

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|---|---|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 06/18/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) C

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>AM1 INTERNATIONAL EQUITY</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>ALTA TRUST COMPANY</u></p> <p><u>3500 S. PHILLIPS AVE.</u><br/><u>STE. 201</u><br/><u>SIOUX FALLS, SD 57105</u></p> | <p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>99-0743245</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>303-996-3781</u></p> <p><b>2d</b> Business code (see instructions)</p> |

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

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

|                  |  |                   |  |
|------------------|--|-------------------|--|
| <b>SIGN HERE</b> |  |                   |  |
|                  | Signature of plan administrator                          | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  |                   |  |
|                  | Signature of employer/plan sponsor                       | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>09/09/2025</u> | <u>MACKENZIE LOTHERT</u>                                     |
|                  | Signature of DFE   | Date              | Enter name of individual signing as DFE                      |

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

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

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

|  |  |
|--|--|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|--|--|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 06/18/2024 and ending 12/31/2024

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>AM1 INTERNATIONAL EQUITY</u>  | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>ALTA TRUST COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>99-0743245</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|   |                               |   |
|---|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALTA TRUST SHORT TERM INVESTMENT</u>              |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>ALTA TRUST</u>                                 |                               |   |
| <b>c</b> EIN-PN <u>92-0398350-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>928752</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EAFE EQ IND FUND R</u>                  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>                           |                               |   |
| <b>c</b> EIN-PN <u>20-3802495-007</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>71984420</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST EMG MKTS IND SL SF CL II</u>             |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u> |                               |   |
| <b>c</b> EIN-PN <u>90-0337987-236</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12198215</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name 1 NATURAL WAY 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor 1 NATURAL WAY   | <b>c</b> EIN-PN 27-5096962-001 |
| <b>a</b> | Plan name 23 BOTTLES OF BEER LLC 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor 23 BOTTLES OF BEER LLC  | <b>c</b> EIN-PN 56-2310393-001 |
| <b>a</b> | Plan name A.O. HARDEE & SON RET SVGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor A.O. HARDEE & SON   | <b>c</b> EIN-PN 57-0721991-001 |
| <b>a</b> | Plan name ABSOLUTE DENTAL MANAGEMENT LLC 401K PROFIT SHARING PLAN & TRUST  |                                |
| <b>b</b> | Name of plan sponsor ABSOLUTE DENTAL MANAGEMENT LLC  | <b>c</b> EIN-PN 30-0889498-001 |
| <b>a</b> | Plan name ACHDO 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor AFRICAN COMMUNITY HOUSING & DEVELOPMENT   | <b>c</b> EIN-PN 83-1665288-001 |
| <b>a</b> | Plan name ACORN STAIRLIFTS, INC 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor ACORN STAIRLIFTS, INC   | <b>c</b> EIN-PN 59-3670273-001 |
| <b>a</b> | Plan name ACTION GYPSUM SUPPLY, LP 401K PSP  |                                |
| <b>b</b> | Name of plan sponsor ACTION GYPSUM SUPPLY, LP  | <b>c</b> EIN-PN 41-2089864-001 |
| <b>a</b> | Plan name ACUMENIAN SAVINGS & RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor ACUMENIAN, LLC  | <b>c</b> EIN-PN 81-3144910-001 |
| <b>a</b> | Plan name AD VIVUM ANESTHESIOLOGY, PC PSP  |                                |
| <b>b</b> | Name of plan sponsor AD VIVUM ANESTHESIOLOGY   | <b>c</b> EIN-PN 43-1916498-001 |
| <b>a</b> | Plan name ADAMAS PHARMACEUTICALS, INC. RETIRMENT TRUST   |                                |
| <b>b</b> | Name of plan sponsor ADAMAS PHARMACEUTICALS  | <b>c</b> EIN-PN 42-1560076-001 |
| <b>a</b> | Plan name ADCAL 401K PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor ADCAL ADHESIVE COATINGS AND LAMINATIONS, LLC  | <b>c</b> EIN-PN 65-1166570-001 |
| <b>a</b> | Plan name ADVANCED HEALTHCARE LOGISTICS 1081.01D RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor ADVANCED INFUSION   | <b>c</b> EIN-PN 66-0797827-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                       |
|----------|--|---------------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                       |
| <b>a</b> | Plan name <b>ADVANTAGE SERVICES GROUP LLC 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>ADVANTAGE SERVICES GROUP LLC</b>   | <b>c</b> EIN-PN <b>85-3347496-001</b> |
| <b>a</b> | Plan name <b>ADVANTAGE SOFTWARE 401K PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>ADVANTAGE SOFTWARE, INC.</b>   | <b>c</b> EIN-PN <b>33-0793360-001</b> |
| <b>a</b> | Plan name <b>AFFINITY 401(K)</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>PROJECT AFFINITY, INC.</b>   | <b>c</b> EIN-PN <b>47-2315002-001</b> |
| <b>a</b> | Plan name <b>AG ENVIRONMENTAL PSC SAVINGS AND RETIREMENT PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>AG ENVIRONMENTA PSC</b>  | <b>c</b> EIN-PN <b>66-0707230-001</b> |
| <b>a</b> | Plan name <b>AG PROVISION, LLC 401K PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>AG PROVISION, LLC</b>  | <b>c</b> EIN-PN <b>56-1977943-001</b> |
| <b>a</b> | Plan name <b>AGILITY AUTO PARTS 401K PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>AGILITY AUTO PARTS, INC</b>  | <b>c</b> EIN-PN <b>81-4680675-001</b> |
| <b>a</b> | Plan name <b>AGTECH SCIENTIFIC GROUP, LLC 401K PSP</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>AGTECH SCIENTIFIC GROUP, LLC</b>   | <b>c</b> EIN-PN <b>84-3384120-001</b> |
| <b>a</b> | Plan name <b>AIR T INC 401K PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>AIR T, INC.</b>  | <b>c</b> EIN-PN <b>52-1206400-001</b> |
| <b>a</b> | Plan name <b>AKUMIN 401K PKA ALLIANCE HEALTHCARE SERVICES, INC. 401K PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>ALLIANCE HEALTHCARE SERVICES</b>   | <b>c</b> EIN-PN <b>33-0239910-001</b> |
| <b>a</b> | Plan name <b>ALL PACKAGING COMPANY INC. 401K PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>ALL PACKAGING COMPANY</b>  | <b>c</b> EIN-PN <b>43-1214796-001</b> |
| <b>a</b> | Plan name <b>ALLEN INDUSTRIES 401K PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>ALLEN INDUSTRIES, INC</b>  | <b>c</b> EIN-PN <b>56-0928919-001</b> |
| <b>a</b> | Plan name <b>ALLIANCE FUNDING GROUP, INC. 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>ALLIANCE FUNDING GROUP, INC</b>  | <b>c</b> EIN-PN <b>33-0805832-001</b> |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | ALPLA 401K RET PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ALPLA, INC.  | <b>c</b> EIN-PN 58-2611718-001 |
| <b>a</b>   | Plan name            | ALTOS LABS, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ALTOS LABS, INC.   | <b>c</b> EIN-PN 86-3736536-001 |
| <b>a</b>   | Plan name            | ALWAYS FRESH FARMS LLC 401K PROFIT SHARING PLAN & TRUST                              |                                |
| <b>b</b>   | Name of plan sponsor | ALWAYS FRESH FARMS LLC   | <b>c</b> EIN-PN 59-3667639-001 |
| <b>a</b>   | Plan name            | AMERICAN BORATE CO. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | AMERICAN BORATE COMPANY  | <b>c</b> EIN-PN 74-1941153-001 |
| <b>a</b>   | Plan name            | AMERIT CONSULTING 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | AMERIT CONSULTING, INC   | <b>c</b> EIN-PN 02-0631746-002 |
| <b>a</b>   | Plan name            | AMP PRINTING, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | AMP PRINTING   | <b>c</b> EIN-PN 94-2747050-002 |
| <b>a</b>   | Plan name            | AMPUSH 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | AMPUSH LLC   | <b>c</b> EIN-PN 37-1794093-001 |
| <b>a</b>   | Plan name            | ANALYTICAL MECHANICS ASSOCIATES 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ANALYTICAL MECHANICS ASSOC, INC.   | <b>c</b> EIN-PN 11-1999848-003 |
| <b>a</b>   | Plan name            | ANDERSON SKIN & CANCER CLINIC PSP AND 401K   |                                |
| <b>b</b>   | Name of plan sponsor | ANDERSON SKIN & CANCER CLINIC  | <b>c</b> EIN-PN 57-0736685-001 |
| <b>a</b>   | Plan name            | ANDREAS FURNITURE COMPANY, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ANDREAS FURNITURE COMPANY, INC.  | <b>c</b> EIN-PN 34-0795782-001 |
| <b>a</b>   | Plan name            | ANDREWS MORTUARY 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ANDREWS MORTUARY, INC.   | <b>c</b> EIN-PN 56-1207034-001 |
| <b>a</b>   | Plan name            | ANDRITZ INC. SAVINGS AND INVESTMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ANDRITZ INC.   | <b>c</b> EIN-PN 14-1438713-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name ANHOLT TECH 401K SALARY REDUCTION PLAN   |                                |
| <b>b</b> | Name of plan sponsor ANHOLT TECHNOLOGIES, INC.   | <b>c</b> EIN-PN 51-0335935-001 |
| <b>a</b> | Plan name ANSWERLAB 401K PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor ANSWERLAB, LLC  | <b>c</b> EIN-PN 02-0740712-001 |
| <b>a</b> | Plan name ANTWORKS 401K PLAN PKA BENCHMARK SYSTEMS 401K  |                                |
| <b>b</b> | Name of plan sponsor ANTWORKS  | <b>c</b> EIN-PN 54-1095168-001 |
| <b>a</b> | Plan name APALACHEE CENTER RET PLAN  |                                |
| <b>b</b> | Name of plan sponsor APALACHEE CENTER, INC.  | <b>c</b> EIN-PN 59-1162148-001 |
| <b>a</b> | Plan name APPALACHIAN PSYCHIATRIC SVC PLLC 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor APPALACHIAN PSYCHIATRIC SVC PLLC  | <b>c</b> EIN-PN 81-1322771-001 |
| <b>a</b> | Plan name APPLE TREE ENTERPRISES PSP   |                                |
| <b>b</b> | Name of plan sponsor APPLE TREE ENTERPRISES, INC.  | <b>c</b> EIN-PN 56-1030082-001 |
| <b>a</b> | Plan name APTIVE ENVIRONMENTAL 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor APTIVE ENVIRONMENTAL, LLC   | <b>c</b> EIN-PN 47-5551416-001 |
| <b>a</b> | Plan name ARBITERSPORTS, LLC 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor ARBITERSPORTS, LLC  | <b>c</b> EIN-PN 26-3240433-001 |
| <b>a</b> | Plan name ARCILLA 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor ARCILLA MINING AND LAND COMPANY, LLC  | <b>c</b> EIN-PN 58-2658077-001 |
| <b>a</b> | Plan name ARLO G. LOTT TRUCKING INC. 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor ARLO G. LOTT TRUCKING INC.  | <b>c</b> EIN-PN 82-0410586-002 |
| <b>a</b> | Plan name AROL NORTH AMERICA 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor AROL NORTH AMERICA INC  | <b>c</b> EIN-PN 27-3562064-001 |
| <b>a</b> | Plan name ASCEND CLINICAL LLC 401(K) RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor ASCEND CLINICAL LLC   | <b>c</b> EIN-PN 94-3357013-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | ASCENDIS PHARMA 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ASCENDIS PHARMA, INC.  | <b>c</b> EIN-PN 26-1969053-001 |
| <b>a</b>   | Plan name            | ASPENRIDGE RECOVERY LLC 401(K) PROFIT SHARING PLAN & TRUST                           |                                |
| <b>b</b>   | Name of plan sponsor | ASPENRIDGE RECOVERY LLC  | <b>c</b> EIN-PN 82-4221206-001 |
| <b>a</b>   | Plan name            | ASSOCIATED GROCERS OF THE SOUTH 401K PSP   |                                |
| <b>b</b>   | Name of plan sponsor | ASSOCIATED GROCERS OF THE SOUTH  | <b>c</b> EIN-PN 63-0011690-001 |
| <b>a</b>   | Plan name            | ATERNITY LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ATERNITY LLC   | <b>c</b> EIN-PN 20-1006269-001 |
| <b>a</b>   | Plan name            | ATHENA MANAGEMENT, INC. 401K PROFIT SHARING PLAN                                     |                                |
| <b>b</b>   | Name of plan sponsor | ATHENA MANAGEMENT, INC.  | <b>c</b> EIN-PN 45-2516242-001 |
| <b>a</b>   | Plan name            | ATI 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ATI INDUSTRIAL AUTOMATON   | <b>c</b> EIN-PN 56-1666693-001 |
| <b>a</b>   | Plan name            | ATLAS COMPANIES 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ATLAS METAL PRODUCTS CO.   | <b>c</b> EIN-PN 61-0727147-001 |
| <b>a</b>   | Plan name            | AUBURN PHARMACY, INC. EMPLOYEE SAVINGS TRUST   |                                |
| <b>b</b>   | Name of plan sponsor | AUBURN PHARMACY  | <b>c</b> EIN-PN 48-1111911-002 |
| <b>a</b>   | Plan name            | AULT RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ONSITE SAFETY  | <b>c</b> EIN-PN 20-2523431-001 |
| <b>a</b>   | Plan name            | AUSTIN NICHOLS TECHNICAL SEARCH PROFIT SHARING PLAN                                  |                                |
| <b>b</b>   | Name of plan sponsor | AUSTIN NICHOLS TECHNICAL SEARCH  | <b>c</b> EIN-PN 43-1477249-002 |
| <b>a</b>   | Plan name            | AUTAJON PACKAGING, INC. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CULTECH, INC.  | <b>c</b> EIN-PN 13-3122249-001 |
| <b>a</b>   | Plan name            | AUTOSAVVY RETIREMENT 401K PKA AUTO SOURCE MOTORS, LLC 401(K) PROFIT SHARING          |                                |
| <b>b</b>   | Name of plan sponsor | AUTOSOURCE HOLDINGS INC.   | <b>c</b> EIN-PN 82-5243381-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | AWL, INC. 401K   |                                |
| <b>b</b>   | Name of plan sponsor | AWL, INC.  | <b>c</b> EIN-PN 27-2036363-001 |
| <b>a</b>   | Plan name            | AXCION FOODSERVICE INC 401K PLAN FKA KEYIMPACT SALES & SYSTEMS 401K PLAN             |                                |
| <b>b</b>   | Name of plan sponsor | KEYIMPACT SALES & SYSTEMS, INC.  | <b>c</b> EIN-PN 52-1272211-001 |
| <b>a</b>   | Plan name            | AXION BIOSYSTEMS INC 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | AXION BIOSYSTEMS INC   | <b>c</b> EIN-PN 30-0472344-001 |
| <b>a</b>   | Plan name            | AXSYS, INC. 401K PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | AXSYS, INC.  | <b>c</b> EIN-PN 38-3208098-001 |
| <b>a</b>   | Plan name            | AXTHELM CONSTRUCTION, INC. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | AXTHELM CONSTRUCTION, INC.   | <b>c</b> EIN-PN 91-1951437-001 |
| <b>a</b>   | Plan name            | BABCOCK & ASSOCIATES 401K PSP  |                                |
| <b>b</b>   | Name of plan sponsor | BABCOCK & ASSOCIATES, INC.   | <b>c</b> EIN-PN 23-2764724-001 |
| <b>a</b>   | Plan name            | BAKERSFIELD HEART HOSPITAL 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | HEART HOSPITAL OF BK, LLC  | <b>c</b> EIN-PN 56-1984080-001 |
| <b>a</b>   | Plan name            | BARRETO HOLDING CO   |                                |
| <b>b</b>   | Name of plan sponsor | BARRETO HOLDING CO. LLC 1081.01  | <b>c</b> EIN-PN 66-0693042-001 |
| <b>a</b>   | Plan name            | BARTIMUS, FRICKLETON, ROBERTSON AND RADER, P.C. PROFIT SHARING PLAN                  |                                |
| <b>b</b>   | Name of plan sponsor | BARTIMUS, FRICKLETON, ROBERTSON AND RADER, P.C.                                      | <b>c</b> EIN-PN 43-1199267-002 |
| <b>a</b>   | Plan name            | BASYS PROCESSING 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BASYS PROCESSING, INC.   | <b>c</b> EIN-PN 01-0633775-001 |
| <b>a</b>   | Plan name            | BATH & EDMONDS, P.A. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BATH & EDMONDS, P.A.   | <b>c</b> EIN-PN 48-1192474-001 |
| <b>a</b>   | Plan name            | BATTLE, WINSLOW, SCOTT & WILEY, P.A. PSP   |                                |
| <b>b</b>   | Name of plan sponsor | BATTLE, WINSLOW, SCOTT & WILEY   | <b>c</b> EIN-PN 56-0952951-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | BAUER FOUNDATION CORP. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BAUER FOUNDATION CORP  | <b>c</b> EIN-PN 26-0367730-001 |
| <b>a</b>   | Plan name            | BAY BRIDGE MARINA & RESTAURANT 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BAY BRIDGE MARINA LLLP   | <b>c</b> EIN-PN 86-2664264-001 |
| <b>a</b>   | Plan name            | BAYSIDE INTERIORS, INC. 401(K) PROFIT SHARING PLAN                                   |                                |
| <b>b</b>   | Name of plan sponsor | BAYSIDE INTERIORS, INC.  | <b>c</b> EIN-PN 94-2931095-001 |
| <b>a</b>   | Plan name            | BENSON'S 401K RET PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BENSON'S, INC.   | <b>c</b> EIN-PN 58-0706012-001 |
| <b>a</b>   | Plan name            | BERRY FRESH LLC 401K PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BERRY FRESH LLC  | <b>c</b> EIN-PN 56-2545227-001 |
| <b>a</b>   | Plan name            | BETHEL UNIVERSITY 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BETHEL UNIVERSITY  | <b>c</b> EIN-PN 62-0548913-001 |
| <b>a</b>   | Plan name            | BIG RIVER STEEL 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BIG RIVER STEEL LLC  | <b>c</b> EIN-PN 80-0907997-001 |
| <b>a</b>   | Plan name            | BILL GATTON IMPORTS PSP & 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BILL GATTON IMPORTS, INC.  | <b>c</b> EIN-PN 62-1663958-001 |
| <b>a</b>   | Plan name            | BIO-MICROBICS GROUP 401K RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BIO-MICROBICS GROUP  | <b>c</b> EIN-PN 48-1182296-001 |
| <b>a</b>   | Plan name            | BISHOP GADSDEN SVGS & RET PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BISHOP GADSDEN EPISC RET CMTY  | <b>c</b> EIN-PN 57-0337132-001 |
| <b>a</b>   | Plan name            | BLAINE BROTHERS MAINTENANCE, INC. RETIREMENT PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | BLAINE BROTHERS MAINTENANCE, INC.  | <b>c</b> EIN-PN 41-1379303-001 |
| <b>a</b>   | Plan name            | BLAKEY, YOST, BUPP & RAUSCH, LLP RETIREMENT PLAN                                     |                                |
| <b>b</b>   | Name of plan sponsor | BLAKEY, YOST, BUPP & RAUSCH, LLP   | <b>c</b> EIN-PN 23-1910353-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | BLEISTAHL, LTD 401(K) RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BLEISTAHL, LTD   | <b>c</b> EIN-PN 46-1897698-001 |
| <b>a</b>   | Plan name            | BLI RENTALS, LLC PROFIT SHARING/401K PLAN AND TRUST                                  |                                |
| <b>b</b>   | Name of plan sponsor | BLI RENTALS, LLC   | <b>c</b> EIN-PN 61-1537394-001 |
| <b>a</b>   | Plan name            | BLUE LION INSURANCE 401(K) RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BLUE LION INSURANCE, LLC   | <b>c</b> EIN-PN 46-3102939-001 |
| <b>a</b>   | Plan name            | BLUE WATERS INSURERS CORP. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BLUE WATERS INSURERS CORPORATION   | <b>c</b> EIN-PN 66-0666542-001 |
| <b>a</b>   | Plan name            | BLUESTEM CAPITAL COMPANY, LLC 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BLUESTEM CAPITAL COMPANY, LLC  | <b>c</b> EIN-PN 91-1770884-001 |
| <b>a</b>   | Plan name            | BOB FISHER CHEVROLET 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BOB FISHER CHEVROLET, INC.   | <b>c</b> EIN-PN 23-2967519-001 |
| <b>a</b>   | Plan name            | BOHAN AGENCY PSP   |                                |
| <b>b</b>   | Name of plan sponsor | BOHAN AGENCY, INC.   | <b>c</b> EIN-PN 62-1412931-001 |
| <b>a</b>   | Plan name            | BOJ OF WNC, LLC RET PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BOJ OF WNC, LLC  | <b>c</b> EIN-PN 56-2204166-001 |
| <b>a</b>   | Plan name            | BOOT BARN 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BOOT BARN  | <b>c</b> EIN-PN 26-1081729-001 |
| <b>a</b>   | Plan name            | BOTTCHER AMERICA CORPORATION 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BOTTCHER AMERICA CORPORATION   | <b>c</b> EIN-PN 52-0345420-001 |
| <b>a</b>   | Plan name            | BOYSEN, USA LLC 401K SVGS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BOYSEN, USA LLC  | <b>c</b> EIN-PN 20-0963393-001 |
| <b>a</b>   | Plan name            | BRADSHAW AUTOMOTIVE 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BRADSHAW AUTOMOTIVE  | <b>c</b> EIN-PN 57-0132221-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | BROOKSIDE EMPLOYEES' RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BROOKSIDE COUNTRY CLUB, INC.   | <b>c</b> EIN-PN 34-0116165-002 |
| <b>a</b>   | Plan name            | BRUBAKER 401K RET PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BRUBAKER, INC.   | <b>c</b> EIN-PN 23-1676184-002 |
| <b>a</b>   | Plan name            | BTC WHOLESALE DISTRIBUTORS PSP/401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BTC WHOLESALE DISTRIBUTORS, INC.   | <b>c</b> EIN-PN 63-0022740-001 |
| <b>a</b>   | Plan name            | BULLISH 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BULLISH US LLC   | <b>c</b> EIN-PN 87-0816490-001 |
| <b>a</b>   | Plan name            | BURNS HONDA & AVALON HONDA 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BURNS KULL AUTOMOTIVE  | <b>c</b> EIN-PN 22-2491857-001 |
| <b>a</b>   | Plan name            | BZI 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BUILDING ZONE INDUSTRIES LLC   | <b>c</b> EIN-PN 81-3252915-001 |
| <b>a</b>   | Plan name            | C&S PRODUCTS CO., INC. 401K SAVINGS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | C & S PRODUCTS CO., INC.   | <b>c</b> EIN-PN 42-1029806-001 |
| <b>a</b>   | Plan name            | C. GATTON PSP & 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | C. GATTON, INC.  | <b>c</b> EIN-PN 62-1154894-001 |
| <b>a</b>   | Plan name            | C.A. LEWIS SVGS & RET PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | C.A. LEWIS, INC.   | <b>c</b> EIN-PN 56-1494809-001 |
| <b>a</b>   | Plan name            | C.H. REED PSP  |                                |
| <b>b</b>   | Name of plan sponsor | C.H. REED, INC.  | <b>c</b> EIN-PN 23-1644989-002 |
| <b>a</b>   | Plan name            | CADENCE TRAVEL, INC. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | CADENCE TRAVEL, INC.   | <b>c</b> EIN-PN 33-0647594-001 |
| <b>a</b>   | Plan name            | CALIBER SECURITY PARTNERS, LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | CALIBER SECURITY PARTNERS, LLC   | <b>c</b> EIN-PN 27-4648140-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | CAM CONTROL 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CAM CONTROL  | <b>c</b> EIN-PN 27-3464969-001 |
| <b>a</b>   | Plan name            | CAMDEN HOMES 401 (K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CAMDEN HOMES   | <b>c</b> EIN-PN 75-2755663-001 |
| <b>a</b>   | Plan name            | CAMP CORRAL 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CAMP CORRAL  | <b>c</b> EIN-PN 45-3555807-001 |
| <b>a</b>   | Plan name            | CANTER POWER SYSTEMS RSP FKA GENERX GENERATORS 401K PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor | GENERX GENERATORS LLC  | <b>c</b> EIN-PN 83-4402984-001 |
| <b>a</b>   | Plan name            | CANYON CONSULTING 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CANYON CONSULTING  | <b>c</b> EIN-PN 22-3943890-001 |
| <b>a</b>   | Plan name            | CARDIAC STUDY CENTER, INC. P.S. 401(K) PROFIT SHARING PLAN                           |                                |
| <b>b</b>   | Name of plan sponsor | CARDIAC STUDY CENTER, INC. P.S.  | <b>c</b> EIN-PN 91-0919306-001 |
| <b>a</b>   | Plan name            | CAROLINA FAMILY HEALTH CENTERS 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | CAROLINA FAMILY HEALTH CENTERS   | <b>c</b> EIN-PN 58-2079819-003 |
| <b>a</b>   | Plan name            | CAROLINA SVCS OF FAYETTEVILLE EMPLOYEE PSP   |                                |
| <b>b</b>   | Name of plan sponsor | CAROLINA SVCS OF FAYETTEVILLE  | <b>c</b> EIN-PN 56-0890421-001 |
| <b>a</b>   | Plan name            | CEDAR BAND CORPORATION 401(K) PROFIT SHARING PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | CEDAR BAND CORPORATION   | <b>c</b> EIN-PN 80-0906481-001 |
| <b>a</b>   | Plan name            | CEMEX PUERTO RICO SAVINGS PLAN P1  |                                |
| <b>b</b>   | Name of plan sponsor | CEMEX  | <b>c</b> EIN-PN 66-0592254-001 |
| <b>a</b>   | Plan name            | CEMEX PUERTO RICO SAVINGS PLAN P2  |                                |
| <b>b</b>   | Name of plan sponsor | CEMEX  | <b>c</b> EIN-PN 66-0592254-002 |
| <b>a</b>   | Plan name            | CEMEX PUERTO RICO SAVINGS PLAN P3  |                                |
| <b>b</b>   | Name of plan sponsor | CEMEX  | <b>c</b> EIN-PN 66-0592254-003 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | CEMEX PUERTO RICO SAVINGS PLAN P4  |                                |
| <b>b</b>   | Name of plan sponsor | CEMEX  | <b>c</b> EIN-PN 66-0592254-004 |
| <b>a</b>   | Plan name            | CENTRAL OREGON HEATING & COLLING, INC. 401(K) PLAN                                   |                                |
| <b>b</b>   | Name of plan sponsor | CENTRAL OREGON HEATING & COLLING, INC.   | <b>c</b> EIN-PN 93-1121153-001 |
| <b>a</b>   | Plan name            | CERTIFIED SAFETY MANUFACTURING, INC. 401(K) PLAN                                     |                                |
| <b>b</b>   | Name of plan sponsor | CERTIFIED SAFETY MANUFACTURING, INC.   | <b>c</b> EIN-PN 43-1579136-001 |
| <b>a</b>   | Plan name            | CFG RETIREMENT SAVINGS PROGRAM   |                                |
| <b>b</b>   | Name of plan sponsor | CARIBBEAN FINANCIAL GROUP, INC.  | <b>c</b> EIN-PN 71-1011997-002 |
| <b>a</b>   | Plan name            | CHARACTER TECHNOLOGIES INC 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | CHARACTER TECHNOLOGIES INC   | <b>c</b> EIN-PN 87-3458842-001 |
| <b>a</b>   | Plan name            | CHARLES LEA CENTER RET SVGS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | CHARLES LEA CENTER   | <b>c</b> EIN-PN 57-6036895-001 |
| <b>a</b>   | Plan name            | CHARTER SCHOOL ASSOCIATES, INC. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CHARTER SCHOOL ASSOCIATES, INC.  | <b>c</b> EIN-PN 31-1819379-001 |
| <b>a</b>   | Plan name            | CITY OF SMYRNA 401A  |                                |
| <b>b</b>   | Name of plan sponsor | CITY OF SMYRNA   | <b>c</b> EIN-PN 58-6000664-001 |
| <b>a</b>   | Plan name            | CITY OF SMYRNA DEFERRED COMPENSATION   |                                |
| <b>b</b>   | Name of plan sponsor | CITY OF SMYRNA   | <b>c</b> EIN-PN 58-6000664-001 |
| <b>a</b>   | Plan name            | CITY WIDE 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | JBO MANAGEMENT LLC   | <b>c</b> EIN-PN 86-1767458-001 |
| <b>a</b>   | Plan name            | CJ THOMAS COMPANY, INC. PROFIT SHARING 401K PLAN                                     |                                |
| <b>b</b>   | Name of plan sponsor | CJ THOMAS COMPANY, INC.  | <b>c</b> EIN-PN 43-1537256-001 |
| <b>a</b>   | Plan name            | CJMW ARCHITECTURE, P.A. RET PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | CJMW ARCHITECTURE, P.A.  | <b>c</b> EIN-PN 56-1530304-001 |

