

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) P
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: SIA-E1 (NON-CLIENT SAGIC CORE BOND)
1b Three-digit plan number (PN): 281
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): MASSACHUSETTS MUTUAL LIFE INSURANCE
2b Employer Identification Number (EIN): 04-1590850
2c Plan Sponsor's telephone number: 303-737-1442
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, Date, and Name. Rows include: 1. Signature of plan administrator, Date, MICHAEL LEWIS. 2. Signature of employer/plan sponsor, Date, MICHAEL LEWIS. 3. Filed with authorized/valid electronic signature, 09/09/2025, MICHAEL LEWIS. 4. Signature of DFE, Date, MICHAEL LEWIS.

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code 0

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

A Name of plan <u>SIA-E1 (NON-CLIENT SAGIC CORE BOND)</u>	B Three-digit plan number (PN)	<u>281</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>	D Employer Identification Number (EIN) <u>04-1590850</u>	

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

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

c EIN-PN

d Entity code

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

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

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

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d Entity code

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d Entity code

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d Entity code

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d Entity code

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d Entity code

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

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

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

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	ABEL-WOMACK EMPLOYEE APPRECIATION S	
b Name of plan sponsor	ABEL WOMACK, INC.	c EIN-PN 04-3047271-001
a Plan name	ABRAXAS 403(B) RETIREMENT PLAN	
b Name of plan sponsor	ABRAXAS ALLIANCE, INC.	c EIN-PN 76-0545741-001
a Plan name	ACCOR 401(K) PLAN	
b Name of plan sponsor	ACCOR MANAGEMENT US, INC.	c EIN-PN 98-0209359-001
a Plan name	ACCOR 401(K) PLAN	
b Name of plan sponsor	ACCOR MANAGEMENT US, INC.	c EIN-PN 38-3664970-001
a Plan name	ACCOR BUSINESS & LEISURE, LLC RETIR	
b Name of plan sponsor	ACCOR MANAGEMENT US, INC.	c EIN-PN 58-1856700-001
a Plan name	ACE RELOCATION SYSTEMS, INC. SAVING	
b Name of plan sponsor	ACE RELOCATION SYSTEMS, INC.	c EIN-PN 91-0652945-002
a Plan name	ACHIEVA CREDIT UNION 401(K) SAVINGS	
b Name of plan sponsor	ACHIEVA CREDIT UNION	c EIN-PN 59-0729366-002
a Plan name	ADLER UNIVERSITY DEFINED CONTRIBUTI	
b Name of plan sponsor	ADLER UNIVERSITY	c EIN-PN 36-2515281-001
a Plan name	ADVOCATES, INC. 401(K) PLAN	
b Name of plan sponsor	ADVOCATES, INC.	c EIN-PN 23-7451423-001
a Plan name	ADVOCATES, INC. 403(B) PLAN	
b Name of plan sponsor	ADVOCATES, INC.	c EIN-PN 23-7451423-002
a Plan name	AFFILIATES IN IMAGING 401(K) PROFIT	
b Name of plan sponsor	AFFILIATES IN IMAGING	c EIN-PN 94-3398255-002
a Plan name	AFGE EMPLOYEES 401(K) PLAN	
b Name of plan sponsor	AFGE, AFL-CIO	c EIN-PN 53-0025740-002

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	AGESPAN, INC. TAX SHELTERED ANNUITY	
b	Name of plan sponsor	AGESPAN, INC.	c EIN-PN 04-2545136-001
a	Plan name	THE RETIREMENT PLAN OF AGILYSYS, IN	
b	Name of plan sponsor	AGILYSYS, INC.	c EIN-PN 34-0907152-001
a	Plan name	NEWTON MEMORIAL HOSPITAL TAX DEFERR	
b	Name of plan sponsor	AHS HOSPITAL CORP.	c EIN-PN 52-1958352-001
a	Plan name	NEWTON MEMORIAL HOSPITAL DEFINED CO	
b	Name of plan sponsor	AHS HOSPITAL CORP.	c EIN-PN 52-1958352-002
a	Plan name	THE PRIME CARE, INC. TAX DEFERRED A	
b	Name of plan sponsor	AHS HOSPITAL CORP.	c EIN-PN 22-2759566-001
a	Plan name	AIO GROUP 401(K) RETIREMENT SAVINGS	
b	Name of plan sponsor	AIO GROUP, LLC	c EIN-PN 86-1097857-001
a	Plan name	AIO GROUP/PBC 401(K) RETIREMENT SAV	
b	Name of plan sponsor	AIO GROUP, LLC	c EIN-PN 86-1097857-002
a	Plan name	AIR FILTER PLUS 401(K) PROFIT SHARI	
b	Name of plan sponsor	AIR FILTER PLUS INC.	c EIN-PN 48-1107191-001
a	Plan name	AK-CHIN INDIAN COMMUNITY 401(K) RET	
b	Name of plan sponsor	AK-CHIN INDIAN COMMUNITY	c EIN-PN 86-0148433-001
a	Plan name	AL LARSON BOAT SHOP 401K PLAN	
b	Name of plan sponsor	AL LARSON BOAT SHOP	c EIN-PN 95-0923340-004
a	Plan name	AL LARSON BOAT SHOP, INC. 401(K) PL	
b	Name of plan sponsor	AL LARSON BOAT SHOP	c EIN-PN 95-0923340-005
a	Plan name	ALGER MANUFACTURING, LLC 401K PROFI	
b	Name of plan sponsor	ALGER MANUFACTURING, LLC	c EIN-PN 26-0177606-001

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 ALLIEDBARTON 401(K) PLAN	
b	Name of plan sponsor ALLIEDBARTON SECURITY SERVICES	c EIN-PN 56-2436460-001
a	Plan name ALZHEIMER'S DISEASE & RELATED DISOR	
b	Name of plan sponsor ALZHEIMERS DISEASE & RELATED DIS.	c EIN-PN 34-1311175-001
a	Plan name AMERICAN CONSOLIDATED MEDIA, LLC. 4	
b	Name of plan sponsor AMERICAN CONSOLIDATED MEDIA	c EIN-PN 20-8367224-001
a	Plan name RETIREMENT PLAN FOR AMERICAN ENTERP	
b	Name of plan sponsor AMERICAN ENTERPRISE INSTITUTE	c EIN-PN 53-0218495-001
a	Plan name AMERICAN MARKETING ASSOCIATION RETI	
b	Name of plan sponsor AMERICAN MARKETING ASSOCIATION	c EIN-PN 36-2130315-001
a	Plan name ARA 401(K) SAVINGS PLAN	
b	Name of plan sponsor AMERICAN RADIO ASSOCIATION	c EIN-PN 86-8751931-001
a	Plan name ARA INDIVIDUAL RETIREMENT ACCOUNT P	
b	Name of plan sponsor AMERICAN RADIO ASSOCIATION	c EIN-PN 86-8751931-002
a	Plan name AMERICAN THORACIC SOCIETY, INC. 403	
b	Name of plan sponsor AMERICAN THORACIC SOCIETY	c EIN-PN 06-1548706-001
a	Plan name ANDERSON PREPARATORY 403(B) PLAN	
b	Name of plan sponsor ANDERSON PREPARATORY	c EIN-PN 20-2693656-001
a	Plan name ANESTHESIOLOGISTS OF GREATER ORLAND	
b	Name of plan sponsor ANESTHESIOLOGISTS OF GREATER O	c EIN-PN 01-0576894-001
a	Plan name ANNUITY FUND OF LOCAL NO. ONE, I.A.	
b	Name of plan sponsor ANNUITY FUND OF LOCAL ONE IATSE	c EIN-PN 13-3022965-002
a	Plan name THEATRICAL PROTECTIVE UNION 401(K)	
b	Name of plan sponsor ANNUITY FUND OF LOCAL ONE IATSE	c EIN-PN 13-3022965-002

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	THEATRICAL PROTECTIVE UNION 401(K)	
b	Name of plan sponsor	ANNUITY FUND OF LOCAL ONE IATSE	c EIN-PN 13-1374710-001
a	Plan name	ANTIOCH COLLEGE 401(K) PLAN	
b	Name of plan sponsor	ANTIOCH COLLEGE CORPORATION	c EIN-PN 26-1672457-001
a	Plan name	PEOPLE PLUS MULTIPLE EMPLOYER 401(K)	
b	Name of plan sponsor	APEX ADMINISTRATIVE SERVICES, LLC	c EIN-PN 16-1734232-333
a	Plan name	APPLEWOOD CENTERS, INC. TAX DEFERRE	
b	Name of plan sponsor	APPLEWOOD CENTERS, INC.	c EIN-PN 34-0714571-001
a	Plan name	AMERICAN PRODUCTIVITY AND QUALITY C	
b	Name of plan sponsor	APQC	c EIN-PN 74-2094629-001
a	Plan name	ARARAT HOME OF LOS ANGELES, INC. RE	
b	Name of plan sponsor	ARARAT HOME OF LOS ANGELES	c EIN-PN 95-1809572-001
a	Plan name	ARC INTERNATIONAL RETIREMENT SAVING	
b	Name of plan sponsor	ARC INTERNATIONAL IP, INC.	c EIN-PN 72-1341104-001
a	Plan name	DEFINED CONTRIBUTION 403(B) RETIREM	
b	Name of plan sponsor	ARCHDIOCESE OF CHICAGO	c EIN-PN 36-2170826-001
a	Plan name	DEFINED CONTRIBUTION 403(B) RETIREM	
b	Name of plan sponsor	ARCHDIOCESE OF CHICAGO	c EIN-PN 36-2170826-002
a	Plan name	ARCHITECTURAL IRON WORKERS LOCAL NO	
b	Name of plan sponsor	ARCHITECTURAL IRON WORKERS 63	c EIN-PN 36-3519910-001
a	Plan name	ARTISAN PLASTIC SURGERY, LLC 401(K)	
b	Name of plan sponsor	ARTISAN PLASTIC SURGERY, LLC	c EIN-PN 58-2536637-001
a	Plan name	ARVIN SANGO, INC. & SUBSIDIARIES SA	
b	Name of plan sponsor	ARVIN SANGO, INC. AND SUBSIDIARIES	c EIN-PN 35-1705627-002

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 ASSOCIATED PENSION CONSULTANTS 401(
b	Name of plan sponsor ASSOCIATED PENSION CONSULTANTS, INC	c EIN-PN 94-2456320-004
a	Plan name ASTRO SHAPES LLC 401(K) PROFIT SHAR	
b	Name of plan sponsor ASTRO SHAPES LLC	c EIN-PN 34-1082339-001
a	Plan name ASTRO SHAPES LLC UNION EMPLOYEES 40	
b	Name of plan sponsor ASTRO SHAPES LLC	c EIN-PN 34-1082339-002
a	Plan name ATLANTA UNION MISSION 403(B) RETIRE	
b	Name of plan sponsor ATLANTA UNION MISSION	c EIN-PN 58-0572430-003
a	Plan name AUSTEN RIGGS 403(B) RETIREMENT PLAN	
b	Name of plan sponsor AUSTEN RIGGS CENTER, INC.	c EIN-PN 04-2103543-002
a	Plan name AUSTIN CONSULTING GROUP, INC. PSP 4	
b	Name of plan sponsor AUSTIN CONSULTING GROUP, INC.	c EIN-PN 74-2270949-001
a	Plan name AVID BIOSERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor AVID BIOSERVICES, INC.	c EIN-PN 95-3698422-001
a	Plan name AVONDALE MEADOWS ACADEMY 403(B) PLA	
b	Name of plan sponsor AVONDALE MEADOWS ACADEMY	c EIN-PN 13-4289579-001
a	Plan name AXESA SERVICIOS DE INFORMACION SAVI	
b	Name of plan sponsor AXESA SERVICIOS DE INFORMACION	c EIN-PN 66-0568619-001
a	Plan name B & B SURPLUS, INC. 401(K) PROFIT S	
b	Name of plan sponsor B & B SURPLUS, INC.	c EIN-PN 77-0043297-002
a	Plan name BABY & CHILD ASSOCIATES, L.L.C. 401	
b	Name of plan sponsor BABY & CHILD ASSOCIATES L.L.C.	c EIN-PN 43-1740372-001
a	Plan name BACHARACH, INC. PLAN	
b	Name of plan sponsor BACHARACH, INC.	c EIN-PN 26-0792273-001

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	BACHARACH HOURLY 401(K) SAVINGS PLA	
b	Name of plan sponsor	BACHARACH, INC.	c EIN-PN 26-0792273-001
a	Plan name	BAIM INSTITUTE FOR CLINICAL RESEARC	
b	Name of plan sponsor	BAIM INST. FOR CLINICAL RESEAR	c EIN-PN 04-3521077-001
a	Plan name	BAL SEAL ENGINEERING, INC. SAVINGS	
b	Name of plan sponsor	BAL SEAL ENGINEERING, INC.	c EIN-PN 95-2454094-001
a	Plan name	BALDUCCI'S HOLDINGS, LLC 401(K) PLA	
b	Name of plan sponsor	BALDUCCIS HOLDINGS, LLC	c EIN-PN 80-0361913-001
a	Plan name	BARRY-WEHMILLER COMPANIES' 401(K) R	
b	Name of plan sponsor	BARRY-WEHMILLER COMPANIES, INC	c EIN-PN 43-0172560-002
a	Plan name	BARRY-WEHMILLER COMPANIES' 401(K) P	
b	Name of plan sponsor	BARRY-WEHMILLER COMPANIES, INC	c EIN-PN 43-0172560-002
a	Plan name	BAYSTATE HEALTH, INC. RETIREMENT PL	
b	Name of plan sponsor	BAYSTATE HEALTH, INC.	c EIN-PN 04-2105941-003
a	Plan name	HEALTH NEW ENGLAND 401(K) RETIREMEN	
b	Name of plan sponsor	BAYSTATE HEALTH, INC.	c EIN-PN 04-2864973-001
a	Plan name	THE TRUSTEES OF NOBLE HOSPITAL, INC	
b	Name of plan sponsor	BAYSTATE HEALTH, INC.	c EIN-PN 22-2537423-002
a	Plan name	BDM FAMILY CORPORATION 401(K) PLAN	
b	Name of plan sponsor	BDM FAMILY CORPORATION	c EIN-PN 74-3071560-001
a	Plan name	ERISA 403(B) PLAN FOR EMPLOYEES OF	
b	Name of plan sponsor	BE.GROUP	c EIN-PN 95-1894293-005
a	Plan name	BENEDICTINE MILITARY SCHOOL RETIREM	
b	Name of plan sponsor	BENEDICTINE MILITARY SCHOOL	c EIN-PN 58-0566132-001

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	BETHEL HEAD START PROGRAM 403(B) PL	
b Name of plan sponsor	BETHEL HEAD START PROGRAM	c EIN-PN 22-2728368-003
a Plan name	BISMARCK CANCER CENTER MONEY PURCHA	
b Name of plan sponsor	BISMARCK CANCER CENTER	c EIN-PN 45-0454363-001
a Plan name	BISMARCK CANCER CENTER 403(B) RETIR	
b Name of plan sponsor	BISMARCK CANCER CENTER	c EIN-PN 45-0454363-002
a Plan name	BJ'S RESTAURANTS, INC. 401(K) PLAN	
b Name of plan sponsor	BJS RESTAURANTS, INC.	c EIN-PN 33-0485615-001
a Plan name	BLAKESLEE PRESTRESS, INC. 401K SAVI	
b Name of plan sponsor	BLAKESLEE PRESTRESS, INC.	c EIN-PN 06-0952081-001
a Plan name	BLUE HILLS COUNTRY CLUB PROFIT SHAR	
b Name of plan sponsor	BLUE HILLS COUNTRY CLUB	c EIN-PN 44-0174397-001
a Plan name	LABOR UNIONS 401(K) PLAN	
b Name of plan sponsor	BOARD OF TRUSTEES LABOR UNIONS	c EIN-PN 33-6194629-001
a Plan name	THE BOLTON PARTNERS, INC. 401(K) PR	
b Name of plan sponsor	BOLTON PARTNERS, INC.	c EIN-PN 52-1231144-002
a Plan name	BORLAND SOFTWARE CORPORATION 401(K)	
b Name of plan sponsor	BORLAND SOFTWARE CORPORATION	c EIN-PN 94-2895440-001
a Plan name	BOSTON IVF, INC. 401(K) PLAN	
b Name of plan sponsor	BOSTON IVF, INC.	c EIN-PN 04-2921956-001
a Plan name	LOCAL 138, 138A, 138B & 138C, INTER	
b Name of plan sponsor	BOT OF IUOE LOCAL 138	c EIN-PN 11-2653717-002
a Plan name	LOCAL 138, 138A, 138B & 138C, INTER	
b Name of plan sponsor	BOT OF IUOE LOCAL 138	c EIN-PN 11-2653717-002

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	OHIO VALLEY PLUMBERS AND PIPEFITTER	
b	Name of plan sponsor	BOT OHIO VALLEY PLUMBERS AND PI	c EIN-PN 55-0594220-002
a	Plan name	UA LOCAL UNION NO. 614 PENSION FUND	
b	Name of plan sponsor	BOT UA LOCAL 614 PENSION FUND	c EIN-PN 62-6085904-001
a	Plan name	BOWTIE, INC. 401(K) PLAN	
b	Name of plan sponsor	BOWTIE, INC.	c EIN-PN 95-2959051-001
a	Plan name	BRANCATO ENTERPRISES, INC. 401(K) P	
b	Name of plan sponsor	BRANCATO ENTERPRISES, INC.	c EIN-PN 43-1376919-001
a	Plan name	BRAZOS ANESTHESIOLOGY ASSOCIATES, P	
b	Name of plan sponsor	BRAZOS ANESTHESIOLOGY ASSOC.	c EIN-PN 74-2344612-001
a	Plan name	BRICKLAYERS AND ALLIED CRAFTWORKERS	
b	Name of plan sponsor	BRICKLAYERS & ALLIED CRAFTWORK	c EIN-PN 16-1184581-002
a	Plan name	RETIREMENT PLAN OF BRIDGES HEALTHCA	
b	Name of plan sponsor	BRIDGES HEALTHCARE, INC.	c EIN-PN 06-0867978-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF BRIDGES .	
b	Name of plan sponsor	BRIDGES HEALTHCARE, INC.	c EIN-PN 06-0867978-002
a	Plan name	RETIREMENT PLAN OF BRIDGES HEALTHCA	
b	Name of plan sponsor	BRIDGES HEALTHCARE, INC.	c EIN-PN 06-0867978-002
a	Plan name	EMPLOYEE BENEFIT PLAN OF BRIDGEWAY	
b	Name of plan sponsor	BRIDGEWAY REHABILITATION SERVICES	c EIN-PN 22-2257891-001
a	Plan name	BRONCO WINE COMPANY 401(K) PROFIT S	
b	Name of plan sponsor	BRONCO WINE COMPANY	c EIN-PN 94-2231905-002
a	Plan name	BRONCO WINE COMPANY WINERY WORKERS	
b	Name of plan sponsor	BRONCO WINE COMPANY	c EIN-PN 94-2231905-003

