

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
 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

1a Name of plan <u>YOURPATH PASSIVE 2020 MODERATE</u>	1b Three-digit plan number (PN) ▶ <u>207</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 BLVD 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)																					
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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.	OMB No. 1210-0110 <hr/> 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 2020 MODERATE</u>	B Three-digit plan number (PN)	<u>207</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):		
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

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

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

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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 - PENNERS TIRE & AUTO INC	
b	Name of plan sponsor	ASRA/ PENNERS TIRE & AUTO INC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - AFTERSHOCK VENTURES LLC	
b	Name of plan sponsor	ASRA/AFTERSHOCK VENTURES LLC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - DANVERS KAPPYS INC 401K SAVINGS PLAN	
b	Name of plan sponsor	ASRA/DANVERS KAPPYS INC 401K	c EIN-PN 01-0165117-333
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 GWK ENTERPRISES INC	
b	Name of plan sponsor	ASRA/GWK ENTERPRISES INC	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- MAINE COMMUNITY HEALTH	
b	Name of plan sponsor	ASRA/ MAINE COMMUNITY HEALTH O	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST- NXT GEN PLUMBING	
b	Name of plan sponsor	ASRA/NXT GEN PLUMBING	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 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- STANDARD PARTS CORPORATION PLAN
b	Name of plan sponsor	ASRA/STANDARD PARTS
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-B&G BUILDING MATERIALS
b	Name of plan sponsor	ASRA/B&G BUILDING MATERIALS
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-GRAY WEALTH MANAGEMENT INC
b	Name of plan sponsor	ASRA/GRAY WEALTH MANAGEMENT IN
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-HUTCHINSON OIL COMPANY LLC
b	Name of plan sponsor	ASRA/HUTCHINSON OIL COMPANY LL
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-HYANNIS KAPPY'S INC 401K SAVINGS PLAN
b	Name of plan sponsor	ASRA/HYANNIS KAPPYS INC
c	EIN-PN	01-0165117-333
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-POTASH BROS INC
b	Name of plan sponsor	ASRA/POTASH BROS 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-SALEM CYCLE INC	
b	Name of plan sponsor ASRA/SALEM CYCLE INC	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-TOP FURNITURE INC	
b	Name of plan sponsor ASRA/ TOP FURNITURE INC	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401K PLAN & TRUST-UNION FARM EQUIPMENT INC	
b	Name of plan sponsor ASRA/UNION FARM EQUIPMENT INC	c EIN-PN 01-0165117-333
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 ASSOCIATED GENERAL CONTRACTORS 401K PLAN AND TRUST - THE PENOBSCOT COMPANY INC	
b	Name of plan sponsor AGCM/THE PENOBSCOT COMPANY INC	c EIN-PN 01-0275734-333
a	Plan name MAINE LAUNDRY CENTERS 401(K) PLAN	
b	Name of plan sponsor MAINE LAUNDRY CENTERS INC	c EIN-PN 01-0278548-001
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 GCA LOGGING INC 401K PLAN	
b	Name of plan sponsor CIACP/GCA LOGGING INC 401K PL	c EIN-PN 01-0435334-001
a	Plan name MCALLISTER MACHINE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BSCCP/MCALLISTER MACHINE INC	c EIN-PN 01-0443562-001
a	Plan name HILTON GARDEN INN AUBURN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LCCR2P/HILTON GARDEN INN AUBUR	c EIN-PN 01-0538779-001
a	Plan name COMMERCIAL AIR SYSTEMS INC 401(K) PLAN	
b	Name of plan sponsor COMMERCIAL AIR SYSTEMS INC	c EIN-PN 01-0690277-001

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	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	MERIDEN ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	MERIDEN ANIMAL HOSPITAL	c EIN-PN 02-0794304-001
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
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	CEDAR GROVE GARDENS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SXPCP/CEDAR GROVE GARDENS INC	c EIN-PN 04-2717134-001
a	Plan name	ACE AUTO AND PLATE GLASS CO INC 401(K) PLAN	
b	Name of plan sponsor	AMRP/ACE AUTO AND PLATE GLASS	c EIN-PN 04-2774451-001
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	TURNER INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMRP/TURNER INC	c EIN-PN 04-3467374-001
a	Plan name	RIVERSEDGE MANAGEMENT PC 401K PLAN	
b	Name of plan sponsor	RIVERSEDGE MANAGEMENT PC	c EIN-PN 04-3540592-001
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

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 KIERNAN PLUNKETT & REDIHAN PROFIT SHARING PLAN	
b	Name of plan sponsor KIERNAN PLUNKETT & REDIHAN	c EIN-PN 05-0404370-001
a	Plan name CAPRIATI CONSTRUCTION CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CAPRIATI CONSTRUCTION	c EIN-PN 05-0475007-011
a	Plan name JACI CARROLL STAFFING 401(K) PLAN	
b	Name of plan sponsor JACI CARROLL STAFFING	c EIN-PN 06-1065435-001
a	Plan name CENTURY 21 ALLPOINTS REALTY 401(K) PLAN	
b	Name of plan sponsor ALLPOINTS REALTY INC	c EIN-PN 06-1350392-001
a	Plan name TEED & BROWN INC 401(K) PROFIT SHARING & TRUST PLAN	
b	Name of plan sponsor TEED & BROWN INC	c EIN-PN 06-1435176-001
a	Plan name COLONIAL COOPERATIVE CARE INC EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COLONIAL COOPERATIVE CARE INC	c EIN-PN 06-1498411-001
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 INDEPENDENT METAL STRAP CO INC PROFIT SHARING PLAN	
b	Name of plan sponsor INDEPENDENT METAL STRAP CO INC	c EIN-PN 11-1950090-001
a	Plan name BROTHERS THREE INC PROFIT SHARING PLAN	
b	Name of plan sponsor BROTHERS THREE INC	c EIN-PN 11-1995189-001
a	Plan name S & S LOCKSMITHS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor S & S LOCKSMITHS INC	c EIN-PN 11-2243874-001
a	Plan name AURORA MARKETING INC 401(K) PLAN	
b	Name of plan sponsor AURORA MARKETING INC	c EIN-PN 11-2873161-001
a	Plan name FB INTERNATIONAL INC 401(K) PLAN	
b	Name of plan sponsor BKCRP/FB INTERNATIONAL INC	c EIN-PN 11-2923684-001

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	COACH REAL ESTATE ASSOCIATES INC 401(K) PLAN	
b Name of plan sponsor	COACH HOLDCO LLC	c EIN-PN 11-2941473-001
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
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	THE MCNAMARA GROUP LLC 401(K) PLAN	
b Name of plan sponsor	THE MCNAMARA GROUP LLC	c EIN-PN 11-3581772-001
a Plan name	TAKARA BELMONT USA INC 401(K) RETIREMENT PLAN 1	
b Name of plan sponsor	TAKARA BELMONT USA INC	c EIN-PN 13-1843773-003
a Plan name	TAKARA BELMONT USA INC 401K RETIREMENT PLAN 2	
b Name of plan sponsor	TAKARA BELMONT USA INC	c EIN-PN 13-1843773-004
a Plan name	HUNTS POINT COOPERATIVE MARKET INC SALARY SAVINGS PLAN	
b Name of plan sponsor	HUNTS POINT COOPERATIVE MARKET	c EIN-PN 13-2577530-001
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	GLOBAL COVERAGE INC PROFIT SHARING PLAN	
b Name of plan sponsor	GLOBAL COVERAGE INC	c EIN-PN 13-2761645-001
a Plan name	ROBERT MARTIN 401(K) PLAN	
b Name of plan sponsor	ROBERT MARTIN COMPANY LLC	c EIN-PN 13-2849215-001

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 AUTO PRO COLLISION INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AUTO PRO COLLISION INC	c EIN-PN 13-3791027-001
a	Plan name FJA US INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FJA US INC	c EIN-PN 13-3804456-001
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 LACORTE COMPANIES INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LACORTE COMPANIES INC	c EIN-PN 14-1634075-004
a	Plan name THERMOTEST NORTH INC 401(K) P/S PLAN	
b	Name of plan sponsor THERMOTEST NORTH INC	c EIN-PN 14-1668673-001
a	Plan name PROGRADE EXCAVATION & DEMOLITION LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BXOP/PROGRADE EXCAVATION & DEM	c EIN-PN 14-1962063-001
a	Plan name THE PAPILLON CENTER & GAIA HOUSE 401(K) PLAN	
b	Name of plan sponsor PAPILLON CENTER PC	c EIN-PN 14-1993241-001
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 CHARCOAL & BRIQUETTES DISTRIBUTORS 401(K) PLAN	
b	Name of plan sponsor CHARCOAL & BRIQUETTES	c EIN-PN 16-1499812-001
a	Plan name VISION ENGINEERING 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VISION ENGINEERING LLC	c EIN-PN 20-0005215-001

