

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan YOURPATH PASSIVE 2025 MODERATE, 1b Three-digit plan number (PN) 208, 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) BENEFIT TRUST COMPANY 5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211, 2b Employer Identification Number (EIN) 83-6725700, 2c Plan Sponsor's telephone number 913-319-0380, 2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input 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	6a(1)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	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
--	--

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)
---	--

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code 0

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

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 2025 MODERATE</u>	B Three-digit plan number (PN)	<u>208</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	ALLIANCE OF STATE RETAIL ASSOC 401(K) PL & TR - NORWELL KAPPYS INC 401(K) SAVINGS PLAN
b	Name of plan sponsor	ASRA/NORWELL KAPPYS INC 401(K)
c	EIN-PN	01-0165117-333
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 ASSOC 401(K) PLAN & TRUST - RETAIL ASSOC OF MAINE
b	Name of plan sponsor	ASRA/RETAIL ASSOCIATION OF ME
c	EIN-PN	01-0165117-333
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 - B&L AUTOMOTIVE
b	Name of plan sponsor	ASRA/B&L AUTOMOTIVE
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - CORPORATE LOSS PREVENTION ASSOCIATES
b	Name of plan sponsor	ASRA/CORPORATE LOSS PREVENTION
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 - DENTAL SEARCH INC
b	Name of plan sponsor	ASRA/DENTAL SEARCH INC
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - EAST BOSTON KAPPYS INC 401K SAVINGS PLAN
b	Name of plan sponsor	ASRA/EAST BOSTON KAPPYS INC
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - GROCERIES OF SOUTHERN ILLINOIS LLC
b	Name of plan sponsor	ASRA/GROCERIES OF SOUTHERN ILL
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - MASS COMMERCIAL CLEANING INC
b	Name of plan sponsor	ASRA/MASS COMMERCIAL CLEANING
c	EIN-PN	01-0165117-333

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	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - METRO PT	
b	Name of plan sponsor	ASRA/METRO PT	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 - WATSON & LINDBERGH HOTEL LLC PLAN	
b	Name of plan sponsor	ASRA/WATSON & LINDBERGH HOTEL	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 BEDFORD VILLAGE INN	
b	Name of plan sponsor	ASRA/HOSPITALITY RESOURCES LLC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST- FLIPPIN HOSPITALITY GROUP LLC	
b	Name of plan sponsor	ASRA/FLIPPIN HOSPITALITY GROUP	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST- FRESH CITY RESTAURANT HOLDINGS	
b	Name of plan sponsor	ASRA/FRESH CITY RESTAURANT HOL	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- MEDFORD KAPPY'S INC 401K SAVINGS PLAN	
b	Name of plan sponsor	ASRA/MEDFORD KAPPYS INC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST PW PLUMMER & SONS INC	
b	Name of plan sponsor	ASRA/PW PLUMMER & SONS INC	c EIN-PN 01-0165117-333

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- 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 WILCOXSON ENTERPRISES INC
b	Name of plan sponsor	ASRA/WILCOXSON ENTERPRISES INC
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-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-BENSON AUTO CO INC
b	Name of plan sponsor	ASRA/BENSON AUTO CO INC
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-BLUE HILL MARKET INC
b	Name of plan sponsor	ASRA/BLUE HILL MARKET INC
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-DE FOODS LLC
b	Name of plan sponsor	ASRA/ DE FOODS LLC
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-DENNIS MANAGEMENT COMPANY
b	Name of plan sponsor	ASRA/DENNIS MANAGEMENT COMPANY
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-FALL RIVER KAPPY'S INC 401K SAVINGS PLAN
b	Name of plan sponsor	ASRA/FALL RIVER KAPPYS INC
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-FALMOUTH KAPPY'S INC 401K SAVINGS PLAN
b	Name of plan sponsor	ASRA/FALMOUTH KAPPYS
c	EIN-PN	01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-FITCHBURG KAPPY'S INC 401K SAVINGS PLAN
b	Name of plan sponsor	ASRA/FITCHBURG KAPPYS INC
c	EIN-PN	01-0165117-333
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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-KAPPY'S RETIREMENT AND 401K SAVINGS PLAN	
b	Name of plan sponsor ASRA/KAPPYS RETIREMENT	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-LACHANCE INTERIORS 401K	
b	Name of plan sponsor ASRA/LACHANCE INTERIORS	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-MALDEN ROUTE 1 KAPPY'S INC 401K SAVINGS PLAN	
b	Name of plan sponsor ASRA/MALDEN ROUTE 1 KAPPYS	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-ROWAN INC	
b	Name of plan sponsor ASRA/ROWAN 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-SOUTHERN ILLINOIS HARDWARE INC	
b	Name of plan sponsor ASRA/SOUTHERN ILLINOIS	c EIN-PN 01-0165117-001
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-ZEUTENHORST FINANCIAL INC	
b	Name of plan sponsor ASRA/ZEUTENHORST FINANCIAL IN	c EIN-PN 01-0165117-333
a	Plan name PAQUET & SON DRYWALL INC ALLIANCE OF STATE RETAIL ASSOC 401(K) PLAN & TRUST	
b	Name of plan sponsor ASRA/PAQUET & SON DRYWALL INC	c EIN-PN 01-0244827-333
a	Plan name ASSOCIATED GENERAL CONTRACTORS 401(K) PLAN AND TRUST	
b	Name of plan sponsor AGCM/AGC OF MAINE	c EIN-PN 01-0275734-333
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 OF MAINE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AGCM/SCOTT CONSTRUCTION CORPOR	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

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	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	WINGS FOR CHILDREN 401(K) PLAN	
b	Name of plan sponsor	CIACP/WINGS FOR CHILDREN	c EIN-PN 01-0498250-001
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	BUCHANAN PE CONSULTING INC 401(K) PLAN	
b	Name of plan sponsor	BUCHANAN PE CONSULTING	c EIN-PN 01-0619010-001
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
a	Plan name	BERGEN PLUMBING HEATING & COOLING INC 401(K) PLAN	
b	Name of plan sponsor	BERGEN PLUMBING INC	c EIN-PN 01-0789080-001
a	Plan name	MIDCOAST HUMANE 401K PLAN	
b	Name of plan sponsor	CIACP/MIDCOAST HUMANE 401K	c EIN-PN 01-6021200-002
a	Plan name	GREATER NASHUA CHAMBER OF COMMERCE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GNCCP/GREATER NASHUA CHAMBER	c EIN-PN 02-0116973-001
a	Plan name	MALONE DIRUBBO & COMPANY PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MALONE DIRUBBO & COMPANY PC	c EIN-PN 02-0436087-001
a	Plan name	OSSIPPEE MOUNTAIN ELECTRONICS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	OSSIPPEE MOUNTAIN ELECTRONICS	c EIN-PN 02-0475638-001

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 SPACE METRICS INC 401(K) PLAN	
b	Name of plan sponsor SPACE METRICS INC	c EIN-PN 02-0717122-001
a	Plan name CBA LAKELAND 401(K) PLAN	
b	Name of plan sponsor CBAFP/CBA LAKELAND 401(K) PLAN	c EIN-PN 02-0767543-001
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 SHERRY A BURCHELL MD INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SHERRY A BURCHELL MD INC	c EIN-PN 03-0455942-001
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 CHARLIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CRAIP/CHARLIES 401(K) RETIREM	c EIN-PN 04-2535785-001
a	Plan name WALTER SMITH PLUMBING AND HEATING INC 401(K) PLAN	
b	Name of plan sponsor WALTER SMITH PLUMBING	c EIN-PN 04-2704730-001
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 NOVA PSYCHIATRIC SERVICES 401(K) PLAN	
b	Name of plan sponsor SXPCP/NOVA PSYCHIATRIC SERVICE	c EIN-PN 04-3303141-001
a	Plan name J & L LIQUORS INC 401(K) PLAN	
b	Name of plan sponsor J & L LIQUORS INC	c EIN-PN 04-3315210-001

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	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	ESCANDON FERNICOLA ANDERSON & COVELLI LLC 401(K) PLAN	
b	Name of plan sponsor	ESCANDON FERNICOLA ANDERSON &	c EIN-PN 04-3681801-001
a	Plan name	JD CEMENT 401(K) PLAN	
b	Name of plan sponsor	JD CEMENT WORKS INC	c EIN-PN 05-0458292-001
a	Plan name	CAPRIATI CONSTRUCTION CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAPRIATI CONSTRUCTION	c EIN-PN 05-0475007-011
a	Plan name	SAFE HARBOR 401K FBO GREENDALE PHYSICAL THERAPY	
b	Name of plan sponsor	GREENDALE PHYS THERAPY 401K PL	c EIN-PN 05-0524568-001
a	Plan name	BLACK & WARNER CONSTRUCTION CO INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BLACK & WARNER CONSTRUCTION	c EIN-PN 06-0764873-001
a	Plan name	SIMMONS QUALITY HOME IMPROVEMENT INC 401(K) PLAN	
b	Name of plan sponsor	SIMMONS QUALITY HOME	c EIN-PN 06-1266307-001
a	Plan name	SINCLAIR INSURANCE GROUP INC AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	SINCLAIR RISK & FINANCIAL MANA	c EIN-PN 06-1308894-001
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	EURO MOTOR CARS INC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	EURO MOTOR CARS INC	c EIN-PN 06-1471374-001

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	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	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
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	GREG D ANGELO CONSTRUCTION INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	GREG D ANGELO CONSTRUCTION INC	c EIN-PN 11-3042848-001
a	Plan name	CNC CABINETRY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CNC CABINETRY	c EIN-PN 11-3086986-001
a	Plan name	PDS KO 401(K) PLAN	
b	Name of plan sponsor	PDS CONSULTANTS INC	c EIN-PN 11-3124680-001
a	Plan name	THE ROYALTY NETWORK PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ROYALTY NETWORK	c EIN-PN 11-3230735-001
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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE MCNAMARA GROUP LLC 401(K) PLAN	
b	Name of plan sponsor THE MCNAMARA GROUP LLC	c EIN-PN 11-3581772-001
a	Plan name PATANIA CLEANERS INC 401(K) PLAN	
b	Name of plan sponsor PATANIA CLEANERS INC	c EIN-PN 11-3665699-001
a	Plan name ELECTRIC BATTERY COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor ELECTRIC BATTERY COMPANY LLC	c EIN-PN 11-3699785-001
a	Plan name HILL MECHANICAL OF GA 401(K) PLAN	
b	Name of plan sponsor PHCCP/HILL MECHANICAL OF GA 40	c EIN-PN 11-3806920-001
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
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

