	0
2a Name of Participating Employer 360KOMPANY USA, INC.	86-2162664	0.00	473
2a Name of Participating Employer 39TH ST F AND B MANAGEMENT LLC	87-1139103	0.13	478982
2a Name of Participating Employer 3D2B, INC.	82-4715897	0.00	19513
2a Name of Participating Employer 3I PEOPLE, INC.	03-0375372	0.11	2134624
2a Name of Participating Employer 3T IMAGING, LLC DBA IMAGESOUTH 3T	84-1827614	0.00	2404

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
4 CORNER RESOURCES, LLC	20-3042688	0.05	583476
2a Name of Participating Employer 4 STAFFING, INC DBA SYNERGY MEDICAL STAFFING	2b EIN 26-2600905	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 1249690
2a Name of Participating Employer 4 SUPER KIDS, LLC.DBA KIDS R KIDS	2b EIN 83-3636049	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 46680
2a Name of Participating Employer 41 CROSS STREET HOSPITALITY, LLC	2b EIN 81-0880026	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 14394
2a Name of Participating Employer 4UNDER, LLC DBA ALL STAR PRO GOLF	2b EIN 84-3672950	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer 504N VENTURES LLC	2b EIN 83-2313286	2c Percentage of Total Contributions for the Plan Year 0.03	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer 544 FISHKILL HOSPITALITY, LLC	2b EIN 81-2509376	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 2559
2a Name of Participating Employer 548W 48 LLC DBA COMFORT INN MIDTOWN WEST	2b EIN 87-1893858	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 8615
2a Name of Participating Employer 55 INDUSTRIES, LLC	2b EIN 82-2400843	2c Percentage of Total Contributions for the Plan Year 0.04	2d Aggregate Account Balances Attributable to Participating Employer 159573

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
5G STUDIO_COLLABORATIVE LLC DBA 5G STUDIO	42-1588420	0.16	3033495
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
7C ENGINEERING, LLC	85-1439401	0.04	242309
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A AND H CARTAGE, INC	41-1247163	0.03	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A AND I GARMO, INC.	38-3696495	0.02	82996
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A AND R ULTIMATE MANAGEMENT LLC	75-3241396	0.01	40701
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A JOY WALLACE CATERING PRODUCTION, INC	65-0085041	0.01	176422
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A&K ENERGY CONSERVATION, INC.	59-1581085	0.01	853696
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A. ALESSIO CONTE DDS, PA	59-3451365	0.05	892776
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AARON J EVANS OD PA CONTROL GROUP	46-2847620	0.02	90488

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABACI CONSULTING, INC	42-1525463	0.03	289387
ABILITY COMPOSITES LLC	46-2559278	0.03	408271
ABSOLUTE URGENT CARE, INC	46-5427641	0.01	0
ACADEMY DOOR & CONTROL CORP.	54-0966612	0.05	1629924
ACCESSORY INNOVATIONS	20-4437922	0.05	2563
ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PA INC	39-2039932	0.24	3863220
ACEC INDIANA INC.	35-1101396	0.02	272646
ACELAND MORTGAGE LLC	66-0925899	0.01	24793
ACES AUTOMATION, INC.	84-1486732	0.01	350284

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACME LAUNDRY & CLEANERS, INC.	59-0135648	0.02	317001
ACRES MILL VETERINARY CLINIC, P.C.	58-2477701	0.02	73122
ACS LOGISTICS HOLDINGS, LLC	83-1919906	0.08	519682
ACTA LABORATORIES, INC.	33-0387243	0.11	2642511
ACTIONLINK, LLC	86-1076236	0.25	2880752
ACTIONVEST MANAGEMENT CORP.	04-3134720	0.04	830896
ACTIVERX INC	26-3618037	0.04	282192
AD MAGELLAN LLC	81-5434086	0.01	68511
ADVANCED CLAIMS PROCESSING INC.	65-0684929	0.01	100029

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADVANCED OVERHEAD CRANE SERVICES	93-1290647	0.04	535770
ADVANCED VISION AND ACHIEVEMENT CENTER	86-0494046	0.02	824326
ADVANTAGE CREDIT UNION	42-0670996	0.06	2528759
ADVANTIX SOLUTIONS GROUP, INC.	75-2966741	0.04	596789
102AFTERBURNER, INC.	04-3479856	0.01	113575
AGAPE WEALTH, LLC	92-3058861	0.01	37789
AGEIS COASTAL PROVISIONS INC.	82-5133498	0.01	151330
AGELIX CONSULTING LLC	56-2609360	0.01	246534
AGNITE HEALTH LLC	46-2728327	0.01	177200

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AGRISMART INFORMATION SYSTEMS LLC	26-1861507	0.03	796034
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AHUS INC. (DBA ADRIANA HOYOS)	65-0979544	0.02	73543
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIMS MEDICAL SALES COLLEGE, LLC	27-3751894	0.03	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIR ACCESSORIES & AVIONICS, INC. (THE FLYING P)	65-0311444	0.03	849397
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIRPORT COURTYARD LLC AND ITS AFFILIATES	82-2353872	0.02	143388
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AJIX, INC	65-0462207	0.02	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AJV INVESTMENTS, LLC	82-1404062	0.01	169911
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALAMEDA MORTGAGE CORPORATION	94-2229242	0.39	6694308
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALASKA CHILDREN'S TRUST	91-1765129	0.04	221858

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALCATRAZ EAST, LLC	81-1787135	0.01	191495
2a Name of Participating Employer ALCOVE VENTURES, LLC DBA PSYCH360	2b EIN 46-2446456	2c Percentage of Total Contributions for the Plan Year 0.12	2d Aggregate Account Balances Attributable to Participating Employer 929066
2a Name of Participating Employer ALEGIANT SERVICES, LLC	2b EIN 20-0086009	2c Percentage of Total Contributions for the Plan Year 0.06	2d Aggregate Account Balances Attributable to Participating Employer 1069726
2a Name of Participating Employer ALH HOTEL SERVICES, LLC	2b EIN 46-4557891	2c Percentage of Total Contributions for the Plan Year 0.11	2d Aggregate Account Balances Attributable to Participating Employer 982095
2a Name of Participating Employer ALL AMERICAN RECORDS MANAGEMENT	2b EIN 27-0832951	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 443594
2a Name of Participating Employer ALL SOUTH LIGHTENING PROTECTION, INC	2b EIN 65-0637585	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 440326
2a Name of Participating Employer ALLEN KING WONG, D. D. S., A PROFESSIONAL DENTAL CORPORATION	2b EIN 95-2669520	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 41325
2a Name of Participating Employer ALLERGY SERVICES OF AMERICA, LLC	2b EIN 46-2028993	2c Percentage of Total Contributions for the Plan Year 0.04	2d Aggregate Account Balances Attributable to Participating Employer 577169
2a Name of Participating Employer ALLIED AUDIO SERVICES, INC. DBA - ALLIED PRODUCTIONS AND SAL	2b EIN 47-0852243	2c Percentage of Total Contributions for the Plan Year 0.06	2d Aggregate Account Balances Attributable to Participating Employer 872839

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLISON-WILLIAMS COMPANY	41-0631452	0.01	216594
ALLYANT CORP	81-4469980	0.03	485811
ALOHA INTERIOR PLANTS	59-3255687	0.02	599897
ALPINE AUTO BODY, INC. DBA ALPINE CARSTAR	84-1127246	0.06	1468793
ALTA VISTA VETERINARY HOSPITAL / BOARDING & GROOMING	20-4771828	0.01	344463
ALVEAN AMERICAS, INC.	47-2561130	0.02	419940
AMAZING PRODUCTS, LTD	47-5043174	0.01	88310
AMBIT RD INC.	85-0677682	0.11	1408806
AMEK INCORPORATED	41-1866473	0.02	226282

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMER - ANDERSON, PATRICK A.	36-3804570	0.01	309382
AMER - SHALEK, G.	01-5440947	0.06	1287217
AMER - STEVES, J.	37-8943329	0.01	583832
AMERICAN DENTAL SERVICES, LLC	85-4121412	0.08	839025
AMERICAN HOME HEALTH INC.	36-3818452	0.04	2144996
AMERICAN INSTITUTE OF RESEARCH, INC.	20-8940081	0.01	317917
AMERICAN MEAT SCIENCE ASSOCIATION	36-3123827	0.02	735546
AMERICAN ORIGINAL BALLGLOVE CO., LLC DBA NOKONA	86-1004369	0.01	201676
AMERICAN PLUS BANK, N.A.	20-8502680	0.35	8904764

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN PRECISION PRODUCTS, LLC	88-3461044	0.04	395942
AMERICAN SURVEYING & MAPPING, INC	59-3120638	0.22	3760861
AMERICAN TRUST SENIOR CARE LLC DBA DISCOVERY MANAGEMENT	26-4399821	3.23	36689634
AMERICAN VALVE, INC.	56-1871833	0.04	1623341
AMERICOM IMAGING SYSTEMS, INC	84-4243415	0.03	3620539
AMERIMERCHANT LLC	47-1392823	0.01	1819251
AMI/ADVANCED MANAGEMENT, INC.	65-0260360	0.02	645868
AMIGO TRUCK, LLC	76-0277108	0.01	632603
AMM BUILDERS, LLC	46-3145562	0.02	492404

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMPAL INC.	22-1840978	0.06	2010300
ANB MEDIA, INC.	47-2884564	0.01	433616
ANDERSON PROPERTIES	42-1384268	0.02	277220
ANKENY SOCCER CLUB DBA IOWA RUSH	42-1493872	0.01	62195
APARTMENT ASSOCIATION OF NEW MEXICO	85-0267988	0.01	24606
APEX BUILDING COMPANY INC	13-3968630	0.04	587288
APICII LLC	90-0936730	0.03	120537
APPEPROPO, INC.	46-1612095	0.01	47226
ARAPAHOE PROFESSIONAL SURGICAL ASSISTANCE	45-3763555	0.01	246019

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARCH CITY DEFENDERS INC	80-0471494	0.03	365865
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARCHIPELAGO INC. (ARCHIPELAGO BOTANICALS)	95-4670440	0.01	140160
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARCONDIS CORPORATION	84-3569652	0.02	64828
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARMAND RESOURCE GROUP, INC.	71-0864412	0.09	1110555
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARMATURE WORKS-BAY 3-GATHERING TAMPA	46-2523069	0.01	85888
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARMOR HOME SERVICES, LLC	47-1990912	0.01	166131
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARONA HOME ESSENTIALS	42-1455271	0.45	10434704
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARROW, INC.	58-2291410	0.10	762689
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ART AND COOK INC	20-2001398	0.02	69534

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARTEMIS WAX NJ LLC (21982)	85-3953750	0.07	345329
ARTHUR LAWRENCE US, LLC	27-3227927	0.02	185083
ARTISAN CAPITAL GROUP LLC	82-2845146	0.03	155551
ARTO BRICK CALIFORNIA PAVERS	20-1298968	0.07	917775
ASCO CARBON DIOXIDE INC.	81-3107116	0.01	84484
ASHLAR INTERESTS, LLC	87-3040518	0.03	754606
ASK PRIVATE WEALTH MANAGEMENT LLC	84-3395338	0.01	109450
ASPIN, INC. (AFFILIATED SERVICE PROVIDERS)	35-1968268	0.05	1302225
ASPIRE CHARTER ACADEMY, INC.	27-1191476	0.01	91051

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASSET BOOK, LLC	45-3014395	0.01	0
2a Name of Participating Employer ATADEX EDI LLC	82-2573417	0.01	117816
2a Name of Participating Employer ATHERTON TRAIL RECOVERY AND WELLNESS LLC	85-3092204	0.02	88025
2a Name of Participating Employer ATLANTIC MONTESSORI CHARTER SCHOOL, INC. -WEST CAMPUS	45-3149226	0.01	106546
2a Name of Participating Employer ATLAS SENIOR LIVING II, LLC	83-4534978	0.25	1494926
2a Name of Participating Employer ATMOSPHERIC ANALYSIS AND CON II	77-0409154	0.03	76147
2a Name of Participating Employer AUDIO EYE, INC.	20-2939845	0.01	0
2a Name of Participating Employer AUE STAFFING, INC/VOLUSIA COUNTY AGENCIES	45-2185132	0.06	1088519
2a Name of Participating Employer AUGUST VENTURES LLC	46-3405802	0.02	564805

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUGUSTA FOOT & ANKLE, PC	58-2632543	0.04	636352
AUTORETURN US, LLC	87-1983550	0.20	1919047
AVANSIGHT, INC. DBA AVNST	85-3883526	0.01	20193
AVANT GARDE ACADEMY OF OSCEOLA, INC.	46-2354815	0.01	67015
AVENTINE HILL COMMUNITIES LLC	82-3445168	0.07	699904
AVIATION INSTRUMENT TECHNOLOGIES, INC.	59-3456202	0.02	267641
AWESOME DOUGHNUT LLC	82-4699249	0.06	568140
AXIS HEALTH CARE PARTNERS, LLC	46-0565284	0.08	1272732
AZIMUTH RISK SOLUTIONS, LLC	32-0258700	0.01	171225

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BADIA SPICES, INC	59-1435632	0.42	8035732
BADIA SPICES, INC	59-1435632	0.42	8035732
BAILEY AND SMITH	56-2148498	0.03	112786
BAILEY AND SMITH	56-2148498	0.03	112786
BAJWA 68 ENTERPRISES DBA BIG O TIRES	83-2230766	0.04	149380
BAJWA 68 ENTERPRISES DBA BIG O TIRES	83-2230766	0.04	149380
BAKER HILL INDUSTRIES INC.	59-1168934	0.11	4225723
BAKER HILL INDUSTRIES INC.	59-1168934	0.11	4225723
BALLANTYNE INSURANCE GROUP, INC	20-0521510	0.01	599498
BALLANTYNE INSURANCE GROUP, INC	20-0521510	0.01	599498
BARCOMB ASSET MANAGEMENT, LLC	65-1129969	0.01	205469
BARCOMB ASSET MANAGEMENT, LLC	65-1129969	0.01	205469
BARFRESH FOOD GROUP, INC	45-4636814	0.01	157705
BARFRESH FOOD GROUP, INC	45-4636814	0.01	157705
BAROUIR DEIRMEJIAN DENTAL CORPORATION	86-2260561	0.01	17434
BAROUIR DEIRMEJIAN DENTAL CORPORATION	86-2260561	0.01	17434
BATTERY STORE, INC.	36-5048686	0.01	901043
BATTERY STORE, INC.	36-5048686	0.01	901043

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BDLR GROUP, INC.	68-0495023	0.40	9164688
BDP MANAGEMENT, LLC	81-0904989	0.07	441979
BEAR VALLEY COMMUNICATIONS DBA KNS COMMUNICATIONS CONSULTANT	84-0829264	0.06	947996
BEARPATH GOLF COURSE & COUNTRY CLUB	41-1824310	0.10	2166468
BEDNER'S GROWERS, INC. FRESH MARKET	65-0332613	0.03	196657
BEECHWOOD HOTEL GROUP, LLC	47-1093660	0.03	266486
BEGGINS ENTERPRISES, INC.	59-3088528	0.05	847584
BEGONIA REAL ESTATE DEVELOPMENT LLC (22566)	85-2275165	0.04	265270
BEHAVIORAL HEALTH SECURITY SERVICES, INC.	47-2879980	0.18	1069415

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BELLAMARE AT WILLIAMS ISLAND CONDO ASSOCIATION	20-2805499	0.02	539517
BELWIN CONSERVANCY	41-0967891	0.03	556509
BENCHMARK ENVIROANALYTICAL, INC.	65-0589342	0.01	204484
BENCHMARK INVESTMENTS, LLC	71-0825385	0.03	24581
BEND-TEK, INC	32-0446900	0.01	18040
BENNETT COMMUNICATIONS	77-0591094	0.02	958217
BES AND AFFILIATES, INC DBA SUPERIOR WASH	82-2953836	0.01	93227
BESPOKE REAL ESTATE & BESPOKE LUXURY MARKETING	81-5466462	0.02	109724
BEST FOOT FORWARD FOUNDATION, INC	30-0598378	0.05	345696

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BETTER BUSINESS BUREAU OF PALM BEACH COUNTY, INC.	59-1261763	0.04	287018
BETTER BUSINESS BUREAU OF PALM BEACH COUNTY, INC.	59-1261763	0.04	287018
BEYOND ENERGY SERVICES AND TECHNOLOGY USA, INC	35-2622453	0.05	145256
BEYOND ENERGY SERVICES AND TECHNOLOGY USA, INC	35-2622453	0.05	145256
BHD MANAGEMENT, LLC	32-0161357	0.42	6031826
BHD MANAGEMENT, LLC	32-0161357	0.42	6031826
BIOPHARMA INFORMATICS LLC	20-5694777	0.03	113054
BIOPHARMA INFORMATICS LLC	20-5694777	0.03	113054
BIO THERM HYDRONIC INC	68-0178012	0.07	1447587
BIO THERM HYDRONIC INC	68-0178012	0.07	1447587
BIRCH CONTRACTING, LLC	84-3499996	0.07	446181
BIRCH CONTRACTING, LLC	84-3499996	0.07	446181
BISCAYNE ENGINEERING COMPANY, INC.	59-0165220	0.01	185305
BISCAYNE ENGINEERING COMPANY, INC.	59-0165220	0.01	185305
BITNER GROUP, INC	59-3791870	0.01	437126
BITNER GROUP, INC	59-3791870	0.01	437126
BKJBOT INC DBA BIG O TIRES	68-0446521	0.03	1141606
BKJBOT INC DBA BIG O TIRES	68-0446521	0.03	1141606

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BL3NDLABS, LLC	47-4978122	0.04	431105
2a Name of Participating Employer BLACK CROW AI, INC.	85-3166104	0.18	1110978
2a Name of Participating Employer BLACK HAWK COUNTY GAMING ASSOCIATION	80-0103166	0.01	73965
2a Name of Participating Employer BLACK HILLS IP LLC	80-0822789	0.18	2670489
2a Name of Participating Employer BLACKBURN INVESTMENT MANAGEMENT INC	46-1353850	0.04	98825
2a Name of Participating Employer BLACKHAWK MANUFACTURING GROUP INC	46-2686948	0.03	213663
2a Name of Participating Employer BLENTECH CORPORATION	68-0101106	0.23	6515447
2a Name of Participating Employer BLIZZARD LAW, PLLC	83-0557399	0.01	138308
2a Name of Participating Employer BLOCK 13 HOTEL, LLC DBA SPRINGHILL SUITES MARRIOTT FAIRBANKS	92-0169802	0.01	66282

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUE GNU LLC	87-2350351	0.02	817505
2a Name of Participating Employer BLUE ROCK PREMIER PROPERTIES DBA ROC PREMIER_BLUESTONE	47-5374174	0.01	18170
2a Name of Participating Employer BLUESKY WEALTH PARTNERS INC	87-4200277	0.01	17332
2a Name of Participating Employer BLUESTONE ENGINEERING, LLC	20-1637343	0.09	2702197
2a Name of Participating Employer BLUEWATER BUILDERS, INC.	65-0846636	0.07	998901
2a Name of Participating Employer BMG MONEY, INC	27-1246641	0.19	1327968
2a Name of Participating Employer BMOCBIZ INC	81-4797345	0.03	165829
2a Name of Participating Employer BOARD GAME BARRISTER, LTD	81-5032940	0.01	246260
2a Name of Participating Employer BOAVIDA COMMUNITIES LLC	83-2376135	0.06	277141

