

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

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

a single-employer plan  a DFE (specify) C

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>MYCOMPASS AMERICAN FUNDS 2035 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>38-7271368</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>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/01/2025	MATT FALCIANI
	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
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

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

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>MYCOMPASS AMERICAN FUNDS 2035 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>38-7271368</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<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):		
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	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	4WRD FREIGHT & LOGISTICS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	4WRD FREIGHT & LOGISTICS GROUP INC 401KPLAN	<b>c</b> EIN-PN 92-2180307-001
<b>a</b>	Plan name	A. FOLINO CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A. FOLINO CONSTRUCTION, INC.	<b>c</b> EIN-PN 25-1367237-002
<b>a</b>	Plan name	AAMS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AAMS LLC	<b>c</b> EIN-PN 82-0576792-001
<b>a</b>	Plan name	ABBOTT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABBOTT COMPANY	<b>c</b> EIN-PN 20-4870279-001
<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 FINANCIAL GROUP, LLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	ABLE FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 20-4911852-001
<b>a</b>	Plan name	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>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	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	ACCOUNTFULLY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCOUNTFULLY LLC	<b>c</b> EIN-PN 45-4373956-001
<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
<b>a</b>	Plan name	ACUMEN EXECUTIVE SEARCH 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACUMEN RECRUITING, INC. DBA ACUMEN EXECUTIVE SEARCH	<b>c</b> EIN-PN 30-0434222-001
<b>a</b>	Plan name	ADOVATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADOVATE, LLC	<b>c</b> EIN-PN 92-1941874-001
<b>a</b>	Plan name	ADVANCED REHABILITATION, INC	
<b>b</b>	Name of plan sponsor	CHRISTOPHER R. HEWLETT. SR.	<b>c</b> EIN-PN 59-2025380-003
<b>a</b>	Plan name	ADVANCED TURBINE COMPONENTS 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED TURBINE COMPONENTS 401K	<b>c</b> EIN-PN 85-4162178-001
<b>a</b>	Plan name	ADVANTAGE TECH, INC. 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ADVANTAGE TECH, INC.	<b>c</b> EIN-PN 43-1787349-001
<b>a</b>	Plan name	AEGIS PROTECTIVE SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	DANSON INC	<b>c</b> EIN-PN 31-1374802-002
<b>a</b>	Plan name	AFC URGENT CARE AND FAMILY CARE OF WNC, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AFC URGENT CARE AND FAMILY CARE OF WNC, PLLC	<b>c</b> EIN-PN 83-0705469-001

<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	AFFILIATED FOOT SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AFFILIATED FOOT SURGEONS, P.C.	<b>c</b> EIN-PN 06-1372809-001
<b>a</b>	Plan name	AGENCYKPI, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGENCYKPI, INC.	<b>c</b> EIN-PN 82-5085396-001
<b>a</b>	Plan name	AINSMAN, LEVINE LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AINSMAN, LEVINE, LLC	<b>c</b> EIN-PN 61-1433710-001
<b>a</b>	Plan name	AIR-PRO MECHANICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIR-PRO MECHANICAL, LLC	<b>c</b> EIN-PN 20-2449122-001
<b>a</b>	Plan name	AKMAN & ASSOCIATES, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AKMAN & ASSOCIATES, LLC	<b>c</b> EIN-PN 81-1469703-001
<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 SEASONS ROOFING & WATERPROOFING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ALL SEASONS ROOFING & WATERPROOFING, INC	<b>c</b> EIN-PN 77-0497941-001
<b>a</b>	Plan name	ALLEN, SUMMERS, SIMPSON, LILLIE & GRESHAM 401K PLAN	
<b>b</b>	Name of plan sponsor	ALLEN, SUMMERS, SIMPSON, LILLIE & GRESHAM, PLLC	<b>c</b> EIN-PN 74-3132193-001

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 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 ALLIANT 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLIANT SERVICES, LLC	<b>c</b> EIN-PN 47-4801958-001
<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 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 AMBA CAPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMBA CAPITAL GROUP	<b>c</b> EIN-PN 45-4311781-001
<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 FAMILY FINANCIAL GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN FAMILY FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 11-3693792-001
<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>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AMERICAN LAND TITLE ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN LAND & TITLE ASSOCIATION	<b>c</b> EIN-PN 53-0259366-002
<b>a</b>	Plan name	AMERICAN MANUFACTURING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN MANUFACTURING CO., INC.	<b>c</b> EIN-PN 39-1155041-001
<b>a</b>	Plan name	AMERICAN METALCRAFT INDUSTRIES SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN METALCRAFT INDUSTRIES INC.	<b>c</b> EIN-PN 20-1557158-001
<b>a</b>	Plan name	AMERICAN ROOTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ROOTER, LLC	<b>c</b> EIN-PN 06-1463900-001
<b>a</b>	Plan name	AMERICAN TECHNOLOGY COMPONENTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN TECHNOLOGY COMPONENTS, INC	<b>c</b> EIN-PN 35-1688483-001
<b>a</b>	Plan name	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 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APC POSTAL LOGISTICS, LLC	<b>c</b> EIN-PN 20-1980861-001
<b>a</b>	Plan name	APEX ANODIZING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APEX ANODIZING, INC.	<b>c</b> EIN-PN 93-1162310-001
<b>a</b>	Plan name	APEX 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	APEX TOTAL PROPERTY MAINTENANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APEX TOTAL PROPERTY MAINTENANCE, INC.	<b>c</b> EIN-PN 35-1822647-001
<b>a</b>	Plan name	APPLIED HEALTH CARE NURSING DIVISION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPLIED HEALTH CARE NURSING DIVISION, INC.	<b>c</b> EIN-PN 76-0465568-001
<b>a</b>	Plan name	APPLIED SCIENCE AND ENGINEERING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPLIED SCIENCE AND ENGINEERING, LLC	<b>c</b> EIN-PN 11-3837909-001

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 APPLIED ULTRASONICS UIT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor APPLIED ULTRASONICS UIT, LLC	<b>c</b> EIN-PN 88-3184424-001
<b>a</b>	Plan name AR FOREMAN, LLC 401 (K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOREMAN 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 46-3809832-001
<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 ARCHWORKS CAPITAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARCHWORKS CAPITAL LLC	<b>c</b> EIN-PN 84-3412037-001
<b>a</b>	Plan name AREA 419 401(K) PLAN	
<b>b</b>	Name of plan sponsor AREA 419 FIREARMS, LLC	<b>c</b> EIN-PN 81-3659787-001
<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 ARNOLD HEALTHMART DRUG COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STANLEY AND WATTS, INC.	<b>c</b> EIN-PN 62-1616186-001
<b>a</b>	Plan name 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>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	ASH DENTAL, PC PLAN	
<b>b</b>	Name of plan sponsor	ASH DENTAL, PC	<b>c</b> EIN-PN 20-3398164-001
<b>a</b>	Plan name	ASHER ENTERPRISES, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ASHER ENTERPRISES, INC.	<b>c</b> EIN-PN 39-1810929-001
<b>a</b>	Plan name	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 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 ANIMAL HOSPITAL, PC 401K PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC ANIMAL HOSPITAL, PC	<b>c</b> EIN-PN 27-3128247-001
<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 CAN COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC SALES & DISTRIBUTION LLC DBA ATLANTIC CAN COMPANY	<b>c</b> EIN-PN 13-4218219-001
<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

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 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 AUSTERMILLER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUSTERMILLER, INC.	<b>c</b> EIN-PN 20-4309108-001
<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
<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 B. F. ASCHER & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B.F. ASCHER & COMPANY, INC.	<b>c</b> EIN-PN 44-0536321-001
<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 BAHARESTANI & RITT LLP 401(K) PENSION PLAN	
<b>b</b>	Name of plan sponsor BAHARESTANI & RITT LLP	<b>c</b> EIN-PN 26-0706457-001
<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

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>BALDWINVILLE FAMILY DENTAL, PLLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BALDWINVILLE FAMILY DENTAL, PLLC</b>	<b>c</b> EIN-PN <b>47-4042567-001</b>
<b>a</b>	Plan name <b>BANK OF GLEASON 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BANK OF GLEASON</b>	<b>c</b> EIN-PN <b>62-0123350-002</b>
<b>a</b>	Plan name <b>BANNISTER ENGINEERING, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BANNISTER ENGINEERING, LLC</b>	<b>c</b> EIN-PN <b>26-2781372-002</b>
<b>a</b>	Plan name <b>BARBARY COAST MERCHANTS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARBARY COAST MERCHANTS DBA AMADOR CLUB</b>	<b>c</b> EIN-PN <b>81-1810675-001</b>
<b>a</b>	Plan name <b>BARNES OIL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARNES OIL &amp; PROPANE, INC.</b>	<b>c</b> EIN-PN <b>57-0903295-001</b>
<b>a</b>	Plan name <b>BARTRAM ELECTRIC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARTRAM ELECTRIC</b>	<b>c</b> EIN-PN <b>83-2304808-001</b>
<b>a</b>	Plan name <b>BCI CONSTRUCTION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BCI CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>41-1931715-001</b>
<b>a</b>	Plan name <b>BDS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUSINESS DEVELOPMENT SERVICES</b>	<b>c</b> EIN-PN <b>86-1015005-001</b>
<b>a</b>	Plan name <b>BE WELL FAMILY CARE 401 (K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BE WELL FAMILY CARE</b>	<b>c</b> EIN-PN <b>84-3753007-001</b>
<b>a</b>	Plan name <b>BEACHSIDE LIGHTING PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAMAKU, INC. DBA BEACHSIDE LIGHTING</b>	<b>c</b> EIN-PN <b>99-0310040-003</b>
<b>a</b>	Plan name <b>BEACON CARE VENTURES LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEACON CARE VENTURES LLC</b>	<b>c</b> EIN-PN <b>86-3022867-001</b>
<b>a</b>	Plan name <b>BEACON OF LIFE CENTRAL NJ LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEACON OF LIFE CENTRAL NJ LLC</b>	<b>c</b> EIN-PN <b>85-4205287-001</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	BEACON OF LIFE SC LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEACON OF LIFE SC LLC	<b>c</b> EIN-PN 87-1064588-001
<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	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	BEREAN HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEREAN HOLDINGS LLC	<b>c</b> EIN-PN 20-4163670-001
<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>a</b>	Plan name	BIANCOFIORI MASONRY 401K PLAN	
<b>b</b>	Name of plan sponsor	BIANCOFIORI MASONRY, INC	<b>c</b> EIN-PN 46-1255686-001
<b>a</b>	Plan name	BILLUPS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BILLUPS, LLC	<b>c</b> EIN-PN 54-2128857-001
<b>a</b>	Plan name	BIONUTRIENTS USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIONUTRIENTS AG, LLC	<b>c</b> EIN-PN 87-4652627-001
<b>a</b>	Plan name	BIRCH RUN EYE CARE ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EYE CARE PLUS, PLLC DBA BIRCH RUN EYE CARE ASSOCIATES	<b>c</b> EIN-PN 82-3128250-001

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 BIRCHWOOD COUNTRY CLUB INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIRCHWOOD COUNTRY CLUB INC	<b>c</b> EIN-PN 06-0614265-001
<b>a</b>	Plan name BLAIN COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCOTTS LANDSCAPING, INC	<b>c</b> EIN-PN 16-1611978-001
<b>a</b>	Plan name BLU OMEGA 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLU OMEGA	<b>c</b> EIN-PN 36-4896999-001
<b>a</b>	Plan name BLUE LAKE ORAL AND MAXILLOFACIAL SURGERY, P.C. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BLUE LAKE ORAL AND MAXILLOFACIAL SURGERY, P.C.	<b>c</b> EIN-PN 86-1233715-001
<b>a</b>	Plan name BLUEDOT CARES 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUEDOT CARES LLC	<b>c</b> EIN-PN 47-4840532-001
<b>a</b>	Plan name BLUEGRASS SUPPLY CHAIN SERVICES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BLUEGRASS SUPPLY CHAIN SERVICES, LLC	<b>c</b> EIN-PN 20-5761969-001
<b>a</b>	Plan name BOBBY COMBS RV LLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BOBBY COMBS RV LLC	<b>c</b> EIN-PN 46-2267615-001
<b>a</b>	Plan name BODYSENSE PT 401(K) PLAN	
<b>b</b>	Name of plan sponsor BODYSENSE PT, LLC	<b>c</b> EIN-PN 61-1556477-001
<b>a</b>	Plan name BOHLSSEN RESTAURANT GROUP	
<b>b</b>	Name of plan sponsor RESTAURANT MANAGEMENT, INC.	<b>c</b> EIN-PN 11-3480253-001
<b>a</b>	Plan name BONE SAFETY SOLUTIONS LLC 401K & PS PLAN	
<b>b</b>	Name of plan sponsor BONE SAFETY SOLUTIONS LLC	<b>c</b> EIN-PN 93-4393780-001
<b>a</b>	Plan name 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