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	WISESTAFF LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	WISESTAFF LLC	c EIN-PN 20-0049637-001
a	Plan name	EVOLO DESIGN LLC 401(K) PLAN	
b	Name of plan sponsor	MOCCP/EVOLO DESIGN LLC 401(K)	c EIN-PN 20-0097651-001
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
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	CBA WARWICK 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA WARWICK 401(K) PLAN	c EIN-PN 20-0655517-001
a	Plan name	HARBOR SIDE DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	HARBORSIDE DENTAL ASSOCIATES	c EIN-PN 20-0891967-001
a	Plan name	ST GEORGE THEATRE RESTORATION INC 401(K) PLAN	
b	Name of plan sponsor	EZTRP/ST GEORGE THEATRE	c EIN-PN 20-0985637-001
a	Plan name	LASCO FOODS 401(K) PLAN	
b	Name of plan sponsor	LASCO FOODS	c EIN-PN 20-1172252-001
a	Plan name	MEAD CONSTRUCTION INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEAD CONSTRUCTION INC	c EIN-PN 20-1213531-001
a	Plan name	EARLY ENVIRONMENTAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	SCCRP/EARLY ENVIRONMENTAL CONT	c EIN-PN 20-1396433-001
a	Plan name	ARMOR HEALTH 401(K) PLAN	
b	Name of plan sponsor	AMRP/ARMOR CORRECTIONAL HEALTH	c EIN-PN 20-1422279-001

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	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	VICTORY COLLEGE PREP 401(K) PLAN	
b	Name of plan sponsor	VICTORY COLLEGE PREP INC	c EIN-PN 20-1738905-001
a	Plan name	FORBES BUSINESS INVESTMENTS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FORBES BUSINESS INVESTMENTS	c EIN-PN 20-1837565-001
a	Plan name	KITCHEN CONCEPTS LLC 401(K) PLAN	
b	Name of plan sponsor	KITCHEN CONCEPTS LLC	c EIN-PN 20-1892077-001
a	Plan name	JOES BRIDGE & GRADING INC DAVIS BACON 401(K) PLAN	
b	Name of plan sponsor	JOES BRIDGE & GRADING INC	c EIN-PN 20-1998434-001
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	YEE ADVANCED ORTHOPEDICS & SPORTS MEDICINE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	YEE ADVANCED ORTHOPEDICS &	c EIN-PN 20-2523414-002
a	Plan name	ONE PAK INC 401(K) PLAN	
b	Name of plan sponsor	CPSCP/ONE PAK INC 401(K) PLAN	c EIN-PN 20-2649978-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ONE MEMBER RETIREMENT PLAN - ACE GROUP	
b	Name of plan sponsor	OMRM/ ATLANTIC COAST ELECTRIC	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
a	Plan name	ONE MEMBER RETIREMENT PLAN ANDERSONS INC	
b	Name of plan sponsor	OMRM/ANDERSONS INC	c EIN-PN 20-2905621-333
a	Plan name	ONE MEMBER RETIREMENT PLAN APSCO INC	
b	Name of plan sponsor	OMRM/APSCO INC	c EIN-PN 20-2905621-333
a	Plan name	ONE MEMBER RETIREMENT PLAN BADGER METALS INC	
b	Name of plan sponsor	OMRM/BADGER METALS INC	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 FURNACE & DUCT SUPPLY COMPANY INC	
b	Name of plan sponsor	OMRM/FURNACE & DUCT SUPPLY COM	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 ELECTRICAL INC	
b	Name of plan sponsor	OMRM/IMARK ELECTRICAL 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

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 WASHER & REFRIGERATION SUPPLY CO INC	
b	Name of plan sponsor OMRM/WASHER & REFRIGERATION SU	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 ONE MEMBER RETIREMENT PLAN-THE PART WORKS	
b	Name of plan sponsor OMRM/THE PART WORKS	c EIN-PN 20-2905621-333
a	Plan name RAYMOND DESIGN ASSOCIATES INC RETIREMENT PLAN	
b	Name of plan sponsor RAYMOND DESIGN ASSOC INC RET P	c EIN-PN 20-3030729-001
a	Plan name SKYLINE TRISOURCE EXHIBITS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TERNION INC DBA SKYLINE	c EIN-PN 20-3216642-001
a	Plan name J LANE PUTNAM DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J LANE PUTNAM DDS DBA FAIRVIEW	c EIN-PN 20-3958446-001
a	Plan name CAVE 401(K) PLAN	
b	Name of plan sponsor CAVE ENTERPRISES OPERATIONS	c EIN-PN 20-4023518-001
a	Plan name DIEBOLT LANDSCAPE CO INC 401(K) PLAN	
b	Name of plan sponsor HABCMP/DIEBOLT LANDSCAPE CO	c EIN-PN 20-4065155-001
a	Plan name SAN ANTONIO TIMBER 401(K) PLAN	
b	Name of plan sponsor SAN ANTONIO TIMBER LLC	c EIN-PN 20-4709722-001

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	PEBBLE HILL CUSTOM BUILDERS INC 401(K) PLAN	
b	Name of plan sponsor	HBABMP/PEBBLE HILL CUSTOM BUIL	c EIN-PN 20-5000772-001
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
a	Plan name	KERR OFFICE GROUP INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HCCRP/KERR OFFICE GROUP INC.	c EIN-PN 20-5275325-001
a	Plan name	DOYLE DICKERSON TERRAZZO INC 401(K) PLAN	
b	Name of plan sponsor	DOYLE DICKERSON TERRAZZO INC	c EIN-PN 20-5618183-001
a	Plan name	COLORADO PULMONARY INTENSIVISTS PC PROFIT-SHARING PLAN	
b	Name of plan sponsor	COLORADO PULMONARY	c EIN-PN 20-5787969-001
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	SEAWARD MARINE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SEAWARD MARINE CORPORATION	c EIN-PN 20-5950226-001
a	Plan name	EAST COAST FABRICATION 401(K) P/S PLAN	
b	Name of plan sponsor	EAST COAST FABRICATION	c EIN-PN 20-8285921-001
a	Plan name	NORTON TRANSPORT INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NCCPAP/NORTON TRANSPORT INC 40	c EIN-PN 20-8325025-001
a	Plan name	SYSTEMS INTEGRATORS LLC 401(K) PLAN	
b	Name of plan sponsor	SYSTEMS INTEGRATORS LLC	c EIN-PN 20-8500816-001
a	Plan name	OPENCAPE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CIACP/OPENCAPE CORPORATION 401	c EIN-PN 20-8670761-001
a	Plan name	CALLIBRITY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LMRCP/ CALLIBRITY SOLUTIONS 40	c EIN-PN 20-8677704-001

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	OLATHE FAMILY DENTISTS 401(K) PLAN	
b	Name of plan sponsor	OLATHE FAMILY DENTISTS PA	c EIN-PN 20-8746153-001
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	MONMOUTH COUNTY ASSOCIATION OF REALTORS INC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	MONMOUTH COUNTY ASSOCIATION OF	c EIN-PN 21-0516901-001
a	Plan name	SAMSON ELECTRIC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	SAMSON ELECTRICAL SUPPLY CO	c EIN-PN 22-1461630-001
a	Plan name	RUBBER & SILICONE PRODUCTS CO INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RUBBER & SILICONE PRODUCTS CO	c EIN-PN 22-1576384-001
a	Plan name	NEWARK TEACHERS UNION LOCAL 481 AFT AFL-CIO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEWARK TEACHERS UNION LOCAL	c EIN-PN 22-1721619-001
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 RAILROAD CONSTRUCTION CO OF SOUTH JERSEY INC 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor RAILROAD CONSTRUCTION CO OF	c EIN-PN 22-1901120-002
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 I	
b	Name of plan sponsor JACK DANIELS MOTORS INC	c EIN-PN 22-1974783-001
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 ELNORAH INC. T/A WARREN GLEN ACADEMY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ELNORAH INC T/A WARREN GLEN A	c EIN-PN 22-2218573-001
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 ZONE STRIPING INC 401K PLAN	
b	Name of plan sponsor ZONE STRIPING INC	c EIN-PN 22-2332677-001
a	Plan name JAMES CINBERG MD PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAMES CINBERG MD PA	c EIN-PN 22-2547505-001
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

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	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	WADE RAY & ASSOCIATES CONSTRUCTION INC 401(K) PLAN	
b	Name of plan sponsor	WADE RAY & ASSOCIATES	c EIN-PN 22-2907895-002
a	Plan name	ORTHOPAEDIC PHYSICIANS & SURGEONS P C 401(K) PLAN	
b	Name of plan sponsor	ORTHOPAEDIC PHYSICIANS &	c EIN-PN 22-2935880-002
a	Plan name	THE SPAULDING GROUP 401K PLAN	
b	Name of plan sponsor	THE SPAULDING GROUP INC	c EIN-PN 22-3058348-001
a	Plan name	JENNA F HECKLER PC FOR ALAN HECKLER PC RETIREMENT PLAN	
b	Name of plan sponsor	JENNA F HECKLER PC	c EIN-PN 22-3159920-001
a	Plan name	ACTIVE ENVIRONMENTAL TECHNOLOGY INC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	ACTIVE ENVIRONMENTAL	c EIN-PN 22-3219181-001
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
a	Plan name	NEW WORLD CREATION INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW WORLD CREATION INC	c EIN-PN 22-3291053-002
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	DASTI MURPHY & MCGUCKIN PC 401(K) PLAN	
b	Name of plan sponsor	DASTI MURPHY & MCGUCKIN	c EIN-PN 22-3450668-001

