

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
  - 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 (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>PREMIER TRUST FUND FOR QUALIFIED EMPLOYEE BENEFIT PLANS</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u> <b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERICAN TRUST COMPANY</u>  <u>51 GERMANTOWN COURT</u> <u>SUITE 203</u> <u>CORDOVA, TN 38018</u>	<b>2b</b> Employer Identification Number (EIN) <u>62-1549435</u> <b>2c</b> Plan Sponsor's telephone number <u>901-753-9080</u> <b>2d</b> 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.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/07/2025</u>	<u>RANDY WEATHERFORD</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

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

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

<b>A</b> Name of plan <u>PREMIER TRUST FUND FOR QUALIFIED EMPLOYEE BENEFIT PLANS</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>62-1549435</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF II GROWTH PORTFOLIO SERIES</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
<b>c</b> EIN-PN <u>04-6913417-183</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3175578</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DUFF &amp; PHELPS MASTER COLLECTIVE INV</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>81-3547755-098</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7752166</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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**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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**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)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	A & H, INC. 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	A & H, INC	<b>c</b> EIN-PN 39-1048566-001
<b>a</b>	Plan name	A. M. MARCA, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A. M. MARCA, INC.	<b>c</b> EIN-PN 11-2134461-001
<b>a</b>	Plan name	A.M. SPECIALTY RESTAURANTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A.M. SPECIALTY RESTAURANTS	<b>c</b> EIN-PN 30-0590064-001
<b>a</b>	Plan name	A/C & HEAT BY RUSSELL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUSSELL & PATTI 4EVER, LLC (DBA A/C & HEAT BY RUSSELL)	<b>c</b> EIN-PN 80-0727598-001
<b>a</b>	Plan name	ABC PAINTING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ABC PAINTING, INC.	<b>c</b> EIN-PN 68-0283228-001
<b>a</b>	Plan name	ABC RENTALS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABC RENTALS, INC.	<b>c</b> EIN-PN 64-0470621-001
<b>a</b>	Plan name	ABRAMS & STEINBERG, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABRAMS & STEINBERG, P.C.	<b>c</b> EIN-PN 36-3848268-001
<b>a</b>	Plan name	ABS ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABS ELECTRIC, INC.	<b>c</b> EIN-PN 58-2674835-001
<b>a</b>	Plan name	ACCEL HOLDINGS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCEL HOLDINGS, INC	<b>c</b> EIN-PN 47-2112548-001
<b>a</b>	Plan name	ACCESS SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCESS TECHNOLOGIES, INC (DBA ACCESS SYSTEMS)	<b>c</b> EIN-PN 20-2623195-001
<b>a</b>	Plan name	ACCU TEST LABS 401(K)/ PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACCU TEST LABS, LLP	<b>c</b> EIN-PN 76-0565792-001
<b>a</b>	Plan name	ACCURATE FORKLIFT 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ACCURATE FORKLIFT & MATERIAL HANDLING CORP	<b>c</b> EIN-PN 58-2400366-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ACI INDUSTRIES GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACI INDUSTRIES, LTD. L.P.	<b>c</b> EIN-PN 06-1119313-001
<b>a</b>	Plan name A-D & SONS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor A-D & SONS CORPORATION DBA FOOD DEPOT	<b>c</b> EIN-PN 71-0907693-001
<b>a</b>	Plan name ADAMS AUTO CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADAMS AUTO CORP	<b>c</b> EIN-PN 43-0962651-001
<b>a</b>	Plan name ADVANCED DERMATOLOGY & SKIN CANCER INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCED DERMATOLOGY & SKIN CANCER INSTITUTE PLLC	<b>c</b> EIN-PN 47-5071248-001
<b>a</b>	Plan name ADVANCED HEART CARE ASSOCIATES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADVANCED HEART CARE ASSOCIATES	<b>c</b> EIN-PN 88-0217735-001
<b>a</b>	Plan name ADVANCED MANUFACTURING TECHNOLOGIES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCED MANUFACTURING TECHNOLOGIES INC	<b>c</b> EIN-PN 39-1697040-001
<b>a</b>	Plan name AIRCRAFT INVENTORY MGMT SVCS, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor AIRCRAFT INVENTORY MGMT SVCS, LTD	<b>c</b> EIN-PN 75-2947126-002
<b>a</b>	Plan name AITKIN MOTOR COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor AITKIN MOTOR COMPANY	<b>c</b> EIN-PN 41-0962535-001
<b>a</b>	Plan name ALAN C. MCCLURE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALAN C. MCCLURE ASSOCIATES, INC.	<b>c</b> EIN-PN 74-1888476-002
<b>a</b>	Plan name ALFAGOMMA AMERICA, INC. EMPLOYEE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALFAGOMMA AMERICA, INC.	<b>c</b> EIN-PN 42-1570390-001
<b>a</b>	Plan name ALFAGOMMA AURORA 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALFAGOMMA AURORA TF LLC	<b>c</b> EIN-PN 36-4909817-001
<b>a</b>	Plan name ALL AMERICAN CONCRETE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALL AMERICAN CONCRETE, INC.	<b>c</b> EIN-PN 42-1417713-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ALLEN BLASTING & COATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLEN BLASTING AND COATING, INC.	<b>c</b> EIN-PN 35-2205296-001
<b>a</b>	Plan name	ALLERGY & ASTHMA CONS. OF ROCKLAND & BERGEN 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	ALLERGY & ASTHMA CONSULTANTS OF ROCKLAND & BERGEN,	<b>c</b> EIN-PN 13-3579712-001
<b>a</b>	Plan name	ALLGOOD ANIMAL HOSPITAL, PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLGOOD ANIMAL HOSPITAL PC	<b>c</b> EIN-PN 42-1086854-001
<b>a</b>	Plan name	ALTA REFRIGERATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTA REFRIGERATION, INC.	<b>c</b> EIN-PN 58-2452881-001
<b>a</b>	Plan name	AMERICAN POWERSPORTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN POWERSPORTS, LLC	<b>c</b> EIN-PN 41-2053266-001
<b>a</b>	Plan name	AMERICAN TRUST POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	AT RETIREMENT SERVICES, LLC	<b>c</b> EIN-PN 83-3455979-001
<b>a</b>	Plan name	AMG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARTSOLUTE MEDIA GROUP	<b>c</b> EIN-PN 27-0782206-001
<b>a</b>	Plan name	ANDERSON,ROBERTS,PORTH,WALLACE,STEWART,WERNER 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON, ROBERTS, PORTH, WALLACE, STEWART & WERNER LLP	<b>c</b> EIN-PN 42-1245354-001
<b>a</b>	Plan name	ANDRIAN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANDRIAN, INC. DBA STATIONS	<b>c</b> EIN-PN 77-0448057-001
<b>a</b>	Plan name	ANESTHESIA MEDICAL GROUP OF SANTA BARBARA 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	ANESTHESIA MEDICAL GROUP OF SANTA BARBARA, INC.	<b>c</b> EIN-PN 95-2655301-001
<b>a</b>	Plan name	ANIMAL HOSPITAL HIGHWAY 6 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANIMAL HOSPITAL HIGHWAY 6, PLLC	<b>c</b> EIN-PN 47-3876338-001
<b>a</b>	Plan name	ANNITA JOHN, M.D., P.C. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ANNITA JOHN, M.D., P.C.	<b>c</b> EIN-PN 36-3763072-003

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.)		
<b>a</b>	Plan name APH HOLDINGS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor APH HOLDINGS INC.	<b>c</b> EIN-PN 20-5218033-001
<b>a</b>	Plan name APPROVED FIRE PREVENTION CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor APPROVED FIRE PREVENTION CORP.	<b>c</b> EIN-PN 11-3502477-001
<b>a</b>	Plan name ARKANSAS RENAL GROUP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARKANSAS RENAL GROUP, P.A.	<b>c</b> EIN-PN 71-0550116-001
<b>a</b>	Plan name ASHBYS FURNITURE SHOPPES, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASHBY'S FURNITURE SHOPPES, INC.	<b>c</b> EIN-PN 56-1253996-001
<b>a</b>	Plan name ASPELMEIER, FISCH, POWER, ENGBERG & HELLING PLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor ASPELMEIER, FISCH, POWER, ENBERG & HELLING, PLC	<b>c</b> EIN-PN 42-1436449-001
<b>a</b>	Plan name ASPIRE WELLNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASPIRE WELLNESS STL, LLC DBA ASPIRE WELLNESS	<b>c</b> EIN-PN 86-2283203-001
<b>a</b>	Plan name ASSOCIATED HEATING OF SAN FRANCISCO INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED HEATING OF SAN FRANCISCO INC.	<b>c</b> EIN-PN 47-1954957-001
<b>a</b>	Plan name ASSOCIATES IN EAR NOSE AND THROAT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATES IN EAR NOSE AND THROAT	<b>c</b> EIN-PN 36-3045859-005
<b>a</b>	Plan name ATI MACHINERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ATI MACHINERY, INC.	<b>c</b> EIN-PN 77-0079451-001
<b>a</b>	Plan name ATLANTIC ASPHALT & EQUIPMENT CO, INC. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC ASPHALT & EQUIPMENT CO. INC	<b>c</b> EIN-PN 04-2518464-001
<b>a</b>	Plan name ATRIA WEALTH SOLUTIONS 401(K) PLAN - 901AJL	
<b>b</b>	Name of plan sponsor CUSO FINANCIAL SERVICES, L.P.	<b>c</b> EIN-PN 33-0731851-001
<b>a</b>	Plan name ATTHOWE TRANSPORTATION CO. INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ATTHOWE TRANSPORTATION CO. INC.	<b>c</b> EIN-PN 94-2169817-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AUTOMATED OFFICE SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUTOMATED OFFICE SYSTEMS	<b>c</b> EIN-PN 94-2383994-001
<b>a</b>	Plan name	AVIATION INSURANCE MANAGERS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVIATION INSURANCE MANAGERS, INC.	<b>c</b> EIN-PN 34-1642895-001
<b>a</b>	Plan name	B. JERCINOVIC PEDIATRICS, LTD. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	B. JERCINOVIC PEDIATRICS, LTD.	<b>c</b> EIN-PN 36-3966193-001
<b>a</b>	Plan name	BAER & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BAER & ASSOCIATES, INC.	<b>c</b> EIN-PN 43-0997021-001
<b>a</b>	Plan name	BALANCED WELLBEING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BALANCED WELLBEING, LLC	<b>c</b> EIN-PN 47-5240597-001
<b>a</b>	Plan name	BANK OF KIRKSVILLE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BANK OF KIRKSVILLE	<b>c</b> EIN-PN 43-0169990-001
<b>a</b>	Plan name	BANKWEST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BANKWEST, INC.	<b>c</b> EIN-PN 46-0177475-004
<b>a</b>	Plan name	BARNES USED CARS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARNES USED CARS, INC.	<b>c</b> EIN-PN 36-2700038-001
<b>a</b>	Plan name	BARTELS LUTHERAN HOME RETIREMENT COMMUNITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARTELS LUTHERAN RETIREMENT COMMUNITY	<b>c</b> EIN-PN 42-0752685-002