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>BP SURFACE SOLUTIONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BP SURFACE SOLUTIONS, LLC</b>	<b>c</b> EIN-PN <b>45-3967993-001</b>
<b>a</b>	Plan name <b>BRACKETT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRACKETT AIRCRAFT CO., INC.</b>	<b>c</b> EIN-PN <b>86-0353909-001</b>
<b>a</b>	Plan name <b>BRADLEY/RYAN 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRADLEY/RYAN, INC.</b>	<b>c</b> EIN-PN <b>62-1248847-001</b>
<b>a</b>	Plan name <b>BRANT, HICKEY &amp; ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRANT, HICKEY &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>25-1754961-001</b>
<b>a</b>	Plan name <b>BRIDGES USA, INC. EMPLOYEES' RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRIDGES USA, INC.</b>	<b>c</b> EIN-PN <b>23-7081488-003</b>
<b>a</b>	Plan name <b>BRIGHT MINDS ABA 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRIGHT MINDS ABA</b>	<b>c</b> EIN-PN <b>87-0972814-001</b>
<b>a</b>	Plan name <b>BRIGHTPOINT AUTO BODY REPAIR, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRIGHTPOINT AUTOBODY REPAIR</b>	<b>c</b> EIN-PN <b>88-2984633-001</b>
<b>a</b>	Plan name <b>BROCKPORT ANIMAL HOSPITAL PLLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BROCKPORT ANIMAL HOSPITAL PLLC</b>	<b>c</b> EIN-PN <b>88-3727229-001</b>
<b>a</b>	Plan name <b>BUCK BUILDING SUPPLY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUCK BUILDING SUPPLY, INC.</b>	<b>c</b> EIN-PN <b>62-1695143-001</b>
<b>a</b>	Plan name <b>BUFFALO CIVIC AUTO RAMPS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUFFALO CIVIC AUTO RAMPS, INC.</b>	<b>c</b> EIN-PN <b>02-0738159-001</b>
<b>a</b>	Plan name <b>BULL ON THE BEACH 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BULL ON THE BAY, INC</b>	<b>c</b> EIN-PN <b>52-1431570-001</b>
<b>a</b>	Plan name <b>BULLDOG SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BULLDOG SERVICES LLP</b>	<b>c</b> EIN-PN <b>45-3976762-001</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 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 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 BUSINESS VALUATION SPECIALISTS LLC DBA EQUIPMENT APPRAISAL SERVICES CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor BUSINESS VALUATION SPECIALISTS LLC	<b>c</b> EIN-PN 45-2369992-001
<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>a</b>	Plan name CAMERON CARMICHAEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAMERON CARMICHAEL, INC.	<b>c</b> EIN-PN 27-1658924-001
<b>a</b>	Plan name CANDELARIA DESIGN ASSOCIATES, L.L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CANDELARIA DESIGN ASSOCIATES, L.L.C.	<b>c</b> EIN-PN 86-0964047-001

<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	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 ACCOUNTING, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL ACCOUNTING, PC	<b>c</b> EIN-PN 86-0811575-001
<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	CARE CONNECT LLC 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	CARE CONNECT LLC	<b>c</b> EIN-PN 85-4156263-001
<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	CASCADE DERMATOLOGY AND AESTHETICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CASCADE DERMATOLOGY AND AESTHETICS, LLC	<b>c</b> EIN-PN 84-3288564-001

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 GASKET &amp; MANUFACTURING CO., INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CASCADE GASKET AND MANUFACTURING CO., INC.</a>	<b>c</b> EIN-PN <a href="#">91-0520259-001</a>
<b>a</b>	Plan name <a href="#">CASCADE RESIDENTIAL SERVICES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CASCADE RESIDENTIAL SERVICES LLC</a>	<b>c</b> EIN-PN <a href="#">88-3229769-001</a>
<b>a</b>	Plan name <a href="#">CASTLEWOOD APPAREL SALARY SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CASTLEWOOD APPAREL CORP.</a>	<b>c</b> EIN-PN <a href="#">13-3626244-001</a>
<b>a</b>	Plan name <a href="#">CATALINA SNACKS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CATALINA SNACKS, INC.</a>	<b>c</b> EIN-PN <a href="#">82-3996915-001</a>
<b>a</b>	Plan name <a href="#">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="#">CBR MANAGEMENT SERVICES INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARANA MORTUARY CEMETERY, LLC</a>	<b>c</b> EIN-PN <a href="#">26-3430827-333</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="#">CDA, PLLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CRAIG, DEACHMAN &amp; ASSOCIATES, PLLC</a>	<b>c</b> EIN-PN <a href="#">20-4475061-001</a>
<b>a</b>	Plan name <a href="#">CENCAL DEMOLITION, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENCAL DEMOLITION, INC.</a>	<b>c</b> EIN-PN <a href="#">26-4089290-001</a>
<b>a</b>	Plan name <a href="#">CENTER FOR EMOTIONAL HEALTH 401K PROFIT SHARING PLAN TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTER FOR EMOTIONAL HEALTH</a>	<b>c</b> EIN-PN <a href="#">47-1264701-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CENTERPORT MILK HAULING CO-OP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTERPORT MILK HAULING COOPERATIVE	<b>c</b> EIN-PN 23-1657091-001
<b>a</b>	Plan name	CENTRAL CEILINGS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL CEILINGS, INC.	<b>c</b> EIN-PN 04-2302236-001
<b>a</b>	Plan name	CENTRAL FAMILY CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL FAMILY CARE & WEIGHT LOSS CLINIC LLC	<b>c</b> EIN-PN 81-2411872-001
<b>a</b>	Plan name	CENTRAL PIEDMONT FIRE PROTECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL PIEDMONT FIRE PROTECTION, INC.	<b>c</b> EIN-PN 14-2002410-001
<b>a</b>	Plan name	CERIFI, LLC 401 (K) P/S PLAN	
<b>b</b>	Name of plan sponsor	CERIFI, LLC	<b>c</b> EIN-PN 82-0918913-001
<b>a</b>	Plan name	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	CHAN & ASSOCIATES PC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CHAN & ASSOCIATES PC	<b>c</b> EIN-PN 47-4318232-001
<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 HOME CARE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHOICE HOME CARE LLC	<b>c</b> EIN-PN 82-0667915-001

<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	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	CITIZENS BANK & TRUST COMPANY SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	CITIZENS BANK & TRUST COMPANY	<b>c</b> EIN-PN 72-0152830-002
<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	CKS SOLUTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CKS SOLUTIONS, INC.	<b>c</b> EIN-PN 26-2120870-001
<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>a</b>	Plan name	CLEMENTS' MARKETPLACE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLEMENTS MARKETPLACE, INC.	<b>c</b> EIN-PN 05-0389042-001
<b>a</b>	Plan name	CLINARD HOME IMPROVEMENT 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE CLINARD COMPANY, INC.	<b>c</b> EIN-PN 62-1580314-001
<b>a</b>	Plan name	CLIPPERS OF THE MID SOUTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLIPPERS OF THE MID SOUTH	<b>c</b> EIN-PN 27-4314608-001
<b>a</b>	Plan name	C-LOS INDUSTRIES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	C-LOS INDUSTRIES, LLC	<b>c</b> EIN-PN 46-2721284-001

<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	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	CLOWDCOVER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLOWDCOVER, LLC	<b>c</b> EIN-PN 46-3258704-001
<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	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	COASTAL ORAL & MAXILLOFACIAL SURGERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHARLES WILLIAMS DMD PLLC	<b>c</b> EIN-PN 92-2970622-001
<b>a</b>	Plan name	COBBS FORD PET HEALTH CTR401(K) PLAN	
<b>b</b>	Name of plan sponsor	COBBS FORD PET HEALTH CTR	<b>c</b> EIN-PN 63-1196420-001
<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	COLBY AUTO INVESTMENTS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COLBY AUTO INVESTMENTS	<b>c</b> EIN-PN 86-0922964-001
<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	COLGAN INDUSTRIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COLGAN INDUSTRIES	<b>c</b> EIN-PN 30-0711644-001
<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	COLUMBIA BODY MANUFACTURING CO. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COLUMBIA BODY MANUFACTURING CO.	<b>c</b> EIN-PN 93-1139844-001

<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	COLUMBIA SHEET METAL COMPANY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COLUMBIA SHEET METAL COMPANY, INC.	<b>c</b> EIN-PN 06-1402367-010
<b>a</b>	Plan name	COMMERCIAL MECHANICAL & INNOVATIVE SHEET METAL 401(K) PENSION AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL MECHANICAL SYSTEMS & SERVICES, INC	<b>c</b> EIN-PN 26-0876893-001
<b>a</b>	Plan name	COMMONWEALTH TPA SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMONWEALTH TPA SOLUTIONS, LLC	<b>c</b> EIN-PN 87-3632446-001
<b>a</b>	Plan name	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	CONCORD CAR CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONCORD CAR CARE	<b>c</b> EIN-PN 02-0481710-001
<b>a</b>	Plan name	CONDOR RELIABILITY SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CONDOR RELIABILITY SERVICES, INC.	<b>c</b> EIN-PN 94-2769957-001
<b>a</b>	Plan name	CONGREGATIONAL HOME, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONGREGATIONAL HOME, INC.	<b>c</b> EIN-PN 39-1167483-001
<b>a</b>	Plan name	CONLEY INSURANCE GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONLEY INSURANCE GROUP INC	<b>c</b> EIN-PN 43-1691440-002
<b>a</b>	Plan name	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	CONSOLIDATED ORGANIZED LABOR INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIDATED ORGANIZED LABOR, INC.	<b>c</b> EIN-PN 92-1401737-001
<b>a</b>	Plan name	CONSUMERS INSURANCE AGENCY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CONSUMERS INSURANCE AGENCY	<b>c</b> EIN-PN 23-2348852-001

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="#">CONTAMINANT CONTROL INC. AND AFFILIATED COMPANIES EMPLOYEES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CONTAMINANT CONTROL, INC.</a>	<b>c</b> EIN-PN <a href="#">56-1637171-002</a>
<b>a</b>	Plan name <a href="#">COOLEY MOTORS CORP 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COOLEY MOTORS CORP.</a>	<b>c</b> EIN-PN <a href="#">14-1491138-003</a>
<b>a</b>	Plan name <a href="#">COOPER &amp; KIRK, PLLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COOPER &amp; KIRK, PLLC</a>	<b>c</b> EIN-PN <a href="#">30-0101425-001</a>
<b>a</b>	Plan name <a href="#">COPIERS PLUS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COPIERS PLUS, INC. DBA CPI BUSINESS SOLUTIONS</a>	<b>c</b> EIN-PN <a href="#">35-2088521-001</a>
<b>a</b>	Plan name <a href="#">CORAL RIDGE YACHT CLUB, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CORAL RIDGE YACHT CLUB, INC.</a>	<b>c</b> EIN-PN <a href="#">59-0603864-002</a>
<b>a</b>	Plan name <a href="#">CORBIN CONSULTING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CORBIN CONSULTING, INC.</a>	<b>c</b> EIN-PN <a href="#">93-1274040-001</a>
<b>a</b>	Plan name <a href="#">CORNERSTONE SCHOOLS OF ALABAMA 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CORNERSTONE SCHOOLS OF ALABAMA</a>	<b>c</b> EIN-PN <a href="#">63-0948472-001</a>
<b>a</b>	Plan name <a href="#">CORRY MANUFACTURING COMPANY 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CORRY MANUFACTURING COMPANY</a>	<b>c</b> EIN-PN <a href="#">25-1802644-003</a>
<b>a</b>	Plan name <a href="#">COVIELLO ELECTRIC &amp; GENERAL CONTRACTING CO., INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COVIELLO ELECTRIC &amp; GENERAL CONTRACTING CO., INC.</a>	<b>c</b> EIN-PN <a href="#">04-2597470-001</a>
<b>a</b>	Plan name <a href="#">COXSCHOPP CONSTRUCTION, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COXSCHOPP CONSTRUCTION, LLC</a>	<b>c</b> EIN-PN <a href="#">45-4065308-001</a>
<b>a</b>	Plan name <a href="#">CRAFTLINE GRAPHICS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CRAFTLINE GRAPHICS, INC.</a>	<b>c</b> EIN-PN <a href="#">27-0964590-001</a>
<b>a</b>	Plan name <a href="#">CRAIG M JORGENSON MD LTD 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CRAIG M JORGENSON MD LTD</a>	<b>c</b> EIN-PN <a href="#">88-0470514-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name 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 CREWS & GREGORY FIRE SPRINKLERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CREWS & GREGORY FIRE SPRINKLERS, INC.	<b>c</b> EIN-PN 54-1834234-001
<b>a</b>	Plan name CRITERION CRITICAL ELECTRICAL 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CRITERION CRITICAL ELECTRICAL	<b>c</b> EIN-PN 81-3483040-001
<b>a</b>	Plan name CRITICAL PROCESS FILTRATION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CRITICAL PROCESS FILTRATION, INC.	<b>c</b> EIN-PN 02-0504181-002
<b>a</b>	Plan name CRJ CONTRACTING CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRJ CONTRACTING CORP	<b>c</b> EIN-PN 22-3604225-001
<b>a</b>	Plan name CROWN PRODUCTS CO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CROWN PRODUCTS COMPANY, INC.	<b>c</b> EIN-PN 59-1038302-001
<b>a</b>	Plan name CSMS-IPA, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONNECTICUT STATE MEDICAL SOCIETY- IPA, INC.	<b>c</b> EIN-PN 06-1194837-001
<b>a</b>	Plan name CUMMINGS & BRICKER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUMMINGS & BRICKER INC	<b>c</b> EIN-PN 16-0869006-001
<b>a</b>	Plan name CUSTOM CONTROL MANUFACTURER OF KANSAS, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor CUSTOM CONTROL MANUFACTURER OF KANSAS, INC.	<b>c</b> EIN-PN 48-0858597-001
<b>a</b>	Plan name CUSTOM SIGN CONSULTANTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUSTOM SIGN CONSULTANTS, INC.	<b>c</b> EIN-PN 27-1902998-001
<b>a</b>	Plan name CW VETERINARY SERVICES 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CW VET SERVICES DBA GRAND PAWS ANIMAL CLINIC	<b>c</b> EIN-PN 20-4593444-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	D & I EXCAVATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D & I EXCAVATING, INC.	<b>c</b> EIN-PN 27-5373518-001
<b>a</b>	Plan name	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	DALTON BRANDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DALTON BRANDS, INC.	<b>c</b> EIN-PN 87-3523995-001
<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 LUKAS FINANCIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INFINITE FINANCIAL SOLUTIONS LLC	<b>c</b> EIN-PN 46-3515763-001
<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>a</b>	Plan name	DAVIS DELIVERY SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAVIS DELIVERY SERVICE, INC	<b>c</b> EIN-PN 58-1652459-001
<b>a</b>	Plan name	DAWKINS ON-SITE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAWKINS ON-SITE, LLC	<b>c</b> EIN-PN 45-4067434-001
<b>a</b>	Plan name	DEANS STEPP LAW, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEANS STEPP LAW, LLP	<b>c</b> EIN-PN 84-4109429-001
<b>a</b>	Plan name	DELPHINE CARNES LAW GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELPHINE CARNES LAW GROUP, PLC	<b>c</b> EIN-PN 83-4520519-001