| <b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>   |  |                                |
|--|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |  |                                |
| <b>a</b> Plan name   | CLASSDOJO 401K PLAN  |                                |
| <b>b</b> Name of plan sponsor  | CLASSDOJO INC  | <b>c</b> EIN-PN 80-0740562-001 |
| <b>a</b> Plan name   | CLAT CORP RETIREMENT PLAN                                  |                                |
| <b>b</b> Name of plan sponsor  | CLAT CORP  | <b>c</b> EIN-PN 66-0494464-001 |
| <b>a</b> Plan name   | CLAY COUNTY UTILITY AUTHORITY                              |                                |
| <b>b</b> Name of plan sponsor  | CLAY COUNTY UTILITY AUTHORITY                              | <b>c</b> EIN-PN 59-3265922-001 |
| <b>a</b> Plan name   | CLEARLINK 401K PLAN  |                                |
| <b>b</b> Name of plan sponsor  | CLEARLINK TECHNOLOGIES LLC                                 | <b>c</b> EIN-PN 13-4278523-001 |
| <b>a</b> Plan name   | CLEVELAND UNIVERSITY KANSAS CITY EMPLOYEES RETIREMENT PLAN |                                |
| <b>b</b> Name of plan sponsor  | CLEVELAND UNIVERSITY                                       | <b>c</b> EIN-PN 44-6000294-001 |
| <b>a</b> Plan name   | CLIMATEWORKS FOUNDATION RETIREMENT TRUST                   |                                |
| <b>b</b> Name of plan sponsor  | CLIMATEWORKS FOUNDATION                                    | <b>c</b> EIN-PN 26-2303250-001 |
| <b>a</b> Plan name   | CLOSINGCORP, INC. 401K PLAN                                |                                |
| <b>b</b> Name of plan sponsor  | CLOSINGCORP, INC.  | <b>c</b> EIN-PN 42-1678736-001 |
| <b>a</b> Plan name   | CLOUD CITY LOGISTICS, LLC 401(K) RETIREMENT PLAN           |                                |
| <b>b</b> Name of plan sponsor  | CLOUD CITY LOGISTICS, LLC                                  | <b>c</b> EIN-PN 84-3521170-001 |
| <b>a</b> Plan name   | CMSPI INC 401K PLAN  |                                |
| <b>b</b> Name of plan sponsor  | CMS PAYMENTS INTELLIGENCE, INC                             | <b>c</b> EIN-PN 36-4783134-001 |
| <b>a</b> Plan name   | COASTAL CAROLINA ENT, D.O., P.A. 401K PSP                  |                                |
| <b>b</b> Name of plan sponsor  | COASTAL CAROLINA ENT, D.O., P.A.                           | <b>c</b> EIN-PN 56-2151484-001 |
| <b>a</b> Plan name   | COASTLAND CIVIL ENGINEERING, INC. 401K PLAN                |                                |
| <b>b</b> Name of plan sponsor  | COASTLAND CIVIL ENGINEERING, INC.                          | <b>c</b> EIN-PN 68-0256235-001 |
| <b>a</b> Plan name   | COATINGS & ADHESIVES CORP PSP 401K PLAN                    |                                |
| <b>b</b> Name of plan sponsor  | COATINGS & ADHESIVES CORP                                  | <b>c</b> EIN-PN 56-1664548-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name COLD BORE TECHNOLOGY 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor COLD BORE TECHNOLOGY CORPORATION  | <b>c</b> EIN-PN 82-4803587-001 |
| <b>a</b> | Plan name COLORADO PAIN CARE, LLC 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor COLORADO PAIN CARE, LLC   | <b>c</b> EIN-PN 46-3126009-001 |
| <b>a</b> | Plan name COMMERCIAL RISK SOLUTIONS, INC 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor COMMERCIAL RISK SOLUTIONS, INC  | <b>c</b> EIN-PN 84-1219553-001 |
| <b>a</b> | Plan name COMMUNITY ACTION AGENCY OF GREATER KANSAS CITY 401K ACCUMULATION PLAN  |                                |
| <b>b</b> | Name of plan sponsor COMMUNITY ACTION AGENCY OF GREATER KANSAS CITY  | <b>c</b> EIN-PN 43-1197168-002 |
| <b>a</b> | Plan name COMPLETE HOME CONCEPTS, INC EMPLOYEE 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor COMPLETE HOME CONCEPTS, INC   | <b>c</b> EIN-PN 43-1158265-001 |
| <b>a</b> | Plan name CONEWAGO HOLDINGS 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor CONEWAGO HOLDINGS, INC.   | <b>c</b> EIN-PN 82-1956321-001 |
| <b>a</b> | Plan name CONIFER MEDICAL CENTER, P.C. 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor CONIFER MEDICAL CENTER  | <b>c</b> EIN-PN 84-1100961-001 |
| <b>a</b> | Plan name CONNECTIONS EMPLOYER SOLUTIONS, LLC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor CONNECTIONS EMPLOYER SOLUTIONS  | <b>c</b> EIN-PN 82-1098739-001 |
| <b>a</b> | Plan name CONTRACTOR'S LABOR SOURCE, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor BERESFORD ENTERPRISES, LLC DBA CONTRACTOR'S LABOR SOURCE  | <b>c</b> EIN-PN 82-3967322-001 |
| <b>a</b> | Plan name CORE INDUSTRIAL GROUP, LLC 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor CORE INDUSTRIAL GROUP, LLC  | <b>c</b> EIN-PN 81-1442228-001 |
| <b>a</b> | Plan name CORTERRA HEALTHCARE 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor CORTERRA OF WICHITA, LLC  | <b>c</b> EIN-PN 87-3376032-001 |
| <b>a</b> | Plan name COSTEP, COUNCIL FOR SOUTH TEXAS ECONOMIC PROGRESS 401K PLAN AND TRUST  |                                |
| <b>b</b> | Name of plan sponsor COSTEP, COUNCIL FOR SOUTH TEXAS ECONOMIC PROGRESS   | <b>c</b> EIN-PN 37-2027841-001 |

