

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

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 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) E, 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: CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST
2b Employer Identification Number (EIN): 83-6614110
2c Plan Sponsor's telephone number: 317-264-3794
2d Business code (see instructions)

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

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

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.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

9a Plan funding arrangement (check all that apply) (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	9b 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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 154816572

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST		D Employer Identification Number (EIN) 83-6614110

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

1 Coverage Information:

(a) Name of insurance carrier
ANTHEM INSURANCE COMPANIES, INC. DBA ANTHEM BLUE CROSS AND BLUE SHIELD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0781558	10345	0000	21600	10/01/2023	09/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	109791390
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST	D Employer Identification Number (EIN) 83-6614110	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ANTHEM INSURANCE COMPANIES, INC.

35-0781558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	N/A	7592500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONSOLIPLEX INDIANA BENEFITS

84-3872514

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 16	N/A	993816	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NAVIA BENEFIT SOLUTIONS

91-1467758

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38	N/A	82247	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MALONEY + NOVOTNY LLC

34-0677006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16	N/A	40650	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOSE MCKINNEY & EVANS LLP

35-0957980

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	N/A	31341	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	N/A	8371	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

OPTUM

41-1858498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	N/A	7299	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST</u>	D Employer Identification Number (EIN) <u>83-6614110</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

a Plan name	1820, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	1820, LLC	c EIN-PN 86-1656444-501
a Plan name	1965 GROUP, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	1965 GROUP, LLC	c EIN-PN 87-2781268-501
a Plan name	1ST SOURCE PRODUCTS INC CBIN BENEFIT PLAN	
b Name of plan sponsor	1ST SOURCE PRODUCTS INC	c EIN-PN 52-2447543-501
a Plan name	21ST CENTURY HOMES CBIN BENEFIT PLAN	
b Name of plan sponsor	21ST CENTURY HOMES	c EIN-PN 27-4153943-501
a Plan name	2FAST4U CBIN BENEFIT PLAN	
b Name of plan sponsor	2FAST4U	c EIN-PN 82-3237727-501
a Plan name	3 SCREEN SOLUTIONS CBIN BENEFIT PLAN	
b Name of plan sponsor	3 SCREEN SOLUTIONS	c EIN-PN 32-0660026-501
a Plan name	3602 SAMPLE LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	3602 SAMPLE LLC	c EIN-PN 84-2693213-501
a Plan name	3D LEASING CBIN BENEFIT PLAN	
b Name of plan sponsor	3D LEASING	c EIN-PN 87-2489325-501
a Plan name	3GEN HOSPITALITY LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	3GEN HOSPITALITY LLC	c EIN-PN 84-4585805-501
a Plan name	3P LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	3P LLC	c EIN-PN 83-4334741-501
a Plan name	3TW, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	3TW, LLC	c EIN-PN 81-1754286-501
a Plan name	4CIT CBIN BENEFIT PLAN	
b Name of plan sponsor	4CIT	c EIN-PN 30-0792303-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	4-WAY PRODUCTIONS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	4-WAY PRODUCTIONS INC	c EIN-PN 35-1820166-501
a	Plan name	5 STAR ENGINEERING CBIN BENEFIT PLAN	
b	Name of plan sponsor	5 STAR ENGINEERING	c EIN-PN 45-1066576-501
a	Plan name	619 RECRUITING CBIN BENEFIT PLAN	
b	Name of plan sponsor	619 RECRUITING	c EIN-PN 83-3185162-501
a	Plan name	915, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	915, LLC	c EIN-PN 47-2818811-501
a	Plan name	A CUT ABOVE LAWN MAINTENANCE CBIN BENEFIT PLAN	
b	Name of plan sponsor	A CUT ABOVE LAWN MAINTENANCE	c EIN-PN 30-9802223-501
a	Plan name	A FRESH LOOK LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	A FRESH LOOK LLC	c EIN-PN 86-1324912-501
a	Plan name	A INVERSE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	A INVERSE LLC	c EIN-PN 92-3030565-501
a	Plan name	A PLUS PLUMBING, HEATING & COOLING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	A PLUS PLUMBING, HEATING & COOLING LLC	c EIN-PN 82-3972411-501
a	Plan name	A TO Z TRUCK AND TRAILER CBIN BENEFIT PLAN	
b	Name of plan sponsor	A TO Z TRUCK AND TRAILER	c EIN-PN 35-1388139-501
a	Plan name	A TOTAL SOLUTION CPA AND CONSULTING SERVICE CBIN BENEFIT PLAN	
b	Name of plan sponsor	A TOTAL SOLUTION CPA AND CONSULTING SERVICE	c EIN-PN 26-2138745-502
a	Plan name	A.I.M. LOGISTICS INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	A.I.M. LOGISTICS INC.	c EIN-PN 47-2520849-501
a	Plan name	A-1 AWARDS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	A-1 AWARDS INC	c EIN-PN 35-1557682-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AAA PLUMBING OF CLINTON COUNTY CBIN BENEFIT PLAN	
b	Name of plan sponsor	AAA PLUMBING OF CLINTON COUNTY	c EIN-PN 47-2225889-501
a	Plan name	AACO GOLF CARTS & PARTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	AACO GOLF CARTS & PARTS	c EIN-PN 26-4459840-501
a	Plan name	AADVANCED BUILDING PRODUCTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	AADVANCED BUILDING PRODUCTS	c EIN-PN 31-1577429-502
a	Plan name	ABBRING FAMILY FARMS CBIN BENEFIT PLAN	
b	Name of plan sponsor	ABBRING FAMILY FARMS	c EIN-PN 46-4403954-501
a	Plan name	ABC MARKETING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ABC MARKETING INC	c EIN-PN 35-1763754-501
a	Plan name	ABDUCTION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ABDUCTION INC	c EIN-PN 82-0673941-501
a	Plan name	ABSORB LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ABSORB LLC	c EIN-PN 45-5454765-501
a	Plan name	ACCESS TO CARE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ACCESS TO CARE LLC	c EIN-PN 20-1214161-501
a	Plan name	ACCU-DIG, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	ACCU-DIG, INC.	c EIN-PN 20-8452411-501
a	Plan name	ACCURATE COMMUNICATION CONSTRUCTION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ACCURATE COMMUNICATION CONSTRUCTION INC	c EIN-PN 83-1939697-501
a	Plan name	ACE HOME IMPROVEMENTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	ACE HOME IMPROVEMENTS	c EIN-PN 35-2150731-501
a	Plan name	ACE PREPARATORY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ACE PREPARATORY INC	c EIN-PN 47-3128337-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACG OPERATIONS COMPANY LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ACG OPERATIONS COMPANY LLC	c EIN-PN 84-3974963-501
a	Plan name	ACOUSTICS PLUS CBIN BENEFIT PLAN	
b	Name of plan sponsor	ACOUSTICS PLUS	c EIN-PN 35-1746627-501
a	Plan name	ACTION GLASS COMPANY CBIN BENEFIT PLAN	
b	Name of plan sponsor	ACTION GLASS COMPANY	c EIN-PN 35-1869696-501
a	Plan name	ACUMEN PHARMACEUTICALS IN CBIN BENEFIT PLAN	
b	Name of plan sponsor	ACUMEN PHARMACEUTICALS IN	c EIN-PN 36-4108129-501
a	Plan name	ADALIE ALLEN INSURANCE AGENCY, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	ADALIE ALLEN INSURANCE AGENCY, INC.	c EIN-PN 86-2349566-501
a	Plan name	ADAMS FRENCH PROPERTY LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ADAMS FRENCH PROPERTY LLC	c EIN-PN 81-3526700-501
a	Plan name	ADOPTIONS OF INDIANA CBIN BENEFIT PLAN	
b	Name of plan sponsor	ADOPTIONS OF INDIANA	c EIN-PN 35-1956277-501
a	Plan name	ADRIAN HEIL TREE SERVICE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ADRIAN HEIL TREE SERVICE INC	c EIN-PN 27-0256029-501
a	Plan name	ADVANCED ENGINEERING SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED ENGINEERING SERVICES	c EIN-PN 27-1625230-501
a	Plan name	ADVANCED NETWORK & COMPUTER SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED NETWORK & COMPUTER SERVICES	c EIN-PN 35-2140859-501
a	Plan name	ADVANCED PLANNING SOLUTIONS, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED PLANNING SOLUTIONS, INC	c EIN-PN 47-0861472-501
a	Plan name	ADVANCED RESCUE SOLUTIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED RESCUE SOLUTIONS	c EIN-PN 85-3487352-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ADVANTAGE CONSTRUCTION EQUIPMENT AND PARTS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ADVANTAGE CONSTRUCTION EQUIPMENT AND PARTS INC	c EIN-PN 61-1359663-501
a	Plan name	AE SELLERS CONSULTING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AE SELLERS CONSULTING LLC	c EIN-PN 35-2077053-501
a	Plan name	AEGIS SECURITY ADVISORS INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	AEGIS SECURITY ADVISORS INC.	c EIN-PN 82-4643476-501
a	Plan name	AERO - FLO INDUSTRIES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	AERO - FLO INDUSTRIES, INC.	c EIN-PN 35-1842651-501
a	Plan name	AFTER ACTION MEDICAL AND DENTAL SUPPLY LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AFTER ACTION MEDICAL AND DENTAL SUPPLY LLC	c EIN-PN 27-2487230-501
a	Plan name	AIGNER BUILDING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AIGNER BUILDING LLC	c EIN-PN 45-2671727-501
a	Plan name	AIRCRAFT SERVICE CO LTD CBIN BENEFIT PLAN	
b	Name of plan sponsor	AIRCRAFT SERVICE CO LTD	c EIN-PN 35-1849019-501
a	Plan name	AJ PARTNERSHIP INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AJ PARTNERSHIP INC	c EIN-PN 46-3256987-501
a	Plan name	ALAMO CONSTRUCTION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ALAMO CONSTRUCTION LLC	c EIN-PN 82-2977971-501
a	Plan name	ALBERT LAND MANAGEMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	ALBERT LAND MANAGEMENT	c EIN-PN 85-1083606-501
a	Plan name	ALDRICH ENTERPRISES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ALDRICH ENTERPRISES LLC	c EIN-PN 85-3519647-501
a	Plan name	ALIGN CEC INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ALIGN CEC INC	c EIN-PN 35-1874934-502