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	BUDDHIST CHURCHES OF AMERICA 403(B)	
b Name of plan sponsor	BUDDHIST CHURCHES OF AMERICA	c EIN-PN 94-1498382-002
a Plan name	BULKLEY, RICHARDSON AND GELINAS, LL	
b Name of plan sponsor	BULKLEY RICHARDSON AND GELINAS	c EIN-PN 04-2227402-002
a Plan name	BULKLEY, RICHARDSON AND GELINAS, LL	
b Name of plan sponsor	BULKLEY RICHARDSON AND GELINAS	c EIN-PN 04-2227402-003
a Plan name	BUTLER SUPPLY RETIREMENT SAVINGS PL	
b Name of plan sponsor	BUTLER SUPPLY, INC.	c EIN-PN 43-0202827-001
a Plan name	PEPPER INCORPORATED RETIREMENT SAVI	
b Name of plan sponsor	BUTLER SUPPLY, INC.	c EIN-PN 43-1714430-001
a Plan name	BWE, INC. 401(K) PROFIT SHARING PLA	
b Name of plan sponsor	BWE, INC.	c EIN-PN 95-2762943-001
a Plan name	C.H. NICKERSON & CO. INC. MONEY PUR	
b Name of plan sponsor	C.H. NICKERSON & CO. INC.	c EIN-PN 06-0688825-002
a Plan name	CALIFORNIA SUPPLY, INC. 401(K) PROF	
b Name of plan sponsor	CALIFORNIA SUPPLY, INC.	c EIN-PN 95-3050058-001
a Plan name	CALVARY CHURCH 403(B)	
b Name of plan sponsor	CALVARY CHURCH	c EIN-PN 23-1652421-001
a Plan name	CANCER RESEARCH AND BIostatISTICS 4	
b Name of plan sponsor	CANCER RESEARCH AND BIostatISTICS	c EIN-PN 91-1828539-001
a Plan name	CANCER RESEARCH AND BIostatISTICS 4	
b Name of plan sponsor	CANCER RESEARCH AND BIostatISTICS	c EIN-PN 91-1828539-002
a Plan name	CAPITAL DISTRICT RENAL PHYSICIANS,	
b Name of plan sponsor	CAPITAL DISTRICT RENAL PHYSICI	c EIN-PN 14-1601203-001

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 CARE DIMENSIONS, INC. RETIREMENT PL	
b	Name of plan sponsor CARE DIMENSIONS, INC.	c EIN-PN 22-2873792-001
a	Plan name CARE DIMENSIONS, INC. 403(B) PLAN	
b	Name of plan sponsor CARE DIMENSIONS, INC.	c EIN-PN 22-2873792-003
a	Plan name CAREMOUNT HEALTH SOLUTIONS INCENTIV	
b	Name of plan sponsor CAREMOUNT HEALTH SOLUTIONS LLC	c EIN-PN 13-3544120-001
a	Plan name CAREMOUNT MEDICAL PRE-FUNDED PROFIT	
b	Name of plan sponsor CAREMOUNT HEALTH SOLUTIONS LLC	c EIN-PN 13-3544120-002
a	Plan name MOUNT KISCO SURGERY CENTER, L.L.C.	
b	Name of plan sponsor CAREMOUNT HEALTH SOLUTIONS LLC	c EIN-PN 13-4158313-001
a	Plan name MOUNT KISCO SURGERY CENTER, LLC PRE	
b	Name of plan sponsor CAREMOUNT HEALTH SOLUTIONS LLC	c EIN-PN 13-4158313-001
a	Plan name CAREY MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor CAREY MANUFACTURING COMPANY, INC.	c EIN-PN 06-1072343-001
a	Plan name CARONDELET HIGH SCHOOL RETIREMENT S	
b	Name of plan sponsor CARONDELET HIGH SCHOOL	c EIN-PN 94-1605790-001
a	Plan name CASHCO, INC. EMPLOYEES' SAVINGS PLA	
b	Name of plan sponsor CASHCO, INC.	c EIN-PN 48-0996396-001
a	Plan name CBIZ, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CBIZ, INC.	c EIN-PN 22-2769024-003
a	Plan name DIVERSIFIED CONSTRUCTION SERVICES R	
b	Name of plan sponsor CCB, INC.	c EIN-PN 01-0483541-007
a	Plan name CDM FITNESS HOLDINGS, LLC 401(K) PL	
b	Name of plan sponsor CDM FITNESS HOLDINGS, LLC	c EIN-PN 84-1828101-001

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	CE WATER MANAGEMENT, INC. SAFE HARB	
b	Name of plan sponsor	CE WATER MANAGEMENT, INC.	c EIN-PN 26-3683673-001
a	Plan name	CENTRALIZED SUPPLY CHAIN SERVICES,	
b	Name of plan sponsor	CENTRALIZED SUPPLY CHAIN SERVICES	c EIN-PN 26-3789556-001
a	Plan name	CENTRE CARE, INC. SAVINGS & RETIREM	
b	Name of plan sponsor	CENTRE CARE, INC.	c EIN-PN 46-3243949-001
a	Plan name	CHATHAM HOSPITAL RETIREMENT SAVINGS	
b	Name of plan sponsor	CHATHAM HOSPITAL	c EIN-PN 56-0611546-002
a	Plan name	CHESAPEAKE HEALTH SERVICES 403(B) R	
b	Name of plan sponsor	CHESAPEAKE HEALTH SERVICES	c EIN-PN 54-1513371-001
a	Plan name	CHILD & FAMILY AGENCY OF SOUTHEASTE	
b	Name of plan sponsor	CHILD & FAMILY AGENCY OF SE CT, INC	c EIN-PN 23-7212022-002
a	Plan name	CHILDREN'S HOME OF NORTHERN KENTUCK	
b	Name of plan sponsor	CHILDRENS HOME OF NORTHERN KY	c EIN-PN 23-7068704-003
a	Plan name	CHINA AIRLINES, LTD 401(K) THRIFT P	
b	Name of plan sponsor	CHINA AIRLINES, LTD	c EIN-PN 94-2389159-001
a	Plan name	GLOBAL RETIREMENT SOLUTIONS 401(K)	
b	Name of plan sponsor	CHIPTON-ROSS, INC.	c EIN-PN 39-1341435-001
a	Plan name	CHONG PARTNERS ARCHITECTURE, INC. 4	
b	Name of plan sponsor	CHONG PARTNERS ARCHITECTURE, INC.	c EIN-PN 94-2595924-001
a	Plan name	SHELL POINT THRIFT PLAN	
b	Name of plan sponsor	CHRISTIAN & MISSIONARY ALLIANC	c EIN-PN 59-1166437-003
a	Plan name	CHRISTIAN CHURCH HOMES 403(B) PLAN	
b	Name of plan sponsor	CHRISTIAN CHURCH HOMES	c EIN-PN 94-6077407-003

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	CHRISTIANA MEDICAL GROUP, P.A. 401(
b	Name of plan sponsor	CHRISTIANA MEDICAL GROUP, PA	c EIN-PN 51-0373941-001
a	Plan name	GOOD DAYS 403(B) RETIREMENT PLAN	
b	Name of plan sponsor	CHRONIC DISEASE FUND, INC.	c EIN-PN 61-1462062-001
a	Plan name	CITY OF ARCADIA DEFERRED COMPENSATI	
b	Name of plan sponsor	CITY OF ARCADIA	c EIN-PN 95-6000667-001
a	Plan name	CITY OF ARCADIA OBRA PLAN	
b	Name of plan sponsor	CITY OF ARCADIA	c EIN-PN 95-6000667-001
a	Plan name	CITY OF BURLINGAME DEFERRED COMPENS	
b	Name of plan sponsor	CITY OF BURLINGAME	c EIN-PN 94-6000304-001
a	Plan name	CITY OF COMMERCE 457(B) DEFERRED CO	
b	Name of plan sponsor	CITY OF COMMERCE	c EIN-PN 95-6006477-001
a	Plan name	CITY OF COMMERCE MPP	
b	Name of plan sponsor	CITY OF COMMERCE	c EIN-PN 95-6006477-002
a	Plan name	CITY OF POMONA DEFERRED COMPENSATIO	
b	Name of plan sponsor	CITY OF POMONA	c EIN-PN 95-6000784-001
a	Plan name	CITY OF POMONA OBRA DEFERRED COMPEN	
b	Name of plan sponsor	CITY OF POMONA	c EIN-PN 95-6000784-001
a	Plan name	CMHA 403(B) PLAN	
b	Name of plan sponsor	CMHA	c EIN-PN 06-0934544-001
a	Plan name	COLONIAL MANAGEMENT GROUP, LP 401(K)	
b	Name of plan sponsor	COLONIAL MANAGEMENT GROUP, LP	c EIN-PN 06-1493144-001
a	Plan name	COMBINED LAW ENFORCEMENT ASSOC. PLA	
b	Name of plan sponsor	COMBINED LAW ENFORCEMENT ASSOC	c EIN-PN 74-1874446-001

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	COMMERCIAL BANK EMPLOYEE PROFIT SHA	
b	Name of plan sponsor	COMMERCIAL BANK	c EIN-PN 48-0365170-001
a	Plan name	COMMUNITY ACTION MARIN 403(B) PLAN	
b	Name of plan sponsor	COMMUNITY ACTION MARIN	c EIN-PN 94-6136365-001
a	Plan name	COMMUNITY CHARTER NETWORK 403(B) PL	
b	Name of plan sponsor	COMMUNITY CHARTER NETWORK	c EIN-PN 38-3644164-001
a	Plan name	COMMUNITY HEALTH CENTERS OF THE RUT	
b	Name of plan sponsor	COMMUNITY HEALTH CENTERS	c EIN-PN 22-1179701-001
a	Plan name	COMNET COMMUNICATIONS, LLC EMPLOYEE	
b	Name of plan sponsor	COMNET COMMUNICATIONS, LLC	c EIN-PN 57-1140801-001
a	Plan name	CONNECTICUT COMMUNITY CARE, INC. 40	
b	Name of plan sponsor	CONNECTICUT COMMUNITY CARE, INC	c EIN-PN 06-1024632-002
a	Plan name	CONNECTICUT COMMUNITY CARE, INC. PR	
b	Name of plan sponsor	CONNECTICUT COMMUNITY CARE, INC	c EIN-PN 06-1024632-001
a	Plan name	CONSERVATION INTERNATIONAL 403(B) S	
b	Name of plan sponsor	CONSERVATION INTERNATIONAL	c EIN-PN 52-1497470-001
a	Plan name	COONEY & CONWAY 401(K) PROFIT SHARI	
b	Name of plan sponsor	COONEY & CONWAY	c EIN-PN 36-2387680-002
a	Plan name	CCSI 403(B) RETIREMENT PLAN	
b	Name of plan sponsor	COORDINATED CARE SERVICES, INC	c EIN-PN 22-2573042-001
a	Plan name	CSAC 403(B) RETIREMENT PLAN	
b	Name of plan sponsor	COUNSELING SERVICE OF ADDISON	c EIN-PN 03-0212396-001
a	Plan name	THE COUNTY OF KINGS DEFERRED COMPEN	
b	Name of plan sponsor	COUNTY OF KINGS	c EIN-PN 94-6000814-001

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	KINGS COUNTY ASSOCIATION OF GOVERNMENT	
b	Name of plan sponsor	COUNTY OF KINGS	c EIN-PN 74-3181277-001
a	Plan name	KINGS COUNTY AREA PUBLIC TRANSIT AG	
b	Name of plan sponsor	COUNTY OF KINGS	c EIN-PN 87-0731901-001
a	Plan name	SAN MATEO COUNTY DEFERRED COMPENSAT	
b	Name of plan sponsor	COUNTY OF SAN MATEO	c EIN-PN 94-6000532-001
a	Plan name	SAN MATEO COUNTY 457 PART TIME, SEA	
b	Name of plan sponsor	COUNTY OF SAN MATEO	c EIN-PN 94-6000532-001
a	Plan name	COUNTY OF SAN MATEO 401(A) RETIREME	
b	Name of plan sponsor	COUNTY OF SAN MATEO	c EIN-PN 94-6000532-010
a	Plan name	COUNTY OF SAN MATEO PART TIME, SEAS	
b	Name of plan sponsor	COUNTY OF SAN MATEO	c EIN-PN 94-6000532-001
a	Plan name	COYOTE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	COYOTE LOGISTICS, LLC	c EIN-PN 20-4688357-001
a	Plan name	CREATIVE DINING SERVICES, INC. RETI	
b	Name of plan sponsor	CREATIVE DINING SERVICES, INC.	c EIN-PN 38-2915451-001
a	Plan name	CREST FOODS CO., INC. 401(K) AND PR	
b	Name of plan sponsor	CREST FOODS CO., INC.	c EIN-PN 36-2362102-001
a	Plan name	CROTCHED MOUNTAIN FOUNDATION 401(A)	
b	Name of plan sponsor	CROTCHED MOUNTAIN FOUNDATION	c EIN-PN 02-0222168-002
a	Plan name	CROTCHED MOUNTAIN FOUNDATION 403(B)	
b	Name of plan sponsor	CROTCHED MOUNTAIN FOUNDATION	c EIN-PN 02-0222168-003
a	Plan name	CRST EXPEDITED INC D/B/A CRST THE T	
b	Name of plan sponsor	CRST EXPEDITED INC	c EIN-PN 42-0750182-008

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	CSU CHICO RESEARCH FOUNDATION 403(B)	
b	Name of plan sponsor	CSU CHICO RESEARCH FOUNDATION	c EIN-PN 68-0386518-002
a	Plan name	CURO HEALTH SERVICES RETIREMENT SAV	
b	Name of plan sponsor	CURO HEALTH SERVICES, LLC	c EIN-PN 32-0307955-001
a	Plan name	CUTCHINS PROGRAM FOR CHILDREN AND F	
b	Name of plan sponsor	CUTCHINS PROGRAM FOR CHILDREN	c EIN-PN 04-2604427-001
a	Plan name	CUTCHINS PROGRAM FOR CHILDREN AND F	
b	Name of plan sponsor	CUTCHINS PROGRAM FOR CHILDREN	c EIN-PN 04-2604427-001
a	Plan name	CUTLER ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	CUTLER ASSOCIATES, INC.	c EIN-PN 04-2521134-005
a	Plan name	D & B SUPPLY CO. 401(K) PROFIT-SHAR	
b	Name of plan sponsor	D & B SUPPLY CO.	c EIN-PN 84-1612738-002
a	Plan name	D4C DENTAL BRANDS, INC. 401(K) PLAN	
b	Name of plan sponsor	D4C DENTAL BRANDS, INC.	c EIN-PN 27-3864352-002
a	Plan name	DAKO 401(K) PLAN	
b	Name of plan sponsor	DAKO NORTH AMERICA, INC.	c EIN-PN 95-3377552-001
a	Plan name	DAVID RAINES COMMUNITY HEALTH CENTE	
b	Name of plan sponsor	DAVID RAINES COMM. HEALTH CENTER	c EIN-PN 58-2000630-001
a	Plan name	DAYBROOK FISHERIES, INC. 401(K) PLA	
b	Name of plan sponsor	DAYBROOK FISHERIES, INC.	c EIN-PN 72-0695828-001
a	Plan name	DEALERS SUPPLY & LUMBER COMPANY, LL	
b	Name of plan sponsor	DEALERS SUPPLY & LUMBER CO.	c EIN-PN 27-4283020-001
a	Plan name	DECKER CONSTRUCTION, INC. PROFIT SH	
b	Name of plan sponsor	DECKER CONSTRUCTION, INC.	c EIN-PN 48-0796856-001

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	DELICATO VINEYARDS EMPLOYEE RETIREM	
b	Name of plan sponsor	DELICATO VINEYARDS, LLC	c EIN-PN 94-2212174-001
a	Plan name	DELTA PRINTING SOLUTIONS 401(K) PLA	
b	Name of plan sponsor	DELTA PRINTING SOLUTIONS	c EIN-PN 42-1603614-001
a	Plan name	DEVAULT PACKING COMPANY, INC. 401(K)	
b	Name of plan sponsor	DEVAULT PACKING COMPANY, INC.	c EIN-PN 23-1714058-001
a	Plan name	DIABLO VALLEY ONCOLOGY & HEMATOLOGY	
b	Name of plan sponsor	DIABLO VALLEY MEDICAL GROUP	c EIN-PN 68-0462651-001
a	Plan name	UNIVERSITY OF MARYLAND CAPITAL REGI	
b	Name of plan sponsor	DIMENSIONS HEALTH CORPORATION	c EIN-PN 52-1362793-008
a	Plan name	DIOCESAN SERVICE CORPORATION 403(B)	
b	Name of plan sponsor	DIOCESAN SERVICE CORPORATION	c EIN-PN 05-0493814-011
a	Plan name	DIOCESAN SERVICE CORPORATION 403(B)	
b	Name of plan sponsor	DIOCESAN SERVICE CORPORATION	c EIN-PN 05-0493814-010
a	Plan name	ROMAN CATHOLIC BISHOP OF WORCESTER	
b	Name of plan sponsor	DIOCESE OF WORCESTER	c EIN-PN 04-2106686-001
a	Plan name	THE ROMAN CATHOLIC BISHOP OF WORCES	
b	Name of plan sponsor	DIOCESE OF WORCESTER	c EIN-PN 04-2106686-001
a	Plan name	DISTRICT HEALTH DEPARTMENT #10 SOCI	
b	Name of plan sponsor	DISTRICT HEALTH DEPARTMENT 10	c EIN-PN 38-3372828-001
a	Plan name	DOMUS KIDS, INC. 403(B) DC PLAN	
b	Name of plan sponsor	DOMUS KIDS, INC.	c EIN-PN 06-0891998-001
a	Plan name	DOREL U.S.A. SALARIED 401(K) RETIRE	
b	Name of plan sponsor	DOREL U.S.A., INC.	c EIN-PN 35-1851471-011

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	DOREL U.S.A. ASSOCIATES 401(K) RETI	
b	Name of plan sponsor	DOREL U.S.A., INC.	c EIN-PN 35-1851471-013
a	Plan name	THE DOREL JUVENILE GROUP, INC. THRI	
b	Name of plan sponsor	DOREL U.S.A., INC.	c EIN-PN 04-2836423-012
a	Plan name	CYCLING SPORTS GROUP, INC. AND PACI	
b	Name of plan sponsor	DOREL U.S.A., INC.	c EIN-PN 13-4245974-001
a	Plan name	CYCLING SPORTS GROUP, INC. AND PACI	
b	Name of plan sponsor	DOREL U.S.A., INC.	c EIN-PN 13-4245974-001
a	Plan name	DOUGLAS ELECTRIC COOPERATIVE, INC.	
b	Name of plan sponsor	DOUGLAS ELECTRIC COOPERATIVE	c EIN-PN 93-0308755-004
a	Plan name	DOUGLAS SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	DOUGLAS ELECTRIC COOPERATIVE	c EIN-PN 93-0978241-001
a	Plan name	DOWNEY BRAND LLP EMPLOYEE RETIREMEN	
b	Name of plan sponsor	DOWNEY BRAND LLP	c EIN-PN 94-0438033-001
a	Plan name	DRING AIR CONDITIONING & HEATING, I	
b	Name of plan sponsor	DRING AIR CONDITIONING & HEAT	c EIN-PN 75-0926830-001
a	Plan name	DYNAVOX RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DYNAVOX SYSTEMS LLC	c EIN-PN 52-2280045-001
a	Plan name	EAGLE CORPORATION EMPLOYEES FLEXIBL	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-1120301-001
a	Plan name	VALLEY BLOX, INC. EMPLOYEES FLEXIBL	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-1120301-002
a	Plan name	TRANSIT MIXED COMPANY, INC. EMPLOYE	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-1120301-003

