

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><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 INDEX CONSERVATIVE RETIREMENT FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>482</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>38-4097336</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	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>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>MYCOMPASS INDEX CONSERVATIVE RETIREMENT FUND</u>	<b>B</b> Three-digit plan number (PN) <u>482</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>38-4097336</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR MSCI ACWI EX-US IMI INDEX FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>27-4955447-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6648313</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMODITY INDEX DAILY FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>27-4616854-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEVELOPED REAL ESTATE INDEX FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>27-2659367-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM GOV BOND INDEX FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>82-3997809-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5740638</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3357216-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14459084</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3318704-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>398103</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. TIPS FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>36-4495972-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LONG TERM CREDIT BOND INDEX FUND F**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

<b>c</b> EIN-PN <b>87-1467186-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>3734202</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **ENHANCED ROLL YIELD INDEX FUND F**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

<b>c</b> EIN-PN <b>99-3833244-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>1576486</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **FTSE NAREIT ALL EQUITY REITS INDEX**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

<b>c</b> EIN-PN <b>99-3288435-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>191089</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **GLOBAL CORE INFRASTRUCTURE INDEX FU**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

<b>c</b> EIN-PN <b>99-2814912-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>613078</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **0-5 YEAR U.S. TREASURY INFLATION PR**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

<b>c</b> EIN-PN <b>47-3988722-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>7810772</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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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 2016 RESTATEMENT OF THE CANDLEWOOD PARTNERS, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CANDLEWOOD PARTNERS, LLC	<b>c</b> EIN-PN 47-3217270-001
<b>a</b>	Plan name 21ST CENTURY HEALTHCARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor 21ST CENTURY HEALTHCARE, INC.	<b>c</b> EIN-PN 86-0733416-001
<b>a</b>	Plan name 3 DEGREES GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor 3 DEGREES GROUP, INC.	<b>c</b> EIN-PN 20-8434582-001
<b>a</b>	Plan name 401(K) PLAN OF HOCHHEIM PRAIRIE FARM MUTUAL INSURANCE ASSOCIATION	
<b>b</b>	Name of plan sponsor HOCHHEIM PRAIRIE FARM MUTUAL INSURANCE ASSOCIATION	<b>c</b> EIN-PN 74-0685915-003
<b>a</b>	Plan name 549 SPORTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor 549 SPORTS	<b>c</b> EIN-PN 83-3672587-001
<b>a</b>	Plan name 5Q PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor 5Q PARTNERS, LLC	<b>c</b> EIN-PN 46-3533175-001
<b>a</b>	Plan name A & L RV SALES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor A & L RV SALES LLC	<b>c</b> EIN-PN 46-1745260-001
<b>a</b>	Plan name A&E REAL ESTATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor A&E REAL ESTATE MANAGEMENT, LLC	<b>c</b> EIN-PN 45-1842743-002
<b>a</b>	Plan name AAC CONTRACTING, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AAC CONTRACTING, LLC	<b>c</b> EIN-PN 46-4694985-003
<b>a</b>	Plan name AAC DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AAC DISTRIBUTING, LLC	<b>c</b> EIN-PN 81-4675328-001
<b>a</b>	Plan name AARON SWAN & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AARON SWAN & ASSOCIATES, INC.	<b>c</b> EIN-PN 46-0326637-001
<b>a</b>	Plan name ACCUMYN. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCUMYN, LLC	<b>c</b> EIN-PN 22-3968687-001

<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	ACCURATE INDUSTRIAL CONSTRUCTION, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	ACCURATE INDUSTRIAL CONSTRUCTION, <b>c</b> EIN-PN 20-4080439-001
<b>a</b>	Plan name	ACCUTREATED LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	ACCUTREATED,LLC <b>c</b> EIN-PN 81-4764001-001
<b>a</b>	Plan name	ACKER MERRALL & CONDIT 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ACKER MERRALL & CONDIT <b>c</b> EIN-PN 13-0412134-001
<b>a</b>	Plan name	ADAMS RESOURCES AND ENERGY, INC., AND SUBSIDIARIES 401K PLAN
<b>b</b>	Name of plan sponsor	ADAMS RESOURCES AND ENERGY, INC. <b>c</b> EIN-PN 74-1753147-004
<b>a</b>	Plan name	ADG, P.C. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ADG, P.C. <b>c</b> EIN-PN 73-1104907-001
<b>a</b>	Plan name	ADVANCE THERAPY 401(K) PLAN
<b>b</b>	Name of plan sponsor	ADVANCE SPEECH THERAPY, LLC <b>c</b> EIN-PN 20-8783348-001
<b>a</b>	Plan name	ADVANCED CHIROPRACTIC OF SOUTH FLORIDA 401(K) PLAN
<b>b</b>	Name of plan sponsor	ADVANCED CHIROPRACTIC OF SOUTH FLORIDA <b>c</b> EIN-PN 54-2103465-001
<b>a</b>	Plan name	ADVANCED COMFORT SPECIALISTS 401(K) PLAN
<b>b</b>	Name of plan sponsor	ADVANCED COMFORT SPECIALISTS <b>c</b> EIN-PN 20-1900569-001
<b>a</b>	Plan name	ADVANCED RESTORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	ADVANCED RESTORATION CORP. <b>c</b> EIN-PN 11-3485582-001
<b>a</b>	Plan name	ADVANCED STUCCO 401(K) PLAN
<b>b</b>	Name of plan sponsor	JAMES J. BROOKS, INC DBA ADVANCED STUCCO <b>c</b> EIN-PN 65-0914022-001
<b>a</b>	Plan name	ADVANCED WINDOW COVERINGS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ADVANCED WINDOW DESIGNS <b>c</b> EIN-PN 47-2281525-001
<b>a</b>	Plan name	ADVANTAGE HEATING & AIR CONDITIONING 401(K) PLAN
<b>b</b>	Name of plan sponsor	ADVANTAGE HEATING & AIR CONDITIONING, LLC <b>c</b> EIN-PN 20-8203071-001

<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	ADVENTURE SCIENCE CENTER - NASHVILLE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ADVENTURE SCIENCE CENTER - NASHVILLE	<b>c</b> EIN-PN 62-0479192-001
<b>a</b>	Plan name	AEA EMPLOYEES 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ARIZONA EDUCATION ASSOCIATION	<b>c</b> EIN-PN 86-0002685-001
<b>a</b>	Plan name	AERO CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AERO CORPORATION	<b>c</b> EIN-PN 23-1696257-001
<b>a</b>	Plan name	AERO INSTRUMENTS AND AVIONICS, INC. SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	AERO INSTRUMENTS AND AVIONICS, INC.	<b>c</b> EIN-PN 16-0961901-001
<b>a</b>	Plan name	AG-AIR SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AG-AIR SYSTEMS, INC.	<b>c</b> EIN-PN 93-1111901-001
<b>a</b>	Plan name	AGENCYEA 401K PLAN	
<b>b</b>	Name of plan sponsor	AGENCYEA	<b>c</b> EIN-PN 36-4345593-001
<b>a</b>	Plan name	AGH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALDEN GROUP HOLDINGS, LLC	<b>c</b> EIN-PN 87-1902451-001
<b>a</b>	Plan name	AIR COMM CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AIR COMM CORPORATION	<b>c</b> EIN-PN 20-1849926-001
<b>a</b>	Plan name	AKIN BROOKS ENGINEERING, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor	AKIN BROOKS ENGINEERING	<b>c</b> EIN-PN 87-1881693-001
<b>a</b>	Plan name	ALASKA PREMIER AUCTIONS AND APPRAISALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALASKA PREMIER AUCTIONS AND APPRAISALS	<b>c</b> EIN-PN 82-4029092-001
<b>a</b>	Plan name	ALFANO BROTHERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ALFANO BROTHERS, INC.	<b>c</b> EIN-PN 65-0208589-001
<b>a</b>	Plan name	ALL 4 PETS HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	ALL 4 PETS HOSPITAL, LLC	<b>c</b> EIN-PN 61-2037057-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ALL AMERICAN PREMIER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL AMERICAN PREMIER LLC	<b>c</b> EIN-PN 82-1367710-001
<b>a</b>	Plan name	ALL COUNTY FIRE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL COUNTY FIRE, INC.	<b>c</b> EIN-PN 20-5087243-001
<b>a</b>	Plan name	ALLIANCE PRECISION PLASTICS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE PRECISION PLASTICS CORPORATION	<b>c</b> EIN-PN 16-1550809-001
<b>a</b>	Plan name	ALLIED FAMILY HEALTH LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIED FAMILY HEALTH, LLC	<b>c</b> EIN-PN 87-3703617-001
<b>a</b>	Plan name	ALLIED OMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIED OMS, LLC	<b>c</b> EIN-PN 83-3175824-001
<b>a</b>	Plan name	ALPINE FIRESIDE 401K PLAN	
<b>b</b>	Name of plan sponsor	ALPINE FIRESIDE HEALTH CENTER, LTD	<b>c</b> EIN-PN 36-2753251-001
<b>a</b>	Plan name	ALPINE MECHANICAL & SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALPINE MECHANICAL & SERVICE, INC.	<b>c</b> EIN-PN 86-1041373-002
<b>a</b>	Plan name	ALPINE PLUMBING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALPINE PLUMBING GROUP LLC	<b>c</b> EIN-PN 85-3623692-001
<b>a</b>	Plan name	ALTHOFF INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTHOFF INDUSTRIES, INC.	<b>c</b> EIN-PN 36-3921702-003
<b>a</b>	Plan name	ALTITUDE PEDIATRICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTITUDE PEDIATRICS, LLC	<b>c</b> EIN-PN 86-2908312-001
<b>a</b>	Plan name	AM CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A M CONSTRUCTION, LLC	<b>c</b> EIN-PN 27-3400152-001
<b>a</b>	Plan name	AMAN NORTH AMERICA 401K PLAN	
<b>b</b>	Name of plan sponsor	AMAN NORTH AMERICA	<b>c</b> EIN-PN 86-3724358-001

<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	AMARILLO HEART INSTITUTE 401(K) AND PSP	
<b>b</b>	Name of plan sponsor	AMARILLO HEART INSTITUTE	<b>c</b> EIN-PN 88-3862154-001
<b>a</b>	Plan name	AMBASSADORS WORSHIP CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARVEST TABERNAC CH DBA AMBASSADORS WSHIP CTR	<b>c</b> EIN-PN 47-0779351-001
<b>a</b>	Plan name	AMENDOLA COMMUNICATIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMENDOLA COMMUNICATIONS, LLC	<b>c</b> EIN-PN 20-0251810-001
<b>a</b>	Plan name	AMERICA'S MOTORSPORTS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION SALES AND SERVICE, INC.	<b>c</b> EIN-PN 62-1128522-001
<b>a</b>	Plan name	AMERICAN ERECTION, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ERECTION, LLC	<b>c</b> EIN-PN 90-0434941-001
<b>a</b>	Plan name	AMERICAN GLASS PROFESSIONALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN GLASS PROFESSIONALS, LLC	<b>c</b> EIN-PN 85-3536192-001
<b>a</b>	Plan name	AMERICAN SOLAR ELECTRIC, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN SOLAR ELECTRIC, INC	<b>c</b> EIN-PN 86-1014949-001
<b>a</b>	Plan name	AMPTX ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMPTX ELECTRIC, LP	<b>c</b> EIN-PN 20-8397087-001
<b>a</b>	Plan name	AMU ENGINEERING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JENNIFER MURPHY	<b>c</b> EIN-PN 37-1440406-001
<b>a</b>	Plan name	ANCAR ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANCAR ENTERPRISES, LLC	<b>c</b> EIN-PN 47-5459444-001
<b>a</b>	Plan name	ANCHOR NETWORK SOLUTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ANCHOR NETWORK SOLUTIONS, INC.	<b>c</b> EIN-PN 81-0564791-001
<b>a</b>	Plan name	ANGEION GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANGEION GROUP, LLC	<b>c</b> EIN-PN 46-3535702-001

<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	ANGELS OF CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AOC OPCO, LLC	<b>c</b> EIN-PN 83-4225264-001
<b>a</b>	Plan name	ANS LLC/ NEUROVATIVE DIAGNOSTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MELIORA INNOVATIONS, LLC	<b>c</b> EIN-PN 87-1331246-001
<b>a</b>	Plan name	ANSWERNET 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ANSWERNET, INC.	<b>c</b> EIN-PN 23-2967465-001
<b>a</b>	Plan name	ANTELOPE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALPINE PET OPCO, LLC	<b>c</b> EIN-PN 87-2682302-001
<b>a</b>	Plan name	ANYTIME RESTORATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANYTIME RESTORATION, INC.	<b>c</b> EIN-PN 46-1417109-001
<b>a</b>	Plan name	AP ORGANIZING SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AP ORGANIZING SOLUTIONS, LLC	<b>c</b> EIN-PN 47-2224472-001
<b>a</b>	Plan name	APEL EXTRUSIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APEL EXTRUSIONS, INC.	<b>c</b> EIN-PN 42-1772507-001
<b>a</b>	Plan name	APPALACHIAN BREWING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APPALACHIAN BREWING COMPANY, INC.	<b>c</b> EIN-PN 25-1772677-001
<b>a</b>	Plan name	APPLIED INDUSTRIAL MACHINING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APPLIED INDUSTRIAL MACHINING, LLC	<b>c</b> EIN-PN 46-1592245-002
<b>a</b>	Plan name	AQUATIC HABITATS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AH PONDS INC.	<b>c</b> EIN-PN 38-3894088-001
<b>a</b>	Plan name	ARB MIDSTREAM MANAGEMENT LLC	
<b>b</b>	Name of plan sponsor	ARB MIDSTREAM MANAGEMENT LLC	<b>c</b> EIN-PN 47-2842784-001
<b>a</b>	Plan name	AREA AGENCY ON AGING PB/TC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AREA AGENCY ON AGING OF PALM BEACH/	<b>c</b> EIN-PN 65-0087858-001