<b>a</b>	Plan name	BCCM CONSTRUCTION GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BCCM CONSTRUCTION GROUP, INC. 401(K) PLAN	<b>c</b> EIN-PN 27-3354218-001
<b>a</b>	Plan name	BE AMAZING LEASING INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BE AMAZING LEASING INC	<b>c</b> EIN-PN 82-2882153-001
<b>a</b>	Plan name	BEALS MARTIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEALS MARTIN	<b>c</b> EIN-PN 94-2632010-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>BECKER &amp; BECKER STONE CO., INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BECKER &amp; BECKER STONE CO., INC.</b>	<b>c</b> EIN-PN <b>42-1494132-001</b>
<b>a</b>	Plan name <b>BEHR'S, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEHRS, INC.</b>	<b>c</b> EIN-PN <b>42-1171788-001</b>
<b>a</b>	Plan name <b>BENDCO, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BENDCO, INC.</b>	<b>c</b> EIN-PN <b>76-0519949-001</b>
<b>a</b>	Plan name <b>BERNTSEN INTERNATIONAL, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BERNTSEN INTERNATIONAL, INC.</b>	<b>c</b> EIN-PN <b>39-1158981-001</b>
<b>a</b>	Plan name <b>BETHANY HOME 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BETHANY HOME</b>	<b>c</b> EIN-PN <b>42-0698260-001</b>
<b>a</b>	Plan name <b>BFL CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BFL CONSTRUCTION COMPANY, INC.</b>	<b>c</b> EIN-PN <b>86-0329833-001</b>
<b>a</b>	Plan name <b>BIG RIVER RESOURCES WEST BURLINGTON, LLC EE 401(K) SVGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIG RIVER RESOURCES WEST BURLINGTON, LLC EE 401(K) SVGS PLAN</b>	<b>c</b> EIN-PN <b>71-0913379-001</b>
<b>a</b>	Plan name <b>BIG RIVER UNITED ENERGY LLC EMPLOYEE 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIG RIVER UNITED ENERGY, LLC EMPLOYEE 401(K) SAVINGS PLAN</b>	<b>c</b> EIN-PN <b>20-8470931-001</b>
<b>a</b>	Plan name <b>BIGGSKOFFORD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIGGSKOFFORD PC</b>	<b>c</b> EIN-PN <b>84-0884124-001</b>
<b>a</b>	Plan name <b>BISHOP FIXTURE &amp; MILLWORK 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BISHOP FIXTURE &amp; MILLWORK, INC.</b>	<b>c</b> EIN-PN <b>41-1615781-001</b>
<b>a</b>	Plan name <b>BLASCHKO ENTERPRISES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLASCHKO ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>39-1228829-001</b>
<b>a</b>	Plan name <b>BOEHNEN, INC. EMPLOYEES PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOEHNEN, INC.</b>	<b>c</b> EIN-PN <b>39-0862363-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BOONE COUNTY LUMBER COMPANY EMPLOYEE 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor BOONE COUNTY LUMBER COMPANY	<b>c</b> EIN-PN 43-0828756-001
<b>a</b>	Plan name BOTTOMLEY DISTRIBUTING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOTTOMLEY DISTRIBUTING CO., INC.	<b>c</b> EIN-PN 94-1681286-003
<b>a</b>	Plan name BRAY & KLOCKAU, P.L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRAY & KLOCKAU	<b>c</b> EIN-PN 42-1427240-001
<b>a</b>	Plan name BRIDGVILLE PLASTICS, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BRIDGVILLE PLASTICS, INC	<b>c</b> EIN-PN 38-2740844-001
<b>a</b>	Plan name BRIERTON, JONES & JONES, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRIERTON, JONES & JONES, LLP	<b>c</b> EIN-PN 33-0430507-001
<b>a</b>	Plan name BRUCE KREOFKY & SONS, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BRUCE KREOFKY & SONS, INC.	<b>c</b> EIN-PN 41-1299258-001
<b>a</b>	Plan name BURLINGTON NEUROLOGY & SLEEP CLINIC PLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BURLINGTON NEUROLOGY & SLEEP CLINIC	<b>c</b> EIN-PN 26-0011817-002
<b>a</b>	Plan name BURLINGTON WILBERT VAULT WORKS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BURLINGTON WILBERT VAULT WORKS, INC.	<b>c</b> EIN-PN 42-0838234-001
<b>a</b>	Plan name BUSINESS SOFTWARE, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor BUSINESS SOFTWARE, INC.	<b>c</b> EIN-PN 59-1935198-001
<b>a</b>	Plan name BUZZ CREATIVE GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUZZ CREATIVE GROUP, LLC	<b>c</b> EIN-PN 46-3014976-001
<b>a</b>	Plan name C2 LEGAL, L.L.C. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor C2 LEGAL	<b>c</b> EIN-PN 74-2842091-002
<b>a</b>	Plan name CABLE TV CONSTRUCTION & INSTALLATIONS, INC. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor CABLE TV CONSTRUCTION & INSTALLATIONS, INC.	<b>c</b> EIN-PN 74-2202165-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">CANCER CARE SPECIALISTS 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JOHN A. SHIELDS, M.D.&amp; STEVEN A. SCHIFF, M.D. A PROFESSIONAL</a>	<b>c</b> EIN-PN <a href="#">88-0152239-003</a>
<b>a</b>	Plan name <a href="#">CAPITOL STRATEGIES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAPITOL STRATEGIES, INC.</a>	<b>c</b> EIN-PN <a href="#">37-1375133-001</a>
<b>a</b>	Plan name <a href="#">CAREERS WORLD WIDE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAREERS WORLD WIDE</a>	<b>c</b> EIN-PN <a href="#">84-1263545-001</a>
<b>a</b>	Plan name <a href="#">CARLOS E. GREEN, O.D., INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CARLOS E. GREEN, O.D., INC.</a>	<b>c</b> EIN-PN <a href="#">33-0910925-001</a>
<b>a</b>	Plan name <a href="#">CAROTHERS CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAROTHERS CONSTRUCTION, INC.</a>	<b>c</b> EIN-PN <a href="#">64-0440391-001</a>
<b>a</b>	Plan name <a href="#">CENLA HEART SPECIALISTS 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENLA HEART SPECIALISTS, LLC</a>	<b>c</b> EIN-PN <a href="#">72-1270358-001</a>
<b>a</b>	Plan name <a href="#">CHANNEL 9 AUSTRALIA INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHANNEL 9 AUSTRALIA INC.</a>	<b>c</b> EIN-PN <a href="#">95-3576410-001</a>
<b>a</b>	Plan name <a href="#">CHRISTY VAULT COMPANY, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHRISTY VAULT COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">94-1402462-001</a>
<b>a</b>	Plan name <a href="#">CITIZENS BANK OF ELDON PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CITIZENS BANK OF ELDON</a>	<b>c</b> EIN-PN <a href="#">44-0200140-002</a>
<b>a</b>	Plan name <a href="#">CITY OF MONTEBELLO 401A &amp; H PLANS FOR POLICE &amp; MISC PERSON</a>	
<b>b</b>	Name of plan sponsor <a href="#">CITY OF MONTEBELLO</a>	<b>c</b> EIN-PN <a href="#">95-6000746-001</a>
<b>a</b>	Plan name <a href="#">CITY OF PACIFICA 401(A) AND (H) GOVT PLAN FOR FIREFIGHTERS</a>	
<b>b</b>	Name of plan sponsor <a href="#">CITY OF PACIFICA</a>	<b>c</b> EIN-PN <a href="#">94-6033414-002</a>
<b>a</b>	Plan name <a href="#">CKC CONSTRUCTION &amp; MATERIALS, LLC RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CKC CONSTRUCTION &amp; MATERIALS, LLC</a>	<b>c</b> EIN-PN <a href="#">26-2347922-002</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CLASSIC SHEET METAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CLASSIC SHEET METAL, INC.	<b>c</b> EIN-PN 36-2482317-001
<b>a</b>	Plan name COBO USA EMPLOYEE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COBO USA	<b>c</b> EIN-PN 41-2048544-001
<b>a</b>	Plan name COLLINS & ASSOCIATES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLLINS & ASSOCIATES, PC	<b>c</b> EIN-PN 20-5010777-001
<b>a</b>	Plan name COLLISION CENTER OF COLUMBIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLLISION CENTER OF COLUMBIA	<b>c</b> EIN-PN 20-5796588-001
<b>a</b>	Plan name COLUMBIAN ROPE COMPANY PROFIT SHARING & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COLUMBIAN ROPE COMPANY	<b>c</b> EIN-PN 15-0274470-003
<b>a</b>	Plan name COMMODORE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMODORE MANAGEMENT, LLC	<b>c</b> EIN-PN 38-3369975-003
<b>a</b>	Plan name COMMUNITY BANK & TRUST COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY BANK & TRUST COMPANY	<b>c</b> EIN-PN 42-1132787-001
<b>a</b>	Plan name COMPASS ANESTHESIA SERVICES GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPASS BILLING & CONSULTING, INC.	<b>c</b> EIN-PN 76-0426614-001
<b>a</b>	Plan name COMPASS NETWORK GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPASS NETWORK GROUP INC.	<b>c</b> EIN-PN 25-1894975-001
<b>a</b>	Plan name COMPLETE PACKAGING SOLUTIONS & SYSTEMS, INC. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor COMPLETE PACKAGING SOLUTIONS & SYSTEMS, INC.	<b>c</b> EIN-PN 58-2302452-001
<b>a</b>	Plan name COOKEY'S MECHANICAL, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor COOKEYS MECHANICAL, INC.	<b>c</b> EIN-PN 84-1315674-001
<b>a</b>	Plan name CORE INCOME ADVISORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORE INCOME ADVISORS, LLC	<b>c</b> EIN-PN 45-4852588-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CORE SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORE REAL ESTATE, L.L.C. / CORE PARTNERS, LTD.	<b>c</b> EIN-PN 76-0610438-001
<b>a</b>	Plan name	CORNEA CATARACT & LASER CENTER, P.C. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CORNEA CATARACT & LASER CENTER, P.C.	<b>c</b> EIN-PN 36-3661541-003
<b>a</b>	Plan name	CROISSANT ETC. CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROISSANT ETC. CORP	<b>c</b> EIN-PN 39-1897146-001
<b>a</b>	Plan name	CSA CONSTRUCTION, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CSA CONSTRUCTION, INC.	<b>c</b> EIN-PN 74-2041560-003
<b>a</b>	Plan name	CUSTOM JIGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM JIGS	<b>c</b> EIN-PN 39-1894895-001
<b>a</b>	Plan name	CVB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CORALVILLE VISITORS BUREAU	<b>c</b> EIN-PN 42-1203842-001
<b>a</b>	Plan name	D & J CONCRETE CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D & J CONCRETE CORP.	<b>c</b> EIN-PN 11-2569670-001
<b>a</b>	Plan name	D & S CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	D & S CONSTRUCTION, INC.	<b>c</b> EIN-PN 34-1927372-001
<b>a</b>	Plan name	DAGER CONSTRUCTION, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAGER CONSTRUCTION, INC.	<b>c</b> EIN-PN 86-0506970-001
<b>a</b>	Plan name	DAKOTA FUNDS GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAKOTA FUNDS GROUP LLC	<b>c</b> EIN-PN 45-2251446-001
<b>a</b>	Plan name	DAN LARSON ENTERPRISES, INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DAN LARSON ENTERPRISES, INC	<b>c</b> EIN-PN 41-1768046-003
<b>a</b>	Plan name	DAVID BAKER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVID BAKER INCORPORATED	<b>c</b> EIN-PN 42-1361255-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name DEAN'S PHARMACIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEANS PHARMACIES, INC.	<b>c</b> EIN-PN 71-0787233-001
<b>a</b>	Plan name DENOVA HOMES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DENOVA HOMES, INC	<b>c</b> EIN-PN 68-0192453-001
<b>a</b>	Plan name DESTINATION BUILDING CENTER, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DESTINATION BUILDING CENTER, INC	<b>c</b> EIN-PN 47-2325896-001