| <b>Part II</b>  |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |  |                                |
| <b>a</b>  | Plan name            | COTRANSCO OF SC, INC. PROFIT SHARING 401K PLAN AND TRUST                             |                                |
| <b>b</b>  | Name of plan sponsor | COTRANSCO OF SC  | <b>c</b> EIN-PN 04-3698543-001 |
| <b>a</b>  | Plan name            | COTTRELL COMPANIES, INC. PROFIT SHARING PLAN & TRUST                                 |                                |
| <b>b</b>  | Name of plan sponsor | COTTRELL COMPANIES, INC  | <b>c</b> EIN-PN 84-0745788-001 |
| <b>a</b>  | Plan name            | COUNCIL TOOL CO.PSP & 401K PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | COUNCIL TOOL COMPANY, INC.   | <b>c</b> EIN-PN 56-0189490-001 |
| <b>a</b>  | Plan name            | CRAIGE JENKINS LIIPFERT & WALKER RET PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | CRAIGE JENKINS LIIPFERT & WALKER   | <b>c</b> EIN-PN 56-0690276-001 |
| <b>a</b>  | Plan name            | CRIF SELECT CORPORATION 401K PROFIT SHARING PLAN AND TRUST                           |                                |
| <b>b</b>  | Name of plan sponsor | CRIF SELECT CORPORATION  | <b>c</b> EIN-PN 83-0524731-001 |
| <b>a</b>  | Plan name            | CUROLOGY 401K PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | CUROLOGY, INC.   | <b>c</b> EIN-PN 47-2748073-001 |
| <b>a</b>  | Plan name            | CURTIS GREEN AND CLAY GREEN 401K PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | CURTIS GREEN AND CLAY GREEN INC  | <b>c</b> EIN-PN 61-0709411-001 |
| <b>a</b>  | Plan name            | CURTIS LANE HOLDINGS LLC 401K PROFIT SHARING PLAN AND TRUST                          |                                |
| <b>b</b>  | Name of plan sponsor | CURTIS LANE HOLDINGS LLC   | <b>c</b> EIN-PN 81-1054673-001 |
| <b>a</b>  | Plan name            | CUSTOM FOODS 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | CUSTOM FOODS, LLC  | <b>c</b> EIN-PN 95-4194222-001 |
| <b>a</b>  | Plan name            | CUSTOMER ONE PSP & 401K PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | CUSTOMER ONE, INC.   | <b>c</b> EIN-PN 62-1154894-001 |
| <b>a</b>  | Plan name            | D.H. GRIFFIN WRECKING CO. PSP  |                                |
| <b>b</b>  | Name of plan sponsor | D.H. GRIFFIN WRECKING CO., INC.  | <b>c</b> EIN-PN 56-0897274-001 |
| <b>a</b>  | Plan name            | DALE D. WATTS, DDS, P.C. PLAN & TRUST  |                                |
| <b>b</b>  | Name of plan sponsor | DALE D WATTS DDS, P.C.   | <b>c</b> EIN-PN 43-1392579-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | DATA-QUEST 401K RET PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DATA-QUEST, INC.   | <b>c</b> EIN-PN 25-1626503-001 |
| <b>a</b>   | Plan name            | DAVIS, CARTER, SCOTT LTD. 401K PSP   |                                |
| <b>b</b>   | Name of plan sponsor | DAVIS, CARTER, SCOTT LTD.  | <b>c</b> EIN-PN 54-1173411-001 |
| <b>a</b>   | Plan name            | DDP DMO GROUP 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | DDP DMO SUPERHOLDINGS, LLC   | <b>c</b> EIN-PN 80-0936693-001 |
| <b>a</b>   | Plan name            | DEEP SPACE SYSTEMS INC. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | DEEP SPACE SYSTEMS INC.  | <b>c</b> EIN-PN 95-4884323-001 |
| <b>a</b>   | Plan name            | DELTA RESEARCH/DELTA GEAR 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | DELTA RESEARCH/DELTA GEAR  | <b>c</b> EIN-PN 38-1806269-001 |
| <b>a</b>   | Plan name            | DENNIS ALLEN ASSOCIATES 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | DENNIS ALLEN ASSOCIATES  | <b>c</b> EIN-PN 77-0101316-001 |
| <b>a</b>   | Plan name            | DENSO TEN AMERICA LIMITED 401K SHARED SAVINGS PLAN                                   |                                |
| <b>b</b>   | Name of plan sponsor | DENSO TEN AMERICA LIMITED  | <b>c</b> EIN-PN 95-3047171-001 |
| <b>a</b>   | Plan name            | DENVER HEATING & AIR CONDITIONING 401K PROFIT SHARING PLAN                           |                                |
| <b>b</b>   | Name of plan sponsor | DENVER HEATING & AIR CONDITIONING, INC.  | <b>c</b> EIN-PN 84-0757855-002 |
| <b>a</b>   | Plan name            | DENVER SYRUP & BAR SUPPLY 401(K)   |                                |
| <b>b</b>   | Name of plan sponsor | DENVER SYRUP & BAR SUPPLY, INC.  | <b>c</b> EIN-PN 84-1035854-001 |
| <b>a</b>   | Plan name            | DEPT US HOLDINGS LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DEPT US HOLDINGS LLC   | <b>c</b> EIN-PN 83-3753206-001 |
| <b>a</b>   | Plan name            | DESERVE, INC. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | DESERVE, INC.  | <b>c</b> EIN-PN 45-4455352-001 |
| <b>a</b>   | Plan name            | DESIGN RESOURCES INC. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | DESIGN RESOURCES INC.  | <b>c</b> EIN-PN 43-1706220-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | DEWITT TOOL CO. INC. PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DEWITT TOOL CO., INC.  | <b>c</b> EIN-PN 59-2010879-002 |
| <b>a</b>   | Plan name            | DFI MANAGEMENT 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DFI MANAGEMENT, INC.   | <b>c</b> EIN-PN 46-3003012-001 |
| <b>a</b>   | Plan name            | DIAGNOSTIC IMAGING CENTERS P.A. 401K PROFIT SHARING PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor | DIAGNOSTIC IMAGING CENTERS, P.A.   | <b>c</b> EIN-PN 43-0913846-002 |
| <b>a</b>   | Plan name            | DIPPIN DOTS, LLC 401K PSP  |                                |
| <b>b</b>   | Name of plan sponsor | DIPPIN DOTS, LLC   | <b>c</b> EIN-PN 73-1468602-001 |
| <b>a</b>   | Plan name            | DISNEY CONSTRUCTION, INC. 401 (K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DISNEY CONSTRUCTION, INC.  | <b>c</b> EIN-PN 14-1937916-002 |
| <b>a</b>   | Plan name            | DISTRIBUTION TECHNOLOGY 401K RET PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | DISTRIBUTION TECHNOLOGY, INC.  | <b>c</b> EIN-PN 56-0942638-001 |
| <b>a</b>   | Plan name            | DIXIE CONVERTING CORPORATION 401K RET PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DIXIE CONVERTING CORPORATION   | <b>c</b> EIN-PN 58-1328779-002 |
| <b>a</b>   | Plan name            | DOBSON, GOLDBERG, BERNS & RICH 401 (K) PROFIT SHARING PLAN AND TRUST                 |                                |
| <b>b</b>   | Name of plan sponsor | DOBSON, GOLDBERG, BERNS & RICH LLP   | <b>c</b> EIN-PN 43-1592042-001 |
| <b>a</b>   | Plan name            | DON JACOBS ORGANIZATION RET PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DON JACOBS IMPORTS, INC.   | <b>c</b> EIN-PN 61-0709094-001 |
| <b>a</b>   | Plan name            | DONALD B. RICE TIRE CO. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | DONALD B. RICE TIRE COMPANY  | <b>c</b> EIN-PN 52-0710070-002 |
| <b>a</b>   | Plan name            | DORMAKABA USA INC. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DORMAKABA USA INC.   | <b>c</b> EIN-PN 51-0367374-001 |
| <b>a</b>   | Plan name            | DOUGLAS W. FAIN, DDS, MD, PA 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DOUGLAS W. FAIN DDS MD PA  | <b>c</b> EIN-PN 47-3805632-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | DRIVE DEVILBISS HEALTHCARE 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | MEDICAL DEPOT, INC. DRIVE MEDICAL DESIGN & MANUFACTURING                             | <b>c</b> EIN-PN 11-3525013-002 |
| <b>a</b>   | Plan name            | DRS. BOLES & HAM, P.A. 401K PSP  |                                |
| <b>b</b>   | Name of plan sponsor | DR. BOLES & HAM, P.A.  | <b>c</b> EIN-PN 56-1078938-001 |
| <b>a</b>   | Plan name            | EAST BAY TIRE CO 401 PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | EAST BAY TIRE COMPANYEAST BAY TIRE COMPANY   | <b>c</b> EIN-PN 94-2656190-001 |
| <b>a</b>   | Plan name            | EAST KANSAS AGRI-ENERGY 401K AND PSP   |                                |
| <b>b</b>   | Name of plan sponsor | EAST KANSAS AGRI-ENERGY  | <b>c</b> EIN-PN 48-1251578-001 |
| <b>a</b>   | Plan name            | EBARA TECHNOLOGIES INC. 401(K) SAVINGS PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | EBARA TECHNOLOGIES INC.  | <b>c</b> EIN-PN 77-0270092-003 |
| <b>a</b>   | Plan name            | ELLISON INSTITUTE 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ELLISON INSTITUTE, LLC   | <b>c</b> EIN-PN 84-3994143-001 |
| <b>a</b>   | Plan name            | EMERGE ENERGY SERVICES GP, LLC 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | EMERGE ENERGY SERVICES GP, LLC   | <b>c</b> EIN-PN 45-5174683-001 |
| <b>a</b>   | Plan name            | EMPIRE EQUIPMENT COMPANY, LLC 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | EMPIRE EQUIPMENT COMPANY, LLC  | <b>c</b> EIN-PN 81-0867472-001 |
| <b>a</b>   | Plan name            | EMPLOYEE BENEFIT PLAN OF SHERWOOD CENTER FOR THE EXCEPTIONAL CHILD                   |                                |
| <b>b</b>   | Name of plan sponsor | SHERWOOD AUTISM CENTER   | <b>c</b> EIN-PN 23-7413671-001 |
| <b>a</b>   | Plan name            | EMPLOYEE BENEFITS LEASING, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | EMPLOYEE BENEFITS LEASING, INC   | <b>c</b> EIN-PN 27-0016253-001 |
| <b>a</b>   | Plan name            | ENDRES AND ASSOCIATES, LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ENDRES AND ASSOCIATES, LLC   | <b>c</b> EIN-PN 82-2765739-001 |
| <b>a</b>   | Plan name            | ENGINEERED FLOORS, LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ENGINEERED FLOORS, LLC   | <b>c</b> EIN-PN 27-0593659-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |  |
|----------|--|--|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |  |
| <b>a</b> | Plan name <a href="#">ENVIRO-LINE COMPANY, INC. 401(K) PROFIT SHARING PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">ENVIRO-LINE COMPANY, INC.</a>   | <b>c</b> EIN-PN <a href="#">48-0777875-001</a> |
| <b>a</b> | Plan name <a href="#">EQ LAB LAB SAVINGS AND RETIREMENT PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">ENVIRONMENTAL QUALITY LABORATORIES, INC.</a>  | <b>c</b> EIN-PN <a href="#">66-0392447-001</a> |
| <b>a</b> | Plan name <a href="#">EQUIPMENT CONTROLS RETIREMENT PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">EQUIPMENT CONTROLS COMPANY</a>  | <b>c</b> EIN-PN <a href="#">58-0948567-001</a> |
| <b>a</b> | Plan name <a href="#">ESPEC NORTH AMERICA, INC 401(K) RETIREMENT SAVINGS PLAN</a>  |  |
| <b>b</b> | Name of plan sponsor <a href="#">EMPOWER</a>   | <b>c</b> EIN-PN <a href="#">13-3183033-001</a> |
| <b>a</b> | Plan name <a href="#">EVEREST CAMPUS SERVICES COMPANY, LLC 401K PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">EVEREST CAMPUS SERVICES</a>   | <b>c</b> EIN-PN <a href="#">47-2588173-001</a> |
| <b>a</b> | Plan name <a href="#">EXAMINATION RESOURCES LLC 401K PLAN</a>  |  |
| <b>b</b> | Name of plan sponsor <a href="#">EXAMINATION RESOURCES, LLC</a>  | <b>c</b> EIN-PN <a href="#">16-1675057-001</a> |
| <b>a</b> | Plan name <a href="#">EXCEDR, INC. 401K PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">EXCEDR INC</a>  | <b>c</b> EIN-PN <a href="#">46-2350614-001</a> |
| <b>a</b> | Plan name <a href="#">FACILITY 401K PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">WELL5ASSOCIATES</a>   | <b>c</b> EIN-PN <a href="#">20-2043683-001</a> |
| <b>a</b> | Plan name <a href="#">FDI CLINICAL RESEARCH RETIREMENT SAVINGS PLAN</a>  |  |
| <b>b</b> | Name of plan sponsor <a href="#">FUNDACION DE INVESTIGACION DE DIEGO, INC</a>  | <b>c</b> EIN-PN <a href="#">66-0593863-001</a> |
| <b>a</b> | Plan name <a href="#">FERROVIAL PUERTO RICO SAVINGS AND INVESTMENT PLAN</a>  |  |
| <b>b</b> | Name of plan sponsor <a href="#">FERROVIAL CONSTRUCTION</a>  | <b>c</b> EIN-PN <a href="#">66-0712314-001</a> |
| <b>a</b> | Plan name <a href="#">FIDELITY COMPANIES EMPLOYEE RETIREMENT PLAN</a>  |  |
| <b>b</b> | Name of plan sponsor <a href="#">FIDELITY BANK, N.A.</a>   | <b>c</b> EIN-PN <a href="#">48-0630879-001</a> |
| <b>a</b> | Plan name <a href="#">FIELDSTEAD AND COMPANY INC. 401K PLAN</a>  |  |
| <b>b</b> | Name of plan sponsor <a href="#">FIELDSTEAD AND COMPANY INC.</a>   | <b>c</b> EIN-PN <a href="#">33-0528783-001</a> |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | FINANCIAL ASSET MANAGEMENT SYSTEMS, INC. 401K PLAN                                   |                                |
| <b>b</b>   | Name of plan sponsor | FINANCIAL ASSET MANAGEMENT SYSTEMS, INC  | <b>c</b> EIN-PN 58-2067428-001 |
| <b>a</b>   | Plan name            | FINCH, THORNTON & BAIRD, LLP 401K PROFIT SHARING PLAN                                |                                |
| <b>b</b>   | Name of plan sponsor | FINCH, THORNTON & BAIRD, LLP   | <b>c</b> EIN-PN 33-0219998-001 |
| <b>a</b>   | Plan name            | FIRST NATIONAL BANK OF LOUISBURG 401K AND PSP  |                                |
| <b>b</b>   | Name of plan sponsor | FIRST NATIONAL BANK OF LOUISBURG   | <b>c</b> EIN-PN 48-0314805-001 |
| <b>a</b>   | Plan name            | FLORIDA UROLOGY PARTNERS, LLP 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | FLORIDA UROLOGY PARTNERS, LLP  | <b>c</b> EIN-PN 26-1300103-001 |
| <b>a</b>   | Plan name            | FLUENTSTREAM 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | FLUENT STREAM LLC  | <b>c</b> EIN-PN 37-1543788-001 |
| <b>a</b>   | Plan name            | FLYING DOG BREWERY 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | FLYING DOG BREWERY, LLLP   | <b>c</b> EIN-PN 84-1260705-001 |
| <b>a</b>   | Plan name            | FMRS HEALTH SYSTEMS 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | FMRS HEALTH SYSTEMS, INC.  | <b>c</b> EIN-PN 55-0520303-001 |
| <b>a</b>   | Plan name            | FOURSIGHT CAPTAIL, LLC 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | FOURSIGHT CAPITAL, LLC   | <b>c</b> EIN-PN 46-0630023-001 |
| <b>a</b>   | Plan name            | FRANK L BLUM CONSTRUCTION CO INC 401K PSP  |                                |
| <b>b</b>   | Name of plan sponsor | FRANK L BLUM CONSTRUCTION CO INC   | <b>c</b> EIN-PN 56-0613173-001 |
| <b>a</b>   | Plan name            | FRANKENBERY & JOHNSON, DDS, PA 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | FRANKENBERY & JOHNSON, DDS, PA   | <b>c</b> EIN-PN 48-0907097-001 |
| <b>a</b>   | Plan name            | FRESHLY PICKED 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | FRESHLY PICKED, LLC  | <b>c</b> EIN-PN 82-1704271-001 |
| <b>a</b>   | Plan name            | FRIT, INC & AFFILIATED COMPANIES EE SVGS   |                                |
| <b>b</b>   | Name of plan sponsor | FRIT, INC.   | <b>c</b> EIN-PN 63-1005450-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | FRONTMATEC, INC. 401K  |                                |
| <b>b</b>   | Name of plan sponsor | FRONTMATEC, INC.   | <b>c</b> EIN-PN 90-0699269-001 |
| <b>a</b>   | Plan name            | FULCRUM PROPERTY CORP. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | FULCRUM PROPERTY CORP.   | <b>c</b> EIN-PN 68-0254462-001 |
| <b>a</b>   | Plan name            | FUTURE TOOL AND MACHINE, INC. 401K AND PROFIT SHARING PLAN                           |                                |
| <b>b</b>   | Name of plan sponsor | FUTURE TOOL AND MACHINE, INC.  | <b>c</b> EIN-PN 38-2674502-001 |
| <b>a</b>   | Plan name            | G.W. AUTOMOTIVE PSP & 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | G.W. AUTOMOTIVE, INC.  | <b>c</b> EIN-PN 62-1154894-001 |
| <b>a</b>   | Plan name            | GAGE CENTER DENTAL GROUP, P.A. 401K PROFIT SHARING PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor | GAGE CENTER DENTAL GROUP, P.A.   | <b>c</b> EIN-PN 48-0860976-001 |
| <b>a</b>   | Plan name            | GALLAGHER NORTH AMERICA INC. SAVINGS AND PROFIT SHARING PLAN                         |                                |
| <b>b</b>   | Name of plan sponsor | GALLAGHER NORTH AMERICA INC  | <b>c</b> EIN-PN 74-1908000-001 |
| <b>a</b>   | Plan name            | GALLOWAY & COMPANY, INC. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | GALLOWAY   | <b>c</b> EIN-PN 84-1072642-001 |
| <b>a</b>   | Plan name            | GARDEN OF THE GODS COLLECTION 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | GARDEN OF THE GODS COLLECTION  | <b>c</b> EIN-PN 46-3419408-001 |
| <b>a</b>   | Plan name            | GCR 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | GOVERNMENT CONTRACTING RESOURCES   | <b>c</b> EIN-PN 54-1590229-001 |
| <b>a</b>   | Plan name            | GEFION GROUP 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | GEFION GROUP INC.  | <b>c</b> EIN-PN 93-4210709-001 |
| <b>a</b>   | Plan name            | GENCO MASONRY 401K PSP   |                                |
| <b>b</b>   | Name of plan sponsor | GENCO MASONRY, INC & GENCO, INC.   | <b>c</b> EIN-PN 52-1336398-001 |
| <b>a</b>   | Plan name            | GENERATION TUX, INC 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | GENERATION TUX, INC  | <b>c</b> EIN-PN 46-4770561-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                       |
|----------|--|---------------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                       |
| <b>a</b> | Plan name <b>GENTING USA 401K PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>RESORTS WORLD LAS VEGAS, LLC</b>   | <b>c</b> EIN-PN <b>32-0444144-001</b> |
| <b>a</b> | Plan name <b>GENX SECURITY SOLUTIONS 401(K)</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>GENX SECURITY SOLUTIONS</b>  | <b>c</b> EIN-PN <b>51-0465347-001</b> |
| <b>a</b> | Plan name <b>GEORGIA CHAMBER OF COMMERCE 401K PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>GEORGIA CHAMBER OF COMMERCE</b>  | <b>c</b> EIN-PN <b>58-1537370-001</b> |
| <b>a</b> | Plan name <b>GEORGIA MECHANICAL INC 401K PROFIT SHARING PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>GEORGIA MECHANICAL INC</b>   | <b>c</b> EIN-PN <b>58-1786613-001</b> |
| <b>a</b> | Plan name <b>GLAZIER STEEL 401K PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>GLAZIER STEEL</b>  | <b>c</b> EIN-PN <b>94-2595045-001</b> |
| <b>a</b> | Plan name <b>GLESS RANCH, INC. 401K PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>GLESS RANCH, INC.</b>  | <b>c</b> EIN-PN <b>33-0182233-001</b> |
| <b>a</b> | Plan name <b>GLOBAL RETINA INSTITUTE 401(K) PLAN &amp; TRUST</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>GLOBAL RETINA INSTITUTE</b>  | <b>c</b> EIN-PN <b>82-3489293-001</b> |
| <b>a</b> | Plan name <b>GODWIN MANUFACTURING 401K PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>GODWIN MANUFACTURING, INC.</b>   | <b>c</b> EIN-PN <b>56-1102601-001</b> |
| <b>a</b> | Plan name <b>GOLDSTEIN, BORGEN, DARDARIAN, HO 401(K) PROFIT SHARING PLAN &amp; TRUST</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>GOLDSTEIN, BORGEN, DARDARIAN AND HO</b>  | <b>c</b> EIN-PN <b>94-2741326-001</b> |
| <b>a</b> | Plan name <b>GOOD &amp; HARRIS, LLP PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>GOOD &amp; HARRIS, LLP</b>   | <b>c</b> EIN-PN <b>23-2226315-002</b> |
| <b>a</b> | Plan name <b>GRATITUDE WITH AN ATTITUDE 401K PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>BENEFIT PLANS PLUS, LLC</b>  | <b>c</b> EIN-PN <b>43-1829594-001</b> |
| <b>a</b> | Plan name <b>GRAVITY GLOBAL, LLC 401K FKA 9TH WONDER 401K PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>FOGARTY &amp; KLEIN, DBA 9THWONDER</b>   | <b>c</b> EIN-PN <b>74-2113531-002</b> |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name H.R. OPTIONS, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor H.R. OPTIONS, INC.  | <b>c</b> EIN-PN 94-3088173-001 |
| <b>a</b> | Plan name HAMON INFRASTRUCTURE, INC. 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor HAMON INFRASTRUCTURE, INC.  | <b>c</b> EIN-PN 84-1129267-001 |
| <b>a</b> | Plan name HARRISS & COVINGTON HOSIERY MILLS EE RET PL  |                                |
| <b>b</b> | Name of plan sponsor HARRISS & COVINGTON HOSIERY   | <b>c</b> EIN-PN 56-0254975-001 |
| <b>a</b> | Plan name HB NEXT CORPORATION 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor HB NEXT CORPORATION   | <b>c</b> EIN-PN 46-4230304-001 |
| <b>a</b> | Plan name HBP EMPLOYEES' 401K/ PSP   |                                |
| <b>b</b> | Name of plan sponsor HBP, INC.   | <b>c</b> EIN-PN 52-0689425-002 |
| <b>a</b> | Plan name HCCH EMPLOYEE CONTRIBUTION PLAN  |                                |
| <b>b</b> | Name of plan sponsor HARRISON COUNTY COMMUNITY HOSPITAL  | <b>c</b> EIN-PN 43-1530883-001 |
| <b>a</b> | Plan name HCCH EMPLOYER MATCHING PLAN  |                                |
| <b>b</b> | Name of plan sponsor HARRISON COUNTY COMMUNITY HOSPITAL  | <b>c</b> EIN-PN 43-1530883-001 |
| <b>a</b> | Plan name HDS 401K & NEW COMPARABILITY PLAN  |                                |
| <b>b</b> | Name of plan sponsor HOLLYWOOD DELIVERY SERVICES, INC.   | <b>c</b> EIN-PN 95-2483055-001 |
| <b>a</b> | Plan name HEARTLAND CORN PRODUCTS 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor HEARTLAND CORN PRODUCTS   | <b>c</b> EIN-PN 41-1718412-001 |
| <b>a</b> | Plan name HEARTLAND MIDWEST 401(K) PROFIT SHARING PLAN & TRUST   |                                |
| <b>b</b> | Name of plan sponsor HEARTLAND MIDWEST   | <b>c</b> EIN-PN 43-1931193-001 |
| <b>a</b> | Plan name HECKLER & KOCH DEFENSE 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor HECKLER & KOCH DEFENSE, INC.  | <b>c</b> EIN-PN 65-1175965-001 |
| <b>a</b> | Plan name HFW HOLDINGS 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor HFW HOLDINGS, LLC   | <b>c</b> EIN-PN 88-2679929-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | HICKOK-DIBLE LLC 401K RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | HICKOK-DIBLE LLC   | <b>c</b> EIN-PN 48-6129480-002 |
| <b>a</b>   | Plan name            | HIGH BRIDGE ASSOCIATES 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | HIGH BRIDGE ASSOCIATES, INC.   | <b>c</b> EIN-PN 20-0224961-001 |
| <b>a</b>   | Plan name            | HIGH COUNTRY EXECUTIVE SEARCH 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | HIGH COUNTRY EXECUTIVE SEARCH  | <b>c</b> EIN-PN 32-0018501-001 |
| <b>a</b>   | Plan name            | HIGHLAND TURF 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | HIGHLAND TURF, INC.  | <b>c</b> EIN-PN 52-1228289-001 |
| <b>a</b>   | Plan name            | HILLTOP ARTISTS IN RESIDENCE 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | HILLTOP ARTISTS IN RESIDENCE   | <b>c</b> EIN-PN 91-1667476-001 |
| <b>a</b>   | Plan name            | HINT, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | HINT, INC.   | <b>c</b> EIN-PN 04-3806328-001 |
| <b>a</b>   | Plan name            | HOAG MEDICAL GROUP, INC. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | HOAG MEDICAL GROUP, INC.   | <b>c</b> EIN-PN 90-0616722-001 |
| <b>a</b>   | Plan name            | HOAG SPECIALTY CLINIC 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | COASTAL SPECIALISTS MEDICAL GROUP  | <b>c</b> EIN-PN 83-2851809-001 |
| <b>a</b>   | Plan name            | HOGAN ACTION SERVICES, INC. RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | HOGAN ACTION SERVICES  | <b>c</b> EIN-PN 84-1309336-001 |
| <b>a</b>   | Plan name            | HOME ENERGY SOLUTIONS INC 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | HOME ENERGY SOLUTIONS INC  | <b>c</b> EIN-PN 45-0575808-001 |
| <b>a</b>   | Plan name            | HOMEWOOD GENERAL CONTRACTORS, INC. 401K PSP  |                                |
| <b>b</b>   | Name of plan sponsor | HOMEWOOD GENERAL CONTRACTORS   | <b>c</b> EIN-PN 52-1083736-001 |
| <b>a</b>   | Plan name            | HOOVER & STRONG PSP  |                                |
| <b>b</b>   | Name of plan sponsor | HOOVER & STRONG, INC.  | <b>c</b> EIN-PN 16-0484880-002 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | HOSPITAL SAN CARLO 1081.01(D) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | HOSPITAL SAN CARLO BORROMEO  | <b>c</b> EIN-PN 66-0371418-001 |
| <b>a</b>   | Plan name            | HOUSTON ORTHOPAEDIC SURGERY & SPORTS MEDICIN   |                                |
| <b>b</b>   | Name of plan sponsor | HOUSTON ORTHOPAEDIC SURGERY  | <b>c</b> EIN-PN 58-2394003-001 |
| <b>a</b>   | Plan name            | HPM SYSTEMS, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | HPM SYSTEMS, INC.  | <b>c</b> EIN-PN 01-0571369-001 |
| <b>a</b>   | Plan name            | HUDSON BROTHERS CONSTRUCTION 401K PSP  |                                |
| <b>b</b>   | Name of plan sponsor | HUDSON BROTHERS CONSTRUCTION   | <b>c</b> EIN-PN 56-1914621-001 |
| <b>a</b>   | Plan name            | HUDSON COLLISION CENTER, INC. PROFIT SHARING PLAN AND TRUST                          |                                |
| <b>b</b>   | Name of plan sponsor | HUDSON COLLISION CENTER, INC.  | <b>c</b> EIN-PN 43-1346938-001 |
| <b>a</b>   | Plan name            | HYMAN BROS. OF MIDLOTHIAN 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | HYMAN BROS. OF MIDLOTHIAN, INC.  | <b>c</b> EIN-PN 47-1717028-001 |
| <b>a</b>   | Plan name            | ICAPITAL NETWORK INC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ICAPITAL NETWORK INC   | <b>c</b> EIN-PN 46-2479130-001 |
| <b>a</b>   | Plan name            | ICON 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | IBCA, LLC  | <b>c</b> EIN-PN 93-3807994-001 |
| <b>a</b>   | Plan name            | ICONIC TIRE AND SERVICES CENTERS OF AZ   |                                |
| <b>b</b>   | Name of plan sponsor | ICONIC TIRE  | <b>c</b> EIN-PN 82-1702759-001 |
| <b>a</b>   | Plan name            | IGPS LOGISTICS LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | IGPS LOGISTICS LLC   | <b>c</b> EIN-PN 46-2792335-001 |
| <b>a</b>   | Plan name            | IKON BENEFITS BROUPE PENSION PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | IKON   | <b>c</b> EIN-PN 66-0557431-001 |
| <b>a</b>   | Plan name            | IMPLUS FOOTCARE, LLC SVGS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | IMPLUS FOOTCARE, LLC   | <b>c</b> EIN-PN 56-2222037-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | IMS TECHNOLOGIES, INC. EMPLOYEE SAVINGS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | IMS TECHNOLOGIES, INC.   | <b>c</b> EIN-PN 37-1925666-002 |
| <b>a</b>   | Plan name            | INCONTACT, INC. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | INCONTACT, INC.  | <b>c</b> EIN-PN 87-0528557-001 |
| <b>a</b>   | Plan name            | INDEPENDENT INSTITUTE 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | INDEPENDENT INSTITUTE  | <b>c</b> EIN-PN 94-3008370-002 |
| <b>a</b>   | Plan name            | INNOVEO PUERTO RICO SAVINGS AND RETIREMENT PLAN                                      |                                |
| <b>b</b>   | Name of plan sponsor | INNOVEO INC  | <b>c</b> EIN-PN 87-2308121-001 |
| <b>a</b>   | Plan name            | INSTRIDE FOOT AND ANKLE SPECIALISTS, PLLC 4  |                                |
| <b>b</b>   | Name of plan sponsor | INSTRIDE FOOT & ANKLE SPECIALIST   | <b>c</b> EIN-PN 30-0700851-001 |
| <b>a</b>   | Plan name            | INSTROTEK 401K PLAN AND PSP  |                                |
| <b>b</b>   | Name of plan sponsor | INSTROTEK, INC.  | <b>c</b> EIN-PN 56-2029048-001 |
| <b>a</b>   | Plan name            | INSTRUCTURE INC 401K PROFIT SHARING PLAN AND TRUST                                   |                                |
| <b>b</b>   | Name of plan sponsor | INSTRUCTURE INC  | <b>c</b> EIN-PN 26-3505687-001 |
| <b>a</b>   | Plan name            | INTERMAP TECHNOLOGIES RETIREMENT SAVINGS PROGRAM                                     |                                |
| <b>b</b>   | Name of plan sponsor | INTERMAP TECHNOLOGIES, INC.  | <b>c</b> EIN-PN 93-1227831-002 |
| <b>a</b>   | Plan name            | INTERNATIONAL SCHOOLS PARTNERSHIP 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | INTERNATIONAL SCHOOLS PARTNERSHIP US HOLDINGS, INC.                                  | <b>c</b> EIN-PN 82-2390568-001 |
| <b>a</b>   | Plan name            | INTERVENN BIOSCIENCES 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | VENN BIOSCIENCES CORPORATION D/B/A/ INTERVENN BIOSCIENCES                            | <b>c</b> EIN-PN 82-0814673-001 |
| <b>a</b>   | Plan name            | J,H,O,C D/B/A PREMIER TRANSPORTATION 401K PLAN                                       |                                |
| <b>b</b>   | Name of plan sponsor | J,H,O,C, DBA PREMIER TRANSPORTATION  | <b>c</b> EIN-PN 58-1949828-001 |
| <b>a</b>   | Plan name            | J.H.O.C. D/B/A PREMIER TRANSPORTATION 401K P   |                                |
| <b>b</b>   | Name of plan sponsor | JHOC DBA PREMIER TRANSPORTATION  | <b>c</b> EIN-PN 58-1949828-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | J.M. WILKERSON CONSTRUCTION RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | J.M. WILKERSON CONSTRUCTION CO.  | <b>c</b> EIN-PN 58-1478227-001 |
| <b>a</b>   | Plan name            | JABIAN, LLC 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | JABIAN, LLC  | <b>c</b> EIN-PN 20-4276524-001 |
| <b>a</b>   | Plan name            | JACUZZI BRANDS CORP. 401(K)  |                                |
| <b>b</b>   | Name of plan sponsor | JACUZZI BRANDS CORPORATION   | <b>c</b> EIN-PN 20-8158665-001 |
| <b>a</b>   | Plan name            | JANE TECHNOLOGIES 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | JANE TECHNOLOGIES INC  | <b>c</b> EIN-PN 47-5287065-001 |
| <b>a</b>   | Plan name            | JATCO INCORPORATED 401K PROFIT SHARING PLAN & TRUST                                  |                                |
| <b>b</b>   | Name of plan sponsor | JATCO INCORPORATED   | <b>c</b> EIN-PN 94-2318778-001 |
| <b>a</b>   | Plan name            | JGA 401K RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | JGA, INC.  | <b>c</b> EIN-PN 38-2079856-003 |
| <b>a</b>   | Plan name            | JOBNUMBUS 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | JOBNIMBUS, LLC   | <b>c</b> EIN-PN 46-2286719-001 |
| <b>a</b>   | Plan name            | JOHNSON SMITH HIBBARD & WILDMAN LAW FIRM, L  |                                |
| <b>b</b>   | Name of plan sponsor | JOHNSON SMITH HIBBARD & WILDMAN  | <b>c</b> EIN-PN 57-0399533-001 |
| <b>a</b>   | Plan name            | JORNS & ASSOCIATES LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | JORNS & ASSOCIATES   | <b>c</b> EIN-PN 87-1515525-001 |
| <b>a</b>   | Plan name            | JSN INDUSTRIES, INC. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | JSN INDUSTRIES, INC.   | <b>c</b> EIN-PN 33-0021332-002 |
| <b>a</b>   | Plan name            | K2 RESIDENTIAL SOLUTIONS 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | K2 RESIDENTIAL SOLUTIONS   | <b>c</b> EIN-PN 81-0767809-001 |
| <b>a</b>   | Plan name            | KANA PIPELINE, INC. 401K PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | KANA PIPELINE, INC.  | <b>c</b> EIN-PN 33-0694239-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name KANE COUNTY 401K PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor KANE COUNTY   | <b>c</b> EIN-PN 87-6000300-001 |
| <b>a</b> | Plan name KANSAS ASSOCIATION OF SCHOOL BOARDS, INC. 401K   |                                |
| <b>b</b> | Name of plan sponsor KANSAS ASSOCIATION OF SCHOOL BOARDS, INC.   | <b>c</b> EIN-PN 48-0664943-002 |
| <b>a</b> | Plan name KANSAS CITY PSYCHIATRIC GROUP, P.A. 401K PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor KANSAS CITY PSYCHIATRIC GROUP, P.A.   | <b>c</b> EIN-PN 48-1107374-001 |
| <b>a</b> | Plan name KANSAS HOSPITAL ASSOCIATION 401K RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor KANSAS HOSPITAL ASSOCIATION   | <b>c</b> EIN-PN 48-0543786-002 |
| <b>a</b> | Plan name KELLER BROTHERS MOTOR CO. 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor KELLER BROTHERS MOTOR COMPANY   | <b>c</b> EIN-PN 23-1388146-001 |
| <b>a</b> | Plan name KEVIN MURPHY 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor KEVIN MURPHY INC.   | <b>c</b> EIN-PN 47-3634847-001 |
| <b>a</b> | Plan name KICE INDUSTRIES, INC, SAFE HARBOR 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor KICE INDUSTRIES, INC  | <b>c</b> EIN-PN 48-0735815-003 |
| <b>a</b> | Plan name KITSAP LAW GROUP 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor TEMPLETON HORTON WEIBEL & BROUGHTON, PLLC   | <b>c</b> EIN-PN 47-4013935-001 |
| <b>a</b> | Plan name KLEIN ENGINEERING RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor KLEIN ENGINEERING, PSC.   | <b>c</b> EIN-PN 66-0685560-001 |
| <b>a</b> | Plan name KLEIN ENGINEERING US RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor KLEIN ENGINEERING PSC PC  | <b>c</b> EIN-PN 66-0685560-001 |
| <b>a</b> | Plan name KOSSE PEDIATRICS PC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor KOSSE PEDIATRICS PC   | <b>c</b> EIN-PN 27-0774344-001 |
| <b>a</b> | Plan name KR MANAGEMENT 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor KR MANAGEMENT LLC   | <b>c</b> EIN-PN 55-0822896-001 |

