

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: FLEXPATH INDEX MODERATE 2035 FUND; 1b Three-digit plan number (PN): 217; 1c Effective date of plan; 2a Plan sponsor's name: GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 47-2478524; 2c Plan Sponsor's telephone number: 866-427-6885; 2d Business code

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

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <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> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>FLEXPATH INDEX MODERATE 2035 FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>217</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>47-2478524</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> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LIFEPATH INDEX 2035 FUND F</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
<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)
<u>20-5114956-001</u>	<u>C</u>	<u>2341841798</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)
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<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):

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**d** Entity code

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

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 1ST CHOICE ROOFING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 1ST CHOICE ROOFING COMPANY	<b>c</b> EIN-PN 11-3793690-001
<b>a</b>	Plan name 1ST RESPONSE RAIL SERVICE INC 401 K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor 1ST RESPONSE RAIL SERVICE INC	<b>c</b> EIN-PN 51-0503578-001
<b>a</b>	Plan name 401(K) PLAN FOR SALARIED AND CLERICAL EMPLOYEES OF WATTEREDGE, LLC	
<b>b</b>	Name of plan sponsor WATTEREDGE, LLC	<b>c</b> EIN-PN 35-2446090-001
<b>a</b>	Plan name A-1 ADVANTAGE ASPHALT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor A-1 ADVANTAGE ASPHALT, LLC	<b>c</b> EIN-PN 68-0465620-001
<b>a</b>	Plan name ABS AUTO AUCTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor AUTO BUYLINE SYSTEMS, INC.	<b>c</b> EIN-PN 33-0992568-001
<b>a</b>	Plan name ACBM LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACBM LLC	<b>c</b> EIN-PN 83-1560826-001
<b>a</b>	Plan name ACTION TRUCK CENTER, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ACTION TRUCK CENTER, INC.	<b>c</b> EIN-PN 63-0706409-001
<b>a</b>	Plan name ACTIVE MOTIF 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACTIVE MOTIF, INC.	<b>c</b> EIN-PN 33-0858864-001
<b>a</b>	Plan name ADAM FULTON DDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADAM FULTON DDS, LLC	<b>c</b> EIN-PN 45-3853425-001
<b>a</b>	Plan name ADAMS BEVERAGES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADAMS BEVERAGES, INC.	<b>c</b> EIN-PN 63-0733351-001
<b>a</b>	Plan name ADAMSON FAMILY DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor ADAMSON FAMILY DENTISTRY LLC	<b>c</b> EIN-PN 46-4599645-001
<b>a</b>	Plan name ADARE PHARMACEUTICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADARE PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 31-0988732-003

<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	ADSTRA, INC.EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ADSTRA, INC	<b>c</b> EIN-PN 22-2223741-003
<b>a</b>	Plan name	ADVANCED DATA SYSTEMS CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED DATA SYSTEMS CORPORATION	<b>c</b> EIN-PN 22-3841212-001
<b>a</b>	Plan name	ADVANCED ENVIRONMENTAL MONITORING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEM COMMERCIAL, INC.	<b>c</b> EIN-PN 87-3869330-001
<b>a</b>	Plan name	ADVANCED PAIN CARE 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	ADVANCED PAIN CARE	<b>c</b> EIN-PN 33-1043094-001
<b>a</b>	Plan name	ADVANTAGE 401K POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL WEST INC	<b>c</b> EIN-PN 33-0107488-007
<b>a</b>	Plan name	ADVANTAGE EMBLEM, INC. 401(K)	
<b>b</b>	Name of plan sponsor	ADVANTAGE EMBLEM, INC.	<b>c</b> EIN-PN 41-1788856-001
<b>a</b>	Plan name	AEGEUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEGEUS MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 47-5368326-002
<b>a</b>	Plan name	AERO-ONE AVIATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AERO-ONE AVIATION, LLC	<b>c</b> EIN-PN 27-1813885-001
<b>a</b>	Plan name	AFIMAC AND SUBSIDIARIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NS AFIMAC INTERMEDIATE LLC	<b>c</b> EIN-PN 84-4535684-001
<b>a</b>	Plan name	AGE SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	AGE SOLUTIONS LLC	<b>c</b> EIN-PN 86-2292784-001
<b>a</b>	Plan name	AKRON BAR ASSOCIATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AKRON BAR ASSOCIATION	<b>c</b> EIN-PN 34-1683645-001
<b>a</b>	Plan name	AKRS EQUIPMENT SOLUTIONS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AKRS EQUIPMENT SOLUTIONS INC.	<b>c</b> EIN-PN 27-0619457-001

<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	ALAN ESLA MD INC 401K	
<b>b</b>	Name of plan sponsor	ALAN ESLA MD INC	<b>c</b> EIN-PN 36-4503699-001
<b>a</b>	Plan name	ALBRECHT FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALBRECHT FOODS, INC.	<b>c</b> EIN-PN 39-1551206-001
<b>a</b>	Plan name	ALKEMI PLANNING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ALKEMI PLANNING LLC	<b>c</b> EIN-PN 84-1901570-001
<b>a</b>	Plan name	ALLAN VIGIL FORD LINCOLN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLAN VIGIL FORD LINCOLN, INC.	<b>c</b> EIN-PN 58-1606549-001
<b>a</b>	Plan name	ALLIANCE FOR AUTOMOTIVE INNOVATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE FOR AUTOMOTIVE INNOVATION	<b>c</b> EIN-PN 52-2143968-001
<b>a</b>	Plan name	ALLIANCE SOLUTIONS GROUP LLC POWERED BY TALENTLAUNCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE SOLUTIONS GROUP LLC	<b>c</b> EIN-PN 45-4014987-001
<b>a</b>	Plan name	ALLIED MINERAL PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIED MINERAL PRODUCTS HOLDING, INC.	<b>c</b> EIN-PN 84-3394646-004
<b>a</b>	Plan name	ALLIES FOR HEALTH + WELLBEING	
<b>b</b>	Name of plan sponsor	CARRIE REIGHARD	<b>c</b> EIN-PN 25-1537128-007
<b>a</b>	Plan name	ALTSOURCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTSOURCE, INC	<b>c</b> EIN-PN 20-2230526-001
<b>a</b>	Plan name	ALTUM PARTNERS LLP 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	ALTUM PARTNERS LLP	<b>c</b> EIN-PN 37-1796670-001
<b>a</b>	Plan name	AMERICAN CONSOLIDATED INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CONSOLIDATED INDUSTRIES, INC.	<b>c</b> EIN-PN 34-1600691-001
<b>a</b>	Plan name	AMERICAN PLANT MAINTENANCE 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN PLANT MAINTENANCE LLC	<b>c</b> EIN-PN 81-2438516-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AMERICOLD LOGISTICS EMPLOYEE SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICOLD LOGISTICS EMPLOYEE SAVINGS AND INVEST	<b>c</b> EIN-PN 22-3631006-014
<b>a</b>	Plan name AMIVERO 401K PLAN	
<b>b</b>	Name of plan sponsor AMIVERO LLC	<b>c</b> EIN-PN 83-1678875-001
<b>a</b>	Plan name AML RIGHTSOURCE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AML RIGHTSOURCE, LLC	<b>c</b> EIN-PN 20-1996855-001
<b>a</b>	Plan name AMPC LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMPC LLC DBA PROLIANT-APC-BOYER VALLEY CO.-ENTER	<b>c</b> EIN-PN 42-1160181-001
<b>a</b>	Plan name AMS GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor AMS GROUP INC	<b>c</b> EIN-PN 45-2981735-001
<b>a</b>	Plan name ANCORA - MEP	
<b>b</b>	Name of plan sponsor ANCORA HOLDINGS GROUP, LLC	<b>c</b> EIN-PN 87-2417854-001
<b>a</b>	Plan name ANCORA - MEP	
<b>b</b>	Name of plan sponsor CAMPBELL CONCRETE & SUPPLY, INC.	<b>c</b> EIN-PN 81-2212748-001
<b>a</b>	Plan name ANCORA - MEP	
<b>b</b>	Name of plan sponsor CANTERBURY CAPITAL, LLC	<b>c</b> EIN-PN 47-5207696-001
<b>a</b>	Plan name ANCORA - MEP	
<b>b</b>	Name of plan sponsor CANTERBURY GOLF CLUB, INC.	<b>c</b> EIN-PN 34-0129600-002
<b>a</b>	Plan name ANCORA - MEP	
<b>b</b>	Name of plan sponsor CLEVELAND KITCHEN CO.	<b>c</b> EIN-PN 83-0846896-001
<b>a</b>	Plan name ANCORA - MEP	
<b>b</b>	Name of plan sponsor CONTRACTORS CHOICE READY MIX, LLC	<b>c</b> EIN-PN 92-1406001-001
<b>a</b>	Plan name ANCORA - MEP	
<b>b</b>	Name of plan sponsor NICHOLAS M KERNS DDS, MS, LLC	<b>c</b> EIN-PN 84-2031932-001

**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	ANCORA - MEP	
<b>b</b> Name of plan sponsor	EMPIRE DENTAL ARTS, LLC	<b>c</b> EIN-PN 81-4755804-001
<b>a</b> Plan name	ANCORA - MEP	
<b>b</b> Name of plan sponsor	GENES REFRIGERATION, INC.	<b>c</b> EIN-PN 34-1335710-003
<b>a</b> Plan name	ANCORA - MEP	
<b>b</b> Name of plan sponsor	HENTON & ASSOCIATES, INC.	<b>c</b> EIN-PN 20-2026153-002
<b>a</b> Plan name	ANCORA - MEP	
<b>b</b> Name of plan sponsor	JACQUELINE MACY CERAR, D.D.S., INC.	<b>c</b> EIN-PN 34-1319326-004
<b>a</b> Plan name	ANCORA - MEP	
<b>b</b> Name of plan sponsor	KLEINS PHARMACY AND ORTHOPEDIC APPLIANCES, INC.	<b>c</b> EIN-PN 34-1151432-002
<b>a</b> Plan name	ANCORA - MEP	
<b>b</b> Name of plan sponsor	KMK PROMOTIONAL SALES, LLC	<b>c</b> EIN-PN 45-3113349-001
<b>a</b> Plan name	ANCORA - MEP	
<b>b</b> Name of plan sponsor	LAKELAND ELECTRIC, INC.	<b>c</b> EIN-PN 34-1970162-001
<b>a</b> Plan name	ANCORA - MEP	
<b>b</b> Name of plan sponsor	NORTH COAST ENTERPRISE PARTNERS, LLC	<b>c</b> EIN-PN 87-3788671-001
<b>a</b> Plan name	ANCORA - MEP	
<b>b</b> Name of plan sponsor	OPINIONROUTE, LLC	<b>c</b> EIN-PN 46-3674559-001
<b>a</b> Plan name	ANCORA - MEP	
<b>b</b> Name of plan sponsor	PRECISION COMMUNICATIONS, LLC	<b>c</b> EIN-PN 84-4394841-002
<b>a</b> Plan name	ANCORA - MEP	
<b>b</b> Name of plan sponsor	SA GROUP, LLC	<b>c</b> EIN-PN 27-4911150-001
<b>a</b> Plan name	ANCORA - MEP	
<b>b</b> Name of plan sponsor	WEBER WOOD MEDINGER CORP	<b>c</b> EIN-PN 34-1846429-001

<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	ANCORA - MEP	
<b>b</b> Name of plan sponsor	WOMEN IN MANUFACTURING ASSOCIATION	<b>c</b> EIN-PN 47-3472686-001
<b>a</b> Plan name	ANDERSON & HOWARD ELECTRIC, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ANDERSON & HOWARD ELECTRIC, INC.	<b>c</b> EIN-PN 95-2497870-002
<b>a</b> Plan name	ANNASHAE CORPORATION 401K	
<b>b</b> Name of plan sponsor	ANNASHAE CORPORATION	<b>c</b> EIN-PN 34-1330981-001
<b>a</b> Plan name	APPALACHIAN MOUNTAIN ADVOCATES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	APPALACHIAN MOUNTAIN ADVOCATES, INC.	<b>c</b> EIN-PN 55-0781483-001
<b>a</b> Plan name	APPARENT LLC AE OF THE RETIREMENT SUCCESS SAVINGS PLAN	
<b>b</b> Name of plan sponsor	APPARENT LLC	<b>c</b> EIN-PN 92-1325608-873
<b>a</b> Plan name	ARAGRA 401(K) PLAN	
<b>b</b> Name of plan sponsor	ARAGRA TECHNOLOGIES CORPORATION	<b>c</b> EIN-PN 46-2793780-001
<b>a</b> Plan name	ARCFLO RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	ARCFLO, LLC	<b>c</b> EIN-PN 85-2373047-002
<b>a</b> Plan name	ARCHITECTURAL FLOORS 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ARCHITECTURAL FLOORS	<b>c</b> EIN-PN 75-2680510-001
<b>a</b> Plan name	ARCTURUS HEALTHCARE PLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ARCTURUS HEALTHCARE PLC	<b>c</b> EIN-PN 46-2854201-003
<b>a</b> Plan name	ARDMORE FRESH AIR 401K PLAN	
<b>b</b> Name of plan sponsor	ARDMORE FRESH AIR INC	<b>c</b> EIN-PN 75-3198007-001
<b>a</b> Plan name	ARPELLINI EXPRESS LINES, INC. AND SUBSIDIARIES PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ARPELLINI EXPRESS LINES, INC.	<b>c</b> EIN-PN 23-1615254-001
<b>a</b> Plan name	ARMOR EXPRESS 401(K) PLAN	
<b>b</b> Name of plan sponsor	CENTRAL LAKE ARMOR EXPRESS INC	<b>c</b> EIN-PN 20-2901741-001

<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	ARNEL DEVELOPMENT COMPANY SAVINGS INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor	ARNEL DEVELOPMENT COMPANY	<b>c</b> EIN-PN 95-2553658-001
<b>a</b>	Plan name	ARRAY TECH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARRAY TECH, INC.	<b>c</b> EIN-PN 85-0402479-001
<b>a</b>	Plan name	ARRINGTON ENGINEERING & LAND SURVEYING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARRINGTON ENGINEERING & LAND SURVEYING, INC.	<b>c</b> EIN-PN 63-0936210-001
<b>a</b>	Plan name	ARTEMIS SURGICAL 401K PLAN	
<b>b</b>	Name of plan sponsor	LIGHTBODY MEDICAL TECHNOLOGIES INC	<b>c</b> EIN-PN 93-4024145-001
<b>a</b>	Plan name	ASCENT RESOURCES MANAGEMENT SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASCENT RESOURCES MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 61-1855879-001
<b>a</b>	Plan name	ASPEN INSURANCE U.S. SERVICES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASPEN INSURANCE U.S. SERVICES INC.	<b>c</b> EIN-PN 32-0085193-001
<b>a</b>	Plan name	ASSURANCEAMERICA CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASSURANCEAMERICA CORPORATION	<b>c</b> EIN-PN 87-0281240-001
<b>a</b>	Plan name	ASTRIX TECHNOLOGY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASTRIX TECHNOLOGY, LLC	<b>c</b> EIN-PN 22-3390159-001
<b>a</b>	Plan name	ATACO STEEL PRODUCTS CORPORATION NON UNION401(K) PROFIT SHARING P	
<b>b</b>	Name of plan sponsor	ATACO STEEL PRODUCTS CORPORATION	<b>c</b> EIN-PN 39-0748224-002
<b>a</b>	Plan name	ATLANTIC COAST CHARTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC COAST CHARTERS	<b>c</b> EIN-PN 52-0901972-001
<b>a</b>	Plan name	ATLAS TECHNICAL CONSULTANTS 401K PLAN	
<b>b</b>	Name of plan sponsor	ATLAS TECHNICAL CONSULTANTS LLC	<b>c</b> EIN-PN 82-2810953-001
<b>a</b>	Plan name	AUTOMATED CONTROL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUTOMATED CONTROL SYSTEMS, INC.	<b>c</b> EIN-PN 63-1007038-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AUTOMEPEP OPEN MULTIPLE EMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMI BENEFIT PLAN ADMINISTRATORS, IN	<b>c</b> EIN-PN 34-1781113-002
<b>a</b>	Plan name AUTONOMIC ENTERPRISE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUTONOMIC ENTERPRISE, INC.	<b>c</b> EIN-PN 45-5473941-001
<b>a</b>	Plan name AVAAP USA, LLC 401K	
<b>b</b>	Name of plan sponsor AVAAP USA, LLC	<b>c</b> EIN-PN 26-2647108-001
<b>a</b>	Plan name AVAILITY, L.L.C. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AVAILITY, L.L.C.	<b>c</b> EIN-PN 59-3715944-001
<b>a</b>	Plan name AVALON BUSINESS ENGINEERING SERVICES 401(K) PROFIT SHARING P	
<b>b</b>	Name of plan sponsor AVALON BUSINESS ENGINEERING SERV	<b>c</b> EIN-PN 27-1904708-001
<b>a</b>	Plan name AXXELLA STAFFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AXXELLA STAFFING	<b>c</b> EIN-PN 83-4341802-001
<b>a</b>	Plan name B & V MECHANICAL, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B & V MECHANICAL, INC.	<b>c</b> EIN-PN 38-2562518-001
<b>a</b>	Plan name BADGERLAND OVERHEAD DOOR, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BADGERLAND OVERHEAD DOOR, LLC	<b>c</b> EIN-PN 20-3278269-001
<b>a</b>	Plan name BAILEY SPINE & WELLNESS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor BAILEY SPINE AND WELLNESS LLC	<b>c</b> EIN-PN 81-4720314-001
<b>a</b>	Plan name BAIRD TRANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAIRD TRANS. CO.	<b>c</b> EIN-PN 86-2041085-001
<b>a</b>	Plan name BARRINGTON CHEMICAL CORPORATION 401K	
<b>b</b>	Name of plan sponsor BARRINGTON CHEMICAL CORPORATION	<b>c</b> EIN-PN 13-3607795-001
<b>a</b>	Plan name BCM DIRECT, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BCM DIRECT, LP	<b>c</b> EIN-PN 75-3170172-001