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	SSP ARCHITECTURAL GROUP INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SSP ARCHITECTURAL GROUP INC	c EIN-PN 22-3559243-001
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	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	JANOFF AND KHATRI PEDIATRIC DENTISTRY RETIREMENT PLAN	
b	Name of plan sponsor	SGPAP/JANOFF AND KHATRI PEDIAT	c EIN-PN 22-3977446-001
a	Plan name	WEST SIDE ELECTRICAL SERVICE INC PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST SIDE ELECTRICAL SERVICE	c EIN-PN 23-1685357-002
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	MEDSCENE INC PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDSCENE INC	c EIN-PN 23-2307685-001
a	Plan name	ROOFING RESOURCES INC PROFIT SHARING PLAN	
b	Name of plan sponsor	BKCRP/ROOFING RESOURCES INC	c EIN-PN 23-2562373-001
a	Plan name	MCNEIL SALES & SERVICE INC 401(K) PLAN	
b	Name of plan sponsor	MCNEIL SALES & SERVICE INC	c EIN-PN 23-2731092-002
a	Plan name	NEPHROLOGY AND HYPERTENSION ASSOCIATES PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEPHROLOGY AND HYPERTENSION PC	c EIN-PN 23-2767597-001
a	Plan name	GENERAL EXPOSITION SERVICES INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GENERAL EXPOSITION SERVICES	c EIN-PN 23-2795109-001

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 BOYD/WILSON PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor BOYD/WILSON PROPERTY	c EIN-PN 23-2812739-001
a	Plan name DIESELS HEATING AND AIR CONDITIONING INC PROFIT SHARING PLAN	
b	Name of plan sponsor DIESELS HEATING AND AIR	c EIN-PN 23-2874270-001
a	Plan name MONDRE ENERGY INC 401(K) PLAN	
b	Name of plan sponsor MONDRE ENERGY INC	c EIN-PN 23-2944611-001
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 RETIREMENT PLANNING SPECIALISTS INC 401(K) PLAN	
b	Name of plan sponsor RETIREMENT PLANNING SPECIALIST	c EIN-PN 23-2972950-001
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 MICROBILT 401(K) PLAN	
b	Name of plan sponsor MICROBILT CORPORATION	c EIN-PN 23-3737436-001
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 PITTSBURGH STAGE INC 401K PLAN	
b	Name of plan sponsor PITTSBURGH STAGE INC	c EIN-PN 25-1180361-001
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

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 SPECIFIED SYSTEMS INC 401(K) PLAN	
b	Name of plan sponsor PBXP/SPECIFIED SYSTEMS INC	c EIN-PN 25-1681470-001
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 DAMON VER MERRIS BOYKO & WITTE PLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DAMON VER MERRIS BOYKO & WITTE	c EIN-PN 26-0804908-002
a	Plan name GINGER BAY SALON & SPA LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GINGER BAY SALON & SPA LLC	c EIN-PN 26-2263621-001
a	Plan name JAMALI FLORAL AND GARDEN SUPPLIES PROFIT SHARING PLAN	
b	Name of plan sponsor JAMALI FLORAL AND GARDEN SUPPL	c EIN-PN 26-2304546-001
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 ELLSWORTH UVEITIS & RETINA CARE PA EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor BHFSP/ELLSWORTH UVEITIS &	c EIN-PN 26-3129974-003
a	Plan name SNL DENTAL 401(K) PLAN	
b	Name of plan sponsor SNL DENTAL LLC	c EIN-PN 26-3926643-001
a	Plan name MARTELLS TIKI BAR INC 401K PLAN	
b	Name of plan sponsor MARTELLS TIKI BAR INC	c EIN-PN 26-4371578-001

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 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 UNIFIED TECHNOLOGIES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UNIFIED TECHNOLOGIES LLC	c EIN-PN 27-0240525-001
a	Plan name LIMESTONE TITLE & ESCROW LLC 401(K) PLAN	
b	Name of plan sponsor LIMESTONE TITLE & ESCROW LLC	c EIN-PN 27-0308370-001
a	Plan name 3G WAREHOUSE INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor 3G WAREHOUSE INC	c EIN-PN 27-0837338-001
a	Plan name RN EXPRESS STAFFING REGISTRY LLC 401(K) PLAN	
b	Name of plan sponsor AMCP/RN EXPRESS STAFFING REGIS	c EIN-PN 27-0865208-001
a	Plan name ALTRU CLINIC PHARMACY-FAMILY MEDICINE CENTER INC 401(K) PLAN	
b	Name of plan sponsor ALTRU CLINIC PHARMACY-FAMILY	c EIN-PN 27-1076579-001
a	Plan name ROBERT K BONGIOVANNI CPA RETIREMENT PLAN	
b	Name of plan sponsor ROBERT K BONGIOVANNI CPA	c EIN-PN 27-1214219-002
a	Plan name PREMIUM TRANSPORTATION GROUP INC 401(K) PLAN	
b	Name of plan sponsor PREMIUM TRANSPORTATION GROUP	c EIN-PN 27-1474708-001
a	Plan name GLOBAL CONTRACTING GROUP LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NCCPAP/GLOBAL CONTRACTING GROU	c EIN-PN 27-2790193-001
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 NEVADA FIRE PROTECTION INC 401(K) PLAN	
b	Name of plan sponsor ACLVP/NEVADA FIRE PROTECTION	c EIN-PN 27-2964855-001
a	Plan name TRUCRAFT 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRUCRAFT ROOFING LLC	c EIN-PN 27-3250335-001

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 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 WOODWAY 401(K) PLAN	
b	Name of plan sponsor CBAFP/CBA WOODWAY 401(K) PLAN	c EIN-PN 27-3675895-002
a	Plan name THINKSIGN 401(K) PLAN	
b	Name of plan sponsor THINKSIGN OPTOELECTRONICS INC	c EIN-PN 27-3998939-001
a	Plan name WELSH WALES & FRY PLC 401(K) PLAN	
b	Name of plan sponsor WELSH LAW GROUP	c EIN-PN 27-4335856-001
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 SECURITY USA INC 401(K) PLAN	
b	Name of plan sponsor ADCP/SECURITY USA INC 401(K) P	c EIN-PN 30-0000360-333
a	Plan name MONTGOMERY FINANCIAL MANAGEMENT 401K RETIREMENT PLAN	
b	Name of plan sponsor LMRCP/MONTGOMERY FINANCIAL MAN	c EIN-PN 30-0426430-001
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 PEOPLES FIRST SAVINGS BANK 401(K) PLAN	
b	Name of plan sponsor MDCP/PEOPLES FIRST BANK	c EIN-PN 31-0404830-002
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 THOMPSON EQUIPMENT & SUPPLY RETIREMENT PLAN	
b	Name of plan sponsor G52WMP/THOMPSON EQUIPMENT & SU	c EIN-PN 31-0802770-001

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 BEST ONE TIRE AND SERVICE OF MID AMERICA INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BEST ONE TIRE 401K	c EIN-PN 31-0892317-002
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 WEGMAN COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WEGMAN COMPANY	c EIN-PN 31-0958751-001
a	Plan name FAMILY NURTURING CENTER 401(K) PLAN	
b	Name of plan sponsor EFSP/FAMILY NURTURING CENTER 4	c EIN-PN 31-1011326-002
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
a	Plan name EVOLUTION CREATIVE SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor EVOLUTION CREATIVE SOLUTIONS	c EIN-PN 31-1408643-001
a	Plan name DERMATOLOGY & SURGERY OF SOUTHERN OHIO 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DERMATOLOGY & SURGERY OF	c EIN-PN 31-1408884-001
a	Plan name CATHY R COOK ATTORNEY AT LAW 401(K) PLAN	
b	Name of plan sponsor CATHY R COOK ATTORNEY AT LAW	c EIN-PN 31-1432282-001
a	Plan name JK EXCAVATING & UTILITIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PFSBP/JK EXCAVATING & UTILITIE	c EIN-PN 31-1459686-001
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 KELLY YOUTH SERVICES INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor KELLY YOUTH SERVICES INC	c EIN-PN 31-1609551-001

