

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: JOHN HANCOCK STABLE VALUE FUND COLLECTIVE INVESTMENT TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan): GLOBAL TRUST COMPANY
2b Employer Identification Number (EIN): 80-6136981
2c Plan Sponsor's telephone number: 781-970-5021
2d Business code (see instructions): 523900

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

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

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

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**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.

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>JOHN HANCOCK STABLE VALUE FUND COLLECTIVE INVESTMENT TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GLOBAL TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>80-6136981</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JH CONSERVATIVE SHORT DURATION</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>JHTC COLLECTIVE INVESTMENT TRUST</u>		
<b>c</b> EIN-PN	<u>85-6153745-003</u>	<b>d</b> Entity code	<u>C</u>
<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>200019281</u>		
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JH CONSERVATIVE INT DURATION</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>JHTC COLLECTIVE INVESTMENT TRUST</u>		
<b>c</b> EIN-PN	<u>85-6153745-002</u>	<b>d</b> Entity code	<u>C</u>
<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>548383296</u>		
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
<b>e</b> 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.)	
<b>a</b> Plan name	10,000 DEGREES 401(K) PLAN	
<b>b</b> Name of plan sponsor	10,000 DEGREES	<b>c</b> EIN-PN 95-3667812-002
<b>a</b> Plan name	1A AUTO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	1A AUTO INC	<b>c</b> EIN-PN 04-3502034-001
<b>a</b> Plan name	401(K) PLAN OF ALLEN TEL PRODUCTS, INC.	
<b>b</b> Name of plan sponsor	ALLEN TEL PRODUCT	<b>c</b> EIN-PN 95-2122103-002
<b>a</b> Plan name	A B CONSULTANTS 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	A B CONSULTANTS	<b>c</b> EIN-PN 52-1838547-001
<b>a</b> Plan name	A. BELLAVANCE & SONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	A. BELLAVANCE & SONS	<b>c</b> EIN-PN 45-4002868-001
<b>a</b> Plan name	AAC, INC	
<b>b</b> Name of plan sponsor	AAC ENTERPRISES CORP.	<b>c</b> EIN-PN 85-1075042-001
<b>a</b> Plan name	ACCOUNTABLE HEALTHCARE STAFFING 401(K) PROFIT SHAR	
<b>b</b> Name of plan sponsor	ACCOUNTABLE HEALTHCARE STAFFING	<b>c</b> EIN-PN 45-2469689-001
<b>a</b> Plan name	ACCURATE HOME CARE, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	ACCURATE CARE HOME HEALTH, LLC	<b>c</b> EIN-PN 47-2329746-001
<b>a</b> Plan name	ACTIFI, INC 401K & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ACTIFI, INC.	<b>c</b> EIN-PN 01-0791356-001
<b>a</b> Plan name	ADAMS AIR & HYDRAULICS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ADAMS AIR & HYDRAULICS, INC.	<b>c</b> EIN-PN 59-1010024-001
<b>a</b> Plan name	ADVANTAGE ENGINEERING & IT SOLUTIONS, INC. 401	
<b>b</b> Name of plan sponsor	ELECTRICAL ADVANTAGE ENGINEERING	<b>c</b> EIN-PN 83-3207768-001
<b>a</b> Plan name	AFL-CIO LOCAL UNION NO. 743 AND NECA PENN-DEL JERS	
<b>b</b> Name of plan sponsor	IBEW LOCAL 743	<b>c</b> EIN-PN 23-2177602-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AIKEN MOSER WEALTH MANAGEMENT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor AIKEN MOSER	<b>c</b> EIN-PN 92-1864405-001
<b>a</b>	Plan name AIM 401(K) PLAN	
<b>b</b>	Name of plan sponsor APPLIED INFORMATION MANAGEMENT INST.	<b>c</b> EIN-PN 47-0749200-001
<b>a</b>	Plan name ALARM NEW ENGLAND, LLC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALARM NEW ENGLAND	<b>c</b> EIN-PN 61-1648564-001
<b>a</b>	Plan name ALBERT B. SABIN VACCINE INSTITUTE 401(K) PROFIT SH	
<b>b</b>	Name of plan sponsor SABIN VACCINE INSTITITUTE	<b>c</b> EIN-PN 06-1389829-001
<b>a</b>	Plan name ALCO MANUFACTURING CORPORATION LLC 401(K) RETIREMENT	
<b>b</b>	Name of plan sponsor ALCO MANUFACTURING CORPORATION, LLC	<b>c</b> EIN-PN 20-4668788-001
<b>a</b>	Plan name ALLEN & GERRITSEN, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALLEN & GERRITSEN, INC.	<b>c</b> EIN-PN 04-2961198-001
<b>a</b>	Plan name ALLENTOWN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALLENTOWN LLC	<b>c</b> EIN-PN 84-2610739-001
<b>a</b>	Plan name ALLIED WORKERS LOCAL 48 ANNUITY PLAN	
<b>b</b>	Name of plan sponsor ALLIED WORKERS LOCAL 48	<b>c</b> EIN-PN 45-4606516-001
<b>a</b>	Plan name ALPHA PRECISION GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALPHA PRECISION GROUP	<b>c</b> EIN-PN 20-1227773-001
<b>a</b>	Plan name ALTERNATIVE PATHS TRAINING SCHOOL 401(K) RETIREMENT	
<b>b</b>	Name of plan sponsor ALTERNATIVE PATHS TRAINING SCHOOL	<b>c</b> EIN-PN 54-2055003-002
<b>a</b>	Plan name AM PIERCE & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor AM PIERCE & ASSOCIATES, INC.	<b>c</b> EIN-PN 26-1231257-001
<b>a</b>	Plan name AMERICAN HOMESTAR CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN HOMESTAR CORP.	<b>c</b> EIN-PN 76-0070846-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	AMERICAN PORTWELL TECHNOLOGY, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN PORTWELL TECHNOLOGY, INC.	<b>c</b> EIN-PN 77-0511706-002
<b>a</b>	Plan name	AMERICAN TIRE DISTRIBUTORS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN TIRE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 56-0754594-001
<b>a</b>	Plan name	ASCEND RETIREMENT SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASCEND LEASING, LLC	<b>c</b> EIN-PN 62-1148454-001
<b>a</b>	Plan name	ANNUITY FD OF IUOE LCL UNIONS 15,15A,15B,15C,15D,AFL-CIO	
<b>b</b>	Name of plan sponsor	IUOE 15, 15A, 15C, 15D, AFL-CIO	<b>c</b> EIN-PN 13-2899670-001
<b>a</b>	Plan name	ANNUITY FUND OF THE IUOE LOCAL UNIONS 15, 15A, 15C	
<b>b</b>	Name of plan sponsor	IUOE 15, 15A, 15C	<b>c</b> EIN-PN 13-2899671-001
<b>a</b>	Plan name	APEX DENTAL PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APEX DENTAL	<b>c</b> EIN-PN 47-1208403-001
<b>a</b>	Plan name	AQUA-LAWN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AQUA LAWN SERVICES	<b>c</b> EIN-PN 06-0887610-002
<b>a</b>	Plan name	ARCH-CON 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ARCH CON CORPORATION	<b>c</b> EIN-PN 76-0647851-001
<b>a</b>	Plan name	ARGANO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARGANO	<b>c</b> EIN-PN 85-1176161-001
<b>a</b>	Plan name	ARLINGTON MOTOR COMPANY INC	
<b>b</b>	Name of plan sponsor	ARLINGTON TOYOTA	<b>c</b> EIN-PN 59-1835181-001
<b>a</b>	Plan name	ASAHI INTECC USA. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASAHI INTECC USA, INC.	<b>c</b> EIN-PN 51-0514692-001
<b>a</b>	Plan name	ASCEND RETIREMENT SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASCEND LEASING, LLC	<b>c</b> EIN-PN 62-1148454-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ASHLAND RAILWAY 401K PLAN	
<b>b</b>	Name of plan sponsor	ASHLAND RAILWAY INC.	<b>c</b> EIN-PN 34-1497578-001
<b>a</b>	Plan name	ASTRA ASSOCIATES, INC. PROFIT SHARING AND 401(K) RETIREMENT	
<b>b</b>	Name of plan sponsor	ASTRA ASSOCIATES	<b>c</b> EIN-PN 38-2583148-002
<b>a</b>	Plan name	AUDIO TECHNICA U.S., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUDIO TECHNICA U.S., INC.	<b>c</b> EIN-PN 59-1954653-001
<b>a</b>	Plan name	AVIS FORD, INCORPORATED	
<b>b</b>	Name of plan sponsor	AVIS FORD, INCORPORATED	<b>c</b> EIN-PN 38-1276849-002
<b>a</b>	Plan name	AXELSON CHIROPRACTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AXELSON CHIROPRACTIC	<b>c</b> EIN-PN 56-2081368-001
<b>a</b>	Plan name	BARRY MCTIERNAN & MOORE LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BARRY MCTIERNAN & MOORE LLC	<b>c</b> EIN-PN 45-4548286-001
<b>a</b>	Plan name	BAY AREA SURGICAL SPECIALISTS CORPORATION #2 401(K)	
<b>b</b>	Name of plan sponsor	BASS MEDICAL GROUP, INC.	<b>c</b> EIN-PN 45-4548286-001
<b>a</b>	Plan name	BAY AREA SURGICAL SPECIALISTS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BASS MEDICAL GROUP, INC.	<b>c</b> EIN-PN 56-2605608-001
<b>a</b>	Plan name	BEHAN BROS., INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BEHAN BRO. INC.	<b>c</b> EIN-PN 05-0385214-001
<b>a</b>	Plan name	BEHAVIORAL HEALTH WORKS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BHW MANAGEMENT, INC.	<b>c</b> EIN-PN 45-2748445-001
<b>a</b>	Plan name	BERNATH & ROSENBERG PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERNATH & ROSENBERG, PC	<b>c</b> EIN-PN 13-3358774-001
<b>a</b>	Plan name	BERNSTEIN ALLERGY GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	BERNSTEIN ALLERGY GROUP INC.	<b>c</b> EIN-PN 31-1280592-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	BIBLEPROJECT 401(K)
<b>b</b>	Name of plan sponsor	BIBLE PROJECT
<b>c</b>	EIN-PN	46-4277592-001
<b>a</b>	Plan name	BIODURO LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	BIODURO LLC
<b>c</b>	EIN-PN	20-3271146-001
<b>a</b>	Plan name	BIOLOGICAL DYNAMICS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	BIOLOGICAL DYNAMICS, INC.
<b>c</b>	EIN-PN	26-2079601-001
<b>a</b>	Plan name	BLUERIDGE 401(K) PLAN
<b>b</b>	Name of plan sponsor	BLUERIDGE
<b>c</b>	EIN-PN	46-3843739-001
<b>a</b>	Plan name	BREEZY HILL NURSEY 401(K)
<b>b</b>	Name of plan sponsor	BREEZY HILL NURSERY INC.
<b>c</b>	EIN-PN	39-1639542-001
<b>a</b>	Plan name	BRICCO EXCAVATING COMPANY CO., LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BRICCO EXCAVATING CO.
<b>c</b>	EIN-PN	38-3309155-001
<b>a</b>	Plan name	BROOKS MANUFACTURING CO 401(K) PLAN
<b>b</b>	Name of plan sponsor	BROOKS MANUFACTURING CO.
<b>c</b>	EIN-PN	91-0701020-001
<b>a</b>	Plan name	BRUCE H. BRUMM, M.D., P.C. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BRUCE H. BRUMM, M.D. P.C.
<b>c</b>	EIN-PN	47-0672950-001
<b>a</b>	Plan name	BUILT IN, INC. PLAN
<b>b</b>	Name of plan sponsor	BUILT IN, INC.
<b>c</b>	EIN-PN	81-0972948-001
<b>a</b>	Plan name	BURT CRANE & RIGGING 401(K) PLAN
<b>b</b>	Name of plan sponsor	BURT CRANE
<b>c</b>	EIN-PN	03-0241299-001
<b>a</b>	Plan name	CABLE HILL PARTNERS 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CABLE HILL PARTNERS
<b>c</b>	EIN-PN	46-4959656-001
<b>a</b>	Plan name	CAMBRIDGE MOBILE TELEMATICS 401(K) PLAN
<b>b</b>	Name of plan sponsor	CAMBRIDGE MOBILE TELEMATICS, INC.
<b>c</b>	EIN-PN	27-1188433-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name CAP CARPET INC. 401K PLAN	
<b>b</b>	Name of plan sponsor CAP CARPET INC.	<b>c</b> EIN-PN 48-0758150-001
<b>a</b>	Plan name CAP GROUP 401(K)	
<b>b</b>	Name of plan sponsor BEDFORD MACHINE & TOOL	<b>c</b> EIN-PN 35-1723488-001
<b>a</b>	Plan name CAPITOL DOCUMENT SOLUTIONS EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor CAPITAL DOCUMENT SOLUTIONS	<b>c</b> EIN-PN 26-3755218-001
<b>a</b>	Plan name CARBON CARBON ADVANCED TECHNOLOGIES 401K PLAN	
<b>b</b>	Name of plan sponsor CARBON-CARBON ADVANCED TECHNOLOGIES.	<b>c</b> EIN-PN 75-2181484-001
<b>a</b>	Plan name CARR, RIGGS & INGRAM, LLC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CARR RIGGS & INGRAM, LLC	<b>c</b> EIN-PN 72-1396621-001
<b>a</b>	Plan name CARROLL COUNTY TRUST COMPANY 401(K)	
<b>b</b>	Name of plan sponsor CARROLL COUNTY TRUST COMPANY	<b>c</b> EIN-PN 44-0192730-001
<b>a</b>	Plan name CARROLL DISTRIBUTING COMPANY EMPLOYEE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CARROLL DISTRIBUTING COMPANY	<b>c</b> EIN-PN 59-3168567-001
<b>a</b>	Plan name CCMSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor CCMSI HOLDINGS, INC.	<b>c</b> EIN-PN 37-1057804-001
<b>a</b>	Plan name CDX DIAGNOSTICS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CDX DIAGNOSTICS INC.	<b>c</b> EIN-PN 20-8473531-001
<b>a</b>	Plan name CEDAR POINT HEALTH LLC 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEDAR POINT HEALTH	<b>c</b> EIN-PN 84-0658993-001
<b>a</b>	Plan name CHANEY ENTERPRISES COMPANIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHANEY ENTERPRISES	<b>c</b> EIN-PN 52-1702211-001
<b>a</b>	Plan name CHASBRO INVESTMENTS, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor CHASBRO INVESTMENTS INC.	<b>c</b> EIN-PN 04-2807687-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CHESAPEAKE UROLOGY ASSOCIATES, P.A RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UNITED UROLOGY GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 52-2146172-001
<b>a</b>	Plan name	CLEANSLATE CENTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEANSLATE CENTERS, INC.	<b>c</b> EIN-PN 46-4372716-001
<b>a</b>	Plan name	CLEVELAND BAKERS & AFFILIATED UNIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRDOFTRSTS CLEVELANDBAKERS & AFF UNIONS 401K	<b>c</b> EIN-PN 34-0082405-001
<b>a</b>	Plan name	CLONINGER FORD, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLONINGER FORD, INC.	<b>c</b> EIN-PN 56-1465220-001
<b>a</b>	Plan name	CM GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CM GROUP	<b>c</b> EIN-PN 04-2703758-002
<b>a</b>	Plan name	COHN, BIRNBAUM & SHEA P.C. 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COHN, BIRNBAUM & SHEA P.C.	<b>c</b> EIN-PN 06-0970450-001
<b>a</b>	Plan name	COLVILLE/BROOKS RANGE SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLVILLE, INC.	<b>c</b> EIN-PN 92-0085033-001
<b>a</b>	Plan name	COMMIT ENTERPRISES, INC & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMIT ENTERPRISES	<b>c</b> EIN-PN 52-2345869-001
<b>a</b>	Plan name	COMMONWEALTH ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMONWEALTH ASSOCIATES INC	<b>c</b> EIN-PN 38-2809676-001
<b>a</b>	Plan name	COMMUNITY HEALTH ASSOCIATION OF SPOKANE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY HEALTH ASSOCIATION OF SPOKANE	<b>c</b> EIN-PN 91-1641797-001
<b>a</b>	Plan name	COMMUNITY RESOURCES FOR JUSTIC 401(K) RETIREMENT P	
<b>b</b>	Name of plan sponsor	COMMUNITY RESOURCES FOR JUSTICE, INC.	<b>c</b> EIN-PN 04-3461434-001
<b>a</b>	Plan name	COMPLETE HOLDINGS GROUP INC., 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE HOLDINGS GROUP	<b>c</b> EIN-PN 62-1811667-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CONNECTICUT ON-LINE COMPUTER CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONNECTICUT ON-LINE COMPUTER CENTER, INC.	<b>c</b> EIN-PN 06-0896418-002