<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	BEAUTY BY IMAGINATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J & D BRUSH ASSOCIATES, LLC	<b>c</b> EIN-PN 82-0640629-001
<b>a</b>	Plan name	BEGGARS PIZZA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MANDY ENTERPRISES INC	<b>c</b> EIN-PN 37-1440863-001
<b>a</b>	Plan name	BELLOTA AGRISOLUTIONS & TOOLS USA	
<b>b</b>	Name of plan sponsor	BELLOTA AGRISOLUTIONS & TOOLS USA LLC 401K	<b>c</b> EIN-PN 75-3267235-001
<b>a</b>	Plan name	BENJAMIN OFFICE SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BENJAMIN OFFICE SUPPLY, INC.	<b>c</b> EIN-PN 52-1213158-001
<b>a</b>	Plan name	BEP MEDICAL GROUP, LLC	
<b>b</b>	Name of plan sponsor	NEIL AUSTIN	<b>c</b> EIN-PN 87-1962338-001
<b>a</b>	Plan name	BERNSTEIN MANAGEMENT CORPORATION	
<b>b</b>	Name of plan sponsor	BERNSTEIN MANAGEMENT CORPORATION	<b>c</b> EIN-PN 52-1851812-001
<b>a</b>	Plan name	BERRYMAN TRANSFER & STORAGE CO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERRYMAN TRANSFER & STORAGE CO	<b>c</b> EIN-PN 84-3250814-001
<b>a</b>	Plan name	BEYONDTRUST CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	BEYONDTRUST CORPORATION	<b>c</b> EIN-PN 20-4000074-001
<b>a</b>	Plan name	BIEDERWOLF & BURNS FAMILY DENTISTRY, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BIEDERWOLF & BURNS FAMILY DENTISTRY, S.C.	<b>c</b> EIN-PN 39-1752493-002
<b>a</b>	Plan name	BINGHAM COMPANIES PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BINGHAM EQUIPMENT COMPANY	<b>c</b> EIN-PN 86-0139051-001
<b>a</b>	Plan name	BIRMINGHAM HEART CLINIC, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BIRMINGHAM HEART CLINIC, P.C.	<b>c</b> EIN-PN 63-1119002-001
<b>a</b>	Plan name	BLUE STAR GAS ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GARBERVILLE GAS CORPORATION	<b>c</b> EIN-PN 94-1113690-001

<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	BOB BELL AUTOMOTIVE GROUP 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BOB BELL AUTOMOTIVE GROUP	<b>c</b> EIN-PN 52-1707084-001
<b>a</b>	Plan name	BODNAR AND WYATT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BODNAR AND WYATT, PLLC	<b>c</b> EIN-PN 20-8050966-020
<b>a</b>	Plan name	BONDY'S AUTOMOTIVE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BONDYS FORD, INC.	<b>c</b> EIN-PN 63-0587124-001
<b>a</b>	Plan name	BONE & JOINT SPECIALISTS OF WINCHESTER, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BONE & JOINT SPECIALISTS OF WINCHESTER, P.C.	<b>c</b> EIN-PN 20-2316909-001
<b>a</b>	Plan name	BOOTS RETAIL USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOOTS RETAIL USA, INC.	<b>c</b> EIN-PN 02-0613669-002
<b>a</b>	Plan name	BOULDER TRAIL DENTAL 401K	
<b>b</b>	Name of plan sponsor	HER AND MAN TOWN DENTAL PLLC	<b>c</b> EIN-PN 99-4170076-001
<b>a</b>	Plan name	BOWMAN ANDROS PRODUCTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOWMAN ANDROS PRODUCTS, LLC	<b>c</b> EIN-PN 90-0683816-001
<b>a</b>	Plan name	BOYS & GIRLS CLUBS OF GREATER WASHINGTON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOYS & GIRLS CLUBS OF GREATER WASHINGTON	<b>c</b> EIN-PN 53-0236759-001
<b>a</b>	Plan name	BRASK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRASK, INC.	<b>c</b> EIN-PN 72-1485569-001
<b>a</b>	Plan name	BRECKENRIDGE PHARMACEUTICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRECKENRIDGE PHARMACEUTICAL, INC.	<b>c</b> EIN-PN 65-0352825-001
<b>a</b>	Plan name	BREMBO NORTH AMERICA, INC. EMPLOYEES' 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BREMBO NORTH AMERICA, INC.	<b>c</b> EIN-PN 95-4190804-001
<b>a</b>	Plan name	BRIGHT SMILE DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIGHT SMILE DENTAL, P.C.	<b>c</b> EIN-PN 83-0369354-001

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="#">BRIJAY AUTOMOTIVE GROUP INC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRIJAY AUTOMOTIVE GROUP INC</a>	<b>c</b> EIN-PN <a href="#">26-2868224-001</a>
<b>a</b>	Plan name <a href="#">BRYAN L. HEY BUILDER, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRYAN L. HEY BUILDER, INC.</a>	<b>c</b> EIN-PN <a href="#">25-1830568-001</a>
<b>a</b>	Plan name <a href="#">BT U.S. RETIREMENT SAVINGS PLAN 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">BT AMERICAS</a>	<b>c</b> EIN-PN <a href="#">20-2458368-002</a>
<b>a</b>	Plan name <a href="#">BUCKEYE RUBBER AND PACKAGING 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUCKEYE RUBBER AND PACKAGING CO</a>	<b>c</b> EIN-PN <a href="#">34-1366845-003</a>
<b>a</b>	Plan name <a href="#">BUCKLEY THEROUX KLINE &amp; COOLEY, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUCKLEY, THEROUX, KLINE AND COOLEY, LLC</a>	<b>c</b> EIN-PN <a href="#">22-3594244-001</a>
<b>a</b>	Plan name <a href="#">BUFFALO MANAGEMENT &amp; CATERING GROUP LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUFFALO MANAGEMENT &amp; CATERING GROUP LLC</a>	<b>c</b> EIN-PN <a href="#">92-2769393-001</a>
<b>a</b>	Plan name <a href="#">BUILD TO SUIT, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUILD TO SUIT, INC.</a>	<b>c</b> EIN-PN <a href="#">75-3024913-001</a>
<b>a</b>	Plan name <a href="#">BUSCH'S INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUSCHS, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2075818-002</a>
<b>a</b>	Plan name <a href="#">BUTLER BALANCING CO INC 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUTLER BALANCING CO INC 401K</a>	<b>c</b> EIN-PN <a href="#">23-2657938-001</a>
<b>a</b>	Plan name <a href="#">C.J. DANNEMILLER CO., INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">C. J. DANNEMILLER CO., INC</a>	<b>c</b> EIN-PN <a href="#">34-1026251-001</a>
<b>a</b>	Plan name <a href="#">C4 WELDING, INC. 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">C4 WELDING, INC.</a>	<b>c</b> EIN-PN <a href="#">46-2006270-001</a>
<b>a</b>	Plan name <a href="#">CALMHR 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CALMHR</a>	<b>c</b> EIN-PN <a href="#">85-0520895-001</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	CANVAS LEADERSHIP 401K PLAN	
<b>b</b>	Name of plan sponsor	CANVAS LEADERSHIP LLC	<b>c</b> EIN-PN 86-2133708-001
<b>a</b>	Plan name	CAP EWG GLASS, LLC	
<b>b</b>	Name of plan sponsor	CHRIS KOONTZ	<b>c</b> EIN-PN 81-3783430-007
<b>a</b>	Plan name	CAP GLASS ALLENTOWN, LLC	
<b>b</b>	Name of plan sponsor	CHRIS KOONTZ	<b>c</b> EIN-PN 45-2969072-007
<b>a</b>	Plan name	CARDIOVASCULAR INSTITUTE OF THE SOUTH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARDIOVASCULAR INSTITUTE OF THE SOUTH	<b>c</b> EIN-PN 72-0993441-001
<b>a</b>	Plan name	CARLTON CONSTRUCTION INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CARLONT CONSTRUCTION INC	<b>c</b> EIN-PN 20-2354820-001
<b>a</b>	Plan name	CARPETLAND U.S.A. OF DAVENPORT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CARPETLAND U.S.A. OF DAVENPORT, INC.	<b>c</b> EIN-PN 42-0982720-001
<b>a</b>	Plan name	CARRIX, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARRIX, INC.	<b>c</b> EIN-PN 91-1653735-002
<b>a</b>	Plan name	CARRUBBA INCORPORATED DEFINED	
<b>b</b>	Name of plan sponsor	CARRUBBA INC	<b>c</b> EIN-PN 06-1021215-001
<b>a</b>	Plan name	CARRY ALL PRODUCTS, INC.	
<b>b</b>	Name of plan sponsor	CHRIS KOOTZ	<b>c</b> EIN-PN 25-1679072-007
<b>a</b>	Plan name	CASH PROCESSING SOLUTIONS 401(K)	
<b>b</b>	Name of plan sponsor	CASH PROCESSING SOLUTIONS	<b>c</b> EIN-PN 11-2003579-001
<b>a</b>	Plan name	CATANESE CLASSICS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CATANESE CLASSIC SEAFOODS, INC.	<b>c</b> EIN-PN 20-0970134-001
<b>a</b>	Plan name	CENTER FOR CLIMATE INTEGRITY, AE OF THE RETIREMENT SUCCESS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CENTER FOR CLIMATE INTEGRITY	<b>c</b> EIN-PN 82-1659823-873

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>CENTRIC HEALTH 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTRIC HEALTH</b>	<b>c</b> EIN-PN <b>95-3511288-002</b>
<b>a</b>	Plan name <b>CFP 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COOKE FAMILY PROVISIONS INC</b>	<b>c</b> EIN-PN <b>84-3865313-001</b>
<b>a</b>	Plan name <b>CGRS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CGRS, INC.</b>	<b>c</b> EIN-PN <b>84-1061813-001</b>
<b>a</b>	Plan name <b>CHARTER BANK 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHARTER BANK</b>	<b>c</b> EIN-PN <b>42-1470586-001</b>
<b>a</b>	Plan name <b>CHEM SERVICE, INC. EMPLOYEES' SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHEM SERVICE, INC.</b>	<b>c</b> EIN-PN <b>23-1644855-001</b>
<b>a</b>	Plan name <b>CHERRY CREEK INSURANCE AGENCY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHERRY CREEK INSURANCE AGENCY, INC.</b>	<b>c</b> EIN-PN <b>84-1040215-001</b>
<b>a</b>	Plan name <b>CHICAGO FLUID SYSTEM TECH 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CHICAGO FLUID SYSTEM TECH</b>	<b>c</b> EIN-PN <b>36-4393921-001</b>
<b>a</b>	Plan name <b>CHIMERA INVESTORS LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHIMERA INVESTORS LLC</b>	<b>c</b> EIN-PN <b>45-5617158-001</b>
<b>a</b>	Plan name <b>CHINA UNICOM AMERICAS OPERATIONS, LTD 401(K) PROFIT SH</b>	
<b>b</b>	Name of plan sponsor <b>CHINA UNICOM AMERICAS OPERATIONS</b>	<b>c</b> EIN-PN <b>72-1562925-001</b>
<b>a</b>	Plan name <b>CHOATE CONSTRUCTION COMPANY PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHOATE CONSTRUCTION COMPANY</b>	<b>c</b> EIN-PN <b>58-1851823-001</b>
<b>a</b>	Plan name <b>CHURNZERO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHURNZERO, INC</b>	<b>c</b> EIN-PN <b>47-4149122-001</b>
<b>a</b>	Plan name <b>CIRATA 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CIRATA, INC.</b>	<b>c</b> EIN-PN <b>20-3515984-002</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	CIRCLE M	
<b>b</b>	Name of plan sponsor	CIRCLE M CONTRACTORS, INC.	<b>c</b> EIN-PN 27-3664871-001
<b>a</b>	Plan name	CITS INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE CHILDREN IN THE SHOE, INC	<b>c</b> EIN-PN 52-1716319-001
<b>a</b>	Plan name	CITY OF HURST 457B DEFERRED COMPENSATION	
<b>b</b>	Name of plan sponsor	CITY OF HURST TX	<b>c</b> EIN-PN 75-6004020-001
<b>a</b>	Plan name	CITYVIEW DENTAL ARTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEROME V. BOCK, LTD DBA CITYVIEW DENTAL ARTS	<b>c</b> EIN-PN 30-0119070-001
<b>a</b>	Plan name	CJC BUSINESS ENTERPRISES LLC	
<b>b</b>	Name of plan sponsor	JENNIFER RASMUSSEN	<b>c</b> EIN-PN 46-2233407-001
<b>a</b>	Plan name	CJM RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CHRISTOPHER J. MAGIERA, DMD, PC	<b>c</b> EIN-PN 75-2999842-001
<b>a</b>	Plan name	CLEANING AUTHORITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE FAYE GROUP, LLC	<b>c</b> EIN-PN 81-2433377-001
<b>a</b>	Plan name	CLEARONE ADVANTAGE, LLC	
<b>b</b>	Name of plan sponsor	CLEARONE ADVANTAGE, LLC	<b>c</b> EIN-PN 26-3315163-001
<b>a</b>	Plan name	CLOUD 9 MANAGEMENT SERVICES LLC 401K	
<b>b</b>	Name of plan sponsor	BRYAN MILLER	<b>c</b> EIN-PN 46-4283990-001
<b>a</b>	Plan name	CMA CGM (AMERICA) LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CMA CGM (AMERICA) LLC	<b>c</b> EIN-PN 22-3522528-001
<b>a</b>	Plan name	CMA OF NORTHERN VA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHILDRENS MEDICAL ASSOCIATION OF NORTHERN VA, P.C.	<b>c</b> EIN-PN 54-1460167-002
<b>a</b>	Plan name	CMF OPERATING COMPANY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CMF OPERATING COMPANY LLC	<b>c</b> EIN-PN 27-0753380-001

<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	CNC PRECISION MACHINE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CNC PRECISION MACHINE	<b>c</b> EIN-PN 04-3644614-001
<b>a</b>	Plan name	COMBINED PROPERTIES, INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMBINED PROPERTIES, INCORPORATED	<b>c</b> EIN-PN 52-1372133-001
<b>a</b>	Plan name	COM-CORP. INDUSTRIES, INC. EMPLOYEES SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COM-CORP. INDUSTRIES, INC.	<b>c</b> EIN-PN 31-1314332-001
<b>a</b>	Plan name	COMMON CAUSE EDUCATION FUND 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMON CAUSE EDUCATION FUND	<b>c</b> EIN-PN 31-1705370-001
<b>a</b>	Plan name	COMMONWEALTH COMMERCIAL PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMONWEALTH COMMERCIAL PARTNERS, LLC	<b>c</b> EIN-PN 54-1807301-001
<b>a</b>	Plan name	COMPREHENSIVE ENGINEERING 401(K) RETIREMENT SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COMPREHENSIVE ENGINEERING PC	<b>c</b> EIN-PN 38-3110758-001
<b>a</b>	Plan name	COMTEC MFG., LLC	
<b>b</b>	Name of plan sponsor	DONNA WENDEL	<b>c</b> EIN-PN 88-2927458-007
<b>a</b>	Plan name	CONNECTICUT HEATING & COOLING CONTRACTORS ASSOCIATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CONNECTICUT HEATING & COOLING CONTRACTORS ASSOCIATION, INC.	<b>c</b> EIN-PN 23-7323973-001
<b>a</b>	Plan name	CONSOLE MATTIACCI LAW, LLC	
<b>b</b>	Name of plan sponsor	CONSOLE MATTIACCI LAW, LLC	<b>c</b> EIN-PN 23-3045452-001
<b>a</b>	Plan name	CONSOLIDATED ENGINEERING LABORATORIES	
<b>b</b>	Name of plan sponsor	CONSOLIDATED ENGINEERING LAB	<b>c</b> EIN-PN 94-2988193-002
<b>a</b>	Plan name	CONSTRUCT OIL COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSTRUCT OIL COMPANY, INC.	<b>c</b> EIN-PN 04-3387523-001
<b>a</b>	Plan name	CONSTRUCTION RESOURCES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONSTRUCTION RESOURCES, LLC	<b>c</b> EIN-PN 06-1174353-001

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="#">CORELL CONTRACTOR, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CORELL CONTRACTOR, INC.</a>	<b>c</b> EIN-PN <a href="#">42-1294898-001</a>
<b>a</b>	Plan name <a href="#">CORNICK, GARBER &amp; SANDLER, LLP 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CORNICK, GARBER &amp; SANDLER, LLP</a>	<b>c</b> EIN-PN <a href="#">13-2620561-001</a>
<b>a</b>	Plan name <a href="#">COSETTE PHARMACEUTICALS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COSETTE PHARMACEUTICALS, INC.</a>	<b>c</b> EIN-PN <a href="#">83-2305806-001</a>
<b>a</b>	Plan name <a href="#">COUNTERPOINT CONSULTING INC. 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">COUNTERPOINT CONSULTING INC</a>	<b>c</b> EIN-PN <a href="#">20-5226903-001</a>
<b>a</b>	Plan name <a href="#">COVENANT CARE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COVENANT CARE CALIFORNIA, LLC</a>	<b>c</b> EIN-PN <a href="#">33-0631540-001</a>
<b>a</b>	Plan name <a href="#">CPG BEYOND, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CPG BEYOND, INC.</a>	<b>c</b> EIN-PN <a href="#">90-0855545-001</a>
<b>a</b>	Plan name <a href="#">CRESCENT CAPITAL GROUP LP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CRESCENT CAPITAL GROUP LP</a>	<b>c</b> EIN-PN <a href="#">27-2698206-001</a>
<b>a</b>	Plan name <a href="#">CSW, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CSW, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2226585-002</a>
<b>a</b>	Plan name <a href="#">CUMBERLAND FINANCIAL GROUP, INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CUMBERLAND FINANCIAL GROUP, INC</a>	<b>c</b> EIN-PN <a href="#">58-2087124-001</a>
<b>a</b>	Plan name <a href="#">CURA RESOURCE GROUP LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CURA RESOURCE GROUP LLC</a>	<b>c</b> EIN-PN <a href="#">26-1533406-001</a>
<b>a</b>	Plan name <a href="#">CUSTOM STAINLESS FABRICATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CUSTOM STAINLESS FABRICATION, IN</a>	<b>c</b> EIN-PN <a href="#">87-0432300-001</a>
<b>a</b>	Plan name <a href="#">CW GROUP LLC</a>	
<b>b</b>	Name of plan sponsor <a href="#">CW GROUP LLC</a>	<b>c</b> EIN-PN <a href="#">81-1935663-001</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	CWS CORPORATE LEASING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CWS CORPORATE LEASING, LLC	<b>c</b> EIN-PN 33-0787124-001
<b>a</b>	Plan name	CWS SAVINGS PLAN (401(K))	
<b>b</b>	Name of plan sponsor	CWS CAPITAL PARTNERS LLC	<b>c</b> EIN-PN 33-0787121-003
<b>a</b>	Plan name	CYNTHIA M GREGG MD PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CYNTHIA M GREGG MD PLLC	<b>c</b> EIN-PN 56-2442384-001
<b>a</b>	Plan name	D3 SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	D3 SYSTEMS, INC.	<b>c</b> EIN-PN 62-1222797-001
<b>a</b>	Plan name	DAKOTA SOFTWARE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAKOTA SOFTWARE CORPORATION	<b>c</b> EIN-PN 16-1444228-001
<b>a</b>	Plan name	DANA FOODS INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DANA FOODS	<b>c</b> EIN-PN 39-1924697-001
<b>a</b>	Plan name	DANIEL GALE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DANIEL GALE AGENCY	<b>c</b> EIN-PN 11-3024856-001
<b>a</b>	Plan name	DANILLER COMPANY 401K BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DANILLER COMPANY	<b>c</b> EIN-PN 74-2907715-001
<b>a</b>	Plan name	DARAG US SERVICES COMPANY 41(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DARAG US SERVICES COMPANY	<b>c</b> EIN-PN 47-3443751-001
<b>a</b>	Plan name	DATA PANEL ACQUISITION CORPORATION 401K	
<b>b</b>	Name of plan sponsor	DATA PANEL ACQUISITION CORPORATION	<b>c</b> EIN-PN 41-1688211-001
<b>a</b>	Plan name	DAVE V TRUCKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAVE V TRUCKING, INC.	<b>c</b> EIN-PN 20-2294078-001
<b>a</b>	Plan name	DBA CONTEMPORARY CRAFT	
<b>b</b>	Name of plan sponsor	JEN SWARTZWELDER	<b>c</b> EIN-PN 25-1375646-007