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	WYMARD AND ASSOCIATES INC AQUA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WYMARD AND ASSOCIATES INC DBA	c EIN-PN 31-1714504-001
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	NETWORK INFORMATION TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NETWORK INFORMATION	c EIN-PN 32-0053349-001
a	Plan name	DELA SECURA INC 401(K) PLAN	
b	Name of plan sponsor	DELA SECURA INC	c EIN-PN 33-0100545-001
a	Plan name	CALIFORNIA ASSOCIATION OF COMMUNITY MANAGERS MEMBERS 401(K) PROGRAM	
b	Name of plan sponsor	CACMP/CALIFORNIA ASSOCIATION O	c EIN-PN 33-0484431-002
a	Plan name	SQUARE KING FOODS INC 401(K) PLAN	
b	Name of plan sponsor	SQUARE KING FOODS INC	c EIN-PN 33-0598669-001
a	Plan name	SPORTSHEETS INTERNATIONAL INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	INTORA INC	c EIN-PN 33-0770691-001
a	Plan name	HURTT FAMILY HEALTH CLINIC RETIREMENT PLAN	
b	Name of plan sponsor	HURTT FAMILY HEALTH CLINIC INC	c EIN-PN 33-0906866-001
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	BAKER & SONS EQUIPMENT COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	BAKER & SONS EQUIPMENT COMPANY	c EIN-PN 34-1125133-001
a	Plan name	BRAMHALL ENGINEERING & SURVEYING CO 401(K) PLAN	
b	Name of plan sponsor	BRAMHALL ENGINEERING & SURVEYI	c EIN-PN 34-1822908-001
a	Plan name	INTERNET CREATIONS 2000 LLC 401(K) PLAN	
b	Name of plan sponsor	INTERNET CREATIONS 2000 LLC	c EIN-PN 34-2028870-001

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	FORT WAYNE MUSEUM OF ART INC 401(K) PLAN	
b	Name of plan sponsor	RACFWP/FORT WAYNE MUSEUM OF AR	c EIN-PN 35-0953440-002
a	Plan name	AML RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AML INC	c EIN-PN 35-1134293-002
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 HOURLY EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	AMFUEL CELL & COATED	c EIN-PN 35-2580768-003
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	RICHARDSON POULTRY LLC 401(K) PLAN	
b	Name of plan sponsor	GIOAP/RICHARDSON POULTRY LLC	c EIN-PN 35-2794012-001
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	G&M MANUFACTURING CORPORATION PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	G&M MANUFACTURING CORPORATION	c EIN-PN 36-2790345-003
a	Plan name	BAKER & ENRIGHT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BAKER & ENRIGHT	c EIN-PN 36-3730292-001
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

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	COVENANT HEALTH NETWORK PROFIT SHARING PLAN	
b	Name of plan sponsor	COVENANT HEALTH	c EIN-PN 36-4133330-002
a	Plan name	ONCOLOGY OF NORTHSORE CLINIC INC 401(K) PLAN	
b	Name of plan sponsor	BASSAM F MATAR M D S C DBA	c EIN-PN 36-4282819-001
a	Plan name	WARMLYYOURS 401(K) PLAN	
b	Name of plan sponsor	WARMLYYOURS.COM INC	c EIN-PN 36-4293383-001
a	Plan name	VICTORY LANE 401(K)PLAN	
b	Name of plan sponsor	VICTORY LANE FORD INC	c EIN-PN 37-1163551-001
a	Plan name	SCHAFFER CONSTRUCTION INC 401(K) PLAN	
b	Name of plan sponsor	ESCCP/SCHAFFER CONSTRUCTION INC	c EIN-PN 38-3356957-001
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	HNC AMUSEMENTS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HNC AMUSEMENTS INC	c EIN-PN 38-3661660-001
a	Plan name	FARMERS & MERCHANTS BANK 401(K) PLAN	
b	Name of plan sponsor	FARMERS & MERCHANTS BANK	c EIN-PN 39-0273347-001
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	ROE FARMS TRUCKING RETIREMENT PLAN	
b	Name of plan sponsor	MWCCP/ROE FARMS TRUCKING RETIR	c EIN-PN 39-1905770-001
a	Plan name	S M HENTGES & SONS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	S M HENTGES & SONS INC	c EIN-PN 41-1517673-001
a	Plan name	THE BAINEY GROUP INC 401(K) PLAN	
b	Name of plan sponsor	THE BAINEY GROUP	c EIN-PN 41-1786889-001

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 DOWNING CONSTRUCTION INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOWNING CONSTRUCTION INC	c EIN-PN 42-0925175-001
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 PYRAMID ROOFING COMPANY INC PROFIT SHARING PLAN	
b	Name of plan sponsor PYRAMID ROOFING COMPANY INC	c EIN-PN 43-0733625-001
a	Plan name PATRICK FURNITURE MART 401(K) PLAN	
b	Name of plan sponsor PATRICK FURNITURE MART INC	c EIN-PN 43-0960268-001
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 CUSTOM INSURANCE SERVICES INC RETIREMENT PLAN	
b	Name of plan sponsor CUSTOM INSURANCE SERVICES INC	c EIN-PN 43-1128229-001
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 HITS SCANNING SOLUTIONS INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HITS SCANNING SOLUTIONS INC	c EIN-PN 43-1548486-002
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 SPRINGFIELD FAMILY MEDICAL WALK-IN CLINICS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPRINGFIELD FAMILY MEDICAL	c EIN-PN 43-1782707-001

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	JC UTILITY 401K PLAN
b	Name of plan sponsor	AMRP/ JC UTILITY 401K PLAN
c	EIN-PN	43-1945856-001
a	Plan name	HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP 401(K) PLAN
b	Name of plan sponsor	HUNTINGTON ORTHOPEDIC SURGICAL
c	EIN-PN	43-2013469-002
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	THE ROADS FOUNDATION 401K PLAN
b	Name of plan sponsor	THE ROADS FOUNDATION INC
c	EIN-PN	45-0572757-001
a	Plan name	CITYSIDE HOMES LLC 401(K) PLAN
b	Name of plan sponsor	CITYSIDE HOMES LLC
c	EIN-PN	45-1340711-001
a	Plan name	OUR FAMILY DOCTOR PLLC 401(K) PLAN
b	Name of plan sponsor	OUR FAMILY DOCTOR PLLC
c	EIN-PN	45-1499684-001
a	Plan name	CBA GRANBURY 401(K) PLAN
b	Name of plan sponsor	CBAFP/CBA GRANBURY 401(K) PLAN
c	EIN-PN	45-2489514-002
a	Plan name	FIRE BY DESIGN INC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	FIRE BY DESIGN INC
c	EIN-PN	45-2705058-001
a	Plan name	HOLLINGSWORTH-RIDDLEBERGER INSURANCE 401(K) PLAN
b	Name of plan sponsor	HOLLINGSWORTH-RIDDLEBERGER
c	EIN-PN	45-3169049-001
a	Plan name	CINCINNATI UNITED CONTRACTORS LLC RETIREMENT PLAN
b	Name of plan sponsor	CINCINNATI UNITED CONTRACTORS
c	EIN-PN	45-3742388-001
a	Plan name	CHRISTIAN BROTHERS AUTOMOTIVE RAYFORD 401(K) PLAN
b	Name of plan sponsor	CBAFP/CHRISTIAN BROTHERS AUTO
c	EIN-PN	45-4035743-001
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	MENDEZ ENGINEERING PLLC 401(K) PLAN	
b	Name of plan sponsor	MENDEZ ENGINEERING PLLC	c EIN-PN 45-4247258-001
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	SECURE BENEFITS LLC 401(K) PLAN	
b	Name of plan sponsor	SECURE BENEFITS LLC DBA	c EIN-PN 45-4613561-001
a	Plan name	BROCK ASSOCIATES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PBXP/BROCK ASSOCIATES LLC 401	c EIN-PN 45-5378798-001
a	Plan name	CBA BRANDON 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA BRANDON 401(K) PLAN	c EIN-PN 45-5419287-001
a	Plan name	CBA ARLINGTON 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA ARLINGTON 401(K) PL	c EIN-PN 45-5514059-001
a	Plan name	PLASTIC SURGERY ASSOCIATES OF SOUTH DAKOTA LTD PROFIT SHARING PLAN	
b	Name of plan sponsor	PLASTIC SURGERY ASSOCIATES OF	c EIN-PN 46-0388494-001
a	Plan name	BROWN FAMILY DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor	BROWN FAMILY DENTAL CARE	c EIN-PN 46-0572824-001
a	Plan name	PETTIS COUNTY AMBULANCE DISTRICT 457(B) PLAN	
b	Name of plan sponsor	PETTIS COUNTY AMBULANCE	c EIN-PN 46-0786417-001
a	Plan name	CBA S TULSA 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA S TULSA 401(K) PLAN	c EIN-PN 46-0792990-001
a	Plan name	BAYONNE SMILE CENTER LLC 401(K) PLAN	
b	Name of plan sponsor	BAYONNE SMILE CENTER LLC	c EIN-PN 46-1227455-001
a	Plan name	VITALE INSURANCE & FINANCIAL RETIREMENT PLAN	
b	Name of plan sponsor	VITALE INSURANCE & FINANCIAL	c EIN-PN 46-1254551-001

