

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) C

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>AMERICAN INNOVATION</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) 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>AMERICAN INNOVATION</u></p> <p><u>ALTA TRUST COMPANY</u> <u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>88-1455698</u></p> <hr/> <p><b>2c</b> Plan Sponsor's telephone number <u>303-996-3781</u></p> <hr/> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/26/2025</u>	<u>MACKENZIE LOTHERT</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <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>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>AMERICAN INNOVATION</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>AMERICAN INNOVATION</u>	<b>D</b> Employer Identification Number (EIN) <u>88-1455698</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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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ALTA TRUST SHORT TERM INVESTMENT

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

<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>3488122</u>
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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):

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

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

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

**c** EIN-PN

**d** Entity code

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

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 37 WEALTH INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 37 WEALTH INC	<b>c</b> EIN-PN 83-2497112-001
<b>a</b>	Plan name A.L. LOWDER 401K PLAN	
<b>b</b>	Name of plan sponsor A.L. LOWDER	<b>c</b> EIN-PN 56-0990649-001
<b>a</b>	Plan name ABAL TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 27-3306024-001
<b>a</b>	Plan name ABBYBANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ABBYBANK	<b>c</b> EIN-PN 39-1087461-001
<b>a</b>	Plan name ABOUT SALES, LLC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ABOUT SALES, LLC	<b>c</b> EIN-PN 26-1797324-001
<b>a</b>	Plan name ABSOLUTE ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ABSOLUTE ENERGY	<b>c</b> EIN-PN 20-3841025-001
<b>a</b>	Plan name ACOSTA & RAMIREZ LAW OFFICE LLC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ACOSTA & RAMIREZ LAW OFFICE LLC	<b>c</b> EIN-PN 66-0578106-002
<b>a</b>	Plan name ACTIVATE PHYSICAL THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACTIVATE PHYSICAL THERAPY	<b>c</b> EIN-PN 92-1440249-001
<b>a</b>	Plan name ADAM J STRICKMAN 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ADAM J STRICKMAN	<b>c</b> EIN-PN 83-3707265-001
<b>a</b>	Plan name ADAM KIRKPATRICK FAMILY DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADAM KIRKPATRICK DDS FAMILY & COSMETIC DENTISTRY LLC	<b>c</b> EIN-PN 27-3101071-001
<b>a</b>	Plan name ADELPHA PSYCHIATRICS GROUP, INC. 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADELPHA PSYCHIATRIC GROUP, INC	<b>c</b> EIN-PN 47-5674339-001
<b>a</b>	Plan name ADISON & PARTNERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADISON & PARTNERS	<b>c</b> EIN-PN 20-1058591-001

<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	ADVANCED HARDWOODS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED HARDWOODS, LLC	<b>c</b> EIN-PN 88-6694130-001
<b>a</b>	Plan name	AFAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AFAR MEDIA, LLC	<b>c</b> EIN-PN 20-4707740-001
<b>a</b>	Plan name	AFFILIATED AGENCY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AFFILIATED AGENCY, INC.	<b>c</b> EIN-PN 11-3402308-001
<b>a</b>	Plan name	AFPI 401K PLAN	
<b>b</b>	Name of plan sponsor	AAAS FELLOWSHIP PROGRAMS, INC	<b>c</b> EIN-PN 35-2536631-001
<b>a</b>	Plan name	AG DENTAL STUDIO 401K PLAN	
<b>b</b>	Name of plan sponsor	AG DENTAL STUDIO	<b>c</b> EIN-PN 46-1175217-001
<b>a</b>	Plan name	AGGARWAL ALLERGY CLINIC, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGGARWAL ALLERGY CLINIC, P.C.	<b>c</b> EIN-PN 74-2954940-001
<b>a</b>	Plan name	AILO LOGISTICS 401K PLAN FKA AJR TRUCKING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AJR TRUCKING, INC.	<b>c</b> EIN-PN 95-4287933-001
<b>a</b>	Plan name	ALABAMA SOCIETY OF CERTIFIED PUBLIC ACCOUNTS MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	ALABAMA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	<b>c</b> EIN-PN 63-0393137-002
<b>a</b>	Plan name	ALAMO FARMS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALAMO FARMS INC.	<b>c</b> EIN-PN 73-1693156-001
<b>a</b>	Plan name	ALASKA CONSERVATION LAND TRUST 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ALASKA CONSERVATION LAND TRUST	<b>c</b> EIN-PN 82-2472154-001
<b>a</b>	Plan name	ALEXS LAWN AND TURF 401K PLAN	
<b>b</b>	Name of plan sponsor	ALEXS LAWN AND TURF	<b>c</b> EIN-PN 01-0643522-001
<b>a</b>	Plan name	ALL SEASONS HEATING & COOLING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ALL SEASONS HEATING AND COOLING	<b>c</b> EIN-PN 42-1270657-001

<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	ALL SEASONS RV LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL SEASONS RV LLC	<b>c</b> EIN-PN 91-1046317-001
<b>a</b>	Plan name	ALLEGIANCE FUNDRAISING LLC 401 (K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALLEGIANCE FUNDRAISING	<b>c</b> EIN-PN 82-3042218-001
<b>a</b>	Plan name	ALLEN STEELE CO., INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLEN STEELE CO., INC	<b>c</b> EIN-PN 39-1178810-001
<b>a</b>	Plan name	ALLIED BUILDING INSPECTORS LOCAL UNION NO 211 IUOE	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF THE ALLIED BUILDING INSPECTORS LOCAL NO 211 IUOE	<b>c</b> EIN-PN 93-3768453-001
<b>a</b>	Plan name	ALLIED OLD ENGLISH, INC. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLIED OLD ENGLISH, INC.	<b>c</b> EIN-PN 22-1620386-001
<b>a</b>	Plan name	ALLIED POWER AND SUBSIDIARIES 401K PLAN PKA ALLIED POWER SERVICES	
<b>b</b>	Name of plan sponsor	ALLIED POWER SERVICES, LLC.	<b>c</b> EIN-PN 37-1857278-001
<b>a</b>	Plan name	ALL-WAYS TRANSIT INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALL-WAYS INC	<b>c</b> EIN-PN 39-1665280-001
<b>a</b>	Plan name	ALORAIR SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALORAIR SOLUTIONS, INC.	<b>c</b> EIN-PN 30-1010928-001
<b>a</b>	Plan name	ALTAIS HEALTH SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	ALTAIS HEALTH SERVICES	<b>c</b> EIN-PN 92-0757200-001
<b>a</b>	Plan name	ALTITUDE PEDIATRICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTITUDE PEDIATRICS, LLC	<b>c</b> EIN-PN 86-2908312-001
<b>a</b>	Plan name	AMARILLO CHILDREN'S CLINIC, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMARILLO CHILDREN'S CLINIC, P.A.	<b>c</b> EIN-PN 75-2780694-001
<b>a</b>	Plan name	AMERICAN BRASS MFG. CO. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN BRASS MANUFACTURING CO.	<b>c</b> EIN-PN 34-0064620-002

<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	AMERICAN SPRAY-ON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN SPRAY-ON CORPORATION	<b>c</b> EIN-PN 13-3359652-001
<b>a</b>	Plan name	AMERITAS POOLED EMPLOYER PLAN (PEP)	
<b>b</b>	Name of plan sponsor	TRG FIDUCIARY SERVICES LLC	<b>c</b> EIN-PN 82-3095168-020
<b>a</b>	Plan name	AMERITECH GRAPHICS, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	AMERITECH GRAPHICS, INC.	<b>c</b> EIN-PN 22-2540896-001
<b>a</b>	Plan name	AMPD ELECTRIC LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AMP'D ELECTRIC LLC	<b>c</b> EIN-PN 27-2821852-001
<b>a</b>	Plan name	ANDERSON BROTHERS CONSTRUCTION COMPANY OF BRAINERD 401(K)	
<b>b</b>	Name of plan sponsor	ANDERSON BROTHERS CONSTRUCTION COMPANY OF BRAINERD	<b>c</b> EIN-PN 90-0952537-001
<b>a</b>	Plan name	ANDERSON HUNTER LAW FIRM, P.S. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ANDERSON HUNTER LAW FIRM, P.S.	<b>c</b> EIN-PN 91-0926403-001
<b>a</b>	Plan name	ANDERSON, BAGLEY, & MAYO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON, BAGLEY, & MAYO INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 04-2715738-001
<b>a</b>	Plan name	API MEDIA 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	API MEDIA INNOVATIONS INC	<b>c</b> EIN-PN 84-4144585-001
<b>a</b>	Plan name	ARCHER REVIEW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	USMLEGALAXY LLC DBA ARCHER REVIEW	<b>c</b> EIN-PN 26-4288906-001
<b>a</b>	Plan name	ARCY MANUFACTURING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARCY MANUFACTURING CO., INC.	<b>c</b> EIN-PN 13-5518766-001
<b>a</b>	Plan name	ARNOLD LUMBER COMPANY 401K EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARNOLD LUMBER COMPANY	<b>c</b> EIN-PN 05-0365474-001
<b>a</b>	Plan name	ARRAY ALLIANCE, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARRAY ALLIANCE, INC.	<b>c</b> EIN-PN 82-5248574-001

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 ASCEND IMAGING, 401(K) PLAN	
<b>b</b>	Name of plan sponsor T-12 IMAGING, LLC DBA ASCEND IMAGING	<b>c</b> EIN-PN 83-4044168-001
<b>a</b>	Plan name ASCENT CLOUD LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASCENT CLOUD LLC	<b>c</b> EIN-PN 82-3015447-001
<b>a</b>	Plan name ASCENT MED, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASCENT MED, LLC	<b>c</b> EIN-PN 92-3925462-001
<b>a</b>	Plan name ASCPA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALABAMA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	<b>c</b> EIN-PN 63-0393137-002
<b>a</b>	Plan name A-TEAM LOGISTICS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor A-TEAM LOGISTICS GROUP, INC	<b>c</b> EIN-PN 82-1811893-001
<b>a</b>	Plan name A-TEAM SOLUTION EAST 401(K) PLAN	
<b>b</b>	Name of plan sponsor A-TEAM SOLUTION EAST INC	<b>c</b> EIN-PN 92-3540008-001
<b>a</b>	Plan name A-TEAM SOLUTION WEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor A-TEAM SOLUTION WEST INC	<b>c</b> EIN-PN 92-3732568-001
<b>a</b>	Plan name ATLANTIC CIVIL CONSTRUCTORS RETIRMENT TRUST	
<b>b</b>	Name of plan sponsor ATLANTIC CIVIL CONSTRUCTORS	<b>c</b> EIN-PN 73-1707896-001
<b>a</b>	Plan name ATLAS HEADREST LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLAS HEADREST LLC	<b>c</b> EIN-PN 46-2760241-001
<b>a</b>	Plan name AUGUSTA RENTAL HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUGUSTA RENTAL HOMES LLC	<b>c</b> EIN-PN 46-4872401-001
<b>a</b>	Plan name AUX DELICES GOURMET FOODS LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUX DELICES GOURMET FOODS LLC	<b>c</b> EIN-PN 06-1581108-001
<b>a</b>	Plan name AVALOTIS CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AVALOTIS CORPORATION	<b>c</b> EIN-PN 25-1187540-001

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	BABB, INC. PROFIT SHARING TRUST	
<b>b</b> Name of plan sponsor	BABB INC.	<b>c</b> EIN-PN 25-1102236-001
<b>a</b> Plan name	BACK IN BLACK 401K PLAN	
<b>b</b> Name of plan sponsor	BACK IN BLACK	<b>c</b> EIN-PN 27-3631468-001
<b>a</b> Plan name	BAMA PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	THE BAMA COMPANIES, INC	<b>c</b> EIN-PN 73-0988323-001
<b>a</b> Plan name	BANK OF ELGIN 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BANK OF ELGIN	<b>c</b> EIN-PN 47-0098100-001
<b>a</b> Plan name	BARRY, EVANS, JOSEPHS & SNIPES 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	J.M. BARRY & ASSOCIATES	<b>c</b> EIN-PN 26-2748759-001
<b>a</b> Plan name	BARTLO PACKAGING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BARTLO PACKAGING, INC.	<b>c</b> EIN-PN 22-1955538-002
<b>a</b> Plan name	BAY AREA MANAGEMENT SERVICES, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	BAY AREA MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 38-2657836-001
<b>a</b> Plan name	BAYOU ELECTRICAL SERVICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	BAYOU ELECTRICAL SERVICES	<b>c</b> EIN-PN 76-0537058-001
<b>a</b> Plan name	BAZINI ENGINEERING, PC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	BAZINI ENGINEERING, PC	<b>c</b> EIN-PN 27-3622153-001
<b>a</b> Plan name	BBTC RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	BRISTOL BAY TELEPHONE COOPERATIVE, INC. (BBTC)	<b>c</b> EIN-PN 92-0047849-001
<b>a</b> Plan name	BEAMACO, LLC 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BEAMACO, LLC	<b>c</b> EIN-PN 32-0137967-001
<b>a</b> Plan name	BELLARI 401(K) PROFIT SHARING RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	BELLARI HOME REMODELING	<b>c</b> EIN-PN 22-1547949-001

