

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: 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>▶ <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;">2024</p> <hr/> <p style="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 2025 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>38-7271366</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>	<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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>MYCOMPASS AMERICAN FUNDS 2025 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>38-7271366</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name 1ST EXPRESS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor 1ST EXPRESS, INC.	<b>c</b> EIN-PN 38-2505995-001
<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 401(K) PLAN OF CGC INDUSTRIES, INC.	
<b>b</b>	Name of plan sponsor CGC INDUSTRIES, INC.	<b>c</b> EIN-PN 27-1467937-001
<b>a</b>	Plan name ABITA EYE GROUP, LLC RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor ABITA EYE GROUP, LLC	<b>c</b> EIN-PN 83-0653677-001
<b>a</b>	Plan name ABLE TOOL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABLE TOOL CORPORATION	<b>c</b> EIN-PN 31-1090029-001
<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 ACCENT DISTRIBUTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCENT DISTRIBUTING, LLC	<b>c</b> EIN-PN 27-0338669-001
<b>a</b>	Plan name ACCESSORIES DISTRIBUTION SERVICES, INC.401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCESSORIES DISTRIBUTION SERVICES, INC.	<b>c</b> EIN-PN 84-3710850-001
<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 ACE COMPANIES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ACE LOGISTICS, INC.	<b>c</b> EIN-PN 30-0204765-001
<b>a</b>	Plan name ACI DISTRIBUTORS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ACI DISTRIBUTORS, INC.	<b>c</b> EIN-PN 43-1446679-001

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>ADORN BODY ART 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HELLCATS INC DBA ADORN BODY ART</b>	<b>c</b> EIN-PN <b>20-4831503-001</b>
<b>a</b>	Plan name <b>ADVANCED REHABILITATION, INC</b>	
<b>b</b>	Name of plan sponsor <b>CHRISTOPHER R. HEWLETT. SR.</b>	<b>c</b> EIN-PN <b>59-2025380-003</b>
<b>a</b>	Plan name <b>ADVANCED TRANSIT SOLUTIONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ADVANCED TRANSIT SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>90-0753537-001</b>
<b>a</b>	Plan name <b>ADVANCED TURBINE COMPONENTS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ADVANCED TURBINE COMPONENTS 401K</b>	<b>c</b> EIN-PN <b>85-4162178-001</b>
<b>a</b>	Plan name <b>ADVANTAGE TECH, INC. 401K PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ADVANTAGE TECH, INC.</b>	<b>c</b> EIN-PN <b>43-1787349-001</b>
<b>a</b>	Plan name <b>AEGIS PHYSICAL THERAPY 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AEGIS PHYSICAL THERAPY</b>	<b>c</b> EIN-PN <b>26-1778354-002</b>
<b>a</b>	Plan name <b>AEGIS PROTECTIVE SERVICES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DANSON INC</b>	<b>c</b> EIN-PN <b>31-1374802-002</b>
<b>a</b>	Plan name <b>AFC URGENT CARE AND FAMILY CARE OF WNC, PLLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AFC URGENT CARE AND FAMILY CARE OF WNC, PLLC</b>	<b>c</b> EIN-PN <b>83-0705469-001</b>
<b>a</b>	Plan name <b>AFFILIATED FOOT SURGEONS, P.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AFFILIATED FOOT SURGEONS, P.C.</b>	<b>c</b> EIN-PN <b>06-1372809-001</b>
<b>a</b>	Plan name <b>AINSMAN, LEVINE LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AINSMAN, LEVINE, LLC</b>	<b>c</b> EIN-PN <b>61-1433710-001</b>
<b>a</b>	Plan name <b>AIR-PRO MECHANICAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AIR-PRO MECHANICAL, LLC</b>	<b>c</b> EIN-PN <b>20-2449122-001</b>
<b>a</b>	Plan name <b>AKMAN &amp; ASSOCIATES, LLC 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>AKMAN &amp; ASSOCIATES, LLC</b>	<b>c</b> EIN-PN <b>81-1469703-001</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	ALAN WIRE COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALAN WIRE COMPANY, INC.	<b>c</b> EIN-PN 43-1028755-001
<b>a</b>	Plan name	ALANDA LIMITED DBA FLUID 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALANDA LTD.	<b>c</b> EIN-PN 13-4101323-001
<b>a</b>	Plan name	ALISON'S BAKERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALISONS BAKERY, INC.	<b>c</b> EIN-PN 82-5508035-001
<b>a</b>	Plan name	ALL CLEAR 401K PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC DIAGNOSTICS	<b>c</b> EIN-PN 83-2048250-001
<b>a</b>	Plan name	ALL CREATURES VETERINARY CLINIC, PLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL CREATURES VETERINARY CLINIC PLC	<b>c</b> EIN-PN 41-1929108-001
<b>a</b>	Plan name	ALL EYES OPTOMETRY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALL EYES OPTOMETRY, PLLC	<b>c</b> EIN-PN 82-3907781-001
<b>a</b>	Plan name	ALLIANCE AVIATION GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE AVIATION GROUP LLC	<b>c</b> EIN-PN 84-2260550-001
<b>a</b>	Plan name	ALLIED INDUSTRIES INTERNATIONAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIED INDUSTRIES INTERNATIONAL, INC.	<b>c</b> EIN-PN 26-1594156-001
<b>a</b>	Plan name	ALLY MEDICAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALLY MEDICAL MANAGEMENT, LLC	<b>c</b> EIN-PN 47-5067134-001
<b>a</b>	Plan name	AL'S APPLE'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALS APPLES, INC	<b>c</b> EIN-PN 39-1700523-001
<b>a</b>	Plan name	ALVARADO LA MESA MSO 401K PLAN	
<b>b</b>	Name of plan sponsor	ALVARADO LA MESA MSO LLC	<b>c</b> EIN-PN 88-0888276-001
<b>a</b>	Plan name	AMANDA HOPE RAINBOW ANGELS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMANDA HOPE RAINBOW ANGELS	<b>c</b> EIN-PN 46-2522889-001

<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	AMARI & LOCALLO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMARI & LOCALLO	<b>c</b> EIN-PN 36-3727353-001
<b>a</b>	Plan name	AMAROK, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMAROK, LLC	<b>c</b> EIN-PN 26-0492184-001
<b>a</b>	Plan name	AMBA BHAVANI, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AMBA BHAVANI, LLC	<b>c</b> EIN-PN 83-1735432-001
<b>a</b>	Plan name	AMERICAN APPAREL, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN APPAREL, INC.	<b>c</b> EIN-PN 63-0957038-001
<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 FRAME 401K PLAN	
<b>b</b>	Name of plan sponsor	DANA DUNBAR	<b>c</b> EIN-PN 34-1253392-001
<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	ANNBRIAR GOLF COURSE, INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ANNBRIAR GOLF COURSE, INC.	<b>c</b> EIN-PN 37-1280370-001
<b>a</b>	Plan name	ANP ENERTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANP ENERTECH INCORPORATED	<b>c</b> EIN-PN 88-3948775-001
<b>a</b>	Plan name	ANTHONY'S HIGHTECH AUTO PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANTHONYS HIGHTECH AUTO	<b>c</b> EIN-PN 06-1355622-001
<b>a</b>	Plan name	APC POSTAL LOGISTICS, LLC 401K) 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>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	APEX HEATING & COOLING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APEX HEATING & COOLING	<b>c</b> EIN-PN 20-2521916-001
<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	ARC AND S & Z 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARC, LLC	<b>c</b> EIN-PN 02-0608651-001
<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
<b>a</b>	Plan name	ARIZONA MULTIHOUSING ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARIZONA MULTIHOUSING ASSOCIATION	<b>c</b> EIN-PN 86-0210619-002
<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	ARROWHEAD GRILL & PRESTON'S STEAKHOUSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTONS RESTAURANT MGMT LLC DBA PRESTON	<b>c</b> EIN-PN 20-8664174-001
<b>a</b>	Plan name	ART OF SAVINGS 401(K)PLAN	
<b>b</b>	Name of plan sponsor	MY BENEFITS, LLC	<b>c</b> EIN-PN 45-2098380-001
<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	ASHLEY LYNN'S, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASHLEY LYNN'S INC	<b>c</b> EIN-PN 47-0740672-001

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 ASSOCIATED FIRE PROTECTION, INC EMPLOYEE'S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED FIRE PROTECTION, INC	<b>c</b> EIN-PN 56-1037764-002
<b>a</b>	Plan name AT HOBEL EXCAVATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor A.T. HOBEL EXCAVATING, LLC	<b>c</b> EIN-PN 46-2877664-001
<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 EXCAVATING INC EMPLOYEES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ATLAS EXCAVATING INC	<b>c</b> EIN-PN 35-1212938-001
<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
<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

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 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 B & H HEATING & AIR CONDITIONING 401(K) PLAN	
<b>b</b>	Name of plan sponsor B&H HEATING AND AIR CONDITIONING, INC.	<b>c</b> EIN-PN 56-0840282-001
<b>a</b>	Plan name BADER MECHANICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor BADER MECHANICAL INC.	<b>c</b> EIN-PN 35-1957260-001
<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 BAKER MILLIGAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAKER MILLIGAN, INC.	<b>c</b> EIN-PN 20-2105079-001
<b>a</b>	Plan name BAKERSFIELD AUTO GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BAKERSFIELD AUTO GROUP, LLC	<b>c</b> EIN-PN 85-2598138-001
<b>a</b>	Plan name BALDWINVILLE FAMILY DENTAL, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BALDWINVILLE FAMILY DENTAL, PLLC	<b>c</b> EIN-PN 47-4042567-001
<b>a</b>	Plan name BAM MANAGEMENT RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor BAM MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 84-3058995-001
<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>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	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	BDS GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BDS GROUP, L.L.C. D/B/A ALPHA GRAPHICS US 333	<b>c</b> EIN-PN 20-0261548-001
<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 OF LIFE CENTRAL NJ LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEACON OF LIFE CENTRAL NJ LLC	<b>c</b> EIN-PN 85-4205287-001
<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	BEHAVIORWORKS ABA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BEHAVIORWORKS ABA	<b>c</b> EIN-PN 16-1770585-002
<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>a</b>	Plan name	BENEFITS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BENEFITS, INC.	<b>c</b> EIN-PN 76-0718920-001
<b>a</b>	Plan name	BEQUEST FUNDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NDF1, LLC	<b>c</b> EIN-PN 84-2558373-001
<b>a</b>	Plan name	BERNETTE TEXTILE SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BERNETTE TEXTILE COMPANY, LLC	<b>c</b> EIN-PN 32-0249666-001
<b>a</b>	Plan name	BEYOND PILATES STUDIOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEYOND PILATES STUDIOS	<b>c</b> EIN-PN 88-2515685-001