<b>a</b>	Plan name	CORDELL, NEHER & COMPANY 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	CORDELL, NEHER & COMPANY, PLLC	<b>c</b> EIN-PN 91-0950793-001
<b>a</b>	Plan name	COUNCIL, BARADEL, KOSMERL & NOLAN, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COUNCIL, BARADEL, KOSMERL & NOLAN, P.A.	<b>c</b> EIN-PN 52-1266444-001
<b>a</b>	Plan name	CPANEL, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CPANEL, LLC.	<b>c</b> EIN-PN 27-0973833-001
<b>a</b>	Plan name	CROELL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROELL, INC.	<b>c</b> EIN-PN 42-1029170-002
<b>a</b>	Plan name	CROSSBORDER TRANSACTIONS LLC DBA CROSSBORDER SOLUT	
<b>b</b>	Name of plan sponsor	CROSSBORDER TRANS LLC DBA CROSSBORDER SOL	<b>c</b> EIN-PN 38-4051370-001
<b>a</b>	Plan name	CROSSWAY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROSSWAY	<b>c</b> EIN-PN 27-3296874-001
<b>a</b>	Plan name	CRUX INFORMATICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRUX INFORMATICS	<b>c</b> EIN-PN 82-2209736-001
<b>a</b>	Plan name	CRYSTAL DOWNS COUNTRY CLUB 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CRYSTAL DOWNS COUNTRY CLUB	<b>c</b> EIN-PN 38-0455585-001
<b>a</b>	Plan name	CYDECOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CYDECOR, INC	<b>c</b> EIN-PN 56-2086307-001
<b>a</b>	Plan name	DAIKIN AMERICA INC 401K SAV & RET PLAN	
<b>b</b>	Name of plan sponsor	DAIKIN AMERICA, INC.	<b>c</b> EIN-PN 63-1038060-001
<b>a</b>	Plan name	DAN WOOD PLUMBING AND HEATING 401(K) PROFIT SHARIN	
<b>b</b>	Name of plan sponsor	DAN WOOD PLUMBING & HEATING	<b>c</b> EIN-PN 38-3378927-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DCI, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DCI, INC.	<b>c</b> EIN-PN 02-0353614-001
<b>a</b>	Plan name	DD HOTELS I, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DD HOTELS I LLC	<b>c</b> EIN-PN 26-2137353-001
<b>a</b>	Plan name	DELAWARE VALLEY VETERINARY HOSPITAL, PC 401(K) PLA	
<b>b</b>	Name of plan sponsor	DELAWARE VALLEY VETERINARY HOSPITAL, PC	<b>c</b> EIN-PN 52-1975464-002
<b>a</b>	Plan name	DESERT AIR CONDITIONING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DESERT AIR CONDITIONING, INC.	<b>c</b> EIN-PN 95-2670888-002
<b>a</b>	Plan name	DETWILER'S 401K PLAN	
<b>b</b>	Name of plan sponsor	DETWILER'S OPERATIONS INC.	<b>c</b> EIN-PN 47-2740643-001
<b>a</b>	Plan name	DIGGING & RIGGING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIGGING & RIGGING, INC.	<b>c</b> EIN-PN 52-1210282-002
<b>a</b>	Plan name	DISCOVER VISION CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EYE CARE, P.A.	<b>c</b> EIN-PN 43-1014325-001
<b>a</b>	Plan name	DMT, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DMT INC	<b>c</b> EIN-PN 54-1777436-001
<b>a</b>	Plan name	DOHENY'S LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOHENY PLUMBING, INC.	<b>c</b> EIN-PN 75-3015780-001
<b>a</b>	Plan name	DONALD B. RICE TIRE COMPANY. INC.401(K)PLAN	
<b>b</b>	Name of plan sponsor	DONALD B RICE TIRE COMPANY	<b>c</b> EIN-PN 52-0710070-003
<b>a</b>	Plan name	DULUTH REGIONAL CARE CENTER 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	DULUTH REGIONAL CARE CENTER	<b>c</b> EIN-PN 41-0965828-001
<b>a</b>	Plan name	DUNNAGE ENGINEERING INC. EMPLOYEES RETIREMENT PLA	
<b>b</b>	Name of plan sponsor	DUNNAGE ENGINEERING, INC.	<b>c</b> EIN-PN 38-2478941-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name DUSTIN CONSTRUCTION INC. 401(K) PROFIT SHARING PLA	
<b>b</b>	Name of plan sponsor DUSTIN CONSTRUCTION, INC.	<b>c</b> EIN-PN 52-0888630-001
<b>a</b>	Plan name EAST COAST LUMBER AND SUPPLY COMPANY, INC. PROFIT	
<b>b</b>	Name of plan sponsor EAST COAST LUMBER AND SUPPLY COMPANY, INC.	<b>c</b> EIN-PN 59-0228455-001
<b>a</b>	Plan name EASTER SEALS OF SOUTHEAST PA DEFINED CONTRIBUTION	
<b>b</b>	Name of plan sponsor EASTER SEALS OF SOUTHEASTERN PENNSYLVANIA	<b>c</b> EIN-PN 23-1352293-003
<b>a</b>	Plan name ECIGROUP FRINGE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ECI GROUP	<b>c</b> EIN-PN 25-1677700-001
<b>a</b>	Plan name EDA STAFFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGINEERING&DESIGN STAFFING INC DBA EDA STAF	<b>c</b> EIN-PN 04-2618330-001
<b>a</b>	Plan name EDGEWATER AUTOMATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDGEWATER AUTOMATION LLC	<b>c</b> EIN-PN 38-3575198-001
<b>a</b>	Plan name EGROUP HOLDING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor EGROUP HOLDING COMPANY LLC	<b>c</b> EIN-PN 46-4020783-001
<b>a</b>	Plan name EGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EGS INC.	<b>c</b> EIN-PN 56-2302250-001
<b>a</b>	Plan name EMPLOYEE BENEFIT PLAN OF CGH TECHNOLOGIES, INC.	
<b>b</b>	Name of plan sponsor CGH TECHNOLOGIES, INC.	<b>c</b> EIN-PN 52-1701132-001
<b>a</b>	Plan name EMPLOYEE BENEFIT PLAN OF COASTAL COMMUNITY ACTION,	
<b>b</b>	Name of plan sponsor COASTAL COMMUNITY ACTION	<b>c</b> EIN-PN 56-6075606-001
<b>a</b>	Plan name ENTERPRISE BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENTERPRISE BANK & TRUST COMPANY	<b>c</b> EIN-PN 04-2993547-001
<b>a</b>	Plan name EPISCOPAL COMMUNITY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor EPISCOPAL COMMUNITY SERVICES	<b>c</b> EIN-PN 95-1945256-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EQUILLIUM, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EQUILLIUM, INC.	<b>c</b> EIN-PN 82-1554746-001
<b>a</b>	Plan name	ES INVESTMENTS, LLC PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	ES INVESTMENTS, LLC	<b>c</b> EIN-PN 01-0804681-001
<b>a</b>	Plan name	ESSCO RETIREMENT/ SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ENGINE SERVICE & SUPPLY CO.	<b>c</b> EIN-PN 75-1580631-001
<b>a</b>	Plan name	EXPRESS MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXPRESS MANUFACTURING, INC.	<b>c</b> EIN-PN 33-0040032-001
<b>a</b>	Plan name	FASTSPRING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIGHT MARKET, LLC DBA FASTSPRING	<b>c</b> EIN-PN 51-0546893-001
<b>a</b>	Plan name	FCC ENVIRONMENTAL SERVICES, LLC 401(K) PROFIT SHAR	
<b>b</b>	Name of plan sponsor	FCC, INC	<b>c</b> EIN-PN 38-2345364-001
<b>a</b>	Plan name	FEDERATION OF PROFESSIONAL ATHLETES RETIREMENT PLA	
<b>b</b>	Name of plan sponsor	NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION	<b>c</b> EIN-PN 52-1169809-001
<b>a</b>	Plan name	FENCING SUPPLY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FENCING SUPPLY GROUP ACQUISITION LLC	<b>c</b> EIN-PN 85-3914086-001
<b>a</b>	Plan name	FIRESTOP SOUTHWEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRESTOP SOUTHWEST, INC.	<b>c</b> EIN-PN 86-1033300-001
<b>a</b>	Plan name	FLORIDA FOOD PRODUCTS LLC 401(K) PROFIT SHARING PL	
<b>b</b>	Name of plan sponsor	FLORIDA FOOD PRODUCTS LLC	<b>c</b> EIN-PN 59-3013598-001
<b>a</b>	Plan name	FORMER PLAYER LMCC TRUST RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION	<b>c</b> EIN-PN 81-3595159-003
<b>a</b>	Plan name	FOX VALLEY METROLOGY 401K PLAN	
<b>b</b>	Name of plan sponsor	FOX VALLEY METROLOGY	<b>c</b> EIN-PN 39-1836336-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FRONTLINE ROAD SAFETY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRONTLINE ROAD SAFETY LLC	<b>c</b> EIN-PN 84-5022544-001
<b>a</b>	Plan name	GENESIS ENGINEERING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GENESIS ENGINEERING	<b>c</b> EIN-PN 31-1173915-001
<b>a</b>	Plan name	GERMAIN DERMATOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERMAIN DERMATOLOGY	<b>c</b> EIN-PN 06-1648745-001
<b>a</b>	Plan name	GESYSTEMS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GESYSTEMS	<b>c</b> EIN-PN 95-3565050-001
<b>a</b>	Plan name	GHT LIMITED 401K PLAN	
<b>b</b>	Name of plan sponsor	GHT LIMITED	<b>c</b> EIN-PN 54-0939323-001
<b>a</b>	Plan name	GIBBS TECHNOLOGY COMPANY EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	GIBBS TECHNOLOGY COMPANY	<b>c</b> EIN-PN 43-1850567-001
<b>a</b>	Plan name	GLOBAL SUPPORT AND DEVELOPMENT 401(K) PROFIT SHARI	
<b>b</b>	Name of plan sponsor	GLOBAL SUPPORT & DEVELOPMENT	<b>c</b> EIN-PN 83-2504447-001
<b>a</b>	Plan name	GOLDBERG, MILLER & RUBIN, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOLDBERG MILLER & RUBIN PC	<b>c</b> EIN-PN 23-2668457-002
<b>a</b>	Plan name	GOSSAMER BIO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOSSAMER BIO SERVICES, INC.	<b>c</b> EIN-PN 47-5461609-001
<b>a</b>	Plan name	GRAND TRAVERSE MACHINE COMPANY 401(K) PROFIT SHARI	
<b>b</b>	Name of plan sponsor	GRAND TRAVERSE MACHINE COMPANY	<b>c</b> EIN-PN 38-1914182-001
<b>a</b>	Plan name	GREENSLEDGE CAPITAL MARKETS LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREENSLEDGE CAPITAL MARKETS LLC	<b>c</b> EIN-PN 80-0422964-001
<b>a</b>	Plan name	GREENWAY ENGINEERING INC 401(K) PROFIT SHARING PLA	
<b>b</b>	Name of plan sponsor	GREENWAY ENGINEERING, INC.	<b>c</b> EIN-PN 20-0060400-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GRIFFIN ALEXANDER, P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	GRIFFIN ALEXANDER PC	<b>c</b> EIN-PN 22-3408464-001
<b>a</b>	Plan name	GT MECHANICAL PROJECTS DESIGN, INC. 401(K) P	
<b>b</b>	Name of plan sponsor	GT MECHANICAL PROJECTS	<b>c</b> EIN-PN 36-4450188-001
<b>a</b>	Plan name	GUARDIAN STORAGE DEVELOPMENT INC. 401(K) PROFIT SH	
<b>b</b>	Name of plan sponsor	GUARDIAN STORAGE	<b>c</b> EIN-PN 23-2928415-001
<b>a</b>	Plan name	GULF COPPER & MANUFACTURING CORPORATION PROFIT	
<b>b</b>	Name of plan sponsor	GULF COPPER & MANUFACTURING CORPORATION	<b>c</b> EIN-PN 74-2045606-001
<b>a</b>	Plan name	GUY C. SUTTON DDS, A PROFESSIONAL CORPORATION 401(	
<b>b</b>	Name of plan sponsor	GUY C SUTTON DDS	<b>c</b> EIN-PN 47-1719927-001
<b>a</b>	Plan name	HARMONIA HOLDINGS GROUP, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HARMONIA HOLDINGS GROUP, LLC	<b>c</b> EIN-PN 43-2103421-001
<b>a</b>	Plan name	HAROLD BROTHERS MECHANICAL CONTRACTORS, INC. 401(K	
<b>b</b>	Name of plan sponsor	HAROLD BROTHERS MECHANICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 26-3189470-001
<b>a</b>	Plan name	HARTMAN-COX ARCHITECTS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HARTMAN-COX ARCHITECTS	<b>c</b> EIN-PN 52-0824608-001
<b>a</b>	Plan name	HEADS UP TECHNOLOGIES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HEADS UP TECHNOLOGIES	<b>c</b> EIN-PN 75-2049606-001
<b>a</b>	Plan name	HELIX TRAFFIC SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HELIX TRAFFIC SOLUTIONS	<b>c</b> EIN-PN 82-2510008-001
<b>a</b>	Plan name	HENRY ADAMS, LLC 401(K) SAVING PLAN	
<b>b</b>	Name of plan sponsor	HENRY ADAMS, LLC	<b>c</b> EIN-PN 20-0060224-001
<b>a</b>	Plan name	HOLLY CONSTRUCTION COMPANY 401 (K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HOLLY CONSTRUCTION COMPANY	<b>c</b> EIN-PN 38-2361545-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	HOMEBANK 401(K) PLAN	
<b>b</b> Name of plan sponsor	HOMEBANK	<b>c</b> EIN-PN 43-0447990-001
<b>a</b> Plan name	HONDA-RC EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HONDA RC	<b>c</b> EIN-PN 20-8949800-001
<b>a</b> Plan name	HOPEDALE MEDICAL FOUNDATION 401(K) CASH DEFERRED P	
<b>b</b> Name of plan sponsor	HOPEDALE MEDICAL FOUNDATION	<b>c</b> EIN-PN 37-0808925-001
<b>a</b> Plan name	HOSS'S STEAK AND SEA HOUSE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HOSS'S STEAK & SEAHOUSE	<b>c</b> EIN-PN 25-1761401-001
<b>a</b> Plan name	HOUSING MANAGEMENT RESOURCES 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HOUSING MANAGEMENT RESOURCES, INC.	<b>c</b> EIN-PN 36-4487673-001
<b>a</b> Plan name	HOWARD W. PHILLIPS CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	HOWARD W. PHILLIPS & CO.	<b>c</b> EIN-PN 52-0812521-001
<b>a</b> Plan name	HTG ARCHITECTS 401(K) PLAN	
<b>b</b> Name of plan sponsor	HICKEY, THORSTENSON, GROVER LTD	<b>c</b> EIN-PN 41-1269889-001
<b>a</b> Plan name	HTS EMPLOYEES' 401(K) PLAN	
<b>b</b> Name of plan sponsor	HEAT TREATING SERVICES OF AMERICA	<b>c</b> EIN-PN 38-2230651-001
<b>a</b> Plan name	HULETT ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT	
<b>b</b> Name of plan sponsor	HULETT ENVIRONMENTAL SERVICES INC.	<b>c</b> EIN-PN 59-2282352-001
<b>a</b> Plan name	HYLIION 401(K) PLAN	
<b>b</b> Name of plan sponsor	HYLIION INC.	<b>c</b> EIN-PN 81-1230166-001
<b>a</b> Plan name	I. RICE CO., INC. EMPLOYEE PROFIT SHARING PL	
<b>b</b> Name of plan sponsor	I. RICE & CO., INC.	<b>c</b> EIN-PN 23-1730455-001
<b>a</b> Plan name	I.U.O.E. LOCAL 965 ANNUITY PLAN	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES, IUOE LCLL 965 ANNUITY PN	<b>c</b> EIN-PN 46-2696118-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	IAC INDUSTRIES NON-UNION 401(K) PLAN	
<b>b</b> Name of plan sponsor	IAC INDUSTRIES	<b>c</b> EIN-PN 33-0389701-001
<b>a</b> Plan name	ICAFE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	ICAFE, INC.	<b>c</b> EIN-PN 39-1247721-001
<b>a</b> Plan name	ICCO 401 (K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ICCO LLC	<b>c</b> EIN-PN 26-3095354-001
<b>a</b> Plan name	IKAUN 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	IKAUN	<b>c</b> EIN-PN 84-3823246-001
<b>a</b> Plan name	INDIVIDUAL ACCOUNT PLAN FOR THE OREGON SHEET METAL	
<b>b</b> Name of plan sponsor	OREGON SHEET METAL WORKERS MASTER RET TRUST	<b>c</b> EIN-PN 93-6018501-002
<b>a</b> Plan name	INFINITY BEHAVIORAL HEALTH SERVICES 401(K) PROFIT	
<b>b</b> Name of plan sponsor	INFINITY BEHAVIORAL HEALTH	<b>c</b> EIN-PN 27-4836967-001
<b>a</b> Plan name	INNOVATIVE REFRIGERATION SYSTEMS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	INNOVATIVE REFRIGERATION SYSTEMS	<b>c</b> EIN-PN 23-2725173-001
<b>a</b> Plan name	INTERCEPT YOUTH SERVICES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	INTERCEPT YOUTH SERVICES, INC.	<b>c</b> EIN-PN 54-1816181-001
<b>a</b> Plan name	INTERMOOR INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	INTERMOOR INC.	<b>c</b> EIN-PN 20-1780510-001
<b>a</b> Plan name	INTERNATIONAL FOUNDATION EMPLOYEE'S THRIFT PLA	
<b>b</b> Name of plan sponsor	INTL FNDTN OF EMPLOYEE BENEFIT PLANS INC	<b>c</b> EIN-PN 39-1034021-002
<b>a</b> Plan name	INTERNATIONAL TENNIS CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	FRANKLIN ATHLETIC CLUB	<b>c</b> EIN-PN 38-1893103-002
<b>a</b> Plan name	INTERNATIONAL UNION OF OPERATING ENGINEERS STAFF	