| <b>Part II</b>  |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |  |                                |
| <b>a</b>  | Plan name            | KYANITE MINING CORPORATION EMPLOYEES' 401K P   |                                |
| <b>b</b>  | Name of plan sponsor | KYANITE MINING CORPORATION   | <b>c</b> EIN-PN 20-2599676-001 |
| <b>a</b>  | Plan name            | LA VIE EN ROSE USA INC. 401(K) PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | LA VIE EN ROSE USA INC   | <b>c</b> EIN-PN 30-1378914-001 |
| <b>a</b>  | Plan name            | LAHLOUH, INC. 401K PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | LAHLOUH, INC.  | <b>c</b> EIN-PN 94-3025562-001 |
| <b>a</b>  | Plan name            | LAMAR BANK AND TRUST COMPANY PSP AND TRUST   |                                |
| <b>b</b>  | Name of plan sponsor | LAMAR BANK AND TRUST COMPANY   | <b>c</b> EIN-PN 44-0320680-001 |
| <b>a</b>  | Plan name            | LAND VIEW, INC. 401K PROFIT SHARING PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | LAND VIEW, INC   | <b>c</b> EIN-PN 82-0390380-001 |
| <b>a</b>  | Plan name            | LANDMARK BANCORP, INC. 401K PROFIT SHARING PLAN                                      |                                |
| <b>b</b>  | Name of plan sponsor | LANDMARK BANCORP, INC.   | <b>c</b> EIN-PN 43-1930755-002 |
| <b>a</b>  | Plan name            | LAWRENCE COMPANIES EMPLOYEE RET PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | LAWRENCE COMPANIES, INC.   | <b>c</b> EIN-PN 46-5759341-001 |
| <b>a</b>  | Plan name            | LAWRENCE CONSTRUCTION COMPANY 401 (K) PROFIT SHARING PLAN                            |                                |
| <b>b</b>  | Name of plan sponsor | LAWRENCE CONSTRUCTION COMPANY  | <b>c</b> EIN-PN 84-0471706-001 |
| <b>a</b>  | Plan name            | LEADING SOLUTIONS LLC 401K PROFIT SHARING PLAN & TRUST                               |                                |
| <b>b</b>  | Name of plan sponsor | LEADING SOLUTIONS LLC  | <b>c</b> EIN-PN 26-0188418-001 |
| <b>a</b>  | Plan name            | LEE REEDY, INC. 401(K) PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | LEE REEDY, INC.  | <b>c</b> EIN-PN 20-1415487-001 |
| <b>a</b>  | Plan name            | LEGAL AID OF NORTH CAROLINA RET PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | LEGAL AID OF NORTH CAROLINA INC  | <b>c</b> EIN-PN 31-1784161-001 |
| <b>a</b>  | Plan name            | LEHIGH TOWNSHIP NON-UNIFORMED EE PENSION   |                                |
| <b>b</b>  | Name of plan sponsor | LEHIGH TWP NORTHAMPTON CTY, PA   | <b>c</b> EIN-PN 24-6001465-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name LENDUS, LLC PUERTO RICO 401 PLAN   |                                |
| <b>b</b> | Name of plan sponsor LENDUS, LLC   | <b>c</b> EIN-PN 26-0508430-001 |
| <b>a</b> | Plan name LEONARD ALUMINUM UTILITY BLDGS LLC, RET PLAN   |                                |
| <b>b</b> | Name of plan sponsor LEONARD ALUMINUM UTILITY BLDGS  | <b>c</b> EIN-PN 58-1080422-001 |
| <b>a</b> | Plan name LEWIS ADVERTISING SVGS AND PROTECTION PLAN   |                                |
| <b>b</b> | Name of plan sponsor LEWIS ADVERTISING, INC.   | <b>c</b> EIN-PN 56-0928577-001 |
| <b>a</b> | Plan name LIBERTY AGGREGATES, LLC 401(K) AND PROFIT SHARING PLAN PKA QUALITY AGGREGATES, LLC 401(K)                                  |                                |
| <b>b</b> | Name of plan sponsor LIBERTY AGGREGATES, LLC   | <b>c</b> EIN-PN 20-3362032-001 |
| <b>a</b> | Plan name L'I'L THRIFT FOOD MARTS PSP  |                                |
| <b>b</b> | Name of plan sponsor L'I'L THRIFT FOOD MARTS, INC.   | <b>c</b> EIN-PN 56-0960363-001 |
| <b>a</b> | Plan name LINTERN CORPORATION 401(K) SAVINGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor LINTERN CORPORATION   | <b>c</b> EIN-PN 34-0361330-003 |
| <b>a</b> | Plan name LIVE EAT SURF 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor HH LES OPCO LLC DBA LIVE EAT SURF   | <b>c</b> EIN-PN 56-1844785-001 |
| <b>a</b> | Plan name LIVEXLIVE MEDIA, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor LIVEXLIVE MEDIA, INC.   | <b>c</b> EIN-PN 20-0565446-001 |
| <b>a</b> | Plan name LONG MEADOW RANCH 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor LMR SERVICES LLC  | <b>c</b> EIN-PN 36-4856570-501 |
| <b>a</b> | Plan name LTS LOHMANN THERAPY SYSTEMS CORP. 401LK RETIREMENT SAVINGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor LTS LOHMANN THERAPY SYSTEMS CORP.   | <b>c</b> EIN-PN 52-1824249-001 |
| <b>a</b> | Plan name LYONS PAINTING & DEISGN, LLC DAVIS-BACON PENSION PLAN AND TRUST  |                                |
| <b>b</b> | Name of plan sponsor LYONS PAINTING & DESIGN, LLC  | <b>c</b> EIN-PN 83-0474840-001 |
| <b>a</b> | Plan name M INTERNATIONAL 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor M INTERNATIONAL, INC.   | <b>c</b> EIN-PN 26-4826820-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |   |                                |
| <b>a</b>   | Plan name M. H. EBY 401K PSP  |                                |
| <b>b</b>   | Name of plan sponsor M. H. EBY, INC.  | <b>c</b> EIN-PN 23-1925398-001 |
| <b>a</b>   | Plan name MADRONA PARTNERS, LLC 401(K) PLAN                                   |                                |
| <b>b</b>   | Name of plan sponsor MADRONA PARTNERS, LLC                                    | <b>c</b> EIN-PN 87-2305101-001 |
| <b>a</b>   | Plan name MANAGE RITE, LLC 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor BURNS KULL AUTOMOTIVE                                    | <b>c</b> EIN-PN 22-2337638-001 |
| <b>a</b>   | Plan name MANNING EQUIPMENT, LLC & RELATED CO PSP                             |                                |
| <b>b</b>   | Name of plan sponsor MANNING EQUIPMENT, INC.                                  | <b>c</b> EIN-PN 61-0470042-001 |
| <b>a</b>   | Plan name MARXUACH PRECAST SOLUTIONS, LLC PROFIT-SHARING AND SAVINGS PLAN     |                                |
| <b>b</b>   | Name of plan sponsor MARXUACH PRECAST SOLUTIONS                               | <b>c</b> EIN-PN 66-0586343-001 |
| <b>a</b>   | Plan name MASTERTECH PLUMBING HEATING AND COOLING RETIREMENT PLAN             |                                |
| <b>b</b>   | Name of plan sponsor MASTERTECH PLUMBING HEATING AND COOLING                  | <b>c</b> EIN-PN 43-1870150-001 |
| <b>a</b>   | Plan name MAX RIEKE & BROTHERS, INC. EMPLOYEES 401K PLAN                      |                                |
| <b>b</b>   | Name of plan sponsor MAX RIEKE & BROTHERS, INC.                               | <b>c</b> EIN-PN 48-0783919-067 |
| <b>a</b>   | Plan name MAX RIEKE & BROTHERS, INC. PROFIT SHARING PLAN                      |                                |
| <b>b</b>   | Name of plan sponsor MAX RIEKE & BROTHERS, INC.                               | <b>c</b> EIN-PN 48-0783919-066 |
| <b>a</b>   | Plan name MCMURRAY FABRICS RET SVGS & INVT PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor MCMURRAY FABRICS, INC.                                   | <b>c</b> EIN-PN 56-2114736-001 |
| <b>a</b>   | Plan name ME DEVCO NC LTD 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor ME DEVCO NC LTD  | <b>c</b> EIN-PN 11-3751321-001 |
| <b>a</b>   | Plan name MEDALLION DENTAL LABORATORY, INC. 401K PROFIT SHARING PLAN          |                                |
| <b>b</b>   | Name of plan sponsor MEDALLION DENTAL LABORATORY, INC                         | <b>c</b> EIN-PN 48-1087685-001 |
| <b>a</b>   | Plan name MERIDIAN PRODUCTS 401K RET INVESTMENT PLAN                          |                                |
| <b>b</b>   | Name of plan sponsor NESSCO ENTERPRISES, LLC                                  | <b>c</b> EIN-PN 23-3055953-001 |

