

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/18/2024 and ending 12/31/2024

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

a single-employer plan     a DFE (specify) C

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

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

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

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

special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>AM1 DOMESTIC EQUITY</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>  <b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALTA TRUST COMPANY</u>  <u>3500 S. PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u>	<b>2b</b> Employer Identification Number (EIN) <u>99-0743104</u>  <b>2c</b> Plan Sponsor's telephone number <u>303-996-3781</u>  <b>2d</b> Business code (see instructions)

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

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

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/16/2025</u>	<u>MACKENZIE LOTHERT</u>
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <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> <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 _____ (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>	OMB No. 1210-0110  <hr/> <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 <u>06/18/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>AM1 DOMESTIC EQUITY</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALTA TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>99-0743104</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>ALLSPRING CORE PLUS BOND CL D1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>87-7012620-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10759082</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALTA TRUST SHORT TERM INVESTMENT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ALTA TRUST</u>		
<b>c</b> EIN-PN <u>92-0398350-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3215581</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK RUSSELL 2000 GROWTH</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GREY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-3802395-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7123104</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH FUND II CLASS R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GREY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>38-7304118-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17814629</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE FUND R1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
<b>c</b> EIN-PN <u>86-1899009-676</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35757599</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL LARGE CAP GR</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-228</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88223826</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL LARGE CAP VAL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-226</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35754570</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500 INDEX SEC

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

<b>c</b> EIN-PN 90-0337987-388	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110020043
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MIDCAP INDE

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

<b>c</b> EIN-PN 90-0337987-459	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35839691
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

**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>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	1 NATURAL WAY 401K PLAN	
<b>b</b>	Name of plan sponsor	1 NATURAL WAY	<b>c</b> EIN-PN 27-5096962-001
<b>a</b>	Plan name	23 BOTTLES OF BEER LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	23 BOTTLES OF BEER LLC	<b>c</b> EIN-PN 56-2310393-001
<b>a</b>	Plan name	A.O. HARDEE & SON RET SVGS PLAN	
<b>b</b>	Name of plan sponsor	A.O. HARDEE & SON	<b>c</b> EIN-PN 57-0721991-001
<b>a</b>	Plan name	ABSOLUTE DENTAL MANAGEMENT LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ABSOLUTE DENTAL MANAGEMENT LLC	<b>c</b> EIN-PN 30-0889498-001
<b>a</b>	Plan name	ACHDO 401K PLAN	
<b>b</b>	Name of plan sponsor	AFRICAN COMMUNITY HOUSING & DEVELOPMENT	<b>c</b> EIN-PN 83-1665288-001
<b>a</b>	Plan name	ACORN STAIRLIFTS, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACORN STAIRLIFTS, INC	<b>c</b> EIN-PN 59-3670273-001
<b>a</b>	Plan name	ACTION GYPSUM SUPPLY, LP 401K PSP	
<b>b</b>	Name of plan sponsor	ACTION GYPSUM SUPPLY, LP	<b>c</b> EIN-PN 41-2089864-001
<b>a</b>	Plan name	ACUMENIAN SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACUMENIAN, LLC	<b>c</b> EIN-PN 81-3144910-001
<b>a</b>	Plan name	AD VIVUM ANESTHESIOLOGY, PC PSP	
<b>b</b>	Name of plan sponsor	AD VIVUM ANESTHESIOLOGY	<b>c</b> EIN-PN 43-1916498-001
<b>a</b>	Plan name	ADAMAS PHARMACEUTICALS, INC. RETIRMENT TRUST	
<b>b</b>	Name of plan sponsor	ADAMAS PHARMACEUTICALS	<b>c</b> EIN-PN 42-1560076-001
<b>a</b>	Plan name	ADCAL 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADCAL ADHESIVE COATINGS AND LAMINATIONS, LLC	<b>c</b> EIN-PN 65-1166570-001
<b>a</b>	Plan name	ADVANCED HEALTHCARE LOGISTICS 1081.01D RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED INFUSION	<b>c</b> EIN-PN 66-0797827-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">ADVANTAGE SERVICES GROUP LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADVANTAGE SERVICES GROUP LLC</a>	<b>c</b> EIN-PN <a href="#">85-3347496-001</a>
<b>a</b>	Plan name <a href="#">ADVANTAGE SOFTWARE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADVANTAGE SOFTWARE, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0793360-001</a>
<b>a</b>	Plan name <a href="#">AFFINITY 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">PROJECT AFFINITY, INC.</a>	<b>c</b> EIN-PN <a href="#">47-2315002-001</a>
<b>a</b>	Plan name <a href="#">AG ENVIRONMENTAL PSC SAVINGS AND RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AG ENVIRONMENTA PSC</a>	<b>c</b> EIN-PN <a href="#">66-0707230-001</a>
<b>a</b>	Plan name <a href="#">AG PROVISION, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AG PROVISION, LLC</a>	<b>c</b> EIN-PN <a href="#">56-1977943-001</a>
<b>a</b>	Plan name <a href="#">AGILITY AUTO PARTS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AGILITY AUTO PARTS, INC</a>	<b>c</b> EIN-PN <a href="#">81-4680675-001</a>
<b>a</b>	Plan name <a href="#">AGTECH SCIENTIFIC GROUP, LLC 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">AGTECH SCIENTIFIC GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">84-3384120-001</a>
<b>a</b>	Plan name <a href="#">AIR T INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AIR T, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1206400-001</a>
<b>a</b>	Plan name <a href="#">AKUMIN 401K PKA ALLIANCE HEALTHCARE SERVICES, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLIANCE HEALTHCARE SERVICES</a>	<b>c</b> EIN-PN <a href="#">33-0239910-001</a>
<b>a</b>	Plan name <a href="#">ALL PACKAGING COMPANY INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALL PACKAGING COMPANY</a>	<b>c</b> EIN-PN <a href="#">43-1214796-001</a>
<b>a</b>	Plan name <a href="#">ALLEN INDUSTRIES 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLEN INDUSTRIES, INC</a>	<b>c</b> EIN-PN <a href="#">56-0928919-001</a>
<b>a</b>	Plan name <a href="#">ALLIANCE FUNDING GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLIANCE FUNDING GROUP, INC</a>	<b>c</b> EIN-PN <a href="#">33-0805832-001</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	ALPLA 401K RET PLAN	
<b>b</b>	Name of plan sponsor	ALPLA, INC.	<b>c</b> EIN-PN 58-2611718-001
<b>a</b>	Plan name	ALTOS LABS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTOS LABS, INC.	<b>c</b> EIN-PN 86-3736536-001
<b>a</b>	Plan name	ALWAYS FRESH FARMS LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ALWAYS FRESH FARMS LLC	<b>c</b> EIN-PN 59-3667639-001
<b>a</b>	Plan name	AMERICAN BORATE CO. 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN BORATE COMPANY	<b>c</b> EIN-PN 74-1941153-001
<b>a</b>	Plan name	AMERIT CONSULTING 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERIT CONSULTING, INC	<b>c</b> EIN-PN 02-0631746-002
<b>a</b>	Plan name	AMP PRINTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMP PRINTING	<b>c</b> EIN-PN 94-2747050-002
<b>a</b>	Plan name	AMPUSH 401K PLAN	
<b>b</b>	Name of plan sponsor	AMPUSH LLC	<b>c</b> EIN-PN 37-1794093-001
<b>a</b>	Plan name	ANALYTICAL MECHANICS ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	ANALYTICAL MECHANICS ASSOC, INC.	<b>c</b> EIN-PN 11-1999848-003
<b>a</b>	Plan name	ANDERSON SKIN & CANCER CLINIC PSP AND 401K	
<b>b</b>	Name of plan sponsor	ANDERSON SKIN & CANCER CLINIC	<b>c</b> EIN-PN 57-0736685-001
<b>a</b>	Plan name	ANDREAS FURNITURE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDREAS FURNITURE COMPANY, INC.	<b>c</b> EIN-PN 34-0795782-001
<b>a</b>	Plan name	ANDREWS MORTUARY 401K PLAN	
<b>b</b>	Name of plan sponsor	ANDREWS MORTUARY, INC.	<b>c</b> EIN-PN 56-1207034-001
<b>a</b>	Plan name	ANDRITZ INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	ANDRITZ INC.	<b>c</b> EIN-PN 14-1438713-001