<b>b</b> Name of plan sponsor	IUOE STAFF RETIREMEMT PLAN	<b>c</b> EIN-PN 47-7233650-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INVESTCLOUD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INVESTCLOUD, INC.	<b>c</b> EIN-PN 32-0412640-001
<b>a</b>	Plan name	IST MANAGEMENT SERVICES, INC. DEFINED CONTRIBUTION	
<b>b</b>	Name of plan sponsor	IST MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 58-2303739-001
<b>a</b>	Plan name	ITA INTERNATIONAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ITA INTERNATIONAL, LLC	<b>c</b> EIN-PN 54-2015858-001
<b>a</b>	Plan name	IUOE LOCAL 295 AND 295C EMPLOYEES ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	IUOE LOCAL 295	<b>c</b> EIN-PN 11-1889503-001
<b>a</b>	Plan name	J.R. FILANC CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J.R FILANC CONSTRUCTION COMPANY INC.	<b>c</b> EIN-PN 95-1758372-006
<b>a</b>	Plan name	JOHN MARSHALL BANK 401(K)	
<b>b</b>	Name of plan sponsor	JOHN MARSHALL BANK	<b>c</b> EIN-PN 74-3125891-001
<b>a</b>	Plan name	JOHN PAUL RICHARD, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	JOHN PAUL RICHARD, INC.	<b>c</b> EIN-PN 95-4584078-001
<b>a</b>	Plan name	JOST INTERNATIONAL CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOST INTERNATIONAL CORP	<b>c</b> EIN-PN 38-2347939-001
<b>a</b>	Plan name	JOURNEYMEN & APPRENTICES OF LOCAL # 188 ANNUITY	
<b>b</b>	Name of plan sponsor	JOURNEYMAN AND APPRENTICES OF LOCAL 188	<b>c</b> EIN-PN 27-1116264-001
<b>a</b>	Plan name	JSW STEEL USA INC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JSW STEEL (USA) INC	<b>c</b> EIN-PN 61-1539103-001
<b>a</b>	Plan name	JSW STEEL USA OHIO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JSW STEEL (USA) INC	<b>c</b> EIN-PN 81-3308222-001
<b>a</b>	Plan name	JX NIPPON CHEMICAL TEXAS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NIPPON CHEMICAL TEXAS INC.	<b>c</b> EIN-PN 76-0663059-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">K AND H TECHNOLOGIES, INC. 401(K) PROFIT SHARING P</a>	
<b>b</b>	Name of plan sponsor <a href="#">K&amp;H TECHNOLOGIES, INC.</a>	<b>c</b> EIN-PN <a href="#">23-2516358-001</a>
<b>a</b>	Plan name <a href="#">KALKASKA MEMORIAL HEALTH CENTER RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KALKASKA COUNTY HOSPITAL AUTHORITY</a>	<b>c</b> EIN-PN <a href="#">38-6032904-001</a>
<b>a</b>	Plan name <a href="#">KANSAS ORTHOPAEDIC CENTER P.A. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KANSAS ORTHOPAEDIC CENTER, P.A.</a>	<b>c</b> EIN-PN <a href="#">48-1098300-001</a>
<b>a</b>	Plan name <a href="#">KAULIG COMPANIES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KAULIG COMPANIES LLC</a>	<b>c</b> EIN-PN <a href="#">81-3380680-001</a>
<b>a</b>	Plan name <a href="#">KECK &amp; WOOD, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KECK &amp; WOOD INC.</a>	<b>c</b> EIN-PN <a href="#">58-0801754-001</a>
<b>a</b>	Plan name <a href="#">KENT POWER, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KENT POWER INC.</a>	<b>c</b> EIN-PN <a href="#">45-4035665-001</a>
<b>a</b>	Plan name <a href="#">KEY TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KEY TECHNOLOGIES INC.</a>	<b>c</b> EIN-PN <a href="#">52-2073919-002</a>
<b>a</b>	Plan name <a href="#">KEYSTONE PROPERTY GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KEYSTONE PROPERTY GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">23-3065057-001</a>
<b>a</b>	Plan name <a href="#">LABORERS' LOCAL 17 ANNUITY FUND PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LABORERS INTERNATIONAL UNION OF NA LOCAL 17</a>	<b>c</b> EIN-PN <a href="#">14-1825397-002</a>
<b>a</b>	Plan name <a href="#">LAKE COUNTY PLASTERERS &amp; CEMENT MASONS RETIREMENT</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRUSTEES OF LAKE COUNTY PLASTERS</a>	<b>c</b> EIN-PN <a href="#">36-3671021-002</a>
<b>a</b>	Plan name <a href="#">LAKE NORMAN ANESTHESIA ASSOCIATES, P.A. 401(K) PRO</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAKE NORMAN ANESTHESIA ASSOCIATES, P.A.</a>	<b>c</b> EIN-PN <a href="#">56-1802491-001</a>
<b>a</b>	Plan name <a href="#">LANDSCAPE MAINTENANCE PROFESSIONALS INC RETIREMENT</a>	
<b>b</b>	Name of plan sponsor <a href="#">LANDSCAPE MAINTENANCE PROFESSIONALS, INC.</a>	<b>c</b> EIN-PN <a href="#">59-3613665-002</a>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	LEASEWEB USA, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	LEASEWEB USA, INC.
<b>c</b>	EIN-PN	99-0361074-001
<b>a</b>	Plan name	LEC/CPI 401(K) AND PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	LAKESWOOD ELECTRIC COMPANY
<b>c</b>	EIN-PN	84-0865224-001
<b>a</b>	Plan name	LEE SULLIVAN SHEA & SMITH LLP 401(K) PLAN
<b>b</b>	Name of plan sponsor	LEE SULLIVAN SHEA & SMITH LLP
<b>c</b>	EIN-PN	47-2637935-001
<b>a</b>	Plan name	LIGHTWAYS HOSPICE AND SERIOUS ILLNESS CARE 401(K)
<b>b</b>	Name of plan sponsor	LIGHTWAYS HOSPICE & SERIOUS ILLNESS CARE
<b>c</b>	EIN-PN	36-3191281-001
<b>a</b>	Plan name	LINC SYSTEMS, INC., 401(K) PLAN
<b>b</b>	Name of plan sponsor	LINC ACQUISITION CO.
<b>c</b>	EIN-PN	35-1962418-001
<b>a</b>	Plan name	LOCAL 138, 138A, 138B & 138C IUOE, AFL-CIO ANN
<b>b</b>	Name of plan sponsor	INTL UNION OF OPENGNRS LCL138,138A,138B&138C
<b>c</b>	EIN-PN	11-2653717-002
<b>a</b>	Plan name	LOCAL 295 FOR ALL CITY METAL 401(K) PLAN
<b>b</b>	Name of plan sponsor	IUOE LOCAL 295 FOR ALL CITY METAL
<b>c</b>	EIN-PN	11-3140941-001
<b>a</b>	Plan name	LOCAL 295 IUOE 401(K) PLAN
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF IUOE LOCAL 295 401K PN
<b>c</b>	EIN-PN	11-3140941-001
<b>a</b>	Plan name	LOCAL 338 ANNUITY FUND
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 338 ANNUITY FUND
<b>c</b>	EIN-PN	27-1596066-001
<b>a</b>	Plan name	LOCAL 8A-28A 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	LOCAL 8A-28A 401(K) RETIREMENT PLAN
<b>c</b>	EIN-PN	13-5652917-001
<b>a</b>	Plan name	LOCH HARBOUR GROUP INC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	LOCH HARBOUR GROUP, INC.
<b>c</b>	EIN-PN	54-1761107-001
<b>a</b>	Plan name	LOS ANGELES DEPENDENCY LAWYERS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	LOS ANGELES DEPENDENCY LAWYERS, INC.
<b>c</b>	EIN-PN	20-5491740-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LUZERNE COUNTY HEAD START, INC	
<b>b</b>	Name of plan sponsor	LUZERNE COUNTY HEAD START INC	<b>c</b> EIN-PN 23-2038753-001
<b>a</b>	Plan name	MAIN STREET GOURMET LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAIN STREET GOURMET LLC	<b>c</b> EIN-PN 34-1717150-001
<b>a</b>	Plan name	MAP RETIREMENT SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAP RETIREMENT USA LLC	<b>c</b> EIN-PN 39-1884254-001
<b>a</b>	Plan name	MARKETING PARTNER SERVICES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARKETING PARTNER SERVICES LLC	<b>c</b> EIN-PN 82-1989560-001
<b>a</b>	Plan name	MARSHALL STAMPING COMPANY RETI REMENT PLAN	
<b>b</b>	Name of plan sponsor	MARSHALL STAMPING COMPANY	<b>c</b> EIN-PN 25-1305162-001
<b>a</b>	Plan name	MCCOY LAW GROUP, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MCCOY LEAVITT LASKEY, LLC	<b>c</b> EIN-PN 46-2356960-001
<b>a</b>	Plan name	MCNAMEE, HOSEA, JERNIGAN, KIM, GREENAN & LYNCH	
<b>b</b>	Name of plan sponsor	MCNAMEE,HOSEA,JERNIGAN,KIM,GREENAN&LYNCH, PA	<b>c</b> EIN-PN 52-1263853-001
<b>a</b>	Plan name	MEADOWCREST FAMILY PHYSICIANS PA 401(K) PROFIT SHA	
<b>b</b>	Name of plan sponsor	MEADOWCREST FAMILY PHYSICIANS	<b>c</b> EIN-PN 20-2932425-001
<b>a</b>	Plan name	MECHANIX WEAR, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MECHANIX WEAR	<b>c</b> EIN-PN 95-3920385-001
<b>a</b>	Plan name	MERCEDES MEDICAL, INC 401(K) PLANVV	
<b>b</b>	Name of plan sponsor	MERCEDES MEDICAL, INC.	<b>c</b> EIN-PN 65-0437024-001
<b>a</b>	Plan name	MEYER & DEPEW COMPANY EMPLOYEES' 401(K) PS	
<b>b</b>	Name of plan sponsor	MEYER & DEPEW CO., INC.	<b>c</b> EIN-PN 22-1535518-001
<b>a</b>	Plan name	MEYER CAPEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEYER CAPEL, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 37-1159433-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name MICRO ELECTRONICS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MICRO ELECTRONICS, INC	<b>c</b> EIN-PN 31-1251545-001
<b>a</b>	Plan name MID-CONTINENT INSTRUMENT 401(K) PROFIT SHARING PLA	
<b>b</b>	Name of plan sponsor MID CONTINENT INSTRUMENTS CO. INC	<b>c</b> EIN-PN 75-1659238-001
<b>a</b>	Plan name MID-SOUTH IRON WORKERS DIRECT CONTRIBUTION FUND	
<b>b</b>	Name of plan sponsor BRDOFTRSTS MIDSOUTHIRON WRKRS DIRECTCONT FD	<b>c</b> EIN-PN 72-1303411-001
<b>a</b>	Plan name MIDWEST INTEGRATED COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIDWEST INTEGRATED COMPANIES	<b>c</b> EIN-PN 30-0007854-002
<b>a</b>	Plan name MIDWESTERN TEAMSTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MSTRS,AUTOMOT,PETROL&ALLIEDTRDSLCLUNIONNO50	<b>c</b> EIN-PN 90-0425188-001
<b>a</b>	Plan name MILESTONE ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MILESTONE ELECTRIC	<b>c</b> EIN-PN 20-2597496-001
<b>a</b>	Plan name MILLER BROTHERS CHEVROLET, INC. SAVINGS & PROF	
<b>b</b>	Name of plan sponsor MILLER BROTHERS CHEVRLLOT-CADILLAC INC.	<b>c</b> EIN-PN 52-1486069-001
<b>a</b>	Plan name MMG INSURANCE COMPANY 401(K) RETIREMENT SAVINGS PL	
<b>b</b>	Name of plan sponsor MMG INSURANCE COMPANY	<b>c</b> EIN-PN 01-0021090-002
<b>a</b>	Plan name MMWK MANAGEMENT, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor MMWK MANAGEMENT, INC.	<b>c</b> EIN-PN 27-4062228-001
<b>a</b>	Plan name MONARCH PLASTIC SURGERY, P.A. 401(K) PROFIT SHARIN	
<b>b</b>	Name of plan sponsor MONARCH PLASTIC SURGERY, P.A.	<b>c</b> EIN-PN 48-1164346-001
<b>a</b>	Plan name THE MORGAN GROUP, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE MORGAN GROUP	<b>c</b> EIN-PN 52-0741857-003
<b>a</b>	Plan name MORISON COGEN LLP 401(K) RETIR PLAN	
<b>b</b>	Name of plan sponsor MORISON COGEN, LLP	<b>c</b> EIN-PN 23-1406493-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MOSAIC LEARNING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOSAIC LEARNING, INC.	<b>c</b> EIN-PN 20-8850218-001
<b>a</b>	Plan name	MOUNT SAINT CHARLES ACADEMY, INC. 401(K) RETIREMEN	
<b>b</b>	Name of plan sponsor	MOUNT SAINT CHARLES ACADEMY	<b>c</b> EIN-PN 05-0258850-001
<b>a</b>	Plan name	MPACT INITIATIVES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MPACT INITIATIVES LLC	<b>c</b> EIN-PN 81-1242690-001
<b>a</b>	Plan name	MTV FOODS INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MTV FOODS	<b>c</b> EIN-PN 13-3762064-001
<b>a</b>	Plan name	MWD MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND	
<b>b</b>	Name of plan sponsor	MWD MANAGEMENT, LLC	<b>c</b> EIN-PN 81-3740124-001
<b>a</b>	Plan name	NAGLE PAVING COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NAGLE PAVING COMPANY	<b>c</b> EIN-PN 38-1572719-002
<b>a</b>	Plan name	NATIONAL AIR CARGO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL AIR CARGO, INC.	<b>c</b> EIN-PN 72-1527000-001
<b>a</b>	Plan name	NCCI PROFIT SHARING 401(K) PLA	
<b>b</b>	Name of plan sponsor	NATIONAL CREDITORS CONNECTION, INC.	<b>c</b> EIN-PN 33-0543588-001
<b>a</b>	Plan name	NCS TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NCS TECHNOLOGIES, INC.	<b>c</b> EIN-PN 54-1822366-001
<b>a</b>	Plan name	ND INDUSTRIES INC 401(K) PROFIT SHARING PLAN AND T	
<b>b</b>	Name of plan sponsor	ND INDUSTRIES, INC.	<b>c</b> EIN-PN 38-6077454-001
<b>a</b>	Plan name	NEUDESIC, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEUDESIC	<b>c</b> EIN-PN 42-1528382-001
<b>a</b>	Plan name	NEW ENGLAND AIR SYSTEMS, INC. 4 01(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND AIR SYSTEMS, LLC.	<b>c</b> EIN-PN 33-0543588-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NEW ERA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ERA TECHNOLOGY, INC.	<b>c</b> EIN-PN 37-1736628-001
<b>a</b>	Plan name	NFLPA INC. PROFIT SHARING 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION	<b>c</b> EIN-PN 52-1169809-003
<b>a</b>	Plan name	NFLPA MONEY PURCHASE PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION	<b>c</b> EIN-PN 52-1169809-002
<b>a</b>	Plan name	NMGF MANAGEMENT LLC 401K PROFIT SHARING PLAN AND T	
<b>b</b>	Name of plan sponsor	NMGF MANAGEMENT LLC	<b>c</b> EIN-PN 61-1437871-001
<b>a</b>	Plan name	NOLAN & FREUND DENTAL 401(K) P LAN	
<b>b</b>	Name of plan sponsor	NOLAN & FREUND DENTAL PROFESSIONALS	<b>c</b> EIN-PN 26-3932518-001
<b>a</b>	Plan name	NORFOLK TUG COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORFOLK TUG COMPANY	<b>c</b> EIN-PN 54-1919409-001
<b>a</b>	Plan name	NORRIS INSURANCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORRIS INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 35-1379278-001
<b>a</b>	Plan name	NVISIA, LLC EMPLOYEE'S PROFIT SHARING & 401(K)	
<b>b</b>	Name of plan sponsor	NVISIA, LLC	<b>c</b> EIN-PN 36-4365668-001
<b>a</b>	Plan name	NWL, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NWL, INC	<b>c</b> EIN-PN 21-0671000-002
<b>a</b>	Plan name	O.P.E.N. AMERICA INC D/B/A OPENWORKS 401K PLAN	
<b>b</b>	Name of plan sponsor	O.P.E.N. AMERICA, INC. DBA OPENWORKS	<b>c</b> EIN-PN 86-0584561-001
<b>a</b>	Plan name	O'BRIEN AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	O'BRIEN AUTO GROUP	<b>c</b> EIN-PN 91-1438162-001
<b>a</b>	Plan name	OMAHA OBGYN ASSOCIATES P.C. PROFIT SHARING 401(K)	
<b>b</b>	Name of plan sponsor	OMAHA OB-GYN ASSOCIATES, PC	<b>c</b> EIN-PN 47-0707346-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	OMAHA TRUCK CENTER INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	OMAHA TRUCK CENTER, INC.
<b>c</b>	EIN-PN	47-0566062-001
<b>a</b>	Plan name	OPERATING ENGINEERS LOCAL 12 DEFINED CONTRIBUTION
<b>b</b>	Name of plan sponsor	OPERATING ENGINEERS LOCAL 12
<b>c</b>	EIN-PN	83-0984282-001
<b>a</b>	Plan name	ORANGE COAST WOMEN'S MEDICAL GROUP 401(K) PROF
<b>b</b>	Name of plan sponsor	ORANGE COAST WOMEN'S MEDICAL GROUP, INC.
<b>c</b>	EIN-PN	33-0647421-001
<b>a</b>	Plan name	OREGON SURGICENTER 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	OREGON SURGICENTER LLC
<b>c</b>	EIN-PN	43-1980819-001
<b>a</b>	Plan name	OREGON UROLOGY INSTITUTE P.C. 401(K) PROFIT SHARIN
<b>b</b>	Name of plan sponsor	OREGON UROLOGY INSTITUTE P.C.
<b>c</b>	EIN-PN	93-0636837-001