<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	DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DECISIVEDGE, LLC	<b>c</b> EIN-PN 26-1440851-001
<b>a</b>	Plan name	DENNING PEST CONTROL 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DENNING PEST CONTROL	<b>c</b> EIN-PN 43-1926723-001
<b>a</b>	Plan name	DEON GOLDSCHMIDT ATTORNEYS, APC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEON GOLDSCHMIDT ATTORNEYS, APC	<b>c</b> EIN-PN 46-1153256-002
<b>a</b>	Plan name	DEPLOYABLE SYSTEMS INC. 401K PROFIT	
<b>b</b>	Name of plan sponsor	DEPLOYABLE SYSTEMS INC	<b>c</b> EIN-PN 05-0549923-001
<b>a</b>	Plan name	DEV TECHNOLOGY GROUP - 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	DEV TECHNOLOGY GROUP INC	<b>c</b> EIN-PN 52-2110007-001
<b>a</b>	Plan name	DIAMOND METALS DISTRIBUTION, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND METALS DISTRIBUTION, LLC	<b>c</b> EIN-PN 82-3633397-001
<b>a</b>	Plan name	DILLON INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DILLON INDUSTRIES D/B/A DILLON DECANter MACHINE	<b>c</b> EIN-PN 87-3165724-001
<b>a</b>	Plan name	DISCTECH LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DISCTECH LLC	<b>c</b> EIN-PN 56-2347089-001
<b>a</b>	Plan name	DISTRICT PHOTO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DISTRICT PHOTO, INC.	<b>c</b> EIN-PN 52-1191617-001
<b>a</b>	Plan name	DIVENTURES HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DIVENTURES HOLDINGS LLC	<b>c</b> EIN-PN 27-4512503-001
<b>a</b>	Plan name	DIVERSITEC LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DIVERSITEC LLC	<b>c</b> EIN-PN 75-3046086-001
<b>a</b>	Plan name	DRT STRATEGIES INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DRT STRATEGIES INC	<b>c</b> EIN-PN 20-0526356-001

<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	DULUTH PUBLICITY BUREAU, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DULUTH PUBLICITY BUREAU, INC.	<b>c</b> EIN-PN 41-0226515-001
<b>a</b>	Plan name	DURREL CORPORATION RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DURREL CORPORATION	<b>c</b> EIN-PN 34-1698023-001
<b>a</b>	Plan name	DWA MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DWA MANAGEMENT, LLC	<b>c</b> EIN-PN 46-3627105-001
<b>a</b>	Plan name	DYNAMIC SERVICE SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC SERVICE SOLUTIONS, LLC	<b>c</b> EIN-PN 80-0625178-001
<b>a</b>	Plan name	E.S. WAGNER COMPANY PSP AND TRUST	
<b>b</b>	Name of plan sponsor	ES WAGNER COMPANY	<b>c</b> EIN-PN 34-0907180-002
<b>a</b>	Plan name	EAGLE BUILDING COMPANY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAGLE BUILDING COMPANY LLC	<b>c</b> EIN-PN 27-3959356-001
<b>a</b>	Plan name	EAGLEBANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAGLEBANK	<b>c</b> EIN-PN 52-2099123-001
<b>a</b>	Plan name	EASTERN DIVERSIFIED SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTERN DIVERSIFIED SERVICES, INC.	<b>c</b> EIN-PN 27-2513103-001
<b>a</b>	Plan name	EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA DEFINED CONTRIBUTION & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA	<b>c</b> EIN-PN 23-1352293-003
<b>a</b>	Plan name	EAU CLAIRE PERIODONTICS & IMPLANT DENTISTRY 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EAU CLAIRE PERIODONTICS LLC	<b>c</b> EIN-PN 45-4036052-001
<b>a</b>	Plan name	ECLIPSE COMMUNITY MANAGEMENT LLC 401K	
<b>b</b>	Name of plan sponsor	ECLIPSE COMMUNITY MANAGEMENT	<b>c</b> EIN-PN 32-0604171-001
<b>a</b>	Plan name	EDOPS 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	EDUCATION BUSINESS SOLUTIONS INC	<b>c</b> EIN-PN 27-1263534-001

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>EDP PRODUCTS CO., INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EDP PRODUCTS CO., INC.</b>	<b>c</b> EIN-PN <b>99-0188027-002</b>
<b>a</b>	Plan name <b>ELECTRIC MOTOR SALES &amp; SERVICE, INC., 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELECTRIC MOTOR SALES &amp; SERVICE, INC.</b>	<b>c</b> EIN-PN <b>64-0508039-001</b>
<b>a</b>	Plan name <b>ELECTRICAL CONNECTION, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELECTRICAL CONNECTION, INC.</b>	<b>c</b> EIN-PN <b>20-0318636-001</b>
<b>a</b>	Plan name <b>ELIPSIS ENGINEERING &amp; CONSULTING, LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELIPSIS ENGINEERING &amp; CONSULTING, LLC</b>	<b>c</b> EIN-PN <b>26-4284102-001</b>
<b>a</b>	Plan name <b>ELITE CASINO RESORTS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELITE CASINO RESORTS 401(K) PLAN</b>	<b>c</b> EIN-PN <b>47-3722526-001</b>
<b>a</b>	Plan name <b>ELKINS CHEVROLET LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELKINS CHEVROLET LLC</b>	<b>c</b> EIN-PN <b>22-3630104-001</b>
<b>a</b>	Plan name <b>EMERGING MARKET SEPARATE ACCOUNT</b>	
<b>b</b>	Name of plan sponsor <b>EMERGING MARKET SEPARATE ACCOUNT</b>	<b>c</b> EIN-PN <b>46-3943208-001</b>
<b>a</b>	Plan name <b>ENCORE IMAGE GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ENCORE IMAGE GROUP, INC.</b>	<b>c</b> EIN-PN <b>95-3765711-001</b>
<b>a</b>	Plan name <b>ENEVATE CORPORATION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ENEVATE CORPORATION</b>	<b>c</b> EIN-PN <b>26-2361179-002</b>
<b>a</b>	Plan name <b>ENNVEE TECHNOGROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ENNVEE TECHNOGROUP, INC.</b>	<b>c</b> EIN-PN <b>30-0050677-001</b>
<b>a</b>	Plan name <b>ENSEMBLE RETIREMENT SAVINGS PLAN 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>ENSEMBLE HEALTH PARTNERS HOLDINGS, LLC</b>	<b>c</b> EIN-PN <b>84-2528019-021</b>
<b>a</b>	Plan name <b>ENVIROTECH SERVICES, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ENVIROTECH SERVICES, INC.</b>	<b>c</b> EIN-PN <b>84-1102950-001</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	EPAM SYSTEMS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	EPAM SYSTEMS INC	<b>c</b> EIN-PN 22-3536104-001
<b>a</b>	Plan name	EPC SPACE, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EPC SPACE, LLC	<b>c</b> EIN-PN 85-0539305-001
<b>a</b>	Plan name	EQUIVEST BENEFITS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EQUIVEST DEVELOPMENT, INC.	<b>c</b> EIN-PN 23-2277015-001
<b>a</b>	Plan name	ESTATE ADMINISTRATIVE SERVICES LLC	
<b>b</b>	Name of plan sponsor	ESTATE ADMINISTRATIVE SERVICES LLC	<b>c</b> EIN-PN 99-0350528-001
<b>a</b>	Plan name	ESTATE MANAGEMENT SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL MANAGEMENT ACQUISITION LL	<b>c</b> EIN-PN 93-4010688-001
<b>a</b>	Plan name	ET COSMETICS COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	THE ELIZABETH TAYLOR COSMETICS COMPANY	<b>c</b> EIN-PN 13-3230369-002
<b>a</b>	Plan name	EVERZINC 401(K)	
<b>b</b>	Name of plan sponsor	EVERZINC CORPORATION	<b>c</b> EIN-PN 76-0264925-001
<b>a</b>	Plan name	EVOLUTION'S RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EVOLUTION US, LLC	<b>c</b> EIN-PN 42-1776073-001
<b>a</b>	Plan name	EXCEL SALON PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	EXCEL SALON PRODUCTS, INC.	<b>c</b> EIN-PN 38-2043740-002
<b>a</b>	Plan name	EXPLORER PIPELINE COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EXPLORER PIPELINE COMPANY	<b>c</b> EIN-PN 73-0785982-001
<b>a</b>	Plan name	EXXCEL PROJECT MANAGEMENT, LLC	
<b>b</b>	Name of plan sponsor	STEVEN MCDONALD	<b>c</b> EIN-PN 38-3792054-001
<b>a</b>	Plan name	FAIRWAY PAINTING & SANDBLASTING 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	FAIRWAY PAINTING & SANDBLASTING, INC.	<b>c</b> EIN-PN 39-1812378-001

<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	FARMBANK 401K PLAN
<b>b</b>	Name of plan sponsor	FARMBANK
<b>c</b>	EIN-PN	44-0502072-002
<b>a</b>	Plan name	FARSOUND 401K PLAN
<b>b</b>	Name of plan sponsor	FARSOUND AVIATION INC
<b>c</b>	EIN-PN	92-2658942-001
<b>a</b>	Plan name	FARWELL PROJECT ADVISORS, LLC 401(K) PS PLAN
<b>b</b>	Name of plan sponsor	FARWELL PROJECT ADVISORS, LLC
<b>c</b>	EIN-PN	46-2604294-001
<b>a</b>	Plan name	FARWEST INSULATION CONTRACTING 401(K) PLAN
<b>b</b>	Name of plan sponsor	FARWEST INSULATION CONTRACTING
<b>c</b>	EIN-PN	20-0393110-002
<b>a</b>	Plan name	FCER 401(K) PLAN
<b>b</b>	Name of plan sponsor	FCER MANAGEMENT, LLC DBA ADEPTUS HEALTH
<b>c</b>	EIN-PN	11-3798239-001
<b>a</b>	Plan name	FEDERATED WIRELESS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	FEDERATED WIRELESS, INC.
<b>c</b>	EIN-PN	46-5077072-001
<b>a</b>	Plan name	FELLING TRAILERS, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	FELLING TRAILERS INC.
<b>c</b>	EIN-PN	41-1329390-001
<b>a</b>	Plan name	FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC. RETIREMENT SAVINGS AND PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC.
<b>c</b>	EIN-PN	82-1709584-002
<b>a</b>	Plan name	FMW SOLUTIONS LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	FMW SOLUTIONS LLC
<b>c</b>	EIN-PN	83-2388063-001
<b>a</b>	Plan name	FOCUS LEARNING CORPORATION
<b>b</b>	Name of plan sponsor	JAMES STEELE
<b>c</b>	EIN-PN	77-0086563-001
<b>a</b>	Plan name	FOOD FOR THOUGHT 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	FOOD FOR THOUGHT, INC.
<b>c</b>	EIN-PN	34-1711156-001
<b>a</b>	Plan name	FORE AERO HOLDINGS SAFE HARBOR 401(K) PLAN
<b>b</b>	Name of plan sponsor	FORE AERO HOLDINGS, LLC
<b>c</b>	EIN-PN	81-5122671-001

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 FORESIGHT DIAGNOSTICS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FORESIGHT DIAGNOSTICS INC.	<b>c</b> EIN-PN 85-1014458-001
<b>a</b>	Plan name FORT MYER CONSTRUCTION CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor FORT MYER CONSTRUCTION CORPORATION 401(K) PLAN	<b>c</b> EIN-PN 54-0956585-002
<b>a</b>	Plan name FOSSIL INDUSTRIES LLC	
<b>b</b>	Name of plan sponsor LYNN ROSE	<b>c</b> EIN-PN 85-2626889-007
<b>a</b>	Plan name FOXHALL PEDIATRICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SWEENEY & DANIEL PEDIATRICS PLLC D/B/A FOXHALL PEDIATRICS	<b>c</b> EIN-PN 83-1678560-001
<b>a</b>	Plan name FRANK LIQUOR COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRANK LIQUOR COMPANY, INC.	<b>c</b> EIN-PN 39-0961308-001
<b>a</b>	Plan name FRANK N. MAGID ASSOCIATES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRANK N. MAGID ASSOCIATES, INC	<b>c</b> EIN-PN 42-0894975-001
<b>a</b>	Plan name FRANSEN DECORATING, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FRANSEN DECORATING, INC.	<b>c</b> EIN-PN 41-1657723-001
<b>a</b>	Plan name FRED T. NEELY & COMPANY, PLLC 401(K) SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FRED T. NEELY & COMPANY, PLLC	<b>c</b> EIN-PN 45-3122402-001
<b>a</b>	Plan name FREE ENTERPRISE COMPANY INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FREE ENTERPRISE COMPANY, INC.	<b>c</b> EIN-PN 59-2835173-001
<b>a</b>	Plan name FROST, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FROST, INC.	<b>c</b> EIN-PN 38-1619542-003
<b>a</b>	Plan name FTS 401K PLAN	
<b>b</b>	Name of plan sponsor FEDERAL TECHNOLOGY SYSTEMS LLC	<b>c</b> EIN-PN 45-2880281-001
<b>a</b>	Plan name FUERST GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor FUERST GROUP, INC.	<b>c</b> EIN-PN 94-2943765-003

<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	FULFILLMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FULFILLMENT SERVICES, INC.	<b>c</b> EIN-PN 04-3395484-001
<b>a</b>	Plan name	FULLER SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FULLER SUPPLY COMPANY, INC.	<b>c</b> EIN-PN 63-0480127-001
<b>a</b>	Plan name	G&W LABORATORIES INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	G & W LABORATORIES, INC.	<b>c</b> EIN-PN 22-1530141-001
<b>a</b>	Plan name	GADDY ENGINEERING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GADDY ENGINEERING COMPANY	<b>c</b> EIN-PN 55-0517770-001
<b>a</b>	Plan name	GARY W LAMBERT AND COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GARY W LAMBERT AND COMPANY	<b>c</b> EIN-PN 74-2145502-001
<b>a</b>	Plan name	GATEWAY TERMINALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GATEWAY TERMINALS LLC	<b>c</b> EIN-PN 58-2179291-001
<b>a</b>	Plan name	GAVEN INDUSTRIES INC.	
<b>b</b>	Name of plan sponsor	DAVID HACKWORTH	<b>c</b> EIN-PN 25-1648515-007
<b>a</b>	Plan name	GB CAPITAL HOLDINGS LLC	
<b>b</b>	Name of plan sponsor	PAYCHEX	<b>c</b> EIN-PN 20-5549396-001
<b>a</b>	Plan name	GBS EMPLOYEE 401K	
<b>b</b>	Name of plan sponsor	GENERAL BUSINESS SERVICES, INC	<b>c</b> EIN-PN 92-1118773-002
<b>a</b>	Plan name	GEOFORCE INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	GEOFORCE INC	<b>c</b> EIN-PN 20-8211736-001
<b>a</b>	Plan name	GEORGE MOVING & STORAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GEORGE MOVING & STORAGE, INC.	<b>c</b> EIN-PN 25-1399605-001
<b>a</b>	Plan name	GETMAN CORPORATION 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GETMAN CORPORATION	<b>c</b> EIN-PN 38-1957870-001

<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	GIANT VOICES , LLC SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GIANT VOICES, LLC	<b>c</b> EIN-PN 45-5470774-001
<b>a</b>	Plan name	GK BRANDS 401K PLAN	
<b>b</b>	Name of plan sponsor	GK BRANDS	<b>c</b> EIN-PN 84-3506218-001
<b>a</b>	Plan name	GLASS TO GLASS PORTLAND, LLC	
<b>b</b>	Name of plan sponsor	CHRIS KOONTZ	<b>c</b> EIN-PN 32-0409037-007
<b>a</b>	Plan name	GLENN MACHINE WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLENN MACHINE WORKS, INC.	<b>c</b> EIN-PN 64-0470007-001
<b>a</b>	Plan name	GLICK JCC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEWISH COMMUNITY CENTER ASSOCIATION	<b>c</b> EIN-PN 23-7099138-001
<b>a</b>	Plan name	GLOBAL BUSINESS INTELLIGENCE	
<b>b</b>	Name of plan sponsor	GB INTELLIGENCE INC	<b>c</b> EIN-PN 84-3929355-001
<b>a</b>	Plan name	GOLDEN ALUMINUM, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN ALUMINUM, INC.	<b>c</b> EIN-PN 76-0589072-001
<b>a</b>	Plan name	GOLDEN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRG FIDUCIARY SERVICES LLC	<b>c</b> EIN-PN 87-2825570-010
<b>a</b>	Plan name	GOLDEN TECH SYSTEMS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PUSHPINDER GARCHA	<b>c</b> EIN-PN 26-1455420-001
<b>a</b>	Plan name	GOOSEFOOT ACRES INC 401K	
<b>b</b>	Name of plan sponsor	GOOSEFOOT ACRES INC	<b>c</b> EIN-PN 34-1606045-001
<b>a</b>	Plan name	GOSSI, INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	GOSSI, INC	<b>c</b> EIN-PN 20-0782823-001
<b>a</b>	Plan name	GPD GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLAUS, PYLE, SCHOMER, BURNS & DEHAVEN, INC.	<b>c</b> EIN-PN 34-1134715-003