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

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 ASCENDIS PHARMA 401K PLAN	
<b>b</b>	Name of plan sponsor ASCENDIS PHARMA, INC.	<b>c</b> EIN-PN 26-1969053-001
<b>a</b>	Plan name ASPENRIDGE RECOVERY LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ASPENRIDGE RECOVERY LLC	<b>c</b> EIN-PN 82-4221206-001
<b>a</b>	Plan name ASSOCIATED GROCERS OF THE SOUTH 401K PSP	
<b>b</b>	Name of plan sponsor ASSOCIATED GROCERS OF THE SOUTH	<b>c</b> EIN-PN 63-0011690-001
<b>a</b>	Plan name ATERNITY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATERNITY LLC	<b>c</b> EIN-PN 20-1006269-001
<b>a</b>	Plan name ATHENA MANAGEMENT, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ATHENA MANAGEMENT, INC.	<b>c</b> EIN-PN 45-2516242-001
<b>a</b>	Plan name ATI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ATI INDUSTRIAL AUTOMATON	<b>c</b> EIN-PN 56-1666693-001
<b>a</b>	Plan name ATLAS COMPANIES 401K PLAN	
<b>b</b>	Name of plan sponsor ATLAS METAL PRODUCTS CO.	<b>c</b> EIN-PN 61-0727147-001
<b>a</b>	Plan name AUBURN PHARMACY, INC. EMPLOYEE SAVINGS TRUST	
<b>b</b>	Name of plan sponsor AUBURN PHARMACY	<b>c</b> EIN-PN 48-1111911-002
<b>a</b>	Plan name AULT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ONSITE SAFETY	<b>c</b> EIN-PN 20-2523431-001
<b>a</b>	Plan name AUSTIN NICHOLS TECHNICAL SEARCH PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUSTIN NICHOLS TECHNICAL SEARCH	<b>c</b> EIN-PN 43-1477249-002
<b>a</b>	Plan name AUTAJON PACKAGING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor CULTECH, INC.	<b>c</b> EIN-PN 13-3122249-001
<b>a</b>	Plan name AUTOSAVVY RETIREMENT 401K PKA AUTO SOURCE MOTORS, LLC 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor AUTOSOURCE HOLDINGS INC.	<b>c</b> EIN-PN 82-5243381-001

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

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

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 BLEISTAHL, LTD 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BLEISTAHL, LTD	<b>c</b> EIN-PN 46-1897698-001
<b>a</b>	Plan name BLI RENTALS, LLC PROFIT SHARING/401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BLI RENTALS, LLC	<b>c</b> EIN-PN 61-1537394-001
<b>a</b>	Plan name BLUE LION INSURANCE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BLUE LION INSURANCE, LLC	<b>c</b> EIN-PN 46-3102939-001
<b>a</b>	Plan name BLUE WATERS INSURERS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUE WATERS INSURERS CORPORATION	<b>c</b> EIN-PN 66-0666542-001
<b>a</b>	Plan name BLUESTEM CAPITAL COMPANY, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor BLUESTEM CAPITAL COMPANY, LLC	<b>c</b> EIN-PN 91-1770884-001
<b>a</b>	Plan name BOB FISHER CHEVROLET 401K PLAN	
<b>b</b>	Name of plan sponsor BOB FISHER CHEVROLET, INC.	<b>c</b> EIN-PN 23-2967519-001
<b>a</b>	Plan name BOHAN AGENCY PSP	
<b>b</b>	Name of plan sponsor BOHAN AGENCY, INC.	<b>c</b> EIN-PN 62-1412931-001
<b>a</b>	Plan name BOJ OF WNC, LLC RET PLAN	
<b>b</b>	Name of plan sponsor BOJ OF WNC, LLC	<b>c</b> EIN-PN 56-2204166-001
<b>a</b>	Plan name BOOT BARN 401K PLAN	
<b>b</b>	Name of plan sponsor BOOT BARN	<b>c</b> EIN-PN 26-1081729-001
<b>a</b>	Plan name BOTTCHER AMERICA CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor BOTTCHER AMERICA CORPORATION	<b>c</b> EIN-PN 52-0345420-001
<b>a</b>	Plan name BOYSEN, USA LLC 401K SVGS PLAN	
<b>b</b>	Name of plan sponsor BOYSEN, USA LLC	<b>c</b> EIN-PN 20-0963393-001
<b>a</b>	Plan name BRADSHAW AUTOMOTIVE 401K PLAN	
<b>b</b>	Name of plan sponsor BRADSHAW AUTOMOTIVE	<b>c</b> EIN-PN 57-0132221-001

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

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

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

<b>Part II</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	CLASSDOJO 401K PLAN	
<b>b</b>	Name of plan sponsor	CLASSDOJO INC	<b>c</b> EIN-PN 80-0740562-001
<b>a</b>	Plan name	CLAT CORP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CLAT CORP	<b>c</b> EIN-PN 66-0494464-001
<b>a</b>	Plan name	CLAY COUNTY UTILITY AUTHORITY	
<b>b</b>	Name of plan sponsor	CLAY COUNTY UTILITY AUTHORITY	<b>c</b> EIN-PN 59-3265922-001
<b>a</b>	Plan name	CLEARLINK 401K PLAN	
<b>b</b>	Name of plan sponsor	CLEARLINK TECHNOLOGIES LLC	<b>c</b> EIN-PN 13-4278523-001
<b>a</b>	Plan name	CLEVELAND UNIVERSITY KANSAS CITY EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CLEVELAND UNIVERSITY	<b>c</b> EIN-PN 44-6000294-001
<b>a</b>	Plan name	CLIMATEWORKS FOUNDATION RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	CLIMATEWORKS FOUNDATION	<b>c</b> EIN-PN 26-2303250-001
<b>a</b>	Plan name	CLOSINGCORP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CLOSINGCORP, INC.	<b>c</b> EIN-PN 42-1678736-001
<b>a</b>	Plan name	CLOUD CITY LOGISTICS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CLOUD CITY LOGISTICS, LLC	<b>c</b> EIN-PN 84-3521170-001
<b>a</b>	Plan name	CMSPI INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CMS PAYMENTS INTELLIGENCE, INC	<b>c</b> EIN-PN 36-4783134-001
<b>a</b>	Plan name	COASTAL CAROLINA ENT, D.O., P.A. 401K PSP	
<b>b</b>	Name of plan sponsor	COASTAL CAROLINA ENT, D.O., P.A.	<b>c</b> EIN-PN 56-2151484-001
<b>a</b>	Plan name	COASTLAND CIVIL ENGINEERING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	COASTLAND CIVIL ENGINEERING, INC.	<b>c</b> EIN-PN 68-0256235-001
<b>a</b>	Plan name	COATINGS & ADHESIVES CORP PSP 401K PLAN	
<b>b</b>	Name of plan sponsor	COATINGS & ADHESIVES CORP	<b>c</b> EIN-PN 56-1664548-001