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	ALLIED CONCRETE COMPANY EMPLOYEES F	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-1120301-005
a	Plan name	ALLIED READY MIX COMPANY AND CLEAR	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-1120301-007
a	Plan name	H.T. FERRON COMPANY EMPLOYEES FLEXI	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-1120301-001
a	Plan name	TIGER FUEL COMPANY EMPLOYEES FLEXIB	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-1120301-001
a	Plan name	SEVEN STAR CORPORATION EMPLOYEES FL	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-1120301-010
a	Plan name	ALLIED CONCRETE-SUFFOLK BLOCK EMPLO	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-1120301-001
a	Plan name	AGGLITE OF VIRGINIA, INC. EMPLOYEES	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-1120301-001
a	Plan name	MORROWDALE EMPLOYEES FLEXIBLE COMPE	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-1369646-001
a	Plan name	C.R. BUTLER OF VIRGINIA, INC. EMPLO	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-0621598-001
a	Plan name	SOUTHERN CONCRETE PRODUCTS, LLC 401	
b	Name of plan sponsor	EAGLE CORPORATION	c EIN-PN 54-2014152-001
a	Plan name	EAGLEVILLE HOSPITAL SAVINGS AND RET	
b	Name of plan sponsor	EAGLEVILLE HOSPITAL	c EIN-PN 23-1352115-001
a	Plan name	EAST BAY COMMUNITY ACTION PROGRAM,	
b	Name of plan sponsor	EAST BAY COMMUNITY ACTION PROGRAM	c EIN-PN 05-0310024-001

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 EAST BOSTON SOCIAL CENTERS, INC. 40	
b	Name of plan sponsor EAST BOSTON SOCIAL CENTERS	c EIN-PN 04-2104257-002
a	Plan name EAST BOSTON SOCIAL CENTERS, INC. PE	
b	Name of plan sponsor EAST BOSTON SOCIAL CENTERS	c EIN-PN 04-2104257-003
a	Plan name EAST CAMBRIDGE SAVINGS BANK 401(K)	
b	Name of plan sponsor EAST CAMBRIDGE SAVINGS BANK	c EIN-PN 04-1269550-002
a	Plan name EASTERN SHORE RURAL HEALTH SYSTEM,	
b	Name of plan sponsor EASTERN SHORE RURAL HEALTH SYSTEM	c EIN-PN 51-0196935-001
a	Plan name EDLUND COMPANY LLC PROFIT SHARING &	
b	Name of plan sponsor EDLUND COMPANY, LLC	c EIN-PN 27-3448554-002
a	Plan name EDWARD A. FISH ASSOCIATES, LLC 401(
b	Name of plan sponsor EDWARD A. FISH ASSOCIATES, LLC	c EIN-PN 04-3561882-001
a	Plan name ELIOT COMMUNITY HUMAN SERVICES, INC	
b	Name of plan sponsor ELIOT COMMUNITY HUMAN SERVICES	c EIN-PN 04-2316924-002
a	Plan name ELIOT COMMUNITY HUMAN SERVICES, INC	
b	Name of plan sponsor ELIOT COMMUNITY HUMAN SERVICES	c EIN-PN 04-2316924-003
a	Plan name EMBARCADERO TECHNOLOGIES, INC. 401(
b	Name of plan sponsor EMBARCADERO TECHNOLOGIES, INC.	c EIN-PN 68-0310015-001
a	Plan name ENTRANS 401(K) PLAN	
b	Name of plan sponsor ENTRANS INTERNATIONAL, LLC	c EIN-PN 47-2629264-001
a	Plan name POLAR TANK TRAILER UNION 401(K) PLA	
b	Name of plan sponsor ENTRANS INTERNATIONAL, LLC	c EIN-PN 01-0551849-004
a	Plan name EQUINOX, INC. 403(B) PLAN	
b	Name of plan sponsor EQUINOX, INC.	c EIN-PN 14-1437421-002

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	ESSEX VALLEY SCHOOL 403(B)	
b Name of plan sponsor	ESSEX VALLEY SCHOOL	c EIN-PN 22-2040136-002
a Plan name	EWTN 403(B) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ETERNAL WORD TELEVISION NETWORK	c EIN-PN 63-0801391-001
a Plan name	ASPIRA PA SCHOOLS 403(B) PLAN	
b Name of plan sponsor	EUGENIO MARIA DE HOSTOS SCHOOL	c EIN-PN 23-1712664-002
a Plan name	ASPIRA, INC. OF PENNSYLVANIA 401(K)	
b Name of plan sponsor	EUGENIO MARIA DE HOSTOS SCHOOL	c EIN-PN 23-1712644-002
a Plan name	ETHS 403(B) PLAN	
b Name of plan sponsor	EVANSTON TOWNSHIP HIGH SCHOOL	c EIN-PN 36-6004393-001
a Plan name	ETHS 457 PLAN	
b Name of plan sponsor	EVANSTON TOWNSHIP HIGH SCHOOL	c EIN-PN 36-6004393-001
a Plan name	EVANSVILLE ASSOCIATION FOR THE BLIN	
b Name of plan sponsor	EVANSVILLE ASSOC FOR THE BLIND	c EIN-PN 35-0894975-001
a Plan name	FARM DESIGN, INC. 401(K) PLAN	
b Name of plan sponsor	FARM DESIGN, INC.	c EIN-PN 02-0365730-001
a Plan name	FAYETTE COUNTY BOARD OF COMMISSIONE	
b Name of plan sponsor	FAYETTE COUNTY BOARD OF COMM.	c EIN-PN 58-6000826-002
a Plan name	FAYETTE COUNTY, GEORGIA 457(B) DEFE	
b Name of plan sponsor	FAYETTE COUNTY BOARD OF COMM.	c EIN-PN 58-6000826-001
a Plan name	FERNBANK INC. RETIREMENT PLAN	
b Name of plan sponsor	FERNBANK MUSEUM	c EIN-PN 58-6028607-001
a Plan name	FIREEYE SECURITY HOLDINGS US LLC 40	
b Name of plan sponsor	FIREEYE SECURITY HOLDINGS	c EIN-PN 87-2056726-001

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	FIRST CENTRAL SAVINGS BANK 401(K) P	
b Name of plan sponsor	FIRST CENTRAL SAVINGS BANK	c EIN-PN 52-2140279-001
a Plan name	FIRST COUNTY BANK SAVINGS PLAN	
b Name of plan sponsor	FIRST COUNTY BANK	c EIN-PN 06-0547190-002
a Plan name	FIRST PERSONAL BANK 401(K) PLAN	
b Name of plan sponsor	FIRST PERSONAL BANK	c EIN-PN 36-4311031-001
a Plan name	THE FISH MARKET 401(K) PLAN	
b Name of plan sponsor	FISH MARKET RESTAURANTS, INC.	c EIN-PN 42-1651308-001
a Plan name	FLINT CULTURAL CENTER CORP. 403B RE	
b Name of plan sponsor	FLINT CULTURAL CENTER CORP	c EIN-PN 38-6089075-001
a Plan name	FLOYD MANUFACTURING COMPANY, INC. 4	
b Name of plan sponsor	FLOYD MANUFACTURING COMPANY, INC.	c EIN-PN 06-1222230-001
a Plan name	FLUID ROUTING SOLUTIONS 401(K) RETI	
b Name of plan sponsor	FLUID ROUTING SOLUTIONS, INC.	c EIN-PN 26-4196381-001
a Plan name	FORENSIC ANALYTICAL RETIREMENT PLAN	
b Name of plan sponsor	FORENSIC ANALYTICAL SPECIALTIES	c EIN-PN 94-3018588-005
a Plan name	FORTUNE PLASTICS, INC. 401(K) PENSI	
b Name of plan sponsor	FORTUNE PLASTICS, INC.	c EIN-PN 06-0699218-004
a Plan name	FOXDALE VILLAGE 403(B)	
b Name of plan sponsor	FOXDALE VILLAGE CORPORATION	c EIN-PN 25-1542218-001
a Plan name	FUTURES, INC. 403(B) RETIREMENT PLA	
b Name of plan sponsor	FUTURES, INC.	c EIN-PN 06-1484116-001
a Plan name	GCM MEDICAL AND OEM, INC. 401(K) PR	
b Name of plan sponsor	GCM MEDICAL AND OEM INC.	c EIN-PN 94-2881953-003

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	GCSAA EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	GCSAA	c EIN-PN 59-0874226-002
a	Plan name	GCSAA COMMUNICATIONS EMPLOYEE RETIR	
b	Name of plan sponsor	GCSAA	c EIN-PN 59-0874226-002
a	Plan name	GENERAL FILMS, INC. SALARY SAVINGS	
b	Name of plan sponsor	GENERAL FILMS, INC.	c EIN-PN 31-0522584-001
a	Plan name	GENPAK LLC HOURLY PAID PENSION PLAN	
b	Name of plan sponsor	GENPAK LLC	c EIN-PN 14-1803622-002
a	Plan name	CONTINENTAL EXTRUSION CORPORATION H	
b	Name of plan sponsor	GENPAK LLC	c EIN-PN 14-1803622-002
a	Plan name	GENPAK 401(K) PLAN	
b	Name of plan sponsor	GENPAK LLC	c EIN-PN 14-1803622-003
a	Plan name	GENPAK RETIREMENT INCOME PLAN (FOR	
b	Name of plan sponsor	GENPAK LLC	c EIN-PN 14-1803622-004
a	Plan name	CONTINENTAL SUPERBAG LLC RETIREMENT	
b	Name of plan sponsor	GENPAK LLC	c EIN-PN 14-1803622-005
a	Plan name	GIRL SCOUTS - NORTH CAROLINA COASTA	
b	Name of plan sponsor	GIRL SCOUTS - NC COASTAL PINES, INC	c EIN-PN 56-0791500-005
a	Plan name	GL NOBLE DENTON INC. 401(K) SAVINGS	
b	Name of plan sponsor	GL NOBLE DENTON, INC.	c EIN-PN 76-0660755-002
a	Plan name	AIR MEDICAL GROUP HOLDINGS 401(K) P	
b	Name of plan sponsor	GLOBAL MEDICAL RESPONSE, INC.	c EIN-PN 20-1305023-001
a	Plan name	AIR MEDICAL GROUP HOLDINGS 401(K) P	
b	Name of plan sponsor	GLOBAL MEDICAL RESPONSE, INC.	c EIN-PN 84-1627414-001

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	LIFEGUARD 401(K) PLAN	
b	Name of plan sponsor	GLOBAL MEDICAL RESPONSE, INC.	c EIN-PN 59-3523521-001
a	Plan name	GONSALVES & SANTUCCI, INC. 401(K) P	
b	Name of plan sponsor	GONSALVES & SANTUCCI, INC.	c EIN-PN 94-1527989-003
a	Plan name	GOOD SAMARITAN CENTER TAX-DEFERRED	
b	Name of plan sponsor	GOOD SAMARITAN	c EIN-PN 74-1117340-001
a	Plan name	GORDON, EDELSTEIN, KREPACK, GRANT,	
b	Name of plan sponsor	GORDON EDELSTEIN KREPACK ET AL	c EIN-PN 95-3890810-001
a	Plan name	GORMALLY BROADCASTING, LLC 401(K) P	
b	Name of plan sponsor	GORMALLY BROADCASTING, LLC	c EIN-PN 26-0640789-001
a	Plan name	GRACELAND COLLEGE CENTER FOR PROFES	
b	Name of plan sponsor	GRACELAND COLLEGE CENTER	c EIN-PN 43-1685651-002
a	Plan name	GRANT GENERAL CONTRACTORS 401(K) PR	
b	Name of plan sponsor	GRANT GENERAL CONTRACTORS	c EIN-PN 84-2578287-002
a	Plan name	GRAPHTEC AMERICA, INC. PROFIT SHARI	
b	Name of plan sponsor	GRAPHTEC AMERICA, INC.	c EIN-PN 33-0684965-001
a	Plan name	GREATER LYNN SENIOR SERVICES, INC.	
b	Name of plan sponsor	GREATER LYNN SENIOR SERVICES,	c EIN-PN 04-2581129-002
a	Plan name	GREATER SPRINGFIELD SENIOR SERVICES	
b	Name of plan sponsor	GREATER SPRINGFIELD SENIOR SER	c EIN-PN 04-2510895-002
a	Plan name	GRENCORE USA, LLC 401(K) SAVINGS P	
b	Name of plan sponsor	GRENCORE USA, LLC	c EIN-PN 20-2547655-001
a	Plan name	GREENFIELD SAVINGS BANK 401(K) PLAN	
b	Name of plan sponsor	GREENFIELD SAVINGS BANK	c EIN-PN 81-0669576-002

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 GREENSPOON MARDER 401(K) PLAN	
b	Name of plan sponsor GREENSPOON MARDER, LLP	c EIN-PN 81-2555319-001
a	Plan name GREENWICH OPHTHALMOLOGY ASSOCIATES,	
b	Name of plan sponsor GREENWICH OPHTHALMOLOGY ASSOC.	c EIN-PN 06-0885817-001
a	Plan name GRENO INDUSTRIES, INC. 401(K) PROFI	
b	Name of plan sponsor GRENO INDUSTRIES, INC.	c EIN-PN 14-1463244-002
a	Plan name GRYPHON TECHNOLOGIES L L C 401(K) P	
b	Name of plan sponsor GRYPHON TECHNOLOGIES L L C	c EIN-PN 54-1773144-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF H.	
b	Name of plan sponsor H. B. MAGRUDER MEMORIAL HOSPITAL	c EIN-PN 34-4441792-001
a	Plan name H. B. MAGRUDER MEMORIAL HOSPITAL 40	
b	Name of plan sponsor H. B. MAGRUDER MEMORIAL HOSPITAL	c EIN-PN 34-4441792-003
a	Plan name H. CARR & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor H. CARR & SONS, INC.	c EIN-PN 05-0117010-002
a	Plan name HA INTERNATIONAL, LLC RETIREMENT SA	
b	Name of plan sponsor HA INTERNATIONAL, LLC	c EIN-PN 61-1387705-001
a	Plan name THE HAGERMAN GROUP 401(K) PLAN	
b	Name of plan sponsor HAGERMAN CONSTRUCTION CORP	c EIN-PN 35-0813400-001
a	Plan name HALEY AUTOMOTIVE GROUP PROFIT SHARI	
b	Name of plan sponsor HALEY AUTOMOTIVE GROUP	c EIN-PN 54-0719909-001
a	Plan name H&R RESORTS, LLC RETIREMENT PLAN	
b	Name of plan sponsor HAMMOCK BEACH RESORT	c EIN-PN 27-0452194-001
a	Plan name HANCOCK SALON, INC. DBA DELLARIA SA	
b	Name of plan sponsor HANCOCK SALON, INC.	c EIN-PN 04-2866329-002

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	HANSCOM FEDERAL CREDIT UNION 401(K)
b	Name of plan sponsor	HANSCOM FEDERAL CREDIT UNION
c	EIN-PN	04-2175534-011
a	Plan name	HANWHA AZDEL, INC. EMPLOYEE SAVINGS
b	Name of plan sponsor	HANWHA AZDEL, INC.
c	EIN-PN	56-1529693-002
a	Plan name	HARMONIUM, INC. 403(B) PLAN
b	Name of plan sponsor	HARMONIUM, INC.
c	EIN-PN	51-0172471-001
a	Plan name	HASTINGS ENTERTAINMENT, INC. ASSOCI
b	Name of plan sponsor	HASTINGS ENTERTAINMENT, INC.
c	EIN-PN	75-1386375-001
a	Plan name	HASTINGS ENTERTAINMENT, INC. ASSOCI
b	Name of plan sponsor	HASTINGS ENTERTAINMENT, INC.
c	EIN-PN	75-1386375-002
a	Plan name	HAVCO WOOD PRODUCTS LLC 401(K) PROF
b	Name of plan sponsor	HAVCO WOOD PRODUCTS LLC
c	EIN-PN	51-0416600-001
a	Plan name	HAZARD CONSTRUCTION COMPANY RETIREM
b	Name of plan sponsor	HAZARD CONSTRUCTION COMPANY
c	EIN-PN	33-0807734-001
a	Plan name	HAZELETT STRIP-CASTING CORPORATION
b	Name of plan sponsor	HAZELETT STRIP-CASTING CORPORA
c	EIN-PN	03-0197228-001
a	Plan name	TREASURE COAST HOSPICE RETIREMENT P
b	Name of plan sponsor	HEALTH & PALLIATIVE SERVICES
c	EIN-PN	20-1683870-001
a	Plan name	HEALTH IMPERATIVES, INC. RETIREMENT
b	Name of plan sponsor	HEALTH IMPERATIVES, INC.
c	EIN-PN	04-2609177-001
a	Plan name	HEALTHWISE INCORPORATED 401(K) PLAN
b	Name of plan sponsor	HEALTHWISE INCORPORATED
c	EIN-PN	23-7455145-002
a	Plan name	HEARTSHARE ST. VINCENT'S SERVICES 4
b	Name of plan sponsor	HEARTSHARE ST. VINCENTS SERVICES
c	EIN-PN	11-1631823-003

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	HEAT TRANSFER PRODUCTS GROUP 401(K)
b	Name of plan sponsor	HEAT TRANSFER PRODUCTS GROUP, c EIN-PN 27-2452952-001
a	Plan name	HERRON HIGH SCHOOL 403(B) PLAN
b	Name of plan sponsor	HERRON HIGH SCHOOL c EIN-PN 20-2010941-001
a	Plan name	HIGHLANDS INSURANCE EMPLOYEES' RETI
b	Name of plan sponsor	HIGHLANDS INS. CO. IN RECEIVERSHIP c EIN-PN 74-1296673-001
a	Plan name	HILLSIDE FAMILY OF AGENCIES 403(B)
b	Name of plan sponsor	HILLSIDE FAMILY OF AGENCIES c EIN-PN 16-1493407-002
a	Plan name	HILLSIDE FAMILY OF AGENCIES DEFINED
b	Name of plan sponsor	HILLSIDE FAMILY OF AGENCIES c EIN-PN 16-1493407-003
a	Plan name	HACU 403(B) PLAN
b	Name of plan sponsor	HISPANIC ASSOCIATION OF COLLEGES c EIN-PN 74-2466103-001
a	Plan name	HOOSIER ACADEMY INC 403(B) PLAN
b	Name of plan sponsor	HOOSIER ACADEMY, INC. c EIN-PN 20-5926653-001
a	Plan name	THE HOUSING AUTHORITY OF THE CITY O
b	Name of plan sponsor	HOUSING AUTHORITY OF THE CITY c EIN-PN 37-6015108-001
a	Plan name	HUGGINS HOSPITAL RETIREMENT SAVINGS
b	Name of plan sponsor	HUGGINS HOSPITAL c EIN-PN 02-0223332-002
a	Plan name	HUMAN RESOURCES UNLIMITED PROFIT SH
b	Name of plan sponsor	HUMAN RESOURCES UNLIMITED, INC c EIN-PN 23-7083475-002
a	Plan name	HUMPHREYS & PARTNERS ARCHITECTS 401
b	Name of plan sponsor	HUMPHREYS & PARTNERS ARCHITECT c EIN-PN 75-2378544-001
a	Plan name	THE HUNT ORTMANN 401(K) PLAN
b	Name of plan sponsor	HUNT ORTMANN LAW c EIN-PN 95-4512491-001

