

<p style="text-align: center;"><b>Form 5500</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: 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>
---	---	---

**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>MYCOMPASS AMERICAN FUNDS 2020 FUND</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>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>38-7271365</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>		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>10/01/2025</u>	<u>MATT FALCIANI</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> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

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

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

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

---

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

---

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

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

---

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

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

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

---

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

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>MYCOMPASS AMERICAN FUNDS 2020 FUND</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>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-7271365</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)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

<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	21ST AMENDMENT BREWERY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	21ST AMENDMENT BREWERY CAFE, LLC	<b>c</b> EIN-PN 94-3285806-001
<b>a</b>	Plan name	3B HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	3B HOLDINGS, INC.	<b>c</b> EIN-PN 26-3497134-001
<b>a</b>	Plan name	ABLE FINANCIAL GROUP, LLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	ABLE FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 20-4911852-001
<b>a</b>	Plan name	ABSOLUTE HCBS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE HCBS, LLC	<b>c</b> EIN-PN 26-4127668-001
<b>a</b>	Plan name	ACCURATE GLASS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACCURATE GLASS, INC.	<b>c</b> EIN-PN 83-3016293-001
<b>a</b>	Plan name	ACCURATE SITE DEVELOPMENT EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACCURATE SITE DEVELOPMENT LLC	<b>c</b> EIN-PN 87-3541481-001
<b>a</b>	Plan name	ADVANCED REHABILITATION, INC	
<b>b</b>	Name of plan sponsor	CHRISTOPHER R. HEWLETT. SR.	<b>c</b> EIN-PN 59-2025380-003
<b>a</b>	Plan name	ADVANCED TURBINE COMPONENTS 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED TURBINE COMPONENTS 401K	<b>c</b> EIN-PN 85-4162178-001
<b>a</b>	Plan name	ADVANTAGE TECH, INC. 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ADVANTAGE TECH, INC.	<b>c</b> EIN-PN 43-1787349-001
<b>a</b>	Plan name	AEGIS PROTECTIVE SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	DANSON INC	<b>c</b> EIN-PN 31-1374802-002
<b>a</b>	Plan name	AFFILIATED FOOT SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AFFILIATED FOOT SURGEONS, P.C.	<b>c</b> EIN-PN 06-1372809-001
<b>a</b>	Plan name	AGISI ENVIRONMENTAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGISI ENVIRONMENTAL SERVICES LLC	<b>c</b> EIN-PN 46-5177643-001

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="#">AINSMAN, LEVINE LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AINSMAN, LEVINE, LLC</a>	<b>c</b> EIN-PN <a href="#">61-1433710-001</a>
<b>a</b>	Plan name <a href="#">AKMAN &amp; ASSOCIATES, LLC 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">AKMAN &amp; ASSOCIATES, LLC</a>	<b>c</b> EIN-PN <a href="#">81-1469703-001</a>
<b>a</b>	Plan name <a href="#">ALAN WIRE COMPANY, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALAN WIRE COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">43-1028755-001</a>
<b>a</b>	Plan name <a href="#">ALL CLEAR 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DYNAMIC DIAGNOSTICS</a>	<b>c</b> EIN-PN <a href="#">83-2048250-001</a>
<b>a</b>	Plan name <a href="#">ALL CREATURES VETERINARY CLINIC, PLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALL CREATURES VETERINARY CLINIC PLC</a>	<b>c</b> EIN-PN <a href="#">41-1929108-001</a>
<b>a</b>	Plan name <a href="#">ALLEN, SUMMERS, SIMPSON, LILLIE &amp; GRESHAM 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLEN, SUMMERS, SIMPSON, LILLIE &amp; GRESHAM, PLLC</a>	<b>c</b> EIN-PN <a href="#">74-3132193-001</a>
<b>a</b>	Plan name <a href="#">ALLIANCE AVIATION GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLIANCE AVIATION GROUP LLC</a>	<b>c</b> EIN-PN <a href="#">84-2260550-001</a>
<b>a</b>	Plan name <a href="#">ALLIED INDUSTRIES INTERNATIONAL, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLIED INDUSTRIES INTERNATIONAL, INC.</a>	<b>c</b> EIN-PN <a href="#">26-1594156-001</a>
<b>a</b>	Plan name <a href="#">ALLY MEDICAL RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLY MEDICAL MANAGEMENT, LLC</a>	<b>c</b> EIN-PN <a href="#">47-5067134-001</a>
<b>a</b>	Plan name <a href="#">AMAROK, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMAROK, LLC</a>	<b>c</b> EIN-PN <a href="#">26-0492184-001</a>
<b>a</b>	Plan name <a href="#">AMBA BHAVANI, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMBA BHAVANI, LLC</a>	<b>c</b> EIN-PN <a href="#">83-1735432-001</a>
<b>a</b>	Plan name <a href="#">AMERICAN APPAREL, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN APPAREL, INC.</a>	<b>c</b> EIN-PN <a href="#">63-0957038-001</a>

<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	AMERICAN CRANE & TRACTOR PARTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CRANE & TRACTOR PARTS, INC.	<b>c</b> EIN-PN 43-1451746-001
<b>a</b>	Plan name	AMERICAN ROOTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ROOTER, LLC	<b>c</b> EIN-PN 06-1463900-001
<b>a</b>	Plan name	AMERICAN TECHNOLOGY COMPONENTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN TECHNOLOGY COMPONENTS, INC	<b>c</b> EIN-PN 35-1688483-001
<b>a</b>	Plan name	ANNE KLEIN COMMUNICATIONS GROU 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ANNE KLEIN COMMUNICATIONS GROU	<b>c</b> EIN-PN 51-0624092-001
<b>a</b>	Plan name	APC POSTAL LOGISTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APC POSTAL LOGISTICS, LLC	<b>c</b> EIN-PN 20-1980861-001
<b>a</b>	Plan name	APEX ANODIZING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APEX ANODIZING, INC.	<b>c</b> EIN-PN 93-1162310-001
<b>a</b>	Plan name	APEX TOTAL PROPERTY MAINTENANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APEX TOTAL PROPERTY MAINTENANCE, INC.	<b>c</b> EIN-PN 35-1822647-001
<b>a</b>	Plan name	APPLIED HEALTH CARE NURSING DIVISION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPLIED HEALTH CARE NURSING DIVISION, INC.	<b>c</b> EIN-PN 76-0465568-001
<b>a</b>	Plan name	APPLIED SCIENCE AND ENGINEERING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPLIED SCIENCE AND ENGINEERING, LLC	<b>c</b> EIN-PN 11-3837909-001
<b>a</b>	Plan name	ARACELI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARACELI BIOSCIENCES, INC.	<b>c</b> EIN-PN 88-3955176-001
<b>a</b>	Plan name	ARCHWORKS CAPITAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARCHWORKS CAPITAL LLC	<b>c</b> EIN-PN 84-3412037-001
<b>a</b>	Plan name	AREA MECHANICAL, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AREA MECHANICAL, INC.	<b>c</b> EIN-PN 36-3724656-001

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 ARMSTRONG RELOCATION & COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARMSTRONG RELOCATION & COMPANIES, LLC	<b>c</b> EIN-PN 84-3131690-001
<b>a</b>	Plan name ARNOLD HEALTHMART DRUG COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STANLEY AND WATTS, INC.	<b>c</b> EIN-PN 62-1616186-001
<b>a</b>	Plan name ASH DENTAL, PC PLAN	
<b>b</b>	Name of plan sponsor ASH DENTAL, PC	<b>c</b> EIN-PN 20-3398164-001
<b>a</b>	Plan name ASHER ENTERPRISES, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ASHER ENTERPRISES, INC.	<b>c</b> EIN-PN 39-1810929-001
<b>a</b>	Plan name AT HOME QUALITY CARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AHQC MANAGEMENT CO.	<b>c</b> EIN-PN 86-3446785-001
<b>a</b>	Plan name ATLANTA AIRLINES TERMINAL COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ATLANTA AIRLINES TERMINAL COMPANY	<b>c</b> EIN-PN 58-1372434-002
<b>a</b>	Plan name ATLANTIC BRAIN AND SPINE, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC BRAIN AND SPINE, PA	<b>c</b> EIN-PN 20-0062134-001
<b>a</b>	Plan name ATLANTIC DISTRIBUTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC DISTRIBUTORS, INC.	<b>c</b> EIN-PN 56-0539031-002
<b>a</b>	Plan name ATLAS WIRE LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ATLAS WIRE LLC	<b>c</b> EIN-PN 81-1111943-001
<b>a</b>	Plan name ATTABOTICS US, CORP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ATTABOTICS (US), CORP.	<b>c</b> EIN-PN 30-1056452-001
<b>a</b>	Plan name ATTENDANT CARE COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATTENDANT CARE COMPANIES, LLC	<b>c</b> EIN-PN 80-0870288-001
<b>a</b>	Plan name AUTOMATED SOLUTIONS, LLC 401(K) PLAN - 001	
<b>b</b>	Name of plan sponsor AUTOMATED SOLUTIONS, LLC	<b>c</b> EIN-PN 56-2114372-001

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 AVALON BUSINESS ENGINEERING SERVICES 401(K) PROFIT SHARING P	
<b>b</b>	Name of plan sponsor AVALON BUSINESS ENGINEERING SERV	<b>c</b> EIN-PN 27-1904708-001
<b>a</b>	Plan name AVALON COPY CENTERS OF AMERICA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AVALON COPY CENTERS OF AMERICA, INC.	<b>c</b> EIN-PN 14-1821550-001
<b>a</b>	Plan name AZPROTOTYPE INC 401(K) PROFIT	
<b>b</b>	Name of plan sponsor AZPROTOTYPE INC	<b>c</b> EIN-PN 27-0225378-001
<b>a</b>	Plan name BAGWELL HOLT SMITH 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAGWELL HOLT SMITH P.A.	<b>c</b> EIN-PN 56-1713234-001
<b>a</b>	Plan name BANNISTER ENGINEERING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BANNISTER ENGINEERING, LLC	<b>c</b> EIN-PN 26-2781372-002
<b>a</b>	Plan name BARNES OIL 401(K) PLAN	
<b>b</b>	Name of plan sponsor BARNES OIL & PROPANE, INC.	<b>c</b> EIN-PN 57-0903295-001
<b>a</b>	Plan name BARTRAM ELECTRIC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BARTRAM ELECTRIC	<b>c</b> EIN-PN 83-2304808-001
<b>a</b>	Plan name BASH CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BASH CONTRACTING, INC.	<b>c</b> EIN-PN 26-2829587-001
<b>a</b>	Plan name BCI CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BCI CONSTRUCTION, INC.	<b>c</b> EIN-PN 41-1931715-001
<b>a</b>	Plan name BEACHSIDE LIGHTING PENSION PLAN	
<b>b</b>	Name of plan sponsor LAMAKU, INC. DBA BEACHSIDE LIGHTING	<b>c</b> EIN-PN 99-0310040-003
<b>a</b>	Plan name BEACON RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BEACON PROPERTY MANAGEMENT,LLC.	<b>c</b> EIN-PN 61-1325973-001
<b>a</b>	Plan name BENBROOK WATER AUTHORITY 457(B) PLAN	
<b>b</b>	Name of plan sponsor BENBROOK WATER AUTHORITY	<b>c</b> EIN-PN 75-6004328-457