<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	COLD BORE TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLD BORE TECHNOLOGY CORPORATION	<b>c</b> EIN-PN 82-4803587-001
<b>a</b>	Plan name	COLORADO PAIN CARE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	COLORADO PAIN CARE, LLC	<b>c</b> EIN-PN 46-3126009-001
<b>a</b>	Plan name	COMMERCIAL RISK SOLUTIONS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL RISK SOLUTIONS, INC	<b>c</b> EIN-PN 84-1219553-001
<b>a</b>	Plan name	COMMUNITY ACTION AGENCY OF GREATER KANSAS CITY 401K ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY ACTION AGENCY OF GREATER KANSAS CITY	<b>c</b> EIN-PN 43-1197168-002
<b>a</b>	Plan name	COMPLETE HOME CONCEPTS, INC EMPLOYEE 401K PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE HOME CONCEPTS, INC	<b>c</b> EIN-PN 43-1158265-001
<b>a</b>	Plan name	CONEWAGO HOLDINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	CONEWAGO HOLDINGS, INC.	<b>c</b> EIN-PN 82-1956321-001
<b>a</b>	Plan name	CONIFER MEDICAL CENTER, P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	CONIFER MEDICAL CENTER	<b>c</b> EIN-PN 84-1100961-001
<b>a</b>	Plan name	CONNECTIONS EMPLOYER SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONNECTIONS EMPLOYER SOLUTIONS	<b>c</b> EIN-PN 82-1098739-001
<b>a</b>	Plan name	CONTRACTOR'S LABOR SOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERESFORD ENTERPRISES, LLC DBA CONTRACTOR'S LABOR SOURCE	<b>c</b> EIN-PN 82-3967322-001
<b>a</b>	Plan name	CORE INDUSTRIAL GROUP, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CORE INDUSTRIAL GROUP, LLC	<b>c</b> EIN-PN 81-1442228-001
<b>a</b>	Plan name	CORTERRA HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORTERRA OF WICHITA, LLC	<b>c</b> EIN-PN 87-3376032-001
<b>a</b>	Plan name	COSTEP, COUNCIL FOR SOUTH TEXAS ECONOMIC PROGRESS 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COSTEP, COUNCIL FOR SOUTH TEXAS ECONOMIC PROGRESS	<b>c</b> EIN-PN 37-2027841-001

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 COTRANSCO OF SC, INC. PROFIT SHARING 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor COTRANSCO OF SC	<b>c</b> EIN-PN 04-3698543-001
<b>a</b>	Plan name COTTRELL COMPANIES, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor COTTRELL COMPANIES, INC	<b>c</b> EIN-PN 84-0745788-001
<b>a</b>	Plan name COUNCIL TOOL CO.PSP & 401K PLAN	
<b>b</b>	Name of plan sponsor COUNCIL TOOL COMPANY, INC.	<b>c</b> EIN-PN 56-0189490-001
<b>a</b>	Plan name CRAIGE JENKINS LIIPFERT & WALKER RET PLAN	
<b>b</b>	Name of plan sponsor CRAIGE JENKINS LIIPFERT & WALKER	<b>c</b> EIN-PN 56-0690276-001
<b>a</b>	Plan name CRIF SELECT CORPORATION 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CRIF SELECT CORPORATION	<b>c</b> EIN-PN 83-0524731-001
<b>a</b>	Plan name CUROLOGY 401K PLAN	
<b>b</b>	Name of plan sponsor CUROLOGY, INC.	<b>c</b> EIN-PN 47-2748073-001
<b>a</b>	Plan name CURTIS GREEN AND CLAY GREEN 401K PLAN	
<b>b</b>	Name of plan sponsor CURTIS GREEN AND CLAY GREEN INC	<b>c</b> EIN-PN 61-0709411-001
<b>a</b>	Plan name CURTIS LANE HOLDINGS LLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CURTIS LANE HOLDINGS LLC	<b>c</b> EIN-PN 81-1054673-001
<b>a</b>	Plan name CUSTOM FOODS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CUSTOM FOODS, LLC	<b>c</b> EIN-PN 95-4194222-001
<b>a</b>	Plan name CUSTOMER ONE PSP & 401K PLAN	
<b>b</b>	Name of plan sponsor CUSTOMER ONE, INC.	<b>c</b> EIN-PN 62-1154894-001
<b>a</b>	Plan name D.H. GRIFFIN WRECKING CO. PSP	
<b>b</b>	Name of plan sponsor D.H. GRIFFIN WRECKING CO., INC.	<b>c</b> EIN-PN 56-0897274-001
<b>a</b>	Plan name DALE D. WATTS, DDS, P.C. PLAN & TRUST	
<b>b</b>	Name of plan sponsor DALE D WATTS DDS, P.C.	<b>c</b> EIN-PN 43-1392579-001

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

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

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="#">DRIVE DEVILBISS HEALTHCARE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEDICAL DEPOT, INC. DRIVE MEDICAL DESIGN &amp; MANUFACTURING</a>	<b>c</b> EIN-PN <a href="#">11-3525013-002</a>
<b>a</b>	Plan name <a href="#">DRS. BOLES &amp; HAM, P.A. 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">DR. BOLES &amp; HAM, P.A.</a>	<b>c</b> EIN-PN <a href="#">56-1078938-001</a>
<b>a</b>	Plan name <a href="#">EAST BAY TIRE CO 401 PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EAST BAY TIRE COMPANYEAST BAY TIRE COMPANY</a>	<b>c</b> EIN-PN <a href="#">94-2656190-001</a>
<b>a</b>	Plan name <a href="#">EAST KANSAS AGRI-ENERGY 401K AND PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">EAST KANSAS AGRI-ENERGY</a>	<b>c</b> EIN-PN <a href="#">48-1251578-001</a>
<b>a</b>	Plan name <a href="#">EBARA TECHNOLOGIES INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EBARA TECHNOLOGIES INC.</a>	<b>c</b> EIN-PN <a href="#">77-0270092-003</a>
<b>a</b>	Plan name <a href="#">ELLISON INSTITUTE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELLISON INSTITUTE, LLC</a>	<b>c</b> EIN-PN <a href="#">84-3994143-001</a>
<b>a</b>	Plan name <a href="#">EMERGE ENERGY SERVICES GP, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMERGE ENERGY SERVICES GP, LLC</a>	<b>c</b> EIN-PN <a href="#">45-5174683-001</a>
<b>a</b>	Plan name <a href="#">EMPIRE EQUIPMENT COMPANY, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMPIRE EQUIPMENT COMPANY, LLC</a>	<b>c</b> EIN-PN <a href="#">81-0867472-001</a>
<b>a</b>	Plan name <a href="#">EMPLOYEE BENEFIT PLAN OF SHERWOOD CENTER FOR THE EXCEPTIONAL CHILD</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHERWOOD AUTISM CENTER</a>	<b>c</b> EIN-PN <a href="#">23-7413671-001</a>
<b>a</b>	Plan name <a href="#">EMPLOYEE BENEFITS LEASING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMPLOYEE BENEFITS LEASING, INC</a>	<b>c</b> EIN-PN <a href="#">27-0016253-001</a>
<b>a</b>	Plan name <a href="#">ENDRES AND ASSOCIATES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ENDRES AND ASSOCIATES, LLC</a>	<b>c</b> EIN-PN <a href="#">82-2765739-001</a>
<b>a</b>	Plan name <a href="#">ENGINEERED FLOORS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ENGINEERED FLOORS, LLC</a>	<b>c</b> EIN-PN <a href="#">27-0593659-001</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	ENVIRO-LINE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ENVIRO-LINE COMPANY, INC.	<b>c</b> EIN-PN 48-0777875-001
<b>a</b>	Plan name	EQ LAB LAB SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL QUALITY LABORATORIES, INC.	<b>c</b> EIN-PN 66-0392447-001
<b>a</b>	Plan name	EQUIPMENT CONTROLS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EQUIPMENT CONTROLS COMPANY	<b>c</b> EIN-PN 58-0948567-001
<b>a</b>	Plan name	ESPEC NORTH AMERICA, INC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EMPOWER	<b>c</b> EIN-PN 13-3183033-001
<b>a</b>	Plan name	EVEREST CAMPUS SERVICES COMPANY, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	EVEREST CAMPUS SERVICES	<b>c</b> EIN-PN 47-2588173-001
<b>a</b>	Plan name	EXAMINATION RESOURCES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	EXAMINATION RESOURCES, LLC	<b>c</b> EIN-PN 16-1675057-001
<b>a</b>	Plan name	EXCEDR, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	EXCEDR INC	<b>c</b> EIN-PN 46-2350614-001
<b>a</b>	Plan name	FACILITY 401K PLAN	
<b>b</b>	Name of plan sponsor	WELL5ASSOCIATES	<b>c</b> EIN-PN 20-2043683-001
<b>a</b>	Plan name	FDI CLINICAL RESEARCH RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FUNDACION DE INVESTIGACION DE DIEGO, INC	<b>c</b> EIN-PN 66-0593863-001
<b>a</b>	Plan name	FERROVIAL PUERTO RICO SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	FERROVIAL CONSTRUCTION	<b>c</b> EIN-PN 66-0712314-001
<b>a</b>	Plan name	FIDELITY COMPANIES EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FIDELITY BANK, N.A.	<b>c</b> EIN-PN 48-0630879-001
<b>a</b>	Plan name	FIELDSTEAD AND COMPANY INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	FIELDSTEAD AND COMPANY INC.	<b>c</b> EIN-PN 33-0528783-001