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	HUNT ORTMANN ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	HUNT ORTMANN LAW	c EIN-PN 95-4512491-001
a	Plan name	HUNTER ENGINEERING COMPANY PROFIT S	
b	Name of plan sponsor	HUNTER ENGINEERING COMPANY	c EIN-PN 43-0636684-002
a	Plan name	HUNTER ENGINEERING COMPANY 401(K) S	
b	Name of plan sponsor	HUNTER ENGINEERING COMPANY	c EIN-PN 43-0636684-003
a	Plan name	INTERNATIONAL UNION OF OPERATING EN	
b	Name of plan sponsor	I.U.O.E. LOCAL 98 ANNUITY FUND	c EIN-PN 04-3030313-001
a	Plan name	I.A.T.S.E. ANNUITY FUND	
b	Name of plan sponsor	IATSE ANNUITY FUND	c EIN-PN 13-3088691-001
a	Plan name	IBEW LOCAL 466 PENSION FUND	
b	Name of plan sponsor	IBEW LOCAL 466 PENSION FUND	c EIN-PN 55-0708649-001
a	Plan name	IBEW LOCAL UNION NO. 129 PROFIT SHA	
b	Name of plan sponsor	IBEW LOCAL UNION 129	c EIN-PN 34-1414182-002
a	Plan name	IBEW LOCAL UNION NO. 60 401(K) PLAN	
b	Name of plan sponsor	IBEW LOCAL UNION NO. 60	c EIN-PN 31-6632806-001
a	Plan name	IBI GROUP 401(K) PLAN	
b	Name of plan sponsor	IBI GROUP	c EIN-PN 95-3268721-001
a	Plan name	ICARE 401(K) PLAN AND TRUST AGREEME	
b	Name of plan sponsor	ICARE MANAGEMENT, LLC	c EIN-PN 91-2089152-003
a	Plan name	ICD INTERNATIONAL CENTER FOR THE DI	
b	Name of plan sponsor	ICD	c EIN-PN 13-5562990-002
a	Plan name	ICD MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	ICD	c EIN-PN 13-5562990-003

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	ICON METALCRAFT, INC. EMPLOYEES' 40	
b Name of plan sponsor	ICON METALCRAFT, INC.	c EIN-PN 36-2720377-002
a Plan name	ICONICA, INC.401(K) SAVINGS PLAN	
b Name of plan sponsor	ICONICA, INC.	c EIN-PN 39-1805239-001
a Plan name	ICU MEDICAL, INC. 401(K) PLAN	
b Name of plan sponsor	ICU MEDICAL, INC.	c EIN-PN 33-0022692-001
a Plan name	ICW GROUP HOLDINGS, INC. SALARY SAV	
b Name of plan sponsor	ICW GROUP HOLDINGS, INC.	c EIN-PN 95-2890041-001
a Plan name	IG DESIGN GROUP AMERICAS, INC. 401K	
b Name of plan sponsor	IG DESIGN GROUP AMERICAS, INC.	c EIN-PN 04-2953448-001
a Plan name	LANG COMPANIES, INC. 401K PLAN	
b Name of plan sponsor	IG DESIGN GROUP AMERICAS, INC.	c EIN-PN 27-0766664-002
a Plan name	IMMEDICENTER 401(K) PLAN	
b Name of plan sponsor	IMMEDICENTER	c EIN-PN 22-2516401-003
a Plan name	INDEPENDENCE AUDIO AND VIDEO 401(K)	
b Name of plan sponsor	INDEPENDENCE AUDIO AND VIDEO	c EIN-PN 43-1085601-001
a Plan name	INDIANA PUBLIC CHARTER SCHOOL ASSOC	
b Name of plan sponsor	INDIANA PUBLIC CHARTER SCHOOL ASSOC	c EIN-PN 20-1419756-001
a Plan name	INDIANAPOLIS METAL SPINNING CO. INC	
b Name of plan sponsor	INDIANAPOLIS METAL SPINNING CO	c EIN-PN 35-1333375-001
a Plan name	INFECTON SPECIALISTS 401(K) PLAN	
b Name of plan sponsor	INFECTON SPECIALISTS OF LANCASTER	c EIN-PN 25-1899376-001
a Plan name	ITXM RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	INSTITUTE FOR TRANSFUSION MEDI	c EIN-PN 25-1562714-005

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	THE SAVINGS PLAN OF THE INSTITUTE F	
b	Name of plan sponsor	INSTITUTE FOR TRANSFUSION MEDI	c EIN-PN 25-1562714-004
a	Plan name	REFERENCE LABORATORY ALLIANCE 401(K)	
b	Name of plan sponsor	INSTITUTE FOR TRANSFUSION MEDI	c EIN-PN 25-1736460-001
a	Plan name	THE MONEY ACCUMULATION PENSION PLAN	
b	Name of plan sponsor	INSTITUTE FOR TRANSFUSION MEDI	c EIN-PN 36-3492969-001
a	Plan name	IACP 403(B) RETIREMENT PLAN	
b	Name of plan sponsor	INTL ASSOC. OF CHIEFS OF POLICE	c EIN-PN 53-0227813-001
a	Plan name	INTERCOMMUNITY HEALTH ASSOCIATES, I	
b	Name of plan sponsor	INTERCOMMUNITY HEALTH ASSOC.	c EIN-PN 68-0663909-001
a	Plan name	LOS ANGELES CARDIOLOGY ASSOCIATES 4	
b	Name of plan sponsor	INTERCOMMUNITY HEALTH ASSOC.	c EIN-PN 36-4975119-001
a	Plan name	INTERPACE BIOSCIENCES 401(K) PLAN	
b	Name of plan sponsor	INTERPACE BIOSCIENCES	c EIN-PN 22-2919486-001
a	Plan name	INTERSTATE HOTELS & RESORTS 401(K)	
b	Name of plan sponsor	INTERSTATE HOTELS & RESORTS	c EIN-PN 52-2101815-001
a	Plan name	INTEST CORPORATION INCENTIVE SAVING	
b	Name of plan sponsor	INTEST CORPORATION	c EIN-PN 22-2370659-001
a	Plan name	INVISO CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INVISO CORPORATION	c EIN-PN 71-0965987-001
a	Plan name	IRON WORKERS DISTRICT COUNCIL OF SO	
b	Name of plan sponsor	IRON WORKERS DISTRICT COUNCIL	c EIN-PN 31-6108920-001
a	Plan name	DEFINED CONTRIBUTION PENSION PLAN O	
b	Name of plan sponsor	IRON WORKERS DISTRICT COUNCIL	c EIN-PN 31-6108920-501

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	BOARD OF TRUSTEES OF THE IRON WORKE	
b	Name of plan sponsor	IRON WORKERS LOCAL 25	c EIN-PN 27-2392474-001
a	Plan name	KING'S HAWAIIAN 401(K) PLAN	
b	Name of plan sponsor	IRRESISTIBLE FOODS GROUP	c EIN-PN 85-4229454-001
a	Plan name	IRVINGTON COMMUNITY SCHOOL 403(B) P	
b	Name of plan sponsor	IRVINGTON COMMUNITY SCHOOL	c EIN-PN 26-0037185-001
a	Plan name	J. KOZEL & SON, INC. PROFIT SHARING	
b	Name of plan sponsor	J KOZEL & SON, INC.	c EIN-PN 16-0840016-001
a	Plan name	J. KOZEL & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	J KOZEL & SON, INC.	c EIN-PN 16-0840016-001
a	Plan name	BLUESTAR RESORT & GOLF 401(K) RETIR	
b	Name of plan sponsor	J. F. SHEA CO., INC.	c EIN-PN 20-3663263-001
a	Plan name	JAKE SWEENEY AUTOMOTIVE, INC. 401(K)	
b	Name of plan sponsor	JAKE SWEENEY AUTOMOTIVE	c EIN-PN 31-1232808-003
a	Plan name	JAMES III HOMES, INC. PROFIT SHARIN	
b	Name of plan sponsor	JAMES III HOMES, INC.	c EIN-PN 48-1040629-001
a	Plan name	JEWISH FEDERATION OF CLEVELAND 403(
b	Name of plan sponsor	JEWISH FEDERATION OF CLEVELAND	c EIN-PN 34-0714445-001
a	Plan name	APPLEWOOD CENTERS, INC. TAX DEFERRE	
b	Name of plan sponsor	JEWISH FEDERATION OF CLEVELAND	c EIN-PN 34-0714571-001
a	Plan name	JFK HEALTH SYSTEM DEFINED CONTRIBUT	
b	Name of plan sponsor	JFK HEALTH SYSTEM	c EIN-PN 22-6019101-003
a	Plan name	JFK MERIDIAN HOME HEALTH CARE SERVI	
b	Name of plan sponsor	JFK HOME HEALTH CARE SERVICES	c EIN-PN 27-3916732-001

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	JIMWAY, INC. 401(K) PLAN	
b	Name of plan sponsor	JIMWAY, INC.	c EIN-PN 95-3703163-001
a	Plan name	JOBS FOR THE FUTURE, INC. RETIREMEN	
b	Name of plan sponsor	JOBS FOR THE FUTURE, INC.	c EIN-PN 06-1164568-001
a	Plan name	JOHN E MCKAY P.C. PROFIT SHARING PL	
b	Name of plan sponsor	JOHN E MCKAY PC	c EIN-PN 43-1215975-001
a	Plan name	JOS. H. LOWENSTEIN & SONS, INC. EMP	
b	Name of plan sponsor	JOS. H. LOWENSTEIN & SONS, INC.	c EIN-PN 11-1024950-001
a	Plan name	JOS. H. LOWENSTEIN AND SONS, INC. R	
b	Name of plan sponsor	JOS. H. LOWENSTEIN & SONS, INC.	c EIN-PN 11-1024950-002
a	Plan name	JOURNEY GROUP 401(K) PLAN	
b	Name of plan sponsor	JOURNEY GROUP COMPANIES	c EIN-PN 46-0189350-001
a	Plan name	BROWN WEGHER 401(K) PLAN	
b	Name of plan sponsor	JOURNEY GROUP COMPANIES	c EIN-PN 85-3952220-001
a	Plan name	MBW CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	JOURNEY GROUP COMPANIES	c EIN-PN 85-3957123-001
a	Plan name	JSI TELECOM, INC. 401(K) PLAN	
b	Name of plan sponsor	JSI TELECOM, INC.	c EIN-PN 25-1900145-001
a	Plan name	KALISPEL TRIBE OF INDIANS 401(K) PL	
b	Name of plan sponsor	KALISPEL TRIBE OF INDIANS	c EIN-PN 91-0875018-001
a	Plan name	KALISPEL TRIBE 401(K) PLAN	
b	Name of plan sponsor	KALISPEL TRIBE OF INDIANS	c EIN-PN 91-0875018-001
a	Plan name	KAM MARKETING, INC. PROFIT SHARING/	
b	Name of plan sponsor	KAM MARKETING, INC.	c EIN-PN 22-3346916-001

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	KANSAS CITY BUILDING SUPPLY 401(K)	
b	Name of plan sponsor	KANSAS CITY BUILDING SUPPLY	c EIN-PN 48-1225520-001
a	Plan name	KEMMONS WILSON COMPANIES 401(K) PLA	
b	Name of plan sponsor	KEMMONS WILSON COMPANIES, LLC.	c EIN-PN 90-1033513-002
a	Plan name	KEYSER AND O'CONNOR SURGICAL ASSOC.	
b	Name of plan sponsor	KEYSER & OCONNOR SURGICAL	c EIN-PN 55-0816816-001
a	Plan name	KILLION INDUSTRIES, INC. AND KILLIO	
b	Name of plan sponsor	KILLION INDUSTRIES, INC.	c EIN-PN 95-3666272-001
a	Plan name	KINGS SUPER MARKETS EMPLOYEES' DEFE	
b	Name of plan sponsor	KINGS SUPER MARKETS, INC.	c EIN-PN 22-1686769-002
a	Plan name	BALDUCCI'S HOLDINGS, LLC 401(K) PLA	
b	Name of plan sponsor	KINGS SUPER MARKETS, INC.	c EIN-PN 80-0361913-001
a	Plan name	KIPP AUSTIN PUBLIC SCHOOLS 457(B) R	
b	Name of plan sponsor	KIPP AUSTIN PUBLIC SCHOOLS	c EIN-PN 01-0639602-001
a	Plan name	KIPP INDIANAPOLIS, INC. 403(B) PLAN	
b	Name of plan sponsor	KIPP INDIANAPOLIS, INC	c EIN-PN 38-1045826-001
a	Plan name	KNOX COUNTY ARC 403(B) PLAN	
b	Name of plan sponsor	KNOX COUNTY ARC	c EIN-PN 62-0759415-001
a	Plan name	KOYO CORPORATION OF U.S.A. SAVINGS	
b	Name of plan sponsor	KOYO CORPORATION OF U.S.A.	c EIN-PN 57-0570962-002
a	Plan name	KOYO BEARINGS USA LLC SAVINGS PLAN	
b	Name of plan sponsor	KOYO CORPORATION OF U.S.A.	c EIN-PN 27-1052746-001
a	Plan name	KOZYRA & HARTZ, LLC 401K PROFIT SHA	
b	Name of plan sponsor	KOZYRA & HARTZ, LLC	c EIN-PN 22-3806781-001

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	KYOCERA SENCO INDUSTRIAL TOOLS, INC	
b Name of plan sponsor	KYOCERA SENCO INDUSTRIAL TOOLS	c EIN-PN 27-0375987-001
a Plan name	L.M. HENDERSON & CO., LLP 401K PROF	
b Name of plan sponsor	L.M. HENDERSON & CO.	c EIN-PN 35-1531953-001
a Plan name	LABETTE HEALTH MONEY ACCUMULATION P	
b Name of plan sponsor	LABETTE HEALTH	c EIN-PN 48-6099245-001
a Plan name	403(B) SAVINGS PLAN FOR EMPLOYEES O	
b Name of plan sponsor	LABETTE HEALTH	c EIN-PN 48-6099245-002
a Plan name	LAKE SUNAPEE HOME CARE AND HOSPICE	
b Name of plan sponsor	LAKE SUNAPEE HOME CARE AND HOS	c EIN-PN 23-7066056-003
a Plan name	DC PLAN OF LAKE SUNAPEE HOME CARE A	
b Name of plan sponsor	LAKE SUNAPEE HOME CARE AND HOS	c EIN-PN 23-7066056-002
a Plan name	LAMOILLE HOME HEALTH 403B RETIREMEN	
b Name of plan sponsor	LAMOILLE HOME HEALTH AGENCY, I	c EIN-PN 03-0224616-001
a Plan name	LAMPION CENTER 403(B) PLAN	
b Name of plan sponsor	LAMPION CENTER	c EIN-PN 35-0868077-003
a Plan name	LAMPREY HEALTH CARE 403(B) PLAN	
b Name of plan sponsor	LAMPREY HEALTH CARE, INC.	c EIN-PN 23-7305106-001
a Plan name	LAUREL HEALTH SYSTEM TAX DEFERRED A	
b Name of plan sponsor	LAUREL HEALTH SYSTEM	c EIN-PN 24-0795488-002
a Plan name	LAUREL LAKE RETIREMENT COMMUNITY, I	
b Name of plan sponsor	LAUREL LAKE RETIREMENT COMM.	c EIN-PN 34-1481142-001
a Plan name	LEGACY COMMUNITY HEALTH SERVICES, I	
b Name of plan sponsor	LEGACY COMMUNITY HEALTH SERVIC	c EIN-PN 76-0009637-001

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	LEINER HEALTH PRODUCTS RETIREMENT P	
b	Name of plan sponsor	LEINER HEALTH PRODUCTS	c EIN-PN 71-0876283-002
a	Plan name	LENZE AMERICAS CORPORATION 401(K) P	
b	Name of plan sponsor	LENZE AMERICAS CORPORATION	c EIN-PN 26-2596869-001
a	Plan name	LIFECARE, INC. 401(K) PLAN	
b	Name of plan sponsor	LIFECARE, INC.	c EIN-PN 06-1110340-001
a	Plan name	THRIFT RETIREMENT PLAN	
b	Name of plan sponsor	LIFEWORKS SERVICES, INC. CONTRACT	c EIN-PN 41-0907857-002
a	Plan name	LIGHTHOUSE ACADEMIES, INC. MULTIPLE	
b	Name of plan sponsor	LIGHTHOUSE ACADEMIES, INC.	c EIN-PN 20-2332375-001
a	Plan name	LISLE WOODRIDGE FIRE DISTRICT DEFER	
b	Name of plan sponsor	LISLE WOODRIDGE FIRE DISTRICT	c EIN-PN 36-2684724-001
a	Plan name	PROFIT SHARING & 401(K) RETIREMENT	
b	Name of plan sponsor	LOCAL 567 I.B.E.W.	c EIN-PN 01-0439781-002
a	Plan name	PROFIT SHARING & 401(K) RETIREMENT	
b	Name of plan sponsor	LOCAL 567 I.B.E.W.	c EIN-PN 01-0439781-003
a	Plan name	LOGRHYTHM, INC 401(K) PLAN	
b	Name of plan sponsor	LOGRHYTHM, INC	c EIN-PN 72-1554716-001
a	Plan name	LACBA 401K SAVINGS PLAN	
b	Name of plan sponsor	LOS ANGELES COUNTY BAR ASSOCIATION	c EIN-PN 95-0947340-004
a	Plan name	LACBA MONEY PURCHASE & PROFIT SHARI	
b	Name of plan sponsor	LOS ANGELES COUNTY BAR ASSOCIATION	c EIN-PN 95-0947340-004
a	Plan name	NATURAL HISTORY MUSEUM FOUNDATION R	
b	Name of plan sponsor	LOS ANGELES COUNTY MUSEUM	c EIN-PN 95-6132185-001

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	WELLSPRING SENIOR SUPPORT SERVICES	
b	Name of plan sponsor	LUTHERAN HOMES OF MICHIGAN, INC.	c EIN-PN 38-1358410-003
a	Plan name	WELLSPRING CHILD & FAMILY SERVICE 4	
b	Name of plan sponsor	LUTHERAN HOMES OF MICHIGAN, INC.	c EIN-PN 38-1359524-003
a	Plan name	LUTHERAN HOMES SOCIETY, INC. 401(K)	
b	Name of plan sponsor	LUTHERAN HOMES SOCIETY INC.	c EIN-PN 31-1565719-001
a	Plan name	LUVATA GRENADA, LLC 401(K) PLAN FOR	
b	Name of plan sponsor	LUVATA GRENADA, LLC	c EIN-PN 58-2597018-002
a	Plan name	MATCHING 401(K) PLAN FOR LIVERNOIS	
b	Name of plan sponsor	LUVATA GRENADA, LLC	c EIN-PN 58-2597018-003
a	Plan name	LUVATA GRENADA, LLC RETIREMENT PLAN	
b	Name of plan sponsor	LUVATA GRENADA, LLC	c EIN-PN 58-2597018-001
a	Plan name	LUVATA ELECTROFIN, INC. 401(K) PLAN	
b	Name of plan sponsor	LUVATA GRENADA, LLC	c EIN-PN 61-1150218-001
a	Plan name	LYONS MAGNUS EMPLOYEES' RETIREMENT	
b	Name of plan sponsor	LYONS MAGNUS, LLC	c EIN-PN 94-1641823-001
a	Plan name	M. MICHAEL MASSUMI, M.D. P.A. PROFI	
b	Name of plan sponsor	M. MICHAEL MASSUMI, M.D., P.A.	c EIN-PN 52-1642374-001
a	Plan name	M.E. FOX & COMPANY, INC. EMPLOYEE S	
b	Name of plan sponsor	M.E. FOX & COMPANY, INC.	c EIN-PN 94-1633539-001
a	Plan name	MACERICH PROPERTY MANAGEMENT COMPAN	
b	Name of plan sponsor	MACERICH PROPERTY MGMT CO LLC.	c EIN-PN 95-4853294-001
a	Plan name	MANDIANT, INC. 401(K) PLAN	
b	Name of plan sponsor	MANDIANT, INC.	c EIN-PN 20-1548921-002