<b>a</b>	Plan name	ORGANOGENESIS, INC. 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	ORGANOGENESIS INC.
<b>c</b>	EIN-PN	04-2871690-001
<b>a</b>	Plan name	OTJ ARCHITECTS INC 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	OTJ ARCHITECTS, INC
<b>c</b>	EIN-PN	52-1698957-001
<b>a</b>	Plan name	OUTLOOK-NEBRASKA, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	OUTLOOK - NEBRASKA
<b>c</b>	EIN-PN	36-4348793-001
<b>a</b>	Plan name	OUTSIDE SERVICES 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	OUTSIDE GC LLC
<b>c</b>	EIN-PN	01-0605252-001
<b>a</b>	Plan name	PACIFIC ALLIANCE BANK 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PACIFIC ALLIANCE BANK
<b>c</b>	EIN-PN	56-2600818-001
<b>a</b>	Plan name	PACIFIC ERECTORS 401K PLAN
<b>b</b>	Name of plan sponsor	PACIFIC ERECTORS
<b>c</b>	EIN-PN	94-3091348-001
<b>a</b>	Plan name	PANCO MANAGEMENT OF NEW JERSEY, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	PANCO MANAGEMENT OF NEW JERSEY, LLC
<b>c</b>	EIN-PN	22-3609589-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PARK AVENUE MOTOR CORP. 401(K) SAVINGS PLAN (&QUOT	
<b>b</b>	Name of plan sponsor	PARK AVENUE MOTOR CORP	<b>c</b> EIN-PN 22-2087339-001
<b>a</b>	Plan name	PARTEN OPERATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARTEN OPERATONG INC.	<b>c</b> EIN-PN 76-0414854-001
<b>a</b>	Plan name	PASSEL FARMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PF SERVICES, LLC	<b>c</b> EIN-PN 42-1482334-001
<b>a</b>	Plan name	PATRIOT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PATRIOT CONSTRUCTION, LLC	<b>c</b> EIN-PN 26-4053409-001
<b>a</b>	Plan name	PCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PCE, INC.	<b>c</b> EIN-PN 30-0683634-001
<b>a</b>	Plan name	BALTIMORE COUNTY EMPLOYEES FCU 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BALTIMORE COUNTY EMP FEDERAL CREDIT UNION	<b>c</b> EIN-PN 52-0798315-001
<b>a</b>	Plan name	PEOPLES TRUST COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEOPLES TRUST COMPANY OF ST. ALBANS	<b>c</b> EIN-PN 03-0148320-001
<b>a</b>	Plan name	PERCEPTICS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERCEPTICS, LLC	<b>c</b> EIN-PN 06-1791206-001
<b>a</b>	Plan name	PERFORMANCE ROOFING ASSOCIATES, INC. 401(K) PROFIT	
<b>b</b>	Name of plan sponsor	PERFORMANCE ROOFING ASSOCIATES	<b>c</b> EIN-PN 23-2845284-001
<b>a</b>	Plan name	PETROLEUM COORDINATORS, INC	
<b>b</b>	Name of plan sponsor	PETROLEUM COORDINATORS INC	<b>c</b> EIN-PN 72-1009245-001
<b>a</b>	Plan name	PFCU 401(K) SAVING PLAN	
<b>b</b>	Name of plan sponsor	PCFU	<b>c</b> EIN-PN 38-1379433-001
<b>a</b>	Plan name	PHOENIX REALTY GROUP 401K	
<b>b</b>	Name of plan sponsor	PHOENIX REALTY GROUP	<b>c</b> EIN-PN 59-3168120-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PLAINVIEW HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERVIEW GROUP	<b>c</b> EIN-PN 87-3667655-001
<b>a</b>	Plan name	PLUMBERS & PIPEFITTERS LOCAL 168 RETIREMENT FU	
<b>b</b>	Name of plan sponsor	BRDOFTRSTSPLUMBERS&PIPEFITTERS LCL 168 RET	<b>c</b> EIN-PN 31-1219497-003
<b>a</b>	Plan name	PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 248 ANNU	
<b>b</b>	Name of plan sponsor	PLUMBERS AND STEAMFITTERS LOCAL UNION NO 248	<b>c</b> EIN-PN 47-6290329-002
<b>a</b>	Plan name	PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 557 ANNU	
<b>b</b>	Name of plan sponsor	BRDOFTRSTS PLUMBSTEAMFITTERS LCL NO577 ANN	<b>c</b> EIN-PN 47-6290329-002
<b>a</b>	Plan name	PORT CONSOLIDATED 401(K) SALARY REDUCTION PLAN AND	
<b>b</b>	Name of plan sponsor	PORT CONSOLIDATED	<b>c</b> EIN-PN 59-1173292-001
<b>a</b>	Plan name	POSEIDA THERAPEUTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POSEIDA THERAPEUTICS	<b>c</b> EIN-PN 47-2846548-001
<b>a</b>	Plan name	POWER COMPONENT SYSTEMS, INC. EMPLOYEE 401(K) PROF	
<b>b</b>	Name of plan sponsor	POWER COMPONENT SYSTEMS, INC.	<b>c</b> EIN-PN 52-1197676-001
<b>a</b>	Plan name	PPDS BUYER LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PLANET DDS	<b>c</b> EIN-PN 84-2204671-001
<b>a</b>	Plan name	PRECISION PLUS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION PLUS	<b>c</b> EIN-PN 39-1621430-001
<b>a</b>	Plan name	PREMIER BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PREMIER BANK	<b>c</b> EIN-PN 47-0275330-002
<b>a</b>	Plan name	PREMIER COOPERATIVE EMPLOYEE SAVINGS AND RETIREMEN	
<b>b</b>	Name of plan sponsor	PREMIER COOPERATIVE, INC.	<b>c</b> EIN-PN 27-0337232-002
<b>a</b>	Plan name	PRISM MARITIME, LLC RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	PRISM MARITIME, LLC	<b>c</b> EIN-PN 20-5613822-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	PRODIGI PUBLIC AFFAIRS, LLC	
<b>b</b> Name of plan sponsor	PRODIGI PUBLIC AFFAIRS LLC	<b>c</b> EIN-PN 87-4342982-001
<b>a</b> Plan name	PROFIT SHARING PLAN FOR EMPLOYEES OF THE CARY COMP	
<b>b</b> Name of plan sponsor	THE CARY COMPANY	<b>c</b> EIN-PN 36-2358931-002
<b>a</b> Plan name	PROSOURCE.IT RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	PROSOURCE.IT, LTD	<b>c</b> EIN-PN 74-3218662-001
<b>a</b> Plan name	PYRAMID GROUP MANAGEMENT 401K PLAN	
<b>b</b> Name of plan sponsor	PYRAMID GROUP MANAGEMENT	<b>c</b> EIN-PN 51-0406314-001
<b>a</b> Plan name	QUAKER COLOR 401(K) PROFIT SHA RING PLAN	
<b>b</b> Name of plan sponsor	QUAKER COLOR	<b>c</b> EIN-PN 22-2841122-001
<b>a</b> Plan name	RADIOLOGY OF INDIANA, PC 401(K) PLAN	
<b>b</b> Name of plan sponsor	RADIOLOGY OF INDIANA P.C.	<b>c</b> EIN-PN 35-1187380-002
<b>a</b> Plan name	RANDOLPH HEALTH 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMERICAN HEALTH CARE	<b>c</b> EIN-PN 85-4354835-001
<b>a</b> Plan name	RAY CATENA MOTOR CAR CORP 401(K) PLAN	
<b>b</b> Name of plan sponsor	RAY CATENA MOTOR CAR CORP	<b>c</b> EIN-PN 22-2368198-001
<b>a</b> Plan name	REED AUTOMOTIVE GROUP, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	REED AUTOMOTIVE GROUP	<b>c</b> EIN-PN 68-0542082-001
<b>a</b> Plan name	THE ROCKPORT COMPANY, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE ROCKPORT COMPANY, LLC	<b>c</b> EIN-PN 82-5435670-001
<b>a</b> Plan name	REPUBLIC BANK 401(K) PLAN	
<b>b</b> Name of plan sponsor	REPUBLIC BANK	<b>c</b> EIN-PN 23-2479933-001
<b>a</b> Plan name	RESTAURANT 365 401(K) PLAN	
<b>b</b> Name of plan sponsor	DYN 365, INC.	<b>c</b> EIN-PN 45-2758311-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name RESTAURANT MANAGEMENT COMPANY OF WICHITA, INC. 401	
<b>b</b>	Name of plan sponsor RESTAURANT MANAGEMENT COMPANY OF WICHITA INC	<b>c</b> EIN-PN 48-1010914-001
<b>a</b>	Plan name RESTORIXHEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor RESTORIXHEALTH	<b>c</b> EIN-PN 22-3583662-001
<b>a</b>	Plan name RETIREMENT PLAN FOR THE EMPLOYEES OF NORTHEAST COU	
<b>b</b>	Name of plan sponsor NORTHEAST COUNSELING SERVICES	<b>c</b> EIN-PN 23-1877525-001
<b>a</b>	Plan name REYES AUTOMOTIVE GROUP II, LLC & REYES AMTEX A	
<b>b</b>	Name of plan sponsor REYES AUTOMOTIVE GROUP II LLC	<b>c</b> EIN-PN 20-2951706-001
<b>a</b>	Plan name RICHLAND GLASS COMPANY INC. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor RICHLAND GLASS CO., INC.	<b>c</b> EIN-PN 21-0721833-002
<b>a</b>	Plan name RICHMOND FORD, LLC SALARY DEFERRAL 401 (K) PROFIT	
<b>b</b>	Name of plan sponsor RICHMOND FORD, LLC	<b>c</b> EIN-PN 32-0046035-001
<b>a</b>	Plan name RKS ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor RKS ASSOCIATES	<b>c</b> EIN-PN 22-2529877-003
<b>a</b>	Plan name ROTH STAFFING COMPANIES, LP 40 1(K) PLAN	
<b>b</b>	Name of plan sponsor ROTH STAFFING COMPANIES, LP	<b>c</b> EIN-PN 33-0633164-001
<b>a</b>	Plan name ROYAL ELECTRIC COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor VELLUTINI CORPORATION	<b>c</b> EIN-PN 94-2422340-003
<b>a</b>	Plan name RUBIN AND RUDMAN LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RUBIN AND RUDMAN LLP	<b>c</b> EIN-PN 04-2202844-001
<b>a</b>	Plan name SABEL SYSTEMS TECHNOLOGY SOLUTIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SABEL SYSTEMS TECHNOLOGY SOLUTIONS LLC	<b>c</b> EIN-PN 54-2047197-001
<b>a</b>	Plan name SAN LEANDRO FORD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAN LEANDRO FORD, INC.	<b>c</b> EIN-PN 94-3145105-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SCENARIO COCKRAM USA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCENARIO COCKRAM USA INC	<b>c</b> EIN-PN 81-1021077-001
<b>a</b>	Plan name SCHULTE BUILDING SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor SCHULTE BUILDING SYSTEMS, INC	<b>c</b> EIN-PN 20-8246750-001
<b>a</b>	Plan name SCOTT EQUIPMENT COMPANY EMPLOYEES 401(K) PROFIT SH	
<b>b</b>	Name of plan sponsor SCOTT EQUIPMENT COMPANY	<b>c</b> EIN-PN 41-0904660-001
<b>a</b>	Plan name SEA ENGINEERING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SEA ENGINEERING, INC.	<b>c</b> EIN-PN 99-0153637-001
<b>a</b>	Plan name SEIKO OPTICAL PRODUCTS, INC. RETIREMENT AND INVEST	
<b>b</b>	Name of plan sponsor HOYA HOLDINGS, INC.	<b>c</b> EIN-PN 22-2962132-001
<b>a</b>	Plan name SELCO COMMUNITY CREDIT UNION RETIREMENT CONTRIBUTI	
<b>b</b>	Name of plan sponsor SELCO COMMUNITY CREDIT UNION	<b>c</b> EIN-PN 93-0163693-002
<b>a</b>	Plan name SENSKE LAWN & TREE CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SENSKE LAWN & TREE CARE, LLC	<b>c</b> EIN-PN 91-0910097-001
<b>a</b>	Plan name SERGEANTS BENEVOLENT ASSOCIATION ANNUITY FUND	
<b>b</b>	Name of plan sponsor SERGEANTS BENEVOLENT ASSOCIATION	<b>c</b> EIN-PN 13-3704953-001
<b>a</b>	Plan name SEWELL FAMILY OF COMPANIES, INC. 401(K) PROFIT SHA	
<b>b</b>	Name of plan sponsor SEWALL FAMILY OF COMPANIES	<b>c</b> EIN-PN 75-0715754-001
<b>a</b>	Plan name SHARPS MEDICAL WASTE SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHARPS MEDICAL WASTE SERVICES	<b>c</b> EIN-PN 85-0802397-001
<b>a</b>	Plan name SHEET METAL WORKERS LOCAL 218(D) DEFINED CONTRIBUT	
<b>b</b>	Name of plan sponsor SHEET METAL WORKERS LOCAL 218	<b>c</b> EIN-PN 36-4048417-002
<b>a</b>	Plan name SHEET METAL WORKERS LOCAL UNION NO. 80 ANNUITY FUN	
<b>b</b>	Name of plan sponsor BRDOFTRSTSOF SHEETMETALWRKRS'LCLL NO80 ANN FD	<b>c</b> EIN-PN 38-2941426-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name SHURWAY MOVING & CARTAGE COMPANY 401(K) RETIRE	
<b>b</b>	Name of plan sponsor SHUR-WAY MOVING & CARTAGE COMPANY	<b>c</b> EIN-PN 36-3452507-001
<b>a</b>	Plan name SIMITREE HEALTHCARE CONSULTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIMITREE HEALTHCARE CONSULTING, LLC	<b>c</b> EIN-PN 86-3586333-001
<b>a</b>	Plan name SIMMONDS BRADY & LOI PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIMMONDS BRADY & LOI PC	<b>c</b> EIN-PN 20-1970498-001
<b>a</b>	Plan name SIMON HEGELE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIMON HEGELE HEALTHCARE SOLUTIONS, LLC	<b>c</b> EIN-PN 68-0585429-001
<b>a</b>	Plan name SIMULATIONS PLUS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SIMULATIONS PLUS, INC.	<b>c</b> EIN-PN 95-4595609-001
<b>a</b>	Plan name SIVYER STEEL CORPORATION HOURLY EMPLOYEES 401K PLA	
<b>b</b>	Name of plan sponsor SIVYER STEEL CASTINGS LLC	<b>c</b> EIN-PN 83-0879341-005
<b>a</b>	Plan name SIXGEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIXGEN, INC.	<b>c</b> EIN-PN 82-2826914-001
<b>a</b>	Plan name SMASA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SPORTS MEDICINE ASSOCIATES OF SAN ANTONIO	<b>c</b> EIN-PN 90-0120192-001
<b>a</b>	Plan name SMT 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPORTSMEDIA TECHNOLOGY CORPORATION	<b>c</b> EIN-PN 52-1693107-002
<b>a</b>	Plan name SOUTHERN AUTO FINANCE COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN AUTO FINANCE COMPANY, LLC	<b>c</b> EIN-PN 65-0211437-001
<b>a</b>	Plan name SOUTHERN METALS RECYCLING 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN METALS RECYCLING	<b>c</b> EIN-PN 57-1173599-001
<b>a</b>	Plan name SOUTHERN VETERINARY PARTNERS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN VETERINARY PARTNERS, LLC	<b>c</b> EIN-PN 47-1908537-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER 401(</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTHWEST AUTISM RESEARCH AND RESOURCE CNTR</a>	<b>c</b> EIN-PN <a href="#">31-1496646-001</a>
<b>a</b>	Plan name <a href="#">SOUTHWEST BUSINESS CORPORATION 401(K) PROFIT SHARI</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTHWEST BUSINESS CORPORATION</a>	<b>c</b> EIN-PN <a href="#">75-1553739-002</a>
<b>a</b>	Plan name <a href="#">SPARKCOGNITION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SPARKCOGNITION INC.</a>	<b>c</b> EIN-PN <a href="#">46-3054618-001</a>
<b>a</b>	Plan name <a href="#">SPRAYFOAM SOUTHWEST 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SPRAYFOAMSOUTHWEST INC DBA ROOFINGSOUTHWEST</a>	<b>c</b> EIN-PN <a href="#">86-0254394-001</a>
<b>a</b>	Plan name <a href="#">SSP AMERICA, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SSP AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0169494-001</a>
<b>a</b>	Plan name <a href="#">STANDARD PROFIT SHARING PLAN PLUS 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">STANDARD NUTRITION COMPANY</a>	<b>c</b> EIN-PN <a href="#">47-0304895-001</a>
<b>a</b>	Plan name <a href="#">STARGEL OFFICE SYSTEMS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STARGEL OFFICE SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">76-0214949-001</a>
<b>a</b>	Plan name <a href="#">STEVENS COMMUNITY MEDICAL CENTER MONEY PURCHASE PE</a>	
<b>b</b>	Name of plan sponsor <a href="#">STEVENS COMMUNITY MEDICAL CENTER</a>	<b>c</b> EIN-PN <a href="#">36-3311936-001</a>
<b>a</b>	Plan name <a href="#">STONE ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PL</a>	
<b>b</b>	Name of plan sponsor <a href="#">STONE ENVIRONMENTAL, INC</a>	<b>c</b> EIN-PN <a href="#">03-0335427-001</a>
<b>a</b>	Plan name <a href="#">SUPPLY FRAME, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUPPLYFRAME, INC</a>	<b>c</b> EIN-PN <a href="#">20-0073122-001</a>
<b>a</b>	Plan name <a href="#">SYNERGENX 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SYNERGEN X HEALTH HOLDINGS LLC</a>	<b>c</b> EIN-PN <a href="#">37-1852389-001</a>
<b>a</b>	Plan name <a href="#">SYNERGY BUSINESS INNOVATION 401(K) P/S PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SYNERGY BUSINESS INNOVATIONS &amp; SOLUTIONS INC</a>	<b>c</b> EIN-PN <a href="#">84-1698665-001</a>