<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	BETTER MOTOR WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BETTER MOTOR WORKS, INC.	<b>c</b> EIN-PN 88-0385395-001
<b>a</b>	Plan name	BLAIN COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCOTTS LANDSCAPING, INC	<b>c</b> EIN-PN 16-1611978-001
<b>a</b>	Plan name	BLU OMEGA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLU OMEGA	<b>c</b> EIN-PN 36-4896999-001
<b>a</b>	Plan name	BLUEGRASS SUPPLY CHAIN SERVICES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BLUEGRASS SUPPLY CHAIN SERVICES, LLC	<b>c</b> EIN-PN 20-5761969-001
<b>a</b>	Plan name	BOBBY COMBS RV LLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BOBBY COMBS RV LLC	<b>c</b> EIN-PN 46-2267615-001
<b>a</b>	Plan name	BOHLSSEN RESTAURANT GROUP	
<b>b</b>	Name of plan sponsor	RESTAURANT MANAGEMENT, INC.	<b>c</b> EIN-PN 11-3480253-001
<b>a</b>	Plan name	BONE SAFETY SOLUTIONS LLC 401K & PS PLAN	
<b>b</b>	Name of plan sponsor	BONE SAFETY SOLUTIONS LLC	<b>c</b> EIN-PN 93-4393780-001
<b>a</b>	Plan name	BOREAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOREAL CONTRACTORS LLC	<b>c</b> EIN-PN 47-5011192-001
<b>a</b>	Plan name	BOUNDS HEATING & AIR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOUNDS HEATING & AIR, INC.	<b>c</b> EIN-PN 59-2903161-001
<b>a</b>	Plan name	BP SURFACE SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BP SURFACE SOLUTIONS, LLC	<b>c</b> EIN-PN 45-3967993-001
<b>a</b>	Plan name	BRAD TANK AGENCY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRAD TANK AGENCY	<b>c</b> EIN-PN 26-0788003-001
<b>a</b>	Plan name	BRIGHTPOINT AUTO BODY REPAIR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIGHTPOINT AUTOBODY REPAIR	<b>c</b> EIN-PN 88-2984633-001

<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	BROCKPORT ANIMAL HOSPITAL PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BROCKPORT ANIMAL HOSPITAL PLLC	<b>c</b> EIN-PN 88-3727229-001
<b>a</b>	Plan name	BRUNSWICK PRESS INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BRUNSWICK PRESS INC	<b>c</b> EIN-PN 74-1918595-001
<b>a</b>	Plan name	BULL ON THE BEACH 401K PLAN	
<b>b</b>	Name of plan sponsor	BULL ON THE BAY, INC	<b>c</b> EIN-PN 52-1431570-001
<b>a</b>	Plan name	BURGESS COMPUTER DECISIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BURGESS COMPUTER DECISIONS, INC.	<b>c</b> EIN-PN 36-4326000-001
<b>a</b>	Plan name	BURTON QUINN-SCOTT CREMATION & FUNERAL SERVICES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BURTON QUINN-SCOTT CREMATION & FUNERAL SERVICES, INC.	<b>c</b> EIN-PN 25-1119199-001
<b>a</b>	Plan name	BUSHEY ORAL & MAXILLOFACIAL SURGERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUSHEY ORAL & MAXILLOFACIAL SURGERY	<b>c</b> EIN-PN 34-1275748-001
<b>a</b>	Plan name	BYTE SYSTEMS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BYTE SYSTEMS, LLC	<b>c</b> EIN-PN 27-2986603-001
<b>a</b>	Plan name	C.A.R.E.S. OF WESTERN PA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C.A.R.E.S. OF WESTERN PA, INC	<b>c</b> EIN-PN 47-4777612-001
<b>a</b>	Plan name	C.S.S.I 401-K PLAN	
<b>b</b>	Name of plan sponsor	CORNERSTONE STAFFING SOLUTIONS, INC.	<b>c</b> EIN-PN 03-0506501-001
<b>a</b>	Plan name	CALEB UNDERGROUND CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEATHER DAVALOS	<b>c</b> EIN-PN 84-5188777-001
<b>a</b>	Plan name	CALIFORNIA WATERSHED ENGINEERING 401(K)P/S PLAN	
<b>b</b>	Name of plan sponsor	CWE	<b>c</b> EIN-PN 20-4089568-001
<b>a</b>	Plan name	CANDELARIA DESIGN ASSOCIATES, L.L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CANDELARIA DESIGN ASSOCIATES, L.L.C.	<b>c</b> EIN-PN 86-0964047-001

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="#">CANDY DYNAMICS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CIRCLE CITY MARKETING &amp; DISTRIBUTING, INC. DBA CANDY DYNAMICS</a>	<b>c</b> EIN-PN <a href="#">20-5672599-002</a>
<b>a</b>	Plan name <a href="#">CAPE FEAR ORTHOPAEDIC CLINIC, P.A. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAPE FEAR ORTHOPAEDIC CLINIC, P.A.</a>	<b>c</b> EIN-PN <a href="#">56-1047051-001</a>
<b>a</b>	Plan name <a href="#">CAPITAL EXTENSION CRANE &amp; LIFT RETIREMENT READINESS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAPITAL EXTENSION CRANE &amp; LIFT</a>	<b>c</b> EIN-PN <a href="#">85-2881121-001</a>
<b>a</b>	Plan name <a href="#">CARGOMATIC, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CARGOMATIC, INC.</a>	<b>c</b> EIN-PN <a href="#">46-2163054-001</a>
<b>a</b>	Plan name <a href="#">CAROLINAS HOME CARE AGENCY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAROLINAS HOME CARE AGENCY, INC.</a>	<b>c</b> EIN-PN <a href="#">56-1964126-001</a>
<b>a</b>	Plan name <a href="#">CASCADE RESIDENTIAL SERVICES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CASCADE RESIDENTIAL SERVICES LLC</a>	<b>c</b> EIN-PN <a href="#">88-3229769-001</a>
<b>a</b>	Plan name <a href="#">CASTLEWOOD APPAREL SALARY SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CASTLEWOOD APPAREL CORP.</a>	<b>c</b> EIN-PN <a href="#">13-3626244-001</a>
<b>a</b>	Plan name <a href="#">CATALINA SNACKS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CATALINA SNACKS, INC.</a>	<b>c</b> EIN-PN <a href="#">82-3996915-001</a>
<b>a</b>	Plan name <a href="#">CATON COMMERCIAL REAL ESTATE GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JBSC, INC. DBA CATON COMMERCIAL RE GROUP</a>	<b>c</b> EIN-PN <a href="#">27-3016124-001</a>
<b>a</b>	Plan name <a href="#">CCJ AUTOMOTIVE VENTURE, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CCJ AUTOMOTIVE VENTURE, LLC</a>	<b>c</b> EIN-PN <a href="#">99-1676471-001</a>
<b>a</b>	Plan name <a href="#">CENTERPORT MILK HAULING CO-OP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTERPORT MILK HAULING COOPERATIVE</a>	<b>c</b> EIN-PN <a href="#">23-1657091-001</a>
<b>a</b>	Plan name <a href="#">CENTRAL PIEDMONT FIRE PROTECTION 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTRAL PIEDMONT FIRE PROTECTION, INC.</a>	<b>c</b> EIN-PN <a href="#">14-2002410-001</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 CENTURY INSTRUMENT COMPANY EMPLOYEE'S PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor CENTURY INSTRUMENT COMPANY	<b>c</b> EIN-PN 38-1399724-001
<b>a</b>	Plan name CERIFI, LLC 401 (K) P/S PLAN	
<b>b</b>	Name of plan sponsor CERIFI, LLC	<b>c</b> EIN-PN 82-0918913-001
<b>a</b>	Plan name CHAPMAN FUNERAL HOME INC 401K PLAN	
<b>b</b>	Name of plan sponsor CHAPMAN FUNERAL HOME, INC	<b>c</b> EIN-PN 55-0636112-002
<b>a</b>	Plan name CHARTER VISTA LANDSCAPING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHARTER VISTA LANDSCAPING LLC	<b>c</b> EIN-PN 88-2494149-001
<b>a</b>	Plan name CHATTANOOGA GOODWILL INDUSTRIES, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CHATTANOOGA GOODWILL INDUSTRIE	<b>c</b> EIN-PN 62-0544853-001
<b>a</b>	Plan name CHOCOLATE SHOPPE 401(K)	
<b>b</b>	Name of plan sponsor CHOCOLATE SHOPPE	<b>c</b> EIN-PN 39-1774852-001
<b>a</b>	Plan name CHOICES OF ST. JOSEPH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHOICES OF ST. JOSEPH, INC.	<b>c</b> EIN-PN 43-1656361-001
<b>a</b>	Plan name CHRIST COMMUNITY HEALTH SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHRIST COMMUNITY HEALTH SERVICES	<b>c</b> EIN-PN 62-1583270-001
<b>a</b>	Plan name CITY VENTURES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CITY VENTURES PROFESSIONAL SERVICES, LLC	<b>c</b> EIN-PN 82-3678714-001
<b>a</b>	Plan name CLEMENTS' MARKETPLACE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CLEMENTS MARKETPLACE, INC.	<b>c</b> EIN-PN 05-0389042-001
<b>a</b>	Plan name CLINARD HOME IMPROVEMENT 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE CLINARD COMPANY, INC.	<b>c</b> EIN-PN 62-1580314-001
<b>a</b>	Plan name CLIPPERS OF THE MID SOUTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLIPPERS OF THE MID SOUTH	<b>c</b> EIN-PN 27-4314608-001

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 CLOUDHQ EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor CLOUDHQ	<b>c</b> EIN-PN 81-1726002-002
<b>a</b>	Plan name CMG OF EASTON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CMG OF EASTON, INC.	<b>c</b> EIN-PN 23-2067372-001
<b>a</b>	Plan name COILTRAN LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COILTRAN LLC	<b>c</b> EIN-PN 35-1280475-333
<b>a</b>	Plan name COLE HARDWOOD, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COLE HARDWOOD, INC.	<b>c</b> EIN-PN 35-1682639-001
<b>a</b>	Plan name COMMERCIAL MECHANICAL & INNOVATIVE SHEET METAL 401(K) PENSION AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL MECHANICAL SYSTEMS & SERVICES, INC	<b>c</b> EIN-PN 26-0876893-001
<b>a</b>	Plan name COMMONWEALTH TPA SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMONWEALTH TPA SOLUTIONS, LLC	<b>c</b> EIN-PN 87-3632446-001
<b>a</b>	Plan name COMPONENT SOLUTIONS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPONENT SOLUTIONS GROUP	<b>c</b> EIN-PN 31-1563590-001
<b>a</b>	Plan name CONCORDE MANAGEMENT COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONCORDE MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 56-2266259-001
<b>a</b>	Plan name CONDOR RELIABILITY SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CONDOR RELIABILITY SERVICES, INC.	<b>c</b> EIN-PN 94-2769957-001
<b>a</b>	Plan name CONGREGATIONAL HOME, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CONGREGATIONAL HOME, INC.	<b>c</b> EIN-PN 39-1167483-001
<b>a</b>	Plan name CONLEY INSURANCE GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONLEY INSURANCE GROUP INC	<b>c</b> EIN-PN 43-1691440-002
<b>a</b>	Plan name CONTAMINANT CONTROL INC. AND AFFILIATED COMPANIES EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONTAMINANT CONTROL, INC.	<b>c</b> EIN-PN 56-1637171-002

