

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>YOURPATH PASSIVE 2015 MODERATE</u>	1b Three-digit plan number (PN) ▶ <u>206</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BENEFIT TRUST COMPANY</u> <u>5901 COLLEGE BLVD</u> <u>SUITE 100</u> <u>OVERLAND PARK, KS 66211</u>	2b Employer Identification Number (EIN) <u>83-6725700</u> 2c Plan Sponsor's telephone number <u>913-319-0380</u> 2d Business code (see instructions)

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/25/2025</u>	<u>EMILY GOODALL</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFIT TRUST COMPANY 5901 COLLEGE SUITE 100 OVERLAND PARK, KS 66211	3b Administrator's EIN 43-1971558 3c Administrator's telephone number 913-319-0380																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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6a(2)																					
6b																					
6c																					
6d																					
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code 0

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

A Name of plan <u>YOURPATH PASSIVE 2015 MODERATE</u>	B Three-digit plan number (PN)	<u>206</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>83-6725700</u>	

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

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)

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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):

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:

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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)

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

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

c EIN-PN

d Entity code

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

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

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

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d Entity code

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:

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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:

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d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ALLIANCE OF STATE RETAIL ASSOC 401(K) PL&TR -MALDEN MAIN ST KAPPYS INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor ASRA/MALDEN MAIN STREET KAPPYS	c EIN-PN 01-0165117-001
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST- MEXICAN RESTAURANT	
b	Name of plan sponsor ASRA/MEXICAN RESTAURANT	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - PEABODY KAPPYS INC 401K SAVINGS PLAN	
b	Name of plan sponsor ASRA/PEABODY KAPPYS INC 401K	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST AMERICAN SALE CORP	
b	Name of plan sponsor ASRA/AMERICAN SALE CORP	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST- GSM	
b	Name of plan sponsor ASRA/GOOD SPORTSMAN MARKETING	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST LOUIS J PARADIS INC	
b	Name of plan sponsor ASRA/LOUIS J PARADIS INC	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST PW PLUMMER & SONS INC	
b	Name of plan sponsor ASRA/PW PLUMMER & SONS INC	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST -WASHINGTON RETAIL ASSOC	
b	Name of plan sponsor ASRA/WASHINGTON RETAIL ASSOC	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST WILCOXSON ENTERPRISES INC	
b	Name of plan sponsor ASRA/WILCOXSON ENTERPRISES INC	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-DE FOODS LLC	
b	Name of plan sponsor ASRA/ DE FOODS LLC	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-FALMOUTH KAPPY'S INC 401K SAVINGS PLAN	
b	Name of plan sponsor ASRA/FALMOUTH KAPPYS	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-FITCHBURG KAPPY'S INC 401K SAVINGS PLAN	
b	Name of plan sponsor ASRA/FITCHBURG KAPPYS INC	c EIN-PN 01-0165117-333