<b>a</b>	Plan name DIGITAL CANAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIGITAL CANAL CORPORATION	<b>c</b> EIN-PN 42-1521682-001
<b>a</b>	Plan name DIGITAL PIX & COMPOSITES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIGITAL PIX & COMPOSITES, LLC	<b>c</b> EIN-PN 20-0688986-001
<b>a</b>	Plan name DIGNITY CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOGAN BUSINESS SOLUTIONS L.L.C. DBA DIGNITY CARE	<b>c</b> EIN-PN 84-1432394-001
<b>a</b>	Plan name DIMENSION SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIMENSION SYSTEMS, INC.	<b>c</b> EIN-PN 38-2578414-001
<b>a</b>	Plan name DIRECT COMMERCE GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIRECT COMMERCE GROUP, LLC	<b>c</b> EIN-PN 27-2182224-001
<b>a</b>	Plan name DJM PLASTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DJM PLASTICS, LTD DBA DLM PLASTICS	<b>c</b> EIN-PN 20-2786990-001
<b>a</b>	Plan name DMC MUTUAL INSURANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor DMC MUTUAL INSURANCE	<b>c</b> EIN-PN 47-2589753-001
<b>a</b>	Plan name DON WESSEL OLDSMOBILE DBA DON WESSEL OLDS-HONDA PS 401(K)	
<b>b</b>	Name of plan sponsor DON WESSEL OLDS INC. DBA DON WESSEL OLDS-HONDA INC	<b>c</b> EIN-PN 44-0576556-001
<b>a</b>	Plan name DOUBLE L GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOUBLE L GROUP, LLC	<b>c</b> EIN-PN 47-5258273-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>DPI GLOBAL 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DISTRIBUTORS PROCESSING, INC. DBA DPI GLOBAL, INC.</b>	<b>c</b> EIN-PN <b>95-2413008-001</b>
<b>a</b>	Plan name <b>DR. AMY DO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DR. AMY DO</b>	<b>c</b> EIN-PN <b>87-2957244-001</b>
<b>a</b>	Plan name <b>DR. GARY E. TAYLOR, OLD ALABAMA FAMILY DENTISTRY</b>	
<b>b</b>	Name of plan sponsor <b>DR. GARY E. TAYLOR, OLD ALABAMA FAMILY DENTISTRY</b>	<b>c</b> EIN-PN <b>58-2654825-001</b>
<b>a</b>	Plan name <b>DRS. BUGANSKI &amp; DUGGAN, INC. PROFIT SHARING 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DRS. BUGANSKI &amp; DUGGAN, INC. PROFIT SHARING 401K PLAN</b>	<b>c</b> EIN-PN <b>34-1499584-001</b>
<b>a</b>	Plan name <b>DUBUQUE GLASS COMPANY 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DUBUQUE GLASS COMPANY</b>	<b>c</b> EIN-PN <b>42-0846702-001</b>
<b>a</b>	Plan name <b>DUBUQUE PEDIATRIC DENTISTRY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STEVEN M. LEIFKER, DDS, P.C. DBA DUBUQUE PEDIATRIC DENTISTRY</b>	<b>c</b> EIN-PN <b>81-2900464-001</b>
<b>a</b>	Plan name <b>DUMONT PRINTING 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DUMONT PRINTING</b>	<b>c</b> EIN-PN <b>94-1463794-001</b>
<b>a</b>	Plan name <b>DURKEE DRAYAGE CO., INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DURKEE DRAYAGE CO., INC.</b>	<b>c</b> EIN-PN <b>94-2269588-001</b>
<b>a</b>	Plan name <b>EAGLE FINANCIAL CORP. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAGLE FINANCIAL CORP</b>	<b>c</b> EIN-PN <b>30-0645481-001</b>
<b>a</b>	Plan name <b>EAR NOSE &amp; THROAT ASSOCIATES OF LUBBOCK, P.A. PROFIT SHARING</b>	
<b>b</b>	Name of plan sponsor <b>EAR NOSE &amp; THROAT ASSOCIATES OF LUBBOCK, PA</b>	<b>c</b> EIN-PN <b>27-0533220-001</b>
<b>a</b>	Plan name <b>EAR, NOSE AND THROAT CONSULTANTS OF NORTH MS 401(K) PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAR,NOSE &amp; THROAT CONSULTANTS OF NORTH MISSISSIPPI</b>	<b>c</b> EIN-PN <b>64-0942935-001</b>
<b>a</b>	Plan name <b>EATON, QUENZER AND ASSOCIATES LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EATON, QUENZER AND ASSOCIATES, LLC</b>	<b>c</b> EIN-PN <b>47-5385105-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ECI SITE CONSTRUCTION MANAGEMENT INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECI SITE CONSTRUCTION MANAGEMENT INC	<b>c</b> EIN-PN 20-0892383-001
<b>a</b>	Plan name	EDWARDS, MCLEOD & MONEY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EDWARDS, MCLEOD & MONEY	<b>c</b> EIN-PN 58-1459142-001
<b>a</b>	Plan name	EDYNAMIC LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDYNAMIC LP	<b>c</b> EIN-PN 86-3879393-001
<b>a</b>	Plan name	EHMCKE SHEET METAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EHMCKE SHEET METAL CORPORATION	<b>c</b> EIN-PN 33-0433244-001
<b>a</b>	Plan name	EISMAN & RUSSO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EISMAN & RUSSO, INC.	<b>c</b> EIN-PN 59-2606484-003
<b>a</b>	Plan name	ELKS AIDMORE CHILDREN'S CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELKS AIDMORE, INC.	<b>c</b> EIN-PN 58-0572410-001
<b>a</b>	Plan name	EMERALD COAST GROWERS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EMERALD COAST GROWERS, LLC	<b>c</b> EIN-PN 59-3054707-001
<b>a</b>	Plan name	ENCOMPASS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LASER RECHARGE, INC. DBA ENCOMPASS	<b>c</b> EIN-PN 68-0435296-001
<b>a</b>	Plan name	ENGINEERED RESTORATIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERED RESTORATIONS	<b>c</b> EIN-PN 58-2122144-001
<b>a</b>	Plan name	ENGINEERING RESOURCE ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERING RESOURCE ASSOCIATES, INC.	<b>c</b> EIN-PN 36-3686466-001
<b>a</b>	Plan name	ESCONDIDO CARDIOLOGY ASSOC. MEDICAL GROUP 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	ESCONDIDO CARDIOLOGY ASSOCIATES, INC MEDICAL GROUP	<b>c</b> EIN-PN 95-2971858-001
<b>a</b>	Plan name	ESUDO TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESUDO TECHNOLOGY SOLUTIONS, INC.	<b>c</b> EIN-PN 86-1154486-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	EVANS GENERAL CONTRACTORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVANS GENERAL CONTRACTORS, LLC	<b>c</b> EIN-PN 58-2602425-001
<b>a</b>	Plan name	EXECUTIVE SEARCH PARTNERS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXECUTIVE SEARCH PARTNERS INC	<b>c</b> EIN-PN 04-3576097-001
<b>a</b>	Plan name	F&A FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	F & A FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1683492-002
<b>a</b>	Plan name	FAIRFAX DRAINAGE DISTRICT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAIRFAX DRAINAGE DISTRICT	<b>c</b> EIN-PN 48-6031578-001
<b>a</b>	Plan name	FAMILY CENTER IGA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAMILY CENTER IGA	<b>c</b> EIN-PN 76-0457414-001
<b>a</b>	Plan name	FAMILY PHYSICIANS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FAMILY PHYSICIANS OF GREELEY, LLP	<b>c</b> EIN-PN 84-0617514-001
<b>a</b>	Plan name	FAMILY RESOURCE HOME CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERAS LLC DBA FAMILY RESOURCE HOME CARE	<b>c</b> EIN-PN 82-2989828-002
<b>a</b>	Plan name	FAMILY TREE FARMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAMILY TREE FARMS, INC.	<b>c</b> EIN-PN 77-0515996-001
<b>a</b>	Plan name	FARMERS MUTUAL INSURANCE ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FARMERS MUTUAL INSURANCE ASSOCIATION	<b>c</b> EIN-PN 42-0245890-001
<b>a</b>	Plan name	FARMERS SAVINGS BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FARMERS SAVINGS BANK	<b>c</b> EIN-PN 42-0246680-001
<b>a</b>	Plan name	FASHIONADVICE.COM D/B/A SAM MALOUF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FASHIONADVICE.COM D/B/A/SAM MALOUF	<b>c</b> EIN-PN 90-0236598-001
<b>a</b>	Plan name	FEUER POWERTRAIN NORTH AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEUER POWERTRAIN NORTH AMERICA	<b>c</b> EIN-PN 46-3970568-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name FIRST FEDERAL SVGS & LOAN ASSOC. OF SAN RAFAEL 401(K) PS	
<b>b</b>	Name of plan sponsor FIRST FEDERAL SAVINGS & LOAN ASSOC. OF SAN RAFAEL	<b>c</b> EIN-PN 94-1552333-001
<b>a</b>	Plan name FIRST GEAR INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIRST GEAR	<b>c</b> EIN-PN 42-1384355-001
<b>a</b>	Plan name FIRST HERITAGE BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIRST HERITAGE BANK	<b>c</b> EIN-PN 48-0221210-001
<b>a</b>	Plan name FIRST SECURITY STATE BANK 401K EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor FIRST SECURITY STATE BANK	<b>c</b> EIN-PN 42-0864710-001
<b>a</b>	Plan name FIRST SOUTHEASTERN BANC. GROUP INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor FIRST SOUTHEASTERN BANC. GROUP, INC.	<b>c</b> EIN-PN 41-1545089-001
<b>a</b>	Plan name FIRST STATE BANK 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FIRST STATE BANK	<b>c</b> EIN-PN 42-0253500-001
<b>a</b>	Plan name FLYNN COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FLYNN COMPANY, INC.	<b>c</b> EIN-PN 42-0256340-001
<b>a</b>	Plan name FORT MADISON HEALTH CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor FORT MADISON HEALTH CENTER OPERATIONS, LLC	<b>c</b> EIN-PN 84-3968254-001
<b>a</b>	Plan name FOUNDATION FINANCIAL HOLDINGS INC. 401(K) PS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOUNDATION FINANCIAL HOLDINGS INC.	<b>c</b> EIN-PN 62-1237453-002
<b>a</b>	Plan name FOUNDATION FOR REALIZATION OF HUMAN POTENTIAL, NFP 401(K) PS	
<b>b</b>	Name of plan sponsor WRIGHT BUSINESS INC.	<b>c</b> EIN-PN 45-4293970-001
<b>a</b>	Plan name FPS GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FINANCIAL PROCESSING SOLUTIONS GROUP LLC	<b>c</b> EIN-PN 38-3931263-001
<b>a</b>	Plan name FREEPORT STATE BANK PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FREEPORT STATE BANK	<b>c</b> EIN-PN 41-0266460-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	FRONT RANGE CABINET DISTRIBUTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRONT RANGE CABINET DISTRIBUTORS, INC.	<b>c</b> EIN-PN 84-1266194-001
<b>a</b>	Plan name	G H C MECHANICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G H C MECHANICAL	<b>c</b> EIN-PN 36-2770024-001
<b>a</b>	Plan name	GABELINE COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GABELINE TRUCKING CORPORATION	<b>c</b> EIN-PN 42-1102484-001
<b>a</b>	Plan name	GAMBLE & SCHLEMEIER, LTD. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	GAMBLE & SCHLEMEIER GOVERNMENTAL CONSULTANTS, LTD.	<b>c</b> EIN-PN 43-1797968-001
<b>a</b>	Plan name	GARGOYLE MANAGEMENT INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GARGOYLE MANAGEMENT INC	<b>c</b> EIN-PN 81-0887593-001
<b>a</b>	Plan name	GASTROENTEROLOGY OF INDIANAPOLIS, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GASTROENTEROLOGY OF INDIANAPOLIS, P.C.	<b>c</b> EIN-PN 35-1641181-003
<b>a</b>	Plan name	GEO SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEO SERVICES, INC.	<b>c</b> EIN-PN 36-4390972-001
<b>a</b>	Plan name	GI FOR KIDS, PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GI FOR KIDS, PLLC	<b>c</b> EIN-PN 26-3748270-001
<b>a</b>	Plan name	GOLDEN PACIFIC EMBOSsing PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN PACIFIC EMBOSsing, INC.	<b>c</b> EIN-PN 91-1226361-001
<b>a</b>	Plan name	GONSALVES & STRONCK CONSTRUCTION COMPANY, INC.	
