

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN TRUST COMPANY STABLE VALUE GROUP TRUST
1b Three-digit plan number (PN): 008
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): AMERICAN TRUST COMPANY
2b Employer Identification Number (EIN): 37-1992955
2c Plan Sponsor's telephone number: 859-296-4407
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 																				
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 AMERICAN TRUST COMPANY c Plan Name UNIFIED TRUST STABLE VALUE MASTER TRUST	4b EIN 37-1992955 4d PN 008																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
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 type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMERICAN TRUST COMPANY STABLE VALUE GROUP TRUST</u>	B Three-digit plan number (PN)	<u>008</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>37-1992955</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):		
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d Entity code

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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 1ST TRUST BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor 1ST TRUST BANK	c EIN-PN 38-3680156-001
a	Plan name 401(K) PS PLAN FOR EMPLOYEES OF LIFELINE HOMECARE, INC.	
b	Name of plan sponsor LIFELINE HOMECARE, INC.	c EIN-PN 61-1161293-001
a	Plan name AAVIN FINANCIAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AAVIN EQUITY ADVISORS, LLC.	c EIN-PN 42-1519229-001
a	Plan name AB&T SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AB&T	c EIN-PN 58-2413470-001
a	Plan name ADPRO/BEACON 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ADPRO IMPRINTS, INC.	c EIN-PN 13-4351245-001
a	Plan name ADVANCED CARDIOLOGY, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED CARDIOLOGY, L.L.C.	c EIN-PN 26-0005950-001
a	Plan name ADVANCED COMMUNICATIONS, INC. 401K PLAN	
b	Name of plan sponsor ADVANCED COMMUNICATIONS, INC.	c EIN-PN 35-2075582-001
a	Plan name ADVANCED PLUMBING & MECHANICAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor ADVANCED PLUMBING & MECHANICAL, INC.	c EIN-PN 82-0527942-001
a	Plan name ADVANTAGE MEDICAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor ADVANTAGE MEDICAL CORPORATION	c EIN-PN 20-5671937-001
a	Plan name ADVANTIX DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor ADVANTIX DEVELOPMENT CORPORATION	c EIN-PN 80-0757957-001
a	Plan name AEROGO EMPLOYEE PROGRESS SHARING AND SALARY SAVINGS PLAN	
b	Name of plan sponsor AEROGO, INC.	c EIN-PN 91-0822426-001
a	Plan name AFFINITY BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AFFINITY BANK	c EIN-PN 30-1030292-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AIR COMFORT, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	AIR COMFORT, INC.	c EIN-PN 76-0263224-001
a	Plan name	ALL WOMEN OB/GYN PSC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL WOMEN OB/GYN PSC	c EIN-PN 61-0679864-001
a	Plan name	ALLERGY & ASTHMA ASSOCIATES, PSC PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLERGY & ASTHMA ASSOCIATES, PSC	c EIN-PN 61-0856981-002
a	Plan name	ALLIANCE INDUSTRIAL CORP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLIANCE INDUSTRIAL CORPORATION	c EIN-PN 54-0939217-001
a	Plan name	ALL-RITE PEST CONTROL, INC. 401(K) PLAN	
b	Name of plan sponsor	ALL-RITE PEST CONTROL, INC.	c EIN-PN 61-0910603-001
a	Plan name	ALPINE ORTHOPAEDIC MEDICAL GROUP, INC. EMPLOYEES 401(K) PSP	
b	Name of plan sponsor	ALPINE ORTHOPAEDIC MEDICAL GROUP, INC.	c EIN-PN 94-2175532-003
a	Plan name	ALTAMAHA BANK & TRUST COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALTAMAHA BANK & TRUST COMPANY	c EIN-PN 58-0967077-001
a	Plan name	ALTRUIS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALTRUIS, INC.	c EIN-PN 03-0534495-001
a	Plan name	AMARE GLOBAL HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	AMARE GLOBAL HOLDINGS, INC.	c EIN-PN 81-2670857-001
a	Plan name	AMERICAN COMMERCE BANCSHARES, INC. SECTION 401(K) PSP	
b	Name of plan sponsor	AMERICAN COMMERCE BANCSHARES, INC.	c EIN-PN 80-0065686-001
a	Plan name	AMERICAN MECHANICAL & PIPING 401(K) PLAN	
b	Name of plan sponsor	AMERICAN MECHANICAL & PIPING, INC.	c EIN-PN 58-2294756-001
a	Plan name	AMERICAN MIDWEST MORTGAGE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AMERICAN MIDWEST MORTGAGE CORPORATION	c EIN-PN 34-1180767-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AMERICAN PILEDRIVING EQUIPMENT 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor	AMERICAN PILEDRIVING EQUIPMENT, INC.	c EIN-PN 91-1558362-002
a	Plan name	AMERICAN PRIDE BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN PRIDE BANK	c EIN-PN 26-1484853-001
a	Plan name	AMERICAN RETIREMENT ASSOC PS 401(K) PLAN	
b	Name of plan sponsor	AMERICAN RETIREMENT ASSOCIATION	c EIN-PN 75-1247887-002
a	Plan name	AMERIJET INTERNATIONAL, INC. NON UNION PUERTO RICO SAVINGS PLAN	
b	Name of plan sponsor	AMERIJET INTERNATIONAL INC.	c EIN-PN 30-0001551-004
a	Plan name	AMERIJET INTERNATIONAL, INC. UNION PUERTO RICO SAVINGS PLAN	
b	Name of plan sponsor	AMERIJET INTERNATIONAL INC.	c EIN-PN 30-0001551-005
a	Plan name	AMG, INC. 401(K) PLAN	
b	Name of plan sponsor	AMG, INC.	c EIN-PN 54-1044632-002
a	Plan name	ANESTHESIOLOGY CONSULTANTS ENTERPRISES 401(K) PSP	
b	Name of plan sponsor	ANESTHESIOLOGY CONSULTANTS ENTERPRISES, PLLC	c EIN-PN 26-0353034-001
a	Plan name	ANIMAL MEDICAL HOSPITAL, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	ANIMAL MEDICAL HOSPITAL OF CHARLOTTE, INC.	c EIN-PN 56-1467197-001
a	Plan name	ANSON MACHINE WORKS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ANSON MACHINE WORKS, INC.	c EIN-PN 56-1591799-001
a	Plan name	ANTHONY FUNERAL CHAPEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANTHONY FUNERAL CHAPEL, INC.	c EIN-PN 16-1221198-001
a	Plan name	APEX BANKING COMPANY OF GEORGIA SECTION 401(K) PS PLAN	
b	Name of plan sponsor	APEX BANKING COMPANY OF GEORGIA	c EIN-PN 58-0488955-002
a	Plan name	ARBOR HOUSING & DEVELOPMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STEUBEN CHURCHPEOPLE AGAINST POVERTY, INC. DBA ARBOR HOUSING	c EIN-PN 16-1166737-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ASCENTEK SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ASCENTEK SERVICES, LLC	c EIN-PN 83-0782202-004
a	Plan name ASTURIAN GROUP RETIREMENT PLAN	
b	Name of plan sponsor ASTURIAN GROUP, INC.	c EIN-PN 20-5224530-001
a	Plan name ATWOOD INSURANCE AGENCY 401(K) PS PLAN	
b	Name of plan sponsor ATWOOD INSURANCE AGENCY	c EIN-PN 94-2184725-001
a	Plan name AUGUSTA COOPERATIVE FARM BUREAU, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor AUGUSTA COOPERATIVE FARM BUREAU, INC.	c EIN-PN 54-0129140-002
a	Plan name AVIZION GLASS, LLC 401(K) PLAN	
b	Name of plan sponsor AVIZION GLASS, LLC	c EIN-PN 46-4902828-001
a	Plan name AXIOM ARCHITECTURE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AXIOM ARCHITECTURE, PLLC	c EIN-PN 46-4511944-001
a	Plan name AXIOM, PLLC RETIREMENT PLAN	
b	Name of plan sponsor AXIOM, PLLC	c EIN-PN 45-2833111-001
a	Plan name AZAR DESIGN CO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AZAR DESIGN CO ARCHITECTS LANDSCAPE ENGINEERS,& SURVEYING PC	c EIN-PN 16-1210859-001
a	Plan name AZPERIO 401(K) PLAN	
b	Name of plan sponsor AZPERIO	c EIN-PN 20-1473037-001
a	Plan name AZTEC BOLTING SERVICES, INC. 401(K) PSP & TRUST	
b	Name of plan sponsor AZTEC BOLTING SERVICES, INC.	c EIN-PN 76-0229269-002
a	Plan name B & B POOL AND SPA CENTER RETIREMENT PLAN	
b	Name of plan sponsor B & B POOL SERVICE CO. INC.	c EIN-PN 13-2721994-001
a	Plan name B SQUARED INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor B SQUARED INVESTMENTS, INC.	c EIN-PN 57-0951789-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BACK CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor BACK CONSTRUCTION CO., INC.	c EIN-PN 61-1116660-001
a	Plan name BALLARD ROSENBERG GOLPER & SAVITT, LLP 401(K) PSP	
b	Name of plan sponsor BALLARD ROSENBERG GOLPER & SAVITT, LLP	c EIN-PN 95-4031520-001
a	Plan name BANK OF MADISON PROFIT SHARING PLAN	
b	Name of plan sponsor BANK OF MADISON	c EIN-PN 58-0152950-001
a	Plan name BANK OF MONTICELLO SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BANK OF MONTICELLO	c EIN-PN 58-0356515-002
a	Plan name BASIN PARK DENTAL 401K PLAN	
b	Name of plan sponsor BASIN PARK DENTAL	c EIN-PN 82-1661059-001
a	Plan name BATSON, HIMES, NORVELL & POE PROFIT SHARING PLAN	
b	Name of plan sponsor BATSON, HIMES, NORVELL & POE LLC	c EIN-PN 62-0543986-001
a	Plan name BAUMANN PAPER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAUMANN PAPER COMPANY, INC.	c EIN-PN 61-0510369-001
a	Plan name BAY COLONY ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor BAY COLONY ASSOCIATES, INC.	c EIN-PN 04-2629544-002
a	Plan name BELL, ORR, AYERS & MOORE, P.S.C. EMPLOYEE 401(K) PSP	
b	Name of plan sponsor BELL, ORR, AYERS & MOORE, P.S.C.	c EIN-PN 61-0711875-001
a	Plan name BELLEVUE FAMILY MEDICINE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELLEVUE FAMILY MEDICINE	c EIN-PN 91-1640113-001
a	Plan name BENCO STEEL, INC. 401(K) PLAN	
b	Name of plan sponsor BENCO STEEL, INC.	c EIN-PN 56-0844317-001
a	Plan name BENJAMIN L TOLLEY DDS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BENJAMIN TOLLEY DDS PC	c EIN-PN 20-5212872-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BENSON FARMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN R. BENSON FARMS, INC.	c EIN-PN 95-2695263-001
a	Plan name BETHANY HOME 401(K) PLAN	
b	Name of plan sponsor BETHANY HOME	c EIN-PN 42-0698260-001
a	Plan name BETSCH ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BETSCHASSOCIATES INC.	c EIN-PN 72-1069560-001
a	Plan name BEVAN, MOSCA & GIUDITTA, P.C. 401(K) PLAN	
b	Name of plan sponsor BEVAN, MOSCA & GIUDITTA, P.C.	c EIN-PN 26-1643518-001
a	Plan name BILL MILLER EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BILL MILLER EQUIPMENT SALES, INC.	c EIN-PN 52-1242863-001
a	Plan name BIOFILM, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BIOFILM, INC	c EIN-PN 33-0497571-001
a	Plan name BISON PRINTING INCORPORATED 401(K) PLAN	
b	Name of plan sponsor BISON PRINTING INCORPORATED	c EIN-PN 54-1126586-001
a	Plan name BLEAKLEY FINANCIAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLEAKLEY FINANCIAL GROUP, LLC	c EIN-PN 47-2523848-001
a	Plan name BLEAKLEY FINANCIAL GROUP HIGHLY COMPENSATED NON - OW	
b	Name of plan sponsor BLEAKLEY FINANCIAL GROUP, LLC	c EIN-PN 47-2523848-002
a	Plan name BLOUNT DISCOUNT PHARMACY RETIREMENT PLAN	
b	Name of plan sponsor BLOUNT DISCOUNT PHARMACY, INC.	c EIN-PN 62-1180024-001
a	Plan name BLUE RIDGE THERAPY ASSOCIATES 401(K) PSP AND TRUST	
b	Name of plan sponsor BLUE RIDGE THERAPY ASSOCIATES	c EIN-PN 54-1700252-001
a	Plan name BODIES BY BRENENGEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BODIES BY BRENENGEN, INC.	c EIN-PN 39-1944044-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BOHLING STEEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BOHLING STEEL, INC.	c EIN-PN 54-2005453-001
a	Plan name	BONEAL, INC. 401(K) PLAN	
b	Name of plan sponsor	BONEAL, INC.	c EIN-PN 61-0972725-001
a	Plan name	BPW 401(K) PLAN	
b	Name of plan sponsor	BOYD, POWERS & WILLIAMSON	c EIN-PN 81-3651800-001
a	Plan name	BRADFORD LABS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	BRADFORD LABS, LLC	c EIN-PN 04-3433022-001
a	Plan name	BRETT DAVIS PLLC 401(K) PLAN	
b	Name of plan sponsor	BRETT DAVIS PLLC	c EIN-PN 84-4786708-001
a	Plan name	BROWN SAND, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BROWN SAND, INC.	c EIN-PN 94-1737597-001
a	Plan name	BRYN-FINCHER PULMONARY & CRITICAL CARE, APMC 401K PSP	
b	Name of plan sponsor	BRYN-FINCHER PULMONARY & CRITICAL CARE, APMC 401(K) PSP	c EIN-PN 72-0913941-001
a	Plan name	BRYSON FRY PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. BRYSON FRY	c EIN-PN 33-2459799-001
a	Plan name	BSP THERMAL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	BSP THERMAL SYSTEMS, INC.	c EIN-PN 94-3081260-001
a	Plan name	BURCHFIELD INSURANCE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	BURCHFIELD INSURANCE GROUP, INC.	c EIN-PN 56-2242192-001
a	Plan name	BUSLER ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	BUSLER ENTERPRISES, INC.	c EIN-PN 35-1114282-003
a	Plan name	C.E. BOURNE & COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	C.E. BOURNE & COMPANY, INC.	c EIN-PN 57-0781688-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CAL PAC PAINTING OF NEVADA 401(K) PLAN	
b	Name of plan sponsor	CAL/PAC PAINTING OF NEVADA, INC.	c EIN-PN 88-0371114-001
a	Plan name	CALLAWAY CARRIERS, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	CALLAWAY CARRIERS, INC.	c EIN-PN 43-1608733-001
a	Plan name	CAMBRIDGE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	CAMBRIDGE HOLDINGS LLC	c EIN-PN 26-3951228-001
a	Plan name	CANYON DEL ORO BIBLE CHURCH 401(K) PLAN	
b	Name of plan sponsor	CANYON DEL ORO BIBLE CHURCH	c EIN-PN 86-0367606-001
a	Plan name	CARROLL TOWNSHIP NON-UNIFORM PENSION PLAN	
b	Name of plan sponsor	CARROLL TOWNSHIP	c EIN-PN 23-6287108-001
a	Plan name	CARTER BROTHERS FABRICATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	CARTER BROTHER FABRICATIONS, LLC	c EIN-PN 20-8415317-001
a	Plan name	CASCADE GROUP 401(K) PLAN	
b	Name of plan sponsor	ADVENT GROUP, INC. DBA CASCADE GROUP	c EIN-PN 91-1124700-001
a	Plan name	CCB PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CCB PACKAGING, INC.	c EIN-PN 42-1321436-001
a	Plan name	CENTRAL FLORIDA BREAST CENTER, P.A. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL FLORIDA BREAST CENTER, P.A.	c EIN-PN 20-3883875-001
a	Plan name	CENTRAL KENTUCKY ANESTHESIA, PSC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTRAL KENTUCKY ANESTHESIA, PSC	c EIN-PN 61-1073947-001
a	Plan name	CENTRAL VIRGINIA FAMILY PHYSICIANS, INC. 401(K) PSP & TRUST	
b	Name of plan sponsor	CENTRAL VIRGINIA FAMILY PHYSICIANS, INC.	c EIN-PN 54-1663754-001
a	Plan name	CENTURY BANK OF GEORGIA SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTURY BANK OF GEORGIA	c EIN-PN 58-2444878-001