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	SELERANT CORP 401(K) PLAN	
b	Name of plan sponsor	SELERANT CORP	c EIN-PN 13-4050596-001
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	DENNIS LOUNSBURY BUILDERS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DENNIS LOUNSBURY BUILDERS INC	c EIN-PN 14-1538702-001
a	Plan name	CABINS FOR YOU 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CABINS FOR YOU 401(K)	c EIN-PN 14-1916109-001
a	Plan name	NORTHSHORE FIRE PROTECTION DISTRICT CA 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	NORTHSHORE FIRE PROTECTION	c EIN-PN 14-1983377-001
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	VISION ENGINEERING 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VISION ENGINEERING LLC	c EIN-PN 20-0005215-001
a	Plan name	WISESTAFF LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	WISESTAFF LLC	c EIN-PN 20-0049637-001
a	Plan name	WILDES BUILDERS LLC 401(K) TRUST	
b	Name of plan sponsor	WILDES BUILDERS LLC	c EIN-PN 20-0354763-001
a	Plan name	LAKESHORE LASER CENTER LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LAKESHORE LASER CENTER LLC	c EIN-PN 20-0446291-001
a	Plan name	SMITHCORP INC 401K PLAN	
b	Name of plan sponsor	SMITHCORP INC	c EIN-PN 20-0474260-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
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	EVEREST MEDICAL CENTER PA 401(K) PLAN	
b	Name of plan sponsor	EVEREST MEDICAL CENTER PA	c EIN-PN 20-0510689-001
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	LENEGAN PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor	LENEGAN PLUMBING & HEATING LLC	c EIN-PN 20-0815311-001
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	MID-MO MARKETING 401(K) PLAN	
b	Name of plan sponsor	ESCCP/MID-MO MARKETING LLC	c EIN-PN 20-1102448-001
a	Plan name	INFOVILLE INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INFOVILLE INC	c EIN-PN 20-1170417-001
a	Plan name	LASCO FOODS 401(K) PLAN	
b	Name of plan sponsor	LASCO FOODS	c EIN-PN 20-1172252-001
a	Plan name	NORTHEAST PAIN MANAGEMENT EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	BHFSP/NORTHEAST PAIN MANAGEMEN	c EIN-PN 20-1295942-001
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 BLUEGRASS HOSPITALITY GROUP 401(K) PLAN	
b	Name of plan sponsor MALONES HOLDINGS LLC	c EIN-PN 20-1453313-001
a	Plan name ALESSANDRO AND ASSOCIATES CPA PLLC RETIREMENT PLAN	
b	Name of plan sponsor ALESSANDRO AND ASSOCIATES CPA	c EIN-PN 20-1536264-001
a	Plan name CPM BUILDERS INC RETIREMENT PLAN	
b	Name of plan sponsor CPM BUILDERS INC	c EIN-PN 20-1556172-001
a	Plan name TURLOCK EYE PHYSICIANS MEDICAL GROUP PROFIT SHARING PLAN	
b	Name of plan sponsor TURLOCK EYE PHYSICIANS MEDICAL	c EIN-PN 20-1603583-002
a	Plan name WHITE MARSH CORPORATE SERVICES INC 401(K) PLAN	
b	Name of plan sponsor LGPCP/WHITE MARSH CORPORATE	c EIN-PN 20-1628368-001
a	Plan name VICTORY COLLEGE PREP 401(K) PLAN	
b	Name of plan sponsor VICTORY COLLEGE PREP INC	c EIN-PN 20-1738905-001
a	Plan name JAY A HARRIS ORTHODONTICS PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAY A HARRIS ORTHODONTICS PC	c EIN-PN 20-1795945-001
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 MAINE FIRE PROTECTION 401(K) PLAN	
b	Name of plan sponsor PD INDUSTRIES INC	c EIN-PN 20-1889286-001
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

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	SUMMIT MANAGEMENT GROUP OF FLORIDA LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUMMIT MANAGEMENT GROUP OF	c EIN-PN 20-2175532-001
a	Plan name	HOSPICE OF SOUTHWEST OHIO 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MOCCP/HOSPICE OF SOUTHWEST OHI	c EIN-PN 20-2304600-001
a	Plan name	GEOLOG AMERICAS INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BKCRP/GEOLOG AMERICAS INC	c EIN-PN 20-2589263-001
a	Plan name	ONE MEMBER RETIREMENT PLAN - ACE GROUP	
b	Name of plan sponsor	OMRM/ ATLANTIC COAST ELECTRIC	c EIN-PN 20-2905621-333
a	Plan name	ONE MEMBER RETIREMENT PLAN - ELITE PLUMBING SUPPLY CORPORATION	
b	Name of plan sponsor	ELITE PLUMBING SUPPLY CORP	c EIN-PN 20-2905621-333
a	Plan name	ONE MEMBER RETIREMENT PLAN AC SUPPLY INC	
b	Name of plan sponsor	OMRM/AC SUPPLY INC	c EIN-PN 20-2905621-333
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 CENTRAL A/C & REFRIGERATION SUPPLY INC	
b	Name of plan sponsor	OMRM/CENTRAL A/C & REFRIGERATI	c EIN-PN 20-2905621-333
a	Plan name	ONE MEMBER RETIREMENT PLAN CLEVELAND HERMETIC & SUPPLY INC	
b	Name of plan sponsor	OMRM/CLEVELAND HERMETIC & SUPP	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

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- ECONOMY PLUMBING & HEATING SUPPLY COMPANY	
b	Name of plan sponsor OMRM/ECONOMY PLUMBING & HEATIN	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 HEATING & COOLING SUPPLY INC	
b	Name of plan sponsor OMRM/HEATING & COOLING SUPPLY	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- PHILLIPS SUPPLY COMPANY	
b	Name of plan sponsor OMRM/PHILLIPS SUPPLY COMPANY	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN PREMIER DISTRIBUTION COOPERATIVE	
b	Name of plan sponsor OMRM/PREMIER DISTRIBUTION	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN R&H SUPPLY CO INC	
b	Name of plan sponsor OMRM/R&H SUPPLY CO INC	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN RSK CORPORATION DBA VICTOR DISTRIBUTING COMPANY	
b	Name of plan sponsor OMRM/RSK CORPORATION DBA VICTO	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN SUPERIOR EQUIPMENT SALES INC	
b	Name of plan sponsor OMRM/SUPERIOR EQUIPMENT SALES	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN TRANSTAR A/C SUPPLY INC	
b	Name of plan sponsor OMRM/TRANSTAR A/C SUPPLY INC	c EIN-PN 20-2905621-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ONE MEMBER RETIREMENT PLAN 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 EAST COAST FLEET SERVICES 401K PLAN	
b	Name of plan sponsor EAST COAST FLEET SERVICES INC	c EIN-PN 20-3646342-001
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 ULRICHSEN ROSEN & FREED LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ULRICHSEN ROSEN & FREED LLC	c EIN-PN 20-4413474-001

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	SAN ANTONIO TIMBER 401(K) PLAN
b	Name of plan sponsor	SAN ANTONIO TIMBER LLC
c	EIN-PN	20-4709722-001
a	Plan name	JCWHIT PA 401(K) PLAN
b	Name of plan sponsor	ESCCP/JCWHIT PA
c	EIN-PN	20-4848169-001
a	Plan name	COKER INSURANCE AGENCY LLC 401(K) PLAN
b	Name of plan sponsor	COKER INSURANCE AGENCY LLC
c	EIN-PN	20-5130687-001
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	CBA SPACE CENTER 401(K) PLAN
b	Name of plan sponsor	CBAFP/CBA SPACE CENTER 401(K)
c	EIN-PN	20-5462874-001
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	SARASOTA WELLNESS & MEDICAL CENTER LLC RETIREMENT PLAN
b	Name of plan sponsor	SGPAP/ SARASOTA WELLNESS & MED
c	EIN-PN	20-5806234-001
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	A AFFORDABLE STRIPING & SEALING 401(K) PLAN
b	Name of plan sponsor	A AFFORDABLE STRIPING &
c	EIN-PN	20-8032842-001

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	TOTAL PERFORMANCE SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	TOTAL PERFORMANCE SOLUTIONS	c EIN-PN 20-8174867-001
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
a	Plan name	MITCHELL PROVISIONS RETIREMENT PLAN	
b	Name of plan sponsor	MITCHELL PROVISIONS INC	c EIN-PN 20-8725607-001
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	HOOKE LABORATORIES INC 401K PLAN	
b	Name of plan sponsor	CPSCP/HOOKE LABORATORIES INC	c EIN-PN 20-8823140-001
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	LOWYS 401(K) PLAN	
b	Name of plan sponsor	LOWYS EXPRESS INC	c EIN-PN 21-0503134-001
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

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 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 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
a	Plan name DECKER TAPE PRODUCTS INC PROFIT SHARING PLAN I	
b	Name of plan sponsor DECKER TAPE PRODUCTS INC	c EIN-PN 22-1866945-001
a	Plan name DECKER TAPE PRODUCTS INC PROFIT SHARING PLAN II	
b	Name of plan sponsor DECKER TAPE PRODUCTS INC	c EIN-PN 22-1866945-002
a	Plan name 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

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	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	CENTRAL JERSEY TRUCKING & RIGGING INC EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BKCRP/CENTRAL JERSEY	c EIN-PN 22-2282012-001
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	MARGARET RAVITS MD RETIREMENT PLAN	
b	Name of plan sponsor	MARGARET RAVITS MD	c EIN-PN 22-2589665-001
a	Plan name	OCEANS HARBOR HOUSE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	OCEANS HARBOR HOUSE	c EIN-PN 22-2672209-001
a	Plan name	ACTION SUPPLY INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ACTION SUPPLY INC	c EIN-PN 22-2752206-001
a	Plan name	SOUTH PLAINFIELD PRIMARY CARE 401K PLAN	
b	Name of plan sponsor	SOUTH PLAINFIELD PRIMARY CARE	c EIN-PN 22-2842501-001
a	Plan name	CLARKS LANDING RETIREMENT PLAN	
b	Name of plan sponsor	CLARKS LANDING MARINA	c EIN-PN 22-2878366-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE TITUSVILLE ACADEMY INC 401(K) PLAN	
b	Name of plan sponsor THE TITUSVILLE ACADEMY INC	c EIN-PN 22-2896543-002
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 HOLIDAY DENTAL PROFIT SHARING PLAN	
b	Name of plan sponsor HOLIDAY DENTAL	c EIN-PN 22-3117560-001
a	Plan name B & L EXCAVATING 401(K) PLAN	
b	Name of plan sponsor BKCRP/B & L EXCAVATING INC	c EIN-PN 22-3187024-001
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 MIRCROSEAL INDUSTRIES RETIREMENT PLAN	
b	Name of plan sponsor MICROSEAL INDUSTRIES INC	c EIN-PN 22-3243111-001
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 LUTHE SHEET METAL INC PROFIT SHARING PLAN	
b	Name of plan sponsor SMCAP/LUTHE SHEET METAL INC PR	c EIN-PN 22-3262990-001
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 NETWORK TECHNOLOGY SOLUTIONS INC RETIREMENT PLAN	
b	Name of plan sponsor NETWORK TECHNOLOGY SOLUTIONS	c EIN-PN 22-3315144-001