<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	ARISE CHILD & FAMILY SERVICE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARISE CHILD & FAMILY SERVICE, INC.	<b>c</b> EIN-PN 16-1186293-003
<b>a</b>	Plan name	ARIZONA CONSTRUCTION LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ARIZONA CONSTRUCTION LLC	<b>c</b> EIN-PN 40-0022029-001
<b>a</b>	Plan name	ARIZONA MEDICAL GROUP PLAN	
<b>b</b>	Name of plan sponsor	ARIZONA MEDICAL GROUP PLAN	<b>c</b> EIN-PN 20-2850854-001
<b>a</b>	Plan name	ARKANSAS POLY & PRINTING, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARKANSAS POLY & PRINTING, LLC	<b>c</b> EIN-PN 85-4315190-001
<b>a</b>	Plan name	AROUET FOUNDATION 401K PLAN	
<b>b</b>	Name of plan sponsor	AROUET FOUNDATION	<b>c</b> EIN-PN 45-3456191-333
<b>a</b>	Plan name	ART AUTISM RELATED THERAPY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ART AUTISM RELATED THERAPY, LLC	<b>c</b> EIN-PN 82-3491495-001
<b>a</b>	Plan name	ARTCOBELL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARTCO-BELL CORPORATION	<b>c</b> EIN-PN 74-2236641-001
<b>a</b>	Plan name	ASCENSION RECOVERY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASCENSION ACQUISITION, LLC	<b>c</b> EIN-PN 86-2316788-001
<b>a</b>	Plan name	ASD THERAPY SOLUTIONS 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ASD THERAPY SOLUTIONS, LLC	<b>c</b> EIN-PN 83-2526282-001
<b>a</b>	Plan name	ASHLEY PEDIATRICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAROJINI BOSE, MD PA	<b>c</b> EIN-PN 32-0014517-001
<b>a</b>	Plan name	ASSOCIATED CONSTRUCTION AND ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED CONSTRUCTION AND ENGINEERING, INC.	<b>c</b> EIN-PN 27-4752336-001
<b>a</b>	Plan name	ATLAS NAVIGATORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLAS NAVIGATORS, LLC	<b>c</b> EIN-PN 47-2544071-001

<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	ATLAS TECHNICA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLAS TECHNICA LLC	<b>c</b> EIN-PN 81-1729355-001
<b>a</b>	Plan name	AUER STEEL & HEATING SUPPLY COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AUER STEEL & HEATING SUPPLY CO.	<b>c</b> EIN-PN 39-0139306-002
<b>a</b>	Plan name	AUSTAL USA. LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUSTAL USA. LLC	<b>c</b> EIN-PN 63-1238756-001
<b>a</b>	Plan name	AUTOLAND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MMPD CARST LLC	<b>c</b> EIN-PN 81-3593156-001
<b>a</b>	Plan name	AUTOMATED BUSINESS TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUTOMATED BUSINESS PRODUCTS OF COLORADO	<b>c</b> EIN-PN 81-0674085-001
<b>a</b>	Plan name	AUTOMATED CUSTOMS EXPERTS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUTOMATED CUSTOMS EXPERTS GROUP	<b>c</b> EIN-PN 33-0961730-001
<b>a</b>	Plan name	AUTOMOX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUTOMOX, INC.	<b>c</b> EIN-PN 47-3845439-001
<b>a</b>	Plan name	AUTOSMITH OF GEORGIA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AUTOSMITH OF GEORGIA, INC.	<b>c</b> EIN-PN 58-1966553-001
<b>a</b>	Plan name	AVANIA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AVANIA, LLC	<b>c</b> EIN-PN 04-3517564-001
<b>a</b>	Plan name	AVID CORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AVID CORE, LLC	<b>c</b> EIN-PN 84-3585834-001
<b>a</b>	Plan name	AWARE RECOVERY CENTER 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AWARE RECOVERY CARE INC	<b>c</b> EIN-PN 45-2829077-002
<b>a</b>	Plan name	AXISNORTH SOLUTIONS, INC 401(K) PSP AND TRUST	
<b>b</b>	Name of plan sponsor	AXISNORTH SOLUTIONS, INC.	<b>c</b> EIN-PN 48-1810603-001

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>B &amp; H CONSTRUCTION, INC. 401 K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>B &amp; H CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>88-0293963-001</b>
<b>a</b>	Plan name <b>BACK TO HEALTH PHYSICAL THERAPY ASSOCIATES, PA PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BACK TO HEALTH PHYSICAL THERAPY</b>	<b>c</b> EIN-PN <b>20-4461846-001</b>
<b>a</b>	Plan name <b>BACON GALLERIES, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BACON GALLERIES, INC.</b>	<b>c</b> EIN-PN <b>65-0102083-001</b>
<b>a</b>	Plan name <b>BADURIK'S BUTCHER BLOCK 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BADURIK LLC DBA BADURIKS BUTCHER BLOCK</b>	<b>c</b> EIN-PN <b>36-4640006-001</b>
<b>a</b>	Plan name <b>BALD EAGLE PLUMBING LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BALD EAGLE PLUMBING, LLC</b>	<b>c</b> EIN-PN <b>88-2919119-001</b>
<b>a</b>	Plan name <b>BANDERA UTILITY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BANDERA UTILITY CONTRACTORS, INC</b>	<b>c</b> EIN-PN <b>75-2437760-001</b>
<b>a</b>	Plan name <b>BANNER ENVIRONMENTAL SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BANNER ENVIRONMENTAL SERVICES, INC.</b>	<b>c</b> EIN-PN <b>47-2625434-001</b>
<b>a</b>	Plan name <b>BARRINGTON VENTURE/THE GARLANDS OF BARRINGTON RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARRINGTON VENTURE HOLDING COMPANY, LLC</b>	<b>c</b> EIN-PN <b>36-4154944-001</b>
<b>a</b>	Plan name <b>BARTHOLOMEW ELECTRIC LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARTHOLOMEW ELECTRIC LLC</b>	<b>c</b> EIN-PN <b>06-1306417-001</b>
<b>a</b>	Plan name <b>BAY CORPORATION PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BAY CORPORATION</b>	<b>c</b> EIN-PN <b>34-1278670-001</b>
<b>a</b>	Plan name <b>BAY CREST PARTNERS, LLC SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAY CREST PARTNERS, LLC</b>	<b>c</b> EIN-PN <b>13-3697789-001</b>
<b>a</b>	Plan name <b>BAYSINGER PARTNERS ARCHITECTURE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAYSINGER PARTNERS ARCHITECTURE, PC</b>	<b>c</b> EIN-PN <b>93-1193494-001</b>

<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	BEACHRIOT 401(K) PLAN
<b>b</b>	Name of plan sponsor	DESIGNS BY NIKKI LLC DBA BEACHRIOT
<b>c</b>	EIN-PN	26-4574587-001
<b>a</b>	Plan name	BECKLEY SURGERY CENTER 401(K) PLAN
<b>b</b>	Name of plan sponsor	BECKLEY SURGERY CENTER, INC.
<b>c</b>	EIN-PN	55-0764318-001
<b>a</b>	Plan name	BEDESCHI AMERICA 401(K) PLAN
<b>b</b>	Name of plan sponsor	BEDESCHI AMERICA, INC.
<b>c</b>	EIN-PN	20-0682291-001
<b>a</b>	Plan name	BELLDINI, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	BELLDINI INC.
<b>c</b>	EIN-PN	93-2522622-003
<b>a</b>	Plan name	BENCHCRAFT CUSTOM MILLWORK INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	BENCHCRAFT CUSTOM MILLWORK INC
<b>c</b>	EIN-PN	84-1587975-001
<b>a</b>	Plan name	BENDER ORNAMENTAL SAFE HARBOR 401(K) PLAN
<b>b</b>	Name of plan sponsor	BENDER ORNAMENTAL
<b>c</b>	EIN-PN	72-1588815-001
<b>a</b>	Plan name	BENET STORE INC 401K PLAN
<b>b</b>	Name of plan sponsor	BENET STORE INC
<b>c</b>	EIN-PN	59-2243487-001
<b>a</b>	Plan name	BENNETT GRAPHICS SAVINGS PLAN
<b>b</b>	Name of plan sponsor	BENNETT BROTHERS PRINTING CO., INC.
<b>c</b>	EIN-PN	58-1078351-002
<b>a</b>	Plan name	BENNETT MACHINE & STAMPING CO. PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	BENNETT MACHINE & STAMPING COMPANY
<b>c</b>	EIN-PN	34-1036477-001
<b>a</b>	Plan name	BERKSHIRE BREWING COMPANY 401(K) PLAN
<b>b</b>	Name of plan sponsor	BERKSHIRE BREWING COMPANY, INC.
<b>c</b>	EIN-PN	04-3179085-001
<b>a</b>	Plan name	BETH L. FABER, DDS, MS, PC 401(K) PLAN
<b>b</b>	Name of plan sponsor	BETH L. FABER, D.D.S., M.S., P.C.
<b>c</b>	EIN-PN	54-1491656-001
<b>a</b>	Plan name	BETSY ROSS REHABILITATION CENTER INC 401K PLAN
<b>b</b>	Name of plan sponsor	BETSY ROSS REHABILITATION CENTER INC
<b>c</b>	EIN-PN	16-1549991-002

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 BIDDINGER, SCHROT & ROLANDO PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIDDINGER, SCHROT & ROLANDO PC	<b>c</b> EIN-PN 84-2528005-001
<b>a</b>	Plan name BIG RAPIDS PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIG RAPIDS PRODUCTS, INC.	<b>c</b> EIN-PN 38-2063321-001
<b>a</b>	Plan name BIGGE CRANE AND RIGGING CO. 401(K) PROFIT	
<b>b</b>	Name of plan sponsor BIGGE CRANE AND RIGGING CO.	<b>c</b> EIN-PN 94-3291765-001
<b>a</b>	Plan name BIGZBYS CONCRETE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BIGZBYS CONCRETE, INC.	<b>c</b> EIN-PN 75-2979821-001
<b>a</b>	Plan name BILIKIN INVESTMENT GROUP DBA MIDAS 401K SAVINGS	
<b>b</b>	Name of plan sponsor BILIKIN INVESTMENT GROUP DBA MIDAS	<b>c</b> EIN-PN 20-2395147-002
<b>a</b>	Plan name BISON STATE BANK 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BISON STATE BANK	<b>c</b> EIN-PN 48-0140950-001
<b>a</b>	Plan name BLATCHFORD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLATCHFORD, INC.	<b>c</b> EIN-PN 31-1419100-001
<b>a</b>	Plan name BLOOM TO BOX CROP CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLOOM TO BOX CROP CARE, INC.	<b>c</b> EIN-PN 20-2171514-001
<b>a</b>	Plan name BLUE DUCK MEDIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUE DUCK MEDIA, INC.	<b>c</b> EIN-PN 82-2339514-001
<b>a</b>	Plan name BLUE FROG 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOUBLE V. INDUSTRIES, INC.	<b>c</b> EIN-PN 77-0585908-001
<b>a</b>	Plan name BOAN, CONNEALY & HOULEHAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOAN, CONNEALY & HOULEHAN LLC	<b>c</b> EIN-PN 27-4360947-001
<b>a</b>	Plan name BOGLIOLI FUNERAL HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOGLIOLI FUNERAL HOMES	<b>c</b> EIN-PN 47-2458025-001

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>BOLD BUSINESS LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOLD BUSINESS LLC</b>	<b>c</b> EIN-PN <b>81-3614923-001</b>
<b>a</b>	Plan name <b>BOLD CONTROLS, INC. CASH BALANCE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOLD CONTROLS, INC.</b>	<b>c</b> EIN-PN <b>30-0081330-002</b>
<b>a</b>	Plan name <b>BOLD PENGUIN 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOLD PENGUIN INC.</b>	<b>c</b> EIN-PN <b>81-3064148-001</b>
<b>a</b>	Plan name <b>BOMNIN AUTOMOTIVE GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOMNIN AUTOMOTIVE, LLC DBA</b>	<b>c</b> EIN-PN <b>81-3872123-001</b>
<b>a</b>	Plan name <b>BOSS LASER, LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOSS LASER</b>	<b>c</b> EIN-PN <b>46-0907459-002</b>
<b>a</b>	Plan name <b>BOULDEN BROTHERS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOULDEN SERVICES, LLC</b>	<b>c</b> EIN-PN <b>74-3090393-001</b>
<b>a</b>	Plan name <b>BRAD HALL COMPANIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRAD HALL &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>84-3298308-001</b>
<b>a</b>	Plan name <b>BRAEDEN ENGINEERING AND CONSULTING LLC</b>	
<b>b</b>	Name of plan sponsor <b>BEN NEWTON</b>	<b>c</b> EIN-PN <b>90-0475520-001</b>
<b>a</b>	Plan name <b>BRI-TECH, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRI-TECH, INC.</b>	<b>c</b> EIN-PN <b>11-3089945-001</b>
<b>a</b>	Plan name <b>BRIAN K. MCNEELY, DDS &amp; JUSTIN L. MALLETTE, DDS, PLLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRIAN K. MCNEELY, DDS &amp; JUSTIN L. MALLETTE, DDS, PLLC</b>	<b>c</b> EIN-PN <b>84-2057867-001</b>
<b>a</b>	Plan name <b>BRIGHTON HILL DENTAL, P.C. 401(K) PSP</b>	
<b>b</b>	Name of plan sponsor <b>BRIGHTON HILL DENTAL, P.C.</b>	<b>c</b> EIN-PN <b>92-3320084-001</b>
<b>a</b>	Plan name <b>BRIGHTWORKS SUSTAINABILITY LLC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BRIGHTWORKS SUSTAINABILITY LLC</b>	<b>c</b> EIN-PN <b>47-3657527-001</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	BROWN'S HEATNG AND AIR, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BROWNS HEATNG AND AIR, INC.	<b>c</b> EIN-PN 85-0604211-001
<b>a</b>	Plan name	BROWNSVILLE DENTAL ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MANUEL R VILLARREAL, II, DDS	<b>c</b> EIN-PN 20-3550583-001
<b>a</b>	Plan name	BRUEGMANN 401K PLAN	
<b>b</b>	Name of plan sponsor	BRUEGMANN USA INC	<b>c</b> EIN-PN 75-2929790-001
<b>a</b>	Plan name	BSH GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOWERS SCHOOL HOUSE PRESCHOOL & LEARNING CENTER, LLC	<b>c</b> EIN-PN 82-5223098-001
<b>a</b>	Plan name	BUCHANAN'S NATIVE PLANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUCHANANS NURSERY, INC.	<b>c</b> EIN-PN 76-0366829-001
<b>a</b>	Plan name	BUCK MASON 401K PLAN	
<b>b</b>	Name of plan sponsor	BUCK MASON	<b>c</b> EIN-PN 46-1376370-001
<b>a</b>	Plan name	BUDGET BLINDS OF RACINE AND KENOSHA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUDGET BLINDS OF RACINE AND KENOSHA	<b>c</b> EIN-PN 47-2666892-001
<b>a</b>	Plan name	BUG BUSTERS, INC. 401(K)	
<b>b</b>	Name of plan sponsor	BUG BUSTERS, INC.	<b>c</b> EIN-PN 41-1656456-001
<b>a</b>	Plan name	BWELZ 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WELS SYSTEMS FOUNDATION, LLC	<b>c</b> EIN-PN 27-0762558-001
<b>a</b>	Plan name	BYNDER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BYNDER, LLC	<b>c</b> EIN-PN 30-0809702-002
<b>a</b>	Plan name	C & D ELECTRONICS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C & D ELECTRONICS, INC.	<b>c</b> EIN-PN 04-2900207-001
<b>a</b>	Plan name	C & K PLASTICS GA NC 401(K) PROFIT SHARE PL & TRUST	
<b>b</b>	Name of plan sponsor	C & K PLASTICS GEORGIA, LLC.	<b>c</b> EIN-PN 47-3915468-001