<b>b</b>	Name of plan sponsor	GONSALVES & STRONCK CONSTR CO., INC	<b>c</b> EIN-PN 94-3177615-001
<b>a</b>	Plan name	GRAHAM MEDIA PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAHAM MEDIA PARTNERS	<b>c</b> EIN-PN 46-5645898-001
<b>a</b>	Plan name	GREAT LAKES SALES & MARKETING PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES SALES & MARKETING	<b>c</b> EIN-PN 36-4010627-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GREAT SCOTT ENTERPRISES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREAT SCOTT ENTERPRISES	<b>c</b> EIN-PN 86-0652675-001
<b>a</b>	Plan name	GREATER OMAHA REFRIGERATION, INC. EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GREATER OMAHA REFRIGERATION, INC.	<b>c</b> EIN-PN 47-0550739-001
<b>a</b>	Plan name	GREENVILLE CLINIC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE GREENVILLE CLINIC, P.A.	<b>c</b> EIN-PN 64-0819268-002
<b>a</b>	Plan name	GULF COAST WESTERN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GULF COAST WESTERN LLC	<b>c</b> EIN-PN 26-1363270-001
<b>a</b>	Plan name	GULF SOUTH MACHINE AND DRILEX EMPLOYEES' PROFIT SHARING PLA	
<b>b</b>	Name of plan sponsor	DRILEX CORPORATION	<b>c</b> EIN-PN 76-0047848-001
<b>a</b>	Plan name	GUTTENBERG INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GUTTENBERG INDUSTRIES INC.	<b>c</b> EIN-PN 42-1028913-001
<b>a</b>	Plan name	GUTTERLAND LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUTTERLAND LLC DBA TOMLINSON-CANNON	<b>c</b> EIN-PN 82-3157629-001
<b>a</b>	Plan name	HALSTEAD INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HALSTEAD INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 04-3171975-002
<b>a</b>	Plan name	HARBOR EYECARE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARBOR EYECARE CENTER	<b>c</b> EIN-PN 02-0499199-001
<b>a</b>	Plan name	HARMONY WOMEN'S HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARMONY WOMENS HEALTHCARE	<b>c</b> EIN-PN 82-4473969-001
<b>a</b>	Plan name	HARTSFIELD & NASH AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARTSFIELD & NASH AGENCY, INC.	<b>c</b> EIN-PN 56-1610731-001
<b>a</b>	Plan name	HAWKEYE HOTELS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAWKEYE HOSPITALITY MANAGEMENT INC. DBA HAWKEYE HOTELS	<b>c</b> EIN-PN 42-1468567-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name HAWKEYE SETTLEMENT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAWKEYE SETTLEMENT SERVICES, LC	<b>c</b> EIN-PN 20-0499908-001
<b>a</b>	Plan name HAYDEN FAMILY MEDICAL CENTER, LTD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAYDEN FAMILY MEDICAL CENTER, LTD.	<b>c</b> EIN-PN 86-0663312-001
<b>a</b>	Plan name HEALTH HUT 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HEALTH HUT	<b>c</b> EIN-PN 39-1398007-001
<b>a</b>	Plan name HEALTH QUALITY INNOVATORS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HEALTH QUALITY INNOVATORS	<b>c</b> EIN-PN 54-1264320-002
<b>a</b>	Plan name HENDERSON, BRANDT & VIETH, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HENDERSON, BRANDT & VIETH, PA	<b>c</b> EIN-PN 57-1104843-001
<b>a</b>	Plan name HENRY INVESTMENT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor HENRY INVESTMENT GROUP, LLC	<b>c</b> EIN-PN 45-3341907-001
<b>a</b>	Plan name HFO ASSET MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HFO ASSET MANAGEMENT, LLC	<b>c</b> EIN-PN 35-2549302-001
<b>a</b>	Plan name HGM 401(K) PLAN	
<b>b</b>	Name of plan sponsor HGM	<b>c</b> EIN-PN 74-1012574-001
<b>a</b>	Plan name HILLS & DALES CHILD DEVELOPMENT CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor HILLS & DALES CHILD DEVELOPMENT CTR INC.	<b>c</b> EIN-PN 42-1388270-002
<b>a</b>	Plan name HIMMELSBACH COMMUNICATIONS, INC. PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor HIMMELSBACH COMMUNICATIONS, INC.	<b>c</b> EIN-PN 57-0740728-001
<b>a</b>	Plan name HOME STATE BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOME STATE BANK	<b>c</b> EIN-PN 42-0316450-006
<b>a</b>	Plan name HOUSTON EXTRACORPOREAL TECHNOLOGIES 401(K) PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor HOUSTON EXTRACORPOREAL TECHNOLOGIES	<b>c</b> EIN-PN 47-1567465-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HOWARD CAPITAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOWARD CAPITAL MANAGEMENT	<b>c</b> EIN-PN 76-0661984-001
<b>a</b>	Plan name	HUGHES & TRANNEL, PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUGHES & TRANNEL, PC	<b>c</b> EIN-PN 42-1351328-001
<b>a</b>	Plan name	ICON PROPERTIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ICON PROPERTIES, LLC	<b>c</b> EIN-PN 26-0022854-001
<b>a</b>	Plan name	IMPERIAL WOODWORKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMPERIAL WOODWORKING CO.	<b>c</b> EIN-PN 36-2519638-001
<b>a</b>	Plan name	INNOVATIVE BRANDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRE MILANO, LLC	<b>c</b> EIN-PN 26-0296658-001
<b>a</b>	Plan name	INTERIM HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERIM HEALTHCARE OF ATLANTA, INC.	<b>c</b> EIN-PN 20-1607170-001
<b>a</b>	Plan name	INTERNATIONAL ISOTOPES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL ISOTOPES, INC.	<b>c</b> EIN-PN 74-2877055-001
<b>a</b>	Plan name	INTERNATIONAL PROCESS SOLUTIONS 401(K) AND PROFIT SHARING	
<b>b</b>	Name of plan sponsor	INTERNATIONAL PROCESS SOLUTIONS	<b>c</b> EIN-PN 77-0471143-001
<b>a</b>	Plan name	IOWA STATE BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IOWA STATE BANK	<b>c</b> EIN-PN 42-0503770-001
<b>a</b>	Plan name	IRMO DRUG, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IRMO DRUG, INC.	<b>c</b> EIN-PN 26-0529620-001
<b>a</b>	Plan name	ISD EDUCATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISD EDUCATION, INC.	<b>c</b> EIN-PN 38-3580492-001
<b>a</b>	Plan name	J S EVANS LLC (DBA) EVANS SR INVSTMNTS CT 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	J S EVANS LLC (DBA) EVANS SENIOR INVESTMENTS	<b>c</b> EIN-PN 45-4308931-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name J. HAROLD CAPPS, JR., D.M.D., P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor J. HAROLD CAPPS, JR., D.M.D., P.C.	<b>c</b> EIN-PN 20-1609440-001
<b>a</b>	Plan name J.M. MCVAY, INC PROFIT SHARING & MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor J.M. MCVAY, INC.	<b>c</b> EIN-PN 33-0050527-002
<b>a</b>	Plan name JEFFCO PAINTING & COATING INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor JEFFCO PAINTING & COATING, INC.	<b>c</b> EIN-PN 94-2518144-002
<b>a</b>	Plan name JERONIMO LOGISTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JERONIMO LOGISTICS, LLC	<b>c</b> EIN-PN 84-4955801-001
<b>a</b>	Plan name JOHN W. CRETZMEYER, D.D.S., P.A. PS & 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor JOHN W. CRETZMEYER, D.D.S., P.A.	<b>c</b> EIN-PN 41-1411460-001
<b>a</b>	Plan name JOHNSON CONSTRUCTION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHNSON CONSTRUCTION COMPANY, LLC	<b>c</b> EIN-PN 27-2362175-001
<b>a</b>	Plan name JOHNSTON BAKERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHNSTON BAKERY, INC.	<b>c</b> EIN-PN 39-1242913-001
<b>a</b>	Plan name JOLLY PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOLLY PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 84-0448434-001
<b>a</b>	Plan name JOMAR, INC DBA HARBOR PACKAGING SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOMAR, INC DBA HARBOR PACKAGING	<b>c</b> EIN-PN 38-2748925-001
<b>a</b>	Plan name K. L. BROWN AND ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor K. L. BROWN AND ASSOCIATES, LTD	<b>c</b> EIN-PN 45-4132855-001
<b>a</b>	Plan name KANE COUNTY PERSONNEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KANE COUNTY PERSONNEL, INC.	<b>c</b> EIN-PN 36-2471647-001
<b>a</b>	Plan name KARAVAN TRAILERS, LLC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KARAVAN TRAILER, LLC.	<b>c</b> EIN-PN 39-1561090-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KAW NATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KAW NATION	<b>c</b> EIN-PN 73-1184157-001
<b>a</b>	Plan name	KENO GRAPHIC SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENO GRAPHIC SERVICES, INC.	<b>c</b> EIN-PN 06-1275080-001
<b>a</b>	Plan name	KENSINGTON FINANCIAL SERVICES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KENSINGTON FINANCIAL SERVICES, LLC	<b>c</b> EIN-PN 75-3050114-001
<b>a</b>	Plan name	KENWOOD ALLERGY & ASTHMA CENTER, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENWOOD ALLERGY & ASTHMA CENTER, P.C.	<b>c</b> EIN-PN 01-0701660-001
<b>a</b>	Plan name	KHC CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KHC CONSTRUCTION, INC.	<b>c</b> EIN-PN 41-1943156-001
<b>a</b>	Plan name	KINGTIGER TESTING (USA) INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINGTIGER TESTING (USA) INC	<b>c</b> EIN-PN 99-3465592-101
<b>a</b>	Plan name	KINNEY & SONS EXCAVATING & GRADING INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINNEY & SONS EXCAVATING & GRADING INC	<b>c</b> EIN-PN 42-1070418-002
<b>a</b>	Plan name	KLAUER MANUFACTURING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KLAUER MANUFACTURING COMPANY	<b>c</b> EIN-PN 42-0360600-002
<b>a</b>	Plan name	KLAUER MFG MACHINIST LOCAL #1238 EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KLAUER MANUFACTURING CO LOCAL #1238	<b>c</b> EIN-PN 42-0360601-004
<b>a</b>	Plan name	KOSS-WINN BANCSHARES, INC.	