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOCA BBQ, INC.	26-0326756	0.02	190438
2a Name of Participating Employer BOLO FAMILY PROVISIONS, INC.	83-1605668	0.02	106569
2a Name of Participating Employer BOMBSHELTER DIESEL SUPPLY LLC DBA DIESELCORE	27-3908389	0.08	1356089
2a Name of Participating Employer BOSTON HUMAN CAPITAL PARTNERS	45-0614852	0.03	492848
2a Name of Participating Employer BRAINSTORM RESEARCH, INC.	87-1877436	0.01	25804
2a Name of Participating Employer BRANDENBURG CONSULTING LLC	83-1828151	0.02	151897
2a Name of Participating Employer BRANDIT! CORPORATION	27-1106801	0.06	703095
2a Name of Participating Employer BRANDY MARINE INTERNATIONAL, LLC	51-0561977	0.01	116761
2a Name of Participating Employer BRC-HH	82-3602311	0.02	28184

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BREAKTHROUGH TWIN CITIES	45-3587267	0.02	236985
BRIARWOOD MEMBERSHIP ASSOC.	82-5090406	0.01	151523
BRIDGE SENIOR LIVING LLC	20-1457828	0.69	5212516
BRIDGEWOOD PROPERTY CO	75-3091761	0.03	358131
BRIGHTWELL HEALTH, LLC	86-2841755	0.02	52199
BRINTON LAKE HOTEL ASSOCIATES, LP DBA STAYBRIDGE SUITES	20-2825167	0.01	43567
BRISBOIS & KUE VETERINARY SERVICES, LLC	20-4732645	0.02	933421
BROADJUMP, LLC	45-4513955	0.06	1109801
BROKERTech VENTURES, LLC	84-3783146	0.01	54542

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROMEDICON, LLC	36-4875473	0.08	1100675
2a Name of Participating Employer BROOKAIRE COMPANY LLC	2b EIN 45-1807732	2c Percentage of Total Contributions for the Plan Year 0.10	2d Aggregate Account Balances Attributable to Participating Employer 580877
2a Name of Participating Employer BROOKVILLE COUNTRY CLUB, INC.	2b EIN 11-0585380	2c Percentage of Total Contributions for the Plan Year 0.08	2d Aggregate Account Balances Attributable to Participating Employer 1608083
2a Name of Participating Employer BROOKWOOD PROGRAM MANAGEMENT, LLC	2b EIN 58-1863936	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 2281782
2a Name of Participating Employer BRU'S ROOM SPORTS	2b EIN 65-1072266	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 101769
2a Name of Participating Employer BUCK HILL, INC.	2b EIN 41-0849538	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 1140059
2a Name of Participating Employer BUCKINGHAM SENIOR LIVING COMMUNITY DBA BUCKINGHAM	2b EIN 30-0097872	2c Percentage of Total Contributions for the Plan Year 0.13	2d Aggregate Account Balances Attributable to Participating Employer 2702227
2a Name of Participating Employer 452BUHLER THOMAS LAW P.C	2b EIN 45-3552298	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 197567
2a Name of Participating Employer BUILDMAT PLUS INVESTMENTS, INC. DBA METROLL	2b EIN 27-5054267	2c Percentage of Total Contributions for the Plan Year 0.04	2d Aggregate Account Balances Attributable to Participating Employer 478710

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BULLDOG FITNESS, INC	26-1171291	0.01	344064
BURKHEAD ELECTRIC	42-1466681	0.03	402293
BURR OAK GROUP, INC.	41-1834878	0.03	2008409
BUSBOOM MANAGEMENT GROUP, LLC	20-3583529	0.03	591910
BUSINESS DEVELOP BOARD OF PB	59-2169828	0.05	2239512
BUTCH'S BOY TRUCKING LLC	20-4863681	0.04	1108922
BY WORD OF MOUTH	41-2019088	0.06	1124165
BYTEWORKS, LLC	45-3555603	0.10	1862084
C & S CONDO MANAGEMENT SERVICES, INC.	65-0198197	0.01	354994

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
C&A TRANSPORTATION AND LOGISTICS, INC.	20-2453432	0.02	512021
C. FUENTE HOLDINGS, INC.	59-1978963	0.14	3242887
C.J. LOMBARDO CO	22-1855473	0.09	3810963
C4 ADVANCED TACTICAL SYSTEMS, LLC	87-0736523	0.07	202809
C5 INSIGHT	04-3609270	0.04	678907
CABRETTA CAPITAL CORPORATION	47-2749873	0.06	862280
C-ACCRUE, LLC	87-4112205	0.01	34004
CAJUN AND GRILL OF AMERICA, INC	65-0413845	0.13	1601856
CAL-DRAULICS	80-3884816	0.01	164424

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALIFORNIA ACCESS SCAFFOLD, LLC	45-4635440	0.02	516078
CAMBRIDGE FITNESS, LLC	27-3971498	0.01	110257
CAMBRIDGE MANAGEMENT COMPANY, LLC	38-3577888	0.02	340380
CAMP HERTKO HOLLOW	76-0717999	0.01	41417
CANDLEWOOD SUITES ROGERS	10-9876544	0.01	29268
CANOPY SOFTWARE, INC.	84-4265180	0.06	433117
CANYON ATLANTIC - PLANO LLC DBA TEXAS SURGICAL HOSPITAL LLC	84-3385649	0.04	299966
CAPITAL ALLIANCE CORPORATION	75-1597911	0.02	232428
CAPITAL CITY JET CENTER, INC	20-5344071	0.07	459493

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPITAS FINANCIAL, INC.	27-4386961	0.06	2895221
CAPITOL ELECTRONICS, INC.	35-1799044	0.02	758792
CAPSTONE VALUATION ADVISORS, LLC	45-4862634	0.02	382757
CARE SENIOR MGMT/LINCOLN SUMMERSET/SUMMERSET ASSISTED LIVING	81-2004856	0.01	171968
CARESFIELD, LLC	20-2098556	0.16	1453576
CAREXUS HEATHCARE SERVICES, INC	83-1888556	0.01	293335
CARIB IMPORT & EXPORT, INC	65-0124710	0.01	382645
CARLSBAD HOSPITALITY LLC	86-2379686	0.01	72299
CAROLINA INNOVATIONS, LLC	06-1521366	0.04	2847679

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARRIE LANDESS M.D. P.A.	65-0736955	0.03	868748
CARU CONTAINERS, LLC DBA WEST GULF CONTAINER COMPANY	45-3365754	0.02	0
CASA OF SAN MATEO COUNTY	04-3849393	0.07	469695
CASCADE PACIFIC PULP, LLC	26-2683843	0.47	12635844
CASEY D. SHOMO, PA	20-1080235	0.01	638812
CASIMIR CAPITAL AND PONDEROSA TX OPERATING LC	13-4133956	0.07	336503
CASSIDY & COMPANY, LLC	27-5562182	0.01	312108
CASTLE BRANDS (USA) CORP	51-0475156	0.07	3955944
CASTLE HILL CAPITAL PARTNERS, INC.	16-1535466	0.05	573133

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CATHOLIC CONTINUING CARE RETIREMENT COMMUNITIES, INC	58-2631622	0.15	2837414
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CCMO PF MANAGEMENT, LLC & CO-ADOPTING COMPANIES	45-3621035	0.01	160432
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CEDAR VALLEY HABITAT FOR HUMANITY	42-1320296	0.02	363489
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CEDAR VALLEY UNITED WAY	42-0801846	0.01	87066
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CELL APPLICATIONS INC.	33-0592912	0.04	3203932
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CELLECTIS, INC.	47-2627206	0.49	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTER ASSOCIATES	42-0805386	0.08	2254599
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTER FOR COASTAL CONSERVATION	20-5671250	0.03	821314
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION, INC	59-3368679	0.03	661378

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTER FOR VETERANS RESEARCH AND EDUCATION	41-1652941	0.08	1561900
CENTRAL IOWA PSYCHOLOGICAL SERVICE	42-1337021	0.10	917817
CENTRAL PHOENIX OB/GYN	86-0528656	0.01	634050
CENTRALBDC ENTERPRISES, LLC	87-4699986	0.15	2310665
CFC PRINT SOLUTIONS, LLC	80-0170026	0.05	1051644
CGP BUYER, LLC	84-2403925	0.10	758133
CGR&S LAW PC	46-4043673	0.01	80877
CHAIRES, BROODERSON & GUERERO, P.L.	20-5771252	0.05	3899836
CHANNEL MASTER, LLC	86-0663679	0.04	486228

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHASSE CONSULTING SALES STRATEGIES INC	43-1999026	0.06	1805554
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHERRY PICK TALENT US, CORP.	88-2177946	0.01	30271
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHESAPEAKE FINANCIAL STRATEGIES, LLC	52-2247544	0.01	465721
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHESAPEAKE RESEARCH CONSORTIUM	23-7245037	0.03	337613
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHICKEN BONE EFFECTS, INC.	46-3162176	0.01	32098
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHILTON CAPITAL MANAGEMENT, LLC DBA MOTTER KNAPP	76-0488937	0.27	7364378
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHRISTOPHER D. RAMSEY, D.M.D., P.A.	65-0964705	0.01	296555
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHRISTOPHER'S FINE JEWELRY & RARE COINS, LTD.	42-1481142	0.03	538043
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHRYSLIS FOUNDATION	42-1337635	0.01	538027

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CIRCUIT ASSEMBLY CORP	82-2971206	0.02	2383962
CITY OF PALMS CHARTER	20-4994481	0.01	151720
CKL DISTILLING, LLC	81-3820723	0.05	317587
CKT ASSET MANAGEMENT COMPANY	59-3576980	0.02	193795
CLAREMONT BIOSOLUTIONS, LLC	56-2571058	0.02	265791
CLARIM HOLDINGS, LLC AND ITS AFFILIATES	82-2872679	0.04	521164
CLARITY CONSTRUCTION	26-3537451	0.02	66957
CLARUS MEDICAL, LLC	41-1965917	0.02	55747
CLASS ACTION ADMINISTRATION	81-1751596	0.60	6986112

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLC FURNITURE - CONNELL FURNITURE OF VERO BEACH, INC DBA BAD	46-4238394	0.02	191398
CLC RESORT MANAGEMENT, LLC.	33-1219358	0.01	0
CLEAN THE WORLD FOUNDATION, INC	26-4212487	0.02	58040
CLEAN THE WORLD GLOBAL LLC	45-1826800	0.10	497206
CLEANING SERVICES GROUP INC.	04-3168372	0.08	3135765
CLEARSALE LLC	61-1767362	0.02	375579
CLINIC FOR INFECTIOUS DISEASE	33-0230185	0.02	913711
CLINICAL DIAGNOSTIC SOLUTIONS INC	20-1792965	0.20	5082961
CLOUDHESIVE LLC	46-4561958	0.20	1464427

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CMR INSURANCE SERVICES, LLC	20-4656214	0.01	24587
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COASTAL PAIN MANAGEMENT PLLC	85-1092728	0.03	126893
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COASTAL WIPERS, INC.	59-2242868	0.03	1451939
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COBBLESTONE AUTO SPA & MARKET/COBBLESTONE BAM	33-0720278	0.10	1387008
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CODING DOJO INC.	46-2305670	0.01	230667
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COGENT ANALYTICS, INC.	20-2905141	0.24	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLEARN-CLUB, INC	83-2332105	0.03	132353
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLEMAN FINANCIAL ADVISORY GROUP LLC	06-1183747	0.01	53985
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLLIN COUNTY ASSOCIATION OF REALTORS	75-1164120	0.06	1438730

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLORADO COMFORT PRODUCTS, INC	84-0645100	0.03	860877
COLORADO OUTDOOR	86-0832912	0.07	2795208
COLORADO SENIOR RESIDENCES, INC. DBA CASEY'S POND	27-1953892	0.05	645103
COLUMBUS HOSPITALITY, LLC	31-1751326	0.71	8807034
COMMERCIAL BEVERAGE CONEPTS LLC	82-2847078	0.01	29899
COMMERCIAL CONCRETE PRODUCTS, INC.	59-2919357	0.04	2356958
COMMERCIAL SECTOR INSURANCE BROKERS, LLC	27-5208409	0.10	1740494
COMMUNITY & FAMILY RESOURCES	42-0938934	0.02	452444
COMMUNITY FOUNDATION OF GREATER DES MOINES	42-6139033	0.15	4909235

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPASS BOX USA LLC	37-1787589	0.02	553748
COMPASS CONSULTING GROUP INC.	26-3252346	0.11	2228053
COMPRO COMPUTER SERVICES, INC	59-3216414	0.03	1501696
CONCERT BLUE HILL LLC DBA BLUE HILL COUNTRY CLUB	87-2807129	0.03	402504
CONCERT CRESTVIEW, LLC	81-2886043	0.02	306027
CONCERT HEATHROW OPCO, LLC. DBA HEATHROW COUNTRY CLUB	87-2807129	0.30	3646535
CONCERT WHITE MANOR OPCO, LLC DBA WHITE MANOR COUNTRY CLUB	30-1282436	0.01	216971
CONCORDE SUITES INC	58-2463985	0.01	123371
CONCRETE PAVING ASSOCIATION OF MINNESOTA	41-0826600	0.02	917499

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONNECT YOUR HOME, LLC	90-0959759	0.01	528380
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONNELL FURNITURE OF PALM BAY, INC	88-3155641	0.01	24334
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COPPERFIELD ADVISORY, LLC	82-1242793	0.01	273502
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORE MARKETING	86-1038040	0.01	270158
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORNERSTONE MEDICAL CARE OF BRANDON LLC	59-3689019	0.10	7313361
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORP PCS LLC	95-4653877	0.07	3023359
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COUNTERINTUITY, LLC	26-0304791	0.02	94226
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COUNTRY CLUB ESTATES COOPERATIVE, INC.	59-2653265	0.01	370559
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COURAGE CAPITAL MANAGEMENT LLC	62-1746134	0.15	6587797

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COURAGE REINS	87-0618601	0.01	87990
CPEP	74-2565416	0.05	1266950
CREATIVE PINELLAS, INC.	45-2414664	0.01	102872
CREDIT BENCHMARK, INC	36-4796872	0.04	673987
CROSS OCEAN PARTNERS MANAGEMENT LLC	47-5190815	0.21	2554654
CROSSFIRE LOGISTICS, INC.	47-1070150	0.05	267481
CRYSTAL LAKE TAX & FINANCIAL, INC.	82-4031042	0.03	132775
CS SQUARED, LLC	47-3654746	0.04	576620
CSS STAFFING, LLC DBA CSS CONSULTING GROUP	20-0093380	0.03	153616

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CTA WEALTH ADVISORS, INC.	47-2785685	0.02	274762
CUBICLE SOLUTIONS, INC.	02-0535554	0.10	1671795
CULVER COMPANY, LLC	30-0520838	0.11	2335698
CURA FREIGHT, LLC	35-2587336	0.07	376059
CUSTOM FLAG COMPANY	26-0016883	0.05	971828
CYBER INVESTIGATION SERVICES, LLC	30-0658891	0.05	985534
CYPRESS COURT ASSISTED LIVING LLC (22666)	13-3867554	0.01	118648
CYPRESS PARTNERS, LLC	20-2661507	0.03	0
DALE P HOLT HOLDINGS, LLC	46-0876133	0.01	140033

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DANIEL MORGAN, DDS, INC.	82-3409150	0.11	551057
DAPSHIRE CAPITAL, LLC	84-2548455	0.04	271093
DARREN FORD	54-0049112	0.02	383483
DATALINE INC.	52-2223034	0.11	3448256
DAVENPORT GROUP, INC.	56-2361678	0.45	7137856
DAVEY BICKFORD USA INC.	72-1538349	0.06	1081509
DAVID HENDERSON LAW OFFICES PC	04-3620966	0.04	1443328
DAVIS ISLAND YACHT CLUB	59-0870549	0.01	139476
DAWNING FAMILY SERVICES, INC.	59-2655523	0.01	213006

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAYMARK OPERATIONS LLC	81-4398144	0.02	255094
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DB WEALTH MANAGEMENT, LLC	45-3072899	0.01	112971
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DBWPC, INC. DBA DELORES BARR WEAVER POLICY CENTER	46-0938295	0.04	890758
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEACON FOODSERVICE SOLUTIONS, LLC	81-1478130	0.03	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEALER IMPACT SYSTEMS LLC DBA FLICKFUSION	39-1946535	0.01	111019
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEKKEN ENTERPRISES INC. DBA MARSHALL SERVICE CENTER	86-0829674	0.01	840209
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DELAIRE COUNTRY CLUB, INC	59-1856831	0.03	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DELTA FINANCIAL LLC	54-2063647	0.03	78494
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DESERT FOOTHILLS LIBRARY ASSOCIATION	51-0153556	0.01	88737

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DESERT OFFROAD COLLISION & SERVICE LLC	87-1077000	0.01	58574
DESIGN WEST ENGINEERING, INC	41-2024924	0.19	4052474
DESIGNER 8 INC/DESIGNER 8 NYC INC/THE FIRM	80-0144125	0.02	1145592
DESIRE HOME CARE, INC	46-5110436	0.04	294842
DETMERS MANAGEMENT SERVICES, INC	33-1022355	0.02	120423
DEVELOPMENTAL ENRICHMENT CENTERS	27-1569526	0.01	177709
DFG HOLDINGS LLC	85-1104334	0.01	51547
DGW KRAMER LLP	85-0849133	0.03	154453
DICKERSON, BAKKER & ASSOCIATES LLC CONTROL GROUP	27-2721049	0.07	857224

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIGITALJ2, LLC	46-4542273	0.01	47078
DIGITOPA INC	45-1633648	0.04	404023
DIMENSIONS WEALTH MANAGMENT LLC	83-2150622	0.01	366833
DIRECTIONS EQUITY, LLC DBA DIRECTIONS HOME LOAN	26-0848316	0.15	2192536
DISCOVERY INSTITUTE FOR ADDICTIVE DISORDERS, INC.	22-2511830	0.04	913660
DISCOVERY XT EMPLOYER, LLC DBA DISCOVERY COMMONS AT DEER PAR	81-2312232	0.01	47764
DIVINE RENOVATION, USA (22606)	85-4349230	0.02	75083
DIXON CONSTRUCTION	73-1382260	0.04	1446493
DJ MUELLER ENTERPRISES, INC	46-1520532	0.02	106203

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DL DISTRIBUTION LLC	32-0547242	0.04	219927
DMI INSURANCE SERVICES, INC	77-0097628	0.01	1005342
DOHERTY STAFFING SOLUTIONS, INC.	20-5677763	0.21	6784277
DOMINION MANAGEMENT, LLC/SOMERBY SENIOR LIVING SERVICES, LLC	20-8621988	0.08	2876394
DOUBLE DIAMOND INVESTMENT GROUP LLC	27-1252338	0.05	338166
DOUBLE LIFE CORPORATION DBA DOUBLE LIFE	73-1173511	0.03	462033
DOUGLAS DUVALL SPECIAL NEEDS TRUST	36-7429818	0.02	989439
DOWNTOWNER HOLDINGS, LLC	81-2193711	0.01	39115
DPBMD LLC DBA WINTER PARK ONCOLOGY	81-2292328	0.02	86729