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-KAPPY'S RETIREMENT AND 401K SAVINGS PLAN	
b	Name of plan sponsor	ASRA/KAPPYS RETIREMENT	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-LACHANCE INTERIORS 401K	
b	Name of plan sponsor	ASRA/LACHANCE INTERIORS	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-MALDEN ROUTE 1 KAPPY'S INC 401K SAVINGS PLAN	
b	Name of plan sponsor	ASRA/MALDEN ROUTE 1 KAPPYS	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-SENECA MACHINE INC	
b	Name of plan sponsor	ASRA/SENECA MACHINE INC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-SOUTHERN RESTAURANT MANAGEMENT	
b	Name of plan sponsor	ASRA/SOUTHERN RESTAURANT MANAG	c EIN-PN 01-0165117-333
a	Plan name	PAQUET & SON DRYWALL INC ALLIANCE OF STATE RETAIL ASSOC 401(K) PLAN & TRUST	
b	Name of plan sponsor	ASRA/PAQUET & SON DRYWALL INC	c EIN-PN 01-0244827-333
a	Plan name	ASSOCIATED GENERAL CONTRACTORS 401(K) PLAN AND TRUST	
b	Name of plan sponsor	AGCM/BANCROFT CONTRACTING CORP	c EIN-PN 01-0275734-333
a	Plan name	MAINE COAST CONSTRUCTION CORP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAINE COAST CONSTRUCTION CORP	c EIN-PN 01-0284822-001
a	Plan name	MALONE DIRUBBO & COMPANY PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MALONE DIRUBBO & COMPANY PC	c EIN-PN 02-0436087-001
a	Plan name	SPACE METRICS INC 401(K) PLAN	
b	Name of plan sponsor	SPACE METRICS INC	c EIN-PN 02-0717122-001
a	Plan name	CITY TIRE COMPANY INC 401(K) PLAN	
b	Name of plan sponsor	CITY TIRE COMPANY INC	c EIN-PN 04-2019114-001
a	Plan name	401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF WORK OPPORTUNITY CENTER INC	
b	Name of plan sponsor	GWCCP/401(K) PROFIT-SHARING PL	c EIN-PN 04-2467188-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HINGHAM ENDODONTICS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HINGHAM ENDODONTICS INC	c EIN-PN 04-2551029-002
a	Plan name NOVA PSYCHIATRIC SERVICES 401(K) PLAN	
b	Name of plan sponsor SXPCP/NOVA PSYCHIATRIC SERVICE	c EIN-PN 04-3303141-001
a	Plan name J & L LIQUORS INC 401(K) PLAN	
b	Name of plan sponsor J & L LIQUORS INC	c EIN-PN 04-3315210-001
a	Plan name SOLEX PAYROLL SYSTEMS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SXPCP/SOLEX PAYROLL SYSTEMS	c EIN-PN 04-3430103-001
a	Plan name ESCANDON FERNICOLA ANDERSON & COVELLI LLC 401(K) PLAN	
b	Name of plan sponsor ESCANDON FERNICOLA ANDERSON &	c EIN-PN 04-3681801-001
a	Plan name JD CEMENT 401(K) PLAN	
b	Name of plan sponsor JD CEMENT WORKS INC	c EIN-PN 05-0458292-001
a	Plan name BLACK & WARNER CONSTRUCTION CO INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BLACK & WARNER CONSTRUCTION	c EIN-PN 06-0764873-001
a	Plan name EURO MOTOR CARS INC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor EURO MOTOR CARS INC	c EIN-PN 06-1471374-001
a	Plan name JAY SHAPIRO & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JAY SHAPIRO & ASSOCIATES INC	c EIN-PN 06-1660950-001
a	Plan name GREG D ANGELO CONSTRUCTION INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor GREG D ANGELO CONSTRUCTION INC	c EIN-PN 11-3042848-001
a	Plan name CNC CABINETRY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CNC CABINETRY	c EIN-PN 11-3086986-001
a	Plan name PDS KO 401(K) PLAN	
b	Name of plan sponsor PDS CONSULTANTS INC	c EIN-PN 11-3124680-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name XSB INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor XSB INC INTELLIGENT DATABASE	c EIN-PN 11-3424040-001
a	Plan name DOLAN FAMILY OFFICE LLC 401(K) PLAN	
b	Name of plan sponsor DOLAN FAMILY OFFICE LLC	c EIN-PN 11-3580282-001
a	Plan name UNITED CORPORATE SERVICES INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor UNITED CORPORATE SERVICES INC	c EIN-PN 13-2654615-001
a	Plan name ROBERT MARTIN 401(K) PLAN	
b	Name of plan sponsor ROBERT MARTIN COMPANY LLC	c EIN-PN 13-2849215-001
a	Plan name FEINER GRANT STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSAL COMMUNICATION	c EIN-PN 13-3733304-001
a	Plan name SELERANT CORP 401(K) PLAN	
b	Name of plan sponsor SELERANT CORP	c EIN-PN 13-4050596-001
a	Plan name SIERRA CONSULTING GROUP INC 401(K) PLAN	
b	Name of plan sponsor SIERRA CONSULTING GROUP INC	c EIN-PN 13-4165817-001
a	Plan name FRANKFORT TOYOTA SCION 401(K) PLAN	
b	Name of plan sponsor TEWELL FAMILY LLC DBA	c EIN-PN 13-4232131-001
a	Plan name POLYFUSION ELECTRONICS INC 401(K) PLAN	
b	Name of plan sponsor POLYFUSION ELECTRONICS INC	c EIN-PN 16-1056988-001
a	Plan name WISESTAFF LLC PROFIT SHARING PLAN	
b	Name of plan sponsor WISESTAFF LLC	c EIN-PN 20-0049637-001
a	Plan name WILDES BUILDERS LLC 401(K) TRUST	
b	Name of plan sponsor WILDES BUILDERS LLC	c EIN-PN 20-0354763-001
a	Plan name SMITHCORP INC 401K PLAN	
b	Name of plan sponsor SMITHCORP INC	c EIN-PN 20-0474260-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	LINDNER HAGEN 401(K) PLAN AND TRUST	
b Name of plan sponsor	LINDNER HAGEN ENTERPRISES INC	c EIN-PN 20-0493466-001
a Plan name	ARMOR HEALTH 401(K) PLAN	
b Name of plan sponsor	AMRP/ARMOR CORRECTIONAL HEALTH	c EIN-PN 20-1422279-001
a Plan name	ALESSANDRO AND ASSOCIATES CPA PLLC RETIREMENT PLAN	
b Name of plan sponsor	ALESSANDRO AND ASSOCIATES CPA	c EIN-PN 20-1536264-001
a Plan name	CPM BUILDERS INC RETIREMENT PLAN	
b Name of plan sponsor	CPM BUILDERS INC	c EIN-PN 20-1556172-001
a Plan name	TURLOCK EYE PHYSICIANS MEDICAL GROUP PROFIT SHARING PLAN	
b Name of plan sponsor	TURLOCK EYE PHYSICIANS MEDICAL	c EIN-PN 20-1603583-002
a Plan name	WHITE MARSH CORPORATE SERVICES INC 401(K) PLAN	
b Name of plan sponsor	LGPCP/WHITE MARSH CORPORATE	c EIN-PN 20-1628368-001
a Plan name	CHICAGO PAINTING INC 401(K) PLAN	
b Name of plan sponsor	CHICAGO PAINTING INC	c EIN-PN 20-2014932-001
a Plan name	SUMMIT MANAGEMENT GROUP OF FLORIDA LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	SUMMIT MANAGEMENT GROUP OF	c EIN-PN 20-2175532-001
a Plan name	HOSPICE OF SOUTHWEST OHIO 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	MOCCP/HOSPICE OF SOUTHWEST OHI	c EIN-PN 20-2304600-001
a Plan name	GEOLOG AMERICAS INC 401K PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	BKCRP/GEOLOG AMERICAS INC	c EIN-PN 20-2589263-001
a Plan name	ONE MEMBER RETIREMENT PLAN - ELITE PLUMBING SUPPLY CORPORATION	
b Name of plan sponsor	ELITE PLUMBING SUPPLY CORP	c EIN-PN 20-2905621-333
a Plan name	ONE MEMBER RETIREMENT PLAN AC SUPPLY INC	
b Name of plan sponsor	OMRM/AC SUPPLY INC	c EIN-PN 20-2905621-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ONE MEMBER RETIREMENT PLAN CENTRAL A/C & REFRIGERATION SUPPLY INC	
b	Name of plan sponsor OMRM/CENTRAL A/C & REFRIGERATI	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN COASTAL SUPPLY GROUP	
b	Name of plan sponsor OMRM/COASTAL SUPPLY GROUP	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN HVAC DISTRIBUTORS INC	
b	Name of plan sponsor OMRM/HVAC DISTRIBUTORS INC	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN IMARK PLUMBING	
b	Name of plan sponsor OMRM/IMARK PLUMBING	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN RSK CORPORATION DBA VICTOR DISTRIBUTING COMPANY	
b	Name of plan sponsor OMRM/RSK CORPORATION DBA VICTO	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN SUPERIOR EQUIPMENT SALES INC	
b	Name of plan sponsor OMRM/SUPERIOR EQUIPMENT SALES	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN- WEATHERTECH DISTRIBUTING CO INC	
b	Name of plan sponsor OMRM/WEATHERTECH DISTRIBUTING	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN- WESTWATER SUPPLY CORP	
b	Name of plan sponsor OMRM/WESTWATER SUPPLY CORP	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN WINSTEL CONTROLS	
b	Name of plan sponsor OMRM/WINSTEL CONTROLS	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN-IHRIE SUPPLY	
b	Name of plan sponsor OMRM/IHRIE SUPPLY	c EIN-PN 20-2905621-333
a	Plan name CAVE 401(K) PLAN	
b	Name of plan sponsor CAVE ENTERPRISES OPERATIONS	c EIN-PN 20-4023518-001
a	Plan name POSITIVE BEHAVIOR SUPPORTS CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor POSITIVE BEHAVIOR SUPPORTS	c EIN-PN 20-5268843-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HYPERION BANK 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LGAP/HYPERION BANK 401(K) RETI	c EIN-PN 20-5859525-001
a	Plan name	A AFFORDABLE STRIPING & SEALING 401(K) PLAN	
b	Name of plan sponsor	A AFFORDABLE STRIPING &	c EIN-PN 20-8032842-001
a	Plan name	WELLSTON ASSOCIATES LAND SURVEYORS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NCCPAP/WELLSTON ASSOCIATES	c EIN-PN 20-8081337-001
a	Plan name	NIKKEN FOODS USA INC 401(K) PLAN	
b	Name of plan sponsor	NIKKEN FOODS USA INC	c EIN-PN 20-8131597-001
a	Plan name	SHREWSBURY'S GRADUATE SUPPLIES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NCCPAP/SHREWSBURYS GRADUATE	c EIN-PN 20-8371723-001
a	Plan name	BANKFLORIDA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BANKFLORIDA	c EIN-PN 20-8982689-001
a	Plan name	J GATARZ & SONS INC 401K PLAN	
b	Name of plan sponsor	J GATARZ & SONS INC	c EIN-PN 22-1725367-001
a	Plan name	UNEX MANUFACTURING INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	UNEX MANUFACTURING INC	c EIN-PN 22-1733032-001