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 C & K PLASTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor C & K PLASTICS, INC.	<b>c</b> EIN-PN 22-1829669-002
<b>a</b>	Plan name C M I NOVACAST INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor C M I NOVACAST INC.	<b>c</b> EIN-PN 36-3590450-001
<b>a</b>	Plan name C&G ELECTRIC 401K PLAN	
<b>b</b>	Name of plan sponsor C&G ELECTRIC	<b>c</b> EIN-PN 75-2120764-001
<b>a</b>	Plan name C&H INDUSTRIAL SERVICES OF NORTH GEORGIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor C&H INDUSTRIAL SERVICES OF NORTH GE	<b>c</b> EIN-PN 11-3824032-001
<b>a</b>	Plan name C21 THE HARRELSON GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor R&G CORPORATION DBA CENTURY 21 THE HARRELSON GROUP	<b>c</b> EIN-PN 58-2464095-001
<b>a</b>	Plan name CAIN & SKARNULIS PLLC	
<b>b</b>	Name of plan sponsor CAIN & SKARNULIS PLLC	<b>c</b> EIN-PN 46-5095712-001
<b>a</b>	Plan name CALIBRATION LABORATORY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CALIBRATION LABORATORY LLC	<b>c</b> EIN-PN 47-5088308-001
<b>a</b>	Plan name CALIFORNIA SOLAR INTEGRATORS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA SOLAR INTEGRATORS INC	<b>c</b> EIN-PN 47-2667913-001
<b>a</b>	Plan name CALNON & CILANO, D.D.S., PC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor CALNON & CILANO, D.D.S., PC	<b>c</b> EIN-PN 16-1368020-001
<b>a</b>	Plan name CANYON VIEW MEDICAL GROUP LC 401(K) AND PSP	
<b>b</b>	Name of plan sponsor CANYON VIEW MEDICAL GROUP LC	<b>c</b> EIN-PN 84-1367175-002
<b>a</b>	Plan name CAPEL, INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAPEL, INCORPORATED	<b>c</b> EIN-PN 56-0651989-002
<b>a</b>	Plan name CAPITAL REALTY GROUP INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CAPITAL REALTY GROUP INC	<b>c</b> EIN-PN 20-1127702-001

<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	CARDAMOM HEALTH 401(K) PLAN
<b>b</b>	Name of plan sponsor	CARDAMOM HEALTH, INC.
<b>c</b>	EIN-PN	87-2869723-001
<b>a</b>	Plan name	CAS MANAGEMENT GROUP. LLC 401K PLAN
<b>b</b>	Name of plan sponsor	CAS MANAGEMENT GROUP LLC
<b>c</b>	EIN-PN	81-3192194-002
<b>a</b>	Plan name	CASA 401(K) PLAN
<b>b</b>	Name of plan sponsor	CASA NISSAN, INC.
<b>c</b>	EIN-PN	74-2325378-001
<b>a</b>	Plan name	CASINELLA EXCAVATING, LLC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CASINELLA EXCAVATING, LLC
<b>c</b>	EIN-PN	87-2840600-001
<b>a</b>	Plan name	CATTS CONSTRUCTION 401(K) PLAN
<b>b</b>	Name of plan sponsor	CATTS CONSTRUCTION, INC.
<b>c</b>	EIN-PN	27-3760152-001
<b>a</b>	Plan name	CAVINESS & CATES BUILDING AND DEVELOPMENT 401(K)
<b>b</b>	Name of plan sponsor	CAVINESS & CATES BUILDING AND
<b>c</b>	EIN-PN	56-2119964-001
<b>a</b>	Plan name	CAVITCH, FAMILO & DURKIN CO. , LPA RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CAVITCH, FAMILO & DURKIN CO., LPA
<b>c</b>	EIN-PN	34-1083489-003
<b>a</b>	Plan name	CBD DALLAS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FORT-TRACE, LLC
<b>c</b>	EIN-PN	83-1293410-001
<b>a</b>	Plan name	CDD 401(K) PLAN
<b>b</b>	Name of plan sponsor	DEVELOPMENTAL DISABILITIES OF PIKE COUNTY LTD
<b>c</b>	EIN-PN	23-2691523-002
<b>a</b>	Plan name	CEDAR CONSTRUCTION CO. , INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CEDAR CONSTRUCTION CO., INC.
<b>c</b>	EIN-PN	47-0535498-002
<b>a</b>	Plan name	CENTERS FOR PAIN CONTROL, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CENTERS FOR PAIN CONTROL, INC.
<b>c</b>	EIN-PN	26-3681128-001
<b>a</b>	Plan name	CENTURY-CENTECH HOLDING CO. EMPLOYEE STOCK OWNERSHIP PLAN
<b>b</b>	Name of plan sponsor	CENTURY-CENTECH HOLDING COMPANY
<b>c</b>	EIN-PN	26-1545521-001

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="#">CEPRA LANDSCAPE LLC 401(K)PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CEPRA LANDSCAPE LLC</a>	<b>c</b> EIN-PN <a href="#">47-3033703-001</a>
<b>a</b>	Plan name <a href="#">CHITIMACHA TRIBE OF LOUISIANA 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHITIMACHA TRIBE OF LOUISIANA</a>	<b>c</b> EIN-PN <a href="#">72-0705406-001</a>
<b>a</b>	Plan name <a href="#">CHOOZLE, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHOOZLE, INC.</a>	<b>c</b> EIN-PN <a href="#">46-1258463-001</a>
<b>a</b>	Plan name <a href="#">CHRISTENSON TRANSPORTATION, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHRISTENSON TRANSPORTATION, INC.</a>	<b>c</b> EIN-PN <a href="#">43-1684439-002</a>
<b>a</b>	Plan name <a href="#">CHRISTIE LITES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHRISTIE LITES</a>	<b>c</b> EIN-PN <a href="#">87-1871139-001</a>
<b>a</b>	Plan name <a href="#">CHUBENKO FAMILY FUNERAL HOMES INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHUBENKO FAMILY FUNERAL HOMES INC.</a>	<b>c</b> EIN-PN <a href="#">83-1064217-001</a>
<b>a</b>	Plan name <a href="#">CIGARETTE STORE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE CIGARETTE STORE LLC</a>	<b>c</b> EIN-PN <a href="#">84-1182893-001</a>
<b>a</b>	Plan name <a href="#">CINCINNATI ASSOCIATION FOR THE BLIND 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CINCINNATI ASSOCIATION FOR THE BLIND</a>	<b>c</b> EIN-PN <a href="#">31-0538511-001</a>
<b>a</b>	Plan name <a href="#">CIRONEFRIEDBERG, LLP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CIRONEFRIEDBERG, LLP</a>	<b>c</b> EIN-PN <a href="#">06-1533315-001</a>
<b>a</b>	Plan name <a href="#">CITY OF MISSION VIEJO PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CITY OF MISSION VIEJO</a>	<b>c</b> EIN-PN <a href="#">33-0283448-401</a>
<b>a</b>	Plan name <a href="#">CJ PONY PARTS, INC. HOURLY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CJ PONY PARTS, INC.</a>	<b>c</b> EIN-PN <a href="#">25-1735065-001</a>
<b>a</b>	Plan name <a href="#">CLANCY CONTRACTING SERVICES, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLANCY CONTRACTING SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">43-2095322-001</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 <u>CLEAN CHEMISTRY 401K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CLEAN CHEMISTRY INC.</u>	<b>c</b> EIN-PN <u>32-0453988-001</u>
<b>a</b>	Plan name <u>CLEMENT AUTOMOTIVE GROUP RETIREMENT SAVINGS PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CLEMENT AUTOMOTIVE GROUP, LLC</u>	<b>c</b> EIN-PN <u>86-3860892-001</u>
<b>a</b>	Plan name <u>CLIFTON MANAGEMENT COMPANY 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CLIFTON MANAGEMENT COMPANY LLC</u>	<b>c</b> EIN-PN <u>92-3722489-001</u>
<b>a</b>	Plan name <u>CLINILABS, INC. 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CLINILABS, INC.</u>	<b>c</b> EIN-PN <u>13-4116482-001</u>
<b>a</b>	Plan name <u>CLINTON ELECTRIC &amp; PLUMBING SUPPLY, INC. PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CLINTON ELECTRIC &amp; PLUMBING SUPPLY, INC.</u>	<b>c</b> EIN-PN <u>31-0792488-001</u>
<b>a</b>	Plan name <u>CLOSETS BY DESIGN 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>PND VENTURES LLC D/B/A CLOSETS BY DESIGN - PIT</u>	<b>c</b> EIN-PN <u>83-4683666-001</u>
<b>a</b>	Plan name <u>CLUNK HOOSE CO., LPA 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CLUNK HOOSE CO., LPA</u>	<b>c</b> EIN-PN <u>34-1937930-001</u>
<b>a</b>	Plan name <u>CM SOLUTIONS, LLC PROFIT SHARING</u>	
<b>b</b>	Name of plan sponsor <u>COMPLETE MECHANICAL SOLUTIONS, LLC</u>	<b>c</b> EIN-PN <u>83-9738322-001</u>
<b>a</b>	Plan name <u>CMI MANAGEMENT RETIREMENT PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CMI MANAGEMENT LLC</u>	<b>c</b> EIN-PN <u>54-1524907-003</u>
<b>a</b>	Plan name <u>COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN</u>	
<b>b</b>	Name of plan sponsor <u>COLLEGE HOSPITAL GROUP, INC.</u>	<b>c</b> EIN-PN <u>20-1514870-002</u>
<b>a</b>	Plan name <u>COLLINSWORTH, SPECHT, CALKINS &amp; GIAMPAOLI, LLP 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>COLLINSWORTH, SPECHT, CALKINS &amp; GIAMPAOLI, LLP</u>	<b>c</b> EIN-PN <u>45-2500190-001</u>
<b>a</b>	Plan name <u>COMMSYS, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	
<b>b</b>	Name of plan sponsor <u>COMMSYS, INC.</u>	<b>c</b> EIN-PN <u>31-1281721-001</u>

<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	COMMUNICATION CONSULTING SERVICES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNICATION CONSULTING SERVICES INC	<b>c</b> EIN-PN 99-0270634-001
<b>a</b>	Plan name	COMMUNITY BRIDGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY BRIDGE, INC.	<b>c</b> EIN-PN 75-2984355-001
<b>a</b>	Plan name	COMMUNITY SCHOOL OF CLEBURNE COUNTY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY SCHOOL OF CLEBURNE COUNTY, INC.	<b>c</b> EIN-PN 71-0649286-001
<b>a</b>	Plan name	COMPANION DEVELOPMENT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPANION DEVELOPMENT GROUP	<b>c</b> EIN-PN 92-1687583-001
<b>a</b>	Plan name	COMPASS ROSE STUDENT HOUSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPASS ROSE STUDENT HOUSING LLC	<b>c</b> EIN-PN 83-1141335-001
<b>a</b>	Plan name	COMPATIBLE TECHNOLOGY SOLUTION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COMPATIBLE TECHNOLOGY SOLUTION	<b>c</b> EIN-PN 20-5029327-001
<b>a</b>	Plan name	COMPLETE MOBILE DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE MOBILE DENTISTRY, INC.	<b>c</b> EIN-PN 11-3651272-001
<b>a</b>	Plan name	COMPLETE PROPERTY SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE PROPERTY SERVICES, INC.	<b>c</b> EIN-PN 59-3376883-002
<b>a</b>	Plan name	COMPONENT SOURCING INTERNATIONAL, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	COMPONENT SOURCING INTERNATIONAL, LLC A DE LLC	<b>c</b> EIN-PN 37-1759561-001
<b>a</b>	Plan name	COMPREHENSIVE SLEEP DIAGNOSTICS, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPREHENSIVE SLEEP DIAGNOSTICS, PLLC	<b>c</b> EIN-PN 47-3495311-001
<b>a</b>	Plan name	CONEXUS MEDSTAFF, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONEXUS MEDSTAFF, LLC	<b>c</b> EIN-PN 27-1511706-001
<b>a</b>	Plan name	CONNECTED HEALTH CARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONNECTED HEALTH CARE, LLC	<b>c</b> EIN-PN 86-2146840-001

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 CONTINUUM CONSULTING SERVICES 401K PSP	
<b>b</b>	Name of plan sponsor LISA MARIE MAIN	<b>c</b> EIN-PN 82-5176475-001
<b>a</b>	Plan name COPPOLA SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COPPOLA SERVICES, INC.	<b>c</b> EIN-PN 13-3328023-002
<b>a</b>	Plan name CORBIN ELECTRICAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORBIN ELECTRICAL SERVICES, INC.	<b>c</b> EIN-PN 22-3121404-001
<b>a</b>	Plan name CORDEA CONSULTING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CORDEA CONSULTING, LLC	<b>c</b> EIN-PN 26-1302879-001
<b>a</b>	Plan name CORNERSTONE PLUMBING 401K PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE PLUMBING	<b>c</b> EIN-PN 47-1589601-001
<b>a</b>	Plan name COUNTY OF WINNEBAGO DC PL	
<b>b</b>	Name of plan sponsor COUNTY OF WINNEBAGO	<b>c</b> EIN-PN 39-6005760-457
<b>a</b>	Plan name COURTLAND WASTE SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor COURTLAND WASTE HANDLING, INC.	<b>c</b> EIN-PN 20-5129781-001
<b>a</b>	Plan name COYOTE RIDGE VETERINARY CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RL YELLOW DOG, LLC D/B/A COYOTE RIDGE VET CLNC	<b>c</b> EIN-PN 92-1079116-001
<b>a</b>	Plan name CPM & ROSEMURGY PROPERTIES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CAMPBELL PROPERTY MANAGEMENT	<b>c</b> EIN-PN 59-6058179-001
<b>a</b>	Plan name CROWELL STATE BANK EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CROWELL STATE BANK	<b>c</b> EIN-PN 75-0218430-002
<b>a</b>	Plan name CURRIE GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BILL CURRIE FORD, INC.	<b>c</b> EIN-PN 59-0910014-001
<b>a</b>	Plan name CUSTOM CRAFT CONTROLS, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CUSTOM CRAFT CONTROLS, INC.	<b>c</b> EIN-PN 34-1611585-001