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 DENNIS M. DUNNE, D.D.S., PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DENNIS M. DUNNE, D.D.S., PC	<b>c</b> EIN-PN 93-1266899-001
<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 DESIGN COLLABORATIVE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DESIGN COLLABORATIVE, INC.	<b>c</b> EIN-PN 35-1845498-001
<b>a</b>	Plan name DESIREE T. PALMER, DMD, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor DESIREE T. PALMER, DMD, PA	<b>c</b> EIN-PN 56-1888154-001
<b>a</b>	Plan name 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 DEW WEALTH MANAGEMENT EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEW HOLDINGS, INC.	<b>c</b> EIN-PN 88-3929578-002
<b>a</b>	Plan name DFX PROFESSIONAL SERVICES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DFX PROFESSIONAL SERVICES, LLC	<b>c</b> EIN-PN 87-1187487-001
<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

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 DIMOPOULOS LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIMOPOULOS LAW FIRM	<b>c</b> EIN-PN 47-3699433-001
<b>a</b>	Plan name DIXIE AIR PARTS SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIXIE AIR PARTS SUPPLY, INC.	<b>c</b> EIN-PN 74-1548951-001
<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 DOLCE AMAR SWEETS TO LOVE LLC 401(K) RET PLAN	
<b>b</b>	Name of plan sponsor DOLCE AMAR SWEETS TO LOVE LLC	<b>c</b> EIN-PN 82-4883032-001
<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
<b>a</b>	Plan name DONNEWALD DISTRIBUTING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DONNEWALD DISTRIBUTING COMPANY	<b>c</b> EIN-PN 37-0864321-001
<b>a</b>	Plan name DONOR SERVICES LABORATORY 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DONOR SERVICES LABORATORY, INC	<b>c</b> EIN-PN 86-2716582-001
<b>a</b>	Plan name DOROTHY LANE MARKET, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DOROTHY LANE MARKET, INC.	<b>c</b> EIN-PN 31-0561868-003
<b>a</b>	Plan name DOUBLE HUNG 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOUBLE HUNG, LLC	<b>c</b> EIN-PN 11-3814226-001
<b>a</b>	Plan name DR. GEORGE T. MATHAI, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DR. GEORGE T. MATHAI PLLC	<b>c</b> EIN-PN 20-0461962-001
<b>a</b>	Plan name DR. PRAEGER'S SENSIBLE FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DR. PRAEGERS SENSIBLE FOODS, INC.	<b>c</b> EIN-PN 22-3277543-001
<b>a</b>	Plan name DR. SARAH K WILSON DDS PLLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor DR. SARAH K WILSON DDS PLLC 401K PS PLAN	<b>c</b> EIN-PN 88-2344763-001

<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	DRAGON SEATS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOURNE CREATIONS, INC., DBA DRAGON SEATS	<b>c</b> EIN-PN 46-2877525-001
<b>a</b>	Plan name	DREXEL BUILDING SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DREXEL BUILDING SUPPLY, INC.	<b>c</b> EIN-PN 27-1454029-001
<b>a</b>	Plan name	DRIFTLESS SKIN CENTER, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRIFTLESS SKIN CENTER, P.C.	<b>c</b> EIN-PN 99-1279674-001
<b>a</b>	Plan name	DRIVE SOCIAL MEDIA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRIVE SOCIAL MEDIA, LLC	<b>c</b> EIN-PN 46-0705358-001
<b>a</b>	Plan name	DROVER ENERGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DROVER ENERGY SERVICES, LLC	<b>c</b> EIN-PN 46-0978531-001
<b>a</b>	Plan name	DRS. FINE, HOFFMAN & SIMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRS. FINE, HOFFMAN & SIMS, LLC	<b>c</b> EIN-PN 93-1328144-001
<b>a</b>	Plan name	DRUG RECOVERY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRUG RECOVERY, INC. D/B/A CATALYST BEHAVIORAL SERVICES	<b>c</b> EIN-PN 73-0968383-002
<b>a</b>	Plan name	DRYPAT, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DRYPAT, LLC	<b>c</b> EIN-PN 81-4784937-001
<b>a</b>	Plan name	DUBLIN CONTRACTORS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUBLIN CONTRACTORS, INC.	<b>c</b> EIN-PN 39-1487951-001
<b>a</b>	Plan name	DUDA CABLE CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUDA CABLE CONSTRUCTION INC.	<b>c</b> EIN-PN 25-1873402-001
<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	E4 UTILITY DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	E4 UTILITY DESIGN	<b>c</b> EIN-PN 47-5561416-001

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>EARTHWISE PLASTICS INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EARTHWISE PLASTICS INC.</b>	<b>c</b> EIN-PN <b>27-1506274-001</b>
<b>a</b>	Plan name <b>EASTRIDGE-PHELPS PHARMACY, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EASTRIDGE-PHELPS PHARMACY, LLC</b>	<b>c</b> EIN-PN <b>26-4007453-001</b>
<b>a</b>	Plan name <b>EAU CLAIRE FAMILY DENTAL, S.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAU CLAIRE FAMILY DENTAL, S.C.</b>	<b>c</b> EIN-PN <b>39-1521779-001</b>
<b>a</b>	Plan name <b>ECCO SELECT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECCO SELECT CORP.</b>	<b>c</b> EIN-PN <b>43-1727620-001</b>
<b>a</b>	Plan name <b>ECKEL &amp; VAUGHAN 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECKEL &amp; VAUGHAN</b>	<b>c</b> EIN-PN <b>26-2095027-001</b>
<b>a</b>	Plan name <b>EDGEWOOD SENIOR SOLUTIONS GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EDGEWOOD RETIREMENT COMMUNITY, INC.</b>	<b>c</b> EIN-PN <b>04-3195775-001</b>
<b>a</b>	Plan name <b>ELCO/ROOF WORKS, INC. SAFE HARBOR 401K PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ELCO PAINTING, INC./ROOF WORKS, INC.</b>	<b>c</b> EIN-PN <b>05-0494052-001</b>
<b>a</b>	Plan name <b>ELECTRICAL SYSTEMS OF MAINE ESOP 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>ELECTRICAL SYSTEMS OF MAINE</b>	<b>c</b> EIN-PN <b>01-0451956-002</b>
<b>a</b>	Plan name <b>ELLIE MENTAL HEALTH 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JTSJ1 ENTERPRISES LLC D.B.A. ELLIE MENTAL HLTH</b>	<b>c</b> EIN-PN <b>92-1468327-001</b>
<b>a</b>	Plan name <b>EMERZIAN SHANKAR LEGAL INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EMERZIAN SHANKAR LEGAL INC.</b>	<b>c</b> EIN-PN <b>82-4125227-001</b>
<b>a</b>	Plan name <b>EMPLOYEE BENEFIT PLAN OF AREA AGENCY ON AGING FOR LINCOLNLAND, INC.</b>	
<b>b</b>	Name of plan sponsor <b>AREA AGENCY ON AGING FOR LINCOLNLAND, INC.</b>	<b>c</b> EIN-PN <b>37-0981610-003</b>
<b>a</b>	Plan name <b>EMPLOYEE BENEFIT PLAN OF GIRL SCOUTS OF WESTERN NEW YORK, INC.</b>	
<b>b</b>	Name of plan sponsor <b>GIRL SCOUTS OF WESTERN NEW YORK, IN</b>	<b>c</b> EIN-PN <b>16-0743096-003</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 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 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 EPIPHANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EPIPHANY, INC.	<b>c</b> EIN-PN 90-0261091-001
<b>a</b>	Plan name EQUINOX ENGINEERING USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor EQUINOX ENGINEERING USA INC.	<b>c</b> EIN-PN 35-2680388-001
<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>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	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	EVANS CONTRACTING GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EVANS CONTRACTING GROUP, LLC	<b>c</b> EIN-PN 88-3047015-001
<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>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	EZ PRO CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	EZ PRO CONSTRUCTION GROUP, LLC	<b>c</b> EIN-PN 27-1129391-001
<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>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	FAIRWAY EYE CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAIRWAY EYE CENTER, INC.	<b>c</b> EIN-PN 90-0151333-001
<b>a</b>	Plan name	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	FALK LEGAL GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FALK LEGAL GROUP, LLC	<b>c</b> EIN-PN 46-2123834-001
<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	FBN CONSTRUCTION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FBN CONSTRUCTION	<b>c</b> EIN-PN 45-4054710-001
<b>a</b>	Plan name	FC STUDIO, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	FC STUDIO, INC	<b>c</b> EIN-PN 20-1376745-001
<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>a</b>	Plan name	FERRARO'S 401K PLAN	
<b>b</b>	Name of plan sponsor	FERRARO'S RESTAURANT GROUP LLC	<b>c</b> EIN-PN 20-3874105-002
<b>a</b>	Plan name	FERTILITY CENTER OF SOUTHERN CALIFORNIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FERTILITY CENTER OF SOUTHERN CALIFORNIA	<b>c</b> EIN-PN 33-0926878-001
<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>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	FIRST CALL PARTS INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRST CALL PARTS, INC.	<b>c</b> EIN-PN 54-1787986-001
<b>a</b>	Plan name	FISHER BUS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FISHER BUS, INC.	<b>c</b> EIN-PN 04-2694772-001
<b>a</b>	Plan name	FITZ'S FISH PONDS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FITZS FISH PONDS, LLC	<b>c</b> EIN-PN 26-2862045-001
<b>a</b>	Plan name	FLUXX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLUXX, LLC	<b>c</b> EIN-PN 92-3761897-001
<b>a</b>	Plan name	FOREVER GREEN INTERIOR PLANT DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOREVER GREEN INTERIOR PLANT DESIGN	<b>c</b> EIN-PN 47-5379020-001
<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	FOUNDATION FOR YOUR FUTURE	
<b>b</b>	Name of plan sponsor	TITAN CONSTRUCTION SERVICES, LLC	<b>c</b> EIN-PN 81-2687159-001
<b>a</b>	Plan name	FPOLISOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FPOLISOLUTIONS, LLC	<b>c</b> EIN-PN 36-4737777-001
<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	FULTON DEVELOPMENT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FULTON DEVELOPMENT GROUP, LLC	<b>c</b> EIN-PN 82-3880125-001
<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>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	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
<b>a</b>	Plan name	GAMEFAM INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GAMEFAM INC	<b>c</b> EIN-PN 85-0591571-001
<b>a</b>	Plan name	GARDNER GLASS PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GARDNER GLASS PRODUCTS, INC.	<b>c</b> EIN-PN 56-0747440-003
<b>a</b>	Plan name	GARNER OIL CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GARNER OIL COMPANY INC	<b>c</b> EIN-PN 45-2768531-001
<b>a</b>	Plan name	GARVIN'S PLUMBING AND SEWER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GARVINS PLUMBING AND SEWER	<b>c</b> EIN-PN 84-0769836-002
<b>a</b>	Plan name	GARY L. REVERCOMB, DMD,PC EMPLOYEE'S PROFIT SHARING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GARY L. REVERCOMB, DMD,PC	<b>c</b> EIN-PN 16-1152647-002
<b>a</b>	Plan name	GENERAL DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JACQUES BOUDREAU, DMD, PC	<b>c</b> EIN-PN 83-3773382-001
<b>a</b>	Plan name	GET-BENEFITS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GET-BENEFITS, INC.	<b>c</b> EIN-PN 93-1234623-001
<b>a</b>	Plan name	GH COMPANIES 401K PLAN	
<b>b</b>	Name of plan sponsor	GRAYHAWK DEVELOPMENT	<b>c</b> EIN-PN 86-0731654-001
<b>a</b>	Plan name	GLENN STEARNS, CHAPTER 13 TRUSTEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLENN STEARNS, CHAPTER 13 TRUSTEE	<b>c</b> EIN-PN 36-7285830-001