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	CESCO, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CESCO, INC.	c EIN-PN 57-0559568-001
a	Plan name	CHAS M. MOORE INSURANCE AGENCY, INC. 401(K) PSP & TRUST	
b	Name of plan sponsor	CHAS M. MOORE INSURANCE AGENCY, INC.	c EIN-PN 61-0607472-001
a	Plan name	CHINA INTEROCEAN TRANSPORT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CHINA INTEROCEAN TRANSPORT, INC.	c EIN-PN 13-3051933-001
a	Plan name	CHOICE SPINE, LLC 401(K) PLAN	
b	Name of plan sponsor	CHOICE SPINE, LLC	c EIN-PN 20-5973470-001
a	Plan name	CHRIST COMMUNITY CHURCH OF IMPERIAL VALLEY, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRIST COMMUNITY CHURCH OF IMPERIAL VALLEY, INC.	c EIN-PN 91-1875440-001
a	Plan name	CITIZENS BANK OF AMERICUS 401(K) PLAN	
b	Name of plan sponsor	CITIZENS BANK OF AMERICUS	c EIN-PN 58-0192782-002
a	Plan name	CITIZENS BANK OF THE SOUTH SECTION 401(K) PSP	
b	Name of plan sponsor	CITIZENS BANK OF THE SOUTH	c EIN-PN 58-0947004-001
a	Plan name	CLARKSON DRUG STORE 401(K) PLAN	
b	Name of plan sponsor	CLARKSON DRUG STORE	c EIN-PN 61-0867076-001
a	Plan name	CLEAR2CLOSE RETIREMENT PLAN	
b	Name of plan sponsor	CLEAR2CLOSE HOME LOANS CORPORATION	c EIN-PN 82-3533626-001
a	Plan name	CLIMATEC, LLC 401(K) PLAN	
b	Name of plan sponsor	CLIMATEC, LLC	c EIN-PN 61-1388505-001
a	Plan name	CNA CONSTRUCTION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CNA CONSTRUCTION, INC.	c EIN-PN 57-0957798-001
a	Plan name	COBB DERMATOLOGY 401(K) PLAN	
b	Name of plan sponsor	K AND C COBB MDS, PLLC DBA COBB DERMATOLOGY AND AESTHETICS	c EIN-PN 84-3377648-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COIN & PROFESSIONAL EQUIPMENT CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COIN & PROFESSIONAL EQUIPMENT CO., INC.	c EIN-PN 86-0190329-001
a	Plan name COLEMAN SPOHN CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COLEMAN SPOHN CORPORATION	c EIN-PN 34-1781243-001
a	Plan name COLEMAN-ADAMS CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor COLEMAN-ADAMS CONSTRUCTION, INC.	c EIN-PN 54-0946528-002
a	Plan name COLORECTAL S & G ASSOC PSC SAVINGS & PSP	
b	Name of plan sponsor COLORECTAL SURGICAL & GASTROENTEROLOGY ASSOCIATES, PSC	c EIN-PN 61-1171052-002
a	Plan name COMMONWEALTH ANESTHESIA PSC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMONWEALTH ANESTHESIA PSC	c EIN-PN 61-1164344-001
a	Plan name COMMONWEALTH ORTHOPAEDIC SURGEONS, P.S.C. 401(K) PSP	
b	Name of plan sponsor COMMONWEALTH ORTHOPAEDIC SURGEONS, P.S.C.	c EIN-PN 61-1040834-001
a	Plan name COMMONWEALTH SPINE & REHAB CENTERS, LLC 401(K) PSP & TRUST	
b	Name of plan sponsor COMMONWEALTH SPINE & REHAB CENTERS, LLC	c EIN-PN 27-2031012-001
a	Plan name COMMUNITY BANK OF GEORGIA SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY BANK OF GEORGIA	c EIN-PN 20-0639520-001
a	Plan name COMMUNITY BANKING COMPANY SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY BANKING COMPANY	c EIN-PN 58-2216814-001
a	Plan name COMMUNITY BANKSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY BANKSHARES, INC.	c EIN-PN 58-1415887-001
a	Plan name COMPASS EMERGENCY PHYSICIANS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPASS EMERGENCY PHYSICIANS, PSC	c EIN-PN 31-0867547-001
a	Plan name COMPETITIVE ENERGY SERVICES, L.L.C. 401(K) AND PSP	
b	Name of plan sponsor COMPETITIVE ENERGY SERVICES, L.L.C.	c EIN-PN 01-0533059-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COMPUTERTALK RETIREMENT PLAN	
b	Name of plan sponsor	COMPUTER TALK GLOBAL CORP.	c EIN-PN 16-1564194-001
a	Plan name	CONCORD ENGINEERING & SURVEYING 401(K) PLAN	
b	Name of plan sponsor	CONCORD ENGINEERING & SURVEYING, INC.	c EIN-PN 56-1204578-001
a	Plan name	CONTINENTAL REFINING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CONTINENTAL REFINING COMPANY LLC	c EIN-PN 26-3515098-001
a	Plan name	CONWAY HEATON, INC. 401(K) PLAN	
b	Name of plan sponsor	CONWAY HEATON, INC.	c EIN-PN 61-0405660-002
a	Plan name	CORNERSTONE DENTAL ASSOCIATES, PLLC 401(K) PSP	
b	Name of plan sponsor	CORNERSTONE DENTAL ASSOCIATES, PLLC	c EIN-PN 94-3385030-001
a	Plan name	CORSTONE CONTRACTORS, LLC 401(K) PLAN	
b	Name of plan sponsor	CORSTONE CONTRACTORS, LLC	c EIN-PN 04-3656793-001
a	Plan name	COX LAW GROUP, PLLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	COX LAW GROUP, PLLC	c EIN-PN 54-2043307-001
a	Plan name	CROWE PR PSC RETIREMENT PLAN	
b	Name of plan sponsor	CROWE PR PSC	c EIN-PN 66-0539048-001
a	Plan name	CSE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	CSE, INC.	c EIN-PN 54-0858951-001
a	Plan name	CUMBERLAND SECURITY BANK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CUMBERLAND SECURITY BANK	c EIN-PN 61-0192830-002
a	Plan name	CUSTOM DRYWALL, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CUSTOM DRYWALL, INC.	c EIN-PN 41-0951511-002
a	Plan name	CYBERMEDIA TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	CYBERMEDIA TECHNOLOGIES, INC.	c EIN-PN 54-1796167-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name D.W. WILBURN, INC. 401(K) PLAN	
b	Name of plan sponsor D.W. WILBURN, INC.	c EIN-PN 61-1101086-002
a	Plan name DANOSA CARIBBEAN, INC. RETIREMENT PLAN	
b	Name of plan sponsor DANOSA CARIBBEAN, INC.	c EIN-PN 66-0364368-001
a	Plan name DANVILLE RADIOLOGY ASSOCIATES, PSC PROFIT SHARING PLAN	
b	Name of plan sponsor DANVILLE RADIOLOGY ASSOCIATES, PSC	c EIN-PN 61-0990732-001
a	Plan name DAVID T. SPONG, D.D.S., P.A. 401(K) PSP AND TRUST	
b	Name of plan sponsor DAVID T. SPONG, D.D.S., P.A.	c EIN-PN 56-2116599-001
a	Plan name DAVIS ENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAVIS ENT SPECIALISTS, PC	c EIN-PN 27-4409223-001
a	Plan name DBW PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DBW PARTNERS, LLC D/B/A THE CAPITOL FORUM	c EIN-PN 45-5283842-001
a	Plan name DCI RETIREMENT PLAN	
b	Name of plan sponsor DUGGINS CONSTRUCTION, INC.	c EIN-PN 95-2868673-004
a	Plan name DEPOSITION TECHNOLOGIES INNOVATIONS LLC 401(K) PLAN	
b	Name of plan sponsor DEPOSITION TECHNOLOGIES INNOVATIONS LLC	c EIN-PN 26-4761637-001
a	Plan name DERMATOLOGY PARTNERS OF WESTERN NEW YORK, LLP 401(K) PLAN	
b	Name of plan sponsor DERMATOLOGY PARTNERS OF WESTERN NEW YORK, LLP	c EIN-PN 16-1588198-002
a	Plan name DEVERON USA LLC 401(K) PLAN	
b	Name of plan sponsor DEVERON USA LLC	c EIN-PN 47-4607356-001
a	Plan name DOOR WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor DOOR WORKS, INC.	c EIN-PN 22-2909079-001
a	Plan name DR. DAVID BRUENDERMAN SOLE PROPRIETOR 401(K) PLAN	
b	Name of plan sponsor DR. DAVID BRUENDERMAN SOLE PROPRIETOR	c EIN-PN 90-1250442-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name DR. KEVIN S. MIDKIFF 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KEVIN S. MIDKIFF, DDS, PC	c EIN-PN 54-1913083-001
a	Plan name DRM INDUSTRIES CORP RETIREMENT PLAN	
b	Name of plan sponsor DRM DIVERSAFAB CORP.	c EIN-PN 39-1407611-001
a	Plan name DUBOSE DESIGN GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUBOSE DESIGN GROUP, INC.	c EIN-PN 82-3754591-001
a	Plan name DUERR & CULLEN, CPAS, P.A. 401(K) PLAN	
b	Name of plan sponsor DUERR & CULLEN, CPAS, P.A. 401(K) PLAN	c EIN-PN 20-4421515-001
a	Plan name DUPACO COMMUNITY CREDIT UNION SALARY SAVINGS PLAN	
b	Name of plan sponsor DUPACO COMMUNITY CREDIT UNION	c EIN-PN 42-0674206-002
a	Plan name DURDEN BANKING COMPANY SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DURDEN BANKING COMPANY	c EIN-PN 58-0227930-003
a	Plan name DYKEMAN, INC. 401(K) PLAN	
b	Name of plan sponsor DYKEMAN, INC.	c EIN-PN 91-1011372-002
a	Plan name DYKSTRA WALKER RETIREMENT PLAN	
b	Name of plan sponsor DYKSTRA WALKER DESIGN GROUP, PA	c EIN-PN 22-3573537-001
a	Plan name DYNAQUIP CONTROLS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DYNAQUIP CONTROLS CORPORATION	c EIN-PN 43-1270005-001
a	Plan name E.A. BONIAKOWSKI AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor E.A. BONIAKOWSKI AGENCY, INC.	c EIN-PN 22-1897280-001
a	Plan name ECC TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ECC TECHNOLOGIES, INC.	c EIN-PN 16-1520781-001
a	Plan name ECOBEE LTD RETIREMENT PLAN	
b	Name of plan sponsor ECOBEE LTD.	c EIN-PN 26-3637082-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name EDGEWOOD ESTATES 401(K) PLAN	
b	Name of plan sponsor MENIFEE COUNTY NURSING HOME CORPORATION DBA EDGEWOOD ESTATES	c EIN-PN 61-1256465-001
a	Plan name EDUCATION LOAN FINANCE, INC. 401(K) PLAN	
b	Name of plan sponsor EDUCATION LOAN FINANCE, INC.	c EIN-PN 62-1586836-003
a	Plan name EDUCATIONAL CONSORTIUM FOR TELECOMMUNICATIONS SAVINGS 401(K)	
b	Name of plan sponsor EDUCATIONAL CONSORTIUM FOR TELECOMMUNICATIONS SAVINGS	c EIN-PN 23-2926779-001
a	Plan name EISEMAN LEVINE LEHRHAUPT & KAKOYIANNIS, PC NON-PARTNER PLAN	
b	Name of plan sponsor EISEMAN, LEVINE, LEHRHAUPT & KAKOYIANNIS, PC	c EIN-PN 13-3747246-003
a	Plan name EISEMAN, LEVINE, LEHRHAUPT & KAKOYIANNIS, P.C. 401(K) PLAN	
b	Name of plan sponsor EISEMAN, LEVINE, LEHRHAUPT & KAKOYIANNIS, PC	c EIN-PN 13-3747246-001
a	Plan name EJC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EJC SYSTEMS, INC.	c EIN-PN 22-3429664-001
a	Plan name ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor ELECTRIC SUPPLY CO., INC.	c EIN-PN 72-1110219-001
a	Plan name ELECTRONIC DESIGN & MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor ELECTRONIC DESIGN & MANUFACTURING COMPANY	c EIN-PN 54-1545370-002
a	Plan name EMBASSY NATIONAL BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EMBASSY NATIONAL BANK	c EIN-PN 20-8027539-001
a	Plan name ENDOCRINOLOGY ASSOCIATES, INC. 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor ENDOCRINOLOGY ASSOCIATES, INC.	c EIN-PN 54-1915570-001
a	Plan name ENVIRONMENTAL PLANT SERVICES, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor ENVIRONMENTAL PLANT SERVICES, INC.	c EIN-PN 20-3832936-001
a	Plan name EVOLVE STEEL 401(K) PLAN	
b	Name of plan sponsor EVOLVE STEEL, LLC	c EIN-PN 88-1369863-001