<b>Part II</b>	<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>BIANCOFIORI MASONRY 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIANCOFIORI MASONRY, INC</b>	<b>c</b> EIN-PN <b>46-1255686-001</b>
<b>a</b>	Plan name <b>BILLUPS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BILLUPS, LLC</b>	<b>c</b> EIN-PN <b>54-2128857-001</b>
<b>a</b>	Plan name <b>BIONUTRIENTS USA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIONUTRIENTS AG, LLC</b>	<b>c</b> EIN-PN <b>87-4652627-001</b>
<b>a</b>	Plan name <b>BIRCH RUN EYE CARE ASSOCIATES 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EYE CARE PLUS, PLLC DBA BIRCH RUN EYE CARE ASSOCIATES</b>	<b>c</b> EIN-PN <b>82-3128250-001</b>
<b>a</b>	Plan name <b>BLACKFORD VET CASH BALANCE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLACKFORD VETERINARY SURGERY REFERRAL LLC</b>	<b>c</b> EIN-PN <b>62-1767981-002</b>
<b>a</b>	Plan name <b>BLAIN COMPANIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SCOTTS LANDSCAPING, INC</b>	<b>c</b> EIN-PN <b>16-1611978-001</b>
<b>a</b>	Plan name <b>BLU OMEGA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLU OMEGA</b>	<b>c</b> EIN-PN <b>36-4896999-001</b>
<b>a</b>	Plan name <b>BLUE LAKE ORAL AND MAXILLOFACIAL SURGERY, P.C. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLUE LAKE ORAL AND MAXILLOFACIAL SURGERY, P.C.</b>	<b>c</b> EIN-PN <b>86-1233715-001</b>
<b>a</b>	Plan name <b>BLUEDOT CARES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLUEDOT CARES LLC</b>	<b>c</b> EIN-PN <b>47-4840532-001</b>
<b>a</b>	Plan name <b>BLUEGRASS SUPPLY CHAIN SERVICES 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BLUEGRASS SUPPLY CHAIN SERVICES, LLC</b>	<b>c</b> EIN-PN <b>20-5761969-001</b>
<b>a</b>	Plan name <b>BOBBY COMBS RV LLC 401K PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BOBBY COMBS RV LLC</b>	<b>c</b> EIN-PN <b>46-2267615-001</b>
<b>a</b>	Plan name <b>BOB'S ELECTRIC MOTOR SERVICE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOBS ELECTRIC MOTOR SERVICE, INC.</b>	<b>c</b> EIN-PN <b>84-0583091-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name 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 BOOTH HANSEN, LTD. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOOTH HANSEN, LTD.	<b>c</b> EIN-PN 36-3060862-001
<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 BRACKETT 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRACKETT AIRCRAFT CO., INC.	<b>c</b> EIN-PN 86-0353909-001
<b>a</b>	Plan name BRANT, HICKEY & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRANT, HICKEY & ASSOCIATES, INC.	<b>c</b> EIN-PN 25-1754961-001
<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>a</b>	Plan name BROADMOOR DESIGN GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BROADMOOR DESIGN GROUP, DEAN M. DUPLANTIER, ARCHITECT, APAC	<b>c</b> EIN-PN 20-2759110-001
<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 BROOKWOOD 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROOKWOOD GROUP ACQUISITION COMPANY, INC.	<b>c</b> EIN-PN 92-1132129-001
<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 BUCK BUILDING SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUCK BUILDING SUPPLY, INC.	<b>c</b> EIN-PN 62-1695143-001

<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	BUFFALO CIVIC AUTO RAMPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUFFALO CIVIC AUTO RAMPS, INC.	<b>c</b> EIN-PN 02-0738159-001
<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	BULLY PULPIT INTERACTIVE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BULLY PULPIT INTERACTIVE, LLC	<b>c</b> EIN-PN 27-0860668-001
<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	BUSINESS SYSTEM SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUSINESS SYSTEM SOLUTIONS, INC.	<b>c</b> EIN-PN 35-2032293-002
<b>a</b>	Plan name	BYARD CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BYARD CONSTRUCTION, LLC	<b>c</b> EIN-PN 62-1710256-001
<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	CABINETS4LESS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CABINETS4LESS, LLC	<b>c</b> EIN-PN 47-3911342-001
<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>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	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
<b>a</b>	Plan name	CANDY DYNAMICS 401K PLAN	
<b>b</b>	Name of plan sponsor	CIRCLE CITY MARKETING & DISTRIBUTING, INC. DBA CANDY DYNAMICS	<b>c</b> EIN-PN 20-5672599-002
<b>a</b>	Plan name	CANISTEO SHURFINE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CANISTEO SHURFINE, LLC	<b>c</b> EIN-PN 81-4999265-001
<b>a</b>	Plan name	CAPE FEAR ORTHOPAEDIC CLINIC, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPE FEAR ORTHOPAEDIC CLINIC, P.A.	<b>c</b> EIN-PN 56-1047051-001
<b>a</b>	Plan name	CAPITAL EXTENSION CRANE & LIFT RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL EXTENSION CRANE & LIFT	<b>c</b> EIN-PN 85-2881121-001
<b>a</b>	Plan name	CARBON COMPOSITES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARBON COMPOSITES, INC.	<b>c</b> EIN-PN 04-3278907-001
<b>a</b>	Plan name	CARGOMATIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARGOMATIC, INC.	<b>c</b> EIN-PN 46-2163054-001
<b>a</b>	Plan name	CARLTON NATIONAL RESOURCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARLTON NATIONAL RESOURCES, INC.	<b>c</b> EIN-PN 45-2821519-001
<b>a</b>	Plan name	CAROLINA RHEUMATOLOGY & INTERNAL MEDICINE, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAROLINA RHEUMATOLOGY & INTERNAL MEDICINE, PA	<b>c</b> EIN-PN 26-4826577-001
<b>a</b>	Plan name	CAROLINAS HOME CARE AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAROLINAS HOME CARE AGENCY, INC.	<b>c</b> EIN-PN 56-1964126-001
<b>a</b>	Plan name	CARPENTER MATERIALS GROUP, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARPENTER MATERIALS GROUP, INC.	<b>c</b> EIN-PN 16-1681651-001
<b>a</b>	Plan name	CASCADE GASKET & MANUFACTURING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CASCADE GASKET AND MANUFACTURING CO., INC.	<b>c</b> EIN-PN 91-0520259-001

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="#">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="#">CATASTROPHE RESPONSE UNIT USA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CATASTROPHE RESPONSE UNIT USA, INC.</a>	<b>c</b> EIN-PN <a href="#">99-0376936-001</a>
<b>a</b>	Plan name <a href="#">CATER TIME VENDING &amp; DISTRIBUTING, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CATER TIME VENDING &amp; DISTRIBUTING, INC.</a>	<b>c</b> EIN-PN <a href="#">43-1090493-001</a>
<b>a</b>	Plan name <a href="#">CATES CONSULTING EAST, LLC 401K PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CATES CONSULTING EAST LLC</a>	<b>c</b> EIN-PN <a href="#">06-1567780-001</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 CEILINGS, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTRAL CEILINGS, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2302236-001</a>
<b>a</b>	Plan name <a href="#">CENTRAL CT RADIATION ONCOLOGY, P.C. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTRAL CT RADIATION ONCOLOGY, P.C.</a>	<b>c</b> EIN-PN <a href="#">06-1209954-001</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>
<b>a</b>	Plan name <a href="#">CENTURY INSTRUMENT COMPANY EMPLOYEE'S PROFIT SHARING TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTURY INSTRUMENT COMPANY</a>	<b>c</b> EIN-PN <a href="#">38-1399724-001</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	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	CETIS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CETIS, INC.	<b>c</b> EIN-PN 20-4551929-001
<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	CHOICE RECOVERY PATH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHOICE RECOVERY PATH, LLC	<b>c</b> EIN-PN 82-4978394-001
<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	CIVIL SOLUTIONS ASSOCIATES, INC. 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	CIVIL SOLUTIONS ASSOCIATES, INC.	<b>c</b> EIN-PN 45-3625770-001
<b>a</b>	Plan name	CLARK INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLARK INTERNATIONAL INC.	<b>c</b> EIN-PN 27-1845878-001

<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	CLEMENTS' MARKETPLACE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLEMMENTS 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	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	CLUB SPORT OF SAN RAMON LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLUB SPORT OF SAN RAMON LLC	<b>c</b> EIN-PN 68-0204228-001
<b>a</b>	Plan name	CMF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRPS, LLC	<b>c</b> EIN-PN 46-5344359-001
<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	COLLISION PRO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLLISION PRO LLC	<b>c</b> EIN-PN 46-3496692-001
<b>a</b>	Plan name	COMMUNITIES IN SCHOOLS OF CAPE FEAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITIES IN SCHOOLS OF CAPE FEAR	<b>c</b> EIN-PN 20-3385755-001
<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	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

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 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 CONNECTICUT INSURANCE EXCHANGE CARE OF RONALD TREGONING 401(K) PSP & TRUST	
<b>b</b>	Name of plan sponsor CONNECTICUT INSURANCE EXCHANGE	<b>c</b> EIN-PN 06-1022294-001
<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>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 COUNTRY COOLING & HEATING INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COUNTRY COOLING & HEATING INC.	<b>c</b> EIN-PN 55-0862088-001
<b>a</b>	Plan name COVIELLO ELECTRIC & GENERAL CONTRACTING CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COVIELLO ELECTRIC & GENERAL CONTRACTING CO., INC.	<b>c</b> EIN-PN 04-2597470-001
<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 CRAIG M JORGENSON MD LTD 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CRAIG M JORGENSON MD LTD	<b>c</b> EIN-PN 88-0470514-001