<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	GLOBAL DEEZ, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	GLOBAL DEEZ, LLC
<b>c</b>	EIN-PN	47-4585435-001
<b>a</b>	Plan name	GLOBE GAS 401K
<b>b</b>	Name of plan sponsor	GLOBE GAS CORPORATION
<b>c</b>	EIN-PN	95-1883797-001
<b>a</b>	Plan name	GMW REALTY LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	GMW REALTY LLC
<b>c</b>	EIN-PN	27-2341030-001
<b>a</b>	Plan name	GOODWIN 401(K) PLAN
<b>b</b>	Name of plan sponsor	GOODWIN COMPANY
<b>c</b>	EIN-PN	92-1708314-001
<b>a</b>	Plan name	GPSA, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	GREATER PITTSBURGH SPECIALTY ADVERTISING, INC.
<b>c</b>	EIN-PN	03-0466291-001
<b>a</b>	Plan name	GRANITE VNA, INC.'S 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	GRANITE VNA, INC.
<b>c</b>	EIN-PN	02-0222122-003
<b>a</b>	Plan name	GRATR LANDSCAPES, LTD. 401(K) PLAN
<b>b</b>	Name of plan sponsor	GRATR LANDSCAPES, LTD
<b>c</b>	EIN-PN	01-0791210-001
<b>a</b>	Plan name	GRAY ASSOCIATES 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	GRAY ELDER LAW, LLC
<b>c</b>	EIN-PN	26-3359031-001
<b>a</b>	Plan name	GRAY, GORENFLO & PARTLOW, P.A. 401(K) PLAN
<b>b</b>	Name of plan sponsor	GRAY, GORENFLO & PARTLOW, P.A.
<b>c</b>	EIN-PN	59-3686854-001
<b>a</b>	Plan name	GREATER CLEVELAND HABITAT FOR HUMANITY, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	GREATER CLEVELAND HABITAT FOR HU
<b>c</b>	EIN-PN	31-1209423-002
<b>a</b>	Plan name	GREATER LAFAYETTE COMMERCE SAFE HARBOR 401(K) PLAN
<b>b</b>	Name of plan sponsor	GREATER LAFAYETTE COMMERCE
<b>c</b>	EIN-PN	30-0363760-001
<b>a</b>	Plan name	GREATER MINNESOTA SYNERGY 401(K) PLAN
<b>b</b>	Name of plan sponsor	GREATER MINNESOTA GAS INC.
<b>c</b>	EIN-PN	41-1829446-001

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>GREATER WILLIAMSBURG CHAMBER OF COMMERCE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILLIAMSBURG AREA CHAMBER OF COMMERCE</b>	<b>c</b> EIN-PN <b>54-0482313-003</b>
<b>a</b>	Plan name <b>GREEN CROSS RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREEN CROSS, INC.</b>	<b>c</b> EIN-PN <b>06-1268366-001</b>
<b>a</b>	Plan name <b>GREEN DOT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREEN DOT HOME SERVICES, LLC</b>	<b>c</b> EIN-PN <b>85-2923221-001</b>
<b>a</b>	Plan name <b>GREEN LIGHT NATIONAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREEN LIGHT NATIONAL LLC</b>	<b>c</b> EIN-PN <b>27-2583270-001</b>
<b>a</b>	Plan name <b>GREEN VINE LANDSCAPING</b>	
<b>b</b>	Name of plan sponsor <b>GREENVINE LANDSCAPING</b>	<b>c</b> EIN-PN <b>47-2579935-001</b>
<b>a</b>	Plan name <b>GREENFIELD FENCE INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREENFIELD FENCE INC</b>	<b>c</b> EIN-PN <b>27-3820068-001</b>
<b>a</b>	Plan name <b>GREENGAS USA HOLDINGS LLC 401K PSP</b>	
<b>b</b>	Name of plan sponsor <b>GREENGAS USA HOLDINGS LLC</b>	<b>c</b> EIN-PN <b>86-3404463-001</b>
<b>a</b>	Plan name <b>GRIFFIN BROTHERS HUMAN CAPITAL, LLC RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRIFFIN BROTHERS HUMAN CAPITAL, LLC</b>	<b>c</b> EIN-PN <b>88-4320509-002</b>
<b>a</b>	Plan name <b>GROSSMAN ON TRUTH 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GROSSMAN ON TRUTH</b>	<b>c</b> EIN-PN <b>20-3886078-001</b>
<b>a</b>	Plan name <b>GROWING ROOTS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GROWING ROOTS, LLC</b>	<b>c</b> EIN-PN <b>26-4124475-001</b>
<b>a</b>	Plan name <b>GRUBER SYSTEMS, INC. EMPLOYEES' INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRUBER SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>95-2508984-001</b>
<b>a</b>	Plan name <b>GUIDANCE ADVISORS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GUIDANCE ADVISORS</b>	<b>c</b> EIN-PN <b>46-4550641-001</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	GULF BUILDING CORP. 401(K) PLAN	
<b>b</b> Name of plan sponsor	GULF BUILDING, LLC	<b>c</b> EIN-PN 65-0290172-001
<b>a</b> Plan name	H & H SHEET METAL FABRICATORS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	H & H SHEET METAL FABRICATORS, INC.	<b>c</b> EIN-PN 61-1034097-001
<b>a</b> Plan name	H&H AUTOMOTIVE PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	H&H AUTOMOTIVE LLC	<b>c</b> EIN-PN 26-1424298-002
<b>a</b> Plan name	HAASZ AUTO MALL, LLC 401K PLAN	
<b>b</b> Name of plan sponsor	HAASZ AUTO MALL, LLC	<b>c</b> EIN-PN 59-3802582-001
<b>a</b> Plan name	HABITAT FOR HUMANITY GREATER GARLAND 401(K) PLAN	
<b>b</b> Name of plan sponsor	GARLAND HABITAT	<b>c</b> EIN-PN 75-2499430-001
<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	HANDS CENTER FOR AUTISM RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HANDS CENTER FOR AUTISM	<b>c</b> EIN-PN 83-2833830-001
<b>a</b> Plan name	HAPPYLUCKY, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	HAPPYLUCKY, INC.	<b>c</b> EIN-PN 20-1489538-001
<b>a</b> Plan name	HARBOR CENTRAL 401K PLAN	
<b>b</b> Name of plan sponsor	HARBOR TOWING INC	<b>c</b> EIN-PN 45-3846924-002
<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>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	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	HARWICH CONSERVATION TRUST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARWICH CONSERVATION TRUST	<b>c</b> EIN-PN 04-6599166-001
<b>a</b>	Plan name	HAULIN PAY 401K PLAN	
<b>b</b>	Name of plan sponsor	HAULIN PAY LLC	<b>c</b> EIN-PN 82-4251262-001
<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	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>a</b>	Plan name	HENDRICK HEAT & AIR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HENDRICK HEAT & AIR, LLC	<b>c</b> EIN-PN 84-5042372-001
<b>a</b>	Plan name	HERBIES CAR WASH INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HERBIES CAR WASH INC	<b>c</b> EIN-PN 20-1597534-001
<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>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	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	HI-YIELD PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HI-YIELD PRODUCTS, INC.	<b>c</b> EIN-PN 41-0954752-001
<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	HOOSIER AIR TRANSPORT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	HOOSIER AIR TRANSPORT, INC.	<b>c</b> EIN-PN 35-1862472-002
<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	HUNDLEY FARMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUNDLEY FARMS, INC.	<b>c</b> EIN-PN 59-1265209-001
<b>a</b>	Plan name	HUNGENBERG PRODUCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUNGENBERG PRODUCE, INC	<b>c</b> EIN-PN 84-1066875-001

<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	IBA FITNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IBA VENTURES, LLC	<b>c</b> EIN-PN 86-2909674-001
<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	IKE ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IKE ELECTRIC	<b>c</b> EIN-PN 45-4337055-001
<b>a</b>	Plan name	IMPACT SALES & MARKETING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMPACT SALES & MARKETING, LLC	<b>c</b> EIN-PN 47-2428714-001
<b>a</b>	Plan name	IMPERIUM MECHANICAL SYSTEMS401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IMPERIUM MECHANICAL SYSTEMS LLC	<b>c</b> EIN-PN 83-2448278-001
<b>a</b>	Plan name	INCEPT CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INCEPT CORPORATION	<b>c</b> EIN-PN 34-1761759-001
<b>a</b>	Plan name	INDIANA ARCHITECTURAL PLYWOOD, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INDIANA ARCHITECTURAL PLYWOOD, INC.	<b>c</b> EIN-PN 35-1565415-001
<b>a</b>	Plan name	INDIANA DIMENSION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDIANA DIMENSION, INC.	<b>c</b> EIN-PN 35-1802935-001
<b>a</b>	Plan name	INDUSTRIAL CHROME INC. EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL CHROME INC.	<b>c</b> EIN-PN 48-0633658-001
<b>a</b>	Plan name	INDUSTRIAL DEFENDER INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL DEFENDER, INC.	<b>c</b> EIN-PN 84-3211005-001
<b>a</b>	Plan name	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	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

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 INTEGRITY PLUMBING, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTEGRITY PLUMBING, INC.	<b>c</b> EIN-PN 20-2433493-001
<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 IRON INDUSTRIES INC 401K PSP	
<b>b</b>	Name of plan sponsor IRON INDUSTRIES INC	<b>c</b> EIN-PN 20-1708190-001
<b>a</b>	Plan name IT RESOURCE, INC. 401(K) PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor IT RESOURCE, INC.	<b>c</b> EIN-PN 38-3564354-001
<b>a</b>	Plan name 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. J. DUFFY FUNERAL HOME, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor J. J. DUFFY FUNERAL HOME, INC.	<b>c</b> EIN-PN 05-0281666-001
<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

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 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>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 JACKSON MARKETING GROUP, INC. 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor JACKSON MARKETING GROUP, INC.	<b>c</b> EIN-PN 57-0858638-001
<b>a</b>	Plan name JACO GENERAL CONTRACTOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor JACO GENERAL CONTRACTOR, INC.	<b>c</b> EIN-PN 48-1044778-001
<b>a</b>	Plan name 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 JASON H. HAMADA, D.D.S., INC 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JASON H. HAMADA, D.D.S., INC	<b>c</b> EIN-PN 94-1517713-002
<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 JEFFREY J. YOCUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor JEFFREY J. YOCUM	<b>c</b> EIN-PN 35-1842768-001

<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	JIMMY BARNES, CPA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	JIMMY BARNES, CPA, LLC	<b>c</b> EIN-PN 84-3959088-001
<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	JK DESIGN BUILD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JK DESIGN BUILD, LLC	<b>c</b> EIN-PN 81-2701110-001
<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 C. SCHAUB, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN C. SCHAUB, INC.	<b>c</b> EIN-PN 22-2059422-002
<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	JOHN N HASKOS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NIC LIZ ENTERPRISES, LLC	<b>c</b> EIN-PN 26-0854522-001
<b>a</b>	Plan name	JOSEPH A. DIPIETRO HEATING AND COOLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH A. DIPIETRO HEATING AND COOLING, INC.	<b>c</b> EIN-PN 26-2448645-001
<b>a</b>	Plan name	JOSEPH E. BARTHOLOMEW, III, DDS, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH E. BARTHOLOMEW, III, DDS, PLLC	<b>c</b> EIN-PN 88-2834286-001
<b>a</b>	Plan name	JOSEPH S. BOYLE, D.D.S., P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH S. BOYLE, D.D.S., P.A.	<b>c</b> EIN-PN 74-2963299-001
<b>a</b>	Plan name	JOURNEY HOUSE 401K PLAN	
<b>b</b>	Name of plan sponsor	JOURNEY HOUSE, INC.	<b>c</b> EIN-PN 39-1203539-001
<b>a</b>	Plan name	JR HEATING & COOLING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JR HEATING AND COOLING, LLC	<b>c</b> EIN-PN 06-1619164-001

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 JRB WELL DRILLING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JRB WELL DRILLING, INC. RETIREMENT PLAN	<b>c</b> EIN-PN 26-1622359-001
<b>a</b>	Plan name JRN VENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JRN VENTURES, LLC	<b>c</b> EIN-PN 04-3816862-001
<b>a</b>	Plan name JUDICIAL DISPUTE RESOLUTION, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JUDICIAL DISPUTE RESOLUTION, LLC	<b>c</b> EIN-PN 91-1825903-002
<b>a</b>	Plan name JULES BIANCHI PHOTOGRAPHY 401(K) PLAN	
<b>b</b>	Name of plan sponsor JULES BIANCHI PHOTOGRAPHY	<b>c</b> EIN-PN 33-2294343-001
<b>a</b>	Plan name JURISLAW LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor JURISLAW LLP	<b>c</b> EIN-PN 93-1253837-001
<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 KAREN SCHOEVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KAREN SCHOEVE, INC.	<b>c</b> EIN-PN 20-4073948-001
<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 KB ORANGE GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor COCONUT CREEK FITNESS PARTNERS	<b>c</b> EIN-PN 46-5039529-001