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	PHOENIX INTERNATIONAL BUSINESS LOGISTICS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PHOENIX INTERNATIONAL BUSINESS	c EIN-PN 22-3379715-001
a	Plan name	STEIDLE PENSION SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor	THE STEIDLE FINANCIAL GROUP	c EIN-PN 22-3431024-001
a	Plan name	DASTI MURPHY & MCGUCKIN PC 401(K) PLAN	
b	Name of plan sponsor	DASTI MURPHY & MCGUCKIN	c EIN-PN 22-3450668-001
a	Plan name	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	LOCKATONG ENGINEERING INC 401(K) PLAN	
b	Name of plan sponsor	LOCKATONG ENGINEERING INC	c EIN-PN 22-3794788-001
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	SOUTH PLAINFIELD DENTAL ARTS LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SOUTH PLAINFIELD DENTAL ARTS	c EIN-PN 22-3885595-001
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	ROXY AUTO BODY INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ROXY AUTO BODY INC	c EIN-PN 23-1737439-001
a	Plan name	PDS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PERSONNEL DATA SYSTEMS INC	c EIN-PN 23-1925770-001

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 MEDSCENE INC PROFIT SHARING PLAN	
b	Name of plan sponsor MEDSCENE INC	c EIN-PN 23-2307685-001
a	Plan name EASTERN ANSWERING SERVICE INC PROFIT SHARING PLAN	
b	Name of plan sponsor EASTERN ANSWERING SERVICE INC	c EIN-PN 23-2308856-001
a	Plan name ROOFING RESOURCES INC PROFIT SHARING PLAN	
b	Name of plan sponsor BKCRP/ROOFING RESOURCES INC	c EIN-PN 23-2562373-001
a	Plan name CM COUNSEL INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CM COUNSEL INC	c EIN-PN 23-2575416-001
a	Plan name NORTH AMERICAN CABLE EQUIPMENT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NORTH AMERICAN CABLE EQUIPMENT	c EIN-PN 23-2692118-001
a	Plan name 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
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 ALEXANDER CHANG MD PROFIT SHARING PLAN	
b	Name of plan sponsor ALEXANDER CHANG MD PC	c EIN-PN 23-2904038-001
a	Plan name MONDRE ENERGY INC 401(K) PLAN	
b	Name of plan sponsor MONDRE ENERGY INC	c EIN-PN 23-2944611-001

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 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 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 SHEET METAL CONTRACTORS ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor SMCAP/SHEET METAL CONTRACTORS	c EIN-PN 23-6277903-001
a	Plan name CHRISTIAN FARMS TREEHOUSE INC 401(K) PLAN	
b	Name of plan sponsor AMCP/CHRISTIAN FARMS TREEHOUSE	c EIN-PN 23-7154898-001
a	Plan name UNION FUEL COMPANY 401(K) PLAN	
b	Name of plan sponsor UNION FUEL CO	c EIN-PN 24-0830082-001
a	Plan name PITTSBURGH BUILDERS EXCHANGE PROFIT SHARING PLAN	
b	Name of plan sponsor PBXP/PITTSBURGH BUILDERS	c EIN-PN 25-0728430-002
a	Plan name 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
a	Plan name SPECIFIED SYSTEMS INC 401(K) PLAN	
b	Name of plan sponsor PBXP/SPECIFIED SYSTEMS INC	c EIN-PN 25-1681470-001

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 JOHN W CLEMENZA DMD MD ORAL & FACIAL SURGICAL CENTER LLC RETIREMENT PLAN	
b	Name of plan sponsor JOHN W CLEMENZA DMD MD ORAL &	c EIN-PN 25-1892283-001
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 NECCS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NECCS INC	c EIN-PN 26-1283591-002
a	Plan name VIGILANT GLOBAL TRADE SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor VIGILANT GLOBAL TRADE	c EIN-PN 26-1664840-001
a	Plan name SKIDADDLES INC 401(K) PLAN	
b	Name of plan sponsor MDCP/SKIDADDLES INC 401(K) PLA	c EIN-PN 26-1858923-001
a	Plan name JOE ANDRUZZI FOUNDATION INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SXPCP/JOE ANDRUZZI FOUNDATION	c EIN-PN 26-2017043-001
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

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	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	PINNACLE DEVELOPMENT GROUP 401(K) PLAN	
b	Name of plan sponsor	BKCRP/PINNACLE DEVELOPMENT	c EIN-PN 26-3427411-001
a	Plan name	ALWAYS ADVANCING 401(K) PLAN	
b	Name of plan sponsor	ALWAYS ADVANCING PROMOTIONS	c EIN-PN 26-3830256-001
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
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	CBA BUDA 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA BUDA 401(K) PLAN	c EIN-PN 26-4578482-001
a	Plan name	MIKE SWANN MD LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIKE SWANN MD LLC	c EIN-PN 26-4790522-001
a	Plan name	EASTPORT ANALYTICS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EASTPORT ANALYTICS INC	c EIN-PN 27-0003590-001
a	Plan name	COPPERHEAD ENVIRONMENTAL CONSULTING 401(K) PLAN	
b	Name of plan sponsor	COPPERHEAD ENVIRONMENTAL	c EIN-PN 27-0083689-001
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

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	CUMBERLAND PIPELINE LLC 401(K) PLAN	
b	Name of plan sponsor	NUCAP/CUMBERLAND PIPELINE LLC	c EIN-PN 27-0493063-001
a	Plan name	CBA WEST GALLERIA 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA WEST GALLERIA 401(K)	c EIN-PN 27-0678563-002
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	CELLERA LLC 401(K) PLAN	
b	Name of plan sponsor	G52WMP/CELLERA LLC 401(K) PLN	c EIN-PN 27-0927993-001
a	Plan name	CBA MURPHY 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA MURPHY 401(K) PLAN	c EIN-PN 27-1317099-001
a	Plan name	PREMIUM TRANSPORTATION GROUP INC 401(K) PLAN	
b	Name of plan sponsor	PREMIUM TRANSPORTATION GROUP	c EIN-PN 27-1474708-001
a	Plan name	CBA NEW BRAUNFELS 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA NEW BRAUNFELS 401(K)	c EIN-PN 27-1984088-002
a	Plan name	SOUTH COUNTY FOOT & ANKLE 401(K) PLAN	
b	Name of plan sponsor	CPSCP/SOUTH COUNTY FOOT &	c EIN-PN 27-2261516-001
a	Plan name	DANN INC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	DANN INC	c EIN-PN 27-2393706-001
a	Plan name	NORTH GEORGIA TRUSS SYSTEMS LLC 401K PLAN	
b	Name of plan sponsor	BOAMP/NORTH GEORGIA TRUSS SYST	c EIN-PN 27-2773670-001
a	Plan name	GUARDIANSHIP & CARE MANAGEMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor	GUARDIANSHIP & CARE MANAGEMENT	c EIN-PN 27-2778307-001

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 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
a	Plan name TRI-SUN INTERNATIONAL INC 401(K) PLAN	
b	Name of plan sponsor TRI-SUN INTERNATIONAL INC	c EIN-PN 27-3351684-002
a	Plan name CBTF INC 401(K) PLAN	
b	Name of plan sponsor WTCCP/CBTF INC 401(K) PLAN	c EIN-PN 27-4481403-001
a	Plan name CBA MISSION BEND 401(K) PLAN	
b	Name of plan sponsor CBAFP/CBA MISSION BEND 401(K)	c EIN-PN 27-4834629-001
a	Plan name EVERGREENE COMPANIES 401(K) PLAN (THE)	
b	Name of plan sponsor EVERGREENE COMPANIES LLC (THE)	c EIN-PN 27-5259813-001
a	Plan name LEXAR INC 401(K) PLAN	
b	Name of plan sponsor LEXAR INC	c EIN-PN 27-5360245-001
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 CARTERSVILLE SPRINKLER 401(K) PLAN	
b	Name of plan sponsor BOAMP/CARTERSVILLE SPRINKLER	c EIN-PN 30-0594366-001
a	Plan name YS PRECISION STAMPING 401(K) PLAN	
b	Name of plan sponsor KFGRP/YS PRECISION STAMPING	c EIN-PN 30-0765500-001

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	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	HOME BUILDERS ASSOCIATION OF GREATER CINCINNATI RETIREMENT PLAN	
b	Name of plan sponsor	HAGCP/HOME BUILDERS ASSOCIATIO	c EIN-PN 31-0509078-001
a	Plan name	FIEHRER MOTORS INC 401(K) PLAN	
b	Name of plan sponsor	FIEHRER MOTORS INC	c EIN-PN 31-0520863-001
a	Plan name	ALVIS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALVIS INC	c EIN-PN 31-0743167-002
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	BOB WOLFER PLUMBING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHCCP/BOB WOLFER PLUMBING 401	c EIN-PN 31-1019356-001
a	Plan name	EV BISHOFF COMPANY 401K PLAN	
b	Name of plan sponsor	EV BISHOFF COMPANY	c EIN-PN 31-1174058-001
a	Plan name	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

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	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	GEOGRAPH INDUSTRIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GEOGRAPH INDUSTRIES INC	c EIN-PN 31-1579613-001
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
a	Plan name	AJAZ UMERANI MD INC PROFIT SHARING PLAN	
b	Name of plan sponsor	AJAZ UMERANI	c EIN-PN 31-1618591-002
a	Plan name	REHAB RESOURCES INC 401(K) PLAN	
b	Name of plan sponsor	REHAB RESOURCES INC	c EIN-PN 31-1641942-001
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	KP COMPONENTS INC 401(K) PLAN	
b	Name of plan sponsor	KP COMPONENTS INC	c EIN-PN 32-0352330-001
a	Plan name	MURRAY'S CHEESE 401(K) PLAN	
b	Name of plan sponsor	MURRAY'S CHEESE LLC	c EIN-PN 32-0376453-001
a	Plan name	DELA SECURA INC 401(K) PLAN	
b	Name of plan sponsor	DELA SECURA INC	c EIN-PN 33-0100545-001

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	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	SPECIALIZED SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPECIALIZED SALES CORPORATION	c EIN-PN 33-0866737-001
a	Plan name	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	BUILDERS EXCHANGE INC. 401(K) PLAN	
b	Name of plan sponsor	BXOP/THE BUILDERS EXCHANGE INC	c EIN-PN 34-0121870-001
a	Plan name	AMAC ENTERPRISES INC 401(K) PLAN	
b	Name of plan sponsor	AMAC ENTERPRISES INC	c EIN-PN 34-0731589-002
a	Plan name	W M WILSON COMPANY 401(K) PLAN	
b	Name of plan sponsor	W M WILSON COMPANY INC	c EIN-PN 34-0799625-002
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	NEFF-PERKINS COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEFF-PERKINS COMPANY	c EIN-PN 34-1296667-002
a	Plan name	MCMILLEN CHIROPRACTIC OFFICE INC 401(K) PLAN	
b	Name of plan sponsor	AMCP/MCMILLEN CHIROPRACTIC OFF	c EIN-PN 34-1557044-001
a	Plan name	BRAMHALL ENGINEERING & SURVEYING CO 401(K) PLAN	
b	Name of plan sponsor	BRAMHALL ENGINEERING & SURVEYI	c EIN-PN 34-1822908-001