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 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 CREATIVE CONCEPTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SANDBLAST BY CREATIVE CONCEPTS, INC.	<b>c</b> EIN-PN 63-1187568-001
<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 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 CULLMAN RADIATION THERAPY SERV 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CULLMAN RADIATION THERAPY SERV	<b>c</b> EIN-PN 63-1196960-001
<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>a</b>	Plan name D&D DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor D&D DISTRIBUTING LLC	<b>c</b> EIN-PN 56-2223817-001
<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 DAUBER COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DAUBER COMPANY INC.	<b>c</b> EIN-PN 36-3553519-001
<b>a</b>	Plan name DAVID SHAPIRO LAW, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAVID SHAPIRO LAW, PLLC	<b>c</b> EIN-PN 82-2310986-001
<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>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	DECKER HOME, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	DECKER HOMES, INC.	<b>c</b> EIN-PN 22-3169612-001
<b>a</b> Plan name	DENTEK, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	DENTEK, INC.	<b>c</b> EIN-PN 48-1117228-001
<b>a</b> Plan name	DERMPHYSICIANS OF NEW ENGLAND 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	DERMPHYSICIANS OF NEW ENGLAND	<b>c</b> EIN-PN 83-2916287-001
<b>a</b> Plan name	DESTINATIONS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	DESTINATIONS, INC.	<b>c</b> EIN-PN 87-0480583-001
<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 RESTAURANTS RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	3 DIAMONDS INC.	<b>c</b> EIN-PN 20-2615246-001
<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	DILL FOODS RETIREMENT ACCOUNT	
<b>b</b> Name of plan sponsor	DILL FOODS, INC.	<b>c</b> EIN-PN 62-1535855-001
<b>a</b> Plan name	DIRECT INTEGRITY SERVICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	DIRECT INTEGRITY SSRVICES, LLC	<b>c</b> EIN-PN 46-4286161-001
<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	DOCTORS TATUM & WALKER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	DOCTORS TATUM & WALKER, LLC	<b>c</b> EIN-PN 63-1147360-001
<b>a</b> Plan name	DONALD S. BICKING & ASSOCIATES PC 401(K) PLAN	
<b>b</b> Name of plan sponsor	DONALD S. BICKING & ASSOCIATES	<b>c</b> EIN-PN 26-2912961-001

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="#">DONNEWALD DISTRIBUTING COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DONNEWALD DISTRIBUTING COMPANY</a>	<b>c</b> EIN-PN <a href="#">37-0864321-001</a>
<b>a</b>	Plan name <a href="#">DONOR SERVICES LABORATORY 401K RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DONOR SERVICES LABORATORY, INC</a>	<b>c</b> EIN-PN <a href="#">86-2716582-001</a>
<b>a</b>	Plan name <a href="#">DOROTHY LANE MARKET, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOROTHY LANE MARKET, INC.</a>	<b>c</b> EIN-PN <a href="#">31-0561868-003</a>
<b>a</b>	Plan name <a href="#">DOUBLE HUNG 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOUBLE HUNG, LLC</a>	<b>c</b> EIN-PN <a href="#">11-3814226-001</a>
<b>a</b>	Plan name <a href="#">DOUGLAS E WHITTON CPA, INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOUGLAS E WHITTON CPA, INC</a>	<b>c</b> EIN-PN <a href="#">84-3939157-001</a>
<b>a</b>	Plan name <a href="#">DOWNEAST WINDJAMMER 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOWNEAST WINDJAMMER CRUISE LINES, LLC</a>	<b>c</b> EIN-PN <a href="#">46-3855526-001</a>
<b>a</b>	Plan name <a href="#">DR. PRAEGER'S SENSIBLE FOODS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DR. PRAEGERS SENSIBLE FOODS, INC.</a>	<b>c</b> EIN-PN <a href="#">22-3277543-001</a>
<b>a</b>	Plan name <a href="#">DR. SARAH K WILSON DDS PLLC 401K PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DR. SARAH K WILSON DDS PLLC 401K PS PLAN</a>	<b>c</b> EIN-PN <a href="#">88-2344763-001</a>
<b>a</b>	Plan name <a href="#">DREXEL BUILDING SUPPLY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DREXEL BUILDING SUPPLY, INC.</a>	<b>c</b> EIN-PN <a href="#">27-1454029-001</a>
<b>a</b>	Plan name <a href="#">DRIVE SOCIAL MEDIA, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DRIVE SOCIAL MEDIA, LLC</a>	<b>c</b> EIN-PN <a href="#">46-0705358-001</a>
<b>a</b>	Plan name <a href="#">DRUG RECOVERY INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DRUG RECOVERY, INC. D/B/A CATALYST BEHAVIORAL SERVICES</a>	<b>c</b> EIN-PN <a href="#">73-0968383-002</a>
<b>a</b>	Plan name <a href="#">DUDA CABLE CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUDA CABLE CONSTRUCTION INC.</a>	<b>c</b> EIN-PN <a href="#">25-1873402-001</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	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	DX OPERATIONS OF TN LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DX OPERATIONS OF TN LLC	<b>c</b> EIN-PN 46-0838401-001
<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	EASTRIDGE-PHELPS PHARMACY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTRIDGE-PHELPS PHARMACY, LLC	<b>c</b> EIN-PN 26-4007453-001
<b>a</b>	Plan name	ECCO SELECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECCO SELECT CORP.	<b>c</b> EIN-PN 43-1727620-001
<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 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>a</b>	Plan name	EMPLOYEES 401(K) AND PROFIT SHARING PLAN AND TRUST AGREEMENT OF DIXIE METAL PRODUCTS, INC.	
<b>b</b>	Name of plan sponsor	DIXIE METAL PRODUCTS, INC.	<b>c</b> EIN-PN 59-1196205-001
<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	ENGINEERING AGGREGATES CORP. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ENGINEERING AGGREGATES CORP.	<b>c</b> EIN-PN 35-1052914-001

<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	ENTERPRISE ELECTRICAL CONTRACTORS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ENTERPRISE ELECTRICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 06-1339384-002
<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	EPIC RESORTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EPIC RESORT DESTINATIONS, LLC	<b>c</b> EIN-PN 84-3439145-001
<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	EUGENE E. LESTER, PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	EUGENE E. LESTER, PLLC	<b>c</b> EIN-PN 88-3789524-001
<b>a</b>	Plan name	EUSTIS BODY SHOP SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EUSTIS BODY SHOP	<b>c</b> EIN-PN 47-0721918-001
<b>a</b>	Plan name	EVENT STORE USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVENT STORE USA, INC.	<b>c</b> EIN-PN 85-2527737-001
<b>a</b>	Plan name	EVERGREEN COMPANIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERGREEN COMPANIES, INC.	<b>c</b> EIN-PN 26-4197011-001
<b>a</b>	Plan name	EVERMORE BANK 401K PLAN	
<b>b</b>	Name of plan sponsor	EVERMORE BANK	<b>c</b> EIN-PN 88-3770249-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	EVERYTHING SLEEP 401(K) PLAN
<b>b</b>	Name of plan sponsor	SLEEP WAKE IDAHO PLLC DBA EVERYTHING SLEEP ID
<b>c</b>	EIN-PN	99-1112327-001
<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	EYE SURGEONS OF CENTRAL NEW YORK, P.C. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	EYE SURGEONS OF CENTRAL NEW YORK, P.C.
<b>c</b>	EIN-PN	16-0992485-001
<b>a</b>	Plan name	F.U.S.E. PRE-SCHOOL 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	F.U.S.E. PRE-SCHOOL
<b>c</b>	EIN-PN	46-4164737-001
<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	FALCON, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	FALCON CORRECTIONAL & COMMUNITY SERVICES, INC.
<b>c</b>	EIN-PN	81-5112587-001
<b>a</b>	Plan name	FAMILY FOUNDATIONS LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	FAMILY FOUNDATIONS LLC D/B/A CELEBREE SCHOOL OF TYSONS-JONES BRANCH
<b>c</b>	EIN-PN	85-0508955-001
<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>a</b>	Plan name	FARMER'S FRIEND, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FARMERS FRIEND, LLC
<b>c</b>	EIN-PN	38-3883440-001
<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>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	FINCH, THORNTON & BAIRD, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FINCH, THORNTON & BAIRD, LLP	<b>c</b> EIN-PN 33-0219998-001
<b>a</b>	Plan name	FIRST 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	FIVE STAR ELECTRIC 401(K) 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIVE STAR ELECTRIC, INC.	<b>c</b> EIN-PN 20-0473365-001
<b>a</b>	Plan name	FORBUSH LEGAL, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORBUSH LEGAL, PLLC	<b>c</b> EIN-PN 47-1782457-001
<b>a</b>	Plan name	FOREWORD FUTURE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOREWORD	<b>c</b> EIN-PN 88-3277879-001
<b>a</b>	Plan name	FREEDOM COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREEDOM COMMUNICATIONS, INC	<b>c</b> EIN-PN 61-1390944-001
<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	FURNITURE WAREHOUSE 401K PLAN	
<b>b</b>	Name of plan sponsor	HOMESTEAD RENTAL INC	<b>c</b> EIN-PN 47-1094408-003
<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	G.M. ROTH DESIGN REMODELING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	G.M. ROTH DESIGN REMODELING, INC.	<b>c</b> EIN-PN 02-0454396-001
<b>a</b>	Plan name	G1 PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G1 PARTNERS, LLC	<b>c</b> EIN-PN 84-4262908-001

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="#">GAMEFAM INC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">GAMEFAM INC</a>	<b>c</b> EIN-PN <a href="#">85-0591571-001</a>
<b>a</b>	Plan name <a href="#">GARDNER GLASS PRODUCTS, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GARDNER GLASS PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">56-0747440-003</a>
<b>a</b>	Plan name <a href="#">GENERAL DENTISTRY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JACQUES BOUDREAU, DMD, PC</a>	<b>c</b> EIN-PN <a href="#">83-3773382-001</a>
<b>a</b>	Plan name <a href="#">GH COMPANIES 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRAYHAWK DEVELOPMENT</a>	<b>c</b> EIN-PN <a href="#">86-0731654-001</a>
<b>a</b>	Plan name <a href="#">GMAC CONSTRUCTION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GMAC CONSTRUCTION, LLC</a>	<b>c</b> EIN-PN <a href="#">22-3379238-001</a>
<b>a</b>	Plan name <a href="#">GOLDEN CROWN CONTRACTORS, INC. 401(K) PLAN,</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOLDEN CROWN CONTRACTORS, INC.</a>	<b>c</b> EIN-PN <a href="#">22-2226487-001</a>
<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="#">GPSA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREATER PITTSBURGH SPECIALTY ADVERTISING, INC.</a>	<b>c</b> EIN-PN <a href="#">03-0466291-001</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="#">GRAY, GORENFLO &amp; PARTLOW, P.A. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRAY, GORENFLO &amp; PARTLOW, P.A.</a>	<b>c</b> EIN-PN <a href="#">59-3686854-001</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>