<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	BEMCO OF WESTERN NEW YORK INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BEMCO OF WESTERN NEW YORK INC	<b>c</b> EIN-PN 16-1539492-001
<b>a</b>	Plan name	BENEBIOS, INC. EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BENEBIOS, INC.	<b>c</b> EIN-PN 35-1840489-001
<b>a</b>	Plan name	BENEFICIAL INTERNATIONAL 401K PLAN	
<b>b</b>	Name of plan sponsor	BENEFICIAL INTERNATIONAL, INC.	<b>c</b> EIN-PN 87-0433825-001
<b>a</b>	Plan name	BERKSHIRE BREWING COMPANY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	BERKSHIRE BREWING COMPANY, INC.	<b>c</b> EIN-PN 04-3179085-001
<b>a</b>	Plan name	BESTWOOD AGENCY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BESTWOOD AGENCY, LLC	<b>c</b> EIN-PN 92-1877289-001
<b>a</b>	Plan name	BEV SMITH KIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NSS ACQUISITION CORP. DBA BEV SMITH KIA	<b>c</b> EIN-PN 65-0309521-001
<b>a</b>	Plan name	BEV SMITH TOYOTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NSS ACQUISITION CORP DBA BEV SMITH TOYOTA	<b>c</b> EIN-PN 65-0309521-001
<b>a</b>	Plan name	BIG COMPASS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BIG COMPASS LLC	<b>c</b> EIN-PN 45-1837999-001
<b>a</b>	Plan name	BILL'S ELECTRIC 401K PLAN	
<b>b</b>	Name of plan sponsor	BILL'S ELECTRIC, INC.	<b>c</b> EIN-PN 44-0661886-001
<b>a</b>	Plan name	BLOCK, NATION, CHASE, & SMOLEN FAMILY MEDICINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLOCK, NATION, CHASE, & SMOLEN FAMILY MEDICINE, INC.	<b>c</b> EIN-PN 59-3451416-001
<b>a</b>	Plan name	BLUE EYED THEATRICAL 401K	
<b>b</b>	Name of plan sponsor	BLUE EYED THEATRICAL DBA MML WORLDWIDE	<b>c</b> EIN-PN 20-4061565-001
<b>a</b>	Plan name	BOBS TIRE USED TIRE WAREHOUSE 401K PLAN	
<b>b</b>	Name of plan sponsor	BOBS TIRE USED TIRE WAREHOUSE	<b>c</b> EIN-PN 04-2877666-001

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 BOCHETTO & LENTZ 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOCHETTO & LENTZ, PC	<b>c</b> EIN-PN 23-2730800-001
<b>a</b>	Plan name BOND & MORRIS PC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor BOND & MORRIS, P.C.	<b>c</b> EIN-PN 84-1081308-001
<b>a</b>	Plan name BOYT HARNESS COMPANY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOYT HARNESS COMPANY, LLC	<b>c</b> EIN-PN 42-1459020-001
<b>a</b>	Plan name BRAND NU LABORATORIES, INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRAND-NU LABORATORIES, INC.	<b>c</b> EIN-PN 06-0702672-001
<b>a</b>	Plan name BRAZOS PILOTS ASSOCIATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BRAZOS PILOTS ASSOCIATION	<b>c</b> EIN-PN 76-0294908-001
<b>a</b>	Plan name BRIAN D ALEXANDER A PROFESSIONAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRIAN D ALEXANDER A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 27-3050951-002
<b>a</b>	Plan name BRIGGS TRUCKING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRIGGS TRUCKING COMPANY	<b>c</b> EIN-PN 47-0593904-001
<b>a</b>	Plan name BRIGHTLY CREATIVE 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BRIGHTLY CREATIVE LLC	<b>c</b> EIN-PN 81-4739117-001
<b>a</b>	Plan name BT SYSTEMS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BT SYSTEMS LLC	<b>c</b> EIN-PN 26-3744850-001
<b>a</b>	Plan name BUCTEL METAL FINISHING, INC 401K PLAN	
<b>b</b>	Name of plan sponsor BUCTEL METAL FINISHING, INC	<b>c</b> EIN-PN 84-4165584-001
<b>a</b>	Plan name C&R PUMPERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C&R PUMPERS, INC.	<b>c</b> EIN-PN 39-1828376-001
<b>a</b>	Plan name CABLING SYSTEMS INC 401K PLAN	
<b>b</b>	Name of plan sponsor CABLING SYSTEMS INC	<b>c</b> EIN-PN 43-2053127-001

<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	CAIRN ADVISORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	401K BELAY, LLC DBA CAIRN ADVISOR GROUP	<b>c</b> EIN-PN 27-3556108-001
<b>a</b>	Plan name	CALDWELL CUSTOM TILE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALDWELL CUSTOM TILE AND STONE, INC	<b>c</b> EIN-PN 93-1896707-001
<b>a</b>	Plan name	CALIFORNIA HEALTHCARE SKILLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA HEALTHCARE SKILLS CENTER	<b>c</b> EIN-PN 82-4440471-001
<b>a</b>	Plan name	CAMP CHAMPIONS 401(K)	
<b>b</b>	Name of plan sponsor	CAMP CHAMPIONS	<b>c</b> EIN-PN 74-2761313-001
<b>a</b>	Plan name	CAPITAL HEALTH SERVICES, INC. SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CAPITAL HEALTH SERVICES, INC	<b>c</b> EIN-PN 20-1292646-001
<b>a</b>	Plan name	CAREER MENTOR GROUP, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CAREER MENTOR GROUP, LLC	<b>c</b> EIN-PN 86-2367822-001
<b>a</b>	Plan name	CARIBBEAN SIGN SUPPLIES MANUFACTURES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARIBBEAN SIGN SUPPLIES MANUFACTURES INC	<b>c</b> EIN-PN 66-0521796-001
<b>a</b>	Plan name	CARIBE FEDERAL CREDIT UNION EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	CARIBE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 66-0204432-001
<b>a</b>	Plan name	CARL F. STATZ AND SONS, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CARL F. STATZ AND SONS, INC.	<b>c</b> EIN-PN 39-6090024-001
<b>a</b>	Plan name	CARLSON BLACK OCALLAGHAN AND BATTENBERG LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	CARLSON BLACK OCALLAGHAN AND BATTENBERG LLP	<b>c</b> EIN-PN 82-3842588-001
<b>a</b>	Plan name	CASELLAS ALCOVER AND BURGOS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CASELLAS, ALCOVER AND BURGOS	<b>c</b> EIN-PN 66-0690092-001
<b>a</b>	Plan name	CASTLE ROCK MICROWAVE 401K PLAN	
<b>b</b>	Name of plan sponsor	CASTLE ROCK MICROWAVE	<b>c</b> EIN-PN 35-2207804-001

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 CB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL BUILDERS LLC	<b>c</b> EIN-PN 82-5465976-001
<b>a</b>	Plan name CENTER FOR DIAGNOSIS AND TREATMENT LLC 401(K) PSP	
<b>b</b>	Name of plan sponsor CENTER FOR DIAGNOSIS & TREATMENT	<b>c</b> EIN-PN 20-1760960-001
<b>a</b>	Plan name CENTRAL SEMICONDUCTOR CORP. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTRAL SEMICONDUCTOR CORP	<b>c</b> EIN-PN 11-2324629-001
<b>a</b>	Plan name CENTRAL WASHINGTON NURSERY 401K AND PROFITE SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTRAL WASHINGTON NURSERY	<b>c</b> EIN-PN 91-1940576-001
<b>a</b>	Plan name CERVELLO GLOBAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CERVELLO GLOBAL CORPORATION	<b>c</b> EIN-PN 27-2488822-001
<b>a</b>	Plan name CERVELLO GLOBAL CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CERVELLO GLOBAL CORPORATION	<b>c</b> EIN-PN 27-2488822-002
<b>a</b>	Plan name CERVELLO TECHNOLOGIES LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CERVELLO GLOBAL CORPORATION	<b>c</b> EIN-PN 27-2488822-001
<b>a</b>	Plan name CHALFANT CORP 401K PLAN	
<b>b</b>	Name of plan sponsor CHALFANT CORP	<b>c</b> EIN-PN 90-0452856-001
<b>a</b>	Plan name CHAMPLIN FAMILY DENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor CHAMPLIN FAMILY DENTAL	<b>c</b> EIN-PN 13-4228119-001
<b>a</b>	Plan name CHAPVENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAPVENTURES, LLC	<b>c</b> EIN-PN 27-1049515-001
<b>a</b>	Plan name CHARLOTTE LUNG AND HEALTH CENTER, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHARLOTTE LUNG & HEALTH CENTER	<b>c</b> EIN-PN 56-2190843-001
<b>a</b>	Plan name CHEEVER CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHEEVER CONSTRUCTION COMPANY	<b>c</b> EIN-PN 47-0552170-001

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="#">CHERRYTREE MACON 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MACON GC, LLC</a>	<b>c</b> EIN-PN <a href="#">46-3824036-001</a>
<b>a</b>	Plan name <a href="#">CIG LOGISTICS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CONTINENTAL INTERMODAL GROUP, LP</a>	<b>c</b> EIN-PN <a href="#">82-4582497-001</a>
<b>a</b>	Plan name <a href="#">CITY OF EAST PRAIRIE, MO 401(A) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CITY OF EAST PRAIRIE, MO</a>	<b>c</b> EIN-PN <a href="#">43-6001090-001</a>
<b>a</b>	Plan name <a href="#">CIVETTA THERAPEUTICS LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CIVETTA THERAPEUTICS, LLC</a>	<b>c</b> EIN-PN <a href="#">83-2484543-001</a>
<b>a</b>	Plan name <a href="#">CLIMATE ENGINEERING COMPANIES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLIMATE ENGINEERING COMPANIES</a>	<b>c</b> EIN-PN <a href="#">06-1169064-001</a>
<b>a</b>	Plan name <a href="#">COASTAL CONSULTING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COASTAL CONSULTING, LLC</a>	<b>c</b> EIN-PN <a href="#">85-1887889-001</a>
<b>a</b>	Plan name <a href="#">COBEY, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COBEY, INC.</a>	<b>c</b> EIN-PN <a href="#">16-1303278-001</a>
<b>a</b>	Plan name <a href="#">COLUMBIA GLASS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLUMBIA GLASS</a>	<b>c</b> EIN-PN <a href="#">93-1296956-001</a>
<b>a</b>	Plan name <a href="#">COLUMBINE CAREGIVERS 401 (K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAF INVESTMENTS, LLC DBA COLUMBINE CAREGIVERS</a>	<b>c</b> EIN-PN <a href="#">84-2149715-001</a>
<b>a</b>	Plan name <a href="#">COMFORT DENTAL GROUP PLLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMFORT DENTAL SPA</a>	<b>c</b> EIN-PN <a href="#">20-1386426-001</a>
<b>a</b>	Plan name <a href="#">COMMERCIAL GLASS &amp; ALUMINUM INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMMERCIAL GLASS &amp; ALUMINUM INC.</a>	<b>c</b> EIN-PN <a href="#">20-8113192-001</a>
<b>a</b>	Plan name <a href="#">COMMUNITY AUTO GROUP 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAECOM HOLDINGS LLC</a>	<b>c</b> EIN-PN <a href="#">20-2052978-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COMMUNITY FIRST FOUNDATION 401K PLAN FKA COLORADO GIVES FOUNDATION 401K	
<b>b</b>	Name of plan sponsor COMMUNITY FIRST FOUNDATION	<b>c</b> EIN-PN 51-0157964-001
<b>a</b>	Plan name CONNECT LOGISTICS, INC 401K PLAN	
<b>b</b>	Name of plan sponsor CONNECT LOGISTICS, INC.	<b>c</b> EIN-PN 20-8567688-001
<b>a</b>	Plan name CONSOLIDATE ANALYTICS, INC 401K PLAN	
<b>b</b>	Name of plan sponsor CONSOLIDATED ANALYTICS, INC	<b>c</b> EIN-PN 80-0324447-001
<b>a</b>	Plan name CONTEMPORARY & COSMETIC DERMATOLOGY, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONTEMPORARY & COSMETIC DERMATOLOGY, PC	<b>c</b> EIN-PN 22-3591934-001
<b>a</b>	Plan name CONTRACTORS RETIREMENT PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor FRINGE BENEFIT GROUP, INC.	<b>c</b> EIN-PN 74-2485507-001
<b>a</b>	Plan name COPAN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COPAN	<b>c</b> EIN-PN 66-0896138-001
<b>a</b>	Plan name CORSERV HOLDINGS INC 401 K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor CORSERV HOLDINGS INC	<b>c</b> EIN-PN 30-0624702-001
<b>a</b>	Plan name COVALT LAW, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor COVALT LAW, LLC	<b>c</b> EIN-PN 82-3103195-001
<b>a</b>	Plan name CRAIG E. HARRISON, M.D., P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRAIG E. HARRISON, M.D., P.A.	<b>c</b> EIN-PN 75-2611593-001
<b>a</b>	Plan name CREDIT SAINT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CREDIT SAINT, LLC	<b>c</b> EIN-PN 26-0839546-001
<b>a</b>	Plan name CRESCENT PRINTING COMPANY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CRESCENT PRINTING COMPANY, INC.	<b>c</b> EIN-PN 39-0981785-001
<b>a</b>	Plan name CREVISTON TRUCKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor CREVISTON TRUCKING, INC.	<b>c</b> EIN-PN 35-1480921-001