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	ALL AMERICAN SHEET METAL CBIN BENEFIT PLAN
b	Name of plan sponsor	ALL AMERICAN SHEET METAL
c	EIN-PN	47-4915422-501
a	Plan name	ALL OCCASION TENT RENTAL CBIN BENEFIT PLAN
b	Name of plan sponsor	ALL OCCASION TENT RENTAL
c	EIN-PN	35-1938249-501
a	Plan name	ALLEN COUNTY RETINAL SURGEONS CBIN BENEFIT PLAN
b	Name of plan sponsor	ALLEN COUNTY RETINAL SURGEONS
c	EIN-PN	35-1971489-501
a	Plan name	ALLIANCE ARCHITECTS INC CBIN BENEFIT PLAN
b	Name of plan sponsor	ALLIANCE ARCHITECTS INC
c	EIN-PN	46-1254757-501
a	Plan name	ALLIED LOGISTICS LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	ALLIED LOGISTICS LLC
c	EIN-PN	85-0913741-501
a	Plan name	ALLISONVILLE EYE CARE CTR CBIN BENEFIT PLAN
b	Name of plan sponsor	ALLISONVILLE EYE CARE CTR
c	EIN-PN	20-2057594-501
a	Plan name	ALLPOINTS HOME HEALTHCARE CBIN BENEFIT PLAN
b	Name of plan sponsor	ALLPOINTS HOME HEALTHCARE
c	EIN-PN	35-2152154-501
a	Plan name	ALPHA ENGINEERING OF INDIANA, INC CBIN BENEFIT PLAN
b	Name of plan sponsor	ALPHA ENGINEERING OF INDIANA, INC
c	EIN-PN	35-1463178-501
a	Plan name	ALPHA SIGMA PHI FRATERNITY CBIN BENEFIT PLAN
b	Name of plan sponsor	ALPHA SIGMA PHI FRATERNITY
c	EIN-PN	31-4359813-501
a	Plan name	ALPHA SIGMA TAU CBIN BENEFIT PLAN
b	Name of plan sponsor	ALPHA SIGMA TAU
c	EIN-PN	43-0781516-501
a	Plan name	ALUMINUM CONVERSION INC CBIN BENEFIT PLAN
b	Name of plan sponsor	ALUMINUM CONVERSION INC
c	EIN-PN	35-1548666-501
a	Plan name	AMANI FAMILY SERVICES CBIN BENEFIT PLAN
b	Name of plan sponsor	AMANI FAMILY SERVICES
c	EIN-PN	41-2205791-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AMBROSE SERVICES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AMBROSE SERVICES LLC	c EIN-PN 46-3081985-501
a	Plan name	AMBUCARE CLINIC PC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AMBUCARE CLINIC PC	c EIN-PN 35-1684166-501
a	Plan name	AMBULANCE BILLING SVC INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AMBULANCE BILLING SVC INC	c EIN-PN 38-3698271-501
a	Plan name	AMERICAN INDUSTRIAL GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN INDUSTRIAL GROUP LLC	c EIN-PN 92-1230930-501
a	Plan name	AMERICAN SUNSPACE, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN SUNSPACE, INC.	c EIN-PN 42-5109029-501
a	Plan name	AMERICAN TIMBER TREE SERVICE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN TIMBER TREE SERVICE LLC	c EIN-PN 83-2733312-501
a	Plan name	AMPLIFIED SCIENCES CBIN BENEFIT PLAN	
b	Name of plan sponsor	AMPLIFIED SCIENCES	c EIN-PN 81-2008087-501
a	Plan name	ANALYTICAL ENGINEERING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ANALYTICAL ENGINEERING INC	c EIN-PN 35-1936383-501
a	Plan name	ANDERSON AGOSTINO AND KEL CBIN BENEFIT PLAN	
b	Name of plan sponsor	ANDERSON AGOSTINO AND KEL	c EIN-PN 35-2105523-501
a	Plan name	ANDERSON ORCHARD CBIN BENEFIT PLAN	
b	Name of plan sponsor	ANDERSON ORCHARD	c EIN-PN 45-4148560-501
a	Plan name	ANESTHESIOLOGY GROUP ASSOCIATES CBIN BENEFIT PLAN	
b	Name of plan sponsor	ANESTHESIOLOGY GROUP ASSOCIATES	c EIN-PN 31-1322816-501
a	Plan name	ANGOLA CHRYSLER DODGE JEEP RAM CBIN BENEFIT PLAN	
b	Name of plan sponsor	ANGOLA CHRYSLER DODGE JEEP RAM	c EIN-PN 86-2701332-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ANNETTE MAINS MINISTRIES CBIN BENEFIT PLAN	
b	Name of plan sponsor	ANNETTE MAINS MINISTRIES	c EIN-PN 35-1955115-501
a	Plan name	ANVL CBIN BENEFIT PLAN	
b	Name of plan sponsor	ANVL	c EIN-PN 82-4220058-502
a	Plan name	AO1 CBIN BENEFIT PLAN	
b	Name of plan sponsor	AO1	c EIN-PN 83-0520262-501
a	Plan name	APOLLO PRECISION MACHINING, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	APOLLO PRECISION MACHINING, INC.	c EIN-PN 35-1711734-501
a	Plan name	APOLLOS WATERS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	APOLLOS WATERS LLC	c EIN-PN 27-5323989-501
a	Plan name	APPLIED ENGINEERING SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	APPLIED ENGINEERING SERVICES	c EIN-PN 35-2035290-501
a	Plan name	APPLYING PRESSURE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	APPLYING PRESSURE LLC	c EIN-PN 82-2465058-501
a	Plan name	APS WORKFORCE MANAGEMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	APS WORKFORCE MANAGEMENT	c EIN-PN 35-2118378-501
a	Plan name	AQUA BLAST CORP. CBIN BENEFIT PLAN	
b	Name of plan sponsor	AQUA BLAST CORP.	c EIN-PN 35-1764806-501
a	Plan name	ARAB TERMITE AND PEST CONTROL INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	ARAB TERMITE AND PEST CONTROL INC.	c EIN-PN 35-0846446-501
a	Plan name	ARC OF WABASH COUNTY INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	ARC OF WABASH COUNTY INC.	c EIN-PN 35-1095971-501
a	Plan name	ARCHITECTS FORUM CBIN BENEFIT PLAN	
b	Name of plan sponsor	ARCHITECTS FORUM	c EIN-PN 35-2122852-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ARCHITECTURAL OPENING CONSULTING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor ARCHITECTURAL OPENING CONSULTING LLC	c EIN-PN 46-4521247-501
a	Plan name ARCHITECTURAL STONE SALES CBIN BENEFIT PLAN	
b	Name of plan sponsor ARCHITECTURAL STONE SALES	c EIN-PN 35-1184702-501
a	Plan name ARCHITECTURE TRIO INC CBIN BENEFIT PLAN	
b	Name of plan sponsor ARCHITECTURE TRIO INC	c EIN-PN 35-2141106-501
a	Plan name ARGOS CONNECTED SOLUTIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor ARGOS CONNECTED SOLUTIONS	c EIN-PN 82-4395281-501
a	Plan name ARKCO CORP CBIN BENEFIT PLAN	
b	Name of plan sponsor ARKCO CORP	c EIN-PN 35-1418600-501
a	Plan name ARMSTRONG GARAGE DOORS CBIN BENEFIT PLAN	
b	Name of plan sponsor ARMSTRONG GARAGE DOORS	c EIN-PN 35-1980274-501
a	Plan name ARROW SERVICES INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor ARROW SERVICES INC.	c EIN-PN 35-1132596-502
a	Plan name ARSEE ENGINEERS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor ARSEE ENGINEERS INC	c EIN-PN 35-1611580-501
a	Plan name ART WORKS SIGN COMPANY CBIN BENEFIT PLAN	
b	Name of plan sponsor ART WORKS SIGN COMPANY	c EIN-PN 38-3204402-501
a	Plan name ARTEMIS GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor ARTEMIS GROUP LLC	c EIN-PN 85-2167105-501
a	Plan name ARTISAN TOOL & DIE CBIN BENEFIT PLAN	
b	Name of plan sponsor ARTISAN TOOL & DIE	c EIN-PN 65-0253745-502
a	Plan name ARTISTIC COMPOSITE PALLETS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor ARTISTIC COMPOSITE PALLETS LLC	c EIN-PN 84-4793567-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ARVIA APPRAISALS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ARVIA APPRAISALS LLC	c EIN-PN 36-4782951-501
a	Plan name	ASSEMBLY MASTERS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ASSEMBLY MASTERS INC	c EIN-PN 35-2094536-501
a	Plan name	ATIS, INVESTMENTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	ATIS, INVESTMENTS	c EIN-PN 26-3128522-501
a	Plan name	ATTORNEY DAREN NIEMI LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ATTORNEY DAREN NIEMI LLC	c EIN-PN 92-1188357-501
a	Plan name	AUBURN PLASTICS & RUBBER INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	AUBURN PLASTICS & RUBBER INC.	c EIN-PN 35-1135093-501
a	Plan name	AUDIO SOURCE, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	AUDIO SOURCE, INC.	c EIN-PN 20-0621164-501
a	Plan name	AUTISM SOCIETY OF INDIANA CBIN BENEFIT PLAN	
b	Name of plan sponsor	AUTISM SOCIETY OF INDIANA	c EIN-PN 35-1924804-501
a	Plan name	AUTO DESIGN COLLISION CENTER, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	AUTO DESIGN COLLISION CENTER, INC.	c EIN-PN 35-1977540-501
a	Plan name	AUTO HOUSE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AUTO HOUSE INC	c EIN-PN 35-2032920-501
a	Plan name	AUTO NOW, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AUTO NOW, INC	c EIN-PN 82-4388999-501
a	Plan name	AUTO REPAIRS BY KEVIN INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AUTO REPAIRS BY KEVIN INC	c EIN-PN 26-3931256-501
a	Plan name	AUTOMATION & CONTROL SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	AUTOMATION & CONTROL SERVICES	c EIN-PN 35-2005965-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AUXILIUM PSYCHOLOGICAL SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	AUXILIUM PSYCHOLOGICAL SERVICES	c EIN-PN 82-2384751-501
a	Plan name	AVID CONSULTING GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	AVID CONSULTING GROUP	c EIN-PN 47-1120870-501
a	Plan name	AXIOM FINANCIAL SERVICES GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	AXIOM FINANCIAL SERVICES GROUP	c EIN-PN 84-3745091-501
a	Plan name	AYOKAY LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	AYOKAY LLC	c EIN-PN 45-3845775-501
a	Plan name	B & B TOOLING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	B & B TOOLING INC	c EIN-PN 35-1925428-501
a	Plan name	B AND B GOODS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	B AND B GOODS INC	c EIN-PN 85-1676502-501
a	Plan name	B E SPERANZA INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	B E SPERANZA INC	c EIN-PN 35-1450985-501
a	Plan name	B G HOADLEY QUARRIES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	B G HOADLEY QUARRIES, INC.	c EIN-PN 35-0384330-501
a	Plan name	B STEVENS SERVICES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	B STEVENS SERVICES LLC	c EIN-PN 46-4403374-501
a	Plan name	B&A FARMS CBIN BENEFIT PLAN	
b	Name of plan sponsor	B&A FARMS	c EIN-PN 35-1536917-501
a	Plan name	B&W WELLER CBIN BENEFIT PLAN	
b	Name of plan sponsor	B&W WELLER	c EIN-PN 75-3206472-501
a	Plan name	B2S LIFE SCIENCES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	B2S LIFE SCIENCES LLC	c EIN-PN 47-1702703-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BADEN TAX MANAGEMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	BADEN TAX MANAGEMENT	c EIN-PN 20-3623225-501
a	Plan name	BAIRD HOME CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	BAIRD HOME CORPORATION	c EIN-PN 35-1053186-501
a	Plan name	BAKER SPECIALTY AND SUPPLY CO CBIN BENEFIT PLAN	
b	Name of plan sponsor	BAKER SPECIALTY AND SUPPLY CO	c EIN-PN 35-0159980-501
a	Plan name	BALDASSARI FINANCIAL PLANNING CBIN BENEFIT PLAN	
b	Name of plan sponsor	BALDASSARI FINANCIAL PLANNING	c EIN-PN 35-2021708-501
a	Plan name	BAMAR PLASTICS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	BAMAR PLASTICS, INC.	c EIN-PN 35-1444549-501
a	Plan name	BAR COMMUNICATIONS, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BAR COMMUNICATIONS, LLC	c EIN-PN 27-3328041-501
a	Plan name	BARASH LAW LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BARASH LAW LLC	c EIN-PN 26-4276380-501
a	Plan name	BARCUS FARMS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BARCUS FARMS LLC	c EIN-PN 45-1537002-501
a	Plan name	BARTEL PRINTING COMPANY CBIN BENEFIT PLAN	
b	Name of plan sponsor	BARTEL PRINTING COMPANY	c EIN-PN 35-1303028-501
a	Plan name	BARTHULY IRRIGATION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BARTHULY IRRIGATION INC	c EIN-PN 35-1877755-501
a	Plan name	BARTON AUTOMOTIVE CBIN BENEFIT PLAN	
b	Name of plan sponsor	BARTON AUTOMOTIVE	c EIN-PN 20-5614532-501
a	Plan name	BASELINE 4X4 RECYCLERS CBIN BENEFIT PLAN	
b	Name of plan sponsor	BASELINE 4X4 RECYCLERS	c EIN-PN 82-2404199-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BASH & ASSOCIATES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BASH & ASSOCIATES INC	c EIN-PN 35-1732383-501
a	Plan name	BASTIN LOGAN WATER SVC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BASTIN LOGAN WATER SVC	c EIN-PN 35-1558802-501
a	Plan name	BCO LAB INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BCO LAB INC	c EIN-PN 85-4399603-501
a	Plan name	B-D INDUSTRIES INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	B-D INDUSTRIES INC.	c EIN-PN 35-1466918-501
a	Plan name	BD MEDICAL DEVICES, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BD MEDICAL DEVICES, INC	c EIN-PN 26-0175772-501
a	Plan name	BE N AG LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BE N AG LLC	c EIN-PN 20-2561458-501
a	Plan name	BECK'S CHIMNEY SWEEP CBIN BENEFIT PLAN	
b	Name of plan sponsor	BECKS CHIMNEY SWEEP	c EIN-PN 45-4454429-501
a	Plan name	BEDFORD TIRE & SERVICE CENTER CBIN BENEFIT PLAN	
b	Name of plan sponsor	BEDFORD TIRE & SERVICE CENTER	c EIN-PN 81-0688185-501
a	Plan name	BEERS MALLERS BACKS AND SALIN CBIN BENEFIT PLAN	
b	Name of plan sponsor	BEERS MALLERS BACKS AND SALIN	c EIN-PN 35-1610735-501
a	Plan name	BELL FARMS CBIN BENEFIT PLAN	
b	Name of plan sponsor	BELL FARMS	c EIN-PN 35-2139651-501
a	Plan name	BENTLEY VENTURES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BENTLEY VENTURES LLC	c EIN-PN 47-3197890-501
a	Plan name	BEREY BROS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BEREY BROS INC	c EIN-PN 35-1538244-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BERNE HI-WAY HATCHERY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BERNE HI-WAY HATCHERY INC	c EIN-PN 35-1026605-501
a	Plan name	BERRY FARMS OF FOWLER INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BERRY FARMS OF FOWLER INC	c EIN-PN 35-1314899-501
a	Plan name	BETHEL TEMPLE CBIN BENEFIT PLAN	
b	Name of plan sponsor	BETHEL TEMPLE	c EIN-PN 35-1045078-501
a	Plan name	BETTER BUSINESS BUREAU CBIN BENEFIT PLAN	
b	Name of plan sponsor	BETTER BUSINESS BUREAU	c EIN-PN 35-0177190-501
a	Plan name	BEULIGMANN HEATING AND AIR CONDITIONING, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BEULIGMANN HEATING AND AIR CONDITIONING, LLC	c EIN-PN 27-1767053-501
a	Plan name	BFU, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BFU, INC	c EIN-PN 88-2959128-501
a	Plan name	BHN AUTOMOTIVE MANAGEMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	BHN AUTOMOTIVE MANAGEMENT	c EIN-PN 93-2468448-501
a	Plan name	BIG CAR MEDIA, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	BIG CAR MEDIA, INC.	c EIN-PN 11-3725157-501
a	Plan name	BIG TIME ADVERTISING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BIG TIME ADVERTISING INC	c EIN-PN 06-1817644-501
a	Plan name	BIG TIME TRADING CBIN BENEFIT PLAN	
b	Name of plan sponsor	BIG TIME TRADING	c EIN-PN 35-2133080-501
a	Plan name	BILL DOBSON FORD CBIN BENEFIT PLAN	
b	Name of plan sponsor	BILL DOBSON FORD	c EIN-PN 35-1829018-501
a	Plan name	BILTMORE DERMATOLOGY CBIN BENEFIT PLAN	
b	Name of plan sponsor	BILTMORE DERMATOLOGY	c EIN-PN 82-0997058-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BILTWELL EVENT CENTER CBIN BENEFIT PLAN	
b	Name of plan sponsor	BILTWELL EVENT CENTER	c EIN-PN 47-4505407-501
a	Plan name	BIOVALOREM LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BIOVALOREM LLC	c EIN-PN 26-2403907-501
a	Plan name	BIT, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BIT, INC	c EIN-PN 83-4200583-501
a	Plan name	BLACK DIAMOND CONSULTING CBIN BENEFIT PLAN	
b	Name of plan sponsor	BLACK DIAMOND CONSULTING	c EIN-PN 47-5595310-501
a	Plan name	BLANK PAGE MARKETING, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BLANK PAGE MARKETING, LLC	c EIN-PN 82-2404305-501
a	Plan name	BLOOMINGTON SPORTS AND WELLNESS CBIN BENEFIT PLAN	
b	Name of plan sponsor	BLOOMINGTON SPORTS AND WELLNESS	c EIN-PN 26-3058510-501
a	Plan name	BLUE FOX HEATING & COOLING CBIN BENEFIT PLAN	
b	Name of plan sponsor	BLUE FOX HEATING & COOLING	c EIN-PN 82-3050086-501
a	Plan name	BLUE RIVER ENVIRONMENTAL & RESTORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	BLUE RIVER ENVIRONMENTAL & RESTORATION	c EIN-PN 82-1218096-501
a	Plan name	BLUELINE MEDIA PRODUCTIONS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BLUELINE MEDIA PRODUCTIONS LLC	c EIN-PN 46-4484658-501
a	Plan name	BML GRAPHICS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BML GRAPHICS LLC	c EIN-PN 46-5040023-501
a	Plan name	BOB DENNIS INSURANCE CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOB DENNIS INSURANCE	c EIN-PN 20-4114579-501
a	Plan name	BOB SCHULZ REALTY CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOB SCHULZ REALTY	c EIN-PN 35-1324809-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BODY OUTFITTERS CBIN BENEFIT PLAN	
b	Name of plan sponsor	BODY OUTFITTERS	c EIN-PN 27-3007392-501
a	Plan name	BOGEY BIRD II, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOGEY BIRD II, INC	c EIN-PN 27-0705936-501
a	Plan name	BOJE BENNER BECKER MARKOVICH CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOJE BENNER BECKER MARKOVICH	c EIN-PN 35-1131709-501
a	Plan name	BOKEL ELECTRIC, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOKEL ELECTRIC, LLC	c EIN-PN 20-5388316-501
a	Plan name	BOLLS UNIQUE INDOOR COMFORT LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOLLS UNIQUE INDOOR COMFORT LLC	c EIN-PN 35-2109637-501
a	Plan name	BOND TRAILER SERVICE INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOND TRAILER SERVICE INC.	c EIN-PN 20-5420820-501
a	Plan name	BOOKKEEPING & UNIFIED BUSINESS SOLUTIONS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOOKKEEPING & UNIFIED BUSINESS SOLUTIONS INC	c EIN-PN 92-1359020-501
a	Plan name	BOOMERANG PROPERTY SERVICES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOOMERANG PROPERTY SERVICES LLC	c EIN-PN 81-1348874-501
a	Plan name	BOOTS AND BOTTLES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOOTS AND BOTTLES INC	c EIN-PN 45-2441024-501
a	Plan name	BOREN OLIVER & COFFEY LLP CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOREN OLIVER & COFFEY LLP	c EIN-PN 35-1515465-501
a	Plan name	BOYDEN & YOUNGBLUTT ADVERTISING & MARKETING CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOYDEN & YOUNGBLUTT ADVERTISING & MARKETING	c EIN-PN 35-1803285-501
a	Plan name	BOYLE CONSTRUCTION MANAGEMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	BOYLE CONSTRUCTION MANAGEMENT	c EIN-PN 35-1914899-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BRAD DALE RENTALS CBIN BENEFIT PLAN	
b	Name of plan sponsor BRAD DALE RENTALS	c EIN-PN 45-3546742-501
a	Plan name BRADFORD BUILDERS CBIN BENEFIT PLAN	
b	Name of plan sponsor BRADFORD BUILDERS	c EIN-PN 35-1848089-501
a	Plan name BRADLEY & ASSOCIATES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor BRADLEY & ASSOCIATES INC	c EIN-PN 35-1719602-501
a	Plan name BRIGHT COMFORT HEATNG & AIR CONDITIONING CBIN BENEFIT PLAN	
b	Name of plan sponsor BRIGHT COMFORT HEATNG & AIR CONDITIONING	c EIN-PN 83-0819463-501
a	Plan name BRIGHT SIGNS MARKETING, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor BRIGHT SIGNS MARKETING, LLC	c EIN-PN 16-4592008-501
a	Plan name BRIGHTWELL BEHAVIORAL HEALTH CBIN BENEFIT PLAN	
b	Name of plan sponsor BRIGHTWELL BEHAVIORAL HEALTH	c EIN-PN 83-1779940-501
a	Plan name BRITTANY CONSTRUCTION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor BRITTANY CONSTRUCTION INC	c EIN-PN 35-1995023-501
a	Plan name BROADBAND ANTENNA TRACKING SYSTEMS CBIN BENEFIT PLAN	
b	Name of plan sponsor BROADBAND ANTENNA TRACKING SYSTEMS	c EIN-PN 26-2234443-501
a	Plan name BROADLOOP INC CBIN BENEFIT PLAN	
b	Name of plan sponsor BROADLOOP INC	c EIN-PN 87-3196648-501
a	Plan name BROCKEY INSURANCE AGENCY, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor BROCKEY INSURANCE AGENCY, INC.	c EIN-PN 82-2424997-501
a	Plan name BROCKMAN HEATING AND AIR CBIN BENEFIT PLAN	
b	Name of plan sponsor BROCKMAN HEATING AND AIR	c EIN-PN 35-1181506-501
a	Plan name BROOKSIDE WEALTH ADVISORS CBIN BENEFIT PLAN	
b	Name of plan sponsor BROOKSIDE WEALTH ADVISORS	c EIN-PN 85-1025948-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BROOKWOOD CABINET COMPANY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BROOKWOOD CABINET COMPANY INC	c EIN-PN 35-1437897-501
a	Plan name	BROWN CO WINE CO. CBIN BENEFIT PLAN	
b	Name of plan sponsor	BROWN CO WINE CO.	c EIN-PN 35-1657510-501
a	Plan name	BRUNETTE & ASSOCIATES CBIN BENEFIT PLAN	
b	Name of plan sponsor	BRUNETTE & ASSOCIATES	c EIN-PN 32-0039031-501
a	Plan name	BRUSHTAMER BACK TO EARTH LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BRUSHTAMER BACK TO EARTH LLC	c EIN-PN 87-1346826-501
a	Plan name	BRYAN HERTA AUTOSPORT, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BRYAN HERTA AUTOSPORT, LLC	c EIN-PN 47-2165985-501
a	Plan name	BUILDING BLOCKS OF INDIANA CBIN BENEFIT PLAN	
b	Name of plan sponsor	BUILDING BLOCKS OF INDIANA	c EIN-PN 31-0971740-501
a	Plan name	BURGESS MECHANICAL CORP CBIN BENEFIT PLAN	
b	Name of plan sponsor	BURGESS MECHANICAL CORP	c EIN-PN 35-1583166-501
a	Plan name	BURKHART MARKETING ASSOC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BURKHART MARKETING ASSOC	c EIN-PN 27-4240695-501
a	Plan name	BURNS KISH FUNERAL HOME CBIN BENEFIT PLAN	
b	Name of plan sponsor	BURNS KISH FUNERAL HOME	c EIN-PN 35-1155087-501
a	Plan name	BUSH DRUGS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BUSH DRUGS INC	c EIN-PN 35-1984033-501
a	Plan name	BUSINESS FURNISHINGS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	BUSINESS FURNISHINGS LLC	c EIN-PN 35-1985484-501
a	Plan name	BUSINESS SYSTEM SOLUTIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor	BUSINESS SYSTEM SOLUTIONS	c EIN-PN 35-2032293-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BUTLER CPA CBIN BENEFIT PLAN	
b	Name of plan sponsor	BUTLER CPA	c EIN-PN 82-3544720-502
a	Plan name	BUY HERE PAY HERE CBIN BENEFIT PLAN	
b	Name of plan sponsor	BUY HERE PAY HERE	c EIN-PN 20-2572506-501
a	Plan name	BYRON L HARTING CBIN BENEFIT PLAN	
b	Name of plan sponsor	BYRON L HARTING	c EIN-PN 35-1732132-501
a	Plan name	C JAMS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	C JAMS INC	c EIN-PN 61-1030363-502
a	Plan name	C M MCCRAY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	C M MCCRAY INC	c EIN-PN 30-0146068-501
a	Plan name	C&S PROTOTYPING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	C&S PROTOTYPING LLC	c EIN-PN 27-2326586-501
a	Plan name	C. KING CONSTRUCTION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	C. KING CONSTRUCTION LLC	c EIN-PN 47-5367469-501
a	Plan name	C.C. COOK & SON LUMBER CBIN BENEFIT PLAN	
b	Name of plan sponsor	C.C. COOK & SON LUMBER	c EIN-PN 35-0900039-501
a	Plan name	C.P.R. MACHINING CBIN BENEFIT PLAN	
b	Name of plan sponsor	C.P.R. MACHINING	c EIN-PN 84-3918202-501
a	Plan name	CAFE BORGIA CBIN BENEFIT PLAN	
b	Name of plan sponsor	CAFE BORGIA	c EIN-PN 36-3480235-501
a	Plan name	CALDWELL VAN RIPER INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CALDWELL VAN RIPER INC	c EIN-PN 35-2374175-501
a	Plan name	CALIBER CONSTRUCTION & INTERIORS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CALIBER CONSTRUCTION & INTERIORS LLC	c EIN-PN 46-0717355-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CALVERT STEEL CONTRACTING CBIN BENEFIT PLAN	
b	Name of plan sponsor	CALVERT STEEL CONTRACTING	c EIN-PN 26-3767999-501
a	Plan name	CAM METAL FABRICATION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CAM METAL FABRICATION LLC	c EIN-PN 33-1215430-501
a	Plan name	CAMBRIDGE CAPITAL MANAGEMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	CAMBRIDGE CAPITAL MANAGEMENT	c EIN-PN 35-1575081-501
a	Plan name	CAMERON PATERSON CBIN BENEFIT PLAN	
b	Name of plan sponsor	CAMERON PATERSON	c EIN-PN 46-5150434-501
a	Plan name	CAMP NAVIGATE, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	CAMP NAVIGATE, INC.	c EIN-PN 82-2763786-501
a	Plan name	CAPTIVATED CBIN BENEFIT PLAN	
b	Name of plan sponsor	CAPTIVATED	c EIN-PN 47-3331717-501