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DREAMWORKS REMODELING, LLC	90-0636108	0.01	185689
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DRS. PATEL, ALSTON AND ASSOCIATES PA.	82-3858725	0.02	253566
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DSM SLEEP SPECIALIST PLC	83-1110180	0.08	2085031
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DUAL DRAW, LLC	84-1525885	0.03	743902
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DUMBO HOTEL, LLC	27-3909629	0.01	211616
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DUNN MANUFACTURING CORP.	23-1625313	0.01	39809
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DUNNIGAN FINANCIAL GROUP, LLC	27-1498238	0.02	43416
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DUTCH RIDGE CONSULTING GROUP, LLC	81-1061569	0.06	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DYNAMIX WEB DESIGN, LLC	45-3322618	0.02	56401

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
E&E HOLDINGS DBA BIG O TIRES	83-2583450	0.07	356172
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
E.L PROPERTIES DBA SLIPSTREAM PROPERTIES	27-2152135	0.01	308942
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAGLE POINT CREDIT MANAGEMENT	46-1469741	0.09	1238077
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAGLE POINT HOLDINGS LP & PARTICIPATING EMPLOYERS	30-1075107	0.88	11432898
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EASTMAN SERVICES, INC. DBA MERRY MAIDS	59-3022809	0.04	293119
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECLIPSE EHR SOLUTIONS	83-1303271	0.03	1538608
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDEN PARK HOSPITALITY, LLC	47-5224494	0.01	60591
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDGE AG SOLUTIONS LLC	82-1042666	0.01	52109
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDGE AUTO, INC	59-3836156	0.05	429666

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDGEWATER MARKETS, LLC	46-2620263	0.06	1240856
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EH OPERATIONS LLC	85-3692535	0.02	144424
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EIGER MARKETING GROUP, LLC	32-0349491	0.23	2558824
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EKINOPS CORPORATION	52-2344386	0.17	2824652
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EKONOMY FOODS, INC.	65-1199788	0.01	131775
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELECT-A-VAN SERVICE LLC (21159)	75-1426567	0.04	292796
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELECTRA SALES OF NORTH TEXAS, LP	75-1543941	0.03	348490
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELECTRONIC SERVICES SYSTEM	87-3108841	0.02	346007
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELEVATE MARKETING ADVISORS	82-3411992	0.03	194269

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELLIS PROFILING, INC.	20-4066627	0.03	175663
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMBALMERS SUPPLY COMPANY	60-3346600	0.02	214471
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMBASSY SUITES ATLANTA PERIMETER	26-1951802	0.04	303724
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMBASSY SUITES GALLERIA, LLC	14-1312111	0.01	104709
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENABLE ME, L.L.C.	20-1290663	0.01	92818
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENCORE SEMI, INC.	47-1073948	0.10	2322490
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENERGY PROFESSIONALS LLC DBA EPROS	26-1539589	0.01	1078643
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENERSYS CORPORATION	76-0469326	0.04	868702
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENGINEERING RESOURCE GROUP	42-1448031	0.03	2978847

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENGLISH-EL ENTERPRISES, LLC	36-4759588	0.03	714810
ENOZO TECHNOLOGIES, INC.	83-2463110	0.02	174397
ENTERPRISE RADIOLOGY, P.C.	46-0797624	0.01	501042
ENVIROS, LLC	26-4395400	0.11	2319970
EOX SALES LLC	01-0682288	0.05	428890
EPC POWER CORP.	27-2568879	0.44	3994
EPILOGUE SYSTEMS, LLC	27-2488239	0.05	516985
EQUILIBAR, LLC	26-0166863	0.11	1681807
ESCRIBERS LLC	20-3656767	0.04	755786

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESPEY & ASSOCIATES, PC	26-4114000	0.08	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESW ELECTRA SALES, LLC & PARTICIPATING EMPLOYERS	20-2249734	0.01	188101
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVENT TECHNOLOGY SERVICES LLC/IM LOGISTICS LLC	20-5544009	0.16	2024484
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVERSHORE FINANCIAL GROUP INC	26-3426398	0.06	903501
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVOKE MEDICAL CARE LLC	82-3466759	0.01	34594
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVOKES, LLC	47-5635538	0.14	2268515
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVOLON TECHNOLOGY, INC.	27-3583756	0.04	284921
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVOLVEDMD, LLC	47-5046608	0.05	71
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EW NUTRITION USA, INC.	26-4688256	0.01	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXCELLENT ENTERTAINMENT ENTERPRISES GRAND SLAM	26-0378293	0.06	751412
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXECUTE TO WIN LLC	45-2531637	0.03	1085732
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXECUTIVE & PROFESSIONAL MANAGEMENT	20-2038504	0.02	623781
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXECUTIVE CLEANERS, INC./TWO MEN & A TRUCK	42-1487396	0.03	1246943
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXODUS MANAGEMENT SERVICES/EXODUS RECOVERY	88-0279474	1.92	18540285
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXODUS PSYCHIATRIC ASSOCIATION, INC.	45-4956649	0.38	7129745
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXPRESS MEDICAL & NUTRITION SUPPLY, INC.	59-3294108	0.01	123144
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EYEECO HOLDINGS, LLC	88-3100435	0.02	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAB-TEC MACHINING AND FABRICATION, LLC	93-1755874	0.03	182259

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FABULOUS FISH COMPANY	43-1609394	0.01	547273
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAIR WINDS MANAGEMENT, LLC	81-1488407	0.18	2948341
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAIRFIELD CYCLE CENTER INC	94-2145259	0.06	924164
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAMILIES FORWARD	42-1258470	0.01	331933
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAMILY GATEWAY, INC.	75-2105579	0.02	378010
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAMILY MEDICINE CENTER OF AUSTIN, P.A	46-4599729	0.01	23342
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAMILY MEDICINE MANAGEMENT	85-3275697	0.01	14113
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FANTASY FARMS & GROWER2BUYER.COM, INC	20-5478917	0.02	88369
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FARLO PROPERTIES, LLC/REAL TIM RESOLUTIONS/RESOLUTION CAP	20-3397554	0.23	5479926

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FARMERS GRAIN, LLC	85-3923590	0.01	22039
FERRUCO VAIL OPERATIONS CORPOR	27-1653912	0.03	692900
FIBERLITE UMBRELLAS, LLC	65-0184256	0.02	683639
FIBRONOSTICS US, INC.	82-2442344	0.01	202081
FIFTH AVENUE VENTURE, INC.	87-0516608	0.02	213714
FINANCIAL ASSET MANAGEMENT, INC. & CO-ADOPTING COMPANIES	75-3021905	0.44	12454353
FINCH & DAISY CONSULTING LLC	82-2707708	0.07	427193
FINE LINER INC DBA BATH FITTER	73-1579462	0.03	116989
FISH IP LAW, LLP.	46-4416167	0.01	947020

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FISHER AND ASSOCIATES	20-8245800	0.06	983813
FITOK INC	45-2703935	0.02	274978
FKP FRANKLIN SENIOR LIVING TENANT LLC	26-1262303	0.01	17221
FLEENOR BROS ENTERPRISES INC.	43-1613243	0.09	1249612
FLEMING TECHNICAL RESOURCES	84-3548890	0.04	146015
FLORA-BAMA MANAGEMENT, LLC	45-2772167	0.22	2476182
FOGARTY FINGER ARCHITECTURE PLLC	35-2470041	0.24	3404816
FOLLETTUSA, INC.	46-1317557	0.12	1879052
FORECASTLE ADVISORS, LLC	82-2589269	0.13	2445437

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOREFRONT WEALTH MANAGEMENT INC.	83-1831666	0.02	184036
FORMATION ENVIRONMENTAL LLC	27-0884869	0.57	16017285
FORMTIGHT, INC.	84-1236791	0.02	633650
FORTUNE CAPITAL MANAGEMENT, INC.	20-2938877	0.02	497082
FORTUNE PHI PA	20-4495256	0.02	266579
FORWARD INDUSTRIES, INC.	13-1950672	0.50	10638180
FOUNDATION CHRISTIAN ACADEMY, INC.	59-3128048	0.01	68111
FOUNDRY LA LLC	87-2373060	0.01	67237
FOUR COUNTY WEST, INC. DBA GRISWOLD HOME CARE	45-3260125	0.02	87608

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOUR-LEAF TOWERS	76-0020687	0.12	3404549
2a Name of Participating Employer FRAMEWORKS OF TAMPA BAY, INC.	20-8776228	0.01	467965
2a Name of Participating Employer FRANKLIN AND LISA SPEES	45-0651088	0.03	510133
2a Name of Participating Employer FREEMAN - LEONARD VI, LLC	88-1401804	0.03	778553
2a Name of Participating Employer FREIGHTLOGIX INC	27-3848406	0.04	434846
2a Name of Participating Employer FRIENDS OF NGONG ROAD	20-4690846	0.01	39048
2a Name of Participating Employer FRITZ AND FINN MEDICAL GROUP	82-3729635	0.02	0
2a Name of Participating Employer FT WASHINGTON HOSPITALITY PARTNERS, LLC	82-0673221	0.01	37204
2a Name of Participating Employer FULEX LLC	20-1770958	0.09	982577

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FUN TIME EARLY CHILDHOOD ACADEMY, INC.	59-1039978	0.03	291034
FUQUA CAPITAL CORPORATION	58-1269725	0.11	4182059
G. J. SULLIVAN CO., INC.	95-3708403	0.05	1957008
G3 AEROSPACE LLC	86-1646891	0.02	150441
GALILEO SCHOOL	27-3272719	0.13	1467315
GARAGE FLOOR COATING FRANCHISE SYSTEM, INC. DBA ECO-CORFLEX	20-5682805	0.03	457220
GBSL STAFFING AL, LLC	82-3642396	0.02	124930
GEAPS	36-6101799	0.05	1344991
GENERATIONS CHRISTIAN CHURCH AT TRINITY, INC.	59-1713769	0.01	102395

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENERATIONS HEALTH CARE INITIATIVES, INC.	41-2000473	0.04	854264
GENESIS CONSULTING PARTNERS, LLC	26-3381480	0.17	1897351
GEORGIA AIR AND REFRIGERATION, INC.	46-2974100	0.20	2557947
GEOTHERMAL ECO OPTIONS, INC.	45-2720576	0.01	737439
GERBER AGRI INTERNATIONAL, LLC	58-2438846	0.06	1873012
GHR FOUNDATION	45-3996122	0.40	7045671
GILBRETH FINANCIAL LLC	92-0276792	0.01	31141
GLADES INITIATIVE, INC.	01-0733180	0.02	683671
GLASSHOUSE PRODUCTS, LLC	92-3566883	0.02	65386

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBAL EQUIPMENT SALES & SERVICE, INC	20-4793357	0.03	588749
GLOBAL MARKETING SERVICES	59-3383429	0.06	971464
GLOBAL MOBILITY SOLUTIONS, LLC & GLOBAL MS, INC.	20-3966581	0.11	1826351
GLOBAL VET LINK	42-1514408	0.14	2108473
GLOBALISE INTEGRATIONS LLC	61-2117592	0.01	120604
GLOBE TRACKER AMERICA, INC	82-1931276	0.03	97533
GLOBERUNNER, LLC	80-0250446	0.04	315756
GLV INSURANCE AGENCY DBA INSURANCE EXPRESS.COM	65-1124055	0.01	312824
GMC PROPERTY MANAGEMENT, LC	59-3531779	0.02	477157

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOALVEST ADVISORY LLC	81-1845290	0.06	224337
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOLDCREST PROPERTIES, LLC	83-1510983	0.01	49707
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOLDEN HAMMER FOUNDATIONS, INC	84-2370435	0.01	60138
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOPROCURE, INC	81-1692534	0.04	870470
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GORDON PARK, LLC	47-2170170	0.01	183392
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAND AVENUE SURGERY CENTER, LLC (22086)	83-1834803	0.01	41452
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAND BAY RESIDENCES CONDO ASSOC	65-0700067	0.01	48599
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAND CENTER INC	43-1450326	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREATER DES MOINES BOTANICAL GARDEN	42-0540765	0.02	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREATER HOUSTON HEALTHCONNECT, INC.	27-3360465	0.15	1660687
GREENBRIER DEVELOPMENT LLC.	20-4280923	0.08	2788246
GREENBRIER SENIOR LIVING	61-1744704	0.14	1328294
GREENFIELD EMPLOYEES, LLC (21748)	85-0783307	0.19	1349470
GREENSBORO-HIGHPOINT AIRPORT MARRIOTT	13-1211109	0.05	832165
GREGORY B. LEVETT & SONS FUNERAL HOME & CREMATORY	58-1865866	0.04	469494
GRETCHEN J. BREWER, O.D. & ASSOCIATES, INC	94-3417856	0.04	610581
GRIFFIN IMAGING, LLC	31-1828673	0.01	644032
GROOMBRIDGE, WU, BAUGHMAN & STONE LLP	92-0823838	0.25	833357

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROVE CLEANERS & LAUNDRY INC.	59-1158471	0.01	127248
G-TEAM DELIVERY SERVICES CORP.	26-1782922	0.02	356435
GTK, INC./SBO, INC.	61-1394553	0.01	83885
GUARDTIME USA, INC/GUARDTIME FEDERAL LLC	46-3112102	0.21	5582359
GULF COAST PRO DIVE INC	59-2979963	0.01	231248
GULF STREAM BATH & TENNIS CLUB INC.	59-0542388	0.09	1564223
GURKHA CIGARS	58-2287798	0.04	219248
HABITAT FOR HUMANITY OF BROWARD, INC.	59-2320573	0.05	682265
HAL, INC.	76-0372795	0.02	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAMILTON JUFFER & ASSOCIATES, LLP, RAHAMILTON, PC,MAJUFFER,P	20-3626340	0.06	1248922
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HANGAR PUB AND GRILL & ADOPTING ENTITIES	46-2027081	0.07	1086076
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARMONY HEALTHCARE LLC	27-2803409	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARTWELL MEDICAL LLC	38-3901158	0.02	1035311
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARTY BUILT, LLC	81-3441484	0.04	1400920
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HATCH PARTNERS INC.	82-3724814	0.02	385708
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWKINS SERVICE COMPANY, LLC	88-2278907	0.04	122147
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEAD AND SPINE INSTITUTE LLC	87-2416374	0.04	1281856
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEADKOUNT INC	84-1868952	0.01	29794

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEALTH AID COMPANY, INC	59-1533206	0.04	127556
HEALTH AWARENESS, INC.	65-0554049	0.01	137368
HEALTH DELEGATES, LLC	46-1268760	0.17	2557513
HEALTHCARE CONNECTIONS, INC.	65-0763727	0.04	1208878
HEALTHCARE MANAGEMENT PARTNERS, LLC	20-4363144	0.05	267097
HEALTHY BIRTH DAY, INC.	26-3998964	0.01	209579
HEALTHY LIFE FAMILY MEDICINE	56-2596720	0.02	402394
HEARTLAND PHARMACY SERVICES LLC	88-4088451	0.01	30652
HEARTLAND PLANT INNOVATIONS, INC.	26-2721741	0.01	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEBREW AT THE CENTER, INC.	39-2076615	0.03	477156
2a Name of Participating Employer HEDGEHOG HEALTHCARE ASSOCIATES, LLC CONTROL GROUP	20-8513115	0.16	1646885
2a Name of Participating Employer HEI - TEK AUTOMATION LLC	86-1002261	0.01	0
2a Name of Participating Employer HEMPHILL SEARCH GROUP, INC.	47-0829586	0.03	547404
2a Name of Participating Employer HENDERSON VISION GROUP, P.A.	76-0692203	0.01	682022
2a Name of Participating Employer HENNEPIN THEATRE TRUST	41-2017278	0.12	1167175
2a Name of Participating Employer HERIBERTO D. RAMOS OD, PA DBA COMPLETE FAMILY EYE CARE	20-4020067	0.03	719194
2a Name of Participating Employer HERITAGE MOTORS LLC	86-0741386	0.01	35790
2a Name of Participating Employer HERITAGE OAKS GOLF & COUNTRY CLUB, INC.	65-0639147	0.06	1574004

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HERMAN CAPITAL CORPORATION	46-0497163	0.01	451375
HERMES LAW, P.C.	47-3775304	0.02	298
HERONS GLEN RECREATION DISTRICT	65-0868877	0.04	795787
HG CAPITAL MANAGEMENT LLC	43-1961449	0.14	4571628
HIFU PROSTATE SERVICES, LLC.	47-5016880	0.07	1284772
HIGH REACH EQUIPMENT SERVICES (22132)	46-1781545	0.01	52765
HIGH ROAD AUTO GROUP, LLC	82-3023739	0.02	34813
HIGHLAND BANK	41-0627744	0.38	16464551
HIGHLAND WOODS GOLF & COUNTRY	65-0563163	0.09	2940660

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIGHLANDS JEWELERS, INC.	59-1769208	0.02	1301051
HILDRED MANAGEMENT LLC	26-0646330	0.15	2422357
HILL CENTER FOR DERMATOLOGY, P.C	30-0271161	0.07	2022725
HITT CONCRETE & SITE CONSTRUCTION INC	47-4124358	0.01	253436
HOFFMAN PARTNERS, LLC	03-0405507	0.01	84633
HOLLYWOODLIFE.COM, LLC	27-0695696	0.02	111728
HOME BASE USA, LLC DBA SALESROADS	26-0153695	0.02	270763
HOME OPPORTUNITIES MADE EASY, INC. DBA HOME, INC.	42-0931497	0.01	9
HOMKOR OF MISSOURI, INC.	43-1583937	0.04	592805

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOOD DEPOT INTERNATIONAL, INC.	65-0990011	0.02	628489
HORIZON PEDIATRIC THERAPY, INC.	20-1015104	0.04	650585
HORIZON STRATEGIES, LLC	81-4748138	0.06	288471
HORIZON WELL LOGGING, INC.	77-0473100	0.12	423784
HORWATH INTERNATIONAL SERVICES LTD. DBA CROWE GLOBAL	13-3643307	0.08	1811354
HOSPITALITY VENTURES MANAGEMENT - DAYTONA HRH LLC	83-2398259	0.06	429879
HOSPITALITY VENTURES MANAGEMENT - LAUDERDALE LLC	47-3580762	0.03	460832
HOSPITALITY VENTURES MANAGEMENT - NASHVILLE, LLC	83-4000052	0.01	43329
HOSPITALITY VENTURES MANAGEMENT - ORANGE BEACH LLC	47-2529011	0.02	97096

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOSPITALITY VENTURES MANAGEMENT - OWNER	11-1098765	0.05	1414787
HOSPITALITY VENTURES MANAGEMENT - DAYTONA DELTA HOTEL LLC	83-2412139	0.01	66042
HOSPITALITY VENTURES MANAGEMENT - JACKSONVILLE, LLC	83-1757982	0.02	222151
HOSPITALITY VENTURES MANAGEMENT LLC	98-7655443	0.22	3221441
HOSPITALITY VENTURES MANAGEMENT - CENTURY CENTER LLC	81-2439377	0.05	580265
HOSPITALITY VENTURES MANAGEMENT - EMBASSY SUITES-ST AUGUSTINE	81-4862129	0.05	457190
HOSPITALITY VENTURES MANAGEMENT - PHOENIX LLC	81-2454367	0.09	1096819
HOSPITALITY VENTURES MANAGEMENT - PLANTATION LLC	82-2999037	0.04	354366
HOSPITALITY VENTURES MANAGEMENT - SAN RAFAEL, LLC DBA EMBASSY	82-3975079	0.04	1188164