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	7 STAR HOSPITALITY RESOURCE LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	7SHR/TRANSITION SERVICES OF FA	c EIN-PN 46-1827643-005
a	Plan name	LANDS END ABSTRACT SERVICES 401K PLAN	
b	Name of plan sponsor	LANDS END ABSTRACT SERVICES	c EIN-PN 46-2141210-001
a	Plan name	ZKXKZ LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ZKXKZ LLC	c EIN-PN 46-2373667-001
a	Plan name	LANDRY FAMILY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	LANDRY FAMILY DENTISTRY	c EIN-PN 46-2563702-001
a	Plan name	J RICH ROBINSON FAMILY DENTISTRY LLC 401(K) PLAN	
b	Name of plan sponsor	J RICH ROBINSON FAMILY	c EIN-PN 46-2577735-001
a	Plan name	MAXUS OPERATIONS LLC AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	ECCRP/MAXUS OPERATIONS LLC AND	c EIN-PN 46-2715562-001
a	Plan name	RT MOTORSPORTS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RT MOTORSPORTS INC	c EIN-PN 46-3037943-001
a	Plan name	TWO MEN AND A TRUCK 401(K) PLAN	
b	Name of plan sponsor	TMAAT DENVER METRO LLC	c EIN-PN 46-3458606-001
a	Plan name	MARTIN BAGWELL LUKE PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARTIN BAGWELL LUKE PC	c EIN-PN 46-3663316-001
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	FIRE RESEARCH & TECHNOLOGY LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FIRE RESEARCH & TECHNOLOGY LLC	c EIN-PN 46-5200446-001
a	Plan name	HANSEN INTERNATIONAL TRUCK INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HANSEN INTERNATIONAL TRUCK	c EIN-PN 47-0552429-001

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	DAEDALUS CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DAEDALUS CONSTRUCTION COMPANY
c	EIN-PN	47-0602587-001
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	COLUMBUS FAMILY PRACTICE ASSOCIATES PC EMPLOYEES PROFIT SHARING AND 401(K) TRUST
b	Name of plan sponsor	COLUMBUS FAMILY PRACTICE
c	EIN-PN	47-0634907-002
a	Plan name	GENERAL FIRE & SAFETY EQUIPMENT COMPANY OF OMAHA INC 401(K) PLAN
b	Name of plan sponsor	GENERAL FIRE & SAFETY
c	EIN-PN	47-0645369-001
a	Plan name	INTERIOR CONSTRUCTION INC 401(K) PLAN
b	Name of plan sponsor	INTERIOR CONSTRUCTION INC
c	EIN-PN	47-0679403-001
a	Plan name	MOSAIC IMPLANT 401(K) PLAN
b	Name of plan sponsor	ESCCP/MOSAIC IMPLANT 401(K)
c	EIN-PN	47-1258856-001
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	JLDH VENTURES 401(K) PLAN
b	Name of plan sponsor	GIOAP/JLDH VENTURES 401(K)
c	EIN-PN	47-1965840-001
a	Plan name	CHICK-FIL-A VICTORY AT SKIDAWAY 401(K) PLAN
b	Name of plan sponsor	GIOAP/CHICK-FIL-A VICTORY AT
c	EIN-PN	47-2193611-001
a	Plan name	TOTAL COMFORT HEATING & COOLING 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	RRNMP/TOTAL COMFORT HEATING &
c	EIN-PN	47-2367425-001
a	Plan name	OG SUPPLY 401(K) PLAN
b	Name of plan sponsor	OG SUPPLY
c	EIN-PN	47-2512600-001

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	JMA SOLUTIONS LLC 401(K) PLAN
b	Name of plan sponsor	JMA SOLUTIONS LLC
c	EIN-PN	47-2815850-001
a	Plan name	VANHOOK AGENCY RETIREMENT PLAN
b	Name of plan sponsor	VANHOOK INSURANCE AGENCY
c	EIN-PN	47-2925170-001
a	Plan name	CBA S WESTERN AVE 401(K) PLAN
b	Name of plan sponsor	CBAFP/CBA S WESTERN AVE 401(K)
c	EIN-PN	47-3108529-001
a	Plan name	MACANDREW K ROBISON DMD LLC RETIREMENT PLAN
b	Name of plan sponsor	SGPAP/ MACANDREW K ROBISON DMD
c	EIN-PN	47-4011868-001
a	Plan name	RIGGS COMPANIES 401K PLAN
b	Name of plan sponsor	ACLVP/RIGGS COMPANIES 401K PLA
c	EIN-PN	47-4068503-001
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	CULLIGAN OF NEW HAMPSHIRE 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WATER 101 LLC DBA CULLIGAN
c	EIN-PN	47-4218698-001
a	Plan name	CBA BEAUMONT 401K PLAN
b	Name of plan sponsor	CBAFP/CBA BEAUMONT 401K PLAN
c	EIN-PN	47-4223794-001
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	CBA LONE TREE 401(K) PLAN
b	Name of plan sponsor	CBAFP/LONE TREE
c	EIN-PN	47-4731906-001
a	Plan name	PINNACLE HEALTHCARE RECOVERY PARTNERS INC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PINNACLE HEALTHCARE RECOVERY
c	EIN-PN	47-5550092-001
a	Plan name	CITY OF WISNER 401(K) PLAN
b	Name of plan sponsor	CITY OF WISNER
c	EIN-PN	47-6006417-001

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 MUTUAL FIRST FCU 401(K) PLAN	
b	Name of plan sponsor MUTUAL FIRST FEDERAL CREDIT	c EIN-PN 47-6024482-002
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 KRESTON LIQUOR MART 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KRESTON LIQUOR MART	c EIN-PN 51-0117309-001
a	Plan name DUKES LUMBER & HOME CENTER INC PROFIT SHARING PLAN	
b	Name of plan sponsor DUKES LUMBER & HOME CENTER INC	c EIN-PN 51-0119404-001
a	Plan name LUTHER CARE SERVICES 401(K) PLAN	
b	Name of plan sponsor LUTHER CARE SERVICES	c EIN-PN 51-0204853-002
a	Plan name DELAWARE SURGICAL GROUP PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DELAWARE SURGICAL GROUP PA	c EIN-PN 51-0369716-001
a	Plan name SOUTHSIDE HOLDINGS INC DBA TECHNOLOGY PUBLISHING COMPANY 401(K) PLAN	
b	Name of plan sponsor PBXP/SOUTHSIDE HOLDINGS INC	c EIN-PN 51-0401870-001
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 PECS 401(K) PLAN	
b	Name of plan sponsor PAUL T EWING INC	c EIN-PN 52-1060760-001
a	Plan name COMMUNICATIONS WORKERS OF AMER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor COMMUNICATIONS WORKERS OF	c EIN-PN 52-1244701-001
a	Plan name TOROID CORPORATION 401(K) PLAN	
b	Name of plan sponsor TOROID CORPORATION	c EIN-PN 52-1264266-001
a	Plan name DMS 401(A) RETIREMENT PLAN	
b	Name of plan sponsor DATA MANAGEMENT SERVICES INC	c EIN-PN 52-1888039-002

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	BARANTEC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	BARANTEC 401(K) PROFIT SHARING	c EIN-PN 52-1980362-001
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	ROBINS INSURANCE AGENCY INC 401(K) PLAN	
b	Name of plan sponsor	RIACP/ROBINS INSURANCE AGENCY	c EIN-PN 54-0843691-002
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 HOME HEALTH INC 401K PLAN	
b	Name of plan sponsor	TFGCP/Commonwealth Home Health	c EIN-PN 54-1330736-001
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	DAVCON INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAVCON INC	c EIN-PN 54-1647387-001
a	Plan name	E & L DIAMOND ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	E & L DIAMOND ELECTRIC COOLING	c EIN-PN 54-1801700-001
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	KALASKEY ORTHODONTICS LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAWRENCE J KALASKEY III DDS	c EIN-PN 55-0658091-002
a	Plan name	401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF NORTH COUNTRY CONTRACTORS LLC	
b	Name of plan sponsor	NORTH COUNTRY CONTRACTORS LLC	c EIN-PN 55-0858326-010

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	CATAP/CATAPULT EMPLOYERS ASSOCIATION 401K PLAN	
b	Name of plan sponsor	CATAP/CATAPULT EMPLOYERS	c EIN-PN 56-0670576-001
a	Plan name	DATA IMAGING & ASSOCIATES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DATA IMAGING & ASSOCIATES INC	c EIN-PN 56-1043890-001
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	MAIL MANAGEMENT SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	MAIL MANAGEMENT SERVICES LLC	c EIN-PN 56-2075508-001
a	Plan name	ONE STOP HOME REPAIR EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	BHFSP/ ONE STOP HOME REPAIR EM	c EIN-PN 56-2301183-001
a	Plan name	JONES FORD INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JONES FORD INC	c EIN-PN 57-0481772-001
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	BERNSTEIN & KALOSIEH 401K PLAN	
b	Name of plan sponsor	BERNSTEIN & KALOSIEH	c EIN-PN 57-1141653-001
a	Plan name	THE THORNTON 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	THORNTON CHEVROLET INC	c EIN-PN 58-0681967-001
a	Plan name	THE THORNTON 401(K) EMPLOYEE SAVINGS PLAN II	
b	Name of plan sponsor	THORNTON CHEVROLET INC	c EIN-PN 58-0681967-002