a	Plan name	SW ELECTRONICS AND MANUFACTURING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SW ELECTRONICS AND	c EIN-PN 22-1766038-002
a	Plan name	SW ELECTRONICS AND MANUFACTURING CORPORATION ADMIN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SW ELECTRONICS AND	c EIN-PN 22-1766038-001
a	Plan name	BIL-JIM CONSTRUCTION CO. INC & MAPLE LAKE INC PENSION PLAN	
b	Name of plan sponsor	BIL-JIM CONSTRUCTION COMPANY	c EIN-PN 22-1772136-003
a	Plan name	BIL-JIM CONSTRUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor	BIL-JIM CONSTRUCTION COMPANY	c EIN-PN 22-1772136-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DECKER TAPE PRODUCTS INC PROFIT SHARING PLAN I	
b	Name of plan sponsor DECKER TAPE PRODUCTS INC	c EIN-PN 22-1866945-001
a	Plan name DECKER TAPE PRODUCTS INC PROFIT SHARING PLAN II	
b	Name of plan sponsor DECKER TAPE PRODUCTS INC	c EIN-PN 22-1866945-002
a	Plan name CHAMLIN ULIANO & WALSH PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor CHAMLIN ULIANO & WALSH	c EIN-PN 22-1970306-001
a	Plan name JACK DANIELS MOTORS INC 401(K) PLAN II	
b	Name of plan sponsor JACK DANIELS MOTORS INC	c EIN-PN 22-1974783-002
a	Plan name JACK DANIELS MOTORS INC 401(K) PLAN III	
b	Name of plan sponsor JACK DANIELS MOTORS INC	c EIN-PN 22-1974783-003
a	Plan name L & A TRANSPORT 401(K) PLAN	
b	Name of plan sponsor L & A TRANSPORT INC	c EIN-PN 22-2299057-001
a	Plan name MARGARET RAVITS MD RETIREMENT PLAN	
b	Name of plan sponsor MARGARET RAVITS MD	c EIN-PN 22-2589665-001
a	Plan name OCEANS HARBOR HOUSE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OCEANS HARBOR HOUSE	c EIN-PN 22-2672209-001
a	Plan name ACTION SUPPLY INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor ACTION SUPPLY INC	c EIN-PN 22-2752206-001
a	Plan name SOUTH PLAINFIELD PRIMARY CARE 401K PLAN	
b	Name of plan sponsor SOUTH PLAINFIELD PRIMARY CARE	c EIN-PN 22-2842501-001
a	Plan name CLARKS LANDING RETIREMENT PLAN	
b	Name of plan sponsor CLARKS LANDING MARINA	c EIN-PN 22-2878366-001
a	Plan name PRIMO REMODELING INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRIMO REMODELING INC	c EIN-PN 22-3262979-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	BKC CPAS PC 401(K) PLAN
b	Name of plan sponsor	BKC CPAS PC
c	EIN-PN	22-3299874-001
a	Plan name	NETWORK TECHNOLOGY SOLUTIONS INC RETIREMENT PLAN
b	Name of plan sponsor	NETWORK TECHNOLOGY SOLUTIONS
c	EIN-PN	22-3315144-001
a	Plan name	PHOENIX INTERNATIONAL BUSINESS LOGISTICS INC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	PHOENIX INTERNATIONAL BUSINESS
c	EIN-PN	22-3379715-001
a	Plan name	STEIDLE PENSION SOLUTIONS LLC 401K PLAN
b	Name of plan sponsor	THE STEIDLE FINANCIAL GROUP
c	EIN-PN	22-3431024-001
a	Plan name	DASTI MURPHY & MCGUCKIN PC 401(K) PLAN
b	Name of plan sponsor	DASTI MURPHY & MCGUCKIN
c	EIN-PN	22-3450668-001
a	Plan name	PRINT ART INC 401(K) PLAN
b	Name of plan sponsor	PRINT ART INC
c	EIN-PN	22-3619381-002
a	Plan name	ALL KIDS FIRST INC RETIREMENT PLAN
b	Name of plan sponsor	ALL KIDS FIRST INC
c	EIN-PN	22-3667191-001
a	Plan name	WADE LONG WOOD LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WADE LONG & WOOD LLC
c	EIN-PN	22-3691813-001
a	Plan name	IMPERIAL SYSTEMS INC 401(K) PLAN
b	Name of plan sponsor	IMPERIAL SYSTEMS INC 401(K) PL
c	EIN-PN	22-3835723-001
a	Plan name	PDS 401(K) SAVINGS PLAN
b	Name of plan sponsor	PERSONNEL DATA SYSTEMS INC
c	EIN-PN	23-1925770-001
a	Plan name	EASTERN ANSWERING SERVICE INC PROFIT SHARING PLAN
b	Name of plan sponsor	EASTERN ANSWERING SERVICE INC
c	EIN-PN	23-2308856-001
a	Plan name	ROOFING RESOURCES INC PROFIT SHARING PLAN
b	Name of plan sponsor	BKCRP/ROOFING RESOURCES INC
c	EIN-PN	23-2562373-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name NORTH AMERICAN CABLE EQUIPMENT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NORTH AMERICAN CABLE EQUIPMENT	c EIN-PN 23-2692118-001
a	Plan name BOYD/WILSON PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor BOYD/WILSON PROPERTY	c EIN-PN 23-2812739-001
a	Plan name ALEXANDER CHANG MD PROFIT SHARING PLAN	
b	Name of plan sponsor ALEXANDER CHANG MD PC	c EIN-PN 23-2904038-001
a	Plan name REGENCY PLUS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REGENCY PLUS INC	c EIN-PN 23-2962257-001
a	Plan name MARSHA ADLER GORDON DDS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor MARSHA ADLER GORDON DDS LLC	c EIN-PN 23-2988051-001
a	Plan name MONARCH STAFFING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONARCH STAFFING LLC	c EIN-PN 23-3081833-001
a	Plan name UNION FUEL COMPANY 401(K) PLAN	
b	Name of plan sponsor UNION FUEL CO	c EIN-PN 24-0830082-001
a	Plan name PITTSBURGH BUILDERS EXCHANGE PROFIT SHARING PLAN	
b	Name of plan sponsor PBXP/PITTSBURGH BUILDERS	c EIN-PN 25-0728430-002
a	Plan name CHRIST THE KING MANOR EMPLOYEE BENEFITS PLAN	
b	Name of plan sponsor CHRIST THE KING MANOR	c EIN-PN 25-1358245-003
a	Plan name KYNERS AUTO SALES INC EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor KYNERS AUTO SALES INC	c EIN-PN 25-1425722-001
a	Plan name SPECIFIED SYSTEMS INC 401(K) PLAN	
b	Name of plan sponsor PBXP/SPECIFIED SYSTEMS INC	c EIN-PN 25-1681470-001
a	Plan name AMERICAN MAPLE INC RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN MAPLE INC	c EIN-PN 26-0041772-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	DBDRIVEN.NET 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	DBDRIVEN.NET LLC	c EIN-PN 26-0262585-001
a Plan name	ELIAS KALLAL & SCHAAF FUNERAL HOMES CREMATORY & CEMETERIES LTD INTEGRATED 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ELIAS KALLAL & SCHAAF FUNERAL	c EIN-PN 26-0458981-001
a Plan name	NECCS INC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NECCS INC	c EIN-PN 26-1283591-002
a Plan name	CBA BARRY ROAD 401(K) PLAN	
b Name of plan sponsor	CBAFP/CBA BARRY ROAD 401(K) PL	c EIN-PN 26-2113067-001
a Plan name	FRS TRANSPORTATION INC 401(K) PLAN	
b Name of plan sponsor	G52WMP/FRS TRANSPORTATION INC	c EIN-PN 26-2358970-001
a Plan name	LIFELINE AMBULANCE LLC 401(K) PLAN	
b Name of plan sponsor	LIFELINE AMBULANCE LLC	c EIN-PN 26-2956975-001
a Plan name	AHLBORG CONSTRUCTION RETIREMENT PLAN	
b Name of plan sponsor	AHLBORG CONSTRUCTION	c EIN-PN 26-3024881-001
a Plan name	K&D PIPELINE SERVICES INC 401(K) PLAN	
b Name of plan sponsor	HPIGP/K&D PIPELINE SERVICES	c EIN-PN 26-4377542-001
a Plan name	EASTPORT ANALYTICS INC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	EASTPORT ANALYTICS INC	c EIN-PN 27-0003590-001
a Plan name	UNIFIED TECHNOLOGIES LLC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	UNIFIED TECHNOLOGIES LLC	c EIN-PN 27-0240525-001
a Plan name	PARKVIEW DENTAL 401(K) PLAN	
b Name of plan sponsor	PARKVIEW DENTAL &	c EIN-PN 27-0975266-001
a Plan name	PREMIUM TRANSPORTATION GROUP INC 401(K) PLAN	
b Name of plan sponsor	PREMIUM TRANSPORTATION GROUP	c EIN-PN 27-1474708-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CRESCENT CITY SCHOOLS 401(K) PLAN	
b	Name of plan sponsor	CRESCENT CITY SCHOOLS	c EIN-PN 27-2811737-001
a	Plan name	CBA SW FORT WORTH 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA SW FORT WORTH 401(K)	c EIN-PN 27-3258940-001
a	Plan name	CBA SHAWNEE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA SHAWNEE 401(K) PLAN	c EIN-PN 27-3596486-001
a	Plan name	AMERICAN UNDERGROUND SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN UNDERGROUND SUPPLY	c EIN-PN 27-4689058-001
a	Plan name	EVERGREENE COMPANIES 401(K) PLAN (THE)	
b	Name of plan sponsor	EVERGREENE COMPANIES LLC (THE)	c EIN-PN 27-5259813-001
a	Plan name	SCHAFFER ENTERPRISES GROUP 401(K) PLAN	
b	Name of plan sponsor	SEGP/SCHAFFER ENTERPRISES GROU	c EIN-PN 30-0858345-001
a	Plan name	FIEHRER MOTORS INC 401(K) PLAN	
b	Name of plan sponsor	FIEHRER MOTORS INC	c EIN-PN 31-0520863-001
a	Plan name	ARONOFF ROSEN & HUNT LPA PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ARONOFF ROSEN & HUNT	c EIN-PN 31-0802669-001
a	Plan name	SENOUR-FLAHERTY 401(K) PLAN	
b	Name of plan sponsor	MDCP/SENOUR-FLAHERTY 401(K)	c EIN-PN 31-0898073-001
a	Plan name	MANOR HOUSE EVENT CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MDCP/MANOR HOUSE EVENT CENTER	c EIN-PN 31-0909968-001
a	Plan name	EV BISHOFF COMPANY 401K PLAN	
b	Name of plan sponsor	EV BISHOFF COMPANY	c EIN-PN 31-1174058-001
a	Plan name	SCHROEDER MAUNDRELL BARBIERE & POWERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHROEDER MAUNDRELL BARBIERE	c EIN-PN 31-1397342-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KERR BROTHERS FUNERAL HOME LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KERR BROTHERS FUNERAL HOME	c EIN-PN 31-1568595-001
a	Plan name	GRASSHOPPER INVESTMENTS LLC 401(K) PLAN	
b	Name of plan sponsor	LMRCP/GRASSHOPPER INVESTMENTS	c EIN-PN 31-1776586-001
a	Plan name	VPS DRYWALL RETIREMENT PROGRAM	
b	Name of plan sponsor	GNCCP/VPS DRYWALL RETIREMENT P	c EIN-PN 32-0038253-001
a	Plan name	SPECIALIZED SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPECIALIZED SALES CORPORATION	c EIN-PN 33-0866737-001