<b>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	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	KEVIN C. FLOYD, D.D.S., LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEVIN C. FLOYD, D.D.S., LTD.	<b>c</b> EIN-PN 37-1359222-001
<b>a</b>	Plan name	KEYSTONE CPG 401K PLAN	
<b>b</b>	Name of plan sponsor	WILSON & DATTILO LLC	<b>c</b> EIN-PN 47-1050070-001
<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
<b>a</b>	Plan name	KINNEY & LANGE, P.A. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KINNEY & LANGE, P.A.	<b>c</b> EIN-PN 41-1379296-001
<b>a</b>	Plan name	KIPCO CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIPCO CONSTRUCTION LLC	<b>c</b> EIN-PN 46-4996780-001
<b>a</b>	Plan name	KIRBY DEVELOPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIRBY DEVELOPMENT, INC.	<b>c</b> EIN-PN 20-5877898-001
<b>a</b>	Plan name	KJR CONSULTING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KJR CONSULTING LLC	<b>c</b> EIN-PN 32-0498500-001
<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>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	L&L CONCRETE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	L&L CONCRETE INC	<b>c</b> EIN-PN 55-0814493-001
<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	LAKE & POND BIOLOGISTS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAKE & POND BIOLOGISTS, LLC	<b>c</b> EIN-PN 46-4345677-001
<b>a</b>	Plan name	LAKESIDE READY MIX, INC. 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	LAKESIDE READY MIX, INC.	<b>c</b> EIN-PN 54-1945807-001
<b>a</b>	Plan name	LANDER ENTERPRISES LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LANDER ENTERPRISES LLC	<b>c</b> EIN-PN 26-2891757-001
<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 TECH USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAUNCH TECH USA, INC.	<b>c</b> EIN-PN 13-4254878-001

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 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 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 LEOMINSTER CREDIT UNION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEOMINSTER CREDIT UNION	<b>c</b> EIN-PN 04-2348884-002
<b>a</b>	Plan name LEVEL 3 AUDIO VISUAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEVEL 3 AUDIO VISUAL, LLC	<b>c</b> EIN-PN 71-0934073-002
<b>a</b>	Plan name LEXINGTON DENTAL ASSOCIATES, P.C. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor LEXINGTON DENTAL ASSOCIATES, P.C.	<b>c</b> EIN-PN 04-2511995-001
<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>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	LIBRA INSURANCE PARTNERS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	LIBRA INSURANCE PARTNERS, LLC	<b>c</b> EIN-PN 41-2077490-002
<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	LITERACY MID-SOUTH, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	LITERACY MID-SOUTH, INC.	<b>c</b> EIN-PN 62-0960143-001
<b>a</b> Plan name	LITPRO, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	LITPRO, LLC	<b>c</b> EIN-PN 83-2345990-001
<b>a</b> Plan name	LITTLE LIGHTHOUSE CHILDREN'S REHAB RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	LITTLE LIGHTHOUSE CHILDRENS REHAB, LLC	<b>c</b> EIN-PN 42-1659321-001
<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	LOCAL ROOTS LANDSCAPING 401(K) PLAN	
<b>b</b> Name of plan sponsor	LOCAL ROOTS LANDSCAPING, LLC	<b>c</b> EIN-PN 81-1952360-001
<b>a</b> Plan name	LONESTAR SOCCER CLUB 401(K) PLAN	
<b>b</b> Name of plan sponsor	LONESTAR SOCCER CLUB OF AUSTIN, INC.	<b>c</b> EIN-PN 20-1201450-002
<b>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>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	LYNJA INC. DBA DALY DRUG PHARMACY 401(K) COMPASS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LYNJA, INC.	<b>c</b> EIN-PN 46-0857911-001
<b>a</b>	Plan name	MADIA INSURANCE AGENCY, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	MADIA INSURANCE AGENCY INC.	<b>c</b> EIN-PN 20-2065013-001
<b>a</b>	Plan name	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	MAKE-A-WISH FOUNDATION OF GREATER VA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA	<b>c</b> EIN-PN 54-1429614-001
<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	MANOR HOUSE KITCHENS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MANOR HOUSE KITCHENS, INC.	<b>c</b> EIN-PN 25-1190648-001
<b>a</b>	Plan name	MANSFIELD FUNERAL HOME RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACCIPITRIDAE LLC	<b>c</b> EIN-PN 47-2397146-001
<b>a</b>	Plan name	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

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 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 MARIPOSA SPEECH SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARIPOSA SPEECH SERVICES, LLC	<b>c</b> EIN-PN 26-4815444-001
<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 MATCON CONSTRUCTION SERVICES, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MATCON CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 03-0411631-001
<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 MATTHEW N FULTON DDS PC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MATTHEW N FULTON DDS PC	<b>c</b> EIN-PN 20-0408263-001
<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

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="#">MCA FABRICATION, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCA FABRICATION, INC.</a>	<b>c</b> EIN-PN <a href="#">86-3969801-001</a>
<b>a</b>	Plan name <a href="#">MCGRATH AUTOMOTIVE GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCGRATH ENTERPRISES, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3432209-001</a>
<b>a</b>	Plan name <a href="#">MCGREW WELDING &amp; FABRICATING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCGREW WELDING &amp; FABRICATING, INC.</a>	<b>c</b> EIN-PN <a href="#">25-1358962-001</a>
<b>a</b>	Plan name <a href="#">MCPARTLAN ELECTRIC INC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCPARTLAN ELECTRIC INC</a>	<b>c</b> EIN-PN <a href="#">16-1712157-001</a>
<b>a</b>	Plan name <a href="#">MEDPRO HEALTH PROVIDERS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEDPRO HEALTH PROVIDERS, LLC</a>	<b>c</b> EIN-PN <a href="#">26-4671376-001</a>
<b>a</b>	Plan name <a href="#">MEIER AUTO SALES 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEIER CHEVROLET-BUICK INC.</a>	<b>c</b> EIN-PN <a href="#">37-0657179-001</a>
<b>a</b>	Plan name <a href="#">MERITRUST FEDERAL CREDIT UNION RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERITRUST FEDERAL CREDIT UNION</a>	<b>c</b> EIN-PN <a href="#">48-0570799-001</a>
<b>a</b>	Plan name <a href="#">MERZI EXCAVATION LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERZI EXCAVATION LLC</a>	<b>c</b> EIN-PN <a href="#">82-1618478-001</a>
<b>a</b>	Plan name <a href="#">MESAVITA ENGINEERING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MESAVITA ENGINEERING, LLC</a>	<b>c</b> EIN-PN <a href="#">82-3950540-001</a>
<b>a</b>	Plan name <a href="#">MESSIANIC VISION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE MESSIANIC VISION, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1081247-001</a>
<b>a</b>	Plan name <a href="#">METRO FAMILY PHYSICIANS MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">METRO FAMILY PHYSICIANS MEDICAL GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0885103-002</a>
<b>a</b>	Plan name <a href="#">METROWEST SUBARU, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">METROWEST SUBARU, LLC</a>	<b>c</b> EIN-PN <a href="#">20-3667093-002</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 MICORE SOLUTIONS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICORE SOLUTIONS, INC.	<b>c</b> EIN-PN 26-1789645-001
<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 MICRONIX USA LLC 401K PSP	
<b>b</b>	Name of plan sponsor MICRONIX USA LLC	<b>c</b> EIN-PN 20-4979985-001
<b>a</b>	Plan name MID VALLEY DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor MID VALLEY DENTAL GROUP, LLC	<b>c</b> EIN-PN 99-2699816-001
<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 J. MAISTROS D.D.S. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MIKE J. MAISTROS D.D.S.	<b>c</b> EIN-PN 31-1643509-001
<b>a</b>	Plan name 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 MISSION PHOTO PRODUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor MISSION PHOTO PRODUCTION, INC.	<b>c</b> EIN-PN 13-4149797-001

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 MOBILION SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOBILION SYSTEMS, INC.	<b>c</b> EIN-PN 47-5582140-002
<b>a</b>	Plan name MODERN COFFEE ENTERPRISES INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor MODERN COFFEE ENTERPRISES INCORPORA	<b>c</b> EIN-PN 45-2261077-001
<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>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 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 MONTROSE PET HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONTROSE SMALL ANIMAL HOSPITAL, INC. DBA MONTROSE PET HOSPITAL	<b>c</b> EIN-PN 27-3578773-001
<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 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

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 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>a</b>	Plan name MOUNT MANSFIELD DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor B AND J DENTAL PLLC MOUNT MANSFIELD	<b>c</b> EIN-PN 87-1538990-001
<b>a</b>	Plan name MOUNTAIN WEST CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOUNTAIN WEST CONSULTING, LLC	<b>c</b> EIN-PN 26-4706579-001
<b>a</b>	Plan name MOURAD ENTERPRISES INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MOURAD ENTERPRISES INC	<b>c</b> EIN-PN 04-2588663-001
<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 MTR GENERAL CONTRACTING LLC 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor MTR GENERAL CONTRACTING LLC	<b>c</b> EIN-PN 20-4693804-001
<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 MUTTS CANINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MUTTS CANINE LLC	<b>c</b> EIN-PN 82-1036279-001
<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 MY LITTLE BEST FRIENDS EARLY L 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MY LITTLE BEST FRIENDS EARLY LEARNING CENTER	<b>c</b> EIN-PN 27-5447809-001

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>NARDONE ELECTRIC INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NARDONE ELECTRIC</b>	<b>c</b> EIN-PN <b>22-3738243-001</b>
<b>a</b>	Plan name <b>NASONVILLE DAIRY, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NASONVILLE DAIRY, INC.</b>	<b>c</b> EIN-PN <b>39-1531117-001</b>
<b>a</b>	Plan name <b>NATIONAL BLANKING, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NATIONAL BLANKING, LLC</b>	<b>c</b> EIN-PN <b>81-3501904-001</b>
<b>a</b>	Plan name <b>NATIONAL GALVANIZING, L.P. PROFIT SHARING AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NATIONAL GALVANIZING, L.P.</b>	<b>c</b> EIN-PN <b>38-3056910-002</b>
<b>a</b>	Plan name <b>NATIONAL MATERIAL PROCESSING, LLC PLANT 1 UNION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NATIONAL MATERIAL, L.P.</b>	<b>c</b> EIN-PN <b>90-0905915-002</b>
<b>a</b>	Plan name <b>NATIONAL MATERIAL, L.P. DEFERRED COMPENSATION PLAN 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>NATIONAL MATERIAL, L.P.</b>	<b>c</b> EIN-PN <b>36-3559267-004</b>
<b>a</b>	Plan name <b>NAUMANN/HOBBS MATERIAL HANDLING, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NAUMANN/HOBBS MATERIAL HANDLING, INC.</b>	<b>c</b> EIN-PN <b>36-4596041-001</b>
<b>a</b>	Plan name <b>NAVIA BENEFIT SOLUTIONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NAVIA BENEFIT SOLUTIONS</b>	<b>c</b> EIN-PN <b>91-1467758-001</b>
<b>a</b>	Plan name <b>NEBRASKA WELDING, LTD SAFE HARBOR 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEBRASKA WELDING, LTD</b>	<b>c</b> EIN-PN <b>47-0684208-001</b>
<b>a</b>	Plan name <b>NEPHROLOGY ASSOCIATES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEPHROLOGY ASSOCIATES, P.C.</b>	<b>c</b> EIN-PN <b>06-0886720-001</b>
<b>a</b>	Plan name <b>NEUROLOGY ASSOCIATES OF SUFFOLK, PLLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEUROLOGY ASSOCIATES OF SUFFOLK, PLLC</b>	<b>c</b> EIN-PN <b>27-0855067-001</b>
<b>a</b>	Plan name <b>NEW JERSEY SHARES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEW JERSEY SHARES, INC.</b>	<b>c</b> EIN-PN <b>22-3564398-001</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	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	NORTHSTAR ACADEMY, INC. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHSTAR ACADEMY, INC.	<b>c</b> EIN-PN 54-1816370-002
<b>a</b>	Plan name	NORTHWIND 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHWIND PHARMACEUTICALS, LLC	<b>c</b> EIN-PN 30-0066778-001
<b>a</b>	Plan name	NOURY CONSTRUCTION CO.	
<b>b</b>	Name of plan sponsor	NOURY CONSTRUCTION CO.	<b>c</b> EIN-PN 27-2549626-001
<b>a</b>	Plan name	NOVA MEDICAL GROUP PC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NOVA MEDICAL GROUP PC	<b>c</b> EIN-PN 88-3512976-001
<b>a</b>	Plan name	NOVAK TRUCKING SERVICE 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NOVAK TRUCKING SERVICE	<b>c</b> EIN-PN 39-1975600-001
<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	NSIGHT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSIGHT PSYCHOLOGY AND ADDICTION, INC.	<b>c</b> EIN-PN 46-4146187-001