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 CRITICAL DESIGN ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CRITICAL DESIGN ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2980837-001
<b>a</b>	Plan name CUMBERLAND CLINIC, S.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CUMBERLAND CLINIC, S.C.	<b>c</b> EIN-PN 39-1321235-002
<b>a</b>	Plan name CURTIS RESTAURANT SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CURTIS RESTAURANT SUPPLY	<b>c</b> EIN-PN 42-1560514-001
<b>a</b>	Plan name D.W. YOUNG 401K PLAN	
<b>b</b>	Name of plan sponsor DW YOUNG CONSTRUCTION CO, INC.	<b>c</b> EIN-PN 94-2518820-001
<b>a</b>	Plan name DAVIS & FLOYD, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVIS & FLOYD, INC.	<b>c</b> EIN-PN 57-0346458-001
<b>a</b>	Plan name DAVIS BROTHERS CONSTRUCTION GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor DAVIS BROTHERS CONSTRUCTION GROUP	<b>c</b> EIN-PN 59-1495341-001
<b>a</b>	Plan name DCI PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DOHN CONSTRUCTION INC.	<b>c</b> EIN-PN 84-1347298-001
<b>a</b>	Plan name DCS'S 401K PLAN	
<b>b</b>	Name of plan sponsor DIVERSIFIED CONSTRUCTION SERVICES INC DBA DIVERSIFIED CONSULT	<b>c</b> EIN-PN 84-1312416-001
<b>a</b>	Plan name DE LA FELD 401K PLAN	
<b>b</b>	Name of plan sponsor DE LA FELD INC	<b>c</b> EIN-PN 84-3254053-001
<b>a</b>	Plan name DEMPSEY, DEMPSEY & SHEEHAN EMPLOYEES' PENSION TRUST	
<b>b</b>	Name of plan sponsor DEMPSEY, DEMPSEY & SHEEHAN	<b>c</b> EIN-PN 22-2027754-001
<b>a</b>	Plan name DENTAL PROFESSIONALS, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DENTAL PROFESSIONALS	<b>c</b> EIN-PN 39-1809079-001
<b>a</b>	Plan name DIGITAL VENDETTA PRODUCTIONS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor DIGITAL VENDETTA PRODUCTIONS, LLC	<b>c</b> EIN-PN 47-5269686-001

<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	DIGITALFISH 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIGITALFISH	<b>c</b> EIN-PN 20-2462471-001
<b>a</b>	Plan name	DINOVA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DINOVA, INC.	<b>c</b> EIN-PN 46-2023154-001
<b>a</b>	Plan name	DISPLAY SALES CO 401K PLAN	
<b>b</b>	Name of plan sponsor	DISPLAY SALES CO	<b>c</b> EIN-PN 41-1233161-003
<b>a</b>	Plan name	DIVERSIFIED TECHNICAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIVERSIFIED TECHNICAL SERVICES, INC.	<b>c</b> EIN-PN 75-1707220-001
<b>a</b>	Plan name	DNA ARCHITECTS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DNA ARCHITECTS LLC	<b>c</b> EIN-PN 27-1446461-001
<b>a</b>	Plan name	DORADO BEACH GOLF MANAGEMENT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DORADO BEACH GOLF MANAGEMENT, LLC	<b>c</b> EIN-PN 66-0782153-001
<b>a</b>	Plan name	DOTTO CONSTRUCTION, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOTTO CONSTRUCTION, INC	<b>c</b> EIN-PN 84-4768488-001
<b>a</b>	Plan name	DR. ANDRIY KRAYNIY PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DR. ANDRIY KRAYNIY PLLC	<b>c</b> EIN-PN 83-0774598-001
<b>a</b>	Plan name	DR. SCOTT YARMARK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DR. SCOTT YARMARK	<b>c</b> EIN-PN 23-3033766-001
<b>a</b>	Plan name	DRIFTLESS DAIRIES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DRIFTLESS DAIRIES, LLC	<b>c</b> EIN-PN 46-3667764-001
<b>a</b>	Plan name	EAK PENSION PLAN	
<b>b</b>	Name of plan sponsor	VCI, INC.	<b>c</b> EIN-PN 66-0500059-001
<b>a</b>	Plan name	EAKMAN CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAKMAN CONSTRUCTION	<b>c</b> EIN-PN 47-2962440-001

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 EASTERN METAL SUPPLY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EASTERN METAL SUPPLY, INC.	<b>c</b> EIN-PN 59-2249307-001
<b>a</b>	Plan name ECS PUERTO RICO, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ECS PUERTO RICO, LLC	<b>c</b> EIN-PN 66-0970442-001
<b>a</b>	Plan name EDM MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EDM MANAGEMENT, INC.	<b>c</b> EIN-PN 20-0415273-001
<b>a</b>	Plan name EDMIK INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDMIK INC.	<b>c</b> EIN-PN 36-2367652-001
<b>a</b>	Plan name EDUCATIONAL RESOURCE SYSTEMS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor EDUCATIONAL RESOURCE SYSTEMS, INC.	<b>c</b> EIN-PN 22-3271219-001
<b>a</b>	Plan name ELECTRIC SYMPHONY, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ELECTRIC SYMPHONY, LLC	<b>c</b> EIN-PN 46-3284163-001
<b>a</b>	Plan name ELECTRONIC RESEARCH ANALYSIS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ELECTRONIC RESEARCH ANALYSIS LLC	<b>c</b> EIN-PN 20-2749077-001
<b>a</b>	Plan name ELEMENT MEDICAL BILLING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELEMENT MEDICAL BILLING, LLC	<b>c</b> EIN-PN 84-4933467-001
<b>a</b>	Plan name ELITE BEEF PRODUCERS 401K PLAN	
<b>b</b>	Name of plan sponsor ELITE BEEF PRODUCERS, INC	<b>c</b> EIN-PN 75-1926774-001
<b>a</b>	Plan name EMPLOYEE RETIREMENT SAVINGS PLAN OF FIRST COMMUNITY BANK	
<b>b</b>	Name of plan sponsor FIRST COMMUNITY BANK	<b>c</b> EIN-PN 38-2397827-002
<b>a</b>	Plan name ENCORE FINANCIAL GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ENCORE FINANCIAL	<b>c</b> EIN-PN 20-1924346-001
<b>a</b>	Plan name ENERGY SOLUTIONS TECHNOLOGY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ENERGY SOLUTIONS TECHNOLOGY, LLC	<b>c</b> EIN-PN 26-1606774-001

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 ENGINEERED COMPONENTS COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor ENGINEERED COMPONENTS CO.	<b>c</b> EIN-PN 36-3627390-001
<b>a</b>	Plan name ERICK MADRIGAL MD MBA INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ERICK MADRIGAL MD MBA INC	<b>c</b> EIN-PN 45-3573011-001
<b>a</b>	Plan name ESSENTIAL STAFFING 401 (K) PLAN	
<b>b</b>	Name of plan sponsor SS PERSONNEL LLC DBA ESSENTIAL STAFF	<b>c</b> EIN-PN 85-3974163-001
<b>a</b>	Plan name ESSEX401K PLAN	
<b>b</b>	Name of plan sponsor ESSEX PLAZA MANAGEMENT II, LLC	<b>c</b> EIN-PN 22-3412583-001
<b>a</b>	Plan name EUGENE K. MERECKI, MD, PC SAFE HARBOR 401K & PSP	
<b>b</b>	Name of plan sponsor EUGENE K. MERECKI, MD, PC	<b>c</b> EIN-PN 03-0488589-001
<b>a</b>	Plan name EVS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EVS, INC.	<b>c</b> EIN-PN 23-2858394-001
<b>a</b>	Plan name EXCEL SUPPORTED LIVING 401(K) PLAN	
<b>b</b>	Name of plan sponsor EXCEL SUPPORTED LIVING, INC.	<b>c</b> EIN-PN 45-5071064-001
<b>a</b>	Plan name F.S. LOPKE CONTRACTING INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor F.S. LOPKE CONTRACTING INC.	<b>c</b> EIN-PN 16-1012179-001
<b>a</b>	Plan name FAIRFIELD MANAGEMENT SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FAIRFIELD MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 54-2098518-001
<b>a</b>	Plan name FALCON ENGINEERING 401K PLAN	
<b>b</b>	Name of plan sponsor FALCON ENGINEERING CORPORTATION	<b>c</b> EIN-PN 47-4060894-001
<b>a</b>	Plan name FETCH VETERINARY GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor FETCH VETERINARY GROUP, LLC	<b>c</b> EIN-PN 83-3578075-001
<b>a</b>	Plan name FIRST SOUTHERN, LLC 1081.01(D) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FIRST SOUTHERN, LLC	<b>c</b> EIN-PN 66-0854460-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	FORBES HAMILTON MANAGEMENT CO 401(K) SALARY REDUCTION PLAN AND TRUST
<b>b</b>	Name of plan sponsor	FORBES HAMILTON MANAGEMENT CO.
<b>c</b>	EIN-PN	59-2816193-001
<b>a</b>	Plan name	FORT NASSAU GRAPHICS 401(K) PLAN
<b>b</b>	Name of plan sponsor	FORT NASSAU GRAPHICS
<b>c</b>	EIN-PN	21-0695484-001
<b>a</b>	Plan name	FORTY AU 401K PLAN
<b>b</b>	Name of plan sponsor	FORTY AU, LLC
<b>c</b>	EIN-PN	45-3361365-001
<b>a</b>	Plan name	FREEDOM AG AND ENERGY COOPERATIVE 401K PLAN
<b>b</b>	Name of plan sponsor	FREEDOM AG AND ENERGY COOPERATIVE
<b>c</b>	EIN-PN	88-3687780-001
<b>a</b>	Plan name	FREEMAN AND MORGAN ARCHITECTS
<b>b</b>	Name of plan sponsor	FREEMAN AND MORGAN ARCHITECTS
<b>c</b>	EIN-PN	54-1182806-001
<b>a</b>	Plan name	FRENCHTOWN CHARTER TOWNSHIP 457(B) PLAN
<b>b</b>	Name of plan sponsor	FRENCHTOWN CHARTER TOWNSHIP 401(A)
<b>c</b>	EIN-PN	38-6019659-001
<b>a</b>	Plan name	FRENCHTOWN CHARTER TOWNSHIP GOVERNMENTAL NON-ERISA
<b>b</b>	Name of plan sponsor	FRENCHTOWN CHARTER TOWNSHIP 401(A)
<b>c</b>	EIN-PN	38-6019659-001
<b>a</b>	Plan name	FRICKERS USA, LLC 401K PLAN
<b>b</b>	Name of plan sponsor	FRICKERS USA LLC
<b>c</b>	EIN-PN	20-5808051-001
<b>a</b>	Plan name	GANADO TELEPHONE COMPANY, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	GANADO TELEPHONE COMPANY
<b>c</b>	EIN-PN	74-2654575-001
<b>a</b>	Plan name	GANTREX RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GANTREX, INCORPORATED
<b>c</b>	EIN-PN	26-1506279-001
<b>a</b>	Plan name	GARDEN CITY TREATMENT CENTER, INC. PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	GARDEN CITY TREATMENT CENTER, INC.
<b>c</b>	EIN-PN	05-0423525-001
<b>a</b>	Plan name	GILBERT, WILSON & HUNTER 401(K) PLAN
<b>b</b>	Name of plan sponsor	GILBERT, WILSON, & HUNTER, LLC
<b>c</b>	EIN-PN	86-1993589-001