a	Plan name	CAPTURE TICKETING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CAPTURE TICKETING LLC	c EIN-PN 92-0269526-501
a	Plan name	CARDINAL FOOT AND ANKLE CBIN BENEFIT PLAN	
b	Name of plan sponsor	CARDINAL FOOT AND ANKLE	c EIN-PN 35-2125369-501
a	Plan name	CARDINAL STAGE COMPANY CBIN BENEFIT PLAN	
b	Name of plan sponsor	CARDINAL STAGE COMPANY	c EIN-PN 20-5837886-501
a	Plan name	CAREER TRANSITIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor	CAREER TRANSITIONS	c EIN-PN 47-3566772-501
a	Plan name	CARMERICA TIRE PROS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CARMERICA TIRE PROS LLC	c EIN-PN 27-1601875-501
a	Plan name	CARTER HEARING CLINICS CBIN BENEFIT PLAN	
b	Name of plan sponsor	CARTER HEARING CLINICS	c EIN-PN 27-0628469-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CARTER MILLWRIGHT CBIN BENEFIT PLAN	
b	Name of plan sponsor	CARTER MILLWRIGHT	c EIN-PN 35-1836216-501
a	Plan name	CARTESIAN CORP CBIN BENEFIT PLAN	
b	Name of plan sponsor	CARTESIAN CORP	c EIN-PN 35-1916772-501
a	Plan name	CASH AND CARRY LUMBER INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CASH AND CARRY LUMBER INC	c EIN-PN 35-0910669-501
a	Plan name	CASTLE PACKAGING CBIN BENEFIT PLAN	
b	Name of plan sponsor	CASTLE PACKAGING	c EIN-PN 84-3832310-501
a	Plan name	CASTOR EASTON LLP CBIN BENEFIT PLAN	
b	Name of plan sponsor	CASTOR EASTON LLP	c EIN-PN 20-8681302-501
a	Plan name	CAVU AIRCRAFT DETAILING CBIN BENEFIT PLAN	
b	Name of plan sponsor	CAVU AIRCRAFT DETAILING	c EIN-PN 85-0892642-501
a	Plan name	CD&M CORPORATE CBIN BENEFIT PLAN	
b	Name of plan sponsor	CD&M CORPORATE	c EIN-PN 86-1877755-501
a	Plan name	CDK EXPRESS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CDK EXPRESS LLC	c EIN-PN 20-0436076-501
a	Plan name	CELLULAR EXPRESS CBIN BENEFIT PLAN	
b	Name of plan sponsor	CELLULAR EXPRESS	c EIN-PN 35-1912531-501
a	Plan name	CENTERLINE SOLUTIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor	CENTERLINE SOLUTIONS	c EIN-PN 80-0285081-501
a	Plan name	CENTRAL INDIANA MAINTENANCE CBIN BENEFIT PLAN	
b	Name of plan sponsor	CENTRAL INDIANA MAINTENANCE	c EIN-PN 61-1489594-501
a	Plan name	CENTRAL MARKETING TRANSPORT SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	CENTRAL MARKETING TRANSPORT SERVICES	c EIN-PN 46-2573596-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	CENTREBANK CBIN BENEFIT PLAN	
b Name of plan sponsor	CENTREBANK	c EIN-PN 35-0729470-501
a Plan name	CENTURY CHEMICAL CORPORATION CBIN BENEFIT PLAN	
b Name of plan sponsor	CENTURY CHEMICAL CORPORATION	c EIN-PN 35-1853260-501
a Plan name	CERTUS MEDICAL, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	CERTUS MEDICAL, LLC	c EIN-PN 81-1549787-501
a Plan name	CFS WOLCOTT INC CBIN BENEFIT PLAN	
b Name of plan sponsor	CFS WOLCOTT INC	c EIN-PN 35-1966861-501
a Plan name	CGI PLUMBING LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	CGI PLUMBING LLC	c EIN-PN 86-3203641-501
a Plan name	CHAMPION TOOL & ENGINEERING CBIN BENEFIT PLAN	
b Name of plan sponsor	CHAMPION TOOL & ENGINEERING	c EIN-PN 35-1079967-501
a Plan name	CHEESMAN INC CBIN BENEFIT PLAN	
b Name of plan sponsor	CHEESMAN INC	c EIN-PN 35-2010326-501
a Plan name	CHEETAH CAPITAL MANAGEMENT PE LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	CHEETAH CAPITAL MANAGEMENT PE LLC	c EIN-PN 86-1696956-502
a Plan name	CHEROKEE DEVELOPMENT INC CBIN BENEFIT PLAN	
b Name of plan sponsor	CHEROKEE DEVELOPMENT INC	c EIN-PN 35-1766005-501
a Plan name	CHERRY CREEK TOWING & RECOVERY LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	CHERRY CREEK TOWING & RECOVERY LLC	c EIN-PN 81-2975163-501
a Plan name	CHESTNUT FINANCIAL GROUP LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	CHESTNUT FINANCIAL GROUP LLC	c EIN-PN 82-1906187-501
a Plan name	CHICAGO BARBER AND BEAUTY SUPPLIES CBIN BENEFIT PLAN	
b Name of plan sponsor	CHICAGO BARBER AND BEAUTY SUPPLIES	c EIN-PN 85-2657791-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CHIMNEY 1, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CHIMNEY 1, INC	c EIN-PN 36-4549911-501
a	Plan name	CHIROPRACTIC WELLNESS CENTER OF GOSHEN CBIN BENEFIT PLAN	
b	Name of plan sponsor	CHIROPRACTIC WELLNESS CENTER OF GOSHEN	c EIN-PN 20-4725354-501
a	Plan name	CHRISTIE FARRELL LEE & BELL CBIN BENEFIT PLAN	
b	Name of plan sponsor	CHRISTIE FARRELL LEE & BELL	c EIN-PN 47-0906148-501
a	Plan name	CHRISTINA INVESTMENTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	CHRISTINA INVESTMENTS	c EIN-PN 81-4838147-501
a	Plan name	CHRISTYS OF INDIANA LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CHRISTYS OF INDIANA LLC	c EIN-PN 35-1960522-501
a	Plan name	CHURCHILL ROOFING CBIN BENEFIT PLAN	
b	Name of plan sponsor	CHURCHILL ROOFING	c EIN-PN 45-2438286-501
a	Plan name	CIDERMILL PROPANE CBIN BENEFIT PLAN	
b	Name of plan sponsor	CIDERMILL PROPANE	c EIN-PN 45-2877530-501
a	Plan name	CITATION HOMES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CITATION HOMES LLC	c EIN-PN 84-3870402-501
a	Plan name	CLARK COUNTY YOUTH SHELTER CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLARK COUNTY YOUTH SHELTER	c EIN-PN 31-1126065-501
a	Plan name	CLARKE INDUSTRIAL SYS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLARKE INDUSTRIAL SYS INC	c EIN-PN 35-2119807-501
a	Plan name	CLASSIC CUTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLASSIC CUTS	c EIN-PN 35-0555738-501
a	Plan name	CLASSIC MARBLE CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLASSIC MARBLE	c EIN-PN 35-1847859-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CLEAR DECISION FILTRATION, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLEAR DECISION FILTRATION, INC.	c EIN-PN 26-2424173-501
a	Plan name	CLEAR SHOT INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLEAR SHOT INC	c EIN-PN 45-3608142-501
a	Plan name	CLEARVIEW WINDOWS AND DOORS CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLEARVIEW WINDOWS AND DOORS	c EIN-PN 87-1056091-501
a	Plan name	CLENDENING JOHNSON & BOHRER, P.C. CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLENDENING JOHNSON & BOHRER, P.C.	c EIN-PN 27-3632535-501
a	Plan name	CLEVER DOGS MEDIA, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLEVER DOGS MEDIA, INC.	c EIN-PN 82-1211885-501
a	Plan name	CLOSET CONCEPTS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLOSET CONCEPTS, INC.	c EIN-PN 35-1755452-501
a	Plan name	CLOUD DEFENSIVE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLOUD DEFENSIVE LLC	c EIN-PN 46-2023806-501
a	Plan name	CLOUDMAGINE, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLOUDMAGINE, LLC	c EIN-PN 85-2149078-501
a	Plan name	CLOVER PROPERTY MANAGEMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLOVER PROPERTY MANAGEMENT	c EIN-PN 83-1150093-501
a	Plan name	CLR AUTO TRANSPORT CBIN BENEFIT PLAN	
b	Name of plan sponsor	CLR AUTO TRANSPORT	c EIN-PN 22-3898220-501
a	Plan name	CM PROPERTIES CBIN BENEFIT PLAN	
b	Name of plan sponsor	CM PROPERTIES	c EIN-PN 46-5501380-501
a	Plan name	CMID, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	CMID, INC.	c EIN-PN 35-2001605-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CNC INDUSTRIES CBIN BENEFIT PLAN	
b	Name of plan sponsor	CNC INDUSTRIES	c EIN-PN 35-1970529-501
a	Plan name	COASTLINE, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	COASTLINE, INC.	c EIN-PN 27-2259100-501
a	Plan name	COLLEGE MOVERS AND JUNK HAULING CBIN BENEFIT PLAN	
b	Name of plan sponsor	COLLEGE MOVERS AND JUNK HAULING	c EIN-PN 81-3833576-501
a	Plan name	COLLISION RESTORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	COLLISION RESTORATION	c EIN-PN 87-3602671-501
a	Plan name	COLOR ME FITNESS CBIN BENEFIT PLAN	
b	Name of plan sponsor	COLOR ME FITNESS	c EIN-PN 84-4588488-501
a	Plan name	COLUMBUS ANIMAL HOSPITAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	COLUMBUS ANIMAL HOSPITAL	c EIN-PN 35-1723507-501
a	Plan name	COMBS HEATING AND AIR CONDITIONING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMBS HEATING AND AIR CONDITIONING LLC	c EIN-PN 45-4103432-502
a	Plan name	COMMERCIAL COATINGS & ASSOCIATES, KANPAI CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMMERCIAL COATINGS & ASSOCIATES, KANPAI	c EIN-PN 46-3432503-502
a	Plan name	COMMERCIAL LOGISTICS CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMMERCIAL LOGISTICS	c EIN-PN 35-1267237-501
a	Plan name	COMMERCIAL RECREATION GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMMERCIAL RECREATION GROUP LLC	c EIN-PN 84-4352865-501
a	Plan name	COMMERCIAL STRUCTURES CORP CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMMERCIAL STRUCTURES CORP	c EIN-PN 35-1313649-502
a	Plan name	COMMODITY ENTERPRISES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMMODITY ENTERPRISES INC	c EIN-PN 30-0167836-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COMMUNITY ALLIANCE OF THE FAR EASTSIDE CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMMUNITY ALLIANCE OF THE FAR EASTSIDE	c EIN-PN 35-2018453-501
a	Plan name	COMMUNITY BUSINESS EQUIPMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMMUNITY BUSINESS EQUIPMENT	c EIN-PN 20-3498970-501
a	Plan name	COMMUNITY FOUNDATION OF ELKHART COUNTY CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMMUNITY FOUNDATION OF ELKHART COUNTY	c EIN-PN 31-1255886-501
a	Plan name	COMMUNITY HOSPITAL ONCOLOGY PHYSICIANS, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMMUNITY HOSPITAL ONCOLOGY PHYSICIANS, LLC	c EIN-PN 20-3344089-501
a	Plan name	COMPANION HOME LOANS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMPANION HOME LOANS LLC	c EIN-PN 84-4517395-501
a	Plan name	COMPASS POINTE CPAS LLP CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMPASS POINTE CPAS LLP	c EIN-PN 37-1450744-501
a	Plan name	COMPLETE AUTO REPAIR CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMPLETE AUTO REPAIR	c EIN-PN 46-1797092-501
a	Plan name	COMPLETE COMFORT HVAC CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMPLETE COMFORT HVAC	c EIN-PN 27-2914838-501
a	Plan name	COMPLETE CONTROLS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMPLETE CONTROLS, INC.	c EIN-PN 35-1756477-501
a	Plan name	COMPLETE FLEET CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMPLETE FLEET	c EIN-PN 46-2399470-501
a	Plan name	COMPLETE MEDICAL LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMPLETE MEDICAL LLC	c EIN-PN 84-3842303-501
a	Plan name	COMPLETE PACKAGING GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	COMPLETE PACKAGING GROUP	c EIN-PN 45-2117292-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	COMPLETE REAL ESTATE SOLUTIONS CBIN BENEFIT PLAN
b	Name of plan sponsor	COMPLETE REAL ESTATE SOLUTIONS
c	EIN-PN	26-2943203-501
a	Plan name	COMPLETE SURVEYING TECHNOLOGY CBIN BENEFIT PLAN
b	Name of plan sponsor	COMPLETE SURVEYING TECHNOLOGY
c	EIN-PN	35-2042541-501
a	Plan name	COMPONENT TRANSPORT, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	COMPONENT TRANSPORT, INC.
c	EIN-PN	27-3386166-501
a	Plan name	COMPREHENSIVE FINANCIAL CONSULTANTS CBIN BENEFIT PLAN
b	Name of plan sponsor	COMPREHENSIVE FINANCIAL CONSULTANTS
c	EIN-PN	35-1943251-501
a	Plan name	COMPUTERS PLUS CBIN BENEFIT PLAN
b	Name of plan sponsor	COMPUTERS PLUS
c	EIN-PN	35-2115137-501
a	Plan name	CONDUCT CURB CBIN BENEFIT PLAN
b	Name of plan sponsor	CONDUCT CURB
c	EIN-PN	46-2796976-501
a	Plan name	CONOVER CUSTOM FABRICATION, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	CONOVER CUSTOM FABRICATION, INC.
c	EIN-PN	35-1809428-501
a	Plan name	CONSOLIDATED UNION CBIN BENEFIT PLAN
b	Name of plan sponsor	CONSOLIDATED UNION
c	EIN-PN	35-1701523-501
a	Plan name	CONSULTING AND COUNSELING ASSOCIATES LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	CONSULTING AND COUNSELING ASSOCIATES LLC
c	EIN-PN	84-3380573-501
a	Plan name	CONTROL SPECIALISTS INC CBIN BENEFIT PLAN
b	Name of plan sponsor	CONTROL SPECIALISTS INC
c	EIN-PN	35-1576189-501
a	Plan name	CONTROL SYSTEM CONCEPTS CBIN BENEFIT PLAN
b	Name of plan sponsor	CONTROL SYSTEM CONCEPTS
c	EIN-PN	75-3232775-501
a	Plan name	CONTROLLED AUTOMATION, INC CBIN BENEFIT PLAN
b	Name of plan sponsor	CONTROLLED AUTOMATION, INC
c	EIN-PN	35-1809146-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CONVERSIGHT.AI CBIN BENEFIT PLAN	
b	Name of plan sponsor CONVERSIGHT.AI	c EIN-PN 82-2387441-501
a	Plan name COOK BEHAVIORAL HEALTH CLINIC, PC CBIN BENEFIT PLAN	
b	Name of plan sponsor COOK BEHAVIORAL HEALTH CLINIC, PC	c EIN-PN 42-1647429-501
a	Plan name COORS REMODELING CBIN BENEFIT PLAN	
b	Name of plan sponsor COORS REMODELING	c EIN-PN 35-2074651-501
a	Plan name COPE ENVIRONMENTAL CENTER CBIN BENEFIT PLAN	
b	Name of plan sponsor COPE ENVIRONMENTAL CENTER	c EIN-PN 35-1856406-501
a	Plan name COPIERS PLUS INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor COPIERS PLUS INC.	c EIN-PN 35-2088521-501
a	Plan name CORE MANAGED, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor CORE MANAGED, INC.	c EIN-PN 27-3673664-501
a	Plan name CORMANY FARMS INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor CORMANY FARMS INC.	c EIN-PN 35-1509615-501
a	Plan name CORNERSTONE COMFORT SOLUTIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor CORNERSTONE COMFORT SOLUTIONS	c EIN-PN 82-1627415-501
a	Plan name CORNWELL PLUMBING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor CORNWELL PLUMBING INC	c EIN-PN 35-1956465-501
a	Plan name CORRECT 2 COMPETE CBIN BENEFIT PLAN	
b	Name of plan sponsor CORRECT 2 COMPETE	c EIN-PN 14-8048714-501
a	Plan name COURAGEOUS HEALING CBIN BENEFIT PLAN	
b	Name of plan sponsor COURAGEOUS HEALING	c EIN-PN 27-0367008-501
a	Plan name CR QUALITY SERVICES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor CR QUALITY SERVICES INC	c EIN-PN 51-0334280-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CRAFT COMPLIANCE CBIN BENEFIT PLAN	
b	Name of plan sponsor	CRAFT COMPLIANCE	c EIN-PN 82-2770660-501
a	Plan name	CRAFTSBURY CONSULTING CBIN BENEFIT PLAN	
b	Name of plan sponsor	CRAFTSBURY CONSULTING	c EIN-PN 87-3800000-501
a	Plan name	CRANE ENVIRONMENTAL SERVICE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CRANE ENVIRONMENTAL SERVICE LLC	c EIN-PN 35-2023234-501
a	Plan name	CRAWFORDSVILLE WORK FORCE CBIN BENEFIT PLAN	
b	Name of plan sponsor	CRAWFORDSVILLE WORK FORCE	c EIN-PN 35-1844456-501
a	Plan name	CREATIVE CONCEPT VENTURES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CREATIVE CONCEPT VENTURES INC	c EIN-PN 35-1612844-501
a	Plan name	CREEK RUN, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CREEK RUN, LLC	c EIN-PN 35-1926594-501
a	Plan name	CREEKSIDE OUTDOOR LIVING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CREEKSIDE OUTDOOR LIVING LLC	c EIN-PN 27-4183955-502
a	Plan name	CRESCENT CITY SECURITY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CRESCENT CITY SECURITY INC	c EIN-PN 35-1549160-501
a	Plan name	GRESSY & EVERETT, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	GRESSY & EVERETT, INC.	c EIN-PN 35-1173104-501
a	Plan name	CRIMSON CONSULTING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CRIMSON CONSULTING INC	c EIN-PN 20-3274942-501
a	Plan name	CROSBIE FOUNDRY CO INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CROSBIE FOUNDRY CO INC	c EIN-PN 35-0991065-501
a	Plan name	CROSLEY LAW OFFICES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	CROSLEY LAW OFFICES LLC	c EIN-PN 61-1609200-501

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

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

a Plan name	CROWN SCREW AND BOLT CORP CBIN BENEFIT PLAN	
b Name of plan sponsor	CROWN SCREW AND BOLT CORP	c EIN-PN 35-1508372-501
a Plan name	CTOS, INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	CTOS, INC.	c EIN-PN 88-2977822-501
a Plan name	CULLEN PAGE FARMS CBIN BENEFIT PLAN	
b Name of plan sponsor	CULLEN PAGE FARMS	c EIN-PN 35-1743444-501
a Plan name	CULP CPA GROUP CBIN BENEFIT PLAN	
b Name of plan sponsor	CULP CPA GROUP	c EIN-PN 35-1350297-501
a Plan name	CULVER DEVELOPMENT CORP CBIN BENEFIT PLAN	
b Name of plan sponsor	CULVER DEVELOPMENT CORP	c EIN-PN 35-1734497-501
a Plan name	CUNNINGHAM CAMPERS INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	CUNNINGHAM CAMPERS INC.	c EIN-PN 35-1867107-502
a Plan name	CUSTOM BUSINESS & TAX SOLUTIONS CBIN BENEFIT PLAN	
b Name of plan sponsor	CUSTOM BUSINESS & TAX SOLUTIONS	c EIN-PN 20-1651337-501
a Plan name	CUSTOM CAST STONE INC CBIN BENEFIT PLAN	
b Name of plan sponsor	CUSTOM CAST STONE INC	c EIN-PN 35-1879320-501
a Plan name	CUSTY LAW FIRM CBIN BENEFIT PLAN	
b Name of plan sponsor	CUSTY LAW FIRM	c EIN-PN 83-3091964-501
a Plan name	CUTTING EDGE CONCEPTS INC CBIN BENEFIT PLAN	
b Name of plan sponsor	CUTTING EDGE CONCEPTS INC	c EIN-PN 01-0894173-501
a Plan name	CYAN GREY, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	CYAN GREY, LLC	c EIN-PN 82-3765797-501
a Plan name	CYCLONE MANUFACTURING COMPANY CBIN BENEFIT PLAN	
b Name of plan sponsor	CYCLONE MANUFACTURING COMPANY	c EIN-PN 35-0258390-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	D BAKER AND SON PLUMBING CBIN BENEFIT PLAN	
b	Name of plan sponsor	D BAKER AND SON PLUMBING	c EIN-PN 35-2034226-501
a	Plan name	D R WATSON CBIN BENEFIT PLAN	
b	Name of plan sponsor	D R WATSON	c EIN-PN 35-1659338-501
a	Plan name	D.E. BAUGH CBIN BENEFIT PLAN	
b	Name of plan sponsor	D.E. BAUGH	c EIN-PN 35-1612078-501
a	Plan name	DA DEVINE INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	DA DEVINE INC.	c EIN-PN 20-3834807-501
a	Plan name	DAKSWAN AUTOMATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	DAKSWAN AUTOMATION	c EIN-PN 03-0439384-501
a	Plan name	DALEX FABRICATION & MACHINING, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	DALEX FABRICATION & MACHINING, INC.	c EIN-PN 35-1943159-501
a	Plan name	DANIELS AUTOMOTIVE CBIN BENEFIT PLAN	
b	Name of plan sponsor	DANIELS AUTOMOTIVE	c EIN-PN 01-3070079-501
a	Plan name	DAN'S SERVICE & REPAIR, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	DANS SERVICE & REPAIR, INC.	c EIN-PN 27-1000176-501
a	Plan name	DANUBIUS MACHINE CBIN BENEFIT PLAN	
b	Name of plan sponsor	DANUBIUS MACHINE	c EIN-PN 26-0625681-501
a	Plan name	DARK BLUE ENTERPRISES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DARK BLUE ENTERPRISES INC	c EIN-PN 46-2283143-501
a	Plan name	DATA MANAGEMENT SHREDDING CBIN BENEFIT PLAN	
b	Name of plan sponsor	DATA MANAGEMENT SHREDDING	c EIN-PN 35-2127914-501
a	Plan name	DAVE TALBOOM LAWNCARE, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	DAVE TALBOOM LAWNCARE, INC.	c EIN-PN 35-1595152-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DAVE WHITES SITEPRO LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DAVE WHITES SITEPRO LLC	c EIN-PN 45-2604034-501
a	Plan name	DAVE'S AUTOMOTIVE CBIN BENEFIT PLAN	
b	Name of plan sponsor	DAVES AUTOMOTIVE	c EIN-PN 35-1773637-501
a	Plan name	DAVE'S SUPER CAR WASH AND GRILL CBIN BENEFIT PLAN	
b	Name of plan sponsor	DAVES SUPER CAR WASH AND GRILL	c EIN-PN 47-4402783-501
a	Plan name	DAVIDSON EXCAVATING, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	DAVIDSON EXCAVATING, INC.	c EIN-PN 03-0576402-501
a	Plan name	DAVIS & WALLMAN FINANCIAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	DAVIS & WALLMAN FINANCIAL	c EIN-PN 45-3482500-501
a	Plan name	DAVIS INDUSTRIAL SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	DAVIS INDUSTRIAL SERVICES	c EIN-PN 47-5526154-501
a	Plan name	DAWG HOUSE ENTERPRISES, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DAWG HOUSE ENTERPRISES, LLC	c EIN-PN 85-3762837-501
a	Plan name	D-BAR-D TRUCKING CBIN BENEFIT PLAN	
b	Name of plan sponsor	D-BAR-D TRUCKING	c EIN-PN 91-1872463-501
a	Plan name	DC CONTRACTORS, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DC CONTRACTORS, LLC	c EIN-PN 82-0986966-501
a	Plan name	DC DEVELOP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DC DEVELOP LLC	c EIN-PN 88-4114892-501
a	Plan name	DCS TECHNOLOGIES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DCS TECHNOLOGIES INC	c EIN-PN 03-0501276-501
a	Plan name	DEAN'S BBQ CBIN BENEFIT PLAN	
b	Name of plan sponsor	DEANS BBQ	c EIN-PN 86-1960933-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DEHONEY TRAVEL INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DEHONEY TRAVEL INC	c EIN-PN 61-1112380-501
a	Plan name	DELGADO ENTERPRISES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DELGADO ENTERPRISES INC	c EIN-PN 86-2008371-501
a	Plan name	DELMAR SOFTWARE DEVELOPMENT LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DELMAR SOFTWARE DEVELOPMENT LLC	c EIN-PN 20-1149531-501
a	Plan name	DELMONT LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DELMONT LLC	c EIN-PN 85-4228986-501
a	Plan name	DEMETER LP CBIN BENEFIT PLAN	
b	Name of plan sponsor	DEMETER LP	c EIN-PN 35-1997022-501
a	Plan name	DEMOTTE CARPET INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DEMOTTE CARPET INC	c EIN-PN 35-1795628-501
a	Plan name	DENNIS TRUCKING CO INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DENNIS TRUCKING CO INC	c EIN-PN 35-1042866-501
a	Plan name	DEPOSITAR AUTO BODY CBIN BENEFIT PLAN	
b	Name of plan sponsor	DEPOSITAR AUTO BODY	c EIN-PN 82-1793438-501
a	Plan name	DERMWISE CBIN BENEFIT PLAN	
b	Name of plan sponsor	DERMWISE	c EIN-PN 47-1179208-501
a	Plan name	DEVRIES TIRE COMPANY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DEVRIES TIRE COMPANY INC	c EIN-PN 35-2067975-501
a	Plan name	DEYOUNG DIRT WORKS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DEYOUNG DIRT WORKS INC	c EIN-PN 06-1675518-501
a	Plan name	DH AND AP ENTERPRISES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DH AND AP ENTERPRISES INC	c EIN-PN 83-1815248-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	DIAL-X AUTOMATED EQUIPMENT CBIN BENEFIT PLAN
b	Name of plan sponsor	DIAL-X AUTOMATED EQUIPMENT
c	EIN-PN	46-4936140-501
a	Plan name	DIAMOND PEST CONTROL CBIN BENEFIT PLAN
b	Name of plan sponsor	DIAMOND PEST CONTROL
c	EIN-PN	87-0777477-501
a	Plan name	DIGITAL WORKFORCE SOLUTIONS LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	DIGITAL WORKFORCE SOLUTIONS LLC
c	EIN-PN	87-4209600-501
a	Plan name	DINKEL ASSOCIATES INC CBIN BENEFIT PLAN
b	Name of plan sponsor	DINKEL ASSOCIATES INC
c	EIN-PN	35-1082316-501
a	Plan name	DINKENS FARMS INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	DINKENS FARMS INC.
c	EIN-PN	35-1416906-501
a	Plan name	DIRK & DAD TRUCKING INC CBIN BENEFIT PLAN
b	Name of plan sponsor	DIRK & DAD TRUCKING INC
c	EIN-PN	35-1629970-501
a	Plan name	DISCOVERY CHARTER CBIN BENEFIT PLAN
b	Name of plan sponsor	DISCOVERY CHARTER
c	EIN-PN	26-2467762-501
a	Plan name	DIVISION 7 MTLs CBIN BENEFIT PLAN
b	Name of plan sponsor	DIVISION 7 MTLs
c	EIN-PN	87-2354151-501
a	Plan name	DJ SQUARED INC CBIN BENEFIT PLAN
b	Name of plan sponsor	DJ SQUARED INC
c	EIN-PN	46-2778091-501
a	Plan name	DJURIC TRUCKING COMPANY CBIN BENEFIT PLAN
b	Name of plan sponsor	DJURIC TRUCKING COMPANY
c	EIN-PN	35-1940666-501
a	Plan name	DOANE KEYES ASSOCIATES CBIN BENEFIT PLAN
b	Name of plan sponsor	DOANE KEYES ASSOCIATES
c	EIN-PN	35-1637298-501
a	Plan name	DONOVAN & DONOVAN ASSOCIATES, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	DONOVAN & DONOVAN ASSOCIATES, INC.
c	EIN-PN	35-1310636-501