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="#">GREATER LAFAYETTE COMMERCE SAFE HARBOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREATER LAFAYETTE COMMERCE</a>	<b>c</b> EIN-PN <a href="#">30-0363760-001</a>
<b>a</b>	Plan name <a href="#">GREATER MINNESOTA SYNERGY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREATER MINNESOTA GAS INC.</a>	<b>c</b> EIN-PN <a href="#">41-1829446-001</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="#">GREEN VINE LANDSCAPING</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREENVINE LANDSCAPING</a>	<b>c</b> EIN-PN <a href="#">47-2579935-001</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="#">GRIFFIN BROTHERS HUMAN CAPITAL, LLC RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRIFFIN BROTHERS HUMAN CAPITAL, LLC</a>	<b>c</b> EIN-PN <a href="#">88-4320509-002</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>a</b>	Plan name <a href="#">HAASZ AUTO MALL, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HAASZ AUTO MALL, LLC</a>	<b>c</b> EIN-PN <a href="#">59-3802582-001</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	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	HAMPTON DENTAL ASSOCIATES, SC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAMPTON DENTAL ASSOCIATES, S.C.	<b>c</b> EIN-PN 39-1132286-001
<b>a</b>	Plan name	HANCOCK CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H&L CONSTRUCTION	<b>c</b> EIN-PN 26-4781940-001
<b>a</b>	Plan name	HARDING CUSTOM HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARDING CUSTOM HOMES, LLC	<b>c</b> EIN-PN 20-4425933-001
<b>a</b>	Plan name	HARLINGEN PEDIATRICS ASSOCIATES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HARLINGEN PEDIATRICS ASSOCIATES	<b>c</b> EIN-PN 74-2543766-001
<b>a</b>	Plan name	HARRICK PLASMA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARRICK PLASMA, INC.	<b>c</b> EIN-PN 20-1396403-001
<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	HEALTHY ORGANIC KIDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEALTHY ORGANIC KIDS, INC.	<b>c</b> EIN-PN 46-5666729-001

<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	HEARTLAND CARDIOLOGY, P.C. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HEARTLAND CARDIOLOGY, P.C.	<b>c</b> EIN-PN 91-1818386-001
<b>a</b>	Plan name	HERO SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERO SERVICES, LLC	<b>c</b> EIN-PN 84-2868621-001
<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	HIMA AMERICAS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIMA AMERICAS, INC.	<b>c</b> EIN-PN 20-3678677-001
<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	HOLST EXCAVATING, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOLST EXCAVATING, INC.	<b>c</b> EIN-PN 39-1473169-001
<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>a</b>	Plan name	HOWDYSHELL FLOORING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOWDYSHELL FLOORING, INC.	<b>c</b> EIN-PN 02-0581900-001
<b>a</b>	Plan name	HUB RESTAURANT LLC 401(K) LLC	
<b>b</b>	Name of plan sponsor	HUB RESTAURANT LLC	<b>c</b> EIN-PN 27-3401699-333
<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>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	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	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 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	INFINITEE COMMUNICATIONS, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INFINITEE COMMUNICATIONS, INC.	<b>c</b> EIN-PN 58-1869296-004
<b>a</b>	Plan name	INFO SOLUTIONS NORTH AMERICA L 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	INFO SOLUTIONS NORTH AMERICA L	<b>c</b> EIN-PN 65-1318495-001
<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
<b>a</b>	Plan name	INSURANCE MANAGEMENT CONSULTANCY GROUP INC. 401(K)	
<b>b</b>	Name of plan sponsor	INSURANCE MANAGEMENT CONSULTANCY GROUP, INC	<b>c</b> EIN-PN 85-1678303-001
<b>a</b>	Plan name	INTEGRATED MEDCRAFT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED MEDCRAFT LLC	<b>c</b> EIN-PN 82-2819181-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	INTEGRITY EXCAVATION & LAND CLEARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTEGRITY EXCAVATING & LAND CLEARING, LLC
<b>c</b>	EIN-PN	47-2850961-001
<b>a</b>	Plan name	INTENSE LLC-401K PLAN
<b>b</b>	Name of plan sponsor	INTENSE CYCLES LLC
<b>c</b>	EIN-PN	83-2753508-001
<b>a</b>	Plan name	INTERNAL MEDICINE OF BRIGHTON, PLLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTERNAL MEDICINE OF BRIGHTON, PLLC
<b>c</b>	EIN-PN	92-0457839-001
<b>a</b>	Plan name	INTERNATIONAL MOULDING CO, RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	INTERNATIONAL MOULDING CO, INC
<b>c</b>	EIN-PN	61-1242901-002
<b>a</b>	Plan name	INVITRO INTERNATIONAL 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	INVITRO INTERNATIONAL
<b>c</b>	EIN-PN	33-0149560-001
<b>a</b>	Plan name	IPECO INC 401K PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	IPECO INC
<b>c</b>	EIN-PN	95-4081871-001
<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	IVERSON CHRYSLER CENTER, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	IVERSON CHRYSLER CENTER, INC.
<b>c</b>	EIN-PN	46-0311128-001
<b>a</b>	Plan name	IWM, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	IWM, INC.
<b>c</b>	EIN-PN	47-3526983-001
<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 DUFFY & ASSOCIATES 401(K) PLAN
<b>b</b>	Name of plan sponsor	JACK DUFFY & ASSOCIATES, INC.
<b>c</b>	EIN-PN	34-1478177-002

<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	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 BROTHERS OF THE NORTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUE RIBBON VENDING, LLC DBA JACKSON BROTHERS OF THE NORTH	<b>c</b> EIN-PN 20-1280531-001
<b>a</b>	Plan name	JACKSON CCONSTRUCTION CO. , INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIM JACKSON CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 75-2205759-001
<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	JAMES FOJT SALONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAMES FOJT SALONS	<b>c</b> EIN-PN 93-3638988-001
<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	JB MECHANICAL, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JB MECHANICAL, INC	<b>c</b> EIN-PN 20-1508995-001
<b>a</b>	Plan name	JEANNINE'S BAKING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEANNINES BAKING COMPANY SANTA BARBARA INC.	<b>c</b> EIN-PN 77-0282362-001
<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	JKS ARCHITECTURE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JKS ARCHITECTURE, INC.	<b>c</b> EIN-PN 86-1598953-001
<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	JT'S SEPTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY SERVICE COMPANY, LLC	<b>c</b> EIN-PN 46-3974321-001

<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	K&R STRATEGIC PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	K&R STRATEGIC PARTNERS LLC	<b>c</b> EIN-PN 88-4004134-001
<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	KALLMEYER BROS. ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KALLMEYER BROS. ENTERPRISES, INC.	<b>c</b> EIN-PN 43-0975789-001
<b>a</b>	Plan name	KASTO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KASTO, INC.	<b>c</b> EIN-PN 39-1178542-001
<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	KBI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENNY BROTHERS, INC.	<b>c</b> EIN-PN 27-0506997-001
<b>a</b>	Plan name	KBSO CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KBSO CONSULTING, LLC	<b>c</b> EIN-PN 47-5464957-001
<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	KENCO DEVELOPMENT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KENCO DEVELOPMENT, LLC	<b>c</b> EIN-PN 46-0938017-001
<b>a</b>	Plan name	KFK FINANCIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KFK FINANCIAL & INSURANCE SERVICES, LLC	<b>c</b> EIN-PN 81-4016478-001
<b>a</b>	Plan name	KG RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KARSTEN GROUP, LLC	<b>c</b> EIN-PN 82-1425379-001
<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

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	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	KLYM ENTITIES, PLLC 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	KLYM ENTITIES, PLLC	<b>c</b> EIN-PN 30-0086820-001
<b>a</b> Plan name	KM TACTICAL 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KM TACTICAL	<b>c</b> EIN-PN 81-4843202-001
<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
<b>a</b> Plan name	KONIGSBERG PEDIATRIC ORTHOPAEDICS, P.A. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	KONIGSBERG PEDIATRIC ORTHOPAEDICS, P.A.	<b>c</b> EIN-PN 27-3804904-001
<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	LA MUDANCERA SHIPPING INC 401K PSP & TRUST	
<b>b</b> Name of plan sponsor	LA MUDANCERA SHIPPING INC	<b>c</b> EIN-PN 54-2063629-001
<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

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 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 LANZI, BURKE AND ASSOCIATES, L.L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LANZI, BURKE AND ASSOCIATES, L.L.C.	<b>c</b> EIN-PN 43-2055285-001
<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 LAUNCH TENNESSEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor TENNESSEE TECHNOLOGY DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 62-1765738-001
<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
<b>a</b>	Plan name LEAHY PRESS INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LEAHY PRESS, INC.	<b>c</b> EIN-PN 03-0265871-001
<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 LEGACY FINANCIAL ADVISORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEGACY FINANCIAL ADVISORS, INC.	<b>c</b> EIN-PN 20-4972254-001
<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 LEGACY REALTY AND DEVELOPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEGACY REALTY AND DEVELOPMENT LLC	<b>c</b> EIN-PN 82-3308943-001
<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>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	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	LFW, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LFW, INC.	<b>c</b> EIN-PN 26-1139741-001
<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	LIGHTSETT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIGHTSETT, INC.	<b>c</b> EIN-PN 47-5630919-001
<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	LLOYD'S CONSTRUCTION AND CONSULTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	LLOYDS CONSTRUCTION AND CONSULTING LLC	<b>c</b> EIN-PN 45-0999701-001
<b>a</b>	Plan name	LOCKABY PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOCKABY PLLC	<b>c</b> EIN-PN 81-1330376-001
<b>a</b>	Plan name	LOOKOUT MOUNTAIN DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOOKOUT MOUNTAIN DENTAL	<b>c</b> EIN-PN 20-0535831-001
<b>a</b>	Plan name	LUDWIG AND OWEN, PLLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	LUDWIG AND OWEN, PLLC	<b>c</b> EIN-PN 88-1217137-001