<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	GRABER MANUFACTURING, INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GRABER MANUFACTURING, INC	<b>c</b> EIN-PN 39-1660461-002
<b>a</b>	Plan name	GRACE CULTURE MARKETING 401K PLAN	
<b>b</b>	Name of plan sponsor	GRACE CULTURE MARKETING INC	<b>c</b> EIN-PN 20-4178616-001
<b>a</b>	Plan name	GRATTERI'S INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRATTERIS INC	<b>c</b> EIN-PN 93-0681637-001
<b>a</b>	Plan name	GRAY REED CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	GRAY REED & MCGRAW LLP	<b>c</b> EIN-PN 81-4045088-003
<b>a</b>	Plan name	GRAY WEST CONSTRUCTION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAY WEST CONSTRUCTION INC.	<b>c</b> EIN-PN 33-0886450-001
<b>a</b>	Plan name	GREAT LAKES AQUARIUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES AQUARIUM	<b>c</b> EIN-PN 41-1659809-001
<b>a</b>	Plan name	GREEN VALLEY DAIRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREEN VALLEY DAIRY, LLC	<b>c</b> EIN-PN 39-1970472-001
<b>a</b>	Plan name	GREENBELT HOMES INC. 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	GREENBELT HOMES INC	<b>c</b> EIN-PN 52-0625535-001
<b>a</b>	Plan name	GREENCASTLE FAMILY DENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	GREENCASTLE FAMILY DENTAL PLLC	<b>c</b> EIN-PN 99-2448101-001
<b>a</b>	Plan name	GREENLAND HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREENLAND HOMES 401(K) PLAN	<b>c</b> EIN-PN 26-4465049-001
<b>a</b>	Plan name	GRITTER-FRANCONA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRITTER-FRANCONA, INC.	<b>c</b> EIN-PN 46-1814879-001
<b>a</b>	Plan name	GROUP O 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GROUP O, INC.	<b>c</b> EIN-PN 36-3823680-001

<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	GROUP PLAN SYSTEMS PEP WITH JULY	
<b>b</b>	Name of plan sponsor	GROUP PLAN SYSTEMS LLC	<b>c</b> EIN-PN 88-3548471-001
<b>a</b>	Plan name	GRS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL RECRUITING SOURCE, LLC	<b>c</b> EIN-PN 20-4136036-001
<b>a</b>	Plan name	GUAYAKI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUAYAKI	<b>c</b> EIN-PN 77-0560794-001
<b>a</b>	Plan name	GULF WINDS CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GULF WINDS CREDIT UNION	<b>c</b> EIN-PN 59-6143861-001
<b>a</b>	Plan name	H. W. NICHOLSON WELDING & MANUFACTURING, INC.	
<b>b</b>	Name of plan sponsor	NANCY COKING	<b>c</b> EIN-PN 25-1254729-007
<b>a</b>	Plan name	H2OCEAN, INC. DEFINED BENEFIT PENSION PLAN AND TRUST AGREEMENT	
<b>b</b>	Name of plan sponsor	H2OCEAN, LLC	<b>c</b> EIN-PN 01-0605608-001
<b>a</b>	Plan name	HANCOCK WHITNEY CORPORATION 401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HANCOCK WHITNEY CORPORATION	<b>c</b> EIN-PN 64-0693170-003
<b>a</b>	Plan name	HANDCRAFT WOODWORKING INC	
<b>b</b>	Name of plan sponsor	ISABELLA ROWLAND	<b>c</b> EIN-PN 65-0489445-007
<b>a</b>	Plan name	HANSEN THORP PELLINEN OLSON INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HANSEN THORP PELLINEN OLSON, INC.	<b>c</b> EIN-PN 41-1387509-001
<b>a</b>	Plan name	HARBORSIDE SPINE & SPORTS CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EUGENE P. WANG, DO, PC	<b>c</b> EIN-PN 38-3565461-001
<b>a</b>	Plan name	HARTE AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARTE NISSAN, INC.	<b>c</b> EIN-PN 06-1079202-002
<b>a</b>	Plan name	HASELTON BAKER RISK GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HASELTON BAKER RISK GROUP, LLC	<b>c</b> EIN-PN 47-1170819-001

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 HASTINGS WATER WORKS, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HASTINGS WATER WORKS, INC.	<b>c</b> EIN-PN 34-1712822-001
<b>a</b>	Plan name HAYDEN OUTDOORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAYDEN OUTDOORS, L.L.C. DBA HAYDEN OUTDOORS REAL ESTATE	<b>c</b> EIN-PN 20-4662390-001
<b>a</b>	Plan name HDC AUTOMATION 401K & PROFIT SHARING	
<b>b</b>	Name of plan sponsor HDC AUTOMATION	<b>c</b> EIN-PN 34-1891942-001
<b>a</b>	Plan name HEALTHPEAK PROPERTIES, INC.401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HEALTHPEAK PROPERTIES, INC.	<b>c</b> EIN-PN 33-0091377-001
<b>a</b>	Plan name HEALTHSMART MANAGEMENT SERVICES ORGANIZATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEALTHSMART MGMT SERVICES ORGANIZATIONS INC	<b>c</b> EIN-PN 93-1209030-001
<b>a</b>	Plan name HEARTLAND SECURITY INSURANCE GROUP ESOP PLAN	
<b>b</b>	Name of plan sponsor HEARTLAND SECURITY INSURANCE GROUP	<b>c</b> EIN-PN 75-2960792-001
<b>a</b>	Plan name HELDT LUMBER CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HELDT LUMBER CO., INC.	<b>c</b> EIN-PN 86-0148002-001
<b>a</b>	Plan name HENDEL PRODUCTS GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor P HENDEL PRODUCTS PARTNERSHIP	<b>c</b> EIN-PN 11-3125928-001
<b>a</b>	Plan name HENDERSON BROTHERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HENDERSON BROTHERS, INC.	<b>c</b> EIN-PN 25-0543730-001
<b>a</b>	Plan name HENRY PROST, M.D., PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HENRY M. PROST, M.D., PLLC	<b>c</b> EIN-PN 94-3417502-001
<b>a</b>	Plan name HENSELER & KOCIAN ORTHODONTICS, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HENSELER & KOCIAN ORTHODONTICS, PA	<b>c</b> EIN-PN 41-1377808-001
<b>a</b>	Plan name HERDT CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HERDT CONSULTING, INC.	<b>c</b> EIN-PN 04-3694474-001

<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	HERITAGE COMMUNITY INITIATIVES	
<b>b</b>	Name of plan sponsor	KARLY THREETS	<b>c</b> EIN-PN 25-1442838-007
<b>a</b>	Plan name	HF GROUP LLC 401 K PLAN	
<b>b</b>	Name of plan sponsor	HF GROUP LLC 401 K PLAN	<b>c</b> EIN-PN 20-4101469-001
<b>a</b>	Plan name	HOLTON & MAYBERRY, P.C. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOLTON & MAYBERRY, P.C.	<b>c</b> EIN-PN 26-2836142-002
<b>a</b>	Plan name	HOMETOWN VETERINARY CLINIC, P.C.	
<b>b</b>	Name of plan sponsor	J.M. KATA	<b>c</b> EIN-PN 82-4655915-035
<b>a</b>	Plan name	HOOSIER HEARTLAND STATE BANCORP EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HOOSIER HEARTLAND STATE BANCORP	<b>c</b> EIN-PN 26-3820781-002
<b>a</b>	Plan name	HORNING MANAGEMENT COMPANY, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HORNING MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 27-1413972-002
<b>a</b>	Plan name	HORROCKS ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HORROCKS ENGINEERS, INC.	<b>c</b> EIN-PN 87-0296502-001
<b>a</b>	Plan name	HOSPITAL SUPPORT SERVICES , INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOSPITAL SUPPORT SERVICES, INC.	<b>c</b> EIN-PN 52-1734119-001
<b>a</b>	Plan name	HOSPITALIST SERVICES OF ALABAMA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HOSPITALIST SERVICES OF ALABAMA, LLC	<b>c</b> EIN-PN 46-4167313-001
<b>a</b>	Plan name	HOUSE OF TICKETS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOUSE OF TICKETS	<b>c</b> EIN-PN 04-3156576-003
<b>a</b>	Plan name	HOWARD-STICKEL PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRANDI HOWARD-STICKEL & ASSOCIATES DDS, LLC	<b>c</b> EIN-PN 47-1167390-001
<b>a</b>	Plan name	HPC, LLC	
<b>b</b>	Name of plan sponsor	HPC, LLC	<b>c</b> EIN-PN 42-1449124-001

<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	HP-UOV 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE HEALTH PLAN OF WEST VIRGINIA, INC.	<b>c</b> EIN-PN 55-0585592-002
<b>a</b>	Plan name	HUMAN TOUCH HEALTH CARE SERVICES LLC	
<b>b</b>	Name of plan sponsor	HUMAN TOUCH HEALTH CARE SERVICES LLC	<b>c</b> EIN-PN 45-0898969-001
<b>a</b>	Plan name	HUNTER LAW GROUP PC 401K PLAN	
<b>b</b>	Name of plan sponsor	HUNTER LAW GROUP PC	<b>c</b> EIN-PN 99-3000302-001
<b>a</b>	Plan name	HUTCHINSON CLINIC, P.A. EMPLOYEES' 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HUTCHINSON CLINIC, P.A.	<b>c</b> EIN-PN 48-0734011-002
<b>a</b>	Plan name	I.D. ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	I.D. ASSOCIATES, INC.	<b>c</b> EIN-PN 63-1227182-001
<b>a</b>	Plan name	IBA USA 401K PLAN	
<b>b</b>	Name of plan sponsor	IBA USA, INC.	<b>c</b> EIN-PN 90-1072480-001
<b>a</b>	Plan name	IC&MS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ICMS, LLC	<b>c</b> EIN-PN 46-2597599-001
<b>a</b>	Plan name	IFCO SYSTEMS US 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IFCO SYSTEMS US, LLC	<b>c</b> EIN-PN 59-3344620-001
<b>a</b>	Plan name	IFP ADVISORS, LLC FINANCIAL INDEPENDENCE PLATFORM	
<b>b</b>	Name of plan sponsor	IFP ADVISORS, LLC	<b>c</b> EIN-PN 59-3331424-001
<b>a</b>	Plan name	IGH SERVICES INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	IGH SERVICES INC	<b>c</b> EIN-PN 93-4463527-001
<b>a</b>	Plan name	ILS INTERNATIONAL LAUNCH SERVICES INC.	
<b>b</b>	Name of plan sponsor	ILS INTERNATIONAL LAUNCH SERVICES INC	<b>c</b> EIN-PN 77-0346405-001
<b>a</b>	Plan name	IMP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNAL MEDICINE PARTNERS, LLC	<b>c</b> EIN-PN 81-4987524-001

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 IMPROVE HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN PEER REVIEW ORGANIZATION	<b>c</b> EIN-PN 38-2536610-001
<b>a</b>	Plan name IN MOTION DESIGN INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor IN MOTION DESIGN INC.	<b>c</b> EIN-PN 83-0468639-001
<b>a</b>	Plan name INDUSTRIAL COMMERCIAL PROPERTIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INDUSTRIAL COMMERCIAL PROPERTIES, LLC	<b>c</b> EIN-PN 46-4482861-001
<b>a</b>	Plan name INFOLOB SOLUTIONS, INC. 401K	
<b>b</b>	Name of plan sponsor INFOLOB SOLUTIONS, INC.	<b>c</b> EIN-PN 26-4550756-001
<b>a</b>	Plan name INFORMATION SYSTEMS & NETWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INFORMATION SYSTEMS & NETWORKS CORPORATION	<b>c</b> EIN-PN 52-1191165-004
<b>a</b>	Plan name INJECTECH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INJECTECH, LLC	<b>c</b> EIN-PN 84-1520989-002
<b>a</b>	Plan name INNOVATIONS FOR POVERTY ACTION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INNOVATIONS FOR POVERTY ACTION	<b>c</b> EIN-PN 06-1660068-001
<b>a</b>	Plan name INSTEM LIFE SCIENCE SYSTEMS N AMERICA LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSTEM LIFE SCIENCE SYSTEMS N	<b>c</b> EIN-PN 23-2455169-001
<b>a</b>	Plan name INSTITUTE FOR IN VITRO SCIENCES 401K PS PLAN	
<b>b</b>	Name of plan sponsor INSTITUTE FOR IN VITRO SCIENCES INC	<b>c</b> EIN-PN 52-2029668-001
<b>a</b>	Plan name INTACT TECHNOLOGY 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor INTACT TECHNOLOGY INC	<b>c</b> EIN-PN 52-1979206-002
<b>a</b>	Plan name INTECTURAL 401K	
<b>b</b>	Name of plan sponsor INTECTURAL INC	<b>c</b> EIN-PN 27-1823431-001
<b>a</b>	Plan name INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTEGRATED FINANCIAL SETTLEMENTS, INC.	<b>c</b> EIN-PN 20-4029426-001

<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	INTEGRATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATION INC	<b>c</b> EIN-PN 45-4020886-001
<b>a</b>	Plan name	INTEGRICHAIN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRICHAIN, INC.	<b>c</b> EIN-PN 54-2187446-001
<b>a</b>	Plan name	INTELITREX 401 K PLAN	
<b>b</b>	Name of plan sponsor	INTELITREX LLC	<b>c</b> EIN-PN 99-1434766-001
<b>a</b>	Plan name	INTELLISENSE SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTELLISENSE SYSTEMS, INC.	<b>c</b> EIN-PN 82-3054429-001
<b>a</b>	Plan name	INTERNATIONAL CORD SETS 401K PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL CORD SETS INC	<b>c</b> EIN-PN 22-2347904-001
<b>a</b>	Plan name	INTERSTATE ROOFING AND WATERPROOFING, INC. 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	INTERSTATE ROOFING AND WATERPROOFING, INC.	<b>c</b> EIN-PN 39-1138482-002
<b>a</b>	Plan name	IT COALITION 401(K) PLAN - US EMPLOYEES	
<b>b</b>	Name of plan sponsor	INFORMATION TECHNOLOGY COALITION, INC.	<b>c</b> EIN-PN 20-5581516-003
<b>a</b>	Plan name	ITASCA LIFE OPTIONS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ITASCA LIFE OPTIONS	<b>c</b> EIN-PN 41-0907640-001
<b>a</b>	Plan name	IVANHOE ELECTRIC, INC.	
<b>b</b>	Name of plan sponsor	STEPHANI TERHORST	<b>c</b> EIN-PN 32-0633823-007
<b>a</b>	Plan name	J & S MASONRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J & S MASONRY	<b>c</b> EIN-PN 82-0403473-001
<b>a</b>	Plan name	J. W. MORTON & ASSOCIATES INC.	
<b>b</b>	Name of plan sponsor	LINDA HOCHSTEDLER	<b>c</b> EIN-PN 42-1334164-035
<b>a</b>	Plan name	J.E. FULLER/HYDROLOGY AND GEOMORPHOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J.E. FULLER/HYDROLOGY AND GEOMORPHOLOGY, INC.	<b>c</b> EIN-PN 86-0785301-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name JAMES M GRIMES MD ORTHOPAEDICSLLC 401K	
<b>b</b>	Name of plan sponsor JAMES M GRIMES MD ORTHOPAEDICS LLC	<b>c</b> EIN-PN 87-3305150-001
<b>a</b>	Plan name JAN X-RAY SERVICES, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor JAN X-RAY SERVICES, INC.	<b>c</b> EIN-PN 38-2350307-001
<b>a</b>	Plan name J-BERD MECHANICAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor J-BERD MECHANICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 41-1716695-001
<b>a</b>	Plan name JELSEMA CONCRETE CONSTRUCTION, INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JELSEMA CONCRETE CONSTRUCTION, INC	<b>c</b> EIN-PN 38-2259328-001
<b>a</b>	Plan name JESSE N. VEIL, D.D.S. P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor JESSE N. VEIL, D.D.S., M.S., P.A. DBA VEIL & WILD ORTHODONTICS	<b>c</b> EIN-PN 41-1951549-001
<b>a</b>	Plan name JET LINX AVIATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JET LINX AVIATION, LLC	<b>c</b> EIN-PN 26-3984455-001
<b>a</b>	Plan name JEWISH COMMUNITY ALLIANCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JEWISH COMMUNITY ALLIANCE	<b>c</b> EIN-PN 59-2620208-001
<b>a</b>	Plan name JND APPLIANCE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JND APPLIANCE, LLC	<b>c</b> EIN-PN 27-1581693-001
<b>a</b>	Plan name JOHN HOUSTON CUSTOM HOMES 401K PLAN	
<b>b</b>	Name of plan sponsor JHH CENTRAL MANAGEMENT SERVICES LLC	<b>c</b> EIN-PN 46-1356200-001
<b>a</b>	Plan name JOHN T. FORNETTI, D. D. S. , P. C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHN T. FORNETTI, D.D.S., P.C.	<b>c</b> EIN-PN 38-2598824-001
<b>a</b>	Plan name JOHNSTON R.V. CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHNSTON R.V. CENTER	<b>c</b> EIN-PN 46-4462442-002
<b>a</b>	Plan name JOLEN OPERATING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOLEN OPERATING COMPANY	<b>c</b> EIN-PN 73-1137366-001

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 JONESVILLE PAPER TUBE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JONESVILLE PAPER TUBE CORPORATION	<b>c</b> EIN-PN 38-1493573-001
<b>a</b>	Plan name JONNS INTERIORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JONNS LLC	<b>c</b> EIN-PN 46-0512474-001
<b>a</b>	Plan name JOSHUA M. FREEMAN FOUNDATION 401K PLAN	
<b>b</b>	Name of plan sponsor JOSHUA M FREEMAN FOUNDATION	<b>c</b> EIN-PN 20-8592383-001
<b>a</b>	Plan name JSW STEEL USA INC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JSW STEEL USA INC	<b>c</b> EIN-PN 61-1539103-001
<b>a</b>	Plan name JSW STEEL USA OHIO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JSW STEEL USA OHIO, INC.	<b>c</b> EIN-PN 81-3308222-001
<b>a</b>	Plan name KA PO'E HANA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KA POE HANA LLC	<b>c</b> EIN-PN 31-1674666-001
<b>a</b>	Plan name KABR PROFESSIONAL SERVICES LLC 401K	
<b>b</b>	Name of plan sponsor KABR PROFESSIONAL SERVICES LLC	<b>c</b> EIN-PN 86-2609878-001
<b>a</b>	Plan name KAGOME INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KAGOME INC.	<b>c</b> EIN-PN 77-0474469-002
<b>a</b>	Plan name KAISER ASSOCIATES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KAISER ASSOCIATES, INC.	<b>c</b> EIN-PN 22-2428419-001
<b>a</b>	Plan name KAL KRISHNAN CONSULTING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KAL KRISHNAN CONSULTING SERVICES	<b>c</b> EIN-PN 94-3067664-001
<b>a</b>	Plan name KALEO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KALEO, INC.	<b>c</b> EIN-PN 26-4174212-001
<b>a</b>	Plan name KATZ RUBY & CARLE LLP 401K PLAN	
<b>b</b>	Name of plan sponsor KATZ RUBY AND CARLE LLP	<b>c</b> EIN-PN 99-2476407-001