<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	FINANCIAL ASSET MANAGEMENT SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	FINANCIAL ASSET MANAGEMENT SYSTEMS, INC	<b>c</b> EIN-PN 58-2067428-001
<b>a</b>	Plan name	FINCH, THORNTON & BAIRD, LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FINCH, THORNTON & BAIRD, LLP	<b>c</b> EIN-PN 33-0219998-001
<b>a</b>	Plan name	FIRST NATIONAL BANK OF LOUISBURG 401K AND PSP	
<b>b</b>	Name of plan sponsor	FIRST NATIONAL BANK OF LOUISBURG	<b>c</b> EIN-PN 48-0314805-001
<b>a</b>	Plan name	FLORIDA UROLOGY PARTNERS, LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA UROLOGY PARTNERS, LLP	<b>c</b> EIN-PN 26-1300103-001
<b>a</b>	Plan name	FLUENTSTREAM 401K PLAN	
<b>b</b>	Name of plan sponsor	FLUENT STREAM LLC	<b>c</b> EIN-PN 37-1543788-001
<b>a</b>	Plan name	FLYING DOG BREWERY 401K PLAN	
<b>b</b>	Name of plan sponsor	FLYING DOG BREWERY, LLLP	<b>c</b> EIN-PN 84-1260705-001
<b>a</b>	Plan name	FMRS HEALTH SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor	FMRS HEALTH SYSTEMS, INC.	<b>c</b> EIN-PN 55-0520303-001
<b>a</b>	Plan name	FOURSIGHT CAPTAIL, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	FOURSIGHT CAPITAL, LLC	<b>c</b> EIN-PN 46-0630023-001
<b>a</b>	Plan name	FRANK L BLUM CONSTRUCTION CO INC 401K PSP	
<b>b</b>	Name of plan sponsor	FRANK L BLUM CONSTRUCTION CO INC	<b>c</b> EIN-PN 56-0613173-001
<b>a</b>	Plan name	FRANKENBERY & JOHNSON, DDS, PA 401K PLAN	
<b>b</b>	Name of plan sponsor	FRANKENBERY & JOHNSON, DDS, PA	<b>c</b> EIN-PN 48-0907097-001
<b>a</b>	Plan name	FRESHLY PICKED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRESHLY PICKED, LLC	<b>c</b> EIN-PN 82-1704271-001
<b>a</b>	Plan name	FRIT, INC & AFFILIATED COMPANIES EE SVGS	
<b>b</b>	Name of plan sponsor	FRIT, INC.	<b>c</b> EIN-PN 63-1005450-001

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

<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	GENTING USA 401K PLAN	
<b>b</b>	Name of plan sponsor	RESORTS WORLD LAS VEGAS, LLC	<b>c</b> EIN-PN 32-0444144-001
<b>a</b>	Plan name	GENX SECURITY SOLUTIONS 401(K)	
<b>b</b>	Name of plan sponsor	GENX SECURITY SOLUTIONS	<b>c</b> EIN-PN 51-0465347-001
<b>a</b>	Plan name	GEORGIA CHAMBER OF COMMERCE 401K PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA CHAMBER OF COMMERCE	<b>c</b> EIN-PN 58-1537370-001
<b>a</b>	Plan name	GEORGIA MECHANICAL INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA MECHANICAL INC	<b>c</b> EIN-PN 58-1786613-001
<b>a</b>	Plan name	GLAZIER STEEL 401K PLAN	
<b>b</b>	Name of plan sponsor	GLAZIER STEEL	<b>c</b> EIN-PN 94-2595045-001
<b>a</b>	Plan name	GLESS RANCH, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLESS RANCH, INC.	<b>c</b> EIN-PN 33-0182233-001
<b>a</b>	Plan name	GLOBAL RETINA INSTITUTE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GLOBAL RETINA INSTITUTE	<b>c</b> EIN-PN 82-3489293-001
<b>a</b>	Plan name	GODWIN MANUFACTURING 401K PLAN	
<b>b</b>	Name of plan sponsor	GODWIN MANUFACTURING, INC.	<b>c</b> EIN-PN 56-1102601-001
<b>a</b>	Plan name	GOLDSTEIN, BORGAN, DARDARIAN, HO 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GOLDSTEIN, BORGAN, DARDARIAN AND HO	<b>c</b> EIN-PN 94-2741326-001
<b>a</b>	Plan name	GOOD & HARRIS, LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOOD & HARRIS, LLP	<b>c</b> EIN-PN 23-2226315-002
<b>a</b>	Plan name	GRATITUDE WITH AN ATTITUDE 401K PLAN	
<b>b</b>	Name of plan sponsor	BENEFIT PLANS PLUS, LLC	<b>c</b> EIN-PN 43-1829594-001
<b>a</b>	Plan name	GRAVITY GLOBAL, LLC 401K FKA 9TH WONDER 401K PLAN	
<b>b</b>	Name of plan sponsor	FOGARTY & KLEIN, DBA 9THWONDER	<b>c</b> EIN-PN 74-2113531-002