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

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

a Plan name	DOTLICH TRUCKING & EXCAVATING INC CBIN BENEFIT PLAN	
b Name of plan sponsor	DOTLICH TRUCKING & EXCAVATING INC	c EIN-PN 32-0308818-501
a Plan name	DOUBLE EAGLE INSURANCE CBIN BENEFIT PLAN	
b Name of plan sponsor	DOUBLE EAGLE INSURANCE	c EIN-PN 27-0391603-501
a Plan name	DR LUBRICANTS INC CBIN BENEFIT PLAN	
b Name of plan sponsor	DR LUBRICANTS INC	c EIN-PN 35-1688006-501
a Plan name	DR. EMILY HRISOMALOS FACIAL PLASTIC SURGERY CBIN BENEFIT PLAN	
b Name of plan sponsor	DR. EMILY HRISOMALOS FACIAL PLASTIC SURGERY	c EIN-PN 87-2616753-501
a Plan name	DREYER CARPENTARY CBIN BENEFIT PLAN	
b Name of plan sponsor	DREYER CARPENTARY	c EIN-PN 30-0626894-501
a Plan name	DRILLING WORLD CBIN BENEFIT PLAN	
b Name of plan sponsor	DRILLING WORLD	c EIN-PN 94-3052833-501
a Plan name	DROP SHIP LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	DROP SHIP LLC	c EIN-PN 45-4590679-501
a Plan name	DUE DOYLE FANNING & ALDER CBIN BENEFIT PLAN	
b Name of plan sponsor	DUE DOYLE FANNING & ALDER	c EIN-PN 35-1527756-501
a Plan name	DUFF LAW CBIN BENEFIT PLAN	
b Name of plan sponsor	DUFF LAW	c EIN-PN 45-5007921-501
a Plan name	DUGAN AIR CBIN BENEFIT PLAN	
b Name of plan sponsor	DUGAN AIR	c EIN-PN 27-1138583-501
a Plan name	DUKE REAL ESTATE LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	DUKE REAL ESTATE LLC	c EIN-PN 20-5184213-501
a Plan name	DUTCH MAFIA LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	DUTCH MAFIA LLC	c EIN-PN 81-1191227-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DVM CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	DVM CORPORATION	c EIN-PN 35-1988951-501
a	Plan name	DYLCO ELECTRIC, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	DYLCO ELECTRIC, INC.	c EIN-PN 20-1752235-501
a	Plan name	DYNAMIC EQUILIBRIUM, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	DYNAMIC EQUILIBRIUM, INC	c EIN-PN 35-2069058-501
a	Plan name	DYNAMIC MECHANICAL SVCS CBIN BENEFIT PLAN	
b	Name of plan sponsor	DYNAMIC MECHANICAL SVCS	c EIN-PN 20-1315437-501
a	Plan name	EA OUTDOOR SERVICES, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	EA OUTDOOR SERVICES, LLC	c EIN-PN 14-1901415-501
a	Plan name	EADS ROOFING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	EADS ROOFING LLC	c EIN-PN 81-4890992-501
a	Plan name	EAGLE CREEK DERMATOLOGY CBIN BENEFIT PLAN	
b	Name of plan sponsor	EAGLE CREEK DERMATOLOGY	c EIN-PN 35-1537296-501
a	Plan name	EAGLE INVESTMENT PARTNERS CBIN BENEFIT PLAN	
b	Name of plan sponsor	EAGLE INVESTMENT PARTNERS	c EIN-PN 26-3193341-502
a	Plan name	EAGLE LAND TITLE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	EAGLE LAND TITLE LLC	c EIN-PN 13-4234289-501
a	Plan name	EARTH IMAGES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	EARTH IMAGES INC	c EIN-PN 35-1990156-501
a	Plan name	EARTH SOURCE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	EARTH SOURCE INC	c EIN-PN 35-1753316-501
a	Plan name	EAST CHICAGO HOUSING AUTHORITY CBIN BENEFIT PLAN	
b	Name of plan sponsor	EAST CHICAGO HOUSING AUTHORITY	c EIN-PN 35-1123320-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	EAST WEST HELICOPTER CBIN BENEFIT PLAN
b	Name of plan sponsor	EAST WEST HELICOPTER
c	EIN-PN	31-0888785-501
a	Plan name	EASTERN HEIGHTS UTILITIES CBIN BENEFIT PLAN
b	Name of plan sponsor	EASTERN HEIGHTS UTILITIES
c	EIN-PN	35-1288482-501
a	Plan name	EDEN HOME SERVICES CORP. CBIN BENEFIT PLAN
b	Name of plan sponsor	EDEN HOME SERVICES CORP.
c	EIN-PN	82-2975432-501
a	Plan name	EFFICIENT HOLDINGS, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	EFFICIENT HOLDINGS, INC.
c	EIN-PN	35-1881755-501
a	Plan name	EGA LOGISTICS CBIN BENEFIT PLAN
b	Name of plan sponsor	EGA LOGISTICS
c	EIN-PN	83-1837172-501
a	Plan name	EJK AIR INC CBIN BENEFIT PLAN
b	Name of plan sponsor	EJK AIR INC
c	EIN-PN	35-1689386-501
a	Plan name	ELDER LOGISTICS LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	ELDER LOGISTICS LLC
c	EIN-PN	46-2775523-501
a	Plan name	ELGIN WATER CARE CBIN BENEFIT PLAN
b	Name of plan sponsor	ELGIN WATER CARE
c	EIN-PN	35-0850777-501
a	Plan name	ELKHART OPHTHALMOLOGY, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	ELKHART OPHTHALMOLOGY, INC.
c	EIN-PN	93-2105948-501
a	Plan name	ELLEMAN ELECTRICAL MAINTENANCE LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	ELLEMAN ELECTRICAL MAINTENANCE LLC
c	EIN-PN	46-3295588-501
a	Plan name	ELPERS DEVELOPMENT INC CBIN BENEFIT PLAN
b	Name of plan sponsor	ELPERS DEVELOPMENT INC
c	EIN-PN	75-3097561-501
a	Plan name	ELVIN KNOLLMAN INC DBA TRANSMARK CBIN BENEFIT PLAN
b	Name of plan sponsor	ELVIN KNOLLMAN INC DBA TRANSMARK
c	EIN-PN	35-1573848-501

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

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

a Plan name	ELY CONCRETE CBIN BENEFIT PLAN	
b Name of plan sponsor	ELY CONCRETE	c EIN-PN 86-1054552-501
a Plan name	EMERGENCY MEDICINE PHYSICIAN ASSOCIATES CBIN BENEFIT PLAN	
b Name of plan sponsor	EMERGENCY MEDICINE PHYSICIAN ASSOCIATES	c EIN-PN 61-1087142-501
a Plan name	EMERGENCY PHYSICIANS OF COLUMBUS CBIN BENEFIT PLAN	
b Name of plan sponsor	EMERGENCY PHYSICIANS OF COLUMBUS	c EIN-PN 35-1837309-501
a Plan name	EMERGENCY PHYSICIANS OF INDIANAPOLIS CBIN BENEFIT PLAN	
b Name of plan sponsor	EMERGENCY PHYSICIANS OF INDIANAPOLIS	c EIN-PN 35-1811206-501
a Plan name	EMPIRE REFRACTORY SALES, INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	EMPIRE REFRACTORY SALES, INC.	c EIN-PN 35-1728037-501
a Plan name	EMPLOYEE BENEFIT SOLUTIONS INC CBIN BENEFIT PLAN	
b Name of plan sponsor	EMPLOYEE BENEFIT SOLUTIONS INC	c EIN-PN 35-2105860-501
a Plan name	ENDEAVOR ENTERPRISES, INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	ENDEAVOR ENTERPRISES, INC.	c EIN-PN 46-3434046-501
a Plan name	ENERGY DIAGNOSTICS, INC CBIN BENEFIT PLAN	
b Name of plan sponsor	ENERGY DIAGNOSTICS, INC	c EIN-PN 20-4008573-501
a Plan name	ENERGY HARNESS CBIN BENEFIT PLAN	
b Name of plan sponsor	ENERGY HARNESS	c EIN-PN 46-4826443-501
a Plan name	ENFOCUS, INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	ENFOCUS, INC.	c EIN-PN 45-5638209-501
a Plan name	ENGINEERING AGGREGATES CORP CBIN BENEFIT PLAN	
b Name of plan sponsor	ENGINEERING AGGREGATES CORP	c EIN-PN 35-1052914-501
a Plan name	ENVIRONMENTAL LABORATORIES CBIN BENEFIT PLAN	
b Name of plan sponsor	ENVIRONMENTAL LABORATORIES	c EIN-PN 35-1584416-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ENVIRONMENTAL MANAGEMENT SPECIALISTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	ENVIRONMENTAL MANAGEMENT SPECIALISTS	c EIN-PN 35-1822058-501
a	Plan name	EPPLEY PLUMBING & EXCAVATING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	EPPLEY PLUMBING & EXCAVATING LLC	c EIN-PN 81-1938095-501
a	Plan name	EQUIP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	EQUIP LLC	c EIN-PN 81-1451275-501
a	Plan name	ERA MOTORSPORT, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ERA MOTORSPORT, LLC	c EIN-PN 82-4848963-501
a	Plan name	ERNY SHEET METAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	ERNY SHEET METAL	c EIN-PN 35-1424061-501
a	Plan name	ESPY SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	ESPY SERVICES	c EIN-PN 27-0680522-501
a	Plan name	ESRA INDUSTRIAL CONSTRUCTION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ESRA INDUSTRIAL CONSTRUCTION INC	c EIN-PN 81-1099319-501
a	Plan name	EVAN & RYAN ELECTRICAL CONTRACTORS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	EVAN & RYAN ELECTRICAL CONTRACTORS, INC.	c EIN-PN 35-1760776-501
a	Plan name	EVANSVILLE TILE DISTRIBUTORS CBIN BENEFIT PLAN	
b	Name of plan sponsor	EVANSVILLE TILE DISTRIBUTORS	c EIN-PN 35-1748129-501
a	Plan name	EVANSVILLE TOOL & DIE, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	EVANSVILLE TOOL & DIE, INC.	c EIN-PN 35-1045170-501
a	Plan name	EWALD ENTERPRISES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	EWALD ENTERPRISES INC	c EIN-PN 35-1501329-501
a	Plan name	EXPRESS RESTORATIONS, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	EXPRESS RESTORATIONS, LLC	c EIN-PN 35-2416658-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	EXTREME CONCRETE CUTTING CBIN BENEFIT PLAN	
b Name of plan sponsor	EXTREME CONCRETE CUTTING	c EIN-PN 26-2662693-501
a Plan name	EXTREME OUTDOOR SOLUTIONS CBIN BENEFIT PLAN	
b Name of plan sponsor	EXTREME OUTDOOR SOLUTIONS	c EIN-PN 46-2552154-501
a Plan name	F J SCHMITT INC CBIN BENEFIT PLAN	
b Name of plan sponsor	F J SCHMITT INC	c EIN-PN 35-1000854-501
a Plan name	FABACAB CBIN BENEFIT PLAN	
b Name of plan sponsor	FABACAB	c EIN-PN 47-1614086-502
a Plan name	FAGEN FINANCIAL SERVICES CBIN BENEFIT PLAN	
b Name of plan sponsor	FAGEN FINANCIAL SERVICES	c EIN-PN 82-3676909-501
a Plan name	FAHRENHEIT TWO TWELVE CBIN BENEFIT PLAN	
b Name of plan sponsor	FAHRENHEIT TWO TWELVE	c EIN-PN 27-3368234-501
a Plan name	FAIRFIELD RARE COINS & JEWELRY, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	FAIRFIELD RARE COINS & JEWELRY, LLC	c EIN-PN 27-3777704-501
a Plan name	FAMILY SERVICE ASSOCIATION OF HOWARD COUNTY CBIN BENEFIT PLAN	
b Name of plan sponsor	FAMILY SERVICE ASSOCIATION OF HOWARD COUNTY	c EIN-PN 35-1148589-501
a Plan name	FAMILY SOLUTIONS CBIN BENEFIT PLAN	
b Name of plan sponsor	FAMILY SOLUTIONS	c EIN-PN 35-1954038-501
a Plan name	FAMILY WELLNESS CENTER INC CBIN BENEFIT PLAN	
b Name of plan sponsor	FAMILY WELLNESS CENTER INC	c EIN-PN 83-1129707-501
a Plan name	FARMERS & MERCHANTS BANK CBIN BENEFIT PLAN	
b Name of plan sponsor	FARMERS & MERCHANTS BANK	c EIN-PN 35-0303200-501
a Plan name	FARMERS GRAIN & SUPPLY CO CBIN BENEFIT PLAN	
b Name of plan sponsor	FARMERS GRAIN & SUPPLY CO	c EIN-PN 35-0303040-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	FARMERS GRAIN AND FEED CO. INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FARMERS GRAIN AND FEED CO. INC	c EIN-PN 35-0856660-501
a	Plan name	FAULKNER FABRICATING, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FAULKNER FABRICATING, INC	c EIN-PN 35-1814997-501
a	Plan name	FAYETTE COUNTY FOUNDATION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FAYETTE COUNTY FOUNDATION INC	c EIN-PN 35-2232770-501
a	Plan name	FAZTEK, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FAZTEK, LLC	c EIN-PN 35-2125790-501
a	Plan name	FENDER EXCAVATING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FENDER EXCAVATING LLC	c EIN-PN 47-3963758-501
a	Plan name	FERDINAND FARMERS MUTUAL INS CBIN BENEFIT PLAN	
b	Name of plan sponsor	FERDINAND FARMERS MUTUAL INS	c EIN-PN 35-6023612-501
a	Plan name	FERREE FAMILY CATTLE CBIN BENEFIT PLAN	
b	Name of plan sponsor	FERREE FAMILY CATTLE	c EIN-PN 31-7846299-501
a	Plan name	FERRONIX INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FERRONIX INC	c EIN-PN 35-2140443-501
a	Plan name	FFE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FFE INC	c EIN-PN 01-0694110-501
a	Plan name	FFL 320 LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FFL 320 LLC	c EIN-PN 85-1111919-501
a	Plan name	FFL INCEPTION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FFL INCEPTION LLC	c EIN-PN 85-1922242-501
a	Plan name	FIELDS CUSTOM CABINETS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FIELDS CUSTOM CABINETS INC	c EIN-PN 35-1968489-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FILTER SCIENCES, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FILTER SCIENCES, LLC	c EIN-PN 87-3097940-501
a	Plan name	FINANCIAL ENHANCEMENT GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FINANCIAL ENHANCEMENT GROUP LLC	c EIN-PN 30-0041649-501
a	Plan name	FINANCIAL PLANS & STRATEGIES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	FINANCIAL PLANS & STRATEGIES, INC.	c EIN-PN 35-1537928-501
a	Plan name	FINK AND COMPANY CBIN BENEFIT PLAN	
b	Name of plan sponsor	FINK AND COMPANY	c EIN-PN 35-1726818-501
a	Plan name	FIRE PROTECTION SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	FIRE PROTECTION SERVICES	c EIN-PN 38-3658711-501
a	Plan name	FIREMASTER HEARTH AND LEISURE CBIN BENEFIT PLAN	
b	Name of plan sponsor	FIREMASTER HEARTH AND LEISURE	c EIN-PN 26-1979679-501
a	Plan name	FIRST TIPPECANOE ROOFING CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	FIRST TIPPECANOE ROOFING CORPORATION	c EIN-PN 85-3563787-501
a	Plan name	FIVE NINE DESIGN GROUP, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FIVE NINE DESIGN GROUP, LLC	c EIN-PN 82-3393195-501
a	Plan name	FIVE STAR RETAILERS CBIN BENEFIT PLAN	
b	Name of plan sponsor	FIVE STAR RETAILERS	c EIN-PN 14-1971952-501
a	Plan name	FLAGS FOR GOOD LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FLAGS FOR GOOD LLC	c EIN-PN 85-1266459-501
a	Plan name	FLANIGAN TIRES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FLANIGAN TIRES INC	c EIN-PN 35-1285709-501
a	Plan name	FLAT OUT MOTORSPORTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	FLAT OUT MOTORSPORTS	c EIN-PN 35-2014164-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FLEA MARKET CHIC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FLEA MARKET CHIC	c EIN-PN 46-1101778-501
a	Plan name	FLEETWOOD CHEVROLET CBIN BENEFIT PLAN	
b	Name of plan sponsor	FLEETWOOD CHEVROLET	c EIN-PN 35-1049786-501
a	Plan name	FLOODPLAIN CONSULTANTS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FLOODPLAIN CONSULTANTS INC	c EIN-PN 35-1843317-501
a	Plan name	FLORA BROTHERS PAINTING CBIN BENEFIT PLAN	
b	Name of plan sponsor	FLORA BROTHERS PAINTING	c EIN-PN 27-5562457-501
a	Plan name	FLORES LAW GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FLORES LAW GROUP LLC	c EIN-PN 83-2933871-501
a	Plan name	FOAM FABRICATORS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FOAM FABRICATORS INC	c EIN-PN 43-0730823-501
a	Plan name	FOLFOX LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FOLFOX LLC	c EIN-PN 45-2627665-501
a	Plan name	FOOD BANK OF NORTHERN CBIN BENEFIT PLAN	
b	Name of plan sponsor	FOOD BANK OF NORTHERN	c EIN-PN 35-1898055-501
a	Plan name	FORESTVIEW KENNELS CBIN BENEFIT PLAN	
b	Name of plan sponsor	FORESTVIEW KENNELS	c EIN-PN 45-2468762-502
a	Plan name	FORT WAYNE CLUBHOUSE CBIN BENEFIT PLAN	
b	Name of plan sponsor	FORT WAYNE CLUBHOUSE	c EIN-PN 35-2026647-501
a	Plan name	FORT WAYNE NEUROPSYCHOLOGY, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FORT WAYNE NEUROPSYCHOLOGY, LLC	c EIN-PN 46-3888078-501
a	Plan name	FOUR BARREL FITNESS CBIN BENEFIT PLAN	
b	Name of plan sponsor	FOUR BARREL FITNESS	c EIN-PN 45-4228746-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FOUR SEASONS HEATING AIR CONDITIONING CBIN BENEFIT PLAN	
b	Name of plan sponsor	FOUR SEASONS HEATING AIR CONDITIONING	c EIN-PN 47-2598685-501
a	Plan name	FOUR STAR SERVICES, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FOUR STAR SERVICES, INC	c EIN-PN 35-1960850-502
a	Plan name	FOUR THREADS HOLDING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FOUR THREADS HOLDING LLC	c EIN-PN 35-2437835-501
a	Plan name	FOX CONSTRUCTION CBIN BENEFIT PLAN	
b	Name of plan sponsor	FOX CONSTRUCTION	c EIN-PN 35-1939283-501
a	Plan name	FOXXX POOLS OF EVANSVILLE CBIN BENEFIT PLAN	
b	Name of plan sponsor	FOXXX POOLS OF EVANSVILLE	c EIN-PN 35-1558102-501
a	Plan name	FRANK SOUDER DESIGNS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	FRANK SOUDER DESIGNS, INC.	c EIN-PN 26-1318033-501
a	Plan name	FRANK'S WHOLESALE FLORIST CBIN BENEFIT PLAN	
b	Name of plan sponsor	FRANKS WHOLESALE FLORIST	c EIN-PN 35-0925790-501
a	Plan name	FRAZZETTA FINANCIAL HOLDINGS, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FRAZZETTA FINANCIAL HOLDINGS, LLC	c EIN-PN 35-2080512-501
a	Plan name	FRAZZINI, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FRAZZINI, LLC	c EIN-PN 47-2126999-501
a	Plan name	FREEMAN FAMILY FUNERAL HO CBIN BENEFIT PLAN	
b	Name of plan sponsor	FREEMAN FAMILY FUNERAL HO	c EIN-PN 35-2157045-501
a	Plan name	FREY DRAINAGE & EXCAVATING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	FREY DRAINAGE & EXCAVATING LLC	c EIN-PN 26-2050905-501
a	Plan name	FRIENDS AND FAMILY CAREGIVERS CBIN BENEFIT PLAN	
b	Name of plan sponsor	FRIENDS AND FAMILY CAREGIVERS	c EIN-PN 83-4017982-501