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOSPITALITY VENTURES MANAGEMENT - WINSTON SALEM DBA MARRIOTT	81-2399369	0.07	714548
HOSPITALITY VENTURES MANAGMENT - BORREGO SPRINGS, LLC	20-8955358	0.01	165870
HOTEL PIKESVILLE, LLC DBA DOUBLE TREE BY HILTON	83-1535121	0.01	146805
HOUSTON CARDIOVASCULAR ASSOC.	74-1941710	0.08	0
HOUSTON CHINESE SENIOR ESTATE INC	76-0520297	0.01	204490
HQ-PACK, INC	82-3645872	0.04	163836
HRK GROUP, INC	41-1839028	0.17	10462137
HRS CONSULTING INC	27-1592097	0.08	474866
HSM AMERICAS, INC	65-1019172	0.01	568248

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUDSON AUTO SERVICES 3 LLC	82-3445654	0.01	51047
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUMANE SOCIETY OF BROWARD COUNTY	59-6002321	0.09	4184361
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HVM - BRECKENRIDGE, LLC	93-1902371	0.01	15887
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HVM - CENTENNIAL PARK, LLC DBA HVM - CENTENNIAL PARK, LLC	87-1509918	0.02	111344
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HVM - DULUTH, LLC	88-0583865	0.04	177340
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HVM - EDISON, LLC	87-2582858	0.01	22476
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HVM - PERIMETER PKWY, LLC	87-2051071	0.02	78604
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HVM - ROSWELL, LLC DBA DOUBLETREE BY HILTON HOTEL	87-1571181	0.01	61611
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HVM AND ITS AFFILIATES	32-3232323	0.02	108919

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HVM POMPANO,LLC FT LAUDERDALE MARRIOTT POMPANO BEACH RESORT	87-2906405	0.03	316374
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IANET, INC.	86-1015059	0.05	553977
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ICHTER DAVIS, LLC	27-1053699	0.01	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IDEAL IMAGE LAKELAND	20-1345236	0.01	30134
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IDEAL MANAGEMENT SERVICES OF MAITLAND/CELEB/WATERFORD	20-2909216	0.04	1262905
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IDEAZ, LLC	06-1540733	0.10	1808963
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IGOR, INC	46-1935404	0.05	356813
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IKIGAI TECHNOLOGIES INC.	87-1627899	0.02	35198
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ILA PRIVATE EDUCATION, LLC DBA IVY LEAGUE ACADEMY	82-4308471	0.01	52448

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMBER WEALTH ADVISORS, INC.	22-3887459	0.02	366077
IMPERIAL LIVING OPCO, LLC	86-1805747	0.03	221646
IMPERIAL USA, LTD.	88-0463135	0.02	0
IMPRIMIS GROUP, INC	75-1831894	0.01	849706
IMPRINT BRANDED CONTENT LLC	46-1985706	0.13	1985096
IN SITU ARCHAEOLOGICAL CONSULTING, LLC	47-5370253	0.01	42211
INDIAN RIVER PODIATRY	42-1531257	0.03	906868
INDIGO ALLIANCE LLC DBA LUXUS JOBS	82-4378178	0.01	46154
INDUSTRIAL MEDICAL SUPPORT, INC. DBA AMPHIBIOUS MEDICS	47-2155601	0.10	947594

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INDUSTRIAL TECHNOLOGY CORPORATION	42-1145340	0.01	233792
2a Name of Participating Employer INFECTIOUS DISEASE SPECIALISTS OF ATLANTA, P.C.	58-1899309	0.09	4969320
2a Name of Participating Employer INFINIGODS, INC.	84-2975291	0.01	526408
2a Name of Participating Employer INFINITAS	51-4941151	0.02	413763
2a Name of Participating Employer INNOVATION MIDDLE CHARTER SCHOOL	27-2517148	0.02	210154
2a Name of Participating Employer INNOVATION SENIOR MANAGEMENT, LLC	81-1942964	0.02	384733
2a Name of Participating Employer INNOVATIVE UNDERWRITING SOLUTIONS LLC	85-1222032	0.04	397794
2a Name of Participating Employer INSERV CORP	56-1794392	0.20	4652378
2a Name of Participating Employer INSIGNIA GROUP, L.C.	48-1274846	0.03	764796

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INSTYMEDS CORPORATION	41-1954398	0.13	6927706
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRATED CONTROL TECHNOLOGY (USA)	33-1225712	0.05	327305
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERACTIVE WEALTH ADVISORS, INC	46-1278622	0.01	115141
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERCONNECT, INC	20-5755002	0.05	529620
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERIM HEALTHCARE OF DELAWARE LLC	27-2456607	0.16	1812819
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERIM HEALTHCARE OF SAN DIEGO, LLC (22048)	85-4089981	0.04	249885
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERIM HEALTHCARE SAN JOSE, LLC	86-2160300	0.04	445292
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERLINK TRANSPORT LLC	87-2398998	0.04	230648
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERNATIONAL CAPITAL, LLC DBA INTERNATIONAL CAPITAL, LLC	80-0318787	0.09	2611166

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERNATIONAL GRAND INVESTMENT CORPORATION	27-1508904	0.05	1698216
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERTEK INDUSTRIAL CORPORATION	59-3123866	0.12	3851357
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INVEST DSM, INC	84-2607571	0.02	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ION PRO SERVICES, LLC	83-0957515	0.01	96017
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IOWA 4-H FOUNDATION	42-6061606	0.01	175119
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IOWA AGRICULTURE LITERACY FOUNDATION	31-1672416	0.02	226516
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IOWA ARTHRITIS & OSTEOPOROSIS CENTER	47-3818676	0.21	9936618
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IOWA ASSOCIATION OF SCHOOL BOARDS	42-0703904	0.12	3168237
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IOWA BEEF INDUSTRY COUNCIL	42-0931773	0.01	224861

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IOWA BEHAVIORAL HEALTH ASSOCIATION	42-1388307	0.01	190418
IOWA CATTLEMEN'S ASSOCIATION	42-0924739	0.01	353247
IOWA HEALTH CARE ASSOCIATION	42-6067903	0.08	1433959
IOWA HEALTHIEST STATE INITIATIVE	45-4570642	0.03	477602
IOWA PORK PRODUCERS ASSOCIATION	42-6123593	0.08	1970110
IOWA TAXPAYERS ASSOCIATION	42-0336050	0.01	164168
IOWA-ILLINOIS SAFETY COUNCIL	42-1087375	0.01	268378
IRECON MARKETING, LLC AND CO-ADOPTING ENTITIES	46-3775454	0.04	774985
IRG SPORTS & ENTERTAINMENT, LLC & AFFILIATES	46-2620013	0.01	452839

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IRONWOOD FINANCIAL TUCSON, LLC	20-5073965	0.02	92650
IRWIN & IRWIN LLP	27-4946181	0.01	72020
ISLAND ENTERTAINMENT, LLC	82-4141492	0.02	101700
ISLANDER GROUP, LTD.	74-2942733	0.04	1297367
IVD RESEARCH, INC.	93-1227019	0.01	373004
J & J INTERNATIONAL PRINTERS INC	22-3914246	0.01	209494
J&M BLAKER, LLC	26-3014219	0.01	28862
J.V. SYSTEMS SERVICES OF TAMPA, INC.	59-3647677	0.01	122270
J4 ASSET MANAGEMENT INC (22454)	27-0593247	0.05	758876

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JACOBS AND VAN CLEEFF INTERNAL MEDICINE, PC	27-1250572	0.07	1871620
JAEJ GROUP LLC	92-0391782	0.03	87156
JAI LI PROFESSIONAL LIMITED CO	37-1550726	0.03	435530
JAVO BEVERAGE COMPANY, INC.	48-1264292	0.27	0
JAYBIRD SENIOR LIVING, INC.	20-3308829	1.17	13146119
JC FLORIST LLC DBA BIRCH EVENT DESIGN	46-2616697	0.08	689904
JDP PARTNERS, INC. DBA ECP COMMERCIAL/WORKSPACE EVOLUTION	27-1504673	0.01	68709
JENSEN INERT PRODUCTS	65-0065985	0.03	522966
JHG FINANCIAL ADVISORS, LLC	56-2210536	0.01	153946

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JL GRAY COMPANY, INC.	85-0327246	0.15	3233484
JL HOSPITALITY MANAGEMENT LLC	82-1514347	0.06	334337
JMJ GROUP LLC	27-1824917	0.02	102812
JND EDISCOVERY, LLC	81-2834032	0.09	1016626
JND HOLDINGS	81-1404874	0.06	997544
JOE COOK & ASSOCIATES, INC.	20-0555328	0.03	888581
JOHN SENA AGENCY, INC.	65-0595073	0.01	145171
JOPPA	27-0216625	0.01	26373
JOY FOOD STORES	59-3172662	0.01	406721

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JPMA, INC.	84-1004970	0.02	812740
2a Name of Participating Employer JTM HOME CARE INC DBA GRISWOLD HOME CARE	46-2153825	0.02	65835
2a Name of Participating Employer JUNIOR ACHIEVEMENT OF CENTRAL IOWA	42-0759070	0.01	0
2a Name of Participating Employer K&M TRUCK REPAIR, INC.	58-2520257	0.03	248645
2a Name of Participating Employer K.P. MILLER CONSTRUCTION LLC	88-3261501	0.01	160324
2a Name of Participating Employer KABLOOE DESIGN	85-2394988	0.07	889467
2a Name of Participating Employer KALTHIA CONSTRUCTION & MANAGEMENT COMPANY LLC	84-4681960	0.02	58543
2a Name of Participating Employer KANO LABORATORIES LLC	62-1097021	0.09	666132
2a Name of Participating Employer KASTELLUM GROUP, LLC	80-0875673	0.04	534856

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KATHREIN BROADCAST USA INC	83-3157305	0.01	49564
KATHRINA AGATEP DDS PROFESSIONAL CORP DBA DENTAL DESIGN SD	90-0644615	0.03	526226
KATO OPERATIONS COMPANY, INC.	82-1561067	0.03	279299
KENLEY'S CATERING & SANDWICH SHOP	58-2512961	0.01	326082
KENNETH A. GIRALDO MD, P.A.	14-1845723	0.03	1900220
KENTWOOD, LLC	26-0177012	0.01	249138
KEYSTONE GROUP INTERNATIONAL LLC	83-1301810	0.02	159139
KEYSTONE PROPERTY MGT., LLC	47-3831277	0.03	452038
KID KRAZY, INC	11-3531423	0.01	124454

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KINETIC TECHNOLOGIES, L.L.C.	87-3618709	0.03	120719
KINGS HOSPITALITY LLC	82-1722501	0.01	21060
KINGSTOWNE RESIDENTIAL OWNERS CORPORATION	54-1449949	0.02	257685
KINGSWOOD US HOLDINGS INC	84-3999010	0.02	406332
KINLY, INC	20-2788939	0.11	4011788
KIRON CAPITAL PARTNERS, LLC	93-4667337	0.02	1750581
KJAA, INC.; MEDICAP #7	45-0514276	0.01	1361979
KLIXU MANAGEMENT LLC	85-3029254	0.04	255010
KNIGHTHORST SHREDDING LLC	20-1992706	0.02	241945

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KNOWLEDGESOURCE, INC.	45-2721383	0.02	1167758
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KOHL ADVISORY GROUP, INC.	86-0866164	0.01	216308
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
K-RAIN MANUFACTURING CORPORATION	59-1371301	0.10	41
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KRC WOODS, KSL TEXAS COMMUNITIES, ESL SD VICTORIAN OPERATION	13-3730777	0.01	175839
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KRUEGER FINANCIAL GROUP, LLC	92-1291480	0.05	441829
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KUAFU PROPERTIES LLC/ACTIVITY KUAFU HUDSON YARD LLC	46-4089399	0.01	509806
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KUGEL INSURANCE AGENCY, INC	87-1621542	0.01	55160
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KUSHLAN PRODUCTS, LLC	27-1484286	0.02	694117
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KYMA SHIP MANAGEMENT, INC.	06-1505775	0.03	3524074

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
L&N LABEL COMPANY, INC.	59-2970820	0.06	1865613
L. H. THOMSON COMPANY, INC.	58-1434815	0.05	1520504
LA LIFT SERVICES, LLC	82-1363969	0.03	752482
LA LOMITA INC/LA LOMITA TRANSPORT CO.INC.	74-2435469	0.15	4364826
LAFON WAX CENTERS, LLC DBA EUROPEAN WAX CENTER	46-0583304	0.04	322127
LAKESIDE POOLS LLC	26-4482700	0.01	49393
LAKESIDE TITLE COMPANY	52-2064990	0.31	9557434
LAKEVIEW SURGERY CENTER, LC	42-1516120	0.15	5987547
LAM PLATT STREET HOTEL, LLC/SOHO 54, LLC	46-3756588	0.01	146749

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANDARAMA REALTY, INC.	22-2049954	0.01	835973
LANDSTAR KIDS ACADEMY, LLC	45-3354962	0.01	182709
LARAMY-K OPTICAL, INC.	42-1343924	0.04	907502
LARGAY TRAVEL, INC.	06-0856006	0.04	1090218
LARGEFOOT LLC	46-2160011	0.02	273055
LAVENDER MOUNTAIN SENIOR LIVING DBA SPIRES AT BERRY COLLEGE	81-0698227	0.02	144073
LAW OFFICES OF STEPHANIE LAKE, P.C.	86-0843474	0.01	162871
LAWN DOCTOR OF VA BEACH INC	83-4438708	0.01	96302
LAYMAN LEWIS FINANCIAL GROUP	94-0427723	0.04	449812

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAZY MAGNOLIA BREWING COMPANY, LLC	01-0813509	0.01	401221
LAZY PALM PRODUCTIONS, INC.	26-3762917	0.02	156463
LDSS, INC. DBA LDSS CORP AND ENCORE SUPPORT SYSTEM	74-3193537	0.35	6575235
LEADERSHIP MUSIC, INC.	62-1404863	0.01	310954
LEADING EDGE MANUFACTURING, LLC DBA JOINED ALLOYS	82-3206222	0.01	1835941
LEADINGAGE IOWA	23-7345539	0.02	564450
LEE COUNTY RV SALES COMPANY	59-2744968	0.20	6554500
LEGACY CLOVER MGMT, LLC	92-1482007	0.02	143589
LEGACY COLLEGE PREPARATORY CHARTER SCHOOL	81-2984627	0.14	947862

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEGACY PHOENIX INC (22196)	86-1540281	0.02	262836
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEGGETT HEATING & A/C, INC.	59-1400596	0.02	2217309
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LENDTRADE	46-3456227	0.01	132193
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LFR CHICKEN LLC	87-0925357	0.22	2125024
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIBERTY HOSPITALITY MANAGEMENT, LLC	27-3677137	0.01	959629
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIFESTYLES FOR THE DISABLED INC.	13-3740011	0.19	6468794
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTING MANAGEMENT, INC.	13-3349632	0.01	32127
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINEAR FINE WOODWORKING, LLC	27-1728303	0.03	424494
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINVILL PROPERTIES, INC.	41-1554734	0.01	15184

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINXENS US INC.	98-7987987	0.03	656823
LITERACY-LEADERSHIP-TECHNOLOGY	47-0948628	0.11	1726357
LIVETILES CORP.	46-5181168	0.02	521648
LIVIO HEALTH GROUP - SMR	27-3640005	0.02	1286828
LOGAN PROPERTY/AMERLAND/PHASE 3 CONSTRUCTION	20-1591015	0.11	2790536
LONDOS FINE CABINETRY, LLC	26-3978811	0.01	104272
LONE STAR DISTILLERY, LLC DBA GARRISON BROTHERS DISTILLERY	71-1032522	0.19	2556112
LOREAL TRAVEL RETAIL AMERICAS, INC	13-1247390	0.02	585980
LOWCOUNTRY NURSING GROUP, LLC	76-0815039	0.04	299150

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOWERY PROPERTY ADVISORS, LLC	27-3248066	0.01	0
LUKE HOMEN LAW, PLLC	82-4237970	0.01	47813
LUTHERAN BRAILLE WORKERS, INC.	95-6048152	0.02	69446
LYON ENGINEERING & SURVEYING, INC.	86-0786985	0.07	4141282
M&G FULFILLMENT LLC	82-5068737	0.06	1132595
M.I.C.E INC. DBA IDEAL IMAGE	20-2337690	0.03	320453
MACON CONCRETE INC	27-4529897	0.03	214065
MADDOCK MACHINERY, INC.	86-0293241	0.04	818462
MAIN STREET ANESTHESIA OF NEW MEXICO AND ITS AFFILIATE	83-1324008	0.07	910666

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAIN STREET DENTAL DEPOT	81-1714407	0.04	0
MAIN STREET HOLDINGS, INC.	81-1438635	0.06	983085
MAINSRING ACADEMY, INC.	47-3046264	0.01	40853
MAKUSAFE CORP.	81-2776536	0.08	699301
MANCI GRAPHICS, INC.	59-3398701	0.01	637668
MARCO ISLAND YACHT CLUB	65-1116984	0.01	41060
MARCUS SAMUELSSON GROUP LLC	27-1273578	0.02	109666
MARGARET A.M. INC.	26-0609350	0.01	107986
MARGRAMON PC; MEDICAP #282	42-1502421	0.01	185172

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARK CUNNINGHAM INC	20-3339638	0.04	902552
MARK GILLIAM ENTERPRISES	94-3098600	0.02	1
MARKETINGPROFS LLC	20-1181156	0.03	429130
MARWAH INVESTMENTS CORPORATION DBA ACRC TRIALS	20-3841286	0.03	95559
MARY ALICE FORTIN CHILDCARE FOUNDATION	65-0244281	0.01	372812
MATHEMATICAL RESEARCH, INC.	76-0241594	0.03	0
MATTISON AVENUE HOLDINGS LLC	81-4497666	0.03	68745
MBV, LLC DBA HEATMASTER, LLC	56-1245879	0.02	1175215
MC INSIGHT, LLC	83-0535894	0.01	26796

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MC OFFSHORE PETROLEUM	56-2647548	0.02	1346145
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCAVOY CPA LLC	82-3736069	0.04	108284
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCCABE LAW GROUP, PA	26-4762988	0.07	1268375
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCCAIN VETERINARY CLINIC, INC.	45-3193199	0.02	130137
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCGINTY ROAD PARTNERS, LP	82-2892965	0.07	833311
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCKINLEY ADVERTISING COMPANY	42-1308975	0.01	364718
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCNATT PLUMBING CO., INC.	59-3165037	0.01	48145
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MDR SERVICES LLC	81-0688389	0.01	79746
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEALS FROM THE HEARTLAND	26-3443290	0.03	208915