<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 <b>GILPIN GIVHAN, P.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GILPIN GIVHAN</b>	<b>c</b> EIN-PN <b>63-0847927-004</b>
<b>a</b>	Plan name <b>GLASSER AND GLASSER P.L.C. 401 (K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLASSER AND GLASSER P.L.C.</b>	<b>c</b> EIN-PN <b>54-0806724-001</b>
<b>a</b>	Plan name <b>GLENN INTERNATIONAL, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLENN INTERNATIONAL, INC.</b>	<b>c</b> EIN-PN <b>66-0270870-001</b>
<b>a</b>	Plan name <b>GLOBAL INTEGRITY REALTY CORPORATION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLOBL INTEGRITY REALTY CORPORATION</b>	<b>c</b> EIN-PN <b>98-4801473-001</b>
<b>a</b>	Plan name <b>GO WEST IT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PIVOT CONSULTING, INC. DBA GO WEST I.T.</b>	<b>c</b> EIN-PN <b>30-0607945-001</b>
<b>a</b>	Plan name <b>GOLDEN BEAR HEATING &amp; AIR, LLC 401K</b>	
<b>b</b>	Name of plan sponsor <b>GOLDEN BEAR HEATING &amp; AIR, LLC</b>	<b>c</b> EIN-PN <b>26-3343963-001</b>
<b>a</b>	Plan name <b>GOV SOLUTIONS GROUP 401 (K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CAMERON BELL CORPORATION DBA GOV SOLUTIONS GROUP</b>	<b>c</b> EIN-PN <b>57-0994802-001</b>
<b>a</b>	Plan name <b>GRACE BIBLE CHURCH 403(B)(9) RETIREMENT INCOME CHURCH PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRACE BIBLE CHURCH</b>	<b>c</b> EIN-PN <b>27-2343832-001</b>
<b>a</b>	Plan name <b>GRACE BIBLE CHURCH OF VIRGINIA BEACH, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRACE BIBLE CHURCH OF VIRGINIA BEACH, INC.</b>	<b>c</b> EIN-PN <b>27-2343832-001</b>
<b>a</b>	Plan name <b>GRCH ARCHITECTURE PC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRCH ARCHITECTURE PC</b>	<b>c</b> EIN-PN <b>27-2186737-001</b>
<b>a</b>	Plan name <b>GREAT JONES BUILD 401K PS</b>	
<b>b</b>	Name of plan sponsor <b>GREAT JONES BUILD LLC</b>	<b>c</b> EIN-PN <b>86-3999990-001</b>
<b>a</b>	Plan name <b>GREAT LAKES BUILDING SYSTEMS INC. 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>GREAT LAKES BUILDING SYSTEMS</b>	<b>c</b> EIN-PN <b>16-1602109-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name GREAT LAKES HYPERTENSION & KIDNEY CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES HYPERTENSION & KIDNEY CARE, INC	<b>c</b> EIN-PN 46-2824264-001
<b>a</b>	Plan name GREY ROCK ENERGY MANAGEMENT LLC 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GREY ROCK ENERGY MANAGEMENT LLC	<b>c</b> EIN-PN 46-2631848-001
<b>a</b>	Plan name GREY ROCK ENERGY PARTNERS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GREY ROCK ENERGY MANAGEMENT LLC	<b>c</b> EIN-PN 46-2631848-001
<b>a</b>	Plan name GROW MARKETING 401(K) PLAN	
<b>b</b>	Name of plan sponsor GROW MARKETING	<b>c</b> EIN-PN 47-0853473-001
<b>a</b>	Plan name GS FOSSUM DDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor G.S. FOSSUM, D.D.S.	<b>c</b> EIN-PN 74-2509785-001
<b>a</b>	Plan name GULF COAST LIMESTONE INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor GULF COAST LIMESTONE INC	<b>c</b> EIN-PN 74-1610650-001
<b>a</b>	Plan name GULF COAST MANUFACTURING LLC PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor GULF COAST MANUFACTURING LLC	<b>c</b> EIN-PN 26-0673540-001
<b>a</b>	Plan name HAITIAN BRIDGE ALLIANCE, INC 401K PLAN	
<b>b</b>	Name of plan sponsor HAITIAN BRIDGE ALLIANCE, INC	<b>c</b> EIN-PN 81-3558713-001
<b>a</b>	Plan name HALIFAX MUTUAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor HALIFAX MUTUAL	<b>c</b> EIN-PN 56-0946167-001
<b>a</b>	Plan name HATO REY PATHOLOGY ASSOCIATES, INC 1165(E) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HATO REY PATHOLOGY ASSOCIATES	<b>c</b> EIN-PN 66-0700383-001
<b>a</b>	Plan name HAYES TRANSPORT 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HAYES TRANSPORT	<b>c</b> EIN-PN 39-1761906-001
<b>a</b>	Plan name HCF MANAGEMENT, INC. RETIREMENT INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HCF MANAGEMENT, INC	<b>c</b> EIN-PN 20-0085606-001

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 HDS TRADING CORP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HDS TRADING CORP	<b>c</b> EIN-PN 56-2303877-001
<b>a</b>	Plan name HEARD CITY, 401K	
<b>b</b>	Name of plan sponsor HEARD CITY	<b>c</b> EIN-PN 45-2550387-001
<b>a</b>	Plan name HEARTWOOD 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEARTWOOD CORE INC.	<b>c</b> EIN-PN 93-2804712-001
<b>a</b>	Plan name HERB FITZGERALD COMPANY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor HERB FITZGERALD	<b>c</b> EIN-PN 39-0887285-004
<b>a</b>	Plan name HERO CREATIVE 401K PLAN	
<b>b</b>	Name of plan sponsor HERO CREATIVE LLC	<b>c</b> EIN-PN 46-4068290-001
<b>a</b>	Plan name HIAWATHA RUBBER CO 401 K PLAN	
<b>b</b>	Name of plan sponsor HIAWATHA RUBBER	<b>c</b> EIN-PN 41-0683256-004
<b>a</b>	Plan name HOLISTIC DENTAL CENTER LIBERTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOLISTIC DENTAL CENTER OF NEW JERSEY	<b>c</b> EIN-PN 87-3572900-001
<b>a</b>	Plan name HOLLAND CHRISTIAN HOME ASSOCIATION 403(B) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOLLAND CHRISTIAN HOME ASSOCIATION	<b>c</b> EIN-PN 22-1529791-002
<b>a</b>	Plan name HONEST IN IVORY 401K PLAN	
<b>b</b>	Name of plan sponsor HONEST IN IVORY, LLC	<b>c</b> EIN-PN 82-3812540-001
<b>a</b>	Plan name HUMMINGBIRD ABA THERAPY, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor HUMMINGBIRD ABA THERAPY, LLC	<b>c</b> EIN-PN 85-6348791-001
<b>a</b>	Plan name HUOT CS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HUOT CONSTRUCTION AND SERVICES INC	<b>c</b> EIN-PN 80-0521456-001
<b>a</b>	Plan name IAM8BIT INC 401K PLAN	
<b>b</b>	Name of plan sponsor IAM8BIT INC	<b>c</b> EIN-PN 20-5687099-001

<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	ICI/ISI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ISLAMIC CENTER OF IRVING	<b>c</b> EIN-PN 75-2408307-001
<b>a</b>	Plan name	ICING IMAGES, LLC EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ICING IMAGES, LLC	<b>c</b> EIN-PN 52-2185007-001
<b>a</b>	Plan name	ICON ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ICON ENTERPRISES, INC.	<b>c</b> EIN-PN 65-1214245-001
<b>a</b>	Plan name	INFINITY PLATFORMS 401K PLAN	
<b>b</b>	Name of plan sponsor	INFINITY PLATFORMS	<b>c</b> EIN-PN 82-0598470-001
<b>a</b>	Plan name	INFOPAGINAS 1081.01(D) PLAN	
<b>b</b>	Name of plan sponsor	INFOPAGINAS, INC	<b>c</b> EIN-PN 66-0723547-001
<b>a</b>	Plan name	INMINDOUT 401(K)	
<b>b</b>	Name of plan sponsor	INMINDOUT EMOTIONAL WELLNESS CENTER	<b>c</b> EIN-PN 46-1487562-001
<b>a</b>	Plan name	INSIGHT SOURCING GROUP INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INSIGHT SOURCING GROUP, INC	<b>c</b> EIN-PN 55-0793869-001
<b>a</b>	Plan name	INTECH DIRECT, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	INTECH DIRECT, INC.	<b>c</b> EIN-PN 36-4101450-001
<b>a</b>	Plan name	INTEGRA TOOL & MANUFACTURING INC SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGRA TOOL & MANUFACTURING INC	<b>c</b> EIN-PN 20-4841170-001
<b>a</b>	Plan name	INTERNATIONAL PRODUCTS GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL PRODUCTS GROUP	<b>c</b> EIN-PN 20-3357707-001
<b>a</b>	Plan name	INVENTURE RENEWABLES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INVENTURE RENEWABLES, INC.	<b>c</b> EIN-PN 45-4890950-001
<b>a</b>	Plan name	INVINCIBLE ORTHODONTICS PLLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	NAPOLI ORTHODONTICS	<b>c</b> EIN-PN 87-2139966-001

<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	IRWIN COHEN GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IRWIN COHEN GROUP	<b>c</b> EIN-PN 36-4458690-001
<b>a</b>	Plan name	IWEN TOOL SUPPLY COMPANY PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IWEN TOOL SUPPLY COMPANY	<b>c</b> EIN-PN 38-2777964-001
<b>a</b>	Plan name	J & R LANDSCAPING INCORPORATED 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	J & R LANDSCAPING INCORPORATED	<b>c</b> EIN-PN 11-2958690-001
<b>a</b>	Plan name	JARROD R GOLDBERG DDS INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JARROD R. GOLDBERG, D.D.S., INC.	<b>c</b> EIN-PN 93-3743011-001
<b>a</b>	Plan name	JB PLUMBING SERVICES, INC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JB PLUMBING SERVICES, INC	<b>c</b> EIN-PN 88-3412201-001
<b>a</b>	Plan name	JCC OF NEW ORLEANS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JCC OF NEW ORLEANS	<b>c</b> EIN-PN 72-0408937-001
<b>a</b>	Plan name	JENBAR TRUCKING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JENBAR TRUCKING, INC.	<b>c</b> EIN-PN 16-1563731-001
<b>a</b>	Plan name	JIVETEL LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JIVETEL LLC	<b>c</b> EIN-PN 27-5540532-001
<b>a</b>	Plan name	JUNIOR ACHIEVEMENT OF GREATER CLEVELAND, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JUNIOR ACHIEVEMENT OF GREATER CLEVELAND, INC	<b>c</b> EIN-PN 37-0733164-001
<b>a</b>	Plan name	KAMPROD 401(K) PSP	
<b>b</b>	Name of plan sponsor	KAMINSKY PRODUCTIONS, INC	<b>c</b> EIN-PN 33-0902268-001
<b>a</b>	Plan name	KAPS WHOLESALE 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KAPS WHOLESALE FOOD SERVICES, INC.	<b>c</b> EIN-PN 38-2456300-001
<b>a</b>	Plan name	KATO CABLE, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KATO CABLE, LLC	<b>c</b> EIN-PN 20-8250434-001