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 H.R. OPTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor H.R. OPTIONS, INC.	<b>c</b> EIN-PN 94-3088173-001
<b>a</b>	Plan name HAMON INFRASTRUCTURE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor HAMON INFRASTRUCTURE, INC.	<b>c</b> EIN-PN 84-1129267-001
<b>a</b>	Plan name HARRISS & COVINGTON HOSIERY MILLS EE RET PL	
<b>b</b>	Name of plan sponsor HARRISS & COVINGTON HOSIERY	<b>c</b> EIN-PN 56-0254975-001
<b>a</b>	Plan name HB NEXT CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor HB NEXT CORPORATION	<b>c</b> EIN-PN 46-4230304-001
<b>a</b>	Plan name HBP EMPLOYEES' 401K/ PSP	
<b>b</b>	Name of plan sponsor HBP, INC.	<b>c</b> EIN-PN 52-0689425-002
<b>a</b>	Plan name HCCH EMPLOYEE CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor HARRISON COUNTY COMMUNITY HOSPITAL	<b>c</b> EIN-PN 43-1530883-001
<b>a</b>	Plan name HCCH EMPLOYER MATCHING PLAN	
<b>b</b>	Name of plan sponsor HARRISON COUNTY COMMUNITY HOSPITAL	<b>c</b> EIN-PN 43-1530883-001
<b>a</b>	Plan name HDS 401K & NEW COMPARABILITY PLAN	
<b>b</b>	Name of plan sponsor HOLLYWOOD DELIVERY SERVICES, INC.	<b>c</b> EIN-PN 95-2483055-001
<b>a</b>	Plan name HEARTLAND CORN PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEARTLAND CORN PRODUCTS	<b>c</b> EIN-PN 41-1718412-001
<b>a</b>	Plan name HEARTLAND MIDWEST 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor HEARTLAND MIDWEST	<b>c</b> EIN-PN 43-1931193-001
<b>a</b>	Plan name HECKLER & KOCH DEFENSE 401K PLAN	
<b>b</b>	Name of plan sponsor HECKLER & KOCH DEFENSE, INC.	<b>c</b> EIN-PN 65-1175965-001
<b>a</b>	Plan name HFW HOLDINGS 401K PLAN	
<b>b</b>	Name of plan sponsor HFW HOLDINGS, LLC	<b>c</b> EIN-PN 88-2679929-001

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

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

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

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

<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	KANE COUNTY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KANE COUNTY	<b>c</b> EIN-PN 87-6000300-001
<b>a</b>	Plan name	KANSAS ASSOCIATION OF SCHOOL BOARDS, INC. 401K	
<b>b</b>	Name of plan sponsor	KANSAS ASSOCIATION OF SCHOOL BOARDS, INC.	<b>c</b> EIN-PN 48-0664943-002
<b>a</b>	Plan name	KANSAS CITY PSYCHIATRIC GROUP, P.A. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KANSAS CITY PSYCHIATRIC GROUP, P.A.	<b>c</b> EIN-PN 48-1107374-001
<b>a</b>	Plan name	KANSAS HOSPITAL ASSOCIATION 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KANSAS HOSPITAL ASSOCIATION	<b>c</b> EIN-PN 48-0543786-002
<b>a</b>	Plan name	KELLER BROTHERS MOTOR CO. 401K PLAN	
<b>b</b>	Name of plan sponsor	KELLER BROTHERS MOTOR COMPANY	<b>c</b> EIN-PN 23-1388146-001
<b>a</b>	Plan name	KEVIN MURPHY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEVIN MURPHY INC.	<b>c</b> EIN-PN 47-3634847-001
<b>a</b>	Plan name	KICE INDUSTRIES, INC, SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor	KICE INDUSTRIES, INC	<b>c</b> EIN-PN 48-0735815-003
<b>a</b>	Plan name	KITSAP LAW GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEMPLETON HORTON WEIBEL & BROUGHTON, PLLC	<b>c</b> EIN-PN 47-4013935-001
<b>a</b>	Plan name	KLEIN ENGINEERING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KLEIN ENGINEERING, PSC.	<b>c</b> EIN-PN 66-0685560-001
<b>a</b>	Plan name	KLEIN ENGINEERING US RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KLEIN ENGINEERING PSC PC	<b>c</b> EIN-PN 66-0685560-001
<b>a</b>	Plan name	KOSSE PEDIATRICS PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOSSE PEDIATRICS PC	<b>c</b> EIN-PN 27-0774344-001
<b>a</b>	Plan name	KR MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	KR MANAGEMENT LLC	<b>c</b> EIN-PN 55-0822896-001

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

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

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

<b>Part II</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	METALFORMING 401K PSP	
<b>b</b>	Name of plan sponsor	METALFORMING, INC.	<b>c</b> EIN-PN 58-2339671-001
<b>a</b>	Plan name	MIDLAND COUNTY DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	MIDLAND COUNTY	<b>c</b> EIN-PN 38-6004871-001
<b>a</b>	Plan name	MIDLAND EMPIRE RESOURCES INDEPENDENT LIVING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDLAND EMPIRE RESOURCES INDEPENDENT LIVING	<b>c</b> EIN-PN 43-1667582-001
<b>a</b>	Plan name	MINERVA BEAUTY 401K PLAN	
<b>b</b>	Name of plan sponsor	MINERVA BEAUTY	<b>c</b> EIN-PN 20-5834095-001
<b>a</b>	Plan name	MISSION CLOUD SERVICES, INC. DBA MISSION 401K PLAN	
<b>b</b>	Name of plan sponsor	MISSION CLOUD SERVICES, INC.	<b>c</b> EIN-PN 95-4879768-001
<b>a</b>	Plan name	MISTER PRICE/HELAPAN 1165E RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MISTER PRICE, INC.	<b>c</b> EIN-PN 66-0238025-002
<b>a</b>	Plan name	MITCHELL-WIEDEFELD/DULANEY VALLEY 401K SVGS	
<b>b</b>	Name of plan sponsor	MITCHELL-WIEDEFELD FUNERAL HOME	<b>c</b> EIN-PN 52-0417840-002
<b>a</b>	Plan name	MITSUBISHI MOTOR SALES OF CARIBBEAN SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MITSUBISHI MOTOR SALES OF CARIBBEAN	<b>c</b> EIN-PN 66-0392747-001
<b>a</b>	Plan name	MODERN DERMATOLOGY 401K PLAN	
<b>b</b>	Name of plan sponsor	MODERN DERMATOLOGY	<b>c</b> EIN-PN 47-2750505-001
<b>a</b>	Plan name	MODERNISTRIC CLEANING SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	MODERNISTRIC, LLC	<b>c</b> EIN-PN 26-0132234-001
<b>a</b>	Plan name	MONARCH POOLS 401K PLAN	
<b>b</b>	Name of plan sponsor	MONARCH POOLS	<b>c</b> EIN-PN 84-0515382-001
<b>a</b>	Plan name	MONTECITO MEDICAL OPERATING COMPANY, LLC 401K PSP	
<b>b</b>	Name of plan sponsor	MONTECITO MEDICAL OPERATING COMPANY, LLC	<b>c</b> EIN-PN 45-5473291-001