<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	COOLEY MOTORS CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	COOLEY MOTORS CORP.	<b>c</b> EIN-PN 14-1491138-003
<b>a</b>	Plan name	CORAL RIDGE YACHT CLUB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORAL RIDGE YACHT CLUB, INC.	<b>c</b> EIN-PN 59-0603864-002
<b>a</b>	Plan name	CORBIN CONSULTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORBIN CONSULTING, INC.	<b>c</b> EIN-PN 93-1274040-001
<b>a</b>	Plan name	CORRY MANUFACTURING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CORRY MANUFACTURING COMPANY	<b>c</b> EIN-PN 25-1802644-003
<b>a</b>	Plan name	CRAFTLINE GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRAFTLINE GRAPHICS, INC.	<b>c</b> EIN-PN 27-0964590-001
<b>a</b>	Plan name	CRANBERRY CONSULTING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CRANBERRY CONSULTING COMPANY LLC	<b>c</b> EIN-PN 92-2538814-001
<b>a</b>	Plan name	CRITICAL PROCESS FILTRATION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CRITICAL PROCESS FILTRATION, INC.	<b>c</b> EIN-PN 02-0504181-002
<b>a</b>	Plan name	CRJ CONTRACTING CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRJ CONTRACTING CORP	<b>c</b> EIN-PN 22-3604225-001
<b>a</b>	Plan name	CROWN PRODUCTS CO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CROWN PRODUCTS COMPANY, INC.	<b>c</b> EIN-PN 59-1038302-001
<b>a</b>	Plan name	CSMS-IPA, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONNECTICUT STATE MEDICAL SOCIETY- IPA, INC.	<b>c</b> EIN-PN 06-1194837-001
<b>a</b>	Plan name	CUMMINGS & BRICKER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CUMMINGS & BRICKER INC	<b>c</b> EIN-PN 16-0869006-001
<b>a</b>	Plan name	CUSTOM CONTROL MANUFACTURER OF KANSAS, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CUSTOM CONTROL MANUFACTURER OF KANSAS, INC.	<b>c</b> EIN-PN 48-0858597-001

<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	D & I EXCAVATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D & I EXCAVATING, INC.	<b>c</b> EIN-PN 27-5373518-001
<b>a</b>	Plan name	DANTE VALVE COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DANTE VALVE COMPANY	<b>c</b> EIN-PN 95-2985139-002
<b>a</b>	Plan name	DAVIS AND SONS DOORS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVIS AND SONS DOORS, LLC	<b>c</b> EIN-PN 20-3487676-002
<b>a</b>	Plan name	DAWKINS ON-SITE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAWKINS ON-SITE, LLC	<b>c</b> EIN-PN 45-4067434-001
<b>a</b>	Plan name	DESIREE T. PALMER, DMD, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DESIREE T. PALMER, DMD, PA	<b>c</b> EIN-PN 56-1888154-001
<b>a</b>	Plan name	DI LEO & ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	DI LEO & ASSOCIATES	<b>c</b> EIN-PN 16-1598232-001
<b>a</b>	Plan name	DIAMOND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND BROS. LLC	<b>c</b> EIN-PN 47-2856766-001
<b>a</b>	Plan name	DOCTORS PATHOLOGY SERVICES, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOCTORS PATHOLOGY SERVICES, P.A.	<b>c</b> EIN-PN 52-1855441-001
<b>a</b>	Plan name	DOROTHY LANE MARKET, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DOROTHY LANE MARKET, INC.	<b>c</b> EIN-PN 31-0561868-003
<b>a</b>	Plan name	DOUBLE HUNG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOUBLE HUNG, LLC	<b>c</b> EIN-PN 11-3814226-001
<b>a</b>	Plan name	DOWNEAST WINDJAMMER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOWNEAST WINDJAMMER CRUISE LINES, LLC	<b>c</b> EIN-PN 46-3855526-001
<b>a</b>	Plan name	DR. PRAEGER'S SENSIBLE FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DR. PRAEGERS SENSIBLE FOODS, INC.	<b>c</b> EIN-PN 22-3277543-001

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 DREXEL BUILDING SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DREXEL BUILDING SUPPLY, INC.	<b>c</b> EIN-PN 27-1454029-001
<b>a</b>	Plan name DRIVE SOCIAL MEDIA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DRIVE SOCIAL MEDIA, LLC	<b>c</b> EIN-PN 46-0705358-001
<b>a</b>	Plan name DROVER ENERGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DROVER ENERGY SERVICES, LLC	<b>c</b> EIN-PN 46-0978531-001
<b>a</b>	Plan name DRUG RECOVERY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DRUG RECOVERY, INC. D/B/A CATALYST BEHAVIORAL SERVICES	<b>c</b> EIN-PN 73-0968383-002
<b>a</b>	Plan name DX MSO PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DX MSO PLLC	<b>c</b> EIN-PN 46-0933667-001
<b>a</b>	Plan name E2 SOLAR INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor E2 SOLAR INC.	<b>c</b> EIN-PN 26-3958811-001
<b>a</b>	Plan name EATON YOUNG GALLERIES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EATON YOUNG GALLERIES	<b>c</b> EIN-PN 52-1094744-001
<b>a</b>	Plan name EDGEWOOD SENIOR SOLUTIONS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDGEWOOD RETIREMENT COMMUNITY, INC.	<b>c</b> EIN-PN 04-3195775-001
<b>a</b>	Plan name EMGS INC	
<b>b</b>	Name of plan sponsor EMGS INC	<b>c</b> EIN-PN 58-2255665-001
<b>a</b>	Plan name EMPLOYEE BENEFIT PLAN OF AREA AGENCY ON AGING FOR LINCOLNLAN, INC.	
<b>b</b>	Name of plan sponsor AREA AGENCY ON AGING FOR LINCOLNLAN, INC.	<b>c</b> EIN-PN 37-0981610-003
<b>a</b>	Plan name EMPLOYEE BENEFIT PLAN OF GIRL SCOUTS OF WESTERN NEW YORK, INC.	
<b>b</b>	Name of plan sponsor GIRL SCOUTS OF WESTERN NEW YORK, IN	<b>c</b> EIN-PN 16-0743096-003
<b>a</b>	Plan name EMPLOYEE PROFIT SHARING PLAN OF ALLISON & HAINEY, INC, DBA CONCRETE CORING COMPANY	
<b>b</b>	Name of plan sponsor ALLISON & HAINEY, INC	<b>c</b> EIN-PN 84-0614180-001

<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	ENDEAVOR COMMUNICATIONS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ENDEAVOR COMMUNICATIONS	<b>c</b> EIN-PN 35-0978228-001
<b>a</b>	Plan name	ENVIRONMENTAL DESIGNERS & IRRIGATION 401K	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL DESIGNERS IRRIGATI	<b>c</b> EIN-PN 22-3773885-001
<b>a</b>	Plan name	EPECK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EPECK, INC.	<b>c</b> EIN-PN 55-0614582-001
<b>a</b>	Plan name	EQUITAS LAW PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	EQUITAS LAW PARTNERS LLP	<b>c</b> EIN-PN 92-1854869-001
<b>a</b>	Plan name	ESO MANAGEMENT LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ORTHO SPORT AND SPINE PHYSICIANS LLC	<b>c</b> EIN-PN 46-4698144-001
<b>a</b>	Plan name	ESSEX INDUSTRIES, INC. 401K & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ESSEX INDUSTRIES, INC.	<b>c</b> EIN-PN 43-0634211-002
<b>a</b>	Plan name	EXAKTIME INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EXAKTIME INNOVATIONS, INC.	<b>c</b> EIN-PN 01-0552589-001
<b>a</b>	Plan name	EXCLUSIVE CONCEPTS INC 401 K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	EXCLUSIVE CONCEPTS INC.	<b>c</b> EIN-PN 22-3740294-001
<b>a</b>	Plan name	FACET TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FACET TECHNOLOGIES, LLC	<b>c</b> EIN-PN 58-2180675-001
<b>a</b>	Plan name	FAIRWAY EYE CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAIRWAY EYE CENTER, INC.	<b>c</b> EIN-PN 90-0151333-001
<b>a</b>	Plan name	FAMILY TIME, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAMILY TIME, INC.	<b>c</b> EIN-PN 35-2139670-001
<b>a</b>	Plan name	FAR WEST SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAR WEST SERVICES, LLC	<b>c</b> EIN-PN 83-3343839-001

<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	FEG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAMILY ENTERTAINMENT GROUP, LLC	<b>c</b> EIN-PN 47-4038225-001
<b>a</b>	Plan name	FIRST CALL PARTS INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRST CALL PARTS, INC.	<b>c</b> EIN-PN 54-1787986-001
<b>a</b>	Plan name	FISHER BUS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FISHER BUS, INC.	<b>c</b> EIN-PN 04-2694772-001
<b>a</b>	Plan name	FITZ'S FISH PONDS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FITZS FISH PONDS, LLC	<b>c</b> EIN-PN 26-2862045-001
<b>a</b>	Plan name	FREE RANGE EMPLOYMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREERANGE EMPLOYMENT, LLC	<b>c</b> EIN-PN 47-4797910-001
<b>a</b>	Plan name	FROSTY MANAGEMENT CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FROSTY MANAGEMENT CORPORATION	<b>c</b> EIN-PN 35-1430431-001
<b>a</b>	Plan name	G&M MARKET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G&M VARIETY	<b>c</b> EIN-PN 20-3945923-001
<b>a</b>	Plan name	GARDNER GLASS PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GARDNER GLASS PRODUCTS, INC.	<b>c</b> EIN-PN 56-0747440-003
<b>a</b>	Plan name	GARVIN'S PLUMBING AND SEWER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GARVINS PLUMBING AND SEWER	<b>c</b> EIN-PN 84-0769836-002
<b>a</b>	Plan name	GARY L. REVERCOMB, DMD,PC EMPLOYEE'S PROFIT SHARING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GARY L. REVERCOMB, DMD,PC	<b>c</b> EIN-PN 16-1152647-002
<b>a</b>	Plan name	GENERAL DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JACQUES BOUDREAU, DMD, PC	<b>c</b> EIN-PN 83-3773382-001
<b>a</b>	Plan name	GLENN STEARNS, CHAPTER 13 TRUSTEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLENN STEARNS, CHAPTER 13 TRUSTEE	<b>c</b> EIN-PN 36-7285830-001

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="#">GOODWIN 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOODWIN COMPANY</a>	<b>c</b> EIN-PN <a href="#">92-1708314-001</a>
<b>a</b>	Plan name <a href="#">GRANITE VNA, INC.'S 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRANITE VNA, INC.</a>	<b>c</b> EIN-PN <a href="#">02-0222122-003</a>
<b>a</b>	Plan name <a href="#">GRATR LANDSCAPES, LTD. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRATR LANDSCAPES, LTD</a>	<b>c</b> EIN-PN <a href="#">01-0791210-001</a>
<b>a</b>	Plan name <a href="#">GREATER CLEVELAND HABITAT FOR HUMANITY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREATER CLEVELAND HABITAT FOR HU</a>	<b>c</b> EIN-PN <a href="#">31-1209423-002</a>
<b>a</b>	Plan name <a href="#">GREATER WILLIAMSBURG CHAMBER OF COMMERCE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WILLIAMSBURG AREA CHAMBER OF COMMERCE</a>	<b>c</b> EIN-PN <a href="#">54-0482313-003</a>
<b>a</b>	Plan name <a href="#">GREEN CROSS RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREEN CROSS, INC.</a>	<b>c</b> EIN-PN <a href="#">06-1268366-001</a>
<b>a</b>	Plan name <a href="#">GREENFIELD FENCE INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREENFIELD FENCE INC</a>	<b>c</b> EIN-PN <a href="#">27-3820068-001</a>
<b>a</b>	Plan name <a href="#">GREENGAS USA HOLDINGS LLC 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREENGAS USA HOLDINGS LLC</a>	<b>c</b> EIN-PN <a href="#">86-3404463-001</a>
<b>a</b>	Plan name <a href="#">GROSSMAN ON TRUTH 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GROSSMAN ON TRUTH</a>	<b>c</b> EIN-PN <a href="#">20-3886078-001</a>
<b>a</b>	Plan name <a href="#">GRUBER SYSTEMS, INC. EMPLOYEES' INVESTMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRUBER SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-2508984-001</a>
<b>a</b>	Plan name <a href="#">H &amp; H SHEET METAL FABRICATORS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">H &amp; H SHEET METAL FABRICATORS, INC.</a>	<b>c</b> EIN-PN <a href="#">61-1034097-001</a>
<b>a</b>	Plan name <a href="#">H&amp;H AUTOMOTIVE PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">H&amp;H AUTOMOTIVE LLC</a>	<b>c</b> EIN-PN <a href="#">26-1424298-002</a>