<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	KEELER MOTOR CAR CO LIMITED 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KEELER MOTOR CAR COMPANY, INC.	<b>c</b> EIN-PN 14-1687678-001
<b>a</b>	Plan name	KEENA STAFFING MEP	
<b>b</b>	Name of plan sponsor	KEENA STAFFING	<b>c</b> EIN-PN 14-1818627-001
<b>a</b>	Plan name	KEET O'GARY CONSTRUCTION 401(K)	
<b>b</b>	Name of plan sponsor	KEET O'GARY CONSTRUCTION, LLC	<b>c</b> EIN-PN 46-4445388-001
<b>a</b>	Plan name	KENSINGTON OPHTHALMOLOGY PLC 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	KENSINGTON OPHTHALMOLOGY PLC	<b>c</b> EIN-PN 38-3594965-001
<b>a</b>	Plan name	KESTREL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KESTREL ARCHITECTURE LLC DBA KESTREL DESIGN GROUP	<b>c</b> EIN-PN 45-5247352-001
<b>a</b>	Plan name	KEYSTONE DEDICATED LOGISTICS, LLC 401(K)	
<b>b</b>	Name of plan sponsor	KEYSTONE DEDICATED LOGISTICS, LLC	<b>c</b> EIN-PN 25-1829631-001
<b>a</b>	Plan name	KIDNEY CONSULTANTS OF MICHIGAN SAFE HARBOR 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	KIDNEY CONSULTANTS OF MICHIGAN	<b>c</b> EIN-PN 38-3581514-002
<b>a</b>	Plan name	KIDS ADVENTURES 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	KIDS ADVENTURES	<b>c</b> EIN-PN 52-2083101-001
<b>a</b>	Plan name	KINTETSU ENTERPRISES COMPANY OF AMERICA PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINTETSU ENTERPRISES COMPANY OF AMERICA	<b>c</b> EIN-PN 94-1528327-001
<b>a</b>	Plan name	KITCHIN & SONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KITCHIN & SON, INC.	<b>c</b> EIN-PN 35-0865462-001
<b>a</b>	Plan name	KJB FIREPLACES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	KJB FIREPLACES INC.	<b>c</b> EIN-PN 80-0403564-001
<b>a</b>	Plan name	KLEINMAN, GINZBERG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KLEINMAN GINZBERG LLP	<b>c</b> EIN-PN 88-3165415-001

<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	KLOPFENSTEIN HOMEROOMS FURNITURE 401K PLAN	
<b>b</b>	Name of plan sponsor	KLOPFENSTEIN HOMEROOMS FURNITURE	<b>c</b> EIN-PN 35-1887230-001
<b>a</b>	Plan name	KOREAN AMERICAN COMMUNITY FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOREAN AMERICAN COMMUNITY FOUNDATION	<b>c</b> EIN-PN 16-1643114-001
<b>a</b>	Plan name	KRESTON TSLR LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KRESTON TSLR LLC	<b>c</b> EIN-PN 66-0637336-001
<b>a</b>	Plan name	LA BELLA VITA MEDI SPA 401K PLAN	
<b>b</b>	Name of plan sponsor	LA BELLA VITA MEDI SPA	<b>c</b> EIN-PN 88-2471973-001
<b>a</b>	Plan name	LANGE BROS. WOODWORK CO., INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LANGE BROS. WOODWORK CO., INC.	<b>c</b> EIN-PN 39-0866468-001
<b>a</b>	Plan name	LARA & LUNA APC 401K PLAN	
<b>b</b>	Name of plan sponsor	LARA & LUNA APC	<b>c</b> EIN-PN 80-0715437-001
<b>a</b>	Plan name	LAROCCO COUNSELING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAROCCO COUNSELING	<b>c</b> EIN-PN 47-1890201-001
<b>a</b>	Plan name	LAUDERDALE ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAUDERDALE ELECTRIC, INC.	<b>c</b> EIN-PN 36-3834309-001
<b>a</b>	Plan name	LAW OFFICES OF DAVID W. HOLUB PC RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF DAVID W. HOLUB	<b>c</b> EIN-PN 20-3383755-001
<b>a</b>	Plan name	LAW OFFICES OF ROBERT J. MANNING, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF ROBERT J MANNING, LLC	<b>c</b> EIN-PN 45-4289221-001
<b>a</b>	Plan name	LEADINGAGE CALIFORNIA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LEADINGAGE CALIFORNIA	<b>c</b> EIN-PN 35-2509858-003
<b>a</b>	Plan name	LEAFHOUSE FINANCIAL ADVISORS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	LEAFHOUSE FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 26-4311657-001

<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	LEGACY BANK 401(K) PLAN
<b>b</b>	Name of plan sponsor	LEGACY BANK
<b>c</b>	EIN-PN	32-0677785-001
<b>a</b>	Plan name	LEGAL SERVICES OF NORTHERN CALIFORNIA 401(K) PLAN
<b>b</b>	Name of plan sponsor	LEGAL SERVICES OF NORTHERN CALIFORNIA
<b>c</b>	EIN-PN	94-1384659-002
<b>a</b>	Plan name	LEGAL SERVICES OF NORTHERN CALIFORNIA TAX DEFERRED ANNUITY PLAN
<b>b</b>	Name of plan sponsor	LEGAL SERVICES OF NORTHERN CALIFORNIA
<b>c</b>	EIN-PN	94-1384659-001
<b>a</b>	Plan name	LEHMAN & EILEN LLP 401(K) PLAN
<b>b</b>	Name of plan sponsor	LEHMAN & EILEN LLP
<b>c</b>	EIN-PN	11-3211659-001
<b>a</b>	Plan name	LENFAM MANAGEMENT COMPANY 401(K) PLAN
<b>b</b>	Name of plan sponsor	LENFAM MANAGEMENT COMPANY
<b>c</b>	EIN-PN	22-3773455-001
<b>a</b>	Plan name	LIFE WORKS 401K PLAN
<b>b</b>	Name of plan sponsor	LIFE WORKS
<b>c</b>	EIN-PN	91-1224762-001
<b>a</b>	Plan name	LOTUS PHARMACY 401(K) PLAN
<b>b</b>	Name of plan sponsor	TRATT
<b>c</b>	EIN-PN	83-0918473-001
<b>a</b>	Plan name	LVZ INC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	LVZ, INC
<b>c</b>	EIN-PN	38-3154499-001
<b>a</b>	Plan name	MACHINE TOOL CAMP LLC 401K PLAN
<b>b</b>	Name of plan sponsor	MACHIN TOOL CAMP LLC
<b>c</b>	EIN-PN	30-0869027-001
<b>a</b>	Plan name	MANDA MACHINE 401K PLAN
<b>b</b>	Name of plan sponsor	MANDA MACHINE COMPANY INC
<b>c</b>	EIN-PN	75-1231525-001
<b>a</b>	Plan name	MANDLER ENTERPRISES LTD 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MANDLER ENTERPRISES, LTD.
<b>c</b>	EIN-PN	13-3912848-003
<b>a</b>	Plan name	MARATHON GROUP 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MARATHON GROUP
<b>c</b>	EIN-PN	47-3303030-001

<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	MARK III CONSTRUCTION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MARK III CONSTRUCTION	<b>c</b> EIN-PN 27-0998726-002
<b>a</b>	Plan name	MASS MEDIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASS MEDIA INC	<b>c</b> EIN-PN 26-3826255-001
<b>a</b>	Plan name	MAYA 401K PLAN	
<b>b</b>	Name of plan sponsor	MAYA AMERICA LLC	<b>c</b> EIN-PN 46-3912538-001
<b>a</b>	Plan name	MCGOWAN BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCGOWAN BUILDERS, INC.	<b>c</b> EIN-PN 22-3812539-001
<b>a</b>	Plan name	MCRAE'S U.S. MAIL SERVICE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MCRAE'S U.S. MAIL SERVICE, INC.	<b>c</b> EIN-PN 39-1745087-001
<b>a</b>	Plan name	MEDSPHERE SYSTEMS CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	MEDSPHERE SYSTEMS CORPORATION	<b>c</b> EIN-PN 46-0468810-001
<b>a</b>	Plan name	MERCER STREET HOSPITALITY 401K PLAN	
<b>b</b>	Name of plan sponsor	MERCER STREET HOSPITALITY LLC	<b>c</b> EIN-PN 47-1029934-001
<b>a</b>	Plan name	MERCY CHEFS 401K PLAN	
<b>b</b>	Name of plan sponsor	MERCY CHEFS, INC.	<b>c</b> EIN-PN 20-5050449-001
<b>a</b>	Plan name	MERRELL FAMILY DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERRELL FAMILY DENTISTRY	<b>c</b> EIN-PN 46-4288509-001
<b>a</b>	Plan name	MERRIFIELD GARDEN CENTER 401(K) PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MERRIFIELD GARDEN CENTER	<b>c</b> EIN-PN 54-0936775-001
<b>a</b>	Plan name	METAFOODS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	METAFOODS LLC	<b>c</b> EIN-PN 58-2317952-001
<b>a</b>	Plan name	METRA INDUSTRIES INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	METRA INDUSTRIES	<b>c</b> EIN-PN 22-2314048-001

<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	METRIE 401 (K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	METRIE INC.	<b>c</b> EIN-PN 91-0849242-002
<b>a</b>	Plan name	MEYER PRO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MEYER PRO	<b>c</b> EIN-PN 47-4920962-001
<b>a</b>	Plan name	MIDWEST MANAGEMENT GROUP PEO MEP	
<b>b</b>	Name of plan sponsor	MIDWEST MANAGEMENT GROUP	<b>c</b> EIN-PN 26-0269975-001
<b>a</b>	Plan name	MIDWEST MANAGEMENT GROUP, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST MANAGEMENT GROUP	<b>c</b> EIN-PN 26-0269975-001
<b>a</b>	Plan name	MILLS CONSTRUCTION CO., INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	MILLS CONSTRUCTION CO. OF SC, INC	<b>c</b> EIN-PN 56-2258803-001
<b>a</b>	Plan name	MIRRORWEB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIRRORWEB	<b>c</b> EIN-PN 32-0578428-001
<b>a</b>	Plan name	MITCHELL SANDLER PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MITCHELL SANDLER PLLC	<b>c</b> EIN-PN 83-4349626-001
<b>a</b>	Plan name	MODEN GIROUX INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MODEN GIROUX, INC	<b>c</b> EIN-PN 16-1201730-001
<b>a</b>	Plan name	MODSQUAD, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MODSQUAD INC.	<b>c</b> EIN-PN 80-0196337-001
<b>a</b>	Plan name	MOELLER GRAF P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	MOELLER GRAF P.C.	<b>c</b> EIN-PN 20-3612236-001
<b>a</b>	Plan name	MONTANA ROCKWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONTANA ROCKWORKS	<b>c</b> EIN-PN 20-4010923-001
<b>a</b>	Plan name	MONTENEGRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONTENEGRO PAPER LTD. DBA MONTENEGRO, INC.	<b>c</b> EIN-PN 36-4113264-001