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

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

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

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

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

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>PROGRESSIVE PLUMBING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROGRESSIVE PLUMBING, INC.</b>	<b>c</b> EIN-PN <b>59-2618044-001</b>
<b>a</b>	Plan name <b>PROTECTO WRAP COMPANY 401K EMPLOYEE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROTECTO WRAP COMPANY</b>	<b>c</b> EIN-PN <b>84-0481347-001</b>
<b>a</b>	Plan name <b>PROVINCE OF OUR LADY OF GUADALUPE, INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROVINCE OF OUR LADY OF GUADALUPE, INC</b>	<b>c</b> EIN-PN <b>88-4332441-001</b>
<b>a</b>	Plan name <b>PRP SAVINGS &amp; RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PUERTO RICO PHARMACEUTICAL INC</b>	<b>c</b> EIN-PN <b>66-0478923-001</b>
<b>a</b>	Plan name <b>PUBLIC LIBRARY OF SCIENCE 401K PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PUBLIC LIBRARY OF SCIENCE</b>	<b>c</b> EIN-PN <b>68-0492065-001</b>
<b>a</b>	Plan name <b>PURE INFUSION SUITES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PURE INFUSION SUITES</b>	<b>c</b> EIN-PN <b>83-1415264-001</b>
<b>a</b>	Plan name <b>QE 401K AND PSP</b>	
<b>b</b>	Name of plan sponsor <b>QUALITY ENTERPRISES USA, INC.</b>	<b>c</b> EIN-PN <b>54-0947002-001</b>
<b>a</b>	Plan name <b>QSC, LLC 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QSC, LLC</b>	<b>c</b> EIN-PN <b>33-0396886-001</b>
<b>a</b>	Plan name <b>QUALITY INSIGHTS INC. MONEY PURCHASE PENSION</b>	
<b>b</b>	Name of plan sponsor <b>QUALITY INSIGHTS, INC.</b>	<b>c</b> EIN-PN <b>55-0539692-001</b>
<b>a</b>	Plan name <b>QUANTUM RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUANTUM HEALTH PROFESSIONALS</b>	<b>c</b> EIN-PN <b>75-3051602-001</b>
<b>a</b>	Plan name <b>QUICKTIN, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>QUICKTIN, INCORPORATED</b>	<b>c</b> EIN-PN <b>91-2184334-001</b>
<b>a</b>	Plan name <b>QUILTER LABS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUILTER LABORATORIES LLC</b>	<b>c</b> EIN-PN <b>27-4532361-001</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	RACO GENERAL CONTRACTORS 401K PLAN	
<b>b</b>	Name of plan sponsor	RACO GENERAL CONTRACTORS, INC.	<b>c</b> EIN-PN 58-1682524-001
<b>a</b>	Plan name	RAGSDALE LIGGETT PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RAGSDALE LIGGETT PLLC	<b>c</b> EIN-PN 56-1851948-001
<b>a</b>	Plan name	REAL FLOORS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	REAL FLOORS, INC.	<b>c</b> EIN-PN 58-1719346-001
<b>a</b>	Plan name	REALTRAC HOLDINGS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	REALTRAC HOLDINGS, INC	<b>c</b> EIN-PN 81-0905930-001
<b>a</b>	Plan name	REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY 401K PLAN	
<b>b</b>	Name of plan sponsor	REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY	<b>c</b> EIN-PN 27-3923442-001
<b>a</b>	Plan name	RENAISSANCE PLASTIC SURGERY, P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	RENAISSANCE PLASTIC SURGERY P.C.	<b>c</b> EIN-PN 58-2568787-001
<b>a</b>	Plan name	RENU ENERGY SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	RENU ENERGY SOLUTIONS LLC	<b>c</b> EIN-PN 27-4328922-001
<b>a</b>	Plan name	RET PLAN FOR WINSTON-SALEM DENTAL CARE	
<b>b</b>	Name of plan sponsor	DRS. AILERU,ANDREWS,GRAVEL,	<b>c</b> EIN-PN 56-2132966-001
<b>a</b>	Plan name	RICOLA USA INC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RICOLA USA INC	<b>c</b> EIN-PN 22-2775838-001
<b>a</b>	Plan name	RIVERS AND ASSOCIATES 401K RET PLAN	
<b>b</b>	Name of plan sponsor	RIVERS AND ASSOCIATES, INC.	<b>c</b> EIN-PN 56-0705765-001
<b>a</b>	Plan name	RIVERSIDE DENTAL GROUP AND DENTAL ASSOCIATE OFFICES 401K PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE DENTAL GROUP	<b>c</b> EIN-PN 33-0874160-001
<b>a</b>	Plan name	ROARING FORK NEUROLOGY, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROARING FORK NEUROLOGY, P.C.	<b>c</b> EIN-PN 93-4591728-001

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

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

<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	SELLING SIMPLIFIED, INC. 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	SELLING SIMPLIFIED, INC.	<b>c</b> EIN-PN 27-4883299-001
<b>a</b>	Plan name	SHAWNEE HEATING AND COOLING 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SHAWNEE HEATING AND COOLING	<b>c</b> EIN-PN 48-0951352-001
<b>a</b>	Plan name	SHELEY, HALL & WILLIAMS, P.C. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHELEY, HALL & WILLIAMS, P.C.	<b>c</b> EIN-PN 80-0075645-001
<b>a</b>	Plan name	SHIFT PARADIGM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRENDLINE INTERACTIVE LLC DBA SHIFT PROGRAM	<b>c</b> EIN-PN 27-3334784-001
<b>a</b>	Plan name	SIGHT & SOUND MINISTRIES RET SVGS PLAN	
<b>b</b>	Name of plan sponsor	SIGHT & SOUND MINISTRIES, INC.	<b>c</b> EIN-PN 23-2373300-001
<b>a</b>	Plan name	SIGNATURE PROPERTY MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	E.A. MEYERS & ASSOCIATES, INC. DBA SIGNATURE PROPERTY MANAGEMENT	<b>c</b> EIN-PN 48-0966864-001
<b>a</b>	Plan name	SILMAN CONSTRUCTION 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SILMAN VENTURE CORPORATION	<b>c</b> EIN-PN 13-4363138-001
<b>a</b>	Plan name	SKIN SPECIALTY SOLUTIONS 401K	
<b>b</b>	Name of plan sponsor	SKIN SPECIALTY SOLUTIONS	<b>c</b> EIN-PN 83-1335950-001
<b>a</b>	Plan name	SMC 401K PLAN	
<b>b</b>	Name of plan sponsor	SMC, LLC	<b>c</b> EIN-PN 45-2635355-001
<b>a</b>	Plan name	SMC CONCRETE CONSTRUCTION 401K PSP	
<b>b</b>	Name of plan sponsor	SMC CONCRETE CONSTRUCTION, INC.	<b>c</b> EIN-PN 54-1109643-001
<b>a</b>	Plan name	SMC ELECTRICAL PRODUCTS EMPLOYEES' 401K PSP	
<b>b</b>	Name of plan sponsor	SMC ELECTRICAL PRODUCTS, INC.	<b>c</b> EIN-PN 55-0522903-001
<b>a</b>	Plan name	SMITH HULSEY & BUSEY 401K PSP	
<b>b</b>	Name of plan sponsor	SMITH HULSEY & BUSEY	<b>c</b> EIN-PN 59-2100518-001

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 SNYDER PAPER CORPORATION 401K RET PLAN	
<b>b</b>	Name of plan sponsor SNYDER PAPER CORPORATION	<b>c</b> EIN-PN 56-0484179-001
<b>a</b>	Plan name SOLACE HEALTHCARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOLACE HEALTHCARE, INC	<b>c</b> EIN-PN 20-3023796-001
<b>a</b>	Plan name SOMOS IWT INC 401K PLAN FKA INNOV WIRE TECHNOLOGY 401K	
<b>b</b>	Name of plan sponsor INNOV WIRE TECHNOLOGY	<b>c</b> EIN-PN 82-3534276-001
<b>a</b>	Plan name SONIC MAUFACTURING 401K PLAN	
<b>b</b>	Name of plan sponsor SONIC MANUFACTURING TECHNOLOGIES, INC.	<b>c</b> EIN-PN 77-0432998-001
<b>a</b>	Plan name SOUTHERN CALIFORNIA ILLUMINATION 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SOUTHERN CALIFORNIA ILLUMINATION	<b>c</b> EIN-PN 33-0516406-001
<b>a</b>	Plan name SOUTHERN CROWN PARTNERS, LLC RET PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN CROWN PARTNERS, LLC	<b>c</b> EIN-PN 26-0397238-001
<b>a</b>	Plan name SOUTHERN STORAGE MANAGEMENT SYSTEMS PR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN SELF STORAGE	<b>c</b> EIN-PN 65-0272140-001
<b>a</b>	Plan name SOUTHWEST ATLANTA NEPHROLOGY PC 401K SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST NEPHROLOGY ATLANTA, P.C.	<b>c</b> EIN-PN 58-1392515-003
<b>a</b>	Plan name SOUTHWOOD BUILDING SYSTEMS RET AND SVGS PLAN	
<b>b</b>	Name of plan sponsor SOUTHWOOD BUILDING SYSTEMS, INC.	<b>c</b> EIN-PN 54-1279343-001
<b>a</b>	Plan name SPACES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor SPACES, INC.	<b>c</b> EIN-PN 48-1138594-001
<b>a</b>	Plan name SPEVCO 401K PSP	
<b>b</b>	Name of plan sponsor SPEVCO, INC.	<b>c</b> EIN-PN 56-1257779-001
<b>a</b>	Plan name SPRATT SVGS BANK RET SVGS PLAN	
<b>b</b>	Name of plan sponsor SPRATT SAVINGS & LOAN ASSOC	<b>c</b> EIN-PN 57-0252520-001