<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	HALE AND HUSH 401(K) PLAN	
<b>b</b> Name of plan sponsor	HALE AND HUSH	<b>c</b> EIN-PN 47-4462275-001
<b>a</b> Plan name	HAPPYLUCKY, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	HAPPYLUCKY, INC.	<b>c</b> EIN-PN 20-1489538-001
<b>a</b> Plan name	HAWK BUILDERS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	HAWK BUILDERS, INC. DBA HAWK DEVELOPMENT	<b>c</b> EIN-PN 20-2123666-001
<b>a</b> Plan name	HAWTHORN MEDICAL ASSOCIATES, LLC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	HAWTHORN MEDICAL ASSOCIATES, LLC	<b>c</b> EIN-PN 04-3436165-002
<b>a</b> Plan name	HDMS LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	HDMS LLC	<b>c</b> EIN-PN 86-2962394-001
<b>a</b> Plan name	HEADLANDS RESEARCH 401(K)PLAN	
<b>b</b> Name of plan sponsor	HEADLANDS RESEARCH INC	<b>c</b> EIN-PN 83-0520149-001
<b>a</b> Plan name	HEALTHCARE RESOURCES & SOLUTIONS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	HEALTHCARE RESOURCES & SOLUTIONS, LLC	<b>c</b> EIN-PN 81-2922976-001
<b>a</b> Plan name	HETTICH AMERICA L.P. 401(K) PLAN	
<b>b</b> Name of plan sponsor	HETTICH AMERICA L.P.	<b>c</b> EIN-PN 22-2965482-001
<b>a</b> Plan name	HIGH DESERT UNDERGROUND 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	HIGH DESERT UNDERGROUND	<b>c</b> EIN-PN 26-0385624-001
<b>a</b> Plan name	HOCKING VALLEY BANK EMPLOYEES 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE HOCKING VALLEY BANK	<b>c</b> EIN-PN 31-0670126-002
<b>a</b> Plan name	HOME COURT ADVANTAGE, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	HOME COURT ADVANTAGE, INC.	<b>c</b> EIN-PN 43-1889016-001
<b>a</b> Plan name	HOMECOMING RESTORATION LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	HOMECOMING RESTORATION LLC	<b>c</b> EIN-PN 82-1056050-001

<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	HUNDLEY FARMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUNDLEY FARMS, INC.	<b>c</b> EIN-PN 59-1265209-001
<b>a</b>	Plan name	IDEAL MANUFACTURING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IDEAL MANUFACTURING, INC.	<b>c</b> EIN-PN 81-0499859-001
<b>a</b>	Plan name	IFG PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IFG PROJECT RESOURCING, LLC	<b>c</b> EIN-PN 20-4701946-001
<b>a</b>	Plan name	IMAGINE ENTERTAINMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMAGINE ENTERTAINMENT	<b>c</b> EIN-PN 95-4394439-001
<b>a</b>	Plan name	IMPERIUM MECHANICAL SYSTEMS401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IMPERIUM MECHANICAL SYSTEMS LLC	<b>c</b> EIN-PN 83-2448278-001
<b>a</b>	Plan name	INCEPT CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INCEPT CORPORATION	<b>c</b> EIN-PN 34-1761759-001
<b>a</b>	Plan name	INDIANA ARCHITECTURAL PLYWOOD, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INDIANA ARCHITECTURAL PLYWOOD, INC.	<b>c</b> EIN-PN 35-1565415-001
<b>a</b>	Plan name	INDIANA DIMENSION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDIANA DIMENSION, INC.	<b>c</b> EIN-PN 35-1802935-001
<b>a</b>	Plan name	INDUSTRIAL CHROME INC. EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL CHROME INC.	<b>c</b> EIN-PN 48-0633658-001
<b>a</b>	Plan name	INDUSTRIAL DEFENDER INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL DEFENDER, INC.	<b>c</b> EIN-PN 84-3211005-001
<b>a</b>	Plan name	INHAND NETWORKS	
<b>b</b>	Name of plan sponsor	INHAND NETWORKS, INC	<b>c</b> EIN-PN 46-3443447-001
<b>a</b>	Plan name	INNOVATIVE INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE INTEGRATED SOLUTIONS, LLC	<b>c</b> EIN-PN 27-4406188-001

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 IRON INDUSTRIES INC 401K PSP	
<b>b</b>	Name of plan sponsor IRON INDUSTRIES INC	<b>c</b> EIN-PN 20-1708190-001
<b>a</b>	Plan name IT RESOURCE, INC. 401(K) PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor IT RESOURCE, INC.	<b>c</b> EIN-PN 38-3564354-001
<b>a</b>	Plan name J.A.R. BAKERS' SUPPLY INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor J.A.R. BAKERS SUPPLY INC.	<b>c</b> EIN-PN 05-0313355-001
<b>a</b>	Plan name J.M. REYNOLDS OIL COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor J.M. REYNOLDS OIL COMPANY, INC.	<b>c</b> EIN-PN 35-1349640-001
<b>a</b>	Plan name JACK SCHROEDER AND ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JACK SCHROEDER AND ASSOCIATES, LLC	<b>c</b> EIN-PN 39-1460915-001
<b>a</b>	Plan name JACKSON MARKETING GROUP, INC. 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor JACKSON MARKETING GROUP, INC.	<b>c</b> EIN-PN 57-0858638-001
<b>a</b>	Plan name JACO GENERAL CONTRACTOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor JACO GENERAL CONTRACTOR, INC.	<b>c</b> EIN-PN 48-1044778-001
<b>a</b>	Plan name JAMF SOFTWARE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JAMF SOFTWARE, LLC	<b>c</b> EIN-PN 56-2286814-001
<b>a</b>	Plan name JJP FAMILY PRACTICE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JJP FAMILY PRACTICE, LLC	<b>c</b> EIN-PN 82-1837693-001
<b>a</b>	Plan name JOHN HOLMLUND NURSERY LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JOHN HOLMLUND NURSERY LLC	<b>c</b> EIN-PN 42-1615132-001
<b>a</b>	Plan name JOSEPH A. DIPIETRO HEATING AND COOLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOSEPH A. DIPIETRO HEATING AND COOLING, INC.	<b>c</b> EIN-PN 26-2448645-001
<b>a</b>	Plan name JOSEPH S. BOYLE, D.D.S., P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOSEPH S. BOYLE, D.D.S., P.A.	<b>c</b> EIN-PN 74-2963299-001

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 JOURNEY HOUSE 401K PLAN	
<b>b</b>	Name of plan sponsor JOURNEY HOUSE, INC.	<b>c</b> EIN-PN 39-1203539-001
<b>a</b>	Plan name JR HEATING & COOLING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JR HEATING AND COOLING, LLC	<b>c</b> EIN-PN 06-1619164-001
<b>a</b>	Plan name JRN VENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JRN VENTURES, LLC	<b>c</b> EIN-PN 04-3816862-001
<b>a</b>	Plan name JUDICIAL DISPUTE RESOLUTION, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JUDICIAL DISPUTE RESOLUTION, LLC	<b>c</b> EIN-PN 91-1825903-002
<b>a</b>	Plan name K1DS COUNT THERAPY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor K1DS COUNT THERAPY, LLC	<b>c</b> EIN-PN 27-4298104-002
<b>a</b>	Plan name KAY & KAY CONTRACTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KAY & KAY CONTRACTING, INC.	<b>c</b> EIN-PN 61-0911949-002
<b>a</b>	Plan name KB ORANGE GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor COCONUT CREEK FITNESS PARTNERS	<b>c</b> EIN-PN 46-5039529-001
<b>a</b>	Plan name KDM ENTERPRISES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor KDM ENTERPRISES, LLC	<b>c</b> EIN-PN 36-4370003-001
<b>a</b>	Plan name KIDDOSLAND CHILD DEVELOPMENT CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor KIDDOSLAND CHILD DEVELOPMENT CENTER INC.	<b>c</b> EIN-PN 81-3005886-001
<b>a</b>	Plan name KING BRANDS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KING BRANDS, LLC	<b>c</b> EIN-PN 20-4704142-001
<b>a</b>	Plan name KIPCO CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIPCO CONSTRUCTION LLC	<b>c</b> EIN-PN 46-4996780-001
<b>a</b>	Plan name KOL-GOL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KOL-GOL, INC.	<b>c</b> EIN-PN 42-1096238-001

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 L.E.A. PROPERTIES,LLC, 401(K) PLAN	
<b>b</b>	Name of plan sponsor POLSH, INC.	<b>c</b> EIN-PN 61-0931240-001
<b>a</b>	Plan name L.P. INDUSTRIES, INC. DBA SYKES ACE HARDWARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor L.P. INDUSTRIES, INC.	<b>c</b> EIN-PN 59-2362599-002
<b>a</b>	Plan name LA CROSS DENTAL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LA CROSS DENTAL, LLC	<b>c</b> EIN-PN 45-4172442-001
<b>a</b>	Plan name LABX MEDIA GROUP INC. 401(K ) PLAN	
<b>b</b>	Name of plan sponsor LABX MEDIA GROUP	<b>c</b> EIN-PN 99-0370803-001
<b>a</b>	Plan name LACERTA GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LACERTA GROUP, LLC	<b>c</b> EIN-PN 04-3180539-001
<b>a</b>	Plan name LACONIA DAILY SUN 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAKES REGION NEWS CLUB, INC.	<b>c</b> EIN-PN 02-0515530-001
<b>a</b>	Plan name LAKESIDE READY MIX, INC. 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor LAKESIDE READY MIX, INC.	<b>c</b> EIN-PN 54-1945807-001
<b>a</b>	Plan name LANCASTER COMMERCIAL PRODUCTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LANCASTER COMMERCIAL PRODUCTS, LLC	<b>c</b> EIN-PN 46-2148876-001
<b>a</b>	Plan name LAUFER TRUCKING 401K PLAN	
<b>b</b>	Name of plan sponsor LAUFER TRUCKING INC	<b>c</b> EIN-PN 39-1621595-001
<b>a</b>	Plan name LAW OFFICES OF BARRY R. RABOVSKY 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF BARRY R. RABOVSKY	<b>c</b> EIN-PN 36-3342357-001
<b>a</b>	Plan name LAWLERS SOUTHERN FOODS III 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAWLERS SOUTHERN FOODS III	<b>c</b> EIN-PN 63-1242547-001
<b>a</b>	Plan name LAZESTAR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAZESTAR, INC.	<b>c</b> EIN-PN 82-0573696-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name LEAVENS RANCHES LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEAVENS RANCHES LLC	<b>c</b> EIN-PN 95-1682490-001
<b>a</b>	Plan name LEE FAMILY DENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PRESTON HUGH LEE, III, DDS, PA	<b>c</b> EIN-PN 27-4169795-001
<b>a</b>	Plan name LEGACY OPERATING CO, LLC 401K PLAN 002	
<b>b</b>	Name of plan sponsor LEGACY OPERATING COMPANY, LLC	<b>c</b> EIN-PN 84-3242066-002
<b>a</b>	Plan name LEGACYHOUSE TITLE & ESCROW, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEGACYHOUSE TITLE & ESCROW LLC	<b>c</b> EIN-PN 84-3625845-001
<b>a</b>	Plan name LEOMINSTER CREDIT UNION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEOMINSTER CREDIT UNION	<b>c</b> EIN-PN 04-2348884-002
<b>a</b>	Plan name LEVEL 3 AUDIO VISUAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEVEL 3 AUDIO VISUAL, LLC	<b>c</b> EIN-PN 71-0934073-002
<b>a</b>	Plan name LEXIPOL COMPANY RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEXIPOL, LLC	<b>c</b> EIN-PN 71-0934113-001
<b>a</b>	Plan name LIBERTY MOVERS INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LIBERTY MOVERS, INC.	<b>c</b> EIN-PN 04-2499622-001
<b>a</b>	Plan name LIFT-IT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LIFT-IT, INC.	<b>c</b> EIN-PN 95-3401683-001
<b>a</b>	Plan name LITTLE FALLS SHOP-RITE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LITTLE FALLS SHOP-RITE SUPERMARKET, INC.	<b>c</b> EIN-PN 22-1611089-003
<b>a</b>	Plan name LIVEWELL ALLIANCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIVEWELL ALLIANCE, INC.	<b>c</b> EIN-PN 22-3068632-001
<b>a</b>	Plan name LONESTAR SOCCER CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor LONESTAR SOCCER CLUB OF AUSTIN, INC.	<b>c</b> EIN-PN 20-1201450-002