a	Plan name	WHITES PHARMACY OF DALTON LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NCCPAP/WHITES PHARMACY OF DAL	c EIN-PN 33-1006589-001
a	Plan name	BUILDERS EXCHANGE INC. 401(K) PLAN	
b	Name of plan sponsor	BXOP/THE BUILDERS EXCHANGE INC	c EIN-PN 34-0121870-001
a	Plan name	EVARTS TREMAINE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	EVARTS TREMAINE	c EIN-PN 34-0210170-001
a	Plan name	AMAC ENTERPRISES INC 401(K) PLAN	
b	Name of plan sponsor	AMAC ENTERPRISES INC	c EIN-PN 34-0731589-002
a	Plan name	MCKENZIE CONCRETE 401(K) PLAN	
b	Name of plan sponsor	BXOP/MCKENZIE CONCRETE 401(K)	c EIN-PN 34-1665861-001
a	Plan name	ARTS UNITED OF GREATER FORT WAYNE INC 401(K) PLAN	
b	Name of plan sponsor	RACFWP/ARTS UNITED OF GREATER	c EIN-PN 35-0992067-002
a	Plan name	AML RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AML INC	c EIN-PN 35-1134293-002
a	Plan name	RIGDON CONSTRUCTION INC 401(K) PLAN	
b	Name of plan sponsor	AICCP/RIDGON CONSTRUCTION INC	c EIN-PN 35-1942886-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AIK 401(K) PLAN	
b	Name of plan sponsor	MSCCP/AIK 401(K) PLAN	c EIN-PN 35-2201214-001
a	Plan name	AMFUEL SALARIED EMPLOYEES RETIREMENT INCOME PLAN	
b	Name of plan sponsor	AMERICAN FUEL CELL AND	c EIN-PN 35-2580768-002
a	Plan name	SECURITY LUMBER & SUPPLY COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SECURITY LUMBER & SUPPLY CO	c EIN-PN 36-2048227-001
a	Plan name	SANDSTROM PRODUCTS COMPANY 401(K) PLAN	
b	Name of plan sponsor	SANDSTROM PRODUCTS COMPANY	c EIN-PN 36-2251795-002
a	Plan name	SEAN PATRICKS SALON AND SPA 401(K) PLAN	
b	Name of plan sponsor	SEAN PATRICKS SALON AND SPA	c EIN-PN 36-3834146-001
a	Plan name	INTERNATIONAL PRODUCT SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor	LRWP/INTERNATIONAL PRODUCT SUP	c EIN-PN 36-4044303-001
a	Plan name	COVENANT HEALTH NETWORK PROFIT SHARING PLAN	
b	Name of plan sponsor	COVENANT HEALTH	c EIN-PN 36-4133330-002
a	Plan name	PRESSURE COMPONENTS INC 401(K) PLAN	
b	Name of plan sponsor	PRESSURE COMPONENTS INC	c EIN-PN 38-2494114-001
a	Plan name	STAT-MED INC 401(K) PLAN	
b	Name of plan sponsor	STAT-MED INC	c EIN-PN 38-3641703-001
a	Plan name	SPEEDWAY SAND & GRAVEL INC PROFIT SHARING PLAN	
b	Name of plan sponsor	SPEEDWAY SAND & GRAVEL LLC	c EIN-PN 39-1101576-001
a	Plan name	CHISOLM TRAIL RV LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CHISOLM TRAIL RV LLC	c EIN-PN 39-2055235-001
a	Plan name	RYCHLEY TAX AND FINANCIAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	FLCCP/RYCHLEY TAX AND FINANCIA	c EIN-PN 41-1825889-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LEIGHTON STATE BANK 401(K) PLAN	
b	Name of plan sponsor	LSBCP/ LEIGHTON STATE BANK 401	c EIN-PN 42-0246810-001
a	Plan name	CHRISTIAN OPPORTUNITY CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTIAN OPPORTUNITY CENTER	c EIN-PN 42-0946676-001
a	Plan name	PRO ROLLER COMPANY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	ESCRP/ PRO ROLLER COMPANY INC	c EIN-PN 43-1047187-001
a	Plan name	SEED ST LOUIS INC 401(K) PLAN	
b	Name of plan sponsor	SEED ST LOUIS INC	c EIN-PN 43-1306778-001
a	Plan name	DESIGN NINE INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMRP/DESIGN NINE INC 401(K)	c EIN-PN 43-1404128-001
a	Plan name	UNLIMITED OPPORTUNITIES INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	APDRP/ UNLIMITED OPPORTUNITIES	c EIN-PN 43-1578193-001
a	Plan name	KEYSTONE 401(K) PLAN	
b	Name of plan sponsor	KEYSTONE TEMPORARY ASSIGNMENT	c EIN-PN 43-1679155-001
a	Plan name	VISIONWORKS MARKETING GROUP 401(K) PLAN	
b	Name of plan sponsor	ACACMP/VISIONWORKS MARKETING G	c EIN-PN 43-1873176-001
a	Plan name	EARTHKIND LLC 401(K) PLAN	
b	Name of plan sponsor	CATAP/EARTHKIND LLC	c EIN-PN 45-0456653-001
a	Plan name	MIKE CASSARA MASONRY INC 401(K) PLAN	
b	Name of plan sponsor	MIKE CASSARA MASONRY INC	c EIN-PN 45-1016486-001
a	Plan name	CODOS LLC 401(K) PLAN	
b	Name of plan sponsor	CODOS LLC	c EIN-PN 45-3955240-001
a	Plan name	KERI POWELL THERAPY INC 401(K) PLAN	
b	Name of plan sponsor	AMCP/KERI POWELL THERAPY INC	c EIN-PN 45-4058427-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INDUSTRIAL PROJECT INNOVATION LLC 401K PLAN	
b	Name of plan sponsor	IPIM/INDUSTRIAL PROJECT INNOVA	c EIN-PN 45-4274955-001
a	Plan name	CAROLINA FURNITURE CONCEPTS INC 401(K) PLAN	
b	Name of plan sponsor	CAROLINA FURNITURE CONCEPTS	c EIN-PN 46-0490457-001
a	Plan name	DEVER INC 401(K) PLAN	
b	Name of plan sponsor	WCCRP/DEVER INC 401(K) PLAN	c EIN-PN 46-1520598-001
a	Plan name	CBA CUMMING 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA CUMMING 401(K) PLAN	c EIN-PN 46-1847877-001
a	Plan name	THE MONTESSORI AT FLATIRON 401(K) PLAN	
b	Name of plan sponsor	THE MONTESSORI GROUP LLC DBA	c EIN-PN 46-2796077-001
a	Plan name	MARKETPLACE PHL LLC 401(K) PLAN	
b	Name of plan sponsor	MARKETPLACE PHL LLC	c EIN-PN 46-4428763-001
a	Plan name	SHARED USE MOBILITY CENTER 401(K) PLAN	
b	Name of plan sponsor	SHARED USE MOBILITY CENTER	c EIN-PN 46-4996721-001
a	Plan name	SUPERIOR METAL PRODUCTS INC RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor	SUPERIOR METAL PRODUCTS INC	c EIN-PN 47-0608649-001
a	Plan name	FALLS CITY FAMILY PRACTICE P C PROFIT SHARING PLAN	
b	Name of plan sponsor	FALLS CITY FAMILY PRACTICE P C	c EIN-PN 47-0616719-002
a	Plan name	REDWALL LLC RETIREMENT PLAN	
b	Name of plan sponsor	GIOAP/REDWALL LLC RETIREMENT	c EIN-PN 47-1809905-001
a	Plan name	PARIS MOUNTAIN HOSPITALITY LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GIOAP/PARIS MOUNTAIN HOSPITALI	c EIN-PN 47-1819250-001
a	Plan name	FORMAN S ACTON EDUCATIONAL FOUNDATION 401K PLAN	
b	Name of plan sponsor	FORMAN S ACTON EDUCATIONAL	c EIN-PN 47-1997891-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CBA WEST WICHITA 401(K) PLAN	
b	Name of plan sponsor CBAFP/CBA WEST WICHITA 401(K)	c EIN-PN 47-2700248-001
a	Plan name JMA SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor JMA SOLUTIONS LLC	c EIN-PN 47-2815850-001
a	Plan name MONTGOMERY COUNTY ESD 9 457 PLAN	
b	Name of plan sponsor MONTGOMERY COUNTY ESD 9	c EIN-PN 47-4184950-001
a	Plan name LIFESONG INFLUENCES LLC 401(K) PLAN	
b	Name of plan sponsor GIOAP/LIFESONG INFLUENCES LLC	c EIN-PN 47-4465553-001
a	Plan name CITY OF WISNER 401(K) PLAN	
b	Name of plan sponsor CITY OF WISNER	c EIN-PN 47-6006417-001
a	Plan name DUKES LUMBER COMPANY INC PROFIT SHARING PLAN	
b	Name of plan sponsor DUKES LUMBER COMPANY INC	c EIN-PN 51-0101216-001
a	Plan name THE H.J. POIST GAS COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE H.J. POIST GAS COMPANY	c EIN-PN 52-0617983-001
a	Plan name TOROID CORPORATION 401(K) PLAN	
b	Name of plan sponsor TOROID CORPORATION	c EIN-PN 52-1264266-001
a	Plan name PAMELA HUGHES & CO INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PAMELA HUGHES & CO INC	c EIN-PN 52-1270551-002
a	Plan name STEEL SUPPLIERS ERECTORS INC RETIREMENT PLAN	
b	Name of plan sponsor STEEL SUPPLIERS ERECTORS INC	c EIN-PN 52-2050869-001
a	Plan name NORMAN J DOZIER MD PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor NORMAN J DOZIER MD PLLC	c EIN-PN 52-2339445-001
a	Plan name ARLINGTON CHAMBER OF COMMERCE 401K PLAN	
b	Name of plan sponsor ACCMP/ARLINGTON CHAMBER OF COM	c EIN-PN 54-0125427-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PORTSMOUTH TRAILER AND SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor	PORTSMOUTH TRAILER AND SUPPLY	c EIN-PN 54-0857400-001
a	Plan name	C W BRINKLEY INC 401(K) COMPARABILITY PROFIT SHARING PLAN	
b	Name of plan sponsor	C W BRINKLEY INC	c EIN-PN 54-0948765-001
a	Plan name	JEFFERSON AREA BOARD FOR AGING 457 PLAN	
b	Name of plan sponsor	JEFFERSON AREA BOARD FOR AGING	c EIN-PN 54-0990078-001
a	Plan name	COMMONWEALTH INSURANCE CENTER GROUP RETIREMENT PLAN	
b	Name of plan sponsor	COMMONWEALTH INSURANCE	c EIN-PN 54-1455884-001
a	Plan name	MHLI 401(K) PLAN	
b	Name of plan sponsor	MILITARY HOUSING AND LODGING	c EIN-PN 54-1979030-001
a	Plan name	FAYETTE COUNTY NATIONAL BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FAYETTE COUNTY NATIONAL BANK	c EIN-PN 55-0169036-002
a	Plan name	EANC/CATAPULT EMPLOYERS ASSOCIATION 401K PLAN	
b	Name of plan sponsor	EANC/CATAPULT EMPLOYERS	c EIN-PN 56-0670576-001
a	Plan name	THE PISGAH INSTITUTE FOR PSYCHOTHERAPY AND EDUCATION PA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE PISGAH INSTITUTE FOR	c EIN-PN 56-1854117-001
a	Plan name	HKB COSMETIC SURGERY PROFIT SHARING PLAN	
b	Name of plan sponsor	HKB COSMETIC SURGERY	c EIN-PN 56-1916799-001
a	Plan name	MCMILLAN & PSAROUDIS P A 401(K) PLAN	
b	Name of plan sponsor	MCMILLAN PSAROUDIS & MARKEY PA	c EIN-PN 56-1923596-001
a	Plan name	MURRAY LAW GROUP LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MURRAY LAW GROUP LLC	c EIN-PN 57-1128489-001
a	Plan name	GLAZE SUPPLY COMPANY INC 401(K) PLAN	
b	Name of plan sponsor	NCCPAP/GLAZE SUPPLY COMPANY IN	c EIN-PN 58-0684550-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MEDICAL CENTER LLP 401(K) PLAN	
b	Name of plan sponsor	NCCPAP/MEDICAL CENTER	c EIN-PN 58-0949770-003
a	Plan name	WALKER CADILLAC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALKER CADILLAC BUICK GMC INC	c EIN-PN 58-1079373-001