<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	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	M & J GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	M & J GROUP, INC.	<b>c</b> EIN-PN 46-4329405-001
<b>a</b>	Plan name	MACOHO AMERICA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MACOHO AMERICA INC	<b>c</b> EIN-PN 47-3307608-001
<b>a</b>	Plan name	MAGVIEW 401K PLAN	
<b>b</b>	Name of plan sponsor	APPLIED SOFTWARE, INC.	<b>c</b> EIN-PN 52-1696347-001
<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	MANERI TRAFFIC CONTROL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANERI TRAFFIC CONTROL, INC.	<b>c</b> EIN-PN 81-2821335-001
<b>a</b>	Plan name	MAPLE SPRINGS MANAGEMENT, LLC 401(K) PSP	
<b>b</b>	Name of plan sponsor	MAPLE SPRINGS MANAGEMENT, LLC	<b>c</b> EIN-PN 47-4723779-002

<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	MARATHON NURSING 401K PLAN	
<b>b</b>	Name of plan sponsor	MARATHON HEALTH SOL INC DBA MARATHON NURSING	<b>c</b> EIN-PN 87-2278931-001
<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
<b>a</b>	Plan name	MARIMART HEALTH CARE PLUS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARIMART HEALTH CARE PLUS, LLC	<b>c</b> EIN-PN 90-0356971-001
<b>a</b>	Plan name	MARQUEEN INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARQUEEN INC.	<b>c</b> EIN-PN 86-3008411-001
<b>a</b>	Plan name	MARTIN DOOR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARTIN OVERHEAD GARAGE DOOR SERVICE, INC. DBA MARTIN DOOR	<b>c</b> EIN-PN 43-1353990-001
<b>a</b>	Plan name	MARTIN INTERNATIONAL ENCLOSURES 401(K) RET PL	
<b>b</b>	Name of plan sponsor	MARTIN INTERNATIONAL ENCLOSURES	<b>c</b> EIN-PN 04-3336025-001
<b>a</b>	Plan name	MARTIN WALKER LAW 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARTIN WALKER P.C.	<b>c</b> EIN-PN 20-4506883-001
<b>a</b>	Plan name	MASCHMEYER CONCRETE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASCHMEYER CONCRETE COMPANY OF FLORIDA	<b>c</b> EIN-PN 31-1207217-001
<b>a</b>	Plan name	MATICA BIOTECHNOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATICA BIOTECHNOLOGY, INC	<b>c</b> EIN-PN 84-3095639-001
<b>a</b>	Plan name	MATIS ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATIS ASSOCIATES, LLC	<b>c</b> EIN-PN 87-1595587-001
<b>a</b>	Plan name	MATRIX USA 401K PLAN	
<b>b</b>	Name of plan sponsor	MATRIX USA	<b>c</b> EIN-PN 98-0455436-001

<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	MAZZOTTA RENTALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAZZOTTA RENTALS, INC.	<b>c</b> EIN-PN 06-1299919-001
<b>a</b>	Plan name	MCCONNELL & SCULLY INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MCCONNELL & SCULLY, INC	<b>c</b> EIN-PN 38-1807860-002
<b>a</b>	Plan name	MCGRATH AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCGRATH ENTERPRISES, INC.	<b>c</b> EIN-PN 36-3432209-001
<b>a</b>	Plan name	MCM VENTURES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCM VENTURES LLC	<b>c</b> EIN-PN 85-2712389-001
<b>a</b>	Plan name	MEDPRO HEALTH PROVIDERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDPRO HEALTH PROVIDERS, LLC	<b>c</b> EIN-PN 26-4671376-001
<b>a</b>	Plan name	MENNIE HEIZLER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MENNIE HEIZLER, LLC	<b>c</b> EIN-PN 87-4370662-001
<b>a</b>	Plan name	MERITRUST FEDERAL CREDIT UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MERITRUST FEDERAL CREDIT UNION	<b>c</b> EIN-PN 48-0570799-001
<b>a</b>	Plan name	MESAVITA ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MESAVITA ENGINEERING, LLC	<b>c</b> EIN-PN 82-3950540-001
<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	METANOIA RECOVERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METANOIA RECOVERY LLC	<b>c</b> EIN-PN 84-3860217-001
<b>a</b>	Plan name	ME-TORRES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ME-TORRES INC.	<b>c</b> EIN-PN 20-5051753-001
<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>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	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	MEYERS ELECTRIC, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEYERS ELECTRIC, INC.	<b>c</b> EIN-PN 39-1203608-001
<b>a</b>	Plan name	MICHELLE H, MOTTINGER D.D.S., P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICHELLE H MOTTINGER DDS PA	<b>c</b> EIN-PN 56-1950645-001
<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	MID TN CONSTRUCTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MID TN CONSTRUCTORS, INC.	<b>c</b> EIN-PN 81-3676888-001
<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'S WRECKER SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIKES WRECKER SERVICE, INC.	<b>c</b> EIN-PN 62-1683682-001
<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	MILLSTONE MARKET, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLSTONE MARKET & NURSERY	<b>c</b> EIN-PN 26-4085280-001
<b>a</b>	Plan name	MINT ROOFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINT ROOFING, INC.	<b>c</b> EIN-PN 81-0389786-001
<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	MODERN PHYSICAL THERAPY AND SPORTS MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MODERN SPORTS MEDICINE, LLC	<b>c</b> EIN-PN 84-3032154-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	MOLLY PITCHER-OYSTER POINT HOTEL 401(K) PLAN
<b>b</b>	Name of plan sponsor	MOLLY PITCHER INN
<b>c</b>	EIN-PN	22-3140216-001
<b>a</b>	Plan name	MONROE FURNITURE RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	MONROE FURNITURE
<b>c</b>	EIN-PN	39-1874571-001
<b>a</b>	Plan name	MONTEREY PENINSULA COUNTRY CLUB 401(K) PROFIT
<b>b</b>	Name of plan sponsor	MONTEREY PENINSULA COUNTRY CLUB
<b>c</b>	EIN-PN	94-1451412-002
<b>a</b>	Plan name	MOODY NATIONAL BANK 401(K) PLAN
<b>b</b>	Name of plan sponsor	MOODY NATIONAL BANK
<b>c</b>	EIN-PN	74-0560665-002
<b>a</b>	Plan name	MORELLA & ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MORELLA & ASSOCIATES, P.C.
<b>c</b>	EIN-PN	25-1664787-001
<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 AND CARMICHAEL, DDS 401(K) PLAN
<b>b</b>	Name of plan sponsor	MORRIS AND CARMICHAEL 1, DDS PLLC DBA SHALLOTTE FAMILY DENTISTRY
<b>c</b>	EIN-PN	32-0339362-001
<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>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	MOTT HAVEN ACADEMY CHARTER SCHOOL 401(K) PLAN
<b>b</b>	Name of plan sponsor	MOTT HAVEN ACADEMY CHARTER SCHOOL
<b>c</b>	EIN-PN	11-3833210-001

<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	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	MS PAIN, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MS PAIN, LLC	<b>c</b> EIN-PN 62-1512849-001
<b>a</b>	Plan name	MULLINS PC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MULLINS PC	<b>c</b> EIN-PN 47-4306215-001
<b>a</b>	Plan name	MW RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AP ENTERPRISES OF ST. CLOUD, INC.	<b>c</b> EIN-PN 20-0983528-001
<b>a</b>	Plan name	MY AIM HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANTAGE INTEGRATED MEDICAL, LLC	<b>c</b> EIN-PN 88-2033335-001
<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 PROCESSING, LLC PLANT 1 UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL MATERIAL, L.P.	<b>c</b> EIN-PN 90-0905915-002
<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>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	NEPHROLOGY ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEPHROLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 06-0886720-001
<b>a</b>	Plan name	NEUROLOGY ASSOCIATES OF SUFFOLK, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEUROLOGY ASSOCIATES OF SUFFOLK, PLLC	<b>c</b> EIN-PN 27-0855067-001
<b>a</b>	Plan name	NEW HAMPSHIRE SCHOOL ADMINISTRATORS ASSOCIATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEW HAMPSHIRE SCHOOL ADMINISTRATORS ASSOCIATION	<b>c</b> EIN-PN 02-0349390-001
<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	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 OXFORD MILLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEYMOUTH BRAIDED RUG COMPANY, INC.	<b>c</b> EIN-PN 04-2318571-001
<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>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	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 DENTAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NOVA DENTAL ASSOCIATES, P.C.	<b>c</b> EIN-PN 25-1244861-001
<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	NUCYCLE TONER & INK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VRS, INC.	<b>c</b> EIN-PN 87-0779462-001
<b>a</b>	Plan name	NURENBERG, PARIS, HELLER & MCCARTHY CO LPA 401K	
<b>b</b>	Name of plan sponsor	NURENBERG PARIS HELLER & MCCARTHY	<b>c</b> EIN-PN 34-1213356-004
<b>a</b>	Plan name	NW MUTUAL RED BANK NW MUTUAL RED BANK 401K	
<b>b</b>	Name of plan sponsor	NORTHWESTERN MUTUAL RED BANK	<b>c</b> EIN-PN 35-2366749-001
<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>a</b>	Plan name	OBERMEIER TRUCK SERVICE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OBERMEIER TRUCK SERVICE, LLC	<b>c</b> EIN-PN 26-4285920-001
<b>a</b>	Plan name	OCMULGEE PHYSICIANS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OCMULGEE PHYSICIANS, LLC	<b>c</b> EIN-PN 45-3976537-001
<b>a</b>	Plan name	OCTAGON PROPERTY MANAGEMENT CO 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	OCTAGON PROPERTY MANAGEMENT CO	<b>c</b> EIN-PN 04-3324138-001
<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	OGS/348 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OHIO GASKET & SHIM COMPANY, INC.	<b>c</b> EIN-PN 34-0843907-001

<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	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	ON POINT ACCOUNTING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ON POINT ACCOUNTING SERVICES 401(K) PLAN	<b>c</b> EIN-PN 88-3621105-001
<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 MEDICAL CENTER S.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORCHARD MEDICAL CENTER, S.C.	<b>c</b> EIN-PN 36-2704158-001
<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 & BRUMLEY FUNERAL HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	O & B FUNERAL HOMES, INC.	<b>c</b> EIN-PN 20-1675193-002
<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
<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