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.)	
<b>a</b>	Plan name T.RAD NORTH AMERICA, INC. SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor T.RAD NORTH AMERICA INC.	<b>c</b> EIN-PN 61-1133164-001
<b>a</b>	Plan name TALLEY INC. CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TALLEY INC.	<b>c</b> EIN-PN 95-3872464-002
<b>a</b>	Plan name TAMPA BAY RADIATION ONCOLOGY P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TAMPA BAY RADIATION ONCOLOGY, P.A.	<b>c</b> EIN-PN 48-1277993-001
<b>a</b>	Plan name TAMPA BAY WORKFORCE ALLIANCE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor TAMPA BAY WORKFORCE ALLIANCE, INC.	<b>c</b> EIN-PN 59-3655316-001
<b>a</b>	Plan name TANADGUSIX CORPORATION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TANAGUSIX CORPORATION	<b>c</b> EIN-PN 92-0045263-001
<b>a</b>	Plan name TAPESTRY MANAGEMENT SERVICES 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor TAPESTRY MANAGEMENT SERVICES	<b>c</b> EIN-PN 84-4559744-001
<b>a</b>	Plan name TEAMSTERS LOCAL 500 SEVERANCE TRUST FUND	
<b>b</b>	Name of plan sponsor TEAMSTERS LOCAL 500	<b>c</b> EIN-PN 23-7376385-001
<b>a</b>	Plan name TEAMSTERS LOCAL 500 SEVERANCE TRUST FUND	
<b>b</b>	Name of plan sponsor TEAMSTERS LOCAL 500	<b>c</b> EIN-PN 23-7376386-001
<b>a</b>	Plan name TECHNICAL DATA ANALYSIS, INC, 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor TECHNICAL DATA ANALYSIS INC.	<b>c</b> EIN-PN 54-1869259-001
<b>a</b>	Plan name ALDEN MANAGEMENT SERVICES INC. & AFFILIATES 401K PLAN	
<b>b</b>	Name of plan sponsor ALDEN MANAGEMENT SERVICES INC.	<b>c</b> EIN-PN 36-3107839-001
<b>a</b>	Plan name TENTCRAFT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TENT CRAFT LLC	<b>c</b> EIN-PN 26-3987606-001
<b>a</b>	Plan name THE ASBESTOS WORKERS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, THE ASBESTOS WRKRS SAV FD	<b>c</b> EIN-PN 74-1069448-102