<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	MPM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MADISON PROPERTY MANAGEMENT, INC.	<b>c</b> EIN-PN 39-1622225-001
<b>a</b>	Plan name	MUELLNER CONSTRUCTION OF ILLINOIS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUELLNER CONSTRUCTION OF ILLINOIS, INC	<b>c</b> EIN-PN 36-3438307-001
<b>a</b>	Plan name	MVP ENTERPRISES/INDUSTRIAL SCALE CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MVP ENTERPRISES INC. INDUSTRIAL SCALE COMPANY INC.	<b>c</b> EIN-PN 76-0045637-001
<b>a</b>	Plan name	MY SAVINGS 401(K) PEP	
<b>b</b>	Name of plan sponsor	AMERICANTCS FIDUCIARY SERVICES, LLC	<b>c</b> EIN-PN 93-2789379-046
<b>a</b>	Plan name	NATIONAL SKEET SHOOTING ASSOCIATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL SKEET SHOOTING ASSOCIATION	<b>c</b> EIN-PN 75-0108632-001
<b>a</b>	Plan name	NCBFAA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NCBFAA	<b>c</b> EIN-PN 13-5544472-001
<b>a</b>	Plan name	NET MEDIA GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NET MEDIA GROUP LLC	<b>c</b> EIN-PN 46-3395889-001
<b>a</b>	Plan name	NEW DESIGN INC. 401(K)	
<b>b</b>	Name of plan sponsor	NEW DESIGN INC	<b>c</b> EIN-PN 74-3083709-001
<b>a</b>	Plan name	NEW DIRECTIONS PUBLISHING CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW DIRECTIONS PUBLISHING CORP	<b>c</b> EIN-PN 13-2508376-001
<b>a</b>	Plan name	NEXONE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXONE, INC.	<b>c</b> EIN-PN 87-0661191-001
<b>a</b>	Plan name	NIC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NET-INTEGRATED CONSULTING (NIC)	<b>c</b> EIN-PN 42-1416082-001
<b>a</b>	Plan name	NORMAN PEDIATRIC ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORMAN PEDIATRIC, PC	<b>c</b> EIN-PN 73-1601492-001

<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	NORTH BLOOM 401K	
<b>b</b>	Name of plan sponsor	NORTH BLOOM CONSTRUCTION GROUP INC	<b>c</b> EIN-PN 87-1580710-001
<b>a</b>	Plan name	NORTHEAST PRESTRESSED PRODUCTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST PRESTRESSED PRODUCTS, LLC	<b>c</b> EIN-PN 26-3826906-001
<b>a</b>	Plan name	NPOWER SOLUTIONS, LLC 401K PLAN PKA ALLIED POWER RESOURCES 401K	
<b>b</b>	Name of plan sponsor	NPOWER SOLUTIONS, LLC	<b>c</b> EIN-PN 82-1707939-001
<b>a</b>	Plan name	OEC GRAPHICS	
<b>b</b>	Name of plan sponsor	OEC GRAPHICS, INC.	<b>c</b> EIN-PN 39-1300300-002
<b>a</b>	Plan name	OFFSHORE CONTRACT SERVICES LLC, 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OFFSHORE CONTRACT SERVICES, LLC	<b>c</b> EIN-PN 20-3162306-001
<b>a</b>	Plan name	OLAES ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLAES ENTERPRISES, INC.	<b>c</b> EIN-PN 33-0638481-001
<b>a</b>	Plan name	OLIVER DENTAL HEALTH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TONI J. OLIVER DDS P.C.	<b>c</b> EIN-PN 90-1506114-001
<b>a</b>	Plan name	OLYMPIA SALES COMPANY INC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLYMPIA SALES COMPANY, INC	<b>c</b> EIN-PN 87-0228488-003
<b>a</b>	Plan name	OMNILERT LLC 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	OMNILERT, LLC	<b>c</b> EIN-PN 73-1719570-001
<b>a</b>	Plan name	ONEASCENT 401K PLAN	
<b>b</b>	Name of plan sponsor	ONEASCENT HOLDINGS, LLC	<b>c</b> EIN-PN 81-4961140-001
<b>a</b>	Plan name	OPSAHL DAWSON & COMPANY, P.S., 401K PLAN	
<b>b</b>	Name of plan sponsor	OPSAHL DAWSON & COMPANY	<b>c</b> EIN-PN 80-0305279-001
<b>a</b>	Plan name	ORBAY NEW JERSERY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ORBAY NEW JERSEY INC	<b>c</b> EIN-PN 22-3617871-001

<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 OREGON MOBILE PHYSICAL THERAPY LLC 401K PSP	
<b>b</b>	Name of plan sponsor OREGON MOBILE PHYSICAL THERAPY LLC	<b>c</b> EIN-PN 88-3358823-001
<b>a</b>	Plan name OSAGE FINANCIAL SERVICES, INC 401K PLAN	
<b>b</b>	Name of plan sponsor OSAGE FINANCIAL SERVICES, INC	<b>c</b> EIN-PN 26-0014113-001
<b>a</b>	Plan name P.I.E. FACILITIES OF NEW YORK, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor P.I.E. FACILITIES OF NEW YORK, INC.	<b>c</b> EIN-PN 13-3271193-001
<b>a</b>	Plan name PABLO CENTER AT THE CONFLUENCE 401K PLAN	
<b>b</b>	Name of plan sponsor PABLO CENTER AT THE CONFLUENCE	<b>c</b> EIN-PN 45-5405233-001
<b>a</b>	Plan name PALMER ELECTRIC 401K PLAN	
<b>b</b>	Name of plan sponsor PALMER ELECTRIC, INC	<b>c</b> EIN-PN 88-0361721-001
<b>a</b>	Plan name PAYFLUENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor PAYFLUENCE HCM LLC	<b>c</b> EIN-PN 87-2429104-001
<b>a</b>	Plan name PAYNE INDUSTRIES LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PAYNE INDUSTRIES LLC	<b>c</b> EIN-PN 45-5029360-001
<b>a</b>	Plan name PEDRO C. FALTO DETRES MD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DR. PEDRO C. FALTO DETRES	<b>c</b> EIN-PN 66-6028608-001
<b>a</b>	Plan name PELHAM HEALTHCARE ASSOCIATES, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PELHAM HEALTHCARE ASSOCIATES, PLLC	<b>c</b> EIN-PN 27-0134323-001
<b>a</b>	Plan name PELLA PRODUCTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PELLA PRODUCTS, INC.	<b>c</b> EIN-PN 04-2303271-002
<b>a</b>	Plan name PENNIAN BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor PENNIAN BANK	<b>c</b> EIN-PN 23-0873877-001
<b>a</b>	Plan name PERRY FUNERAL HOME, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor PERRY FUNERAL HOME, INC	<b>c</b> EIN-PN 11-2067621-001

<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	PETIT BIZOO ART STUDIO 401K PLAN	
<b>b</b>	Name of plan sponsor	PETIT BIZOO ART STUDIO	<b>c</b> EIN-PN 81-1041970-001
<b>a</b>	Plan name	PHILADELPHIA RESERVE SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHILADELPHIA RESERVE SUPPLY COMPANY	<b>c</b> EIN-PN 23-0973030-003
<b>a</b>	Plan name	PIERSON WIRELESS SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PIERSON WIRELESS	<b>c</b> EIN-PN 20-1240400-001
<b>a</b>	Plan name	PINELAWN CEMETERY 401K PLAN	
<b>b</b>	Name of plan sponsor	PINELAWN CEMETERY	<b>c</b> EIN-PN 11-1190044-002
<b>a</b>	Plan name	PINELAWN CEMETERY UNION 401K PLAN	
<b>b</b>	Name of plan sponsor	PINELAWN CEMETERY	<b>c</b> EIN-PN 11-1190044-004
<b>a</b>	Plan name	PION INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PION INSTRUMENTS, INC.	<b>c</b> EIN-PN 27-4155134-001
<b>a</b>	Plan name	PLANO HOUSING AUTHORITY 401 (A) PLAN	
<b>b</b>	Name of plan sponsor	PLANO HOUSING AUTHORITY	<b>c</b> EIN-PN 75-1609245-001
<b>a</b>	Plan name	POWER BOLT AND TOOL INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	POWER BOLT AND TOOL INC.	<b>c</b> EIN-PN 61-1472072-001
<b>a</b>	Plan name	PREMIER GOLD MINES USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER GOLD MINES USA, INC.	<b>c</b> EIN-PN 32-0353333-001
<b>a</b>	Plan name	PRIORITY GOLD 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRIORITY GOLD	<b>c</b> EIN-PN 86-3795815-001
<b>a</b>	Plan name	PRIORITY PHYSICIANS, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRIORITY PHYSICIANS, INC.	<b>c</b> EIN-PN 27-0548569-001
<b>a</b>	Plan name	PROMED MOLDED PRODUCTS, INC. 401(K)	
<b>b</b>	Name of plan sponsor	PROMED MOLDED PRODUCTS, INC.	<b>c</b> EIN-PN 41-1635956-001

<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	PROTOUCH PAINTING INC. PROFIT SHARING AND 401(K) TRUST	
<b>b</b>	Name of plan sponsor	PROTOUCH PAINTING INC.	<b>c</b> EIN-PN 41-1711549-001
<b>a</b>	Plan name	PROVENANCE ENGINEERING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PROVENANCE ENGINEERING, LLC	<b>c</b> EIN-PN 83-4318489-001
<b>a</b>	Plan name	PROVIDER NETWORKS SOLUTIONS OF PR 1081.01(D) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AGILERTA, LLC	<b>c</b> EIN-PN 66-6050780-001
<b>a</b>	Plan name	PUMA ENERGY PUERTO RICO RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PUMA ENERGY CARIBE, LLC	<b>c</b> EIN-PN 66-0759525-001
<b>a</b>	Plan name	PURE HEALTH MIAMI 401K PLAN	
<b>b</b>	Name of plan sponsor	PURE HEALTH MIAMI, LLC	<b>c</b> EIN-PN 30-0785533-001
<b>a</b>	Plan name	PWP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERELLA WEINBERG PARTNERS GROUP LP	<b>c</b> EIN-PN 81-3881290-001
<b>a</b>	Plan name	PYRAMYD AIR LTD. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	PYRAMYD AIR LTD.	<b>c</b> EIN-PN 34-1934005-001
<b>a</b>	Plan name	PYRROS & SERRES, LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PYRROS & SERRES, LLP	<b>c</b> EIN-PN 11-3522677-001
<b>a</b>	Plan name	QUESTEK 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	QUEST TEK INNOVATIONS LLC	<b>c</b> EIN-PN 36-4116425-001
<b>a</b>	Plan name	RADIANCE SKIN THERAPY AND LASER CENTER 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RADIANCE SKIN THERAPY AND LASER CENTER	<b>c</b> EIN-PN 20-5190786-002
<b>a</b>	Plan name	RADIOGRAPHIC ENGINEERING INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RADIOGRAPHIC ENGINEERING INC	<b>c</b> EIN-PN 59-3704820-002
<b>a</b>	Plan name	RAMACO RESOURCES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	RAMACO RESOURCES, INC.	<b>c</b> EIN-PN 38-4018838-001

<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	RANDALL THERAPEUTIC SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	RANDALL THERAPEUTIC SERVICES	<b>c</b> EIN-PN 82-3161255-001
<b>a</b>	Plan name	RAPID RESPONSE 401K PLAN	
<b>b</b>	Name of plan sponsor	RAPID RESPONSE, INC.	<b>c</b> EIN-PN 43-1925523-001
<b>a</b>	Plan name	RELIABLE PLUMBING & HEATING INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RELIABLE PLUMBING & HEATING INC	<b>c</b> EIN-PN 87-0626238-001
<b>a</b>	Plan name	RETHWISCH TRANSPORT 401K PLAN	
<b>b</b>	Name of plan sponsor	RETHWISCH TRANSPORT LLC	<b>c</b> EIN-PN 90-0531803-001
<b>a</b>	Plan name	REVOLUTION MACHINE TOOLS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REVOLUTION MACHINE TOOL INC	<b>c</b> EIN-PN 47-2956254-001
<b>a</b>	Plan name	RHC LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVERA HERNANDEZ CAMPOS PLLC	<b>c</b> EIN-PN 88-1428074-001
<b>a</b>	Plan name	RIATA CAPITAL GROUP 401(K)	
<b>b</b>	Name of plan sponsor	RIATA CAPITAL GROUP, LLC	<b>c</b> EIN-PN 47-1248486-001
<b>a</b>	Plan name	RIVER CITY MEDICAL ASSOCIATES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVER CITY MEDICAL ASSOCIATES INC.	<b>c</b> EIN-PN 56-2612383-001
<b>a</b>	Plan name	RIVERA-MUNICH & HERNANDEZ LAW OFFICES P.S.C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RIVERA-MUNICH & HERNANDEZ LAW OFFICES P.S.C.	<b>c</b> EIN-PN 66-0691976-001
<b>a</b>	Plan name	RIVERBEND FINANCIAL GROUP LLC 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIVERBEND FINANCIAL GROUP LLC	<b>c</b> EIN-PN 20-0192528-001
<b>a</b>	Plan name	RIVERWAY FAMILY DENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	JEFFERY & DAVIES DDS, PLLC DBA RIVERWAY FAMILY DENTAL	<b>c</b> EIN-PN 83-2539901-001
<b>a</b>	Plan name	ROBERT R ANDREAS AND SONS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT R. ANDREAS & SONS, INC.	<b>c</b> EIN-PN 36-2751339-001