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>PARAGON SPORTS CONSTRUCTORS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PARAGON SPORTS CONSTRUCTORS LLC</b>	<b>c</b> EIN-PN <b>27-0838912-001</b>
<b>a</b>	Plan name <b>PARAMETER GENERATION &amp; CONTROL, INC. PROFIT SHARING RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PARAMETER GENERATION &amp; CONTROL, INC.</b>	<b>c</b> EIN-PN <b>56-1165251-001</b>
<b>a</b>	Plan name <b>PARK CITY DRILLING TECHNOLOGIES, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PARK CITY DRILLING TECHNOLOGIES LLC</b>	<b>c</b> EIN-PN <b>82-1177999-001</b>
<b>a</b>	Plan name <b>PASTURE PRIDE CHEESE, LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PASTURE PRIDE CHEESE LLC</b>	<b>c</b> EIN-PN <b>87-0699588-001</b>
<b>a</b>	Plan name <b>PATOKA TERMINAL COMPANY, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PATOKA TERMINAL COMPANY, LLC</b>	<b>c</b> EIN-PN <b>27-4664428-001</b>
<b>a</b>	Plan name <b>PATRIOT RESOURCES, LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PATRIOT RESOURCES, LLC</b>	<b>c</b> EIN-PN <b>84-1332320-002</b>
<b>a</b>	Plan name <b>PATTERSON RIPPLINGER, P.C. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PATTERSON RIPPLINGER, P.C.</b>	<b>c</b> EIN-PN <b>84-1345164-001</b>
<b>a</b>	Plan name <b>PAWLIK SUPPLY CO. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PAWLIK SUPPLY COMPANY</b>	<b>c</b> EIN-PN <b>74-1944889-001</b>
<b>a</b>	Plan name <b>PAYFORWARD LLC 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PAYFORWARD</b>	<b>c</b> EIN-PN <b>36-4763682-001</b>
<b>a</b>	Plan name <b>PDS ENGINEERING AND CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PDS ENGINEERING AND CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>06-0811617-001</b>
<b>a</b>	Plan name <b>PEACEFUL PRACTICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PEACEFUL PRACTICES COUNSELING, LLC</b>	<b>c</b> EIN-PN <b>84-4655407-001</b>
<b>a</b>	Plan name <b>PENINSULA HARDWARE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JTD INC. T/A ACE PENINSULA HARDWARE</b>	<b>c</b> EIN-PN <b>54-1325423-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name PETER'S HIGHLINE AUTOMOTIVE II, INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PETERS HIGH LINE AUTOMOTIVE II, INC	<b>c</b> EIN-PN 45-2554094-001
<b>a</b>	Plan name PIECE BY PIECE ABA THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor PIECE BY PIECE ABA THERAPY, LLC	<b>c</b> EIN-PN 84-2432698-001
<b>a</b>	Plan name PINNACLE ENGINEERING GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PINNACLE ENGINEERING GROUP, LLC	<b>c</b> EIN-PN 45-2866474-001
<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>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 PLANEMASTERS LTD. 401K PLAN	
<b>b</b>	Name of plan sponsor PLANEMASTERS LTD.	<b>c</b> EIN-PN 36-4035259-001
<b>a</b>	Plan name PLAYGROUND WORLD 401(K) PLAN	
<b>b</b>	Name of plan sponsor PLAYGROUND WORLD INC	<b>c</b> EIN-PN 34-1828700-001
<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 POLYMERIC USA INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor POLYMERIC USA INC	<b>c</b> EIN-PN 92-1036897-001

<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	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	POSITIVE DEVELOPMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	POSITIVE DEVELOPMENT	<b>c</b> EIN-PN 85-0774361-001
<b>a</b>	Plan name	POUND ENTERPRISES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	POUND ENTERPRISES LLC	<b>c</b> EIN-PN 83-0667657-001
<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	PRECISION LOCATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION LOCATING, LLC.	<b>c</b> EIN-PN 26-4149188-001
<b>a</b>	Plan name	PREFERRED PROPERTIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PREFERRED PROPERTIES, INC.	<b>c</b> EIN-PN 41-1668055-001
<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 FOOT & ANKLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER FOOT & ANKLE, PLLC	<b>c</b> EIN-PN 46-4400665-001
<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	PRESSURE CHEMICAL CO 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PRESSURE CHEMICAL CO	<b>c</b> EIN-PN 25-1142709-002
<b>a</b>	Plan name	PRESTIGE FIRE PROTECTION GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE FIRE PROTECTION GROUP, INC	<b>c</b> EIN-PN 92-3503917-001

<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	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
<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	PRO THERAPY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRO THERAPY SERVICES	<b>c</b> EIN-PN 62-1746752-002
<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	PROMANIA LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PROMANIA LLC	<b>c</b> EIN-PN 26-0114545-001
<b>a</b>	Plan name	PROSPHIRE, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROSPHIRE, LLC	<b>c</b> EIN-PN 47-3592695-001
<b>a</b>	Plan name	PRP WINE INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RPR WINE INTERNATIONAL, INC.	<b>c</b> EIN-PN 36-3638805-001
<b>a</b>	Plan name	QAS MANAGEMENT COMPANY INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	QAS MANAGEMENT COMPANY INC	<b>c</b> EIN-PN 45-3986223-001

<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	QLER SOLUTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	QLER SOLUTIONS, INC.	<b>c</b> EIN-PN 83-1400843-001
<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	QUINCANNON ASSOCIATES, INC. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	QUINCANNON ASSOCIATES, INC.	<b>c</b> EIN-PN 13-3496700-001
<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	RAHIL PHARMACY 401K	
<b>b</b>	Name of plan sponsor	RAHIL PHARMACY	<b>c</b> EIN-PN 26-3691111-001
<b>a</b>	Plan name	RALPH M. ZAGHA, M.D., P.A. AND STACY FRANKEL, M.D., P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RALPH M. ZAGHA, M.D., P.A.	<b>c</b> EIN-PN 20-4880079-001
<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
<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	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	REHAB MEDICAL BILLING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REHAB MEDICAL BILLING SERVICES, INC.	<b>c</b> EIN-PN 75-3143277-001
<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

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>RENAISSANCE 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SEAL WELL, INC. DBA RENAISSANCE STONE CARE &amp; WATERPROOFING</b>	<b>c</b> EIN-PN <b>88-2142333-001</b>
<b>a</b>	Plan name <b>RESEARCH CORPORATION TECHNOLOGIES, INC. EMPLOYEES' PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RESEARCH CORPORATION TECHNOLOGIES, INC.</b>	<b>c</b> EIN-PN <b>86-0572766-001</b>
<b>a</b>	Plan name <b>RESOURCE ONE CREDIT UNION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RESOURCE ONE CREDIT UNION</b>	<b>c</b> EIN-PN <b>75-0821285-001</b>
<b>a</b>	Plan name <b>RESOURCE PARTNERS CHICAGO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RESOURCE PARTNERS CHICAGO, INC.</b>	<b>c</b> EIN-PN <b>57-1180541-001</b>
<b>a</b>	Plan name <b>RETIREMENT PATH POOLED EMPLOYER PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PLAN PROFESSIONALS, LLC</b>	<b>c</b> EIN-PN <b>85-3213245-304</b>
<b>a</b>	Plan name <b>RETIREMENT PLAN SOLUTIONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RETIREMENT PLAN SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>56-1762637-002</b>
<b>a</b>	Plan name <b>REVER GRAND LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>REVER GRAND LLC</b>	<b>c</b> EIN-PN <b>81-3727606-001</b>
<b>a</b>	Plan name <b>REVISE ENERGY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIPIETRO HOME ENERGY SOLUTIONS, INC. DBA REVISE</b>	<b>c</b> EIN-PN <b>81-1894291-001</b>
<b>a</b>	Plan name <b>RHI RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RHI, LLC</b>	<b>c</b> EIN-PN <b>27-3947433-001</b>
<b>a</b>	Plan name <b>RHI, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RHI, INC.</b>	<b>c</b> EIN-PN <b>52-1809566-001</b>
<b>a</b>	Plan name <b>RIGHT AT HOME 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SERVE FIRST LLC</b>	<b>c</b> EIN-PN <b>93-4241235-001</b>
<b>a</b>	Plan name <b>RIVA RIDGE REAL ESTATE 401K</b>	
<b>b</b>	Name of plan sponsor <b>RIVA RIDGE REAL ESTATE SERVICES, INC.</b>	<b>c</b> EIN-PN <b>47-5197392-001</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	RJK ROOFING SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	RJK ROOFING SOLUTIONS	<b>c</b> EIN-PN 20-0629224-001
<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>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	ROCKPORT SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKPORT SOLUTIONS, LLC	<b>c</b> EIN-PN 81-4813213-001
<b>a</b>	Plan name	ROCKWELL ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKWELL ELECTRIC INC	<b>c</b> EIN-PN 26-2506793-001
<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	ROLLKALL TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROLLKALL TECHNOLOGIES, LLC	<b>c</b> EIN-PN 82-3442618-001
<b>a</b>	Plan name	RONALD MCDONALD HOUSE CHARITIES (TRIANGLE) 401K	
<b>b</b>	Name of plan sponsor	RONALD MCDONALD HOUSE CHARITIES OF THE TRIA	<b>c</b> EIN-PN 56-1220376-001
<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	ROUNDSTONE MANAGEMENT, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROUNDSTONE MANAGEMENT, LTD.	<b>c</b> EIN-PN 27-0371422-001

<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 ROVER 3PL, LLC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROVER 3PL, LLC.	<b>c</b> EIN-PN 47-3611340-001
<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 RUSSELL SUPERMARKET, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RUSSELL SUPERMARKET, INC.	<b>c</b> EIN-PN 63-0575405-001
<b>a</b>	Plan name RWR GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RWR GROUP, INC.	<b>c</b> EIN-PN 82-3839900-004
<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 SALON METTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor SALON METTA, LLC	<b>c</b> EIN-PN 82-2801467-001
<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 SAUL FUNERAL HOMES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAUL FUNERAL HOMES, INC.	<b>c</b> EIN-PN 21-0731427-001
<b>a</b>	Plan name SCENSOB LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SCENSOB LLC	<b>c</b> EIN-PN 85-4053247-001
<b>a</b>	Plan name SCHALOW'S NURSERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCHALOWS NURSERY, INC.	<b>c</b> EIN-PN 39-1503913-001
<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