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDHQ- CAPITAL CITY SURGERY CENTER, LLC	26-0804803	0.13	2386352
MEDIABUS, INC.	95-4649229	0.14	6826817
MEDSURANT HOLDINGS	73-1577374	0.60	13057453
MEGA LP	45-4684076	0.01	18286
MEINECKE EQUIPMENT LLC DBA SOUTH START JCB	87-2856968	0.09	378914
MENTAL HEALTH PARTNERSHIP LLC	84-1924861	0.04	104976
MERIDIAN INTERNAL MEDICINE AND PRIMARY CARE, INC	46-1134688	0.02	277032
MERITAGE FINANCIAL STRATEGIES, LLC	20-5014960	0.07	487640
METAL SERVICES OF BLOOMING PRAIRIE, INC (21805)	41-1683470	0.10	2639641

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
METASYS/GOPROCUR	58-2513460	0.30	3383110
METCO CREDIT UNION	42-0835734	0.02	1474162
METLIFE	13-5581829	0.49	10605645
METRO DEVELOPMENT GROUP, L.L.C.	81-0596741	0.07	647674
METRO FACILITY MAINTENANCE	81-5178183	0.01	820519
METRO LAGOONS, LLC DBA EPPERSON LAGOON	84-4556048	0.03	107945
METZGER COMPREHENSIVE CARE, LLC	20-8808655	0.04	1163313
MFC TRANSPORT, LLC	47-3350549	0.01	54654
MICHIGAN VOICES (22759)	83-0612165	0.01	63247

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICRO KEY SOFTWARE, INC	59-3040341	0.06	2648109
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MID IOWA SOCCER ACADEMY, DBA SPORTING IOWA	84-2468024	0.02	187631
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MID VALLEY PROPERTIES	95-4383131	0.09	3590719
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIDLAND CREDIT UNION	42-0816632	0.04	288538
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MID-MINNESOTA MANAGEMENT SERVICES, INC.	41-1716641	0.03	1026840
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIDWEST CLOTHIERS	42-1497320	0.06	1155510
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIDWEST FINANCIAL CONSULTANTS, INC.	20-2933863	0.05	890321
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIGHTYVINE	27-3778340	0.03	384157
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MILCO ENTERPRISES, INC	56-2147953	0.06	1858253

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MILITELLO WEALTH MANAGEMENT, LLC	26-3333197	0.01	23945
MILL CITY LOAN HOLDINGS LLC	87-4696947	0.04	201928
MILLENNIUM AUTOMOTIVE EQUIPMENT, INC.	59-3544508	0.01	208192
MILLER ELECTRICAL SERVICES, INC.	59-2560783	0.04	1148569
MINIMALLY INVASIVE PROCEDURE SPECIALISTS	81-2783079	0.03	181157
MINNESOTA ELECTRICAL ASSOCIATION	41-0741501	0.04	908482
MINT, INC	61-1169600	0.01	70825
MIRADA MEDICAL USA, INC.	42-1772184	0.06	987908
MIRASOL CLUB & ASSOCIATION, INC	65-1001705	0.57	12781034

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MISSISSIPPI PARK CONNECTION	87-0786530	0.02	236797
2a Name of Participating Employer MJJ BUILDERS, CORP / DEVON MANAGEMENT, CORP	26-0546758	0.01	0
2a Name of Participating Employer MM COMPOSITE, INC.	39-2080075	0.02	186989
2a Name of Participating Employer MMTM, INC.	47-2903484	0.02	280203
2a Name of Participating Employer MOBILE ACCORD, INC.	20-2939332	0.12	1905653
2a Name of Participating Employer MODERN MEXICAN RESTAURANTS, INC.	03-0537832	0.03	118090
2a Name of Participating Employer MODULOUS INC	87-4291355	0.04	117578
2a Name of Participating Employer MONARCH INVESTMENT & MANAGEMENT GROUP	20-1188057	2.58	20772281
2a Name of Participating Employer MONROE RESTORATION AND CLEANING INC	35-1910360	0.02	371172

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MONTEBELLO CONDOMINIUM OWNERS	76-0679343	0.04	1870822
MONTESSORI BILINGUAL ACADEMY OF ROCKLEDGE, LLC	84-3968406	0.01	39588
MOORE INTELLECTUAL PROPERTY LAW, PLLC	84-3169308	0.03	366523
MOORE STEPHENS NORTH AMERICA, INC.	20-3962155	0.03	250239
MORTGAGE ADVISORY PARTNERS, LLC	27-0525378	0.01	96675
MOUNTAIN PACIFIC GROUP, LLC/THIRD STAGE INVESTMENT GROUP	61-1520540	0.03	846012
MOUNTAIN WEST SEED COMPANY, INC.	87-0667769	0.01	322772
MOVIRI INC. / CONTENTWISE INC.	42-1770029	0.03	279706
MPRS GLOBAL INC	86-1740091	0.04	167611

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MSI TEC, INC.	20-0252039	0.31	6913051
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MT. DORA BOATING CO, INC	59-1676046	0.01	177080
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MT. SHASTA SPRING WATER CO., INC.	68-0174022	0.03	1202024
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MTHEORY LLC	27-1680520	0.07	1904365
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MTM OF COLORADO, INC.	27-1778094	0.01	577454
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MTS IOWA, INC. DBA MAJESTIC TRUCKS	32-0166951	0.02	276771
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MULTIFLORA CORPORATION	65-1015287	0.03	1195621
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MULTIPLE SCLEROSIS FOUNDATION, INC.	59-2792934	0.01	275
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MURPHY PLACE ASSISTED LIVING/PRAIRIE TRAILS FAMILY DENTAL	46-1708136	0.01	283462

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MUSTANG SEAL SOLUTIONS, LLC	45-5585734	0.01	48334
MVENTIX, INC	20-1153171	0.01	226149
MWA INVESTMENTS LLC	37-1843684	0.05	400055
MY FAV ELECTRONICS, INC.	46-2638459	0.06	0
MY METAL BUSINESS CARD, LLC	46-1862953	0.01	0
NASHVILLE TEACHER RESIDENCY	47-1461324	0.02	257220
NATIONAL ALLIANCE ON MENTAL ILLNESS OF NEW YORK CITY, INC.	13-3077692	0.04	784476
NATIONAL CORPORATE ACCOUNT SERVICES, INC DBA NCA CONSULTANTS	59-3649599	0.03	479982
NATIONAL CORPORATE ACCOUNT SERVICES, INC DBA NCA CONSULTANTS	45-4608918	0.01	24698

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATIONAL STANDARD PARTS ASSOCIATES, INC.	59-1984545	0.19	9110680
NATIONAL STUDENT EXCHANGE	31-0925267	0.01	234321
NAT'L AGRICULTURE IN THE CLASSROOM ORG (NAITC) INC	31-1649895	0.01	32604
NAUTI-TECH INC	65-0913775	0.03	790149
NAVIGATE WELLNESS LLC	27-2536219	0.20	3009401
NAYO TECHNOLOGIES LLC (21598)	33-1146958	0.09	1590974
NCCO HOME CARE, LLC	47-1931003	0.02	415982
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY	42-1060964	0.03	616818
NEIL H. WEISMAN MD PA DBA INTERVENTIONAL SPINE & DIAGNOSTICS	80-0840722	0.04	636752

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NELSON MANUFACTURING COMPANY	42-1009698	0.06	3394208
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NETSURIT CONSULTANTS INC.	86-3078651	0.12	4505310
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEW LIFE CHARTER ACADEMIES, INC.	46-2550818	0.01	29342
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEW YORK CITY CHESS INC	26-3699651	0.01	85448
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEWVENTURE OF JACKSONVILLE, INC.	59-3708254	0.05	1110164
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEXTBOOK, INC	41-2116973	0.06	1892886
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NHG ASSOCIATES	27-1642242	0.23	1777795
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NILI CAPITAL MANAGEMENT LP (22207)	86-1449249	0.04	463874
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NIMBLE ROBOTICS, INC	82-1776038	0.23	2149279

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NINETY NINE HUMAN RESOURCES, LLC	47-1292086	0.13	2216199
2a Name of Participating Employer NISSIN ION EQUIPMENT USA, INC. /NISSIN ION EQUIPMENT-MA	33-1219129	0.07	1849956
2a Name of Participating Employer NORTH COLLIER COLLISION	59-3584319	0.02	766657
2a Name of Participating Employer NORTH STAR MACHINE LLC	41-1807559	0.02	692028
2a Name of Participating Employer NORTHEAST FLORIDA EQUESTRIAN SOCIETY/ H.O.R.S.E THERAPIES	01-0636438	0.01	52114
2a Name of Participating Employer NORTHSTAR SENIOR LIVING, INC.	20-5694427	0.16	2346402
2a Name of Participating Employer NORWOOD, ARMSTRONG & STOKES PLLC	47-2761403	0.04	314649
2a Name of Participating Employer NOVUM UNDERWRITING PARTNERS	83-2876557	0.07	520641
2a Name of Participating Employer NRGIZED MEDIA LLC	82-0949713	0.02	45279

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NUDGE COACH INC.	86-1481433	0.01	120606
NULOGY (USA) CORPORATION	38-3958472	0.04	110939
NUVEI TECHNOLOGIES INC.	48-1298435	0.91	10335776
O2 CONCEPTS LLC	27-2016428	0.07	0
O3 SERVICES LLC	86-3276149	0.01	82911
OAK HARBOR CLUB VERO BEACH, INC.	93-1576985	0.01	365300
OAKLAND HOSPICE, INC. DBA INTERIM HEALTHCARE OF SACRAMENTO	85-3073808	0.12	874223
OAKWOOD DENTAL ARTS, LLC	20-0643388	0.03	428144
OASIS AIR CONDITIONING AND HEATING, INC.	86-0651873	0.02	190599

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OBIE MECHANICAL SERVICES, INC	26-3844695	0.01	36694
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OBVIO HEALTH USA INC(	81-0916341	0.46	2767712
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OCEAN BAY MANAGEMENT, INC / SEASONAL	26-2115318	0.01	63306
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OCEAN INSTALLER TEXAS INC.	42-1774691	0.02	656148
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OCONEE METAL RECOVERY, INC	58-1805102	0.01	172245
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ODD SOX DISTRIBUTION, LLC	46-4312712	0.01	174159
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OKTEP OKLAHOMA TRIBAL ENGAGEMENT PARTNER LLC	82-1739961	0.06	794404
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OLSON CONTRACTING, LLC	81-1568898	0.26	1708202
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OMNI POWER CLEAN, INC.	58-2543625	0.02	143708

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ON DECK SOLUTIONS LLC (92090)	83-4586189	0.01	80343
2a Name of Participating Employer ONCLAVE NETWORKS, INC.	81-4580797	0.05	259438
2a Name of Participating Employer ONE CLICK CONTRACTOR, INC. DBA ONE CLICK CONTRACTOR	92-3096666	0.02	94035
2a Name of Participating Employer ONE LUX STUDIO LLC	20-8525256	0.13	3446219
2a Name of Participating Employer ONE POINT BPO, LLC	41-2056263	0.05	756656
2a Name of Participating Employer ONE WHIRLD, INC	46-3990039	0.01	51229
2a Name of Participating Employer ONEFORCE RESTORATION ATX, LLC & AFFILIATED COMPANIES	84-4620035	0.06	831704
2a Name of Participating Employer ONESOURCE DISTRIBUTING LLC	84-4533186	0.03	1436198
2a Name of Participating Employer ONGO ALLIANCE	81-3225629	0.01	23182

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OPEN WATER SOLUTIONS, LLC	26-0288838	0.02	151122
OPHTHALMIC PLASTIC SURGERY	35-1519721	0.02	599532
OPTIMATICS LLC	20-0263641	0.02	454978
OPTIMUM REAL ESTATE MANAGEMENT LLC	82-4194041	0.02	0
OPT-INTELLIGENCE, INC.	37-1469578	0.01	336336
ORAL AND FACIAL SURGERY CENTER OF TALLAHASSEE, P.A.	61-1538348	0.02	246534
ORBUSNEICH MEDICAL, INC./ ORBUSNEICH MEDICAL TRADING	65-0943118	0.04	1634420
ORGANIC FAMILY FARMS MARKETING	83-1698903	0.05	465044
ORTHO IHBS LLC	83-3799487	0.05	920756

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORTHOPAEDIC OUTPATIENT SURGERY CENTER, LC	42-1508092	0.20	6288499
OSL PORT ORANGE LLC	88-1503703	0.01	17122
OTTERA, INC.	82-1859726	0.03	0
OVATION, LLC	20-8051395	0.26	5173130
OVERTYME, INC DBA HATCH TOYOTA	20-5481570	0.04	389854
OWSLEY INDUSTRIES INC DBA ZEPHYR TENTS	26-1328771	0.02	794819
P FINANCIAL SERVICES COMPANY LLC	85-2849313	0.01	48230
PACESETTER CONSTRUCTION, INC.	58-0165544	0.02	281174
PACIFIC COAST CONSTRUCTION AND WATERPROOFING INC (22805)	46-0637089	0.01	107280

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFICA HOSTS AND AFFILIATES	33-0627796	0.43	9516341
PACIFICA HOSTS AND AFFILIATES #2	47-2900395	0.01	95614
PACIFICA OWNED, NORTHSTAR MANAGED SENIOR LIVING	45-4709108	0.03	439539
PACIFICA SENIOR LIVING	46-3587176	0.12	357596
PACIFICA SLM PAYROLL LLC	92-2175264	0.03	83925
PACSHORE PAYROLL LLC DBA PACSHORE PAYROLL LLC	92-2175573	0.01	28100
PADRE ISLANDER GROUP, LTD.	74-2942860	0.03	1435512
PALM COAST PEST CONTROL, INC.	65-0194846	0.01	364205
PARADISE VALLEY COSMETIC SURGICAL CENTER	86-0986452	0.06	1180931

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PASADENA INTERFAITH HOUSING FOUNDATION INC.	74-1999427	0.01	263114
PASSPORT SCHOOL, INC.	59-3385630	0.01	576887
PATRICK EXPRESSIONS, LLC	26-4424481	0.05	1052791
PEAK PLANNING GROUP, LLC	71-0867089	0.02	263483
PEBBLEPOST, INC.	47-1295030	0.14	0
PENA, GARCIA, AND DIZ PLLC	81-4423382	0.03	107390
PENNY POUND ICE LLC (12604)	80-0885519	0.03	231689
PERFECT CHOICE MANUFACTURERS/WEST COAST METAL STAMPING	86-3916095	0.02	669112
PERFORMANCE LIVESTOCK ANALYTICS 2.0 INC	93-1978206	0.03	154321

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PERSIS CONSULTING CO.	38-3463910	0.03	722983
2a Name of Participating Employer PF INDEPENDENT FRANCHISEE ASSOCIATION	47-1014888	0.02	526270
2a Name of Participating Employer PF OF KANKAKEE & ROCHESTER MN, LLC	46-1428147	0.01	38871
2a Name of Participating Employer PHANTOM PRODUCTS, INC	54-1723733	0.05	2512808
2a Name of Participating Employer PHM MANAGEMENT, INC	27-1676181	0.01	475767
2a Name of Participating Employer PICTURE WOODS	84-0845653	0.05	1263619
2a Name of Participating Employer PINNACLE RECOVERY INC.	33-0897841	0.13	4290797
2a Name of Participating Employer PINNACLE RETIREMENT ADVISORS, LLC	83-3741388	0.01	57788
2a Name of Participating Employer PIONEER ENERGY, INC.	59-3841078	0.05	870823

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PIR SALES, INC	86-0695914	0.08	1216020
2a Name of Participating Employer PLAINS AREA MENTAL HEALTH, INC.	42-1000717	0.26	4048594
2a Name of Participating Employer PLANT DEVAS, INC. EVANHEALY SKIN CARE	80-0255999	0.02	268870
2a Name of Participating Employer PLANTE HUGUENIN LEBOVIC KAHN	81-3965534	0.11	3027183
2a Name of Participating Employer PLATO ACADEMY SCHOOLS CORPORATION	45-5042950	0.02	415193
2a Name of Participating Employer PLATO ACADEMY SCHOOLS CORPORATION - CLEARWATER (PLATO)	45-5045555	0.04	585941
2a Name of Participating Employer PLATO ACADEMY SCHOOLS CORPORATION - LARGO (PLATO)	45-5042951	0.02	380346
2a Name of Participating Employer PLATO ACADEMY SCHOOLS CORPORATION - PINELLAS PARK	45-5042222	0.03	352029
2a Name of Participating Employer PLATO ACADEMY SCHOOLS CORPORATION - SEMINOLE (PLATO)	45-5042952	0.03	315740

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PLATO ACADEMY SCHOOLS CORPORATION - TARPON SPRINGS (PLATO)	45-5042999	0.04	762846
PLATO ACADEMY SCHOOLS CORPORATION - TRINITY	45-5042953	0.02	244042
PLATO ACADEMY SCHOOLS CORPORATION - PALM HARBOR (PLATO)	45-5042555	0.04	455823
PLATO ACADEMY SCHOOLS CORPORATION - ST. PETERSBURG (PLATO)	45-5042954	0.03	393505
PLATO ACADEMY SCHOOLS CORPORATION - TAMPA	45-5049999	0.02	186392
PLATT COLLEGE OF LOS ANGELES, LLC	26-2806243	0.29	4709504
PLAZA HC HOLDING COMPANY, LLC DBA PLAZA HEALTHCARE	56-2313510	0.06	513822
PLEASUREBOWL, INC.	75-3036089	0.02	381023
PLUMBING MASTERS LLC	37-1775197	0.02	857979

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POINT SUR CONSULTING LLC	84-3752291	0.01	15106
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POINTE ROYALE GOLF ASSOCIATION (22605)	43-1538033	0.01	35551
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POINTE ROYALE PROPERTY OWNERS' ASSOCIATION	43-1490607	0.01	50523
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POWDER RIDGE MOUNTAIN PARK RESORT, LLC	45-5022895	0.01	17036
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRECISION STUDY MANAGEMENT	47-1787369	0.01	237554
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PREMIER BIOTECH INC	27-0962878	0.21	4061038
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PREMIER HEALTHCARE PROFESSIONALS, INC.	13-4209978	0.42	3442210
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PREMIER REVENUE SOLUTIONS LLC	46-4590921	0.03	403921
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PREMIER SPECIALTY NETWORK, LLC	20-5692297	0.01	177174

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRESIDENT ENTERPRISES, INC (21926)	33-0726322	0.01	223283
PRESTIGE HEALTHCARE RESOURCES, INC.	20-3493880	0.05	573405
PRESTIGE HOSPITALITY GROUP, LLC	32-0237911	0.03	189188
PRIMPLYMOUTH, LLC. / PRIMEDINA LLC	86-3858861	0.02	140118
PRINT TIME, INC.	43-1364448	0.02	2010340
PRIVAMEDIS LLC	82-2596125	0.01	246812
PROCACCI DEVELOPMENT CORPORATION	59-1890272	0.08	2575529
PRODUCE PAY, INC.	47-2538439	0.45	4025294
PROFESSIONAL MUSIC TOURS, INC.	41-1648655	0.05	1612317