| <b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>  |                      |   |
|---|----------------------|---|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |   |
| <b>a</b>  | Plan name            | METALFORMING 401K PSP                                       |
| <b>b</b>  | Name of plan sponsor | METALFORMING, INC.  |
| <b>c</b>  | EIN-PN               | 58-2339671-001  |
| <b>a</b>  | Plan name            | MIDLAND COUNTY DEFERRED COMPENSATION PLAN                   |
| <b>b</b>  | Name of plan sponsor | MIDLAND COUNTY  |
| <b>c</b>  | EIN-PN               | 38-6004871-001  |
| <b>a</b>  | Plan name            | MIDLAND EMPIRE RESOURCES INDEPENDENT LIVING 401(K) PLAN     |
| <b>b</b>  | Name of plan sponsor | MIDLAND EMPIRE RESOURCES INDEPENDENT LIVING                 |
| <b>c</b>  | EIN-PN               | 43-1667582-001  |
| <b>a</b>  | Plan name            | MINERVA BEAUTY 401K PLAN                                    |
| <b>b</b>  | Name of plan sponsor | MINERVA BEAUTY  |
| <b>c</b>  | EIN-PN               | 20-5834095-001  |
| <b>a</b>  | Plan name            | MISSION CLOUD SERVICES, INC. DBA MISSION 401K PLAN          |
| <b>b</b>  | Name of plan sponsor | MISSION CLOUD SERVICES, INC.                                |
| <b>c</b>  | EIN-PN               | 95-4879768-001  |
| <b>a</b>  | Plan name            | MISTER PRICE/HELAPAN 1165E RETIREMENT PLAN                  |
| <b>b</b>  | Name of plan sponsor | MISTER PRICE, INC.  |
| <b>c</b>  | EIN-PN               | 66-0238025-002  |
| <b>a</b>  | Plan name            | MITCHELL-WIEDEFELD/DULANEY VALLEY 401K SVGS                 |
| <b>b</b>  | Name of plan sponsor | MITCHELL-WIEDEFELD FUNERAL HOME                             |
| <b>c</b>  | EIN-PN               | 52-0417840-002  |
| <b>a</b>  | Plan name            | MITSUBISHI MOTOR SALES OF CARIBBEAN SAVINGS RETIREMENT PLAN |
| <b>b</b>  | Name of plan sponsor | MITSUBISHI MOTOR SALES OF CARIBBEAN                         |
| <b>c</b>  | EIN-PN               | 66-0392747-001  |
| <b>a</b>  | Plan name            | MODERN DERMATOLOGY 401K PLAN                                |
| <b>b</b>  | Name of plan sponsor | MODERN DERMATOLOGY  |
| <b>c</b>  | EIN-PN               | 47-2750505-001  |
| <b>a</b>  | Plan name            | MODERNISTRIC CLEANING SERVICES 401K PLAN                    |
| <b>b</b>  | Name of plan sponsor | MODERNISTIC, LLC  |
| <b>c</b>  | EIN-PN               | 26-0132234-001  |
| <b>a</b>  | Plan name            | MONARCH POOLS 401K PLAN                                     |
| <b>b</b>  | Name of plan sponsor | MONARCH POOLS   |
| <b>c</b>  | EIN-PN               | 84-0515382-001  |
| <b>a</b>  | Plan name            | MONTECITO MEDICAL OPERATING COMPANY, LLC 401K PSP           |
| <b>b</b>  | Name of plan sponsor | MONTECITO MEDICAL OPERATING COMPANY, LLC                    |
| <b>c</b>  | EIN-PN               | 45-5473291-001  |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |   |                                |
| <b>a</b>   | Plan name MOSAIC LIFE CARE 401K RETIREMENT PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor MOSAIC HEALTH SYSTEM                                     | <b>c</b> EIN-PN 43-1283316-001 |
| <b>a</b>   | Plan name MR FRANCESCHINI INC. RETIREMENT PLAN                                |                                |
| <b>b</b>   | Name of plan sponsor MR FRANCESCHINI INC.                                     | <b>c</b> EIN-PN 66-0236510-001 |
| <b>a</b>   | Plan name MUNDO VERDE BILINGUAL PUBLIC CHARTER SCHOOL RETIREMENT TRUST        |                                |
| <b>b</b>   | Name of plan sponsor MUNDO VERDE BILINGUAL PUBLIC CHARTER SCHOOL              | <b>c</b> EIN-PN 26-2569958-001 |
| <b>a</b>   | Plan name MUNICIPAL EQUIPMENT 401K PLAN                                       |                                |
| <b>b</b>   | Name of plan sponsor MUNICIPAL EQUIPMENT, INC.                                | <b>c</b> EIN-PN 61-1375119-002 |
| <b>a</b>   | Plan name MUSSELMAN & HALL 401K PROFIT SHARING PLAN                           |                                |
| <b>b</b>   | Name of plan sponsor MUSSELMAN & HALL   | <b>c</b> EIN-PN 48-0314805-001 |
| <b>a</b>   | Plan name MWA 401K & ESOP   |                                |
| <b>b</b>   | Name of plan sponsor MAL WARWICK & ASSOCIATES, INC.                           | <b>c</b> EIN-PN 94-2914158-001 |
| <b>a</b>   | Plan name NASH JOHNSON & SONS' SVGS & RET PLAN                                |                                |
| <b>b</b>   | Name of plan sponsor NASH JOHNSON & SONS' FARM, INC.                          | <b>c</b> EIN-PN 56-0738561-001 |
| <b>a</b>   | Plan name NATIONAL INSTRUMENT, LLC 401K/PSP                                   |                                |
| <b>b</b>   | Name of plan sponsor NATIONAL INSTRUMENT, LLC                                 | <b>c</b> EIN-PN 20-1326200-002 |
| <b>a</b>   | Plan name NATIONAL SPINNING CO. 401K PLAN                                     |                                |
| <b>b</b>   | Name of plan sponsor NATIONAL SPINNING CO., INC.                              | <b>c</b> EIN-PN 11-1117990-002 |
| <b>a</b>   | Plan name NATIONAL WORLD WAR I MUSEUM AND MEMORAIL 401K PLAN                  |                                |
| <b>b</b>   | Name of plan sponsor LIBERTY MEMORIAL ASSOCIATION                             | <b>c</b> EIN-PN 43-6052673-001 |
| <b>a</b>   | Plan name NATURAL GAS SUPPLY ASSOCIATION EMPLOYEE SVGS                        |                                |
| <b>b</b>   | Name of plan sponsor NATURAL GAS SUPPLY ASSOCIATION                           | <b>c</b> EIN-PN 52-0823671-002 |
| <b>a</b>   | Plan name NAVAL SYSTEMS 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor NAVAL SYSTEMS, INC. DBA NSI                              | <b>c</b> EIN-PN 52-2438690-001 |