<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	SCOTT ENTERPRISES INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCOTT ENTERPRISES	<b>c</b> EIN-PN 47-0618826-001
<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	SEEK ARIZONA LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	S.E.E.K. ARIZONA, LLC	<b>c</b> EIN-PN 56-2297807-001
<b>a</b>	Plan name	SEELEY BROTHERS PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEELEY BROTHERS	<b>c</b> EIN-PN 95-3947183-001
<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	SENTRY PEST CONTROL INC 401(K)	
<b>b</b>	Name of plan sponsor	SENTRY PEST CONTROL INC	<b>c</b> EIN-PN 38-3659223-001
<b>a</b>	Plan name	SEPIRE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEPIRE, LLC	<b>c</b> EIN-PN 30-1111822-001
<b>a</b>	Plan name	SETH MONSON, DMD, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SETH MONSON, DMD, LLC	<b>c</b> EIN-PN 81-2882255-001
<b>a</b>	Plan name	SHELBY DISTRIBUTORS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHELBY DISTRIBUTORS, LLC	<b>c</b> EIN-PN 81-0491470-001
<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>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	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	SILVER HILLS 401K PLAN
<b>b</b>	Name of plan sponsor	SILVER HILLS CONSTRUCTION LLC
<b>c</b>	EIN-PN	87-2417471-001
<b>a</b>	Plan name	SIMPKINS RETIREMENT PLAN EXCHANGE FOR NATIONAL TAX RESOURCE GROUP
<b>b</b>	Name of plan sponsor	NATIONAL TAX RESOURCE GROUP
<b>c</b>	EIN-PN	59-3784576-001
<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
<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	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	SNOW PROPERTIES SERVICE 401 (K) PLAN
<b>b</b>	Name of plan sponsor	GUD COMM MGMT LLC DBA SNOW PROPERTIES SVCS
<b>c</b>	EIN-PN	88-4289346-333
<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	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	SOONER SOUTHWEST BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN
<b>b</b>	Name of plan sponsor	SOONER SOUTHWEST BANKSHARES, INC.
<b>c</b>	EIN-PN	73-1492372-001

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 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 SOUTH SHORES ANIMAL HOSPITAL 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MARK CLAUS, DVM, LTD, A PROFESSIONAL CORP	<b>c</b> EIN-PN 26-3134901-001
<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 ILLINOIS CRANKSHAFT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN ILLINOIS CRANKSHAFT, INC.	<b>c</b> EIN-PN 37-1238690-001
<b>a</b>	Plan name SOUTHERN NEW ENGLAND ANESTHESIA & PAIN ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN NEW ENGLAND ANESTHESIA & PAIN ASSOCIATES	<b>c</b> EIN-PN 05-0514621-001
<b>a</b>	Plan name SOUTHERN WALL SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN WALL SYSTEMS II, LLC	<b>c</b> EIN-PN 81-4762083-001
<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>a</b>	Plan name SPAN CONSTRUCTION & ENGINEERING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SPAN CONSTRUCTION & ENGINEERING, INC.	<b>c</b> EIN-PN 94-2686159-002
<b>a</b>	Plan name SPARTAN ENERGY VENTURES LLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor SPARTAN ENERGY VENTURES LLC	<b>c</b> EIN-PN 88-3255381-001
<b>a</b>	Plan name SPARTAN PLACEMENTS 401K PLAN	
<b>b</b>	Name of plan sponsor SPARTAN PLACEMENTS LLC	<b>c</b> EIN-PN 85-3032407-001

<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	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	SPEEDEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAROLINA AUTO CARE, LLC	<b>c</b> EIN-PN 46-3001535-001
<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	SQUIRREL HILL CHIROPRACTIC CARE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SQUIRREL HILL CHIROPRACTIC	<b>c</b> EIN-PN 25-1688469-001
<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	STAMP MEDICAL 401(K) RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ARIZONA MEDICAL & INJURY PLLC STAMP MEDICAL	<b>c</b> EIN-PN 46-4528250-001
<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	STEVENSON CRANE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STEVENSON CRANE SERVICE, INC.	<b>c</b> EIN-PN 36-3638757-001
<b>a</b>	Plan name	STREAMLINE ACCOUNTING 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STREAMLINE BUSINESS, INC. D/B/A STREAMLINE ACCOUNTING	<b>c</b> EIN-PN 43-1993473-002
<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

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>SUNDSTROM CLINICAL SERVICES, LLC 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUNDSTROM CLINICAL SERVICES, LLC</b>	<b>c</b> EIN-PN <b>20-1676644-001</b>
<b>a</b>	Plan name <b>SUNQUEST PROPERTIES INC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>SUNQUEST PROPERTIES INC</b>	<b>c</b> EIN-PN <b>72-1042010-001</b>
<b>a</b>	Plan name <b>SUNSATIION PRODUCTS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUNSATIION PRODUCTS, INC.</b>	<b>c</b> EIN-PN <b>38-2435447-001</b>
<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 GROUP 401(K) SALARY REDUCTION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SYNERGY, INC.</b>	<b>c</b> EIN-PN <b>38-4028816-001</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>TABER METALS GULFPORT L.P. HOURLY EMPLOYEES RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TABER METALS GULFPORT L.P.</b>	<b>c</b> EIN-PN <b>36-3559057-001</b>
<b>a</b>	Plan name <b>TASSE FUEL CORP. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TASSE FUEL CORP.</b>	<b>c</b> EIN-PN <b>04-2262394-001</b>
<b>a</b>	Plan name <b>TAX RISE INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TAX RISE INC</b>	<b>c</b> EIN-PN <b>82-4065754-001</b>
<b>a</b>	Plan name <b>TAYLOR LOBSTER AND AL'S SEAFOOD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TAYLOR LOBSTER COMPANY LLC</b>	<b>c</b> EIN-PN <b>47-0922835-001</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	TCK SERVICE GROUP INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TCK SERVICE GROUP INC	<b>c</b> EIN-PN 13-4233967-001
<b>a</b>	Plan name	TEAM AERO LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TEAM AERO, LLC	<b>c</b> EIN-PN 20-4255473-001
<b>a</b>	Plan name	TEAM CROWLEY DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEAM CROWLEY DENTAL, S.C.	<b>c</b> EIN-PN 39-1868795-001
<b>a</b>	Plan name	TEEL CONSTRUCTION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TEEL CONSTRUCTION, INC	<b>c</b> EIN-PN 54-1451207-001
<b>a</b>	Plan name	TENNETT TREE SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TENNETT TREE SERVICE, INC.	<b>c</b> EIN-PN 06-1157268-001
<b>a</b>	Plan name	TERRAMAR 401K PLAN	
<b>b</b>	Name of plan sponsor	TERRAMAR SPORTS	<b>c</b> EIN-PN 26-0399050-001
<b>a</b>	Plan name	TERRASCAPE CONSULTING, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TERRASCAPE CONSULTING, LLC	<b>c</b> EIN-PN 20-5570742-001
<b>a</b>	Plan name	TEXARKANA CARDIOLOGY ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAMES M. HURLEY M.D., P.A. DBA TEXARKANA CARDIOLOGY ASSOCIATES	<b>c</b> EIN-PN 74-2510368-001
<b>a</b>	Plan name	TEXAS PRIDE DISPOSAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEXAS PRIDE DISPOSAL SOLUTIONS	<b>c</b> EIN-PN 30-0788641-001
<b>a</b>	Plan name	TEXOMA PHYSICIANS GROUP, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEXOMA PHYSICIANS GROUP, PLLC	<b>c</b> EIN-PN 84-2063664-001
<b>a</b>	Plan name	THA CONCIERGE CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IHC III, INC.	<b>c</b> EIN-PN 27-0122686-001
<b>a</b>	Plan name	THE 401(K) PROFIT SHARING PLAN OF JEWISH HEALTHCARE CENTER, INC.	
<b>b</b>	Name of plan sponsor	JEWISH HEALTHCARE CENTER, INC.	<b>c</b> EIN-PN 04-2103803-004

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	THE ARC PEP - THE ARC OF NORTH CAROLINA	
<b>b</b>	Name of plan sponsor	THE ARC PEP - THE ARC OF NORTH CAROLINA	<b>c</b> EIN-PN 57-0753097-404
<b>a</b>	Plan name	THE BRUCE LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE BRUCE LAW FIRM	<b>c</b> EIN-PN 73-1354482-001
<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 EDGE CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE EDGE CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 36-4104677-001
<b>a</b>	Plan name	THE EXPLORIS SCHOOL EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE EXPLORIS SCHOOL	<b>c</b> EIN-PN 26-2407296-001
<b>a</b>	Plan name	THE FIRST NATIONAL BANK IN TOLEDO PROFIT SHARING	
<b>b</b>	Name of plan sponsor	FIRST NEIGHBOR BANK NA	<b>c</b> EIN-PN 37-0274510-003
<b>a</b>	Plan name	THE HANOVER THEATRE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE HANOVER THEATRE	<b>c</b> EIN-PN 05-0521735-001
<b>a</b>	Plan name	THE HEART CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	THE HEART CENTER OF NORTHERN ANNE	<b>c</b> EIN-PN 52-1459235-002
<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

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 NEXT DOOR 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE NEXT DOOR, INC.	<b>c</b> EIN-PN 43-2001774-001
<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 PITTSBURGH POST-GAZETTE UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor PG PUBLISHING COMPANY	<b>c</b> EIN-PN 94-0692700-003
<b>a</b>	Plan name THE PRIETIVE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE PRIETIVE GROUP, INC.	<b>c</b> EIN-PN 33-0174920-001
<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 SUMMIT DENTAL GROUP, PC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor THE SUMMIT DENTAL GROUP, PC	<b>c</b> EIN-PN 16-1005426-002
<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 THE ZEST LAB 401(K) PLAN	
<b>b</b>	Name of plan sponsor TTRTOTTER, LLC DBA THE ZEST LAB	<b>c</b> EIN-PN 84-4666947-001
<b>a</b>	Plan name THIRD EYE HEALTH EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THIRD EYE HEALTH INC	<b>c</b> EIN-PN 47-3593672-001