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	EXCHANGE BANKSHARES, INC. SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EXCHANGE BANKSHARES, INC.	c EIN-PN 58-1520384-002
a	Plan name	EXTREME HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	EXTREME HOLDINGS, INC.	c EIN-PN 23-2905311-001
a	Plan name	F. READ HOPKINS PEDIATRIC ASSOCIATES, INC. 401(K) PSP	
b	Name of plan sponsor	F. READ HOPKINS PEDIATRIC ASSOCIATES, INC.	c EIN-PN 54-0910545-001
a	Plan name	F.L. SHOWALTER, INC. 401(K) PLAN	
b	Name of plan sponsor	F.L. SHOWALTER, INC.	c EIN-PN 54-0378800-001
a	Plan name	FACILITY COMMISSIONING GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FACILITY COMMISSIONING GROUP, INC.	c EIN-PN 61-1320201-001
a	Plan name	FAIRPORT PEDIATRICS, LLP PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	FAIRPORT PEDIATRICS, LLP	c EIN-PN 16-1541272-001
a	Plan name	FAIRWOOD BRANDS LLC 401(K) PLAN	
b	Name of plan sponsor	FAIRWOOD BRANDS, LLC	c EIN-PN 92-0924070-001
a	Plan name	FALL HILL GASTROENTEROLOGY ASSOCIATES, LTD 401(K) PSP & TR	
b	Name of plan sponsor	FALL HILL GASTROENTEROLOGY ASSOCIATES, LTD	c EIN-PN 20-5641361-001
a	Plan name	FDABUNDANCE PEP	
b	Name of plan sponsor	AMERICANTCS FIDUCIARY SERVICES, LLC	c EIN-PN 93-2789379-060
a	Plan name	FEDERAL DEFENDER SERVICES EASTERN TENNESSEE, INC. RET PLAN	
b	Name of plan sponsor	FEDERAL DEFENDER SERVICES OF EASTERN TENNESSEE, INC.	c EIN-PN 62-1466907-001
a	Plan name	FEDERAL SHEET METAL WORKS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FEDERAL SHEET METAL WORKS, INC.	c EIN-PN 16-1151005-001
a	Plan name	FEDERATED LIGHTING, INC. 401(K) PLAN	
b	Name of plan sponsor	FEDERATED LIGHTING, INC.	c EIN-PN 52-1056198-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	FELLERS, INC. 401(K) PLAN	
b Name of plan sponsor	FELLERS, INC.	c EIN-PN 54-1215073-001
a Plan name	FERRADO MANAGEMENT 401(K) PLAN	
b Name of plan sponsor	FERRADO BAYVIEW, LLC	c EIN-PN 06-1804567-001
a Plan name	FINANCIAL DESIGNS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	FINANCIAL DESIGNS, INC.	c EIN-PN 54-1326454-001
a Plan name	FIRE SENTRY SYSTEMS INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	FIRE SENTRY SYSTEMS INC.	c EIN-PN 84-1424060-001
a Plan name	FIRST 5 SANTA CLARA COUNTY RETIREMENT PLAN	
b Name of plan sponsor	FIRST 5 SANTA CLARA COUNTY	c EIN-PN 77-0564932-001
a Plan name	FIRST BANK OF PIKE SECTION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	FIRST BANK OF PIKE	c EIN-PN 58-0153020-001
a Plan name	FIRST CHATHAM BANK SECTION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	FIRST CHATHAM BANK	c EIN-PN 14-1875480-001
a Plan name	FIRST FREEDOM BANK, INC. 401(K) PLAN	
b Name of plan sponsor	FIRST FREEDOM BANK	c EIN-PN 20-2432282-001
a Plan name	FIRST IC BANK 401(K) PLAN	
b Name of plan sponsor	FIRST IC BANK	c EIN-PN 58-2437755-001
a Plan name	FIRST NATIONAL BANK OF COFFEE COUNTY SECTION 401(K) PSP	
b Name of plan sponsor	FIRST NATIONAL BANK OF COFFEE COUNTY	c EIN-PN 58-1952884-001
a Plan name	FIRST NATIONAL BANK OF DECATUR COUNTY SECTION 401(K) PSP	
b Name of plan sponsor	FIRST NATIONAL BANK OF DECATUR COUNTY	c EIN-PN 20-0817464-001
a Plan name	FIRST NATIONAL BANK OF GRIFFIN FORMER EMPLOYEES 401(K) PLAN	
b Name of plan sponsor	FIRST NATIONAL BANK OF GRIFFIN	c EIN-PN 58-0446320-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FIRST NATIONAL BANK OF GRIFFIN SECTION 401(K) PSP	
b	Name of plan sponsor	FIRST NATIONAL BANK OF GRIFFIN	c EIN-PN 58-0446320-002
a	Plan name	FIRST SOUTHERN BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST SOUTHERN BANK	c EIN-PN 58-0379465-001
a	Plan name	FIRST STATE BANK OF BLAKELY DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	FIRST STATE BANK OF BLAKELY	c EIN-PN 58-0243255-002
a	Plan name	FIRST STATE BANK, WRENS, GEORGIA SECTION 401(K) PSP	
b	Name of plan sponsor	FIRST STATE BANK	c EIN-PN 58-0916969-001
a	Plan name	FLINT COMMUNITY BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLINT COMMUNITY BANK	c EIN-PN 20-3894060-001
a	Plan name	FOREHAND INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FOREHAND INCORPORATED	c EIN-PN 54-0487749-001
a	Plan name	FOREST HILL ENDODONTICS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DUSTIN S. REYNOLDS, D.D.S., P.C.	c EIN-PN 47-3667418-001
a	Plan name	FOUR COUNTY BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FOUR COUNTY BANK	c EIN-PN 58-0152825-001
a	Plan name	FOX WEBSTORES 401(K)	
b	Name of plan sponsor	FOX WEBSITES, LLC	c EIN-PN 56-2599683-001
a	Plan name	FRANKLIN BUILDING SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FRANKLIN GROUP, INC.	c EIN-PN 26-1690029-001
a	Plan name	FREDERICK BLOCK COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FREDERICK BLOCK CO., INC.	c EIN-PN 54-1281185-001
a	Plan name	FUJI VEGETABLE OIL, INC. 401(K) PLAN	
b	Name of plan sponsor	FUJI VEGETABLE OIL, INC	c EIN-PN 13-3412062-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FULCHER HAGLER LLP AFFILIATED SERVICE GROUP PS PLAN	
b	Name of plan sponsor	FULCHER HAGLER LLP	c EIN-PN 58-0617444-003
a	Plan name	FULFILLMENT CONCEPTS, INC. 401(K) PLAN	
b	Name of plan sponsor	FULFILLMENT CONCEPTS, INC.	c EIN-PN 61-1145162-001
a	Plan name	GAGNON, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GAGNON, INC.	c EIN-PN 39-0798850-002
a	Plan name	GASTROINTESTINAL ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GASTROINTESTINAL ASSOCIATES, LLP	c EIN-PN 43-1851309-001
a	Plan name	GENERAL EXCAVATION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GENERAL EXCAVATION, INC.	c EIN-PN 54-1223927-001
a	Plan name	GEORGIA BANKERS ASSOCIATION INSURANCE TRUST SECTION 401K PSP	
b	Name of plan sponsor	GEORGIA BANKERS ASSOCIATION INSURANCE TRUST	c EIN-PN 58-2241094-002
a	Plan name	GEORGIA BANKERS ASSOCIATION SECTION 401(K) PSP	
b	Name of plan sponsor	GEORGIA BANKERS ASSOCIATION, INC.	c EIN-PN 58-0254910-002
a	Plan name	GEORGIA FIRST BANK 401(K) PLAN	
b	Name of plan sponsor	GEORGIA FIRST BANK	c EIN-PN 58-0434125-002
a	Plan name	GEORGIA PRIMARY BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEORGIA PRIMARY BANK	c EIN-PN 26-1134886-001
a	Plan name	GHA AUTISM SUPPORTS 401(K) PLAN	
b	Name of plan sponsor	GHA AUTISM SUPPORTS	c EIN-PN 56-1218105-002
a	Plan name	GIERSCH & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GIERSCH & ASSOCIATES, INC.	c EIN-PN 94-2259021-001
a	Plan name	GLICKSTEIN LAVAL CARRIS, PA 401(K) PLAN	
b	Name of plan sponsor	GLICKSTEIN LAVAL CARRIS, PA	c EIN-PN 59-3094260-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GLOVE HOUSE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GLOVE HOUSE, INC.	c EIN-PN 16-0968676-002
a	Plan name	GMG EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	GARBER MANAGEMENT GROUP, INC.	c EIN-PN 38-1280515-003
a	Plan name	GO KIDS RETIREMENT PLAN	
b	Name of plan sponsor	GO KIDS, INC.	c EIN-PN 94-2535812-001
a	Plan name	GOLDEN VALLEY SEED 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GOLDEN VALLEY SEED	c EIN-PN 33-0816656-001
a	Plan name	GORMAN INDUSTRIES, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	GORMAN INDUSTRIES, INC.	c EIN-PN 85-0101522-001
a	Plan name	GOUGH, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	GOUGH, INC.	c EIN-PN 35-1787934-001
a	Plan name	GOWER CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOWER CORPORATION	c EIN-PN 57-0293575-001
a	Plan name	GREAT OAKS BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREAT OAKS BANK	c EIN-PN 58-0192860-002
a	Plan name	GREGORY FCA COMMUNICATIONS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREGORY FCA COMMUNICATIONS, LLC	c EIN-PN 84-3772482-001
a	Plan name	GUZIK TECHNICAL ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	GUZIK TECHNICAL ENTERPRISES	c EIN-PN 94-2829550-002
a	Plan name	H. RISCH, INC. 401(K) PLAN	
b	Name of plan sponsor	H. RISCH, INC.	c EIN-PN 16-0918280-001
a	Plan name	H.N. FUNKHOUSER & CO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	H.N. FUNKHOUSER & CO.	c EIN-PN 54-0832075-001