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

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

a Plan name	FRITZ ENGINEERING SERVICES, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	FRITZ ENGINEERING SERVICES, LLC	c EIN-PN 82-2494580-501
a Plan name	FROET GROUP LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	FROET GROUP LLC	c EIN-PN 82-2796609-501
a Plan name	FROST ENGINEERING AND CONSULTING CBIN BENEFIT PLAN	
b Name of plan sponsor	FROST ENGINEERING AND CONSULTING	c EIN-PN 20-2821996-501
a Plan name	FULL THROTTLE AUTOMOTIVE CBIN BENEFIT PLAN	
b Name of plan sponsor	FULL THROTTLE AUTOMOTIVE	c EIN-PN 47-1407948-501
a Plan name	FUSEK'S TRUE VALUE LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	FUSEKS TRUE VALUE LLC	c EIN-PN 20-0946147-501
a Plan name	FUSIONSOFTEC LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	FUSIONSOFTEC LLC	c EIN-PN 35-2117245-501
a Plan name	FUTURE DEVELOPMENT ENTERPRISES CBIN BENEFIT PLAN	
b Name of plan sponsor	FUTURE DEVELOPMENT ENTERPRISES	c EIN-PN 27-1202897-501
a Plan name	FYZICAL THERAPY & BALANCE CENTERS CBIN BENEFIT PLAN	
b Name of plan sponsor	FYZICAL THERAPY & BALANCE CENTERS	c EIN-PN 35-2105407-501
a Plan name	G AND G HAULING CBIN BENEFIT PLAN	
b Name of plan sponsor	G AND G HAULING	c EIN-PN 35-1341337-501
a Plan name	G DIAMOND TRANSPORT SERVICES LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	G DIAMOND TRANSPORT SERVICES LLC	c EIN-PN 37-1418804-501
a Plan name	G.L. TOOLS, INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	G.L. TOOLS, INC.	c EIN-PN 82-3982046-501
a Plan name	GAME TIME ENTERTAINMENT CBIN BENEFIT PLAN	
b Name of plan sponsor	GAME TIME ENTERTAINMENT	c EIN-PN 26-1625409-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	GAMEDAY MEN'S HEALTH SOUTH FORT WAYNE CBIN BENEFIT PLAN
b	Name of plan sponsor	GAMEDAY MENS HEALTH SOUTH FORT WAYNE
c	EIN-PN	93-4329347-501
a	Plan name	GARRY T FULLER DC PC CBIN BENEFIT PLAN
b	Name of plan sponsor	GARRY T FULLER DC PC
c	EIN-PN	35-1916793-501
a	Plan name	GARZO TIRE, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	GARZO TIRE, INC.
c	EIN-PN	35-1447991-501
a	Plan name	GATEWAY SOUTH LLC 1 CBIN BENEFIT PLAN
b	Name of plan sponsor	GATEWAY SOUTH LLC 1
c	EIN-PN	61-1407136-501
a	Plan name	GAUGE TELEMATICS CBIN BENEFIT PLAN
b	Name of plan sponsor	GAUGE TELEMATICS
c	EIN-PN	27-1636647-501
a	Plan name	GEARHART FAMILY DENTISTRY CBIN BENEFIT PLAN
b	Name of plan sponsor	GEARHART FAMILY DENTISTRY
c	EIN-PN	83-3379247-501
a	Plan name	GENERAL INDUSTRIAL SUPPLY, INC CBIN BENEFIT PLAN
b	Name of plan sponsor	GENERAL INDUSTRIAL SUPPLY, INC
c	EIN-PN	35-1692411-501
a	Plan name	GENIE SUPPLY INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	GENIE SUPPLY INC.
c	EIN-PN	81-1770329-501
a	Plan name	GEORGE ELECTRICAL CONTRACTING INC CBIN BENEFIT PLAN
b	Name of plan sponsor	GEORGE ELECTRICAL CONTRACTING INC
c	EIN-PN	35-1986386-501
a	Plan name	GEORGE MACHINERY, LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	GEORGE MACHINERY, LLC
c	EIN-PN	85-3177746-501
a	Plan name	GEOTECHNICAL AND MATERIALS ENGINEERS, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	GEOTECHNICAL AND MATERIALS ENGINEERS, INC.
c	EIN-PN	35-2067627-501
a	Plan name	GGP SADDLEBROOK LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	GGP SADDLEBROOK LLC
c	EIN-PN	30-0991345-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GIBRALTAR DESIGN CBIN BENEFIT PLAN	
b	Name of plan sponsor	GIBRALTAR DESIGN	c EIN-PN 35-1988387-501
a	Plan name	GIBSON TELDATA INC-KIEFER GIBSON LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GIBSON TELDATA INC-KIEFER GIBSON LLC	c EIN-PN 35-1846778-501
a	Plan name	GILLETTE GENERATORS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GILLETTE GENERATORS INC	c EIN-PN 35-1284397-501
a	Plan name	GLACIER HEATING & AIR CONDITIONING CBIN BENEFIT PLAN	
b	Name of plan sponsor	GLACIER HEATING & AIR CONDITIONING	c EIN-PN 35-2201463-501
a	Plan name	GLAZE TOOL AND ENGINEERING CBIN BENEFIT PLAN	
b	Name of plan sponsor	GLAZE TOOL AND ENGINEERING	c EIN-PN 35-1473484-501
a	Plan name	GLOBAL ARCHERY PRODUCTS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GLOBAL ARCHERY PRODUCTS INC	c EIN-PN 47-2155268-501
a	Plan name	GLOBAL DESIGN MIDWEST LTD CBIN BENEFIT PLAN	
b	Name of plan sponsor	GLOBAL DESIGN MIDWEST LTD	c EIN-PN 82-5394193-501
a	Plan name	GLOBAL SMILES DENTAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	GLOBAL SMILES DENTAL	c EIN-PN 82-5349493-501
a	Plan name	GMG MOTORS, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GMG MOTORS, INC	c EIN-PN 35-2106631-501
a	Plan name	GO PARTNERS, LLC DBA SIGNAL CFO CBIN BENEFIT PLAN	
b	Name of plan sponsor	GO PARTNERS, LLC DBA SIGNAL CFO	c EIN-PN 81-2652159-501
a	Plan name	GOLDBERG DESIGN GROUP INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GOLDBERG DESIGN GROUP INC	c EIN-PN 46-0927158-501
a	Plan name	GOLDIE UNLIMITED INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GOLDIE UNLIMITED INC	c EIN-PN 23-7417533-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GOOD SHEPHERD FENCE COMPANY CBIN BENEFIT PLAN	
b	Name of plan sponsor	GOOD SHEPHERD FENCE COMPANY	c EIN-PN 83-4698521-501
a	Plan name	GORDON PANTER CBIN BENEFIT PLAN	
b	Name of plan sponsor	GORDON PANTER	c EIN-PN 81-4893973-501
a	Plan name	GOSPEL REVIVALS INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	GOSPEL REVIVALS INC.	c EIN-PN 95-6001493-501
a	Plan name	GRABEK IRON WORKS DBA WILSON IRON WORKS CBIN BENEFIT PLAN	
b	Name of plan sponsor	GRABEK IRON WORKS DBA WILSON IRON WORKS	c EIN-PN 26-1439364-501
a	Plan name	GRAND PARK SPORTS AND ENTERTAINMENT LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GRAND PARK SPORTS AND ENTERTAINMENT LLC	c EIN-PN 88-3287807-501
a	Plan name	GRANDVIEW LANDSCAPE AND IRRIGATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	GRANDVIEW LANDSCAPE AND IRRIGATION	c EIN-PN 20-8493840-501
a	Plan name	GRANGER FAMILY DENTISTRY CBIN BENEFIT PLAN	
b	Name of plan sponsor	GRANGER FAMILY DENTISTRY	c EIN-PN 35-1633655-501
a	Plan name	GRAPHIC FX INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GRAPHIC FX INC	c EIN-PN 20-0480395-501
a	Plan name	GRAY BROTHERS HOLDINGS CBIN BENEFIT PLAN	
b	Name of plan sponsor	GRAY BROTHERS HOLDINGS	c EIN-PN 83-3902162-501
a	Plan name	GREAT LAKES ANESTHESIA PC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREAT LAKES ANESTHESIA PC	c EIN-PN 35-2079752-501
a	Plan name	GREEK'S PIZZERIA DOWNTOWN LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREEKS PIZZERIA DOWNTOWN LLC	c EIN-PN 20-2255325-501
a	Plan name	GREEN HAT SUPPLY CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREEN HAT SUPPLY	c EIN-PN 83-3709453-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GREEN RIVER LOGISTICS SOLUTIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREEN RIVER LOGISTICS SOLUTIONS	c EIN-PN 93-4389811-501
a	Plan name	GREENE AND SCHULTZ TRIAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREENE AND SCHULTZ TRIAL	c EIN-PN 20-2120981-501
a	Plan name	GREENE COUNTY VISION CENTERS CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREENE COUNTY VISION CENTERS	c EIN-PN 32-0372327-501
a	Plan name	GREENFIELD BEVERAGE CO CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREENFIELD BEVERAGE CO	c EIN-PN 35-0849143-501
a	Plan name	GREENFIELD LANDSCAPE SERVICES, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREENFIELD LANDSCAPE SERVICES, INC	c EIN-PN 35-1646578-501
a	Plan name	GREENFIELD PATHOLOGY SERVICES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREENFIELD PATHOLOGY SERVICES INC	c EIN-PN 84-2120852-501
a	Plan name	GREENLEAF FOODS INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREENLEAF FOODS INC.	c EIN-PN 85-3675898-501
a	Plan name	GREVEN EXECUTIVE SEARCH CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREVEN EXECUTIVE SEARCH	c EIN-PN 20-3500492-501
a	Plan name	GREY WOLF TRANSPORTATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	GREY WOLF TRANSPORTATION	c EIN-PN 46-1459193-501
a	Plan name	GROW FARMS & FEED LOTS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	GROW FARMS & FEED LOTS, INC.	c EIN-PN 35-1336447-501
a	Plan name	GROWING KIDS PEDIATRICS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GROWING KIDS PEDIATRICS LLC	c EIN-PN 27-1114797-501
a	Plan name	GSC LIGHTING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	GSC LIGHTING INC	c EIN-PN 48-1268683-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GTA DRUM CBIN BENEFIT PLAN	
b	Name of plan sponsor	GTA DRUM	c EIN-PN 20-3068180-501
a	Plan name	GUARANTEE ROOFING CBIN BENEFIT PLAN	
b	Name of plan sponsor	GUARANTEE ROOFING	c EIN-PN 46-0699206-501
a	Plan name	H&H DIESEL CBIN BENEFIT PLAN	
b	Name of plan sponsor	H&H DIESEL	c EIN-PN 15-7576167-501
a	Plan name	H.P.W. CENTER FOR DIABETES CBIN BENEFIT PLAN	
b	Name of plan sponsor	H.P.W. CENTER FOR DIABETES	c EIN-PN 47-1830277-501
a	Plan name	HAFNER LANDSCAPE CBIN BENEFIT PLAN	
b	Name of plan sponsor	HAFNER LANDSCAPE	c EIN-PN 31-1346675-501
a	Plan name	HAHN ENTERPRISES CBIN BENEFIT PLAN	
b	Name of plan sponsor	HAHN ENTERPRISES	c EIN-PN 35-1646372-501
a	Plan name	HALDERMAN FARM MANAGEMENT SERVICES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	HALDERMAN FARM MANAGEMENT SERVICES, INC.	c EIN-PN 35-0848778-501
a	Plan name	HALL HEATING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HALL HEATING INC	c EIN-PN 26-0028931-501
a	Plan name	HALLAM PROPERTIES, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HALLAM PROPERTIES, LLC	c EIN-PN 26-1135195-501
a	Plan name	HAMILTON EMERGENCY PHYSICIANS PC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HAMILTON EMERGENCY PHYSICIANS PC	c EIN-PN 45-3742805-501
a	Plan name	HAMMOND DEVELOPMENT CORP CBIN BENEFIT PLAN	
b	Name of plan sponsor	HAMMOND DEVELOPMENT CORP	c EIN-PN 35-1581423-501
a	Plan name	HANCOCK ECONOMIC DEVELOPMENT COUNCIL CBIN BENEFIT PLAN	
b	Name of plan sponsor	HANCOCK ECONOMIC DEVELOPMENT COUNCIL	c EIN-PN 35-1654127-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	HAND CENTER OF EVANSVILLE CBIN BENEFIT PLAN
b	Name of plan sponsor	HAND CENTER OF EVANSVILLE
c	EIN-PN	27-2320944-501
a	Plan name	HANNIG CONSTRUCTION INC CBIN BENEFIT PLAN
b	Name of plan sponsor	HANNIG CONSTRUCTION INC
c	EIN-PN	35-1054259-501
a	Plan name	HANSEN CUSTOM HOMES CBIN BENEFIT PLAN
b	Name of plan sponsor	HANSEN CUSTOM HOMES
c	EIN-PN	35-2114055-501
a	Plan name	HAPPE DUBORD CONSTRUCTION LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	HAPPE DUBORD CONSTRUCTION LLC
c	EIN-PN	85-1832427-501
a	Plan name	HARDISTY HOLDINGS, LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	HARDISTY HOLDINGS, LLC
c	EIN-PN	81-2476862-501
a	Plan name	HARGETT AUTOMOTIVE MACHINE, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	HARGETT AUTOMOTIVE MACHINE, INC.
c	EIN-PN	35-1664942-501
a	Plan name	HARMEYER TRANSPORT CBIN BENEFIT PLAN
b	Name of plan sponsor	HARMEYER TRANSPORT
c	EIN-PN	46-1657813-501
a	Plan name	HARRY'S HOMES LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	HARRYS HOMES LLC
c	EIN-PN	47-5197641-501
a	Plan name	HASH CPA GROUP LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	HASH CPA GROUP LLC
c	EIN-PN	35-2140590-501
a	Plan name	HASH FARMS EXCAVATING INC CBIN BENEFIT PLAN
b	Name of plan sponsor	HASH FARMS EXCAVATING INC
c	EIN-PN	30-0303995-501
a	Plan name	HAVERSTICK DESIGN CBIN BENEFIT PLAN
b	Name of plan sponsor	HAVERSTICK DESIGN
c	EIN-PN	27-0720513-501
a	Plan name	HAWKINS AND ROOT REAL ESTATE CBIN BENEFIT PLAN
b	Name of plan sponsor	HAWKINS AND ROOT REAL ESTATE
c	EIN-PN	84-4289673-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	HB CONNECT, INC. DBA EXCELLON TECHNOLOGIES CBIN BENEFIT PLAN	
b	Name of plan sponsor	HB CONNECT, INC. DBA EXCELLON TECHNOLOGIES	c EIN-PN 81-3732161-501
a	Plan name	H-BAR-H CBIN BENEFIT PLAN	
b	Name of plan sponsor	H-BAR-H	c EIN-PN 35-1523110-501
a	Plan name	HEADY HEATING & COOLING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HEADY HEATING & COOLING LLC	c EIN-PN 74-3107566-501
a	Plan name	HEALTH CHOICE ENTERPRISES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HEALTH CHOICE ENTERPRISES LLC	c EIN-PN 45-1438622-501
a	Plan name	HEDINGER BEVERAGE DISTRIBUTING CO, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	HEDINGER BEVERAGE DISTRIBUTING CO, INC.	c EIN-PN 35-1091811-501
a	Plan name	HEDINGER'S AUTO CARE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HEDINGERS AUTO CARE INC	c EIN-PN 35-1956972-501
a	Plan name	HEDRICK AND HIGGS HOLDINGS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HEDRICK AND HIGGS HOLDINGS LLC	c EIN-PN 87-3508789-501
a	Plan name	HEEREMA HAULING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HEEREMA HAULING LLC	c EIN-PN 92-1636171-501
a	Plan name	HEMDARSH LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HEMDARSH LLC	c EIN-PN 47-5219591-501
a	Plan name	HENKE DEVELOPMENT GROUP, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HENKE DEVELOPMENT GROUP, LLC	c EIN-PN 26-3432441-501
a	Plan name	HENRY GLASS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HENRY GLASS INC	c EIN-PN 82-3751431-501
a	Plan name	HGR GROUP INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HGR GROUP INC	c EIN-PN 20-8588783-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HIGHLAND RETINA ASSOC LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HIGHLAND RETINA ASSOC LLC	c EIN-PN 81-3758844-501
a	Plan name	HIGHTOWER SERVICES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HIGHTOWER SERVICES INC	c EIN-PN 35-1571228-501
a	Plan name	HILLEL FOUNDATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	HILLEL FOUNDATION	c EIN-PN 20-2804389-501
a	Plan name	HILLSIDE POOLS, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HILLSIDE POOLS, INC	c EIN-PN 20-8349830-501
a	Plan name	HINDEL BOWLING LANES CBIN BENEFIT PLAN	
b	Name of plan sponsor	HINDEL BOWLING LANES	c EIN-PN 35-1039362-501
a	Plan name	HINSHAW VISUAL DESIGN, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HINSHAW VISUAL DESIGN, LLC	c EIN-PN 84-3350964-501
a	Plan name	HITE AUTO BODY CBIN BENEFIT PLAN	
b	Name of plan sponsor	HITE AUTO BODY	c EIN-PN 35-2123804-501
a	Plan name	HIVIZ CUSTOM OUTFITTER, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HIVIZ CUSTOM OUTFITTER, LLC	c EIN-PN 87-4701047-501
a	Plan name	HOBART SEALCOATING AND ASPHALT MAINTENANCE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOBART SEALCOATING AND ASPHALT MAINTENANCE LLC	c EIN-PN 31-1841687-501
a	Plan name	HOEHN FARMS, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOEHN FARMS, INC	c EIN-PN 35-1620006-501
a	Plan name	HOEING LIVESTOCK FARM INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOEING LIVESTOCK FARM INC	c EIN-PN 26-4823242-501
a	Plan name	HOESLI DIESEL SERVICE CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOESLI DIESEL SERVICE	c EIN-PN 35-1383558-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HOG MOLLY BREWING CO LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOG MOLLY BREWING CO LLC	c EIN-PN 83-3469682-501
a	Plan name	HOLSCHER FAMILY FARMS CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOLSCHER FAMILY FARMS	c EIN-PN 47-1711657-501
a	Plan name	HOMES BY BRIAN INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOMES BY BRIAN INC	c EIN-PN 35-1925297-501
a	Plan name	HONEGGER, RINGGER AND CO CBIN BENEFIT PLAN	
b	Name of plan sponsor	HONEGGER, RINGGER AND CO	c EIN-PN 35-1445791-502
a	Plan name	HOOKS APOTHECARY CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOOKS APOTHECARY	c EIN-PN 35-2207642-501
a	Plan name	HOOSIER BROS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOOSIER BROS LLC	c EIN-PN 45-2415449-501
a	Plan name	HOOSIER BUSINESS MACHINES CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOOSIER BUSINESS MACHINES	c EIN-PN 35-1427296-501
a	Plan name	HOOSIER CONTRACTORS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOOSIER CONTRACTORS LLC	c EIN-PN 46-2868169-501
a	Plan name	HOOSIER HOLDING GROUP INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOOSIER HOLDING GROUP INC	c EIN-PN 35-2112577-501
a	Plan name	HOOSIER MOWERS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOOSIER MOWERS INC	c EIN-PN 35-2027470-501
a	Plan name	HOOSIER PENN OIL, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOOSIER PENN OIL, INC	c EIN-PN 35-1386150-501
a	Plan name	HOOSIER PHYSICAL THERAPY LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOOSIER PHYSICAL THERAPY LLC	c EIN-PN 35-2068615-501

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

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

a Plan name	HOOSIER PLUMBING, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	HOOSIER PLUMBING, LLC	c EIN-PN 85-0543955-501
a Plan name	HOOSIER WHOLESALE DISTRIBUTORS CBIN BENEFIT PLAN	
b Name of plan sponsor	HOOSIER WHOLESALE DISTRIBUTORS	c EIN-PN 82-1264582-501
a Plan name	HOOSIER WRESTLING INC CBIN BENEFIT PLAN	
b Name of plan sponsor	HOOSIER WRESTLING INC	c EIN-PN 35-1594590-501
a Plan name	HOOSIERS CONNECT CBIN BENEFIT PLAN	
b Name of plan sponsor	HOOSIERS CONNECT	c EIN-PN 88-2936526-501
a Plan name	HOP RIVER BREWING COMPNAY, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	HOP RIVER BREWING COMPNAY, LLC	c EIN-PN 81-4812268-501
a Plan name	HORNBECK CONCRETE SERVICES INC CBIN BENEFIT PLAN	
b Name of plan sponsor	HORNBECK CONCRETE SERVICES INC	c EIN-PN 20-0943552-501
a Plan name	HORSEPOWER INDY LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	HORSEPOWER INDY LLC	c EIN-PN 46-0588568-501
a Plan name	HORVATH COMMUNICATIONS CBIN BENEFIT PLAN	
b Name of plan sponsor	HORVATH COMMUNICATIONS	c EIN-PN 35-2000645-501
a Plan name	HOSE ASSEMBLIES LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	HOSE ASSEMBLIES LLC	c EIN-PN 35-2023404-501
a Plan name	HOT SHOWER CHICAGO INC CBIN BENEFIT PLAN	
b Name of plan sponsor	HOT SHOWER CHICAGO INC	c EIN-PN 47-4393976-501
a Plan name	HOTD, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	HOTD, LLC	c EIN-PN 87-4624668-501
a Plan name	HOUSE REAL ESTATE LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	HOUSE REAL ESTATE LLC	c EIN-PN 92-1322543-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	HOUSING AUTHORITY KOKOMO CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOUSING AUTHORITY KOKOMO	c EIN-PN 35-6001610-501
a	Plan name	HOVDE DASSOW & DEETS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOVDE DASSOW & DEETS LLC	c EIN-PN 20-1928032-501
a	Plan name	HOWERTON RACECAR WORKS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOWERTON RACECAR WORKS INC	c EIN-PN 35-1566884-501
a	Plan name	HOWL BOYZ INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HOWL BOYZ INC	c EIN-PN 47-5555294-501
a	Plan name	HUMANE SOCIETY FOR GREATER LAFAYETTE CBIN BENEFIT PLAN	
b	Name of plan sponsor	HUMANE SOCIETY FOR GREATER LAFAYETTE	c EIN-PN 88-0750459-501
a	Plan name	HUNTER FARMS CBIN BENEFIT PLAN	
b	Name of plan sponsor	HUNTER FARMS	c EIN-PN 35-1838467-501
a	Plan name	HUNTINGTON EXTERIORS, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HUNTINGTON EXTERIORS, INC	c EIN-PN 35-1465821-502
a	Plan name	HUTH THOMPSON LLP CBIN BENEFIT PLAN	
b	Name of plan sponsor	HUTH THOMPSON LLP	c EIN-PN 35-2055043-501
a	Plan name	HUTH TOOL CBIN BENEFIT PLAN	
b	Name of plan sponsor	HUTH TOOL	c EIN-PN 26-2038121-501
a	Plan name	HVAC DESIGN INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	HVAC DESIGN INC	c EIN-PN 35-2051002-501
a	Plan name	HYDRAULIC RESOURCES CBIN BENEFIT PLAN	
b	Name of plan sponsor	HYDRAULIC RESOURCES	c EIN-PN 75-3223753-501
a	Plan name	HYDRONIC AND STEAM EQUIPMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	HYDRONIC AND STEAM EQUIPMENT	c EIN-PN 35-1623106-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ICC MECHANICAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	ICC MECHANICAL	c EIN-PN 45-3817962-501
a	Plan name	IDLERCRAFT CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	IDLERCRAFT CORPORATION	c EIN-PN 81-1630447-501
a	Plan name	IMA INOX MARKET AMERICA LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	IMA INOX MARKET AMERICA LLC	c EIN-PN 61-1981488-501
a	Plan name	INDCO, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDCO, INC.	c EIN-PN 20-3111144-501
a	Plan name	INDEPENDENT INSURANCE AGENTS OF INDIANA CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDEPENDENT INSURANCE AGENTS OF INDIANA	c EIN-PN 35-0407385-501
a	Plan name	INDIANA BASKETBALL ACADEMY CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA BASKETBALL ACADEMY	c EIN-PN 35-2151270-501
a	Plan name	INDIANA BLACK EXPO INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA BLACK EXPO INC	c EIN-PN 35-1406245-501
a	Plan name	INDIANA BUILDERS ASSOCIATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA BUILDERS ASSOCIATION	c EIN-PN 35-0920058-501
a	Plan name	INDIANA CHAMBER OF COMMERCE CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA CHAMBER OF COMMERCE	c EIN-PN 35-0411510-501
a	Plan name	INDIANA CONSTRUCTION AND CONSULTING SERVICES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA CONSTRUCTION AND CONSULTING SERVICES LLC	c EIN-PN 82-3027609-501
a	Plan name	INDIANA CONTINUING LEGAL EDUCATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA CONTINUING LEGAL EDUCATION	c EIN-PN 35-1100898-501
a	Plan name	INDIANA COUNCIL OF COMMUNITY MENTAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA COUNCIL OF COMMUNITY MENTAL	c EIN-PN 35-1443105-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INDIANA DEMOCRATIC PARTY CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA DEMOCRATIC PARTY	c EIN-PN 35-0408850-501
a	Plan name	INDIANA HUMANITIES COUNCIL CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA HUMANITIES COUNCIL	c EIN-PN 35-1344382-501
a	Plan name	INDIANA LANDMARKS FOUNDATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA LANDMARKS FOUNDATION	c EIN-PN 35-1162873-501
a	Plan name	INDIANA MATERIALS PROCESSING CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA MATERIALS PROCESSING	c EIN-PN 46-0887899-501
a	Plan name	INDIANA MILLWRIGHT SERVICES, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA MILLWRIGHT SERVICES, INC	c EIN-PN 81-1465570-501
a	Plan name	INDIANA MOTOR TRUCK ASSOC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA MOTOR TRUCK ASSOC	c EIN-PN 35-0410550-501
a	Plan name	INDIANA OFFICE BASED ANESTHESIA CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA OFFICE BASED ANESTHESIA	c EIN-PN 35-2097848-501
a	Plan name	INDIANA RAILWAY MUSEUM CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA RAILWAY MUSEUM	c EIN-PN 23-7029065-501
a	Plan name	INDIANA SCALE CO INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA SCALE CO INC	c EIN-PN 35-1808113-501
a	Plan name	INDIANA SOYBEAN ALLIANCE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA SOYBEAN ALLIANCE INC	c EIN-PN 35-2026389-501
a	Plan name	INDIANA STANDARDBRED CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA STANDARDBRED	c EIN-PN 23-7160140-501
a	Plan name	INDIANA UPFITTERS, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA UPFITTERS, LLC	c EIN-PN 85-0621356-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INDIANA WIRE PRODUCTS, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANA WIRE PRODUCTS, INC	c EIN-PN 35-1133180-501
a	Plan name	INDIANAPOLIS FILM PROJECT INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANAPOLIS FILM PROJECT INC	c EIN-PN 83-1641302-501
a	Plan name	INDIANAPOLIS MUSIC ACADEMY LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDIANAPOLIS MUSIC ACADEMY LLC	c EIN-PN 82-4846943-501
a	Plan name	INDUSTRIAL ENVIRONMENTAL, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDUSTRIAL ENVIRONMENTAL, INC.	c EIN-PN 35-2048092-501
a	Plan name	INDUSTRIAL RESOURCE GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDUSTRIAL RESOURCE GROUP	c EIN-PN 20-1678894-501
a	Plan name	INDUSTRIAL SALES AND ENGINEERING CO. INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDUSTRIAL SALES AND ENGINEERING CO. INC	c EIN-PN 35-1844184-501
a	Plan name	INDUSTRIAL SALES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDUSTRIAL SALES INC	c EIN-PN 35-1854152-501
a	Plan name	INDY COLLECTIVE PROPERTY GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDY COLLECTIVE PROPERTY GROUP	c EIN-PN 93-3690131-501
a	Plan name	INDY DENTAL GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDY DENTAL GROUP	c EIN-PN 46-4222846-501
a	Plan name	INDY EAST PERIODONTICS CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDY EAST PERIODONTICS	c EIN-PN 47-1829513-501
a	Plan name	INDY PUBLIC SAFETY FOUNDATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDY PUBLIC SAFETY FOUNDATION	c EIN-PN 46-2975046-501
a	Plan name	INDY SPECIALIZED TRANSPORT CBIN BENEFIT PLAN	
b	Name of plan sponsor	INDY SPECIALIZED TRANSPORT	c EIN-PN 35-2005072-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	INDYFRINGE CBIN BENEFIT PLAN	
b Name of plan sponsor	INDYFRINGE	c EIN-PN 20-2005004-501
a Plan name	INFINITI WIRELESS SOLUTIONS LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	INFINITI WIRELESS SOLUTIONS LLC	c EIN-PN 22-3979449-501
a Plan name	INFRASTRUCTURE SYSTEMS INC CBIN BENEFIT PLAN	
b Name of plan sponsor	INFRASTRUCTURE SYSTEMS INC	c EIN-PN 35-2065425-501
a Plan name	INNOVATIVE EDIT CBIN BENEFIT PLAN	
b Name of plan sponsor	INNOVATIVE EDIT	c EIN-PN 35-1879072-501
a Plan name	INNOVATIVE FINANCIAL SOL CBIN BENEFIT PLAN	
b Name of plan sponsor	INNOVATIVE FINANCIAL SOL	c EIN-PN 35-1988836-501
a Plan name	INNOVATIVE PACKAGING CBIN BENEFIT PLAN	
b Name of plan sponsor	INNOVATIVE PACKAGING	c EIN-PN 35-1742636-501
a Plan name	INNOVATIVE SKILLED TRADES CBIN BENEFIT PLAN	
b Name of plan sponsor	INNOVATIVE SKILLED TRADES	c EIN-PN 81-1503884-501
a Plan name	INSOURCE INC CBIN BENEFIT PLAN	
b Name of plan sponsor	INSOURCE INC	c EIN-PN 35-1738936-501
a Plan name	INSURANCE CLAIM SERVICES CBIN BENEFIT PLAN	
b Name of plan sponsor	INSURANCE CLAIM SERVICES	c EIN-PN 56-2376854-501
a Plan name	INTEGRATE BUILD CBIN BENEFIT PLAN	
b Name of plan sponsor	INTEGRATE BUILD	c EIN-PN 47-3985561-501
a Plan name	INTEGRITY DEFENSE SERVICE, INC CBIN BENEFIT PLAN	
b Name of plan sponsor	INTEGRITY DEFENSE SERVICE, INC	c EIN-PN 82-3277782-501
a Plan name	INTEGRITY ROTATIONAL MOLDING, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	INTEGRITY ROTATIONAL MOLDING, LLC	c EIN-PN 20-4721170-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INVESQUE HOLDINGS LP CBIN BENEFIT PLAN	
b	Name of plan sponsor	INVESQUE HOLDINGS LP	c EIN-PN 47-5355397-501
a	Plan name	I-O ENTERPRISES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	I-O ENTERPRISES LLC	c EIN-PN 88-4203488-501
a	Plan name	J & A FORD TREE CARE CBIN BENEFIT PLAN	
b	Name of plan sponsor	J & A FORD TREE CARE	c EIN-PN 35-2032001-501
a	Plan name	J A BONILLA CBIN BENEFIT PLAN	
b	Name of plan sponsor	J A BONILLA	c EIN-PN 35-1996721-501
a	Plan name	J AND L EXCAVATING CBIN BENEFIT PLAN	
b	Name of plan sponsor	J AND L EXCAVATING	c EIN-PN 90-0619209-501
a	Plan name	J BRINKWORTH & ASSOCIATES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	J BRINKWORTH & ASSOCIATES LLC	c EIN-PN 86-2303033-501
a	Plan name	J K ROGERS CONSTRUCTION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	J K ROGERS CONSTRUCTION INC	c EIN-PN 35-1562508-501
a	Plan name	J K WALKER AND ASSOCIATES PC CBIN BENEFIT PLAN	
b	Name of plan sponsor	J K WALKER AND ASSOCIATES PC	c EIN-PN 35-2004046-501
a	Plan name	J L GILBERT COMPANY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	J L GILBERT COMPANY INC	c EIN-PN 35-1340753-501
a	Plan name	J.B. LP COMPANY CBIN BENEFIT PLAN	
b	Name of plan sponsor	J.B. LP COMPANY	c EIN-PN 35-1931810-501
a	Plan name	J.M. ROWLAND CONSTRUCTION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	J.M. ROWLAND CONSTRUCTION LLC	c EIN-PN 30-0578139-501
a	Plan name	J2MD, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	J2MD, LLC	c EIN-PN 20-1212469-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	JA BENEFITS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	JA BENEFITS LLC	c EIN-PN 20-1799098-501
a	Plan name	JAE ENTERPRISES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	JAE ENTERPRISES, INC.	c EIN-PN 35-1810670-501
a	Plan name	JAG METAL SPINNING, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	JAG METAL SPINNING, INC	c EIN-PN 83-0372028-501
a	Plan name	JAMES R POSHARD & SONS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	JAMES R POSHARD & SONS INC	c EIN-PN 35-1363234-501
a	Plan name	JAMES W. SHADE, CPA CBIN BENEFIT PLAN	
b	Name of plan sponsor	JAMES W. SHADE, CPA	c EIN-PN 14-1844900-501
a	Plan name	JAMES WAGNER CBIN BENEFIT PLAN	
b	Name of plan sponsor	JAMES WAGNER	c EIN-PN 26-1651899-501
a	Plan name	JASPER TRUCKING, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	JASPER TRUCKING, INC.	c EIN-PN 81-2727505-501
a	Plan name	JATEX INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	JATEX INC	c EIN-PN 35-1862355-501
a	Plan name	JAVELINA CONSTRUCTION INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	JAVELINA CONSTRUCTION INC.	c EIN-PN 74-2272293-501
a	Plan name	JB INTERNATIONAL LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	JB INTERNATIONAL LLC	c EIN-PN 84-2815790-501
a	Plan name	JB'S SALVAGE CBIN BENEFIT PLAN	
b	Name of plan sponsor	JBS SALVAGE	c EIN-PN 35-1626571-501
a	Plan name	JC MOAG CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	JC MOAG CORPORATION	c EIN-PN 95-3541981-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	JC NEWCOM FARMS, LLC. CBIN BENEFIT PLAN	
b Name of plan sponsor	JC NEWCOM FARMS, LLC.	c EIN-PN 46-4339831-501
a Plan name	JC SPENCE & ASSOCIATES CBIN BENEFIT PLAN	
b Name of plan sponsor	JC SPENCE & ASSOCIATES	c EIN-PN 35-1300005-501
a Plan name	JCB ENTERPRISES INC CBIN BENEFIT PLAN	
b Name of plan sponsor	JCB ENTERPRISES INC	c EIN-PN 47-1396091-501
a Plan name	JCMA INC CBIN BENEFIT PLAN	
b Name of plan sponsor	JCMA INC	c EIN-PN 38-3684990-501
a Plan name	JCS FIREPLACE & STONE INC CBIN BENEFIT PLAN	
b Name of plan sponsor	JCS FIREPLACE & STONE INC	c EIN-PN 32-0060431-501
a Plan name	JDS INTERNATIONAL INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	JDS INTERNATIONAL INC.	c EIN-PN 25-1918175-501
a Plan name	JENLE INC CBIN BENEFIT PLAN	
b Name of plan sponsor	JENLE INC	c EIN-PN 20-3368569-501
a Plan name	JERRY PAULAUSKY ASSOCIATES INC CBIN BENEFIT PLAN	
b Name of plan sponsor	JERRY PAULAUSKY ASSOCIATES INC	c EIN-PN 35-1460714-501
a Plan name	JETPRO PILOTS CBIN BENEFIT PLAN	
b Name of plan sponsor	JETPRO PILOTS	c EIN-PN 27-0969113-501
a Plan name	JG TRUCKING LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	JG TRUCKING LLC	c EIN-PN 81-2227072-501
a Plan name	JIMS LAWN CARE CBIN BENEFIT PLAN	
b Name of plan sponsor	JIMS LAWN CARE	c EIN-PN 84-2780966-501
a Plan name	JIM'S PIZZA CBIN BENEFIT PLAN	
b Name of plan sponsor	JIMS PIZZA	c EIN-PN 35-1991949-501