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>KBA, INC. 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KBA, INC. 401(K) AND PROFIT SHARING PLAN</b>	<b>c</b> EIN-PN <b>91-1581416-001</b>
<b>a</b>	Plan name <b>KING CONSTRUCTION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KING CONSTRUCTION LLC</b>	<b>c</b> EIN-PN <b>33-1056040-001</b>
<b>a</b>	Plan name <b>KIRBY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KIRBY ELECTRIC, INC.</b>	<b>c</b> EIN-PN <b>25-1057177-001</b>
<b>a</b>	Plan name <b>KIRK LARSON DDS INC 401 K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KIRK LARSON DDS INC</b>	<b>c</b> EIN-PN <b>45-1774219-001</b>
<b>a</b>	Plan name <b>KIRKWOOD DENTAL ASSOCIATES, P.A. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KIRKWOOD DENTAL ASSOCIATES, P.A.</b>	<b>c</b> EIN-PN <b>51-0214005-003</b>
<b>a</b>	Plan name <b>KISCO SENIOR LIVING, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KISCO SENIOR LIVING, LLC</b>	<b>c</b> EIN-PN <b>13-3924314-001</b>
<b>a</b>	Plan name <b>KJK ORTHODONTICS, P.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KJK ORTHODONTICS, P.C.</b>	<b>c</b> EIN-PN <b>23-3015769-001</b>
<b>a</b>	Plan name <b>KK EMPLOYEES PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KKHC, INC.</b>	<b>c</b> EIN-PN <b>20-5236515-001</b>
<b>a</b>	Plan name <b>KLAROS ADVISORS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KLAROS ADVISORS LLC</b>	<b>c</b> EIN-PN <b>84-2428473-001</b>
<b>a</b>	Plan name <b>KNIGHT TRANSFER SERVICES INC 401K</b>	
<b>b</b>	Name of plan sponsor <b>KNIGHT TRANSFER SERVICES INC</b>	<b>c</b> EIN-PN <b>38-3278095-001</b>
<b>a</b>	Plan name <b>KNIGHTED VENTURES, LLC 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KNIGHTED VENTURES, LLC</b>	<b>c</b> EIN-PN <b>45-4477245-001</b>
<b>a</b>	Plan name <b>KOTTLER METAL PRODUCTS LLC</b>	
<b>b</b>	Name of plan sponsor <b>WEBB HARRINGTON</b>	<b>c</b> EIN-PN <b>99-2134690-007</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	KOZLOVICH ENT., INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOZLOVICH ENTERPRISES, INC	<b>c</b> EIN-PN 34-1670589-001
<b>a</b>	Plan name	KRAZE TRUCKING LLC 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	KRAZE TRUCKING LLC	<b>c</b> EIN-PN 39-1845705-001
<b>a</b>	Plan name	KRB MACHINERY COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KRB MACHINERY COMPANY	<b>c</b> EIN-PN 23-2397053-001
<b>a</b>	Plan name	KREISCHER MILLER CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	KREISCHER MILLER	<b>c</b> EIN-PN 23-1980475-001
<b>a</b>	Plan name	KRYSTAL BIOTECH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRYSTAL BIOTECH, INC.	<b>c</b> EIN-PN 82-1080209-002
<b>a</b>	Plan name	KSL ASSOCIATE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KSL ASSOCIATE GROUP, INC.	<b>c</b> EIN-PN 33-0894084-001
<b>a</b>	Plan name	KZL AGENCY, LLC	
<b>b</b>	Name of plan sponsor	KEITH LANDER	<b>c</b> EIN-PN 90-0527634-007
<b>a</b>	Plan name	LADENBURG GROUP TRUST	
<b>b</b>	Name of plan sponsor	ALTA TRUST COMPANY	<b>c</b> EIN-PN 83-3375082-001
<b>a</b>	Plan name	LAKE COUNTY CENTER FOR INDEPENDENT LIVING	
<b>b</b>	Name of plan sponsor	KELLI BROOKS	<b>c</b> EIN-PN 36-3740114-001
<b>a</b>	Plan name	LAKELAND INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKELAND INDUSTRIES, INC.	<b>c</b> EIN-PN 13-3115216-001
<b>a</b>	Plan name	LAKESIDE SURFACES, INC.	
<b>b</b>	Name of plan sponsor	LAKESIDE SURFACES, INC.	<b>c</b> EIN-PN 38-2594873-001
<b>a</b>	Plan name	LANCASTER COLONY CORPORATION MASTER PENSION TRUST	
<b>b</b>	Name of plan sponsor	CHARLES SCHWAB TRUST BANK TRUSTEE OF LANCASTER COLONY CORPORATION	<b>c</b> EIN-PN 82-3967259-001

<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	LANGE TRENCHING, INC	
<b>b</b>	Name of plan sponsor	LANGE TRENCHING INC.	<b>c</b> EIN-PN 41-1324905-001
<b>a</b>	Plan name	LARSON CONSTRUCTION COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LARSON CONSTRUCTION	<b>c</b> EIN-PN 42-1022004-001
<b>a</b>	Plan name	LASERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LASERSHIP, INC.	<b>c</b> EIN-PN 54-2015092-001
<b>a</b>	Plan name	LATIN AMERICAN YOUTH CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LATIN AMERICAN YOUTH CENTER, INC	<b>c</b> EIN-PN 52-1023074-001
<b>a</b>	Plan name	LATITUDE 36 FOODS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LATITUDE 36 FOODS LLC	<b>c</b> EIN-PN 35-2594469-001
<b>a</b>	Plan name	LAURA CHENEL'S CHEVRE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LAURA CHENELS CHEVRE, INC.	<b>c</b> EIN-PN 56-2599658-001
<b>a</b>	Plan name	LAUREYNS UNITED	
<b>b</b>	Name of plan sponsor	LAUREYNS UNITED	<b>c</b> EIN-PN 04-3547451-001
<b>a</b>	Plan name	LAWRY'S RESTAURANT, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAWRYS RESTAURANT, INC.	<b>c</b> EIN-PN 95-0925915-001
<b>a</b>	Plan name	LAZY DOG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAZY DOG RESTAURANTS, LLC	<b>c</b> EIN-PN 46-1351268-001
<b>a</b>	Plan name	LEACHMAN LUMBER COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEACHMAN LUMBER COMPANY	<b>c</b> EIN-PN 42-1080107-001
<b>a</b>	Plan name	LEASE MANAGEMENT, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEASE MANAGEMENT, INC.	<b>c</b> EIN-PN 38-1613283-001
<b>a</b>	Plan name	LEASING ASSOCIATES, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LEASING ASSOCIATES, INC.	<b>c</b> EIN-PN 76-0167538-001

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 LEMIEUX AND ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEMIEUX & ASSOCIATES, LLC	<b>c</b> EIN-PN 41-2150398-001
<b>a</b>	Plan name LEN BUSCH ROSES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DISTINCTIVE FLORAL COMPANY DBA LEN BUSCH ROSES	<b>c</b> EIN-PN 41-1927692-001
<b>a</b>	Plan name LEWIS BROTHERS LUMBER CO., INC., 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEWIS BROTHERS LUMBER CO	<b>c</b> EIN-PN 26-3989832-001
<b>a</b>	Plan name LEWIS-WATKINS-FARMER AGENCY INC. 401K	
<b>b</b>	Name of plan sponsor LEWIS WATKINS FARMER AGENCY INC	<b>c</b> EIN-PN 74-2320159-001
<b>a</b>	Plan name LIBRARY ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIBRARY ASSOCIATES LLC	<b>c</b> EIN-PN 81-0799369-001
<b>a</b>	Plan name LICARI, LARSEN & CO. LTD 401(K)	
<b>b</b>	Name of plan sponsor LICARI, LARSEN & CO. LTD.	<b>c</b> EIN-PN 41-1806729-002
<b>a</b>	Plan name LIDL US, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIDL US, LLC	<b>c</b> EIN-PN 68-0683460-001
<b>a</b>	Plan name LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LIEBERT CASSIDY WHITMORE	<b>c</b> EIN-PN 95-3658973-002
<b>a</b>	Plan name LIFE EQUITY, LLC	
<b>b</b>	Name of plan sponsor BRECK PLATNER	<b>c</b> EIN-PN 34-1935387-001
<b>a</b>	Plan name LIFE FAMILY CHIROPRACTIC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIFE FAMILY CHIROPRACTIC, LLC	<b>c</b> EIN-PN 82-4016003-001
<b>a</b>	Plan name LIGHTHOUSE CENTRAL FLORIDA, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LIGHTHOUSE CENTRAL FLORIDA, INC.	<b>c</b> EIN-PN 59-2418228-001
<b>a</b>	Plan name LIPPES MATHIAS LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIPPES MATHIAS LLP	<b>c</b> EIN-PN 16-1021918-001

<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	LIQUIDITY SERVICES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LIQUIDITY SERVICES, INC.	<b>c</b> EIN-PN 52-2209244-001
<b>a</b>	Plan name	LIVE OAK-GOTTESMAN LLC 401K PROFIT	
<b>b</b>	Name of plan sponsor	MICHAEL JOYCE	<b>c</b> EIN-PN 71-1024810-001
<b>a</b>	Plan name	LK METROLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LK METROLOGY, INC.	<b>c</b> EIN-PN 82-4364373-001
<b>a</b>	Plan name	LLI HOLDINGS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LLI HOLDINGS INC	<b>c</b> EIN-PN 83-3829690-001
<b>a</b>	Plan name	LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS	<b>c</b> EIN-PN 41-1424025-002
<b>a</b>	Plan name	LOGICMARK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOGICMARK, INC.	<b>c</b> EIN-PN 46-0678374-001
<b>a</b>	Plan name	LOOP1, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOOP1, LLC	<b>c</b> EIN-PN 27-0867728-001
<b>a</b>	Plan name	LORI L. REITMAN, MD, LLC 401(K) PSP	
<b>b</b>	Name of plan sponsor	LORI L. REITMAN, MD, LLC	<b>c</b> EIN-PN 47-2145816-001
<b>a</b>	Plan name	LOS ANGELES POLICE FEDERAL CREDIT UNION EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOS ANGELES POLICE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1683316-002
<b>a</b>	Plan name	LOTAME SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOTAME SOLUTIONS, INC.	<b>c</b> EIN-PN 26-1918422-001
<b>a</b>	Plan name	LPE ASSOCIATES LLC 401K	
<b>b</b>	Name of plan sponsor	LPE ASSOCIATES	<b>c</b> EIN-PN 46-4054230-001
<b>a</b>	Plan name	LUNA BAKERY, LLC	
<b>b</b>	Name of plan sponsor	BRIDGET THIBEAULT	<b>c</b> EIN-PN 27-4698548-001

<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	LUNDQUIST PLUMBING INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LUNDQUIST PLUMBING INC.	<b>c</b> EIN-PN 39-1716618-001
<b>a</b>	Plan name	LUXE BRANDS	
<b>b</b>	Name of plan sponsor	LUXE BRANDS COLLECTIVE, INC	<b>c</b> EIN-PN 86-2784427-002
<b>a</b>	Plan name	LYFE LAW LLP 401K PROFIT SHARING PL & TR	
<b>b</b>	Name of plan sponsor	LYFE LAW LLP	<b>c</b> EIN-PN 84-3817209-001
<b>a</b>	Plan name	LYNCH HOLIDAY MARINE CO., INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LYNCH HOLIDAY MARINE CO., INC	<b>c</b> EIN-PN 33-1092487-001
<b>a</b>	Plan name	LYNNHAVEN SCHOOL INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LYNNHAVEN SCHOOL INC	<b>c</b> EIN-PN 47-1905897-001
<b>a</b>	Plan name	M2 CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	M2 CONSTRUCTION, LLC	<b>c</b> EIN-PN 27-0943176-001
<b>a</b>	Plan name	MACI ASSOCIATES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MICHIGAN AUTOMOTIVE COMPRESSOR	<b>c</b> EIN-PN 38-2853246-001
<b>a</b>	Plan name	MACRAE PROVISIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COOKE - MACRAE, INC.	<b>c</b> EIN-PN 04-3323942-001
<b>a</b>	Plan name	MACRO SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MSOL, INC. DBA MACRO SOLUTIONS, INC.	<b>c</b> EIN-PN 36-4480652-001
<b>a</b>	Plan name	MADISON FORMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MADISON FORMS, LLC	<b>c</b> EIN-PN 82-4572799-001
<b>a</b>	Plan name	MAGNOLIA PLUMBING EMPLOYEE 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH J. MAGNOLIA, INC.	<b>c</b> EIN-PN 53-0235163-003
<b>a</b>	Plan name	MALLARD CREEK POLYMERS, LLC EES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MALLARD CREEK POLYMERS, LLC	<b>c</b> EIN-PN 76-0455769-001

<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	MANAGEMENT EMPLOYMENT LLC 401K	
<b>b</b>	Name of plan sponsor	MANAGEMENT EMPLOYMENT LLC	<b>c</b> EIN-PN 52-1969794-001
<b>a</b>	Plan name	MANCINI SLEEP WORLD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANCINI SLEEP WORLD, INC.	<b>c</b> EIN-PN 94-2897795-001
<b>a</b>	Plan name	MANNA MEDICAL MANAGEMENT, LLC	
<b>b</b>	Name of plan sponsor	SALLY MACINTOSH	<b>c</b> EIN-PN 32-0513026-001
<b>a</b>	Plan name	MARATHON MANAGEMENT SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARATHON MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 42-1554349-001
<b>a</b>	Plan name	MARCUS NETWORKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARCUS NETWORKING, INC.	<b>c</b> EIN-PN 20-2619299-001
<b>a</b>	Plan name	MARICOPA WATER PROCESSING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARICOPA WATER PROCESSING SYSTEM	<b>c</b> EIN-PN 86-0720017-001
<b>a</b>	Plan name	MARTIN L. SCHROEDER, D.D.S. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARTIN L. SCHROEDER, D.D.S.	<b>c</b> EIN-PN 23-2483409-002
<b>a</b>	Plan name	MASON DIXON DISTILLERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL PENN DISTILLING, INC.	<b>c</b> EIN-PN 46-3098380-001
<b>a</b>	Plan name	MASSEY'S PLATE GLASS & ALUMINUM, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MASSEYS PLATE GLASS & ALUMINUM	<b>c</b> EIN-PN 06-1355882-001
<b>a</b>	Plan name	MATTRESS FIRM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATTRESS FIRM, INC.	<b>c</b> EIN-PN 76-0596008-001
<b>a</b>	Plan name	MAXLINEAR, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAXLINEAR, INC.	<b>c</b> EIN-PN 14-1896129-001
<b>a</b>	Plan name	MC DESIGNS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MC DESIGNS LLC	<b>c</b> EIN-PN 27-0652313-001

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 MCCORD DEVELOPMENT, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MCCORD DEVELOPMENT, INC.	<b>c</b> EIN-PN 74-1941987-001
<b>a</b>	Plan name MCCOY GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCCOY GROUP, INC.	<b>c</b> EIN-PN 39-1428371-001
<b>a</b>	Plan name MCELROY SULLIVAN MILLER & WEBER LLP	
<b>b</b>	Name of plan sponsor MCELROY SULLIVAN MILLER AND WEBER LLP	<b>c</b> EIN-PN 74-2245317-001
<b>a</b>	Plan name MCGEE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCGEE COMPANY	<b>c</b> EIN-PN 84-0457707-001
<b>a</b>	Plan name MCGOWAN & COMPANY, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCGOWAN & COMPANY, INC.	<b>c</b> EIN-PN 34-0841381-001
<b>a</b>	Plan name MCGOWAN REAL ESTATE HOLDINGS GROUP 401(K) PSP	
<b>b</b>	Name of plan sponsor MCGOWAN REAL ESTATE HOLDINGS GROUP I, LLC	<b>c</b> EIN-PN 34-1947843-001
<b>a</b>	Plan name MCI, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCI, INC.	<b>c</b> EIN-PN 41-1277029-001
<b>a</b>	Plan name MCPC HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCPC HOLDINGS, INC.	<b>c</b> EIN-PN 32-0012228-001
<b>a</b>	Plan name MECHANICAL INSULATION CONTRACTORS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MECHANICAL INSULATION CONTRACTOR S, INC	<b>c</b> EIN-PN 75-2924139-001
<b>a</b>	Plan name MEDABLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEDABLE, INC.	<b>c</b> EIN-PN 46-0870262-001
<b>a</b>	Plan name MEDICAL RESOURCE GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor MEDICAL RESOURCE GROUP	<b>c</b> EIN-PN 34-1874916-001
<b>a</b>	Plan name MENIN HOTELS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SPENCER GOLDENBERG	<b>c</b> EIN-PN 27-4407460-001

<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	MERIT COMMERCIAL WINDOWS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERIT COMMERCIAL WINDOWS, LLC	<b>c</b> EIN-PN 45-5120381-001
<b>a</b>	Plan name	METAL CRAFT MACHINE & ENGINEERING, INC.	
<b>b</b>	Name of plan sponsor	METAL CRAFT MACHINE & ENGINEERING, INC.	<b>c</b> EIN-PN 41-1457386-001
<b>a</b>	Plan name	METAL LINE FABRICATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METAL LINE FABRICATION, INC.	<b>c</b> EIN-PN 87-0535072-001
<b>a</b>	Plan name	METROSTAR SYSTEMS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METROSTAR SYSTEMS, LLC	<b>c</b> EIN-PN 54-1954547-001
<b>a</b>	Plan name	MFS SUPPLY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MFS SUPPLY LLC	<b>c</b> EIN-PN 20-4935387-001
<b>a</b>	Plan name	MICROSTRATEGY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MICROSTRATEGY	<b>c</b> EIN-PN 51-0323571-001
<b>a</b>	Plan name	MIDDLEBURG 401K PLAN	
<b>b</b>	Name of plan sponsor	MIDDLEBURG MANAGEMENT LLC	<b>c</b> EIN-PN 46-0927391-001
<b>a</b>	Plan name	MIDWEST CARDIOVASCULAR INSTITUTE 401(K)PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST CARDIOVASCULAR INSTITUTE, S.C.	<b>c</b> EIN-PN 86-1664195-001
<b>a</b>	Plan name	MIDWEST CONTRACT OPERATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST CONTRACT OPERATIONS, INC.	<b>c</b> EIN-PN 39-1601232-001
<b>a</b>	Plan name	MIG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOORE IACOFANO GOLTSMAN, INC	<b>c</b> EIN-PN 94-3116998-001
<b>a</b>	Plan name	MILLS IP LAW,PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AMBROSE, MILLS & LAZAROW, PLLC	<b>c</b> EIN-PN 88-4011802-001
<b>a</b>	Plan name	MINNESOTA TRUCK HEADQUARTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. CLOUD AUTO SALES.COM LLC	<b>c</b> EIN-PN 26-3548274-001