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	MDG FLOORING AMERICA 401(K) PLAN	
b	Name of plan sponsor	AMCP/MDG FLOORING AMERICA 401	c EIN-PN 34-1962169-001
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
a	Plan name	AML RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AML INC	c EIN-PN 35-1134293-002
a	Plan name	RIGDON CONSTRUCTION INC 401(K) PLAN	
b	Name of plan sponsor	AICCP/RIDGON CONSTRUCTION INC	c EIN-PN 35-1942886-001
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	KEITH & ASSOCIATES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEITH & ASSOCIATES PLLC	c EIN-PN 35-2349774-001
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	GENEVA CHAMBER OF COMMERCE 401(K) PLAN	
b	Name of plan sponsor	GCCRP/GENEVA CHAMBER OF COMMER	c EIN-PN 36-2043217-001
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

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	LEVIN & BREND P C 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVIN & BREND P C	c EIN-PN 36-2857822-001
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	TAFCO CORPORATION 401(K) PLAN	
b	Name of plan sponsor	LRWP/TAFCO CORPORATION	c EIN-PN 36-4044303-001
a	Plan name	COVENANT HEALTH NETWORK PROFIT SHARING PLAN	
b	Name of plan sponsor	COVENANT HEALTH	c EIN-PN 36-4133330-002
a	Plan name	ONCOLOGY OF NORTSHORE 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	WARMLYOURS 401(K) PLAN	
b	Name of plan sponsor	WARMLYOURS.COM INC	c EIN-PN 36-4293383-001
a	Plan name	PCD 401(K) PLAN	
b	Name of plan sponsor	AMCP/PCD 401(K) PLAN	c EIN-PN 37-1427044-001
a	Plan name	WATKINS EXPRESS FREIGHT INC 401(K) PLAN	
b	Name of plan sponsor	WATKINS EXPRESS FREIGHT INC	c EIN-PN 37-1439733-001
a	Plan name	PRESSURE COMPONENTS INC 401(K) PLAN	
b	Name of plan sponsor	PRESSURE COMPONENTS INC	c EIN-PN 38-2494114-001
a	Plan name	STAT-MED INC 401(K) PLAN	
b	Name of plan sponsor	STAT-MED INC	c EIN-PN 38-3641703-001
a	Plan name	LEGACY INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	XL LEGACY INTERNATIONAL	c EIN-PN 38-3766243-001

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	CATAP/ZEAL CONCEPT INC 401(K) PLAN	
b	Name of plan sponsor	CATAP/ZEAL CONCEPT INC 401(K)	c EIN-PN 38-4097858-001
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	JOHN C MAGNUSSON DDS SC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	JOHN C MAGNUSSON DDS SC	c EIN-PN 39-1495296-001
a	Plan name	CHISOLM TRAIL RV LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CHISOLM TRAIL RV LLC	c EIN-PN 39-2055235-001
a	Plan name	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
a	Plan name	IMPACT COMPANIES 401(K) PLAN	
b	Name of plan sponsor	ACLVP/IMPACT COMPANIES 401(K)	c EIN-PN 41-2060504-001
a	Plan name	LEIGHTON STATE BANK 401(K) PLAN	
b	Name of plan sponsor	LSBCP/ LEIGHTON STATE BANK 401	c EIN-PN 42-0246810-001
a	Plan name	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	BAXTER COMFORT SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	PHCCP/BAXTER COMFORT SOLUTIONS	c EIN-PN 42-1008474-001

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	SHORE MOTOR COMPANY 401(K) PLAN	
b	Name of plan sponsor	SHORE MOTOR COMPANY	c EIN-PN 42-1047360-001
a	Plan name	MECHANICAL AIR SYSTEMS COMPANY 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	MECHANICAL AIR SYSTEMS COMPANY	c EIN-PN 42-1181621-002
a	Plan name	COOL KIDS CAMPAIGN FOUNDATION INC 401(K) PLAN	
b	Name of plan sponsor	COOL KIDS CAMPAIGN FOUNDATION	c EIN-PN 42-1634330-001
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	ROMANTIQUE JEWELERS 401K PLAN	
b	Name of plan sponsor	AMRP/ROMANTIQUE JEWELERS 401K	c EIN-PN 43-0989179-001
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	ROSS A BENNETT DDS PC PROFIT SHARING PLAN	
b	Name of plan sponsor	ROSS A BENNETT DDS PC	c EIN-PN 43-1227099-002
a	Plan name	NORTH AMERICAN MONTESSORI CHILD CARE INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTH AMERICAN MONTESSORI	c EIN-PN 43-1296220-001
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

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 KEYSTONE 401(K) PLAN	
b	Name of plan sponsor KEYSTONE TEMPORARY ASSIGNMENT	c EIN-PN 43-1679155-001
a	Plan name DIAMOND CONTRACTORS INC 401(K) P/S PLAN	
b	Name of plan sponsor DIAMOND CONTRACTORS INC	c EIN-PN 43-1695494-001
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
a	Plan name FUENDLING MASONRY INC 401(K) PLAN	
b	Name of plan sponsor ESCCP/FUENDLING MASONRY INC	c EIN-PN 43-1809919-001
a	Plan name ROHA USA 401(K) PLAN	
b	Name of plan sponsor ESCRP/ROHA USA LLC	c EIN-PN 43-1860576-001
a	Plan name MAPAVILLE FIRE PROTECTION DISTRICT 457 PLAN	
b	Name of plan sponsor AMCP/MAPAVILLE FIRE PROTECTION	c EIN-PN 43-1901149-001
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 MIKE CASSARA MASONRY INC 401(K) PLAN	
b	Name of plan sponsor MIKE CASSARA MASONRY INC	c EIN-PN 45-1016486-001
a	Plan name 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

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	REN ACQUISITION INC 401(K) PLAN	
b	Name of plan sponsor	REN ACQUISITION INC	c EIN-PN 45-2541736-001
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	CODOS LLC 401(K) PLAN	
b	Name of plan sponsor	CODOS LLC	c EIN-PN 45-3955240-001
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	GOLDMAN & PETERSON PLLC 401(K) PLAN	
b	Name of plan sponsor	GOLDMAN & PETERSON PLLC	c EIN-PN 45-4043597-001
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
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	DENTAL ARTS OF DOWNINGTOWN 401K PLAN	
b	Name of plan sponsor	DENTAL ARTS OF DOWNINGTOWN	c EIN-PN 45-4553325-001
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	FRANCKES INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AWAIP/FRANCKES INC 401(K) PROF	c EIN-PN 45-5161100-001

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	IRVING FARM HOLDING LLC 401(K) PLAN	
b	Name of plan sponsor	IRVING FARM HOLDING LLC	c EIN-PN 45-5269525-001
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	STORMWATER SOLUTIONS 401(K) PLAN AND PROFIT SHARE	
b	Name of plan sponsor	STORMWATER SOLUTIONS	c EIN-PN 45-5492480-001
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	SORLIEN ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	SORLIEN ELECTRIC INC	c EIN-PN 46-0448452-001
a	Plan name	DEFFENBAUGH HOMES SAFE HARBOR MATCH RETIREMENT PLAN	
b	Name of plan sponsor	DEFFENBAUGH CONSTRUCTION INC	c EIN-PN 46-0457062-001
a	Plan name	CAROLINA FURNITURE CONCEPTS INC 401(K) PLAN	
b	Name of plan sponsor	CAROLINA FURNITURE CONCEPTS	c EIN-PN 46-0490457-001
a	Plan name	PETTIS COUNTY AMBULANCE DISTRICT 457(B) PLAN	
b	Name of plan sponsor	PETTIS COUNTY AMBULANCE	c EIN-PN 46-0786417-001
a	Plan name	STELLAR AMUSEMENTS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STELLAR AMUSEMENTS INC	c EIN-PN 46-0888289-001
a	Plan name	D&S PSYCHOLOGICAL SERVICES LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	D&S PSYCHOLOGICAL SERVICES LLC	c EIN-PN 46-1113421-001

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	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	COMPLETE CARE INJURY CENTER 401(K) PLAN	
b	Name of plan sponsor	PASQUALE J LAURITO PLLC	c EIN-PN 46-1309092-001
a	Plan name	DEVER INC 401(K) PLAN	
b	Name of plan sponsor	WCCRP/DEVER INC 401(K) PLAN	c EIN-PN 46-1520598-001
a	Plan name	KWCC INC 401(K) PLAN	
b	Name of plan sponsor	KWCC INC	c EIN-PN 46-1602827-001
a	Plan name	KAVYOS CONSULTING RETIREMENT PLAN	
b	Name of plan sponsor	KAVYOS CONSULTING INC	c EIN-PN 46-1758631-001
a	Plan name	MERIDETH ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	CBAFP/MERIDETH ENTERPRISES 401	c EIN-PN 46-2234801-001
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	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	BOLTS & NUTS CORP PROFIT SHARING PLAN	
b	Name of plan sponsor	BOLTS & NUTS CORP	c EIN-PN 46-3951763-001
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	OOSTRA ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor	AMCP/OOSTRA ENTERPRISES LLC	c EIN-PN 46-4477725-001

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 POSITIVE SYNERGY CORP 401(K) PLAN	
b	Name of plan sponsor POSITIVE SYNERGY CORPORATION	c EIN-PN 46-4637450-001
a	Plan name SHOWIT INC 401(K) PLAN	
b	Name of plan sponsor SHOWIT INC	c EIN-PN 46-5013121-001
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 LUEDER CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LUEDER CONSTRUCTION COMPANY	c EIN-PN 47-0116980-001
a	Plan name Z & S CONSTRUCTION CO INC 401(K) PLAN	
b	Name of plan sponsor Z & S CONSTRUCTION CO INC	c EIN-PN 47-0440339-001
a	Plan name NAAE INC 401K PLAN	
b	Name of plan sponsor NATIONAL ASSOCIATION OF AGRICU	c EIN-PN 47-0467139-001
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
a	Plan name AMERICAN MACHINE WORKS 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN MACHINE WORKS INC	c EIN-PN 47-0598726-001
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 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 GRETNA SUBURBAN FIRE PROTECTION DISTRICT 401(A) PLAN	
b	Name of plan sponsor GRETNA SUBURBAN FIRE	c EIN-PN 47-0657401-001
a	Plan name GRETNA SUBURBAN FIRE PROTECTION DISTRICT 457(B) PLAN	
b	Name of plan sponsor GRETNA SUBURBAN FIRE	c EIN-PN 47-0657401-001