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	H.N. FUNKHOUSER & CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	H.N. FUNKHOUSER & CO.	c EIN-PN 54-0832075-001
a	Plan name	HARP ENTERPRISES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	HARP ENTERPRISES, INC.	c EIN-PN 61-0731661-001
a	Plan name	HARRINGTON & MAHONEY RETIREMENT PLAN	
b	Name of plan sponsor	HARRINGTON & MAHONEY	c EIN-PN 16-1469035-001
a	Plan name	HAWKINS CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAWKINS CONSTRUCTION, INC.	c EIN-PN 61-1256304-001
a	Plan name	HCI-EBS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HCI-EBS, INC.	c EIN-PN 52-2061078-001
a	Plan name	HEALTH HELP, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HEALTH HELP, INC.	c EIN-PN 61-0843731-001
a	Plan name	HEINE BROTHERS' COFFEE, INC. 401(K) PLAN	
b	Name of plan sponsor	HEINE BROTHERS COFFEE, INC.	c EIN-PN 61-1265448-001
a	Plan name	HENLEY LIMITED PARTNERSHIP 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	HENLEY LIMITED PARTNERSHIP	c EIN-PN 04-3416346-001
a	Plan name	HERE TO SERVE TD LLC 401(K) PLAN	
b	Name of plan sponsor	HERE TO SERVE TD LLC	c EIN-PN 81-3267059-001
a	Plan name	HERITAGE FARMS, LLC 401(K) PLAN	
b	Name of plan sponsor	HERITAGE FARMS, LLC	c EIN-PN 47-3237443-001
a	Plan name	HERMAN REEVES TEXTILE SHEET METAL, INC. 401(K) PLAN	
b	Name of plan sponsor	HERMAN REEVES TEXTILE SHEET METAL, INC.	c EIN-PN 56-1050026-002
a	Plan name	HIGH FALLS OPERATING CO. LOCAL #86 IBEW AFL-CIO PENSION PLAN	
b	Name of plan sponsor	HIGH FALLS OPERATING COMPANY, LLC	c EIN-PN 80-0301564-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HIGH FALLS OPERATING COMPANY, LLC HOURLY EMPLOYEES 401(K) PL	
b	Name of plan sponsor HIGH FALLS OPERATING COMPANY, LLC	c EIN-PN 80-0301564-004
a	Plan name HIGHLANDS PATHOLOGY CONSULTANTS, PC 401(K) PLAN	
b	Name of plan sponsor HIGHLANDS PATHOLOGY CONSULTANTS, PC	c EIN-PN 62-1758299-002
a	Plan name HILLSBORO AREA HOSPITAL EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor HILLSBORO AREA HOSPITAL, INC.	c EIN-PN 37-0661208-002
a	Plan name HI-TECH ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor HI-TECH ELECTRIC, INC.	c EIN-PN 84-1133443-001
a	Plan name HOLLAND, HENRY & BROMLEY, LLP SAVINGS PLAN	
b	Name of plan sponsor HOLLAND, BROMLEY, BARNHILL & BRETT, LLP	c EIN-PN 58-1941470-001
a	Plan name HOLSTEIN & ASSOCIATES, LLC PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor HOLSTEIN & ASSOCIATES LLC	c EIN-PN 27-3343960-001
a	Plan name HOMESEER TECHNOLOGIES EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor HOMESEER TECHNOLOGIES, LLC	c EIN-PN 02-0506524-001
a	Plan name HOOT & HOLLER ARCHERY, LLC 401(K) PLAN	
b	Name of plan sponsor HOOT & HOLLER ARCHERY, LLC	c EIN-PN 27-1755478-001
a	Plan name HOSPICE OF LAKE CUMBERLAND 401(K) PLAN	
b	Name of plan sponsor HOSPICE OF LAKE CUMBERLAND	c EIN-PN 31-1118731-001
a	Plan name HOSPITALIST ASSOCIATES OF VIRGINIA 401(K) PSP AND TRUST	
b	Name of plan sponsor HOSPITALIST ASSOCIATES OF VIRGINIA, P.C.	c EIN-PN 81-1727678-001
a	Plan name HUMAN TECHNOLOGIES CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor HUMAN TECHNOLOGIES CORPORATION	c EIN-PN 15-0571056-001
a	Plan name HUNT-EAS 401K PLAN	
b	Name of plan sponsor HUNT ENGINEERS, ARCHITECTS, LAND SURVEYORS & L ARCHITECT, D.	c EIN-PN 16-1158004-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name I. B. MOORE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor I.B. MOORE COMPANY, LLC	c EIN-PN 20-2277461-001
a	Plan name IBSRE, INC. 401(K) PLAN	
b	Name of plan sponsor IBSRE, INC	c EIN-PN 22-2218561-001
a	Plan name IKE'S CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor IKES CONSTRUCTION, INC.	c EIN-PN 56-1249079-001
a	Plan name ILLINOIS ROAD CONTRACTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ILLINOIS ROAD CONTRACTORS, INC.	c EIN-PN 37-0652971-002
a	Plan name ILMO PRODUCTS COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ILMO PRODUCTS COMPANY	c EIN-PN 37-0667434-002
a	Plan name IMBUS ROOFING CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IMBUS ROOFING CO., INC.	c EIN-PN 31-0532384-001
a	Plan name IMPERIAL PREMIX LLC 401(K) PLAN	
b	Name of plan sponsor IMPERIAL PREMIX LLC	c EIN-PN 71-0925629-001
a	Plan name IMPERIAL VALLEY EDC RETIREMENT PLAN	
b	Name of plan sponsor IMPERIAL VALLEY ECONOMIC DEVELOPMENT CORPORATION	c EIN-PN 33-0873809-001
a	Plan name INDUSTRIAL BOLT & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INDUSTRIAL BOLT AND SUPPLY, INC.	c EIN-PN 91-1070722-001
a	Plan name INTEGRITY ELECTRICAL SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor INTEGRITY ELECTRICAL SOLUTIONS, LLC	c EIN-PN 27-2235121-001
a	Plan name INTEGRITY HOME MORTGAGE CORP 401(K) PLAN	
b	Name of plan sponsor INTEGRITY HOME MORTGAGE CORPORATION	c EIN-PN 55-0873456-001
a	Plan name INTEGRITY HOME MORTGAGE CORP. 401(K) PLAN	
b	Name of plan sponsor INTEGRITY HOME MORTGAGE	c EIN-PN 55-0873456-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	INTERIM HEALTHCARE RETIREMENT PLAN	
b Name of plan sponsor	INTERIM HEALTHCARE OF THE NORTHEAST, INC.	c EIN-PN 02-0345499-001
a Plan name	INTERREX, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	INTERREX, LLC	c EIN-PN 26-0730010-001
a Plan name	INTRAVENE, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	INFECTIOUS DISEASE ASSOCIATES OF CENTRAL VIRGINIA, LLC	c EIN-PN 81-4008455-001
a Plan name	IRISH ELECTRIC CORP. RETIREMENT PLAN	
b Name of plan sponsor	IRISH ELECTRIC CORP.	c EIN-PN 20-1529180-001
a Plan name	IV FOOD BANK 401(K) PLAN	
b Name of plan sponsor	IMPERIAL VALLEY FOOD BANK	c EIN-PN 33-0633364-001
a Plan name	JACK'S TRUCK RENTAL 401(K) PLAN	
b Name of plan sponsor	JACKS TRUCK RENTAL	c EIN-PN 43-1736434-001
a Plan name	JAMES R. CORCORAN, D.D.S., P.A. 401(K) PSP & TRUST	
b Name of plan sponsor	JAMES R. CORCORAN, D.D.S., P.A.	c EIN-PN 27-1437674-001
a Plan name	JEAS, LLC 401(K) PLAN	
b Name of plan sponsor	JEAS, LLC	c EIN-PN 26-4392160-001
a Plan name	JENKINS & MORROW, PLLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	JENKINS & MORROW, PLLC	c EIN-PN 20-4331128-001
a Plan name	JOE HALL ROOFING, INC. RETIREMENT PLAN	
b Name of plan sponsor	JOE HALL ROOFING, INC.	c EIN-PN 75-2293871-001
a Plan name	KALAVALLI EZEKIEL PROFIT SHARING PLAN	
b Name of plan sponsor	KALAVALLI EZEKIEL, MD	c EIN-PN 75-2694562-001
a Plan name	KATHERINE CURTIS WINDHAM DMD PLLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KATHERINE CURTIS WINDHAM DMD PLLC DBA PEDIATRIC DENTISTRY	c EIN-PN 71-0936864-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name KEITHLY-WILLIAMS SEEDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEITHLY-WILLIAMS SEEDS, INC.	c EIN-PN 95-3628190-001
a	Plan name KELLER ASSOCIATES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor KELLER ASSOCIATES, INC.	c EIN-PN 45-0574227-001
a	Plan name KELLEY-MACKENZIE AUTO PARTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KELLEY-MACKENZIE AUTO PARTS, INC.	c EIN-PN 02-0329685-001
a	Plan name KELLOGG SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor KELLOGG SUPPLY COMPANY	c EIN-PN 56-0481994-001
a	Plan name KENTUCKY ANESTHESIA PROVIDER SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENTUCKY ANESTHESIA PROVIDER SOLUTIONS, INC.	c EIN-PN 82-3759592-001
a	Plan name KENTUCKY MEDICAL BILLING ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor KENTUCKY MEDICAL BILLING ASSOCIATES, INC.	c EIN-PN 81-2892727-001
a	Plan name KERRICK BACHERT PSC 401(K) PLAN	
b	Name of plan sponsor KERRICK BACHERT PSC	c EIN-PN 27-1392446-001
a	Plan name KIDNEY ASSOCIATES OF THE TRISTATE RETIREMENT PLAN	
b	Name of plan sponsor KIDNEY ASSOCIATES OF THE TRISTATE	c EIN-PN 84-3046513-001
a	Plan name KINDERHOOK INDUSTRIES, L.L.C. 401(K) PLAN	
b	Name of plan sponsor KINDERHOOK INDUSTRIES, L.L.C.	c EIN-PN 03-0516012-001
a	Plan name KINZER AND AFFILIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KINZER DRILLING COMPANY, LLC	c EIN-PN 20-1185513-002
a	Plan name KIRBY MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor KIRBY MEDICAL CENTER	c EIN-PN 37-0661215-003
a	Plan name KLAUSNER & KAUFMAN, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KLAUSNER & KAUFMAN, P. A.	c EIN-PN 65-0774883-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name KNOXVILLE EYE SURGERY CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KNOXVILLE EYE SURGERY CENTER, LLC DBA TENNESSEE VALLEY EYE C	c EIN-PN 62-1680280-001
a	Plan name KRIEG CONSTRUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor KRIEG CONSTRUCTION, INC.	c EIN-PN 91-1055270-001
a	Plan name L & S METALS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor L & S METALS, INC.	c EIN-PN 16-1117310-001
a	Plan name LABORATORY ALLIANCE OF CENTRAL NEW YORK 401(K) PLAN	
b	Name of plan sponsor LABORATORY ALLIANCE OF CENTRAL NEW YORK	c EIN-PN 16-1536202-001
a	Plan name LAGCO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAGCO, INC.	c EIN-PN 61-0964578-002
a	Plan name LAKE CUMBERLAND ENDODONTICS, PSC RETIREMENT PLAN	
b	Name of plan sponsor LAKE CUMBERLAND ENDODONTICS, PSC	c EIN-PN 32-0078470-001
a	Plan name LAKE CUMBERLAND PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAKE CUMBERLAND PEDIATRICS, PLLC	c EIN-PN 81-5179411-001
a	Plan name LAKE ONTARIO FRUIT INC 401(K) PSP & TRUST	
b	Name of plan sponsor LAKE ONTARIO FRUIT INC.	c EIN-PN 16-1168819-001
a	Plan name LANCE S. FERGUSON, M.D., P.S.C. PROFIT SHARING PLAN	
b	Name of plan sponsor LANCE S. FERGUSON, M.D., P.S.C.	c EIN-PN 61-1078431-001
a	Plan name LANNING CHEMICAL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor LANNING CHEMICAL COMPANY, INC.	c EIN-PN 61-1035196-001
a	Plan name LAW OFFICE OF JAMES F. ROBERTS & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor LAW OFFICE OF JAMES F. ROBERTS & ASSOCIATES, APC	c EIN-PN 61-1579658-001
a	Plan name LAWTON INSURANCE 401(K) PLAN	
b	Name of plan sponsor SOLUTIONS FIRST, LLC D/B/A LAWTON INSURANCE	c EIN-PN 27-0710931-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LC ENGINEERING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LC ENGINEERING CONSULTANTS, INC.	c EIN-PN 82-3051305-001
a	Plan name	LECHASE COMPANIES 401(K) SALARY SAVINGS TRUST	
b	Name of plan sponsor	LECHASE CONSTRUCTION SERVICES, LLC	c EIN-PN 16-1512277-001
a	Plan name	LEGACY CHRISTIAN ACADEMY 401(K) PLAN	
b	Name of plan sponsor	LEGACY CHRISTIAN ACADEMY	c EIN-PN 41-1868252-002
a	Plan name	LEGACY LAUNDRY, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	LEGACY LAUNDRY, INC.	c EIN-PN 93-2596368-001
a	Plan name	LEGACY STATE BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEGACY STATE BANK	c EIN-PN 20-1835799-001
a	Plan name	LEO POLOSAJIAN MD INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LEO POLOSAJIAN MD INC.	c EIN-PN 20-8631461-001
a	Plan name	LEONARD ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	LEONARD ASSOCIATES MFG, LLC	c EIN-PN 71-0880186-001
a	Plan name	LEWISBURG BANKING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEWISBURG BANKING COMPANY	c EIN-PN 61-0258730-001
a	Plan name	LEXAIR, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEXAIR, INC.	c EIN-PN 61-0916034-002
a	Plan name	LISEGA, INC. 401(K) PLAN	
b	Name of plan sponsor	LISEGA, INC.	c EIN-PN 02-0409118-001
a	Plan name	LKS / UCL 401K PLAN	
b	Name of plan sponsor	LITTLE KENTUCKY SMOKEHOUSE, LLC	c EIN-PN 36-4505867-001
a	Plan name	LOCKPORT STEEL FABRICATORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LOCKPORT STEEL FABRICATORS, LLC	c EIN-PN 26-0082100-001