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	GLAZE SUPPLY COMPANY INC 401(K) PLAN	
b	Name of plan sponsor	NCCPAP/GLAZE SUPPLY COMPANY IN	c EIN-PN 58-0684550-001
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	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	LAGRANGE PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor	CFSCP/LAGRANGE PEDIATRICS 401(c EIN-PN 58-2557935-001
a	Plan name	GRAHAM RESTAURANTS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NCCPAP/GRAHAM RESTAURANTS INC	c EIN-PN 58-2574328-001
a	Plan name	BUILDING TRADE CONSULTANTS INC 401(K) PLAN	
b	Name of plan sponsor	SGPAP/BUILDING TRADE CONSULTAN	c EIN-PN 59-1297597-001
a	Plan name	THE WILSON COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WILSON MANAGEMENT COMPANY DBA	c EIN-PN 59-2027272-001
a	Plan name	LARRY LARSON'S TOP SOIL 401(K) PLAN	
b	Name of plan sponsor	LARRY LARSONS TOP SOIL INC	c EIN-PN 59-2236038-001
a	Plan name	BEDROCK RESOURCES 401(K) PLAN	
b	Name of plan sponsor	BEDROCK RESOURCES LLC	c EIN-PN 59-2484607-001
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	PERFORMANCE SECURITY 401(K) PLAN	
b	Name of plan sponsor	USPEOP/ PERFORMANCE SECURITY 4	c EIN-PN 59-2772962-001
a	Plan name	T & G CONSTRUCTORS 401(K) PLAN	
b	Name of plan sponsor	T & G CONSTRUCTORS	c EIN-PN 59-2806739-001

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 CURTS GAINES HALL JONES ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor WTCCP/CURTS GAINES HALL JONES	c EIN-PN 59-2844944-001
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 MOSS HILL FOLIAGE INC 401(K) PLAN	
b	Name of plan sponsor MOSS HILL FOLIAGE INC	c EIN-PN 59-3017271-001
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 SPORTS MEDICINE INSTITUTE RETIREMENT PLAN	
b	Name of plan sponsor SGPAP/ SPORTS MEDICINE INSTITU	c EIN-PN 59-3464291-001
a	Plan name THE ROCK LAW GROUP PA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor THE ROCK LAW GROUP PA	c EIN-PN 59-3681203-001
a	Plan name DOUGLAS A HUHN DMD PA PROFIT SHARING PLAN	
b	Name of plan sponsor DOUGLAS A HUHN DMD PA	c EIN-PN 59-3694196-002
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 VENHOFF PLUMBING AND HEATING CO 401(K) PLAN	
b	Name of plan sponsor VENHOFF PLUMBING AND HEATING	c EIN-PN 61-0522794-001
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 SENNS BODY & PAINT SHOP RETIREMENT PLAN	
b	Name of plan sponsor SENNS BODY & PAINT SHOP INC	c EIN-PN 61-0701383-001
a	Plan name BOSWELL CONTRACTING INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BOSWELL CONTRACTING INC	c EIN-PN 61-0976698-001

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	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	RECYCLING EXPRESS INC 401(K) PLAN	
b	Name of plan sponsor	RECYCLING EXPRESS INC	c EIN-PN 61-1208228-001
a	Plan name	MAC METAL RETIREMENT PLAN	
b	Name of plan sponsor	MAC METAL SALES INC	c EIN-PN 61-1283395-001
a	Plan name	CITY SALVAGE & RECYCLING INC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	CITY SALVAGE & RECYCLING INC	c EIN-PN 61-1284312-001
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	RAO VELAGA MD PSC 401(K) PLAN	
b	Name of plan sponsor	RAO VELAGA MD PSC	c EIN-PN 61-1335255-001
a	Plan name	BOX LAKE NETWORKS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOX LAKE NETWORKS INC	c EIN-PN 61-1359880-001
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	FLEMING-LEE SHUE 401(K) PLAN	
b	Name of plan sponsor	FLEMING-LEE SHUE INC	c EIN-PN 61-1419819-001
a	Plan name	INTERSTATE TRANSMISSION RETIREMENT PLAN	
b	Name of plan sponsor	CRAIP/INTERSTATE TRANSMISSION	c EIN-PN 61-1452194-001
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	DIXIE YARD WORKS 401(K) PLAN	
b	Name of plan sponsor	HCCRP/DIXIE YARD WORKS 401(K)	c EIN-PN 61-1692620-001
a	Plan name	INDEPENDENT COMMUNITY BANCORP INC RETIREMENT PLAN	
b	Name of plan sponsor	INDEPENDENT COMMUNITY	c EIN-PN 62-1306854-001
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	ONE SOURCE INC 401(K) PLAN	
b	Name of plan sponsor	ONE SOURCE INC	c EIN-PN 64-0878379-001
a	Plan name	DISCOVERY TANK TESTING INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DISCOVERY TANK TESTING INC	c EIN-PN 65-0198831-001
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	STEPHEN J NELSON MD PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STEPHEN J NELSON MD PA	c EIN-PN 65-0571996-001
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

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	SPIRES & ASSOCIATES 401K PLAN & TRUST	
b	Name of plan sponsor	SGPAP/SPIRES & ASSOCIATES 401K	c EIN-PN 65-0865523-001
a	Plan name	CBA ATASCOCITA 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA ATASCOCITA 401(K)	c EIN-PN 65-1271656-001
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	ED SMITHS STENCIL WORKS LTD 401(K) PLAN	
b	Name of plan sponsor	ED SMITHS STENCIL WORKS LTD	c EIN-PN 72-0567335-001
a	Plan name	CADDO PAINT CO INC PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor	CADDO PAINT COMPANY INC	c EIN-PN 72-0714416-001
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	AMERI TEK 401(K) PLAN	
b	Name of plan sponsor	PHRCP/AMERI TEK 401(K) PLAN	c EIN-PN 72-1348587-001
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	BEST GROUP INC 401(K) PLAN	
b	Name of plan sponsor	BGBCP/BEST GROUP INC 401(K) PL	c EIN-PN 72-1504786-001
a	Plan name	METROPOLITAN CRIME COMMISSION OF NEW ORLEANS INC PROFIT SHARING PLAN	
b	Name of plan sponsor	METROPOLITAN CRIME COMMISSION	c EIN-PN 72-6009984-001
a	Plan name	DIAMOND MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor	DIAMOND MEDICAL GROUP	c EIN-PN 73-1676883-001

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 JIM GODBOUT PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor CIACP/JIM GODBOUT PLUMBING & H	c EIN-PN 73-1682394-001
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 WITTING & MILLER INC EMPLOYEES 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WITTING & MILLER INC	c EIN-PN 74-2317129-001
a	Plan name CENTER FOR CHRISTIAN GROWTH INC 401(K) PLAN	
b	Name of plan sponsor CENTER FOR CHRISTIAN	c EIN-PN 75-1671920-002
a	Plan name OLLER ENGINEERING 401(K) PLAN	
b	Name of plan sponsor LTXCP/OLLER ENGINEERING 401(K)	c EIN-PN 75-2292337-001
a	Plan name ENVIROMATIC SYSTEMS OF FORT WORTH INC 401(K) PLAN AND TRUST	
b	Name of plan sponsor ENVIROMATIC SYSTEMS OF FORT	c EIN-PN 75-2751770-001
a	Plan name LEET EYECARE 401(K) PLAN	
b	Name of plan sponsor LEET EYECARE	c EIN-PN 75-2970637-001
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 ACT & WHELCO COMPANIES 401(K) PLAN	
b	Name of plan sponsor AUTOMATION & CONTROL TECH	c EIN-PN 75-3216340-001
a	Plan name OGH SERVICE COMPANY PROFIT SHARING PLAN & TRUST PLAN	
b	Name of plan sponsor OGH SERVICE COMPANY	c EIN-PN 76-0243691-001
a	Plan name ALLIANCE PAYROLL SERVICES INC RETIREMENT TRUST	
b	Name of plan sponsor APCGP/ALLIANCE PAYROLL SERVICE	c EIN-PN 76-0400279-001
a	Plan name ADVISORS FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor ADVISORS FINANCIAL GROUP	c EIN-PN 76-0556119-001

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	JBC QUALITY PAINTING 401(K) PLAN	
b Name of plan sponsor	JBC QUALITY PAINTING	c EIN-PN 77-0039777-001
a Plan name	ABSOLUTE TURNKEY SERVICES INC 401(K) PLAN	
b Name of plan sponsor	ABSOLUTE TURNKEY	c EIN-PN 77-0433577-001
a Plan name	ROSCH COMPANY LLC SAFE HARBOR 401(K) PLAN	
b Name of plan sponsor	ROSCH COMPANY LLC	c EIN-PN 77-0588217-001
a Plan name	AIM SERVICES INC 401(K) PLAN	
b Name of plan sponsor	AIM SERVICES INC	c EIN-PN 77-0602860-001
a Plan name	TURNINGPOINTE LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	TURNINGPOINTE LLC	c EIN-PN 80-0447285-001
a Plan name	CITY ABSTRACT LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CITY ABSTRACT LLC	c EIN-PN 81-0984322-001
a Plan name	TREE OF LIFE COUNSELING CENTER 401(K) PLAN	
b Name of plan sponsor	TREE OF LIFE COUNSELING	c EIN-PN 81-1503771-001
a Plan name	CBA THORNTON 401(K) PLAN	
b Name of plan sponsor	CBAFP/CBA THORNTON 401(K) PLAN	c EIN-PN 81-2773457-001
a Plan name	CBA FAIRFIELD 401(K) PLAN	
b Name of plan sponsor	CBAFP/CBA FAIRFIELD 401(K) PL	c EIN-PN 81-2775549-001
a Plan name	DHVAJ 401(K) RETIREMENT PLAN	
b Name of plan sponsor	DHVAJ INC	c EIN-PN 81-2859686-001
a Plan name	RECONCILED SOLUTIONS RETIREMENT PLAN	
b Name of plan sponsor	NORITA COMPANY DBA RECONCILED	c EIN-PN 81-4702966-001
a Plan name	FRANKLIN ARMORY INC 401(K) PLAN	
b Name of plan sponsor	ACLVP/FRANKLIN ARMORY INC 401(c EIN-PN 81-5165223-001