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	INTERIOR CONSTRUCTION INC 401(K) PLAN
b	Name of plan sponsor	INTERIOR CONSTRUCTION INC
c	EIN-PN	47-0679403-001
a	Plan name	ART F/X 401(K) PLAN
b	Name of plan sponsor	ART WEARS LINCOLN INC DBA ART
c	EIN-PN	47-0766601-001
a	Plan name	ENGINEERING TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ENGINEERING TECHNOLOGIES INC
c	EIN-PN	47-0806856-001
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - MAS INC
b	Name of plan sponsor	ASRA/MAS INC
c	EIN-PN	47-1134281-333
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	TAGGART TRANSPORTATION COMPANY 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	LGPCP/TAGGART TRANSPORTATION
c	EIN-PN	47-1620973-001
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	EAST FORSYTH HOSPITALITY CFA 401(K) PLAN
b	Name of plan sponsor	GIOAP/EAST FORSYTH HOSPITALITY
c	EIN-PN	47-1971875-001
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	CBA TULSA HILLS 401(K) PLAN
b	Name of plan sponsor	CBAFP/ CBA TULSA HILLS 401(K)
c	EIN-PN	47-2361961-001
a	Plan name	LAROCCA HORNIK ROSEN GREENBERG & CRUPI LLC 401(K) PLAN
b	Name of plan sponsor	LAROCCA HORNIK ROSEN
c	EIN-PN	47-2664143-001

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 WEST WICHITA 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA WEST WICHITA 401(K)	c EIN-PN 47-2700248-001
a	Plan name	JMA SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	JMA SOLUTIONS LLC	c EIN-PN 47-2815850-001
a	Plan name	CBA FRIENDSWOOD 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA FRIENDSWOOD 401(K)	c EIN-PN 47-2835725-001
a	Plan name	CBA WOODMEN 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA WOODMEN 401(K) PLAN	c EIN-PN 47-3028125-001
a	Plan name	DIGITAL LABOR SOLUTIONS 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	DIGITAL LABOR SOLUTIONS INC	c EIN-PN 47-3057691-001
a	Plan name	SOLUS ALTERNATIVE ASSET MANAGEMENT LP 401(K) PLAN	
b	Name of plan sponsor	SOLUS ALTERNATIVE ASSET	c EIN-PN 47-3360230-001
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	CFA WESTFIELD RETIREMENT PLAN	
b	Name of plan sponsor	GIOAP/CFA WESTFIELD RETIREMENT	c EIN-PN 47-4108990-001
a	Plan name	MACDONALD & HICKS PA PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	MACDONALD & HICKS PA	c EIN-PN 47-4155634-001
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	CBA BEAUMONT 401K PLAN	
b	Name of plan sponsor	CBAFP/CBA BEAUMONT 401K PLAN	c EIN-PN 47-4223794-001

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	LAYNAS AND GEORGES PC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	LAYNAS AND GEORGES PC
c	EIN-PN	47-4368195-001
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	RAZOR CONSULTING INC 401(K) PLAN AND TRUST
b	Name of plan sponsor	RAZOR CONSULTING INC
c	EIN-PN	47-4623826-001
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	AMERICAN AIR BALANCE LLC 401(K) PLAN
b	Name of plan sponsor	EFSP/AMERICAN AIR BALANCE LLC
c	EIN-PN	47-5606536-001
a	Plan name	CITY OF WISNER 401(K) PLAN
b	Name of plan sponsor	CITY OF WISNER
c	EIN-PN	47-6006417-001
a	Plan name	MUTUAL FIRST FCU 401(K) PLAN
b	Name of plan sponsor	MUTUAL FIRST FEDERAL CREDIT
c	EIN-PN	47-6024482-002
a	Plan name	LARGO TANK & EQUIPMENT INC.401(K) PLAN
b	Name of plan sponsor	LARGO TANK & EQUIPMENT INC.
c	EIN-PN	48-0925917-001
a	Plan name	FOUR STATE MAINTENANCE SUPPLY INC 401(K) PLAN
b	Name of plan sponsor	ESCCP/FOUR STATE MNTNCE SPLY
c	EIN-PN	48-1001328-001
a	Plan name	KENDALL CONSTRUCTION INC 401(K) PLAN
b	Name of plan sponsor	KENDALL CONSTRUCTION INC
c	EIN-PN	48-1198261-001
a	Plan name	FREEMAC INC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	FREEMAC INC
c	EIN-PN	48-1294674-001
a	Plan name	HAWAII HEART ASSOCIATES 401(K) PLAN
b	Name of plan sponsor	HMAP/HAWAII HEART ASSOCIATES 4
c	EIN-PN	48-4388785-001

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	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	A ABBY GROUP 401(K) PLAN	
b	Name of plan sponsor	AMCP/A ABBY GROUP 401(K) PLAN	c EIN-PN 51-0477856-001
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	NATIONAL UTILITY CONTRACTORS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	NUCAP/NATIONAL UTILITY CONTRAC	c EIN-PN 52-0813009-001
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	NORMAN J DOZIER MD PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor	NORMAN J DOZIER MD PLLC	c EIN-PN 52-2339445-001
a	Plan name	AUGUST BENEFITS INC RETIREMENT PLAN	
b	Name of plan sponsor	AUGUST BENEFITS INC	c EIN-PN 52-2380669-001
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	PORTSMOUTH TRAILER AND SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor	PORTSMOUTH TRAILER AND SUPPLY	c EIN-PN 54-0857400-001
a	Plan name	C W BRINKLEY INC 401(K) COMPARABILITY PROFIT SHARING PLAN	
b	Name of plan sponsor	C W BRINKLEY INC	c EIN-PN 54-0948765-001
a	Plan name	JEFFERSON AREA BOARD FOR AGING 457 PLAN	
b	Name of plan sponsor	JEFFERSON AREA BOARD FOR AGING	c EIN-PN 54-0990078-001
a	Plan name	FIELDER ELECTRIC MOTOR REPAIR INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIELDER ELECTRIC MOTOR	c EIN-PN 54-1062815-001
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

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	BILLINGTON FAMILY DENTISTRY RETIREMENT PLAN	
b	Name of plan sponsor	BILLINGTON FAMILY DENTISTRY	c EIN-PN 54-2114248-001
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
a	Plan name	EANC/CATAPULT EMPLOYERS ASSOCIATION 401K PLAN	
b	Name of plan sponsor	EANC/CATAPULT EMPLOYERS	c EIN-PN 56-0670576-001
a	Plan name	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	REDTEAM SOFTWARE LLC 401(K) PLAN	
b	Name of plan sponsor	REDTEAM SOFTWARE LLC	c EIN-PN 56-2656679-001

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	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
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	COLUMBUS CABINET COMPANY INC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	COLUMBUS CABINET	c EIN-PN 58-0810185-001
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	WALKER CADILLAC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WALKER CADILLAC BUICK GMC INC	c EIN-PN 58-1079373-001
a Plan name	CATAP/GREATER CHARLOTTE APARTMENT ASSOCIATION 401(K) PLAN	
b Name of plan sponsor	CATAP/GREATER CHARLOTTE APART	c EIN-PN 58-1329178-333
a Plan name	KENNYS GREAT PIES LLC 401(K) PLAN	
b Name of plan sponsor	KENNYS GREAT PIES LLC	c EIN-PN 58-1929205-001
a Plan name	SOUTHEASTERN FILTRATION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NCCPAP/SOUTHEASTERN FILTRATION	c EIN-PN 58-2099792-001

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 FOOT AND ANKLE OF WEST GEORGIA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor FOOT AND ANKLE OF WEST GEORGIA	c EIN-PN 58-2321871-001
a	Plan name NICHOLS CAULEY & ASSOCIATES LLC 401(K) PLAN	
b	Name of plan sponsor NCCPAP/NICHOLS CAULEY & ASSOCI	c EIN-PN 58-2475857-001
a	Plan name LAGRANGE PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor CFSCP/LAGRANGE PEDIATRICS 401(c EIN-PN 58-2557935-001
a	Plan name ACG SECURITY SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NCCPAP/ACG SECURITY SOLUTIONS	c EIN-PN 58-2631256-001
a	Plan name CENTER FOR PAIN AND REHAB MEDICINE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTER FOR PAIN AND REHAB	c EIN-PN 58-2653862-001
a	Plan name SUNSHINE WATER CONTROL 401(A) PLAN	
b	Name of plan sponsor SUNSHINE WCD	c EIN-PN 59-1150382-001
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 DEEMS K&C LLC 401(K) PLAN	
b	Name of plan sponsor DSKGP/DEEMS K&C LLC 401(K) PL	c EIN-PN 59-2130576-001
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 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	RICHARD A ASSING DDS PA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RICHARD A ASSING DDS PA	c EIN-PN 59-3097305-003
a	Plan name	READING EDGE ACADEMY INC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	READING EDGE ACADEMY INC	c EIN-PN 59-3455253-001
a	Plan name	SPORTS MEDICINE INSTITUTE RETIREMENT PLAN	
b	Name of plan sponsor	SGPAP/ SPORTS MEDICINE INSTITU	c EIN-PN 59-3464291-001
a	Plan name	HERITAGE PINES 401K PLAN	
b	Name of plan sponsor	DSKGP/HERITAGE PINES 401K PLAN	c EIN-PN 59-3495933-001
a	Plan name	AUTO ADVISORS 401(K) PLAN	
b	Name of plan sponsor	AUTO ADVISOR SERVICES LLC	c EIN-PN 59-3547715-002
a	Plan name	GRAYSTONE RESTORATION 401(K) PLAN	
b	Name of plan sponsor	GRAYSTONE CONSTRUCTION	c EIN-PN 59-3617849-002
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	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	HOPKINS COUNTY REGIONAL CHAMBER OF COMMERCE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HCCCP/HOPKINS COUNTY REGIONAL	c EIN-PN 61-0561820-001

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	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	MINERAL LABS INC 401K PLAN	
b	Name of plan sponsor	TBAP/ MINERAL LABS INC 401K	c EIN-PN 61-0874775-001
a	Plan name	HOME CAB COMPANY 401(K) PLAN	
b	Name of plan sponsor	MSCCP/HOME CAB COMPANY 401(K)	c EIN-PN 61-0928582-001
a	Plan name	BOSWELL CONTRACTING INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOSWELL CONTRACTING INC	c EIN-PN 61-0976698-001
a	Plan name	MAJOR BRANDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MSCCP/MAJOR BRANDS 401(K) PROF	c EIN-PN 61-0985897-002
a	Plan name	THE WEBB COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE WEBB COMPANIES	c EIN-PN 61-0996628-001
a	Plan name	THE EYE CARE INSTITUTE 401(K) PLAN & TRUST	
b	Name of plan sponsor	RETINA ASSOCIATES PSC DBA THE	c EIN-PN 61-1061722-001
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	SNAPPY TOMATO PIZZA COMPANY 401(K) PLAN	
b	Name of plan sponsor	STPRP/SNAPPY TOMATO PIZZA	c EIN-PN 61-1235336-001
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