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	LOUISVILLE DOWNTOWN DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor	LOUISVILLE DOWNTOWN MANAGEMENT DISTRICT	c EIN-PN 61-1213776-001
a	Plan name	LOYAL TRUST BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LOYAL TRUST BANK	c EIN-PN 84-2849397-001
a	Plan name	LPTEK 401(K) PLAN	
b	Name of plan sponsor	LPTEK, INC.	c EIN-PN 83-2729538-001
a	Plan name	LUMIMOVE, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LUMIMOVE, INC DBA WPC TECHNOLOGIES	c EIN-PN 43-1886352-002
a	Plan name	LYNOAKEN FARMS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	LYNOAKEN FARMS, INC.	c EIN-PN 16-0833340-002
a	Plan name	M.H. MASONRY & ASSOCIATES, INC. 401(K) PSP AND TRUST	
b	Name of plan sponsor	M.H. MASONRY & ASSOCIATES, INC.	c EIN-PN 45-5017210-001
a	Plan name	MABRY FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MABRY FAMILY DENTISTRY	c EIN-PN 88-3869732-001
a	Plan name	MACHINISTS, INC. 401(K) SAVINGS PLAN & TRUST	
b	Name of plan sponsor	MACHINISTS, INC.	c EIN-PN 91-0694678-002
a	Plan name	MADJAC FARMS 401(K) PLAN	
b	Name of plan sponsor	MADJAC FARMS, INC.	c EIN-PN 33-0860019-001
a	Plan name	MAINARDI COMPANIES 401(K) PLAN	
b	Name of plan sponsor	MAINARDI MANAGEMENT CO.	c EIN-PN 22-3395779-002
a	Plan name	MARION N. WILSON, JR., DDS, PC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MARION N. WILSON, JR., DDS, PC	c EIN-PN 62-0948204-001
a	Plan name	MARK E. HEWLETT, DMD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARK E. HEWLETT, DMD	c EIN-PN 61-1304665-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MARTELL CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARTELL CONSTRUCTION, INC.	c EIN-PN 39-1016094-002
a	Plan name	MAYNE FRAMING SUPPLY 401(K) PLAN	
b	Name of plan sponsor	MAYNE FRAMING SUPPLY, INC.	c EIN-PN 55-0713322-001
a	Plan name	MECHANICAL SERVICE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MECHANICAL SERVICE CORPORATION	c EIN-PN 22-2196125-001
a	Plan name	MEDEMERGE, P.A. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MEDEMERGE, LLC	c EIN-PN 03-0382501-001
a	Plan name	MERCHANT'S PACT LLC 401(K) PLAN	
b	Name of plan sponsor	MERCHANTS PACT LLC	c EIN-PN 90-0816071-001
a	Plan name	MERRIMAN LEGANDO & WILLIAMS LLC 401(K) PSP & TRUST	
b	Name of plan sponsor	MERRIMAN LEGANDO & WILLIAMS LLC	c EIN-PN 84-2302733-001
a	Plan name	METIRI ANALYTICAL GROUP, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	METIRI ANALYTICAL GROUP, INC.	c EIN-PN 88-1973800-001
a	Plan name	METRO CITY BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	METRO CITY BANK	c EIN-PN 76-0819027-001
a	Plan name	MICHAEL WILLIAM MORDAH CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	MICHAEL WILLIAM MORDAH CONSTRUCTION	c EIN-PN 81-3790248-003
a	Plan name	MID ATLANTIC RECEPTIVE SERVICES, LLC 401(K) PSP	
b	Name of plan sponsor	MID ATLANTIC RECEPTIVE SERVICES, LLC	c EIN-PN 62-1715920-001
a	Plan name	MID IOWA TOOLS, INC. 401(K) PLAN	
b	Name of plan sponsor	MID IOWA TOOLS, INC.	c EIN-PN 42-1029629-001
a	Plan name	MID SOUTH SALES, LLC 401(K) PLAN	
b	Name of plan sponsor	MID SOUTH SALES, LLC	c EIN-PN 26-2874084-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name MID-ATLANTIC CAPITAL GROUP INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MID-ATLANTIC CAPITAL GROUP INC.	c EIN-PN 25-1442940-001
a	Plan name MIDLAND INFORMATION SYSTEMS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor MIDLAND INFORMATION SYSTEMS, INC.	c EIN-PN 59-3495611-001
a	Plan name MID-SOUTH BUILDERS, INC. SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MID-SOUTH BUILDERS, INC.	c EIN-PN 58-1399633-001
a	Plan name MIDWEST EMBROIDERY 401(K) PLAN	
b	Name of plan sponsor MIDWEST EMBROIDERY THREADS, INC.	c EIN-PN 43-1629728-001
a	Plan name MIKE ABATTI FARMS, LLC 401(K) PLAN	
b	Name of plan sponsor MIKE ABATTI FARMS, LLC	c EIN-PN 77-0510341-001
a	Plan name MIKE E. GONCE, M.D., P.A. RETIREMENT PLAN	
b	Name of plan sponsor MIKE E. GONCE, M.D., P.A.	c EIN-PN 73-1508004-001
a	Plan name MIKE'S SUPERIOR DENTAL LAB 401(K) PLAN	
b	Name of plan sponsor MIKES SUPERIOR DENTAL LAB	c EIN-PN 27-1283265-001
a	Plan name MILLER, MAYER, SULLIVAN & STEVENS, LLP 401(K) PSP	
b	Name of plan sponsor MILLER, MAYER, SULLIVAN & STEVENS, LLP	c EIN-PN 61-0866166-001
a	Plan name MOHAWK VALLEY COMMUNITY ACTION AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor MOHAWK VALLEY COMMUNITY ACTION AGENCY, INC.	c EIN-PN 16-0918009-001
a	Plan name MOORE HEATING AND AIR CONDITIONING, INC. 401(K) PLAN	
b	Name of plan sponsor MOORE HEATING AND AIR CONDITIONING, INC.	c EIN-PN 84-1231602-001
a	Plan name MORTGAGE INVESTORS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MORTGAGE INVESTORS GROUP	c EIN-PN 83-0310268-001
a	Plan name MOTIVAIR CORPORATION PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MOTIVAIR CORPORATION	c EIN-PN 16-1384428-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name MOULTRIE BANK & TRUST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOULTRIE BANK & TRUST	c EIN-PN 87-4732083-001
a	Plan name MOUNTAIN STATE WASTE 401(K) PLAN	
b	Name of plan sponsor RGL INC. DBA MOUNTAIN STATE WASTE	c EIN-PN 45-3856546-001
a	Plan name MTC FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor MTC FEDERAL CREDIT UNION	c EIN-PN 57-0638331-001
a	Plan name N.E. EQUINE 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND EQUINE MEDICAL & SURGICAL CENTER, PLLC	c EIN-PN 20-2326123-001
a	Plan name NAGEL TRUCK. & MAT. INC, AXLE EQUIP. SALES CO. EE 401K PLAN	
b	Name of plan sponsor NAGEL TRUCKING & MATERIALS, INC.	c EIN-PN 36-3499610-001
a	Plan name NALLY & HAMILTON ENTERPRISES, INC. 401(K) PSP	
b	Name of plan sponsor NALLY & HAMILTON ENTERPRISES, INC.	c EIN-PN 61-0861287-001
a	Plan name NATIONAL OUT-OF-HOME MESSAGE SYSTEMS, INC. EE SVGS & INV P	
b	Name of plan sponsor NATIONAL OUT-OF-HOME MESSAGE SYSTEMS, INC.	c EIN-PN 23-3001029-001
a	Plan name NBT, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor NBT, INC.	c EIN-PN 82-0465911-001
a	Plan name NELSON AND HAMMONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NELSON AND HAMMONS	c EIN-PN 72-1060919-001
a	Plan name NEPHROLOGY ASSOCIATES OF LEXINGTON, PSC 401(K) PSP	
b	Name of plan sponsor NEPHROLOGY ASSOCIATES OF LEXINGTON, PSC	c EIN-PN 61-0996059-003
a	Plan name NEURODIAGNOSTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEURODIAGNOSTICS, INC.	c EIN-PN 61-1033603-001
a	Plan name NEW JERSEY PEDIATRIC AND ADOLESCENT CARE LLC 401(K) PLAN	
b	Name of plan sponsor NEW JERSEY PEDIATRIC AND ADLOLECENT CARE, LLC	c EIN-PN 46-3393659-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NEW YORK STATE WEATHERIZATION DIRECTORS' ASSOCIATION 401(K)	
b	Name of plan sponsor	NEW YORK STATE WEATHERIZATION DIRECTORS ASSOCIATION	c EIN-PN 22-2712338-001
a	Plan name	NEWPORT UTILITIES BOARD 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NEWPORT UTILITIES BOARD	c EIN-PN 62-6000384-002
a	Plan name	NFGI 401(K) PLAN	
b	Name of plan sponsor	NFGI HOLDING CORP.	c EIN-PN 46-4196781-001
a	Plan name	NORTH OGDEN ANIMAL HOSPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTH OGDEN ANIMAL HOSPITAL, INC.	c EIN-PN 20-0547726-002
a	Plan name	NORTHEAST LOUISIANA KIDNEY SPECIALISTS, LLC 401(K) PLAN	
b	Name of plan sponsor	NORTHEAST LOUISIANA KIDNEY SPECIALISTS, LLC	c EIN-PN 72-1427202-001
a	Plan name	NOVA LIFESTYLE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	NOVA LIFESTYLE, INC.	c EIN-PN 90-0746568-001
a	Plan name	NUNERY & CALL, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NUNERY & CALL, PLLC	c EIN-PN 20-4886215-001
a	Plan name	OAKWOOD SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OAKWOOD SOLUTIONS, LLC	c EIN-PN 39-1883466-001
a	Plan name	OCONEE STATE BANK 401(K) PLAN	
b	Name of plan sponsor	OCONEE STATE BANK	c EIN-PN 58-0827782-001
a	Plan name	OFF ROAD EQUIPMENT PARTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OFF ROAD EQUIPMENT PARTS, INC.	c EIN-PN 62-1803738-001
a	Plan name	OFG USA LLC SAVINGS PLAN	
b	Name of plan sponsor	OFG USA LLC	c EIN-PN 82-3062950-001
a	Plan name	OMNI TECHNOLOGIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	OMNI TECHNOLOGIES, INC.	c EIN-PN 61-0955524-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ONE ANESTHESIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ONE ANESTHESIA, PLLC	c EIN-PN 61-0841763-002
a	Plan name OPTIC GALLERY 401(K) PLAN	
b	Name of plan sponsor CHEN KUO YOUNG, O.D. INC.	c EIN-PN 88-0372395-001
a	Plan name ORIENTAL BANK CODA PROFIT SHARING PLAN	
b	Name of plan sponsor ORIENTAL BANK	c EIN-PN 66-0259436-002
a	Plan name OWENSBORO PEDIATRICS, PLLC 401(K) PLAN	
b	Name of plan sponsor OWENSBORO PEDIATRICS PLLC	c EIN-PN 61-1299446-002
a	Plan name OWENSBORO PEDIATRICS, PLLC 401(K) PLAN	
b	Name of plan sponsor OWENSBORO PEDIATRICS, PLLC	c EIN-PN 61-1299446-002
a	Plan name PACIFIC STORAGE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC STORAGE COMPANY	c EIN-PN 94-0745450-002
a	Plan name PARKSIDE MEDICAL ANESTHESIA, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor PARKSIDE MEDICAL ANESTHESIA ASSOCIATES, P.C.	c EIN-PN 16-1406691-002
a	Plan name PATHOLOGY SPECIALISTS OF NEW ENGLAND, P.A. 401(K) RET PLAN	
b	Name of plan sponsor PATHOLOGY SPECIALISTS OF NEW ENGLAND, P.A.	c EIN-PN 02-0354192-002
a	Plan name PAUL M. SCHMIDT, D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor PAUL M. SCHMIDT, D.D.S., P.C.	c EIN-PN 26-4011944-001
a	Plan name PAUL R. STANOVICK, D.D.S., P.C. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor PAUL R. STANOVICK, D.D.S., P.C.	c EIN-PN 54-1282900-001
a	Plan name PEACH STATE BANK AND TRUST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PEACH STATE BANK AND TRUST	c EIN-PN 75-3182591-001
a	Plan name PEDIATRIC ASSOCIATES OF STOCKTON 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PEDIATRIC ASSOCIATES OF STOCKTON	c EIN-PN 91-1845990-003