<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	MISSOURI COUNCIL OF SCHOOL ADMINISTRATORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSOURI COUNCIL OF SCHOOL ADMINISTRATORS	<b>c</b> EIN-PN 43-1486037-002
<b>a</b>	Plan name	MNUCHIN GALLERY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MNUCHIN GALLERY, LLC	<b>c</b> EIN-PN 46-1345057-001
<b>a</b>	Plan name	MOHAWK GLOBAL LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOHAWK GLOBAL LOGISTICS	<b>c</b> EIN-PN 16-1444116-001
<b>a</b>	Plan name	MONTANTE COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONTANTE COMPANIES LLC	<b>c</b> EIN-PN 82-3445159-001
<b>a</b>	Plan name	MONTEBELLO BRANDS, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MONTEBELLO BRANDS, INC.	<b>c</b> EIN-PN 52-0990671-001
<b>a</b>	Plan name	MONUMENT REALTY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MONUMENT REALTY LLC	<b>c</b> EIN-PN 52-2123640-001
<b>a</b>	Plan name	MORGAN PROPERTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORGAN PROPERTIES PAYROLL SVCS	<b>c</b> EIN-PN 23-2852119-001
<b>a</b>	Plan name	MOTOR CITY WASH WORKS, INC. 401( K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOTOR CITY WASH WORKS, INC.	<b>c</b> EIN-PN 74-3103694-001
<b>a</b>	Plan name	MRS. FIELDS FAMOUS BRANDS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MRS FIELDS FAMOUS BRANDS LLC	<b>c</b> EIN-PN 80-0096938-001
<b>a</b>	Plan name	MUNDET INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUNDET INC.	<b>c</b> EIN-PN 54-1397696-009
<b>a</b>	Plan name	MUNSCH HARDT KOPF & HARR, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MUNSCH HARDT KOPF & HARR, P.C.	<b>c</b> EIN-PN 75-2096964-001
<b>a</b>	Plan name	MURRELEKTRONIK INC 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	MURRELEKTRONIK INC	<b>c</b> EIN-PN 23-2788218-002

<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	MU'S GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUS GROUP, INC.	<b>c</b> EIN-PN 26-1417677-001
<b>a</b>	Plan name	MUTUAL SAVINGS CREDIT UNION 401K	
<b>b</b>	Name of plan sponsor	MUTUAL SAVINGS CREDIT UNION	<b>c</b> EIN-PN 63-0148940-002
<b>a</b>	Plan name	NANOTRONICS IMAGING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NANOTRONICS IMAGING, INC.	<b>c</b> EIN-PN 80-0966847-001
<b>a</b>	Plan name	NASHOBA VALLEY VETERINARY HOSPITAL, INC.	
<b>b</b>	Name of plan sponsor	CRAIG SMITH	<b>c</b> EIN-PN 04-1833775-001
<b>a</b>	Plan name	NATIONAL CONSUMER COOPERATIVE BANK RETIREMENT AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL CONSUMER COOPERATIVE BANK	<b>c</b> EIN-PN 52-1157795-001
<b>a</b>	Plan name	NATIONAL EXPERIENCED WORKFORCE, SOLUTIONS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL EXPERIENCED WORKFORCE S	<b>c</b> EIN-PN 52-2003078-001
<b>a</b>	Plan name	NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	NATIONAL ORGANIZATION FOR VICTIM	<b>c</b> EIN-PN 59-1669254-001
<b>a</b>	Plan name	NATIONWIDE SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	NATIONWIDE TRUST COMPANY	<b>c</b> EIN-PN 31-1592130-001
<b>a</b>	Plan name	NBS GOVERNMENT FINANCE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NBS GOVERNMENT FINANCE GROUP	<b>c</b> EIN-PN 33-0712512-001
<b>a</b>	Plan name	NEW MEXICO ORTHOPAEDIC ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW MEXICO ORTHOPAEDIC ASSOCIATES, P.C.	<b>c</b> EIN-PN 85-0291612-002
<b>a</b>	Plan name	NEXCERIS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXCERIS LLC	<b>c</b> EIN-PN 31-1441978-001
<b>a</b>	Plan name	NEXION HEALTH, INC. 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NEXION HEALTH, INC.	<b>c</b> EIN-PN 52-2238971-001

<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	NIKON METROLOGY, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	NIKON METROLOGY, INC.	<b>c</b> EIN-PN 38-3436164-001
<b>a</b>	Plan name	NJI MEDIA 401(K)	
<b>b</b>	Name of plan sponsor	NJI MEDIA, LLC	<b>c</b> EIN-PN 27-1521289-001
<b>a</b>	Plan name	NOR CAL MOVING SERVICES 401 K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NOR CAL MOVING SERVICES	<b>c</b> EIN-PN 94-2845322-001
<b>a</b>	Plan name	NORTH NEWTON TOWNSHIP 457 DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	NORTH NEWTON TOWNSHIP	<b>c</b> EIN-PN 23-1871449-001
<b>a</b>	Plan name	NORTH SOUND EMERGENCY MEDICINE, PC PROFIT SHARE	
<b>b</b>	Name of plan sponsor	NORTH SOUND EMERGENCY MEDICINE, PC	<b>c</b> EIN-PN 91-1910055-002
<b>a</b>	Plan name	NORTHBOUND TRAIN ENTERPRISES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHBOUND TRAIN ENTERPRISES LLC	<b>c</b> EIN-PN 90-1078400-001
<b>a</b>	Plan name	NORTHERN MICHIGAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN MICHIGAN REHABILITATION SERVICES, INC.	<b>c</b> EIN-PN 38-2736802-001
<b>a</b>	Plan name	NORTHGATE TECHNOLOGIES, INC. & MONAGHAN MEDICAL CORP. EMPLOYEE'S RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MONAGHAN MEDICAL CORP.	<b>c</b> EIN-PN 14-1552699-001
<b>a</b>	Plan name	NORTHLANE CAPITAL PARTNERS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTHLANE CAPITAL PARTNERS LLC	<b>c</b> EIN-PN 81-4337239-001
<b>a</b>	Plan name	NORWOOD MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORWOOD MANAGEMENT, INC.	<b>c</b> EIN-PN 76-0180698-001
<b>a</b>	Plan name	NOSCURO LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NOSCURO LLC	<b>c</b> EIN-PN 11-3716944-001
<b>a</b>	Plan name	NOVEMBAL USA, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NOVEMBAL USA, INC.	<b>c</b> EIN-PN 74-2980382-001

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 NPI TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NPI TECHNOLOGIES INC	<b>c</b> EIN-PN 20-3198761-001
<b>a</b>	Plan name O.P.C.M.I.A. LOCAL 561 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OPERATIVE PLASTERERS & CEMENT MASONS INTL	<b>c</b> EIN-PN 42-0634044-003
<b>a</b>	Plan name OAKS EMPLOYEES 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor OAKS PRECISION FABRICATING INC.	<b>c</b> EIN-PN 76-0143595-002
<b>a</b>	Plan name OHIGRO INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor OHIGRO INC	<b>c</b> EIN-PN 31-0718350-002
<b>a</b>	Plan name OKANOGAN BEHAVIORAL HEALTHCARE RETIREMENT INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor OKANOGAN BEHAVIORAL HEALTHCARE	<b>c</b> EIN-PN 41-2040765-001
<b>a</b>	Plan name OMEGA TREATING CHEMICALS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor OMEGA TREATING CHEMICALS INC	<b>c</b> EIN-PN 75-1511678-001
<b>a</b>	Plan name OMNEX GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor OMNEX GROUP, INC.	<b>c</b> EIN-PN 33-0422209-001
<b>a</b>	Plan name ON AIR SALES	
<b>b</b>	Name of plan sponsor ON AIR SALES & MARKETING LLC	<b>c</b> EIN-PN 23-3032588-002
<b>a</b>	Plan name ONE CARE PEDIATRIC DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACPDO MANAGEMENT, INC. DBA ONE C	<b>c</b> EIN-PN 84-4623222-001
<b>a</b>	Plan name ONE COMMUNITY HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor CARES DBA ONE COMMUNITY HEALTH	<b>c</b> EIN-PN 68-0162903-001
<b>a</b>	Plan name ONPOINT TAX AND CONSULTING SERVICES PLLC	
<b>b</b>	Name of plan sponsor ONPOINT TAX AND CONSULTING SERVICES PLL	<b>c</b> EIN-PN 92-3587739-001
<b>a</b>	Plan name ORANGE LINE OIL INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ORANGE LINE OIL INC	<b>c</b> EIN-PN 95-3465159-001

<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	ORS IMPACT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORS IMPACT	<b>c</b> EIN-PN 91-1588023-001
<b>a</b>	Plan name	P. J. FITZPATRICK, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	P. J. FITZPATRICK, LLC	<b>c</b> EIN-PN 27-0172384-001
<b>a</b>	Plan name	P3 HEALTHCARE MANAGEMENT LLC	
<b>b</b>	Name of plan sponsor	P3 HEALTHCARE MANAGEMENT LLC	<b>c</b> EIN-PN 86-3810105-001
<b>a</b>	Plan name	PAISLEYHR 401K PLAN	
<b>b</b>	Name of plan sponsor	FINGERCHECK PEO LLC DBA PAISLEYHR	<b>c</b> EIN-PN 92-1788164-001
<b>a</b>	Plan name	PAKSN, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PAKSN, INC.	<b>c</b> EIN-PN 46-0467823-002
<b>a</b>	Plan name	PALLADIUM GROUP GLOBAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALLADIUM GROUP GLOBAL LLC	<b>c</b> EIN-PN 27-1357362-001
<b>a</b>	Plan name	PALMER BROTHERS PAINTING CONTRACTORS, INC. 401(K) PROFIT	
<b>b</b>	Name of plan sponsor	PALMER BROTHERS PAINTING CONTRAC	<b>c</b> EIN-PN 52-1265697-002
<b>a</b>	Plan name	PAPER SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAPER SYSTEMS, INC.	<b>c</b> EIN-PN 42-1293180-001
<b>a</b>	Plan name	PARK CITY CREDIT UNION CAPITAL	
<b>b</b>	Name of plan sponsor	PARK CITY CREDIT UNION	<b>c</b> EIN-PN 39-0905063-033
<b>a</b>	Plan name	PARK ENERGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARK ENERGY SERVICES, LLC	<b>c</b> EIN-PN 46-4526296-333
<b>a</b>	Plan name	PARS NEUROSURGICAL ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARS NEUROSURGICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 20-0408843-001
<b>a</b>	Plan name	PAUL J. ROSENBLITT, D.D.S., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAUL J. ROSENBLITT, D.D.S., INC.	<b>c</b> EIN-PN 20-0584132-001

<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	PAULETTE S. BASS, DDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAULETTE S. BASS, DDS	<b>c</b> EIN-PN 38-3204777-001
<b>a</b>	Plan name	PAVE AMERICA 401K PLAN	
<b>b</b>	Name of plan sponsor	PAVE AMERICA INTERCO LLC	<b>c</b> EIN-PN 87-1034990-001
<b>a</b>	Plan name	PCS SOFTWARE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PCS SOFTWARE INC.	<b>c</b> EIN-PN 76-0690054-001
<b>a</b>	Plan name	PDF PRINT COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PDF PRINT COMMUNICATIONS, INC.	<b>c</b> EIN-PN 95-2819313-002
<b>a</b>	Plan name	PEACE RIVER CITRUS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PEACE RIVER CITRUS PRODUCTS, INC.	<b>c</b> EIN-PN 65-0262599-001
<b>a</b>	Plan name	PEAK NORTH HOLDINGS GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEAK NORTH HOLDINGS GROUP, LLC	<b>c</b> EIN-PN 84-4908227-001
<b>a</b>	Plan name	PEDDLER'S VILLAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PEDDLERS VILLAGE ADMINISTRATION	<b>c</b> EIN-PN 82-3380339-001
<b>a</b>	Plan name	PEDIATRIC & ADOLESCENT MEDICINE 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	P & A MEDICINE, P.C.	<b>c</b> EIN-PN 04-3402361-001
<b>a</b>	Plan name	PEDIATRIC SPECIALISTS OF VIRGINIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEDIATRIC SPECIALISTS OF VIRGINIA, LLC	<b>c</b> EIN-PN 46-1851763-001
<b>a</b>	Plan name	PEMBER COMPANIES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PEMBER COMPANIES, INC.	<b>c</b> EIN-PN 39-1216720-001
<b>a</b>	Plan name	PENNS WOODS BANCORP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PENNS WOODS BANCORP, INC.	<b>c</b> EIN-PN 23-2226454-001
<b>a</b>	Plan name	PENTAGON FEDERAL CREDIT UNION FORT BUCHANAN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PENTAGON FEDERAL CREDIT UNION	<b>c</b> EIN-PN 66-0206119-001

<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	PENTAGON FEDERAL CREDIT UNION THRIFT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PENTAGON FEDERAL CREDIT UNION	<b>c</b> EIN-PN 53-0197038-002
<b>a</b>	Plan name	PEOPLES BANK OF WYACONDA 401K	
<b>b</b>	Name of plan sponsor	PEOPLES BANK OF WYACONDA	<b>c</b> EIN-PN 45-0453410-003
<b>a</b>	Plan name	PERRI BIGLEY AND PARVIZPOUR DDS INC	
<b>b</b>	Name of plan sponsor	PERRI BIGLEY AND PARVIZPOUR DDS INC	<b>c</b> EIN-PN 47-0945997-001
<b>a</b>	Plan name	PETER BREGA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETER BREGA, INC.	<b>c</b> EIN-PN 13-1699122-001
<b>a</b>	Plan name	PETERSON GENETICS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETERSON GENETICS, INC.	<b>c</b> EIN-PN 42-1066918-001
<b>a</b>	Plan name	PHOENIX STEEL ERECTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX STEEL ERECTORS, INC.	<b>c</b> EIN-PN 75-3098137-001
<b>a</b>	Plan name	PHONE2ACTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHONE2ACTION, INC.	<b>c</b> EIN-PN 46-1004639-001
<b>a</b>	Plan name	PINECREST SCHOOL 401K PLAN	
<b>b</b>	Name of plan sponsor	PINECREST SCHOOL, INC.	<b>c</b> EIN-PN 54-1055578-001
<b>a</b>	Plan name	PIONEER VALLEY EDUCATIONAL PRESS 401K	
<b>b</b>	Name of plan sponsor	PIONEER VALLEY EDUCATIONAL PRESS INC	<b>c</b> EIN-PN 04-3414244-001
<b>a</b>	Plan name	PIP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PROTECTIVE INDUSTRIAL PRODUCTS, INC.	<b>c</b> EIN-PN 14-1659264-001
<b>a</b>	Plan name	PITTSBURGH INSTITUTE OF AERONAUTICS	
<b>b</b>	Name of plan sponsor	SUZANNE MARKLE	<b>c</b> EIN-PN 25-0912618-007
<b>a</b>	Plan name	PITTSBURGH PUBLIC THEATER CORPORATION	
<b>b</b>	Name of plan sponsor	LISHA LOGAN	<b>c</b> EIN-PN 23-7398683-007

<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	PITTSBURGH URBAN CHRISTIAN SCHOOL	
<b>b</b>	Name of plan sponsor	JOE FISHELL	<b>c</b> EIN-PN 25-1405301-007
<b>a</b>	Plan name	PKSB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PKSB ARCHITECTS, P.C.	<b>c</b> EIN-PN 13-3675756-001
<b>a</b>	Plan name	PLANNED PARENTHOOD/ORANGE AND SAN BERNARDINO COUNTIES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PLANNED PARENTHOOD/ORANGE AND SAN BERNARDINO COUNTIES, INC.	<b>c</b> EIN-PN 95-6152773-001
<b>a</b>	Plan name	PLASTOCON, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PLASTOCON, INC.	<b>c</b> EIN-PN 39-1348025-002
<b>a</b>	Plan name	PME, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION MANUFACTURING & ENGINEERING, INC.	<b>c</b> EIN-PN 23-2228711-001
<b>a</b>	Plan name	PMHG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PM HOSPITALITY STRATEGIES, INC.	<b>c</b> EIN-PN 54-1811207-001
<b>a</b>	Plan name	PODICARE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PODICARE SERVICES, INC.	<b>c</b> EIN-PN 65-1040350-001
<b>a</b>	Plan name	PORTFOLIO MEDIA, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	PORTFOLIO MEDIA, INC.	<b>c</b> EIN-PN 84-1660943-001
<b>a</b>	Plan name	POTOMAC FAMILY DINING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POTOMAC FAMILY DINING GROUP OPERATING COMPANY LLC	<b>c</b> EIN-PN 27-3546071-001
<b>a</b>	Plan name	PPO CHECK, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PPO CHECK, LTD.	<b>c</b> EIN-PN 76-0552957-001
<b>a</b>	Plan name	PRO IMAGE FRANCHISE, L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRO IMAGE FRANCHISE, L.C.	<b>c</b> EIN-PN 87-0567849-001
<b>a</b>	Plan name	PROCOMM TELECOMMUNICATIONS, INC. 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	PROCOMM TELECOMMUNICATIONS, INC.	<b>c</b> EIN-PN 58-1927156-001