<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	CUSTOM SERVICE HARDWARE LLC 401(K) PLAN & TRUST
<b>b</b>	Name of plan sponsor	CUSTOM SERVICE HARDWARE LLC
<b>c</b>	EIN-PN	47-4598383-001
<b>a</b>	Plan name	CYFAH LLC 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	CYFAH LLC
<b>c</b>	EIN-PN	46-4032485-001
<b>a</b>	Plan name	D & D CARTING 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	D&D CARTING CO. INC.
<b>c</b>	EIN-PN	11-1967569-001
<b>a</b>	Plan name	DABOTER 401(K) PLAN
<b>b</b>	Name of plan sponsor	DABOTER, INC.
<b>c</b>	EIN-PN	59-2132151-001
<b>a</b>	Plan name	DAD'S SUPER PAWN 401(K) & PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JKR, INC. DBA DADS SUPER PAWN
<b>c</b>	EIN-PN	27-2986161-001
<b>a</b>	Plan name	DAINES INSURANCE & FINANCIAL SERVICES, LLP 401(K) PLAN
<b>b</b>	Name of plan sponsor	DAINES INSURANCE & FINANCIAL SERVICES, LLP
<b>c</b>	EIN-PN	75-2966965-001
<b>a</b>	Plan name	DALLAS PLASTIC SURGERY INSTITUTE, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DALLAS PLASTIC SURGERY INSTITUTE, INC.
<b>c</b>	EIN-PN	75-2404682-004
<b>a</b>	Plan name	DANN MARINE TOWING, L. C. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DANN MARINE TOWING, L.C.
<b>c</b>	EIN-PN	52-1900224-001
<b>a</b>	Plan name	DAVID A. REESE, D. D. S. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DAVID A. REESE, D.D.S., P.C.
<b>c</b>	EIN-PN	23-2708271-001
<b>a</b>	Plan name	DAY ONE INDUSTRIES INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DAY ONE INDUSTRIES INC.
<b>c</b>	EIN-PN	92-3783632-001
<b>a</b>	Plan name	DBM CONTRACTORS 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	DONALD B. MURPHY CONTRACTORS, INC.
<b>c</b>	EIN-PN	91-0826786-002
<b>a</b>	Plan name	DC CONSTRUCTION ASSOCIATES OF CENTRAL FLORIDA 401(K) PLAN
<b>b</b>	Name of plan sponsor	DC CONSTRUCTION ASSOCIATES OF CENTRAL FLORIDA, LLC
<b>c</b>	EIN-PN	87-1674139-001

<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	DDH ENTERPRISE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DDH ENTERPRISE, INC.	<b>c</b> EIN-PN 33-6143829-001
<b>a</b>	Plan name	DECORATING ELVES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DECORATING ELVES INC.	<b>c</b> EIN-PN 57-1234174-001
<b>a</b>	Plan name	DEEP SPACE ROBOTS (401) PLAN	
<b>b</b>	Name of plan sponsor	DEEP SPACE ROBOTS, LLC	<b>c</b> EIN-PN 27-1977528-001
<b>a</b>	Plan name	DEGY BOOKING INTERNATIONAL, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DEGY BOOKING INTERNATIONAL, INC.	<b>c</b> EIN-PN 52-2336593-001
<b>a</b>	Plan name	DELUXE ATHLETICS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DELUXE ATHLETICS LLC	<b>c</b> EIN-PN 20-1893278-001
<b>a</b>	Plan name	DENTAL ASSOCIATES OF SUMMERSVILLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEATON DENTAL LLC DBA DENTAL ASSOCIATES OF SUMMERSVILLE	<b>c</b> EIN-PN 81-3501419-003
<b>a</b>	Plan name	DENTAL MONITORING AMERICAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DENTAL MONITORING AMERICA, INC.	<b>c</b> EIN-PN 61-1757534-001
<b>a</b>	Plan name	DENTISTRY OF THE CAROLINAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DENTISTRY OF THE CAROLINAS	<b>c</b> EIN-PN 56-2171037-001
<b>a</b>	Plan name	DESERT HAVEN ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DESERT HAVEN ENTERPRISES, INC	<b>c</b> EIN-PN 95-6006073-001
<b>a</b>	Plan name	DESERT ORTHOPEDICS CENTER 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DESERT ORTHOPEDICS CENTER	<b>c</b> EIN-PN 82-4202131-001
<b>a</b>	Plan name	DESIGN MOLDED PRODUCTS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DESIGN MOLDED PRODUCTS LLC	<b>c</b> EIN-PN 92-3828778-001
<b>a</b>	Plan name	DESIGN TOSCANO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DESIGN TOSCANO, INC.	<b>c</b> EIN-PN 36-3669977-001

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 DESIGNER WINDOW SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DESIGNER WINDOW SUPPLY	<b>c</b> EIN-PN 45-3651092-001
<b>a</b>	Plan name DIAGNOSTIC OUTPATIENT IMAGING 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIAGNOSTIC OUTPATIENT IMAGING	<b>c</b> EIN-PN 74-2896901-001
<b>a</b>	Plan name DIMAIO & TORP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor DIMAIO & TORP LLC	<b>c</b> EIN-PN 84-4792030-001
<b>a</b>	Plan name DISCOVERY MSO, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor DISCOVERY MSO, LLC	<b>c</b> EIN-PN 99-3129161-001
<b>a</b>	Plan name DVELE OMEGA 401(K) PLAN	
<b>b</b>	Name of plan sponsor DVELE OMEGA, INC.	<b>c</b> EIN-PN 82-4296597-001
<b>a</b>	Plan name EAS DINING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EAS DINING, LLC	<b>c</b> EIN-PN 47-4187326-001
<b>a</b>	Plan name EASTERN BROADCASTING AMERICA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor EASTERN BROADCASTING AMERICA CORPORATION	<b>c</b> EIN-PN 95-4673463-001
<b>a</b>	Plan name EASTERN OIL COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor EASTERN OIL COMPANY	<b>c</b> EIN-PN 38-2311892-001
<b>a</b>	Plan name EASTSIDE LANDSCAPING 401(K) PLAN	
<b>b</b>	Name of plan sponsor EASTSIDE LANDSCAPING & SNOWPLOWING INC.	<b>c</b> EIN-PN 34-1494851-001
<b>a</b>	Plan name EDINBURG ANIMAL HOSPITAL	
<b>b</b>	Name of plan sponsor EDINBURG ANIMAL HOSPITAL	<b>c</b> EIN-PN 22-1977471-001
<b>a</b>	Plan name EDNEY DISTRIBUTING COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor EDNEY DISTRIBUTING COMPANY, INC.	<b>c</b> EIN-PN 46-0258826-002
<b>a</b>	Plan name EGR, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EGR INCORPORATED	<b>c</b> EIN-PN 98-0137281-001

<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	ELECTREX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELECTREX, LLC	<b>c</b> EIN-PN 85-4307083-001
<b>a</b>	Plan name	ELITE BUILDING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELITE BUILDING SERVICES	<b>c</b> EIN-PN 51-0326838-001
<b>a</b>	Plan name	ELITE SURFACE INFRASTRUCTURE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RME LTD, LLC DBA ELITE SURFACE INFRASTRUCTURE	<b>c</b> EIN-PN 84-1480843-001
<b>a</b>	Plan name	EMBASSY SPECIALTY VEHICLES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EMBASSY SPECIALTY VEHICLES, LLC	<b>c</b> EIN-PN 84-3638971-001
<b>a</b>	Plan name	EMBROKER EMPLOYEE SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EMBROKER INC.	<b>c</b> EIN-PN 47-3262955-001
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF G. V. INDUSTRIES, INC.	
<b>b</b>	Name of plan sponsor	G. V. INDUSTRIES, INC.	<b>c</b> EIN-PN 95-3652044-003
<b>a</b>	Plan name	EMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERED MOBIL SOLUTIONS, LLC.	<b>c</b> EIN-PN 26-1314880-001
<b>a</b>	Plan name	ENCORE HCS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ENCORE HCS LLC	<b>c</b> EIN-PN 93-4786492-001
<b>a</b>	Plan name	ENGLAND, THIMS & MILLER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGLAND, THIMS & MILLER, INC.	<b>c</b> EIN-PN 59-1773930-001
<b>a</b>	Plan name	ENT SPECIALISTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EAR NOSE AND THROAT SPECIALISTS	<b>c</b> EIN-PN 11-3762043-001
<b>a</b>	Plan name	ENVIRONMENTAL ALLIES, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL ALLIES, INC.	<b>c</b> EIN-PN 76-0695382-001
<b>a</b>	Plan name	EPD SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENT PLANNING DEVELOPMENT SOLUTIONS, INC.	<b>c</b> EIN-PN 46-3581692-001

<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	EQH SERVICE COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EQH SERVICE COMPANY, LLC	<b>c</b> EIN-PN 81-2849140-001
<b>a</b>	Plan name	EQUILIEM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EQUILIEM, INC.	<b>c</b> EIN-PN 22-3367209-002
<b>a</b>	Plan name	ERICK SCHAT'S BAKKERIJ 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ERICK SCHATS BAKKERIJ, INC.	<b>c</b> EIN-PN 20-8285996-001
<b>a</b>	Plan name	ES&A 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELLIS SCOTT & ASSOCIATES, INC.	<b>c</b> EIN-PN 31-1366998-001
<b>a</b>	Plan name	EUGENE BRUNO & ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EUGENE BRUNO & ASSOCIATES	<b>c</b> EIN-PN 33-0953335-001
<b>a</b>	Plan name	EUROWIND ENERGY US DEVELOPMENT LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	EUROWIND ENERGY US DEVELOPMENT LLC	<b>c</b> EIN-PN 30-1288224-001
<b>a</b>	Plan name	EVO AQUATICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVO AQUATICS LLC	<b>c</b> EIN-PN 87-0799017-001
<b>a</b>	Plan name	EXCEL GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EXCEL CONTRACTORS, LLC	<b>c</b> EIN-PN 72-0969587-001
<b>a</b>	Plan name	EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EXCELSIOR ORTHOPAEDICS LLP	<b>c</b> EIN-PN 16-1608040-001
<b>a</b>	Plan name	EXPERIENCE SENIOR LIVING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXPERIENCE SENIOR LIVING	<b>c</b> EIN-PN 88-3097892-001
<b>a</b>	Plan name	EYE AND VISION CARE OPTOMETRIC GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EYE AND VISION CARE OPTOMETRIC GROUP	<b>c</b> EIN-PN 59-3792228-001
<b>a</b>	Plan name	FACILITY CONCEPTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FACILITY CONCEPTS, INC.	<b>c</b> EIN-PN 20-1185873-002

<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	FAHE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.	<b>c</b> EIN-PN 31-0986871-001
<b>a</b>	Plan name	FAMILY SUPPORT ORG OF BERGEN COUNTY, INC. 401K PLN	
<b>b</b>	Name of plan sponsor	FAMILY SUPPORT ORG OF BERGEN CTY	<b>c</b> EIN-PN 22-3841046-002
<b>a</b>	Plan name	FAT HEAD'S BREWING 401K PLAN	
<b>b</b>	Name of plan sponsor	FAT HEADS BREWING LP	<b>c</b> EIN-PN 27-1931373-001
<b>a</b>	Plan name	FBC CHEMICAL CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FBC CHEMICAL CORPORATION	<b>c</b> EIN-PN 25-1315036-001
<b>a</b>	Plan name	FELIX ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FELIX ASSOCIATES OF FLORIDA, INC.	<b>c</b> EIN-PN 26-4299335-001
<b>a</b>	Plan name	FERGUSON TOWNSHIP 457B	
<b>b</b>	Name of plan sponsor	FERGUSON TOWNSHIP	<b>c</b> EIN-PN 25-1197270-457
<b>a</b>	Plan name	FERGUSON, RAWLS & RAINES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FERGUSON, RAWLS & RAINES, P.C.	<b>c</b> EIN-PN 54-0976644-001
<b>a</b>	Plan name	FINANCIAL GRADE 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FINANCIAL GRADE	<b>c</b> EIN-PN 22-3968156-001
<b>a</b>	Plan name	FINEOS CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FINEOS CORPORATION	<b>c</b> EIN-PN 04-3512701-001
<b>a</b>	Plan name	FINFARE, INC. PLAN	
<b>b</b>	Name of plan sponsor	FINFARE, INC.	<b>c</b> EIN-PN 87-2866928-001
<b>a</b>	Plan name	FIREBIRD RESTAURANT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIREBIRD RESTAURANT GROUP, LLC	<b>c</b> EIN-PN 26-1926860-001
<b>a</b>	Plan name	FIVE NINES TECHNOLOGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIVE NINES TECHNOLOGY GROUP, INC.	<b>c</b> EIN-PN 45-4231650-001