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.)		
<b>a</b>	Plan name THE CAYRE GROUP, LTD. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE CAYRE GROUP, LTD.	<b>c</b> EIN-PN 13-3556315-001
<b>a</b>	Plan name THE COMPUTER MERCHANT, LTD. 401(K) RETIREMENT SAVI	
<b>b</b>	Name of plan sponsor THE COMPUTER MERCHANT, LTD.	<b>c</b> EIN-PN 04-2703758-002
<b>a</b>	Plan name THE DOT PRINTER INC. 401K PLAN	
<b>b</b>	Name of plan sponsor THE DOT PRINTER, INC.	<b>c</b> EIN-PN 95-3483415-001
<b>a</b>	Plan name THE FARMERS BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE FARMERS BANK	<b>c</b> EIN-PN 35-0302320-003
<b>a</b>	Plan name THE GREAT LAKES CONSTRUCTION CO AND RELATED COMPAN	
<b>b</b>	Name of plan sponsor THE GREAT LAKES CONSTRUCTION CO.	<b>c</b> EIN-PN 04-0689355-002
<b>a</b>	Plan name THE HOME BANK S B EMPLOYEES' RETIREMENT SAVING	
<b>b</b>	Name of plan sponsor HOME BANK S B	<b>c</b> EIN-PN 35-0388822-001
<b>a</b>	Plan name THE LAW OFFICES OF OLIVER & CHEEK, PLLC 401(K)	
<b>b</b>	Name of plan sponsor THE LAW OFFICES OF OLIVER & CHEEK PLLC	<b>c</b> EIN-PN 26-4521727-001
<b>a</b>	Plan name THE MANDMARBLESTONE GROUP LLC 401(K) PROFIT SHARIN	
<b>b</b>	Name of plan sponsor THE MANDMARBLESTONE GROUP, LLC	<b>c</b> EIN-PN 20-4780677-001
<b>a</b>	Plan name THE MORGAN GROUP, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE MORGAN GROUP	<b>c</b> EIN-PN 76-0197035-001
<b>a</b>	Plan name THE PAIN INSTITUTE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE PAIN INSTITUTE	<b>c</b> EIN-PN 61-1211762-001
<b>a</b>	Plan name THE SULLIVAN UNIVERSITY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE SULLIVAN UNIVERSITY SYSTEM INC.	<b>c</b> EIN-PN 61-0596564-003
<b>a</b>	Plan name THE TRUSTEES OF FLASH GLOBAL LOGISTICS, INC. 401(K)	
<b>b</b>	Name of plan sponsor FLASH GLOBAL LOGISTICS, INC.	<b>c</b> EIN-PN 20-8019119-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	IUOE LOCAL 339 STAFF TAX DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRD OF TRSTS IUOE LCL 339 TAX DEF SAVINGS PN	<b>c</b> EIN-PN 36-1265730-001
<b>a</b>	Plan name	IUOE LOCAL 339 DEFERRED COMPENSATION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRD OF TRSTS IUOE LOCAL 339 DEF. COMP PLAN	<b>c</b> EIN-PN 36-4026691-001
<b>a</b>	Plan name	THE TRUSTEES OF J & B MECHANICAL CONSTRUCTORS,	
<b>b</b>	Name of plan sponsor	J & B MECHANICAL	<b>c</b> EIN-PN 02-0707614-001
<b>a</b>	Plan name	THE TRUSTEES OF SEGA OF AMERIC A, INC. 401(K) SAVI	
<b>b</b>	Name of plan sponsor	SEGA OF AMERICA	<b>c</b> EIN-PN 77-0061441-001
<b>a</b>	Plan name	SPECIFIED AIR SOLUTIONS	
<b>b</b>	Name of plan sponsor	SPECIFIED AIR SOLUTIONS	<b>c</b> EIN-PN 26-3848102-001
<b>a</b>	Plan name	THE TRUSTEES OF TEXAS PACIFIC LAND CORPORATION 401	
<b>b</b>	Name of plan sponsor	TEXAS PACIFIC LAND CORPORATION	<b>c</b> EIN-PN 75-0279735-002
<b>a</b>	Plan name	THESIS AMERICA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	THESIS AMERICA, INC.	<b>c</b> EIN-PN 43-1468368-001
<b>a</b>	Plan name	THORNTON LAW FIRM, LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THORNTON LAW FIRM, LLP	<b>c</b> EIN-PN 04-2761223-001
<b>a</b>	Plan name	TIMONEY KNOX, LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TIMONEY KNOX LLP	<b>c</b> EIN-PN 23-1339676-001
<b>a</b>	Plan name	TISSUE TECH, INC. 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TISSUETECH, INC.	<b>c</b> EIN-PN 65-1116071-001
<b>a</b>	Plan name	TOMY INTERNATIONAL, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TOMY INTERNATIONAL, INC.	<b>c</b> EIN-PN 51-0305290-001
<b>a</b>	Plan name	TORAY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TORAY PLASTICS (AMERICA), INC.	<b>c</b> EIN-PN 05-0353346-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	TRUSTEES OF ACI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CORADIUS INTERNATIONAL LLC	<b>c</b> EIN-PN 33-1118210-001
<b>a</b>	Plan name	T-SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	T-SOLUTIONS, INC.	<b>c</b> EIN-PN 02-0554450-001
<b>a</b>	Plan name	TURNING POINT GLOBAL SOLUTIONS	
<b>b</b>	Name of plan sponsor	TURNING POINT GLOBAL SOLUTIONS LLC	<b>c</b> EIN-PN 81-0575201-001
<b>a</b>	Plan name	UFCW LOCAL 1776KS RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNITED FOOD AND COMM WORKERS LOCAL 1776KS	<b>c</b> EIN-PN 23-2997353-001
<b>a</b>	Plan name	UNIT4 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIT4 BUSINESS SOFTWARE, INC.	<b>c</b> EIN-PN 04-3461317-001
<b>a</b>	Plan name	UNITED COMMUNITY ACTION PROGRAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNITED COMMUNITY ACTION PROGRAM	<b>c</b> EIN-PN 73-0777705-002
<b>a</b>	Plan name	UNITED CONCRETE PRODUCTS INC. 401(K) PROFIT SHARIN	
<b>b</b>	Name of plan sponsor	UNITED CONCRETE PRODUCTS, INC.	<b>c</b> EIN-PN 06-0992327-001
<b>a</b>	Plan name	ALLURE HEALTHCARE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLURE HEALTHCARE MANAGEMENT	<b>c</b> EIN-PN 83-1560777-001
<b>a</b>	Plan name	URGENT CARE CENTERS OF NEW ENGLAND 401(K) PROFIT S	
<b>b</b>	Name of plan sponsor	URGENT CARE CENTERS OF NEW ENGLAND	<b>c</b> EIN-PN 45-4840644-001
<b>a</b>	Plan name	VACATION INNOVATIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VACATION INNOVATIONS LLC	<b>c</b> EIN-PN 26-3834623-001
<b>a</b>	Plan name	VALOR HOSPITALITY PARTNERS	
<b>b</b>	Name of plan sponsor	VALOR HOSPITALITY PARTNERS, LLC	<b>c</b> EIN-PN 46-0931469-001
<b>a</b>	Plan name	VALUE DEMONSTRATION MANAGEMENT, INC. RETIREMENT PL	
<b>b</b>	Name of plan sponsor	VALUE DEMONSTRATION MANAGEMENT, INC.	<b>c</b> EIN-PN 84-4706053-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	VELOCITY COMMUNITY FEDERAL CREDIT UNION 401(K) PRO
<b>b</b>	Name of plan sponsor	VELOCITY COMMUNITY FEDERAL CREDIT UNION
<b>c</b>	EIN-PN	59-0857963-003
<b>a</b>	Plan name	VERANEX 401K PLAN
<b>b</b>	Name of plan sponsor	VERANEX, INC.
<b>c</b>	EIN-PN	86-3497638-001
<b>a</b>	Plan name	VERITY ACCOUNTANCY, PC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	VERITY ACCOUNTANCY, PC
<b>c</b>	EIN-PN	26-0043046-001
<b>a</b>	Plan name	VISION III ARCHITECTS 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	VISION 3 ARCHITECTS
<b>c</b>	EIN-PN	06-1470854-001
<b>a</b>	Plan name	VITALITY LIVING 401(K) PLAN
<b>b</b>	Name of plan sponsor	VSL EMPLOYEES CO. LLC
<b>c</b>	EIN-PN	83-2304977-001
<b>a</b>	Plan name	WATTS EQUIPMENT CO., INC. 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WATTS EQUIPMENT CO. LLC
<b>c</b>	EIN-PN	94-1648016-001
<b>a</b>	Plan name	WEBORG FEEDING COMPANY, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WEBORG FEEDING COMPANY, LLC
<b>c</b>	EIN-PN	47-0613561-001
<b>a</b>	Plan name	WEEKLEY ASPHALT PAVING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	WEEKLEY ASPHALT PAVING INC
<b>c</b>	EIN-PN	59-0753039-001
<b>a</b>	Plan name	WEL COMPANIES, INC. 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	WEL COMPANIES, INC.
<b>c</b>	EIN-PN	39-1277617-001
<b>a</b>	Plan name	WEST HARBOR HEALTHCARE 401(K) PLAN
<b>b</b>	Name of plan sponsor	WEST HARBOR HEALTHCARE LLC
<b>c</b>	EIN-PN	81-3033798-001
<b>a</b>	Plan name	WESTMORELAND EMERGENCY MEDICINE SPECIALISTS, P.C.
<b>b</b>	Name of plan sponsor	WESTERMORLAND EMERGENCY MEDICAL SPECIALISTS
<b>c</b>	EIN-PN	25-1655176-001
<b>a</b>	Plan name	WILLIAMS HART & BOUNDAS, LLP 401(K) PLAN
<b>b</b>	Name of plan sponsor	WILLIAMS HART & BOUNDAS LLP
<b>c</b>	EIN-PN	76-0397414-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name WINDOVER CONSTRUCTION, INC. 40 PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WINDOVER CONSTRUCTION INC.	<b>c</b> EIN-PN 20-8135911-001
<b>a</b>	Plan name WINTHROP CAPITAL ADVISORS LLC 401(K) PLAN (P)	
<b>b</b>	Name of plan sponsor WINTHROP CAPITAL ADVISORS LLC	<b>c</b> EIN-PN 81-4158512-002
<b>a</b>	Plan name WINTON IRELAND INSURANCE AGENC Y, INC. 401K PLAN P	
<b>b</b>	Name of plan sponsor WINTON IRELAND INSURANCE AGENC Y INC.	<b>c</b> EIN-PN 94-2667917-001
<b>a</b>	Plan name WOODSON BOZEMAN, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WOODSON & BOZEMAN INC.	<b>c</b> EIN-PN 62-0413640-003
<b>a</b>	Plan name WRIGHT PRINTING CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WRIGHT PRINTING CO	<b>c</b> EIN-PN 47-0259260-001
<b>a</b>	Plan name WYOMING SUGAR COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor WYOMING SUGAR COMPANY	<b>c</b> EIN-PN 27-0779546-001
<b>a</b>	Plan name XCEEDANCE INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor XCEEDANCE, INC.	<b>c</b> EIN-PN 47-2037577-001
<b>a</b>	Plan name XL PARTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor XL PARTS LLC	<b>c</b> EIN-PN 36-4823231-001
<b>a</b>	Plan name XYLEM 401(K) PLAN	
<b>b</b>	Name of plan sponsor XYLEM, INC.	<b>c</b> EIN-PN 27-2183056-001
<b>a</b>	Plan name Z SUPPLY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor Z SUPPLY	<b>c</b> EIN-PN 90-0709975-001
<b>a</b>	Plan name CHARLES E GREEN & SON INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CHARLES GREEN & SON INC.	<b>c</b> EIN-PN 22-1453438-001
<b>a</b>	Plan name RUBIN TURNBULL & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE RUBIN GROUP	<b>c</b> EIN-PN 65-0334633-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SAM GALLOWAY FORD INC. EMPLOYEE 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	SAM GALLOWAY FORD INC	<b>c</b> EIN-PN 59-0329880-001
<b>a</b>	Plan name	MATRIX SCIENCES INTERNATIONAL INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATRIX SCIENCES INC.	<b>c</b> EIN-PN 82-0960665-001
<b>a</b>	Plan name	QUALITY MANAGEMENT ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUALITY MANAGEMENT ASSOCIATES	<b>c</b> EIN-PN 23-2714911-001
<b>a</b>	Plan name	SRCO 401K	
<b>b</b>	Name of plan sponsor	SHELL RETAIL AND CONVIENENCE OPERAITONS	<b>c</b> EIN-PN 83-1044314-001
<b>a</b>	Plan name	TEXAS PETROLEUM GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EQUILON ENTERPRISES LLC	<b>c</b> EIN-PN 52-2074528-001
<b>a</b>	Plan name	VITESSE SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VITESSE SYSTEMS PARENT LLC	<b>c</b> EIN-PN 87-4001495-001
<b>a</b>	Plan name	CONLIN SUPPLY COMPANY INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONLIN SUPPLY COMPNANY INC.	<b>c</b> EIN-PN 47-0868300-001
<b>a</b>	Plan name	ZISSER CUSTOMS LAW GROUP P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZISSER CUSTOMS LAW GROUP	<b>c</b> EIN-PN 33-0946421-002
<b>a</b>	Plan name	SPEEDY CONCRETE CUTTING INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SPEEDY CONCRETE CUTTING INC	<b>c</b> EIN-PN 59-2806796-002
<b>a</b>	Plan name	NUCRAFT DENTAL ARTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NUCRAFT DENTAL ARTS, INC.	<b>c</b> EIN-PN 58-1461065-001
<b>a</b>	Plan name	AMCO PROPERTY MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMCO PROPERTY MANAGEMENT, LLC	<b>c</b> EIN-PN 65-0860399-001
<b>a</b>	Plan name	COMPONENT CONCEPTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPONENT CONCEPTS	<b>c</b> EIN-PN 33-0788379-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	KEY BISCAYNE YACHT CLUB, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	KEY BISCAYNE YACHT CLUB, INC.
<b>c</b>	EIN-PN	59-0798689-001
<b>a</b>	Plan name	SO CAL MSC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SOUTHERN CALIFORNIA MULTI SPECIALTY CENTER
<b>c</b>	EIN-PN	82-2552585-001
<b>a</b>	Plan name	BCT PARTNERS, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BCT PARTNERS, LLC
<b>c</b>	EIN-PN	22-3665630-001
<b>a</b>	Plan name	MERITRONICS, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MERITRONICS, INC.
<b>c</b>	EIN-PN	94-3237693-001
<b>a</b>	Plan name	THREE BEARS ALASKA 401(K) PLAN
<b>b</b>	Name of plan sponsor	THREE BEARS ALASKA
<b>c</b>	EIN-PN	92-0081221-001
<b>a</b>	Plan name	INDRA USA INC 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	INDRA USA
<b>c</b>	EIN-PN	30-0384697-001
<b>a</b>	Plan name	DEXTERA CORPORATION 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DEXTERA CORPORATION
<b>c</b>	EIN-PN	51-0547437-001
<b>a</b>	Plan name	GUERRERA CONSTRUCTION COMPANY, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GUERRERA CONSTRUCTION COMPANY, INC.
<b>c</b>	EIN-PN	06-1074455-001
<b>a</b>	Plan name	SPOTCO, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SPOT & COMPANY OF MANHATTAN, INC
<b>c</b>	EIN-PN	13-3941857-001
<b>a</b>	Plan name	SUPER CARE, INC. 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	SUPER CARE INC.
<b>c</b>	EIN-PN	95-4021787-001
<b>a</b>	Plan name	EYE CARE PHYSICIANS AND SURGEONS OF NJ 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	EYE CARE PHYSICIANS & SURGEONS, INC
<b>c</b>	EIN-PN	93-0611638-002
<b>a</b>	Plan name	DRIV-LOK, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DRIV-LOK INC.
<b>c</b>	EIN-PN	36-1010273-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	FSC BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FSC BANCSHARES, INC.	<b>c</b> EIN-PN 43-1309057-003
<b>a</b>	Plan name	GRAND RAPIDS CONTROLS CO., LLC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAND RAPIDS CONTROLS CO. LLC	<b>c</b> EIN-PN 20-0951372-001
<b>a</b>	Plan name	SANDAIR CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SANDAIR CORPORATION	<b>c</b> EIN-PN 68-0235645-001
<b>a</b>	Plan name	IMEG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMEG CORP.	<b>c</b> EIN-PN 47-5145628-001
<b>a</b>	Plan name	PHOENIX MANAGEMENT SOLUTIONS, LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PHOENIX MANAGEMENT SOLUTIONS, LL	<b>c</b> EIN-PN 84-4250550-001
<b>a</b>	Plan name	THE RIBEIRO COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE RIBEIRO COMPANIES	<b>c</b> EIN-PN 88-0428135-001
<b>a</b>	Plan name	JVR INGRASCI IMPACT WINDOWS AND DOORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JVR INGRASCI IMPACT WINDOWS AND DOORS, INC.	<b>c</b> EIN-PN 20-5502485-001
<b>a</b>	Plan name	QUANT16 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELECTRONIC KNOWLEDGE INTERCHANGE COMPANY	<b>c</b> EIN-PN 36-4069683-001
<b>a</b>	Plan name	GULF PACKAGING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GULF PACKAGING INC.	<b>c</b> EIN-PN 77-0622338-001
<b>a</b>	Plan name	ALKU 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AKLU LLC	<b>c</b> EIN-PN 26-1250834-001
<b>a</b>	Plan name	BOOMI LP 401K	
<b>b</b>	Name of plan sponsor	BOOMI LP	<b>c</b> EIN-PN 23-3016018-001
<b>a</b>	Plan name	BOSTON LYRIC OPERA COMPANY INC	
<b>b</b>	Name of plan sponsor	BOSTON LYRIC OPERA COMPANY	<b>c</b> EIN-PN 04-2469627-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CAKEBREAD CELLARS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CAKEBREAD CELLARS, INC.	<b>c</b> EIN-PN 94-2666697-004
<b>a</b>	Plan name	CAVENDER'S BOOT CITY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CAVENDER STORES, LTD.	<b>c</b> EIN-PN 74-2648471-002
<b>a</b>	Plan name	FOUR SEASONS ENVIRONMENTAL INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOUR SEASONS ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 31-1087929-005
<b>a</b>	Plan name	VYSUS GROUP	
<b>b</b>	Name of plan sponsor	VYSUS MODUSPEC INC.	<b>c</b> EIN-PN 74-3045968-001
<b>a</b>	Plan name	CAL PRIVATE BANK 401K	
<b>b</b>	Name of plan sponsor	CAL PRIVATE BANK	<b>c</b> EIN-PN 75-3215795-001
<b>a</b>	Plan name	WORKING SOLUTIONS	
<b>b</b>	Name of plan sponsor	WSOL LLC	<b>c</b> EIN-PN 47-0803449-002
<b>a</b>	Plan name	I & A EXCAVATING 401K	
<b>b</b>	Name of plan sponsor	I&A EXCAVATING	<b>c</b> EIN-PN 36-3535610-001
<b>a</b>	Plan name	SOUTHEAST MECHANICAL	
<b>b</b>	Name of plan sponsor	SOUTHEAST MECHANICAL LLC	<b>c</b> EIN-PN 27-0884971-001
<b>a</b>	Plan name	CNW COURIER NETWORK	
<b>b</b>	Name of plan sponsor	COURIER NETWORK INC.	<b>c</b> EIN-PN 13-3354022-003
<b>a</b>	Plan name	JANUS RESEARCH	
<b>b</b>	Name of plan sponsor	JANUS RESEARCH GROUP	<b>c</b> EIN-PN 52-2043501-001
<b>a</b>	Plan name	MIDSTATE BANCORP INC.	
<b>b</b>	Name of plan sponsor	MID STATE BANCORP	<b>c</b> EIN-PN 73-0736860-002
<b>a</b>	Plan name	PANGIAM HOLDINGS	
<b>b</b>	Name of plan sponsor	PANGIAM HOLDINGS LLC	<b>c</b> EIN-PN 85-3278969-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TALENT NEURON	
<b>b</b>	Name of plan sponsor	TALENT ACQUISITION COMPANY LLC	<b>c</b> EIN-PN 92-1138110-001
<b>a</b>	Plan name	CORNICK, GARBER & SA	
<b>b</b>	Name of plan sponsor	CORNICK GARBER & SANDLER LLP	<b>c</b> EIN-PN 13-2620561-001