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

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

a Plan name	JL ANDERSON HEATING & COOLING CBIN BENEFIT PLAN	
b Name of plan sponsor	JL ANDERSON HEATING & COOLING	c EIN-PN 35-2093406-501
a Plan name	JMR FARMS INC CBIN BENEFIT PLAN	
b Name of plan sponsor	JMR FARMS INC	c EIN-PN 35-1294063-501
a Plan name	JOES KIDS, INC CBIN BENEFIT PLAN	
b Name of plan sponsor	JOES KIDS, INC	c EIN-PN 46-4095781-501
a Plan name	JONKMAN GARAGE INC CBIN BENEFIT PLAN	
b Name of plan sponsor	JONKMAN GARAGE INC	c EIN-PN 85-3545248-501
a Plan name	JP AUTOMATION CBIN BENEFIT PLAN	
b Name of plan sponsor	JP AUTOMATION	c EIN-PN 45-3577341-501
a Plan name	JR INTERIORS INC CBIN BENEFIT PLAN	
b Name of plan sponsor	JR INTERIORS INC	c EIN-PN 35-2147287-501
a Plan name	JR SCRIPTS CBIN BENEFIT PLAN	
b Name of plan sponsor	JR SCRIPTS	c EIN-PN 35-2124041-501
a Plan name	JROBERTS AND COMPANY LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	JROBERTS AND COMPANY LLC	c EIN-PN 82-5316909-501
a Plan name	JUKE TECHNOLOGIES, INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	JUKE TECHNOLOGIES, INC.	c EIN-PN 87-1846000-501
a Plan name	JUST DARTS, INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	JUST DARTS, INC.	c EIN-PN 35-1606959-501
a Plan name	JWK MANAGEMENT GROUP LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	JWK MANAGEMENT GROUP LLC	c EIN-PN 47-1735058-501
a Plan name	K & K DIRT WORKS INC CBIN BENEFIT PLAN	
b Name of plan sponsor	K & K DIRT WORKS INC	c EIN-PN 30-0251105-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	K & V OF INDIANA DBA WESTSIDE HONDA CBIN BENEFIT PLAN	
b	Name of plan sponsor	K & V OF INDIANA DBA WESTSIDE HONDA	c EIN-PN 35-1412744-501
a	Plan name	K & W INVESTMENTS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	K & W INVESTMENTS LLC	c EIN-PN 46-1087225-501
a	Plan name	KA & F GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	KA & F GROUP	c EIN-PN 03-0492034-501
a	Plan name	KACHINA CONSULTING CBIN BENEFIT PLAN	
b	Name of plan sponsor	KACHINA CONSULTING	c EIN-PN 85-3948665-501
a	Plan name	KAMAYA INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KAMAYA INC	c EIN-PN 35-1416517-503
a	Plan name	KASOTA PROPERTIES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KASOTA PROPERTIES LLC	c EIN-PN 82-1866956-501
a	Plan name	KASSEBAUM ENGINEERING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KASSEBAUM ENGINEERING INC	c EIN-PN 47-2321783-501
a	Plan name	KAYSER SAWING & DRILLING CBIN BENEFIT PLAN	
b	Name of plan sponsor	KAYSER SAWING & DRILLING	c EIN-PN 35-1944796-501
a	Plan name	KBSO CONSULTING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KBSO CONSULTING LLC	c EIN-PN 47-5464957-501
a	Plan name	KCL GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	KCL GROUP	c EIN-PN 81-2462484-501
a	Plan name	KEEFER PRINTING CO CBIN BENEFIT PLAN	
b	Name of plan sponsor	KEEFER PRINTING CO	c EIN-PN 35-0433910-501
a	Plan name	KEITH DIKE EXCAVATING CBIN BENEFIT PLAN	
b	Name of plan sponsor	KEITH DIKE EXCAVATING	c EIN-PN 27-0331149-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	KELLER MACALUSO, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	KELLER MACALUSO, LLC	c EIN-PN 27-1716316-501
a Plan name	KELLER NIEMANN CBIN BENEFIT PLAN	
b Name of plan sponsor	KELLER NIEMANN	c EIN-PN 59-3607606-501
a Plan name	KEMP ELECTRIC CBIN BENEFIT PLAN	
b Name of plan sponsor	KEMP ELECTRIC	c EIN-PN 35-1762176-501
a Plan name	KENDALL QUALITY SERVICES, INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	KENDALL QUALITY SERVICES, INC.	c EIN-PN 46-1368182-501
a Plan name	KENDRION TRI-TECH, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	KENDRION TRI-TECH, LLC	c EIN-PN 35-1998468-501
a Plan name	KENEFIC DESIGN ASSOCIATES INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	KENEFIC DESIGN ASSOCIATES INC.	c EIN-PN 46-4248027-501
a Plan name	KENT BOOE TRUCKING LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	KENT BOOE TRUCKING LLC	c EIN-PN 82-0798546-501
a Plan name	KENT WATER COMPANY INC CBIN BENEFIT PLAN	
b Name of plan sponsor	KENT WATER COMPANY INC	c EIN-PN 35-1105235-501
a Plan name	KEPLER STEEL INC CBIN BENEFIT PLAN	
b Name of plan sponsor	KEPLER STEEL INC	c EIN-PN 35-1056940-501
a Plan name	KEWANNA METAL SPECIALTIES CBIN BENEFIT PLAN	
b Name of plan sponsor	KEWANNA METAL SPECIALTIES	c EIN-PN 35-1299914-501
a Plan name	KIHI FARMS CBIN BENEFIT PLAN	
b Name of plan sponsor	KIHI FARMS	c EIN-PN 35-1939372-501
a Plan name	KINETIC MARKETING COMMUNICATIONS, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	KINETIC MARKETING COMMUNICATIONS, LLC	c EIN-PN 20-0778734-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	KIRBY HEATING AND AIR CONDITIONING CBIN BENEFIT PLAN	
b	Name of plan sponsor	KIRBY HEATING AND AIR CONDITIONING	c EIN-PN 35-1771608-501
a	Plan name	KLINES QUALITY WATER CBIN BENEFIT PLAN	
b	Name of plan sponsor	KLINES QUALITY WATER	c EIN-PN 35-1342371-502
a	Plan name	KLINGE ENAMELING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KLINGE ENAMELING INC	c EIN-PN 35-1094452-501
a	Plan name	KLMA INDIANA CBIN BENEFIT PLAN	
b	Name of plan sponsor	KLMA INDIANA	c EIN-PN 83-4646248-501
a	Plan name	KLOPFENSTEIN REPAIR INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KLOPFENSTEIN REPAIR INC	c EIN-PN 35-2005663-501
a	Plan name	KM STEMLER CO INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KM STEMLER CO INC	c EIN-PN 35-1549414-501
a	Plan name	KMK HEATING INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	KMK HEATING INC.	c EIN-PN 83-2037250-501
a	Plan name	KNIGHT AUTOMOTIVE AND PERFORMANCE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KNIGHT AUTOMOTIVE AND PERFORMANCE LLC	c EIN-PN 20-4298631-501
a	Plan name	KOBBERSTEIN HOLDINGS, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KOBBERSTEIN HOLDINGS, INC	c EIN-PN 46-4269767-502
a	Plan name	KOCH AUTO & TRUCK REPAIR CBIN BENEFIT PLAN	
b	Name of plan sponsor	KOCH AUTO & TRUCK REPAIR	c EIN-PN 35-1641278-501
a	Plan name	KOEHLER LAW LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KOEHLER LAW LLC	c EIN-PN 83-0880816-501
a	Plan name	KOKOMO AUTO WORLD INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KOKOMO AUTO WORLD INC	c EIN-PN 35-1383619-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KOMYATTE & CASBON PC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KOMYATTE & CASBON PC	c EIN-PN 35-2036216-501
a	Plan name	KONO INCORPORATED CBIN BENEFIT PLAN	
b	Name of plan sponsor	KONO INCORPORATED	c EIN-PN 36-4414825-501
a	Plan name	KOONS & KOONS CPA, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	KOONS & KOONS CPA, INC.	c EIN-PN 20-3586814-502
a	Plan name	KPC BROTHERS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KPC BROTHERS INC	c EIN-PN 46-4112619-501
a	Plan name	KPG GLOBAL ENTERPRISES CBIN BENEFIT PLAN	
b	Name of plan sponsor	KPG GLOBAL ENTERPRISES	c EIN-PN 35-2156678-501
a	Plan name	KRYDER + HARR VETERINARY CLINIC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KRYDER + HARR VETERINARY CLINIC	c EIN-PN 35-1648238-501
a	Plan name	K-TECH FLOORING SYSTEMS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	K-TECH FLOORING SYSTEMS, INC.	c EIN-PN 20-8214857-501
a	Plan name	KUHN AND GUSTAFSON LAND SURVEYING, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	KUHN AND GUSTAFSON LAND SURVEYING, INC	c EIN-PN 86-2046789-501
a	Plan name	KURR AESTHETICS AND MED SPA CBIN BENEFIT PLAN	
b	Name of plan sponsor	KURR AESTHETICS AND MED SPA	c EIN-PN 26-0870059-501
a	Plan name	L & L MANAGEMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	L & L MANAGEMENT	c EIN-PN 87-2441131-501
a	Plan name	L A BELL MOTOR LINES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	L A BELL MOTOR LINES, INC.	c EIN-PN 35-1456148-501
a	Plan name	L D SMITH PLUMBING CBIN BENEFIT PLAN	
b	Name of plan sponsor	L D SMITH PLUMBING	c EIN-PN 45-1447393-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	L&J CONSTRUCTION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	L&J CONSTRUCTION LLC	c EIN-PN 13-4243624-501
a	Plan name	L&R BODY CO INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	L&R BODY CO INC	c EIN-PN 35-1670120-501
a	Plan name	L2 STRUCTURES CBIN BENEFIT PLAN	
b	Name of plan sponsor	L2 STRUCTURES	c EIN-PN 84-2036400-501
a	Plan name	LABOV & BEYOND INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LABOV & BEYOND INC	c EIN-PN 35-1660195-501
a	Plan name	LACAY FABRICATION & MANUFACTURING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LACAY FABRICATION & MANUFACTURING INC	c EIN-PN 35-1366176-501
a	Plan name	LAFAYETTE INSTRUMENT COMPANY CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAFAYETTE INSTRUMENT COMPANY	c EIN-PN 35-1950005-501
a	Plan name	LAFAYETTE MECHANICAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAFAYETTE MECHANICAL	c EIN-PN 35-2016465-501
a	Plan name	LAKE COUNTY CONVENTION CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAKE COUNTY CONVENTION	c EIN-PN 14-1855555-501
a	Plan name	LAKE MINNEHAHA OWNERS ASSOCIATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAKE MINNEHAHA OWNERS ASSOCIATION	c EIN-PN 35-1466196-501
a	Plan name	LAKESHORE ANESTHESIA PC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAKESHORE ANESTHESIA PC	c EIN-PN 30-0334012-501
a	Plan name	LAKETRONICS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAKETRONICS INC	c EIN-PN 35-1423043-501
a	Plan name	LAMBERT & LANOUE, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAMBERT & LANOUE, LLC	c EIN-PN 27-0408006-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LAN CONSTRUCTION, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAN CONSTRUCTION, LLC	c EIN-PN 56-2636149-501
a	Plan name	LANDWORX ENGINEERING, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LANDWORX ENGINEERING, LLC	c EIN-PN 47-4912808-501
a	Plan name	LANE WAGNER AGENCY LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LANE WAGNER AGENCY LLC	c EIN-PN 27-3097096-501
a	Plan name	LANGDON MORTGAGE COMPANY, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	LANGDON MORTGAGE COMPANY, INC.	c EIN-PN 35-1923481-502
a	Plan name	LAP WASTE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAP WASTE LLC	c EIN-PN 87-4250181-501
a	Plan name	LAPPIN 180 CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAPPIN 180	c EIN-PN 26-0526944-501
a	Plan name	LARRY AND ANNE GAMBLE CBIN BENEFIT PLAN	
b	Name of plan sponsor	LARRY AND ANNE GAMBLE	c EIN-PN 35-1695083-501
a	Plan name	LARRYS AUTOMOTIVE REPAIR LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LARRYS AUTOMOTIVE REPAIR LLC	c EIN-PN 14-7963117-501
a	Plan name	LAURA SNIDER CONSULTING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAURA SNIDER CONSULTING LLC	c EIN-PN 26-0202552-501
a	Plan name	LAVIN RENTAL LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAVIN RENTAL LLC	c EIN-PN 83-3882630-501
a	Plan name	LAW OFFICE OF JOHN RUPP CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAW OFFICE OF JOHN RUPP	c EIN-PN 26-3650214-501
a	Plan name	LAW OFFICE OF KELLEY JOHNSON CBIN BENEFIT PLAN	
b	Name of plan sponsor	LAW OFFICE OF KELLEY JOHNSON	c EIN-PN 84-3437680-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name LAW OFFICE OF MARC S SEDWICK, P.C. CBIN BENEFIT PLAN	
b	Name of plan sponsor LAW OFFICE OF MARC S SEDWICK, P.C.	c EIN-PN 20-2537213-501
a	Plan name LAW OFFICE OF TRAVIS J MCCONNELL CBIN BENEFIT PLAN	
b	Name of plan sponsor LAW OFFICE OF TRAVIS J MCCONNELL	c EIN-PN 46-4581895-502
a	Plan name LAWN AND SHRUB CBIN BENEFIT PLAN	
b	Name of plan sponsor LAWN AND SHRUB	c EIN-PN 35-1294702-501
a	Plan name LBT GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor LBT GROUP LLC	c EIN-PN 84-2126761-501
a	Plan name LCD ELECTRIC INC CBIN BENEFIT PLAN	
b	Name of plan sponsor LCD ELECTRIC INC	c EIN-PN 03-0509587-501
a	Plan name LEATHERMAN CONSTRUCTION CBIN BENEFIT PLAN	
b	Name of plan sponsor LEATHERMAN CONSTRUCTION	c EIN-PN 32-0063773-501
a	Plan name LEE COMPANY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor LEE COMPANY INC	c EIN-PN 35-1000447-501
a	Plan name LEGACY FOUNDATION CBIN BENEFIT PLAN	
b	Name of plan sponsor LEGACY FOUNDATION	c EIN-PN 35-1872803-501
a	Plan name LEGACY LAND CO LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor LEGACY LAND CO LLC	c EIN-PN 82-1278568-501
a	Plan name LEGACY PLUMBING HEATING & AIR LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor LEGACY PLUMBING HEATING & AIR LLC	c EIN-PN 30-0055998-501
a	Plan name LEGEND SERVICE CO. LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor LEGEND SERVICE CO. LLC	c EIN-PN 06-1764152-501
a	Plan name LENGERICH MEATS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor LENGERICH MEATS, INC.	c EIN-PN 35-1963776-501

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

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

a Plan name	LEVEL 365 CBIN BENEFIT PLAN	
b Name of plan sponsor	LEVEL 365	c EIN-PN 26-2393448-501
a Plan name	LEY EXCAVATING LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	LEY EXCAVATING LLC	c EIN-PN 87-4032309-501
a Plan name	LG DEVELOPMENTS CBIN BENEFIT PLAN	
b Name of plan sponsor	LG DEVELOPMENTS	c EIN-PN 83-2501226-501
a Plan name	LISTING MIRROR LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	LISTING MIRROR LLC	c EIN-PN 81-2582707-501
a Plan name	LITHO PRESS INC CBIN BENEFIT PLAN	
b Name of plan sponsor	LITHO PRESS INC	c EIN-PN 35-0921085-501
a Plan name	LIVE HEAL GROW COUNSELING SERVICES CBIN BENEFIT PLAN	
b Name of plan sponsor	LIVE HEAL GROW COUNSELING SERVICES	c EIN-PN 85-1578925-501
a Plan name	LJOT, INC. CBIN BENEFIT PLAN	
b Name of plan sponsor	LJOT, INC.	c EIN-PN 35-2039120-501
a Plan name	LLT GROUP LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	LLT GROUP LLC	c EIN-PN 83-2412399-501
a Plan name	LOF INC CBIN BENEFIT PLAN	
b Name of plan sponsor	LOF INC	c EIN-PN 35-1172288-501
a Plan name	LOGANSPORT MACHINE CO INC CBIN BENEFIT PLAN	
b Name of plan sponsor	LOGANSPORT MACHINE CO INC	c EIN-PN 35-0477040-501
a Plan name	LOUGHMILLER INSURANCE SERVICES CBIN BENEFIT PLAN	
b Name of plan sponsor	LOUGHMILLER INSURANCE SERVICES	c EIN-PN 20-0363320-501
a Plan name	LOUISVILLE HOLDINGS LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	LOUISVILLE HOLDINGS LLC	c EIN-PN 93-1868108-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LOUISVILLE PUBLIC WAREHOUSE CBIN BENEFIT PLAN	
b	Name of plan sponsor	LOUISVILLE PUBLIC WAREHOUSE	c EIN-PN 35-1572967-501
a	Plan name	LOVVM, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LOVVM, INC	c EIN-PN 35-2004901-501
a	Plan name	LUCID CORPS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LUCID CORPS LLC	c EIN-PN 81-2070779-501
a	Plan name	LUKENBILL AND LUKENBILL LLP CBIN BENEFIT PLAN	
b	Name of plan sponsor	LUKENBILL AND LUKENBILL LLP	c EIN-PN 27-3644120-501
a	Plan name	LUMP INSURANCE AGENCY CBIN BENEFIT PLAN	
b	Name of plan sponsor	LUMP INSURANCE AGENCY	c EIN-PN 35-1683528-501
a	Plan name	LUMPKIN PLUMBING CBIN BENEFIT PLAN	
b	Name of plan sponsor	LUMPKIN PLUMBING	c EIN-PN 92-2309859-501
a	Plan name	LYNNS WESTSIDE MARINE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LYNNS WESTSIDE MARINE INC	c EIN-PN 35-2107930-501
a	Plan name	LYONS ROOFING CO LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	LYONS ROOFING CO LLC	c EIN-PN 81-2430975-501
a	Plan name	M & M INVESTMENT GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	M & M INVESTMENT GROUP LLC	c EIN-PN 37-1444654-501
a	Plan name	M AND D ELECTRICAL SOLUTIONS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	M AND D ELECTRICAL SOLUTIONS LLC	c EIN-PN 45-5342748-501
a	Plan name	M AND M STEEL INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	M AND M STEEL INC	c EIN-PN 82-5160464-501
a	Plan name	M AND T, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	M AND T, INC	c EIN-PN 35-1895612-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	M&D LAWNCARE CBIN BENEFIT PLAN
b	Name of plan sponsor	M&D LAWNCARE
c	EIN-PN	47-3747994-501
a	Plan name	M.D. WEAVER TRUCKING LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	M.D. WEAVER TRUCKING LLC
c	EIN-PN	82-2365336-501
a	Plan name	MAB EVENTS CORPORATION CBIN BENEFIT PLAN
b	Name of plan sponsor	MAB EVENTS CORPORATION
c	EIN-PN	35-2052244-501
a	Plan name	MAC AIR, LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	MAC AIR, LLC
c	EIN-PN	84-3680001-501
a	Plan name	MACK FINANCIAL GROUP INC CBIN BENEFIT PLAN
b	Name of plan sponsor	MACK FINANCIAL GROUP INC
c	EIN-PN	35-1866238-501
a	Plan name	MADELABS LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	MADELABS LLC
c	EIN-PN	84-1827762-501
a	Plan name	MADISON CABINETS LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	MADISON CABINETS LLC
c	EIN-PN	26-4644620-501
a	Plan name	MAGIERA FARM INC CBIN BENEFIT PLAN
b	Name of plan sponsor	MAGIERA FARM INC
c	EIN-PN	81-1536136-501
a	Plan name	MAINLINE CONVEYOR CBIN BENEFIT PLAN
b	Name of plan sponsor	MAINLINE CONVEYOR
c	EIN-PN	35-1816335-501
a	Plan name	MALL DEVELOPMENT CBIN BENEFIT PLAN
b	Name of plan sponsor	MALL DEVELOPMENT
c	EIN-PN	35-1973414-501
a	Plan name	MANAGEMENT RECRUITERS CBIN BENEFIT PLAN
b	Name of plan sponsor	MANAGEMENT RECRUITERS
c	EIN-PN	35-2094599-501
a	Plan name	MANTA RESOURCES, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	MANTA RESOURCES, INC.
c	EIN-PN	35-1715772-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MANTZ ELECTRIC, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MANTZ ELECTRIC, LLC	c EIN-PN 82-1328646-501
a	Plan name	MAPLE CITY COMMERCIAL LEASING CBIN BENEFIT PLAN	
b	Name of plan sponsor	MAPLE CITY COMMERCIAL LEASING	c EIN-PN 35-1815771-501
a	Plan name	MAPLE FARMS GP CBIN BENEFIT PLAN	
b	Name of plan sponsor	MAPLE FARMS GP	c EIN-PN 27-4273334-501
a	Plan name	MARKSMEN CONSTRUCTION SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	MARKSMEN CONSTRUCTION SERVICES	c EIN-PN 35-1756162-501
a	Plan name	MARSHALL MECHANICAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	MARSHALL MECHANICAL	c EIN-PN 26-1422904-502
a	Plan name	MARTEN CONSTRUCTION MANAGEMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	MARTEN CONSTRUCTION MANAGEMENT	c EIN-PN 35-1485257-501
a	Plan name	MARTIN RILEY, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MARTIN RILEY, INC.	c EIN-PN 35-1877682-501
a	Plan name	MARWOOD MANUFACTURING CBIN BENEFIT PLAN	
b	Name of plan sponsor	MARWOOD MANUFACTURING	c EIN-PN 26-1472346-501
a	Plan name	MASON PRIVATE LOCATING CBIN BENEFIT PLAN	
b	Name of plan sponsor	MASON PRIVATE LOCATING	c EIN-PN 84-3033536-501
a	Plan name	MAST EXCAVATING CBIN BENEFIT PLAN	
b	Name of plan sponsor	MAST EXCAVATING	c EIN-PN 26-1223244-501
a	Plan name	MASTER TECH LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MASTER TECH LLC	c EIN-PN 35-2268613-501
a	Plan name	MATHES PHARMACY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MATHES PHARMACY INC	c EIN-PN 35-1874227-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MATT SWENSON, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MATT SWENSON, INC	c EIN-PN 35-1834904-501
a	Plan name	MATTHEW MCLAUGHLIN CBIN BENEFIT PLAN	
b	Name of plan sponsor	MATTHEW MCLAUGHLIN	c EIN-PN 46-5060766-501
a	Plan name	MAXIM AUTOMATION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MAXIM AUTOMATION INC	c EIN-PN 56-2577233-501
a	Plan name	MBE LLC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MBE LLC.	c EIN-PN 38-3923149-501
a	Plan name	MC CUSTOM CABINETS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MC CUSTOM CABINETS INC	c EIN-PN 27-2917724-501
a	Plan name	MCCLAMROCK AG LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MCCLAMROCK AG LLC	c EIN-PN 82-1867754-501
a	Plan name	MCCRITE MILLING & CONSTRUCTION CO., INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MCCRITE MILLING & CONSTRUCTION CO., INC	c EIN-PN 35-2009351-501
a	Plan name	MCDANIELS HARLEY DAVIDSON, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MCDANIELS HARLEY DAVIDSON, INC	c EIN-PN 35-1145265-501
a	Plan name	MCE INVESTMENTS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MCE INVESTMENTS, INC.	c EIN-PN 27-3180595-501
a	Plan name	MCKINLEY CUSTOM SPREADING INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MCKINLEY CUSTOM SPREADING INC.	c EIN-PN 16-1644422-501
a	Plan name	MCKINNEY CORP CBIN BENEFIT PLAN	
b	Name of plan sponsor	MCKINNEY CORP	c EIN-PN 31-1023537-501
a	Plan name	MCRAE ENTERPRISES CBIN BENEFIT PLAN	
b	Name of plan sponsor	MCRAE ENTERPRISES	c EIN-PN 76-0837839-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MDDHOSTING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MDDHOSTING LLC	c EIN-PN 26-2586248-501
a	Plan name	MELMAR LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MELMAR LLC	c EIN-PN 32-0110119-501
a	Plan name	MEMCOR INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MEMCOR INC	c EIN-PN 35-2061271-501
a	Plan name	MERIDIAN MEDICAL SERVICES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MERIDIAN MEDICAL SERVICES, INC.	c EIN-PN 35-1939249-501
a	Plan name	MESH SYSTEMS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MESH SYSTEMS LLC	c EIN-PN 35-2255313-501
a	Plan name	METALCRAFT PRECISION MACHINE CBIN BENEFIT PLAN	
b	Name of plan sponsor	METALCRAFT PRECISION MACHINE	c EIN-PN 35-2144878-501
a	Plan name	METRO ELEVATOR INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	METRO ELEVATOR INC	c EIN-PN 35-1536847-501
a	Plan name	MEYER BUILDING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MEYER BUILDING INC	c EIN-PN 20-1027076-501
a	Plan name	MICHAEL AND SONS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MICHAEL AND SONS INC	c EIN-PN 35-1484421-501
a	Plan name	MICHAEL J. HELMS, DPM, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MICHAEL J. HELMS, DPM, LLC	c EIN-PN 34-1564398-501
a	Plan name	MICHAEL W HEURING CBIN BENEFIT PLAN	
b	Name of plan sponsor	MICHAEL W HEURING	c EIN-PN 30-0111507-501
a	Plan name	MID AMERICA CLUTCH CBIN BENEFIT PLAN	
b	Name of plan sponsor	MID AMERICA CLUTCH	c EIN-PN 35-1492410-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MID AMERICA REFORMED SEM CBIN BENEFIT PLAN	
b	Name of plan sponsor	MID AMERICA REFORMED SEM	c EIN-PN 42-1164750-501
a	Plan name	MID-AMERICAN SALT CBIN BENEFIT PLAN	
b	Name of plan sponsor	MID-AMERICAN SALT	c EIN-PN 32-0391176-501
a	Plan name	MIDDLEBURY PRODUCE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MIDDLEBURY PRODUCE INC	c EIN-PN 35-1056725-501
a	Plan name	MIDDLETOWN PROPERTY GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	MIDDLETOWN PROPERTY GROUP	c EIN-PN 81-2481321-501
a	Plan name	MID-STATE TRUCK EQUIPMENT INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MID-STATE TRUCK EQUIPMENT INC	c EIN-PN 35-1516486-501
a	Plan name	MIDWEST AEROSPACE LTD CBIN BENEFIT PLAN	
b	Name of plan sponsor	MIDWEST AEROSPACE LTD	c EIN-PN 36-3731660-501
a	Plan name	MIDWEST CONTRACTING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MIDWEST CONTRACTING INC	c EIN-PN 35-2044567-501
a	Plan name	MIDWEST CUSTOM PACKAGING, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MIDWEST CUSTOM PACKAGING, LLC	c EIN-PN 26-1602586-501
a	Plan name	MIDWEST METAL WORKS INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MIDWEST METAL WORKS INC.	c EIN-PN 20-4565420-501
a	Plan name	MIDWEST OPTICAL CONSULTANTS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MIDWEST OPTICAL CONSULTANTS, INC.	c EIN-PN 35-1988274-501
a	Plan name	MIDWEST STRUCTURAL INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MIDWEST STRUCTURAL INC.	c EIN-PN 45-5577354-502
a	Plan name	MIDWEST SYSTEMS & SERVICES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MIDWEST SYSTEMS & SERVICES INC	c EIN-PN 35-1709461-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MILES EYE CARE CBIN BENEFIT PLAN	
b	Name of plan sponsor	MILES EYE CARE	c EIN-PN 27-3220400-501
a	Plan name	MILESTONE BUSINESS SOLUTIONS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MILESTONE BUSINESS SOLUTIONS INC	c EIN-PN 84-5170719-501
a	Plan name	MILLER MACHINE CBIN BENEFIT PLAN	
b	Name of plan sponsor	MILLER MACHINE	c EIN-PN 81-3864596-501
a	Plan name	MILLER MANUFACTURING CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	MILLER MANUFACTURING CORPORATION	c EIN-PN 35-1278469-501
a	Plan name	MILLMARK ENTERPRISES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MILLMARK ENTERPRISES, INC.	c EIN-PN 35-2041237-501
a	Plan name	MILLS EXCAVATING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MILLS EXCAVATING INC	c EIN-PN 20-8230677-501
a	Plan name	MINDFUL GROWTH, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MINDFUL GROWTH, LLC	c EIN-PN 87-1622674-501
a	Plan name	MISS PIGGYS PORK SHOP CBIN BENEFIT PLAN	
b	Name of plan sponsor	MISS PIGGYS PORK SHOP	c EIN-PN 92-3606610-501
a	Plan name	MISSION CONTROL LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MISSION CONTROL LLC	c EIN-PN 87-1293418-501
a	Plan name	MITSCH DESIGN CBIN BENEFIT PLAN	
b	Name of plan sponsor	MITSCH DESIGN	c EIN-PN 35-1809785-501
a	Plan name	MNM ENTERPRISES CBIN BENEFIT PLAN	
b	Name of plan sponsor	MNM ENTERPRISES	c EIN-PN 35-1949123-501
a	Plan name	MO STRATEGIES INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MO STRATEGIES INC.	c EIN-PN 81-5343346-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MOAZZAM W. HABIB, MD PC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOAZZAM W. HABIB, MD PC	c EIN-PN 35-2135010-501
a	Plan name	MOBILE RECELL LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOBILE RECELL LLC	c EIN-PN 47-1681876-501
a	Plan name	MOBILE TECH TRAILERS HOLDING CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOBILE TECH TRAILERS HOLDING	c EIN-PN 83-3266624-501
a	Plan name	MOM BOSS CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOM BOSS	c EIN-PN 81-4162543-501
a	Plan name	MOM WATER CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOM WATER	c EIN-PN 84-4124108-501
a	Plan name	MONT CO COMMUNITY FOUNDATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	MONT CO COMMUNITY FOUNDATION	c EIN-PN 35-1836315-501
a	Plan name	MONTGOMERY WELL DRILLING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MONTGOMERY WELL DRILLING INC	c EIN-PN 35-1609211-501
a	Plan name	MONTICELLO EMERGENCY CARE CBIN BENEFIT PLAN	
b	Name of plan sponsor	MONTICELLO EMERGENCY CARE	c EIN-PN 35-1934009-501
a	Plan name	MOON DROPS DISTILLERY CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOON DROPS DISTILLERY	c EIN-PN 84-4104785-501
a	Plan name	MOONLIGHT MOLD & MACHINE, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOONLIGHT MOLD & MACHINE, INC.	c EIN-PN 35-2041153-502
a	Plan name	MOORESVILLE WELDING CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOORESVILLE WELDING	c EIN-PN 35-1829572-501
a	Plan name	MORGRAIN PARTNERS CBIN BENEFIT PLAN	
b	Name of plan sponsor	MORGRAIN PARTNERS	c EIN-PN 27-5121031-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MORKEN CONSTRUCTION, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MORKEN CONSTRUCTION, INC.	c EIN-PN 35-1982564-501
a	Plan name	MORRIS PARK COUNTRY CLUB INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MORRIS PARK COUNTRY CLUB INC	c EIN-PN 35-0530390-502
a	Plan name	MOSS FERTILIZER SERVICE, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOSS FERTILIZER SERVICE, INC.	c EIN-PN 35-1289650-501
a	Plan name	MOTORHEAD MATT LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOTORHEAD MATT LLC	c EIN-PN 81-3639605-501
a	Plan name	MOTORSPORTS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOTORSPORTS INC	c EIN-PN 35-1284664-501
a	Plan name	MOUNTAIN GLACIER LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOUNTAIN GLACIER LLC	c EIN-PN 20-3879901-501
a	Plan name	MOYNAHAN WILLIAMS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MOYNAHAN WILLIAMS INC	c EIN-PN 35-1417079-501
a	Plan name	MPG INDUSTRIAL LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MPG INDUSTRIAL LLC	c EIN-PN 46-5304238-501
a	Plan name	MSM TRANSPORT, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MSM TRANSPORT, INC	c EIN-PN 35-1830980-501
a	Plan name	MSS ENGINEERING, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MSS ENGINEERING, LLC	c EIN-PN 83-3427022-502
a	Plan name	MT ZION MACHINE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	MT ZION MACHINE LLC	c EIN-PN 32-0298420-501
a	Plan name	MTD DRILLING CBIN BENEFIT PLAN	
b	Name of plan sponsor	MTD DRILLING	c EIN-PN 81-2246107-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MW REPAIR AND SALES CBIN BENEFIT PLAN	
b	Name of plan sponsor MW REPAIR AND SALES	c EIN-PN 82-5220764-501
a	Plan name MYERS GARAGE INCORPORATED CBIN BENEFIT PLAN	
b	Name of plan sponsor MYERS GARAGE INCORPORATED	c EIN-PN 35-2039468-501
a	Plan name N.K HURST CO INC CBIN BENEFIT PLAN	
b	Name of plan sponsor N.K HURST CO INC	c EIN-PN 35-0402895-501
a	Plan name NALLURI PLASTIC SURGERY & LASER CENTER CBIN BENEFIT PLAN	
b	Name of plan sponsor NALLURI PLASTIC SURGERY & LASER CENTER	c EIN-PN 47-5341865-501
a	Plan name NAMERICAN COALITION CHRISTIAN ADMISSIONS PROFESSIONALS CBIN BENEFIT PLAN	
b	Name of plan sponsor NAMERICAN COALITION CHRISTIAN ADMISSIONS PROFESSIONALS	c EIN-PN 35-2058609-501
a	Plan name NATIONAL GLASS & HARDWARE CBIN BENEFIT PLAN	
b	Name of plan sponsor NATIONAL GLASS & HARDWARE	c EIN-PN 35-1365415-501
a	Plan name NATIONAL PRINTING CONVERTERS CBIN BENEFIT PLAN	
b	Name of plan sponsor NATIONAL PRINTING CONVERTERS	c EIN-PN 95-2248680-501
a	Plan name NATIONAL SUPPLY, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor NATIONAL SUPPLY, LLC	c EIN-PN 74-3062691-501
a	Plan name NATURE'S CUPBOARD CBIN BENEFIT PLAN	
b	Name of plan sponsor NATURES CUPBOARD	c EIN-PN 20-1854485-501
a	Plan name NEACE CONSTRUCTION SERVICES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor NEACE CONSTRUCTION SERVICES INC	c EIN-PN 83-0887150-501
a	Plan name NEAL EXCAVATING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor NEAL EXCAVATING LLC	c EIN-PN 45-5126037-501
a	Plan name NEFOUSE & ASSOCIATES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor NEFOUSE & ASSOCIATES INC	c EIN-PN 35-1841505-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	NEIDIGS PAINT & BODY SHOP INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	NEIDIGS PAINT & BODY SHOP INC.
c	EIN-PN	26-2250398-501
a	Plan name	NETWORK PARTNERS DREAM ON STUDIOS CBIN BENEFIT PLAN
b	Name of plan sponsor	NETWORK PARTNERS DREAM ON STUDIOS
c	EIN-PN	86-3394630-501
a	Plan name	NEW CITY DEVELOPMENT PARTNERS LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	NEW CITY DEVELOPMENT PARTNERS LLC
c	EIN-PN	84-3564373-501
a	Plan name	NEW WAVE HOME SOLUTIONS CBIN BENEFIT PLAN
b	Name of plan sponsor	NEW WAVE HOME SOLUTIONS
c	EIN-PN	46-1461485-501
a	Plan name	NEWCOMB RESIDENTIAL IMPROVEMENTS CBIN BENEFIT PLAN
b	Name of plan sponsor	NEWCOMB RESIDENTIAL IMPROVEMENTS
c	EIN-PN	31-1734275-501
a	Plan name	NEWPORT CHEMICAL DEPOT REUSE AUTHORITY CBIN BENEFIT PLAN
b	Name of plan sponsor	NEWPORT CHEMICAL DEPOT REUSE AUTHORITY
c	EIN-PN	26-2943747-501
a	Plan name	NEXER INC CBIN BENEFIT PLAN
b	Name of plan sponsor	NEXER INC
c	EIN-PN	93-4034066-501
a	Plan name	NICK BOHANON LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	NICK BOHANON LLC
c	EIN-PN	27-0734804-501
a	Plan name	NICKEL PLATE ARTS INC CBIN BENEFIT PLAN
b	Name of plan sponsor	NICKEL PLATE ARTS INC
c	EIN-PN	45-4264204-501
a	Plan name	NIELSEN FLM 1 CBIN BENEFIT PLAN
b	Name of plan sponsor	NIELSEN FLM 1
c	EIN-PN	01-0612777-501
a	Plan name	NIEMEIER ENTERPRISES LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	NIEMEIER ENTERPRISES LLC
c	EIN-PN	46-1866521-501
a	Plan name	NIEMEYER LANDSCAPE SUPPLY INC CBIN BENEFIT PLAN
b	Name of plan sponsor	NIEMEYER LANDSCAPE SUPPLY INC
c	EIN-PN	35-1037310-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NONPROFIT FINANCIAL SOLUTIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor	NONPROFIT FINANCIAL SOLUTIONS	c EIN-PN 20-0257445-501
a	Plan name	NORCOTE INTERNATIONAL, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORCOTE INTERNATIONAL, INC	c EIN-PN 20-0510375-501
a	Plan name	NORMAN EXCAVATING, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORMAN EXCAVATING, LLC	c EIN-PN 85-2622728-501
a	Plan name	NORMS TOOL CHEST LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORMS TOOL CHEST LLC	c EIN-PN 81-2485657-501
a	Plan name	NORSE SECURITY GROUP CORP CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORSE SECURITY GROUP CORP	c EIN-PN 27-3365348-501
a	Plan name	NORTH AMERICAN FIRE PROTECTION CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORTH AMERICAN FIRE PROTECTION	c EIN-PN 87-1953042-501
a	Plan name	NORTH DEARDORN WATER AUTHORITY CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORTH DEARDORN WATER AUTHORITY	c EIN-PN 35-1548812-501
a	Plan name	NORTHEAST INDIANA FUND CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORTHEAST INDIANA FUND	c EIN-PN 59-3812438-501
a	Plan name	NORTHERN LAKES REHABILITATION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORTHERN LAKES REHABILITATION LLC	c EIN-PN 47-1331288-502
a	Plan name	NORTHERN STAR INTEGRATED SERVICES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORTHERN STAR INTEGRATED SERVICES LLC	c EIN-PN 38-3507317-501
a	Plan name	NORTHSIDE ENT INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORTHSIDE ENT INC	c EIN-PN 35-1462253-501
a	Plan name	NORTHWEST CENTRAL INDIANA CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORTHWEST CENTRAL INDIANA	c EIN-PN 47-5516146-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NORTHWEST INDUSTRIAL SPECIALISTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	NORTHWEST INDUSTRIAL SPECIALISTS	c EIN-PN 35-1604549-501
a	Plan name	NSO AND COMPANY CBIN BENEFIT PLAN	
b	Name of plan sponsor	NSO AND COMPANY	c EIN-PN 30-0056663-501
a	Plan name	NWI CLARITY CLINIC CBIN BENEFIT PLAN	
b	Name of plan sponsor	NWI CLARITY CLINIC	c EIN-PN 81-3555906-501
a	Plan name	OMADA WORLDWIDE EXPEDITE INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	OMADA WORLDWIDE EXPEDITE INC.	c EIN-PN 20-5212923-501
a	Plan name	OMNI TOWERS INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	OMNI TOWERS INC.	c EIN-PN 87-4486067-501
a	Plan name	ON POINT MACHINING CBIN BENEFIT PLAN	
b	Name of plan sponsor	ON POINT MACHINING	c EIN-PN 47-3835417-501
a	Plan name	ON POINT WASTE SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	ON POINT WASTE SERVICES	c EIN-PN 87-3499301-501
a	Plan name	ORACLE ENCODER SERVICE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ORACLE ENCODER SERVICE LLC	c EIN-PN 35-2063626-501
a	Plan name	ORTHOS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ORTHOS INC	c EIN-PN 84-4685419-501
a	Plan name	OUTSOURCED GENERAL COUNSEL, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	OUTSOURCED GENERAL COUNSEL, LLC	c EIN-PN 82-2363379-501
a	Plan name	OVERHOLT MASONRY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	OVERHOLT MASONRY INC	c EIN-PN 26-4000554-501
a	Plan name	OVERMYER SOFT WATER INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	OVERMYER SOFT WATER INC	c EIN-PN 35-1404157-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	OZWELL, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	OZWELL, LLC	c EIN-PN 88-0959098-501
a	Plan name	PACKAGING SYSTEMS OF INDIANA INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PACKAGING SYSTEMS OF INDIANA INC.	c EIN-PN 35-1769442-501
a	Plan name	PACO MANUFACTURING CBIN BENEFIT PLAN	
b	Name of plan sponsor	PACO MANUFACTURING	c EIN-PN 21-0704009-501
a	Plan name	PADDACK BROTHERS INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PADDACK BROTHERS INC.	c EIN-PN 35-1121575-501
a	Plan name	PALLET TRANSPORT LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PALLET TRANSPORT LLC	c EIN-PN 88-0844541-501
a	Plan name	PANICCIA HEATING AND COOLING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PANICCIA HEATING AND COOLING INC	c EIN-PN 35-1886042-501
a	Plan name	PARKE GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	PARKE GROUP	c EIN-PN 03-0596172-501
a	Plan name	PARKSIDE ANIMAL HOSPITAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	PARKSIDE ANIMAL HOSPITAL	c EIN-PN 35-1995181-501
a	Plan name	PART SOLUTIONS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PART SOLUTIONS LLC	c EIN-PN 35-2314932-501
a	Plan name	PATCH DEVELOPMENT LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PATCH DEVELOPMENT LLC	c EIN-PN 83-4522622-501
a	Plan name	PATTON AG SOLUTIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor	PATTON AG SOLUTIONS	c EIN-PN 47-2693894-501
a	Plan name	PAUL JONES CBIN BENEFIT PLAN	
b	Name of plan sponsor	PAUL JONES	c EIN-PN 84-3166032-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PAWN 2 CASH CBIN BENEFIT PLAN	
b	Name of plan sponsor	PAWN 2 CASH	c EIN-PN 82-0688567-501
a	Plan name	PEDIATRIC DENTAL ASSOCS CBIN BENEFIT PLAN	
b	Name of plan sponsor	PEDIATRIC DENTAL ASSOCS	c EIN-PN 35-1478217-501
a	Plan name	PEDIATRIC SPECIALTY ASSOC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PEDIATRIC SPECIALTY ASSOC	c EIN-PN 35-2111528-501
a	Plan name	PELHAM SPECIALTY TRAINING , INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PELHAM SPECIALTY TRAINING , INC.	c EIN-PN 33-1125506-501
a	Plan name	PENTENBURG SEARCH GROUP, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PENTENBURG SEARCH GROUP, INC	c EIN-PN 26-4202912-501
a	Plan name	PENWAY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PENWAY INC	c EIN-PN 35-1728011-501
a	Plan name	PERFECT MACHINE SUPPLIES INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PERFECT MACHINE SUPPLIES INC.	c EIN-PN 85-2898869-501
a	Plan name	PERSPECTIVE 361, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PERSPECTIVE 361, LLC	c EIN-PN 47-3869732-501
a	Plan name	PFEIFER MORGAN STESIAK CBIN BENEFIT PLAN	
b	Name of plan sponsor	PFEIFER MORGAN STESIAK	c EIN-PN 35-1607682-501
a	Plan name	PFISTER & COMPANY, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PFISTER & COMPANY, INC.	c EIN-PN 35-1939896-501
a	Plan name	PH DREW INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PH DREW INC	c EIN-PN 35-1527291-501
a	Plan name	PHENIX FARMS INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PHENIX FARMS INC.	c EIN-PN 35-1920099-502