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROGRESS REHABILITATION NETWORK, LLC	16-1755725	0.09	3466097
PROGRESSIVE LABORATORIES, INC	75-1464885	0.03	1064479
PROGRESSIVE TURNOUT PROJECT	47-4414152	0.06	678083
PROMO DEPOT, INC.	43-1768849	0.03	737203
PROPHARMA DISTRIBUTION, INC	47-1520296	0.21	1638552
PROPM, INC.	47-2284802	0.01	34517
PROV, INC.	20-1062959	0.04	269280
PS SCIENCE	20-0607113	0.01	131271
PSL ASSOCIATES, LLC	83-1427127	0.54	5210897

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PSL CHILDCARE, INC.	27-0027707	0.02	684567
PSP.US INC	37-1961293	0.02	117204
PUFF 'N STUFF CATERING, LLC	43-1998301	0.02	260266
PULSEFORGE, INC	87-4682857	0.10	2729029
PURE MEDICAL INC (21738)	83-2858656	0.01	69265
PURITY COSMETICS	20-0817435	0.07	3860493
Q & N TECHNOLOGIES, LLC	81-1093576	0.03	128664
QORE, LLC	87-1117956	0.03	133951
QUAD CITIES COMMUNITY FOUNDATION	42-6122716	0.06	1084056

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QUALITY HEALTH SERVICES CORPORATION	95-4564070	0.14	3297741
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QUINTILLION SUBSEA OPERATIONS, LLC	47-4362675	0.15	2101889
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RABUN COUNTY COMPANY, LLC	47-4208273	0.04	236909
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAISE YOUR HAND FOR PUBLIC SCHOOLS	20-8119071	0.12	1665910
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAMTECH SOFTWARE SOLUTIONS, INC.	22-3740594	0.24	4512585
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RASNA LLC	73-1685065	0.01	33899
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAVN SENIOR SOLUTIONS CONTROL GROUP	47-4637122	0.25	1690932
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAYNE STAFFING, LLC	82-0848044	0.10	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RB HEALTH PARTNERS, INC.	45-0512811	0.08	1280420

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RBHV LEXINGTON, LLC	26-1951695	0.02	447661
2a Name of Participating Employer RBHV TROY, LLC DBA EMBASSY SUITES	20-8955128	0.03	445372
2a Name of Participating Employer RDLPCORP.	41-1963649	0.02	968974
2a Name of Participating Employer REAGAN & ANDRE ARCHITECTURE STUDIO	20-4498692	0.03	84487
2a Name of Participating Employer REAL HOSPITALITY GROUP, LLC	27-2607589	0.06	2018194
2a Name of Participating Employer REAL PAYROLL GROUP, LLC	27-2897715	0.15	2506528
2a Name of Participating Employer RECOVERY RACING VIII, LLC	46-0921732	0.08	1793301
2a Name of Participating Employer RED ROCK MANAGEMENT AGENCY LLC	27-1523109	0.01	138742
2a Name of Participating Employer REDSTONE VILLAGE	63-1169107	0.05	688921

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REDWOOD HOSPITAL MANAGEMENT DBA DIVERSIFIED HEALTH SERVICES	94-2233514	0.17	3253473
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REGENCY MANAGEMENT SERVICES, LLC	25-2059558	0.02	159614
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REICH & MANCINI PA	20-1847409	0.01	199313
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REID PARK ZOOLOGICAL SOCIETY (TUCSON ZOO)	94-2379052	0.12	2211295
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REIX CORPORATION	82-3200707	0.01	243980
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RELIANCE MECHANICAL INC	58-2030629	0.02	117774
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RENAL RESERVE LLC	01-0551817	0.02	232150
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RENEWABLE PRODUCTS MARKETING GROUP	41-2002538	0.32	11710119
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RENODIS, INC.	58-2671063	0.14	2766749

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RENUE APOTHECARY GP, PLLC.	81-1291236	0.01	46900
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REPRODUCTIVE PARTNERS MEDICAL GROUP, INC	95-4658396	0.31	5330077
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESOURCE COMMERCIAL FLOORING NETWORK, LLC	20-4171282	0.02	524506
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESTAURATEUR GROUP, INC. DBA DUNKIN DONUTS/BASKIN ROBBINS	20-5740847	0.08	896452
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REVELATION SOFTWARE CONCEPTS PTY, LTD.	98-0382243	0.03	192228
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REVERT INC.	84-1543344	0.03	682311
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REX PHARMACY INC	42-0941713	0.07	752700
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RHOMBUS ENERGY SOLUTIONS, INC	45-4588965	0.06	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RICE PARK CAPITAL MANAGEMENT, LLC	83-4153871	0.15	947347

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RICHLAND MANAGEMENT, INC	65-0242971	0.14	4674307
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RILEY CONSUMER CARE, LLC DBA CARLIN CONSUMER HEALTH	87-4079625	0.01	26056
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RISEIMPACT CAPITAL LLC DBA RISEIM	88-2991425	0.03	258887
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RITANI, LLC	04-3644571	0.01	180368
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RITTER & RAMSEY, LLC	20-1481137	0.01	452249
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIVER STRAND GOLF & COUNTRY CLUB	20-3650619	0.03	233039
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIVERLAND AG CORP	20-5952900	0.35	9091810
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIVERLAND BANK	20-3618708	0.12	2978735
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIVERWOOD SOLUTIONS	37-1695915	0.04	863295

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RL MILL PLAIN HOSPITALITY	87-2533662	0.01	14936
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RLR MANAGEMENT CONSULTING, INC.	95-4698021	0.06	2482456
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RMS ENERGY CONSULTING, LLC	46-2058495	0.02	296910
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROADRUNNER FABRICATION	84-1312147	0.01	322293
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBARE ASSET MANAGEMENT, INC	76-0651964	0.08	2033396
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBERT F KNIGHT & ASSOCIATES	86-0688583	0.03	265577
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBERT G. RITTER, D.M.D., P.A.	65-0841982	0.01	374157
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBINSON CALF RANCH	95-4785197	0.04	276328
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBINSON SPORTS, INC DBA FIT 2 RUN FL	14-1952328	0.06	278089

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROCKABILIA	41-1884096	0.04	2199494
2a Name of Participating Employer RODEO REALTY, INC	95-4588217	0.09	2846405
2a Name of Participating Employer RODRIGUES MANAGEMENT, INC./DONUTS	06-1319589	0.03	399145
2a Name of Participating Employer ROOT COMPANY	59-3133336	0.08	7124295
2a Name of Participating Employer ROSA MEXICANO CONTROL GROUP	27-5488874	0.11	723626
2a Name of Participating Employer ROSENBERGER TECHNOLOGY LLC	46-2433135	0.07	223663
2a Name of Participating Employer ROYAL COVERS OF ARIZONA, INC	86-0370196	0.07	1181662
2a Name of Participating Employer ROYAL PRECISION PRODUCTS, INC.	59-1629672	0.02	1638840
2a Name of Participating Employer ROYAL TITLE SERVICES, INC.	35-1918831	0.01	640653

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RPA, INC.	20-4885288	0.02	735183
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RSQ FOODS, LLC	84-2123285	0.12	936363
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUBBLE FLOORING, LLC	45-5290233	0.01	518669
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUGGIERO MCALLISTER & MCMAHON LLC	88-1421188	0.10	1138784
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
S3, LLC	84-2138348	0.04	1576347
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SABAL THERAPEUTICS, LLC	82-0620372	0.05	33648
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SADDLE UP!	38-2640923	0.02	273129
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAG MARKETING GROUP LLC	85-2077114	0.04	203743
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SALAMIS SOLUTIONS LLC	83-1932740	0.07	495267

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SALCO PROPERTIES, LLC DBA SALCO SOLUTIONS GROUP	20-5976618	0.03	145060
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAN ANGELO CAR CARE LLC DBA MEINEKE #2193	45-3671020	0.02	65508
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAN JOSE CARE HOSPICE	85-3499380	0.10	345970
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SANBIO INC	94-3389398	0.14	1606732
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAOL THERAPEUTICS INC	47-5206601	0.14	3092430
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAPFO, INC. HOBNOB NEIGHBORHOOD TAVERN AND ITS AFFILIATES	27-0823270	0.01	71592
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAY NO MORE PROMOTIONS	38-3672069	0.02	543017
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAYWELL INTERNATIONAL INC.	65-0950107	0.04	1355288
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SC&A, INC	54-1183001	0.38	14652197

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCG MANISCALCO STONE LLC	82-1719329	0.01	149182
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCHAFFNER EMC, INC	22-2332789	0.08	4611722
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCHNEIDER & ASSOCIATE CLAIM SERVICES INC.	95-4397441	0.01	410071
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCHOONER PRINTS, INC.	59-1913802	0.09	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCHWARZ DYGOS WHEELER INVESTMENT ADVISORS LLC	26-2942242	0.02	82775
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEA FAIR USA LLC	27-5102329	0.01	164607
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEA HAG MARINA, INC	59-3535704	0.04	865907
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEA HAVEN HOME CARE, LLC	84-1863928	0.02	332459
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEACREST NAPLES, LLC DBA SOUTHWEST PROPERTY MANAGEMENT	83-2428773	0.08	759229

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEAL FAST, INC.	74-6515774	0.01	412408
SEAPORT HEIGHTS, LLC	71-1026571	0.01	142743
SEATTLE SERVICE BUREAU INC. DBA_ NATIONAL SERVICE BUREAU	91-1393397	0.03	82419
SEAVIEW SENIOR LIVING HOUSING DEVELOPMENT FUND CORPORATION	45-1966147	0.02	118508
SECURE SETTLEMENTS INC DBA SECURE INSIGHT	27-0617437	0.01	135017
SELECT PROPERTIES INC. A NEW MEXICO CORPORATION (91905)	85-0388553	0.11	642585
SELEN ENTERPRISES, LLC	47-1436543	0.02	447999
SENIOR HOUSING CONSULTANTS, INC.	76-0741352	0.03	1219673
SENIOR HOUSING MANAGEMENT INC.	11-3712998	0.15	2064239

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SENTERA INC.	47-2214696	0.31	0
2a Name of Participating Employer SERENITY ROCHESTER INC DBA SERENITY COUTURE SALON & SPA	88-2469842	0.04	1840745
2a Name of Participating Employer SERVICES ON-SITE	65-0159999	0.05	2042630
2a Name of Participating Employer SERVING CHILDREN AND REACHING FAMILIES, LLC	46-2975165	0.02	84087
2a Name of Participating Employer SESSIONS COLLEGE FOR PROFESSIONAL DESIGN	13-3947889	0.04	1996135
2a Name of Participating Employer SEVEN KINGS MANAGMENT, INC	87-3527259	0.05	1898915
2a Name of Participating Employer SG BLOCKS, INC.	27-3300407	0.08	562241
2a Name of Participating Employer SHANE'S RIB SHACK LLC	26-3964489	0.01	236062
2a Name of Participating Employer SHERROD VANS OF JACKSONVILLE, INC.	59-3147545	0.01	148725

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHIPIUM, LLC	87-0900440	0.02	178123
SHIPLEY DO-NUT FLOUR & SUPPLY	74-1484446	0.08	402625
SIG PROPERTY MANAGEMENT	95-4779815	0.02	232474
SIMILASAN CORPORATION	33-0222888	0.05	805261
SIMPLICITY FINANCIAL MARKETING CONTROL GROUP	01-0595365	2.33	52916728
SINCERA SOLUTIONS, INC.	26-0141901	0.02	1258778
SINGLETON LLC	82-2407614	0.02	58497
SIOUX VALLEY COMMUNITY CREDIT UNION	42-0837840	0.01	421151
SISU ENERGY & ENVIRONMENTAL, LLC	47-5024707	0.08	937464

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SK TRUCK RENTALS, INC	77-0452081	0.07	2184037
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKY HARBOR CAPITAL MANAGEMENT, LLC	45-3058471	0.19	7569514
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SM CORPORATION	59-2379818	0.01	75081
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMILE FARMS, INC.	46-5360466	0.01	17827
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMITTHIPONG & ROSAMOND ASSOCIATES, INC.	86-0913246	0.03	732015
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SNAPPT INC	47-1036599	0.03	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SNRP WEST 37, LLP	46-4372313	0.01	132242
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOFTLINE SOLUTIONS, LLC	26-3605289	0.01	42534
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOFTWARE FOLKS INC.	22-3657860	0.06	477401

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLE SUPPORTS, INC.	62-1502448	0.06	2165053
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLID ROCK ASSET MANAGEMENT, LLC	30-0857931	0.03	502410
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLID ROCK COMMUNITY SCHOOL	73-1695232	0.03	563269
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLUTION BUILDERS, INC.	41-1826018	0.10	1560389
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOMA GLOBAL INC	81-5245772	0.09	584394
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SONA SENIOR LIVING MA LLC DBA SEASONS OF DANVERS	84-4743513	0.04	315446
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH ATLANTA NEURO SURGERY/MINIMALLY INVASIVE NEUROSPINE &	58-2613483	0.07	1027056
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH FLORIDA AUTISM CHARTER SCHOOL	26-3880489	0.04	585885
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH SHORE EYE CENTER, PLLC	76-0618388	0.03	943018

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH VALLEY CLAIMS	77-0097629	0.01	26056
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHERN AVIATION PARTS & SERVICES, LLC	46-1392528	0.09	986866
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHERN COASTAL SOLUTIONS, INC.	26-0429920	0.01	298363
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHWEST AGGREGATES DBA CHARLOTTE COUNTY MINING & MATERIALS	65-0375139	0.01	121125
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHWEST SELF STORAGE CORP (22557)	01-0766426	0.01	80841
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPACEPOLE, INC	35-2509691	0.03	284543
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPECIALIZED THERAPY ASSOCIATES, LLC	22-3483707	0.02	675656
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPEDCO	41-1577185	0.07	2348025
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPG DRY COOLING USA, LLC	47-5587002	0.12	3150530

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPIELBERGER LAW GROUP, LLC	45-5194405	0.06	946546
SPOHN RANCH, INC.	95-4670208	0.14	4974529
SPRIM US LLC	46-1671733	0.03	612281
SPSM INDUSTRIES, INC	41-1965581	0.03	703467
SQM NORTH AMERICA CORP	13-4995710	0.13	3338145
SSRM & AFFILIATES	46-5692758	0.14	1390062
ST. CLOUD FINANCIAL PLANNING SERVICES, LLC	41-2005016	0.16	4726442
ST. LOUIS GEAR COMPANY	43-0627232	0.02	1791774
STANTON CHASE OF TENNESSEE, LLC	41-2224845	0.06	264714

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STATEWIDE ELECTRIC, INC.	73-1121590	0.01	517241
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEAMY CONCEPTS/ROYALTY RENOVATION	46-5018331	0.07	841190
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEPAC USA, INC	85-3426915	0.03	195685
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STILES, LLC	84-3098527	0.01	27066
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STONEBRIDGE PEDIATRICS, P.A.	02-0713074	0.04	1531070
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STORAGE EXPRESS I, STORAGE EXPRESS II, & STORAGE EXPRESS III	20-4186813	0.01	240436
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRATEGIC FUNDING GROUP, INC AND ITS AFFILIATES	59-3458779	0.04	546876
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRICKLER FINANCIAL GROUP, LLC	87-0992034	0.01	79762
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRUCTURE TONE EQUITIES, LLC/1205 HANCOCK STREET, LLC	20-8622194	0.01	241817

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STS FEDERAL, LLC	20-4234746	0.05	1762670
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STUTMAN STUTMAN & LICHTENSTEIN, LLP	82-1674918	0.01	150134
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUCCESSFUL RETIREMENT, INC	43-1756820	0.01	27055
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUITE RX LLC	41-2274640	0.02	273294
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUMMIT THERAPY LLC	27-0835947	0.01	119581
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUN & REN PLLC	84-2173295	0.02	153852
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNNY VISTA LIVING CENTER	84-0438016	0.08	896528
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNSHINE CHARTER ACADEMY OF BROWARD INC. DBA SUNED HIGH SCHO	45-5036680	0.01	136498
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNSHINE ELEMENTARY CHARTER SCHOOL	20-3521137	0.01	103553

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUPERIOR MULCH/ATLAS PEAT & SOIL/YARD IMPROVEMENTS DBA THE B	59-2712633	0.04	1205442
SUPPRESSION TECHNOLOGIES, INC	20-0932820	0.02	275345
SWIFT PROPERTIES LLC	47-3617933	0.04	512682
SWINE HEALTH INFORMATION CENTER	47-3408746	0.02	42794
SWISSTO12	84-1941564	0.10	534951
SWT DESIGN INC	43-1872822	0.08	1155796
SYLHAN, LLC	11-3320983	0.08	1361165
SYMBRIUM, INC.	46-3166714	0.01	16259
SYNERGY HEALTH COMPANIES, INC	06-1829380	0.06	782728

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYNERGY SPORTS TECHNOLOGY, LLC	37-1487076	0.01	0
TARRANT COUNTY HOMELESS COALITION	75-2331643	0.02	70474
TCBB, LLC	82-1601623	0.01	97193
TDA CONSULTING INC	26-4508272	0.01	942809
TEAM TO GO LLC DBAPETVET365	85-4149156	0.16	0
TEAM TSI INC/TEAM TSI LLC/MVP AUTO BROKERS LLC	27-1941464	0.04	295559
TECHMASTER ELECTRONICS LLC.	33-0932426	0.06	505279
TECHNETIX, INC.	26-0700115	0.08	518957
TECHNICAL DESIGN, INC.	73-1438487	0.02	760711

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TECHNOCHEM INTERNATIONAL, INC.	42-1512277	0.03	264407
TECHNOLOGY TRAINING ASSOCIATES, INC.	59-3598437	0.02	603198
TEENA HUGHES, INC.	59-3694409	0.04	1791940
TEK SOURCE USA INC	57-1218432	0.01	594529
TELLIGEN COMMUNITY INITIATIVE	20-2017785	0.01	159925
TENNESSEE CHARTER SCHOOL INCUBATOR	27-1799465	0.04	769912
TENNESSEE SCORE	26-3670335	0.18	2547522
TERO INTERNATIONAL, INC.	42-1402246	0.02	0
TEXAS CENTRAL RX LLC DBA_ CLOUD RX C	84-3790815	0.01	16677

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEXAS ENTERTAINMENT SERVICES LLC	27-0358666	0.05	472136
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEXAS GAUGE & CONTROLS, INC./STEWARTS USA, LLC	76-0266369	0.03	1128894
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEXASRENTERS.COM, LLC	45-2765768	0.01	148915
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ADOPTION PROJECT INC	87-2772351	0.04	204390
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ANNEX GROUP, LLC	82-3520846	0.17	1495327
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE BRUNSWICK COMMUNITY, LLC	47-4986432	0.01	42375
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE CENTER FOR HOUSING SOLUTIOND, INC (22528)	84-4733422	0.02	144247
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE CHARLES BUTT FOUNDATION	90-1548640	0.15	2300909
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE CLARUS GROUP INC	20-3116742	0.05	319846

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE COTTAGES, LLC	47-3187166	0.03	483072
2a Name of Participating Employer THE ELEGANT OFFICE, INC/DACASSO LIMITED, INC.	59-3621543	0.03	80523
2a Name of Participating Employer THE FARRELLS, INC.	86-3791773	0.03	2036975
2a Name of Participating Employer THE FIBROLAMELLAR CANCER FOUNDATION INC	27-0341021	0.03	113410
2a Name of Participating Employer THE FIELD GROUP, INC.	46-2802889	0.01	72797
2a Name of Participating Employer THE FLOYD INVESTMENT GROUP, INC	81-1202130	0.01	23982
2a Name of Participating Employer THE FRANVILLE CORP. DBA KYRSTAL FAST FOOD	62-1518065	0.01	118837
2a Name of Participating Employer THE GENESIS GROUP INC	83-4326065	0.02	150978
2a Name of Participating Employer THE GOOD VIBE COMPANY DBA BIG O TIRES	82-2288841	0.01	58907