<b>a</b>	Plan name	KEVIN J KELLEY P.C.	
<b>b</b>	Name of plan sponsor	KEVIN J KELLEY PC	<b>c</b> EIN-PN 54-1285080-001
<b>a</b>	Plan name	BURO HAPPOLD	
<b>b</b>	Name of plan sponsor	BURO HAPPOLD CONSULTING ENGINEERS	<b>c</b> EIN-PN 13-4039627-001
<b>a</b>	Plan name	U BANK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	U BANK	<b>c</b> EIN-PN 75-1058562-002
<b>a</b>	Plan name	GRAVEL & SHEA	
<b>b</b>	Name of plan sponsor	GRAVEL & SHEA PC	<b>c</b> EIN-PN 03-0270412-001
<b>a</b>	Plan name	YALE CORDAGE	
<b>b</b>	Name of plan sponsor	YALE CORDAGE INC.	<b>c</b> EIN-PN 01-0411986-001
<b>a</b>	Plan name	MARK NELSON ADVISORY	
<b>b</b>	Name of plan sponsor	MARK NELSON ADVISORY LLC	<b>c</b> EIN-PN 48-1238645-001
<b>a</b>	Plan name	INTELLIFORCE IT	
<b>b</b>	Name of plan sponsor	INTELLIFORCE IT SOLUTIONS GROUP LLC	<b>c</b> EIN-PN 27-4542182-001
<b>a</b>	Plan name	KAISER TOOL COMPANY INC	
<b>b</b>	Name of plan sponsor	KAISER TOOL COMPANY	<b>c</b> EIN-PN 35-1466270-001
<b>a</b>	Plan name	ROW MANAGEMENT	
<b>b</b>	Name of plan sponsor	ROW MANAGEMENT LTD.	<b>c</b> EIN-PN 98-0519460-001
<b>a</b>	Plan name	AMEREX GROUP LLC RE	
<b>b</b>	Name of plan sponsor	AMEREX GROUP, LLC	<b>c</b> EIN-PN 20-3945351-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DINE DEVELOPMENT CO	
<b>b</b>	Name of plan sponsor	DINE DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 77-0651649-001
<b>a</b>	Plan name	KRONENBERGER & SONS	
<b>b</b>	Name of plan sponsor	KRONENBERGER & SONS RESTORATION, LLC	<b>c</b> EIN-PN 06-1250670-002
<b>a</b>	Plan name	MOXA AMERICAS INC.	
<b>b</b>	Name of plan sponsor	MOXA AMERICAS INC.	<b>c</b> EIN-PN 36-4516881-001
<b>a</b>	Plan name	ORCA, INC.	
<b>b</b>	Name of plan sponsor	ORCA, INC.	<b>c</b> EIN-PN 06-1286435-001
<b>a</b>	Plan name	AMERICAN COMMUNICATION	
<b>b</b>	Name of plan sponsor	AMERICAN COMMUNICATIONS SOLUTIONS, LLC	<b>c</b> EIN-PN 82-2004371-001
<b>a</b>	Plan name	AUTOMOTIVE RACING PR	
<b>b</b>	Name of plan sponsor	AUTOMOTIVE RACING PRODUCTS, INC.	<b>c</b> EIN-PN 95-2989549-001
<b>a</b>	Plan name	CAMP MATAPONI, INC.	
<b>b</b>	Name of plan sponsor	CAMP MATAPONI, INC.	<b>c</b> EIN-PN 22-3721755-001
<b>a</b>	Plan name	EL US 401(K) PLAN 1	
<b>b</b>	Name of plan sponsor	ESSILORLUXOTTICA USA INC.	<b>c</b> EIN-PN 86-3625314-001
<b>a</b>	Plan name	ENERGYRE SERVICES, LLC	
<b>b</b>	Name of plan sponsor	ENERGYRE SERVICES	<b>c</b> EIN-PN 92-0974230-001
<b>a</b>	Plan name	HEMOSONICS, LLC	
<b>b</b>	Name of plan sponsor	HEMOSONICS, LLC	<b>c</b> EIN-PN 20-4483346-001
<b>a</b>	Plan name	INRCORE	
<b>b</b>	Name of plan sponsor	INRCORE, LLC	<b>c</b> EIN-PN 82-4563386-002
<b>a</b>	Plan name	ITCI	
<b>b</b>	Name of plan sponsor	ITI, INC.	<b>c</b> EIN-PN 30-0074620-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	J.D. NEUHAUS, L.P. R	
<b>b</b>	Name of plan sponsor	J.D. NEUHAUS, L.P.	<b>c</b> EIN-PN 52-2087005-001
<b>a</b>	Plan name	JTC USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JTC USA HOLDINGS, INC.	<b>c</b> EIN-PN 85-0802397-001
<b>a</b>	Plan name	KODIAK GAS SERVICES	
<b>b</b>	Name of plan sponsor	KODIAK GAS SERVICES	<b>c</b> EIN-PN 45-2397126-001
<b>a</b>	Plan name	L & L HOLDING CO	
<b>b</b>	Name of plan sponsor	L & L HOLDING COMPANY, LLC	<b>c</b> EIN-PN 20-2866132-001
<b>a</b>	Plan name	NAVITAS SYSTEM INTEG	
<b>b</b>	Name of plan sponsor	NAVITAS SYSTEM INTEGRATION, LLC	<b>c</b> EIN-PN 26-2890444-001
<b>a</b>	Plan name	OMNI SYSTEMS, INC. R	
<b>b</b>	Name of plan sponsor	OMNI SYSTEMS, INC.	<b>c</b> EIN-PN 34-1646871-001
<b>a</b>	Plan name	PAIN MANAGEMENT GROU	
<b>b</b>	Name of plan sponsor	PAIN MANAGEMENT GROUP, LLC.	<b>c</b> EIN-PN 27-3473237-001
<b>a</b>	Plan name	PLASMINE TECHNOLOGY	
<b>b</b>	Name of plan sponsor	PLASMINE TECHNOLOGY, INC.	<b>c</b> EIN-PN 59-2982267-001
<b>a</b>	Plan name	PRITCHARD AUTO GRP	
<b>b</b>	Name of plan sponsor	PRITCHARD AUTO COMPANY, LLC	<b>c</b> EIN-PN 42-0646250-002
<b>a</b>	Plan name	PROFIT RECOVERY	
<b>b</b>	Name of plan sponsor	PROFIT RECOVERY PARTNERS, LLC	<b>c</b> EIN-PN 33-0785531-001
<b>a</b>	Plan name	RYERSON SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH T. RYERSON & SON, INC.	<b>c</b> EIN-PN 36-1717960-001
<b>a</b>	Plan name	SBW 401K	
<b>b</b>	Name of plan sponsor	SHAPIRO, BLASI, WASSERMAN & HERMANN, P.A	<b>c</b> EIN-PN 65-0376849-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SG BUSINESS SERVICES	
<b>b</b>	Name of plan sponsor	SG BUSINESS SERVICES, LTD.	<b>c</b> EIN-PN 76-0589794-001
<b>a</b>	Plan name	VINEYARD OFFSHORE	
<b>b</b>	Name of plan sponsor	VINEYARD OFFSHORE, LLC	<b>c</b> EIN-PN 35-2638233-001
<b>a</b>	Plan name	YANKEE DEVELOPMENT C	
<b>b</b>	Name of plan sponsor	YANKEE DEVELOPMENT CORP. AND RELATED AFF	<b>c</b> EIN-PN 05-0390430-001
<b>a</b>	Plan name	POLAR BEVERAGES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	POLAR CORP.	<b>c</b> EIN-PN 04-3026575-002
<b>a</b>	Plan name	STAGGEMEYER STAVE CO INC. PS PTAN	
<b>b</b>	Name of plan sponsor	STAGGEMEYER STAVE CO INC.	<b>c</b> EIN-PN 41-0913993-001
<b>a</b>	Plan name	SHARKNINJA MANAGEMENT CO. EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SHARKNINJA MANAGEMENT CO.	<b>c</b> EIN-PN 38-3685665-001
<b>a</b>	Plan name	IMA NORTH AMERICA, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IMA NORTH AMERICA INC.	<b>c</b> EIN-PN 06-1062686-001
<b>a</b>	Plan name	API INTERNATIONAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	API INTERNATIONAL, INC.	<b>c</b> EIN-PN 93-0769877-001
<b>a</b>	Plan name	KNOWLTON EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	V.K. KNOWLTON CONSTRUCTION & UTILITIES, INC.	<b>c</b> EIN-PN 74-1716421-001
<b>a</b>	Plan name	LOTSPEICH CO. OF FLORIDA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LOTSPEICH CO. OF FL, INC.	<b>c</b> EIN-PN 59-1171393-001
<b>a</b>	Plan name	PTH & AB STAFFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIME TIME HEALTHCARE, LLC	<b>c</b> EIN-PN 45-4687406-001
<b>a</b>	Plan name	SOITEC USA 401K	
<b>b</b>	Name of plan sponsor	SOITEC USA LLC	<b>c</b> EIN-PN 04-3174239-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LALLO & FELDMAN CO., L.P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LALLO & FELDMAN CO., L.P.A.	<b>c</b> EIN-PN 34-1666599-001
<b>a</b>	Plan name	SPIRAL BRUSHES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPIRAL BRUSHES, INC.	<b>c</b> EIN-PN 31-1507017-001
<b>a</b>	Plan name	C. JACKSON INVESTIGATIONS INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	C JACKSON INVESTIGATIONS INC.	<b>c</b> EIN-PN 20-5180389-001
<b>a</b>	Plan name	HOLLAND RESIDENTIAL LLC	
<b>b</b>	Name of plan sponsor	HOLLAND PARTNER GROUP OPERATIONS	<b>c</b> EIN-PN 05-0551632-001
<b>a</b>	Plan name	MIDWEST VETERINARY PARTNERS	
<b>b</b>	Name of plan sponsor	MIDWEST VETERINARY PARTNERS LLC	<b>c</b> EIN-PN 32-0541312-001
<b>a</b>	Plan name	DEE HOLDINGS INC. 401(K)	
<b>b</b>	Name of plan sponsor	DEE HOLDINGS INC.	<b>c</b> EIN-PN 20-0572514-005
<b>a</b>	Plan name	KBP INVESTMENTS LLC	
<b>b</b>	Name of plan sponsor	KPB BRANDS LLC	<b>c</b> EIN-PN 82-5400542-001
<b>a</b>	Plan name	LONG LEWIS FORD OF THE SHOALS 401K PSP	
<b>b</b>	Name of plan sponsor	LONG LEWIS FORD OF THE SHOALS	<b>c</b> EIN-PN 63-1171028-001
<b>a</b>	Plan name	BRODY WILKINSON P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRODY WILKINSON PC	<b>c</b> EIN-PN 06-1118463-002
<b>a</b>	Plan name	NLR CONSTRUCTION	
<b>b</b>	Name of plan sponsor	NLR CONSTRUCITON CORP.	<b>c</b> EIN-PN 11-2479838-002
<b>a</b>	Plan name	ABRASIVES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABRASIVES, INC.	<b>c</b> EIN-PN 45-0416381-001
<b>a</b>	Plan name	AGRI INSURANCE	
<b>b</b>	Name of plan sponsor	AGRI INSURANCE	<b>c</b> EIN-PN 45-0448805-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CITY CENTER 401(A) PLAN	
<b>b</b>	Name of plan sponsor	CITY OF CENTER	<b>c</b> EIN-PN 45-6004957-001
<b>a</b>	Plan name	BARANKO BROTHERS, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BARANKO BROTHERS, INC.	<b>c</b> EIN-PN 45-0353397-001
<b>a</b>	Plan name	BASIN WELL SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BASIN WELL SERVICE, INC.	<b>c</b> EIN-PN 46-5094724-001
<b>a</b>	Plan name	DACOTAH FOUNDATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DACOTAH FOUNDATION	<b>c</b> EIN-PN 23-7115398-001
<b>a</b>	Plan name	DAKOTA DENTAL CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	DAKOTA DENTAL CENTER P.L.L.C.	<b>c</b> EIN-PN 82-3948514-001
<b>a</b>	Plan name	DEI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DE INC.	<b>c</b> EIN-PN 45-0422171-001
<b>a</b>	Plan name	DHC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAKOTA HOME CARE, INC.	<b>c</b> EIN-PN 46-0706154-001
<b>a</b>	Plan name	FARMERS UNION OIL COMPANY OF MOORHEAD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FARMERS UNION OIL COMPANY	<b>c</b> EIN-PN 41-0251105-001
<b>a</b>	Plan name	FISHER PROFIT SHARING AND PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor	FISHER SAND & GRAVEL CO	<b>c</b> EIN-PN 45-0308561-003
<b>a</b>	Plan name	HEARTVIEW FOUNDATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HEARTVIEW FOUNDATION	<b>c</b> EIN-PN 45-0282159-002
<b>a</b>	Plan name	IRONWORKERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IRON WORKS WELDING	<b>c</b> EIN-PN 27-2065609-001
<b>a</b>	Plan name	KALIX RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KALIX RETIREMENT PLAN	<b>c</b> EIN-PN 45-0313122-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	KELLEY'S LTD. SAFE HARBOR 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	KELLEY'S LTD.
<b>c</b>	EIN-PN	45-0334483-001
<b>a</b>	Plan name	KINDERKIDZ RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	KINDERKIDZ, LLC
<b>c</b>	EIN-PN	71-0949179-001
<b>a</b>	Plan name	LINTON HOSPITAL 401(K) PLAN
<b>b</b>	Name of plan sponsor	LINTON REGIONAL MEDICAL CENTER
<b>c</b>	EIN-PN	45-0253272-001
<b>a</b>	Plan name	LUND OIL, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	LUND OIL, INC.
<b>c</b>	EIN-PN	45-0363418-001
<b>a</b>	Plan name	MHA SYSTEMS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MHA SYSTEMS, INC.
<b>c</b>	EIN-PN	38-3661196-001
<b>a</b>	Plan name	ND ENERGY SERVICES 401(K) PLAN
<b>b</b>	Name of plan sponsor	ND ENERGY SERVICES
<b>c</b>	EIN-PN	81-3677004-001
<b>a</b>	Plan name	NORTH DAKOTA INSURANCE RESERVE FUND 457(B) DEFERREDCOMPPLAN
<b>b</b>	Name of plan sponsor	NORTH DAKOTA INSURANCE RESERVE FUND
<b>c</b>	EIN-PN	45-0397016-001
<b>a</b>	Plan name	NORTH DAKOTA INSURANCE RESERVE FUND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	NORTH DAKOTA INSURANCE RESERVE FUND
<b>c</b>	EIN-PN	45-0397016-001
<b>a</b>	Plan name	PRAIRIE VIEW LANDSCAPING 401(K) PLAN
<b>b</b>	Name of plan sponsor	PRAIRIE VIEW LANDSCAPING
<b>c</b>	EIN-PN	72-1593591-001
<b>a</b>	Plan name	PRIDE, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PRIDE, INC.
<b>c</b>	EIN-PN	45-0332197-002
<b>a</b>	Plan name	SITTING BULL COLLEGE 401(K) PLAN
<b>b</b>	Name of plan sponsor	SITTING BULL COLLEGE
<b>c</b>	EIN-PN	23-7373765-003
<b>a</b>	Plan name	TEK ENERGY 401(K) PLAN
<b>b</b>	Name of plan sponsor	TEK ENERGY
<b>c</b>	EIN-PN	45-3267778-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	TMI 401(K) PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor	TMI 401(K) PROFIT SHARING TRUST	<b>c</b> EIN-PN 86-4365841-002
<b>a</b>	Plan name	WAVE PETROLEUM OPERATING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAVE PETROLEUM OPERATING	<b>c</b> EIN-PN 47-1210300-001
<b>a</b>	Plan name	WOODY'S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WOODY'S RETIREMENT PLAN	<b>c</b> EIN-PN 83-2708072-001
<b>a</b>	Plan name	OLSON & BURNS PC 401K PSP	
<b>b</b>	Name of plan sponsor	OLSON & BURNS PC	<b>c</b> EIN-PN 45-0391585-001
<b>a</b>	Plan name	CAPITAL CITIES LEASING	
<b>b</b>	Name of plan sponsor	CAPITAL CITIES LEASING CORPORATION	<b>c</b> EIN-PN 14-1504271-001
<b>a</b>	Plan name	FARDEN CONSTRUCTION INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	FARDEN CONSTRUCTION INC	<b>c</b> EIN-PN 45-0448738-001
<b>a</b>	Plan name	BAKKEN TRANSLOAD LLC 401K	
<b>b</b>	Name of plan sponsor	BAKKEN TRANSLOAD LLC	<b>c</b> EIN-PN 26-4432377-001
<b>a</b>	Plan name	NORTHWEST CONTRACTING INC. 401K	
<b>b</b>	Name of plan sponsor	NORTHWEST CONTRACTING INC.	<b>c</b> EIN-PN 45-0426751-001
<b>a</b>	Plan name	NORTH DAKOTA SAFETY COUNCIL 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTH DAKOTA SAFETY COUNCIL 401K RET PLAN	<b>c</b> EIN-PN 45-0353009-001
<b>a</b>	Plan name	CURTIS RUDD OIL CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	CURTIS RUD OIL CORP.	<b>c</b> EIN-PN 20-4209115-001
<b>a</b>	Plan name	BISMARCK MOTOR COMPANY	
<b>b</b>	Name of plan sponsor	BISMARCK MOTOR COMPANY	<b>c</b> EIN-PN 27-5012653-002
<b>a</b>	Plan name	BMC MARINE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BMC MARINE LLC, DBA MORITZ SPORT & MARINE	<b>c</b> EIN-PN 84-4025071-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FETTINGS FROZEN FOODS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	FETTING'S FROZEN FOODS, LLC	<b>c</b> EIN-PN 81-2269098-001
<b>a</b>	Plan name	COAL COUNTRY COMMUNITY HEALTH CENTERS	
<b>b</b>	Name of plan sponsor	COAL COUNTRY COMMUNITY HEALTH CENTERS	<b>c</b> EIN-PN 11-3086120-001
<b>a</b>	Plan name	RADIOLOGY ALLIANCE OF MAINE	
<b>b</b>	Name of plan sponsor	RADIOLOGY ALLIANCE OF MAINE LLC	<b>c</b> EIN-PN 46-3166765-001
<b>a</b>	Plan name	TEAM BONDING 401K PLAN	
<b>b</b>	Name of plan sponsor	TEAM BONDING INC	<b>c</b> EIN-PN 04-3355740-001
<b>a</b>	Plan name	MODERN MACHINE WORKS	
<b>b</b>	Name of plan sponsor	MODERN MACHINE WORKS, LNC.	<b>c</b> EIN-PN 45-0167310-001
<b>a</b>	Plan name	LOCAL 338 ANNUITY FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 338 ANNUITY FUND	<b>c</b> EIN-PN 27-1596066-001
<b>a</b>	Plan name	BADLANDS DENTAL PC SAFE HARBOR 401K PSP	
<b>b</b>	Name of plan sponsor	BADLANDS DENTAL, P.C.	<b>c</b> EIN-PN 27-4347948-001
<b>a</b>	Plan name	BOSCH LUMBER COMPANY PSP	
<b>b</b>	Name of plan sponsor	BOSCH LUMBER COMPANY	<b>c</b> EIN-PN 45-0310699-001
<b>a</b>	Plan name	BRAVERA HOLDINGS CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	BRAVERA HOLDINGS CORP.	<b>c</b> EIN-PN 45-0386653-001
<b>a</b>	Plan name	CHUPPE CLINIC SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor	CHUPPE CHIROPRACTIC CLINIC P.C.	<b>c</b> EIN-PN 45-0412672-001
<b>a</b>	Plan name	CITY OF BISMARK EMPLOYEE PENSION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF BISMARK	<b>c</b> EIN-PN 45-6002036-001
<b>a</b>	Plan name	CITY OF DICKINSON 457B DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF DICKINSON	<b>c</b> EIN-PN 45-6002055-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CITY OF DICKINSON RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CITY OF DICKINSON	<b>c</b> EIN-PN 45-6002055-001
<b>a</b>	Plan name	DAN PORTER MOTORS 401K PLAN	
<b>b</b>	Name of plan sponsor	DAN PORTER MOTORS, INC.	<b>c</b> EIN-PN 45-0335564-001
<b>a</b>	Plan name	DIOCESE OF BISMARCK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DIOCESE OF BISMARCK	<b>c</b> EIN-PN 45-0214929-001
<b>a</b>	Plan name	DVORAK MOTORS INC. 401K PSP	
<b>b</b>	Name of plan sponsor	DVORAK MOTORS, INC.	<b>c</b> EIN-PN 38-3754476-001
<b>a</b>	Plan name	EBELTOFT SICKLER LAWYERS PSP & TRUST	
<b>b</b>	Name of plan sponsor	EBELTOFT . SICKLER . LAWYERS PLLC	<b>c</b> EIN-PN 26-3938332-001
<b>a</b>	Plan name	HERINGER DDS LLC	
<b>b</b>	Name of plan sponsor	HERINGER DENTISTRY, LLC	<b>c</b> EIN-PN 81-5171463-001
<b>a</b>	Plan name	CAREGIVER 2 INC DBA UNIFIED CARE GROUP COMPANIES	
<b>b</b>	Name of plan sponsor	UNIFIED CARE GROUP COMPANIES	<b>c</b> EIN-PN 47-4573950-001
<b>a</b>	Plan name	HIGHLANDS ENGINEERING & SURVEYING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HIGHLANDS ENGINEERING & SURVEYING, PLLC	<b>c</b> EIN-PN 20-8691732-001
<b>a</b>	Plan name	INDUSTRIAL ELECTRIC SERVICE PSP	
<b>b</b>	Name of plan sponsor	INDUSTRIAL ELECTRIC SERVICE, INC.	<b>c</b> EIN-PN 45-0330984-001
<b>a</b>	Plan name	IRSFELD PHARMACY PC 401K PSP	
<b>b</b>	Name of plan sponsor	IRSFELD PHARMACY, P.C.	<b>c</b> EIN-PN 45-0438397-001
<b>a</b>	Plan name	JUNIPER LLC SAFE HARBOR 401K PSP	
<b>b</b>	Name of plan sponsor	JUNIPER, LLC	<b>c</b> EIN-PN 30-0513316-001
<b>a</b>	Plan name	KILLDEER MOUNTAIN MFG. INC.	
<b>b</b>	Name of plan sponsor	KILLDEER MOUNTAIN MANUFACTURING, INC.	<b>c</b> EIN-PN 45-0402475-001