<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	LUGENBUHL PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LUGENBUHL, WHEATON, PECK, RANKIN & HUBBARD A LAW CORPORATION	<b>c</b> EIN-PN 72-1054034-001
<b>a</b>	Plan name	LUMERO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LUMERO, LLC	<b>c</b> EIN-PN 26-4378570-001
<b>a</b>	Plan name	LYNJA INC. DBA DALY DRUG PHARMACY 401(K) COMPASS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LYNJA, INC.	<b>c</b> EIN-PN 46-0857911-001
<b>a</b>	Plan name	MADIA INSURANCE AGENCY, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	MADIA INSURANCE AGENCY INC.	<b>c</b> EIN-PN 20-2065013-001
<b>a</b>	Plan name	MAKE-A-WISH ARIZONA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAKE-A-WISH FOUNDATION OF ARIZONA, INC.	<b>c</b> EIN-PN 86-0409636-002
<b>a</b>	Plan name	MAKPAR CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAKPAR CORPORATION	<b>c</b> EIN-PN 26-2196797-002
<b>a</b>	Plan name	MAMMOTH HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAMMOTH HOLDINGS, LLC	<b>c</b> EIN-PN 03-0407534-003
<b>a</b>	Plan name	MANCHESTER PHARMACY, INC. DBA THE MEDICINE SHOP 401K PLAN	
<b>b</b>	Name of plan sponsor	MANCHESTER PHARMACY, INC.	<b>c</b> EIN-PN 77-0591936-001
<b>a</b>	Plan name	MANSFIELD FUNERAL HOME RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACCIPITRIDAE LLC	<b>c</b> EIN-PN 47-2397146-001
<b>a</b>	Plan name	MANUEL'S SUPPLY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANUELS SUPPLY, LLC	<b>c</b> EIN-PN 20-3598612-001
<b>a</b>	Plan name	MARCOU TRANSPORTATION GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARRISON GLOBAL, LLC	<b>c</b> EIN-PN 45-4213532-001
<b>a</b>	Plan name	MARGARITAVILLE ENTERPRISES, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MARGARITAVILLE ENTERPRISES, LLC	<b>c</b> EIN-PN 77-0706262-001

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="#">MARIMART HEALTH CARE PLUS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARIMART HEALTH CARE PLUS, LLC</a>	<b>c</b> EIN-PN <a href="#">90-0356971-001</a>
<b>a</b>	Plan name <a href="#">MARIPOSA SPEECH SERVICES, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARIPOSA SPEECH SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">26-4815444-001</a>
<b>a</b>	Plan name <a href="#">MARTIN INTERNATIONAL ENCLOSURES 401(K) RET PL</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARTIN INTERNATIONAL ENCLOSURES</a>	<b>c</b> EIN-PN <a href="#">04-3336025-001</a>
<b>a</b>	Plan name <a href="#">MARTIN WALKER LAW 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARTIN WALKER P.C.</a>	<b>c</b> EIN-PN <a href="#">20-4506883-001</a>
<b>a</b>	Plan name <a href="#">MASCHMEYER CONCRETE COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MASCHMEYER CONCRETE COMPANY OF FLORIDA</a>	<b>c</b> EIN-PN <a href="#">31-1207217-001</a>
<b>a</b>	Plan name <a href="#">MAZZOTTA RENTALS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAZZOTTA RENTALS, INC.</a>	<b>c</b> EIN-PN <a href="#">06-1299919-001</a>
<b>a</b>	Plan name <a href="#">MCCONNELL &amp; SCULLY INC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCCONNELL &amp; SCULLY, INC</a>	<b>c</b> EIN-PN <a href="#">38-1807860-002</a>
<b>a</b>	Plan name <a href="#">MCGRATH AUTOMOTIVE GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCGRATH ENTERPRISES, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3432209-001</a>
<b>a</b>	Plan name <a href="#">MCPARTLAN ELECTRIC INC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCPARTLAN ELECTRIC INC</a>	<b>c</b> EIN-PN <a href="#">16-1712157-001</a>
<b>a</b>	Plan name <a href="#">MEDPRO HEALTH PROVIDERS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEDPRO HEALTH PROVIDERS, LLC</a>	<b>c</b> EIN-PN <a href="#">26-4671376-001</a>
<b>a</b>	Plan name <a href="#">MERITRUST FEDERAL CREDIT UNION RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERITRUST FEDERAL CREDIT UNION</a>	<b>c</b> EIN-PN <a href="#">48-0570799-001</a>
<b>a</b>	Plan name <a href="#">MERZI EXCAVATION LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERZI EXCAVATION LLC</a>	<b>c</b> EIN-PN <a href="#">82-1618478-001</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	MESSIANIC VISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE MESSIANIC VISION, INC.	<b>c</b> EIN-PN 52-1081247-001
<b>a</b>	Plan name	METRO FAMILY PHYSICIANS MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	METRO FAMILY PHYSICIANS MEDICAL GROUP, INC.	<b>c</b> EIN-PN 33-0885103-002
<b>a</b>	Plan name	METROWEST SUBARU, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METROWEST SUBARU, LLC	<b>c</b> EIN-PN 20-3667093-002
<b>a</b>	Plan name	MICRON SOLUTIONS, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	MICRON SOLUTIONS, INC.	<b>c</b> EIN-PN 72-0925679-002
<b>a</b>	Plan name	MIDWEST COMMUNITY BANCSHARES, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST COMMUNITY BANCSHARES, INC.	<b>c</b> EIN-PN 36-4148677-001
<b>a</b>	Plan name	MIKE J. MAISTROS D.D.S. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIKE J. MAISTROS D.D.S.	<b>c</b> EIN-PN 31-1643509-001
<b>a</b>	Plan name	MILE HIGH FAMILY MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILE HIGH FAMILY MEDICINE, INC.	<b>c</b> EIN-PN 20-4319208-001
<b>a</b>	Plan name	MIRBEAU INN & SPA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIRBEAU INN & SPA & THE PINEHILLS/ BOSTON SOUTH	<b>c</b> EIN-PN 16-1572392-001
<b>a</b>	Plan name	MORGAN & BROTHER MANHATTAN STORAGE CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORGAN & BROTHER MANHATTAN STORAGE CO., INC.	<b>c</b> EIN-PN 13-1815744-001
<b>a</b>	Plan name	MORRIS TECHNOLOGY SOLUTIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORRIS TECHNOLOGY SOLUTIONS, LLC	<b>c</b> EIN-PN 82-3980583-002
<b>a</b>	Plan name	MORRISON BROTHERS BUILDING CENTER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MORRISON BROTHERS BUILDING CENTER, LLC	<b>c</b> EIN-PN 20-3979168-001
<b>a</b>	Plan name	MORRISON ENTERPRISES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORRISON ENTERPRISES, LLC	<b>c</b> EIN-PN 48-1027017-001

<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	MOSES GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOSES GROUP, INC.	<b>c</b> EIN-PN 16-1292516-001
<b>a</b>	Plan name	MOUNTAIN WEST CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN WEST CONSULTING, LLC	<b>c</b> EIN-PN 26-4706579-001
<b>a</b>	Plan name	MRCC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JARIDLY CORPORATION DBA MR. CABINET CARE	<b>c</b> EIN-PN 33-0383732-001
<b>a</b>	Plan name	NASONVILLE DAIRY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NASONVILLE DAIRY, INC.	<b>c</b> EIN-PN 39-1531117-001
<b>a</b>	Plan name	NATIONAL GALVANIZING, L.P. PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL GALVANIZING, L.P.	<b>c</b> EIN-PN 38-3056910-002
<b>a</b>	Plan name	NATIONAL MATERIAL, L.P. DEFERRED COMPENSATION PLAN 401(K)	
<b>b</b>	Name of plan sponsor	NATIONAL MATERIAL, L.P.	<b>c</b> EIN-PN 36-3559267-004
<b>a</b>	Plan name	NAUMANN/HOBBS MATERIAL HANDLING, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NAUMANN/HOBBS MATERIAL HANDLING, INC.	<b>c</b> EIN-PN 36-4596041-001
<b>a</b>	Plan name	NAVIA BENEFIT SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAVIA BENEFIT SOLUTIONS	<b>c</b> EIN-PN 91-1467758-001
<b>a</b>	Plan name	NDA WEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NDA WEALTH FOUNDATIONS	<b>c</b> EIN-PN 46-0777787-001
<b>a</b>	Plan name	NEW WAVE HOSPITALITY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW WAVE HOSPITALITY, LLC	<b>c</b> EIN-PN 82-4504692-001
<b>a</b>	Plan name	NEWEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FABRICATED METAL PRODUCTS, LLC	<b>c</b> EIN-PN 92-0483249-001
<b>a</b>	Plan name	NEWPORT ADVISORY PARTNERS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEWPORT ADVISORY PARTNERS LLC	<b>c</b> EIN-PN 84-3480765-001