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>NUCYCLE TONER &amp; INK 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VRS, INC.</b>	<b>c</b> EIN-PN <b>87-0779462-001</b>
<b>a</b>	Plan name <b>NURENBURG, PARIS, HELLER &amp; MCCARTHY CO LPA 401K</b>	
<b>b</b>	Name of plan sponsor <b>NURENBURG PARIS HELLER &amp; MCCARTHY</b>	<b>c</b> EIN-PN <b>34-1213356-004</b>
<b>a</b>	Plan name <b>NW MUTUAL RED BANK NW MUTUAL RED BANK 401K</b>	
<b>b</b>	Name of plan sponsor <b>NORTHWESTERN MUTUAL RED BANK</b>	<b>c</b> EIN-PN <b>35-2366749-001</b>
<b>a</b>	Plan name <b>NWD, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>N.W.D., INC.</b>	<b>c</b> EIN-PN <b>04-2805862-001</b>
<b>a</b>	Plan name <b>NX2 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JANEX SERVICES, LLC</b>	<b>c</b> EIN-PN <b>87-2666008-001</b>
<b>a</b>	Plan name <b>OAKWOOD ATHLETIC CLUB, LLC</b>	
<b>b</b>	Name of plan sponsor <b>OAKWOOD ATHLETIC CLUB, LLC</b>	<b>c</b> EIN-PN <b>94-3291460-001</b>
<b>a</b>	Plan name <b>OBERMEIER TRUCK SERVICE, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OBERMEIER TRUCK SERVICE, LLC</b>	<b>c</b> EIN-PN <b>26-4285920-001</b>
<b>a</b>	Plan name <b>OCEAN PHYSICAL THERAPY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OCEAN PHYSICAL THERAPY INC.</b>	<b>c</b> EIN-PN <b>33-0920884-001</b>
<b>a</b>	Plan name <b>OCKER FINANCIAL SERVICES, LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OCKER FINANCIAL SERVICES, LLC</b>	<b>c</b> EIN-PN <b>20-3546898-001</b>
<b>a</b>	Plan name <b>OCTAGON PROPERTY MANAGEMENT CO 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>OCTAGON PROPERTY MANAGEMENT CO</b>	<b>c</b> EIN-PN <b>04-3324138-001</b>
<b>a</b>	Plan name <b>OFFICE360 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OFFICE THREE SIXTY, INC.</b>	<b>c</b> EIN-PN <b>35-2142678-001</b>
<b>a</b>	Plan name <b>OHB, INC.401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OHB, INC.</b>	<b>c</b> EIN-PN <b>56-1881070-001</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 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 ON THE GO TAKEOUT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ON THE GO TAKEOUT, INC	<b>c</b> EIN-PN 26-3754308-001
<b>a</b>	Plan name O'NEIL INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONEIL INDUSTRIES, INC.	<b>c</b> EIN-PN 46-2422207-001
<b>a</b>	Plan name OPTIONS FOR SENIOR LIVING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor OPTIONS FOR SENIOR LIVING, LLC	<b>c</b> EIN-PN 20-8035707-002
<b>a</b>	Plan name ORAL ARTS LABORATORY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORAL ARTS LABORATORY, INC.	<b>c</b> EIN-PN 63-0590100-001
<b>a</b>	Plan name ORCHARD GROUP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORCHARD GROUP PROFIT SHARING PLAN	<b>c</b> EIN-PN 36-3855072-002
<b>a</b>	Plan name 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 OTTER CREEK EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OTTER CREEK LLC	<b>c</b> EIN-PN 27-0475527-001
<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 OWENS CAROLINA ORTHOTIC AND PROSTHETIC, INC. NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor OWENS CAROLINA ORTHOTIC	<b>c</b> EIN-PN 56-1634753-001

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 OWENS LUMBER 401(K) PLAN	
<b>b</b>	Name of plan sponsor OWENS LUMBER CO, INC	<b>c</b> EIN-PN 63-1129678-001
<b>a</b>	Plan name P.T.L. FABRICATORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor P.T.L. FABRICATORS, LLC	<b>c</b> EIN-PN 20-1809553-001
<b>a</b>	Plan name PAIR GAIN COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PAIR GAIN COMMUNICATIONS, INC.	<b>c</b> EIN-PN 16-1388193-001
<b>a</b>	Plan name PALLET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PALLET, INC.	<b>c</b> EIN-PN 82-1516722-001
<b>a</b>	Plan name PALM MANAGEMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PALM MANAGEMENT COMPANY LLC	<b>c</b> EIN-PN 83-3094315-001
<b>a</b>	Plan name PAR HOSPITALITY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PAR HOSPITALITY, LLC	<b>c</b> EIN-PN 04-3307911-001
<b>a</b>	Plan name PARAGON EVENTS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PARAGON EVENTS INC	<b>c</b> EIN-PN 65-0159963-001
<b>a</b>	Plan name PARAGON SPORTS CONSTRUCTORS 401K PLAN	
<b>b</b>	Name of plan sponsor PARAGON SPORTS CONSTRUCTORS LLC	<b>c</b> EIN-PN 27-0838912-001
<b>a</b>	Plan name PARK CITY DRILLING TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARK CITY DRILLING TECHNOLOGIES LLC	<b>c</b> EIN-PN 82-1177999-001
<b>a</b>	Plan name PARKWELL 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARKWELL, LLC	<b>c</b> EIN-PN 81-4033043-001
<b>a</b>	Plan name PASTURE PRIDE CHEESE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor PASTURE PRIDE CHEESE LLC	<b>c</b> EIN-PN 87-0699588-001
<b>a</b>	Plan name PATHWAYS HEALTHCARE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PATHWAYS HEALTHCARE, LLC	<b>c</b> EIN-PN 35-2462125-001

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 PATRICK PROPERTIES SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PATRICK PROPERTIES SERVICES, INC.	<b>c</b> EIN-PN 48-1252097-001
<b>a</b>	Plan name PATRIOT BENEFIT SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor PATRIOT BENEFIT SERVICES 401K PLAN	<b>c</b> EIN-PN 26-4678868-001
<b>a</b>	Plan name PATRIOT RESOURCES, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PATRIOT RESOURCES, LLC	<b>c</b> EIN-PN 84-1332320-002
<b>a</b>	Plan name PATTERSON RIPPLINGER, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PATTERSON RIPPLINGER, P.C.	<b>c</b> EIN-PN 84-1345164-001
<b>a</b>	Plan name PAUL HAGLUND & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor PAUL HAGLUND & COMPANY, LLC	<b>c</b> EIN-PN 20-0201805-001
<b>a</b>	Plan name PAYFORWARD LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PAYFORWARD	<b>c</b> EIN-PN 36-4763682-001
<b>a</b>	Plan name PDS ENGINEERING AND CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PDS ENGINEERING AND CONSTRUCTION, INC.	<b>c</b> EIN-PN 06-0811617-001
<b>a</b>	Plan name PEACEFUL PRACTICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor PEACEFUL PRACTICES COUNSELING, LLC	<b>c</b> EIN-PN 84-4655407-001
<b>a</b>	Plan name PEARLSHIRE SCHAUMBURG LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PEARLSHIRE SCHAUMBURG LLC	<b>c</b> EIN-PN 84-1402824-001
<b>a</b>	Plan name PENINSULA HARDWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor JTD INC. T/A ACE PENINSULA HARDWARE	<b>c</b> EIN-PN 54-1325423-001
<b>a</b>	Plan name 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 PHASENEXT HOSPITALITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor PHASENEXT HOSPITALITY, LLC	<b>c</b> EIN-PN 26-4537108-001

<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	PHOENIX WINDOW & DOOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX WINDOW & DOOR, LLC	<b>c</b> EIN-PN 81-2877747-001
<b>a</b>	Plan name	PIANA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TINTORIA PIANA U.S., INC.	<b>c</b> EIN-PN 56-1903808-001
<b>a</b>	Plan name	PICKERING INTERFACES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PICKERING INTERFACES, INC.	<b>c</b> EIN-PN 20-0525325-001
<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	PILOTED SCHOOLS OF NEVADA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PILOTED SCHOOLS OF NEVADA INC	<b>c</b> EIN-PN 86-1761385-001
<b>a</b>	Plan name	PINNACLE 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 TUCSON LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PLAYGROUND TUCSON LLC	<b>c</b> EIN-PN 45-2050524-333
<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>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	PLEXIS HEALTHCARE SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLEXIS HEALTHCARE SYSTEMS, INC.	<b>c</b> EIN-PN 93-1216851-001
<b>a</b>	Plan name	PMC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PMC COMMERCIAL INTERIORS, INC.	<b>c</b> EIN-PN 45-3336175-001
<b>a</b>	Plan name	POLYEXCEL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POLYEXCEL, LLC	<b>c</b> EIN-PN 20-0495856-001
<b>a</b>	Plan name	POLYQUEST INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POLYQUEST INCORPORATED	<b>c</b> EIN-PN 36-4367889-001
<b>a</b>	Plan name	POPLAR RIDGE NURSERY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POPLAR RIDGE NURSERY, INC.	<b>c</b> EIN-PN 54-2008523-002
<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	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	PRECISIONIT GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PRECISIONIT GROUP LLC	<b>c</b> EIN-PN 20-0724680-001
<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 BOILER & COMBUSTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER BOILER & COMBUSTION LLC	<b>c</b> EIN-PN 82-4233544-001

<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	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 METAL WORKS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PREMIER METAL WORKS, INC.	<b>c</b> EIN-PN 36-1643990-001
<b>a</b>	Plan name	PREMIER PROPERTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER PROPERTIES DBA STACY INCORPORATED	<b>c</b> EIN-PN 76-0470869-001
<b>a</b>	Plan name	PREMIERE SAV, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PREMIERE SAV, LLC	<b>c</b> EIN-PN 87-4058846-001
<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	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	PRIVATEER CAPITAL MGMT LP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PRIVATEER CAPITAL MGMT LP	<b>c</b> EIN-PN 38-3895117-001
<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>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	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	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	PROVIDA HEALTH CENTER, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROVIDA HEALTH CENTER, S.C.	<b>c</b> EIN-PN 36-4292273-001
<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	PURSER CENTRAL REWINDING CO., INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PURSER CENTRAL REWINDING CO., INC	<b>c</b> EIN-PN 56-1316557-001
<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>a</b>	Plan name	QCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUANTUM CONTROLS, INC.	<b>c</b> EIN-PN 51-0391970-001
<b>a</b>	Plan name	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	QOC INNOVATIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QOC INNOVATIONS LLC	<b>c</b> EIN-PN 84-3009789-001
<b>a</b>	Plan name	QUALITY DENTAL SMILE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUALITY DENTAL SMILE	<b>c</b> EIN-PN 75-3061380-001
<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>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	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	RAEL, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RAEL, INC.	<b>c</b> EIN-PN 93-1211611-001
<b>a</b>	Plan name	RAVEN TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAVEN TECHNOLOGIES, LLC	<b>c</b> EIN-PN 88-3001977-001
<b>a</b>	Plan name	RAY'S CORNER MARKET LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAYS CORNER MARKET LLC	<b>c</b> EIN-PN 20-3492645-001
<b>a</b>	Plan name	RBHN TOPCO LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RBHN TOPCO LLC	<b>c</b> EIN-PN 88-2582069-001
<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	RCG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEIR CONSULTING GROUP, LLC DBA RCG	<b>c</b> EIN-PN 83-4276360-001
<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	REBENACK ARONOW & MASCOLO LLP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	REBENACK ARONOW & MASCOLO LLP	<b>c</b> EIN-PN 20-8140601-001
<b>a</b>	Plan name	RECOGNITION SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RECOGNITION SYSTEMS, INC.	<b>c</b> EIN-PN 11-2166757-001

<b>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	RED FOLDER RESEARCH LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RED FOLDER RESEARCH LLC	<b>c</b> EIN-PN 83-3509202-001
<b>a</b>	Plan name	REDEMPTION PSYCHIATRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REDEMPTION PSYCHIATRY LLC	<b>c</b> EIN-PN 46-2629779-001
<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
<b>a</b>	Plan name	RENAISSANCE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEAL WELL, INC. DBA RENAISSANCE STONE CARE & WATERPROOFING	<b>c</b> EIN-PN 88-2142333-001
<b>a</b>	Plan name	RESOURCE ONE CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESOURCE ONE CREDIT UNION	<b>c</b> EIN-PN 75-0821285-001
<b>a</b>	Plan name	RESOURCE PARTNERS CHICAGO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESOURCE PARTNERS CHICAGO, INC.	<b>c</b> EIN-PN 57-1180541-001
<b>a</b>	Plan name	RESTORE 24 LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESTORE 24 LLC	<b>c</b> EIN-PN 27-4059494-001
<b>a</b>	Plan name	RETIREMENT PATH POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC	<b>c</b> EIN-PN 85-3213245-304
<b>a</b>	Plan name	RETIREMENT PLAN SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RETIREMENT PLAN SOLUTIONS, INC.	<b>c</b> EIN-PN 56-1762637-002
<b>a</b>	Plan name	REVER GRAND LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	REVER GRAND LLC	<b>c</b> EIN-PN 81-3727606-001