<b>b</b>	Name of plan sponsor	KOSS-WINN BANCSHARES, INC.	<b>c</b> EIN-PN 99-1234567-001
<b>a</b>	Plan name	KOZLOWSKI LAW GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOZLOWSKI LAW GROUP, LLC	<b>c</b> EIN-PN 81-0698392-001
<b>a</b>	Plan name	KREHBIEL INSURANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KREHBIEL INSURANCE	<b>c</b> EIN-PN 47-2317161-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name LA MESA VISION CARE PST/401(K) PLAN	
<b>b</b>	Name of plan sponsor LA MESA VISION CARE	<b>c</b> EIN-PN 33-0642085-001
<b>a</b>	Plan name LAKE PANORAMA ASSOCIATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAKE PANORAMA	<b>c</b> EIN-PN 42-6139366-001
<b>a</b>	Plan name LAMCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAMCO SLINGS & RIGGINGS INC	<b>c</b> EIN-PN 36-2819526-001
<b>a</b>	Plan name LANDAU LAW LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LANDAU LAW LLP	<b>c</b> EIN-PN 20-4433581-001
<b>a</b>	Plan name LANG, RICHERT & PATCH, A.P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LANG, RICHERT & PATCH, A.P.C.	<b>c</b> EIN-PN 94-2610005-001
<b>a</b>	Plan name LAURANCE H ARMOUR JR. & MARGOT BOYD ARMOUR 1989 TRST GP 401K	
<b>b</b>	Name of plan sponsor LAURANCE H. ARMOUR JR. & MARGOT B ARMOUR 1989 TST GP	<b>c</b> EIN-PN 76-0257256-001
<b>a</b>	Plan name LAW OFFICES OF MICHAEL LEIGHT, APC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF MICHAEL LEIGHT, APC	<b>c</b> EIN-PN 95-4876261-001
<b>a</b>	Plan name LE MELANGE ACADEMY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LE MELANGE ACADEMY	<b>c</b> EIN-PN 68-0218347-001
<b>a</b>	Plan name LEE BYERLY, DDS PROFIT SHARING WITH SAFE HARBOR 401(K)	
<b>b</b>	Name of plan sponsor LEE BYERLY, DDS	<b>c</b> EIN-PN 31-1344209-002
<b>a</b>	Plan name LEEPFROG TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEEPFROG TECHNOLOGIES, INC.	<b>c</b> EIN-PN 42-1442334-001
<b>a</b>	Plan name LEGACY DIALYSIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACUTE DIALYSIS SERVICES WHITTIER LLC	<b>c</b> EIN-PN 86-1886201-001
<b>a</b>	Plan name LEISURE KRAFT PONTUNES INC SAFE HARBOR 401(K) AND PS PLAN	
<b>b</b>	Name of plan sponsor LEISURE KRAFT PONTUNES INC	<b>c</b> EIN-PN 62-1498101-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LEONARD ROOFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEONARD ROOFING, INC.	<b>c</b> EIN-PN 68-0579921-001
<b>a</b>	Plan name	LEVEL FOUR BUSINESS MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEVEL FOUR BUSINESS MANAGEMENT, LLC	<b>c</b> EIN-PN 26-1617223-001
<b>a</b>	Plan name	LIBERTY DOORS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY DOORS, INC.	<b>c</b> EIN-PN 42-1007236-001
<b>a</b>	Plan name	LINCOLN SUPPLIERS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LINCOLN SUPPLIERS, INC.	<b>c</b> EIN-PN 41-1377926-001
<b>a</b>	Plan name	LIVING WATERS COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIVING WATERS COMPANY, INC.	<b>c</b> EIN-PN 20-0528274-001
<b>a</b>	Plan name	LMS REAL ESTATE INVESTMENT MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LMS REAL ESTATE INVESTMENT MANAGEMENT LLC	<b>c</b> EIN-PN 33-1008260-001
<b>a</b>	Plan name	LONG INSURANCE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LONG INSURANCE SERVICES, LLC	<b>c</b> EIN-PN 38-3386244-002
<b>a</b>	Plan name	LOUISIANA HARDWOOD PRODUCTS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOUISIANA HARDWOOD PRODUCTS, LLC	<b>c</b> EIN-PN 26-2308219-001
<b>a</b>	Plan name	LPTEK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LPTEK, INC.	<b>c</b> EIN-PN 83-2729538-001
<b>a</b>	Plan name	LUANA SAVINGS BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LUANA SAVINGS BANK	<b>c</b> EIN-PN 42-0386770-002
<b>a</b>	Plan name	LYNCHBURG READY MIX CONCRETE CO., INC. PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LYNCHBURG READY MIX CONCRETE COMPANY, INC.	<b>c</b> EIN-PN 54-0584414-002
<b>a</b>	Plan name	MAGEE MEDICAL AND SURGICAL CLINIC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAGEE MEDICAL AND SURGICAL CLINIC, PLLC	<b>c</b> EIN-PN 64-0365319-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name MALPHUS ELECTRIC SAFE HARBOR 401(K)	
<b>b</b>	Name of plan sponsor MALPHUS ELECTRICAL CONTRACTING, INC.	<b>c</b> EIN-PN 58-2061013-001
<b>a</b>	Plan name MANGIERI ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MANGIERI ELECTRIC INC	<b>c</b> EIN-PN 37-1321587-001
<b>a</b>	Plan name MANUFACTURING SPECIALTIES, INC. SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor MANUFACTURING SPECIALTIES, INC	<b>c</b> EIN-PN 42-0983291-001
<b>a</b>	Plan name MAPLEWOOD PACKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAPLEWOOD PACKING, INC.	<b>c</b> EIN-PN 39-1688697-001
<b>a</b>	Plan name MAR-CO PACKAGING INC, 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAR-CO PACKAGING, INC	<b>c</b> EIN-PN 38-2589267-001
<b>a</b>	Plan name MARINOFF AND ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARINOFF & ASSOCIATES	<b>c</b> EIN-PN 20-4216326-001
<b>a</b>	Plan name MARSAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARSAN, INC.	<b>c</b> EIN-PN 39-2506795-001
<b>a</b>	Plan name MATHIOWETZ CONSTRUCTION COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MATHIOWETZ CONSTRUCTION COMPANY	<b>c</b> EIN-PN 41-0873426-001
<b>a</b>	Plan name MCS CLAIM SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCS CLAIM SERVICES, INC.	<b>c</b> EIN-PN 11-2651710-001
<b>a</b>	Plan name MEDICAL CARE PROFESSIONALS RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor MEDICAL CARE PROFESSIONALS	<b>c</b> EIN-PN 94-3040151-001
<b>a</b>	Plan name MEMORIAL PARK PSYCHIATRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEMORIAL PARK PSYCHIATRY	<b>c</b> EIN-PN 76-0374170-001
<b>a</b>	Plan name MERIT ELECTRIC LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MERIT ELECTRIC LTD.	<b>c</b> EIN-PN 42-1163448-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MERIT TITLE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERIT TITLE, LLC	<b>c</b> EIN-PN 20-0467684-001
<b>a</b>	Plan name	METALSTAMP, INC. 401K PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor	METALSTAMP, INC.	<b>c</b> EIN-PN 36-3247271-001
<b>a</b>	Plan name	MEYER ELECTRIC COMPANY INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	MEYER ELECTRIC COMPANY INC.	<b>c</b> EIN-PN 43-0910915-001
<b>a</b>	Plan name	MIDAC CORPORATION PROFIT SHARING / 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDAC CORPORATION	<b>c</b> EIN-PN 95-3273583-002
<b>a</b>	Plan name	MID-ATLANTIC PACKAGING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MID-ATLANTIC PACKAGING COMPANY	<b>c</b> EIN-PN 51-0313636-001
<b>a</b>	Plan name	MIDWEST MEDICAL CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST MEDICAL CENTER	<b>c</b> EIN-PN 20-4560540-002
<b>a</b>	Plan name	MIDWEST PENSION ACTUARIES, INC.	
<b>b</b>	Name of plan sponsor	MIDWEST PENSION ACTUARIES	<b>c</b> EIN-PN 38-2065641-003
<b>a</b>	Plan name	MIDWEST PRINTED CIRCUIT SERVICES, INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	MIDWEST PRINTED CIRCUIT SERVICES, INC.	<b>c</b> EIN-PN 36-3294815-001
<b>a</b>	Plan name	MILES ARCHITECTURE EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MILES ARCHITECTURE, LLC	<b>c</b> EIN-PN 84-4667507-001
<b>a</b>	Plan name	MILES TREASTER & ASSOCIATES PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILES TREASTER & ASSOCIATES	<b>c</b> EIN-PN 94-1436765-002
<b>a</b>	Plan name	MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.	<b>c</b> EIN-PN 94-1722076-001
<b>a</b>	Plan name	MISSOURI NEA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSOURI NATIONAL EDUCATION ASSOCIATION	<b>c</b> EIN-PN 43-1005405-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name MISSOURI NEA EMPLOYEES' PENSION TRUST PLAN	
<b>b</b>	Name of plan sponsor MISSOURI NATIONAL EDUCATION ASSOCIATION	<b>c</b> EIN-PN 43-1005405-001
<b>a</b>	Plan name MORLEY SALES CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MORLEY SALES CO., INC.	<b>c</b> EIN-PN 36-1503100-003
<b>a</b>	Plan name MOTION LABS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOTION LABORATORIES INC.	<b>c</b> EIN-PN 13-3084909-001
<b>a</b>	Plan name MOXIE SOLAR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOXIE SOLAR LLC	<b>c</b> EIN-PN 87-4416812-001
<b>a</b>	Plan name MUELLER-BIES FUNERAL HOME, INC. MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor MUELLER-BIES FUNERAL HOME, INC.	<b>c</b> EIN-PN 41-0854061-001
<b>a</b>	Plan name MULLIKIN'S AUTO BODY 401(K) PLAN	
<b>b</b>	Name of plan sponsor MULLIKINS AUTO BODY, INC.	<b>c</b> EIN-PN 52-1672319-001
<b>a</b>	Plan name MYERS-COX COMPANY EMPLOYEE'S 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MYERS COX COMPANY	<b>c</b> EIN-PN 42-0845571-003
<b>a</b>	Plan name NAMRATA BHANSALI DDS PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NAMRATA BHANSALI DDS PC	<b>c</b> EIN-PN 87-2343480-001
<b>a</b>	Plan name NEASE & HIGGINBOTHAM ORTHODONTICS, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEASE & HIGGINBOTHAM ORTHODONTICS, PA	<b>c</b> EIN-PN 57-0644819-003
<b>a</b>	Plan name NEW ENERGY DISTRIBUTING, INC. 401(K) PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor NEW ENERGY DISTRIBUTING, INC.	<b>c</b> EIN-PN 42-1154496-001
<b>a</b>	Plan name NEW HOPE VILLAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW HOPE VILLAGE	<b>c</b> EIN-PN 42-1036748-001
<b>a</b>	Plan name NOKOMIS SAVINGS BANK PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NOKOMIS SAVINGS BANK	<b>c</b> EIN-PN 37-0441973-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name NORCAL CONSTRUCTION GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORCAL CONSTRUCTION GROUP	<b>c</b> EIN-PN 47-0995178-001
<b>a</b>	Plan name NORRIS & SAMON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORRIS & SAMON, INC.	<b>c</b> EIN-PN 59-1771563-001
<b>a</b>	Plan name NORTH CAROLINA NEUROPSYCHIATRY 401(K) PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor NORTH CAROLINA NEUROPSYCHIATRY	<b>c</b> EIN-PN 56-1656323-001