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="#">FIX-IT GROUP, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FIX-IT GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">85-1087910-001</a>
<b>a</b>	Plan name <a href="#">FLAGSHIP BIOSCIENCE, INC. 401(K) PROFIT SHARING</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLAGSHIP BIOSCIENCE INC.</a>	<b>c</b> EIN-PN <a href="#">47-2846226-001</a>
<b>a</b>	Plan name <a href="#">FLASHCO MANUFACTURING, INC. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLASHCO MANUFACTURING, INC.</a>	<b>c</b> EIN-PN <a href="#">26-0027396-002</a>
<b>a</b>	Plan name <a href="#">FLASHFOOD 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLASHFOOD US, INC.</a>	<b>c</b> EIN-PN <a href="#">98-1470272-001</a>
<b>a</b>	Plan name <a href="#">FLEXSHOPPER, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLEXSHOPPER, LLC</a>	<b>c</b> EIN-PN <a href="#">80-0930385-001</a>
<b>a</b>	Plan name <a href="#">FLIGHT CHECK 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLIGHT CHECK, LLC</a>	<b>c</b> EIN-PN <a href="#">36-4569600-001</a>
<b>a</b>	Plan name <a href="#">FLIGHT PRO INTERNATIONAL 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLIGHT PRO INTERNATIONAL LLC</a>	<b>c</b> EIN-PN <a href="#">85-2879115-001</a>
<b>a</b>	Plan name <a href="#">FLOODACE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLOODACE, LLC</a>	<b>c</b> EIN-PN <a href="#">26-3668325-001</a>
<b>a</b>	Plan name <a href="#">FLORY'S CORP INCENTIVE SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLORYS CORP.</a>	<b>c</b> EIN-PN <a href="#">06-1459611-001</a>
<b>a</b>	Plan name <a href="#">FOBI 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOBI INC.</a>	<b>c</b> EIN-PN <a href="#">76-0510639-001</a>
<b>a</b>	Plan name <a href="#">FOOTHILLS ANIMAL SHELTER 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOOTHILLS ANIMAL SHELTER</a>	<b>c</b> EIN-PN <a href="#">84-1311450-001</a>
<b>a</b>	Plan name <a href="#">FOREFRONT HEALTHCARE GOVERNMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOREFRONT HEALTHCARE, LLC</a>	<b>c</b> EIN-PN <a href="#">83-2894435-002</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FOREST PLYWOOD SALES PROFIT SHARING 401(K)	
<b>b</b>	Name of plan sponsor	FOREST PLYWOOD SALES	<b>c</b> EIN-PN 95-4433864-004
<b>a</b>	Plan name	FORSITE RENEWABLES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORSITE RENEWABLES, LLC	<b>c</b> EIN-PN 85-3937803-002
<b>a</b>	Plan name	FORTERA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARELAC, INC. DBA FORTERA	<b>c</b> EIN-PN 83-4654154-001
<b>a</b>	Plan name	FOX BROS 401(QUE) PLAN	
<b>b</b>	Name of plan sponsor	FOX SOB, LLC	<b>c</b> EIN-PN 20-8178135-001
<b>a</b>	Plan name	FOXHOUND FEDERAL SCA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOXHOUND FEDERAL, LLC	<b>c</b> EIN-PN 81-1854672-001
<b>a</b>	Plan name	FRANKLIN LOAN CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANKLIN LOAN CENTER	<b>c</b> EIN-PN 33-0397503-002
<b>a</b>	Plan name	FREEDOM READS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREEDOM READS, INC.	<b>c</b> EIN-PN 87-3023665-001
<b>a</b>	Plan name	FRESH FOOD TOGO INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRESH FOOD TOGO INCORPORATED	<b>c</b> EIN-PN 87-2743591-001
<b>a</b>	Plan name	FRONTERA WORLDWIDE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRONTERA WORLDWIDE	<b>c</b> EIN-PN 85-4151516-001
<b>a</b>	Plan name	FUNKO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUNKO, LLC	<b>c</b> EIN-PN 20-2508659-001
<b>a</b>	Plan name	G&S AIRPORT CONVEYOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G&S MECHANICAL DBA G&S AIRPORT CONVEYOR	<b>c</b> EIN-PN 48-1161251-001
<b>a</b>	Plan name	G.I. ASSOCIATES OF WEST ALABAMA PC 401K PSP	
<b>b</b>	Name of plan sponsor	G.I. ASSOCIATES OF WEST ALABAMA, PC	<b>c</b> EIN-PN 63-1047264-002

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 GARDEN 26 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MORAILLON & LAMBRAKIS DESIGN CORP.	<b>c</b> EIN-PN 80-0528848-001
<b>a</b>	Plan name GARDINER'S BAY COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor GARDINERS BAY COUNTRY CLUB	<b>c</b> EIN-PN 11-1679626-001
<b>a</b>	Plan name GASSER HARDWARE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GASSER, INC.	<b>c</b> EIN-PN 39-1147887-001
<b>a</b>	Plan name GASTROENTEROLOGY DIAGNOSTICS OF NORTHERN NEW JERSEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor GASTROENTEROLOGY DIAGNOSTICS OF NORTHERN NEW JERSEY, P.A.	<b>c</b> EIN-PN 22-3345724-002
<b>a</b>	Plan name GATEWAY PARTNERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GATEWAY PARTNERS HOLDINGS LLC	<b>c</b> EIN-PN 87-3934771-001
<b>a</b>	Plan name GATOR GRADING & PAVING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GATOR GRADING & PAVING, LLC	<b>c</b> EIN-PN 20-8670315-001
<b>a</b>	Plan name GBC FOOD SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor GBC FOOD SERVICES, LLC	<b>c</b> EIN-PN 45-2304217-001
<b>a</b>	Plan name GBG 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENE BY GENE, LTD.	<b>c</b> EIN-PN 76-0640295-001
<b>a</b>	Plan name GEAR MOTIONS, INC. EMPLOYEE RETIREMENT SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GEAR MOTIONS, INC.	<b>c</b> EIN-PN 04-2518333-002
<b>a</b>	Plan name GENERAL CORDAGE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GENERAL CORDAGE, INC.	<b>c</b> EIN-PN 62-1511205-001
<b>a</b>	Plan name GENERAL INFOMATICS 401(K) PLAN (001)	
<b>b</b>	Name of plan sponsor GENERAL INFOMATICS, INC.	<b>c</b> EIN-PN 20-2970699-001
<b>a</b>	Plan name GENUS LIFESCIENES, INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GENUS LIFESCIENCES INC.	<b>c</b> EIN-PN 25-1829410-002

<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	GEOFFREY R. HYLAND, P.L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GEOFFREY R. HYLAND, P.L.L.C.	<b>c</b> EIN-PN 26-0427859-001
<b>a</b>	Plan name	GHOST MANAGEMENT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GHOST MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 46-1522438-001
<b>a</b>	Plan name	GILLETTE LAW FIRM CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF JASON GILLETTE, PLLC	<b>c</b> EIN-PN 83-3143483-001
<b>a</b>	Plan name	GILMAN PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GILMAN PARTNERS, LLC	<b>c</b> EIN-PN 13-4271239-001
<b>a</b>	Plan name	GIUMENTA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GIUMENTA CORPORATION	<b>c</b> EIN-PN 11-1951208-002
<b>a</b>	Plan name	GL SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GL SOLUTIONS, INC.	<b>c</b> EIN-PN 27-1118238-001
<b>a</b>	Plan name	GLOBAL-E US INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL-E US INC.	<b>c</b> EIN-PN 30-0946616-001
<b>a</b>	Plan name	GOERO INTERNATIONAL, LLC SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOERO INTERNATIONAL, LLC DBA ERO ARCHITECTS	<b>c</b> EIN-PN 46-4346173-001
<b>a</b>	Plan name	GOLD STAR FINANCE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GOLD STAR FINANCE, INC.	<b>c</b> EIN-PN 75-2128117-001
<b>a</b>	Plan name	GOLDFINGER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOLDFINGER, INC.	<b>c</b> EIN-PN 81-4741603-001
<b>a</b>	Plan name	GOOD FAITH ENERGY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GOOD FAITH ENERGY, LLC	<b>c</b> EIN-PN 47-1136310-001
<b>a</b>	Plan name	GOULD COOKSEY FENNELL, PLLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GOULD COOKSEY FENNELL, PLLC.	<b>c</b> EIN-PN 59-1426911-001

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 GOVX INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor GOVX INCORPORATED	<b>c</b> EIN-PN 36-4716877-001
<b>a</b>	Plan name GOZDECKI,DEL GIUDICE, AMERICUS, FARKAS & BROCATO LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GOZDECKI, DEL GIUDICE, AMERICUS, FARKAS & BROCATO LLP	<b>c</b> EIN-PN 20-3355912-001
<b>a</b>	Plan name GRAND HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRAND HARBOR GOLF & BEACH CLUB INC.	<b>c</b> EIN-PN 65-0302339-001
<b>a</b>	Plan name GREATFORCE INSURANCE AGENTS, LLC	
<b>b</b>	Name of plan sponsor GREATFORCE INSURANCE AGENTS, LLC	<b>c</b> EIN-PN 47-4031009-001
<b>a</b>	Plan name GREEN BAY MANAGEMENT COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor GREEN BAY MANAGEMENT COMPANY	<b>c</b> EIN-PN 36-4329980-001
<b>a</b>	Plan name GROUNDLEVEL LANDSCAPE ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GROUNDLEVEL LANDSCAPE ARCHITECTURE, INC.	<b>c</b> EIN-PN 33-0682803-002
<b>a</b>	Plan name GROWERS ICE COMPANY RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor GROWERS ICE COMPANY	<b>c</b> EIN-PN 94-2603248-002
<b>a</b>	Plan name GULF COAST COMMUNITY SERVICES ASSOCIATION 401(K) P	
<b>b</b>	Name of plan sponsor GULF COAST COMMUNITY SERVICES ASSOCIATION, INC.	<b>c</b> EIN-PN 74-6067937-002
<b>a</b>	Plan name GULF COAST OIL WELL SERVICE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GULF COAST OIL WELL SERVICE, LLC	<b>c</b> EIN-PN 86-2533093-001
<b>a</b>	Plan name GUTTMANN AND BLAEVOET AMENDED PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor GUTTMANN AND BLAEVOET	<b>c</b> EIN-PN 94-1643454-001
<b>a</b>	Plan name H & G EQUIPMENT, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor H & G EQUIPMENT, INC.	<b>c</b> EIN-PN 31-1054928-001
<b>a</b>	Plan name H. A. BERKHEIMER, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor H.A. BERKHEIMER, INC.	<b>c</b> EIN-PN 23-1669661-001

<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	H.A.P., INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HUMAN ACHIEVEMENT PROJECT, INC.	<b>c</b> EIN-PN 23-2493451-001
<b>a</b>	Plan name	HARDIN AUTO GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	HARDIN ENTERPRISES INC	<b>c</b> EIN-PN 30-0894143-001
<b>a</b>	Plan name	HAWK CONSULTANTS, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HAWK CONSULTANTS, LLC	<b>c</b> EIN-PN 73-1725551-001
<b>a</b>	Plan name	HAWTHORNE GSPL CHRCH 401K	
<b>b</b>	Name of plan sponsor	HAWTHORNE GSPL CHRCH	<b>c</b> EIN-PN 22-1500526-001
<b>a</b>	Plan name	HB & G BUILDING PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HB & G BUILDING PRODUCTS, INC.	<b>c</b> EIN-PN 94-3331018-001
<b>a</b>	Plan name	HEALTH MONITORING SYSTEMS INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HEALTH MONITORING SYSTEMS INC.	<b>c</b> EIN-PN 20-4604085-001
<b>a</b>	Plan name	HEARTH MANAGEMENT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HEARTH MANAGEMENT, LLC	<b>c</b> EIN-PN 16-1584917-001
<b>a</b>	Plan name	HELIX BIOSTRUCTURES LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HELIX BIOSTRUCTURES LLC	<b>c</b> EIN-PN 82-4097766-001
<b>a</b>	Plan name	HENNING'S CHEESE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HENNINGS CHEESE FACTORY, INC	<b>c</b> EIN-PN 39-1665652-001
<b>a</b>	Plan name	HERITAGE FINANCIAL GROUP, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HERITAGE FINANCIAL GROUP, INC.	<b>c</b> EIN-PN 35-1517239-001
<b>a</b>	Plan name	HIGHLAND STAFFING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGHLAND STAFFING, LLC	<b>c</b> EIN-PN 86-3995789-001
<b>a</b>	Plan name	HIGHSPANS ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HIGHSPANS ENGINEERING, INC.	<b>c</b> EIN-PN 77-0681624-001

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 HIGHTECH SIGNS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIGNIFICANT IMPRESSIONS, INC. DBA HIGHTECH SIGNS	<b>c</b> EIN-PN 31-1285452-001
<b>a</b>	Plan name HILL CONSTRUCTION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETE HILL CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 33-0080189-001
<b>a</b>	Plan name HIRSCHI MASONRY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIRSCHI MASONRY, LLC	<b>c</b> EIN-PN 27-1336637-001
<b>a</b>	Plan name HITECH PAINTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HITECH PAINTING, INC.	<b>c</b> EIN-PN 82-3625935-001
<b>a</b>	Plan name HOLCOMB BUS SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOLCOMB BUS SERVICE	<b>c</b> EIN-PN 22-2641266-001
<b>a</b>	Plan name HOLIDAY SIGNS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTAUR HOLDINGS, INC. DBA HOLIDAY SIGNS	<b>c</b> EIN-PN 54-2025415-001
<b>a</b>	Plan name HOLLAND FLOWER MARKET, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HOLLAND FLOWER MARKET, INC.	<b>c</b> EIN-PN 95-4124067-001
<b>a</b>	Plan name HOLT SALES & SERVICE INC 401LK PLAN	
<b>b</b>	Name of plan sponsor HOLT SALES & SERVICE INC	<b>c</b> EIN-PN 20-4091341-001
<b>a</b>	Plan name HOMETHRIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOMETHRIVE, INC.	<b>c</b> EIN-PN 83-1587273-001
<b>a</b>	Plan name HOMETOWN AMERICA, LLC RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOMETOWN AMERICA INSURANCE SERVICE, LLC	<b>c</b> EIN-PN 36-4196688-001
<b>a</b>	Plan name HOOVER SLOVACEK LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HOOVER SLOVACEK LLP	<b>c</b> EIN-PN 76-0381346-002
<b>a</b>	Plan name HORMONE HEALTH & WEIGHT LOSS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HORMONE HEALTH & WEIGHT LOSS, INC.	<b>c</b> EIN-PN 27-2046755-001

<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	HOTEL BARRIERE FOUQUET'S NY 401K PLAN	
<b>b</b>	Name of plan sponsor	CBCS WASH ST LP DBA HOT BARRIERE FOUQUETS NY	<b>c</b> EIN-PN 32-0410932-001
<b>a</b>	Plan name	HOUSTON FOOT DOCTOR 401K PLAN	
<b>b</b>	Name of plan sponsor	HOUSTON FOOT DOCTOR PC	<b>c</b> EIN-PN 74-2170645-001
<b>a</b>	Plan name	HOUSTON INTENSIVISTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOUSTON INTENSIVISTS	<b>c</b> EIN-PN 83-3838272-001
<b>a</b>	Plan name	HOWARD MEMORIAL HOSPITAL 401(K) AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOWARD MEMORIAL HOSPITAL	<b>c</b> EIN-PN 71-0644637-001
<b>a</b>	Plan name	HRH HOLDINGS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HRH HOLDINGS LLC	<b>c</b> EIN-PN 87-1549473-001
<b>a</b>	Plan name	HUB, INC. 401(K) EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HUB, INC.	<b>c</b> EIN-PN 43-1730084-001
<b>a</b>	Plan name	HUGHES SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUGHES SERVICES, INC.	<b>c</b> EIN-PN 85-0290130-002
<b>a</b>	Plan name	HUGHES SYSTIQUE 401K PLAN	
<b>b</b>	Name of plan sponsor	HUGHES SYSTIQUE PRIVATE LIMITED	<b>c</b> EIN-PN 98-0561217-001
<b>a</b>	Plan name	HUNT TEXTILES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUNT TEXTILES, INC.	<b>c</b> EIN-PN 75-1531841-001
<b>a</b>	Plan name	IBUTTONLINK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IBUTTONLINK, LLC	<b>c</b> EIN-PN 20-2564739-001
<b>a</b>	Plan name	IDEAS COLLIDE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	IDEAS COLLIDE INC.	<b>c</b> EIN-PN 20-4419257-001
<b>a</b>	Plan name	IGNITE MEDICAL RESORTS EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IGNITE MEDICAL RESORTS MEP	<b>c</b> EIN-PN 82-3928071-002