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE GWEN JOHNSON TEAM	20-3128360	0.02	213907
THE HARRINGTON COMPANY	36-3551125	0.14	5418699
THE HOLDSWORTH CENTER	81-4254457	0.40	5127602
THE KID S DOCTOR, PA	59-3618517	0.01	147195
THE LIPTON GROUP, INC.	43-1661647	0.02	1111255
THE LOGGERHEAD GROUP, INC. DBA WOOD & LAMINATE	86-1144637	0.01	100845
THE MORTGAGE LICENSING GROUP, INC.	32-0185992	0.03	269634
THE PEAK SCHOOL (22418)	90-0762947	0.02	307744
THE PENINSULA CLUB, INC	56-1696630	0.12	2443219

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ROSKAMP INSTITUTE, INC.	27-1397124	0.04	0
THE WALL COMPANIES	41-1332521	0.03	671907
THE WEISS GIFTED AND TALENTED SCHOOL, INC.	27-0160216	0.11	2135158
THE WORKERS LAB	82-4788124	0.03	365800
THE WORTHINGTON GROUP, INC.	59-2998630	0.02	1114423
THIBAUT'S ELECTRICAL SERVICE	59-3541167	0.03	1484032
THINKDIRECT MARKETING GROUP, INC.	26-3170017	0.04	4278805
THOMPSON-WEILER ENTERPRISES LLC DBA SPRIGS	13-3993560	0.01	46296
THOMSON MECHANICAL, INC.	56-2616696	0.04	506004

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THORSON MANAGEMENT GROUP LLC	87-1881894	0.01	106775
THUNDER RIDGE BEEF COMPANY	83-3627588	0.04	347236
TIEMPO ESCROW, INC	95-3628072	0.01	281123
TIG DISTRIBUTING, INC.	20-4042322	0.07	1933341
TILE BY DESIGN, INC.	41-1770120	0.06	2289851
TIMBERS RESORT MANAGEMENT, LLC	46-0516124	0.13	9090153
TITAN NEUROPHYSIOLOGY P.A./RANGER NEUROPHYSIOLOGY/LONGHORN N	46-2163419	0.03	633414
TJ LC WALKER, LLC	81-1743195	0.03	295492
TKM RESOURCES, LLC	90-0004796	0.04	1454340

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TMB HOLDINGS, LLC	90-0395887	0.01	241006
2a Name of Participating Employer TNL ASSET MANAGEMENT LLC	61-1493638	0.03	231895
2a Name of Participating Employer TOBY ENTERPRISES II CORP	90-0192196	0.04	1352004
2a Name of Participating Employer TOTAL DIVERSITY CLINICAL TRIAL MANAGEMENT	87-3713689	0.04	203249
2a Name of Participating Employer TOWER SALES, INC.	58-1537859	0.13	3816782
2a Name of Participating Employer TOWNLEY KENTON, INC.	11-3673736	0.02	312845
2a Name of Participating Employer TRANSITIONAL CARE SOLUTIONS, INC. DBA INTERIM HEALTHCARE	81-1374019	0.01	22818
2a Name of Participating Employer TRANSNATIONAL MANAGEMENT LIMITED	76-0655586	0.08	634002
2a Name of Participating Employer TRAVERSA SOLUTIONS INC.	77-0717208	0.02	343766

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TREG CONCORD OP CO LP/YUMA HOSPITALITY/OCEANSIDE SENIOR LIVI	83-1807900	0.01	68872
TRENCHLESS TODAY LLC	83-2940341	0.02	73777
TRESU ROYSE, INC.	74-1440999	0.01	0
TRI COUNTY INVESTING, INC.	81-4736739	0.01	101526
TRIARC CONSTRUCTION, LLC	30-0804388	0.02	120300
TRIDENT ANALYTICAL SOLUTIONS, INC	26-2170832	0.08	582972
TRIDENT LAND TRANSFER COMPANY NJ, LLC	46-3298087	0.12	2344674
TRIPLE Z, INC DBA PARS CAR SALES	58-1801915	0.03	483942
TRITON SENIOR LIVING LLC	47-5273464	0.02	402991

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TROPHIES BY EDCO, INC. DBA EDCO AWARDS & SPECIALTIES	59-1009062	0.07	2759064
TROY ENTERPRISES, INC.	74-2618206	0.06	1015748
TRUCKNTOW.COM, INC.	38-3530690	0.04	1944986
TRUSTPOINT COURT REPORTING, LLC	35-2640986	0.12	1754237
TRUSTPOINT INTERNATIONAL, LLC/TRUSTPOINT TRANSLATIONS, LLC	26-3500847	0.96	14093587
TUGBOAT CREATIVE WORKS LLC	88-3726568	0.08	655142
TUPPEN'S MARINE	65-0953811	0.01	168294
TUYA NOW, LLC	36-4821101	0.05	747658
TWENTY FOUR WEALTH MANAGEMENT LLC	82-0775475	0.05	476194

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TWIN OAKS HOSPITALITY, LLC	81-2623215	0.01	102859
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UAS SERVICES LLC	87-2378779	0.26	1973837
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UINTA INVESTMENT PARTNERS LLC	82-1591932	0.02	308410
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UKA NORTH AMERICA LLC	81-5112309	0.10	963132
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ULTIMATE HEALTH PLANS	45-3599221	0.04	219392
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNION PACIFIC STREAMLINER FEDERAL CREDIT UNION	47-0383564	0.01	185710
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNITED BRANDS INC.	94-3325971	0.11	2495945
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNSTOPPABLE SOFTWARE, INC	26-1857596	0.01	189066
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UPSIDE LEADERS CORP	88-1177007	0.02	111871

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
URBAN VENTURES LEADERSHIP FOUNDATION	36-3558710	0.09	1940544
US TAMEX CORPORATION	95-4654449	0.04	1074166
USA COMFORT CORPS INCORPORATED	27-1100223	0.01	87017
V. SHARMA DMD PS	91-2123114	0.02	112873
V. SHERMA EV DDS PS	91-2123112	0.03	229545
V.P., INC. ; V.P. ROCHESTER; AND V.P INSTITUTE	20-0500873	0.02	213426
VANDER HAAG'S, INC./RYDEN, INC.	42-0896487	0.96	14285086
VANSON TECHNOLOGY SERVICES, INC.	41-1888083	0.05	3556742
VARITECH COMMERCIAL SERVICES, INC.	86-0861900	0.03	485185

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VC5 PARTNERS DBA REKRUITERS	45-3762101	0.08	1659499
VCPO LLC, DBA VILLAGIO SENIOR LIVING	47-1301746	0.03	126546
VELCO TOOL AND DIE, INC	33-0038598	0.10	1800168
VENTURI ASTROLAB INC	84-3910639	0.12	1067947
VENUWORKS, INC.	42-1463763	0.58	14781367
VERDAD OIL & GAS CORP.	75-1965015	0.01	519324
VERDAD RESOURCES EMPLOYER LLC	88-3752322	0.55	6530936
VERUM PARTNERS LLC	83-4337981	0.07	3225710
VHA SOUTHEAST, INC. DBA VIZIENT SOUTHEAST	59-2550614	0.12	4371525

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIALE ENGINEERING SOLUTIONS, LLC	82-5185722	0.16	1713020
VIBRANALYSIS INC	06-1169644	0.02	75840
VICTORIOS LLC	27-2897868	0.01	57227
VIENTOS SERVICES, LLC	32-0526845	0.01	251914
VILLAGE OF OAKCREEK ASSOCIATION	86-0259271	0.02	586339
VIPEX CONSOLIDATORS, INC	65-0932879	0.03	477324
VIRTECA, LLC	83-1892743	0.01	190885
VIRTUS WEALTH SOLUTIONS	84-4524508	0.01	243022
VISIT US, INC	65-0281620	0.11	779741

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VOLUNTEER LOCAL LLC	27-1382563	0.01	24764
VON ESSEN, INC.	14-1466289	0.03	540545
VOYAGE INTERNATIONAL GROUP LLC	27-1438705	0.05	465052
VUKOTA CAPITAL MANAGEMENT, LLC + AVANTIC DBA AVANTIC RESIDEN	82-3260818	0.03	450034
VXIT SERVICES	46-3816522	0.06	304434
WACOM QUARTZ CORP.	86-0997973	0.05	2070067
WAITES SENSOR TECHNOLOGIES, INC	32-0588952	0.19	1124318
WAKEMED SURGERY CENTER-CARY, LLC	87-4584595	0.02	46972
WALKMED, LLC	81-4917665	0.03	806841

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WALLY ENTERPRISES INC / WALLY VENTURES	47-2808929	0.01	119345
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WALSH MANAGEMENT LLC (21960)	84-3580375	0.18	8694623
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WARING COURT PEDIATRIC AND ADULT MEDICAL GROUP	95-3810759	0.02	473381
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WASHINGTON INSTITUTE FOR COAGULATION	83-2302258	0.18	1187064
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATERLOO WILBERT VAULT CO.	42-0621291	0.03	212721
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATERMERE AT SOUTHLAKE CONDOMINIUM ASSOCIATION	26-1779598	0.01	85320
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATERS MEDICAL SYSTEMS, LLC	26-0727198	0.03	1118423
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATSON INSTALLATIONS, INC	75-3141540	0.02	38973
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAVPV LLC	80-0960175	0.01	26470

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAYNE FRIER HOME CENTER OF MACCLENNY, INC	20-5668542	0.00	95655
WAYNE FRIER HOME CENTER OF WAYCROSS, LLC	47-2539060	0.02	170073
WAYPOINT UNDERWRITING MANAGEMENT LLC	81-3799533	0.27	2317100
WB HOWLAND COMPANY, LLC	59-2920697	0.03	579408
WD LUCKY MD, INC	20-0487562	0.00	94014
WD VENTURES, LLC	81-4572644	0.01	17198
WE ARE SOCIAL INC	45-3136098	0.14	1531600
WE CARE JACKSONVILLE, INC.	59-3431724	0.00	1004
WE WRITE CODE INC.	81-4984858	0.07	549646

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEALTH ANALYTICS PARTNERS, LLC	20-1795241	0.04	294195
WEALTH ANALYTICS, INC.	73-1664052	0.01	177921
WEALTH PROGRESSION GROUP LLC	92-1126564	0.02	45710
WEALTHPOINT, LLC	27-2564995	0.15	2200946
WEB SALES BROKER	81-3954070	0.00	0
WEBSTER & PARTNERS, P.L.	59-3670830	0.00	2364
WEE TENDER CARE III, INC. DBA PRIMARY PREP ACADEMY	26-2475202	0.00	3270
WEE TENDER CARE, INC. DBA KIDS R KIDS AND WE TENDER CARE II	58-2112336	0.00	108309
WEEKS ROBINSON DEVELOPMENT AND MANAGEMENT COMPANY, LLC	27-0322435	0.15	4853425

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEKIVA KIDS, LLC	83-4546789	0.00	55783
WELLINGTON BBQ INC	65-1187427	0.01	115535
WELLO INC.	45-2584968	0.01	135947
WELLSTART MEDICAL	83-3123688	0.02	166440
WENDY EDDY DBA EDDY INVESTMENT GROUP (22611)	86-2791790	0.01	54244
WENJIE SUN & ASSOCIATE, P.C.	82-5319811	0.02	178233
WEN-PARKER LOGISTICS INC	06-1775180	0.20	3510546
WEOGEO, INC.	20-5472895	0.00	0
WESLEY E. MEYERS, DMD	59-1768772	0.00	17124

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESNIDGE & COMPANY LLC	81-4576615	0.00	767371
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST CENTRAL AG.	20-4549518	0.59	30105095
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST DES MOINES CHAMBER OF COMMERCE	20-5465820	0.03	222974
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST HILLS SENIOR LIVING; CHEVIOT HILLS; ANAHEIM; VISTA PRAD	82-1222611	0.01	98571
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTCOAST ELECTRIC SERVICES, INC.	59-3690972	0.05	1546406
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTERN PACIFIC BROADCAST LLC	27-4196710	0.07	807136
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTERN UTILITY COMPANY INC.	87-0520400	0.03	249463
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTMINSTER FCU	84-0527432	0.01	225084
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHITE OAK DUCKPINS LLC-KIRA CONSULTING SERIES	45-2834823	0.02	165330

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHITE SANDS INVESTMENT PARTNERS LLC	81-2330688	0.06	180366
WHITEHEAD AND ASSOCIATES, LLC	45-4193431	0.00	128255
WHITEWATER MAINTENANCE CORPORATION	95-4557477	0.01	70209
WHITNEY MANAGEMENT - CONTROL GROUP COMPANIES	35-2579375	0.08	391101
WICHITA FALLS DIALYSIS CENTER	27-0416981	0.01	134489
WICHITA FALLS KIDNEY DIALYSIS LLC	38-4009054	0.00	6899
WILBUR, INC.	56-2315111	0.00	2767
WILCO ELECTRICAL LLC	26-1606257	0.15	1726084
WILCO ITS LLC & BARON INTERNATIONAL LLC	81-2518165	0.01	112905

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILDCAT NEUROPHYSIOLOGY P.C.	82-2605049	0.02	401565
WILENCHIK & BARTNESS	86-0688256	0.05	1905337
WILLIAM KIMBERLEY DEVELOPMENT CORPORATION	42-1119589	0.06	382598
WILLIAM LYON MORTGAGE, LLC	30-0809647	0.00	414246
WILLIAMS BREWING	55-9765369	0.01	863804
WILLIAMSON IMAGING DBA NEW LIGHT IMAGING, LLC	62-1855535	0.00	2094228
WILLOWBROOK MANAGEMENT INC.	35-2482988	0.01	61809
WILMINGTON FRA INC	47-4378219	0.14	3592255
WIND DANCER INTERNATIONAL, INC.	65-0865165	0.00	6541

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINDSMART, LLC	81-1075008	0.02	159903
WINDSOR HILLS MASTER COMMUNITY ASSOCIATION INC	32-0116471	0.01	128059
WINTON CORP	04-2744410	0.01	508240
WIREGRASS COMMUNITY FINANCE AND ITS AFFILIATES	35-2602914	0.00	4900
WISE PROPERTY MANAGEMENT, INC.	59-2117215	0.01	39760
WISIAN LLC DBA WISE HOSPICE OPTIONS	13-4269325	0.09	4177293
WIVH LLC DBA BELLAVIX	83-0936663	0.00	826
WIXTED, INC. DBA WIXTED & COMPANY	20-0075025	0.10	1464955
WJS PRINTING PARTNERS	46-2036441	0.00	810

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WMT HOUSING, LLC	20-8661192	0.04	816003
WMTW, INC.	75-2851988	0.07	442489
WOLFGANG FINANCIAL GROUP LLC	47-2352210	0.02	214228
WOODCO MILLWORK, LTD	45-0527174	0.01	186892
WORKFORCE SOLUTIONS FOR TARRANT COUNTY	20-5586536	0.00	8398
WORKFORCE SOLUTIONS GROUP, INC	02-0554412	0.00	173435
WORKHORSE BREWING COMPANY, INC.	86-2796724	0.02	88263
WORKSTREAM USA INC.	01-0560270	0.00	532614
WORLD OF BEER CONTROL GROUP	47-2705930	0.06	631867

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WRIGHT INSURANCE PLANNING, LLC	46-3049016	0.04	0
WYATT WINGS INC DBA_ WING ZONE	47-2503074	0.00	2080
WYOMING COMMUNITY FOUNDATION	83-0287513	0.11	2120714
XAVIERLAB, LLC	82-4455688	0.00	107486
X-NAV TECHNOLOGIES, LLC	46-0908858	0.29	4055313
XPLOR EDUCATION, INC.	82-4524465	0.05	985726
XPOWER MANUFACTURE, INC.	80-0710178	0.05	851738
YAN KALIKA DENTAL CORPORATION DBA IMAGE ORTHODONTICS	20-2732530	0.19	1948205
YANKEE NEUROPHYSIOLOGY LC	20-0837806	0.05	1160116

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YAYIN GADOL, LLC D/B/A TOP TEN LIQUORS	46-2724777	0.13	1137973
YEADON FABRIC DOMES, LLC	20-4966829	0.04	716703
YIPCPA, LLC	26-3384170	0.09	935543
YKR & CO., LLC	45-5319565	0.00	144453
YLC VENTURES, INC	83-1118046	0.02	251846
YNOT GREENBRIER, LLC	27-3664415	0.00	83932
YNOT ITALIAN VII, LLC	47-4431232	0.01	149477
YNOT PIZZA VI, LLC	47-2614270	0.00	13354
YNOT, LLC	54-1850279	0.01	2332866

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YOKE GROUP, LLC	81-3000689	0.00	263365
YONDER MUSIC PARTNERS, LLC	90-0939047	0.01	294081
YOUR BEST CREDIT UNION	62-0787251	0.01	199885
YOUTH BASKETBALL SERVICES CORP	59-3019279	0.00	13116
YOUTH EMERGENCY SERVICES & SHELTER OF IOWA	23-7442304	0.00	0
ZAPP PACKAGING, INC.	61-1867941	0.01	0
ZEIGEN CPA LLC	47-2675408	0.01	73509
ZEKAJA, L.L.C	83-3551663	0.00	45607
ZERO-GRAVITY CORPORATION	52-1869531	0.00	1

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZEV TECHNOLOGIES, INC.	73-1728184	0.04	768230
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZINK REAL ESTATE SERVICES, LLC	46-0952955	0.00	24867
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZION RV PARK LLC	85-2907409	0.00	48094
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZMASSAGE, INC./MASSAGE ENVY (WEST MELBOURNE)	51-0659871	0.01	472889
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZUMMO MEAT COMPANY, INC.	74-1478952	0.00	30460
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

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

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

OASIS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2023 and 2022

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee and Participants of the
Oasis Retirement Savings

Opinion

We have audited the financial statements of the Oasis Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, 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 Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit 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 is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2023, and the supplemental schedule of delinquent participant contributions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CBIZ CPAs P.C.¹

Boca Raton, Florida
October 14, 2024

¹ In certain jurisdictions, CBIZ CPAs P.C. operates under its previous name, Mayer Hoffman McCann P.C.