<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	NEWTON FAMILY PHYSICIANS, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEWTON FAMILY PHYSICIANS, P.A.	<b>c</b> EIN-PN 31-0993406-001
<b>a</b>	Plan name	NEXTMUNE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXTMUNE US LLC	<b>c</b> EIN-PN 35-2589699-001
<b>a</b>	Plan name	NOBLE BIOMATERIALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOBLE BIOMATERIALS, INC.	<b>c</b> EIN-PN 20-2122808-001
<b>a</b>	Plan name	NORTH BAY AVIATION 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTH BAY AVIATION	<b>c</b> EIN-PN 68-0424022-001
<b>a</b>	Plan name	NORTH COUNTRY HYDRAULICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH COUNTRY HYDRAULICS, INC.	<b>c</b> EIN-PN 11-3648820-001
<b>a</b>	Plan name	NORTHSTAR ACADEMY, INC. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHSTAR ACADEMY, INC.	<b>c</b> EIN-PN 54-1816370-002
<b>a</b>	Plan name	NORTHWIND 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHWIND PHARMACEUTICALS, LLC	<b>c</b> EIN-PN 30-0066778-001
<b>a</b>	Plan name	NOURY CONSTRUCTION CO.	
<b>b</b>	Name of plan sponsor	NOURY CONSTRUCTION CO.	<b>c</b> EIN-PN 27-2549626-001
<b>a</b>	Plan name	NOVA MEDICAL GROUP PC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NOVA MEDICAL GROUP PC	<b>c</b> EIN-PN 88-3512976-001
<b>a</b>	Plan name	NPPG 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST PROFESSIONAL PLANNING GROUP, INC. DBA NATIONAL PROFESSIONAL	<b>c</b> EIN-PN 22-3349752-002
<b>a</b>	Plan name	NUREMBERG, PARIS, HELLER & MCCARTHY CO LPA 401K	
<b>b</b>	Name of plan sponsor	NUREMBERG PARIS HELLER & MCCARTHY	<b>c</b> EIN-PN 34-1213356-004
<b>a</b>	Plan name	NWD, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	N.W.D., INC.	<b>c</b> EIN-PN 04-2805862-001

<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	OAKWOOD ATHLETIC CLUB, LLC	
<b>b</b>	Name of plan sponsor	OAKWOOD ATHLETIC CLUB, LLC	<b>c</b> EIN-PN 94-3291460-001
<b>a</b>	Plan name	OFFICE360 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OFFICE THREE SIXTY, INC.	<b>c</b> EIN-PN 35-2142678-001
<b>a</b>	Plan name	OHB, INC.401(K) PLAN	
<b>b</b>	Name of plan sponsor	OHB, INC.	<b>c</b> EIN-PN 56-1881070-001
<b>a</b>	Plan name	OKLAHOMA ARTHRITIS CENTER, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OKLAHOMA ARTHRITIS CENTER, P.C.	<b>c</b> EIN-PN 73-1578116-002
<b>a</b>	Plan name	OLEAN AREA FCU 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OLEAN AREA FEDERAL CREDIT UNION	<b>c</b> EIN-PN 16-1022820-033
<b>a</b>	Plan name	ORAL ARTS LABORATORY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORAL ARTS LABORATORY, INC.	<b>c</b> EIN-PN 63-0590100-001
<b>a</b>	Plan name	ORCHARD GROUP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORCHARD GROUP PROFIT SHARING PLAN	<b>c</b> EIN-PN 36-3855072-002
<b>a</b>	Plan name	ORION INTEGRATED SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORION INTEGRATED SYSTEMS	<b>c</b> EIN-PN 20-8178220-002
<b>a</b>	Plan name	OWENS CAROLINA ORTHOTIC AND PROSTHETIC, INC. NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OWENS CAROLINA ORTHOTIC	<b>c</b> EIN-PN 56-1634753-001
<b>a</b>	Plan name	OWENS LUMBER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OWENS LUMBER CO, INC	<b>c</b> EIN-PN 63-1129678-001
<b>a</b>	Plan name	P.T.L. FABRICATORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P.T.L. FABRICATORS, LLC	<b>c</b> EIN-PN 20-1809553-001
<b>a</b>	Plan name	PAIR GAIN COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAIR GAIN COMMUNICATIONS, INC.	<b>c</b> EIN-PN 16-1388193-001

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 PALLET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PALLET, INC.	<b>c</b> EIN-PN 82-1516722-001
<b>a</b>	Plan name PALM MANAGEMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PALM MANAGEMENT COMPANY LLC	<b>c</b> EIN-PN 83-3094315-001
<b>a</b>	Plan name PAR HOSPITALITY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PAR HOSPITALITY, LLC	<b>c</b> EIN-PN 04-3307911-001
<b>a</b>	Plan name PARAGON EVENTS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PARAGON EVENTS INC	<b>c</b> EIN-PN 65-0159963-001
<b>a</b>	Plan name PARAGON SPORTS CONSTRUCTORS 401K PLAN	
<b>b</b>	Name of plan sponsor PARAGON SPORTS CONSTRUCTORS LLC	<b>c</b> EIN-PN 27-0838912-001
<b>a</b>	Plan name PATHWAYS HEALTHCARE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PATHWAYS HEALTHCARE, LLC	<b>c</b> EIN-PN 35-2462125-001
<b>a</b>	Plan name PATOKA TERMINAL COMPANY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PATOKA TERMINAL COMPANY, LLC	<b>c</b> EIN-PN 27-4664428-001
<b>a</b>	Plan name PAYFORWARD LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PAYFORWARD	<b>c</b> EIN-PN 36-4763682-001
<b>a</b>	Plan name PENINSULA HARDWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor JTD INC. T/A ACE PENINSULA HARDWARE	<b>c</b> EIN-PN 54-1325423-001
<b>a</b>	Plan name PILOTED SCHOOLS OF NEVADA 401(K) PLAN	
<b>b</b>	Name of plan sponsor PILOTED SCHOOLS OF NEVADA INC	<b>c</b> EIN-PN 86-1761385-001
<b>a</b>	Plan name PINNACLE INSURANCE & FINANCIAL SERVICES, LLC 401(K)PLAN	
<b>b</b>	Name of plan sponsor PINNACLE INSURANCE & FINANCIAL SERVICES, LLC	<b>c</b> EIN-PN 26-1337123-001
<b>a</b>	Plan name PIONEER PLASTICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PIONEER PLASTICS, INC.	<b>c</b> EIN-PN 61-0623231-001

<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	PJR ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PJR ENTERPRISES, INC.	<b>c</b> EIN-PN 36-3317191-001
<b>a</b>	Plan name	PLEXIS HEALTHCARE SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLEXIS HEALTHCARE SYSTEMS, INC.	<b>c</b> EIN-PN 93-1216851-001
<b>a</b>	Plan name	PMC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PMC COMMERCIAL INTERIORS, INC.	<b>c</b> EIN-PN 45-3336175-001
<b>a</b>	Plan name	POLYEXCEL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POLYEXCEL, LLC	<b>c</b> EIN-PN 20-0495856-001
<b>a</b>	Plan name	POLYQUEST INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POLYQUEST INCORPORATED	<b>c</b> EIN-PN 36-4367889-001
<b>a</b>	Plan name	POWERS OF ARKANSAS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	POWERS OF ARKANSAS, INC.	<b>c</b> EIN-PN 71-0606308-001
<b>a</b>	Plan name	PREMIER AUTO MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	PREMIER AUTO MANAGEMENT LLC	<b>c</b> EIN-PN 26-0540150-001
<b>a</b>	Plan name	PREMIER CHEVROLET BUICK GMC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER CHEVROLET BUICK GMC	<b>c</b> EIN-PN 47-4994524-001
<b>a</b>	Plan name	PREMIER PROPERTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER PROPERTIES DBA STACY INCORPORATED	<b>c</b> EIN-PN 76-0470869-001
<b>a</b>	Plan name	PREMIER TRAVEL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PREMIER TRAVEL MANAGEMENT	<b>c</b> EIN-PN 36-2881434-001
<b>a</b>	Plan name	PRESTON HEALTH SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PRESTON HEALTH SERVICES, INC.	<b>c</b> EIN-PN 20-3000448-001
<b>a</b>	Plan name	PRIMANTI CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIMANTI CORPORATION	<b>c</b> EIN-PN 90-0916427-001

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 PRIMARY CARE PHYSICIANS OF JOL 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PRIMARY CARE PHYSICIANS OF JOL	<b>c</b> EIN-PN 82-3096414-001
<b>a</b>	Plan name PRIME DOWNHOLE MANUFACTURING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor PRIME DOWNHOLE MANUFACTURING LLC	<b>c</b> EIN-PN 37-1789035-001
<b>a</b>	Plan name PRODUCERS COOPERATIVE ASSOCIATION PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRODUCERS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 74-1005557-002
<b>a</b>	Plan name PROFITOPIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROFITOPIA	<b>c</b> EIN-PN 85-3001380-001
<b>a</b>	Plan name PROKIDNEY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROKIDNEY, LLC	<b>c</b> EIN-PN 81-0889991-001
<b>a</b>	Plan name QCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUANTUM CONTROLS, INC.	<b>c</b> EIN-PN 51-0391970-001
<b>a</b>	Plan name QUALITY TANK SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUALITY TANK SOLUTIONS, LLC	<b>c</b> EIN-PN 45-5330679-001
<b>a</b>	Plan name R & F EXCAVATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor R & F EXCAVATING, INC.	<b>c</b> EIN-PN 23-2547651-001
<b>a</b>	Plan name R.C. HUNT ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor R.C. HUNT ELECTRIC, INC.	<b>c</b> EIN-PN 87-0663953-001
<b>a</b>	Plan name R.I. ALTERNATIVE ACADEMY MANAGEMENT, LLC 401(K)	
<b>b</b>	Name of plan sponsor R.I. ALTERNATIVE ACADEMY MANAGEMENT, LLC.	<b>c</b> EIN-PN 82-1926939-001
<b>a</b>	Plan name RAY'S CORNER MARKET LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAYS CORNER MARKET LLC	<b>c</b> EIN-PN 20-3492645-001
<b>a</b>	Plan name RC MANAGEMENT 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RC MANAGEMENT, INC.	<b>c</b> EIN-PN 74-1671920-001