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	MANUFACTURERS BANK SAVINGS SYSTEM	
b	Name of plan sponsor	MANUFACTURERS BANK	c EIN-PN 95-2221647-002
a	Plan name	MARKET FINANCIAL GROUP, LTD. EMPLOY	
b	Name of plan sponsor	MARKET FINANCIAL GRP, LTD.	c EIN-PN 36-2776306-001
a	Plan name	MARLIN NETWORK, INC. 401(K) PROFIT	
b	Name of plan sponsor	MARLIN NETWORK, INC.	c EIN-PN 43-1366854-001
a	Plan name	MSB 403(B) RETIREMENT PROGRAM	
b	Name of plan sponsor	MARYLAND SCHOOL FOR THE BLIND	c EIN-PN 52-0584118-009
a	Plan name	MASONIC HOMES OF KENTUCKY, INC. RET	
b	Name of plan sponsor	MASONIC HOMES OF KENTUCKY, INC.	c EIN-PN 61-0458374-002
a	Plan name	MASONIC VILLAGES OF THE GRAND LODGE	
b	Name of plan sponsor	MASONIC VILLAGES OF THE GRAND LODGE	c EIN-PN 23-0846955-001
a	Plan name	GRAND LODGE OF FREE AND ACCEPTED MA	
b	Name of plan sponsor	MASONIC VILLAGES OF THE GRAND LODGE	c EIN-PN 23-6407467-002
a	Plan name	MASSAC MEMORIAL HOSPITAL 457 PENSIO	
b	Name of plan sponsor	MASSAC MEMORIAL HOSPITAL	c EIN-PN 37-0857853-001
a	Plan name	MASSAC MEMORIAL HOSPITAL 401(A) PLA	
b	Name of plan sponsor	MASSAC MEMORIAL HOSPITAL	c EIN-PN 37-0857853-001
a	Plan name	MATERNITY CARE COALITION MATCHING 4	
b	Name of plan sponsor	MATERNITY CARE COALITION	c EIN-PN 23-2200410-001
a	Plan name	MCLAREN EMPLOYEES' 403(B) RETIREMEN	
b	Name of plan sponsor	MCLAREN HEALTH CARE CORP.	c EIN-PN 38-2397643-002
a	Plan name	MCLAREN EMPLOYEES' 401(K) RETIREMEN	
b	Name of plan sponsor	MCLAREN HEALTH CARE CORP.	c EIN-PN 38-2397643-003

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	MCLAREN - OAKLAND RETIREMENT SAVING	
b	Name of plan sponsor	MCLAREN HEALTH CARE CORP.	c EIN-PN 38-1428164-002
a	Plan name	BAY REGIONAL MEDICAL CENTER MATCHIN	
b	Name of plan sponsor	MCLAREN HEALTH CARE CORP.	c EIN-PN 38-1976271-004
a	Plan name	BAY MEDICAL CENTER EMPLOYEES' DEFIN	
b	Name of plan sponsor	MCLAREN HEALTH CARE CORP.	c EIN-PN 38-1976271-003
a	Plan name	BAY MEDICAL SERVICES, INC. EMPLOYEE	
b	Name of plan sponsor	MCLAREN HEALTH CARE CORP.	c EIN-PN 38-1976271-005
a	Plan name	MCLAREN CENTRAL MICHIGAN TAX DEFERR	
b	Name of plan sponsor	MCLAREN HEALTH CARE CORP.	c EIN-PN 38-1420304-002
a	Plan name	CENTRAL MICHIGAN COMMUNITY HOSPITAL	
b	Name of plan sponsor	MCLAREN HEALTH CARE CORP.	c EIN-PN 38-1420304-003
a	Plan name	MEDICAL INSURANCE EXCHANGE OF CALIF	
b	Name of plan sponsor	MEDICAL INSURANCE EXCHANGE OF	c EIN-PN 94-2298312-001
a	Plan name	MELO INTERNATIONAL, INC. 401(K) PRO	
b	Name of plan sponsor	MELO INTERNATIONAL, INC. & SUB	c EIN-PN 34-1384611-001
a	Plan name	MELWOOD HORTICULTURAL TRAINING CENT	
b	Name of plan sponsor	MELWOOD HORTICULTURAL TRAINING	c EIN-PN 52-0857690-001
a	Plan name	MELWOOD SERVICE CONTRACT ACT RETIRE	
b	Name of plan sponsor	MELWOOD HORTICULTURAL TRAINING	c EIN-PN 52-0857690-002
a	Plan name	MEMBERS 1ST FEDERAL CREDIT UNION 40	
b	Name of plan sponsor	MEMBERS 1ST FEDERAL CREDIT UNION	c EIN-PN 23-1360906-002
a	Plan name	MEMBERS COOPERATIVE CREDIT UNION 40	
b	Name of plan sponsor	MEMBERS COOPERATIVE CREDIT UNI	c EIN-PN 41-0195345-033

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	MHALA 403(B) PLAN	
b	Name of plan sponsor	MENTAL HEALTH AMERICA OF LOS ANGELE	c EIN-PN 95-1881491-001
a	Plan name	MERAKEY 403(B) PLAN	
b	Name of plan sponsor	MERAKEY USA	c EIN-PN 23-2175924-001
a	Plan name	THE ASSOCIATION FOR INDEPENDENT GRO	
b	Name of plan sponsor	MERAKEY USA	c EIN-PN 22-2454140-001
a	Plan name	THE ASSOCIATION FOR INDEPENDENT GRO	
b	Name of plan sponsor	MERAKEY USA	c EIN-PN 22-2454140-001
a	Plan name	MERAKEY 401(K) PLAN	
b	Name of plan sponsor	MERAKEY USA	c EIN-PN 23-3084216-004
a	Plan name	403(B) THRIFT PLAN FOR MERCYFIRST	
b	Name of plan sponsor	MERCYFIRST	c EIN-PN 11-1635089-001
a	Plan name	MERIEUX NUTRISCIENCES & SUBSIDIARIE	
b	Name of plan sponsor	MERIEUX NUTRISCIENCES CORP.	c EIN-PN 43-1848483-001
a	Plan name	MERITAGE HOMES CORPORATION 401(K) S	
b	Name of plan sponsor	MERITAGE HOMES CORPORATION	c EIN-PN 86-0611231-001
a	Plan name	METAL EXCHANGE CORPORATION AND AFFI	
b	Name of plan sponsor	METAL EXCHANGE CORPORATION	c EIN-PN 43-1037601-003
a	Plan name	METROPOLITAN JEWISH HEALTH SYSTEM 4	
b	Name of plan sponsor	METROPOLITAN JEWISH HEALTH SYS	c EIN-PN 11-3538697-003
a	Plan name	SAFEPATH BENEFITS 401(K) PLAN	
b	Name of plan sponsor	METROPOLITAN JEWISH HEALTH SYS	c EIN-PN 80-0540936-002
a	Plan name	MEYERS BROTHERS KALICKA, P. C. 401(
b	Name of plan sponsor	MEYERS BROTHERS KALICKA, P. C.	c EIN-PN 04-2713795-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MID-VALLEY HOSPITAL 403(B) PLAN	
b	Name of plan sponsor	MID-VALLEY HOSPITAL	c EIN-PN 24-0795458-001
a	Plan name	MILLENNIUM PHYSICIAN GROUP, LLC 401	
b	Name of plan sponsor	MILLENNIUM PHYSICIANS GROUP	c EIN-PN 26-2909414-001
a	Plan name	MILLER MILLING COMPANY EMPLOYEE SAV	
b	Name of plan sponsor	MILLER MILLING COMPANY LLC	c EIN-PN 41-1539050-001
a	Plan name	MILLER STARR REGALIA RETIREMENT SAV	
b	Name of plan sponsor	MILLER STARR REGALIA	c EIN-PN 94-3149244-020
a	Plan name	MILLWOOD SCHOOL 403(B) PLAN	
b	Name of plan sponsor	MILLWOOD SCHOOL	c EIN-PN 54-1478939-001
a	Plan name	MILWAUKEE BREWERS BASEBALL CLUB RET	
b	Name of plan sponsor	MILWAUKEE BREWERS BASEBALL CLU	c EIN-PN 39-1136376-002
a	Plan name	MIRION TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	MIRION TECHNOLOGIES, INC.	c EIN-PN 20-3979555-001
a	Plan name	MIRION TECHNOLOGIES (CONAX NUCLEAR)	
b	Name of plan sponsor	MIRION TECHNOLOGIES, INC.	c EIN-PN 16-1011797-004
a	Plan name	MIRION TECHNOLOGIES (IST) CORPORATI	
b	Name of plan sponsor	MIRION TECHNOLOGIES, INC.	c EIN-PN 16-1321330-001
a	Plan name	MISSION FEDERAL CREDIT UNION EMPLOY	
b	Name of plan sponsor	MISSION FEDERAL CREDIT UNION	c EIN-PN 95-2148515-001
a	Plan name	MINERAL COMMUNITY HOSPITAL PENSION	
b	Name of plan sponsor	MISSOULA COMMUNITY HEALTH SVCS	c EIN-PN 81-0421823-002
a	Plan name	THE MISSOURI PRESS ASSOCIATION PROF	
b	Name of plan sponsor	MISSOURI PRESS ASSOCIATION	c EIN-PN 43-0416030-001

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	THE MISSOURI PRESS SERVICE, INC. SA	
b	Name of plan sponsor	MISSOURI PRESS ASSOCIATION	c EIN-PN 43-0722610-001
a	Plan name	MSHSAA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MISSOURI STATE HIGH SCHOOL	c EIN-PN 43-0728928-001
a	Plan name	THE MITCHELL HAMLIN SCHOOL OF LAW	
b	Name of plan sponsor	MITCHELL HAMLIN SCHOOL OF LAW	c EIN-PN 41-0518750-001
a	Plan name	MIZUHO OSI 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MIZUHO ORTHOPEDIC SYSTEMS, INC	c EIN-PN 94-2405390-001
a	Plan name	MARTIN LUTHER KING JR. COMMUNITY HO	
b	Name of plan sponsor	MLK, JR. COMMUNITY HOSPITAL	c EIN-PN 27-4658935-001
a	Plan name	MONARCH SUPPLY COMPANY INC. EMPLOYE	
b	Name of plan sponsor	MONARCH SUPPLY COMPANY, INC.	c EIN-PN 54-1025856-001
a	Plan name	MONFRIC, INC. RETIREMENT SAVINGS PL	
b	Name of plan sponsor	MONFRIC, INC.	c EIN-PN 95-3653156-002
a	Plan name	MONROVIA GROWERS 401(K) RETIREMENT	
b	Name of plan sponsor	MONROVIA NURSERY COMPANY, INC.	c EIN-PN 95-4885939-002
a	Plan name	MONTEBELLO 401(K) PLAN	
b	Name of plan sponsor	MONTEBELLO PACKAGING	c EIN-PN 36-3792281-001
a	Plan name	MOORE INDUSTRIES 401(K) SAVINGS PLA	
b	Name of plan sponsor	MOORE INDUSTRIES-INTERNATIONAL INC.	c EIN-PN 95-2546800-001
a	Plan name	MORRIS JAMES LLP RETIREMENT PLAN	
b	Name of plan sponsor	MORRIS JAMES LLP	c EIN-PN 51-0023480-001
a	Plan name	MOSES TAYLOR HOSPITAL 403(B) PLAN	
b	Name of plan sponsor	MOSES TAYLOR HOSPITAL	c EIN-PN 24-0795461-003

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	MOVE 401(K) PLAN	
b	Name of plan sponsor	MOVE, INC.	c EIN-PN 95-4438337-001
a	Plan name	MUSCO FAMILY OLIVE CO. 401(K) AND P	
b	Name of plan sponsor	MUSCO FAMILY OLIVE PRODUCTS	c EIN-PN 94-1489230-001
a	Plan name	KVS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NABORS INDUSTRIES, INC.	c EIN-PN 77-0244882-001
a	Plan name	NATIONAL ASSOCIATION OF COMMUNITY H	
b	Name of plan sponsor	NACHC	c EIN-PN 52-0939952-001
a	Plan name	NATIONAL ASSOCIATION OF INSURANCE A	
b	Name of plan sponsor	NAIFA	c EIN-PN 53-0232489-002
a	Plan name	NARRAGANSETT BAY COMMISSION PLAN	
b	Name of plan sponsor	NARRAGANSETT BAY COMMISSION	c EIN-PN 06-1471715-001
a	Plan name	NARRAGANSETT BAY COMMISSION NON-UNI	
b	Name of plan sponsor	NARRAGANSETT BAY COMMISSION	c EIN-PN 06-1471715-001
a	Plan name	NATEL EMPLOYEE SAVINGS & INVESTMENT	
b	Name of plan sponsor	NATEL ENGINEERING COMPANY, INC.	c EIN-PN 95-2923789-001
a	Plan name	NATIONAL INDUSTRIAL CONCEPTS 401(K)	
b	Name of plan sponsor	NATIONAL INDUSTRIAL CONCEPTS,	c EIN-PN 91-1871729-001
a	Plan name	NATIONAL MATERIAL, L.P. DEFERRED CO	
b	Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 36-3559267-004
a	Plan name	INTERSTATE STEEL, DIVISION OF NATIO	
b	Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 36-3559267-003
a	Plan name	NATIONAL MATERIAL PROCESSING, LLC P	
b	Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 90-0905915-001

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	GF OFFICE FURNITURE, LTD, L.P. PROD	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 36-3710942-001
a Plan name	MARYLAND PIG SERVICES, L.P. 401(K)	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 36-3738709-001
a Plan name	TOWER METAL PRODUCTS L.P. DEFERRED	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 36-3836895-002
a Plan name	OSI FURNITURE LLC SALARIED RETIREME	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 26-1405855-002
a Plan name	TABER METALS GULFPORT L.P. HOURLY E	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 36-3995097-001
a Plan name	NATIONAL GALVANIZING, L.P. PROFIT S	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 38-3056910-002
a Plan name	COMBINED METALS DEFERRED COMPENSATI	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 36-4268952-001
a Plan name	NATIONAL MATERIAL PROCESSING LLC EA	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 90-0905915-005
a Plan name	SKD, L.P. 401(K) PROFIT SHARING AND	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 36-3901595-001
a Plan name	NATIONAL MATERIAL PROCESSING, LLC P	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 90-0905915-002
a Plan name	NATIONAL MATERIAL COMPANY, LLC MANS	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 36-4289613-001
a Plan name	NATIONAL BLANKING, LLC 401(K) PLAN	
b Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 81-3501904-001

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	ASTRO SHAPES LLC 401(K) PROFIT SHAR	
b	Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 34-1082339-001
a	Plan name	ASTRO SHAPES LLC UNION EMPLOYEES 40	
b	Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 34-1082339-002
a	Plan name	GIBBS WIRE & STEEL COMPANY LLC PROF	
b	Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 84-3284267-002
a	Plan name	NATIONAL MERIT SCHOLARSHIP CORPORAT	
b	Name of plan sponsor	NATIONAL MERIT SCHOLARSHIP COR	c EIN-PN 36-2307745-003
a	Plan name	DO NOT USE - THIS PLAN WAS CASE NOT	
b	Name of plan sponsor	NATIONAL MERIT SCHOLARSHIP COR	c EIN-PN 36-2307745-003
a	Plan name	NSBA 403(B) PLAN	
b	Name of plan sponsor	NATIONAL SCHOOL BOARDS ASSOCIATION	c EIN-PN 36-2210015-004
a	Plan name	NATIVE PLANT TRUST, INC. 403(B) PLA	
b	Name of plan sponsor	NATIVE PLANT TRUST, INC.	c EIN-PN 04-2104768-002
a	Plan name	NBAA 401(K) PLAN	
b	Name of plan sponsor	NBAA	c EIN-PN 52-1633654-002
a	Plan name	NORTHEAST PA CENTER FOR INDEPENDENT	
b	Name of plan sponsor	NE PA CENTER FOR INDEPENDENT	c EIN-PN 23-2525528-001
a	Plan name	NETSUITE INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor	NETSUITE INC.	c EIN-PN 94-3310471-001
a	Plan name	NETWORK EQUIPMENT TECHNOLOGIES, INC	
b	Name of plan sponsor	NETWORK EQUIPMENT TECHNOLOGIES	c EIN-PN 94-2904044-001
a	Plan name	NEW ENGLAND LIFE CARE, INC. 403(B)	
b	Name of plan sponsor	NEW ENGLAND LIFE CARE, INC.	c EIN-PN 22-3195337-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NEW LONDON ANESTHESIA & PAIN CONSUL	
b	Name of plan sponsor	NEW LONDON ANESTHESIA & PAIN CONS	c EIN-PN 58-1379454-001
a	Plan name	NEW MILFORD HOSPITAL 403(B) PLAN	
b	Name of plan sponsor	NEW MILFORD HOSPITAL, INC.	c EIN-PN 06-0669121-002
a	Plan name	NEWLAND REAL ESTATE GROUP, LLC 401(
b	Name of plan sponsor	NEWLAND REAL ESTATE GROUP, LLC	c EIN-PN 33-0824465-001
a	Plan name	NEWPORT MEDICAL INSTRUMENTS, INC. 4	
b	Name of plan sponsor	NEWPORT MEDICAL INSTRUMENTS, INC.	c EIN-PN 95-3629773-001
a	Plan name	NIPRO MEDICAL CORP. 401(K) PLAN	
b	Name of plan sponsor	NIPRO MEDICAL CORP.	c EIN-PN 65-0560880-001
a	Plan name	NOBLE HEALTH SYSTEMS 403(B) SAVINGS	
b	Name of plan sponsor	NOBLE HEALTH SYSTEMS	c EIN-PN 22-2537423-002
a	Plan name	NORDIC INDUSTRIES, INC. RETIREMENT	
b	Name of plan sponsor	NORDIC INDUSTRIES, INC.	c EIN-PN 88-0165744-001
a	Plan name	NASS RETIREMENT PLAN	
b	Name of plan sponsor	NORTH AMERICAN SPINE SOCIETY	c EIN-PN 36-3382069-001
a	Plan name	NORTH ATLANTA PRIMARY CARE 401(K) P	
b	Name of plan sponsor	NORTH ATLANTA PRIMARY CARE	c EIN-PN 58-1896468-001
a	Plan name	NORTH SHORE ELDER SERVICES, INC. TA	
b	Name of plan sponsor	NORTH SHORE ELDER SERVICES, INC.	c EIN-PN 04-2595072-001
a	Plan name	NORTHEAST ARC 403(B) PLAN	
b	Name of plan sponsor	NORTHEAST ARC	c EIN-PN 04-2232416-001
a	Plan name	NORTHWEST LININGS RETIREMENT PLAN	
b	Name of plan sponsor	NORTHWEST LININGS & GEOTEXTILE	c EIN-PN 91-1076332-001