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	PHILIP REINISH COMPANY LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	PHILIP REINISH COMPANY LLC
c	EIN-PN	27-1271450-501
a	Plan name	PHILLIPS LAW PC CBIN BENEFIT PLAN
b	Name of plan sponsor	PHILLIPS LAW PC
c	EIN-PN	35-1956357-501
a	Plan name	PHILLIPS SAW & TOOL INC CBIN BENEFIT PLAN
b	Name of plan sponsor	PHILLIPS SAW & TOOL INC
c	EIN-PN	35-1854649-501
a	Plan name	PHIRED UP PRODUCTIONS CBIN BENEFIT PLAN
b	Name of plan sponsor	PHIRED UP PRODUCTIONS
c	EIN-PN	20-2138756-501
a	Plan name	PIERRE FUNERAL HOME INC CBIN BENEFIT PLAN
b	Name of plan sponsor	PIERRE FUNERAL HOME INC
c	EIN-PN	35-0905579-501
a	Plan name	PIONEER INDUSTRIES, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	PIONEER INDUSTRIES, INC.
c	EIN-PN	35-1709893-501
a	Plan name	PLAINFIELD FAMILY CHIROPRACTIC CBIN BENEFIT PLAN
b	Name of plan sponsor	PLAINFIELD FAMILY CHIROPRACTIC
c	EIN-PN	46-3991228-501
a	Plan name	PLATINUM RECRUITING GROUP CBIN BENEFIT PLAN
b	Name of plan sponsor	PLATINUM RECRUITING GROUP
c	EIN-PN	82-1364029-501
a	Plan name	PLUMBING SERVICES, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	PLUMBING SERVICES, INC.
c	EIN-PN	35-1923152-502
a	Plan name	PLYMOUTH CLUB CBIN BENEFIT PLAN
b	Name of plan sponsor	PLYMOUTH CLUB
c	EIN-PN	82-2466545-501
a	Plan name	PLYMOUTH PRODUCTS ACQUISITION CBIN BENEFIT PLAN
b	Name of plan sponsor	PLYMOUTH PRODUCTS ACQUISITION
c	EIN-PN	35-2071506-501
a	Plan name	POLICY ANALYTICS, LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	POLICY ANALYTICS, LLC
c	EIN-PN	20-1281803-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PONTOONSTUFF, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PONTOONSTUFF, INC.	c EIN-PN 20-2659886-502
a	Plan name	PORK VETERINARY SOLUTIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor	PORK VETERINARY SOLUTIONS	c EIN-PN 47-5601906-502
a	Plan name	PORTER ROOFING AND RESTORATION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PORTER ROOFING AND RESTORATION LLC	c EIN-PN 84-3279227-501
a	Plan name	POTTER SPORTS GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	POTTER SPORTS GROUP LLC	c EIN-PN 82-3328875-501
a	Plan name	POWDERTECH INTERNATIONAL CORP CBIN BENEFIT PLAN	
b	Name of plan sponsor	POWDERTECH INTERNATIONAL CORP	c EIN-PN 41-2046732-501
a	Plan name	POWELL HEATING AND COOLING CBIN BENEFIT PLAN	
b	Name of plan sponsor	POWELL HEATING AND COOLING	c EIN-PN 83-1720994-501
a	Plan name	POWERSAFE AUTOMATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	POWERSAFE AUTOMATION	c EIN-PN 81-0868073-501
a	Plan name	PRAIRIE AG SERVICES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRAIRIE AG SERVICES LLC	c EIN-PN 27-1877774-501
a	Plan name	PRAIRIE TRANSPORT LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRAIRIE TRANSPORT LLC	c EIN-PN 27-1388305-501
a	Plan name	PRECISION AUTOCRAFT CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRECISION AUTOCRAFT	c EIN-PN 85-2695532-501
a	Plan name	PRECISION POINT, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRECISION POINT, INC.	c EIN-PN 27-1405449-501
a	Plan name	PRECISION SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRECISION SERVICES	c EIN-PN 83-2420911-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PREFERRED AUTOMOTIVE GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	PREFERRED AUTOMOTIVE GROUP	c EIN-PN 35-1775134-501
a	Plan name	PREFERRED TIRE RECYCLING CBIN BENEFIT PLAN	
b	Name of plan sponsor	PREFERRED TIRE RECYCLING	c EIN-PN 84-2385176-501
a	Plan name	PREMIER PRINTING & GRAPHICS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PREMIER PRINTING & GRAPHICS LLC	c EIN-PN 87-1269152-501
a	Plan name	PREMIER WEIGHT LOSS CBIN BENEFIT PLAN	
b	Name of plan sponsor	PREMIER WEIGHT LOSS	c EIN-PN 92-4008316-501
a	Plan name	PRESS AUTOMATION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRESS AUTOMATION INC	c EIN-PN 35-1480574-501
a	Plan name	PRESTIGE TILE AND STONE CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRESTIGE TILE AND STONE	c EIN-PN 47-2156417-501
a	Plan name	PREVAIL INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PREVAIL INC.	c EIN-PN 35-1681864-501
a	Plan name	PRIMARY CARE PHYSICIANS OF SOUTH BEND LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRIMARY CARE PHYSICIANS OF SOUTH BEND LLC	c EIN-PN 84-2829623-501
a	Plan name	PRIME STONE GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRIME STONE GROUP LLC	c EIN-PN 86-2767952-501
a	Plan name	PRIME-TIME SPECIALTY VEHICLES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRIME-TIME SPECIALTY VEHICLES, INC.	c EIN-PN 80-0191863-501
a	Plan name	PRINCE EXCAVATING CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRINCE EXCAVATING	c EIN-PN 01-0891714-501
a	Plan name	PRIORITY REALITY GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRIORITY REALITY GROUP	c EIN-PN 88-0768775-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PRO AIR MIDWEST LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRO AIR MIDWEST LLC	c EIN-PN 81-2999720-501
a	Plan name	PRO SHRED INDIANAPOLIS CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRO SHRED INDIANAPOLIS	c EIN-PN 80-0672048-501
a	Plan name	PRO-EXTERIOR RESTORATION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PRO-EXTERIOR RESTORATION LLC	c EIN-PN 81-5002519-501
a	Plan name	PROFESSIONAL AUTOMOTIVE INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PROFESSIONAL AUTOMOTIVE INC.	c EIN-PN 35-2052548-501
a	Plan name	PROFESSIONAL KENNEL CLUB, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PROFESSIONAL KENNEL CLUB, LLC	c EIN-PN 20-5566176-501
a	Plan name	PROFESSIONAL SYSTEMS INSTALLATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	PROFESSIONAL SYSTEMS INSTALLATION	c EIN-PN 35-1975454-501
a	Plan name	PROKUMA INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PROKUMA INC	c EIN-PN 82-1912870-502
a	Plan name	PROS CONSULTING INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	PROS CONSULTING INC.	c EIN-PN 35-1962892-501
a	Plan name	PROTEUS HOLDINGS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PROTEUS HOLDINGS LLC	c EIN-PN 85-0704250-501
a	Plan name	PROTOS COPYWRITING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PROTOS COPYWRITING INC	c EIN-PN 82-3202241-501
a	Plan name	PSP SEALS, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PSP SEALS, LLC	c EIN-PN 35-2111826-501
a	Plan name	PTG SILICONES CBIN BENEFIT PLAN	
b	Name of plan sponsor	PTG SILICONES	c EIN-PN 20-5256496-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PULSE ANALYTICS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PULSE ANALYTICS LLC	c EIN-PN 85-3941612-501
a	Plan name	PURDY CONCRETE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PURDY CONCRETE INC	c EIN-PN 35-1634534-502
a	Plan name	PURPLE INK CBIN BENEFIT PLAN	
b	Name of plan sponsor	PURPLE INK	c EIN-PN 27-2788156-501
a	Plan name	PURSUITPT LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PURSUITPT LLC	c EIN-PN 86-2423166-501
a	Plan name	PWD TRANSPORTATION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	PWD TRANSPORTATION INC	c EIN-PN 45-4336565-501
a	Plan name	QC TRANSMISSION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	QC TRANSMISSION LLC	c EIN-PN 82-1608231-501
a	Plan name	R O WHITESELL & ASSOCIATES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	R O WHITESELL & ASSOCIATES INC	c EIN-PN 35-1998487-501
a	Plan name	R.E. PEARSON SALES, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	R.E. PEARSON SALES, INC	c EIN-PN 35-1067548-501
a	Plan name	R3B ARCHITUCTURE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	R3B ARCHITUCTURE LLC	c EIN-PN 88-0729141-501
a	Plan name	RAAC LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RAAC LLC	c EIN-PN 35-1664460-501
a	Plan name	RAAMS CONSULTING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RAAMS CONSULTING LLC	c EIN-PN 46-3589375-501
a	Plan name	RABEN INSURANCE, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RABEN INSURANCE, LLC	c EIN-PN 27-3667034-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RAIN CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	RAIN CORPORATION	c EIN-PN 85-0948843-501
a	Plan name	RAIN GUARD SEAMLESS GUTTERING INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	RAIN GUARD SEAMLESS GUTTERING INC.	c EIN-PN 35-2046156-502
a	Plan name	RAJMANE CPA GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	RAJMANE CPA GROUP	c EIN-PN 81-4131072-501
a	Plan name	RANGER DISTRIBUTION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RANGER DISTRIBUTION INC	c EIN-PN 84-2195984-501
a	Plan name	RAPID REPRODUCTIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor	RAPID REPRODUCTIONS	c EIN-PN 35-1907292-502
a	Plan name	RB TAX ADVISORS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RB TAX ADVISORS LLC	c EIN-PN 45-2651955-501
a	Plan name	REAL ESTATE UNLIMITED CBIN BENEFIT PLAN	
b	Name of plan sponsor	REAL ESTATE UNLIMITED	c EIN-PN 05-0604054-501
a	Plan name	REAL RESTAURANT INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	REAL RESTAURANT INC	c EIN-PN 35-2049230-501
a	Plan name	REBAR COMPANIES LLC DBA REBAR DEVELOPMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	REBAR COMPANIES LLC DBA REBAR DEVELOPMENT	c EIN-PN 82-3441469-501
a	Plan name	REBER ENTERPRISES CBIN BENEFIT PLAN	
b	Name of plan sponsor	REBER ENTERPRISES	c EIN-PN 82-2562472-501
a	Plan name	REBER PEELS CBIN BENEFIT PLAN	
b	Name of plan sponsor	REBER PEELS	c EIN-PN 85-0848897-501
a	Plan name	RECREATION UNLIMITED INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RECREATION UNLIMITED INC	c EIN-PN 35-1932170-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	RED BEAR NEGOTIATION CBIN BENEFIT PLAN
b	Name of plan sponsor	RED BEAR NEGOTIATION
c	EIN-PN	46-4207323-501
a	Plan name	RED DIAMOND GENERAL CONTRACTING LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	RED DIAMOND GENERAL CONTRACTING LLC
c	EIN-PN	86-1899551-501
a	Plan name	REDMAN FARMS INC CBIN BENEFIT PLAN
b	Name of plan sponsor	REDMAN FARMS INC
c	EIN-PN	35-1119195-501
a	Plan name	REED TRUCK INC CBIN BENEFIT PLAN
b	Name of plan sponsor	REED TRUCK INC
c	EIN-PN	84-3892689-501
a	Plan name	REEDERS AUTO SERVICES INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	REEDERS AUTO SERVICES INC.
c	EIN-PN	35-2064500-501
a	Plan name	REES RESTORATION CBIN BENEFIT PLAN
b	Name of plan sponsor	REES RESTORATION
c	EIN-PN	47-2016873-501
a	Plan name	REF REPS, LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	REF REPS, LLC
c	EIN-PN	85-2861995-501
a	Plan name	REFAX INC CBIN BENEFIT PLAN
b	Name of plan sponsor	REFAX INC
c	EIN-PN	35-1567639-501
a	Plan name	REFERRAL CLEANING & RESTORATION, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	REFERRAL CLEANING & RESTORATION, INC.
c	EIN-PN	32-0083782-501
a	Plan name	REFRACTORY ENGINEERS, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	REFRACTORY ENGINEERS, INC.
c	EIN-PN	35-1070580-501
a	Plan name	REHAB STRATEGIES LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	REHAB STRATEGIES LLC
c	EIN-PN	20-5170666-501
a	Plan name	REHABILITATION ASSOCIATES OF INDIANA CBIN BENEFIT PLAN
b	Name of plan sponsor	REHABILITATION ASSOCIATES OF INDIANA
c	EIN-PN	35-1778726-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RELION PROPERTIES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RELION PROPERTIES LLC	c EIN-PN 46-2859425-501
a	Plan name	RE-LOGIC INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RE-LOGIC INC	c EIN-PN 27-3833416-501
a	Plan name	RENEWABLE ENERGY CBIN BENEFIT PLAN	
b	Name of plan sponsor	RENEWABLE ENERGY	c EIN-PN 26-4272183-501
a	Plan name	RETEC CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	RETEC CORPORATION	c EIN-PN 35-1912483-501
a	Plan name	RETINA AND VITREOUS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RETINA AND VITREOUS LLC	c EIN-PN 35-1138522-501
a	Plan name	RETINA CONSULTANTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	RETINA CONSULTANTS	c EIN-PN 27-1080507-501
a	Plan name	REVLAND LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	REVLAND LLC	c EIN-PN 87-2848071-501
a	Plan name	REX COOMER FARMS CBIN BENEFIT PLAN	
b	Name of plan sponsor	REX COOMER FARMS	c EIN-PN 35-1901611-501
a	Plan name	RG MECHANICAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	RG MECHANICAL	c EIN-PN 47-4503821-502
a	Plan name	RICE TREE COMPANY, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	RICE TREE COMPANY, INC.	c EIN-PN 35-2014768-501
a	Plan name	RICHARDSON ENTERPRISES OF BLOOMINGTON, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RICHARDSON ENTERPRISES OF BLOOMINGTON, LLC	c EIN-PN 46-3454269-501
a	Plan name	RICHEY FAMILY DENTISTRY CBIN BENEFIT PLAN	
b	Name of plan sponsor	RICHEY FAMILY DENTISTRY	c EIN-PN 46-5586410-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RICHMOND HYDRAULIC SERVICE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RICHMOND HYDRAULIC SERVICE INC	c EIN-PN 35-2108419-501
a	Plan name	RICK'S AUTO SERVICE CBIN BENEFIT PLAN	
b	Name of plan sponsor	RICKS AUTO SERVICE	c EIN-PN 35-1784662-501
a	Plan name	RICO AUTO RACING CBIN BENEFIT PLAN	
b	Name of plan sponsor	RICO AUTO RACING	c EIN-PN 47-4983138-501
a	Plan name	RIDGE HOLDINGS CBIN BENEFIT PLAN	
b	Name of plan sponsor	RIDGE HOLDINGS	c EIN-PN 20-3902637-501
a	Plan name	RIECKEN HOME INSPECTION, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RIECKEN HOME INSPECTION, LLC	c EIN-PN 27-2928401-501
a	Plan name	RIECKEN'S FOOT COMFORT WORLD CBIN BENEFIT PLAN	
b	Name of plan sponsor	RIECKENS FOOT COMFORT WORLD	c EIN-PN 35-1110965-501
a	Plan name	RIGHT ANGLE STEEL & FABRICATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	RIGHT ANGLE STEEL & FABRICATION	c EIN-PN 35-2146432-501
a	Plan name	RIGHT OF WAY MANAGEMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	RIGHT OF WAY MANAGEMENT	c EIN-PN 35-1733785-501
a	Plan name	RIGNEY LAW LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RIGNEY LAW LLC	c EIN-PN 83-4540206-501
a	Plan name	RILEY FIRE DEPARTMENT, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	RILEY FIRE DEPARTMENT, INC.	c EIN-PN 35-1846034-501
a	Plan name	RILEYCATE CBIN BENEFIT PLAN	
b	Name of plan sponsor	RILEYCATE	c EIN-PN 85-3345357-501
a	Plan name	RILEY'S, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	RILEYS, INC.	c EIN-PN 35-1056884-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	RILLO AND ASSOCIATES CBIN BENEFIT PLAN
b	Name of plan sponsor	RILLO AND ASSOCIATES
c	EIN-PN	27-4097044-501
a	Plan name	RITCHIE INSTALLATION AND COMMUNICATIONS, LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	RITCHIE INSTALLATION AND COMMUNICATIONS, LLC
c	EIN-PN	87-3963749-501
a	Plan name	RIVER CITY DOOR LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	RIVER CITY DOOR LLC
c	EIN-PN	45-5432146-501
a	Plan name	RIVERSIDE CARPET WAREHOUSE, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	RIVERSIDE CARPET WAREHOUSE, INC.
c	EIN-PN	35-1544474-501
a	Plan name	RJ HANLON CO INC CBIN BENEFIT PLAN
b	Name of plan sponsor	RJ HANLON CO INC
c	EIN-PN	35-1493359-501
a	Plan name	RLR ASSOCIATES CBIN BENEFIT PLAN
b	Name of plan sponsor	RLR ASSOCIATES
c	EIN-PN	35-1936068-501
a	Plan name	RN THOMPSON JR ASSOC. CONSTRUCTION CBIN BENEFIT PLAN
b	Name of plan sponsor	RN THOMPSON JR ASSOC. CONSTRUCTION
c	EIN-PN	56-2450632-501
a	Plan name	ROAD WARRIORS, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	ROAD WARRIORS, INC.
c	EIN-PN	86-1874297-501
a	Plan name	ROBERT A PLANTZ & ASSOCIATES LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	ROBERT A PLANTZ & ASSOCIATES LLC
c	EIN-PN	26-4531516-501
a	Plan name	ROBERT LITTLE LAW OFFICE CBIN BENEFIT PLAN
b	Name of plan sponsor	ROBERT LITTLE LAW OFFICE
c	EIN-PN	35-1469423-501
a	Plan name	ROEHM REFRIGERATION CBIN BENEFIT PLAN
b	Name of plan sponsor	ROEHM REFRIGERATION
c	EIN-PN	35-1296356-501
a	Plan name	RO-KA FARMS CBIN BENEFIT PLAN
b	Name of plan sponsor	RO-KA FARMS
c	EIN-PN	35-1946222-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ROLAN PLANT SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	ROLAN PLANT SERVICES	c EIN-PN 37-1351755-501
a	Plan name	ROLLING HILLS COUNTRY CLUB CBIN BENEFIT PLAN	
b	Name of plan sponsor	ROLLING HILLS COUNTRY CLUB	c EIN-PN 35-0993489-502
a	Plan name	ROM VALLEY CONSULTING GROUP, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ROM VALLEY CONSULTING GROUP, LLC	c EIN-PN 84-2135817-501
a	Plan name	RONNIE AND WADE ABLES DRYWALL CBIN BENEFIT PLAN	
b	Name of plan sponsor	RONNIE AND WADE ABLES DRYWALL	c EIN-PN 61-0988665-501
a	Plan name	ROSE MARKET, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ROSE MARKET, LLC	c EIN-PN 86-3813118-501
a	Plan name	ROSETTA AG LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ROSETTA AG LLC	c EIN-PN 46-3200193-501
a	Plan name	ROSS ENGINEERING & MACHINE, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	ROSS ENGINEERING & MACHINE, INC.	c EIN-PN 35-1798603-501
a	Plan name	ROTHROCK TIRE AND SERVICE CBIN BENEFIT PLAN	
b	Name of plan sponsor	ROTHROCK TIRE AND SERVICE	c EIN-PN 13-9458859-501
a	Plan name	ROTO-ROOTER CBIN BENEFIT PLAN	
b	Name of plan sponsor	ROTO-ROOTER	c EIN-PN 35-1777508-501
a	Plan name	ROUND TABLE WELLNESS CBIN BENEFIT PLAN	
b	Name of plan sponsor	ROUND TABLE WELLNESS	c EIN-PN 81-3527131-501
a	Plan name	ROYAL MOTORS OF MIDDLEBURY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ROYAL MOTORS OF MIDDLEBURY INC	c EIN-PN 35-1700051-501
a	Plan name	ROYALTY TRUCKING CBIN BENEFIT PLAN	
b	Name of plan sponsor	ROYALTY TRUCKING	c EIN-PN 35-1728174-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RPG ENERGY GROUP INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RPG ENERGY GROUP INC	c EIN-PN 83-1909319-501
a	Plan name	RPS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RPS INC	c EIN-PN 38-2173300-501
a	Plan name	RUBICON REFRACTORIES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	RUBICON REFRACTORIES, INC.	c EIN-PN 35-1642740-501
a	Plan name	RUBIN & LEVIN PC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RUBIN & LEVIN PC	c EIN-PN 35-1498694-501
a	Plan name	RUNNING IN CIRCLES CBIN BENEFIT PLAN	
b	Name of plan sponsor	RUNNING IN CIRCLES	c EIN-PN 93-3537678-501
a	Plan name	RUSTYS ANIMAL CONTROL, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RUSTYS ANIMAL CONTROL, LLC	c EIN-PN 45-4705147-501
a	Plan name	RYAN REICHHART CONSTRUCTION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	RYAN REICHHART CONSTRUCTION LLC	c EIN-PN 85-3952761-501
a	Plan name	S&C SCHULTZ CONSTRUCTION LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	S&C SCHULTZ CONSTRUCTION LLC	c EIN-PN 84-3701299-501
a	Plan name	S&G SERVICES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	S&G SERVICES, INC.	c EIN-PN 84-1690799-502
a	Plan name	S&J PLUMBING CBIN BENEFIT PLAN	
b	Name of plan sponsor	S&J PLUMBING	c EIN-PN 20-2058841-501
a	Plan name	SACKRIDER & COMPANY, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	SACKRIDER & COMPANY, INC.	c EIN-PN 35-1327464-501
a	Plan name	SAM WATHEN DESIGN, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SAM WATHEN DESIGN, LLC	c EIN-PN 83-3387374-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SAMPAN GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SAMPAN GROUP LLC	c EIN-PN 26-4588932-501
a	Plan name	SANDERS PIANOWSKI LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SANDERS PIANOWSKI LLC	c EIN-PN 35-1386379-501
a	Plan name	SARI SARI- A LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SARI SARI- A LLC	c EIN-PN 82-4010745-501
a	Plan name	SASSI INSTITUTE CBIN BENEFIT PLAN	
b	Name of plan sponsor	SASSI INSTITUTE	c EIN-PN 35-1573142-501
a	Plan name	SC BODNER COMPANY INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SC BODNER COMPANY INC	c EIN-PN 35-1964648-501
a	Plan name	SCAT INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SCAT INC	c EIN-PN 35-1773734-501
a	Plan name	SCENIC CONSTRUCTION SERVICES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SCENIC CONSTRUCTION SERVICES INC	c EIN-PN 20-1261490-502
a	Plan name	SCHAD & SCHAD, P.C. CBIN BENEFIT PLAN	
b	Name of plan sponsor	SCHAD & SCHAD, P.C.	c EIN-PN 35-2063979-501
a	Plan name	SCHALBURG HEATING & COOLING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SCHALBURG HEATING & COOLING INC	c EIN-PN 38-3670398-501
a	Plan name	SCHIFF AIR CONDITIONING CBIN BENEFIT PLAN	
b	Name of plan sponsor	SCHIFF AIR CONDITIONING	c EIN-PN 35-2040926-501
a	Plan name	SCHLIPF PRECISION AG CBIN BENEFIT PLAN	
b	Name of plan sponsor	SCHLIPF PRECISION AG	c EIN-PN 35-1820666-501
a	Plan name	SCHMITT & KAYLOR CPA'S CBIN BENEFIT PLAN	
b	Name of plan sponsor	SCHMITT & KAYLOR CPAS	c EIN-PN 35-1387112-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SCHNEIDER HEATING & AIR CONDITIONING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SCHNEIDER HEATING & AIR CONDITIONING INC	c EIN-PN 35-1825839-501
a	Plan name	SCHOPMEYER AGRICULTURAL SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	SCHOPMEYER AGRICULTURAL SERVICES	c EIN-PN 46-3628599-501
a	Plan name	SCIENTIFIC & REGULATORY CONSULTANTS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	SCIENTIFIC & REGULATORY CONSULTANTS, INC.	c EIN-PN 35-1992592-501
a	Plan name	SCO ENGINEERING CBIN BENEFIT PLAN	
b	Name of plan sponsor	SCO ENGINEERING	c EIN-PN 35-2031909-501
a	Plan name	SD ADVERTISING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SD ADVERTISING INC	c EIN-PN 45-1842107-501
a	Plan name	SEALED-RITE INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	SEALED-RITE INC.	c EIN-PN 35-2058634-501
a	Plan name	SECOND SIGHT DATA DISCOVERY LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SECOND SIGHT DATA DISCOVERY LLC	c EIN-PN 83-3362099-501
a	Plan name	SEGOVIANO MANAGEMENT GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	SEGOVIANO MANAGEMENT GROUP	c EIN-PN 46-3641202-501
a	Plan name	SEMICONDUCTOR TEST SUPPLY CBIN BENEFIT PLAN	
b	Name of plan sponsor	SEMICONDUCTOR TEST SUPPLY	c EIN-PN 47-1477213-501
a	Plan name	SENEX SERVICES CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	SENEX SERVICES CORPORATION	c EIN-PN 35-2035698-501
a	Plan name	SENIOR BENEFITS CBIN BENEFIT PLAN	
b	Name of plan sponsor	SENIOR BENEFITS	c EIN-PN 81-1281421-501
a	Plan name	SENTINEL SAFETY GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SENTINEL SAFETY GROUP LLC	c EIN-PN 47-1748898-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SENTRY ROOFING, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SENTRY ROOFING, INC	c EIN-PN 35-1801579-501
a	Plan name	SERVANT HR INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SERVANT HR INC	c EIN-PN 30-0190462-512
a	Plan name	SEW VIVID DESIGNS CBIN BENEFIT PLAN	
b	Name of plan sponsor	SEW VIVID DESIGNS	c EIN-PN 83-1290658-501
a	Plan name	SHAMROCK MECHANICAL CBIN BENEFIT PLAN	
b	Name of plan sponsor	SHAMROCK MECHANICAL	c EIN-PN 47-5108793-501
a	Plan name	SHARTZER LAW FIRM LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SHARTZER LAW FIRM LLC	c EIN-PN 47-2606377-501
a	Plan name	SHEETS CHARLES & CHARLES CBIN BENEFIT PLAN	
b	Name of plan sponsor	SHEETS CHARLES & CHARLES	c EIN-PN 81-0916757-501
a	Plan name	SHELBY FAMILY FARMS CBIN BENEFIT PLAN	
b	Name of plan sponsor	SHELBY FAMILY FARMS	c EIN-PN 85-3635624-501
a	Plan name	SHEPHERD'S CHEVROLET GMC OF ROCHESTER INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SHEPHERDS CHEVROLET GMC OF ROCHESTER INC	c EIN-PN 35-1149511-501
a	Plan name	SHERWOOD TIRE SERVICE, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	SHERWOOD TIRE SERVICE, INC.	c EIN-PN 35-1167392-501
a	Plan name	SHINE INSURANCE AGENCY CBIN BENEFIT PLAN	
b	Name of plan sponsor	SHINE INSURANCE AGENCY	c EIN-PN 46-2871314-501
a	Plan name	SHORT STOP FOOD MART CBIN BENEFIT PLAN	
b	Name of plan sponsor	SHORT STOP FOOD MART	c EIN-PN 81-1696657-501
a	Plan name	SHOWMEN SUPPLIES, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SHOWMEN SUPPLIES, INC	c EIN-PN 35-1394959-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SHUCK CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	SHUCK CORPORATION	c EIN-PN 35-1660158-501
a	Plan name	SIGMA CAPITAL LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SIGMA CAPITAL LLC	c EIN-PN 81-0726665-501
a	Plan name	SIGNATURE FORMULATIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor	SIGNATURE FORMULATIONS	c EIN-PN 20-8251331-501
a	Plan name	SIGNS NOW CBIN BENEFIT PLAN	
b	Name of plan sponsor	SIGNS NOW	c EIN-PN 27-2175801-501
a	Plan name	SJ&F COMPUTER CONSULTING CBIN BENEFIT PLAN	
b	Name of plan sponsor	SJ&F COMPUTER CONSULTING	c EIN-PN 35-2133776-501
a	Plan name	SKATES US, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SKATES US, INC	c EIN-PN 20-1673755-501
a	Plan name	SKYEPACK INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SKYEPACK INC	c EIN-PN 45-5213851-501
a	Plan name	SKYLINE BUILDERS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	SKYLINE BUILDERS, INC.	c EIN-PN 35-2143611-501
a	Plan name	SKYPOINT TRANSIT CBIN BENEFIT PLAN	
b	Name of plan sponsor	SKYPOINT TRANSIT	c EIN-PN 45-2361853-501
a	Plan name	SLAPFISH MIDWEST CBIN BENEFIT PLAN	
b	Name of plan sponsor	SLAPFISH MIDWEST	c EIN-PN 83-3963782-501
a	Plan name	SLB PIPE SOLUTIONS, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SLB PIPE SOLUTIONS, LLC	c EIN-PN 27-3669336-501
a	Plan name	SLEEPING GIANT CREATIVE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SLEEPING GIANT CREATIVE LLC	c EIN-PN 47-4474070-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SMALL BOWL INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SMALL BOWL INC	c EIN-PN 84-2660785-501
a	Plan name	SMALL BRO'S TRUCK & AUTO CBIN BENEFIT PLAN	
b	Name of plan sponsor	SMALL BROS TRUCK & AUTO	c EIN-PN 61-1568042-501
a	Plan name	SMITH ERECTORS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SMITH ERECTORS INC	c EIN-PN 20-1355749-501
a	Plan name	SMYER HOUSE OF DOORS CBIN BENEFIT PLAN	
b	Name of plan sponsor	SMYER HOUSE OF DOORS	c EIN-PN 71-0907584-501
a	Plan name	SOCIETY OF PROFESSIONAL JOURNALISTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	SOCIETY OF PROFESSIONAL JOURNALISTS	c EIN-PN 36-2037874-501
a	Plan name	SODREL LAWNSCAPES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SODREL LAWNSCAPES LLC	c EIN-PN 45-1294599-501
a	Plan name	SOLEMA USA CBIN BENEFIT PLAN	
b	Name of plan sponsor	SOLEMA USA	c EIN-PN 35-2157375-501
a	Plan name	SOLID ROCK AG SOLUTIONS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SOLID ROCK AG SOLUTIONS INC	c EIN-PN 46-4290866-501
a	Plan name	SOLID ROCK MISSIONS CBIN BENEFIT PLAN	
b	Name of plan sponsor	SOLID ROCK MISSIONS	c EIN-PN 34-1719319-501
a	Plan name	SONDGERATH FARMS CBIN BENEFIT PLAN	
b	Name of plan sponsor	SONDGERATH FARMS	c EIN-PN 35-1874307-501
a	Plan name	SONICU LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SONICU LLC	c EIN-PN 46-4156933-501
a	Plan name	SOUTH BEND HERITAGE FOUNDATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	SOUTH BEND HERITAGE FOUNDATION	c EIN-PN 23-7394320-501