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	ILLUMINATE USA 401(K) PLAN
<b>b</b>	Name of plan sponsor	ILLUMINATE USA LLC
<b>c</b>	EIN-PN	92-1878550-001
<b>a</b>	Plan name	IMAGINE STAFFING TECHNOLOGY, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	IMAGINE STAFFING TECHNOLOGY, INC.
<b>c</b>	EIN-PN	27-1490649-001
<b>a</b>	Plan name	INCENTIVE MARKETING INC 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	INCENTIVE MARKETING INC
<b>c</b>	EIN-PN	58-2272920-001
<b>a</b>	Plan name	INCERTEC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	INNOVATIVE CERTIFIED TECHNICAL PLATING, LLC DBA INCERTEC
<b>c</b>	EIN-PN	45-0925320-001
<b>a</b>	Plan name	INCITE INFORMATICS RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	INCITE INFORMATICS, LLC
<b>c</b>	EIN-PN	01-0944335-001
<b>a</b>	Plan name	INDEPENDENT LIVING, INC. RETIREMENT PLAN & TRUST
<b>b</b>	Name of plan sponsor	INDEPENDENT LIVING, INC.
<b>c</b>	EIN-PN	22-2894558-001
<b>a</b>	Plan name	INFINITY GLOBAL INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	INFINITY GLOBAL, INC
<b>c</b>	EIN-PN	41-2155840-001
<b>a</b>	Plan name	INLAND MARINE SERVICE SAVINGS AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	INLAND MARINE SERVICE, INC.
<b>c</b>	EIN-PN	61-1077485-001
<b>a</b>	Plan name	INSIGHT FINANCIAL PARTNERS POOLED EMPLOYER PLAN
<b>b</b>	Name of plan sponsor	PLAN COMPLIANCE SERVICES, INC.
<b>c</b>	EIN-PN	59-3708427-002
<b>a</b>	Plan name	INSIGHT LIGHTING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	INSIGHT LIGHTING, INC.
<b>c</b>	EIN-PN	85-0383653-001
<b>a</b>	Plan name	INSPIRE HEALTH 401(K) PLAN
<b>b</b>	Name of plan sponsor	INSPIRE HEALTH PLLC
<b>c</b>	EIN-PN	84-2188069-001
<b>a</b>	Plan name	INSPIRE LEARNING AND CHILDCARE 401(K) PLAN
<b>b</b>	Name of plan sponsor	INSPIRE LEARNING AND CHILDCARE
<b>c</b>	EIN-PN	82-2833942-001

<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	INSTAGRID 401(K) PLAN
<b>b</b>	Name of plan sponsor	INSTAGRID, INC.
<b>c</b>	EIN-PN	93-4478971-001
<b>a</b>	Plan name	INTEGRATED PLANET, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTEGRATED PLANET, INC.
<b>c</b>	EIN-PN	94-3397112-001
<b>a</b>	Plan name	INTERACTIVE GOVERNMENT HOLDING 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	INTERACTIVE GOVERNMENT HOLDING
<b>c</b>	EIN-PN	26-1497882-001
<b>a</b>	Plan name	INTERACTIVE LIFE FORMS LLC 401(K) PROFIT SHARING
<b>b</b>	Name of plan sponsor	INTERACTIVE LIFE FORMS LLC
<b>c</b>	EIN-PN	77-0367193-001
<b>a</b>	Plan name	INTERGRATIVE FINANCIAL MANAGEMENT 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTERGRATIVE FINANCIAL MANAGEMENT
<b>c</b>	EIN-PN	81-3522642-001
<b>a</b>	Plan name	INTERNATIONAL CRANE FOUNDATION 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	INTERNATIONAL CRANE FOUNDATION, INC.
<b>c</b>	EIN-PN	39-1187711-002
<b>a</b>	Plan name	INTERNATIONAL DOWNTOWN ASSOCIATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTERNATIONAL DOWNTOWN ASSOCIATION
<b>c</b>	EIN-PN	38-1817974-002
<b>a</b>	Plan name	IRIS 401(K) PLAN
<b>b</b>	Name of plan sponsor	IRIS SOFTWARE INC.
<b>c</b>	EIN-PN	22-3424909-001
<b>a</b>	Plan name	IXCELLS BIOTECHNOLOGIES USA 401K PLAN
<b>b</b>	Name of plan sponsor	IXCELLS BIOTECHNOLOGIES USA 401K PLAN
<b>c</b>	EIN-PN	47-2788606-001
<b>a</b>	Plan name	J & C ENTERPRISES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	J & C ENTERPRISES, INC.
<b>c</b>	EIN-PN	59-1207892-001
<b>a</b>	Plan name	J FRANKL ARCHITECTS 401(K) PLAN
<b>b</b>	Name of plan sponsor	J FRANKL C MALLEA ASSOCIATES ARCHITECTS & ENGINEERS
<b>c</b>	EIN-PN	81-3899867-001
<b>a</b>	Plan name	J. H. WALKER, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	J. H. WALKER, INC.
<b>c</b>	EIN-PN	74-1951311-002

<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	J.A. MYERS BUILDING & DEVELOPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J.A. MYERS BUILDING & DEVELOPMENT, INC.	<b>c</b> EIN-PN 23-1983961-001
<b>a</b>	Plan name	JACKSON CUSTOM POOLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JACKSON CUSTOM POOLS AND OUTDOOR LIVING	<b>c</b> EIN-PN 82-4169395-001
<b>a</b>	Plan name	JASON JENNINGS PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JASON JENNINGS PLUMBING, INC.	<b>c</b> EIN-PN 90-1037138-001
<b>a</b>	Plan name	JAYMARC HOMES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JAYMARC HOMES, LLC	<b>c</b> EIN-PN 38-3822158-001
<b>a</b>	Plan name	JB DENTAL LAB LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JB DENTAL LAB LLC	<b>c</b> EIN-PN 46-3130477-001
<b>a</b>	Plan name	JD SALES OF EUCLID, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JD SALES OF EUCLID, INC	<b>c</b> EIN-PN 06-1669009-001
<b>a</b>	Plan name	JEFFREY B WISE MD LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	JEFFREY B WISE MD LLC	<b>c</b> EIN-PN 77-0690364-001
<b>a</b>	Plan name	JIM'S GOLF CARS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JIMS GOLF CARS, INC.	<b>c</b> EIN-PN 39-1917268-001
<b>a</b>	Plan name	JIMMY EVANS CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JIMMY EVANS COMPANY, LTD.	<b>c</b> EIN-PN 74-2612574-001
<b>a</b>	Plan name	JMC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JERSEY MEDICAL CARE, PC	<b>c</b> EIN-PN 20-0123469-001
<b>a</b>	Plan name	JMS WIND ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JMS WIND ENERGY	<b>c</b> EIN-PN 26-1998739-001
<b>a</b>	Plan name	JOE HILLMAN PLUMBERS AND JOE HILLMAN MAINTENANCE & CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOE HILLMAN PLUMBERS, INC.	<b>c</b> EIN-PN 59-2809796-001

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 JOHN W GLEIM JR INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHN W GLEIM JR INC	<b>c</b> EIN-PN 23-2227978-002
<b>a</b>	Plan name JONATHAN W WHITE CPA PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor JONATHAN W WHITE, CPA, PLLC	<b>c</b> EIN-PN 45-5745166-001
<b>a</b>	Plan name JSTOOGOOD, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor JSTOOGOOD, LLC	<b>c</b> EIN-PN 46-3248961-001
<b>a</b>	Plan name JUPITER ISLAND HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JUPITER ISLAND HOLDINGS, INC.	<b>c</b> EIN-PN 59-0292210-001
<b>a</b>	Plan name K FRIESE & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor K FRIESE & ASSOCIATES, INC.	<b>c</b> EIN-PN 48-1304687-001
<b>a</b>	Plan name KARI D. VACULIK 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor KARI D. VACULIK	<b>c</b> EIN-PN 22-3862884-001
<b>a</b>	Plan name KAZAMA FOODSERVICE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KAZAMA FOODSERVICE INC.	<b>c</b> EIN-PN 47-2909054-001
<b>a</b>	Plan name KCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor KCO	<b>c</b> EIN-PN 06-0970325-002
<b>a</b>	Plan name KELBRO COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KELBRO COMPANY, INC.	<b>c</b> EIN-PN 41-1417039-001
<b>a</b>	Plan name KELLARD SESSIONS CONSULTING, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KELLARD SESSIONS CONSULTING, ENG. & LANDSCAPE ARCHITECTURE, D.P.C	<b>c</b> EIN-PN 13-3923876-001
<b>a</b>	Plan name KELSCH ASSOCIATES, INC., (NJ) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KELSCH ASSOCIATES, INC., (NJ)	<b>c</b> EIN-PN 22-2298243-001
<b>a</b>	Plan name KELTON ENTERPRISES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KELTON ENTERPRISES, LLC	<b>c</b> EIN-PN 16-1573692-001

<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	KERBERROSE S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KERBERROSE S.C.	<b>c</b> EIN-PN 39-1658423-001
<b>a</b>	Plan name	KIESLER ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIESLER ELECTRIC, LLC	<b>c</b> EIN-PN 35-2060553-001
<b>a</b>	Plan name	KILE LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KILE LAW FIRM, P.C.	<b>c</b> EIN-PN 20-1839096-001
<b>a</b>	Plan name	KILPATRICK BULLENTINI, LTD. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	KILPATRICK BULLENTINI, LTD	<b>c</b> EIN-PN 88-0173363-001
<b>a</b>	Plan name	KOHALA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOHALA HEALTHCARE ADMINISTRATIVE SERVICES, LLC	<b>c</b> EIN-PN 26-4118760-001
<b>a</b>	Plan name	KYLIN TV, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	KYLIN TV, INC.	<b>c</b> EIN-PN 20-1926301-001
<b>a</b>	Plan name	LA DOLCE VITA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LA DOLCE VITA, LLC	<b>c</b> EIN-PN 20-1892386-001
<b>a</b>	Plan name	LA GAUGE COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LA GAUGE COMPANY, INC.	<b>c</b> EIN-PN 26-0545660-001
<b>a</b>	Plan name	LAKE BOOK MANUFACTURING, LLC EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAKE BOOK MANUFACTURING, LLC	<b>c</b> EIN-PN 36-2703615-001
<b>a</b>	Plan name	LAMINATORS INCORPORATED EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAMINATORS INCORPORATED	<b>c</b> EIN-PN 23-1636067-002
<b>a</b>	Plan name	LANDX MOTORS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANDX MOTORS, INC	<b>c</b> EIN-PN 93-3903418-001
<b>a</b>	Plan name	LAP OF LOVE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAP OF LOVE SERVICES LLC	<b>c</b> EIN-PN 84-4089050-001

**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	LB LIGHTS WEST, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	L.B. LIGHTS WEST, INC.	<b>c</b> EIN-PN 68-0137656-001
<b>a</b> Plan name	LEADING EDGE COLLISION 401(K) PLAN	
<b>b</b> Name of plan sponsor	LEADING EDGE COLLISION	<b>c</b> EIN-PN 84-2866345-001
<b>a</b> Plan name	LEANDNA 401(K) PLAN	
<b>b</b> Name of plan sponsor	LEANDNA, INC.	<b>c</b> EIN-PN 38-3682250-001
<b>a</b> Plan name	LEBARON & CARROLL, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	LEBARON & CARROLL, LLC	<b>c</b> EIN-PN 61-1503841-001
<b>a</b> Plan name	LEVY & LEVY, S.C. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	LEVY & LEVY, S.C.	<b>c</b> EIN-PN 39-1126255-001
<b>a</b> Plan name	LHOME 401(K) PLAN	
<b>b</b> Name of plan sponsor	LHOME	<b>c</b> EIN-PN 45-4127209-001
<b>a</b> Plan name	LIBERTY VENTURE GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	LIBERTY VENTURE GROUP, LLC	<b>c</b> EIN-PN 27-3856416-001
<b>a</b> Plan name	LIGHTING DIGEST 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE LIGHTING DIGEST, LLC	<b>c</b> EIN-PN 88-4245105-001
<b>a</b> Plan name	LIGHTMAN LAW FIRM PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	LIGHTMAN LAW FIRM LLC	<b>c</b> EIN-PN 26-1993806-001
<b>a</b> Plan name	LINGARO 401(K) PLAN	
<b>b</b> Name of plan sponsor	LINGARO US, INC.	<b>c</b> EIN-PN 32-0567838-001
<b>a</b> Plan name	LIPARI & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	LIPARI & ASSOCIATES, INC.	<b>c</b> EIN-PN 26-0836898-001
<b>a</b> Plan name	LIQUORS 44 401K RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	LFFHA, INC. DBA LIQUORS 44 HADLEY	<b>c</b> EIN-PN 04-3528586-001

<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	LITE-SOURCE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LITE-SOURCE, INC.	<b>c</b> EIN-PN 93-0848278-001
<b>a</b>	Plan name	LITERACY FOR LIFE, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	LITERACY FOR LIFE, INC.	<b>c</b> EIN-PN 27-0411131-001
<b>a</b>	Plan name	LITTLETON & SON'S SAND AND SUPPLY, INC. 401K	
<b>b</b>	Name of plan sponsor	LITTLETON & SONS SAND AND SUPPLY,	<b>c</b> EIN-PN 35-2044159-001
<b>a</b>	Plan name	LM 716 MANAGEMENT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LM 716 MANAGEMENT CORP	<b>c</b> EIN-PN 87-3465915-001
<b>a</b>	Plan name	LONGEVITY HOLDINGS, INC. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	LONGEVITY HOLDINGS INC	<b>c</b> EIN-PN 82-4722389-001
<b>a</b>	Plan name	LORANN OILS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LORANN OILS, INC.	<b>c</b> EIN-PN 38-1981129-001
<b>a</b>	Plan name	LOWMAN EDUCATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOWMAN EDUCATION LLC	<b>c</b> EIN-PN 82-4338793-001
<b>a</b>	Plan name	LUIHN VANTEDGE PARTNERS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUIHN VANTEDGE PARTNERS LLC	<b>c</b> EIN-PN 83-2686934-001
<b>a</b>	Plan name	LUME ELECTRICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUME ELECTRICAL	<b>c</b> EIN-PN 85-1185928-001
<b>a</b>	Plan name	LUMIRADX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUMIRADX, INC	<b>c</b> EIN-PN 47-1763048-001
<b>a</b>	Plan name	LUMOS PHARMA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LUMOS PHARMA, INC.	<b>c</b> EIN-PN 42-1491350-001
<b>a</b>	Plan name	LUPI'S PIZZA PIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUPIS PIZZA PIES, INC.	<b>c</b> EIN-PN 62-1611859-001