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	NORTHWEST RESTAURANTS, INC. / COAST	
b	Name of plan sponsor	NORTHWEST RESTAURANTS, INC.	c EIN-PN 91-1077588-001
a	Plan name	NATIONAL SHOOTING SPORTS FOUNDATION	
b	Name of plan sponsor	NSSF	c EIN-PN 06-0860132-003
a	Plan name	OBAYASHI CORPORATION RETIREMENT SAV	
b	Name of plan sponsor	OBAYASHI CORPORATION	c EIN-PN 99-0117408-001
a	Plan name	OCI 401(K) PLAN	
b	Name of plan sponsor	OCI ENTERPRISES INC.	c EIN-PN 52-1700720-004
a	Plan name	OPEN MEADOW ALTERNATIVE SCHOOLS, IN	
b	Name of plan sponsor	OPEN MEADOW ALTERNATIVE SCHOOL	c EIN-PN 93-0757378-001
a	Plan name	OPTIONS CHARTER SCHOOL 403(B) PLAN	
b	Name of plan sponsor	OPTIONS CHARTER SCHOOL-NOBLESVILLE	c EIN-PN 32-2157301-001
a	Plan name	ORAL ROBERTS EVANGELISTIC ASSOCIATI	
b	Name of plan sponsor	ORAL ROBERTS EVANGELISTIC ASSN	c EIN-PN 73-0568096-001
a	Plan name	ORANGE COUNTY IBEW-NECA ELECTRICAL	
b	Name of plan sponsor	ORANGE COUNTY IBEW-NECA	c EIN-PN 76-0759816-001
a	Plan name	ORCHARD BRANDS 401(K) RETIREMENT PL	
b	Name of plan sponsor	ORCHARD BRANDS CORPORATION	c EIN-PN 20-8876322-003
a	Plan name	J. JILL 401(K) PLAN	
b	Name of plan sponsor	ORCHARD BRANDS CORPORATION	c EIN-PN 27-0324650-001
a	Plan name	HEALTHY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	ORCHARD BRANDS CORPORATION	c EIN-PN 94-3490641-001
a	Plan name	ORCHARD PARK FAMILY PRACTICE 401(K)	
b	Name of plan sponsor	ORCHARD PARK FAMILY PRACTICE	c EIN-PN 16-0976287-004

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	OREGON RESEARCH INSTITUTE 403(B) RE	
b	Name of plan sponsor	OREGON RESEARCH INSTITUTE	c EIN-PN 93-0495655-001
a	Plan name	OREGON RESEARCH BEHAVIORAL INTERVEN	
b	Name of plan sponsor	OREGON RESEARCH INSTITUTE	c EIN-PN 46-4316009-001
a	Plan name	OREGON RESEARCH BEHAVIORAL INTERVEN	
b	Name of plan sponsor	OREGON RESEARCH INSTITUTE	c EIN-PN 46-4316009-001
a	Plan name	ORLEANS SOUTHWEST SUPERVISORY UNION	
b	Name of plan sponsor	ORLEANS SOUTHWEST SUPERVISORY UNION	c EIN-PN 03-0225810-001
a	Plan name	ORRIN A. SPRAGUE AGENCY, INC. PROFI	
b	Name of plan sponsor	ORRIN A. SPRAGUE AGENCY, INC.	c EIN-PN 38-1801942-002
a	Plan name	OTOLARYNGOLOGY ASSOCIATES, P.C. 401	
b	Name of plan sponsor	OTOLARYNGOLOGY ASSOCIATES, P.C	c EIN-PN 54-0885980-001
a	Plan name	TAX DEFERRED ANNUITY PLAN FOR EMPLO	
b	Name of plan sponsor	PACE SCHOOL	c EIN-PN 25-1186708-002
a	Plan name	PACIFIC DENTAL SERVICES, LLC 401(K)	
b	Name of plan sponsor	PACIFIC DENTAL SERVICES, LLC	c EIN-PN 33-0681491-001
a	Plan name	PALMETTO GOODWILL 401(K) PLAN	
b	Name of plan sponsor	PALMETTO GOODWILL 401K	c EIN-PN 47-4183942-005
a	Plan name	PALMETTO GOODWILL 403(B) PLAN	
b	Name of plan sponsor	PALMETTO GOODWILL 401K	c EIN-PN 57-0632511-006
a	Plan name	PANDUIT CORP. EMPLOYEES' PROFIT SHA	
b	Name of plan sponsor	PANDUIT CORP.	c EIN-PN 36-2601300-001
a	Plan name	PARAMOUNT SCHOOL OF EXCELLENCE 403(
b	Name of plan sponsor	PARAMOUNT SCHOOL OF EXCELLENCE	c EIN-PN 26-3890401-001

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	PARSONS MCENTIRE MCCLEARY 401(K) PL	
b	Name of plan sponsor	PARSONS MCENTIRE MCCLEARY PLLC	c EIN-PN 81-2922975-001
a	Plan name	PARTNERSHIP FOR COMMUNITY ACTION, I	
b	Name of plan sponsor	PARTNERSHIP FOR COMMUNITY ACTION, I	c EIN-PN 58-6049575-001
a	Plan name	PATHLIGHT INC. 403(B) RETIREMENT SA	
b	Name of plan sponsor	PATHLIGHT INC.	c EIN-PN 04-2210685-002
a	Plan name	THE ASSOCIATION FOR COMMUNITY LIVIN	
b	Name of plan sponsor	PATHLIGHT INC.	c EIN-PN 04-2210685-001
a	Plan name	PDC INTERNATIONAL CORPORATION 401(K)	
b	Name of plan sponsor	PDC INTERNATIONAL CORPORATION	c EIN-PN 06-0864734-003
a	Plan name	PEABODY PROPERTIES SOUTH 401(K) SAV	
b	Name of plan sponsor	PEABODY PROPERTIES SOUTH	c EIN-PN 26-4366380-001
a	Plan name	PENNOCK HOSPITAL 401(A) RETIREMENT	
b	Name of plan sponsor	PENNOCK HOSPITAL	c EIN-PN 38-1360562-003
a	Plan name	PENNOCK HOSPITAL 403(B) PLAN	
b	Name of plan sponsor	PENNOCK HOSPITAL	c EIN-PN 38-1360562-004
a	Plan name	PENSACOLA CHRISTIAN COLLEGE, INC. 4	
b	Name of plan sponsor	PENSACOLA CHRISTIAN COLLEGE,	c EIN-PN 59-0940532-003
a	Plan name	PENSACOLA CHRISTIAN COLLEGE INC., M	
b	Name of plan sponsor	PENSACOLA CHRISTIAN COLLEGE,	c EIN-PN 59-0940532-001
a	Plan name	A BEKA BOOK, INC. 401(K) RETIREMENT	
b	Name of plan sponsor	PENSACOLA CHRISTIAN COLLEGE,	c EIN-PN 59-3391229-004
a	Plan name	A BEKA BOOK, INC. MONEY PURCHASE PE	
b	Name of plan sponsor	PENSACOLA CHRISTIAN COLLEGE,	c EIN-PN 59-3391229-005

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	CHRISTIAN EDUCATORS GROUP, INC. 401	
b Name of plan sponsor	PENSACOLA CHRISTIAN COLLEGE,	c EIN-PN 20-2777701-006
a Plan name	A&B MANAGEMENT OF PENSACOLA MONEY P	
b Name of plan sponsor	PENSACOLA CHRISTIAN COLLEGE,	c EIN-PN 20-2777701-007
a Plan name	PENSACOLA CHRISTIAN COLLEGE 403(B)	
b Name of plan sponsor	PENSACOLA CHRISTIAN COLLEGE,	c EIN-PN 59-0940532-002
a Plan name	PETER AND JOHN RADIO FELLOWSHIP 403	
b Name of plan sponsor	PETER & JOHN RADIO FELLOWSHIP	c EIN-PN 52-6051058-001
a Plan name	PHALEN LEADERSHIP ACADEMIES 403(B)	
b Name of plan sponsor	PHALEN LEADERSHIP ACADEMIES	c EIN-PN 26-3185485-001
a Plan name	PHELPS COUNTY REGIONAL MEDICAL CENT	
b Name of plan sponsor	PHELPS COUNTY REGIONAL MEDICAL CTR	c EIN-PN 43-6004435-001
a Plan name	RETIREMENT PLAN FOR EMPLOYEES OF PI	
b Name of plan sponsor	PIKEVILLE MEDICAL CENTER, INC.	c EIN-PN 61-0458376-002
a Plan name	PIONEER LIBRARY SYSTEM DEFINED CONT	
b Name of plan sponsor	PIONEER LIBRARY SYSTEM	c EIN-PN 73-6081619-002
a Plan name	PIONEER LIBRARY SYSTEM IRC SECTION	
b Name of plan sponsor	PIONEER LIBRARY SYSTEM	c EIN-PN 73-6081619-001
a Plan name	PIONEER BANK 401(K) SAVINGS PLAN	
b Name of plan sponsor	PIONEER SAVINGS BANK	c EIN-PN 14-0970570-002
a Plan name	PIONEER VALLEY PEDIATRICS INC. 401(
b Name of plan sponsor	PIONEER VALLEY PEDIATRICS, INC	c EIN-PN 04-2470906-001
a Plan name	PLANNED PARENTHOOD SOUTH ATLANTIC 4	
b Name of plan sponsor	PLANNED PARENTHOOD S. ATLANTIC	c EIN-PN 56-1282557-001

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	PLEASE TOUCH MUSEUM 403(B) PLAN	
b	Name of plan sponsor	PLEASE TOUCH MUSEUM	c EIN-PN 23-2109376-001
a	Plan name	PLUMBERS' AND PIPEFITTERS' LOCAL 16	
b	Name of plan sponsor	PLUMBERS & PIPEFITTERS 162	c EIN-PN 31-1387429-002
a	Plan name	POTOMAC CORPORATION PROFIT SHARING	
b	Name of plan sponsor	POTOMAC CORPORATION	c EIN-PN 36-0897610-001
a	Plan name	POWER FLAME, INC. OFFICE 401(K) PLA	
b	Name of plan sponsor	POWER FLAME, INC.	c EIN-PN 48-0891735-001
a	Plan name	POWER FLAME, INC. PLANT 401(K) PLAN	
b	Name of plan sponsor	POWER FLAME, INC.	c EIN-PN 48-0891735-002
a	Plan name	RETIREMENT SAVINGS 403(B) PLAN FOR	
b	Name of plan sponsor	PRESBYTERIAN HOMES	c EIN-PN 47-1545753-002
a	Plan name	PRESBYTERIAN SCHOOL 403(B) PLAN	
b	Name of plan sponsor	PRESBYTERIAN SCHOOL	c EIN-PN 76-0282995-001
a	Plan name	PREVENTION RESEARCH INSTITUTE PLAN	
b	Name of plan sponsor	PREVENTION RESEARCH INSTITUTE INC	c EIN-PN 61-0854320-001
a	Plan name	PRINTRONIX SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	PRINTRONIX LLC	c EIN-PN 47-5201007-001
a	Plan name	PROACTIVE SOLUTIONS, INC. 401(K) PL	
b	Name of plan sponsor	PROACTIVE SOLUTIONS, INC.	c EIN-PN 48-1184681-001
a	Plan name	PRODIGY HEALTH GROUP, INC. 401(K) S	
b	Name of plan sponsor	PRODIGY HEALTH GROUP, INC.	c EIN-PN 16-1471176-001
a	Plan name	EMPLOYEE BENEFITS PLAN OF PROFESSIO	
b	Name of plan sponsor	PROFESSIONAL EXAMINATION SERVI	c EIN-PN 23-7097173-002

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	403(B) THRIFT PLAN FOR PROFESSIONAL	
b Name of plan sponsor	PROFESSIONAL EXAMINATION SERVI	c EIN-PN 23-7097173-004
a Plan name	PROJECT SENTINEL 403(B) PLAN	
b Name of plan sponsor	PROJECT SENTINEL	c EIN-PN 77-0266612-001
a Plan name	PROMETHEUS LABORATORIES INC. 401(K)	
b Name of plan sponsor	PROMETHEUS LABORATORIES INC.	c EIN-PN 33-0685754-001
a Plan name	PUBLIC HEALTH FOUNDATION ENTERPRISE	
b Name of plan sponsor	PUBLIC HEALTH FOUNDATION ENTER	c EIN-PN 95-2557063-001
a Plan name	PULASKI MEMORIAL HOSPITAL RETIREMEN	
b Name of plan sponsor	PULASKI MEMORIAL HOSPITAL-CAP	c EIN-PN 35-1097674-001
a Plan name	QCA ENDODONTICS, P.C. 401(K) PLAN	
b Name of plan sponsor	QCA ENDODONTICS, P.C.	c EIN-PN 20-5697002-001
a Plan name	QUINN, BUSECK, LEEMHUIS, TOOHEY & K	
b Name of plan sponsor	QUINN, BUSECK, LEEMHUIS, TOOHE	c EIN-PN 25-1235898-001
a Plan name	THE EPSTEIN SCHOOL RETIREMENT PLAN	
b Name of plan sponsor	RABBI HARRY H EPSTEIN SCHOOL	c EIN-PN 58-1164034-001
a Plan name	RADIO FLYER INC. 401(K) PLAN	
b Name of plan sponsor	RADIO FLYER, INC.	c EIN-PN 36-1660440-003
a Plan name	RADIO FLYER INC. SALARIED EMPLOYEES	
b Name of plan sponsor	RADIO FLYER, INC.	c EIN-PN 36-1660440-002
a Plan name	RAINFOREST ALLIANCE 403(B) RETIREME	
b Name of plan sponsor	RAINFOREST ALLIANCE INC.	c EIN-PN 13-3377893-001
a Plan name	RAYONIER INC. SAVINGS PLAN FOR NON-	
b Name of plan sponsor	RAYONIER ADVANCED MATERIALS IN	c EIN-PN 46-4559529-031

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 RAYONIER ADVANCED MATERIALS INC. JE	
b	Name of plan sponsor RAYONIER ADVANCED MATERIALS IN	c EIN-PN 46-4559529-033
a	Plan name RAYONIER ADVANCED MATERIALS INC. FE	
b	Name of plan sponsor RAYONIER ADVANCED MATERIALS IN	c EIN-PN 46-4559529-034
a	Plan name RAYONIER ADVANCED MATERIALS INC. IN	
b	Name of plan sponsor RAYONIER ADVANCED MATERIALS IN	c EIN-PN 46-4559529-031
a	Plan name RECONSERVE 401(K) PLAN	
b	Name of plan sponsor RECONSERVE, INC.	c EIN-PN 95-2466182-002
a	Plan name REDEMPTION PLUS 401(K) RETIREMENT P	
b	Name of plan sponsor REDEMPTION PLUS	c EIN-PN 48-1182039-001
a	Plan name REFRIGIWEAR, LLC EMPLOYEES' 401(K)	
b	Name of plan sponsor REFRIGIWEAR, LLC	c EIN-PN 11-2010909-003
a	Plan name REGIONALCARE HOSPITAL PARTNERS RETI	
b	Name of plan sponsor REGIONALCARE HOSPITAL PARTNERS	c EIN-PN 27-0470646-001
a	Plan name OTTUMWA REGIONAL LEGACY FOUNDATION,	
b	Name of plan sponsor REGIONALCARE HOSPITAL PARTNERS	c EIN-PN 42-0681060-001
a	Plan name RELIANCE VITAMIN LLC 401K PLAN	
b	Name of plan sponsor RELIANCE VITAMIN LLC	c EIN-PN 22-2463044-001
a	Plan name RENTECH, INC. 401(K) PLAN	
b	Name of plan sponsor RENTECH, INC.	c EIN-PN 84-0957421-001
a	Plan name RENTECH NITROGEN GP, LLC UNION 401(
b	Name of plan sponsor RENTECH, INC.	c EIN-PN 45-2714410-002
a	Plan name RETAIL ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor RETAIL ASSOCIATION OF MAINE	c EIN-PN 01-0165117-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RICHARD MCNAY, INC. PROFIT SHARING	
b	Name of plan sponsor	RICHARD MCNAY, INC.	c EIN-PN 37-1027643-001
a	Plan name	THE RICOH PRINTING SYSTEMS AMERICA,	
b	Name of plan sponsor	RICOH PRINTING SYSTEMS AMERICA	c EIN-PN 41-0849373-003
a	Plan name	RIEPEN 401(K) PLAN	
b	Name of plan sponsor	RIEPEN LLC	c EIN-PN 26-3196300-001
a	Plan name	RIGIDPLY RAFTERS, INC. EMPLOYEE SAV	
b	Name of plan sponsor	RIGIDPLY RAFTERS, INC.	c EIN-PN 23-1737987-001
a	Plan name	RIPLEY ENTERTAINMENT 401(K) PLAN	
b	Name of plan sponsor	RIPLEY ENTERTAINMENT, INC.	c EIN-PN 98-0111791-002
a	Plan name	RITCHIE COUNTY PRIMARY CARE ASSOCIA	
b	Name of plan sponsor	RITCHIE COUNTY PRIMARY CARE	c EIN-PN 55-0737963-001
a	Plan name	RIVERSIDE MEDICAL CLINIC, INC. 401(
b	Name of plan sponsor	RIVERSIDE MEDICAL CLINIC, INC.	c EIN-PN 33-0587303-005
a	Plan name	RMC TOOLING INC., 401(K) RETIREMENT	
b	Name of plan sponsor	RMC TOOLING, INC.	c EIN-PN 74-2021097-001
a	Plan name	ROBIN HOOD 403(B) EMPLOYEE DEFERRAL	
b	Name of plan sponsor	ROBIN HOOD FOUNDATION	c EIN-PN 13-3441066-001
a	Plan name	ROBIN HOOD 401(A) EMPLOYER CONTRIBU	
b	Name of plan sponsor	ROBIN HOOD FOUNDATION	c EIN-PN 13-3441066-002
a	Plan name	ROCHESTER DAIRY INDUSTRY INDIVIDUAL	
b	Name of plan sponsor	ROC. DAIRY/TEAMSTERS LOCAL 118	c EIN-PN 16-6019488-002
a	Plan name	ROCHESTER REHABILITATION CENTER 403	
b	Name of plan sponsor	ROCHESTER REHABILITATION CENTE	c EIN-PN 16-0743143-002

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 ROCK CREEK COMMUNITY ACADEMY 403(B)	
b	Name of plan sponsor ROCK CREEK COMMUNITY ACADEMY	c EIN-PN 26-3863219-001
a	Plan name ROCKFORD HOUSING AUTHORITY EMPLOYEE	
b	Name of plan sponsor ROCKFORD HOUSING AUTHORITY	c EIN-PN 36-2584285-001
a	Plan name ROCKFORD HOUSING AUTHORITY 457(B) G	
b	Name of plan sponsor ROCKFORD HOUSING AUTHORITY	c EIN-PN 36-2584285-001
a	Plan name ROGER CLEVELAND GOLF 401(K) PLAN	
b	Name of plan sponsor ROGER CLEVELAND GOLF CO., INC.	c EIN-PN 95-3838879-001
a	Plan name THE ROMAN CATHOLIC BISHOP OF MANCHE	
b	Name of plan sponsor ROMAN CATHOLIC BISHOP OF MANCH	c EIN-PN 02-6004670-001
a	Plan name RONAN, TUZZIO & GIANNONE 401(K) RET	
b	Name of plan sponsor RONAN, TUZZIO & GIANNONE	c EIN-PN 22-3351825-001
a	Plan name ROSEN HOTELS AND RESORTS INC. EMPLO	
b	Name of plan sponsor ROSEN HOTELS & RESORTS	c EIN-PN 59-1536217-003
a	Plan name RS MEDICAL 401(K) PLAN	
b	Name of plan sponsor RS MEDICAL	c EIN-PN 91-1490213-001
a	Plan name RURAL MINNESOTA CEP, INC. TAX SHEL	
b	Name of plan sponsor RURAL MINNESOTA CEP	c EIN-PN 41-0942639-001
a	Plan name THE RUSKIN MOSCOU FALTISCHEK, P.C.	
b	Name of plan sponsor RUSKIN MOSCOU FALTISCHEK, P.C.	c EIN-PN 11-2301137-002
a	Plan name RUSNAK 401(K) PLAN	
b	Name of plan sponsor RUSNAK GROUP	c EIN-PN 95-2860107-001
a	Plan name SACRED HEART SCHOOL SYSTEM 403(B) P	
b	Name of plan sponsor SACRED HEART SCHOOL SYSTEM INC	c EIN-PN 36-4704238-001