<b>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	REVISE ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIPIETRO HOME ENERGY SOLUTIONS, INC. DBA REVISE	<b>c</b> EIN-PN 81-1894291-001
<b>a</b>	Plan name	RHI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RHI, LLC	<b>c</b> EIN-PN 27-3947433-001
<b>a</b>	Plan name	RHI, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RHI, INC.	<b>c</b> EIN-PN 52-1809566-001
<b>a</b>	Plan name	RICHARD S. KALSKI, M.D., P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RICHARD S. KALSKI, M.D., P.A.	<b>c</b> EIN-PN 65-0972591-001
<b>a</b>	Plan name	RIGHT AT HOME 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SERVE FIRST LLC	<b>c</b> EIN-PN 93-4241235-001
<b>a</b>	Plan name	RIVER CITY MANUFACTURING & MACHINE CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVER CITY MANUFACTURING & MACHINE CO	<b>c</b> EIN-PN 41-1639893-001
<b>a</b>	Plan name	RIVERFRONT SURGERY CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	RIVERFRONT SURGERY CENTER	<b>c</b> EIN-PN 83-3821506-001
<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	ROBINSON GRIMM DENTALCARE 401 K PLAN	
<b>b</b>	Name of plan sponsor	ROBINSON GRIMM DENTALCARE	<b>c</b> EIN-PN 85-2841487-001
<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>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	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	ROCK REGIONAL HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCK REGIONAL HOSPITAL	<b>c</b> EIN-PN 81-4594719-001
<b>a</b>	Plan name	ROCKWELL FOREST PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKWELL FOREST PRODUCTS, INC.	<b>c</b> EIN-PN 25-1542750-001
<b>a</b>	Plan name	ROGERS JEWELRY 401K PLAN	
<b>b</b>	Name of plan sponsor	ROGERS JEWELRY COMPANY	<b>c</b> EIN-PN 94-1110764-001
<b>a</b>	Plan name	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	ROSENBERG CONSULTING SERVICES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROSENBERG CONSULTING SERVICES INC	<b>c</b> EIN-PN 20-1613712-001
<b>a</b>	Plan name	ROSENTHAL KALABUS & THERRIAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROSENTHAL KALABUS & THERRIAN	<b>c</b> EIN-PN 85-3229936-001
<b>a</b>	Plan name	ROSEWOOD MARKETING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROSEWOOD MARKETING, LLC	<b>c</b> EIN-PN 27-1353430-001
<b>a</b>	Plan name	ROUNDGLASS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROUNDGLASS LLC	<b>c</b> EIN-PN 46-5302242-001
<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	ROY'S AUTO GLASS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROYS AUTO GLASS, INC.	<b>c</b> EIN-PN 06-1271385-001
<b>a</b>	Plan name	RP LEGAL GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RP LEGAL GROUP, LLC	<b>c</b> EIN-PN 84-2218055-001
<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	RUX CARTER INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RUX CARTER INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 63-0268384-001
<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 PLUMBING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	S&T PLUMBING, INC.	<b>c</b> EIN-PN 75-1386163-001
<b>a</b>	Plan name	S.T.A.R. 401K PLAN	
<b>b</b>	Name of plan sponsor	MASTER INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 95-3000067-001
<b>a</b>	Plan name	SALA FAMILY DENTISTRY PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SALA FAMILY DENTISTRY LLC	<b>c</b> EIN-PN 43-2004118-001
<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	SAN ANTONIO COSMETIC SURGERY, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAN ANTONIO COSMETIC SURGERY, P.A.	<b>c</b> EIN-PN 61-1532574-001

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 SARAH J. DUNCKEL & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SARAH J. DUNCKEL & ASSOCIATES, LLC	<b>c</b> EIN-PN 46-1797442-001
<b>a</b>	Plan name SARAH SORIC THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SARAH SORIC THERAPY, LLC	<b>c</b> EIN-PN 90-2372312-001
<b>a</b>	Plan name SATTERLEY & KELLEY PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SATTERLEY & KELLEY, PLLC	<b>c</b> EIN-PN 46-1471141-001
<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 SCH PROPERTY DEVELOPMENT CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCH PROPERTY DEVELOPMENT CORP	<b>c</b> EIN-PN 45-3792501-001
<b>a</b>	Plan name SCHALOWS 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 SCHEMPF & WARE PLLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor SCHEMPF & WARE PLLC	<b>c</b> EIN-PN 45-3187873-001
<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>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 SEA SHELL CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SEA SHELL CLUB, INC.	<b>c</b> EIN-PN 21-0722568-002
<b>a</b>	Plan name SECONDWIND WATER SYSTEMS, INC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SECONDWIND WATER SYSTEMS, INC	<b>c</b> EIN-PN 02-0476531-001

<b>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	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	SEOUL ROBOTICS USA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SEOUL ROBOTICS USA	<b>c</b> EIN-PN 85-2128262-001
<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	SHALONGO & SON ELECTRIC, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHALONGO & SON ELECTRIC, LLC	<b>c</b> EIN-PN 85-5221944-001
<b>a</b>	Plan name	SHARUZI LAW GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	SHARUZI LAW GROUP LTD	<b>c</b> EIN-PN 87-1881511-001
<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	SIDING UNLIMITED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIDING UNLIMITED, INC.	<b>c</b> EIN-PN 01-0643110-001

<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	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	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	SJK MACHINE LLC 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	SJK MACHINE LLC
<b>c</b>	EIN-PN	84-4580427-001
<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	SNAP HOLDINGS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SNAP FINANCE, LLC
<b>c</b>	EIN-PN	81-0878051-001
<b>a</b>	Plan name	SOLIEL LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SOLIEL LLC
<b>c</b>	EIN-PN	35-2176953-001
<b>a</b>	Plan name	SOLINGRA RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SOLINGRA, INC.
<b>c</b>	EIN-PN	88-1496057-001
<b>a</b>	Plan name	SONORAN DESERT INSTITUTE 401(K) PLAN
<b>b</b>	Name of plan sponsor	TRADE TRAINING COMPANY, LLC
<b>c</b>	EIN-PN	45-5628892-002
<b>a</b>	Plan name	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
<b>a</b>	Plan name	SOTO LAW, PLLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SOTO LAW, PLLC
<b>c</b>	EIN-PN	47-2674031-001
<b>a</b>	Plan name	SOUND MODERATION TECHNOLOGIES LLC 401K PLAN
<b>b</b>	Name of plan sponsor	SOUND MODERATION TECHNOLOGIES, LLC
<b>c</b>	EIN-PN	46-5268022-001

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 SOUTHERN BIOTECHNOLOGY ASSOCIATES, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN BIOTECHNOLOGY ASSOCIATES, INC.	<b>c</b> EIN-PN 63-0822754-001
<b>a</b>	Plan name SOUTHERN CONNECTICUT WOMEN'S HEALTH ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN CONNECTICUT WOMENS HEALTH ASSOCIATES	<b>c</b> EIN-PN 16-1664854-001
<b>a</b>	Plan name 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 SPACE BUILDING CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPACE BUILDING CORP.	<b>c</b> EIN-PN 04-2426246-002
<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 SPD 401K PLAN	
<b>b</b>	Name of plan sponsor STAHL PLUMBING & DRAIN INC.	<b>c</b> EIN-PN 81-4223385-001
<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

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>SPEECH &amp; LANGUAGE DEVELOPMENT CENTER 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPEECH &amp; LANGUAGE DEVELOPMENT CENTER</b>	<b>c</b> EIN-PN <b>95-2162129-001</b>
<b>a</b>	Plan name <b>SPINE &amp; JOINT CENTERS OF AMERICA 401 (K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPINE &amp; JOINT CENTERS OF MISSOURI</b>	<b>c</b> EIN-PN <b>92-3460284-001</b>
<b>a</b>	Plan name <b>SQUIRREL HILL CHIROPRACTIC CARE, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SQUIRREL HILL CHIROPRACTIC</b>	<b>c</b> EIN-PN <b>25-1688469-001</b>
<b>a</b>	Plan name <b>ST. CLAIR COUNTY HEAD START PROGRAM, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ST. CLAIR COUNTY HEAD START PROGRAM, INC.</b>	<b>c</b> EIN-PN <b>63-0511542-001</b>
<b>a</b>	Plan name <b>STABLEY DMD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEREDITH L. STABLEY DMD, PC</b>	<b>c</b> EIN-PN <b>46-4330233-001</b>
<b>a</b>	Plan name <b>STAMP MEDICAL 401(K) RETIREMENT PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ARIZONA MEDICAL &amp; INJURY PLLC STAMP MEDICAL</b>	<b>c</b> EIN-PN <b>46-4528250-001</b>
<b>a</b>	Plan name <b>STAR RISE HOME CARE, LLC 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STAR RISE HOME CARE, LLC</b>	<b>c</b> EIN-PN <b>82-4008749-001</b>
<b>a</b>	Plan name <b>STATE BANK OF TEXAS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STATE BANK OF TEXAS</b>	<b>c</b> EIN-PN <b>75-2159337-002</b>
<b>a</b>	Plan name <b>STAXCLINIC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STAXCLINIC</b>	<b>c</b> EIN-PN <b>06-1822111-001</b>
<b>a</b>	Plan name <b>STC FRANCHISEE MANAGEMENT GROUP, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STC FRANCHISEE MANAGEMENT GROUP, LLC</b>	<b>c</b> EIN-PN <b>27-4362526-001</b>
<b>a</b>	Plan name <b>STENTECH INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STENTECH INC</b>	<b>c</b> EIN-PN <b>20-1065345-001</b>
<b>a</b>	Plan name <b>STEVEN BREWER CPA 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>STEVEN C. BREWER, CPA, LLC</b>	<b>c</b> EIN-PN <b>46-3096338-001</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	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	STRAIGHT AWAY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BOTTLE & PRESS LLC, DBA STRAIGHTAWAY	<b>c</b> EIN-PN 82-1009640-001
<b>a</b>	Plan name	STRAITEK, LLC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STRAITEK, LLC	<b>c</b> EIN-PN 35-2451824-001
<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	SUNCREST PHARMACY 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SUNCREST PHARMACY	<b>c</b> EIN-PN 55-0685245-001
<b>a</b>	Plan name	SUNDAY RILEY MODERN SKINCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNDAY RILEY MODERN SKINCARE, LLC	<b>c</b> EIN-PN 80-0423606-001
<b>a</b>	Plan name	SUNDSTROM CLINICAL SERVICES, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUNDSTROM CLINICAL SERVICES, LLC	<b>c</b> EIN-PN 20-1676644-001
<b>a</b>	Plan name	SUNQUEST PROPERTIES INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SUNQUEST PROPERTIES INC	<b>c</b> EIN-PN 72-1042010-001
<b>a</b>	Plan name	SUNSATIION PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUNSATIION PRODUCTS, INC.	<b>c</b> EIN-PN 38-2435447-001
<b>a</b>	Plan name	SUNSET AUTO CORPORATE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUNSET AUTO COMPANY, INC.	<b>c</b> EIN-PN 43-0543535-002
<b>a</b>	Plan name	SUSAN M WELCH DDS, PA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUSAN M WELCH DDS, PA	<b>c</b> EIN-PN 20-0979365-001
<b>a</b>	Plan name	SUTTON BANK EMPLOYEE STOCK OWNERSHIP & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUTTON BANK	<b>c</b> EIN-PN 34-4369660-002

<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	SWAMP RABBIT DENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	GRINVILLE DENTISTRY DBA SWAMP RABBIT DENTAL	<b>c</b> EIN-PN 82-5525163-001
<b>a</b>	Plan name	SWARDSTROM CONSTRUCTION LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWARDSTROM CONSTRUCTION LLC	<b>c</b> EIN-PN 85-2138502-001
<b>a</b>	Plan name	SWC PEDIATRICS 401K PLAN	
<b>b</b>	Name of plan sponsor	SIMON WILLIAMSON CLINIC PEDIATRICS P.C.	<b>c</b> EIN-PN 92-1184350-001
<b>a</b>	Plan name	SYFAN LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYFAN LOGISTICS, INC.	<b>c</b> EIN-PN 45-2664830-001
<b>a</b>	Plan name	SYNCRETIC SOFTWARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYNCRETIC SOFTWARE, INC.	<b>c</b> EIN-PN 52-2054274-001
<b>a</b>	Plan name	SYNERGETICS DCS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SYNERGETICS DCS, INC.	<b>c</b> EIN-PN 64-0897565-001
<b>a</b>	Plan name	SYNERGY ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY ELECTRIC COMPANY INC.	<b>c</b> EIN-PN 33-0433596-002
<b>a</b>	Plan name	SYNERGY GROUP 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY, INC.	<b>c</b> EIN-PN 38-4028816-001
<b>a</b>	Plan name	SYNERGY RECYCLING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY RECYCLING, LLC	<b>c</b> EIN-PN 56-2205987-001
<b>a</b>	Plan name	SYNOVA USA INC. 401(K) PSP & TRUST	
<b>b</b>	Name of plan sponsor	SYNOVA USA INC.	<b>c</b> EIN-PN 65-1222233-001
<b>a</b>	Plan name	T.B. O'KANE GLOBAL SOURCING, LLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	T.B. OKANE	<b>c</b> EIN-PN 92-1519341-001
<b>a</b>	Plan name	T100, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	T100, LLC	<b>c</b> EIN-PN 26-3071091-001