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	CBA LAKEVILLE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA LAKEVILLE 401(K)	c EIN-PN 81-5353603-001
a	Plan name	CBA GEORGETOWN 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA GEORGETOWN 401(K)	c EIN-PN 81-5395633-001
a	Plan name	CBA GILBERT-BASELINE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA GILBERT-BASELINE	c EIN-PN 82-0651344-001
a	Plan name	MESSAGE ENVY JMSRX INC 401(K) PLAN	
b	Name of plan sponsor	MESSAGE JMSRX INC	c EIN-PN 82-1103147-001
a	Plan name	STEFANO RICCI DC USA CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STEFANO RICCI DC USA CORP	c EIN-PN 82-1472711-001
a	Plan name	CBA PEORIA-THUNDERBIRD 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA PEORIA-THUNDERBIRD 4	c EIN-PN 82-1873488-001
a	Plan name	W DANIEL BILLINGTON DMD MS PLLC SAFE HARBOR 401(K)/PSP	
b	Name of plan sponsor	W DANIEL BILLINGTON DMD MS	c EIN-PN 82-2227298-001
a	Plan name	CBA CRESTWOOD 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA CRESTWOOD 401(K) PL	c EIN-PN 82-2440489-001
a	Plan name	LEGACY DENTAL OF PA 401(K) PLAN	
b	Name of plan sponsor	LEGACY DENTAL OF PA	c EIN-PN 82-2501909-001
a	Plan name	CBA WEST HAPPY VALLEY 401K PLAN	
b	Name of plan sponsor	CBAFP/CBA WEST HAPPY VALLEY 40	c EIN-PN 82-3501292-001
a	Plan name	DEVINE TIMONEY LAW GROUP 401(K) PLAN	
b	Name of plan sponsor	DEVINE TIMONEY LAW GROUP LLC	c EIN-PN 82-4509635-002
a	Plan name	COMPLETE DENTAL PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMPLETE DENTAL PLLC	c EIN-PN 82-4757571-001

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	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	TETON ORTHOPAEDICS 401(K) PLAN	
b	Name of plan sponsor	ORTHOPAEDICS OF JACKSON HOLE P	c EIN-PN 83-0322741-001
a	Plan name	MANCUSO CAREY LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	MANCUSO CAREY LLC	c EIN-PN 83-0717363-001
a	Plan name	CBA MOORESVILLE 401K PLAN	
b	Name of plan sponsor	CBAFP/CBA MOORESVILLE 401K PL	c EIN-PN 83-0800741-001
a	Plan name	ASSOCIATED PEDIATRIC DENTISTRY LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSOCIATED PEDIATRIC	c EIN-PN 83-2180371-002
a	Plan name	MANCUSO HOMES 401(K) PLAN	
b	Name of plan sponsor	AMCP/MANCUSO HOMES 401(K) PLAN	c EIN-PN 83-2217580-001
a	Plan name	CBA OMAHA 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA OMAHA 401(K) PLAN	c EIN-PN 83-2420292-001
a	Plan name	CBA NORCROSS PLAN	
b	Name of plan sponsor	CBAFP/CBA NORCROSS	c EIN-PN 83-3142560-001
a	Plan name	RABBIT TRUCKING INC 401(K) PLAN	
b	Name of plan sponsor	LGPCP / RABBIT TRUCKING INC 40	c EIN-PN 83-4439652-001
a	Plan name	CBA MIDWAY 401K PLAN	
b	Name of plan sponsor	CBAFP/CBA MIDWAY 401K PLAN	c EIN-PN 83-4633159-001
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	RTA INC 401(K) P/S PLAN	
b	Name of plan sponsor	RTA INC	c EIN-PN 84-0773499-001

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	RESTORATION LOGISTICS INC PROFIT SHARING PLAN	
b	Name of plan sponsor	RESTORATION LOGISTICS INC	c EIN-PN 84-1105219-002
a	Plan name	ARAPAHOE PARK PEDIATRICS PC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ARAPAHOE PARK PEDIATRICS P C	c EIN-PN 84-1454285-001
a	Plan name	NALF2 401(K) PLAN	
b	Name of plan sponsor	NORTHERN APPALACHIAN LOGGING	c EIN-PN 84-2188071-001
a	Plan name	CLOUDSMART INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CLOUDSMART INC	c EIN-PN 84-2230398-001
a	Plan name	ALLERGY & ASTHMA SPECIALTY PHYSICIANS PLLC 401(K) PLAN	
b	Name of plan sponsor	ALLERGY & ASTHMA SPECIALTY	c EIN-PN 84-2591655-001
a	Plan name	MGLCII LLC 401(K) PLAN	
b	Name of plan sponsor	MGLCII LLC	c EIN-PN 84-2706081-001
a	Plan name	CLINTON HILL COMMUNITY ACTION 401(K) PLAN	
b	Name of plan sponsor	CHCAP/CLINTON HILL COMMUNITY A	c EIN-PN 84-2816101-001
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	HEALTH LYNKS LLC 401(K) RETIREMENT SAVINGS PLAN I	
b	Name of plan sponsor	HEALTH LYNKS LLC	c EIN-PN 84-3969006-001
a	Plan name	HEALTH LYNKS LLC 401(K) RETIREMENT SAVINGS PLAN II	
b	Name of plan sponsor	HEALTH LYNKS LLC	c EIN-PN 84-3969006-002
a	Plan name	HEALTH LYNKS LLC 401(K) RETIREMENT SAVINGS PLAN III	
b	Name of plan sponsor	HEALTH LYNKS LLC 401(K) RETIRE	c EIN-PN 84-3969006-002
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

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	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	GLOSS HAIR PARLOR 401(K) PLAN	
b	Name of plan sponsor	BSCCP/GLOSS HAIR PARLOR 401(K)	c EIN-PN 85-0560356-001
a	Plan name	YAVAPAI EMERGENCY ANIMAL HOSPITAL LLC 401(K) PLAN	
b	Name of plan sponsor	YAVAPAI EMERGENCY ANIMAL	c EIN-PN 85-1363308-001
a	Plan name	LILICOL LLC 401(K) PLAN	
b	Name of plan sponsor	GIOAP/LILICOL LLC	c EIN-PN 85-1575800-001
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	CGI MERCHANT GROUP OPCO LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CGI MERCHANT GROUP OPCO LLC	c EIN-PN 85-2939693-001
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/ BLUE MOUNTAIN QUALITY RESOURCES LLC PLAN	
b	Name of plan sponsor	LPEP/BLUE MOUNTAIN QUALITY RES	c EIN-PN 85-3213245-301
a	Plan name	LPE/ CELSIUS HOLDINGS INC PLAN	
b	Name of plan sponsor	LPEP/CELSIUS HOLDINGS INC	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

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	LPE/ HIMMEL HOSPITALITY GROUP LLC	
b	Name of plan sponsor	LPEP/HIMMEL HOSPITALITY GROUP	c EIN-PN 85-3213245-301
a	Plan name	LPE/ L'EQUIPE HAIR SALON INC PLAN	
b	Name of plan sponsor	LPEP/ LEQUIPE HAIR SALON INC	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/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
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/BOONE SUPPORTED LIVING LLC	
b	Name of plan sponsor	LPEP/BOONE SUPPORTED LIVING	c EIN-PN 85-3213245-301
a	Plan name	LPE/CADOGAN TATE NEW YORK LIMITED PLAN	
b	Name of plan sponsor	LPEP/CADOGAN TATE NEW YORK	c EIN-PN 85-3213245-301
a	Plan name	LPE/CAPOZZA TILE CO INC PLAN	
b	Name of plan sponsor	LPEP/CAPOZZA TILE CO 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/CAPTAIN D'S LLC PLAN	
b	Name of plan sponsor	LPEP/CAPTAIN DS LLC	c EIN-PN 85-3213245-301
a	Plan name	LPE/CENTER FOR POLICING EQUITY PLAN	
b	Name of plan sponsor	LPEP/ LPE CENTER FOR POLICING	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/CERTIFIED HEALTH MANAGEMENT INC	
b	Name of plan sponsor	LPEP/CERTIFIED HEALTH	c EIN-PN 85-3213245-301
a	Plan name	LPE/CHARLES CITY TIMBER AND MAT PLAN	
b	Name of plan sponsor	LPEP/CHARLES CITY TIMBER AND M	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/DESIGN TO PRINT INC PLAN	
b	Name of plan sponsor	LPEP/DESIGN TO PRINT INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/EAST HILLS AUTO GROUP PLAN	
b	Name of plan sponsor	LPEP/EAST HILLS AUTO GROUP	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/ELITE STAFFING INC PLAN	
b	Name of plan sponsor	LPEP/ELITE STAFFING INC	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