a	Plan name	KENNYS GREAT PIES LLC 401(K) PLAN	
b	Name of plan sponsor	KENNYS GREAT PIES LLC	c EIN-PN 58-1929205-001
a	Plan name	STANLEY FUNERAL HOME INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NCCPAP/STANLEY FUNERAL HOME	c EIN-PN 58-2229375-001
a	Plan name	NICHOLS CAULEY & ASSOCIATES LLC 401(K) PLAN	
b	Name of plan sponsor	NCCPAP/NICHOLS CAULEY & ASSOCI	c EIN-PN 58-2475857-001
a	Plan name	CAPITOL CARPET AND TILE 401(K) PLAN	
b	Name of plan sponsor	CAPITOL CARPET INC DBA CAPITOL	c EIN-PN 59-2635820-001
a	Plan name	T & G CONSTRUCTORS 401(K) PLAN	
b	Name of plan sponsor	T & G CONSTRUCTORS	c EIN-PN 59-2806739-001
a	Plan name	LIG MARINE MANAGERS 401(K) PLAN	
b	Name of plan sponsor	LIG MARINE MANAGERS INC	c EIN-PN 59-2948140-001
a	Plan name	DECK SYSTEMS INC 401(K) PLAN	
b	Name of plan sponsor	DECK SYSTEMS INC	c EIN-PN 59-3014164-001
a	Plan name	RICHARD A ASSING DDS PA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RICHARD A ASSING DDS PA	c EIN-PN 59-3097305-003
a	Plan name	READING EDGE ACADEMY INC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	READING EDGE ACADEMY INC	c EIN-PN 59-3455253-001
a	Plan name	AUTO ADVISORS 401(K) PLAN	
b	Name of plan sponsor	AUTO ADVISOR SERVICES LLC	c EIN-PN 59-3547715-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HOPKINSVILLE MILLING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOPKINSVILLE MILLING COMPANY	c EIN-PN 61-0229120-002
a	Plan name	DUTCHS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MSCCP/DUTCHS RETIREMENT SAVIN	c EIN-PN 61-0429309-002
a	Plan name	CST CO INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CSMP/CST CO INC	c EIN-PN 61-0536722-001
a	Plan name	MINERAL LABS INC 401K PLAN	
b	Name of plan sponsor	TBAP/ MINERAL LABS INC 401K	c EIN-PN 61-0874775-001
a	Plan name	BOSWELL CONTRACTING INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOSWELL CONTRACTING INC	c EIN-PN 61-0976698-001
a	Plan name	MAJOR BRANDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MSCCP/MAJOR BRANDS 401(K) PROF	c EIN-PN 61-0985897-002
a	Plan name	THE WEBB COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE WEBB COMPANIES	c EIN-PN 61-0996628-001
a	Plan name	E C MATTHEWS COMPANY INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	E C MATTHEWS COMPANY INC	c EIN-PN 61-1110279-001
a	Plan name	HERRICK COMPANY INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HERRICK COMPANY INC	c EIN-PN 61-1296034-001
a	Plan name	PRECISION AGRICULTURAL SERVICES INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WCCRP/PRECISION AGRICULTURAL S	c EIN-PN 61-1309375-001
a	Plan name	RL CAUDILL CONSTRUCTION INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RL CAUDILL CONSTRUCTION	c EIN-PN 61-1315317-001
a	Plan name	MM USA 401(K) PLAN	
b	Name of plan sponsor	MURAKAMI MANUFACTURING USA INC	c EIN-PN 61-1373925-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name OMEGA NATIONAL PRODUCTS LLC 401(K) PLAN	
b	Name of plan sponsor OMEGA NATIONAL PRODUCTS LLC	c EIN-PN 61-1400542-001
a	Plan name BUONA BEEF PROFIT SHARING & 401(K) PLAN AND TRUST	
b	Name of plan sponsor BUONA BEEF LLC	c EIN-PN 61-1579621-001
a	Plan name THERMAL CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PHRCP/THERMAL CORPORATION 401	c EIN-PN 63-0586074-001
a	Plan name ALABAMA PATHOLOGY/BRIDGER LABS PROFIT SHARING PLAN	
b	Name of plan sponsor CFSCP/ALABAMA PATHOLOGY/BRIDGE	c EIN-PN 63-1008587-001
a	Plan name EYE CARE ASSOCIATES OF SARASOTA PA RETIREMENT PLAN	
b	Name of plan sponsor SGPAP/ EYE CARE ASSOCIATES OF	c EIN-PN 65-0337497-001
a	Plan name KLOCKE OF AMERICA INC 401(K) PLAN	
b	Name of plan sponsor KLOCKE OF AMERICA INC	c EIN-PN 65-0698838-001
a	Plan name SONOMA RSA INC DBA RSA+ 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SONOMA RSA INC DBA	c EIN-PN 68-0427410-001
a	Plan name LEARNING ARTS CORPORATION	
b	Name of plan sponsor LEARNING ARTS	c EIN-PN 68-0434185-001
a	Plan name RIVER PARISH DISPOSAL INC EMPLOYEE SAVINGS TRUST	
b	Name of plan sponsor RIVER PARISH DISPOSAL LLC	c EIN-PN 72-0976235-001
a	Plan name JANI KING GULF COAST 401K PLAN	
b	Name of plan sponsor ENMON ENTERPRISES LLC DBA JANI	c EIN-PN 72-1124143-001
a	Plan name EAR NOSE & THROAT SPECIALISTS LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor EAR NOSE & THROAT SPECIALISTS	c EIN-PN 72-1489839-001
a	Plan name JIM GODBOUT PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor CIACP/JIM GODBOUT PLUMBING & H	c EIN-PN 73-1682394-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SUNN CARPETS 401(K) PLAN	
b	Name of plan sponsor R E W ENTERPRISES INC DBA SUNN	c EIN-PN 74-2208294-001
a	Plan name ASSISTEX INC EMPLOYEES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AMCP/ASSISTEX INC EMPLOYEES 40	c EIN-PN 74-2305090-001
a	Plan name CHAMPION TRUCK AND TRAILER RETIREMENT PLAN	
b	Name of plan sponsor CHAMPION TRUCK AND TRAILER INC	c EIN-PN 75-2831251-001
a	Plan name MORGAN ENGINEERING LLC 401(K) PLAN	
b	Name of plan sponsor MORGAN ENGINEERING LLC	c EIN-PN 75-3047762-001
a	Plan name BARROW CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor BARROW CORPORATION DBA	c EIN-PN 76-0292251-002
a	Plan name DHVAJ 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DHVAJ INC	c EIN-PN 81-2859686-001
a	Plan name CBA LEWISVILLE 401(K) PLAN	
b	Name of plan sponsor CBAFP/CBA LEWISVILLE 401(K) P	c EIN-PN 81-4502638-001
a	Plan name PORTER BANKS BALDWIN & SHAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PORTER BANKS BALDWIN & SHAW	c EIN-PN 81-4822291-001
a	Plan name NIRVANA CARE 401K PLAN	
b	Name of plan sponsor NIRVANA CARE PLLC	c EIN-PN 82-0730715-001
a	Plan name CBA EDMOND 401(K) PLAN	
b	Name of plan sponsor CBAFP/ CBA EDMOND 401(K) PLAN	c EIN-PN 82-0780559-001
a	Plan name ELITE AUTOMATION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ELITE AUTOMATION LLC	c EIN-PN 82-0949082-001
a	Plan name MESSAGE ENVY JMSRX INC 401(K) PLAN	
b	Name of plan sponsor MESSAGE JMSRX INC	c EIN-PN 82-1103147-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CODY COUNTRY CHAMBER OF COMMERCE 401(K) PLAN	
b	Name of plan sponsor CWCCRP/CODY CHAMBER OF	c EIN-PN 83-0160349-001
a	Plan name SOUTH BIG HORN COUNTY HOSPITAL DISTRICT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SOUTH BIG HORN COUNTY HOSPITAL	c EIN-PN 83-0181409-001
a	Plan name ECOM GROUP INC 401(K) PS PLAN	
b	Name of plan sponsor ECOM GROUP INC	c EIN-PN 83-4107103-001
a	Plan name BOULDER CHAMBER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BDCRP/BOULDER CHAMBER 401(K)	c EIN-PN 84-0152700-001
a	Plan name EMPLOYEE PROFIT SHARING PLAN OF FRONTIER METAL STAMPING INC PLAN	
b	Name of plan sponsor FRONTIER METAL STAMPING INC	c EIN-PN 84-0576078-001
a	Plan name HCL ENGINEERING & SURVEYING LLC 401(K) PLAN	
b	Name of plan sponsor HCL ENGINEERING & SURVEYING	c EIN-PN 84-1488145-001
a	Plan name TRI-STATE CPAS INC 401(K) PLAN	
b	Name of plan sponsor TRI-STATE CPAS	c EIN-PN 84-3555082-003
a	Plan name THE WALKER COMPANY 401(K) PLAN	
b	Name of plan sponsor MSCCPW PRINCIPLES LLC DBA	c EIN-PN 84-3590572-001
a	Plan name JMT INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JMT INC	c EIN-PN 85-0262880-001
a	Plan name SOUTHWEST WOMENS ONCOLOGY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHWEST WOMENS ONCOLOGY	c EIN-PN 85-0405838-001
a	Plan name CBA NEW TAMPA 401(K) PLAN	
b	Name of plan sponsor CBAFP/CBA NEW TAMPA 401(K) PLA	c EIN-PN 85-1049398-001
a	Plan name LILICOL LLC 401(K) PLAN	
b	Name of plan sponsor GIOAP/LILICOL LLC	c EIN-PN 85-1575800-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CHEVROLET OF TROY INC 401(K) PLAN	
b	Name of plan sponsor	LMRCP/CHEVROLET OF TROY INC	c EIN-PN 85-2291549-001
a	Plan name	LPE/ ALL-STATE INTERNATIONAL INC DBA ALL-STATE LEGAL PLAN	
b	Name of plan sponsor	LPEP/ALL-STATE INTERNATIONAL I	c EIN-PN 85-3213245-301
a	Plan name	LPE/ CM3 INC PLAN	
b	Name of plan sponsor	LPEP/CM3 INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/ EL TORO AUTO GROUP PLAN	
b	Name of plan sponsor	LPEP/EL TORO AUTO GROUP	c EIN-PN 85-3213245-301
a	Plan name	LPE/ FABIAN OIL INC PLAN	
b	Name of plan sponsor	LPEP/FABIAN OIL INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/ HIMMEL HOSPITALITY GROUP LLC	
b	Name of plan sponsor	LPEP/HIMMEL HOSPITALITY GROUP	c EIN-PN 85-3213245-301
a	Plan name	LPE/ SOLERAS ADVANCED COATINGS PLAN	
b	Name of plan sponsor	LPEP/ SOLERAS ADVANCED COATING	c EIN-PN 85-3213245-301
a	Plan name	LPE/ T ENTERPRISES INCORPORATED PLAN	
b	Name of plan sponsor	LPEP/T ENTERPRISES INCORPORATE	c EIN-PN 85-3213245-301
a	Plan name	LPE/ WONDER MEATS INC PLAN	
b	Name of plan sponsor	LPEP/WONDER MEATS INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/ADKISON TOWING INC & FCRR LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	LPEP/LPE ADKISON TOWING INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/ALL NATURAL STONE PLAN	
b	Name of plan sponsor	LPEP/ ALL NATURAL STONE	c EIN-PN 85-3213245-301
a	Plan name	LPE/BANNEKER SUPPLY CHAIN SOLUTIONS INC PLAN	
b	Name of plan sponsor	LPEP/BANNEKER SUPPLY CHAIN SOL	c EIN-PN 85-3213245-301