<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	ROCKETSHIP FINANCIAL CORPORATION 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKETSHIP FINANCIAL CORPORATION	<b>c</b> EIN-PN 86-3870443-001
<b>a</b>	Plan name	ROJOLI SERVICES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROJOLI SERVICES, INC.	<b>c</b> EIN-PN 83-4007069-001
<b>a</b>	Plan name	ROONEY PROPERTIES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ROONEY PROPERTIES, LLC	<b>c</b> EIN-PN 39-1976054-001
<b>a</b>	Plan name	RR GROUP INC EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RR GROUP RETIREMENT	<b>c</b> EIN-PN 66-0240259-001
<b>a</b>	Plan name	RUTHERFORD EQUIPMENT RENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	RUTHERFORD EQUIPMENT RENTAL, INC	<b>c</b> EIN-PN 27-4345599-001
<b>a</b>	Plan name	SAILFISH CLUB OF FLORIDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAILFISH CLUB OF FLORIDA	<b>c</b> EIN-PN 59-0432073-001
<b>a</b>	Plan name	SAL ELECTRIC COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAL ELECTRIC COMPANY, INC	<b>c</b> EIN-PN 22-2009671-001
<b>a</b>	Plan name	SAN DIEGO COUNTY SCHOOLS FRINGE BENEFITS CONSORTIUM 401(A)	
<b>b</b>	Name of plan sponsor	SAN DIEGO & IMPERIAL COUNTY SCHOOLS FBC INSURANCE	<b>c</b> EIN-PN 91-1235432-001
<b>a</b>	Plan name	SAN DIEGO COUNTY SCHOOLS FRINGE BENEFITS CONSORTIUM 457(B)	
<b>b</b>	Name of plan sponsor	SAN DIEGO & IMPERIAL COUNTY SCHOOLS FBC INSURANCE	<b>c</b> EIN-PN 91-1235432-001
<b>a</b>	Plan name	SANDERS HOME COMFORT 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SANDERS HOME COMFORT	<b>c</b> EIN-PN 99-0923441-001
<b>a</b>	Plan name	SAUNDERS & WALSH, PLLC RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	SAUNDERS, WALSH & BEARD	<b>c</b> EIN-PN 45-4460984-001
<b>a</b>	Plan name	SCHNEIDER ENGINEERING LTD 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHNEIDER ENGINEERING, LTD.	<b>c</b> EIN-PN 74-2883926-001

<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	SCHUMANN FINANCIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWISHER & SCHUMANN, LTD. DBA SCHUMANN FINANCIAL	<b>c</b> EIN-PN 37-1238623-001
<b>a</b>	Plan name	SEASONS AFC 401K PLAN	
<b>b</b>	Name of plan sponsor	SEASONS AFC	<b>c</b> EIN-PN 26-0400538-001
<b>a</b>	Plan name	SEIDEL SCHROEDER & COMPANY 401(K) PROFIT SHARING AND TRUST	
<b>b</b>	Name of plan sponsor	SEIDEL SCHROEDER	<b>c</b> EIN-PN 74-2052353-001
<b>a</b>	Plan name	SEIDER HEATING D/B/A ENVIRA-TECH 401K PLAN	
<b>b</b>	Name of plan sponsor	SEIDER HEATING	<b>c</b> EIN-PN 39-1602647-001
<b>a</b>	Plan name	SERVICE MACHINE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SERVICE MACHINE SPECIALTIES, INC.	<b>c</b> EIN-PN 72-1134146-001
<b>a</b>	Plan name	SHAPIRO FAMILY DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHAPIRO FAMILY DENTISTRY	<b>c</b> EIN-PN 65-0949510-001
<b>a</b>	Plan name	SHEPPARD BRACKETS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHEPPARD BRACKETS	<b>c</b> EIN-PN 84-2870398-001
<b>a</b>	Plan name	SHILOH'S HOPE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHILOH'S HOPE, INC	<b>c</b> EIN-PN 85-1171836-001
<b>a</b>	Plan name	SHORELAND INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHORELAND INC.	<b>c</b> EIN-PN 39-1444288-001
<b>a</b>	Plan name	SHOREMATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHOREMATE	<b>c</b> EIN-PN 20-4225000-001
<b>a</b>	Plan name	SIMPLIFYANCE INC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SIMPLIFYANCE INC	<b>c</b> EIN-PN 92-2476002-001
<b>a</b>	Plan name	SKC ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	SKC ASSOCIATES LLC	<b>c</b> EIN-PN 84-6352330-001

<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	SMART BUILDINGS ACADEMY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMART BUILDINGS ACADEMY LLC	<b>c</b> EIN-PN 82-4791666-001
<b>a</b>	Plan name	SOLUTIONS TRAVEL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOLUTIONS TRAVEL LLC	<b>c</b> EIN-PN 88-3360877-001
<b>a</b>	Plan name	SONNY OLIVER REALTY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OLIVER OIL COMPANY, SONNY OLIVER REALTY COMPANY	<b>c</b> EIN-PN 56-2150863-001
<b>a</b>	Plan name	SPECTRA CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECTRA CENTERS, INC.	<b>c</b> EIN-PN 45-5568760-001
<b>a</b>	Plan name	SPEECH PATHOLOGY ASSOCIATES, INC 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPEECH PATHOLOGY ASSOCIATES, INC	<b>c</b> EIN-PN 37-1508335-001
<b>a</b>	Plan name	ST. JOHN OF GOD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. JOHN OF GOD	<b>c</b> EIN-PN 22-6088881-001
<b>a</b>	Plan name	ST. LOUIS DEVELOPMENT CORP EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ST. LOUIS DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 43-1490972-001
<b>a</b>	Plan name	STARLING LAW FIRM, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STARLING LAW FIRM, PLLC	<b>c</b> EIN-PN 83-1107000-001
<b>a</b>	Plan name	STRATEGIC IT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STRATEGIC IT	<b>c</b> EIN-PN 82-4462234-001
<b>a</b>	Plan name	STUEKEN 401K PLAN	
<b>b</b>	Name of plan sponsor	STUEKEN, LLC	<b>c</b> EIN-PN 58-2285181-001
<b>a</b>	Plan name	SUMMIT ENVIRONMENTAL SERVICES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT ENVIRONMENTAL SERVICES CORP	<b>c</b> EIN-PN 25-1643755-001
<b>a</b>	Plan name	SUMMIT MEDICAL CAROLINAS 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT MEDICAL CAROLINAS PLLC	<b>c</b> EIN-PN 88-2568242-001

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="#">SUN CITY GROUP 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUN CITY GROUP, INC</a>	<b>c</b> EIN-PN <a href="#">20-5001442-001</a>
<b>a</b>	Plan name <a href="#">SUPERIOR EXHIBITS &amp; DESIGN, INC 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUPERIOR EXHIBITS &amp; DESIGN, INC.</a>	<b>c</b> EIN-PN <a href="#">36-4155854-001</a>
<b>a</b>	Plan name <a href="#">SWAGS SPORTS SHOES 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">SWAGS SPORTS SHOES INC</a>	<b>c</b> EIN-PN <a href="#">31-1551344-001</a>
<b>a</b>	Plan name <a href="#">SWIMMING POOL PRO INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SWIMMING POOL PRO INC.</a>	<b>c</b> EIN-PN <a href="#">82-1773425-001</a>
<b>a</b>	Plan name <a href="#">SYNERGIZE DENTAL RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SYNERGIZE DENTAL</a>	<b>c</b> EIN-PN <a href="#">90-0035653-001</a>
<b>a</b>	Plan name <a href="#">TAITEM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TAITEM ENGINEERING, D.P.C</a>	<b>c</b> EIN-PN <a href="#">16-1495508-001</a>
<b>a</b>	Plan name <a href="#">TALON ONE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TALON ONE INC</a>	<b>c</b> EIN-PN <a href="#">86-1707744-001</a>
<b>a</b>	Plan name <a href="#">TAYLOR OILFIELD MANUFACTURING, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TAYLOR OILFIELD MANUFACTURING, INC.</a>	<b>c</b> EIN-PN <a href="#">72-1175850-001</a>
<b>a</b>	Plan name <a href="#">TEAM NEISLER 401 (K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DECK FOOD, INC</a>	<b>c</b> EIN-PN <a href="#">04-3762944-002</a>
<b>a</b>	Plan name <a href="#">TEC-TEL COMMUNICATIONS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEL-TEC COMMUNICATIONS, LLC</a>	<b>c</b> EIN-PN <a href="#">27-5060051-001</a>
<b>a</b>	Plan name <a href="#">TEXANS ANESTHESIOLOGY ASSOCIATES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEXANS ANESTHESIOLOGY ASSOCIATES</a>	<b>c</b> EIN-PN <a href="#">26-0507982-001</a>
<b>a</b>	Plan name <a href="#">THE ANTERO GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE ANTERO GROUP</a>	<b>c</b> EIN-PN <a href="#">47-3959204-001</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	THE BLACKBAUD GIVING FUND 401K PLAN	
<b>b</b>	Name of plan sponsor	THE BLACKBAUD GIVING FUND	<b>c</b> EIN-PN 46-0942102-001
<b>a</b>	Plan name	THE DE MOYA GROUP, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THE DE MOYA GROUP, INC.	<b>c</b> EIN-PN 59-2629362-001
<b>a</b>	Plan name	THE LINCOLN SQUARE CONDOMINIUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE LINCOLN SQUARE CONDOMINIUM	<b>c</b> EIN-PN 13-3794593-001
<b>a</b>	Plan name	THE MUFFIN MAM, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE MUFFIN MAM, INC.	<b>c</b> EIN-PN 83-0929843-001
<b>a</b>	Plan name	THE OFFICE OF MARVEL & MARCHAND ARCHITECTS, LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE OFFICE OF MARVEL & MARCHAND ARCHITECTS	<b>c</b> EIN-PN 66-0542558-001
<b>a</b>	Plan name	THE OUTDOOR GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE OUTDOOR GROUP, LLC	<b>c</b> EIN-PN 32-0371114-001
<b>a</b>	Plan name	THE PAPER CUT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE PAPER CUT	<b>c</b> EIN-PN 39-1987465-001
<b>a</b>	Plan name	THE QUAD PROJECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE QUAD PROJECT INC	<b>c</b> EIN-PN 99-1968258-001
<b>a</b>	Plan name	THE STORAGE PLACE 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANTAGE PUBLIC STORAGE LLC DBA THE STORAGE PLACE	<b>c</b> EIN-PN 74-2944121-001
<b>a</b>	Plan name	TIME EQUITIES INC 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	TIME EQUITIES, INC.	<b>c</b> EIN-PN 13-2659445-001
<b>a</b>	Plan name	TISCH MILLS 401K PLAN	
<b>b</b>	Name of plan sponsor	TISCH MILLS FARM CENTER INC	<b>c</b> EIN-PN 39-1332778-001
<b>a</b>	Plan name	TLP ENGINEERING CONSULTANTS, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TLP ENGINEERING CONSULTANTS, INC	<b>c</b> EIN-PN 20-5447373-001