| <b>Part II</b>  |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>                |                                |
|---|----------------------|---|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |   |                                |
| <b>a</b>  | Plan name            | NEIL HUFFMAN VOLKSWAGEN 401K PSP & TRUST  |                                |
| <b>b</b>  | Name of plan sponsor | NEIL HUFFMAN VOLKSWAGEN, INC.   | <b>c</b> EIN-PN 61-0674549-002 |
| <b>a</b>  | Plan name            | NETSTANDARD, INC. EMPLOYEES 401K PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | NETSTANDARD, INC.   | <b>c</b> EIN-PN 48-1194936-001 |
| <b>a</b>  | Plan name            | NETWORK TECHNOLOGIES, INC. 401K PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | NETWORK TECHNOLOGIES, INC.  | <b>c</b> EIN-PN 48-1128416-002 |
| <b>a</b>  | Plan name            | NEWLAND ASSOCIATES BUSINESS SERVICES PLAN 1081.01   |                                |
| <b>b</b>  | Name of plan sponsor | NEWLAND ASSOCIATES BUSINESS SERVICES, INC.  | <b>c</b> EIN-PN 66-0706795-001 |
| <b>a</b>  | Plan name            | NEXT MARKETING 401K PSP   |                                |
| <b>b</b>  | Name of plan sponsor | NEXT MARKETING, INC.  | <b>c</b> EIN-PN 25-1763785-001 |
| <b>a</b>  | Plan name            | NHM CONSTRUCTORS LLC 401K PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | NHM CONSTRUCTORS LLC  | <b>c</b> EIN-PN 80-0880185-001 |
| <b>a</b>  | Plan name            | NICE SYSTEMS, INC 401K PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | NICE SYSTEMS, INC   | <b>c</b> EIN-PN 77-0250126-001 |
| <b>a</b>  | Plan name            | NKT INC. 401K PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | NKT INC.  | <b>c</b> EIN-PN 82-1765111-001 |
| <b>a</b>  | Plan name            | NOBLE HOSPITALITY, INC. EMPLOYEES 401K PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | NOBLE HOSPITALITY, INC.   | <b>c</b> EIN-PN 48-1105899-001 |
| <b>a</b>  | Plan name            | NOMI HEALTH 401K PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | NOMI HEALTH, INC  | <b>c</b> EIN-PN 84-1905194-001 |
| <b>a</b>  | Plan name            | NORTH COAST MEDICAL SUPPLY INC. 401K PROFIT SHARING PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | NORTH COAST MEDICAL SUPPLY, INC.  | <b>c</b> EIN-PN 22-3865781-001 |
| <b>a</b>  | Plan name            | NOTABLE CAPITAL MANAGEMENT, L.L.C. 401(K) SAVINGS PLAN FKA G.G.V. MANAGEMENT, LLC 401K SAVINGS PLAN |                                |
| <b>b</b>  | Name of plan sponsor | NOTABLE CAPITAL MANAGEMENT, LLC FKA GGV MANAGEMENT, LLC   | <b>c</b> EIN-PN 94-3369771-001 |

| <b>Part II</b>  |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |  |                                |
| <b>a</b>  | Plan name            | O'BRIEN, BELLAND & BUSHNISKY LLC 401K PROFIT SHARING PLAN AND TRUST                  |                                |
| <b>b</b>  | Name of plan sponsor | O'BRIEN, BELLAND & BUSHNISKY LLC   | <b>c</b> EIN-PN 37-1467056-001 |
| <b>a</b>  | Plan name            | ODDO DEVELOPMENT 401K PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | ODDO DEVELOPMENT, INC.   | <b>c</b> EIN-PN 43-0912941-001 |
| <b>a</b>  | Plan name            | ONE PLANET GROUP, LLC 401(K) PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | ONE PLANET GROUP, LLC  | <b>c</b> EIN-PN 85-1221674-001 |
| <b>a</b>  | Plan name            | ONEDIGITAL OPEN POOLED EMPLOYER (PEP)  |                                |
| <b>b</b>  | Name of plan sponsor | PLAN FIDUCIARY SERVICES, INC - TERRANCE P POWER, PRESIDENT                           | <b>c</b> EIN-PN 27-3523833-008 |
| <b>a</b>  | Plan name            | ONEDIGITAL POOLED EMPLOYER PLAN (PEP)  |                                |
| <b>b</b>  | Name of plan sponsor | THE PLATINUM 401K INC  | <b>c</b> EIN-PN 45-3555965-018 |
| <b>a</b>  | Plan name            | ONX HOLDINGS, INC. 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | ONX HOLDINGS, INC.   | <b>c</b> EIN-PN 85-2626288-001 |
| <b>a</b>  | Plan name            | ORAL & FACIAL SURGERY ASSOCIATES, PA PROFIT SHARING PLAN                             |                                |
| <b>b</b>  | Name of plan sponsor | ORAL & FACIAL SURGERY ASSOCIATES   | <b>c</b> EIN-PN 48-0773206-001 |
| <b>a</b>  | Plan name            | ORINDA COUNTRY CLUB 401(K) RETIREMENT PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | ORINDA COUNTY CLUB   | <b>c</b> EIN-PN 94-0735460-001 |
| <b>a</b>  | Plan name            | ORLANDO LUTHERAN TOWERS, INC. 401(K) PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | ORLANDO LUTHERAN TOWERS, INC.  | <b>c</b> EIN-PN 59-1646654-001 |
| <b>a</b>  | Plan name            | OTR WHEEL ENGINEERING 401K PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | OTR WHEEL ENGINEERING, INC.  | <b>c</b> EIN-PN 58-1862442-001 |
| <b>a</b>  | Plan name            | OUR CREDIT UNION 401K PLAN & TRUST   |                                |
| <b>b</b>  | Name of plan sponsor | OUR CREDIT UNION   | <b>c</b> EIN-PN 38-1627404-001 |
| <b>a</b>  | Plan name            | PACIFIC HOTEL MANAGEMENT, LLC 401K PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | PACIFIC HOTEL MANAGEMENT, LLC  | <b>c</b> EIN-PN 94-2749016-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | PACIFIC LANDSCAPE MANAGEMENT 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | PACIFIC LANDSCAPE MANAGEMENT   | <b>c</b> EIN-PN 91-1660168-001 |
| <b>a</b>   | Plan name            | PACKSIZE 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | PACKSIZE LLC   | <b>c</b> EIN-PN 26-1241626-001 |
| <b>a</b>   | Plan name            | PALLET DISTRIBUTORS, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PALLET DISTRIBUTORS, INC.  | <b>c</b> EIN-PN 34-1842111-001 |
| <b>a</b>   | Plan name            | PARKER MCCRORY MFG. CO. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PARKER MCCRORY MFG. CO.  | <b>c</b> EIN-PN 44-0579605-001 |
| <b>a</b>   | Plan name            | PARKER, POLLARD, WILTON & PEADEN, P.C. 401K  |                                |
| <b>b</b>   | Name of plan sponsor | PARKER POLLARD WILTON & PEADEN   | <b>c</b> EIN-PN 54-0897950-001 |
| <b>a</b>   | Plan name            | PARTNERSHIP PROPERTY MGMT, LLC RET PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PARTNERSHIP PROPERTY MGMT, LLC   | <b>c</b> EIN-PN 56-2000487-001 |
| <b>a</b>   | Plan name            | PCB SOLUTIONS, INC. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | EMS SOLUTIONS (DBA PCB SOLUTIONS, INC.)  | <b>c</b> EIN-PN 87-0639265-001 |
| <b>a</b>   | Plan name            | PELAYES & YU 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PELAYES & YU   | <b>c</b> EIN-PN 82-1124132-001 |
| <b>a</b>   | Plan name            | PEPPER 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | SMARTHOME VENTURES LLC DBA PEPPER  | <b>c</b> EIN-PN 46-3027570-001 |
| <b>a</b>   | Plan name            | PEPSI-COLA PUERTO RICO BOTTLING CO. 1165(E) SAVINGS PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor | CABCORP  | <b>c</b> EIN-PN 41-1986382-003 |
| <b>a</b>   | Plan name            | PERFECT DAY, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PERFECT DAY, INC.  | <b>c</b> EIN-PN 45-5528887-001 |
| <b>a</b>   | Plan name            | PFI 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PAIS FIDUCIARY INC.  | <b>c</b> EIN-PN 83-2738895-001 |

| <b>Part II</b> | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>   |                                |
|----------------|--|--------------------------------|
|                | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b>       | Plan name PHARMACEUTICAL MEDIA INC. 401K RETIREMENT PLAN   |                                |
| <b>b</b>       | Name of plan sponsor PHARMACEUTICAL MEDIA INC.   | <b>c</b> EIN-PN 22-1938377-001 |
| <b>a</b>       | Plan name PHOENIX 401K PLAN  |                                |
| <b>b</b>       | Name of plan sponsor HUNTSVILLE REHABILITATION FDN.  | <b>c</b> EIN-PN 23-7450941-005 |
| <b>a</b>       | Plan name PHOENIX GROUP OF VIRGINIA 401K PLAN  |                                |
| <b>b</b>       | Name of plan sponsor PHOENIX GROUP OF VIRGINIA, INC.   | <b>c</b> EIN-PN 26-1727326-001 |
| <b>a</b>       | Plan name PLASTIKON INDUSTRIES, INC. 401(K) RETIREMENT PLAN  |                                |
| <b>b</b>       | Name of plan sponsor PLASTIKON INDUSTRIES, INC.  | <b>c</b> EIN-PN 94-2582387-001 |
| <b>a</b>       | Plan name PLAYON SPORTS 401(K) PLAN  |                                |
| <b>b</b>       | Name of plan sponsor 2080 MEDIA INC. DBA PLAYON SPORTS   | <b>c</b> EIN-PN 26-2255473-001 |
| <b>a</b>       | Plan name PODIUM 401(K) PLAN   |                                |
| <b>b</b>       | Name of plan sponsor PODIUM CORPORATION INC.   | <b>c</b> EIN-PN 47-1369982-001 |
| <b>a</b>       | Plan name POLYTAINERS, INC. PROFIT SHARING 401K RETIREMENT PLAN  |                                |
| <b>b</b>       | Name of plan sponsor POLYTAINERS, INC  | <b>c</b> EIN-PN 43-1532377-001 |
| <b>a</b>       | Plan name POPHEALTHCARE LLC 1081.01 PLAN   |                                |
| <b>b</b>       | Name of plan sponsor EMCARA HEALTH OF PUERTO RICO, LLC   | <b>c</b> EIN-PN 66-1037088-001 |
| <b>a</b>       | Plan name PORGES,HAMLIN,KNOWLES & HAWK, PA 401K PSP  |                                |
| <b>b</b>       | Name of plan sponsor PORGES,HAMLIN,KNOWLES &HAWK, PA   | <b>c</b> EIN-PN 59-2343522-001 |
| <b>a</b>       | Plan name PPS, INC. 401(K) PLAN  |                                |
| <b>b</b>       | Name of plan sponsor PPS, INC.   | <b>c</b> EIN-PN 48-0695095-001 |
| <b>a</b>       | Plan name PRECISION WALLS 401K PLAN  |                                |
| <b>b</b>       | Name of plan sponsor PRECISION WALLS, INC.   | <b>c</b> EIN-PN 56-1171361-001 |
| <b>a</b>       | Plan name PRO STAR PAN SERVICES LLC 401(K) PLAN  |                                |
| <b>b</b>       | Name of plan sponsor VISIBLE SUPPLY CHAIN MANAGEMENT   | <b>c</b> EIN-PN 45-5567942-001 |