<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	LUXE INDUSTRIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUXE INDUSTRIES LLC	<b>c</b> EIN-PN 90-0875076-001
<b>a</b>	Plan name	LUXURY LANDSCAPE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUXURY LANDSCAPE SUPPLY LLC	<b>c</b> EIN-PN 46-1625268-001
<b>a</b>	Plan name	LYRICAL MEDIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LYRICAL MEDIA LLC	<b>c</b> EIN-PN 87-1217784-001
<b>a</b>	Plan name	M2 INGREDIENTS 401K PSP TRUST	
<b>b</b>	Name of plan sponsor	M2 INGREDIENTS INC	<b>c</b> EIN-PN 27-3525747-001
<b>a</b>	Plan name	MA PETROLEUM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MA PETROLEUM, INC.	<b>c</b> EIN-PN 06-1536384-001
<b>a</b>	Plan name	MABUCHI MOTOR AMERICA CORPORATION RETIRMENT PLAN	
<b>b</b>	Name of plan sponsor	MABUCHI MOTOR AMERICA CORPORATION	<b>c</b> EIN-PN 13-2881841-001
<b>a</b>	Plan name	MAC'S OZM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DAVES CLEANING SERVICE, INC.	<b>c</b> EIN-PN 22-3544707-001
<b>a</b>	Plan name	MADRONE HOSPICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MADRONE HOSPICE, INC.	<b>c</b> EIN-PN 68-0042668-001
<b>a</b>	Plan name	MAGIC WINGDOM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAGIC WINGDOM, LLC	<b>c</b> EIN-PN 37-1906681-001
<b>a</b>	Plan name	MAI EPIC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE FINWAY GROUP	<b>c</b> EIN-PN 42-1468222-018
<b>a</b>	Plan name	MAMMOTH FREIGHTERS, LLC, 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAMMOTH FREIGHTERS, LLC	<b>c</b> EIN-PN 85-4126005-001
<b>a</b>	Plan name	MANNIX WINDOW PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN WINDOW PRODUCTS CORP.	<b>c</b> EIN-PN 99-0794045-001

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>MANZI EPSTEIN LOMURRO &amp; DECATALDO 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELM LAW, LLC DBA MANZI EPSTEIN LOMURRO &amp; DECATALDO</b>	<b>c</b> EIN-PN <b>88-3256474-001</b>
<b>a</b>	Plan name <b>MARCO RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARCO PROMOS, LLC</b>	<b>c</b> EIN-PN <b>20-2018013-002</b>
<b>a</b>	Plan name <b>MARIC HEALTHCARE 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARIC HEALTHCARE, LLC</b>	<b>c</b> EIN-PN <b>04-3768758-001</b>
<b>a</b>	Plan name <b>MARIELA COGORNO M.D. PLLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARIELA COGORNO, M.D. PLLC</b>	<b>c</b> EIN-PN <b>82-4063635-001</b>
<b>a</b>	Plan name <b>MARINE BANK &amp; TRUST 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARINE BANK &amp; TRUST</b>	<b>c</b> EIN-PN <b>65-0644585-001</b>
<b>a</b>	Plan name <b>MARSHALL FORD LINCOLN MERCURY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARSHALL FORD LINCOLN MERCURY, INC.</b>	<b>c</b> EIN-PN <b>75-2508733-001</b>
<b>a</b>	Plan name <b>MARTIN REAL ESTATE INVESTMENTS INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARTIN REAL ESTATE INVESTMENTS INC</b>	<b>c</b> EIN-PN <b>84-2081631-001</b>
<b>a</b>	Plan name <b>MASA GLOBAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEDICAL AIR SERVICES ASSOCIATION, INC.</b>	<b>c</b> EIN-PN <b>73-1267483-001</b>
<b>a</b>	Plan name <b>MASTERANK WAX INCORPORATED RETIREMENT &amp; SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MASTERANK WAX INCORPORATED</b>	<b>c</b> EIN-PN <b>46-1819991-001</b>
<b>a</b>	Plan name <b>MAVAGI ENTERPRISES RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAVAGI ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>74-3008826-003</b>
<b>a</b>	Plan name <b>MC CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MC CONSULTANTS, INC.</b>	<b>c</b> EIN-PN <b>33-0356700-001</b>
<b>a</b>	Plan name <b>MCFARLANE AVIATION, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCFARLANE AVIATION, LLC</b>	<b>c</b> EIN-PN <b>48-1015418-001</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 <b>MCILHENNY COMPANY REPLACEMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCILHENNY COMPANY</b>	<b>c</b> EIN-PN <b>72-0256940-003</b>
<b>a</b>	Plan name <b>MCKINLEY ARCHITECTURE AND ENGINEERING 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCKINLEY ARCHITECTURE AND ENGINEERING</b>	<b>c</b> EIN-PN <b>55-0696478-001</b>
<b>a</b>	Plan name <b>MCM LEARNING 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCM LEARNING INCORPORATED</b>	<b>c</b> EIN-PN <b>38-3035383-002</b>
<b>a</b>	Plan name <b>MDT, INC. (DBA) MDT SOFTWARE</b>	
<b>b</b>	Name of plan sponsor <b>MDT, INC. (DBA) MDT SOFTWARE</b>	<b>c</b> EIN-PN <b>58-1768687-001</b>
<b>a</b>	Plan name <b>MEADOWS BANK 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEADOWS BANK</b>	<b>c</b> EIN-PN <b>26-1777425-001</b>
<b>a</b>	Plan name <b>MEDOVENT SOLUTIONS 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEDOVENT SOLUTIONS, LLC</b>	<b>c</b> EIN-PN <b>83-4559217-001</b>
<b>a</b>	Plan name <b>MEDRECEIVABLES ADVISOR HEALTHCARE, INC., 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEDRECEIVABLES ADVISOR HEALTHCARE, INC.</b>	<b>c</b> EIN-PN <b>99-2005014-001</b>
<b>a</b>	Plan name <b>MEDTECH SOLUTIONS RSP</b>	
<b>b</b>	Name of plan sponsor <b>MEDTECH</b>	<b>c</b> EIN-PN <b>26-3619381-002</b>
<b>a</b>	Plan name <b>MEKONG FRESH MEATS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEKONG FRESH MEATS, INC.</b>	<b>c</b> EIN-PN <b>39-1774082-002</b>
<b>a</b>	Plan name <b>MELIORA SCIENTIFIC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MELIORA SCIENTIFIC INC</b>	<b>c</b> EIN-PN <b>47-1106313-001</b>
<b>a</b>	Plan name <b>MEN IN BLAZERS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEN IN BLAZERS</b>	<b>c</b> EIN-PN <b>46-3883467-001</b>
<b>a</b>	Plan name <b>MERCURY PRINT PRODUCTIONS, INC. PROFIT SHARING/ 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MERCURY PRINT PRODUCTIONS, INC.</b>	<b>c</b> EIN-PN <b>16-1332750-001</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 <b>MERIBEAR PRODUCTIONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MERIBEAR PRODUCTIONS, INC.</b>	<b>c</b> EIN-PN <b>95-3611147-001</b>
<b>a</b>	Plan name <b>MERIDIAN MECHANICAL SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MERIDIAN MECHANICAL SERVICES, LLC</b>	<b>c</b> EIN-PN <b>82-3725689-001</b>
<b>a</b>	Plan name <b>MEYER CONTRACTING, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEYER CONTRACTING, INC.</b>	<b>c</b> EIN-PN <b>41-1584157-002</b>
<b>a</b>	Plan name <b>MIAMI VALLEY HOUSING OPPORTUNITIES 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIAMI VALLEY HOUSING OPPORTUNITIES</b>	<b>c</b> EIN-PN <b>31-1321426-001</b>
<b>a</b>	Plan name <b>MICHAEL A REDDING MD LTD</b>	
<b>b</b>	Name of plan sponsor <b>MICHAEL A REDDING MD LTD</b>	<b>c</b> EIN-PN <b>54-1929963-001</b>
<b>a</b>	Plan name <b>MICHAEL T. KRATZ, D.D.S., P.A. EMPLOYEES PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MICHAEL T. KRATZ, D.D.S., P.A.</b>	<b>c</b> EIN-PN <b>41-1847179-001</b>
<b>a</b>	Plan name <b>MID PENN ORAL SURGERY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MID PENN ORAL SURGERY, LLC</b>	<b>c</b> EIN-PN <b>83-3961162-001</b>
<b>a</b>	Plan name <b>MIDAN, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDAN, INC.</b>	<b>c</b> EIN-PN <b>36-3085877-001</b>
<b>a</b>	Plan name <b>MIDDLEBORO AUTO DISCOUNT INC. 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDDLEBORO AUTO DISCOUNT INC.</b>	<b>c</b> EIN-PN <b>04-2486149-001</b>
<b>a</b>	Plan name <b>MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY</b>	<b>c</b> EIN-PN <b>26-3528303-001</b>
<b>a</b>	Plan name <b>MIDDLETOWN SMILE CENTER 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDDLETOWN SMILE CENTER,</b>	<b>c</b> EIN-PN <b>82-4615994-001</b>
<b>a</b>	Plan name <b>MIDLANDS MECHANICAL, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDLANDS MECHANICAL, INC.</b>	<b>c</b> EIN-PN <b>47-0625018-001</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	MIDTOWN SKIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDTOWN SKIN DBA BEAUTY CO	<b>c</b> EIN-PN 83-3652628-001
<b>a</b>	Plan name	MIDWAY UNDERGROUND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDWAY UNDERGROUND LLC	<b>c</b> EIN-PN 81-3620072-001
<b>a</b>	Plan name	MIKHAIL EDUCATION CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MIKHAIL EDUCATION CORPORATION	<b>c</b> EIN-PN 20-8451424-001
<b>a</b>	Plan name	MILESHKO CREATIVE IMAGING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILESHKO CREATIVE IMAGING, LLC	<b>c</b> EIN-PN 26-1622648-001
<b>a</b>	Plan name	MILLER'S SONS CONTRACTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLERS SONS CONTRACTING, LLC	<b>c</b> EIN-PN 82-1828857-001
<b>a</b>	Plan name	MINNESOTA MILLWORK & FIXTURES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINNESOTA MILLWORK & FIXTURES LLC	<b>c</b> EIN-PN 81-2994436-001
<b>a</b>	Plan name	MINOL USA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MINOL, INC.	<b>c</b> EIN-PN 84-1022702-001
<b>a</b>	Plan name	MINORITY BEHAVIORAL HEALTH GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AKRON COMMUNITY DEVELOPMENT ASSOCIATION INC. DBA MINORITY BEHAVIORAL H	<b>c</b> EIN-PN 34-1965936-001
<b>a</b>	Plan name	MISSION ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MISSION ANIMAL HOSPITAL	<b>c</b> EIN-PN 47-2606680-001
<b>a</b>	Plan name	MM COVERAGE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MM COVERAGE LLC	<b>c</b> EIN-PN 84-4110590-001
<b>a</b>	Plan name	MOUNTAINCREST REHAB OF BELLA VISTA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAINCREST REHAB OF BELLA VISTA	<b>c</b> EIN-PN 77-0642506-001
<b>a</b>	Plan name	MSC BIOMEDICAL HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MSC BIOMEDICAL HOLDINGS	<b>c</b> EIN-PN 87-3498426-001

<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	MSE ADVISORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MSE ADVISORS, LLC	<b>c</b> EIN-PN 99-3655494-001
<b>a</b>	Plan name	MWC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MWC GROUP, INC.	<b>c</b> EIN-PN 37-1786956-001
<b>a</b>	Plan name	MY CARE DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MY CARE DENTAL TINLEY PARK PLLC	<b>c</b> EIN-PN 87-2516305-001
<b>a</b>	Plan name	MY KIDS' DENTIST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RYAN S. BROWN, DDS, PLLC DBA MY KIDS DENTIST	<b>c</b> EIN-PN 20-5928445-001
<b>a</b>	Plan name	MYREX INDUSTRIES 401K PLAN	
<b>b</b>	Name of plan sponsor	MIL LTD. DBA MYREX INDUSTRIES	<b>c</b> EIN-PN 76-0489609-001
<b>a</b>	Plan name	NAHSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL ASSOCIATION OF HEALTH SERVICES EXC	<b>c</b> EIN-PN 62-1312239-001
<b>a</b>	Plan name	NATHAN D. LEISKE, DDS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATHAN D. LEISKE, DDS, PC	<b>c</b> EIN-PN 81-3840360-001
<b>a</b>	Plan name	NATIONAL MEDICAL SYSTEMS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NATIONAL MEDICAL SYSTEMS INC	<b>c</b> EIN-PN 22-3284737-001
<b>a</b>	Plan name	NATIONAL RENOVATIONS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL RENOVATIONS LLC DBA REPIPE SPECIALIST	<b>c</b> EIN-PN 87-3817658-001
<b>a</b>	Plan name	NATURE ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATURE ENERGY US LLC	<b>c</b> EIN-PN 35-2733460-001
<b>a</b>	Plan name	NATUREBEST PRE-CUT & PRODUCE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATUREBEST PRE-CUT & PRODUCE, LLC	<b>c</b> EIN-PN 46-0481218-002
<b>a</b>	Plan name	NB VENTURES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NB VENTURES, INC.	<b>c</b> EIN-PN 22-3721259-001

<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	NDT GLOBAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NDT GLOBAL, LLC	<b>c</b> EIN-PN 45-4904579-002
<b>a</b>	Plan name	NEIGHBORWORKS TOLEDO REGION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEIGHBORHOOD HOUSING SERVICES OF TOLEDO, INC.	<b>c</b> EIN-PN 34-1230687-001
<b>a</b>	Plan name	NELSON EXTERIORS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NELSON EXTERIORS	<b>c</b> EIN-PN 01-0569180-001
<b>a</b>	Plan name	NEW LOOK SKIN LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW LOOK SKIN LLC CASH BALANCE	<b>c</b> EIN-PN 20-8680382-001
<b>a</b>	Plan name	NEW SPECTRUM HEALTH LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW SPECTRUM HEALTH LLC	<b>c</b> EIN-PN 87-2296793-001
<b>a</b>	Plan name	NEW YORK ISLANDERS HOCKEY CLUB, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK ISLANDERS HOCKEY CLUB, LP	<b>c</b> EIN-PN 11-2254417-001
<b>a</b>	Plan name	NEWARK FAMILY DENTAL, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEWARK FAMILY DENTAL, PLLC	<b>c</b> EIN-PN 46-5147002-001
<b>a</b>	Plan name	NEWGEN NORTH AMERICA, INC. 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NEWGEN NORTH AMERICA, INC.	<b>c</b> EIN-PN 74-1792222-001
<b>a</b>	Plan name	NEXT LEVEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXT LEVEL CUSTOM BUILDERS INC.	<b>c</b> EIN-PN 84-4754763-001
<b>a</b>	Plan name	NO MAN'S LAND FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NO MANS LAND FOODS, LLC	<b>c</b> EIN-PN 47-4465818-001
<b>a</b>	Plan name	NORTH COAST LOGISTICS, INC. EMPLOYEE SALARY	
<b>b</b>	Name of plan sponsor	NORTH COAST LOGISTICS, INC.	<b>c</b> EIN-PN 34-1722265-001
<b>a</b>	Plan name	NORTH MILL EQUIPMENT FINANCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTH MILL EQUIPMENT FINANCE, LLC	<b>c</b> EIN-PN 36-4731388-001