<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	TAAG 401(K) SALARY REDUCTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TAAG, INC.	<b>c</b> EIN-PN 84-3551439-001
<b>a</b>	Plan name	TABER METALS GULFPORT L.P. HOURLY EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TABER METALS GULFPORT L.P.	<b>c</b> EIN-PN 36-3559057-001
<b>a</b>	Plan name	TASSE FUEL CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TASSE FUEL CORP.	<b>c</b> EIN-PN 04-2262394-001
<b>a</b>	Plan name	TAX RISE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TAX RISE INC	<b>c</b> EIN-PN 82-4065754-001
<b>a</b>	Plan name	TAYLOR LOBSTER AND AL'S SEAFOOD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR LOBSTER COMPANY LLC	<b>c</b> EIN-PN 47-0922835-001
<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	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	TEN35 LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEN35 LLC	<b>c</b> EIN-PN 81-1405984-001
<b>a</b>	Plan name	TERRACE PARK COUNTRY CLUB RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TERRACE PARK COUNTRY CLUB	<b>c</b> EIN-PN 31-0465970-003
<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

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="#">TEXARKANA CARDIOLOGY ASSOCIATES RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JAMES M. HURLEY M.D., P.A. DBA TEXARKANA CARDIOLOGY ASSOCIATES</a>	<b>c</b> EIN-PN <a href="#">74-2510368-001</a>
<b>a</b>	Plan name <a href="#">TEXAS PRIDE DISPOSAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEXAS PRIDE DISPOSAL SOLUTIONS</a>	<b>c</b> EIN-PN <a href="#">30-0788641-001</a>
<b>a</b>	Plan name <a href="#">TEXOMA PHYSICIANS GROUP, PLLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEXOMA PHYSICIANS GROUP, PLLC</a>	<b>c</b> EIN-PN <a href="#">84-2063664-001</a>
<b>a</b>	Plan name <a href="#">THA CONCIERGE CARE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">IHC III, INC.</a>	<b>c</b> EIN-PN <a href="#">27-0122686-001</a>
<b>a</b>	Plan name <a href="#">THE 401(K) PROFIT SHARING PLAN OF JEWISH HEALTHCARE CENTER, INC.</a>	
<b>b</b>	Name of plan sponsor <a href="#">JEWISH HEALTHCARE CENTER, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2103803-004</a>
<b>a</b>	Plan name <a href="#">THE ARC PEP - THE ARC OF NORTH CAROLINA</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE ARC PEP - THE ARC OF NORTH CAROLINA</a>	<b>c</b> EIN-PN <a href="#">57-0753097-404</a>
<b>a</b>	Plan name <a href="#">THE BRUCE LAW FIRM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE BRUCE LAW FIRM</a>	<b>c</b> EIN-PN <a href="#">73-1354482-001</a>
<b>a</b>	Plan name <a href="#">THE CARTER CLINIC, P.A. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CARTER CLINIC, P.A.</a>	<b>c</b> EIN-PN <a href="#">20-8743613-001</a>
<b>a</b>	Plan name <a href="#">THE EDGE CONSTRUCTION COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE EDGE CONSTRUCTION COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">36-4104677-001</a>
<b>a</b>	Plan name <a href="#">THE EXPLORIS SCHOOL EMPLOYEES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE EXPLORIS SCHOOL</a>	<b>c</b> EIN-PN <a href="#">26-2407296-001</a>
<b>a</b>	Plan name <a href="#">THE FIRST NATIONAL BANK IN TOLEDO PROFIT SHARING</a>	
<b>b</b>	Name of plan sponsor <a href="#">FIRST NEIGHBOR BANK NA</a>	<b>c</b> EIN-PN <a href="#">37-0274510-003</a>
<b>a</b>	Plan name <a href="#">THE GENHUB, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GENHUB, INC. DBA THE POWER CONNECTION</a>	<b>c</b> EIN-PN <a href="#">47-4854672-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	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 NEW ACE ELECTRIC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE NEW ACE ELECTRIC, LLC	<b>c</b> EIN-PN 30-0808841-001
<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>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE REGISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE REGISTRY	<b>c</b> EIN-PN 39-1951690-001
<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 SALON PROFESSIONAL ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIA TINA, LLC DBA THE SALON PROFESSIONAL ACADEMY	<b>c</b> EIN-PN 20-4078395-001
<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 SURETY & FIDELITY ASSOCIATION OF AMERICA PSP	
<b>b</b>	Name of plan sponsor	THE SURETY & FIDELITY ASSOCIATION OF AMERICA	<b>c</b> EIN-PN 26-0003391-004
<b>a</b>	Plan name	THE TAILORED CLOSET & PREMIER GARAGE 401K	
<b>b</b>	Name of plan sponsor	ROW-22 LLC	<b>c</b> EIN-PN 88-4038129-001
<b>a</b>	Plan name	THE UNION STATE BANK 401(K) EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	UNION STATE BANK	<b>c</b> EIN-PN 48-0456400-001
<b>a</b>	Plan name	THE VARELA LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE VARELA LAW FIRM LLC	<b>c</b> EIN-PN 84-2552608-001
<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	THI LABEL & PACKAGING CORPORATION 401(K) PROFIT SHARING PLAN II	
<b>b</b>	Name of plan sponsor	THI LABEL & PACKAGING CORPORATION	<b>c</b> EIN-PN 27-0857299-003
<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
<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

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 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 THOMPSON SOFTWARE SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor THOMPSON SOFTWARE SOLUTIONS, INC.	<b>c</b> EIN-PN 20-1799812-001
<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 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 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 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 DISPOSAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOTAL DISPOSAL, INC.	<b>c</b> EIN-PN 36-4431134-001
<b>a</b>	Plan name TOTAL JOINT ORTHOPEDIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOTAL JOINT ORTHOPEDICS INC	<b>c</b> EIN-PN 26-4026440-001
<b>a</b>	Plan name TOTAL PACKAGE EXPRESS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TOTAL PACKAGE EXPRESS, INC.	<b>c</b> EIN-PN 31-1377065-001

<b>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	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	TRADITIONS FIRST BANK 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	TRADITIONS FIRST BANK	<b>c</b> EIN-PN 62-1820787-001
<b>a</b> Plan name	TRALE INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRALE INC	<b>c</b> EIN-PN 30-0796958-001
<b>a</b> Plan name	TRALE MANOMET, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRALE MANOMET, INC.	<b>c</b> EIN-PN 82-4594922-001
<b>a</b> Plan name	TRALONGO COMPANIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRALONGO BUILDERS, INC.	<b>c</b> EIN-PN 14-1774346-001
<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	TRANSFORMATIONS SKIN AND BODY SOLUTIONS 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRANSFORMATIONS SKIN AND BODY SOLUTIONS	<b>c</b> EIN-PN 82-0978033-001
<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	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	TRG 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	THE RADIOLOGY GROUP, P.C.	<b>c</b> EIN-PN 93-0585144-001
<b>a</b> Plan name	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>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 ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIAD ASSOCIATES, INC.	<b>c</b> EIN-PN 04-2919653-001
<b>a</b>	Plan name	TRIAD GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIAD GROUP, LLC	<b>c</b> EIN-PN 13-4091658-001
<b>a</b>	Plan name	TRIJOSH LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIJOSH, LLC	<b>c</b> EIN-PN 83-2359185-001
<b>a</b>	Plan name	TRINITY MEP ENGINEERING RETIREMENT PLANS	
<b>b</b>	Name of plan sponsor	TRINITY MEP ENGINEERING, LLC	<b>c</b> EIN-PN 51-0662503-001
<b>a</b>	Plan name	TRISTAR BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRISTAR BANK	<b>c</b> EIN-PN 56-2136525-001
<b>a</b>	Plan name	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	TRU-FORM FOUNDATIONS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRU-FORM FOUNDATIONS, INC.	<b>c</b> EIN-PN 02-0388431-001
<b>a</b>	Plan name	TURF BADGER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TURF BADGER LLC	<b>c</b> EIN-PN 85-0491903-001
<b>a</b>	Plan name	TWIN PEAKS CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWIN PEAKS CONSTRUCTION, LLC	<b>c</b> EIN-PN 42-1671870-001
<b>a</b>	Plan name	TWR HOLDINGS LLC 401 K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	TWR HOLDINGS LLC	<b>c</b> EIN-PN 45-2825558-001

<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	TYANN MATERIALS & CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TYANN MATERIALS & CONSTRUCTION, LLC	<b>c</b> EIN-PN 81-2398407-001
<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	UNIFIED BUILDING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIFIED BUILDING GROUP, LLC	<b>c</b> EIN-PN 27-3268030-001
<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>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>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	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	VALLEY PACE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALLEY PACE LLC	<b>c</b> EIN-PN 87-4614624-001
<b>a</b>	Plan name	VALLEYSHORE ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALLEYSHORE ENGINEERING, LLC	<b>c</b> EIN-PN 92-1224544-001
<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	VALUATION & LITIGATION SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALUATION & LITIGATION SERVICES, LLC	<b>c</b> EIN-PN 42-1603778-001
<b>a</b>	Plan name	VALVTECHNOLOGIES EMPLOYEES 401(K) PROFIT SHARING PLAN & TRUST - 755521-01	
<b>b</b>	Name of plan sponsor	VALVTECHNOLOGIES INC	<b>c</b> EIN-PN 76-0266982-001
<b>a</b>	Plan name	VAN GOGHS PALETTE INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	VAN GOGHS PALETTE INC	<b>c</b> EIN-PN 59-3720139-001
<b>a</b>	Plan name	VCOM3D 401(K) EMPLOYER SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VCOM3D, INC.	<b>c</b> EIN-PN 59-3419305-001
<b>a</b>	Plan name	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>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	VENTURE FORWARD 401(K) PLAN
<b>b</b>	Name of plan sponsor	VENTURE FORWARD LLC
<b>c</b>	EIN-PN	37-1943127-001
<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	VIENNA VILLAGE, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	VIENNA VILLAGE, INC.
<b>c</b>	EIN-PN	56-0853156-001
<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	VOELZ, REED & MOUNT 401K
<b>b</b>	Name of plan sponsor	VOELZ, REED & MOUNT, LLC
<b>c</b>	EIN-PN	47-2613976-001
<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	WAKE FAMILY EYE CARE OD PA 401(K) P/S PLAN
<b>b</b>	Name of plan sponsor	WAKE FAMILY EYE CARE OD, PA
<b>c</b>	EIN-PN	46-4745565-001
<b>a</b>	Plan name	WAKE UP LLC 401(K) PROFITSHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	WAKE UP LLC
<b>c</b>	EIN-PN	84-2179299-001
<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>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	WALTER DE GRUYTER, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WALTER DE GRUYTER, INC.	<b>c</b> EIN-PN 13-2677503-001
<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	WARRIOR ALLEGIANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARRIOR ALLEGIANCE, LLC	<b>c</b> EIN-PN 86-3987566-001
<b>a</b>	Plan name	WARRIORS WAY INTERNATIONAL INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARRIORS WAY INTERNATIONAL INC	<b>c</b> EIN-PN 20-8088478-001
<b>a</b>	Plan name	WATERMARK MANAGEMENT PARTNERS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WATERMARK MANAGEMENT PARTNERS	<b>c</b> EIN-PN 06-1567505-001
<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	WAYPOINT PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	WAYPOINT PARTNERS	<b>c</b> EIN-PN 42-1719324-002
<b>a</b>	Plan name	WEEKLY TIMBER & PULP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WEEKLY TIMBER & PULP, INC.	<b>c</b> EIN-PN 39-1292165-001
<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	WELLAN ASSOCIATES INC 401K PSP	
<b>b</b>	Name of plan sponsor	WELLAN ASSOCIATES INC	<b>c</b> EIN-PN 74-3073313-001
<b>a</b>	Plan name	WESLEY L. CHRISTIAN D. D. S. , P. C. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WESLEY L. CHRISTIAN D.D.S., P.C.	<b>c</b> EIN-PN 20-5012087-001

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 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 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 WHITE & MCCARTHY, LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WHITE & MCCARTHY, LLP	<b>c</b> EIN-PN 54-2062028-001
<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 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 WILSON IVANOVA CERTIFIED PUBLIC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor WILSON IVANOVA CERTIFIED PUBLIC ACCOUNTANTS, INC.	<b>c</b> EIN-PN 47-1948460-001

<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	WINEBRENNER FINANCIAL 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	WINEBRENNER FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 61-1383865-001
<b>a</b>	Plan name	WINGLE SUPPLY COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WINGLE SUPPLY CO., INC.	<b>c</b> EIN-PN 22-3447784-001
<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	Y. B. WELDING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	Y.B. WELDING, INC.	<b>c</b> EIN-PN 20-2091065-001
<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	ZAXBY'S OF CLARKSVILLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLBRIEN, LLC	<b>c</b> EIN-PN 83-2420256-001
<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	ZEIS GROUP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ZEIS GROUP, INC.	<b>c</b> EIN-PN 43-0709024-002
<b>a</b>	Plan name	ZUCKERMAN GRAVELY MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ZUCKERMAN GRAVELY MANAGEMENT, INC.	<b>c</b> EIN-PN 52-1804940-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MYCOMPASS AMERICAN FUNDS 2035 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>38-7271368</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		1555
<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>	5750466	7112453
<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>	119766751	238335920
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	32894932	73002362
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	158412149	318452290
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	48190
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	5772341	7104645
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	5772341	7152835
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	152639808	311299455

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	994780	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		994780
<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>	14727060	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		14727060
<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>		9965469
<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>		25687309

**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>	11122	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	68095	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	68094	
(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>		147311
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		147311

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		25539998
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		165868524
(2) From this plan .....	<b>2l(2)</b>		32748875

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