<b>a</b>	Plan name NORTH DALLAS CHAMBER OF COMMERCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTH DALLAS CHAMBER OF COMMERCE	<b>c</b> EIN-PN 75-0899114-001
<b>a</b>	Plan name OGGI'S PIZZA & BREWING COMPANY INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OGGIS PIZZA & BREWING COMPANY	<b>c</b> EIN-PN 33-0930331-001
<b>a</b>	Plan name OLIVER & COMPANY, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor OLIVER & COMPANY, INC.	<b>c</b> EIN-PN 94-2149409-001
<b>a</b>	Plan name ONE SOURCE MANAGEMENT, LTD. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ONE SOURCE MANAGEMENT, LTD.	<b>c</b> EIN-PN 04-3710647-001
<b>a</b>	Plan name ORAL SURGERY ASSOC OF IA CITY, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORAL SURGERY ASSOCIATES OF IOWA CITY, PC	<b>c</b> EIN-PN 42-1116202-001
<b>a</b>	Plan name ORIGER ENTERPRISES, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ORIGER ENTERPRISES, INC. DBA MONTANA RADIATOR INC.	<b>c</b> EIN-PN 20-5091124-001
<b>a</b>	Plan name PACIFIC ORTHOPAEDIC MEDICAL MGMT 401(K) RETIREMENT SVGS PLAN	
<b>b</b>	Name of plan sponsor PACIFIC ORTHOPAEDIC MEDICAL MANAGEMENT, INC.	<b>c</b> EIN-PN 33-0060868-001
<b>a</b>	Plan name PACIFIC TITLE & ART STUDIO EMPLOYEE SAVINGS TRUST 401K PLAN	
<b>b</b>	Name of plan sponsor PACIFIC TITLE ARCHIVES	<b>c</b> EIN-PN 95-1807806-002
<b>a</b>	Plan name PARKER & RIGGS LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PARKER & RIGGS LLP	<b>c</b> EIN-PN 33-0747561-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>PARROCO PRODUCTION GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PARROCO PRODUCTION GROUP, INC.</b>	<b>c</b> EIN-PN <b>54-1938567-002</b>
<b>a</b>	Plan name <b>PATCO MACHINE &amp; FAB., INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PATCO MACHINE &amp; FAB., INC.</b>	<b>c</b> EIN-PN <b>74-1768892-001</b>
<b>a</b>	Plan name <b>PATRICK, LEWIS,WATTS, P.A. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PATRICK, LEWIS, WATTS, P.A.</b>	<b>c</b> EIN-PN <b>86-3920515-001</b>
<b>a</b>	Plan name <b>PAUL C. CRAMER COMPANY PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PAUL C. CRAMER COMPANY</b>	<b>c</b> EIN-PN <b>31-0745301-001</b>
<b>a</b>	Plan name <b>PAULSON EXCAVATING, INC. 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>PAULSON EXCAVATING, INC.</b>	<b>c</b> EIN-PN <b>94-2738657-003</b>
<b>a</b>	Plan name <b>PEORIA HOUSING AUTHORITY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE HOUSING AUTH OF THE PEORIA TRIBE OF INDIANS OF OKLAHOMA</b>	<b>c</b> EIN-PN <b>73-1455510-001</b>
<b>a</b>	Plan name <b>PERFUSION RESOURCES, PC 401(K)/EMPLOYEE PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PERFUSION RESOURCES, P.C.</b>	<b>c</b> EIN-PN <b>27-4036773-001</b>
<b>a</b>	Plan name <b>PERSHING INDUSTRIES, INC. EMPLOYEE'S PSP</b>	
<b>b</b>	Name of plan sponsor <b>PERSHING INDUSTRIES, INC.</b>	<b>c</b> EIN-PN <b>59-0843901-001</b>
<b>a</b>	Plan name <b>PETERSON BROTHERS FUNERAL DIRECTORS 401(K) PROFIT SHARING</b>	
<b>b</b>	Name of plan sponsor <b>PETERSON BROTHERS FUNERAL DIRECTORS</b>	<b>c</b> EIN-PN <b>20-4406652-001</b>
<b>a</b>	Plan name <b>PETRO'S CULLIGAN 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PETROS WATER CONDITIONING OF JOHNSON COUNTY, INC.</b>	<b>c</b> EIN-PN <b>35-0811443-002</b>
<b>a</b>	Plan name <b>PGP INTERNATIONAL, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PGP INTERNATIONAL, INC.</b>	<b>c</b> EIN-PN <b>04-3432542-001</b>
<b>a</b>	Plan name <b>PHELAN TUCKER LAW LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PHELAN TUCKER LAW LLP</b>	<b>c</b> EIN-PN <b>42-0733178-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PIMA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PIMA OILFIELD SERVICES, LLC	<b>c</b> EIN-PN 83-1529202-001
<b>a</b>	Plan name	PINPOINTE ACCOUNTING SERVICES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINPOINTE ACCOUNTING SERVICES, P.C.	<b>c</b> EIN-PN 20-4448112-001
<b>a</b>	Plan name	PIONEER FARM EQUIPMENT CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PIONEER FARM EQUIPMENT CO.	<b>c</b> EIN-PN 77-0388589-001
<b>a</b>	Plan name	PIV, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PIV, LLC	<b>c</b> EIN-PN 26-0728514-001
<b>a</b>	Plan name	PJ ZUCCARO DDS PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	P.J. ZUCCARO DDS, P.C.	<b>c</b> EIN-PN 42-1113336-001
<b>a</b>	Plan name	PL CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PL CONSULTING, INC.	<b>c</b> EIN-PN 65-1260011-001
<b>a</b>	Plan name	PLASTIC SURGERY CENTER, PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PLASTIC SURGERY CENTER, PC	<b>c</b> EIN-PN 42-1520957-001
<b>a</b>	Plan name	PLEASURES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GATES & RYMPH, INC.	<b>c</b> EIN-PN 84-1250293-001
<b>a</b>	Plan name	POLARITY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POLARITY, INC.	<b>c</b> EIN-PN 94-3317548-001
<b>a</b>	Plan name	POSTMORTEM PATHOLOGY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POSTMORTEM PATHOLOGY SERVICES, INC.	<b>c</b> EIN-PN 81-4913588-001
<b>a</b>	Plan name	PPI 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL PRODUCTS, INC.	<b>c</b> EIN-PN 59-1038674-001
<b>a</b>	Plan name	PREOVOLOS & ASSOCIATES INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PREOVOLOS & ASSOCIATES INCENTIVE SAVINGS PLAN	<b>c</b> EIN-PN 33-0838877-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name PRESBYTERIAN FAMILY FOUNDATION, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PRESBYTERIAN FAMILY FOUNDATION, INC.	<b>c</b> EIN-PN 41-6044382-001
<b>a</b>	Plan name PRIMARY CARE CLINIC OF RIPLEY 401K PLAN	
<b>b</b>	Name of plan sponsor PRIMARY CARE CLINIC OF RIPLEY, P.A.	<b>c</b> EIN-PN 72-1520812-001
<b>a</b>	Plan name PROLLENIUUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROLLENIUUM US, INC	<b>c</b> EIN-PN 81-3394535-001
<b>a</b>	Plan name PROSPHIRE, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROSPHIRE, LLC	<b>c</b> EIN-PN 47-3592695-001
<b>a</b>	Plan name PULMONARY AND SLEEP SPECIALISTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PULMONARY AND SLEEP SPECIALISTS OF FLORIDA, P.A.	<b>c</b> EIN-PN 59-1803105-001
<b>a</b>	Plan name R L G ENTERPRISES INC 401K PSP	
<b>b</b>	Name of plan sponsor R L G ENTERPRISES, INC.	<b>c</b> EIN-PN 95-3305136-002
<b>a</b>	Plan name R.M. JOHNSON COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor R.M. JOHNSON COMPANY, INC.	<b>c</b> EIN-PN 41-1238068-001
<b>a</b>	Plan name RACCOON VALLEY BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor RACCOON VALLEY BANK	<b>c</b> EIN-PN 42-0464130-006
<b>a</b>	Plan name RALPH HAYES MOTORS, INC 401(K) SALARY REDUCTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor RALPH HAYES MOTORS, INC.	<b>c</b> EIN-PN 57-0325227-002
<b>a</b>	Plan name RANDY KUEHL HONDA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NAN RAN INC DBA RANDY KUEHL HONDA CARS	<b>c</b> EIN-PN 42-1378678-001
<b>a</b>	Plan name RAYVEN LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RAYVEN LLC	<b>c</b> EIN-PN 41-0758484-001
<b>a</b>	Plan name REICHERT ENTERPRISES, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor REICHERT ENTERPRISES, INC.	<b>c</b> EIN-PN 41-0908266-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	RENEWED FOCUS PSYCHOLOGY SERVICES SOLO(K) PLAN	
<b>b</b>	Name of plan sponsor	RENEWED FOCUS PSYCHOLOGY SERVICES, PLLC	<b>c</b> EIN-PN 82-2091380-001
<b>a</b>	Plan name	RESTOREPRO CONTRACTING INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESTOREPRO CONTRACTING, INC	<b>c</b> EIN-PN 22-3494035-001
<b>a</b>	Plan name	RETAILNEXT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RETAILNEXT INC.	<b>c</b> EIN-PN 26-1465968-001
<b>a</b>	Plan name	RETINOVITREOUS ASSOCIATES, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MID ATLANTIC RETINA	<b>c</b> EIN-PN 23-1932869-001
<b>a</b>	Plan name	RETIRE ONCE FINANCIAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RETIRE ONCE FINANCIAL MANAGEMENT	<b>c</b> EIN-PN 27-1526219-001
<b>a</b>	Plan name	RICCAR CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RICCAR CORPORATION	<b>c</b> EIN-PN 41-1344878-002
<b>a</b>	Plan name	RICHERS TRUCKING SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RICHERS TRUCKING, INC.	<b>c</b> EIN-PN 42-1377607-001
<b>a</b>	Plan name	RIDGE & COMPANY CPA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIDGE & COMPANY CPA, INC.	<b>c</b> EIN-PN 34-1935986-001
<b>a</b>	Plan name	ROBERT FEDERIGHI, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT FEDERIGHI, INC.	<b>c</b> EIN-PN 75-3078726-001
<b>a</b>	Plan name	ROBERT G. MOBLEY, M.D., P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT G. MOBLEY, M.D., P.C.	<b>c</b> EIN-PN 38-2611723-001
<b>a</b>	Plan name	ROH'S COMMERCIAL AUDIO AND VIDEO, LLC EMPLOYEES' PS PLAN	
<b>b</b>	Name of plan sponsor	ROHS COMMERCIAL AUDIO AND VIDEO, LLC	<b>c</b> EIN-PN 45-1659298-001
<b>a</b>	Plan name	ROUNDTREE & ASSOCIATES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ROUNDTREE & ASSOCIATES, INC.	<b>c</b> EIN-PN 64-0753637-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	RTA 401(K) PLAN	
<b>b</b> Name of plan sponsor	REGIONAL TRANSIT AUTHORITY C/O ECIA	<b>c</b> EIN-PN 42-1182944-001
<b>a</b> Plan name	S&S TOOL, INC. PROFIT SHARING AND 401K PLAN	
<b>b</b> Name of plan sponsor	S & S TOOL, INC.	<b>c</b> EIN-PN 41-1282621-001
<b>a</b> Plan name	S.P.O.R.T. PHYSICIANS 401(K) PLAN	
<b>b</b> Name of plan sponsor	S.P.O.R.T. PHYSICIANS, P.C.	<b>c</b> EIN-PN 38-3271561-001
<b>a</b> Plan name	SAB ASSOCIATED WIRE PRODUCTS, LLC 401(K) PS PLAN & TRUST	
<b>b</b> Name of plan sponsor	SAB ASSOCIATED WIRE PRODUCTS, LLC	<b>c</b> EIN-PN 22-3782886-003
<b>a</b> Plan name	SAMUELSON & ROE APC 401(K) PLAN	
<b>b</b> Name of plan sponsor	SAMUELSON & ROE APC	<b>c</b> EIN-PN 20-1832943-001
<b>a</b> Plan name	SANTEE CORPORATION PROFIT SHARING AND 401(K) PLAN	
<b>b</b> Name of plan sponsor	SANTEE CORPORATION	<b>c</b> EIN-PN 94-2520003-001
<b>a</b> Plan name	SBS ASSOCIATES, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SBS ASSOCIATES, INC.	<b>c</b> EIN-PN 58-2058875-001