| <b>Part II</b>  |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |  |                                |
| <b>a</b>  | Plan name            | PROGRESSIVE PLUMBING, INC. 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | PROGRESSIVE PLUMBING, INC.   | <b>c</b> EIN-PN 59-2618044-001 |
| <b>a</b>  | Plan name            | PROTECTO WRAP COMPANY 401K EMPLOYEE SAVINGS PLAN                                     |                                |
| <b>b</b>  | Name of plan sponsor | PROTECTO WRAP COMPANY  | <b>c</b> EIN-PN 84-0481347-001 |
| <b>a</b>  | Plan name            | PROVINCE OF OUR LADY OF GUADALUPE, INC 401K PLAN                                     |                                |
| <b>b</b>  | Name of plan sponsor | PROVINCE OF OUR LADY OF GUADALUPE, INC   | <b>c</b> EIN-PN 88-4332441-001 |
| <b>a</b>  | Plan name            | PRP SAVINGS & RETIREMENT PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | PUERTO RICO PHARMACEUTICAL INC   | <b>c</b> EIN-PN 66-0478923-001 |
| <b>a</b>  | Plan name            | PUBLIC LIBRARY OF SCIENCE 401K PROFIT SHARING PLAN AND TRUST                         |                                |
| <b>b</b>  | Name of plan sponsor | PUBLIC LIBRARY OF SCIENCE  | <b>c</b> EIN-PN 68-0492065-001 |
| <b>a</b>  | Plan name            | PURE INFUSION SUITES 401K PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | PURE INFUSION SUITES   | <b>c</b> EIN-PN 83-1415264-001 |
| <b>a</b>  | Plan name            | QE 401K AND PSP  |                                |
| <b>b</b>  | Name of plan sponsor | QUALITY ENTERPRISES USA, INC.  | <b>c</b> EIN-PN 54-0947002-001 |
| <b>a</b>  | Plan name            | QSC, LLC 401(K) RETIREMENT SAVINGS PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | QSC, LLC   | <b>c</b> EIN-PN 33-0396886-001 |
| <b>a</b>  | Plan name            | QUALITY INSIGHTS INC. MONEY PURCHASE PENSION   |                                |
| <b>b</b>  | Name of plan sponsor | QUALITY INSIGHTS, INC.   | <b>c</b> EIN-PN 55-0539692-001 |
| <b>a</b>  | Plan name            | QUANTUM RETIREMENT PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | QUANTUM HEALTH PROFESSIONALS   | <b>c</b> EIN-PN 75-3051602-001 |
| <b>a</b>  | Plan name            | QUICKTIN, INC. 401(K) PROFIT SHARING PLAN & TRUST                                    |                                |
| <b>b</b>  | Name of plan sponsor | QUICKTIN, INCORPORATED   | <b>c</b> EIN-PN 91-2184334-001 |
| <b>a</b>  | Plan name            | QUILTER LABS 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | QUILTER LABORATORIES LLC   | <b>c</b> EIN-PN 27-4532361-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | RACO GENERAL CONTRACTORS 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | RACO GENERAL CONTRACTORS, INC.   | <b>c</b> EIN-PN 58-1682524-001 |
| <b>a</b>   | Plan name            | RAGSDALE LIGGETT PLLC 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | RAGSDALE LIGGETT PLLC  | <b>c</b> EIN-PN 56-1851948-001 |
| <b>a</b>   | Plan name            | REAL FLOORS INC. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | REAL FLOORS, INC.  | <b>c</b> EIN-PN 58-1719346-001 |
| <b>a</b>   | Plan name            | REALTRAC HOLDINGS, INC. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | REALTRAC HOLDINGS, INC   | <b>c</b> EIN-PN 81-0905930-001 |
| <b>a</b>   | Plan name            | REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY 401K PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor | REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY  | <b>c</b> EIN-PN 27-3923442-001 |
| <b>a</b>   | Plan name            | RENAISSANCE PLASTIC SURGERY, P.C. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | RENAISSANCE PLASTIC SURGERY P.C.   | <b>c</b> EIN-PN 58-2568787-001 |
| <b>a</b>   | Plan name            | RENU ENERGY SOLUTIONS 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | RENU ENERGY SOLUTIONS LLC  | <b>c</b> EIN-PN 27-4328922-001 |
| <b>a</b>   | Plan name            | RET PLAN FOR WINSTON-SALEM DENTAL CARE   |                                |
| <b>b</b>   | Name of plan sponsor | DRS. AILERU,ANDREWS,GRAVEL,  | <b>c</b> EIN-PN 56-2132966-001 |
| <b>a</b>   | Plan name            | RICOLA USA INC 401K PROFIT SHARING PLAN & TRUST                                      |                                |
| <b>b</b>   | Name of plan sponsor | RICOLA USA INC   | <b>c</b> EIN-PN 22-2775838-001 |
| <b>a</b>   | Plan name            | RIVERS AND ASSOCIATES 401K RET PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | RIVERS AND ASSOCIATES, INC.  | <b>c</b> EIN-PN 56-0705765-001 |
| <b>a</b>   | Plan name            | RIVERSIDE DENTAL GROUP AND DENTAL ASSOCIATE OFFICES 401K PLAN                        |                                |
| <b>b</b>   | Name of plan sponsor | RIVERSIDE DENTAL GROUP   | <b>c</b> EIN-PN 33-0874160-001 |
| <b>a</b>   | Plan name            | ROARING FORK NEUROLOGY, P.C. 401(K) PROFIT SHARING PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor | ROARING FORK NEUROLOGY, P.C.   | <b>c</b> EIN-PN 93-4591728-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)   |                                |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |   |                                |
| <b>a</b>   | Plan name ROBERT WOODALL CHEVROLET EMPLOYEES RET PLAN                           |                                |
| <b>b</b>   | Name of plan sponsor ROBERT WOODALL CHEVROLET, INC.                             | <b>c</b> EIN-PN 54-0791993-002 |
| <b>a</b>   | Plan name ROBERTS & STEVENS, P.A. PSP AND TRUST                                 |                                |
| <b>b</b>   | Name of plan sponsor ROBERTS & STEVENS, P.A.                                    | <b>c</b> EIN-PN 56-1476351-001 |
| <b>a</b>   | Plan name ROCKDALE ANESTHESIA SERVICES, P.C. 401K PROFIT SHARING PLAN AND TRUST |                                |
| <b>b</b>   | Name of plan sponsor ROCKDALE ANESTHESIA SERVICES, P.C.                         | <b>c</b> EIN-PN 58-1733732-001 |
| <b>a</b>   | Plan name ROSENBERG MARTIN GREENBERG, LLP RET PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor ROSENBERG MARTIN GREENBERG, LLP                            | <b>c</b> EIN-PN 52-1537421-001 |
| <b>a</b>   | Plan name ROSS & PINES, LLC 401K PROFIT SHARING PLAN                            |                                |
| <b>b</b>   | Name of plan sponsor ROSS & PINES, LLC  | <b>c</b> EIN-PN 20-2011905-001 |
| <b>a</b>   | Plan name ROYAL METAL PRODUCTS 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor ROYAL METAL PRODUCTS, INC.                                 | <b>c</b> EIN-PN 58-1859393-001 |
| <b>a</b>   | Plan name RS LLC 401K PLAN PKA AWL INC 401(K) PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor RS LLC   | <b>c</b> EIN-PN 82-2400563-001 |
| <b>a</b>   | Plan name RUBY & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                    |                                |
| <b>b</b>   | Name of plan sponsor RUBY + ASSOCIATES  | <b>c</b> EIN-PN 38-2555509-001 |
| <b>a</b>   | Plan name RUST ENTERPRISES 401K PSP   |                                |
| <b>b</b>   | Name of plan sponsor RUST ENTERPRISES, INC.                                     | <b>c</b> EIN-PN 56-1047356-002 |
| <b>a</b>   | Plan name RYAN WARD DDS PA 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor RYAN WARD DDS PA   | <b>c</b> EIN-PN 85-4212292-001 |
| <b>a</b>   | Plan name S. KIRK VINCENT DDS LC PROFIT SHARING PLAN                            |                                |
| <b>b</b>   | Name of plan sponsor S. KIRK VINCENT DDS  | <b>c</b> EIN-PN 48-1230567-001 |
| <b>a</b>   | Plan name SAFARI LTD. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor SAFARI PROGRAMS, INC.                                      | <b>c</b> EIN-PN 59-2392127-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | SAFE CREDIT UNION 401(K)   |                                |
| <b>b</b>   | Name of plan sponsor | SAFE CREDIT UNION  | <b>c</b> EIN-PN 94-1179501-002 |
| <b>a</b>   | Plan name            | SALT PAYROLL 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | S.A.L.T. PAYROLL CONSULTANTS   | <b>c</b> EIN-PN 26-0550353-001 |
| <b>a</b>   | Plan name            | SANTA ANA BIO 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | SANTA ANA BIO, INC.  | <b>c</b> EIN-PN 59-3708427-001 |
| <b>a</b>   | Plan name            | SAWTST LLC 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | SAWTST LLC   | <b>c</b> EIN-PN 20-4469646-001 |
| <b>a</b>   | Plan name            | SCION STEEL 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | SCION, INC.  | <b>c</b> EIN-PN 38-2567379-001 |
| <b>a</b>   | Plan name            | SCOTT ORTHOPEDIC CENTER  |                                |
| <b>b</b>   | Name of plan sponsor | SCOTT ORTHOPEDIC CENTER, INC.  | <b>c</b> EIN-PN 55-0581360-001 |
| <b>a</b>   | Plan name            | SEASONAL SOLUTIONS 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | SEASONAL SOLUTIONS, LLC  | <b>c</b> EIN-PN 26-2565900-001 |
| <b>a</b>   | Plan name            | SECRET WARDLE 401K PSP   |                                |
| <b>b</b>   | Name of plan sponsor | SECRET, WARDLE, LYNCH, HAMPTON, TRUEX, AND MORLEY, P.C.                              | <b>c</b> EIN-PN 38-1863919-002 |
| <b>a</b>   | Plan name            | SEIGFREID BINGHAM 401K RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | SEIGFREID BINGHAM P.C.   | <b>c</b> EIN-PN 43-1027985-002 |
| <b>a</b>   | Plan name            | SELCO, INC. 401(K) RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | SELCO, INC.  | <b>c</b> EIN-PN 93-0163693-001 |
| <b>a</b>   | Plan name            | SELECTEK INC 401K PROFIT SHARING PLAN & TRUST  |                                |
| <b>b</b>   | Name of plan sponsor | SELECTEK INC   | <b>c</b> EIN-PN 58-2158130-001 |
| <b>a</b>   | Plan name            | SELECTIVE ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor | SELECTIVE ENTERPRISES, INC.  | <b>c</b> EIN-PN 56-0928919-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)                             |  |
|--|---|--|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |   |  |
| <b>a</b>   | Plan name <a href="#">SELLING SIMPLIFIED, INC. 401K PSP AND TRUST</a>                                     |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SELLING SIMPLIFIED, INC.</a>   | <b>c</b> EIN-PN <a href="#">27-4883299-001</a> |
| <b>a</b>   | Plan name <a href="#">SHAWNEE HEATING AND COOLING 401 (K) PLAN</a>  |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SHAWNEE HEATING AND COOLING</a>  | <b>c</b> EIN-PN <a href="#">48-0951352-001</a> |
| <b>a</b>   | Plan name <a href="#">SHELEY, HALL &amp; WILLIAMS, P.C. 401K PROFIT SHARING PLAN</a>                      |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SHELEY, HALL &amp; WILLIAMS, P.C.</a>                                    | <b>c</b> EIN-PN <a href="#">80-0075645-001</a> |
| <b>a</b>   | Plan name <a href="#">SHIFT PARADIGM 401(K) PLAN</a>  |  |
| <b>b</b>   | Name of plan sponsor <a href="#">TRENDLINE INTERACTIVE LLC DBA SHIFT PROGRAM</a>                          | <b>c</b> EIN-PN <a href="#">27-3334784-001</a> |
| <b>a</b>   | Plan name <a href="#">SIGHT &amp; SOUND MINISTRIES RET SVGS PLAN</a>                                      |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SIGHT &amp; SOUND MINISTRIES, INC.</a>                                   | <b>c</b> EIN-PN <a href="#">23-2373300-001</a> |
| <b>a</b>   | Plan name <a href="#">SIGNATURE PROPERTY MANAGEMENT 401(K) PLAN</a>                                       |  |
| <b>b</b>   | Name of plan sponsor <a href="#">E.A. MEYERS &amp; ASSOCIATES, INC. DBA SIGNATURE PROPERTY MANAGEMENT</a> | <b>c</b> EIN-PN <a href="#">48-0966864-001</a> |
| <b>a</b>   | Plan name <a href="#">SILMAN CONSTRUCTION 401K AND PROFIT SHARING PLAN</a>                                |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SILMAN VENTURE CORPORATION</a>   | <b>c</b> EIN-PN <a href="#">13-4363138-001</a> |
| <b>a</b>   | Plan name <a href="#">SKIN SPECIALTY SOLUTIONS 401K</a>   |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SKIN SPECIALTY SOLUTIONS</a>   | <b>c</b> EIN-PN <a href="#">83-1335950-001</a> |
| <b>a</b>   | Plan name <a href="#">SMC 401K PLAN</a>   |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SMC, LLC</a>   | <b>c</b> EIN-PN <a href="#">45-2635355-001</a> |
| <b>a</b>   | Plan name <a href="#">SMC CONCRETE CONSTRUCTION 401K PSP</a>  |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SMC CONCRETE CONSTRUCTION, INC.</a>                                      | <b>c</b> EIN-PN <a href="#">54-1109643-001</a> |
| <b>a</b>   | Plan name <a href="#">SMC ELECTRICAL PRODUCTS EMPLOYEES' 401K PSP</a>                                     |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SMC ELECTRICAL PRODUCTS, INC.</a>  | <b>c</b> EIN-PN <a href="#">55-0522903-001</a> |
| <b>a</b>   | Plan name <a href="#">SMITH HULSEY &amp; BUSEY 401K PSP</a>   |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SMITH HULSEY &amp; BUSEY</a>   | <b>c</b> EIN-PN <a href="#">59-2100518-001</a> |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name SNYDER PAPER CORPORATION 401K RET PLAN   |                                |
| <b>b</b> | Name of plan sponsor SNYDER PAPER CORPORATION  | <b>c</b> EIN-PN 56-0484179-001 |
| <b>a</b> | Plan name SOLACE HEALTHCARE, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor SOLACE HEALTHCARE, INC  | <b>c</b> EIN-PN 20-3023796-001 |
| <b>a</b> | Plan name SOMOS IWT INC 401K PLAN FKA INNOV WIRE TECHNOLOGY 401K   |                                |
| <b>b</b> | Name of plan sponsor INNOV WIRE TECHNOLOGY   | <b>c</b> EIN-PN 82-3534276-001 |
| <b>a</b> | Plan name SONIC MAUFACTURING 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor SONIC MANUFACTURING TECHNOLOGIES, INC.  | <b>c</b> EIN-PN 77-0432998-001 |
| <b>a</b> | Plan name SOUTHERN CALIFORNIA ILLUMINATION 401K PROFIT SHARING PLAN & TRUST  |                                |
| <b>b</b> | Name of plan sponsor SOUTHERN CALIFORNIA ILLUMINATION  | <b>c</b> EIN-PN 33-0516406-001 |
| <b>a</b> | Plan name SOUTHERN CROWN PARTNERS, LLC RET PLAN  |                                |
| <b>b</b> | Name of plan sponsor SOUTHERN CROWN PARTNERS, LLC  | <b>c</b> EIN-PN 26-0397238-001 |
| <b>a</b> | Plan name SOUTHERN STORAGE MANAGEMENT SYSTEMS PR RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor SOUTHERN SELF STORAGE   | <b>c</b> EIN-PN 65-0272140-001 |
| <b>a</b> | Plan name SOUTHWEST ATLANTA NEPHROLOGY PC 401K SALARY REDUCTION PLAN   |                                |
| <b>b</b> | Name of plan sponsor SOUTHWEST NEPHROLOGY ATLANTA, P.C.  | <b>c</b> EIN-PN 58-1392515-003 |
| <b>a</b> | Plan name SOUTHWOOD BUILDING SYSTEMS RET AND SVGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor SOUTHWOOD BUILDING SYSTEMS, INC.  | <b>c</b> EIN-PN 54-1279343-001 |
| <b>a</b> | Plan name SPACES, INC. 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor SPACES, INC.  | <b>c</b> EIN-PN 48-1138594-001 |
| <b>a</b> | Plan name SPEVCO 401K PSP  |                                |
| <b>b</b> | Name of plan sponsor SPEVCO, INC.  | <b>c</b> EIN-PN 56-1257779-001 |
| <b>a</b> | Plan name SPRATT SVGS BANK RET SVGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor SPRATT SAVINGS & LOAN ASSOC   | <b>c</b> EIN-PN 57-0252520-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)                                    |  |
|--|--|--|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |  |  |
| <b>a</b>   | Plan name <a href="#">ST. JAMES INSURANCE GROUP 401K PLAN</a>  |  |
| <b>b</b>   | Name of plan sponsor <a href="#">ST. JAMES INSURANCE GROUP, INC.</a>   | <b>c</b> EIN-PN <a href="#">22-2455609-001</a> |
| <b>a</b>   | Plan name <a href="#">STANTON CARPET CORP. 401K PLAN</a>   |  |
| <b>b</b>   | Name of plan sponsor <a href="#">STANTON CARPET CORP.</a>  | <b>c</b> EIN-PN <a href="#">11-2560888-002</a> |
| <b>a</b>   | Plan name <a href="#">STAR ELECTRIC CO. RET SVGS PLAN</a>  |  |
| <b>b</b>   | Name of plan sponsor <a href="#">STAR ELECTRIC COMPANY, INC.</a>   | <b>c</b> EIN-PN <a href="#">52-1327265-001</a> |
| <b>a</b>   | Plan name <a href="#">STEINWAY PIANO GALLERY OF DETROIT, INC. RETIREMENT SAVINGS PLAN</a>                        |  |
| <b>b</b>   | Name of plan sponsor <a href="#">STEINWAY PIANO GALLERY OF DETROIT</a>   | <b>c</b> EIN-PN <a href="#">26-2971804-001</a> |
| <b>a</b>   | Plan name <a href="#">STEPSTONE HOSPITALITY INC. 401K PROFIT SHARING PLAN AND TRUST</a>                          |  |
| <b>b</b>   | Name of plan sponsor <a href="#">STEPSTONE HOSPITALITY INC.</a>  | <b>c</b> EIN-PN <a href="#">20-5320681-001</a> |
| <b>a</b>   | Plan name <a href="#">STEVEN D. PENDLETON, DDS P.A. 401 (K) PLAN</a>   |  |
| <b>b</b>   | Name of plan sponsor <a href="#">STEVEN D. PENDLETON, DDS P.A.</a>   | <b>c</b> EIN-PN <a href="#">20-4125340-002</a> |
| <b>a</b>   | Plan name <a href="#">STEWART-HAAS RACING, LLC 401K PLAN</a>   |  |
| <b>b</b>   | Name of plan sponsor <a href="#">STEWART-HAAS RACING, LLC</a>  | <b>c</b> EIN-PN <a href="#">26-3344402-001</a> |
| <b>a</b>   | Plan name <a href="#">STOCKWELL ELASTOMERICS 401K PLAN</a>   |  |
| <b>b</b>   | Name of plan sponsor <a href="#">STOCKWELL ELASTOMERICS, INC.</a>  | <b>c</b> EIN-PN <a href="#">23-1127920-001</a> |
| <b>a</b>   | Plan name <a href="#">STONE MANUFACTURING &amp; SUPPLY CO., INC EMPLOYEES 401K PROFIT SHARING PLAN AND TRUST</a> |  |
| <b>b</b>   | Name of plan sponsor <a href="#">STONE MANUFACTURING &amp; SUPPLY COMPANY, INC</a>                               | <b>c</b> EIN-PN <a href="#">43-1470003-001</a> |
| <b>a</b>   | Plan name <a href="#">STRAIVE 401(K) RETIREMENT PLAN FKA SPI GLOBAL US INC. 401(K) PLAN</a>                      |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SPI GLOBAL US INC.</a>  | <b>c</b> EIN-PN <a href="#">38-4055846-001</a> |
| <b>a</b>   | Plan name <a href="#">STUDIO T-SQ., INC. 401(K) PROFIT SHARING PLAN</a>  |  |
| <b>b</b>   | Name of plan sponsor <a href="#">STUDIO T-SQ., INC.</a>  | <b>c</b> EIN-PN <a href="#">27-2168061-001</a> |
| <b>a</b>   | Plan name <a href="#">STURDY CORPORATION 401K RET PLAN</a>   |  |
| <b>b</b>   | Name of plan sponsor <a href="#">STURDY CORPORATION</a>  | <b>c</b> EIN-PN <a href="#">56-0987338-001</a> |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>              |                                |
|--|----------------------|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |   |                                |
| <b>a</b>   | Plan name            | SUMMIT BROADBAND 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ORLANDO TELEPHONE COMPANY INC DBA SUMMIT BROADBAND  | <b>c</b> EIN-PN 59-3439599-001 |
| <b>a</b>   | Plan name            | SUMMIT DESIGN & ENGINEERING SVCS PLLC SVG   |                                |
| <b>b</b>   | Name of plan sponsor | SUMMIT DESIGN & ENGINEERING SVCS  | <b>c</b> EIN-PN 30-0236228-001 |
| <b>a</b>   | Plan name            | SUN AMERICA LLC 401(K) PROFIT SHARING PLAN & TRUST  |                                |
| <b>b</b>   | Name of plan sponsor | SUN AMERICA LLC   | <b>c</b> EIN-PN 47-2960116-002 |
| <b>a</b>   | Plan name            | SUNA SOLUTIONS INC 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | SUNA SOLUTIONS, INC   | <b>c</b> EIN-PN 80-0481197-501 |
| <b>a</b>   | Plan name            | SUNDESA 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | SUNDESA, LLC DBA BLENDERBOTTLE  | <b>c</b> EIN-PN 87-0663411-001 |
| <b>a</b>   | Plan name            | SUPERIOR GROUP OF COMPANIES 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | SUPERIOR GROUP OF COMPANIES,INC.  | <b>c</b> EIN-PN 11-1385670-007 |
| <b>a</b>   | Plan name            | SUPERORDINARY USA 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | SUPERORDINARYCO USA, INC85-0642870  | <b>c</b> EIN-PN 85-0642870-001 |
| <b>a</b>   | Plan name            | SWJ TECHNOLOGY LLC 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | SWJ TECHNOLOGY LLC  | <b>c</b> EIN-PN 68-0677995-001 |
| <b>a</b>   | Plan name            | SWOPE HEALTH SERVICES RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | SWOPE HEALTH SERVICES   | <b>c</b> EIN-PN 43-0957840-001 |
| <b>a</b>   | Plan name            | SYCAMORE BROKERAGE LLC DBA LIV SOTHEBY'S INTERNATIONAL REALTY FKA MAJESTIC REALTY COLLECTIVE 401K |                                |
| <b>b</b>   | Name of plan sponsor | SYCAMORE BROKERAGE, LLC DBA LIV SOTHEBY'S INTERNATIONAL REALTY                                    | <b>c</b> EIN-PN 84-1484614-001 |
| <b>a</b>   | Plan name            | TAILWIND VOICE & DATA 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | TAILWIND VOICE & DATA, INC.   | <b>c</b> EIN-PN 13-4306459-001 |
| <b>a</b>   | Plan name            | TASKIDS 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | TASKIDS   | <b>c</b> EIN-PN 45-2897914-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                       |
|--|--|---------------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |  |                                       |
| <b>a</b>   | Plan name <b>TEAGUE ELECTRIC CONSTRUCTION, INC. 401K PROFIT SHARING PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>TEAGUE ELECTRIC CONSTRUCTION</b>   | <b>c</b> EIN-PN <b>48-1088280-001</b> |
| <b>a</b>   | Plan name <b>TECH INC. EMPLOYEES' PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b>   | Name of plan sponsor <b>TECH, INC.</b>   | <b>c</b> EIN-PN <b>48-0651490-001</b> |
| <b>a</b>   | Plan name <b>TEMPO RET SVGS PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>TEMPO, INC.</b>  | <b>c</b> EIN-PN <b>75-2765055-002</b> |
| <b>a</b>   | Plan name <b>TESSITURA NETWORK, INC. RETIREMENT PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>TESSITURA NETWORK, INC.</b>  | <b>c</b> EIN-PN <b>06-1666165-001</b> |
| <b>a</b>   | Plan name <b>THE 401K RET PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>EMERSION DESIGN, LLC</b>   | <b>c</b> EIN-PN <b>26-0495991-001</b> |
| <b>a</b>   | Plan name <b>THE AUBRY LAW FIRM, P.A. 401(K) PLAN FKA BUKATY, AUBRY &amp; HUNTSMAN CHARTERED PROFIT SHARING PLAN</b> |                                       |
| <b>b</b>   | Name of plan sponsor <b>BUKATY, AUBRY, &amp; HUNTSMAN</b>  | <b>c</b> EIN-PN <b>48-1210927-001</b> |
| <b>a</b>   | Plan name <b>THE BUKATY AGENCY, INC. EMPLOYEES 401K PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>THE BUKATY AGENCY, INC.</b>  | <b>c</b> EIN-PN <b>48-1224371-001</b> |
| <b>a</b>   | Plan name <b>THE DORRIS-EATON SCHOOL 401K PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>DORRIS-EATON SCHOOL</b>  | <b>c</b> EIN-PN <b>94-2603514-001</b> |
| <b>a</b>   | Plan name <b>THE INTERFLEX GROUP, INC. 401(K) PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>INTERFLEX ACQUISITION CO. LLC</b>  | <b>c</b> EIN-PN <b>45-4657307-001</b> |
| <b>a</b>   | Plan name <b>THE KOLL COMPANY 401K PLAN</b>  |                                       |
| <b>b</b>   | Name of plan sponsor <b>KOLL INVESTMENT CO., LLC</b>   | <b>c</b> EIN-PN <b>33-0963094-002</b> |
| <b>a</b>   | Plan name <b>THE LEVEL PLAYING FIELD CORPORATION 401K PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>THE LEVEL PLAYING FIELD CORPORATION</b>  | <b>c</b> EIN-PN <b>54-1966536-001</b> |
| <b>a</b>   | Plan name <b>THE LEWER AGENCY 401K PROFIT SHARING PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>THE LEWER AGENCY, INC</b>  | <b>c</b> EIN-PN <b>44-0666212-001</b> |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | THE RET PLAN OF THE PIEDMONT TRIAD AIRPORT   |                                |
| <b>b</b>   | Name of plan sponsor | PIEDMONT TRAD AIRPORT AUTHORITY  | <b>c</b> EIN-PN 50-0668378-001 |
| <b>a</b>   | Plan name            | THE RETAIL GROUP, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | THE RETAIL GROUP, INC.   | <b>c</b> EIN-PN 66-0676884-001 |
| <b>a</b>   | Plan name            | THE ROGERS & BROWN PSP 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ROGERS & BROWN CUSTOM BROKERS  | <b>c</b> EIN-PN 57-0507147-001 |
| <b>a</b>   | Plan name            | THE SANDERS FIRM 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | THE SANDERS LAW FIRM   | <b>c</b> EIN-PN 11-2501452-003 |
| <b>a</b>   | Plan name            | THE YARCO 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | YARCO COMPANIES  | <b>c</b> EIN-PN 43-1022273-002 |
| <b>a</b>   | Plan name            | THIRD ROCK CONSULTANTS, LLC RET PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | THIRD ROCK CONSULTANTS, LLC  | <b>c</b> EIN-PN 61-1379371-001 |
| <b>a</b>   | Plan name            | THOMAS J RODENO & ASSOCIATES, INC. PSP   |                                |
| <b>b</b>   | Name of plan sponsor | THOMAS J RODENO & ASSOCIATES, INC.   | <b>c</b> EIN-PN 84-0769529-001 |
| <b>a</b>   | Plan name            | THREE-D METAL WORKS 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | THREE-D METAL WORKS, INC.  | <b>c</b> EIN-PN 57-0979793-002 |
| <b>a</b>   | Plan name            | TIGERPAW SOFTWARE, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | TIGERPAW SOFTWARE, INC.  | <b>c</b> EIN-PN 47-0691047-001 |
| <b>a</b>   | Plan name            | TILLMAN FIBERCO LLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | TILLMAN FIBERCO LLC  | <b>c</b> EIN-PN 87-3297688-001 |
| <b>a</b>   | Plan name            | TIMUQUANA COUNTRY CLUB 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | TIMUQUANA COUNTRY CLUB   | <b>c</b> EIN-PN 59-0482540-001 |
| <b>a</b>   | Plan name            | TIN ROOF SOFTWARE, LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | TINE ROOF SOFTWARE, LLC  | <b>c</b> EIN-PN 45-4878137-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | TODD & ASSOCIATES, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | TODD & ASSOCIATES, INC.  | <b>c</b> EIN-PN 86-0147379-001 |
| <b>a</b>   | Plan name            | TRACETRONIC, INC 401K  |                                |
| <b>b</b>   | Name of plan sponsor | TRACETRONIC, INC   | <b>c</b> EIN-PN 81-2826328-001 |
| <b>a</b>   | Plan name            | TRANSVERSE INSURANCE SERVICES LLC 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | TRANSVERSE INSURANCE SERVICES LLC  | <b>c</b> EIN-PN 83-1056522-001 |
| <b>a</b>   | Plan name            | TRIVETT FURNITURE PSP AND 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | FAMILY HOME FURNISHINGS, INC.  | <b>c</b> EIN-PN 54-1617984-001 |
| <b>a</b>   | Plan name            | TRUCKS 401K & PSP  |                                |
| <b>b</b>   | Name of plan sponsor | TRUCKS, INC.   | <b>c</b> EIN-PN 58-1401993-001 |
| <b>a</b>   | Plan name            | TURBOPOWER, LLC. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | TURBOPOWER, LLC.   | <b>c</b> EIN-PN 35-2435112-001 |
| <b>a</b>   | Plan name            | TWO TECHNOLOGIES 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | TWO TECHNOLOGIES, INC.   | <b>c</b> EIN-PN 23-2462615-001 |
| <b>a</b>   | Plan name            | TY INC. EMPLOYEES 401K AND PROFIT SHARING PLAN                                       |                                |
| <b>b</b>   | Name of plan sponsor | TY INC.  | <b>c</b> EIN-PN 58-1666131-001 |
| <b>a</b>   | Plan name            | U.S. POULTRY & EGG ASSOCIATION EMPLOYEE RET  |                                |
| <b>b</b>   | Name of plan sponsor | U.S. POULTRY & EGG ASSOCIATION   | <b>c</b> EIN-PN 58-0704657-001 |
| <b>a</b>   | Plan name            | ULTIMATE SOLUTIONS 1081.01 (D) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ULTIMATE SOLUTIONS CORP  | <b>c</b> EIN-PN 66-0662259-001 |
| <b>a</b>   | Plan name            | ULTRA-CHEM, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ULTRA-CHEM, INC.   | <b>c</b> EIN-PN 48-1043463-001 |
| <b>a</b>   | Plan name            | UNITED HEATING & AIR 401K  |                                |
| <b>b</b>   | Name of plan sponsor | UNITED HEATING & AIR CONDITIONING, INC.  | <b>c</b> EIN-PN 63-1002149-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | UNITED SURETY & INDEMNITY CO. CODA PROFIT SHARING PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor | UNITED SURETY & INDEMNITY CO   | <b>c</b> EIN-PN 66-0457223-001 |
| <b>a</b>   | Plan name            | UNITED TEAM MECHANICAL 401K RETIREMENT SAVINGS PLAN                                  |                                |
| <b>b</b>   | Name of plan sponsor | UNITED TEAM MECHANICAL   | <b>c</b> EIN-PN 81-0573799-001 |
| <b>a</b>   | Plan name            | UNITEK 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | UNITEK LEARNING, INC   | <b>c</b> EIN-PN 94-3207088-001 |
| <b>a</b>   | Plan name            | UNITEK COLLEGE UTAH, LLC 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | UNITEK COLLEGE UTAH, LLC   | <b>c</b> EIN-PN 84-3760384-001 |
| <b>a</b>   | Plan name            | VANIGENT CORP RETIREMENT SAVINGS FOR PUERTO RICO EMPLOYEES                           |                                |
| <b>b</b>   | Name of plan sponsor | VANIGENT CORP  | <b>c</b> EIN-PN 87-4279185-002 |
| <b>a</b>   | Plan name            | VANKIRK ELECTRIC, INC. 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | VANKIRK ELECTRIC, INC.   | <b>c</b> EIN-PN 58-2086361-001 |
| <b>a</b>   | Plan name            | VARN WOOD PRODUCTS 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | VARN WOOD PRODUCTS   | <b>c</b> EIN-PN 20-0538507-001 |
| <b>a</b>   | Plan name            | VECTOR LABORATORIES 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | VECTOR LABORATORIES INC  | <b>c</b> EIN-PN 94-2519610-001 |
| <b>a</b>   | Plan name            | VENDORS SUPPLY PSP   |                                |
| <b>b</b>   | Name of plan sponsor | VENDORS SUPPLY, INC.   | <b>c</b> EIN-PN 57-1012688-001 |
| <b>a</b>   | Plan name            | VENTURE DATA LLC 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | VENTURE DATA LLC   | <b>c</b> EIN-PN 87-0524286-001 |
| <b>a</b>   | Plan name            | VETERINARY SURGICAL CENTERS OF THE DELTA, INC. RETIREMENT PLAN                       |                                |
| <b>b</b>   | Name of plan sponsor | OAKVET ANIMAL SPECIALTY HOSPITAL   | <b>c</b> EIN-PN 82-2864021-001 |
| <b>a</b>   | Plan name            | VHA RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | VHA RETIREMENT PLAN  | <b>c</b> EIN-PN 66-6046544-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name VISOTEK SAVINGS AND RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor VISOTEK CORP.   | <b>c</b> EIN-PN 66-0765075-001 |
| <b>a</b> | Plan name VYANT BIO, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor VYANT BIO, INC.   | <b>c</b> EIN-PN 04-3462475-001 |
| <b>a</b> | Plan name W.D. LARSON COMPANIES LTD, INC. 401K RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor W.D. LARSON COMPANIES LTD, INC.   | <b>c</b> EIN-PN 41-1244294-001 |
| <b>a</b> | Plan name WALTER 401K RETIREMENT SAVINGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor WALTER SURFACE TECHNOLOGIES INCORPORATED  | <b>c</b> EIN-PN 06-1299982-001 |
| <b>a</b> | Plan name WALTERS SURGICAL ASSOCIATES P.A. 401K PSP  |                                |
| <b>b</b> | Name of plan sponsor WALTERS SURGICAL ASSOCIATES   | <b>c</b> EIN-PN 56-1318509-001 |
| <b>a</b> | Plan name WASHINGTON BRICK & TERRA COTTA CO. PSP & 401   |                                |
| <b>b</b> | Name of plan sponsor WASHINGTON BRICK & TERRA COTTA  | <b>c</b> EIN-PN 52-1018846-001 |
| <b>a</b> | Plan name WASHTENAW COUNTY 401(A) DEFINED CONTRIBUTION PLAN  |                                |
| <b>b</b> | Name of plan sponsor WASHTENAW COUNTY  | <b>c</b> EIN-PN 38-6004894-001 |
| <b>a</b> | Plan name WASHTENAW COUNTY DEFERRED CONTRIBUTION PLAN  |                                |
| <b>b</b> | Name of plan sponsor WASHTENAW COUNTY  | <b>c</b> EIN-PN 38-6004894-001 |
| <b>a</b> | Plan name WASHTENAW COUNTY DEFINED CONTRIBUTION AND RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor WASHTENAW COUNTY  | <b>c</b> EIN-PN 38-6004894-001 |
| <b>a</b> | Plan name WATSON ELECTRICAL 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor WATSON ELECTRICAL CONSTRUCTION  | <b>c</b> EIN-PN 61-1440043-001 |
| <b>a</b> | Plan name WD-40 COMPANY PROFIT SHARING/401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor WD-40 COMPANY   | <b>c</b> EIN-PN 95-1797918-002 |
| <b>a</b> | Plan name WEAVE 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor WEAVE COMMUNICATIONS, INC   | <b>c</b> EIN-PN 26-3302902-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name WELLINGTON EXPERIENCE, INC. PROFIT SHARING AND 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor WELLINGTON GROUP INTERNATIONAL, INC.  | <b>c</b> EIN-PN 48-1152610-001 |
| <b>a</b> | Plan name WEST, WEBB, ALLBRITTON & GENTRY, P.C. SVGS   |                                |
| <b>b</b> | Name of plan sponsor WEST, WEBB, ALLBRITTON & GENTRY   | <b>c</b> EIN-PN 74-2555412-001 |
| <b>a</b> | Plan name WHIBCO NON-UNION RET PLAN  |                                |
| <b>b</b> | Name of plan sponsor WHIBCO, INC.  | <b>c</b> EIN-PN 13-5592939-004 |
| <b>a</b> | Plan name WIEST, MUOLO, NOON, SWINEHART, BATHGATE 401K   |                                |
| <b>b</b> | Name of plan sponsor WIEST MUOLO NOON SWINEHART ET AL  | <b>c</b> EIN-PN 23-1993803-002 |
| <b>a</b> | Plan name WILLIAM B HOPKE CO.INC 401K RET PLAN   |                                |
| <b>b</b> | Name of plan sponsor WILLIAM B. HOPKE COMPANY, INC.  | <b>c</b> EIN-PN 54-0682985-001 |
| <b>a</b> | Plan name WINDSOR PUERTO RICO RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor WINDSOR FASHIONS OF PUERTO RICO LLC   | <b>c</b> EIN-PN 66-1013673-001 |
| <b>a</b> | Plan name WOOD BROTHERS PSP  |                                |
| <b>b</b> | Name of plan sponsor WOOD BROTHERS, INC.   | <b>c</b> EIN-PN 57-0287119-001 |
| <b>a</b> | Plan name WOOD MORTUARY PSP  |                                |
| <b>b</b> | Name of plan sponsor THE WOOD MORTUARY   | <b>c</b> EIN-PN 57-0273140-001 |
| <b>a</b> | Plan name WOODLEY WINE & LIQUOR 401K PSP   |                                |
| <b>b</b> | Name of plan sponsor WOODLEY WINE & LIQUOR, INC.   | <b>c</b> EIN-PN 52-0823037-001 |
| <b>a</b> | Plan name WORKLIFE PARTNERSHIP 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor WORKLIFE PARTNERSHIP  | <b>c</b> EIN-PN 47-1331690-001 |
| <b>a</b> | Plan name WORKPLACE OPTIONS, LLC RET SVGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor WORKPLACE OPTIONS, LLC  | <b>c</b> EIN-PN 20-2699271-002 |
| <b>a</b> | Plan name WSC 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor WSC, INC.   | <b>c</b> EIN-PN 52-1916490-001 |