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LPE/BEST SANITIZERS INC 401(K) PLAN	
b	Name of plan sponsor	LPEP/LPE BEST SANITIZERS INC 4	c EIN-PN 85-3213245-301
a	Plan name	LPE/BII SERVICES CORP PLAN	
b	Name of plan sponsor	LPEP/BII SERVICES CORP	c EIN-PN 85-3213245-301
a	Plan name	LPE/CENTRAL TEXTILES INC PLAN	
b	Name of plan sponsor	LPEP/ CENTRAL TEXTILES INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/CHECK MATE INDUSTRIES INC PLAN	
b	Name of plan sponsor	LPEP/CHECK MATE INDUSTRIES INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/ELDREDGE LUMBER & HARDWARE INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LPEP/ELDREDGE LUMBER & HARDWAR	c EIN-PN 85-3213245-301
a	Plan name	LPE/EXTENDED CARE CONSULTING LLC PLAN	
b	Name of plan sponsor	LPEP/EXTENDED CARE CONSULTING	c EIN-PN 85-3213245-301
a	Plan name	LPE/FAMILY MEDICAL CENTERS 401(K) PLAN	
b	Name of plan sponsor	LPEP/FAMILY MEDICAL CENTERS	c EIN-PN 85-3213245-301
a	Plan name	LPE/GARLYN O SHELTON INC PLAN	
b	Name of plan sponsor	LPEP/GARLYN O SHELTON INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/GEN FOUR HOLDING GROUP LLC PLAN	
b	Name of plan sponsor	LPEP/GEN FOUR HOLDING GROUP	c EIN-PN 85-3213245-301
a	Plan name	LPE/HEART TO HEART HEALTHCARE SERVICES LLC PLAN	
b	Name of plan sponsor	LPEP/HEART TO HEART HEALTHCARE	c EIN-PN 85-3213245-301
a	Plan name	LPE/KEMISTRE 8 LLC PLAN	
b	Name of plan sponsor	LPEP/KEMISTRE 8 LLC	c EIN-PN 85-3213245-301
a	Plan name	LPE/LEN STOLER INC PLAN	
b	Name of plan sponsor	LPEP/LEN STOLER INC	c EIN-PN 85-3213245-301