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	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	C & R ASPHALT LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C & R ASPHALT LLC	c EIN-PN 61-1318910-001
a	Plan name	MM USA 401(K) PLAN	
b	Name of plan sponsor	MURAKAMI MANUFACTURING USA INC	c EIN-PN 61-1373925-001
a	Plan name	RECTOR EXCAVATING 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	G52WMP/RECTOR EXCAVATING INC	c EIN-PN 61-1381616-001
a	Plan name	PAYROLL PARTNERS INC 401(K) PLAN	
b	Name of plan sponsor	PAYROLL PARTNERS INC	c EIN-PN 61-1394776-001
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	WJ ANDRIOTS 401(K) PLAN	
b	Name of plan sponsor	SCCRP/WJ ANDRIOTS LLC	c EIN-PN 61-1489653-001
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	RESIDENTIAL PROPERTY INVESTMENT AND MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor	RESIDENTIAL PROPERTY	c EIN-PN 61-1603059-001

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 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 KARBEC 401K PLAN	
b	Name of plan sponsor HCCRP/KARBEC LLC	c EIN-PN 61-1760374-001
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 THERMAL CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PHRCP/THERMAL CORPORATION 401	c EIN-PN 63-0586074-001
a	Plan name ALABAMA PATHOLOGY/BRIDGER LABS PROFIT SHARING PLAN	
b	Name of plan sponsor CFSCP/ALABAMA PATHOLOGY/BRIDGE	c EIN-PN 63-1008587-001
a	Plan name MATTSON ENTERPRISE INC PROFIT SHARING PENSION PLAN	
b	Name of plan sponsor MATTSON ENTERPRISE INC	c EIN-PN 64-0954572-001
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 DSK GROUP INC 401(K) PLAN	
b	Name of plan sponsor DSKGP/DSK GROUP INC 401(K) PLA	c EIN-PN 65-0389388-001
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 EYE SITE OF CAPE CORAL PA RETIREMENT PLAN	
b	Name of plan sponsor SGPAP/ EYE SITE OF CAPE CORAL	c EIN-PN 65-0622762-001
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)	
<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	CENTRAL FLORIDA ORTHOPAEDIC SURGERY ASSOCIATES PL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CENTRAL FLORIDA ORTHOPAEDIC	c EIN-PN 65-0731524-001
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	SHINER LAW GROUP PA 401(K) PLAN	
b	Name of plan sponsor	SHINER LAW GROUP PA	c EIN-PN 65-1051051-001
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	LEARNING ARTS CORPORATION	
b	Name of plan sponsor	LEARNING ARTS	c EIN-PN 68-0434185-001
a	Plan name	FOOTHILL VETERINARY SERVICES INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	FOOTHILL VETERINARY SERVICES	c EIN-PN 71-0928425-001
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	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	THE MORAN GROUP OF BATON ROUGE INC 401(K) PLAN	
b	Name of plan sponsor	THE MORAN GROUP OF	c EIN-PN 72-1133364-001
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

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	OTTO CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OTTO CONSTRUCTION INC	c EIN-PN 73-1674473-001
a	Plan name	JIM GODBOUT PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor	CIACP/JIM GODBOUT PLUMBING & H	c EIN-PN 73-1682394-001
a	Plan name	FAZZONE CONSTRUCTION CO INC 401(K) PLAN	
b	Name of plan sponsor	FAZZONE CONSTRUCTION CO INC	c EIN-PN 74-1905180-001
a	Plan name	SUNN CARPETS 401(K) PLAN	
b	Name of plan sponsor	R E W ENTERPRISES INC DBA SUNN	c EIN-PN 74-2208294-001
a	Plan name	ASSISTEX INC EMPLOYEES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AMCP/ASSISTEX INC EMPLOYEES 40	c EIN-PN 74-2305090-001
a	Plan name	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	NOAH TECHNOLOGIES CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	NOAH TECHNOLOGIES CORPORATION	c EIN-PN 74-2465294-001
a	Plan name	WATERMAN INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	STEPHANIE WATERMAN INSURANCE	c EIN-PN 74-2981820-001
a	Plan name	ACUMERA INC 401(K) PLAN	
b	Name of plan sponsor	ACUMERA INC	c EIN-PN 74-3050025-001
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	LAS COLINAS DERMATOLOGY P.A. 401(K) PLAN	
b	Name of plan sponsor	LAS COLINAS DERMATOLOGY P.A.	c EIN-PN 75-2596533-001
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

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	CHAMPION TRUCK AND TRAILER RETIREMENT PLAN	
b	Name of plan sponsor	CHAMPION TRUCK AND TRAILER INC	c EIN-PN 75-2831251-001
a	Plan name	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	BARROW CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	BARROW CORPORATION DBA	c EIN-PN 76-0292251-002
a	Plan name	ADVISORS FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor	ADVISORS FINANCIAL GROUP	c EIN-PN 76-0556119-001
a	Plan name	KAT EXCAVATION & CONSTRUCTION INC 401(K) PLAN	
b	Name of plan sponsor	SLCP/KAT EXCAVATION & CONSTRUC	c EIN-PN 76-0625155-001
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	NAVOSHA RETIREMENT PLAN	
b	Name of plan sponsor	NAVOSHA INC	c EIN-PN 77-0580138-001
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

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 FISHERS 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA FISHERS 401(K) PLAN	c EIN-PN 80-0872995-001
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	CBA KATY FIRETHORNE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA KATY FIRETHORNE	c EIN-PN 81-1122905-001
a	Plan name	THE TA COMMERCIAL SERVICE INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TA COMMERCIAL SERVICE INC	c EIN-PN 81-2602426-001
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	DHVAJ 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DHVAJ INC	c EIN-PN 81-2859686-001
a	Plan name	LAW OFFICE OF RAYMOND M RAVIS 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICE OF RAYMOND M RAVIS	c EIN-PN 81-2889931-001
a	Plan name	UNDERGROUND MAGNETICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNDERGROUND MAGNETICS INC	c EIN-PN 81-3855562-001
a	Plan name	PRECISION LOGISTICS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PRECISION LOGISTICS LLC	c EIN-PN 81-3982185-001
a	Plan name	FIREBALL TRANSPORT LLC 401(K) PLAN	
b	Name of plan sponsor	PFAAP/FIREBALL TRANSPORT LLC 4	c EIN-PN 81-4156277-001
a	Plan name	CBA LEWISVILLE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA LEWISVILLE 401(K) P	c EIN-PN 81-4502638-001
a	Plan name	PORTER BANKS BALDWIN & SHAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PORTER BANKS BALDWIN & SHAW	c EIN-PN 81-4822291-001

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	SUSAN SCHERBEL PA LLC RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	BHFSP/ SUSAN SCHERBEL PA LLC R	c EIN-PN 81-5115574-001
a	Plan name	PINELAND FARMS DAIRY 401(K) PLAN	
b	Name of plan sponsor	CIACP/PINELAND FARMS DAIRY 401	c EIN-PN 81-5133455-001
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
a	Plan name	DURA-VATOR LLC 401(K) PLAN	
b	Name of plan sponsor	DURA-VATOR LLC	c EIN-PN 81-5279720-001
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 EDMOND 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA EDMOND 401(K) PLAN	c EIN-PN 82-0780559-001
a	Plan name	WHITE BEAR TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor	LGPCP/WHITE BEAR TRANSPORT	c EIN-PN 82-1050915-001
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 WESTMINSTER 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA WESTMINSTER 401(K)	c EIN-PN 82-1618458-001
a	Plan name	NATELLI GROUP FAMILY LLC 401(K) PLAN	
b	Name of plan sponsor	AMCP/NATELLI GROUP FAMILY LLC	c EIN-PN 82-2136893-001

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 CRESTWOOD 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA CRESTWOOD 401(K) PL	c EIN-PN 82-2440489-001
a	Plan name	DOTTA MOTORS 401(K) PLAN	
b	Name of plan sponsor	DOTTA MOTORS LLC DBA DOTTA	c EIN-PN 82-2497693-001
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	MERCER CENTER FOR IMPLANTS AND PERIODONTICS 401(K) PLAN	
b	Name of plan sponsor	MERCER CENTER FOR IMPLANTS AND	c EIN-PN 82-3369832-001
a	Plan name	CBA MIRAMESA 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA MIRAMESA 401(K) PLAN	c EIN-PN 82-3462970-001
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	MONTGOMERY COUNTY ESD 1 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	MONTGOMERY COUNTY ESD 1	c EIN-PN 82-3656276-001
a	Plan name	CENTURY HOTEL GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EFSP/CENTURY HOTEL GROUP	c EIN-PN 82-3822298-001
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
a	Plan name	CBA COPPERFIELD 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA COPPERFIELD 401(K)	c EIN-PN 82-5349975-001
a	Plan name	NABIL R IBRAHIM BDS DDS PLLC 401(K) PLAN	
b	Name of plan sponsor	NABIL R IBRAHIM BDS DDS PLLC	c EIN-PN 82-5507085-001

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	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	ATLAS REPRODUCTION 401(K) PLAN	
b	Name of plan sponsor	ATLAS REPRODUCTION INC	c EIN-PN 83-0259252-001
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	HEWN 401K PLAN	
b	Name of plan sponsor	JAK HOME LLC DBA HEWN	c EIN-PN 83-0498320-002
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 BOLINGBROOK 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA BOLINGBROOK 401(K)	c EIN-PN 83-1312022-001
a	Plan name	CBA INTERQUEST 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA INTERQUEST 401(K)	c EIN-PN 83-1976351-001
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	CBA FLOWER MOUND 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA FLOWER MOUND 401(K)	c EIN-PN 83-2328018-001
a	Plan name	INGENIUM PLUS RETIREMENT PLAN	
b	Name of plan sponsor	BRCRP/INGENIUM PLUS LLC	c EIN-PN 83-2346281-002
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	VB OPCO LLC 401(K) PLAN	
b	Name of plan sponsor	VB OPCO LLC	c EIN-PN 83-2680038-001

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	MDD THREE 401(K) PLAN	
b	Name of plan sponsor	GIOAP/MDD THREE 401(K) PLAN	c EIN-PN 83-2781860-002
a	Plan name	CBA NORCROSS PLAN	
b	Name of plan sponsor	CBAFP/CBA NORCROSS	c EIN-PN 83-3142560-001
a	Plan name	SCHUETZE MCGAHA TURNER & FERRIS PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHUETZE MCGAHA TURNER &	c EIN-PN 83-3387080-001
a	Plan name	DOMINGOS HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DOMINGOS HOLDINGS LLC	c EIN-PN 83-3484411-002
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	PINNACLE HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	AMCP/PINNACLE HOLDINGS 401(K)	c EIN-PN 83-4673982-001
a	Plan name	BOULDER CHAMBER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BDCRP/BOULDER CHAMBER 401(K)	c EIN-PN 84-0152700-001
a	Plan name	EMPLOYEE PROFIT SHARING PLAN OF FRONTIER METAL STAMPING INC PLAN	
b	Name of plan sponsor	FRONTIER METAL STAMPING INC	c EIN-PN 84-0576078-001
a	Plan name	RTA INC 401(K) P/S PLAN	
b	Name of plan sponsor	RTA INC	c EIN-PN 84-0773499-001
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	DONALDSON LAW 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICE OF JENNIFER	c EIN-PN 84-1261215-001
a	Plan name	RJ MANN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	RJ MANN & ASSOCIATES	c EIN-PN 84-1284380-001