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 PEOPLESSOUTH BANCSHARES, INC. SECTION 401(K) PROFIT SHARING	
b	Name of plan sponsor PEOPLESSOUTH BANK	c EIN-PN 58-1928833-002
a	Plan name PERIODONTAL HEALTH ASSOCIATES 401(K) PSP & TRUST	
b	Name of plan sponsor LYNCHBURG PERIODONTICS PLLC	c EIN-PN 61-2221951-001
a	Plan name PERMANENT EQUITY 401(K) PLAN	
b	Name of plan sponsor SOLUTION HOLDINGS, L.L.C. DBA PERMANENT EQUITY	c EIN-PN 20-8705924-001
a	Plan name PERMANENT EQUITY 401(K) PLAN	
b	Name of plan sponsor SOLUTIONS HOLDINGS, LLC	c EIN-PN 20-8705924-001
a	Plan name PERSON ASSOCIATES, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor PERSON ASSOCIATES, LLC	c EIN-PN 72-1547381-001
a	Plan name PHILIP RIZK, M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRIZK, LLC	c EIN-PN 47-3087090-001
a	Plan name PIKE COMPANIES LIMITED 401(K) SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor PIKE CONSTRUCTION SERVICES, INC.	c EIN-PN 16-1279112-001
a	Plan name PINNACLE APPLIANCE DISTRIBUTORS, INC. 401(K) PLAN	
b	Name of plan sponsor PINNACLE APPLIANCE DISTRIBUTORS, INC.	c EIN-PN 20-3549851-001
a	Plan name PJ COX LAW, PA 401(K) PLAN	
b	Name of plan sponsor PJ COX LAW, P.A.	c EIN-PN 87-3052862-001
a	Plan name PLANTERS AND CITIZENS BANK SECTION 401(K) PSP	
b	Name of plan sponsor PLANTERS AND CITIZENS BANK	c EIN-PN 58-0388060-004
a	Plan name PLUS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PLUS, INC.	c EIN-PN 57-0380742-001
a	Plan name PMR TECHNICAL, LLC 401(K) PLAN	
b	Name of plan sponsor PMR TECHNICAL, LLC	c EIN-PN 26-0631807-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PNEU-DRAULICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PNEU-DRAULICS, INC.	c EIN-PN 61-1083014-001
a	Plan name	POCKET RADAR, INC. 401(K) PLAN	
b	Name of plan sponsor	POCKET RADAR INCORPORATED	c EIN-PN 27-1175825-001
a	Plan name	POLYRAM 401(K) PLAN	
b	Name of plan sponsor	POLYRAM COMPOUNDS, LLC	c EIN-PN 82-1486979-001
a	Plan name	PORTER-STARKE SERVICES, INC. 401(K) PSP	
b	Name of plan sponsor	PORTER-STARKE SERVICES, INC	c EIN-PN 35-1330771-001
a	Plan name	POTTER HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	POTTER HOLDINGS, INC.	c EIN-PN 75-1868716-002
a	Plan name	PRECISION STORE WORKS PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION STORE WORKS, LLC	c EIN-PN 02-0734414-001
a	Plan name	PRESTONWOOD LANDSCAPE 401(K) PLAN	
b	Name of plan sponsor	PRESTONWOOD LANDSCAPE SERVICES, LLC	c EIN-PN 75-2841715-001
a	Plan name	PRIMARY HEALTH PARTNERS 401(K) PLAN	
b	Name of plan sponsor	PRIMARY HEALTH PARTNERS	c EIN-PN 20-1427189-001
a	Plan name	PROACTIVE THERAPY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROACTIVE THERAPY, INC.	c EIN-PN 20-3290131-002
a	Plan name	PROCESSORS MARKETING & RESEARCH, INC. 401(K) PSP	
b	Name of plan sponsor	PROCESSORS MARKETING & RESEARCH, INC.	c EIN-PN 20-1101967-001
a	Plan name	PROJECT C.A.M.P., INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PROJECT C.A.M.P., INC. DBA THE CENTER FOR COURAGEOUS KIDS	c EIN-PN 20-1789905-001
a	Plan name	PROTEGO USA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROTEGO USA, INC.	c EIN-PN 03-0425309-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	QB CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	QB CORPORATION	c EIN-PN 82-0332671-002
a	Plan name	QB CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	QB CORPORATION	c EIN-PN 82-0332671-002
a	Plan name	QUANE MCCOLL, PLLC 401(K) PLAN	
b	Name of plan sponsor	QUANE MCCOLL, PLLC	c EIN-PN 46-2717936-001
a	Plan name	R. A. DUDLEY NURSERIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	R. A. DUDLEY NURSERIES, INC.	c EIN-PN 58-1344003-001
a	Plan name	R. B. PHARR & ASSOCIATES, P. A. 401(K) PLAN	
b	Name of plan sponsor	R. B. PHARR & ASSOCIATES, P.A.	c EIN-PN 56-1994161-002
a	Plan name	RAMPART ENTERPRISES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	RAMPART ENTERPRISES, INC.	c EIN-PN 68-0339742-001
a	Plan name	RBS BOOKKEEPING 401(K) PLAN	
b	Name of plan sponsor	RIOJAS BOOKKEEPING SYSTEMS	c EIN-PN 94-3423475-001
a	Plan name	RBT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RBT SERVICES, INC.	c EIN-PN 31-1560026-001
a	Plan name	RENEWAL BY ANDERSEN 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HERITAGE INSTALLATIONS I, LLC DBA RENEWAL BY ANDERSEN	c EIN-PN 01-0795076-001
a	Plan name	REVIVE SPINE AND PAIN CENTER, PC 401(K) PLAN	
b	Name of plan sponsor	REVIVE SPINE AND PAIN CENTER, PC	c EIN-PN 92-0249500-001
a	Plan name	REYCO SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REYCO SYSTEMS, INC.	c EIN-PN 82-0526125-001
a	Plan name	RHENUS AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	RHENUS AUTOMOTIVE US, LLC	c EIN-PN 30-0994261-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	RICHARD A. MCGAHAN, MD, PSC PROFIT SHARING PLAN	
b Name of plan sponsor	RICHARD A. MCGAHAN, MD, PSC	c EIN-PN 61-1189312-002
a Plan name	RILEY DENTAL ASSOCIATES 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MARBRI ENTERPRISES, INC. DBA RILEY DENTAL ASSOCIATES	c EIN-PN 33-1830312-001
a Plan name	RIVER CITY BANK SECTION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	RIVER CITY BANK	c EIN-PN 20-4566095-001
a Plan name	RIVERVIEW INTERNATIONAL TRUCKS, LLC 401(K) PLAN	
b Name of plan sponsor	RIVERVIEW INTERNATIONAL TRUCKS, LLC	c EIN-PN 20-2283722-001
a Plan name	RMS COMPANIES LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	RMS COMPANIES LLC	c EIN-PN 40-7648462-001
a Plan name	S & S MACHINE, INC. 401(K) PLAN AND TRUST	
b Name of plan sponsor	S & S MACHINE, INC.	c EIN-PN 54-1345300-001
a Plan name	SATTLER MACHINE PRODUCTS INC 401(K) PSP AND TRUST	
b Name of plan sponsor	SATTLER MACHINE PRODUCTS INC	c EIN-PN 34-1331913-001
a Plan name	SCHUH CONSTRUCTION, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	SCHUH CONSTRUCTION, INC.	c EIN-PN 39-1268988-001
a Plan name	SCOTT DAVIDSON DDS PROFIT SHARING PLAN	
b Name of plan sponsor	SCOTT DAVIDSON DDS	c EIN-PN 75-2254334-001
a Plan name	SELERIX SYSTEMS, INC.	
b Name of plan sponsor	SELERIX SYSTEMS, INC.	c EIN-PN 80-0236699-001
a Plan name	SELTEC SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	3A INCORPORATED	c EIN-PN 39-1909069-001
a Plan name	SERENITY MEMORIAL GROUP 401(K) PLAN	
b Name of plan sponsor	JH INDUSTRIES, INC.	c EIN-PN 27-3353002-001