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 PROFUND ADVISORS LLC	
<b>b</b>	Name of plan sponsor PROFUND ADVISORS LLC	<b>c</b> EIN-PN 52-2035194-001
<b>a</b>	Plan name PROLINE EQUIPMENT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROLINE EQUIPMENT COMPANY	<b>c</b> EIN-PN 38-3218838-001
<b>a</b>	Plan name PROSPERITY BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROSPERITY BANCSHARES, INC.	<b>c</b> EIN-PN 74-2331986-001
<b>a</b>	Plan name PRUITT COMMUNICATIONS, INC. EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor PRUITT COMMUNICATIONS, INC.	<b>c</b> EIN-PN 63-1204773-001
<b>a</b>	Plan name PSB INSIGHTS, LLC	
<b>b</b>	Name of plan sponsor PSB INSIGHTS, LLC	<b>c</b> EIN-PN 52-2346069-003
<b>a</b>	Plan name PTC THERAPEUTICS INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PTC THERAPEUTICS, INC.	<b>c</b> EIN-PN 04-3416587-002
<b>a</b>	Plan name PURE FITNESS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PURE FITNESS, LLC	<b>c</b> EIN-PN 30-1195328-001
<b>a</b>	Plan name PURPOSE VENTURE ADVISORS LLC 401K PROFIT	
<b>b</b>	Name of plan sponsor PURPOSE VENTURE ADVISORS LLC	<b>c</b> EIN-PN 84-4250696-001
<b>a</b>	Plan name QUALITY LIVING HOME CARE, LLC	
<b>b</b>	Name of plan sponsor ERIC SEPESY	<b>c</b> EIN-PN 46-3236528-007
<b>a</b>	Plan name QUORUM ANALYTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUORUM ANALYTICS LLC	<b>c</b> EIN-PN 88-2382483-001
<b>a</b>	Plan name R. A. GRAHAM CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor R. A. GRAHAM CO., INC.	<b>c</b> EIN-PN 04-2666615-001
<b>a</b>	Plan name RADIANT CREDIT UNION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RADIANT CREDIT UNION	<b>c</b> EIN-PN 59-0808589-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">RADIOLOGY ASSOCIATES OF ALBUQUERQUE , P.A. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RADIOLOGY ASSOCIATES OF ALBUQUERQUE , P.A.</a>	<b>c</b> EIN-PN <a href="#">85-0214117-005</a>
<b>a</b>	Plan name <a href="#">RAFT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAFT LLC</a>	<b>c</b> EIN-PN <a href="#">46-2689810-001</a>
<b>a</b>	Plan name <a href="#">RALEIGH MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RALEIGH MEDICAL GROUP, P.A.</a>	<b>c</b> EIN-PN <a href="#">56-1166754-001</a>
<b>a</b>	Plan name <a href="#">RANDALLS FARM 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RANDALLS FARM, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2563075-001</a>
<b>a</b>	Plan name <a href="#">RAPPAPORT MANAGEMENT COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAPPAPORT MANAGEMENT COMPANY</a>	<b>c</b> EIN-PN <a href="#">52-1353340-001</a>
<b>a</b>	Plan name <a href="#">RB MANAGEMENT, INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RB MANAGEMENT, INC</a>	<b>c</b> EIN-PN <a href="#">81-1726207-001</a>
<b>a</b>	Plan name <a href="#">RCP CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RCP CONSTRUCTION, INC.</a>	<b>c</b> EIN-PN <a href="#">45-1453241-001</a>
<b>a</b>	Plan name <a href="#">REBOOT.IO, INC. CASH BALANCE PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">REBOOT.IO, INC.</a>	<b>c</b> EIN-PN <a href="#">47-1251453-001</a>
<b>a</b>	Plan name <a href="#">REBUILDING TOGETHER PITTSBURGH</a>	
<b>b</b>	Name of plan sponsor <a href="#">JENNIFER FOX</a>	<b>c</b> EIN-PN <a href="#">25-1696634-007</a>
<b>a</b>	Plan name <a href="#">RED VENTURES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RED VENTURES LLC</a>	<b>c</b> EIN-PN <a href="#">56-2177622-001</a>
<b>a</b>	Plan name <a href="#">REDSHRED LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">REDSHRED LLC</a>	<b>c</b> EIN-PN <a href="#">46-5653492-001</a>
<b>a</b>	Plan name <a href="#">REDSTONE PAYMENT SOLUTIONS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">REDSTONE PAYMENT SOLUTIONS, LLC</a>	<b>c</b> EIN-PN <a href="#">90-0486928-001</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 <a href="#">REFRIGERATION SUPPLIES DISTRIBUTOR DEFINED CONTRIBUTION RETIREMENT PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">RSD - TOTAL CONTROL</a>	<b>c</b> EIN-PN <a href="#">95-1262130-001</a>
<b>a</b>	Plan name <a href="#">RELIANCE CONCRETE CONSTRUCTION 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ZASTROW CONSTRUCTION INC</a>	<b>c</b> EIN-PN <a href="#">95-4294741-003</a>
<b>a</b>	Plan name <a href="#">RENMATIX, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RENMATIX, INC.</a>	<b>c</b> EIN-PN <a href="#">26-1641190-001</a>
<b>a</b>	Plan name <a href="#">REPROGRAPHIC PRODUCTS GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">REPROGRAPHIC PRODUCTS GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1716844-001</a>
<b>a</b>	Plan name <a href="#">REPUBLIC ELECTRONICS CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">REPUBLIC ELECTRONICS CORPORATION</a>	<b>c</b> EIN-PN <a href="#">54-0833654-001</a>
<b>a</b>	Plan name <a href="#">RETIRE RIGHT 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEADING PLAN SOLUTIONS LLC</a>	<b>c</b> EIN-PN <a href="#">86-2271858-002</a>
<b>a</b>	Plan name <a href="#">RETIREMENT PLAN ADVISORY GROUP RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RETIREMENT PLAN ADVISORY GROUP</a>	<b>c</b> EIN-PN <a href="#">26-0341714-001</a>
<b>a</b>	Plan name <a href="#">RETRONIX INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RETRONIX INC DBA RETRONIX SEMICONDUCTO</a>	<b>c</b> EIN-PN <a href="#">71-0979065-001</a>
<b>a</b>	Plan name <a href="#">RGIS US 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RGIS US CORP LLC</a>	<b>c</b> EIN-PN <a href="#">86-3895114-001</a>
<b>a</b>	Plan name <a href="#">RHD TIRE, INC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RHD TIRE, INC</a>	<b>c</b> EIN-PN <a href="#">38-2067684-001</a>
<b>a</b>	Plan name <a href="#">RICHARD P. SLAUGHTER HOLDINGS RETIREMENT</a>	
<b>b</b>	Name of plan sponsor <a href="#">RICHARD P SLAUGHTER HOLDINGS LLC</a>	<b>c</b> EIN-PN <a href="#">87-4354020-001</a>
<b>a</b>	Plan name <a href="#">RLF 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RETIREMENT LEADERSHIP FORUM LLC</a>	<b>c</b> EIN-PN <a href="#">81-4601212-001</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 ROBERT ROHMER D.D.S., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROBERT ROHMER D.D.S., INC.	<b>c</b> EIN-PN 81-5065105-001
<b>a</b>	Plan name ROCHELLE LEIGH GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ROCHELLE LEIGH GROUP LLC	<b>c</b> EIN-PN 20-2428669-001
<b>a</b>	Plan name ROSE CASUAL DINING 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HT ROSE ENTERPRISES	<b>c</b> EIN-PN 23-2360799-001
<b>a</b>	Plan name RPS SMARTCOURSE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRG FIDUCIARY SERVICES LLC	<b>c</b> EIN-PN 82-3095168-014
<b>a</b>	Plan name RUBRIS INC 401K PLAN	
<b>b</b>	Name of plan sponsor RUBRIS INC	<b>c</b> EIN-PN 84-4572880-001
<b>a</b>	Plan name SADLER MACHINE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SADLER MACHINE COMPANY, INC.	<b>c</b> EIN-PN 42-0791405-001
<b>a</b>	Plan name SADLER POWER TRAIN, INC. RETIREMENT AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor SADLER POWER TRAIN, INC.	<b>c</b> EIN-PN 42-1034714-001
<b>a</b>	Plan name SAFEGUARD CYBER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAFEGUARD CYBER	<b>c</b> EIN-PN 20-1151357-001
<b>a</b>	Plan name SAG CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor SAG CORPORATION	<b>c</b> EIN-PN 54-1369905-001
<b>a</b>	Plan name SALLUS RETIREMENT LLC	
<b>b</b>	Name of plan sponsor SALLUS RETIREMENT LLC	<b>c</b> EIN-PN 85-0609152-001
<b>a</b>	Plan name SANCTUARY SOFTWARE STUDIO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SANCTUARY SOFTWARE STUDIO, INC.	<b>c</b> EIN-PN 34-1759656-001
<b>a</b>	Plan name SAVANNAH PAIN MANAGEMENT INC 401 K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAVANNAH PAIN MANAGEMENT	<b>c</b> EIN-PN 20-1577941-001

<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	SCALECO MANAGEMENT LLC	
<b>b</b>	Name of plan sponsor	AMY STICHNOTH	<b>c</b> EIN-PN 88-1398028-001
<b>a</b>	Plan name	SCHLOSSER SIGNS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHLOSSER SIGNS, INC.	<b>c</b> EIN-PN 84-1515917-001
<b>a</b>	Plan name	SCHOOL NUTRITION ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHOOL NUTRITION ASSOCIATION	<b>c</b> EIN-PN 84-0445578-001
<b>a</b>	Plan name	SCI TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SCI TECHNOLOGIES INC	<b>c</b> EIN-PN 46-5277782-001
<b>a</b>	Plan name	SCOPE IMPORTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCOPE IMPORTS, INC.	<b>c</b> EIN-PN 74-1562730-001
<b>a</b>	Plan name	SEBRING LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRENDA B SEBRING D/B/A SEBRING & ASSOCIATES	<b>c</b> EIN-PN 25-1713555-001
<b>a</b>	Plan name	SECTEK SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SECTEK, INC.	<b>c</b> EIN-PN 34-1726791-002
<b>a</b>	Plan name	SECURONIX, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SECURONIX, INC.	<b>c</b> EIN-PN 47-3465503-001
<b>a</b>	Plan name	SEDGWICK PHARMACY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SEDGWICK PHARMACY, INC.	<b>c</b> EIN-PN 13-2943531-001
<b>a</b>	Plan name	SELIGMAN GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PENTEGRA SERVICES, INC.	<b>c</b> EIN-PN 13-3745616-008
<b>a</b>	Plan name	SEPARATE ACCOUNT A	
<b>b</b>	Name of plan sponsor	STANDARD INSURANCE COMPANY	<b>c</b> EIN-PN 93-0242990-005
<b>a</b>	Plan name	SHADOWBOX STUDIOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLACKHALL MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 86-2577275-001

<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	SHEETAK INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHEETAK INC.	<b>c</b> EIN-PN 26-1553040-001
<b>a</b>	Plan name	SHERWOOD MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHERWOOD MECHANICAL, INC.	<b>c</b> EIN-PN 68-0565225-001
<b>a</b>	Plan name	SHIJI US 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHIJI US, INC.	<b>c</b> EIN-PN 36-4852590-001
<b>a</b>	Plan name	SHIMANO AMERICAN CORPORATION EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHIMANO AMERICAN CORPORATION	<b>c</b> EIN-PN 33-0203740-001
<b>a</b>	Plan name	SHOPSITE, INC.	
<b>b</b>	Name of plan sponsor	SHOPSITE, INC	<b>c</b> EIN-PN 87-0678287-001
<b>a</b>	Plan name	SHORELINE ALLERGY & ASTHMA ASSOCIATES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHORELINE ALLERGY & ASTHMA ASSOCIATES	<b>c</b> EIN-PN 06-1426871-001
<b>a</b>	Plan name	SHULMAN, ROGERS, GANDAL, PORDY & ECKER, P.A. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHULMAN ROGERS GANDAL PORDY & ECKER P A	<b>c</b> EIN-PN 52-1008944-001
<b>a</b>	Plan name	SIDEL, INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SIDEL, INC.	<b>c</b> EIN-PN 58-1583947-001
<b>a</b>	Plan name	SIGNATURE FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIGNATURE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 23-7064112-002
<b>a</b>	Plan name	SIMPLUS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIMPLUS	<b>c</b> EIN-PN 47-2080218-001
<b>a</b>	Plan name	SIMPLYSLIM MEDICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIMPLYSLIM MEDICAL OF VIRGINIA, LLC	<b>c</b> EIN-PN 81-3469742-001
<b>a</b>	Plan name	SINK PAPER CO. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SINK PAPER CO.	<b>c</b> EIN-PN 42-0982733-001

<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	SIX FOOT HOLDINGS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIX FOOT HOLDINGS, LLC	<b>c</b> EIN-PN 82-4580636-001
<b>a</b>	Plan name	SKOOG & CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKOOG & COMPANY	<b>c</b> EIN-PN 41-1616649-001
<b>a</b>	Plan name	SMITTY DOG ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITTY DOG ENTERPRISES, INC.	<b>c</b> EIN-PN 52-2142747-001
<b>a</b>	Plan name	SNODGRASS FUNERAL HOME, INC., 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SNODGRASS FUNERAL HOME, INC.	<b>c</b> EIN-PN 55-0376475-001
<b>a</b>	Plan name	SOFTRAMS, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	SOFTRAMS, LLC	<b>c</b> EIN-PN 20-8761455-001
<b>a</b>	Plan name	SOUTH DES MOINES DENTAL PRACTICE, INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUTH DES MOINES DENTAL PRACTICE, INC	<b>c</b> EIN-PN 47-5526998-001
<b>a</b>	Plan name	SPECIALTY INSURANCE MANAGERS INC 401K	
<b>b</b>	Name of plan sponsor	SPECIALTY INSURANCE MANAGERS OF TEXAS	<b>c</b> EIN-PN 74-1875040-001
<b>a</b>	Plan name	SPINUTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPINUTECH, LLC	<b>c</b> EIN-PN 84-1687048-001
<b>a</b>	Plan name	SPOK HOLDINGS, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SPOK HOLDINGS, INC.	<b>c</b> EIN-PN 16-1694797-001
<b>a</b>	Plan name	SPRAY PRODUCTS CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	SPRAY PRODUCTS CORPORATION	<b>c</b> EIN-PN 04-3590028-002
<b>a</b>	Plan name	SPRINGFIELD INDUSTRIAL SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE CHAMPION COMPANY	<b>c</b> EIN-PN 31-1253370-001
<b>a</b>	Plan name	SPRINGVILLE CITY CORP K - 107165	
<b>b</b>	Name of plan sponsor	SPRINGVILLE CITY CORP	<b>c</b> EIN-PN 87-6000285-001

<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	SPRUCE POWER 401K PLAN	
<b>b</b>	Name of plan sponsor	SPRUCE POWER	<b>c</b> EIN-PN 36-4878506-002
<b>a</b>	Plan name	SRC WORLDWIDE, INC.	
<b>b</b>	Name of plan sponsor	MICHAEL CARIS	<b>c</b> EIN-PN 46-4444750-001
<b>a</b>	Plan name	SSB HOLDING COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	SSB HOLDING COMPANY	<b>c</b> EIN-PN 42-0958005-001
<b>a</b>	Plan name	SSCP MANAGEMENT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SSCP MANAGEMENT, INC.	<b>c</b> EIN-PN 27-4937438-001
<b>a</b>	Plan name	ST JOHNS SHIP BUILDING INC 401(K) PROFIT SHARING PLAN & TRU	
<b>b</b>	Name of plan sponsor	ST. JOHNS SHIP BUILDING INC.	<b>c</b> EIN-PN 20-4871294-001
<b>a</b>	Plan name	ST. CLOUD FOOT AND ANKLE CENTER 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ST. CLOUD FOOT & ANKLE CENTER P.A.	<b>c</b> EIN-PN 41-1767264-001
<b>a</b>	Plan name	STAMATS COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STAMATS COMMUNICATIONS, INC.	<b>c</b> EIN-PN 42-0641030-002
<b>a</b>	Plan name	STANLEY PEARLMAN ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STANLEY PEARLMAN ENTERPRISES, INC.	<b>c</b> EIN-PN 52-1747521-001
<b>a</b>	Plan name	STATE BANK & TRUST 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STATE BANK & TRUST OF WINFIELD, AL	<b>c</b> EIN-PN 63-0229440-001
<b>a</b>	Plan name	STATE CENTRAL BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STATE CENTRAL BANK	<b>c</b> EIN-PN 20-1941344-002
<b>a</b>	Plan name	STEEL PIER 401K PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC PIER AMUSEMENTS INC	<b>c</b> EIN-PN 22-3228386-001
<b>a</b>	Plan name	STEP UP FOR STUDENTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEP UP FOR STUDENTS-FLORIDA, INC.	<b>c</b> EIN-PN 59-3649371-001

<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	STILLWATER MINING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STILLWATER MINING COMPANY	<b>c</b> EIN-PN 81-0480654-001
<b>a</b>	Plan name	STILLWATER MINING COMPANY BARGAINING UNIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STILLWATER MINING COMPANY	<b>c</b> EIN-PN 81-0480654-002
<b>a</b>	Plan name	STONE DEAN LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STONE DEAN LLP	<b>c</b> EIN-PN 46-1598433-002
<b>a</b>	Plan name	STORY COMPANIES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	STORY COMPANIES LLC	<b>c</b> EIN-PN 87-1389402-001
<b>a</b>	Plan name	STRUCTURA INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STRUCTURA INC	<b>c</b> EIN-PN 20-8066330-001
<b>a</b>	Plan name	SULLIVAN MOVING & STORAGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SULLIVAN MOVING & STORAGE, INC.	<b>c</b> EIN-PN 27-5140787-001
<b>a</b>	Plan name	SUN DENTAL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUN DENTAL ASSOCIATES	<b>c</b> EIN-PN 52-1744262-001
<b>a</b>	Plan name	SUN MANAGEMENT GROUP INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SUN MANAGEMENT GROUP INC	<b>c</b> EIN-PN 27-1595187-001
<b>a</b>	Plan name	SUNCOAST SKIN SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNCOAST SKIN SOLUTIONS	<b>c</b> EIN-PN 26-2003898-001
<b>a</b>	Plan name	SUPER CARE INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SUPER CARE INC	<b>c</b> EIN-PN 95-4021787-001
<b>a</b>	Plan name	SUPERIOR AMERICAN CRANE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TC/AMERICAN CRANE COMPANY	<b>c</b> EIN-PN 81-3315284-001
<b>a</b>	Plan name	SUPERIOR CONTRUCTION CO. INC. EMPLOYEES	
<b>b</b>	Name of plan sponsor	SUPERIOR CONTRUCTION COMPANY	<b>c</b> EIN-PN 35-1035114-001

<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	SUPERIOR GROUNDCOVER, INC 401K SALARY REDUCTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SUPERIOR GROUNDCOVER, INC	<b>c</b> EIN-PN 38-3520984-001
<b>a</b>	Plan name	SUPERIOR MULCH, LLC	
<b>b</b>	Name of plan sponsor	CHRIS KOONTZ	<b>c</b> EIN-PN 20-4265778-007
<b>a</b>	Plan name	SUSTAINABLE FORESTRY INITIATIVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUSTAINABLE FORESTRY INITIATIVE, INC.	<b>c</b> EIN-PN 80-0030060-001
<b>a</b>	Plan name	SWINERTON 401(K) & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SWINERTON INCORPORATED	<b>c</b> EIN-PN 93-1132374-001
<b>a</b>	Plan name	SYNDAX PHARMACEUTICALS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYNDAX PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 32-0162505-001
<b>a</b>	Plan name	SYUFY ENTERPRISES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SYUFY ENTERPRISES, L.P.	<b>c</b> EIN-PN 94-2167713-001
<b>a</b>	Plan name	TALON MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TALON MANAGEMENT, LLC	<b>c</b> EIN-PN 46-1624500-001
<b>a</b>	Plan name	TANDEM TIRE 401K PLAN	
<b>b</b>	Name of plan sponsor	TANDEM TIRE AUTO SERVICE INC	<b>c</b> EIN-PN 42-1455547-001
<b>a</b>	Plan name	TATE ENGINEERING SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TATE ENGINEERING SYSTEMS, INC.	<b>c</b> EIN-PN 52-1642992-002
<b>a</b>	Plan name	TAYLOR OIL CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR OIL CO., INC.	<b>c</b> EIN-PN 22-1739466-001
<b>a</b>	Plan name	TDS PHARMACY INC	
<b>b</b>	Name of plan sponsor	TDS PHARMCY INC	<b>c</b> EIN-PN 38-3056691-001
<b>a</b>	Plan name	TECHNICOTE, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TECHNICOTE, INC.	<b>c</b> EIN-PN 34-1313085-001