<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	ST. JAMES INSURANCE GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	ST. JAMES INSURANCE GROUP, INC.	<b>c</b> EIN-PN 22-2455609-001
<b>a</b>	Plan name	STANTON CARPET CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor	STANTON CARPET CORP.	<b>c</b> EIN-PN 11-2560888-002
<b>a</b>	Plan name	STAR ELECTRIC CO. RET SVGS PLAN	
<b>b</b>	Name of plan sponsor	STAR ELECTRIC COMPANY, INC.	<b>c</b> EIN-PN 52-1327265-001
<b>a</b>	Plan name	STEINWAY PIANO GALLERY OF DETROIT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STEINWAY PIANO GALLERY OF DETROIT	<b>c</b> EIN-PN 26-2971804-001
<b>a</b>	Plan name	STEPSTONE HOSPITALITY INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STEPSTONE HOSPITALITY INC.	<b>c</b> EIN-PN 20-5320681-001
<b>a</b>	Plan name	STEVEN D. PENDLETON, DDS P.A. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	STEVEN D. PENDLETON, DDS P.A.	<b>c</b> EIN-PN 20-4125340-002
<b>a</b>	Plan name	STEWART-HAAS RACING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	STEWART-HAAS RACING, LLC	<b>c</b> EIN-PN 26-3344402-001
<b>a</b>	Plan name	STOCKWELL ELASTOMERICS 401K PLAN	
<b>b</b>	Name of plan sponsor	STOCKWELL ELASTOMERICS, INC.	<b>c</b> EIN-PN 23-1127920-001
<b>a</b>	Plan name	STONE MANUFACTURING & SUPPLY CO., INC EMPLOYEES 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STONE MANUFACTURING & SUPPLY COMPANY, INC	<b>c</b> EIN-PN 43-1470003-001
<b>a</b>	Plan name	STRAIVE 401(K) RETIREMENT PLAN FKA SPI GLOBAL US INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPI GLOBAL US INC.	<b>c</b> EIN-PN 38-4055846-001
<b>a</b>	Plan name	STUDIO T-SQ., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STUDIO T-SQ., INC.	<b>c</b> EIN-PN 27-2168061-001
<b>a</b>	Plan name	STURDY CORPORATION 401K RET PLAN	
<b>b</b>	Name of plan sponsor	STURDY CORPORATION	<b>c</b> EIN-PN 56-0987338-001

<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	SUMMIT BROADBAND 401K PLAN	
<b>b</b>	Name of plan sponsor	ORLANDO TELEPHONE COMPANY INC DBA SUMMIT BROADBAND	<b>c</b> EIN-PN 59-3439599-001
<b>a</b>	Plan name	SUMMIT DESIGN & ENGINEERING SVCS PLLC SVG	
<b>b</b>	Name of plan sponsor	SUMMIT DESIGN & ENGINEERING SVCS	<b>c</b> EIN-PN 30-0236228-001
<b>a</b>	Plan name	SUN AMERICA LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SUN AMERICA LLC	<b>c</b> EIN-PN 47-2960116-002
<b>a</b>	Plan name	SUNA SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SUNA SOLUTIONS, INC	<b>c</b> EIN-PN 80-0481197-501
<b>a</b>	Plan name	SUNDESA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNDESA, LLC DBA BLENDERBOTTLE	<b>c</b> EIN-PN 87-0663411-001
<b>a</b>	Plan name	SUPERIOR GROUP OF COMPANIES 401K PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR GROUP OF COMPANIES,INC.	<b>c</b> EIN-PN 11-1385670-007
<b>a</b>	Plan name	SUPERORDINARY USA 401K PLAN	
<b>b</b>	Name of plan sponsor	SUPERORDINARYCO USA, INC85-0642870	<b>c</b> EIN-PN 85-0642870-001
<b>a</b>	Plan name	SWJ TECHNOLOGY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SWJ TECHNOLOGY LLC	<b>c</b> EIN-PN 68-0677995-001
<b>a</b>	Plan name	SWOPE HEALTH SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SWOPE HEALTH SERVICES	<b>c</b> EIN-PN 43-0957840-001
<b>a</b>	Plan name	SYCAMORE BROKERAGE LLC DBA LIV SOTHEBY'S INTERNATIONAL REALTY FKA MAJESTIC REALTY COLLECTIVE 401K	
<b>b</b>	Name of plan sponsor	SYCAMORE BROKERAGE, LLC DBA LIV SOTHEBY'S INTERNATIONAL REALTY	<b>c</b> EIN-PN 84-1484614-001
<b>a</b>	Plan name	TAILWIND VOICE & DATA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAILWIND VOICE & DATA, INC.	<b>c</b> EIN-PN 13-4306459-001
<b>a</b>	Plan name	TASKIDS 401K PLAN	
<b>b</b>	Name of plan sponsor	TASKIDS	<b>c</b> EIN-PN 45-2897914-001

<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	TEAGUE ELECTRIC CONSTRUCTION, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEAGUE ELECTRIC CONSTRUCTION	<b>c</b> EIN-PN 48-1088280-001
<b>a</b>	Plan name	TECH INC. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TECH, INC.	<b>c</b> EIN-PN 48-0651490-001
<b>a</b>	Plan name	TEMPO RET SVGS PLAN	
<b>b</b>	Name of plan sponsor	TEMPO, INC.	<b>c</b> EIN-PN 75-2765055-002
<b>a</b>	Plan name	TESSITURA NETWORK, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TESSITURA NETWORK, INC.	<b>c</b> EIN-PN 06-1666165-001
<b>a</b>	Plan name	THE 401K RET PLAN	
<b>b</b>	Name of plan sponsor	EMERSION DESIGN, LLC	<b>c</b> EIN-PN 26-0495991-001
<b>a</b>	Plan name	THE AUBRY LAW FIRM, P.A. 401(K) PLAN FKA BUKATY, AUBRY & HUNTSMAN CHARTERED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUKATY, AUBRY, & HUNTSMAN	<b>c</b> EIN-PN 48-1210927-001
<b>a</b>	Plan name	THE BUKATY AGENCY, INC. EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	THE BUKATY AGENCY, INC.	<b>c</b> EIN-PN 48-1224371-001
<b>a</b>	Plan name	THE DORRIS-EATON SCHOOL 401K PLAN	
<b>b</b>	Name of plan sponsor	DORRIS-EATON SCHOOL	<b>c</b> EIN-PN 94-2603514-001
<b>a</b>	Plan name	THE INTERFLEX GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERFLEX ACQUISITION CO. LLC	<b>c</b> EIN-PN 45-4657307-001
<b>a</b>	Plan name	THE KOLL COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	KOLL INVESTMENT CO., LLC	<b>c</b> EIN-PN 33-0963094-002
<b>a</b>	Plan name	THE LEVEL PLAYING FIELD CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	THE LEVEL PLAYING FIELD CORPORATION	<b>c</b> EIN-PN 54-1966536-001
<b>a</b>	Plan name	THE LEWER AGENCY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE LEWER AGENCY, INC	<b>c</b> EIN-PN 44-0666212-001