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 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 THOMPSON MACHINERY MOVING 401(K) PLAN	
<b>b</b>	Name of plan sponsor THOMPSON MACHINERY MOVING	<b>c</b> EIN-PN 47-2664390-001
<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 TID DEMOLITION 401(K) PLAN	
<b>b</b>	Name of plan sponsor TID, INC.	<b>c</b> EIN-PN 87-0509999-001
<b>a</b>	Plan name TIMOTHY A. DACHILLE AND ASSOCIATES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TIMOTHY A. DACHILLE AND ASSOCIATES	<b>c</b> EIN-PN 30-0951776-001
<b>a</b>	Plan name TITAN MATERIAL HANDLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TITAN MATERIAL HANDLING, INC.	<b>c</b> EIN-PN 84-3682690-001
<b>a</b>	Plan name TITUSVILLE CHIROPRACTIC & INJURY CENTER, INC.-401K	
<b>b</b>	Name of plan sponsor TITUSVILLE CHIROPRACTIC & INJURY	<b>c</b> EIN-PN 45-3135721-001
<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 TOM BROWN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOM BROWN, INC.	<b>c</b> EIN-PN 25-0916837-001
<b>a</b>	Plan name TOMMY'S EXPRESS HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOMMYS EXPRESS HOLDINGS, LLC	<b>c</b> EIN-PN 83-1134822-001
<b>a</b>	Plan name TOPSHELF WOOD PACKAGING 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOP SHELF WOOD PACKAGING	<b>c</b> EIN-PN 88-3400671-001

<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	TOTAL CARE PHYSICIANS, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOTAL CARE PHYSICIANS, P.A.	<b>c</b> EIN-PN 51-0297390-003
<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	TRACORP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRACORP	<b>c</b> EIN-PN 23-2326825-003
<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
<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	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	TREVETT CRISTO P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TREVETT CRISTO P.C.	<b>c</b> EIN-PN 16-1278314-001
<b>a</b>	Plan name	TRI STATE KNIFE GRINDING, CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI STATE KNIFE GRINDING, CORP.	<b>c</b> EIN-PN 22-3805306-101
<b>a</b>	Plan name	TRIAD ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIAD ASSOCIATES, INC.	<b>c</b> EIN-PN 04-2919653-001

<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	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	TRIPLE CROSS PLUMBING & UTILITIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIPLE CROSS PLUMBING & UTILITIES, LTD	<b>c</b> EIN-PN 74-2775592-001
<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	TRI-STATE HYDRAULICS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRI-STATE HYDRAULICS, INC.	<b>c</b> EIN-PN 25-1398924-001
<b>a</b>	Plan name	TRI-STATE VACUUM & RENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI-STATE VACUUM & RENTAL	<b>c</b> EIN-PN 47-3991421-001
<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	ULYAT TRUCKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ULYAT TRUCKING, INC.	<b>c</b> EIN-PN 35-1583452-001
<b>a</b>	Plan name	UNCAS INTERNATIONAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNCAS INTERNATIONAL, LLC	<b>c</b> EIN-PN 47-1328641-001
<b>a</b>	Plan name	UNIT PAVING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIT PAVING, INC.	<b>c</b> EIN-PN 56-1978048-001

<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 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>a</b>	Plan name	UNITED POLICE FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNITED POLICE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 59-0626646-001
<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	US ASSET SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	US ASSET SERVICES LLC	<b>c</b> EIN-PN 82-4906200-001
<b>a</b>	Plan name	USA FIELD SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	USA FIELD SERVICES, INC.	<b>c</b> EIN-PN 82-3458471-001
<b>a</b>	Plan name	USAM1 LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	USAM1 LLC	<b>c</b> EIN-PN 88-3171276-001
<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 DYKE & HAND, CPA PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAN DYKE & HAND, CPA PC	<b>c</b> EIN-PN 46-5677563-001

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 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 VELMEX, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VELMEX, INC.	<b>c</b> EIN-PN 16-0924244-001
<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 VINEVILLE INTERNAL MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor VINEVILLE INTERNAL MEDICINE	<b>c</b> EIN-PN 75-3028076-001
<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
<b>a</b>	Plan name VOYA GOVERNMENT SECURITIES FUND (SEPARATE ACCOUNT NO. 390)	
<b>b</b>	Name of plan sponsor VOYA RETIREMENT INSURANCE & ANNUITY COMPANY	<b>c</b> EIN-PN 71-0294708-001
<b>a</b>	Plan name WAEV, INC 401K PLAN	
<b>b</b>	Name of plan sponsor WAEV, INC.	<b>c</b> EIN-PN 87-3861274-001
<b>a</b>	Plan name WAITES 401(K) PLAN	
<b>b</b>	Name of plan sponsor WAITES SENSOR TECHNOLOGIES, INC.	<b>c</b> EIN-PN 32-0588952-001
<b>a</b>	Plan name WALNUT CAPITAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALNUT CAPITAL MANAGEMENT, INC.	<b>c</b> EIN-PN 25-1805315-001
<b>a</b>	Plan name WARNER ROBINSON, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WARNER ROBINSON, LLC	<b>c</b> EIN-PN 27-0187139-101
<b>a</b>	Plan name WASTE HAULER SUPPORT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor WASTE HAULER SUPPORT SERVICES, LLC	<b>c</b> EIN-PN 26-4394816-001

<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	WAVE DENTAL PROFESSIONALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRALONGO, LLC DBA WAVE DENTAL PROFESSIONALS	<b>c</b> EIN-PN 35-2460202-001
<b>a</b>	Plan name	WAYAH INSURANCE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAYAH INSURANCE GROUP, INC.	<b>c</b> EIN-PN 37-1834725-001
<b>a</b>	Plan name	WEILIN INC. PAGODA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEILIN INC. PAGODA	<b>c</b> EIN-PN 46-4780341-001
<b>a</b>	Plan name	WELKER, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WELKER, INC.	<b>c</b> EIN-PN 74-1760465-001
<b>a</b>	Plan name	WEST ALABAMA BANK & TRUST 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST ALABAMA BANK & TRUST	<b>c</b> EIN-PN 63-0237528-002
<b>a</b>	Plan name	WEST, WELCH, REED ENGINEERS, INC 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST, WELCH, REED ENGINEERS, INC.	<b>c</b> EIN-PN 62-0986622-001
<b>a</b>	Plan name	WESTBOROUGH COUNTRY CLUB 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WESTBOROUGH COUNTRY CLUB	<b>c</b> EIN-PN 43-0641050-001
<b>a</b>	Plan name	WESTGATE, LLC 401K SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTGATE, LLC.	<b>c</b> EIN-PN 72-0768707-001
<b>a</b>	Plan name	WESTGROUP DESIGNS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTGROUP DESIGNS, INC.	<b>c</b> EIN-PN 33-0564931-001
<b>a</b>	Plan name	WESTMONT ASSOCIATES AND FREDRIC MARRO & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTMONT ASSOCIATES, INC.	<b>c</b> EIN-PN 22-3123624-001
<b>a</b>	Plan name	WESTON GOLF CLUB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WESTON GOLF CLUB	<b>c</b> EIN-PN 04-1962940-001
<b>a</b>	Plan name	WETEKAM MONOFILAMENTS, USA LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WETEKAM MONOFILAMENTS, USA LP	<b>c</b> EIN-PN 36-4756746-001

<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	WHITE PLUMBING CO. INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WHITE PLUMBING CO. INC.	<b>c</b> EIN-PN 82-5119394-002
<b>a</b>	Plan name	WHOLESALE ACCESSORY MARKET, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WHOLESALE ACCESSORY MARKET, INC.	<b>c</b> EIN-PN 63-1278775-001
<b>a</b>	Plan name	WHYTE'S LOGGING LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WHYTES LOGGING, LLC	<b>c</b> EIN-PN 82-1522971-001
<b>a</b>	Plan name	WICKED GOOD BUTCHAH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WICKED GOOD BUTCHAH, LLC	<b>c</b> EIN-PN 46-5696408-001
<b>a</b>	Plan name	WILLIAM C ROTT & SON, INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM C. ROTT & SON, INC.	<b>c</b> EIN-PN 16-0913264-001
<b>a</b>	Plan name	WORK OPPORTUNITIES UNLIMITED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WORK OPPORTUNITIES UNLIMITED, INC.	<b>c</b> EIN-PN 02-0389023-001
<b>a</b>	Plan name	WORLD THREADS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WORLD THREADS INC.	<b>c</b> EIN-PN 45-4133220-001
<b>a</b>	Plan name	YAC ROBOT SYSTEMS INC. 401 K PLAN	
<b>b</b>	Name of plan sponsor	YAC ROBOT SYSTEMS INC	<b>c</b> EIN-PN 98-0357012-001
<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	YOUNG ELECTRIC CO. , INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUNG ELECTRIC CO., INC.	<b>c</b> EIN-PN 62-1645367-001
<b>a</b>	Plan name	ZAYTOUN LAW FIRM, P.L.L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ZAYTOUN LAW FIRM, P.L.L.C.	<b>c</b> EIN-PN 26-4346893-001
<b>a</b>	Plan name	ZBWISCO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZBWISCO, INC.	<b>c</b> EIN-PN 82-3375839-001

**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.)

**a** Plan name ZONA LAW GROUP 401(K) PLAN

**b** Name of plan sponsor ZONA LAW GROUP P.C. **c** EIN-PN 86-1030701-001

**a** Plan name ZUCKERMAN GRAVELY MANAGEMENT, INC. 401(K) RETIREMENT PLAN

**b** Name of plan sponsor ZUCKERMAN GRAVELY MANAGEMENT, INC. **c** EIN-PN 52-1804940-001

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** 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 2025 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>38-7271366</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	1263
<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>	5247703	7170850
<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>	62846374	112345404
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	39277553	75825221
<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>	107371630	195342738
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	29835
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	5249822	7137163
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	5249822	7166998
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	102121808	188175740

**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>	1083699	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1083699
<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>	6862208	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		6862208
<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>		4295801
<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>		12241708

**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>	6872	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	42074	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	42073	
(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>		91019
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		91019

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		12150689
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		102213888
(2) From this plan .....	<b>2l(2)</b>		28310645

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