<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	TECHNOSYLVA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TECHNOSYLVA INC	<b>c</b> EIN-PN 90-1011166-001
<b>a</b>	Plan name	TECHTRON SYSTEMS INC	
<b>b</b>	Name of plan sponsor	TECHTRON SYSTEMS INC	<b>c</b> EIN-PN 34-1102459-002
<b>a</b>	Plan name	TESSEC LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TESSEC LLC	<b>c</b> EIN-PN 26-1354843-001
<b>a</b>	Plan name	TEXAS IRON & METAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEXAS IRON & METAL COMPANY	<b>c</b> EIN-PN 76-0299268-001
<b>a</b>	Plan name	TGR GEOTECHNICAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TGR GEOTECHNICAL, INC.	<b>c</b> EIN-PN 33-0992320-001
<b>a</b>	Plan name	THE ARK GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE ARK GROUP LLC	<b>c</b> EIN-PN 52-2058087-001
<b>a</b>	Plan name	THE BUILDERS EXCHANGE OF CENTRAL OHIO	
<b>b</b>	Name of plan sponsor	KURT MOSHER	<b>c</b> EIN-PN 31-4137970-001
<b>a</b>	Plan name	THE CLUB AT BELLA COLLINA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CLUB AT BELLA COLLINA, LLC	<b>c</b> EIN-PN 80-0823313-001
<b>a</b>	Plan name	THE COMMIT	
<b>b</b>	Name of plan sponsor	THE COMMIT PARTNERSHIP	<b>c</b> EIN-PN 80-0790222-001
<b>a</b>	Plan name	THE CYPRESS 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE CYPRESS CLUB, INC.	<b>c</b> EIN-PN 57-0951170-001
<b>a</b>	Plan name	THE HOLM GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	THE HOLM GROUP	<b>c</b> EIN-PN 88-1161931-001
<b>a</b>	Plan name	THE HUMANE SOCIETY OF THE UNITED STATES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE HUMANE SOCIETY OF THE UNITED STATES	<b>c</b> EIN-PN 53-0225390-002

<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	THE INSTITUTE OF SCRAP RECYCLING INDUSTRIES, INC. RETIREMENT SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTE OF SCRAP RECYCLING IND., INC	<b>c</b> EIN-PN 31-1205596-001
<b>a</b>	Plan name	THE KINTOCK ENTITIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE KINTOCK GROUP INC.	<b>c</b> EIN-PN 23-2454826-001
<b>a</b>	Plan name	THE LOOMIS CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE LOOMIS CORPORATION	<b>c</b> EIN-PN 75-2050557-001
<b>a</b>	Plan name	THE LOS ANGELES COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOS ANGELES COUNTRY CLUB	<b>c</b> EIN-PN 95-0948160-002
<b>a</b>	Plan name	THE MOORE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WORLDWIDE PRINTING & DISTRIBUTION, INC.	<b>c</b> EIN-PN 73-1500541-001
<b>a</b>	Plan name	THE OLSON COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	OLSON URBAN HOUSING, LLC	<b>c</b> EIN-PN 33-0884300-001
<b>a</b>	Plan name	THE SUN LIGHT & POWER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUN LIGHT & POWER	<b>c</b> EIN-PN 94-2357077-001
<b>a</b>	Plan name	THE VIRGINIA TIRE & AUTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VTA, LLC	<b>c</b> EIN-PN 54-1082209-002
<b>a</b>	Plan name	THE WOMBLE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE WOMBLE COMPANY	<b>c</b> EIN-PN 73-0955282-001
<b>a</b>	Plan name	TILT HOLDINGS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TILT HOLDINGS INC.	<b>c</b> EIN-PN 83-2097293-001
<b>a</b>	Plan name	TJD ENERGY SERVICES, LLC	
<b>b</b>	Name of plan sponsor	CORTNEY CAPO	<b>c</b> EIN-PN 46-2261163-007
<b>a</b>	Plan name	TMS, INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TMS, INC.	<b>c</b> EIN-PN 48-1058101-001

<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	TN AMERICAS HOLDINGS INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TN AMERICAS HOLDINGS INC.	<b>c</b> EIN-PN 82-2328206-001
<b>a</b>	Plan name	TODD C MILLER MD INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TODD C MILLER	<b>c</b> EIN-PN 35-2411808-001
<b>a</b>	Plan name	TOLUNA USA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TOLUNA USA, INC	<b>c</b> EIN-PN 20-5461944-001
<b>a</b>	Plan name	TOOLE DESIGN GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TOOLE DESIGN GROUP LLC	<b>c</b> EIN-PN 05-0545429-001
<b>a</b>	Plan name	TORRANCE CASTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TORRANCE CASTING, INC.	<b>c</b> EIN-PN 39-0903148-003
<b>a</b>	Plan name	TORY BURCH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TORY BURCH, LLC	<b>c</b> EIN-PN 56-2384277-001
<b>a</b>	Plan name	TOSHIBA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOSHIBA	<b>c</b> EIN-PN 45-5236414-001
<b>a</b>	Plan name	TOTAL SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOTAL SOLUTIONS, INC.	<b>c</b> EIN-PN 38-3254202-001
<b>a</b>	Plan name	TPNB BANK 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARIS NATIONAL BANK	<b>c</b> EIN-PN 43-0448770-002
<b>a</b>	Plan name	TRAF-SYS, INC.	
<b>b</b>	Name of plan sponsor	CHRISTOPHER WADSWORTH	<b>c</b> EIN-PN 25-1886302-007
<b>a</b>	Plan name	TRAVERSE GENERAL CONTRACTORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRAVERSE GENERAL CONTRACTORS, LLC	<b>c</b> EIN-PN 84-4344521-001
<b>a</b>	Plan name	TREASURE ISLAND MARINA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TREASURE ISLAND MARINA	<b>c</b> EIN-PN 59-1668022-001

<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	TREND HR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE OUTSOURCING LLC	<b>c</b> EIN-PN 81-3185457-001
<b>a</b>	Plan name	TREXTEL LLC 401 K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	TREXTEL LLC	<b>c</b> EIN-PN 30-0452135-001
<b>a</b>	Plan name	TRIONETICS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TRIONETICS, INC.	<b>c</b> EIN-PN 34-1621817-001
<b>a</b>	Plan name	TRIPLE CROWN CONSULTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TRIPLE CROWN CONSULTING LLC	<b>c</b> EIN-PN 20-1368158-001
<b>a</b>	Plan name	TRI-TECH FORENSICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI-TECH FORENSICS, INC.	<b>c</b> EIN-PN 26-3669072-001
<b>a</b>	Plan name	TRL SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRL SYSTEMS, INC.	<b>c</b> EIN-PN 95-3609841-001
<b>a</b>	Plan name	TROJAN PROFESSIONAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TROJAN PROFESSIONAL SERVICES	<b>c</b> EIN-PN 33-0355439-001
<b>a</b>	Plan name	TROPICALE FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TROPICALE FOODS, INC.	<b>c</b> EIN-PN 77-0521367-001
<b>a</b>	Plan name	TRUE ZERO TECHNOLOGIES, LLC 401(K)	
<b>b</b>	Name of plan sponsor	TRUE ZERO TECHNOLOGIES, LLC	<b>c</b> EIN-PN 83-3964542-001
<b>a</b>	Plan name	TRUECOURSE 401K POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	THE NEWPORT GROUP POOLED PLAN PROVIDER	<b>c</b> EIN-PN 27-2037969-017
<b>a</b>	Plan name	TRUEPILL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUEPILL, INC	<b>c</b> EIN-PN 84-3676147-001
<b>a</b>	Plan name	TSI-VA, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TSI-VA, LLC	<b>c</b> EIN-PN 27-2529504-001

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 TUTUS FOOD & DRINK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAFAYETTE RESTAURANT GROUP LLC, DBA TUTUS FOOD & DRINK	<b>c</b> EIN-PN 83-4692068-001
<b>a</b>	Plan name TWIN CITIES READY MIX INC 401K PLAN	
<b>b</b>	Name of plan sponsor TWIN CITIES READY MIX INC	<b>c</b> EIN-PN 73-1215650-001
<b>a</b>	Plan name TWO RIVERS ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TWO RIVERS ENTERPRISES, INC.	<b>c</b> EIN-PN 41-1994904-001
<b>a</b>	Plan name ULLIMAN SCHUTTE CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ULLIMAN SCHUTTE CONSTRUCTION, LLC	<b>c</b> EIN-PN 31-1582279-001
<b>a</b>	Plan name UNIFIED CONTRACTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIFIED CONTRACTING, INC.	<b>c</b> EIN-PN 42-1519673-001
<b>a</b>	Plan name UNION HOME MORTGAGE CORPORATION 401K PL	
<b>b</b>	Name of plan sponsor UNION HOME MORTGAGE CORPORATION	<b>c</b> EIN-PN 34-1084436-001
<b>a</b>	Plan name UNITED ENTERTAINMENT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED ENTERTAINMENT CORP.	<b>c</b> EIN-PN 41-1748163-002
<b>a</b>	Plan name UNITED TALENT AGENCY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED TALENT AGENCY LLC	<b>c</b> EIN-PN 95-4312582-001
<b>a</b>	Plan name UNIVERSAL MENTAL HEALTH SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL MENTAL HEALTH SERVICES, INC.	<b>c</b> EIN-PN 14-1877453-001
<b>a</b>	Plan name URGENTPOINT 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VASCULAR ASSOCIATES OF SOUTHER CALIFORNI	<b>c</b> EIN-PN 33-0375152-001
<b>a</b>	Plan name VALLEY MEDICAL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALLEY MEDICAL ASSOCIATES	<b>c</b> EIN-PN 04-3490250-001
<b>a</b>	Plan name VALUES UNITED SECTION 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALUES UNITED	<b>c</b> EIN-PN 26-4716045-001

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 VANGUARD RESEARCH INC 401K	
<b>b</b>	Name of plan sponsor VANGUARD RESEARCH INC	<b>c</b> EIN-PN 54-1270920-001
<b>a</b>	Plan name VANTAGE DATA CENTERS 401K PLAN	
<b>b</b>	Name of plan sponsor VANTAGE DATA CENTERS MANAGEMENT COMPANY	<b>c</b> EIN-PN 27-2332975-001
<b>a</b>	Plan name VAULT COMMUNICATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VAULT COMMUNICATIONS, INC.	<b>c</b> EIN-PN 23-2571161-001
<b>a</b>	Plan name VERIFIED SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor VERIFIED SOLUTIONS	<b>c</b> EIN-PN 81-2796759-001
<b>a</b>	Plan name VETUS LEGAL 401K PLAN	
<b>b</b>	Name of plan sponsor VETUS LEGAL LLC	<b>c</b> EIN-PN 82-3742890-001
<b>a</b>	Plan name VIDEON CENTRAL INC 401K AND PSP	
<b>b</b>	Name of plan sponsor ZACHARY BOYD	<b>c</b> EIN-PN 23-2936071-002
<b>a</b>	Plan name VINE CONNECTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor VINE CONNECTIONS, LLC	<b>c</b> EIN-PN 91-2014756-001
<b>a</b>	Plan name VIRGIN GALACTIC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor VIRGIN GALACTIC, LLC	<b>c</b> EIN-PN 84-2252157-001
<b>a</b>	Plan name VISIONARY HOLDING COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VISIONARY HOLDING COMPANY, INC.	<b>c</b> EIN-PN 26-1854466-001
<b>a</b>	Plan name VISIT ANAHEIM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANAHEIM/ORANGE COUNTY VISITOR & CONVENTION BUREAU	<b>c</b> EIN-PN 95-2143156-003
<b>a</b>	Plan name VISIT LOUDOUN 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOUDOUN CONVENTION & VISITORS ASSOCIATION, INC.	<b>c</b> EIN-PN 54-1593470-002
<b>a</b>	Plan name VOCON 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VOCON DESIGN, INC.	<b>c</b> EIN-PN 34-1541396-001

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="#">W &amp; W GLASS LLC 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">W &amp; W GLASS LLC</a>	<b>c</b> EIN-PN <a href="#">13-4092923-003</a>
<b>a</b>	Plan name <a href="#">WAGNER FAMILY EYECARE, P.C.</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAVID WAGNER</a>	<b>c</b> EIN-PN <a href="#">25-1855328-007</a>
<b>a</b>	Plan name <a href="#">WALL STREET MARKETS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WALL STREET MARKETS, LLC</a>	<b>c</b> EIN-PN <a href="#">22-3906892-001</a>
<b>a</b>	Plan name <a href="#">WARE GROUP, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WARE GROUP, LLC DBA JOHNSTONE SUPPLY</a>	<b>c</b> EIN-PN <a href="#">26-3590999-001</a>
<b>a</b>	Plan name <a href="#">WASHINGTON COUNTY CDA 401(A) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WASHINGTON COUNTY COMMUNITY DEVELOPMENT AGENCY</a>	<b>c</b> EIN-PN <a href="#">41-1408079-001</a>
<b>a</b>	Plan name <a href="#">WATER FOREST RETREAT RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WATER FOREST RETREAT</a>	<b>c</b> EIN-PN <a href="#">04-5600440-001</a>
<b>a</b>	Plan name <a href="#">WATERMARK SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WATERMARK SOLUTIONS, LLC</a>	<b>c</b> EIN-PN <a href="#">33-1070746-001</a>
<b>a</b>	Plan name <a href="#">WAYNE COUNTY DEFINED CONTRIBUTION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WAYNE COUNTY</a>	<b>c</b> EIN-PN <a href="#">38-6004895-003</a>
<b>a</b>	Plan name <a href="#">WAYNE PERRY, INC. AND FUELING &amp; SERVICE TECHNOLOGIES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WAYNE PERRY, INC.</a>	<b>c</b> EIN-PN <a href="#">95-2880827-002</a>
<b>a</b>	Plan name <a href="#">WAYNE'S FOODS PLUS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">R&amp;J GROCERY ENTERPRISES, LLC DBA WAYNES FOODS PLUS</a>	<b>c</b> EIN-PN <a href="#">83-2438117-001</a>
<b>a</b>	Plan name <a href="#">WEALTH MANAGING PARTNERS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WEALTH MANAGING PARTNERS, INC.</a>	<b>c</b> EIN-PN <a href="#">26-1170223-001</a>
<b>a</b>	Plan name <a href="#">WEIDMULLER, INC. EMPLOYEE SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WEIDMULLER, INC.</a>	<b>c</b> EIN-PN <a href="#">74-3082931-002</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 <b>WHEELS UP PARTNERS LLC RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WHEELS UP PARTNERS LLC</b>	<b>c</b> EIN-PN <b>45-4068474-001</b>
<b>a</b>	Plan name <b>WHITE STAR INVESTMENTS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SMART TECHNOLOGY, LLC</b>	<b>c</b> EIN-PN <b>52-2007467-001</b>
<b>a</b>	Plan name <b>WIGGLESWORTH, LAYTON, MOYERS &amp; CHANCE, P.C 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WIGGLESWORTH, LAYTON, MOYERS &amp; CHANCE, P.C</b>	<b>c</b> EIN-PN <b>52-1468067-001</b>
<b>a</b>	Plan name <b>WILLCO CONSTRUCTION CO., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILLCO CONSTRUCTION CO, INC.</b>	<b>c</b> EIN-PN <b>52-0963485-001</b>
<b>a</b>	Plan name <b>WILLIAM D. HILLEN, A CORPORATION PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILLIAM D. HILLEN, A CORPORATION</b>	<b>c</b> EIN-PN <b>84-0585620-001</b>
<b>a</b>	Plan name <b>WILLIAMOWSKY, TAFF &amp; LEVINE, D.D.S., P.A. PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>WILLIAMOWSKY TAFF AND LEVINE DDS</b>	<b>c</b> EIN-PN <b>52-1060138-002</b>
<b>a</b>	Plan name <b>WILLITS ABBE LLC</b>	
<b>b</b>	Name of plan sponsor <b>COURTNEY PAGE</b>	<b>c</b> EIN-PN <b>46-4545600-001</b>
<b>a</b>	Plan name <b>WIND RIVER ENVIRONMENTAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WIND RIVER ENVIRONMENTAL, LLC</b>	<b>c</b> EIN-PN <b>04-3487677-001</b>
<b>a</b>	Plan name <b>WINDSOR SOLUTIONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WINDSOR SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>93-1245518-001</b>
<b>a</b>	Plan name <b>WOLSTEIN GROUP 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BERTRAM INN</b>	<b>c</b> EIN-PN <b>34-1900270-001</b>
<b>a</b>	Plan name <b>WOMENCARE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WOMENCARE, INC.</b>	<b>c</b> EIN-PN <b>55-0691297-001</b>
<b>a</b>	Plan name <b>WSS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EUROSTAR, INC.</b>	<b>c</b> EIN-PN <b>95-3925299-002</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	WTS PARADIGM DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WTS PARADIGM, LLC	<b>c</b> EIN-PN 20-1623787-001
<b>a</b>	Plan name	WV EYE CONSULTANTS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WV EYE CONSULTANTS, LLC	<b>c</b> EIN-PN 27-3671993-001
<b>a</b>	Plan name	WYOMING SUGAR COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WYOMING SUGAR COMPANY	<b>c</b> EIN-PN 27-0779546-001
<b>a</b>	Plan name	YOUR 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STANDARD RETIREMENT SERVICES, INC.	<b>c</b> EIN-PN 25-1838406-042
<b>a</b>	Plan name	YOUR MOMS HOUSE INC 401K	
<b>b</b>	Name of plan sponsor	YOUR MOMS HOUSE INC	<b>c</b> EIN-PN 46-1658409-001
<b>a</b>	Plan name	YSK CORPORATION RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	YSK CORPORATION	<b>c</b> EIN-PN 31-1249386-001
<b>a</b>	Plan name	ZEITGEIST CENTER FOR ARTS AND COMMUNITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZEITGEIST CENTER FOR ARTS AND COMMUNITY	<b>c</b> EIN-PN 20-6424699-001
<b>a</b>	Plan name	ZOOMPH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZOOMPH, INC.	<b>c</b> EIN-PN 81-1402199-001
<b>a</b>	Plan name	ZULLINGER-DAVIS-TRINH EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ZULLINGER-DAVIS-TRINH, P.C.	<b>c</b> EIN-PN 25-1530888-001
<b>a</b>	Plan name	ZZ PERFORMANCE, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ZZ PERFORMANCE, LLC	<b>c</b> EIN-PN 20-1810156-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FLEXPATH INDEX MODERATE 2035 FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>217</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>47-2478524</b>

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

		(a) Beginning of Year	(b) End of Year
<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>	70608994	1348402
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<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>	1987513618	2341841798
<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>		
<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:		<b>(a)</b> Beginning of Year	<b>(b)</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>	2058122612	2343190200
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	697974
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	71251564	1348401
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	71251564	2046375
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1986871048	2341143825

**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>		<b>(a)</b> Amount	<b>(b)</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>		0
<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>		
<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>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<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>		0
<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>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		225567605
(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>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		225567605

**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>		0
<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>	39943	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	2000926	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	439018	
(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>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2479887
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2479887

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		223087718
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		602216532
(2) From this plan .....	<b>2l(2)</b>		471031473

**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 \_\_\_\_\_.