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	SERVPRO 401(K)
b	Name of plan sponsor	ROBARB, LLC
c	EIN-PN	26-0786948-001
a	Plan name	SEVEN OAKS SUPPLY HARDWARE DIV., INC. EMPLOYEES 401(K) PLAN
b	Name of plan sponsor	SEVEN OAKS SUPPLY HARDWARE DIVISION, INC.
c	EIN-PN	56-1645370-001
a	Plan name	SEWELL AND SEWELL ARCHITECTS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SEWELL AND SEWELL ARCHITECTS
c	EIN-PN	45-0829590-002
a	Plan name	SGB ARCHITECTS, LLC 401(K) SAFE HARBOR PLAN
b	Name of plan sponsor	SGB ARCHITECTS, LLC
c	EIN-PN	72-1285670-002
a	Plan name	SHASTA HEAD START CHILD DEVELOPMENT, INC. 401(K) PLAN
b	Name of plan sponsor	SHASTA COUNTY HEAD START CHILD DEVELOPMENT, INC.
c	EIN-PN	23-7281925-001
a	Plan name	SITEX CORP TEAM MEMBERS RETIREMENT PLAN
b	Name of plan sponsor	SITEX CORPORATION
c	EIN-PN	61-0623806-001
a	Plan name	SKYLINE FIRE 401(K) PLAN
b	Name of plan sponsor	SKYLINE FIRE SOLUTIONS
c	EIN-PN	83-1721735-001
a	Plan name	SMITH VILLAGE RETIREMENT PLAN
b	Name of plan sponsor	BRUCE V. SMITH, INC.
c	EIN-PN	23-1686693-002
a	Plan name	SNYDER PACKAGING, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SNYDER PACKAGING, INC.
c	EIN-PN	56-0846272-001
a	Plan name	SOLOMON COLORS, INC. SALARY DEFERRAL PLAN
b	Name of plan sponsor	SOLOMON COLORS, INC.
c	EIN-PN	37-1117140-001
a	Plan name	SONNY MERRYMAN, INC. 401(K) PLAN
b	Name of plan sponsor	SONNY MERRYMAN, INC.
c	EIN-PN	54-0806176-003
a	Plan name	SONOMA MARIN 401(K) PLAN
b	Name of plan sponsor	MARIN SANITARY SERVICE, INC.
c	EIN-PN	94-1520192-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SOUTH GEORGIA BANKING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTH GEORGIA BANKING COMPANY	c EIN-PN 58-1022353-001
a	Plan name SOUTHWEST PROTECTIVE SERVICES 401(K) PSP AND TRUST	
b	Name of plan sponsor SOUTHWEST PROTECTIVE SERVICES	c EIN-PN 47-4649951-001
a	Plan name SOWER OF SEEDS 401(K) PLAN	
b	Name of plan sponsor SOWER OF SEEDS INTERNATIONAL MINISTRIES, INC.	c EIN-PN 87-0657642-001
a	Plan name SPERO FINANCIAL FEDERAL CREDIT UNION 401(K)/PSP	
b	Name of plan sponsor SPERO FINANCIAL FEDERAL CREDIT UNION	c EIN-PN 57-0310635-003
a	Plan name STAR CHARGE AMERICAS CORP. 401(K) PLAN	
b	Name of plan sponsor STARCHARGE AMERICAS CORP	c EIN-PN 87-2895709-001
a	Plan name STERLING BLOWER COMPANY TAX SHELTER SAVINGS PLAN	
b	Name of plan sponsor STERLING BLOWER COMPANY	c EIN-PN 54-1853633-002
a	Plan name STEWART CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor STEWART CONSTRUCTION COMPANY	c EIN-PN 20-2620379-001
a	Plan name STONE SOURCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STONE SOURCE, LLC	c EIN-PN 03-0593691-001
a	Plan name STONEHENGE 401(K) PLAN	
b	Name of plan sponsor STONEHENGE OF OREM	c EIN-PN 26-1325556-001
a	Plan name STRUNK, LLC SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STRUNK, LLC	c EIN-PN 46-1561231-001
a	Plan name STUCKEY TIMBERLAND, INC. SECTION 401(K) PROFIT SHARING	
b	Name of plan sponsor STUCKEY TIMBERLAND, INC.	c EIN-PN 58-1380518-001
a	Plan name SUBURBAN WHOLESALE LIGHTING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SUBURBAN WHOLESALE LIGHTING, INC	c EIN-PN 23-2549503-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SUMMIT ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	SUMMIT ENGINEERING, INC.	c EIN-PN 61-0991104-001
a	Plan name	SUMMIT PSYCHOLOGICAL SERVICES, P.A. 401(K) PLAN	
b	Name of plan sponsor	SUMMIT PSYCHOLOGICAL SERVICES	c EIN-PN 22-3384347-001
a	Plan name	SUNSHINE OIL & GAS, LLC 401(K) PLAN	
b	Name of plan sponsor	SUNSHINE OIL & GAS, LLC	c EIN-PN 26-0185108-002
a	Plan name	SUPERIOR HOME PRODUCTS, INC. 401K PLAN	
b	Name of plan sponsor	SUPERIOR HOME PRODUCTS, INC.	c EIN-PN 43-1592659-001
a	Plan name	SUPERIOR TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR TECHNOLOGY, INC.	c EIN-PN 16-1336440-001
a	Plan name	SURFACE MOUNT TECHNOLOGY CORPORATION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SURFACE MOUNT TECHNOLOGY CORPORATION	c EIN-PN 39-1884929-001
a	Plan name	SWIFT INDUSTRIAL POWER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SWIFT INDUSTRIAL POWER, INC.	c EIN-PN 62-0759026-001
a	Plan name	T & T CONSTRUCTION RETIREMENT PLAN	
b	Name of plan sponsor	T & T CONSTRUCTION MANAGEMENT GROUP, INC	c EIN-PN 47-1928025-001
a	Plan name	TALBOT STATE BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TALBOT STATE BANK	c EIN-PN 58-0495550-001
a	Plan name	TANDEM BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TANDEM BANK	c EIN-PN 84-2574771-001
a	Plan name	TATE HILL JACOBS ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TATE-HILL-JACOBS ARCHITECTS, INC.	c EIN-PN 61-1129778-001
a	Plan name	TEXAS DISTRICT & COUNTY ATTORNEY ASSOC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TEXAS DISTRICT & COUNTY ATTORNEY ASSOCIATION	c EIN-PN 74-1682894-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TFM EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor TFM ACCOUNTING & TAX	c EIN-PN 47-2014353-001
a	Plan name THE ABBE GROUP RETIREMENT PLAN	
b	Name of plan sponsor ABBEHEALTH, INC.	c EIN-PN 42-1373123-001
a	Plan name THE ANIMAL CLINIC, PSC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ANIMAL CLINIC, PSC	c EIN-PN 61-1110616-001
a	Plan name THE BANK OF LAFAYETTE SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE BANK OF LAFAYETTE	c EIN-PN 58-0152920-002
a	Plan name THE CENTER FOR RURAL DEVELOPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor THE CENTER FOR RURAL DEVELOPMENT, INC.	c EIN-PN 61-1291304-002
a	Plan name THE CITIZENS BANK OF GEORGIA SECTION 401(K) PSP	
b	Name of plan sponsor THE CITIZENS BANK OF GEORGIA	c EIN-PN 58-2266450-001
a	Plan name THE COMMERCIAL BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE COMMERCIAL BANK	c EIN-PN 58-0202590-001
a	Plan name THE CORONADO SHORES COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor THE CORONADO SHORES COMPANY, INC.	c EIN-PN 95-3275261-001
a	Plan name THE DAHLEM COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor THE DAHLEM COMPANY, INC.	c EIN-PN 61-0676080-001
a	Plan name THE EDUCATION & RESEARCH FOUNDATION, INC. 401(K) PSP	
b	Name of plan sponsor THE EDUCATION & RESEARCH FOUNDATION, INC.	c EIN-PN 54-0911068-001
a	Plan name THE GEO. D. WARTHEN BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE GEO. D. WARTHEN BANK	c EIN-PN 58-0478591-002
a	Plan name THE MCAULAY SMITH FIRM PROFIT SHARING 401(K) PLAN AND TRUST	
b	Name of plan sponsor THE MCAULAY SMITH FIRM, LTD.	c EIN-PN 56-1922482-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE MINNESOTA EPILEPSY GROUP, P.A. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MINNESOTA EPILEPSY GROUP, P.A.	c EIN-PN 41-1678253-001
a	Plan name THE NEIGHBORHOOD CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE NEIGHBORHOOD CENTER, INC.	c EIN-PN 15-0532097-002
a	Plan name THE ORIENTAL BANK CODA PROFIT SHARING	
b	Name of plan sponsor ORIENTAL BANK	c EIN-PN 66-0259436-002
a	Plan name THE ORIENTAL BANK USVI 401(K) PLAN	
b	Name of plan sponsor ORIENTAL BANK	c EIN-PN 66-0259436-004
a	Plan name THE ORIENTAL BANK USVI 401(K) PLAN	
b	Name of plan sponsor ORIENTAL BANK	c EIN-PN 66-0259436-004
a	Plan name THE OUTDOOR GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor THE OUTDOOR GROUP, LLC	c EIN-PN 32-0371114-001
a	Plan name THE PEOPLES BANK OF GEORGIA SECTION 401(K) PSP	
b	Name of plan sponsor THE PEOPLES BANK OF GEORGIA	c EIN-PN 58-0382310-001
a	Plan name THE PEOPLES BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PEOPLES BANK	c EIN-PN 58-0503291-001
a	Plan name THE PIEDMONT BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE PIEDMONT BANK	c EIN-PN 43-2114621-001
a	Plan name THE ROSS GROUP, INC. EMPLOYEES' 401(K) SAVINGS AND PSP	
b	Name of plan sponsor THE ROSS GROUP, INC.	c EIN-PN 35-2136725-001
a	Plan name THE ROUSE LAW OFFICE, P.A. 401(K) PLAN	
b	Name of plan sponsor THE ROUSE LAW OFFICE, PA	c EIN-PN 87-2483310-001
a	Plan name THE SASSER LAW FIRM, P.A. RETIREMENT PLAN	
b	Name of plan sponsor THE SASSER LAW FIRM, P.A.	c EIN-PN 20-2065715-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE WILKINSON TEAM 401(K) PLAN	
b	Name of plan sponsor	WILKINSON REAL ESTATE INC	c EIN-PN 20-4026438-001
a	Plan name	THE WINCHESTER GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE WINCHESTER GROUP, INC.	c EIN-PN 20-1805951-001
a	Plan name	THE ZENITH COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE ZENITH COMPANY, LLC	c EIN-PN 46-1116574-001
a	Plan name	THIEL ELECTRIC, INC. EMPLOYEES PROFIT-SHARING PLAN	
b	Name of plan sponsor	THIEL ELECTRIC, INC.	c EIN-PN 38-2104593-002
a	Plan name	THOMAS MCAFEE FUNERAL HOME 401(K) PLAN	
b	Name of plan sponsor	THOMAS MCAFEE FUNERAL HOME	c EIN-PN 57-0296673-001
a	Plan name	THOMAS SALES & MARKETING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THOMAS SALES & MARKETING, INC.	c EIN-PN 36-4292280-001
a	Plan name	THOMPSON DRUG RETIREMENT PLAN	
b	Name of plan sponsor	THOMPSON DISCOUNT DRUG, INC.	c EIN-PN 61-1089193-001
a	Plan name	THREE J CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	THREE J CONSTRUCTION, LLC	c EIN-PN 46-4534125-001
a	Plan name	THURMAN BURLESON & SONS FARM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THURMAN BURLESON & SONS FARM	c EIN-PN 56-0719438-001
a	Plan name	TIMBERLINE 401(K) PLAN	
b	Name of plan sponsor	TIMBERLINE CONSTRUCTION GROUP	c EIN-PN 46-3715605-001
a	Plan name	TIMOTHY MICKEL, M.D. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	TIMOTHY J. MICKEL, AMC	c EIN-PN 72-1223037-001
a	Plan name	TIRE COUNTRY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	A&M ALL PRO AUTOMOTIVE, INC. DBA TIRE COUNTRY	c EIN-PN 83-1145236-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TJ MARIN BAGEL 401(K) PLAN	
b	Name of plan sponsor	TJ MARIN BAGEL INC.	c EIN-PN 82-4221730-001
a	Plan name	TOBIN RESTORATION 401(K)	
b	Name of plan sponsor	TOBIN RESTORATION, INC.	c EIN-PN 82-0398115-001
a	Plan name	TOM WATSON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOM WATSON, INC.	c EIN-PN 33-0477486-001
a	Plan name	TORRANCE CASTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TORRANCE CASTING, INC.	c EIN-PN 39-0903148-003
a	Plan name	TOTAL TRANSPORTATION SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	TOTAL TRANSPORTATION SOLUTIONS, INC.	c EIN-PN 20-2692438-001
a	Plan name	TOUCHMARK NATIONAL BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOUCHMARK NATIONAL BANK	c EIN-PN 26-1837149-001
a	Plan name	TOWER HOMES OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor	TOWER HOMES OF TEXAS, INC.	c EIN-PN 20-3652226-001
a	Plan name	TOWN & COUNTRY BANK AND TRUST COMPANY 401(K) PSP	
b	Name of plan sponsor	TOWN & COUNTRY BANK AND TRUST COMPANY	c EIN-PN 61-0188980-002
a	Plan name	TOYOTA OF BOWLING GREEN 401(K) PLAN	
b	Name of plan sponsor	TOYOTA OF BOWLING GREEN	c EIN-PN 61-0561342-001
a	Plan name	TTAI 401(K) PLAN	
b	Name of plan sponsor	TOYOTETSU AMERICA, INC.	c EIN-PN 61-1290853-001
a	Plan name	UFCW LOCAL ONE 401(K) SAVINGS FUND	
b	Name of plan sponsor	UFCW LOCAL ONE BENEFIT FUNDS	c EIN-PN 16-6184130-003
a	Plan name	UNITED CEREBRAL PALSY ASSN., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNITED CEREBRAL PALSY OF SAN JOAQUIN COUNTY	c EIN-PN 94-6124281-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	UNITED GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNITED GROUP, INC.	c EIN-PN 36-3594625-001
a	Plan name	USA HEAT TREATING INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	USA HEAT TREATING INC	c EIN-PN 01-0698927-001
a	Plan name	USTA/MID-ATLANTIC SECTION 401(K) PLAN	
b	Name of plan sponsor	USTA/MID-ATLANTIC FOUNDATION	c EIN-PN 54-1472806-001
a	Plan name	UWHARRIE CAPITAL CORP EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	UWHARRIE CAPITAL CORP	c EIN-PN 56-1814206-001
a	Plan name	VALLEY ENERGY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY ENERGY COMPANY	c EIN-PN 54-1638284-010
a	Plan name	VALLEY ENERGY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY ENERGY COMPANY	c EIN-PN 54-1638284-010
a	Plan name	VALLEY PETROLEUM EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	VALLEY PETROLEUM EQUIPMENT, INC.	c EIN-PN 33-0444068-001
a	Plan name	VERITAS VETERINARY PARTNERS RETIREMENT PLAN	
b	Name of plan sponsor	GSV HOLDING, LLC	c EIN-PN 86-2583080-001
a	Plan name	VERTEX BUILDERS RETIREMENT PLAN	
b	Name of plan sponsor	VERTEX BUILDERS	c EIN-PN 82-2405446-001
a	Plan name	VISION CARE ASSOCIATES, LTD. NON-UNION 401(K) PROFIT SHARING	
b	Name of plan sponsor	VISION CARE ASSOCIATES, LTD.	c EIN-PN 37-1273836-003
a	Plan name	VISION CARE ASSOCIATES, LTD. UNION 401(K) PLAN	
b	Name of plan sponsor	VISION CARE ASSOCIATES, LTD.	c EIN-PN 37-1273836-001
a	Plan name	VOGUE TYRE & RUBBER COMPANY 401(K) PLAN	
b	Name of plan sponsor	VOGUE TYRE & RUBBER COMPANY	c EIN-PN 36-1917460-002