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

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

a	Plan name	SOUTH SHORE ARTS CBIN BENEFIT PLAN	c	EIN-PN	23-7049722-501
b	Name of plan sponsor	SOUTH SHORE ARTS	c	EIN-PN	23-7049722-501
a	Plan name	SOUTHERN INDIANA SCALE, INC CBIN BENEFIT PLAN	c	EIN-PN	35-1179832-502
b	Name of plan sponsor	SOUTHERN INDIANA SCALE, INC	c	EIN-PN	35-1179832-502
a	Plan name	SPAULDING TREE SERVICE CBIN BENEFIT PLAN	c	EIN-PN	35-1994417-501
b	Name of plan sponsor	SPAULDING TREE SERVICE	c	EIN-PN	35-1994417-501
a	Plan name	SPECIAL OLYMPICS INDIANA CBIN BENEFIT PLAN	c	EIN-PN	35-1262574-501
b	Name of plan sponsor	SPECIAL OLYMPICS INDIANA	c	EIN-PN	35-1262574-501
a	Plan name	SPECIALIZED HVAC MECHANICAL LLC CBIN BENEFIT PLAN	c	EIN-PN	45-5326041-502
b	Name of plan sponsor	SPECIALIZED HVAC MECHANICAL LLC	c	EIN-PN	45-5326041-502
a	Plan name	SPEEDWAY BODY SHOP INC CBIN BENEFIT PLAN	c	EIN-PN	35-1273434-501
b	Name of plan sponsor	SPEEDWAY BODY SHOP INC	c	EIN-PN	35-1273434-501
a	Plan name	SPINE HYDER PC CBIN BENEFIT PLAN	c	EIN-PN	84-2870923-501
b	Name of plan sponsor	SPINE HYDER PC	c	EIN-PN	84-2870923-501
a	Plan name	SPRIGLER FAMILY LIMITED PARTNERSHIP CBIN BENEFIT PLAN	c	EIN-PN	35-2037384-501
b	Name of plan sponsor	SPRIGLER FAMILY LIMITED PARTNERSHIP	c	EIN-PN	35-2037384-501
a	Plan name	SQUAREFRAME INDUSTRIES LLC CBIN BENEFIT PLAN	c	EIN-PN	45-4782048-501
b	Name of plan sponsor	SQUAREFRAME INDUSTRIES LLC	c	EIN-PN	45-4782048-501
a	Plan name	ST JOHN ASSOCIATES INC CBIN BENEFIT PLAN	c	EIN-PN	35-1840577-501
b	Name of plan sponsor	ST JOHN ASSOCIATES INC	c	EIN-PN	35-1840577-501
a	Plan name	ST JOSEPH INSTITUTE FOR THE DEAF CBIN BENEFIT PLAN	c	EIN-PN	43-0653494-501
b	Name of plan sponsor	ST JOSEPH INSTITUTE FOR THE DEAF	c	EIN-PN	43-0653494-501
a	Plan name	STAAR CORP CBIN BENEFIT PLAN	c	EIN-PN	81-4529384-501
b	Name of plan sponsor	STAAR CORP	c	EIN-PN	81-4529384-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STAR ELECTRIC, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STAR ELECTRIC, LLC	c EIN-PN 46-4073312-501
a	Plan name	STARLIGHT INSTRUMENTS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STARLIGHT INSTRUMENTS LLC	c EIN-PN 84-4706016-501
a	Plan name	STAUFFER FAMILY INSURANCE CBIN BENEFIT PLAN	
b	Name of plan sponsor	STAUFFER FAMILY INSURANCE	c EIN-PN 83-1387705-501
a	Plan name	STEELCORE CONSTRUCTION CBIN BENEFIT PLAN	
b	Name of plan sponsor	STEELCORE CONSTRUCTION	c EIN-PN 82-4377877-501
a	Plan name	STEGALL-BERHEIDE ORR FUNERAL HOME-INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STEGALL-BERHEIDE ORR FUNERAL HOME-INC	c EIN-PN 35-1815808-501
a	Plan name	STEPHENS IRRIGATION SERVICES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STEPHENS IRRIGATION SERVICES LLC	c EIN-PN 36-4491512-501
a	Plan name	STEWART RICHARDSON CBIN BENEFIT PLAN	
b	Name of plan sponsor	STEWART RICHARDSON	c EIN-PN 35-1381218-501
a	Plan name	STM INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STM INC	c EIN-PN 46-1958330-501
a	Plan name	STOLZ STRUCTURAL INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	STOLZ STRUCTURAL INC.	c EIN-PN 35-2096777-501
a	Plan name	STONE'S FARM SERVICE CBIN BENEFIT PLAN	
b	Name of plan sponsor	STONES FARM SERVICE	c EIN-PN 35-1926707-501
a	Plan name	STORM CHIROPRACTIC CLINIC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STORM CHIROPRACTIC CLINIC	c EIN-PN 46-3220958-501
a	Plan name	STORVIK LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STORVIK LLC	c EIN-PN 47-4020364-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STOTLAR HILL LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STOTLAR HILL LLC	c EIN-PN 80-0334177-501
a	Plan name	STOUTCO, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STOUTCO, INC	c EIN-PN 35-1043035-501
a	Plan name	STRATEGIC GROWTH ADVISORS CBIN BENEFIT PLAN	
b	Name of plan sponsor	STRATEGIC GROWTH ADVISORS	c EIN-PN 82-1792085-501
a	Plan name	STRATIS TECHNOLOGIES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STRATIS TECHNOLOGIES INC	c EIN-PN 61-1227067-501
a	Plan name	STRATOSPHERE SOLUTIONS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STRATOSPHERE SOLUTIONS LLC	c EIN-PN 82-4275631-501
a	Plan name	STRAUB MOWER SERVICE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STRAUB MOWER SERVICE LLC	c EIN-PN 32-0020609-501
a	Plan name	STRENGTH SHOP USA LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	STRENGTH SHOP USA LLC	c EIN-PN 46-3517435-501
a	Plan name	STUTZMAN POWER EQUIPMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	STUTZMAN POWER EQUIPMENT	c EIN-PN 81-4204404-501
a	Plan name	SULARR INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SULARR INC	c EIN-PN 35-1660250-501
a	Plan name	SULLIVAN & POORE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SULLIVAN & POORE INC	c EIN-PN 35-1013133-501
a	Plan name	SULLIVAN FURNITURE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SULLIVAN FURNITURE INC	c EIN-PN 35-0694920-501
a	Plan name	SUMMERS OF BLOOMINGTON CBIN BENEFIT PLAN	
b	Name of plan sponsor	SUMMERS OF BLOOMINGTON	c EIN-PN 81-0709523-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	SUMMERS OF FRANKLIN CBIN BENEFIT PLAN	
b Name of plan sponsor	SUMMERS OF FRANKLIN	c EIN-PN 27-3282776-501
a Plan name	SUMMERS PLUMBING HEATING & COOLING CBIN BENEFIT PLAN	
b Name of plan sponsor	SUMMERS PLUMBING HEATING & COOLING	c EIN-PN 46-4197242-502
a Plan name	SUNDOWNER EXPRESS CBIN BENEFIT PLAN	
b Name of plan sponsor	SUNDOWNER EXPRESS	c EIN-PN 20-4491804-501
a Plan name	SUPERIOR ENGINE SERVICES INC CBIN BENEFIT PLAN	
b Name of plan sponsor	SUPERIOR ENGINE SERVICES INC	c EIN-PN 35-1721950-501
a Plan name	SUPPORTIVE COMMUNITY INNOVATIONS LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	SUPPORTIVE COMMUNITY INNOVATIONS LLC	c EIN-PN 81-1453136-501
a Plan name	SUPREME HEATING AND AIR CONDITIONING COMPANY CBIN BENEFIT PLAN	
b Name of plan sponsor	SUPREME HEATING AND AIR CONDITIONING COMPANY	c EIN-PN 35-1001491-501
a Plan name	SWAIN ELECTRIC CORP CBIN BENEFIT PLAN	
b Name of plan sponsor	SWAIN ELECTRIC CORP	c EIN-PN 85-3762059-501
a Plan name	SWEETWORK CONSULTING LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	SWEETWORK CONSULTING LLC	c EIN-PN 85-1277439-501
a Plan name	SWIFT FUELS CBIN BENEFIT PLAN	
b Name of plan sponsor	SWIFT FUELS	c EIN-PN 45-4924667-501
a Plan name	SWIFT OFFICE PROS, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	SWIFT OFFICE PROS, LLC	c EIN-PN 93-1481222-501
a Plan name	SWINNEY BROTHERS EXCAVATING CBIN BENEFIT PLAN	
b Name of plan sponsor	SWINNEY BROTHERS EXCAVATING	c EIN-PN 35-1273437-501
a Plan name	SWITZER GROUP, LLC CBIN BENEFIT PLAN	
b Name of plan sponsor	SWITZER GROUP, LLC	c EIN-PN 11-3674131-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SYNERGOS HOLDING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	SYNERGOS HOLDING INC	c EIN-PN 93-4952795-501
a	Plan name	SZMUTKO TECHNOLOGIES INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	SZMUTKO TECHNOLOGIES INC.	c EIN-PN 27-2135691-501
a	Plan name	T & D SERVICES CBIN BENEFIT PLAN	
b	Name of plan sponsor	T & D SERVICES	c EIN-PN 88-1241326-501
a	Plan name	T AND H AUTO SALES CBIN BENEFIT PLAN	
b	Name of plan sponsor	T AND H AUTO SALES	c EIN-PN 13-6185738-501
a	Plan name	TABCO BUSINESS FORMS, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	TABCO BUSINESS FORMS, INC.	c EIN-PN 35-1545204-501
a	Plan name	TATICHS TMT AUTOMOTIVE CBIN BENEFIT PLAN	
b	Name of plan sponsor	TATICHS TMT AUTOMOTIVE	c EIN-PN 35-1618820-501
a	Plan name	TAYLOR IP, P.C. CBIN BENEFIT PLAN	
b	Name of plan sponsor	TAYLOR IP, P.C.	c EIN-PN 35-1983030-501
a	Plan name	TAYLOR'S, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TAYLORS, INC	c EIN-PN 27-1020197-501
a	Plan name	TAZCO CBIN BENEFIT PLAN	
b	Name of plan sponsor	TAZCO	c EIN-PN 20-2822406-501
a	Plan name	TBG LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TBG LLC	c EIN-PN 46-1549997-501
a	Plan name	TBIRD DESIGN SERVICES CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	TBIRD DESIGN SERVICES CORPORATION	c EIN-PN 35-2101103-501
a	Plan name	TEAM PRIDE ATHLETIC APPAREL CBIN BENEFIT PLAN	
b	Name of plan sponsor	TEAM PRIDE ATHLETIC APPAREL	c EIN-PN 35-2101848-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TEAM WALSTRA INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TEAM WALSTRA INC	c EIN-PN 32-0015057-501
a	Plan name	TECH GUY PRODUCTIONS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TECH GUY PRODUCTIONS INC	c EIN-PN 27-1736348-501
a	Plan name	TEKMODO HOLDING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TEKMODO HOLDING LLC	c EIN-PN 83-1074199-501
a	Plan name	TEKTON RESTORATION SERVICES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TEKTON RESTORATION SERVICES LLC	c EIN-PN 47-4077154-501
a	Plan name	TELLUS PROPERTIES CBIN BENEFIT PLAN	
b	Name of plan sponsor	TELLUS PROPERTIES	c EIN-PN 20-8447210-501
a	Plan name	TEMPLE RENTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	TEMPLE RENTS	c EIN-PN 35-1336353-501
a	Plan name	TERBORG DISTRIBUTING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TERBORG DISTRIBUTING INC	c EIN-PN 35-1872047-501
a	Plan name	TERMISHIELD TERMITE & PEST CONTROL CBIN BENEFIT PLAN	
b	Name of plan sponsor	TERMISHIELD TERMITE & PEST CONTROL	c EIN-PN 26-1437892-501
a	Plan name	TERRA ENVIRONMENTAL CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	TERRA ENVIRONMENTAL CORPORATION	c EIN-PN 36-2013599-501
a	Plan name	TERRE HAUTE CHAMBER OF COMMERCE CBIN BENEFIT PLAN	
b	Name of plan sponsor	TERRE HAUTE CHAMBER OF COMMERCE	c EIN-PN 35-0704800-501
a	Plan name	TERRE HAUTE KIA CBIN BENEFIT PLAN	
b	Name of plan sponsor	TERRE HAUTE KIA	c EIN-PN 81-5109303-501
a	Plan name	TERRY L MCCALED REALTY CBIN BENEFIT PLAN	
b	Name of plan sponsor	TERRY L MCCALED REALTY	c EIN-PN 83-3712295-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE ART OF KLEAN CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE ART OF KLEAN	c EIN-PN 83-2299467-501
a	Plan name	THE BETZ GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE BETZ GROUP	c EIN-PN 81-0958820-502
a	Plan name	THE BOAT PLACE CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE BOAT PLACE	c EIN-PN 35-1817134-501
a	Plan name	THE CARING PLACE, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE CARING PLACE, INC.	c EIN-PN 31-0944075-501
a	Plan name	THE CLUB AT HOLLIDAY FARMS CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE CLUB AT HOLLIDAY FARMS	c EIN-PN 83-1243970-501
a	Plan name	THE COUNTRY CLUB OF TERRE HAUTE CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE COUNTRY CLUB OF TERRE HAUTE	c EIN-PN 35-0249920-501
a	Plan name	THE CREW CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE CREW CORPORATION	c EIN-PN 35-1949796-501
a	Plan name	THE CURARE GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE CURARE GROUP	c EIN-PN 35-1842565-501
a	Plan name	THE GESCO GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE GESCO GROUP LLC	c EIN-PN 82-1134282-501
a	Plan name	THE GREATER BLOOMINGTON CHAMBER OF COMMERCE CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE GREATER BLOOMINGTON CHAMBER OF COMMERCE	c EIN-PN 35-0183215-501
a	Plan name	THE GREATER LA PORTE CHAMBER OF COMMERCE CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE GREATER LA PORTE CHAMBER OF COMMERCE	c EIN-PN 35-0461056-501
a	Plan name	THE INDIANA DENTAL ASSOCIATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE INDIANA DENTAL ASSOCIATION	c EIN-PN 35-0411620-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE KIECKER CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE KIECKER CORPORATION	c EIN-PN 45-5580045-501
a	Plan name	THE KOKOMO GLASS SHOP, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE KOKOMO GLASS SHOP, INC.	c EIN-PN 35-1064141-502
a	Plan name	THE KREMPP LUMBER CO CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE KREMPP LUMBER CO	c EIN-PN 35-0451380-501
a	Plan name	THE MITCHELL AGENCY CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE MITCHELL AGENCY	c EIN-PN 35-0521970-501
a	Plan name	THE NESST LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE NESST LLC	c EIN-PN 85-1762381-501
a	Plan name	THE OBJECTIVE GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE OBJECTIVE GROUP	c EIN-PN 81-0806962-501
a	Plan name	THE POWER SOURCE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE POWER SOURCE LLC	c EIN-PN 35-2283360-501
a	Plan name	THE STETNISH AGENCY CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE STETNISH AGENCY	c EIN-PN 81-5418637-501
a	Plan name	THE VAN ROYEN 5 INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE VAN ROYEN 5 INC.	c EIN-PN 87-1760285-501
a	Plan name	THE WHITTAKER LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE WHITTAKER LLC	c EIN-PN 46-1661232-501
a	Plan name	THE WYMAN GROUP CBIN BENEFIT PLAN	
b	Name of plan sponsor	THE WYMAN GROUP	c EIN-PN 35-1997808-501
a	Plan name	THOMPSON'S MC INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	THOMPSONS MC INC	c EIN-PN 35-1299932-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	THREE RIVERS DERMATOLOGY CBIN BENEFIT PLAN
b	Name of plan sponsor	THREE RIVERS DERMATOLOGY
c	EIN-PN	35-2152181-501
a	Plan name	TIELINE AMERICA LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	TIELINE AMERICA LLC
c	EIN-PN	35-2138510-501
a	Plan name	TIERRA DERCO INTERNATIONAL CBIN BENEFIT PLAN
b	Name of plan sponsor	TIERRA DERCO INTERNATIONAL
c	EIN-PN	20-5128261-501
a	Plan name	TIFFANY SKILLING INTERIORS CBIN BENEFIT PLAN
b	Name of plan sponsor	TIFFANY SKILLING INTERIORS
c	EIN-PN	81-1872990-501
a	Plan name	TIMBER RIDGE FARM LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	TIMBER RIDGE FARM LLC
c	EIN-PN	85-2321694-501
a	Plan name	TIMBER WORX TREE SERVICE CBIN BENEFIT PLAN
b	Name of plan sponsor	TIMBER WORX TREE SERVICE
c	EIN-PN	47-4476122-501
a	Plan name	TIMOTHY W. ANDERSON, LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	TIMOTHY W. ANDERSON, LLC
c	EIN-PN	88-1949802-501
a	Plan name	TINKER T.A.B., LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	TINKER T.A.B., LLC
c	EIN-PN	81-4454077-501
a	Plan name	TIPPMANN ARMS CO., LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	TIPPMANN ARMS CO., LLC
c	EIN-PN	81-2442627-501
a	Plan name	TIPPMANN DESIGN BUILD LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	TIPPMANN DESIGN BUILD LLC
c	EIN-PN	20-4915702-501
a	Plan name	TIPPMANN INDUSTRIAL PRODUCTS, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	TIPPMANN INDUSTRIAL PRODUCTS, INC.
c	EIN-PN	35-1809847-501
a	Plan name	TIRE CENTRAL AND SERVICE CBIN BENEFIT PLAN
b	Name of plan sponsor	TIRE CENTRAL AND SERVICE
c	EIN-PN	35-1711238-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TIRE STAR OF WOLCOTTVILLE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TIRE STAR OF WOLCOTTVILLE INC	c EIN-PN 27-2922848-501
a	Plan name	TISSUE SOURCE LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TISSUE SOURCE LLC	c EIN-PN 26-0190452-501
a	Plan name	TOBYS LAWN & LANDSCAPING CBIN BENEFIT PLAN	
b	Name of plan sponsor	TOBYS LAWN & LANDSCAPING	c EIN-PN 35-2109176-501
a	Plan name	TOCO INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TOCO INC	c EIN-PN 35-1348094-501
a	Plan name	TONY'S TRAILER SERVICE, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TONYS TRAILER SERVICE, INC	c EIN-PN 35-0989932-501
a	Plan name	TOP LINE TRUCKING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TOP LINE TRUCKING INC	c EIN-PN 27-3452298-501
a	Plan name	TOPEKA NEW HOLLAND INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	TOPEKA NEW HOLLAND INC.	c EIN-PN 35-2315438-501
a	Plan name	TOTAL CLEANING SERVICES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TOTAL CLEANING SERVICES LLC	c EIN-PN 85-3763857-501
a	Plan name	TOTH MEDIA LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TOTH MEDIA LLC	c EIN-PN 47-1420497-501
a	Plan name	TOUCHED BY TWO LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TOUCHED BY TWO LLC	c EIN-PN 84-4850651-501
a	Plan name	TOWNEPOST NETWORK CBIN BENEFIT PLAN	
b	Name of plan sponsor	TOWNEPOST NETWORK	c EIN-PN 46-5196250-501
a	Plan name	TR MANUFACTURING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TR MANUFACTURING LLC	c EIN-PN 20-1404487-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TRA CERTIFICATION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRA CERTIFICATION INC	c EIN-PN 35-2003691-501
a	Plan name	TRADITIONAL TOOL REPAIR INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRADITIONAL TOOL REPAIR INC	c EIN-PN 20-2024233-501
a	Plan name	TRANZSTAR INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRANZSTAR INC	c EIN-PN 14-1931325-501
a	Plan name	TRASKOM LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRASKOM LLC	c EIN-PN 35-2135304-501
a	Plan name	TRC, LLC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRC, LLC.	c EIN-PN 40-0009488-501
a	Plan name	TREEFROG MARKETING CBIN BENEFIT PLAN	
b	Name of plan sponsor	TREEFROG MARKETING	c EIN-PN 45-4074536-501
a	Plan name	TREMARK DEVELOPMENT LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TREMARK DEVELOPMENT LLC	c EIN-PN 81-1191496-501
a	Plan name	TRI TEC SYSTEMS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRI TEC SYSTEMS INC	c EIN-PN 35-1727961-501
a	Plan name	TRICLINIC LABS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRICLINIC LABS INC	c EIN-PN 26-4470846-501
a	Plan name	TRIDENT SYSTEMS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRIDENT SYSTEMS LLC	c EIN-PN 75-3054109-501
a	Plan name	TRIMBLE COMBUSTION SYSTEMS, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRIMBLE COMBUSTION SYSTEMS, INC	c EIN-PN 35-2119944-501
a	Plan name	TRINITY FINANCIAL CONSULTING CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRINITY FINANCIAL CONSULTING	c EIN-PN 81-0688650-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TRIPLE G RANCH INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRIPLE G RANCH INC.	c EIN-PN 35-1390323-501
a	Plan name	TRIPLE J MACHINING CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRIPLE J MACHINING	c EIN-PN 47-4138141-501
a	Plan name	TRIPLE J PLUMBING, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRIPLE J PLUMBING, LLC	c EIN-PN 45-4784686-502
a	Plan name	TRM LIGHTING, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRM LIGHTING, LLC	c EIN-PN 45-3066624-501
a	Plan name	TRU-FORM METAL PRODUCTS CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRU-FORM METAL PRODUCTS	c EIN-PN 35-1779257-501
a	Plan name	TRUPAY CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	TRUPAY CORPORATION	c EIN-PN 81-0571374-501
a	Plan name	TUBE TECH LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TUBE TECH LLC	c EIN-PN 82-5408582-501
a	Plan name	TULIP TREE FAMILY HEALTH CARE CBIN BENEFIT PLAN	
b	Name of plan sponsor	TULIP TREE FAMILY HEALTH CARE	c EIN-PN 35-2055749-501
a	Plan name	TUOHY BAILEY & MOORE LLP CBIN BENEFIT PLAN	
b	Name of plan sponsor	TUOHY BAILEY & MOORE LLP	c EIN-PN 35-1432101-501
a	Plan name	TURNER COACHES, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TURNER COACHES, INC	c EIN-PN 35-0826041-501
a	Plan name	TURNKEY MECHANICAL AND ELECTRICAL CORPORATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	TURNKEY MECHANICAL AND ELECTRICAL CORPORATION	c EIN-PN 38-3729600-501
a	Plan name	TUTTLE ORCHARDS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	TUTTLE ORCHARDS INC	c EIN-PN 35-1391060-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TWIN LAKES RV REPAIR & DETAILING CBIN BENEFIT PLAN	
b	Name of plan sponsor	TWIN LAKES RV REPAIR & DETAILING	c EIN-PN 46-4623319-501
a	Plan name	TYLERS HEATING AND COOLING CBIN BENEFIT PLAN	
b	Name of plan sponsor	TYLERS HEATING AND COOLING	c EIN-PN 82-2224535-501
a	Plan name	TYNER POND PROPERTIES CBIN BENEFIT PLAN	
b	Name of plan sponsor	TYNER POND PROPERTIES	c EIN-PN 47-3221331-501
a	Plan name	UBELHOR CONSTRUCTION INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	UBELHOR CONSTRUCTION INC	c EIN-PN 35-1690323-501
a	Plan name	UNCLE SALTY'S, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	UNCLE SALTYS, INC.	c EIN-PN 41-2126213-501
a	Plan name	UNDER THE SUNNY SKIES CBIN BENEFIT PLAN	
b	Name of plan sponsor	UNDER THE SUNNY SKIES	c EIN-PN 88-1160772-501
a	Plan name	UNION BROKERS LIMITED CBIN BENEFIT PLAN	
b	Name of plan sponsor	UNION BROKERS LIMITED	c EIN-PN 27-0904421-501
a	Plan name	UNITED MARKETING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	UNITED MARKETING INC	c EIN-PN 35-1469619-501
a	Plan name	UNITED STATES AUTO CLUB CBIN BENEFIT PLAN	
b	Name of plan sponsor	UNITED STATES AUTO CLUB	c EIN-PN 35-0970338-501
a	Plan name	UNITED WAY OF THE WABASH VALLEY CBIN BENEFIT PLAN	
b	Name of plan sponsor	UNITED WAY OF THE WABASH VALLEY	c EIN-PN 35-1008531-501
a	Plan name	UNIVERSAL BLOWER PAC CBIN BENEFIT PLAN	
b	Name of plan sponsor	UNIVERSAL BLOWER PAC	c EIN-PN 35-1460793-501
a	Plan name	UPPER VALLEY FILM CO CBIN BENEFIT PLAN	
b	Name of plan sponsor	UPPER VALLEY FILM CO	c EIN-PN 81-4597602-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	UPRIGHT IRON WORKS CBIN BENEFIT PLAN	
b	Name of plan sponsor	UPRIGHT IRON WORKS	c EIN-PN 36-3614996-501
a	Plan name	URGENT DENTAL CENTER CBIN BENEFIT PLAN	
b	Name of plan sponsor	URGENT DENTAL CENTER	c EIN-PN 83-1764334-501
a	Plan name	US CONTROLS CBIN BENEFIT PLAN	
b	Name of plan sponsor	US CONTROLS	c EIN-PN 86-1356294-501
a	Plan name	US TANK PROTECTORS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	US TANK PROTECTORS INC	c EIN-PN 37-1247695-501
a	Plan name	VAL ROLLERS CBIN BENEFIT PLAN	
b	Name of plan sponsor	VAL ROLLERS	c EIN-PN 35-1693948-501
a	Plan name	VALENTINE EQUIPMENT, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	VALENTINE EQUIPMENT, LLC	c EIN-PN 81-1662178-501
a	Plan name	VALLEY SALES & ASSOCIATES CBIN BENEFIT PLAN	
b	Name of plan sponsor	VALLEY SALES & ASSOCIATES	c EIN-PN 35-1854041-501
a	Plan name	VAL'S PROPERTY MANAGEMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	VALS PROPERTY MANAGEMENT	c EIN-PN 46-3891096-501
a	Plan name	VAN CONTRACTING CBIN BENEFIT PLAN	
b	Name of plan sponsor	VAN CONTRACTING	c EIN-PN 35-1894684-501
a	Plan name	VANCE MITCHEM PUBLIC AFFAIRS CBIN BENEFIT PLAN	
b	Name of plan sponsor	VANCE MITCHEM PUBLIC AFFAIRS	c EIN-PN 88-3864950-501
a	Plan name	VANDERBILT LUXURY PONTOONS, LLC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	VANDERBILT LUXURY PONTOONS, LLC.	c EIN-PN 87-3970120-501
a	Plan name	VAZANELLIS, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	VAZANELLIS, LLC	c EIN-PN 47-5250535-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	VERDECO RECYCLING MIDWEST CBIN BENEFIT PLAN
b	Name of plan sponsor	VERDECO RECYCLING MIDWEST
c	EIN-PN	46-5303027-501
a	Plan name	VERIDUS GROUP, INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	VERIDUS GROUP, INC.
c	EIN-PN	45-3736423-501
a	Plan name	VET ENVIRONMENTAL ENGINEERING, LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	VET ENVIRONMENTAL ENGINEERING, LLC
c	EIN-PN	27-4481307-501
a	Plan name	VETAMAC INC CBIN BENEFIT PLAN
b	Name of plan sponsor	VETAMAC INC
c	EIN-PN	92-1485682-501
a	Plan name	VIBABLE LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	VIBABLE LLC
c	EIN-PN	83-4325086-501
a	Plan name	VIERK'S FINE JEWELRY CBIN BENEFIT PLAN
b	Name of plan sponsor	VIERKS FINE JEWELRY
c	EIN-PN	35-1565241-501
a	Plan name	VINCENNES INDUSTRIAL SUPPLY CBIN BENEFIT PLAN
b	Name of plan sponsor	VINCENNES INDUSTRIAL SUPPLY
c	EIN-PN	35-1151209-501
a	Plan name	VINCENNES WELDING CO INC CBIN BENEFIT PLAN
b	Name of plan sponsor	VINCENNES WELDING CO INC
c	EIN-PN	35-1102134-501
a	Plan name	VISION SCAPES, INC CBIN BENEFIT PLAN
b	Name of plan sponsor	VISION SCAPES, INC
c	EIN-PN	30-0013098-501
a	Plan name	VISTA HILLS ANIMAL HOSPITAL CBIN BENEFIT PLAN
b	Name of plan sponsor	VISTA HILLS ANIMAL HOSPITAL
c	EIN-PN	45-3783904-501
a	Plan name	VOGLER METALWORK AND DESIGN INC. CBIN BENEFIT PLAN
b	Name of plan sponsor	VOGLER METALWORK AND DESIGN INC.
c	EIN-PN	80-0229284-501
a	Plan name	W.O.L.F CO-OP CBIN BENEFIT PLAN
b	Name of plan sponsor	W.O.L.F CO-OP
c	EIN-PN	45-4993065-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	W.R. HALL INSURANCE GROUP LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	W.R. HALL INSURANCE GROUP LLC	c EIN-PN 46-1642146-501
a	Plan name	WAAM, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WAAM, LLC	c EIN-PN 20-8206329-501
a	Plan name	WABASH VALLEY CHILDRENS DENTISTRY CBIN BENEFIT PLAN	
b	Name of plan sponsor	WABASH VALLEY CHILDRENS DENTISTRY	c EIN-PN 20-0992350-501
a	Plan name	WABASH VALLEY HEALTH CENTER INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WABASH VALLEY HEALTH CENTER INC	c EIN-PN 45-3023360-501
a	Plan name	WABASH VALLEY RESOURCES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WABASH VALLEY RESOURCES LLC	c EIN-PN 81-2417826-501
a	Plan name	WAGLER COMPETITION CBIN BENEFIT PLAN	
b	Name of plan sponsor	WAGLER COMPETITION	c EIN-PN 46-3169555-501
a	Plan name	WAGLER MACHINING LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WAGLER MACHINING LLC	c EIN-PN 26-2653256-501
a	Plan name	WAGNER AND WETZEL CBIN BENEFIT PLAN	
b	Name of plan sponsor	WAGNER AND WETZEL	c EIN-PN 82-2710552-501
a	Plan name	WAGNER SIGNS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WAGNER SIGNS INC	c EIN-PN 35-1838618-501
a	Plan name	WALKER & GULLOTTA CBIN BENEFIT PLAN	
b	Name of plan sponsor	WALKER & GULLOTTA	c EIN-PN 27-2192579-501
a	Plan name	WALKER FARMS CBIN BENEFIT PLAN	
b	Name of plan sponsor	WALKER FARMS	c EIN-PN 30-0003944-501
a	Plan name	WALTHER CANCER FOUNDATION CBIN BENEFIT PLAN	
b	Name of plan sponsor	WALTHER CANCER FOUNDATION	c EIN-PN 35-1650570-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WAMPLER SERVICES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WAMPLER SERVICES INC	c EIN-PN 35-2034491-501
a	Plan name	WANNEMACHER DESIGN BUILD, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WANNEMACHER DESIGN BUILD, INC	c EIN-PN 26-3069386-501
a	Plan name	WARD STONE, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WARD STONE, LLC	c EIN-PN 20-0510504-501
a	Plan name	WARNER STEEL SALES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WARNER STEEL SALES INC	c EIN-PN 20-4998275-501
a	Plan name	WASH BOSS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WASH BOSS LLC	c EIN-PN 83-2066074-501
a	Plan name	WATTRE INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	WATTRE INC.	c EIN-PN 30-0138882-501
a	Plan name	WATTS FARMS CBIN BENEFIT PLAN	
b	Name of plan sponsor	WATTS FARMS	c EIN-PN 35-1390278-501
a	Plan name	WEALTH STRATEGIES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WEALTH STRATEGIES INC	c EIN-PN 35-2012783-501
a	Plan name	WEALTHPOINT ADVISORS CBIN BENEFIT PLAN	
b	Name of plan sponsor	WEALTHPOINT ADVISORS	c EIN-PN 27-0854154-501
a	Plan name	WEAVER AG & LAWN EQUIPMENT CBIN BENEFIT PLAN	
b	Name of plan sponsor	WEAVER AG & LAWN EQUIPMENT	c EIN-PN 27-3941734-501
a	Plan name	WEAVER BROS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WEAVER BROS LLC	c EIN-PN 93-2906204-501
a	Plan name	WEAVER OUTDOORS CBIN BENEFIT PLAN	
b	Name of plan sponsor	WEAVER OUTDOORS	c EIN-PN 87-1631384-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	WEIDA MANAGEMENT LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	WEIDA MANAGEMENT LLC
c	EIN-PN	47-4925590-501
a	Plan name	WELLMAN EXTERIORS INC CBIN BENEFIT PLAN
b	Name of plan sponsor	WELLMAN EXTERIORS INC
c	EIN-PN	27-1950210-501
a	Plan name	WELTY FARM LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	WELTY FARM LLC
c	EIN-PN	27-1738889-501
a	Plan name	WENTZ BROTHERS OUTDOORS CBIN BENEFIT PLAN
b	Name of plan sponsor	WENTZ BROTHERS OUTDOORS
c	EIN-PN	83-0541245-501
a	Plan name	WESTMINSTER INNOVATION GROUP CBIN BENEFIT PLAN
b	Name of plan sponsor	WESTMINSTER INNOVATION GROUP
c	EIN-PN	84-4958708-501
a	Plan name	WESTWOOD PROPERTIES CBIN BENEFIT PLAN
b	Name of plan sponsor	WESTWOOD PROPERTIES
c	EIN-PN	47-5076481-501
a	Plan name	WEXFORD INSURANCE LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	WEXFORD INSURANCE LLC
c	EIN-PN	86-2996391-501
a	Plan name	WHITE AND JOCHAM CBIN BENEFIT PLAN
b	Name of plan sponsor	WHITE AND JOCHAM
c	EIN-PN	47-3233664-501
a	Plan name	WHITE VETERINARY HOSPITAL CBIN BENEFIT PLAN
b	Name of plan sponsor	WHITE VETERINARY HOSPITAL
c	EIN-PN	35-1898630-501
a	Plan name	WHITETAIL CONSTRUCTION CBIN BENEFIT PLAN
b	Name of plan sponsor	WHITETAIL CONSTRUCTION
c	EIN-PN	46-2667157-501
a	Plan name	WHITLEDGE TREE SERVICE LLC CBIN BENEFIT PLAN
b	Name of plan sponsor	WHITLEDGE TREE SERVICE LLC
c	EIN-PN	46-0900824-501
a	Plan name	WHITLEY COUNTY ECONOMIC DEVELOPMENT CORPORATION CBIN BENEFIT PLAN
b	Name of plan sponsor	WHITLEY COUNTY ECONOMIC DEVELOPMENT CORPORATION
c	EIN-PN	35-1854496-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WIERCO, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WIERCO, LLC	c EIN-PN 85-4635486-501
a	Plan name	WILEY WATER SYSTEMS, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILEY WATER SYSTEMS, INC	c EIN-PN 35-1912960-501
a	Plan name	WILKINSON LAW FIRM CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILKINSON LAW FIRM	c EIN-PN 35-0902122-501
a	Plan name	WILL WEBB ASSOCIATES, INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILL WEBB ASSOCIATES, INC.	c EIN-PN 35-1959663-501
a	Plan name	WILLIAM AND CO DENTAL PROSTHETICS, INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILLIAM AND CO DENTAL PROSTHETICS, INC	c EIN-PN 35-1930434-501
a	Plan name	WILLIAM J CIRIELLO PLUMBING CO INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILLIAM J CIRIELLO PLUMBING CO INC	c EIN-PN 35-2001652-501
a	Plan name	WILLIAM P HUTTON CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILLIAM P HUTTON	c EIN-PN 32-0100836-501
a	Plan name	WILLIAM S HANCOCK CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILLIAM S HANCOCK	c EIN-PN 35-1490358-501
a	Plan name	WILLIAMS EXPERT PIVOT AND PUMP CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILLIAMS EXPERT PIVOT AND PUMP	c EIN-PN 30-0264746-501
a	Plan name	WILLS EXCAVATING CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILLS EXCAVATING	c EIN-PN 35-2099159-501
a	Plan name	WILMUTH SOLUTIONS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILMUTH SOLUTIONS LLC	c EIN-PN 84-2190671-501
a	Plan name	WILSON HOUSE LOGISTICS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILSON HOUSE LOGISTICS INC	c EIN-PN 85-0711443-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	WILTFONG MOVING AND STORAGE CBIN BENEFIT PLAN	
b	Name of plan sponsor	WILTFONG MOVING AND STORAGE	c EIN-PN 35-1469920-501
a	Plan name	WINDOW MAN INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WINDOW MAN INC	c EIN-PN 01-0601236-501
a	Plan name	WINEBRENNER ENTERPRISES INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WINEBRENNER ENTERPRISES INC	c EIN-PN 92-0785912-501
a	Plan name	WISE STONE CHOICE, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WISE STONE CHOICE, LLC	c EIN-PN 83-0570330-501
a	Plan name	WISE TECHNICAL MANUFACTURING, LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WISE TECHNICAL MANUFACTURING, LLC	c EIN-PN 30-0594328-501
a	Plan name	WOODLAND ENTERPRISES LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WOODLAND ENTERPRISES LLC	c EIN-PN 85-0639848-501
a	Plan name	WOODLEY FARRA CBIN BENEFIT PLAN	
b	Name of plan sponsor	WOODLEY FARRA	c EIN-PN 35-1964649-501
a	Plan name	WOODWARD LAW OFFICES, LLP CBIN BENEFIT PLAN	
b	Name of plan sponsor	WOODWARD LAW OFFICES, LLP	c EIN-PN 46-1086230-501
a	Plan name	WOODY'S HOT RODZ CBIN BENEFIT PLAN	
b	Name of plan sponsor	WOODY'S HOT RODZ	c EIN-PN 20-2304811-501
a	Plan name	WOOTON HOY LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WOOTON HOY LLC	c EIN-PN 81-5290738-501
a	Plan name	WOZNAK TOOL & DIE INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WOZNAK TOOL & DIE INC	c EIN-PN 35-1648182-501
a	Plan name	WP DEVELOPMENTS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WP DEVELOPMENTS INC	c EIN-PN 88-3366824-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WRIB MANUFACTURING INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WRIB MANUFACTURING INC	c EIN-PN 35-1418761-501
a	Plan name	WRIGHT WEALTH MANAGEMENT INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	WRIGHT WEALTH MANAGEMENT INC	c EIN-PN 82-3344468-501
a	Plan name	WVB EAST END CROSSING PARTNERS CBIN BENEFIT PLAN	
b	Name of plan sponsor	WVB EAST END CROSSING PARTNERS	c EIN-PN 36-4747459-501
a	Plan name	YAGER & ASSOCIATES CBIN BENEFIT PLAN	
b	Name of plan sponsor	YAGER & ASSOCIATES	c EIN-PN 45-5106500-501
a	Plan name	YAMATO D&L INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	YAMATO D&L INC	c EIN-PN 81-0734087-501
a	Plan name	YODER KITCHEN CORP CBIN BENEFIT PLAN	
b	Name of plan sponsor	YODER KITCHEN CORP	c EIN-PN 35-1411965-501
a	Plan name	YODER'S SHIPSHEWANA HARDWARE CBIN BENEFIT PLAN	
b	Name of plan sponsor	YODERS SHIPSHEWANA HARDWARE	c EIN-PN 35-1460262-501
a	Plan name	YORKE PLUTA FULLER LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	YORKE PLUTA FULLER LLC	c EIN-PN 93-1664804-501
a	Plan name	ZEILER ELECTRIC INC. CBIN BENEFIT PLAN	
b	Name of plan sponsor	ZEILER ELECTRIC INC.	c EIN-PN 35-2007825-501
a	Plan name	ZIEMER, STAYMAN, WEITZEL, & SHOULDERS, LLP CBIN BENEFIT PLAN	
b	Name of plan sponsor	ZIEMER, STAYMAN, WEITZEL, & SHOULDERS, LLP	c EIN-PN 35-1066906-502
a	Plan name	ZINC PARTNERS LLC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ZINC PARTNERS LLC	c EIN-PN 83-2427203-501
a	Plan name	ZOLMAN FARMS INC CBIN BENEFIT PLAN	
b	Name of plan sponsor	ZOLMAN FARMS INC	c EIN-PN 35-1485616-501

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST	D Employer Identification Number (EIN) 83-6614110

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	25000	25000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	318854	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	10728851	11378715
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3061079	4627046
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	127460	358469

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	14261244	16389230
Liabilities			
g Benefit claims payable	1g	9920267	8945641
h Operating payables	1h	714871	725293
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	1425698
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10635138	11096632
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3626106	5292598

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	344787	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		344787
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		344787

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	8668563	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	40650	
(5) Investment advisory and investment management fees.....	2i(5)	8371	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	10809	
(8) Legal fees.....	2i(8)	31341	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	162175	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8921909
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8921909

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-8577122
l Transfers of assets:			
(1) To this plan.....	2l(1)		130680540
(2) From this plan.....	2l(2)		120436926

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MALONEY + NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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 _____.

**CHAMBER BENEFIT ARRANGEMENT
OF INDIANA TRUST**

FINANCIAL REPORT

SEPTEMBER 30, 2024 and 2023



CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST
CONTENTS

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	1-3
FINANCIAL STATEMENTS	
Statements of net assets	4
Statement of changes in net assets	5
Notes to financial statements	6-9
SUPPLEMENTAL SCHEDULES	
Schedule of operating expenses for the year ended September 30, 2024	10
Schedule of assets (held at end of year) at September 30, 2024	11



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Independent Auditors' Report

To the Board of Trustees of
Chamber Benefit Arrangement of Indiana Trust
Indianapolis, Indiana

Opinion

We have audited the financial statements of the Chamber Benefit Arrangement of Indiana Trust (the "Trust"), which comprise the statements of net assets as of September 30, 2024 and 2023, and the related statement of changes in net assets for the year ended September 30, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets of the Trust as of September 30, 2024 and 2023, and the changes in its net assets for the year ended September 30, 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Matter

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audits of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but it is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of operating expenses for the year ended September 30, 2024, and the supplemental schedule of assets (held at end of year) as of September 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) as of September 30, 2024 is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule of assets (held at end of year) as of September 30, 2024, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

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

Cleveland, Ohio
July 15, 2025

CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST

STATEMENTS OF NET ASSETS

September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$ 25,000	\$ 25,000
Investments, at fair value:		
Interest-bearing cash	189,687	2,551,842
Money market fund	<u>4,437,359</u>	<u>509,237</u>
Total investments	4,627,046	3,061,079
Receivables:		
Investment income receivable	18,489	-
Contributions from participating plans	11,360,226	10,728,851
Net reinsurance receivable	<u>-</u>	<u>318,854</u>
Total receivables	11,378,715	11,047,705
Prepaid expenses	<u>358,469</u>	<u>127,460</u>
Total assets	16,389,230	14,261,244
<u>LIABILITIES</u>		
Amounts due to insurance company	8,945,641	9,920,267
Operating payables	725,293	714,871
Net reinsurance payable	<u>1,425,698</u>	<u>-</u>
Total liabilities	<u>11,096,632</u>	<u>10,635,138</u>
NET ASSETS	<u>\$ 5,292,598</u>	<u>\$ 3,626,106</u>

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

CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST

STATEMENT OF CHANGES IN NET ASSETS

Year Ended September 30, 2024

ADDITIONS

Interest income	\$ 344,787
Contributions from participating plans	<u>130,680,540</u>
Total additions	131,025,327

DEDUCTIONS

Distributions to participating plans for benefit claims paid, net of reinsurance recoveries	10,645,536
Distributions to participating plans for premiums paid for the provision of benefits, net of ceding allowances	<u>109,791,390</u>
Total distributions to participating plans	120,436,926
Operating expenses	<u>8,921,909</u>
Total deductions	<u>129,358,835</u>

INCREASE IN NET ASSETS 1,666,492

NET ASSETS

BEGINNING OF YEAR 3,626,106

END OF YEAR \$ 5,292,598

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

CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Trust

The following description of the Chamber Benefit Arrangement of Indiana Trust (the "Trust") provides only general information. Participating plans should refer to the Trust agreement for a more complete description of the Trust's provisions.

General:

The Trust is intended to be a voluntary employees' beneficiary association ("VEBA") under Section 501(c)(9) of the Internal Revenue Code (the "IRC"). The purpose of the Trust is to hold Plan assets of a non-plan multiple employer welfare arrangement ("MEWA") as described in Indiana Code Title 27, Article 1, Chapter 34 and domiciled in Indiana to pay benefits and expenses on behalf of the plans participating in the MEWA (the "Plans"). The Plans represent employers that are members of the Indiana Chamber of Commerce or the Indianapolis Chamber of Commerce.

Contributions:

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

Distributions:

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

Operating Expenses:

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

Note 2. Summary of Significant Accounting Policies

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

Basis of Presentation:

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

Net Reinsurance Receivable or Payable:

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

CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Recognition of Contribution Revenue:

Contribution revenue is recognized in the month for which coverage is being paid. Contributions received after the coverage months are recorded as receivables. Management has estimated an allowance of \$-0- for past due accounts for contributions receivable from the participating plans as of September 30, 2024 and 2023.

Investment Valuation and Income Recognition:

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

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

Use of Estimates:

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

Distributions for the Payment of Benefits:

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

Subsequent Events:

The Trust has evaluated subsequent events through July 15, 2025, the date the financial statements were available to be issued.

Note 3. Cash and Investments

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

The Trust's investments are held by Huntington Bank in a non-insured trust fund.

Note 4. Fair Value Measurements

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

- Level 1 – Quoted market prices in active markets for identical assets and liabilities

CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

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

- Interest-bearing cash is classified as a Level 1 instrument.
- Money market fund consists of a short-term investment fund that maintains daily liquidity and has a constant unit value of \$1.00, and is classified as a Level 1 instrument.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodology used from 2023 to 2024. Furthermore, while the Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 5. Reinsurance

The Trust maintains reinsurance coverage with Anthem consisting of specific, aggregate and terminal liability coverage. The specific stop loss deductible is \$5,000 per member per coverage period, and Anthem is responsible for all member claims in excess of this threshold. The aggregate stop loss deductible is determined on a group-specific basis and is calculated as 8.3% of the employer's direct premium equivalents for the coverage period. Once an employer's aggregate stop loss deductible is met, Anthem becomes responsible for the employer's remaining claims. Furthermore, Anthem provides terminal liability coverage to the Trust, wherein Anthem is responsible for all claims run-out and any cumulative losses once a participating employer ceases to participate in the Trust or for the entire Trust upon the termination of the reinsurance agreement and, under normal operations of the Trust, for any claims run-out after three months following the end of a policy year. This final provision would be applicable in the event a participating employer did not maintain coverage for the entire coverage period, and the employer's share of claims payments exceeded the net premium equivalents received during the coverage period, resulting in a net loss.

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

The Trust has entered into an administrative services contract with Anthem, whereby Anthem collects premiums and administers payments of hospital charges, medical/surgical claims and prescription coverage on behalf of participating Plans. The Trust also has an agreement that compensates Anthem for quoting, servicing and renewing employers of participating Plans. These transactions qualify as party-in-interest. Total fees paid from the Trust to Anthem for these services amounted to \$7,592,501 for the year ended September 30, 2024.

CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Related Party/Party-in-Interest Transactions (Continued)

The Trust has appointed Consoliplex-Indiana Benefits, LLC to act as plan manager of the participating Plans and Trust. Fees paid to Consoliplex-Indiana Benefits, LLC for the year ended September 30, 2024 were \$993,816.

Note 7. Tax Status

The Trust established to hold the participating Plans' net assets is qualified pursuant to Section 501(c)(9) of the IRC. In December 2019, the Internal Revenue Service finalized regulations under IRC Section 512(a)(3)(E)(i) which specified that net investment income earned by a VEBA is taxable as unrelated business income. These regulations became effective on January 1, 2020. Accordingly, any net investment income earned by the Trust from January 1, 2020, and forward will be subject to federal income taxes. For the year ended September 30, 2024, the Trust recognized \$2,337 in federal income tax recoveries related to unrelated business income that is included in operating expenses on the statement of changes in net assets. The Trust's management has analyzed the tax positions taken by the Trust and has concluded that, as of September 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

In addition, the participating Plans and the Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The trust administrator believes that the Plans are being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax-exempt.

Note 8. Trust Termination

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

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

SUPPLEMENTAL SCHEDULES

CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST

SCHEDULE OF OPERATING EXPENSES

Year Ended September 30, 2024

Outsourced services	\$8,668,563
Insurance expense	99,747
Regulatory fees	62,428
Professional services	51,459
Legal fees	31,341
Investment fees	<u>8,371</u>
Total operating expenses	<u>\$8,921,909</u>

CHAMBER BENEFIT ARRANGEMENT OF INDIANA TRUST

EMPLOYER NO. 83-6614110

PLAN NO. 501

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2024

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investments</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		<u>Interest-bearing cash</u>		
	Huntington Bank	Cash	\$ 189,687	\$ 189,687
		<u>Money market fund</u>		
	Fidelity	Fidelity Institutional Government Money Market Fund - Class I	<u>4,437,359</u>	<u>4,437,359</u>
			<u>\$4,627,046</u>	<u>\$4,627,046</u>