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/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/HANSEN PROPERTIES INC PLAN	
b	Name of plan sponsor	LPEP/HANSEN PROPERTIES INC	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/IMMERSION LEARNING CENTERS LLC PLAN	
b	Name of plan sponsor	LPEP/IMMERSION LEARNING CENTER	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/LANDMARK GRADING COMPANY INC PLAN	
b	Name of plan sponsor	LPEP/LANDMARK GRADING COMPANY	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
a	Plan name	LPE/LOUVER SHOP HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor	LPEP/LOUVER SHOP HOLDINGS LLC	c EIN-PN 85-3213245-301
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

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/NEUROGENE INC PLAN	
b	Name of plan sponsor	LPE/NEUROGENE INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/NEW YORK BOILER INC PLAN	
b	Name of plan sponsor	LPE/NEW YORK BOILER INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/NOTHUM MANUFACTURING CO INC 401(K) PLAN	
b	Name of plan sponsor	LPE/NOTHUM MANUFACTURING CO	c EIN-PN 85-3213245-301
a	Plan name	LPE/ORLANDO FREIGHTLINER 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LPE/ORLANDO FREIGHTLINER	c EIN-PN 85-3213245-301
a	Plan name	LPE/OVED APPAREL CORP PLAN	
b	Name of plan sponsor	LPE/OVED APPAREL CORP	c EIN-PN 85-3213245-301
a	Plan name	LPE/PATES HARDWARE 401(K) PLAN	
b	Name of plan sponsor	LPE/PATES HARDWARE INC 401	c EIN-PN 85-3213245-301
a	Plan name	LPE/PORVEN LTD PLAN	
b	Name of plan sponsor	LPE/PORVEN LTD	c EIN-PN 85-3213245-301
a	Plan name	LPE/ROBERT W SULLIVAN INC PLAN	
b	Name of plan sponsor	LPE/ROBERT W SULLIVAN INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/RSM LIGHTING LLC DBA SALT LIGHT & ELECTRIC PLAN	
b	Name of plan sponsor	LPE/RSM LIGHTING LLC DBA SALT	c EIN-PN 85-3213245-301
a	Plan name	LPE/SEALEVEL CONSTRUCTION INC 401(K) PLAN	
b	Name of plan sponsor	LPE/SEALEVEL CONSTRUCTION INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/SOFTSCRIPT INC PLAN	
b	Name of plan sponsor	LPE/SOFTSCRIPT INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/SOUTHWEST MATERIAL HANDLING INC PLAN	
b	Name of plan sponsor	LPE/SOUTHWEST MATERIAL HANDLI	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/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
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/VERMONT NEW YORK BATTERY COMPANY PLAN	
b	Name of plan sponsor	LPEP/VERMONT NEW YORK BATTERY	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	LPE/WESTLAND MANUFACTURING INC DBA DAKOTALAND MANUFACTURING	
b	Name of plan sponsor	LPEP/DAKOTALAND MANUFACTURING	c EIN-PN 85-3213245-301
a	Plan name	LPE/WORKFORCE OUTSOURCE SERVICES PLAN	
b	Name of plan sponsor	LPEP/WORKFORCE OUTSOURCE SERVI	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	CBA SMYRNA 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA SMYRNA 401(K) PLAN	c EIN-PN 85-3426036-001
a	Plan name	CBA GRAPEVINE 401K PLAN	
b	Name of plan sponsor	CBAFP/CBA GRAPEVINE 401K PLAN	c EIN-PN 85-3449839-001
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

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 MIPE/WESTLAND MANUFACTURING INC DBA DAKOTALAND MANUFACTURING 401K PLAN	
b	Name of plan sponsor MIPE/DAKOTALAND MANUFACTURING	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 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 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF ARIZONA MINI MIX CONCRETE OF MESA INC	
b	Name of plan sponsor ARIZONA MINI MIX CONCRETE OF	c EIN-PN 86-0638935-001
a	Plan name INSEARCH CORP 401(K) PLAN	
b	Name of plan sponsor INSEARCH CORP	c EIN-PN 86-0648715-001
a	Plan name MICHAEL ALAN FURNISHINGS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MICHAEL ALAN FURNISHINGS INC	c EIN-PN 86-0720296-001
a	Plan name ALJO ENTERPRISES RETIREMENT PLAN	
b	Name of plan sponsor ALJO ENTERPRISES INC	c EIN-PN 86-0773684-001
a	Plan name CHARLES A DIBBLE DDS PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHARLES A DIBBLE DDS PLLC	c EIN-PN 86-1448106-001
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 TANNER GLASS & HARDWARE 401(K) PLAN	
b	Name of plan sponsor TANNER GLASS & HARDWARE LLC	c EIN-PN 87-0649387-001
a	Plan name GREEN GRASS OPCO 401(K) PLAN	
b	Name of plan sponsor GREEN GRASS OPCO LLC	c EIN-PN 87-1107457-001
a	Plan name KREHBIELS SPECIALTY MEATS 401(K) PLAN	
b	Name of plan sponsor ESCCP/KREHBIELS SPECIALTY	c EIN-PN 87-1967508-001

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 INSPIRE HOLDINGS RETIREMENT PLAN	
b	Name of plan sponsor AMRP/INSPIRE HOLDINGS RETIREME	c EIN-PN 87-3289385-001
a	Plan name ATLAS COMPANION ANIMAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor ATLAS COMPANION ANIMAL	c EIN-PN 87-4074103-001
a	Plan name SCOTTS POWER MANAGEMENT INC 401(K) PLAN	
b	Name of plan sponsor AMRP/ SCOTTS POWER MANAGEMENT	c EIN-PN 87-4157633-001
a	Plan name DELTA ELECTRIC COMPANY INC 401(K) P/S PLAN	
b	Name of plan sponsor DELTA ELECTRIC COMPANY INC	c EIN-PN 88-0151054-001
a	Plan name ROBCO ELECTRIC 401(K) PLAN	
b	Name of plan sponsor ROBCO ELECTRIC	c EIN-PN 88-0372551-001
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 FEEL GOOD BRANDS LLC PLAN	
b	Name of plan sponsor ACLVP/FEEL GOOD BRANDS LLC PLA	c EIN-PN 88-0376565-001
a	Plan name CROVETTI ORTHOPEDICS & SPORTS MEDICINE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ACLVP/CROVETTI ORTHOPEDICS & S	c EIN-PN 88-0454760-101
a	Plan name CLEARPOINT SOLUTIONS US LLC 401(K) PLAN	
b	Name of plan sponsor AMRP/CLEARPOINT SOLUTIONS US	c EIN-PN 88-0945057-001
a	Plan name COMPANY 401(K) PLAN	
b	Name of plan sponsor BAKERS CREEK MANAGEMENT LLC	c EIN-PN 88-1959956-001
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 R&M DISTRIBUTION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor R&M DISTRIBUTION	c EIN-PN 88-2820083-001

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	HEALTHSPANMD 401(K) PLAN	
b	Name of plan sponsor	TPC/HEALTHSPANMD 401(K) PLAN	c EIN-PN 88-3795564-001
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	VANTAGE CONSTRUCTION CORPORATION 401K PLAN	
b	Name of plan sponsor	VANTAGE CONSTRUCTION	c EIN-PN 90-0142414-001
a	Plan name	RM TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RM TECHNOLOGIES INC	c EIN-PN 90-0755428-001
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	BRISTOL GROUP LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE BRISTOL GROUP LLC	c EIN-PN 93-3598257-001
a	Plan name	FABIAN OIL EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	FABIAN OIL INC	c EIN-PN 93-6722326-002
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	GARVEY WHOLESALE BEVERAGE INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GARVEY WHOLESALE BEVERAGE INC	c EIN-PN 95-2913730-002
a	Plan name	JOHNSON FINCH & MCCLURE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	SEGP/JOHNSON FINCH & MCCLURE C	c EIN-PN 95-3206100-001
a	Plan name	WAYNE H MARTIN MD INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WAYNE H MARTIN MD INC	c EIN-PN 95-4303127-002

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 2020 MODERATE	B Three-digit plan number (PN) ▶ 207
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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	64513 109832
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)	73342642 83875540
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	21924068 26686448
(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	95331223	110671820
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	6943	8197
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6943	8197
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	95324280	110663623

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)	554098	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		554098
(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)	2684630	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2684630
(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)		5677944
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8916672

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)	63320	
(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)		65881
j Total expenses. Add all expense amounts in column (b) and enter total	2j		65881

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8850791
l Transfers of assets:			
(1) To this plan	2l(1)		32949791
(2) From this plan	2l(2)		26461239

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 _____.