**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	THE RET PLAN OF THE PIEDMONT TRIAD AIRPORT	
<b>b</b> Name of plan sponsor	PIEDMONT TRAD AIRPORT AUTHORITY	<b>c</b> EIN-PN 50-0668378-001
<b>a</b> Plan name	THE RETAIL GROUP, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE RETAIL GROUP, INC.	<b>c</b> EIN-PN 66-0676884-001
<b>a</b> Plan name	THE ROGERS & BROWN PSP 401K PLAN	
<b>b</b> Name of plan sponsor	ROGERS & BROWN CUSTOM BROKERS	<b>c</b> EIN-PN 57-0507147-001
<b>a</b> Plan name	THE SANDERS FIRM 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE SANDERS LAW FIRM	<b>c</b> EIN-PN 11-2501452-003
<b>a</b> Plan name	THE YARCO 401K PLAN	
<b>b</b> Name of plan sponsor	YARCO COMPANIES	<b>c</b> EIN-PN 43-1022273-002
<b>a</b> Plan name	THIRD ROCK CONSULTANTS, LLC RET PLAN	
<b>b</b> Name of plan sponsor	THIRD ROCK CONSULTANTS, LLC	<b>c</b> EIN-PN 61-1379371-001
<b>a</b> Plan name	THOMAS J RODENO & ASSOCIATES, INC. PSP	
<b>b</b> Name of plan sponsor	THOMAS J RODENO & ASSOCIATES, INC.	<b>c</b> EIN-PN 84-0769529-001
<b>a</b> Plan name	THREE-D METAL WORKS 401K PLAN	
<b>b</b> Name of plan sponsor	THREE-D METAL WORKS, INC.	<b>c</b> EIN-PN 57-0979793-002
<b>a</b> Plan name	TIGERPAW SOFTWARE, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	TIGERPAW SOFTWARE, INC.	<b>c</b> EIN-PN 47-0691047-001
<b>a</b> Plan name	TILLMAN FIBERCO LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	TILLMAN FIBERCO LLC	<b>c</b> EIN-PN 87-3297688-001
<b>a</b> Plan name	TIMUQUANA COUNTRY CLUB 401K PLAN	
<b>b</b> Name of plan sponsor	TIMUQUANA COUNTRY CLUB	<b>c</b> EIN-PN 59-0482540-001
<b>a</b> Plan name	TIN ROOF SOFTWARE, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	TINE ROOF SOFTWARE, LLC	<b>c</b> EIN-PN 45-4878137-001

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

**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	UNITED SURETY & INDEMNITY CO. CODA PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	UNITED SURETY & INDEMNITY CO	<b>c</b> EIN-PN 66-0457223-001
<b>a</b> Plan name	UNITED TEAM MECHANICAL 401K RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	UNITED TEAM MECHANICAL	<b>c</b> EIN-PN 81-0573799-001
<b>a</b> Plan name	UNITEK 401K PLAN	
<b>b</b> Name of plan sponsor	UNITEK LEARNING, INC	<b>c</b> EIN-PN 94-3207088-001
<b>a</b> Plan name	UNITEK COLLEGE UTAH, LLC 401K PLAN	
<b>b</b> Name of plan sponsor	UNITEK COLLEGE UTAH, LLC	<b>c</b> EIN-PN 84-3760384-001
<b>a</b> Plan name	VANIGENT CORP RETIREMENT SAVINGS FOR PUERTO RICO EMPLOYEES	
<b>b</b> Name of plan sponsor	VANIGENT CORP	<b>c</b> EIN-PN 87-4279185-002
<b>a</b> Plan name	VANKIRK ELECTRIC, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	VANKIRK ELECTRIC, INC.	<b>c</b> EIN-PN 58-2086361-001
<b>a</b> Plan name	VARN WOOD PRODUCTS 401K PLAN	
<b>b</b> Name of plan sponsor	VARN WOOD PRODUCTS	<b>c</b> EIN-PN 20-0538507-001
<b>a</b> Plan name	VECTOR LABORATORIES 401K PLAN	
<b>b</b> Name of plan sponsor	VECTOR LABORATORIES INC	<b>c</b> EIN-PN 94-2519610-001
<b>a</b> Plan name	VENDORS SUPPLY PSP	
<b>b</b> Name of plan sponsor	VENDORS SUPPLY, INC.	<b>c</b> EIN-PN 57-1012688-001
<b>a</b> Plan name	VENTURE DATA LLC 401K PLAN	
<b>b</b> Name of plan sponsor	VENTURE DATA LLC	<b>c</b> EIN-PN 87-0524286-001
<b>a</b> Plan name	VETERINARY SURGICAL CENTERS OF THE DELTA, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	OAKVET ANIMAL SPECIALTY HOSPITAL	<b>c</b> EIN-PN 82-2864021-001
<b>a</b> Plan name	VHA RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	VHA RETIREMENT PLAN	<b>c</b> EIN-PN 66-6046544-001

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

<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	WELLINGTON EXPERIENCE, INC. PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor	WELLINGTON GROUP INTERNATIONAL, INC.	<b>c</b> EIN-PN 48-1152610-001
<b>a</b>	Plan name	WEST, WEBB, ALLBRITTON & GENTRY, P.C. SVGS	
<b>b</b>	Name of plan sponsor	WEST, WEBB, ALLBRITTON & GENTRY	<b>c</b> EIN-PN 74-2555412-001
<b>a</b>	Plan name	WHIBCO NON-UNION RET PLAN	
<b>b</b>	Name of plan sponsor	WHIBCO, INC.	<b>c</b> EIN-PN 13-5592939-004
<b>a</b>	Plan name	WIEST, MUOLO, NOON, SWINEHART, BATHGATE 401K	
<b>b</b>	Name of plan sponsor	WIEST MUOLO NOON SWINEHART ET AL	<b>c</b> EIN-PN 23-1993803-002
<b>a</b>	Plan name	WILLIAM B HOPKE CO.INC 401K RET PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM B. HOPKE COMPANY, INC.	<b>c</b> EIN-PN 54-0682985-001
<b>a</b>	Plan name	WINDSOR PUERTO RICO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WINDSOR FASHIONS OF PUERTO RICO LLC	<b>c</b> EIN-PN 66-1013673-001
<b>a</b>	Plan name	WOOD BROTHERS PSP	
<b>b</b>	Name of plan sponsor	WOOD BROTHERS, INC.	<b>c</b> EIN-PN 57-0287119-001
<b>a</b>	Plan name	WOOD MORTUARY PSP	
<b>b</b>	Name of plan sponsor	THE WOOD MORTUARY	<b>c</b> EIN-PN 57-0273140-001
<b>a</b>	Plan name	WOODLEY WINE & LIQUOR 401K PSP	
<b>b</b>	Name of plan sponsor	WOODLEY WINE & LIQUOR, INC.	<b>c</b> EIN-PN 52-0823037-001
<b>a</b>	Plan name	WORKLIFE PARTNERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WORKLIFE PARTNERSHIP	<b>c</b> EIN-PN 47-1331690-001
<b>a</b>	Plan name	WORKPLACE OPTIONS, LLC RET SVGS PLAN	
<b>b</b>	Name of plan sponsor	WORKPLACE OPTIONS, LLC	<b>c</b> EIN-PN 20-2699271-002
<b>a</b>	Plan name	WSC 401K PLAN	
<b>b</b>	Name of plan sponsor	WSC, INC.	<b>c</b> EIN-PN 52-1916490-001



<b>SCHEDULE H</b> <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>06/18/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AM1 DOMESTIC EQUITY</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALTA TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>99-0743104</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.

Assets	(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>	581320
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	50
<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>	344508125
<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>	14378540
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>		359468035
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		31674
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		728013
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		759687
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>		358708348

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	28841	
<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>	570	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		29411
<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>	76427	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		76427
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		10882131
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10987969

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	83355	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		83355
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		83355

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		10904614
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		414667318
(2) From this plan .....	<b>2l(2)</b>		66863584

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