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>06/18/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>AM1 INTERNATIONAL EQUITY</b>   | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ALTA TRUST COMPANY</b>               | <b>D</b> Employer Identification Number (EIN)<br><b>99-0743245</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       | 801827          |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       | 757674          |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       | 85111387        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       | 17289693        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    |                       | 103960581       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       | 8505            |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       | 22906           |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                       | 31411           |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    |                       | 103929170       |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 9472       |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 419        |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 9891      |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 466476     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 466476    |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            | -3024623  |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | -2548256  |

**Expenses**

|  |               |       |       |
|--|---------------|-------|-------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  |       |       |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |       |       |
| (3) Other.....   | <b>2e(3)</b>  |       |       |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |       |       |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |       |       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |       |       |
| <b>h</b> Interest expense.....   | <b>2h</b>     |       |       |
| <b>i</b> Administrative expenses:  |               |       |       |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |       |       |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  |       |       |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |       |       |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |       |       |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  |       |       |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |       |       |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |       |       |
| (8) Legal fees .....   | <b>2i(8)</b>  |       |       |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |       |       |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |       |       |
| (11) Other expenses.....   | <b>2i(11)</b> | 25065 |       |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |       | 25065 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |       | 25065 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -2573321  |
| <b>l</b> Transfers of assets:   |              |  |           |
| (1) To this plan.....   | <b>2l(1)</b> |  | 114315943 |
| (2) From this plan .....  | <b>2l(2)</b> |  | 7813452   |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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