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LPE/LYNCO INC PLAN	
b	Name of plan sponsor	LPEP/ LYNCO INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/MCBURR ENTERPRISES INC	
b	Name of plan sponsor	LPEP/MCBURR ENTERPRISES INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/NASSAU OPERATING COMPANY LLC PLAN	
b	Name of plan sponsor	LPEP/NASSAU OPERATING COMPANY	c EIN-PN 85-3213245-301
a	Plan name	LPE/NC SPORTS CUTS LLC PLAN	
b	Name of plan sponsor	LPEP/NC SPORTS CUTS LLC	c EIN-PN 85-3213245-301
a	Plan name	LPE/NEW YORK BOILER INC PLAN	
b	Name of plan sponsor	LPEP/NEW YORK BOILER INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/OVED APPAREL CORP PLAN	
b	Name of plan sponsor	LPEP/OVED APPAREL CORP	c EIN-PN 85-3213245-301
a	Plan name	LPE/PORVEN LTD PLAN	
b	Name of plan sponsor	LPEP/PORVEN LTD	c EIN-PN 85-3213245-301
a	Plan name	LPE/ROBERT W SULLIVAN INC PLAN	
b	Name of plan sponsor	LPEP/ROBERT W SULLIVAN INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/SOFTSCRIPT INC PLAN	
b	Name of plan sponsor	LPEP/SOFTSCRIPT INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/SOUTHWEST MATERIAL HANDLING INC PLAN	
b	Name of plan sponsor	LPEP/SOUTHWEST MATERIAL HANDLI	c EIN-PN 85-3213245-301
a	Plan name	LPE/STRAINRITE 401K PLAN	
b	Name of plan sponsor	LPEP/STRAINRITE 401K PLAN	c EIN-PN 85-3213245-301
a	Plan name	LPE/THROGS NECK EXTENDED CARE LLC PLAN	
b	Name of plan sponsor	LPEP/THROGS NECK EXTENDED CARE	c EIN-PN 85-3213245-301