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

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

<b>a</b>	Plan name	KOVASH & DASOVICK PC PSP	<b>c</b>	EIN-PN	45-0414850-001
<b>b</b>	Name of plan sponsor	KOVASH & DASOVICK, P.C.	<b>c</b>	EIN-PN	45-0414850-001
<b>a</b>	Plan name	J & J OPERATING LLC RETIREMENT PLAN	<b>c</b>	EIN-PN	45-2530383-001
<b>b</b>	Name of plan sponsor	J AND J OPERATING, LLC	<b>c</b>	EIN-PN	45-2530383-001
<b>a</b>	Plan name	MORTIN COUNTRY COUNCIL ON AGING 401K	<b>c</b>	EIN-PN	45-0308081-003
<b>b</b>	Name of plan sponsor	MORTON COUNTY COUNCIL ON AGING, INC.	<b>c</b>	EIN-PN	45-0308081-003
<b>a</b>	Plan name	MARTIN CONSTRUCTION PREVAILING WAGE RETIREMENT PLAN	<b>c</b>	EIN-PN	45-0440806-001
<b>b</b>	Name of plan sponsor	MARTIN CONSTRUCTION INC	<b>c</b>	EIN-PN	45-0440806-001
<b>a</b>	Plan name	TRUCOMMUNITY BANK 401K PROFIT SHARING PLAN	<b>c</b>	EIN-PN	45-0364629-007
<b>b</b>	Name of plan sponsor	MCLEAN BANK HOLDING COMPANY	<b>c</b>	EIN-PN	45-0364629-007
<b>a</b>	Plan name	MEYERS INDUSTRIES LLC RETIREMENT PLAN	<b>c</b>	EIN-PN	26-1664160-001
<b>b</b>	Name of plan sponsor	MEYER INDUSTRIES, LLC	<b>c</b>	EIN-PN	26-1664160-001
<b>a</b>	Plan name	MTI INC 401K PLAN	<b>c</b>	EIN-PN	47-0740551-001
<b>b</b>	Name of plan sponsor	MIDWEST TELEMAR INTERNATIONAL,	<b>c</b>	EIN-PN	47-0740551-001
<b>a</b>	Plan name	ND PHARAMCY INC 401K PROFIT SHARING PLAN	<b>c</b>	EIN-PN	45-0369650-001
<b>b</b>	Name of plan sponsor	ND PHARMACY, INC.	<b>c</b>	EIN-PN	45-0369650-001
<b>a</b>	Plan name	ND PERS SECTION 457 DEFERRED COMPENSATION PLAN	<b>c</b>	EIN-PN	45-0282090-001
<b>b</b>	Name of plan sponsor	NORTH DAKOTA DEFERRED COMPENSATION	<b>c</b>	EIN-PN	45-0282090-001
<b>a</b>	Plan name	VEKSTCO LLC 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	86-2667515-001
<b>b</b>	Name of plan sponsor	VEKSTCO LLC	<b>c</b>	EIN-PN	86-2667515-001
<b>a</b>	Plan name	NORTHWEST TIRE INC PSP	<b>c</b>	EIN-PN	45-0339586-004
<b>b</b>	Name of plan sponsor	NORTHWEST TIRE INC	<b>c</b>	EIN-PN	45-0339586-004
<b>a</b>	Plan name	MODERN SMILES 401K PLAN	<b>c</b>	EIN-PN	20-3459794-001
<b>b</b>	Name of plan sponsor	MODERN SMILES 401K PLAN	<b>c</b>	EIN-PN	20-3459794-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name HAZEN MEMORIAL HOSPITAL ASSOC. 401K PLAN	
<b>b</b>	Name of plan sponsor SAKAKAWEA MEDICAL CENTER	<b>c</b> EIN-PN 45-0308379-001
<b>a</b>	Plan name THE TITLE TEAM 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE TITLE TEAM	<b>c</b> EIN-PN 45-0249312-001
<b>a</b>	Plan name PEARCE DURICK PLLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PEARCE DURICK PLLC	<b>c</b> EIN-PN 47-5317956-001
<b>a</b>	Plan name PERFORMANCE TRUCK CENTER 401K	
<b>b</b>	Name of plan sponsor PERFORMANCE TRUCK CENTER, CO.	<b>c</b> EIN-PN 45-0461668-001
<b>a</b>	Plan name PETROLEUM EXPERIENCE INC PROFIT SHARING	
<b>b</b>	Name of plan sponsor PETROLEUM EXPERIENCE, INC.	<b>c</b> EIN-PN 45-0348856-001
<b>a</b>	Plan name ROLETTE COMMUNITY CARE CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor ROLETTE COMMUNITY CARE CENTER	<b>c</b> EIN-PN 20-5330283-001
<b>a</b>	Plan name ROUGHRIDER RVS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROUGHRIDER RV'S, INC	<b>c</b> EIN-PN 45-0339047-001
<b>a</b>	Plan name SACKMAN ELECTRIC & CONTROLS INC 401K	
<b>b</b>	Name of plan sponsor SACKMAN ELECTRIC & CONTROLS, INC.	<b>c</b> EIN-PN 20-8205559-001
<b>a</b>	Plan name SAX MOTOR CO. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAX MOTOR CO	<b>c</b> EIN-PN 45-0191270-001
<b>a</b>	Plan name SCRANTON EQUITY EXCHANGE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCRANTON EQUITY EXCHANGE	<b>c</b> EIN-PN 45-0192460-002
<b>a</b>	Plan name ST. LUKE'S HOME 401K PLAN	
<b>b</b>	Name of plan sponsor ST LUKES HOME	<b>c</b> EIN-PN 45-0347147-002
<b>a</b>	Plan name STANDING ROCK SCHOOL 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STANDING ROCK COMMUNITY GRANT SCHOOL	<b>c</b> EIN-PN 45-0407044-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	STEFFES EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STEFFES LLC	<b>c</b> EIN-PN 45-0320555-001
<b>a</b>	Plan name	STOCKMEN'S LIVESTOCK EXCHANGE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STOCKMENS LIVESTOCK EXCHANGE INC	<b>c</b> EIN-PN 45-0338319-001
<b>a</b>	Plan name	TEMP-RIGHT SERVICE INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEMP-RIGHT SERVICE, INC.	<b>c</b> EIN-PN 45-0409060-001
<b>a</b>	Plan name	THE BONE & JOINT CENTER, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE BONE AND JOINT CENTER PC	<b>c</b> EIN-PN 45-0321538-004
<b>a</b>	Plan name	THE UNION BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE UNION BANK	<b>c</b> EIN-PN 45-0204870-002
<b>a</b>	Plan name	VALLEY DEVELOPMENT GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLEY REALTY, INC.	<b>c</b> EIN-PN 90-0531000-001
<b>a</b>	Plan name	WELLPRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WELL PRO INC	<b>c</b> EIN-PN 45-0341345-002
<b>a</b>	Plan name	MAMMOTH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TITAN ENERGY SERVICES	<b>c</b> EIN-PN 27-4832465-001
<b>a</b>	Plan name	SM FENCING & ENERGY SERVICES, INC.RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SM FENCING & ENERGY SERVICES	<b>c</b> EIN-PN 26-1999687-001
<b>a</b>	Plan name	CHROMA TECHNOLOGY COPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHROMA TECHNOLOGY CORP.	<b>c</b> EIN-PN 03-0329705-001
<b>a</b>	Plan name	RUNYON DESIGN LLC	
<b>b</b>	Name of plan sponsor	RUNYON DESIGN LLC	<b>c</b> EIN-PN 47-4128055-002
<b>a</b>	Plan name	QARIK GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	QARIK GROUP LLC	<b>c</b> EIN-PN 83-4589464-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NORTHERN LIGHTS DENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN LIGHTS DENTAL	<b>c</b> EIN-PN 82-2349745-001
<b>a</b>	Plan name	BIOVIEW 401K PLAN	
<b>b</b>	Name of plan sponsor	BIOVIEW LLC	<b>c</b> EIN-PN 03-0425185-001
<b>a</b>	Plan name	INLAND PAPER 401K PLAN	
<b>b</b>	Name of plan sponsor	INLAND PAPER COMPANY	<b>c</b> EIN-PN 95-3546900-001
<b>a</b>	Plan name	AUSCOM ENGINEERING, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	AUSCOM	<b>c</b> EIN-PN 26-3621248-001
<b>a</b>	Plan name	ICONMOBILE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ICON MOBILE	<b>c</b> EIN-PN 20-2409562-001
<b>a</b>	Plan name	PROSOURCE.IT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PRO SOURCE IT	<b>c</b> EIN-PN 74-3218662-001
<b>a</b>	Plan name	BISMARCK TITLE COMPANY SH 401(K)	
<b>b</b>	Name of plan sponsor	BISMARCK TITLE COMPANY	<b>c</b> EIN-PN 45-0403332-001
<b>a</b>	Plan name	BRENT J SELLE, DDS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SELLE FAMILY DENTAL, PC	<b>c</b> EIN-PN 20-4008402-001
<b>a</b>	Plan name	CHUPPE CLINIC SH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHUPPE CHIROPRACTIC CLINIC PC	<b>c</b> EIN-PN 45-0412672-001
<b>a</b>	Plan name	DTN STAFFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DTN STAFFING, INC.	<b>c</b> EIN-PN 26-1167494-001
<b>a</b>	Plan name	FUSION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FUSION INC.	<b>c</b> EIN-PN 42-1183035-001
<b>a</b>	Plan name	LINTON HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LINTON REGIONAL MEDICAL CENTER	<b>c</b> EIN-PN 45-0253272-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SOMERSET-MINOT, LLC 401K	
<b>b</b>	Name of plan sponsor	VISION MANAGEMENT, LLC	<b>c</b> EIN-PN 45-0454355-001
<b>a</b>	Plan name	SWCP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWEST CONCRETE PAVING COMPANY	<b>c</b> EIN-PN 26-1943906-001
<b>a</b>	Plan name	THE HUB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE HUB CONVENIENCE STORES, INC.	<b>c</b> EIN-PN 46-4117618-001
<b>a</b>	Plan name	TRILOGY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TRILOGY LLC	<b>c</b> EIN-PN 81-3397760-001
<b>a</b>	Plan name	VALLEY MARINE INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	VALLEY MARINE INC	<b>c</b> EIN-PN 45-0398535-001
<b>a</b>	Plan name	WYOMING CASING 401K PLAN	
<b>b</b>	Name of plan sponsor	WYOMING CASING SERVICES	<b>c</b> EIN-PN 83-0234932-001
<b>a</b>	Plan name	CLAIR GLOBAL CORPORATION	
<b>b</b>	Name of plan sponsor	CLAIR GLOBAL CORPORATION	<b>c</b> EIN-PN 23-3060180-001
<b>a</b>	Plan name	GREENWOOD KING PROPERTIES II INC	
<b>b</b>	Name of plan sponsor	GREENWOOD KING PROPERTIES INC.	<b>c</b> EIN-PN 76-0321611-001
<b>a</b>	Plan name	KRUGER'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JUSTIN DAVID RAMIREZ/LYNE LEBEL/J GAGNER	<b>c</b> EIN-PN 02-0260404-006
<b>a</b>	Plan name	LILLY DA VID 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BETH KUHNS	<b>c</b> EIN-PN 23-2255189-001
<b>a</b>	Plan name	QUAD CITY HUMAN RESOURCES, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KATHRYN PLEIN	<b>c</b> EIN-PN 36-3953282-001
<b>a</b>	Plan name	S. DAVID & CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REBECCA STINCHFIELD	<b>c</b> EIN-PN 59-1973891-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>JOHN HANCOCK STABLE VALUE FUND COLLECTIVE INVESTMENT TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GLOBAL TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>80-6136981</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	9561421      6919310
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	896809333      748402577
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	1672825017      1434789058
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	630857134      516056551

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	3210052905	2706167496
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	12149353	9383921
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12149353	9383921
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	3197903552	2696783575

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
<b>b Earnings on investments:</b>			
(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)		
(F) Other.....	2b(1)(F)	84027181	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		84027181
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1006851480	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1006851480	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	
<b>c</b> Other income .....	2c	3100818
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	87127999

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	11103956
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	715762
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	11819718
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	11819718

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	75308281
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	394319383
(2) From this plan .....	2l(2)	970747641

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

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

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

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