<b>a</b> Plan name	SECOND SYSTEMS, 401(K) AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SECOND SYSTEMS, INC.	<b>c</b> EIN-PN 36-3260805-001
<b>a</b> Plan name	SECURITY SAVINGS BANK 401(K) PLAN	
<b>b</b> Name of plan sponsor	SECURITY SAVINGS BANK	<b>c</b> EIN-PN 42-0515610-001
<b>a</b> Plan name	SELECT ANESTHESIA SERVICES, P.A. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SELECT ANESTHESIA SERVICES, P.A.	<b>c</b> EIN-PN 26-3908679-001
<b>a</b> Plan name	SELF STORAGE ASSOCIATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	SELF STORAGE ASSOCIATION, INC	<b>c</b> EIN-PN 71-0552035-001
<b>a</b> Plan name	SENTINUS RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	REYNOLDS FINANCIAL GROUP LLC	<b>c</b> EIN-PN 20-3509084-001

<b>Part II</b>	<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">SEQUINOX 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEQUINOX, INC</a>	<b>c</b> EIN-PN <a href="#">02-0663820-002</a>
<b>a</b>	Plan name <a href="#">SIERK ORTHODONTICS, P.C. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SIERK ORTHODONTICS, P.C.</a>	<b>c</b> EIN-PN <a href="#">42-1165435-002</a>
<b>a</b>	Plan name <a href="#">SIGNCRAFT SCREENPRINT, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SIGNCRAFT SCREENPRINT INC.</a>	<b>c</b> EIN-PN <a href="#">36-2820049-001</a>
<b>a</b>	Plan name <a href="#">SINUNU &amp; BRUNI LLP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SINUNU &amp; BRUNI LLP</a>	<b>c</b> EIN-PN <a href="#">32-0216428-001</a>
<b>a</b>	Plan name <a href="#">SMALLTOWN DENTAL MANAGEMENT LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SMALLTOWN DENTAL MANAGEMENT, LLC</a>	<b>c</b> EIN-PN <a href="#">83-3582275-001</a>
<b>a</b>	Plan name <a href="#">SMILE GALAXY PEDIATRIC DENTISTRY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SMILE GALAXY PEDIATRIC DENTISTRY</a>	<b>c</b> EIN-PN <a href="#">68-0582635-001</a>
<b>a</b>	Plan name <a href="#">SONNENBERG &amp; COMPANY INCENTIVE SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SONNENBERG &amp; COMPANY, CPAS, A PROFESSIONAL CORP.</a>	<b>c</b> EIN-PN <a href="#">95-3749711-001</a>
<b>a</b>	Plan name <a href="#">SOUTHEASTERN RENAL DIALYSIS L.C. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTHEASTERN RENAL DIALYSIS, L.C.</a>	<b>c</b> EIN-PN <a href="#">39-1878280-001</a>
<b>a</b>	Plan name <a href="#">SOUTHERN ILLINOIS BANK 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTHERN ILLINOIS BANK</a>	<b>c</b> EIN-PN <a href="#">37-1387863-001</a>
<b>a</b>	Plan name <a href="#">SOUTHWEST RISK MANAGEMENT LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTHWEST RISK MANAGEMENT LLC</a>	<b>c</b> EIN-PN <a href="#">01-0778573-001</a>
<b>a</b>	Plan name <a href="#">SPEC CAST 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAPAT, INC. D/B/A SPEC CAST</a>	<b>c</b> EIN-PN <a href="#">36-3449479-001</a>
<b>a</b>	Plan name <a href="#">SPECTRA EYE INSTITUTE LLC 401(K) PROFIT SHARING PLAN TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SPECTRA EYE INSTITUTE LLC</a>	<b>c</b> EIN-PN <a href="#">86-0988437-001</a>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	SPURGEON MANOR 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SPURGEON MANOR
<b>c</b>	EIN-PN	42-0926896-001
<b>a</b>	Plan name	ST. MARK YOUTH ENRICHMENT 401(K) PLAN
<b>b</b>	Name of plan sponsor	ST MARK YOUTH ENRICHMENT
<b>c</b>	EIN-PN	42-1338364-001
<b>a</b>	Plan name	ST. NICHOLAS EPARCHY FOR UKRAINIAN CATHOLICS DB PLAN
<b>b</b>	Name of plan sponsor	ST. NICHOLAS EPARCHY IN CHICAGO FOR UKRAINIAN CATH
<b>c</b>	EIN-PN	45-0568250-001
<b>a</b>	Plan name	STAFFING VGM 401(K) PLAN
<b>b</b>	Name of plan sponsor	STAFFING VGM, LLC
<b>c</b>	EIN-PN	82-3945917-001
<b>a</b>	Plan name	STANDARD OF BEAVERDALE, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	STANDARD OF BEAVERDALE, INC.
<b>c</b>	EIN-PN	42-0933785-001
<b>a</b>	Plan name	STARFISH THERAPIES 401(K) PLAN
<b>b</b>	Name of plan sponsor	STARFISH THERAPIES
<b>c</b>	EIN-PN	26-0198884-001
<b>a</b>	Plan name	STERLING SERVICES GROUP, INC.401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	STERLING SERVICES GROUP, INC.
<b>c</b>	EIN-PN	36-3582693-001
<b>a</b>	Plan name	STEVEN L. RHODES, DDS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	STEVEN L. RHODES, DDS, SOLE PROPRIETOR
<b>c</b>	EIN-PN	88-0221775-001
<b>a</b>	Plan name	STONEHILL FRANCISCAN SERVICES 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	STONEHILL FRANCISCAN SERVICES
<b>c</b>	EIN-PN	51-0141775-003
<b>a</b>	Plan name	STROSS WESS CUTCHER & LEVIN LLP 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	STROSS WESS CUTCHER & LEVIN LLP
<b>c</b>	EIN-PN	94-3174394-001
<b>a</b>	Plan name	STUDSTILL, HAUGABOOK & HUDGINS 401(K) PLAN
<b>b</b>	Name of plan sponsor	STUDSTILL, HAUGABOOK & HUDGINS
<b>c</b>	EIN-PN	27-4393280-001
<b>a</b>	Plan name	SUMMIT PARK 401(K) PLAN
<b>b</b>	Name of plan sponsor	SUMMIT PARK PARTNERS L.P.
<b>c</b>	EIN-PN	75-2786367-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SUNCREST HOME HEALTH SERVICES, INC. 401(K) PROFIT SHARING PL	
<b>b</b>	Name of plan sponsor	SUNCREST HOME HEALTH SERVICES, INC	<b>c</b> EIN-PN 94-3452048-002
<b>a</b>	Plan name	SUNDOWN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNDOWN	<b>c</b> EIN-PN 42-1014238-001
<b>a</b>	Plan name	SUNDVOLD CAPITAL MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUNDVOLD FINANCIAL	<b>c</b> EIN-PN 43-1823054-001
<b>a</b>	Plan name	SURGICAL SERVICES P.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SURGICAL SERVICES PC	<b>c</b> EIN-PN 42-1008881-001
<b>a</b>	Plan name	SWEETWATER POOL SERVICE PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWEETWATER POOL SERVICE INC.	<b>c</b> EIN-PN 04-2970328-001
<b>a</b>	Plan name	SYMBIONT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYMBIONT SCIENCE, ENGINEERING & CONSTRUCTION, INC.	<b>c</b> EIN-PN 39-1380641-001
<b>a</b>	Plan name	SYNERGY MEDICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY MEDICAL SYSTEMS, INC	<b>c</b> EIN-PN 20-8125739-001
<b>a</b>	Plan name	SYSTEL, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYSTEL, INC.	<b>c</b> EIN-PN 76-0274061-001
<b>a</b>	Plan name	T & L NELSON ELECTRIC INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	T & L NELSON ELECTRIC, INC.	<b>c</b> EIN-PN 42-1184236-002
<b>a</b>	Plan name	TAIBER KOSMALA & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAIBER KOSMALA & ASSOCIATES, INC.	<b>c</b> EIN-PN 45-4378620-001
<b>a</b>	Plan name	TAMA USA BRIDON USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAMA USA INC.	<b>c</b> EIN-PN 22-2185106-002
<b>a</b>	Plan name	TANDEM TIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TANDEM TIRE & AUTO SERVICE, INC.	<b>c</b> EIN-PN 42-1455547-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name TAPPERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TAPPERS, INC.	<b>c</b> EIN-PN 41-1470393-001
<b>a</b>	Plan name TEKRINS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEKRINS, INC	<b>c</b> EIN-PN 81-0709086-001
<b>a</b>	Plan name TELEPHONE SUPPORT SYSTEMS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TELEPHONE SUPPORT SYSTEMS, INC.	<b>c</b> EIN-PN 38-2264539-001
<b>a</b>	Plan name TEN NAPEL SHEET METAL, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TEN NAPEL SHEET METAL, INC.	<b>c</b> EIN-PN 76-0229106-001
<b>a</b>	Plan name TEXAS ANESTHESIOLOGY CONSULTANTS OF HOUSTON, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEXAS ANESTHESIOLOGY CONSULTANTS OF HOUSTON, P.A.	<b>c</b> EIN-PN 20-1963934-001
<b>a</b>	Plan name THE ADAMS COMPANY - BARGAINING EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE ADAMS COMPANY	<b>c</b> EIN-PN 42-0107280-003
<b>a</b>	Plan name THE ADAMS COMPANY NON-BARG EMPLOYEES PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE ADAMS COMPANY	<b>c</b> EIN-PN 42-0107281-001
<b>a</b>	Plan name THE CHIROPRACTIC AUTO INJURY CLINIC, P.C. 401K PS PLAN	
<b>b</b>	Name of plan sponsor THE CHIROPRACTIC AUTO INJURY CLINIC, P.C.	<b>c</b> EIN-PN 20-2029624-001
<b>a</b>	Plan name THE COCKS-CLARK ENGRAVING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE COCKS-CLARK ENGRAVING COMPANY	<b>c</b> EIN-PN 84-0170320-001
<b>a</b>	Plan name THE GARABEDIAN GROUP A PROFESSIONAL 401(K) PS PLAN TRUST	
<b>b</b>	Name of plan sponsor THE GARABEDIAN GROUP, INC.	<b>c</b> EIN-PN 27-0168995-001
<b>a</b>	Plan name THE HOTEL JULIEN DUBUQUE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HJD SUB-TENANT, LLC	<b>c</b> EIN-PN 26-2645387-001
<b>a</b>	Plan name THE LAW FIRM OF DOREEN A. GRAHAM PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE LAW FIRM OF DOREEN A. GRAHAM, LLC	<b>c</b> EIN-PN 47-5394745-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE LAW OFFICES OF LAURENCE JEFFREY WEINGARD 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor THE LAW OFFICES OF LAURENCE JEFFREY WEINGARD	<b>c</b> EIN-PN 20-4103857-001
<b>a</b>	Plan name THE MICRON INDUSTRIES CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICRON INDUSTRIES CORPORATION	<b>c</b> EIN-PN 36-3180535-001
<b>a</b>	Plan name THE REGENT CONDO ASSOCIATION, INC 401(K) PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE REGENT CONDO ASSOCIATION, INC.	<b>c</b> EIN-PN 65-1095319-002
<b>a</b>	Plan name THE RENN WEALTH MANAGEMENT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE RENN WEALTH MANAGEMENT GROUP	<b>c</b> EIN-PN 58-2641293-001
<b>a</b>	Plan name THE SCHLUETER COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE SCHLUETER COMPANY	<b>c</b> EIN-PN 39-0746449-001
<b>a</b>	Plan name THE SCHWARTZ POSEL IMMIGRATION LAW GROUP 401K FUND	
<b>b</b>	Name of plan sponsor SCHWARTZ POSEL IMMIGRATION LAW GROUP	<b>c</b> EIN-PN 87-4186810-001
<b>a</b>	Plan name THE THALERUS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE THALERUS GROUP	<b>c</b> EIN-PN 36-4449889-001
<b>a</b>	Plan name THE TRADES PUBLISHING 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE TRADES PUBLISHING COMPANY INC	<b>c</b> EIN-PN 62-1316305-001
<b>a</b>	Plan name THE TSCHIGGFRIE GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE TSCHIGGFRIE GROUP	<b>c</b> EIN-PN 42-1285164-001