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	WAFF CONTRACTING INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WAFF CONTRACTING, INC.	c EIN-PN 56-1272377-001
a	Plan name	WALTERS, BALIDO & CRAIN RETIREMENT PLAN	
b	Name of plan sponsor	WALTERS, BALIDO & CRAIN, L.L.P.	c EIN-PN 61-1497895-001
a	Plan name	WARNER AND JANSEN PEDIATRICS, PLLC 401(K) PLAN	
b	Name of plan sponsor	WARNER AND JANSEN PEDIATRICS, PLLC	c EIN-PN 37-1520606-001
a	Plan name	WEST CENTRAL GEORGIA BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST CENTRAL GEORGIA BANK	c EIN-PN 58-1186521-001
a	Plan name	WEST MANCHESTER TOWNSHIP NON-UNIFORMED EMPLOYEES DC PLAN	
b	Name of plan sponsor	WEST MANCHESTER TOWNSHIP	c EIN-PN 23-6050235-001
a	Plan name	WESTERN NEW YORK TEAMSTERS 401(K) PLAN	
b	Name of plan sponsor	TEAMSTERS LOCAL 264	c EIN-PN 16-1334019-001
a	Plan name	WESTMORELAND FARMING 401(K) PLAN	
b	Name of plan sponsor	WESTMORELAND FARMING	c EIN-PN 33-0538809-001
a	Plan name	WHEATON DUMONT CO OP ELEVATOR 401(K) PLAN	
b	Name of plan sponsor	WHEATON DUMONT CO OP ELEVATOR	c EIN-PN 41-0248030-002
a	Plan name	WHITAKER CHALK SWINDLE SCHWARTZ PLLC 401(K) PSP	
b	Name of plan sponsor	WHITAKER CHALK SWINDLE SCHWARTZ PLLC	c EIN-PN 90-0136868-001
a	Plan name	WHITT LAW PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WHITT LAW	c EIN-PN 56-2627195-001
a	Plan name	WILCOX COUNTY STATE BANK SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILCOX COUNTY STATE BANK	c EIN-PN 58-0614114-003
a	Plan name	WILKINSON CARMODY & GILLIAM PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WILKINSON CARMODY & GILLIAM	c EIN-PN 72-0352580-002

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	WILLOW CREEK WOODWORKS 401K PLAN
b	Name of plan sponsor	WILLOW CREEK WOODWORKS, INC.
c	EIN-PN	82-0496220-001
a	Plan name	WILSON & MUIR BANCORP, INC. 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	WILSON & MUIR BANCORP, INC.
c	EIN-PN	61-1032960-001
a	Plan name	WINCHESTER METALS INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WINCHESTER METALS INC.
c	EIN-PN	54-0995008-001
a	Plan name	WINCHESTER PRINTERS, INC. 401(K) PLAN
b	Name of plan sponsor	WINCHESTER PRINTERS, INC. 401(K) PLAN
c	EIN-PN	54-0341060-002
a	Plan name	WINDLE CONSTRUCTION COMPANY 401(K) PSP AND TRUST
b	Name of plan sponsor	WINDLE CONSTRUCTION COMPANY
c	EIN-PN	20-2283210-001
a	Plan name	WOLVERINE PRODUCTS, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WOLVERINE PRODUCTS, INC.
c	EIN-PN	38-1970784-001
a	Plan name	WOMEN'S HEALTH CARE, P.C. PROFIT SHARING AND 401(K) PLAN
b	Name of plan sponsor	WOMENS HEALTH CARE, P.C.
c	EIN-PN	35-1966296-001
a	Plan name	WOMEN'S HEALTH SERVICES OF CENTRAL VA, INC. 401(K) PSP & TR
b	Name of plan sponsor	WOMENS HEALTH SERVICES OF CENTRAL VIRGINIA, INC.
c	EIN-PN	54-1679157-001
a	Plan name	WYATT INSURANCE SERVICES, INC. 401(K) PLAN
b	Name of plan sponsor	WYATT INSURANCE SERVICES, INC.
c	EIN-PN	62-1644128-001
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

SCHEDULE H (Form 5500) <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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN TRUST COMPANY STABLE VALUE GROUP TRUST	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN TRUST COMPANY	D Employer Identification Number (EIN) 37-1992955

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	637844243
(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)	

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	652189678	637844243
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	652189678	637844243

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)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	16430737	
(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)		16430737
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		16430737

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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16430737
l Transfers of assets:			
(1) To this plan	2l(1)		196882817
(2) From this plan	2l(2)		227658989

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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 _____.