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	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	HCL ENGINEERING & SURVEYING LLC 401(K) PLAN	
b	Name of plan sponsor	HCL ENGINEERING & SURVEYING	c EIN-PN 84-1488145-001
a	Plan name	CBA WAXAHACHIE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA WAXAHACHIE 401(K) P	c EIN-PN 84-1956088-001
a	Plan name	CBA NORTH SCOTTSDALE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA NORTH SCOTTSDALE 401	c EIN-PN 84-1968415-001
a	Plan name	THE KEANE GROUP 401(K) PLAN	
b	Name of plan sponsor	ABSRP/THE KEANE GROUP	c EIN-PN 84-1997329-001
a	Plan name	CBA MESA GATEWAY 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA MESA GATEWAY 401(K)	c EIN-PN 84-2194052-001
a	Plan name	CBA MT JULIET 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA MT JULIET 401(K)	c EIN-PN 84-2387941-001
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	DOTSON ENTERPRISE SERVICES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NCCPAP/DOTSON ENTERPRISE SERVI	c EIN-PN 84-2734321-001
a	Plan name	MARK 923 CBA ARAPAHOE LLC DBA CBA ARAPAHOE	
b	Name of plan sponsor	CBAFP/MARK 923 CBA ARAPAHOE	c EIN-PN 84-2804781-001
a	Plan name	TRI-STATE CPAS INC 401(K) PLAN	
b	Name of plan sponsor	TRI-STATE CPAS	c EIN-PN 84-3555082-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE WALKER COMPANY 401(K) PLAN	
b	Name of plan sponsor MSCCP/W PRINCIPLES LLC DBA	c EIN-PN 84-3590572-001
a	Plan name CBA MONTGOMERY TX 401(K) PLAN	
b	Name of plan sponsor CBAFP/ CBA MONTGOMERY TX 401	c EIN-PN 84-3829530-001
a	Plan name ELECTRIC BATTERY LLC 401(K) PLAN	
b	Name of plan sponsor ELECTRIC BATTERY LLC	c EIN-PN 84-3928718-001
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 CBA STEVENS RANCH 401(K) PLAN	
b	Name of plan sponsor CBAFP/CBA STEVENS RANCH 401(K)	c EIN-PN 84-4347650-001
a	Plan name IXRF INC 401(K) PLAN	
b	Name of plan sponsor FPORP/IXRF INC	c EIN-PN 84-4374973-001
a	Plan name JMT INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JMT INC	c EIN-PN 85-0262880-001
a	Plan name SOUTHWEST WOMENS ONCOLOGY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHWEST WOMENS ONCOLOGY	c EIN-PN 85-0405838-001
a	Plan name AHG 401(K) PLAN	
b	Name of plan sponsor BRPP/AHG 401(K) PLAN	c EIN-PN 85-0843929-001
a	Plan name CBA WOODSTOCK 401(K) PLAN	
b	Name of plan sponsor CBAFP/CBA WOODSTOCK 401(K) PL	c EIN-PN 85-1310659-001
a	Plan name LILICOL LLC 401(K) PLAN	
b	Name of plan sponsor GIOAP/LILICOL LLC	c EIN-PN 85-1575800-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STEEL JAW FABRICATORS 401(K) PLAN	
b	Name of plan sponsor	LGPCP/STEEL JAW FABRICATORS	c EIN-PN 85-1703022-001
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	BHAWK 401(K) PLAN	
b	Name of plan sponsor	NCCBGP/BRAD HALLING AMERICAN	c EIN-PN 85-2879434-001
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
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/ KFH INDUSTRIES INC	
b	Name of plan sponsor	LPEP/KFH INDUSTRIES 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/ 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/ VISITING REHAB AND NURSING SERVICES PLAN	
b	Name of plan sponsor	LPEP/VISITING REHAB AND NURSIN	c EIN-PN 85-3213245-301
a	Plan name	LPE/ WONDER MEATS INC PLAN	
b	Name of plan sponsor	LPEP/WONDER MEATS INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/ADKISON TOWING INC & FCRR LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	LPEP/LPE ADKISON TOWING INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/ALL NATURAL STONE PLAN	
b	Name of plan sponsor	LPEP/ ALL NATURAL STONE	c EIN-PN 85-3213245-301
a	Plan name	LPE/ASSISTANCE PLUS 401(K) PLAN	
b	Name of plan sponsor	LPEP/ASSISTANCE PLUS 401(K) PL	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

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/CADOGAN TATE NEW YORK LIMITED PLAN	
b	Name of plan sponsor	LPE/CADOGAN TATE NEW YORK	c EIN-PN 85-3213245-301
a	Plan name	LPE/CAPOZZA TILE CO INC PLAN	
b	Name of plan sponsor	LPE/CAPOZZA TILE CO INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/CAPTAIN D'S LLC PLAN	
b	Name of plan sponsor	LPE/CAPTAIN DS LLC	c EIN-PN 85-3213245-301
a	Plan name	LPE/CENTER FOR POLICING EQUITY PLAN	
b	Name of plan sponsor	LPE/ LPE CENTER FOR POLICING	c EIN-PN 85-3213245-301
a	Plan name	LPE/CENTRAL TEXTILES INC PLAN	
b	Name of plan sponsor	LPE/ CENTRAL TEXTILES INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/CERTIFIED HEALTH MANAGEMENT INC	
b	Name of plan sponsor	LPE/CERTIFIED HEALTH	c EIN-PN 85-3213245-301
a	Plan name	LPE/CHARLES CITY TIMBER AND MAT PLAN	
b	Name of plan sponsor	LPE/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	LPE/CHECK MATE INDUSTRIES INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/DESIGN TO PRINT INC PLAN	
b	Name of plan sponsor	LPE/DESIGN TO PRINT INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/EAST HILLS AUTO GROUP PLAN	
b	Name of plan sponsor	LPE/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	LPE/ELDREDGE LUMBER & HARDWAR	c EIN-PN 85-3213245-301
a	Plan name	LPE/ELITE STAFFING INC PLAN	
b	Name of plan sponsor	LPE/ELITE STAFFING 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/ENDEAVOUR PARTNERS LLC	
b	Name of plan sponsor	LPE/ENDEAVOUR PARTNERS LLC	c EIN-PN 85-3213245-301
a	Plan name	LPE/EXTENDED CARE CONSULTING LLC PLAN	
b	Name of plan sponsor	LPE/EXTENDED CARE CONSULTING	c EIN-PN 85-3213245-301
a	Plan name	LPE/FAMILY MEDICAL CENTERS 401(K) PLAN	
b	Name of plan sponsor	LPE/FAMILY MEDICAL CENTERS	c EIN-PN 85-3213245-301
a	Plan name	LPE/GARLYN O SHELTON INC PLAN	
b	Name of plan sponsor	LPE/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	LPE/GEN FOUR HOLDING GROUP	c EIN-PN 85-3213245-301
a	Plan name	LPE/GOLD MOUNTAIN COMMUNICATIONS LLC 401(K) PLAN	
b	Name of plan sponsor	LPE/GOLD MOUNTAIN COMMUNICATI	c EIN-PN 85-3213245-301
a	Plan name	LPE/HANSEN PROPERTIES INC PLAN	
b	Name of plan sponsor	LPE/HANSEN PROPERTIES INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/HELENS RESTAURANT OF MACHIAS PLAN	
b	Name of plan sponsor	LPE/HELENS RESTAURANT OF MAC	c EIN-PN 85-3213245-301
a	Plan name	LPE/IMMERSION LEARNING CENTERS LLC PLAN	
b	Name of plan sponsor	LPE/IMMERSION LEARNING CENTER	c EIN-PN 85-3213245-301
a	Plan name	LPE/KEMISTRE 8 LLC PLAN	
b	Name of plan sponsor	LPE/KEMISTRE 8 LLC	c EIN-PN 85-3213245-301
a	Plan name	LPE/LANDMARK GRADING COMPANY INC PLAN	
b	Name of plan sponsor	LPE/LANDMARK GRADING COMPANY	c EIN-PN 85-3213245-301
a	Plan name	LPE/LEN STOLER INC PLAN	
b	Name of plan sponsor	LPE/LEN STOLER INC	c EIN-PN 85-3213245-301

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LPE/LOGIC SYSTEMS PRODUCTION LLC 401(K) PLAN	
b	Name of plan sponsor	LPEP/LOGIC SYSTEMS PRODUCTION	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/MURPHY ELECTRIC - NEXT GEN PLAN	
b	Name of plan sponsor	LPEP/MURPHY ELECTRIC - NEXT GE	c EIN-PN 85-3213245-301
a	Plan name	LPE/NASSAU OPERATING COMPANY LLC PLAN	
b	Name of plan sponsor	LPEP/NASSAU OPERATING COMPANY	c EIN-PN 85-3213245-301
a	Plan name	LPE/NC SPORTS CUTS LLC PLAN	
b	Name of plan sponsor	LPEP/NC SPORTS CUTS LLC	c EIN-PN 85-3213245-301
a	Plan name	LPE/NEUROGENE INC PLAN	
b	Name of plan sponsor	LPEP/NEUROGENE INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/NEW YORK BOILER INC PLAN	
b	Name of plan sponsor	LPEP/NEW YORK BOILER INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/NIEDERMAN STANZEL & LINDSEY PLLC PLAN	
b	Name of plan sponsor	LPEP/NIEDERMAN STANZEL & LINDS	c EIN-PN 85-3213245-301
a	Plan name	LPE/NOTHUM MANUFACTURING CO INC 401(K) PLAN	
b	Name of plan sponsor	LPEP/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	LPEP/ORLANDO FREIGHTLINER	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/OVED APPAREL CORP PLAN	
b	Name of plan sponsor	LPEP/OVED APPAREL CORP	c EIN-PN 85-3213245-301
a	Plan name	LPE/PATES HARDWARE 401(K) PLAN	
b	Name of plan sponsor	LPEP/PATES HARDWARE INC 401	c EIN-PN 85-3213245-301
a	Plan name	LPE/PEABODY FUNERAL HOMES INC 401(K) PLAN	
b	Name of plan sponsor	LPEP/PEABODY FUNERAL HOMES INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/PERFECT PASTA INC PLAN	
b	Name of plan sponsor	LPEP/PERFECT PASTA INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/PORVEN LTD PLAN	
b	Name of plan sponsor	LPEP/PORVEN LTD	c EIN-PN 85-3213245-301
a	Plan name	LPE/ROBERT W SULLIVAN INC PLAN	
b	Name of plan sponsor	LPEP/ROBERT W SULLIVAN INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/RSM LIGHTING LLC DBA SALT LIGHT & ELECTRIC PLAN	
b	Name of plan sponsor	LPEP/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	LPEP/SEALEVEL CONSTRUCTION INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/SOFTSCRIPT INC PLAN	
b	Name of plan sponsor	LPEP/SOFTSCRIPT INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/SOUTHWEST MATERIAL HANDLING INC PLAN	
b	Name of plan sponsor	LPEP/SOUTHWEST MATERIAL HANDLI	c EIN-PN 85-3213245-301
a	Plan name	LPE/STRAINRITE 401K PLAN	
b	Name of plan sponsor	LPEP/STRAINRITE 401K PLAN	c EIN-PN 85-3213245-301
a	Plan name	LPE/TEAM HOUSING SOLUTIONS INC 401(K) PLAN	
b	Name of plan sponsor	LPEP/TEAM HOUSING SOLUTIONS IN	c EIN-PN 85-3213245-301