<b>a</b>	Plan name THERMO DYNAMIC INSULATION LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THERMO DYNAMIC INSULATION LLC	<b>c</b> EIN-PN 75-2937554-001
<b>a</b>	Plan name THOMAS J MOSS, DDS 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THOMAS J MOSS, DDS	<b>c</b> EIN-PN 61-1439485-001
<b>a</b>	Plan name THOMAS R. BUTLER INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THOMAS R. BUTLER INC	<b>c</b> EIN-PN 94-2178017-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TIGUA INC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TIGUA INC	<b>c</b> EIN-PN 68-0666726-001
<b>a</b>	Plan name	TIPTON & HURST, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TIPTON & HURST, INC.	<b>c</b> EIN-PN 71-0179450-002
<b>a</b>	Plan name	TOMPKINS ELECTRICAL CONTRACTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOMPKINS ELECTRICAL CONTRACTING LLC	<b>c</b> EIN-PN 46-1101220-001
<b>a</b>	Plan name	TOM'S QUALITY MILLWORK AND HARDWOODS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TOMS QUALITY MILLWORK, INC.	<b>c</b> EIN-PN 39-1545960-001
<b>a</b>	Plan name	TOTAL HEALTHCARE MEDICAL 401K PLAN	
<b>b</b>	Name of plan sponsor	ATLANTA INNOVATIVE MEDICINE	<b>c</b> EIN-PN 41-2040843-001
<b>a</b>	Plan name	TOTAL VALIDATION SERVICES 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	TOTAL VALIDATION SERVICES	<b>c</b> EIN-PN 94-3189038-001
<b>a</b>	Plan name	TR SERVICE INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TR SERVICE INC DBA TRUCK REPAIR INC	<b>c</b> EIN-PN 81-4633192-001
<b>a</b>	Plan name	TRI STATE SURVEYING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRI STATE SURVEYING, LTD.	<b>c</b> EIN-PN 88-0221625-001
<b>a</b>	Plan name	TRI-STAR ELECTRICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI-STAR ELECTRICAL & LIGHTING, LLC	<b>c</b> EIN-PN 47-2042514-001
<b>a</b>	Plan name	TROY LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TROY LUMBER COMPANY	<b>c</b> EIN-PN 56-0514951-001
<b>a</b>	Plan name	TWO RIVERS FINANCIAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TWO RIVERS FINANCIAL GROUP	<b>c</b> EIN-PN 42-1337121-002
<b>a</b>	Plan name	U.S. JACK COMPANY PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	U.S. JACK COMPANY	<b>c</b> EIN-PN 38-2639181-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UNITED CONTRACTORS OF AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNITED CONTRACTORS OF AMERICA	<b>c</b> EIN-PN 20-8392025-001
<b>a</b>	Plan name	UNZEITIG CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNZEITIG CONSTRUCTION COMPANY	<b>c</b> EIN-PN 42-1339372-001
<b>a</b>	Plan name	USAOPOLY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	USAOPOLY, INC.	<b>c</b> EIN-PN 04-3235338-001
<b>a</b>	Plan name	VALLEY DISTRIBUTION CORP. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VALLEY DISTRIBUTION CORP.	<b>c</b> EIN-PN 42-1390554-001
<b>a</b>	Plan name	VALLEY LAHVOSH BAKING CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLEY LAHVOSH BAKING CO., INC.	<b>c</b> EIN-PN 94-2281231-003
<b>a</b>	Plan name	VALLEY MEDICAL ONCOLOGY CONSULTANTS PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	VALLEY MEDICAL ONCOLOGY CONSULTANTS	<b>c</b> EIN-PN 94-2950378-001
<b>a</b>	Plan name	VALLEY PHARMACY SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLEY PHARMACY SERVICES	<b>c</b> EIN-PN 77-0541902-001
<b>a</b>	Plan name	VALLEY ROAD SEEDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALLEY ROAD SEEDS	<b>c</b> EIN-PN 36-4504479-001
<b>a</b>	Plan name	VALUE MERCHANDISE INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VMI, LLC/DBA VALUE MERCHANDISE INTERNATIONAL	<b>c</b> EIN-PN 46-1022932-001
<b>a</b>	Plan name	VARDARO & ASSOCIATES, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VARDARO & ASSOCIATES, LLP	<b>c</b> EIN-PN 48-2768320-001
<b>a</b>	Plan name	VENTUCOM, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	VENTUCOM, LLC	<b>c</b> EIN-PN 01-0593964-001
<b>a</b>	Plan name	VICTOR ANTHONY SHADA, D.O., P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VICTOR ANTHONY SHADA, D.O., P.C.	<b>c</b> EIN-PN 62-1867732-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	VILLAGE PRIMARY CARE PROVIDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VILLAGE PRIMARY CARE PROVIDERS	<b>c</b> EIN-PN 82-3855327-001
<b>a</b>	Plan name	VIRTUE CAPITAL MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VIRTUE CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 46-2394304-001
<b>a</b>	Plan name	VISALIA FAMILY PRACTICE MEDICAL GROUP 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	VISALIA FAMILY PRACTICE MEDICAL GROUP	<b>c</b> EIN-PN 77-0073025-001
<b>a</b>	Plan name	VOGUE PRINTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOGUE PRINTERS, INC.	<b>c</b> EIN-PN 36-3772647-001
<b>a</b>	Plan name	VSC SYNAPSE LLC SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VSC SYNAPSE LLC	<b>c</b> EIN-PN 87-3554245-001
<b>a</b>	Plan name	W.M. DEWEY & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W.M. DEWEY & SON, INC.	<b>c</b> EIN-PN 74-1224201-001
<b>a</b>	Plan name	WALENTA GRINDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WALENTA GRINDING, INC.	<b>c</b> EIN-PN 39-0991811-001
<b>a</b>	Plan name	WALLACE ARCHITECTS, LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WALLACE ARCHITECTS, LLC	<b>c</b> EIN-PN 43-1802526-001
<b>a</b>	Plan name	WALLCOVERING DESIGNS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WALLCOVERING DESIGNS, INC.	<b>c</b> EIN-PN 91-2095282-001
<b>a</b>	Plan name	WALTHER ANTEL & STAMPER PC RESTATED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALTHER ANTEL & STAMPER PC	<b>c</b> EIN-PN 43-1549257-001
<b>a</b>	Plan name	WASHINGTON BANCORP EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	FEDERATION BANK	<b>c</b> EIN-PN 42-0500800-001
<b>a</b>	Plan name	WASHINGTON POISON CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WASHINGTON POISON CENTER	<b>c</b> EIN-PN 94-3214597-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	WATER WORKS EMPLOYEES 401(K)
<b>b</b>	Name of plan sponsor	WATER WORKS, INC.
<b>c</b>	EIN-PN	42-1365040-001
<b>a</b>	Plan name	WATSON BROTHERS CHIMNEY AND VENT 401(K) PLAN
<b>b</b>	Name of plan sponsor	WATSON BROTHERS CHIMNEY AND VENT
<b>c</b>	EIN-PN	85-3497496-001
<b>a</b>	Plan name	WAUKON STATE BANK RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	WAUKON STATE BANK
<b>c</b>	EIN-PN	42-0588640-001
<b>a</b>	Plan name	WAUMANDEE STATE BANK 401(K) PLAN
<b>b</b>	Name of plan sponsor	WAUMANDEE STATE BANK
<b>c</b>	EIN-PN	39-0690180-002
<b>a</b>	Plan name	WELLMIND COMPANY 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WELLMIND COMPANY
<b>c</b>	EIN-PN	81-2873517-001
<b>a</b>	Plan name	WESTBROOK OPS LLC 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	WESTBROOK OPS LLC (DBA WESTBROOK INC.)
<b>c</b>	EIN-PN	84-2018083-001
<b>a</b>	Plan name	WES-TECH AUTOMATION SOLUTIONS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WES-TECH AUTOMATION SOLUTIONS, LLC
<b>c</b>	EIN-PN	20-1957211-001
<b>a</b>	Plan name	WESTERN PAVERS INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WESTERN PAVERS INC
<b>c</b>	EIN-PN	26-2839669-001
<b>a</b>	Plan name	WHP ASSOCIATES LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WHP ASSOCIATES LLC
<b>c</b>	EIN-PN	87-0811914-001
<b>a</b>	Plan name	WIMSATT BUILDING MATERIALS CORP 401(K) PS PLAN & TRUST
<b>b</b>	Name of plan sponsor	WIMSATT BUILDING MATERIALS CORPORATION
<b>c</b>	EIN-PN	38-1333479-001
<b>a</b>	Plan name	WIN INC. DBA HOME INSTEAD SENIOR CARE 401(K) PLAN
<b>b</b>	Name of plan sponsor	WIN INC. DBA HOME INSTEAD SENIOR CARE
<b>c</b>	EIN-PN	42-1507605-001
<b>a</b>	Plan name	WONIK QUARTZ INTERNATIONAL CORPORATION 401(K) PS PLAN
<b>b</b>	Name of plan sponsor	WONIK QUARTZ INTERNATIONAL CORPORATION
<b>c</b>	EIN-PN	20-3380454-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PREMIER TRUST FUND FOR QUALIFIED EMPLOYEE BENEFIT PLANS</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERICAN TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>62-1549435</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	971099	1958944
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	5260749	9277054
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	133054298	116678887
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	14773548	10927744
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	569888884	747117386
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	64810625	92164110
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	788759203	978124125
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1202151	698738
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1202151	698738
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	787557052	977425387

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	616387	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	4263300	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		4879687
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	1459803	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	22679776	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		24139579
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	113509871	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	94098027	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1836279	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	2320674
(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)	70200822
<b>c</b> Other income .....	2c	22543
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	122811428

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other .....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	0
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	5876310
(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)	5876310
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	5876310

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	116935118
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	582760242
(2) From this plan .....	2l(2)	509827025

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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