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name LPE/THROGS NECK EXTENDED CARE LLC UNION 1199 PLAN	
b	Name of plan sponsor LPEP/THROGS NECK EXTENDED CARE	c EIN-PN 85-3213245-301
a	Plan name LPE/TOS FARMS INC PROFIT SHARING PLAN	
b	Name of plan sponsor LPEP/LPE TOS FARMS INC PROFIT	c EIN-PN 85-3213245-301
a	Plan name LPE/WEIL WRECKER SERVICES INC PLAN	
b	Name of plan sponsor LPEP/LPE WEIL WRECKER SERVICES	c EIN-PN 85-3213245-301
a	Plan name LPEP/GREAT WESTERN DINING SERVICE INC 401(K) PLAN	
b	Name of plan sponsor LPEP/GREAT WESTERN DINING SERV	c EIN-PN 85-3213245-301
a	Plan name MIPE/CAMPBELL ENTERPRISES OF ILLINOIS 401(K) PLAN	
b	Name of plan sponsor MIPE/CAMPBELL ENTERPRISES OF I	c EIN-PN 85-4166502-002
a	Plan name THB COLORADO PROFIT SHARING PLAN	
b	Name of plan sponsor THB COLORADO LLC	c EIN-PN 85-4252980-001
a	Plan name TEMPE VETERINARY PROFIT SHARING PLAN	
b	Name of plan sponsor TEMPE VETERINARY HOSPITAL	c EIN-PN 86-0386473-002
a	Plan name DESERT DE ORO FOODS INC 401(K) PLAN	
b	Name of plan sponsor PBM/DESERT DE ORO FOODS INC	c EIN-PN 86-0418856-001
a	Plan name TMB EAST SAFE HARBOR PLAN	
b	Name of plan sponsor TMB EAST SAFE HARBOR PLAN	c EIN-PN 86-1517006-001
a	Plan name KREHBIELS SPECIALTY MEATS 401(K) PLAN	
b	Name of plan sponsor ESCCP/KREHBIELS SPECIALTY	c EIN-PN 87-1967508-001
a	Plan name CBA KEN CARYL 401K PLAN	
b	Name of plan sponsor CBAFP/CBA KEN CARYL 401K PLAN	c EIN-PN 87-3362493-001
a	Plan name ATLAS COMPANION ANIMAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor ATLAS COMPANION ANIMAL	c EIN-PN 87-4074103-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NEV-CAL INVESTORS INC DBA FAST TRAC ELECTRIC PROFIT SHARING PLAN	
b	Name of plan sponsor	NEV-CAL INVESTORS INC DBA FAST	c EIN-PN 88-0205385-001
a	Plan name	TRC FRAMING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRC FRAMING	c EIN-PN 88-0242012-011
a	Plan name	STEVE BEYER PRODUCTIONS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STEVE BEYER PRODUCTIONS INC	c EIN-PN 88-0376475-002
a	Plan name	SOURCING IQ 401(K) PLAN	
b	Name of plan sponsor	SOURCING IQ LLC	c EIN-PN 88-1540567-001
a	Plan name	GRAY BROTHERS SEPTIC SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HARVEY ENVIRONMENTAL INC DBA	c EIN-PN 88-2381933-001
a	Plan name	CAD DRAFTING INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	ESCCP/CAD DRAFTING INCORPORAT	c EIN-PN 90-0000642-001
a	Plan name	SAVVY MANAGEMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EEPRP/SAVVY MANAGEMENT LLC	c EIN-PN 92-2932885-001
a	Plan name	CALIFORNIA VETERINARY MEDICAL ASSOCIATION 401K PLAN	
b	Name of plan sponsor	CVMARP/CALIFORNIA VETERINARY M	c EIN-PN 94-1141035-001
a	Plan name	THE LAGUNA PLAYHOUSE SAVINGS PLAN	
b	Name of plan sponsor	LAGUNA PLAYHOUSE (THE)	c EIN-PN 95-1509841-002
a	Plan name	TRADEWORX LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PBXP/TRADEWORX LLC	c EIN-PN 99-0726012-001
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - ADMIRAL PARKWAY INC	
b	Name of plan sponsor	ASRA/ADMIRAL PARKWAY INC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - GROCERIES OF SOUTHERN ILLINOIS LLC	
b	Name of plan sponsor	ASRA/GROCERIES OF SOUTHERN ILL	c EIN-PN 01-0165117-333

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-SOUTHERN ILLINOIS HARDWARE INC	
b Name of plan sponsor	ASRA/SOUTHERN ILLINOIS	c EIN-PN 01-0165117-001

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan YOURPATH PASSIVE 2015 MODERATE	B Three-digit plan number (PN) ▶ 206
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY	D Employer Identification Number (EIN) 83-6725700

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	1
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	30446	66532
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34270012	47634355
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	12733821	17815890
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	47034279	65516778
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4757	5907
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4757	5907
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	47029522	65510871

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	323448	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		323448
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1394431	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1394431
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2363208
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4081087

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	2561	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	32186	
(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)		34747
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		34747

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4046340
l Transfers of assets:			
(1) To this plan.....	2l(1)		28683474
(2) From this plan	2l(2)		14248465

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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