OASIS RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
<u>ASSETS</u>		
Investments at fair value	\$ 1,919,417,588	\$ 1,643,566,000
Receivables:		
Employer contributions	9,662,362	10,118,928
Participant contributions	4,763,865	4,780,970
Notes receivable from participants	25,499,069	22,839,780
Other	241,031	212,975
	<u>40,166,327</u>	<u>37,952,653</u>
 TOTAL ASSETS	 1,959,583,915	 1,681,518,653
 <u>LIABILITIES</u>		
Excess contributions refundable	<u>2,952,339</u>	<u>2,150,879</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 1,956,631,576</u></u>	 <u><u>\$ 1,679,367,774</u></u>

See Notes to Financial Statements

OASIS RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 238,746,104	\$ -
Dividends	52,422,840	52,941,289
	<u>291,168,944</u>	<u>52,941,289</u>
Interest income on notes receivable from participants	<u>1,223,579</u>	<u>946,122</u>
Contributions:		
Employer	72,260,591	69,585,811
Participant	189,558,955	185,225,815
Rollover	18,274,812	22,222,286
	<u>280,094,358</u>	<u>277,033,912</u>
TOTAL ADDITIONS	<u>572,486,881</u>	<u>330,921,323</u>
DEDUCTIONS		
Net depreciation in fair value of investments	-	377,525,750
Benefits paid to participants	187,738,131	144,622,367
Administrative expenses	7,591,669	6,792,213
Refunds of excess contributions	2,235,784	2,385,478
	<u>197,565,584</u>	<u>531,325,808</u>
TOTAL DEDUCTIONS	<u>197,565,584</u>	<u>531,325,808</u>
NET INCREASE (DECREASE) BEFORE TRANSFERS	374,921,297	(200,404,485)
Transfers in from other plans	94,995,594	73,235,163
Transfers out to other plans	<u>(192,653,089)</u>	<u>(144,288,336)</u>
NET INCREASE (DECREASE) AFTER TRANSFERS	277,263,802	(271,457,658)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>1,679,367,774</u>	<u>1,950,825,432</u>
End of year	<u>\$ 1,956,631,576</u>	<u>\$ 1,679,367,774</u>

See Notes to Financial Statements

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of the Oasis Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document or summary plan description, both of which are available from the plan administrator, for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan established by Oasis Outsourcing Holdings, Inc. (the "Company"), a professional employer organization ("PEO"), and a subsidiary of Paychex, Inc. A PEO provides a comprehensive, bundled outsourcing solution, including payroll, human resources, benefits, and workers' compensation to its clients. To reflect the co-employment relationship among the Company, its adopting affiliated companies, if any, and other employers and employees, the Company deemed it advisable and in the best interests of the employees that the Plan qualify as a multiple employer plan. Employers in a multiple employer plan may have different benefit formulas for their participating employees. Accordingly, each adopting employer executes an adoption agreement with terms and conditions specific to such employer.

Eligible employees of the Company and its adopting affiliated companies and other employers may enter the Plan on various entry dates coinciding with or following the date on which those employees meet the eligibility requirements as outlined within their respective employer adoption agreements. The Plan covers employees of participating employers, except union employees (unless otherwise agreed to by the union and the Company) and nonresident aliens who receive no earned income constituting United States source income. Entry dates can be immediately upon employment, monthly, quarterly, or semi-annually. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan administration - The Plan is administered by the Company pursuant to the terms and conditions of the Plan and trust. Under the terms of the Plan, by action of the Board of Directors of the Company, the Company may designate one or more of its employees to perform the duties of the plan administrator. The Company's management has overall responsibility for the operation and administration of the Plan, determining the appropriateness of the Plan's investment offerings, and monitoring investment performance.

Slavic Integrated Administration ("Slavic") serves as the recordkeeper for the Plan. Additionally, Slavic also performs administrative services including reporting and testing for the Plan.

Plan amendments - In March 2022, the Securing a Strong Retirement Act of 2022 ("Secure Act 2.0") was signed into law. Under the provisions of the Secure Act 2.0, effective for plan years beginning after December 31, 2024, new 401(k) and 403(b) plans must automatically enroll eligible employees at deferral rates between 3% and 10%, increasing by 1% each year, to a maximum of at least 10%, but no more than 15% of eligible compensation. Although the Plan was established prior to this legislation, under the terms of the Secure Act 2.0, participating employers whose plan effective date is December 29, 2022, or later, and do not meet other applicable exemptions, are subject to this automatic enrollment provision starting in 2025.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Plan amendments (continued)

Effective January 1, 2023, the Plan was amended to allow for in-Plan Roth conversions, allowing participants who are still employed with their employer to convert certain of their account balances that were previously pre-tax deferrals to the Plan to Roth contributions.

Contributions - Participants may make contributions from their eligible annual compensation, as defined in the plan document, not to exceed annual limitations specified in the Internal Revenue Code (the "Code"). Participant contributions are recorded in the year in which the employer makes payroll deductions from the participants' earnings.

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions, as defined in the plan document. Participants direct the investment of all contributions into various investment options offered by the Plan.

An employer, at its discretion, may make matching contributions equal to a specified percentage of the amount of employee contributions made by the Plan's participants, may make a profit-sharing contribution at an amount determined in accordance with the formula specified in the respective employer's adoption agreement, and/or may elect to make safe harbor contributions intended to meet the requirements of Section 401(k)(12) of the Code, if so elected in the adoption agreement. If an employer has elected to make a safe harbor contribution, the employer shall provide each participant with written notice of the participant's rights and obligations under the Plan. Employer contributions, if any, are recorded in the year for which the contribution applies. Employer contributions applicable to the years ended December 31, 2023 and 2022 totaled \$72,260,591 and \$69,585,811, respectively. All employer contributions are subject to Code limitations.

Participant investment account options - The Plan currently offers various mutual funds and stable value common collective trust funds as investment options for participants.

Participant accounts - Each participant's account is credited with the participant's contributions, and allocations of (a) the respective employer's contributions, if any, and, (b) the Plan's earnings, and charged with an allocation and/or a direct charge of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their own contributions and any safe harbor matching contributions made by their employer, plus actual earnings thereon. Other employer contributions made on behalf of participants, and earnings thereon, vest in accordance with the schedule specified in each employer's adoption agreement.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Forfeited accounts - At December 31, 2023 and 2022, forfeited nonvested accounts totaled \$3,596,086 and \$3,553,963, respectively. These accounts may be used to reduce future employer contributions or to pay the Plan's expenses. During 2023 and 2022, employer contributions were reduced by \$1,924,601 and \$2,533,013, respectively, from forfeited nonvested accounts. Forfeitures transferred out of the Plan during 2023 and 2022, aggregated \$115,214 and \$223,274, respectively.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of benefits - On termination of service due to death, disability, retirement, or other reasons, a participant may receive distributions from the Plan in an amount equal to the vested value in the participant's account. These distributions may be in the form of a lump sum payment, a rollover into another qualified plan or individual retirement account, or in annual installments subject to the required minimum distribution rules. Participants who attain the age of 59 ½ years may apply for an in-service distribution of any portion of his or her vested balance. Additionally, a participant may receive a "hardship" distribution from the Plan if qualifying under provisions prescribed by the Internal Revenue Service ("IRS"). Hardship distributions are made in the form of one lump sum payment.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition - 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. The plan administrator determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 3 for discussions of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Dividend income includes capital gain distributions earned from mutual funds. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses have been recorded as of December 31, 2023 and 2022.

Payment of benefits - Benefits are recorded when paid.

Administrative expenses - Certain expenses of the Plan are paid by the Company and are not included on the statements of changes in net assets available for benefits. Other Plan related expenses, consisting primarily of recordkeeping, administrative fees, custodian fees, investment advisory fees, and other professional fees are paid for by the Plan and have been recorded as administrative expenses on the statements of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are also included in administrative expenses. Additionally, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

(3) Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level of an asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(3) Fair value measurements (continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Stable value common collective trust funds: A stable value fund that is composed primarily of fully benefit-responsive investment contracts and is valued at the NAV of units of the financial institution collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding methodologies described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan's management believes its valuation methodologies 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 tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023 and 2022:

Investments at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,865,336,525	\$ -	\$ -	\$ 1,865,336,525
Total assets in the fair value hierarchy	\$ 1,865,336,525	\$ -	\$ -	1,865,336,525
Investments measured at NAV practical expedient *				54,081,063
				<u>\$ 1,919,417,588</u>

Investments at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,582,083,359	\$ -	\$ -	\$ 1,582,083,359
Total assets in the fair value hierarchy	\$ 1,582,083,359	\$ -	\$ -	1,582,083,359
Investments measured at NAV practical expedient *				61,482,641
				<u>\$ 1,643,566,000</u>

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(3) **Fair value measurements (continued)**

* In accordance with Subtopic 820-10, the stable value common collective trust funds, which are stated at NAV, have not been classified in the fair value hierarchy. The fair value amounts presented in the above tables are intended to permit a reconciliation of the fair value hierarchy to the investments at fair value on the accompanying statements of net assets available for benefits. Further, the stable value common collective trust funds permit daily redemptions with no notice period required by participants and have no unfunded commitments.

(4) **Plan termination**

Although it has not expressed any intent to do so, the Company has the right to discontinue contributions to the Plan at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants would become 100% vested in their employer's contributions.

(5) **Tax status**

The IRS has determined and informed the Company by a letter dated January 9, 2014, that the Plan is designed in accordance with applicable sections of the Code. Although the Plan has been amended since the date of this letter, the Plan's management believes that the Plan continues to be operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

(6) **Plan transfers**

In the normal course of business, as the Company adds employers, assets from the individual qualified plans that the added employers previously sponsored are transferred into the Plan, when administratively feasible to do so, after the new employers adopt the Plan. Likewise, as employers leave the Company and adopt different qualified plans, assets attributable to these outgoing employers are transferred out of the Plan. During 2023 and 2022, assets transferred into the Plan totaled \$94,995,594 and \$73,235,163, respectively. During 2023 and 2022, assets transferred out of the Plan totaled \$192,653,089 and \$144,288,336, respectively.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(7) Risks, uncertainties, and concentrations

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events, such as a pandemic or international conflict, which could impact the value of investment securities. 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 on the statements of net assets available for benefits.

At December 31, 2023 and 2022, approximately 26% and 25% respectively, of the Plan's investments were invested in the same two funds.

(8) Related parties and parties-in-interest transactions

Slavic is the Plan's recordkeeper and also performs other administrative, reporting, and testing services for the Plan. Therefore, transactions with Slavic qualify as party-in-interest. Additionally, fees for various other services provided to the Plan, such as investment advisory fees, management fees, and professional service fees such as legal and audit are paid for by the Plan.

Aggregate fees paid by the Plan to Slavic and other service providers during 2023 and 2022 amounted to \$7,591,669 and \$6,792,213, respectively, including amounts paid to the Company for reimbursement of costs totaling \$253,398 and \$362,911, respectively. These amounts have been recorded as administrative expenses on the accompanying statements of changes in net assets available for benefits. Cost reimbursements to the Company are subject to review and approval of an independent fiduciary prior to reimbursement. These transactions are permitted under the provisions of the Plan and are exempt from the prohibition of related party transactions under ERISA and applicable exemptions promulgated there under.

(9) Plan fees

ERISA and the Department of Labor's regulations authorize the payment from the Plan's assets for Plan related expenses including, but not limited to, custodial fees, recordkeeping fees, administrative asset fees (of which certain such fees are based on the total dollar amount in the Plan and other such fees are a fixed amount per participant) and participant transaction fees (as applicable).

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(10) Excess contributions refundable

Certain adopting employers within the Plan failed limitation and discrimination tests in connection with participant contributions applicable to the years ended December 31, 2023 and 2022. Accordingly, as of December 31, 2023 and 2022, the Plan has recorded excess contributions refundable aggregating \$2,952,339 and \$2,150,879, respectively, on the accompanying statements of net assets available for benefits.

(11) Delinquent participant contributions

Defined contribution plans are required to remit participant contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. Although all participant contributions have been remitted to the Plan, participant contributions aggregating \$27,320 applicable to the year ended December 31, 2020, were not remitted within the required time frame. In December 2023, the Company remitted lost earnings on behalf of affected participants pertaining to delinquent contributions from the year ended December 31, 2020.

(12) Subsequent events

The Plan has evaluated subsequent events through October 14, 2024, which is the date the financial statements were available to be issued. No matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULES

OASIS RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

EIN: 65-0731524

Plan number: 333

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity 500 Index	Mutual Fund	(1)	\$ 310,970,101
	Vanguard Target Retirement 2030	Mutual Fund		191,691,807
	Vanguard Target Retirement 2040	Mutual Fund		164,463,574
	Vanguard Target Retirement 2035	Mutual Fund		126,357,551
	Vanguard Target Retirement 2050	Mutual Fund		120,880,644
	MFS Growth Fund R6	Mutual Fund		105,208,130
	Vanguard Target Retirement 2025	Mutual Fund		100,770,500
	Vanguard Target Retirement 2045	Mutual Fund		95,656,631
	Vanguard Target Retirement 2020	Mutual Fund		78,314,891
	Vanguard Total Bond Market Index Instl	Mutual Fund		64,864,626
	Vanguard Target Retirement 2055	Mutual Fund		60,228,288
	Vanguard Developed Markets Index Instl	Mutual Fund		55,632,108
	Reliance NY Life Anchor Series 1 CL 0	Stable Value Common Collective Trust Fund		53,322,416
	Vanguard Mid Cap Index Instl	Mutual Fund		46,193,347
	Vanguard Target Retirement 2060	Mutual Fund		41,270,666
	Vanguard Small Cap Index Inst	Mutual Fund		37,388,766
	MFS Value Fund Class R6	Mutual Fund		31,169,492
	Vanguard Target Retirement Income	Mutual Fund		28,383,662
	T. Rowe Price Diversified Mid Cap Growth	Mutual Fund		26,592,897
	Dodge & Cox Income	Mutual Fund		23,804,433
	Vanguard Explorer Adm	Mutual Fund		21,176,837
	JPMorgan Mid Cap Value Fund Class R6	Mutual Fund		19,243,595
	Vanguard Short-Term Bond Index Admiral	Mutual Fund		18,075,615
	American Small Cap World Fund CL R6	Mutual Fund		16,151,739
	Vanguard REIT Index Inst	Mutual Fund		12,877,628
	PGIM High Yield R6	Mutual Fund		12,818,408
	American Funds EuroPacfc R6	Mutual Fund		12,812,395
	Vanguard Target Retirement 2065 Inv	Mutual Fund		12,688,318
	Delaware Small Cap Value R6	Mutual Fund		11,318,272
	Invesco Oppenheimer Developing Markets R	Mutual Fund		10,247,745
*	Fidelity Emerging Markets Index	Mutual Fund		6,604,354
	Vanguard Target Retirement 2070	Mutual Fund		1,479,505
	Galliard Stable Return CL C	Stable Value Common Collective Trust Fund	↓	758,647
				\$ 1,919,417,588
*	Notes receivable from participants with interest rates ranging from 3.25% to 10.25% per annum with maturities through December 2038.		-	\$ 25,499,069

* Party-in-interest as defined by ERISA.

(1) Cost information may be omitted for Plan assets which are participant-directed.

OASIS RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2023

EIN: 65-0731524
Plan number: 333

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under the VFCP and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside the Voluntary Fiduciary Correction Program ("VFCP")	Contributions Pending Correction in the VFCP	
Check Here if Late Participant Loan Repayments are Included [X]				
For the year ended December 31, 2020:				
\$ 27,320	\$ -	\$ 27,320	\$ -	\$ -

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

OASIS RETIREMENT SAVINGS PLAN

PLAN #333

EIN #: 65-0731524

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	Dodge & Cox	DODIX - Dodge & Cox Income		23,804,433
	Delaware	DVZRX - Delaware Small Cap Value R6		11,318,275
	Fidelity	FPADX - Fidelity Emerging Markets Index		6,604,355
	Fidelity	FXAIX - Fidelity 500 Index		310,970,101
	Fidelity	FZBXX - Fidelity Govt. Money Market		0
	JPMorgan	JMVYX - JPMorgan Mid Cap Value Fund Class R6		19,243,600
	MFS	MEIKX - MFS Value Fund Class R6		31,169,492
	MFS	MFEKX - MFS Growth Fund R6		105,208,130
	Oppenheimer Funds	ODVIX - Invesco Oppenheimer Developing Markets R		10,247,745
	Prudential	PHYQX - Prudential High Yield CI Q		12,818,408
	Wells Fargo	QBGZQ - Wells Fargo Stable Value C		758,647
	Reliance Trust	QEWFX - Reliance NY Life Anchor Series 1 CL 0		53,322,416
	American Funds	RERGX - American Funds EuroPacific R6		12,812,397
	American Funds	RLLGX - American Small Cap World Fund CL R6		16,151,742
	T Rowe Price	RPTTX - T. Rowe Price Diversified Mid Cap Growth		26,592,901
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		18,075,616
	Vanguard	VBTEX - Vanguard Total Bond Market Index Instl		64,864,626
	Vanguard	VEXRX - Vanguard Explorer Adm		21,176,839
	Vanguard	VFFVX - Vanguard Target Retirement 2055		60,228,288
	Vanguard	VFIFX - Vanguard Target Retirement 2050		120,880,644
	Vanguard	VFORX - Vanguard Target Retirement 2040		164,463,574
	Vanguard	VGSNX - Vanguard REIT Index Inst		12,877,628
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		12,688,318
	Vanguard	VMCIX - Vanguard Mid Cap Index Instl		46,193,347
	Vanguard	VMFXX - Vanguard Federal Money Market		6
	Vanguard	VMMXX - Vanguard Money Market Prime		3
	Vanguard	VSCIX - Vanguard Small Cap Index Inst		37,388,766
	Vanguard	VSVNX - Vanguard Target Retirement 2070		1,479,472
	Vanguard	VTHRX - Vanguard Target Retirement 2030		191,691,810
	Vanguard	VTINX - Vanguard Target Retirement Income		28,383,662
	Vanguard	VTIVX - Vanguard Target Retirement 2045		95,656,631
	Vanguard	VTMNX - Vanguard Developed Markets Index Instl		55,632,108
	Vanguard	VTTHX - Vanguard Target Retirement 2035		126,357,551
	Vanguard	VTTX - Vanguard Target Retirement 2060		41,270,667
	Vanguard	VTTVX - Vanguard Target Retirement 2025		100,770,500
	Vanguard	VTWNX - Vanguard Target Retirement 2020		78,314,891
	Participant Loans	3.25% - 10.25%		25,499,069

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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
---	--	--

Part I	Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>		

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) _____

B This return/report is:

☐ the first return/report ☐ the final return/report
☒ an amended return/report ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:

☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

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

Part II Basic Plan Information —enter all requested information					
1a Name of plan: OASIS RETIREMENT SAVINGS PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">333</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1998</td> </tr> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan 01/01/1998	
1b Three-digit plan number (PN) ▶	333				
1c Effective date of plan 01/01/1998					
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) OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES 2054 VISTA PARKWAY WEST PALM BEACH FL 33411	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 65-0731524</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (888) 627-4735</td> </tr> <tr> <td>2d Business code (see instructions) 561300</td> </tr> </table>	2b Employer Identification Number (EIN) 65-0731524	2c Plan Sponsor's telephone number (888) 627-4735	2d Business code (see instructions) 561300	
2b Employer Identification Number (EIN) 65-0731524					
2c Plan Sponsor's telephone number (888) 627-4735					
2d Business code (see instructions) 561300					

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

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

SIGN HERE		<u>6/24/25</u>	Michelle Maxwell
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

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	5 109,052
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) 78,645
a(2) Total number of active participants at the end of the plan year	6a(2) 83,612
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 30,195
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 113,807
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 113,807
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) 62,111
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) 64,129
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 791
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 2F 2G 2J 2K 2T 2V

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 (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a. Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 _____
- (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 _____