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>TODD BREMER AND LAWSON INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TODD, BREMER &amp; LAWSON, INC</b>	<b>c</b> EIN-PN <b>57-0605947-001</b>
<b>a</b>	Plan name <b>TOLEDO &amp; CO. LLC 1081.01(D) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOLEDO &amp; CO. LLC</b>	<b>c</b> EIN-PN <b>66-0617160-001</b>
<b>a</b>	Plan name <b>TORREY PINES DERMATOLOGY, A MED CORP RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TORREY PINES DERMATOLOGY</b>	<b>c</b> EIN-PN <b>14-1869205-002</b>
<b>a</b>	Plan name <b>TRAFFIC AUDIT &amp; BUREAU SERVICES, LLC RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRAFFIC AUDIT &amp; BUREAU SERVICES (TABS)</b>	<b>c</b> EIN-PN <b>82-3781309-001</b>
<b>a</b>	Plan name <b>TRANSITIONAL SERVICES OF NEW YORK FOR LONG ISLAND</b>	
<b>b</b>	Name of plan sponsor <b>TRANSITIONAL SERVICES OF NEW YORK FOR LONG ISLAND INC.</b>	<b>c</b> EIN-PN <b>11-2592828-001</b>
<b>a</b>	Plan name <b>TRG 401K PLAN (PEP)</b>	
<b>b</b>	Name of plan sponsor <b>TRG FIDUCIARY SERVICES, LLC</b>	<b>c</b> EIN-PN <b>82-3095168-005</b>
<b>a</b>	Plan name <b>TRI-CITY CONCRETE CONTRACTORS INC., 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRI-CITY CONCRETE CONTRACTORS INC</b>	<b>c</b> EIN-PN <b>39-1721021-001</b>
<b>a</b>	Plan name <b>TRILLIAN TECHNOLOGIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRILLIAN TECHNOLOGIES</b>	<b>c</b> EIN-PN <b>27-3369679-001</b>
<b>a</b>	Plan name <b>TRU-BUILT CONSTRUCTION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRU-BUILT CONSTRUCTION</b>	<b>c</b> EIN-PN <b>47-0842613-001</b>
<b>a</b>	Plan name <b>TRUE NORTH ANESTHESIA PROFIT SHARING PLAN PKA NURSE ANESTHESIA OF MAINE LLC PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NURSE ANESTHESIA OF MAINE LLC</b>	<b>c</b> EIN-PN <b>41-2096532-001</b>
<b>a</b>	Plan name <b>TURNER MACHINE CO.401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TURNER MACHINE CO. INC</b>	<b>c</b> EIN-PN <b>73-1408816-001</b>
<b>a</b>	Plan name <b>TURNURE MEDICAL GROUP INC 401K PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>TURNURE MEDICAL GROUP INC</b>	<b>c</b> EIN-PN <b>94-3343246-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name TWISTED COMPUTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TWISTED COMPUTING, INC	<b>c</b> EIN-PN 84-5088588-001
<b>a</b>	Plan name TWO3 SOLUTIONS BREW CITY INSTALL 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TWO3 SOLUTIONS, LLC	<b>c</b> EIN-PN 85-1480000-001
<b>a</b>	Plan name TYLER APPRAISAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TYLER APPRAISAL ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2180752-001
<b>a</b>	Plan name UNITED PLANT GOWERS INC 401K PLAN	
<b>b</b>	Name of plan sponsor UNITED PLANT GROWERS INC	<b>c</b> EIN-PN 33-0783952-001
<b>a</b>	Plan name UNITED POWER SYSTEMS LLC PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor UNITED POWER SYSTEMS LLC	<b>c</b> EIN-PN 26-4532234-001
<b>a</b>	Plan name UNIVERSAL PRINTING CO., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL PRINTING COMPANY	<b>c</b> EIN-PN 30-0609958-001
<b>a</b>	Plan name UNIVERSIDAD CARLOS ALBIZU RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UNIVERSIDAD CARLOS ALBIZU	<b>c</b> EIN-PN 66-0124412-001
<b>a</b>	Plan name UTAK LABORATORIES, INC 401 (K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UTAK LABORATORIES, INC	<b>c</b> EIN-PN 37-1770815-001
<b>a</b>	Plan name UTB 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNITED TEXAS BANK	<b>c</b> EIN-PN 75-2008275-001
<b>a</b>	Plan name VALLEY EDUCATIONAL SERVICES, INC. 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor VALLEY EDUCATIONAL SERVICES, INC.	<b>c</b> EIN-PN 04-3220344-001
<b>a</b>	Plan name VALLEY FARM TRANSPORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALLEY FARM TRANSPORT	<b>c</b> EIN-PN 38-3893563-002
<b>a</b>	Plan name VALLEY IRON INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALLEY IRON, INC.	<b>c</b> EIN-PN 77-0014269-001

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 VANADRO 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VANADRO, LLC	<b>c</b> EIN-PN 82-4936429-001
<b>a</b>	Plan name VANCE FAMILY MEDICINE PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VANCE FAMILY MEDICINE, P.A.	<b>c</b> EIN-PN 56-1892600-001
<b>a</b>	Plan name VANDALIA REHAB, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor VANDALIA REHAB, LLC	<b>c</b> EIN-PN 88-1291851-001
<b>a</b>	Plan name VANDERLYN HOSPITALITY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor VANDERLYN HOSPITALITY GROUP	<b>c</b> EIN-PN 81-4382966-001
<b>a</b>	Plan name VANGUARD LEGAL GROUP PC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VANGUARD LEGAL GROUP PC	<b>c</b> EIN-PN 47-1880332-001
<b>a</b>	Plan name VERITAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor VERITAS EST LLC	<b>c</b> EIN-PN 87-4450447-001
<b>a</b>	Plan name VILLAGE DOCTOR, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor VILLAGE DOCTOR LTD.	<b>c</b> EIN-PN 03-0457485-001
<b>a</b>	Plan name VINTAGE RESOURCES 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VINTAGE RESOURCES, INC.	<b>c</b> EIN-PN 61-1113982-002
<b>a</b>	Plan name VITKUS, SCUTARI & CARDOSO ORAL SURGERY, PC 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor VITKUS, SCUTARI & CARDOSO ORAL SURGERY	<b>c</b> EIN-PN 16-1591948-001
<b>a</b>	Plan name WAGSTAFF TAYLOR AND ASSOCIATES INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WAGSTAFF TAYLOR & ASSOCIATES INC	<b>c</b> EIN-PN 88-4393921-001
<b>a</b>	Plan name WALKER TAPE 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WALKER TAPE COMPANY	<b>c</b> EIN-PN 87-0442825-001
<b>a</b>	Plan name WALTER FAMILY RESORT, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALTER FAMILY RESORT, INC	<b>c</b> EIN-PN 83-4585109-001

<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	WARING OIL, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WARING OIL, LLC	<b>c</b> EIN-PN 20-1752080-002
<b>a</b>	Plan name	WASKER, DOR, WIMMER & MARCOUILLER PC 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	WASKER DORR WIMMER & MARCOUILLER P.C.	<b>c</b> EIN-PN 42-1388229-001
<b>a</b>	Plan name	WATERLINK, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WATERLINK, INC	<b>c</b> EIN-PN 20-2588143-001
<b>a</b>	Plan name	WAUKESHA ROOFING & METAL, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WAUKESHA ROOFING & SHEET METAL, INC.	<b>c</b> EIN-PN 39-1730835-001
<b>a</b>	Plan name	WELLESLEY ISLAND BUILDING SUPPLY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WELLESLEY ISLAND BUILDING SUPPLY, INC.	<b>c</b> EIN-PN 06-1140141-001
<b>a</b>	Plan name	WENCO INDUSTRIES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WENCO INDUSTRIES	<b>c</b> EIN-PN 84-0820842-001
<b>a</b>	Plan name	WENCO INDUSTRIES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WENCO INDUSTRIES	<b>c</b> EIN-PN 84-0820842-001
<b>a</b>	Plan name	WEST BAY SPORTS MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	M. TURNER INC	<b>c</b> EIN-PN 20-8757242-001
<b>a</b>	Plan name	WEST POINT FIRE PROTECTION 401(K)	
<b>b</b>	Name of plan sponsor	WEST POINT FIRE PROTECTION	<b>c</b> EIN-PN 87-1229351-001
<b>a</b>	Plan name	WESTOSHA TOOL 401K PLAN	
<b>b</b>	Name of plan sponsor	WESTOSHA TOOL	<b>c</b> EIN-PN 39-1276613-001
<b>a</b>	Plan name	WESTWOOD CONSTRUCTION OF NJ, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTWOOD CONSTRUCTION OF NJ, LLC	<b>c</b> EIN-PN 81-0997709-001
<b>a</b>	Plan name	WHITE CUBE 401K PLAN	
<b>b</b>	Name of plan sponsor	WHITE CUBE INC	<b>c</b> EIN-PN 81-0779024-001

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 WHITLOCK CANTER LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor WHITLOCK CANTER LLC	<b>c</b> EIN-PN 45-4029238-001
<b>a</b>	Plan name WIERS FARM, INC./DUTCH MAID LOGISTICS, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WIERS FARM INC./DUTCH MAID LOGISTICS, INC.	<b>c</b> EIN-PN 34-1342768-001
<b>a</b>	Plan name WILLET + CUMRO INNOVATIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILLET + CUMRO INNOVATIONS, LLC	<b>c</b> EIN-PN 87-0913409-001
<b>a</b>	Plan name WILLIAM J. PELTIER & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILLIAM J. PELTIER & ASSOCIATES	<b>c</b> EIN-PN 26-4452823-001
<b>a</b>	Plan name WILLIAMS LAW FIRM, P.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILLIAMS LAW FIRM, P.C.	<b>c</b> EIN-PN 81-0386710-003
<b>a</b>	Plan name WILSON OIL, INC. 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor WILSON OIL, INC.	<b>c</b> EIN-PN 91-0873302-001
<b>a</b>	Plan name WINN FINANCIAL GROUP SOLO K	
<b>b</b>	Name of plan sponsor WINN FINANCIAL GROUP	<b>c</b> EIN-PN 46-1974044-001
<b>a</b>	Plan name WINN FINANCIAL SERVICES SOLO 401(K) PLAN	
<b>b</b>	Name of plan sponsor WINN FINANCIAL SERVICES	<b>c</b> EIN-PN 30-0008558-001
<b>a</b>	Plan name WINTERSET DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor JAMES D. ELLIOTT, PLLC	<b>c</b> EIN-PN 27-2887639-001
<b>a</b>	Plan name WOLF POPPER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WOLF POPPER, PSC	<b>c</b> EIN-PN 66-0721619-001
<b>a</b>	Plan name WOOSHIN NORTH AMERICA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor WOOSHIN NORTH AMERICA LLC	<b>c</b> EIN-PN 47-4359221-001
<b>a</b>	Plan name WORKER BEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CX&B UNITED CORP	<b>c</b> EIN-PN 95-2684852-001

**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	WORKFORCE SOLUTIONS, LLC 401(K) PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	WORKFORCE SOLUTIONS, LLC	<b>c</b>	EIN-PN	81-0823242-001
<b>a</b>	Plan name	YAKAMART C-STORE 401(K)	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	YAKAMART INC.	<b>c</b>	EIN-PN	90-0717807-001
<b>a</b>	Plan name	YATES & COMPANY, INC. 401(K) PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	YATES & COMPANY, INC.	<b>c</b>	EIN-PN	81-4728315-001
<b>a</b>	Plan name	YORK COUNTY TRANSPORTATION AUTH DEFERRED COMPENSATION PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	YORK COUNTY TRANSPORTATION AUTHORITY	<b>c</b>	EIN-PN	23-6629916-001
<b>a</b>	Plan name	Z MAR TECHNOLOGY INC RETIREMENT PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	Z-MAR TECHNOLOGY	<b>c</b>	EIN-PN	56-1627125-002
<b>a</b>	Plan name	ZIONSVILLE PHYSICAL THERAPY 401K PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	ORTHOPAEDICS & SPORTS PHYSICAL THERAPY	<b>c</b>	EIN-PN	35-1793009-001
<b>a</b>	Plan name	ZOELLER ASSET MANAGEMENT LLC 401K PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	ZOELLER ASSET MANAGEMENT LLC	<b>c</b>	EIN-PN	27-0784462-001
<b>a</b>	Plan name	ZONAL HOSPITALITY SYSTEMS 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	ZONAL HOSPITALITY SYSTEMS, INC	<b>c</b>	EIN-PN	59-3182544-001
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AMERICAN INNOVATION</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>AMERICAN INNOVATION</b>	<b>D</b> Employer Identification Number (EIN) <b>88-1455698</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	151557	245761
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2024509	16371
<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>	2972497	3488122
<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>	97038551	183297771
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	102187114	187048025
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	36103	112308
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	38112	3929222
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	74215	4041530
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	102112899	183006495

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<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>	273267	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		273267
<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>	521592	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		521592
<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>		39583040
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		40377899

**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>	272129	
(11) Other expenses.....	<b>2i(11)</b>	416302	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		688431
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		688431

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		39689468
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		96964359
(2) From this plan .....	<b>2l(2)</b>		55760231

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