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LPE/THROGS NECK EXTENDED CARE LLC 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	LPE/YELLOWSTONE SURGERY CENTER	
b	Name of plan sponsor	LPEP/YELLOWSTONE SURGERY CENTE	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	WHEELHOUSE A AND B LLC 401(K) PLAN	
b	Name of plan sponsor	BSCCP/WHEELHOUSE A AND B LLC 4	c EIN-PN 85-3338921-001
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	CBA BURLESON 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA BURLESON 401(K) PLAN	c EIN-PN 85-3566073-001

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 NO DALLAS 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA NORTH DALLAS	c EIN-PN 85-3629738-001
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
a	Plan name	MIPE/GO GREEN WOOD PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	MIPE/GO GREEN WOOD PRODUCTS	c EIN-PN 85-4166502-001
a	Plan name	MIPE/PILOT CONSTRUCTION INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MIPE/PILOT CONSTRUCTION INC 40	c EIN-PN 85-4166502-002
a	Plan name	MIPE/WESTERN PACIFIC FENCE LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIPE/WESTERN PACIFIC FENCE LLC	c EIN-PN 85-4166502-001
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	ARROWHEAD MACHINING INC 401(K) PLAN	
b	Name of plan sponsor	ACLVP/ ARROWHEAD MACHINING INC	c EIN-PN 85-4208254-001
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	TOTAL SEAL INC 401(K) PLAN	
b	Name of plan sponsor	TOTAL SEAL INC	c EIN-PN 86-0269249-001
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	MICHAEL ALAN FURNISHINGS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL ALAN FURNISHINGS INC	c EIN-PN 86-0720296-001

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	ALJO ENTERPRISES RETIREMENT PLAN	
b	Name of plan sponsor	ALJO ENTERPRISES INC	c EIN-PN 86-0773684-001
a	Plan name	PREFERRED BILLING SERVICES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PREFERRED BILLING SERVICES LLC	c EIN-PN 86-0804352-001
a	Plan name	CBA LITTLETON 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA LITTLETON 401(K) PL	c EIN-PN 86-1264959-001
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	IMER GROUP 401(K) PLAN	
b	Name of plan sponsor	LGAP/IMER GROUP 401(K) PLAN	c EIN-PN 86-1585844-001
a	Plan name	CBA WEST CHICAGO 401(K) PLAN	
b	Name of plan sponsor	CBA W CHICAGO LLC DBA CBA	c EIN-PN 86-1614427-001
a	Plan name	CBA WHEAT RIDGE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA WHEAT RIDGE 401(K) P	c EIN-PN 86-1934361-001
a	Plan name	CBA WEST MURFREESBORO 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA WEST MURFREESBORO	c EIN-PN 86-2567892-001
a	Plan name	CBA TRANSITION HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA TRANSITION HOLDINGS	c EIN-PN 86-2679611-001
a	Plan name	CBA HAMILTON MILL 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA HAMILTON MILL 401(K)	c EIN-PN 86-3357113-001
a	Plan name	PIVOTAL-CM LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PIVOTAL-CM LLC	c EIN-PN 86-3366491-001
a	Plan name	CBA CHANHASSEN 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA CHANHASSEN	c EIN-PN 86-3951167-001

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	TANNER GLASS & HARDWARE 401(K) PLAN	
b	Name of plan sponsor	TANNER GLASS & HARDWARE LLC	c EIN-PN 87-0649387-001
a	Plan name	BVB GENERAL CONTRACTORS LLC 401(K) PLAN	
b	Name of plan sponsor	BVB GENERAL CONTRACTORS LLC	c EIN-PN 87-0708723-001
a	Plan name	SOFTLAB360 LLC 401(K) PLAN	
b	Name of plan sponsor	CACP/SOFTLAB360 LLC	c EIN-PN 87-0900172-001
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	KING CONSULTING GROUP CM INC EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	BHFSP/KING CONSULTING GROUP CM	c EIN-PN 87-1159781-001
a	Plan name	CBA GRAND PARKWAY 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA GRAND PARKWAY 401(K)	c EIN-PN 87-1620878-001
a	Plan name	REGENERATE RESTAURANT GROUP 401(K) PLAN	
b	Name of plan sponsor	GIOAP/REGENERATE RESTAURANT	c EIN-PN 87-3024951-001
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	TRC FRAMING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRC FRAMING	c EIN-PN 88-0242012-011
a	Plan name	EDWARD P RUGGEROLI DDS PROFIT SHARING PLAN	
b	Name of plan sponsor	EDWARD P RUGGEROLI DDS A	c EIN-PN 88-0273046-001

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	ENERGY 2001 INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ENERGY 2001 INC	c EIN-PN 88-0345912-001
a	Plan name	ROBCO ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	ROBCO ELECTRIC	c EIN-PN 88-0372551-001
a	Plan name	DELICATE DENTAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ACLVP/DELICATE DENTAL RETIREME	c EIN-PN 88-0379647-001
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	GIRISGEN & KOPOLOW OD PC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ACLVP/GIRISGEN & KOPOLOW OD PC	c EIN-PN 88-0484278-002
a	Plan name	L&M MANAGEMENT INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	L&M MANAGEMENT INC	c EIN-PN 88-0488854-001
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	CBA LONGMONT 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA LONGMONT 401(K) PLAN	c EIN-PN 88-2047318-001
a	Plan name	DAYMARK WEALTH PARTNERS LLC 401(K) PLAN	
b	Name of plan sponsor	DAYMARK WEALTH PARTNERS LLC	c EIN-PN 88-2642047-001
a	Plan name	R&M DISTRIBUTION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	R&M DISTRIBUTION	c EIN-PN 88-2820083-001
a	Plan name	TRINITY TUGS 401(K) PLAN	
b	Name of plan sponsor	TRINITY TUGS LLC	c EIN-PN 88-3346660-001

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	O'FALLON DENTAL WORKS 401(K) PLAN	
b	Name of plan sponsor	BBPRP/OFALLON DENTAL WORKS	c EIN-PN 88-4341231-001
a	Plan name	VANTAGE CONSTRUCTION CORPORATION 401K PLAN	
b	Name of plan sponsor	VANTAGE CONSTRUCTION	c EIN-PN 90-0142414-001
a	Plan name	OCEAN PEDIATRIC DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	OCEAN PEDIATRIC DENTAL ASSOC	c EIN-PN 90-0175255-001
a	Plan name	GENERATIONS NEUROSURGERY PC 401(K) PLAN & TRUST	
b	Name of plan sponsor	ADCP/GENERATIONS NEUROSURGERY	c EIN-PN 90-0194533-333
a	Plan name	ABGI USA INC 401(K) PLAN	
b	Name of plan sponsor	ABGI USA INC	c EIN-PN 90-0298034-001
a	Plan name	KENNEDY PAINTING LLC 401(K) PLAN	
b	Name of plan sponsor	ESCCP/ KENNEDY PAINTING LLC	c EIN-PN 90-0435389-001
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	NE MARK-IT SERVICES 401(K) PLAN	
b	Name of plan sponsor	NE MARK-IT SERVICES	c EIN-PN 92-1292970-001
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	LOUIE'S SERVICE CENTER 401(K) P/S PLAN	
b	Name of plan sponsor	ESCCP/BALL & SON LLC DBA	c EIN-PN 92-3059274-001
a	Plan name	TOPSPIN COMPUTERS 401K PLAN	
b	Name of plan sponsor	TOPSPIN COMPUTERS	c EIN-PN 92-3372449-001

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	DIRECT ADVANTAGE MAIL LLC 401(K) PLAN	
b	Name of plan sponsor	DIRECT ADVANTAGE MAIL LLC	c EIN-PN 93-2706621-001
a	Plan name	JONLE COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	JLE WATERMARK LLC	c EIN-PN 93-3212119-002
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
a	Plan name	THE FRISCHER MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FRISCHER MEDICAL GROUP	c EIN-PN 95-4613456-001
a	Plan name	IMPRES TECHNOLOGY SOLUTIONS INC 401(K) PLAN	
b	Name of plan sponsor	IMPRES TECHNOLOGY SOLUTIONS	c EIN-PN 95-4862840-002
a	Plan name	PITZER BUILT CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor	PITZER BUILT CONSTRUCTION LLC	c EIN-PN 99-0344822-001

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	BARTOSIAK MAKEPEACE P.C. 401K PLAN	
b	Name of plan sponsor	BARTOSIAK MAKEPEACE P.C.	c EIN-PN 99-2539341-001
a	Plan name	GD PSYCH SERVICES 401(K) PLAN	
b	Name of plan sponsor	RRNMP/GD PSYCH SERVICES	c EIN-PN 81-4419303-001
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-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-SIOUX VALLEY RENDERING	
b	Name of plan sponsor	ASRA/SIOUX VALLEY RENDERING	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-SOUTHERN ILLINOIS PIZZA LLC	
b	Name of plan sponsor	ASRA/SOUTHERN ILLINOIS PIZZA	c EIN-PN 01-0165117-001
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 401(K) PLAN & TRUST-UPTOWN MANAGEMENT GROUP	
b	Name of plan sponsor	ASRA/UPTOWN MANAGEMENT GROUP	c EIN-PN 01-0165117-333
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	JACI CARROLL STAFFING 401(K) PLAN	
b	Name of plan sponsor	JACI CARROLL STAFFING	c EIN-PN 06-1065435-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan YOURPATH PASSIVE 2025 MODERATE	B Three-digit plan number (PN) ▶ 208
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
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	1
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	133936	207765
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)	167073043	173813420
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	41809876	46445877
(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	209016855	220467063
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	12159	13823
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12159	13823
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	209004696	220453240

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)	994909	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		994909
(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)	5536543	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5536543
(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)		13042125
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		19573577

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)	130467	
(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)		133028
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		133028

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		19440549
l Transfers of assets:			
(1) To this plan.....	2l(1)		47801930
(2) From this plan	2l(2)		55793935

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 _____.