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 RCSSC EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RESILIENCE COUNSELING & SOCIAL SKILLS CTR LLC	<b>c</b> EIN-PN 82-3556921-001
<b>a</b>	Plan name RECOGNITION SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RECOGNITION SYSTEMS, INC.	<b>c</b> EIN-PN 11-2166757-001
<b>a</b>	Plan name REGIMENT SECURITY PARTNERS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor REGIMENT SECURITY PARTNERS LLC	<b>c</b> EIN-PN 86-3615675-001
<b>a</b>	Plan name REM ELECTRONICS SUPPLY CO. , INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor REM ELECTRONICS SUPPLY CO., INC.	<b>c</b> EIN-PN 34-0963505-001
<b>a</b>	Plan name RESEARCH CORPORATION TECHNOLOGIES, INC. EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor RESEARCH CORPORATION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 86-0572766-001
<b>a</b>	Plan name RESOURCE ONE CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor RESOURCE ONE CREDIT UNION	<b>c</b> EIN-PN 75-0821285-001
<b>a</b>	Plan name RETIREMENT PATH POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor PLAN PROFESSIONALS, LLC	<b>c</b> EIN-PN 85-3213245-304
<b>a</b>	Plan name REVER GRAND LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor REVER GRAND LLC	<b>c</b> EIN-PN 81-3727606-001
<b>a</b>	Plan name REVISE ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIPIETRO HOME ENERGY SOLUTIONS, INC. DBA REVISE	<b>c</b> EIN-PN 81-1894291-001
<b>a</b>	Plan name RIGHT AT HOME 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SERVE FIRST LLC	<b>c</b> EIN-PN 93-4241235-001
<b>a</b>	Plan name RIVER CITY MANUFACTURING & MACHINE CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIVER CITY MANUFACTURING & MACHINE CO	<b>c</b> EIN-PN 41-1639893-001
<b>a</b>	Plan name ROBERT C. HATTON, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROBERT C. HATTON, INC.	<b>c</b> EIN-PN 59-1116726-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ROBERT V. JENSEN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROBERT V. JENSEN, INC.	<b>c</b> EIN-PN 94-2266370-002
<b>a</b>	Plan name	ROBUCK HOMES 401K PLAN	
<b>b</b>	Name of plan sponsor	ROBUCK HOMES	<b>c</b> EIN-PN 56-0932350-001
<b>a</b>	Plan name	ROCHESTER PEDIATRIC DENTISTRY PLLC 401 K PLAN	
<b>b</b>	Name of plan sponsor	ROCHESTER PEDIATRIC DENTISTRY	<b>c</b> EIN-PN 86-1590253-001
<b>a</b>	Plan name	ROCKWELL FOREST PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKWELL FOREST PRODUCTS, INC.	<b>c</b> EIN-PN 25-1542750-001
<b>a</b>	Plan name	ROGERS JEWELRY 401K PLAN	
<b>b</b>	Name of plan sponsor	ROGERS JEWELRY COMPANY	<b>c</b> EIN-PN 94-1110764-001
<b>a</b>	Plan name	ROOFING SALES ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROOFING SALES ASSOCIATES, INC.	<b>c</b> EIN-PN 43-1707737-001
<b>a</b>	Plan name	ROY'S AUTO GLASS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROYS AUTO GLASS, INC.	<b>c</b> EIN-PN 06-1271385-001
<b>a</b>	Plan name	RPMG LA JOLLA, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REPRODUCTIVE PARTNERS MEDICAL GROUP LA JOLLA, INC.	<b>c</b> EIN-PN 46-0528762-003
<b>a</b>	Plan name	RURAL MASONRY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RURAL MASONRY, INC.	<b>c</b> EIN-PN 39-1420275-001
<b>a</b>	Plan name	S.T.A.R. 401K PLAN	
<b>b</b>	Name of plan sponsor	MASTER INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 95-3000067-001
<b>a</b>	Plan name	SAMES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAMES, INC.	<b>c</b> EIN-PN 26-2941288-001
<b>a</b>	Plan name	SCHNEIDER'S DAIRY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHNEIDERS DAIRY, INC.	<b>c</b> EIN-PN 25-0990418-001

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 SEA SHELL CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SEA SHELL CLUB, INC.	<b>c</b> EIN-PN 21-0722568-002
<b>a</b>	Plan name SECONDWIND WATER SYSTEMS, INC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SECONDWIND WATER SYSTEMS, INC	<b>c</b> EIN-PN 02-0476531-001
<b>a</b>	Plan name SECURITY STATE BANK SAVINGS INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor SECURITY STATE BANK	<b>c</b> EIN-PN 73-0440370-002
<b>a</b>	Plan name SENIORITY HEALTHCARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN TELEHEALTH DBA SENIORITY HEALTHCARE	<b>c</b> EIN-PN 47-4988194-001
<b>a</b>	Plan name SERGI CONSTRUCTION 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SERGI CONSTRUCTION	<b>c</b> EIN-PN 16-1433824-001
<b>a</b>	Plan name SHIELDS ELECTRONICS SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHIELDS ELECTRONICS SUPPLY, INC.	<b>c</b> EIN-PN 62-0852784-001
<b>a</b>	Plan name SHWI 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUMMIT HYPERBARICS AND WELLNESS, INC.	<b>c</b> EIN-PN 87-3164451-001
<b>a</b>	Plan name SIGNATURE CONSTRUCTION GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIGNATURE CONSTRUCTION GROUP, INC.	<b>c</b> EIN-PN 13-3572304-001
<b>a</b>	Plan name SILENCER CENTRAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor BMADDOX ENTERPRISES LLC	<b>c</b> EIN-PN 20-2723856-001
<b>a</b>	Plan name SINC SPORTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SINC SPORTS, INC.	<b>c</b> EIN-PN 36-3723460-001
<b>a</b>	Plan name SISLER MANUFACTURING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor SISLER MANUFACTURING GROUP	<b>c</b> EIN-PN 46-0932567-001
<b>a</b>	Plan name SKY COMMUNICATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SKY COMMUNICATIONS, INC.	<b>c</b> EIN-PN 16-1599397-001

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 SLOANES OF VONORE CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor SLOANS OF VONORE	<b>c</b> EIN-PN 62-1766490-001
<b>a</b>	Plan name SLUSARSKI EXCAVATING PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SLUSARSKI EXCAVATING & PAVING, INC.	<b>c</b> EIN-PN 38-2732371-001
<b>a</b>	Plan name SNAP HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SNAP FINANCE, LLC	<b>c</b> EIN-PN 81-0878051-001
<b>a</b>	Plan name SOLIEL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOLIEL LLC	<b>c</b> EIN-PN 35-2176953-001
<b>a</b>	Plan name SOLINGRA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOLINGRA, INC.	<b>c</b> EIN-PN 88-1496057-001
<b>a</b>	Plan name SONORAN DESERT INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRADE TRAINING COMPANY, LLC	<b>c</b> EIN-PN 45-5628892-002
<b>a</b>	Plan name SOUTH CENTRAL INC.'S SUBSIDIARIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIBERTECH PLASTICS LLC	<b>c</b> EIN-PN 86-3990540-001
<b>a</b>	Plan name SOUTH COAST GAS CO., INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTH COAST GAS CO., INC.	<b>c</b> EIN-PN 72-0366882-001
<b>a</b>	Plan name SOUTHERN AIRE CONTRACTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN AIRE CONTRACTING, INC.	<b>c</b> EIN-PN 20-3434904-001
<b>a</b>	Plan name SOUTHERN BIOTECHNOLOGY ASSOCIATES, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN BIOTECHNOLOGY ASSOCIATES, INC.	<b>c</b> EIN-PN 63-0822754-001
<b>a</b>	Plan name SOUTHERN CONNECTICUT WOMEN'S HEALTH ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN CONNECTICUT WOMENS HEALTH ASSOCIATES	<b>c</b> EIN-PN 16-1664854-001
<b>a</b>	Plan name SP VESSEL BUYER LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SP VESSEL BUYER LLC	<b>c</b> EIN-PN 85-3313356-001

<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	SPECIALTY SURGERY CENTER OF CNY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECIALTY SURGERY CENTER OF CNY	<b>c</b> EIN-PN 16-1549512-001
<b>a</b>	Plan name	SPEECH & LANGUAGE DEVELOPMENT CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPEECH & LANGUAGE DEVELOPMENT CENTER	<b>c</b> EIN-PN 95-2162129-001
<b>a</b>	Plan name	SPINE & JOINT CENTERS OF AMERICA 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SPINE & JOINT CENTERS OF MISSOURI	<b>c</b> EIN-PN 92-3460284-001
<b>a</b>	Plan name	SPLICELINE, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPLICELINE, INC.	<b>c</b> EIN-PN 56-2065163-001
<b>a</b>	Plan name	ST. CLAIR COUNTY HEAD START PROGRAM, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ST. CLAIR COUNTY HEAD START PROGRAM, INC.	<b>c</b> EIN-PN 63-0511542-001
<b>a</b>	Plan name	STABIL NUTRITION 401K PSP	
<b>b</b>	Name of plan sponsor	DALLAS ANTHONY	<b>c</b> EIN-PN 83-3831672-001
<b>a</b>	Plan name	STATE BANK OF TEXAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STATE BANK OF TEXAS	<b>c</b> EIN-PN 75-2159337-002
<b>a</b>	Plan name	STAXCLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STAXCLINIC	<b>c</b> EIN-PN 06-1822111-001
<b>a</b>	Plan name	STC FRANCHISEE MANAGEMENT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STC FRANCHISEE MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 27-4362526-001
<b>a</b>	Plan name	SUNCREST PHARMACY 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SUNCREST PHARMACY	<b>c</b> EIN-PN 55-0685245-001
<b>a</b>	Plan name	SUNDAY RILEY MODERN SKINCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNDAY RILEY MODERN SKINCARE, LLC	<b>c</b> EIN-PN 80-0423606-001
<b>a</b>	Plan name	SUNQUEST PROPERTIES INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SUNQUEST PROPERTIES INC	<b>c</b> EIN-PN 72-1042010-001

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>SUNSET AUTO CORPORATE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUNSET AUTO COMPANY, INC.</b>	<b>c</b> EIN-PN <b>43-0543535-002</b>
<b>a</b>	Plan name <b>SUTTON BANK EMPLOYEE STOCK OWNERSHIP &amp; 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUTTON BANK</b>	<b>c</b> EIN-PN <b>34-4369660-002</b>
<b>a</b>	Plan name <b>SYNERGY RECYCLING, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SYNERGY RECYCLING, LLC</b>	<b>c</b> EIN-PN <b>56-2205987-001</b>
<b>a</b>	Plan name <b>TAAG 401(K) SALARY REDUCTION PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>TAAG, INC.</b>	<b>c</b> EIN-PN <b>84-3551439-001</b>
<b>a</b>	Plan name <b>TEEL CONSTRUCTION, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEEL CONSTRUCTION, INC</b>	<b>c</b> EIN-PN <b>54-1451207-001</b>
<b>a</b>	Plan name <b>TERRACE PARK COUNTRY CLUB RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TERRACE PARK COUNTRY CLUB</b>	<b>c</b> EIN-PN <b>31-0465970-003</b>
<b>a</b>	Plan name <b>TERRASCAPE CONSULTING, LLC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>TERRASCAPE CONSULTING, LLC</b>	<b>c</b> EIN-PN <b>20-5570742-001</b>
<b>a</b>	Plan name <b>TEXAS PRIDE DISPOSAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEXAS PRIDE DISPOSAL SOLUTIONS</b>	<b>c</b> EIN-PN <b>30-0788641-001</b>
<b>a</b>	Plan name <b>TEXOMA PHYSICIANS GROUP, PLLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEXOMA PHYSICIANS GROUP, PLLC</b>	<b>c</b> EIN-PN <b>84-2063664-001</b>
<b>a</b>	Plan name <b>THA CONCIERGE CARE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IHC III, INC.</b>	<b>c</b> EIN-PN <b>27-0122686-001</b>
<b>a</b>	Plan name <b>THE 401(K) PROFIT SHARING PLAN OF JEWISH HEALTHCARE CENTER, INC.</b>	
<b>b</b>	Name of plan sponsor <b>JEWISH HEALTHCARE CENTER, INC.</b>	<b>c</b> EIN-PN <b>04-2103803-004</b>
<b>a</b>	Plan name <b>THE BRUCE LAW FIRM 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE BRUCE LAW FIRM</b>	<b>c</b> EIN-PN <b>73-1354482-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE CARTER CLINIC, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARTER CLINIC, P.A.	<b>c</b> EIN-PN 20-8743613-001
<b>a</b>	Plan name	THE HEARING GROUP LLC 401K AND PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THE HEARING GROUP LLC	<b>c</b> EIN-PN 45-4564044-001
<b>a</b>	Plan name	THE HENRI STERN WATCH AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE HENRI STERN WATCH AGENCY	<b>c</b> EIN-PN 13-1537970-002
<b>a</b>	Plan name	THE HETRICK- MARTIN INSTITUTE 401K PLAN	
<b>b</b>	Name of plan sponsor	THE HETRICK- MARTIN INSTITUTE	<b>c</b> EIN-PN 13-3104537-001
<b>a</b>	Plan name	THE LEARNING TREE DAYCARE & PRESCHOOL LLC 401(K)	
<b>b</b>	Name of plan sponsor	THE LEARNING TREE DAYCARE & PRESCHOOL LLC	<b>c</b> EIN-PN 46-2855267-001
<b>a</b>	Plan name	THE NATIONAL FRUIT PRODUCT CO., INC. 401(K) EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL FRUIT PRODUCT CO., INC.	<b>c</b> EIN-PN 54-0315385-004
<b>a</b>	Plan name	THE PATEL FIRM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE PATEL FIRM, PLLC	<b>c</b> EIN-PN 82-2640587-001
<b>a</b>	Plan name	THE PEDOWITZ GROUP LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THE PEDOWITZ GROUP LLC	<b>c</b> EIN-PN 26-0677942-001
<b>a</b>	Plan name	THE PHOENIX THEATRE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PHOENIX THEATRE COMPANY	<b>c</b> EIN-PN 86-0108839-001
<b>a</b>	Plan name	THE RUBY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRG VENTURES, INC.	<b>c</b> EIN-PN 35-2562793-001
<b>a</b>	Plan name	THE SAW 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE SAW, INC.	<b>c</b> EIN-PN 36-5043330-001
<b>a</b>	Plan name	THE SURETY & FIDELITY ASSOCIATION OF AMERICA PSP	
<b>b</b>	Name of plan sponsor	THE SURETY & FIDELITY ASSOCIATION OF AMERICA	<b>c</b> EIN-PN 26-0003391-004