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	SAINT PAUL SCHOOL OF THEOLOGY 403(B)	
b	Name of plan sponsor	SAINT PAUL SCHOOL OF THEOLOGY	c EIN-PN 44-0624810-001
a	Plan name	SALEM COMMUNITY HOSPITAL 403(B) PLA	
b	Name of plan sponsor	SALEM COMMUNITY HOSPITAL	c EIN-PN 34-1041385-004
a	Plan name	SALEM COMMUNITY HOSPITAL R.N. MATCH	
b	Name of plan sponsor	SALEM COMMUNITY HOSPITAL	c EIN-PN 34-1041385-005
a	Plan name	SCH PROFESSIONAL CORPORATION 403(B)	
b	Name of plan sponsor	SALEM COMMUNITY HOSPITAL	c EIN-PN 34-1041385-006
a	Plan name	SALINAS VALLEY MEMORIAL HEALTHCARE	
b	Name of plan sponsor	SALINAS VALLEY MEMORIAL HEALTH	c EIN-PN 94-6004020-001
a	Plan name	SALINAS VALLEY MEMORIAL HEALTHCARE	
b	Name of plan sponsor	SALINAS VALLEY MEMORIAL HEALTH	c EIN-PN 94-6004020-001
a	Plan name	SAMARITAN MEDICAL CENTER/SAMARITAN	
b	Name of plan sponsor	SAMARITAN MEDICAL CENTER	c EIN-PN 15-0533577-006
a	Plan name	SAMUELS, MILLER, SCHROEDER, JACKSON	
b	Name of plan sponsor	SAMUELS, MILLER, SCHROEDER LLP	c EIN-PN 37-0670750-001
a	Plan name	SFVCMHC, INC. 403B PLAN	
b	Name of plan sponsor	SAN FERNANDO VALLEY COMMUNITY MHC	c EIN-PN 95-6194487-003
a	Plan name	VALLEY VIEW CASINO 401(K) PLAN & TR	
b	Name of plan sponsor	SAN PASQUAL CASINO DEV GROUP	c EIN-PN 33-0926655-001
a	Plan name	SANTA BARBARA MUSEUM OF NATURAL HIS	
b	Name of plan sponsor	SANTA BARBARA MUSEUM OF NATURA	c EIN-PN 95-1643378-002
a	Plan name	SAVANNAH AREA CHAMBER OF COMMERCE 4	
b	Name of plan sponsor	SAVANNAH AREA CHAMBER OF COMM.	c EIN-PN 58-0417930-001

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	SCHOOLCRAFT MEMORIAL HOSPITAL 401(A)	
b	Name of plan sponsor	SCHOOLCRAFT MEMORIAL HOSPITAL	c EIN-PN 74-2517055-001
a	Plan name	SCHOOLCRAFT MEMORIAL HOSPITAL SECTI	
b	Name of plan sponsor	SCHOOLCRAFT MEMORIAL HOSPITAL	c EIN-PN 74-2517055-002
a	Plan name	SEACOAST 403(B)(9) RETIREMENT PLAN	
b	Name of plan sponsor	SEACOAST CHRISTIAN CHURCH	c EIN-PN 57-1045195-001
a	Plan name	SEAFARERS INTERNATIONAL UNION AGLIW	
b	Name of plan sponsor	SEAFARERS INTERNATIONAL UNION AGLIW	c EIN-PN 26-1527179-002
a	Plan name	SEEDCO RETIREMENT PLAN	
b	Name of plan sponsor	SEEDCO	c EIN-PN 13-2875743-001
a	Plan name	SEEDCO 403(B) PLAN	
b	Name of plan sponsor	SEEDCO	c EIN-PN 13-2875743-002
a	Plan name	SENIOR OPERATIONS LLC 401(K) PROFIT	
b	Name of plan sponsor	SENIOR OPERATIONS LLC	c EIN-PN 94-2918781-003
a	Plan name	SERVICESOURCE, INC. 403(B) TAX DEFE	
b	Name of plan sponsor	SERVICESOURCE, INC.	c EIN-PN 54-0901256-001
a	Plan name	SERVICESOURCE, INC. 401(A) RETIREME	
b	Name of plan sponsor	SERVICESOURCE, INC.	c EIN-PN 54-0901256-002
a	Plan name	SEVENTH GENERATION, INC. RETIREMENT	
b	Name of plan sponsor	SEVENTH GENERATION, INC.	c EIN-PN 03-0300509-001
a	Plan name	SHEA'S PERFORMING ARTS CENTER TAX S	
b	Name of plan sponsor	SHEAS PERFORMING ARTS CENTER	c EIN-PN 16-1158412-001
a	Plan name	SHEET METAL WORKERS LOCAL UNION NO.	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL 38	c EIN-PN 13-3319782-001

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 SHEET METAL WORKERS LOCAL NO. 2 401	
b	Name of plan sponsor SHEET METAL WORKERS LOCAL NO.2	c EIN-PN 31-1648261-001
a	Plan name SHIELDS, HARPER & CO. PROFIT SHARIN	
b	Name of plan sponsor SHIELDS, HARPER & CO.	c EIN-PN 94-1751530-001
a	Plan name SILVERADO SENIOR LIVING HOLDINGS, I	
b	Name of plan sponsor SILVERADO SENIOR LIVING	c EIN-PN 27-4275556-001
a	Plan name SMART, DONOHUE & NEJAME, P.C. 401(K)	
b	Name of plan sponsor SMART, DONOHUE & NEJAME, P.C.	c EIN-PN 06-0873723-001
a	Plan name SMITH NEWS COMPANY, INC. 401(K) PRO	
b	Name of plan sponsor SMITH NEWS COMPANY, INC.	c EIN-PN 94-1366534-001
a	Plan name SOCIETY OF COUNSEL REPRESENTING ACC	
b	Name of plan sponsor SOCIETY OF COUNSEL REPRESENTING	c EIN-PN 91-0984541-001
a	Plan name SOUTH GEORGIA RADIOLOGY ASSOCIATES,	
b	Name of plan sponsor SOUTH GEORGIA RADIOLOGY ASSOC	c EIN-PN 20-8031441-001
a	Plan name SOUTHEAST COMMUNITY WORK CENTER INC	
b	Name of plan sponsor SOUTHEAST COMMUNITY WORK CTR.	c EIN-PN 16-1074815-001
a	Plan name SOUTHEAST GEORGIA HEALTH SYSTEM BRU	
b	Name of plan sponsor SOUTHEAST GEORGIA HEALTH SYSTEM	c EIN-PN 58-6000498-001
a	Plan name SOUTHEAST GEORGIA HEALTH SYSTEM INC	
b	Name of plan sponsor SOUTHEAST GEORGIA HEALTH SYSTEM	c EIN-PN 58-1911751-001
a	Plan name DO NOT USE	
b	Name of plan sponsor SOUTHEAST GEORGIA HEALTH SYSTEM	c EIN-PN 58-6000490-001
a	Plan name SOUTHEAST GEORGIA HEALTH SYSTEM, BR	
b	Name of plan sponsor SOUTHEAST GEORGIA HEALTH SYSTEM	c EIN-PN 58-6000498-001

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	SOUTHEAST GEORGIA HEALTH SYSTEM 457	
b	Name of plan sponsor	SOUTHEAST GEORGIA HEALTH SYSTEM	c EIN-PN 58-6000498-001
a	Plan name	SOUTHERN LUMBER COMPANY 401(K) PROF	
b	Name of plan sponsor	SOUTHERN LUMBER COMPANY	c EIN-PN 94-0881960-002
a	Plan name	SOUTHERN RETINA, LLC 401K PROFIT SH	
b	Name of plan sponsor	SOUTHERN RETINA, LLC	c EIN-PN 58-2590120-001
a	Plan name	SOUTHTOWNS RADIOLOGY ASSOCIATES, LL	
b	Name of plan sponsor	SOUTHTOWNS RADIOLOGY ASSOCIATE	c EIN-PN 16-1535765-002
a	Plan name	SOUTHVIEW ACRES HEALTH CARE CENTER,	
b	Name of plan sponsor	SOUTHVIEW ACRES HEALTH CARE CENTER,	c EIN-PN 41-0911248-001
a	Plan name	SOUTHWESTERN ILLINOIS VISITING NURS	
b	Name of plan sponsor	SOUTHWESTERN ILLINOIS VNA	c EIN-PN 37-0673557-004
a	Plan name	SPAULDING YOUTH CENTER 403(B) RETIR	
b	Name of plan sponsor	SPAULDING YOUTH CENTER	c EIN-PN 02-0244216-003
a	Plan name	SPECIALTY BAKING, INC. 401(K) PLAN	
b	Name of plan sponsor	SPECIALTY BAKING, INC.	c EIN-PN 94-2457698-003
a	Plan name	SPRINGFIELD EYE ASSOCIATES, INC. 40	
b	Name of plan sponsor	SPRINGFIELD EYE ASSOCIATES	c EIN-PN 04-2440507-001
a	Plan name	ST. MARK'S EPISCOPAL SCHOOL 403(B)	
b	Name of plan sponsor	ST. MARKS EPISCOPAL SCHOOL	c EIN-PN 76-0503802-001
a	Plan name	STATE EDUCATION RESOURCE CENTER TSA	
b	Name of plan sponsor	STATE EDUCATION RESOURCE CENTER	c EIN-PN 06-0766747-003
a	Plan name	STOCKELL INFORMATION SYSTEMS, INC.	
b	Name of plan sponsor	STOCKELL INFORMATION SYSTEMS,	c EIN-PN 43-1409673-002

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	STRECK, INC. RETIREMENT PLAN	
b	Name of plan sponsor	STRECK, INC.	c EIN-PN 47-0536601-001
a	Plan name	STRUCTURAL IRON WORKERS LOCAL NO. 1	
b	Name of plan sponsor	STRUCTURAL IRON WORKERS LOCAL 1	c EIN-PN 36-6551011-003
a	Plan name	SUNSOURCE SAVINGS AND INVESTMENT PL	
b	Name of plan sponsor	STS OPERATING, INC.	c EIN-PN 22-3827595-025
a	Plan name	PARAGON TECHNOLOGIES, INC. 401(K) P	
b	Name of plan sponsor	STS OPERATING, INC.	c EIN-PN 38-2839897-001
a	Plan name	WESTERN HYDROSTATICS, INC. 401(K) P	
b	Name of plan sponsor	STS OPERATING, INC.	c EIN-PN 33-0143861-025
a	Plan name	403(B) THRIFT PLAN FOR STUDENT CONS	
b	Name of plan sponsor	STUDENT CONSERVATION ASSOCIATION	c EIN-PN 91-0880684-001
a	Plan name	SUMMERS & ZIM'S, INC. PROFIT SHARIN	
b	Name of plan sponsor	SUMMERS & ZIMS, INC.	c EIN-PN 23-1908025-001
a	Plan name	SUNRISE TELECOM INCORPORATED 401(K)	
b	Name of plan sponsor	SUNRISE TELECOM INCORPORATED	c EIN-PN 77-0291197-001
a	Plan name	SWBG, LLC 401(K) PLAN	
b	Name of plan sponsor	SWBG, LLC	c EIN-PN 38-3958040-001
a	Plan name	SYMRISE INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	SYMRISE INC.	c EIN-PN 22-1682840-002
a	Plan name	TAHOE TRANSPORTATION DISTRICT 457(B)	
b	Name of plan sponsor	TAHOE TRANSPORTATION DISTRICT	c EIN-PN 68-0360922-001
a	Plan name	TAIT & ASSOCIATES, INC. 401(K) SAVI	
b	Name of plan sponsor	TAIT & ASSOCIATES, INC.	c EIN-PN 95-2395818-001

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 TANIMURA & ANTLE, INC. PROFIT SHARI	
b	Name of plan sponsor TANIMURA & ANTLE INC.	c EIN-PN 94-2906792-002
a	Plan name 3 STAR LETTUCE, LLC 401(K) P/S PLAN	
b	Name of plan sponsor TANIMURA & ANTLE INC.	c EIN-PN 77-0574315-001
a	Plan name TAYLOR CRANE & RIGGING INC. 401(K)	
b	Name of plan sponsor TAYLOR CRANE & RIGGING	c EIN-PN 48-0991434-001
a	Plan name THE BERRY COMPANY, LLC 401(K) RETIR	
b	Name of plan sponsor TBC HOLDINGS I, INC.	c EIN-PN 45-3817586-001
a	Plan name LOCAL INSIGHT MEDIA YELLOW PAGES DE	
b	Name of plan sponsor TBC HOLDINGS I, INC.	c EIN-PN 25-1737524-009
a	Plan name LOCAL INSIGHT BERRY HOLDINGS LLC DE	
b	Name of plan sponsor TBC HOLDINGS I, INC.	c EIN-PN 45-3817586-010
a	Plan name TELAMON CORPORATION TAX SHELTERED R	
b	Name of plan sponsor TELAMON CORPORATION	c EIN-PN 56-1022483-001
a	Plan name TEXAS EDUCATIONAL FOUNDATION SUPPLE	
b	Name of plan sponsor TEXAS EDUCATIONAL FOUNDATION	c EIN-PN 74-1501565-001
a	Plan name TEXAS METHODIST FOUNDATION RETIREME	
b	Name of plan sponsor TEXAS METHODIST FOUNDATION	c EIN-PN 74-1363741-001
a	Plan name TEXAS PROPERTY & CASUALTY INSURANCE	
b	Name of plan sponsor TEXAS PROPERTY & CASUALTY INSU	c EIN-PN 74-1956695-002
a	Plan name THAMES VALLEY COUNCIL FOR COMMUNITY	
b	Name of plan sponsor THAMES VALLEY COUNCIL FOR COMM	c EIN-PN 06-0806128-001
a	Plan name THAMES VALLEY COUNCIL FOR COMMUNITY	
b	Name of plan sponsor THAMES VALLEY COUNCIL FOR COMM	c EIN-PN 06-0806128-002

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	THE BELLEVUE HOSPITAL EMPLOYEE PENS	
b	Name of plan sponsor	THE BELLEVUE HOSPITAL	c EIN-PN 34-4428205-001
a	Plan name	THE BELLEVUE HOSPITAL 403(B) MATCH	
b	Name of plan sponsor	THE BELLEVUE HOSPITAL	c EIN-PN 34-4428205-007
a	Plan name	BELLEVUE PROFESSIONAL SERVICES, INC	
b	Name of plan sponsor	THE BELLEVUE HOSPITAL	c EIN-PN 34-1828724-003
a	Plan name	THE BELLEVUE HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	THE BELLEVUE HOSPITAL	c EIN-PN 34-4428205-004
a	Plan name	THE BIG TEN CONFERENCE, INC. TAX SH	
b	Name of plan sponsor	THE BIG TEN CONFERENCE, INC.	c EIN-PN 36-3640583-002
a	Plan name	THE CHAPEL 403(B) PLAN	
b	Name of plan sponsor	THE CHAPEL	c EIN-PN 36-3963071-001
a	Plan name	THE CHAPEL ON THE CAMPUS 403B PLAN	
b	Name of plan sponsor	THE CHAPEL ON THE CAMPUS	c EIN-PN 23-7204437-001
a	Plan name	THE CITY OF SANDY SPRINGS 401(A) PL	
b	Name of plan sponsor	THE CITY OF SANDY SPRINGS, GA	c EIN-PN 20-3767748-001
a	Plan name	THE CITY OF SANDY SPRINGS 457(B) PL	
b	Name of plan sponsor	THE CITY OF SANDY SPRINGS, GA	c EIN-PN 20-3767748-002
a	Plan name	THE DOE RUN RESOURCES CORPORATION S	
b	Name of plan sponsor	THE DOE RUN RESOURCES CORP.	c EIN-PN 13-1255630-102
a	Plan name	THE EXPLORATORIUM RETIREMENT PLAN	
b	Name of plan sponsor	THE EXPLORATORIUM	c EIN-PN 94-1696494-002
a	Plan name	THE EXPLORATORIUM DEFINED CONTRIBUT	
b	Name of plan sponsor	THE EXPLORATORIUM	c EIN-PN 94-1696494-001

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 FOUNDATION FOR SENIOR LIVING 40	
b	Name of plan sponsor THE FOUNDATION FOR SENIOR LIVING	c EIN-PN 86-0298945-001
a	Plan name THE HEALTH FOUNDATION OF CENTRAL MA	
b	Name of plan sponsor THE HEALTH FOUNDATION OF CENTR	c EIN-PN 04-2633274-001
a	Plan name THE HESS COLLECTION 401(K) PLAN	
b	Name of plan sponsor THE HESS COLLECTION WINERY	c EIN-PN 68-0071196-001
a	Plan name THE HILB GROUP OPERATING COMPANY, L	
b	Name of plan sponsor THE HILB GROUP OPERATING CO.	c EIN-PN 47-1098088-001
a	Plan name THE MIDDLESEX CORPORATION RETIREMEN	
b	Name of plan sponsor THE MIDDLESEX CORPORATION	c EIN-PN 04-2534615-001
a	Plan name THE OHIO MASONIC HOME 403(B) RETIRE	
b	Name of plan sponsor THE OHIO MASONIC HOME	c EIN-PN 31-0536997-002
a	Plan name OPPORTUNITY ALLIANCE 403(B) PLAN	
b	Name of plan sponsor THE OPPORTUNITY ALLIANCE	c EIN-PN 01-0274725-001
a	Plan name SECTION 403(B) RETIREMENT PLAN FOR	
b	Name of plan sponsor THE PARISH SCHOOL	c EIN-PN 76-0049432-002
a	Plan name THE ROCK AND ROLL HALL OF FAME AND	
b	Name of plan sponsor THE ROCK & ROLL HALL OF FAME AND M	c EIN-PN 34-1520995-001
a	Plan name THE SAUL ZAENTZ COMPANY RETIREMENT	
b	Name of plan sponsor THE SAUL ZAENTZ COMPANY	c EIN-PN 36-2925899-001
a	Plan name THE SISTERS SERVANTS OF THE IMMACUL	
b	Name of plan sponsor THE SISTERS SERVANTS	c EIN-PN 23-1352569-002
a	Plan name THE SISTERS SERVANTS OF THE IMMACUL	
b	Name of plan sponsor THE SISTERS SERVANTS	c EIN-PN 23-1352569-001

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	VILLA MARIA ACADEMY LOWER SCHOOL 40	
b	Name of plan sponsor	THE SISTERS SERVANTS	c EIN-PN 23-1352569-002
a	Plan name	THE SYCUAN BAND OF THE KUMEYAAY NAT	
b	Name of plan sponsor	THE SYCUAN BAND OF THE KUMEYAA	c EIN-PN 33-0881662-001
a	Plan name	THE TEMPLE FOUNDATION, INC. TAX SHE	
b	Name of plan sponsor	THE TEMPLE FOUNDATION, INC.	c EIN-PN 54-6056731-001
a	Plan name	THE UROLOGY TEAM 401(K) PLAN	
b	Name of plan sponsor	THE UROLOGY TEAM, P.A.	c EIN-PN 74-2837301-001
a	Plan name	THE WESLEY COMMUNITIES 403(B) PLAN	
b	Name of plan sponsor	THE WESLEY COMMUNITIES	c EIN-PN 31-0711146-001
a	Plan name	THOMAS & HUTTON ENGINEERING CO. MON	
b	Name of plan sponsor	THOMAS & HUTTON ENGINEERING CO	c EIN-PN 58-0652827-001
a	Plan name	THOMAS & HUTTON ENGINEERING CO. RET	
b	Name of plan sponsor	THOMAS & HUTTON ENGINEERING CO	c EIN-PN 58-0652827-002
a	Plan name	TIEGERMAN SCHOOL 403(B) RETIREMENT	
b	Name of plan sponsor	TIEGERMAN SCHOOL	c EIN-PN 11-2739039-001
a	Plan name	TIEGERMAN SCHOOL EMPLOYEES' RETIREM	
b	Name of plan sponsor	TIEGERMAN SCHOOL	c EIN-PN 11-2739039-003
a	Plan name	TIM HORTONS 401(K) AND SAVINGS PLAN	
b	Name of plan sponsor	TIM HORTONS USA INC.	c EIN-PN 98-0540122-001
a	Plan name	TIM HORTONS 401(K) AND SAVINGS PLAN	
b	Name of plan sponsor	TIM HORTONS USA INC.	c EIN-PN 98-0540122-002
a	Plan name	TOLEDO SIGN COMPANY 401(K) PROFIT S	
b	Name of plan sponsor	TOLEDO SIGN COMPANY, INC.	c EIN-PN 34-1084117-001