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	THE TAILORED CLOSET & PREMIER GARAGE 401K	
<b>b</b> Name of plan sponsor	ROW-22 LLC	<b>c</b> EIN-PN 88-4038129-001
<b>a</b> Plan name	THE UNION STATE BANK 401(K) EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b> Name of plan sponsor	UNION STATE BANK	<b>c</b> EIN-PN 48-0456400-001
<b>a</b> Plan name	THE WINE GUY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	THE WINE GUY, INC.	<b>c</b> EIN-PN 27-1727969-001
<b>a</b> Plan name	THOMPSON GOLF GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	THOMPSON GOLF GROUP	<b>c</b> EIN-PN 84-2331068-001
<b>a</b> Plan name	THRONE DEPOT, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	THRONE DEPOT, INC.	<b>c</b> EIN-PN 20-3844364-001
<b>a</b> Plan name	TIXTRACK INC 401K PLAN	
<b>b</b> Name of plan sponsor	TIXTRACK INC	<b>c</b> EIN-PN 26-2291405-002
<b>a</b> Plan name	TMSFILTERBUY 401(K) PLAN	
<b>b</b> Name of plan sponsor	TMS MANAGEMENT, LLC	<b>c</b> EIN-PN 82-3713087-001
<b>a</b> Plan name	TOTAL PACKAGE EXPRESS, INC. 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	TOTAL PACKAGE EXPRESS, INC.	<b>c</b> EIN-PN 31-1377065-001
<b>a</b> Plan name	TPS THAYER 401(K)	
<b>b</b> Name of plan sponsor	TPS THAYER	<b>c</b> EIN-PN 84-4490035-001
<b>a</b> Plan name	TRALE INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRALE INC	<b>c</b> EIN-PN 30-0796958-001
<b>a</b> Plan name	TRALE MANOMET, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRALE MANOMET, INC.	<b>c</b> EIN-PN 82-4594922-001
<b>a</b> Plan name	TRANSFORMATION CHURCH RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	TRANSFORMATION CHURCH	<b>c</b> EIN-PN 27-1022006-001

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 TRANSITIONAL SERVICES OF NY FOR LONG ISLAND INC & HAVEN HOUSE/BRIDGES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRANSITIONAL SERVICES OF NY FOR LONG ISLAND, INC.	<b>c</b> EIN-PN 11-2592828-002
<b>a</b>	Plan name TREMAINE & ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor TREMAINE & ASSOCIATES INC	<b>c</b> EIN-PN 68-0482868-001
<b>a</b>	Plan name TRENTINI ORTHODONTICS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRENTINI ORTHODONTICS	<b>c</b> EIN-PN 32-0365490-001
<b>a</b>	Plan name TRG 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE RADIOLOGY GROUP, P.C.	<b>c</b> EIN-PN 93-0585144-001
<b>a</b>	Plan name TRIAD GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIAD GROUP, LLC	<b>c</b> EIN-PN 13-4091658-001
<b>a</b>	Plan name TRINITY MEP ENGINEERING RETIREMENT PLANS	
<b>b</b>	Name of plan sponsor TRINITY MEP ENGINEERING, LLC	<b>c</b> EIN-PN 51-0662503-001
<b>a</b>	Plan name TRISTAR BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRISTAR BANK	<b>c</b> EIN-PN 56-2136525-001
<b>a</b>	Plan name TRIXXI CLOTHING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIXXI CLOTHING COMPANY, INC.	<b>c</b> EIN-PN 95-4885811-001
<b>a</b>	Plan name UBIQUITY MANAGEMENT	
<b>b</b>	Name of plan sponsor UBIQUITY MANAGEMENT, LLC	<b>c</b> EIN-PN 87-2902113-001
<b>a</b>	Plan name UCB OF SOUTHERN KENTUCKY 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED CITIZENS BANK OF SOUTHERN KENTUCKY, INC.	<b>c</b> EIN-PN 20-1889823-001
<b>a</b>	Plan name UNITED DENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNITED DENTAL SERVICES, INC.	<b>c</b> EIN-PN 62-1125101-001
<b>a</b>	Plan name UNITED MECHANICAL 401K PLAN	
<b>b</b>	Name of plan sponsor JOHN P. BURKE	<b>c</b> EIN-PN 61-1357868-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UNITED STATES VETERANS INITIATIVE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNITED STATES VETERANS INITIATIVE	<b>c</b> EIN-PN 95-4382752-001
<b>a</b>	Plan name	UNIVERSAL STAINLESS & ALLOY PRODUCTS, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL STAINLESS & ALLOY PRODUCTS, INC.	<b>c</b> EIN-PN 25-1724540-001
<b>a</b>	Plan name	UPPER PENINSULA MACHINE & ENGINEERING CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UPPER PENINSULA MACHINE & ENGINEERING CORP.	<b>c</b> EIN-PN 38-1715476-002
<b>a</b>	Plan name	USA STAFFING SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	USA STAFFING SOLUTIONS	<b>c</b> EIN-PN 85-1781301-001
<b>a</b>	Plan name	VALLEYVIEW INJURY & PHYSICAL MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALLEYVIEW INJURY & PHYSICAL MEDICINE, INC.	<b>c</b> EIN-PN 47-4407311-004
<b>a</b>	Plan name	VALVTECHNOLOGIES EMPLOYEES 401(K) PROFIT SHARING PLAN & TRUST - 755521-01	
<b>b</b>	Name of plan sponsor	VALVTECHNOLOGIES INC	<b>c</b> EIN-PN 76-0266982-001
<b>a</b>	Plan name	VAN GOGHS PALETTE INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	VAN GOGHS PALETTE INC	<b>c</b> EIN-PN 59-3720139-001
<b>a</b>	Plan name	VCOM3D 401(K) EMPLOYER SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VCOM3D, INC.	<b>c</b> EIN-PN 59-3419305-001
<b>a</b>	Plan name	VELOCITII CONTACT CENTER SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VELOCITII CONTACT CENTER SERVICES, LLC	<b>c</b> EIN-PN 92-3486845-001
<b>a</b>	Plan name	VIATRAN, INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	VIATRAN, INC	<b>c</b> EIN-PN 74-2747044-001
<b>a</b>	Plan name	VOLAIRE AVIATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VOLAIRE AVIATION, INC.	<b>c</b> EIN-PN 81-4807285-001
<b>a</b>	Plan name	VOTUM ENTERPRISES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOTUM ENTERPRISES LLC	<b>c</b> EIN-PN 85-2736149-001

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 <u>WAEV, INC 401K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WAEV, INC.</u>	<b>c</b> EIN-PN <u>87-3861274-001</u>
<b>a</b>	Plan name <u>WALTER DE GRUYTER, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</u>	
<b>b</b>	Name of plan sponsor <u>WALTER DE GRUYTER, INC.</u>	<b>c</b> EIN-PN <u>13-2677503-001</u>
<b>a</b>	Plan name <u>WARNER BROS. FOUNDRY CO. 401(K) PSP AND TRUST</u>	
<b>b</b>	Name of plan sponsor <u>WARNER BROS. FOUNDRY CO.</u>	<b>c</b> EIN-PN <u>39-1688453-001</u>
<b>a</b>	Plan name <u>WASTE HAULER SUPPORT SERVICES 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WASTE HAULER SUPPORT SERVICES, LLC</u>	<b>c</b> EIN-PN <u>26-4394816-001</u>
<b>a</b>	Plan name <u>WAUKESHA FLORAL &amp; GREENHOUSE 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WAUKESHA FLORAL WITH GREENHOUSE, DBA WAUKESHA FLORAL &amp; GREENHOUSE</u>	<b>c</b> EIN-PN <u>87-2793136-001</u>
<b>a</b>	Plan name <u>WAVE DENTAL PROFESSIONALS 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>TRALONGO, LLC DBA WAVE DENTAL PROFESSIONALS</u>	<b>c</b> EIN-PN <u>35-2460202-001</u>
<b>a</b>	Plan name <u>WEST ALABAMA BANK &amp; TRUST 401(K) PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WEST ALABAMA BANK &amp; TRUST</u>	<b>c</b> EIN-PN <u>63-0237528-002</u>
<b>a</b>	Plan name <u>WESTGATE, LLC 401K SAVINGS &amp; PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WESTGATE, LLC.</u>	<b>c</b> EIN-PN <u>72-0768707-001</u>
<b>a</b>	Plan name <u>WESTGROUP DESIGNS, INC. 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WESTGROUP DESIGNS, INC.</u>	<b>c</b> EIN-PN <u>33-0564931-001</u>
<b>a</b>	Plan name <u>WESTON GOLF CLUB RETIREMENT PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WESTON GOLF CLUB</u>	<b>c</b> EIN-PN <u>04-1962940-001</u>
<b>a</b>	Plan name <u>WORK OPPORTUNITIES UNLIMITED, INC. 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>WORK OPPORTUNITIES UNLIMITED, INC.</u>	<b>c</b> EIN-PN <u>02-0389023-001</u>
<b>a</b>	Plan name <u>YAC ROBOT SYSTEMS INC. 401 K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>YAC ROBOT SYSTEMS INC</u>	<b>c</b> EIN-PN <u>98-0357012-001</u>

**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	YMP REAL ESTATE MANAGEMENT, LLC 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	YMP REAL ESTATE MANAGEMENT, LLC	<b>c</b> EIN-PN 45-3214345-001

<b>a</b> Plan name	ZUCKERMAN GRAVELY MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ZUCKERMAN GRAVELY MANAGEMENT, INC.	<b>c</b> EIN-PN 52-1804940-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

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>MYCOMPASS AMERICAN FUNDS 2020 FUND</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>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-7271365</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	686
<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>	2205627	1101929
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<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>	38918516	55803070
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	28153181	38601321
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	69277324	95507006
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	15239
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	2123223	1082281
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2123223	1097520
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	67154101	94409486

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	655043	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		655043
<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>	3593121	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3593121
<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>		2635390
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		6883554

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	3941	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	24126	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	24126	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		52193
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		52193

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6831361
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		44002006
(2) From this plan .....	<b>2l(2)</b>		23577982

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