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	TOLEDO SIGN COMPANY, INC. SAFE HARB	
b	Name of plan sponsor	TOLEDO SIGN COMPANY, INC.	c EIN-PN 34-1084117-002
a	Plan name	TOYOTA OF ORANGE 401(K) PLAN AND TR	
b	Name of plan sponsor	TOYOTA OF ORANGE, INC.	c EIN-PN 95-2746122-002
a	Plan name	TP MECHANICAL CONTRACTORS, INC. RET	
b	Name of plan sponsor	TP MECHANICAL CONTRACTORS, INC	c EIN-PN 20-0251494-001
a	Plan name	TDC 401(K) PLAN	
b	Name of plan sponsor	TRANSPACIFIC DEVELOPMENT COMPANY	c EIN-PN 95-1818584-001
a	Plan name	OILDEX RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRANSZAP, INC.	c EIN-PN 84-1490543-002
a	Plan name	TRELLEBORG SEALING SOLUTIONS U.S.,	
b	Name of plan sponsor	TRELLEBORG SEALING SOLUTIONS U	c EIN-PN 95-1773005-001
a	Plan name	TRELLEBORG SEALING SOLUTIONS U.S.,	
b	Name of plan sponsor	TRELLEBORG SEALING SOLUTIONS U	c EIN-PN 95-1773005-001
a	Plan name	TRIANGLE CHEMICAL PROFIT SHARING 40	
b	Name of plan sponsor	TRIANGLE CHEMICAL COMPANY	c EIN-PN 58-0531579-001
a	Plan name	TRINET SELECT 401(K) PLAN	
b	Name of plan sponsor	TRINET HR IV, LLC	c EIN-PN 48-1304650-333
a	Plan name	TRINET SELECT 401(K) PLAN	
b	Name of plan sponsor	TRINET HR IV, LLC	c EIN-PN 48-1304650-333
a	Plan name	TRINET SELECT 401(K) PLAN	
b	Name of plan sponsor	TRINET HR IV, LLC	c EIN-PN 48-1304650-333
a	Plan name	SAFER SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor	TRINET HR IV, LLC	c EIN-PN 20-0123690-333

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 CM INVESTMENT PARTNERS 401(K) PLAN	
b	Name of plan sponsor TRINET HR IV, LLC	c EIN-PN 46-3291153-333
a	Plan name GIPHY, INC. 401(K) PLAN	
b	Name of plan sponsor TRINET HR IV, LLC	c EIN-PN 46-2130194-333
a	Plan name VKRM SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor TRINET HR IV, LLC	c EIN-PN 20-8090732-001
a	Plan name TRITECH SOFTWARE SYSTEMS 401(K) SAV	
b	Name of plan sponsor TRITECH SOFTWARE SYSTEMS	c EIN-PN 95-3871079-001
a	Plan name TRITON PEO, INC. RETIREMENT PLAN	
b	Name of plan sponsor TRITON CORPORATE SERVICES, INC	c EIN-PN 45-4957822-001
a	Plan name TROUT UNLIMITED SECTION 403(B) RETI	
b	Name of plan sponsor TROUT UNLIMITED, INC.	c EIN-PN 38-1612715-001
a	Plan name TSE, INC. RETIREMENT PLAN	
b	Name of plan sponsor TSE, INC.	c EIN-PN 41-0858512-001
a	Plan name TYLER EQUIPMENT CORPORATION 401(K)	
b	Name of plan sponsor TYLER EQUIPMENT CORPORATION	c EIN-PN 04-1918900-001
a	Plan name TPX 401(K) PLAN	
b	Name of plan sponsor U.S. TELEPACIFIC CORP.	c EIN-PN 95-4593876-001
a	Plan name UMOM - NEW DAY CENTERS, INC. RETIRE	
b	Name of plan sponsor UMOM - NEW DAY CENTERS, INC.	c EIN-PN 86-0521062-001
a	Plan name UNICOI COUNTY MEMORIAL HOSPITAL EMP	
b	Name of plan sponsor UNICOI COUNTY MEMORIAL HOSPITAL	c EIN-PN 58-1837116-001
a	Plan name UNITED EQUITIES, INC. 401K PROFIT S	
b	Name of plan sponsor UNITED EQUITIES, INC	c EIN-PN 74-2063938-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	UNITED STATES CONFERENCE OF CATHOLI	
b	Name of plan sponsor	UNITED STATES CONFERENCE OF CA	c EIN-PN 53-0196617-001
a	Plan name	UNITED WAY OF GREATER CLEVELAND 403	
b	Name of plan sponsor	UNITED WAY OF GREATER CLEVELAND	c EIN-PN 34-6516654-003
a	Plan name	UNIVERSAL ELECTRONICS, INC. 401(K)	
b	Name of plan sponsor	UNIVERSAL ELECTRONICS, INC.	c EIN-PN 33-0204817-001
a	Plan name	ALLIED UNIVERSAL 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL SERVICES OF AMERICA	c EIN-PN 27-1562945-001
a	Plan name	UNIVERSITY OF MARYLAND FACULTY PHYS	
b	Name of plan sponsor	UNIVERSITY OF MD FACULTY PHYSICIANS	c EIN-PN 52-1299563-002
a	Plan name	SHOCK TRAUMA ASSOCIATES, P.A. TAX D	
b	Name of plan sponsor	UNIVERSITY OF MD FACULTY PHYSICIANS	c EIN-PN 52-1119350-001
a	Plan name	UNIVERSITY OF MARYLAND ORTHOPAEDIC	
b	Name of plan sponsor	UNIVERSITY OF MD FACULTY PHYSICIANS	c EIN-PN 52-2122145-001
a	Plan name	UNIVERSITY OF MARYLAND ORTHOPAEDIC	
b	Name of plan sponsor	UNIVERSITY OF MD FACULTY PHYSICIANS	c EIN-PN 52-2381867-001
a	Plan name	MARYLAND MEDICINE, P.A. 401(K) RETI	
b	Name of plan sponsor	UNIVERSITY OF MD FACULTY PHYSICIANS	c EIN-PN 52-1908496-002
a	Plan name	UNIVERSITY OF MARYLAND FACULTY PHYS	
b	Name of plan sponsor	UNIVERSITY OF MD FACULTY PHYSICIANS	c EIN-PN 52-6148737-001
a	Plan name	UNIVERSITY OF MARYLAND FACULTY PHYS	
b	Name of plan sponsor	UNIVERSITY OF MD FACULTY PHYSICIANS	c EIN-PN 52-1908496-001
a	Plan name	UNIVERSITY OF MARYLAND FACULTY PHYS	
b	Name of plan sponsor	UNIVERSITY OF MD FACULTY PHYSICIANS	c EIN-PN 52-1274266-001

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	UNIVERSITY OF MARYLAND FACULTY PHYS	
b	Name of plan sponsor	UNIVERSITY OF MD FACULTY PHYSICIANS	c EIN-PN 52-1182593-002
a	Plan name	UNIVERSITY OF MARYLAND ANESTHESIOLO	
b	Name of plan sponsor	UNIVERSITY OF MD FACULTY PHYSICIANS	c EIN-PN 52-1076158-002
a	Plan name	UNIVERSITY OF MARYLAND NEUROLOGY AS	
b	Name of plan sponsor	UNIVERSITY OF MD FACULTY PHYSICIANS	c EIN-PN 52-6002033-001
a	Plan name	UNIVERSITY OF SIOUX FALLS RETIREMEN	
b	Name of plan sponsor	UNIVERSITY OF SIOUX FALLS	c EIN-PN 46-0224600-001
a	Plan name	UNIVERSITY ORTHOPEDICS CENTER, LTD	
b	Name of plan sponsor	UNIVERSITY ORTHOPEDICS CENTER	c EIN-PN 25-1655314-001
a	Plan name	UNIZIN 403(B) PLAN	
b	Name of plan sponsor	UNIZIN, LTD	c EIN-PN 81-0721725-001
a	Plan name	HAMOT HEALTH FOUNDATION EMPLOYEE TA	
b	Name of plan sponsor	UPMC HAMOT	c EIN-PN 25-0965387-003
a	Plan name	HAMOT HEALTH FOUNDATION TAX SHELTER	
b	Name of plan sponsor	UPMC HAMOT	c EIN-PN 25-0965387-002
a	Plan name	UPSHER-SMITH LABORATORIES RETIREMEN	
b	Name of plan sponsor	UPSHER-SMITH LABORATORIES, LLC	c EIN-PN 41-0969017-001
a	Plan name	URBAN OUTFITTERS, INC. 401(K) SAVIN	
b	Name of plan sponsor	URBAN OUTFITTERS, INC.	c EIN-PN 23-2003332-002
a	Plan name	USW INDUSTRY 401(K) PLAN	
b	Name of plan sponsor	USW INDUSTRY 401K FUND	c EIN-PN 62-1564649-002
a	Plan name	UVALDE MEMORIAL HOSPITAL 403(B) PLA	
b	Name of plan sponsor	UVALDE MEMORIAL HOSPITAL	c EIN-PN 74-1603120-002

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	UVALDE MEMORIAL HOSPITAL RETIREMENT	
b	Name of plan sponsor	UVALDE MEMORIAL HOSPITAL	c EIN-PN 74-1603120-001
a	Plan name	UVALDE MEMORIAL HOSPITAL 457 PLAN	
b	Name of plan sponsor	UVALDE MEMORIAL HOSPITAL	c EIN-PN 74-1603120-001
a	Plan name	VANTIS LIFE INSURANCE COMPANY CASH	
b	Name of plan sponsor	VANTIS LIFE INSURANCE COMPANY	c EIN-PN 06-0523876-002
a	Plan name	BUILD RETIREMENT PLAN	
b	Name of plan sponsor	VCC	c EIN-PN 71-0644259-001
a	Plan name	VENTURA COASTAL, LLC. 401(K) SAVING	
b	Name of plan sponsor	VENTURA COASTAL, LLC.	c EIN-PN 80-0776276-002
a	Plan name	VERA INSTITUTE PENSION PLAN	
b	Name of plan sponsor	VERA INSTITUTE OF JUSTICE, INC.	c EIN-PN 13-1941627-001
a	Plan name	VERA INSTITUTE OF JUSTICE TAX SHELTER	
b	Name of plan sponsor	VERA INSTITUTE OF JUSTICE, INC.	c EIN-PN 13-1941627-003
a	Plan name	VIRGINIA HOSPITAL AND HEALTHCARE AS	
b	Name of plan sponsor	VHHA	c EIN-PN 54-0701665-002
a	Plan name	VICTOR INSTRUMENTS, INC. PROFIT SHA	
b	Name of plan sponsor	VICTOR MEDICAL COMPANY	c EIN-PN 95-2924299-002
a	Plan name	VISION DESIGN STUDIO RETIREMENT PLA	
b	Name of plan sponsor	VISION DESIGN STUDIO	c EIN-PN 91-2112212-001
a	Plan name	THE VITACOST, 401(K) RETIREMENT PLA	
b	Name of plan sponsor	VITACOST.COM INC.	c EIN-PN 37-1333024-001
a	Plan name	VOLCOM, LLC 401(K) PLAN	
b	Name of plan sponsor	VOLCOM, LLC	c EIN-PN 33-0466919-001

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	VOLOGY, INC. 401(K) PLAN	
b Name of plan sponsor	VOLOGY, INC.	c EIN-PN 59-3760415-001
a Plan name	VT GROUP U.S. RETIREMENT PLAN	
b Name of plan sponsor	VT SERVICES INC.	c EIN-PN 20-3786363-001
a Plan name	VT MILCOM 401(K) EMPLOYEE RETIREMEN	
b Name of plan sponsor	VT SERVICES INC.	c EIN-PN 52-0907748-002
a Plan name	VT GRIFFIN SERVICES KINGS BAY 401(K	
b Name of plan sponsor	VT SERVICES INC.	c EIN-PN 58-1470581-002
a Plan name	WACH. EMERGENCY PHYS. PC RET PLAN	
b Name of plan sponsor	WACHUSETT EMERGENCY PHYSICIANS	c EIN-PN 04-2906048-001
a Plan name	WAGEWORKS, INC. 401(K)	
b Name of plan sponsor	WAGEWORKS, INC.	c EIN-PN 94-3351864-001
a Plan name	WASHINGTON MILLS MANAGEMENT, INC. 4	
b Name of plan sponsor	WASHINGTON MILLS MANAGEMENT, INC.	c EIN-PN 26-1206539-002
a Plan name	WASHINGTON MILLS ELECTRO MINERALS C	
b Name of plan sponsor	WASHINGTON MILLS MANAGEMENT, INC.	c EIN-PN 16-1289440-003
a Plan name	WASHINGTON MILLS TONAWANDA, INC. UN	
b Name of plan sponsor	WASHINGTON MILLS MANAGEMENT, INC.	c EIN-PN 26-1198679-004
a Plan name	WASHINGTON MILLS HENNEPIN, INC. HOU	
b Name of plan sponsor	WASHINGTON MILLS MANAGEMENT, INC.	c EIN-PN 26-1256276-007
a Plan name	WELCOME HOUSE, INC. 403(B) PLAN	
b Name of plan sponsor	WELCOME HOUSE, INC.	c EIN-PN 34-1793226-001
a Plan name	WELLMORE, INC. 403(B) PLAN	
b Name of plan sponsor	WELLMORE	c EIN-PN 06-0669107-001

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	WELLMORE INC.PROFIT SHARING PLAN	
b	Name of plan sponsor	WELLMORE, INC.	c EIN-PN 06-0669107-002
a	Plan name	WERNER ENTERPRISES, INC. AND SUBSID	
b	Name of plan sponsor	WERNER ENTERPRISES, INC.	c EIN-PN 47-0648386-002
a	Plan name	WESLEY SPECTRUM SERVICES 403(B) SAV	
b	Name of plan sponsor	WESLEY SPECTRUM SERVICES	c EIN-PN 25-1180602-002
a	Plan name	WESLEY SPECTRUM SERVICES 401(A) MON	
b	Name of plan sponsor	WESLEY SPECTRUM SERVICES	c EIN-PN 25-1180602-001
a	Plan name	WEST SIDE CARDIOLOGY ASSOCIATES, IN	
b	Name of plan sponsor	WEST SIDE CARDIOLOGY ASSOCIATES	c EIN-PN 34-1054024-002
a	Plan name	WESTBANK FISHING, LLC 401(K) PLAN	
b	Name of plan sponsor	WESTBANK FISHING, LLC	c EIN-PN 22-3143093-001
a	Plan name	WESTMORELAND COMMUNITY ACTION 403(B)	
b	Name of plan sponsor	WESTMORELAND COMMUNITY ACTION	c EIN-PN 75-1383079-001
a	Plan name	WHISTLE REDI MIX, INC. PROFIT SHARI	
b	Name of plan sponsor	WHISTLE REDI MIX INC.	c EIN-PN 43-1443697-001
a	Plan name	WHITES RESIDENTIAL FAMILY SERVICES	
b	Name of plan sponsor	WHITES RESIDENTIAL AND FAMILY	c EIN-PN 35-0883520-002
a	Plan name	WHITNEY CENTER, INC. COMPREHENSIVE	
b	Name of plan sponsor	WHITNEY CENTER, INC.	c EIN-PN 06-0924891-002
a	Plan name	WHITTIER CHRISTIAN HIGH SCHOOL TAX-	
b	Name of plan sponsor	WHITTIER CHRISTIAN HIGH SCHOOL	c EIN-PN 95-2002095-001
a	Plan name	WILDISH GROUP OF COMPANIES 401(K) P	
b	Name of plan sponsor	WILDISH BUILDING MATERIAL COMP	c EIN-PN 93-0492469-003

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	WILDISH HOURLY EMPLOYEES 401(K) PLA	
b	Name of plan sponsor	WILDISH BUILDING MATERIAL COMP	c EIN-PN 93-0492469-004
a	Plan name	WILLAMETTE VALLEY BANK 401(K) PROFI	
b	Name of plan sponsor	WILLAMETTE VALLEY BANK	c EIN-PN 93-1277376-001
a	Plan name	WILLIAMS STEEL GROUP 401(K) PLAN	
b	Name of plan sponsor	WILLIAMS STEEL COMPANY, INC.	c EIN-PN 62-0692346-002
a	Plan name	WILLIE ROSS SCHOOL FOR THE DEAF, IN	
b	Name of plan sponsor	WILLIE ROSS SCHOOL FOR THE DEAF	c EIN-PN 04-2430193-002
a	Plan name	WINDMILL HEALTH PRODUCTS LLC 401K P	
b	Name of plan sponsor	WINDMILL HEALTH PRODUCTS LLC	c EIN-PN 27-0247569-001
a	Plan name	WOMEN'S HEALTH ASSOCIATES, PLLC 401	
b	Name of plan sponsor	WOMENS HEALTH ASSOCIATES PLLC	c EIN-PN 82-0504370-001
a	Plan name	WORKFORCE ESSENTIALS, INC. TSA RETI	
b	Name of plan sponsor	WORKFORCE ESSENTIALS, INC.	c EIN-PN 62-1498440-001
a	Plan name	NORTH TENNESSEE WORKFORCE BOARD 403	
b	Name of plan sponsor	WORKFORCE ESSENTIALS, INC.	c EIN-PN 62-1812741-001
a	Plan name	WORLDWIDE GOLF SHOPS LLC 401(K) PLA	
b	Name of plan sponsor	WORLDWIDE GOLF SHOPS LLC	c EIN-PN 77-0326726-001
a	Plan name	WYANDOTTE HEALTH FOUNDATION 401(K)	
b	Name of plan sponsor	WYANDOTTE HEALTH FOUNDATION	c EIN-PN 48-0547722-001
a	Plan name	403(B) THRIFT PLAN OF YAKIMA NEIGHB	
b	Name of plan sponsor	YAKIMA NEIGHBORHOOD HEALTH	c EIN-PN 91-0928817-001
a	Plan name	ZEN-NOH GRAIN CORPORATION RETIREMEN	
b	Name of plan sponsor	ZEN-NOH GRAIN CORPORATION	c EIN-PN 72-0860064-002

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SIA-E1 (NON-CLIENT SAGIC CORE BOND)	B Three-digit plan number (PN) ▶ 281
C Plan sponsor's name as shown on line 2a of Form 5500 MASSACHUSETTS MUTUAL LIFE INSURANCE	D Employer Identification Number (EIN) 04-1590850

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	240914	81952
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	-2062989	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6356868	14574969
(2) U.S. Government securities	1c(2)	1815665247	1437552481
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	-191419523	1847919
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1628780517	1454057321
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1044515	9223852
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1044515	9223852
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1627736002	1444833469

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)	396682	
(B) U.S. Government securities.....	2b(1)(B)	67926564	
(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)	-1053383	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		67269863
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	-15179428	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	-887341983	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		872162555
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	352174	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		939784592

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)	10152566	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1538267	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11690833
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11690833

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		928093759
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		1110996292

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 _____.