<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	NORTH OCEAN MEDICAL GROUP, P.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH OCEAN MEDICAL GROUP, P.C.	<b>c</b> EIN-PN 45-4865297-001
<b>a</b>	Plan name	NOVINGER GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NOVINGER GROUP, INC.	<b>c</b> EIN-PN 23-2454580-001
<b>a</b>	Plan name	NURTUR HOLDINGS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NURTUR HOLDINGS LLC	<b>c</b> EIN-PN 20-1230907-001
<b>a</b>	Plan name	OAK TREE DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OAK TREE DENTISTRY	<b>c</b> EIN-PN 82-0927769-001
<b>a</b>	Plan name	OAKLAND PHYSICIAN NETWORK SERV 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	OAKLAND PHYSICIAN NETWORK SERVICES, INC.	<b>c</b> EIN-PN 38-3496293-001
<b>a</b>	Plan name	OCBH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCBH	<b>c</b> EIN-PN 93-1310463-001
<b>a</b>	Plan name	OCEANGATE HOSPITALITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEANGATE INVESTMENTS LLC	<b>c</b> EIN-PN 74-3204872-001
<b>a</b>	Plan name	OCS INDUSTRIES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL DIVALENTINO	<b>c</b> EIN-PN 13-3901404-002
<b>a</b>	Plan name	ODYSSEY SPACE RESEARCH, L. L. C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ODYSSEY SPACE RESEARCH, L.L.C.	<b>c</b> EIN-PN 20-0381879-001
<b>a</b>	Plan name	OFS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCONNOR FINANCIAL SERVICES	<b>c</b> EIN-PN 26-3323351-001
<b>a</b>	Plan name	OFT INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	OFT INC.	<b>c</b> EIN-PN 95-4498686-001
<b>a</b>	Plan name	OMAHA PRIMARY EYECARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMAHA PRIMARY EYECARE	<b>c</b> EIN-PN 47-0808437-001

<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	ONE EIGHTEEN RUHLEN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONE EIGHTEEN RUHLEN, LLC	<b>c</b> EIN-PN 81-2806597-001
<b>a</b>	Plan name	ONE STOP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONE STOP HEATING AND AIR CONDITIONING	<b>c</b> EIN-PN 83-0783412-001
<b>a</b>	Plan name	ONEDIGITAL OPEN POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PLAN FIDUCIARY SERVICES, INC	<b>c</b> EIN-PN 27-3523833-008
<b>a</b>	Plan name	ONSITE CONCRETE SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONSITE CONCRETE SOLUTIONS LLC	<b>c</b> EIN-PN 85-4333681-001
<b>a</b>	Plan name	OPPORTUNITY COMMUNITY SERVICES INC.	
<b>b</b>	Name of plan sponsor	OPPORTUNITY COMMUNITY SERVICES INC.	<b>c</b> EIN-PN 46-3966252-001
<b>a</b>	Plan name	ORANGE COUNTY SANITATION DISTRICT 457(B) DEFERRED COMPENSATION	
<b>b</b>	Name of plan sponsor	ORANGE COUNTY SANITATION DISTRICT	<b>c</b> EIN-PN 95-6003940-457
<b>a</b>	Plan name	ORANGE PACKAGING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ORANGE DIE CUTTING CORP.	<b>c</b> EIN-PN 14-1323013-001
<b>a</b>	Plan name	ORB HEALTH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORB HEALTH, INC.	<b>c</b> EIN-PN 45-4660532-001
<b>a</b>	Plan name	OREGON SURGICAL SPECIALISTS, P.C. NEW COMPARABILITY CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	OREGON SURGICAL SPECIALISTS, P.C.	<b>c</b> EIN-PN 93-0592325-003
<b>a</b>	Plan name	ORTHOECONOMICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORTHOECONOMICS, INC.	<b>c</b> EIN-PN 45-4925255-001
<b>a</b>	Plan name	ORTHOPEDIC SURGEONS OF WISCONSIN, S.C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ORTHOPEDIC SURGEONS OF WISCONSIN, S.C.	<b>c</b> EIN-PN 20-0217581-001
<b>a</b>	Plan name	OSM 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ONE SOURCE TECHNOLOGY MANUFACTURING, LLC	<b>c</b> EIN-PN 74-2852564-001

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>OUR DAILY BREAD CACFP 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OURDAILY BREAD OF TENNESSEE, INC.</b>	<b>c</b> EIN-PN <b>62-1608572-001</b>
<b>a</b>	Plan name <b>OUTLOOK FLOORING 401(K) SAFE HARBOR AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OUTLOOK FLOORING</b>	<b>c</b> EIN-PN <b>27-4194569-001</b>
<b>a</b>	Plan name <b>P &amp; R COMMUNICATION SERVICE, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>P &amp; R COMMUNICATION SERVICE, INC.</b>	<b>c</b> EIN-PN <b>31-0685955-003</b>
<b>a</b>	Plan name <b>P.D.M. COMPANY, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>P.D.M. COMPANY, INC.</b>	<b>c</b> EIN-PN <b>23-1686392-002</b>
<b>a</b>	Plan name <b>PACIFIC COAST CLEANING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PACIFIC COAST CLEANING, INC.</b>	<b>c</b> EIN-PN <b>20-8257225-001</b>
<b>a</b>	Plan name <b>PAGE, SCRANTOM, SPROUSE, TUCKER &amp; FORD, PC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PAGE, SCRANTOM, SPROUSE, TUCKER &amp; FORD, PC</b>	<b>c</b> EIN-PN <b>58-1095698-001</b>
<b>a</b>	Plan name <b>PAIDEIA MONTESSORI SCHOOL, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PAIDEIA MONTESSORI SCHOOL, INC.</b>	<b>c</b> EIN-PN <b>22-3508570-001</b>
<b>a</b>	Plan name <b>PALM TREE INTERVENTIONAL PAIN MANAGEMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PALM TREE INTERVENTIONAL PAIN MANAGEMENT</b>	<b>c</b> EIN-PN <b>81-4290198-001</b>
<b>a</b>	Plan name <b>PALMS RECOVERY 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PALMS RECOVERY LLC DBA PERENNIAL RECOVERY</b>	<b>c</b> EIN-PN <b>88-0766584-001</b>
<b>a</b>	Plan name <b>PALMYRA FAMILY AND COSMETIC DENTISTRY, PLLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PALMYRA FAMILY &amp; COSMETIC DENTISTRY, PLLC</b>	<b>c</b> EIN-PN <b>26-1336078-002</b>
<b>a</b>	Plan name <b>PARAGON MANAGEMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CARDINAL HOMES, INC. DBA PARAGON MANAGEMENT</b>	<b>c</b> EIN-PN <b>02-0616466-001</b>
<b>a</b>	Plan name <b>PARK FAMILY &amp; COSMETIC DENTISTRY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAI HUYNH-LE DMDPA DBA PARK FAM &amp; COSME DENT</b>	<b>c</b> EIN-PN <b>32-0275580-001</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	PARRISH LEASING INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARRISH LEASING INC	<b>c</b> EIN-PN 35-1153444-001
<b>a</b>	Plan name	PAULSEN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAULSEN, INC.	<b>c</b> EIN-PN 47-0397153-001
<b>a</b>	Plan name	PAY CLEARLY LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PAY CLEARLY LLC	<b>c</b> EIN-PN 82-2496569-001
<b>a</b>	Plan name	PEACE HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CBR ENTERPRISES	<b>c</b> EIN-PN 41-2032063-001
<b>a</b>	Plan name	PEDIATRIC ADVANCED THERAPY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LOLLY THERAPEUTICS LLC DBA PEDIATRIC ADVANCED THERAPY	<b>c</b> EIN-PN 46-4687452-001
<b>a</b>	Plan name	PEGASUS TECHNOLOGIES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEGASUS TECHNOLOGIES LLC	<b>c</b> EIN-PN 20-0111389-001
<b>a</b>	Plan name	PENSION PLAN FOR EMPLOYEES OF WEST GULF MARITIME ASSOCIATION	
<b>b</b>	Name of plan sponsor	WEST GULF MARITIME ASSOCIATION	<b>c</b> EIN-PN 74-1596812-001
<b>a</b>	Plan name	PERSONALIZED DENTISTRY, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERSONALIZED DENTISTRY, P.C.	<b>c</b> EIN-PN 38-1916059-001
<b>a</b>	Plan name	PETCOSKY & SONS PLUMBING AND HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETCOSKY & SONS PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 16-1305220-001
<b>a</b>	Plan name	PETER YELIZAR DDS PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETER YELIZAR DDS PLLC	<b>c</b> EIN-PN 47-2666808-001
<b>a</b>	Plan name	PETERSON LAW, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETERSON LAW, LLP	<b>c</b> EIN-PN 81-4830283-001
<b>a</b>	Plan name	PHD FITNESS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHD FITNESS, LLC	<b>c</b> EIN-PN 46-2445682-001

<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	PHILLIPS LAW GROUP PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHILLIPS LAW GROUP	<b>c</b> EIN-PN 27-4470648-001
<b>a</b>	Plan name	PHILLIPS WORKPLACE INTERIORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHILLIPS WORKPLACE INTERIORS	<b>c</b> EIN-PN 81-0702997-001
<b>a</b>	Plan name	PIC WIRE & CABLE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PIC WIRE AND CABLE, INC.	<b>c</b> EIN-PN 39-2037732-001
<b>a</b>	Plan name	PINATA SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINATA TECHNOLOGIES, INC.	<b>c</b> EIN-PN 83-2895559-001
<b>a</b>	Plan name	PINK BLUSH MATERNITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRAD & ZOE DBA PINK BLUSH MATERNITY	<b>c</b> EIN-PN 46-1098426-001
<b>a</b>	Plan name	PINNACLE SITE SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINNACLE SITE SOLUTIONS, LLC	<b>c</b> EIN-PN 82-1070500-001
<b>a</b>	Plan name	PIONEER HEALTHCARE SERVICES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PIONEER HEALTHCARE SERVICES LLC	<b>c</b> EIN-PN 45-4526162-001
<b>a</b>	Plan name	PITTSBURGH VETERINARY DERMATOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PITTSBURGH VETERINARY DERMATOLOGY	<b>c</b> EIN-PN 86-1068353-001
<b>a</b>	Plan name	PIZZA BOXES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PIZZA BOXES INC.	<b>c</b> EIN-PN 11-2552156-001
<b>a</b>	Plan name	PKC 401K PSP	
<b>b</b>	Name of plan sponsor	KREIT & CHIU CPA, LLP	<b>c</b> EIN-PN 87-3227042-001
<b>a</b>	Plan name	PLEASANT VIEW FARMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLEASANT VIEW FARMS, INC.	<b>c</b> EIN-PN 06-0655393-001
<b>a</b>	Plan name	PLESCIA CONSTRUCTION & DEVELOPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLESCIA CONSTRUCTION & DEVELOPMENT LLC	<b>c</b> EIN-PN 99-0952624-001

<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	PLG 401(K) PLAN	
<b>b</b> Name of plan sponsor	PROFITABILITY LABOR GURU, LLC	<b>c</b> EIN-PN 82-3936179-001
<b>a</b> Plan name	PLUNGE MISSION BEACH 401(K) PLAN	
<b>b</b> Name of plan sponsor	PLUNGE MISSION BEACH LLC	<b>c</b> EIN-PN 84-3893973-001
<b>a</b> Plan name	POMPEIAN, INC. CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	POMPEIAN, INC.	<b>c</b> EIN-PN 52-1036484-001
<b>a</b> Plan name	PONTE EQUITIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	PONTE EQUITIES, INC.	<b>c</b> EIN-PN 13-3566031-001
<b>a</b> Plan name	POOLE AND THOMAS PEDIATRICS, PLC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	POOLE AND THOMAS PEDIATRICS, PLC	<b>c</b> EIN-PN 61-1680126-001
<b>a</b> Plan name	PORT VIEW PREPARATORY 401(K) PLAN	
<b>b</b> Name of plan sponsor	PORT VIEW PREPARATORY	<b>c</b> EIN-PN 46-3883876-001
<b>a</b> Plan name	POSITIVE EYE ONS OPTOMETRY 401(K) PLAN	
<b>b</b> Name of plan sponsor	RYAN STYBEL, OD, INC	<b>c</b> EIN-PN 95-4892984-001
<b>a</b> Plan name	POV FOODS 401K PLAN	
<b>b</b> Name of plan sponsor	POV PROPERTIES RS01 LLC	<b>c</b> EIN-PN 86-1468323-001
<b>a</b> Plan name	PPAS 401(K) PLAN	
<b>b</b> Name of plan sponsor	PRP AQUATICS, INC.	<b>c</b> EIN-PN 46-4235518-001
<b>a</b> Plan name	PRECISION FURNITURE & STORAGE INC 401K PLAN	
<b>b</b> Name of plan sponsor	PRECISION FURNITURE & STORAGE	<b>c</b> EIN-PN 82-2480260-001
<b>a</b> Plan name	PRECISION IMPACTS LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	PRECISION IMPACTS LLC	<b>c</b> EIN-PN 87-2333392-003
<b>a</b> Plan name	PRECISION STRIPING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	PRECISION STRIPING, INC. 401K PLAN	<b>c</b> EIN-PN 32-0529745-001

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>PRECISION TILE INSTALLATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRECISION TILE INSTALLATION CO.</b>	<b>c</b> EIN-PN <b>45-5236337-001</b>
<b>a</b>	Plan name <b>PREMIER LOGITECH LLC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PREMIER LOGITECH LLC</b>	<b>c</b> EIN-PN <b>26-0520860-001</b>
<b>a</b>	Plan name <b>PREMIERE PACKAGING 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PREMIERE PACKAGING, INC.</b>	<b>c</b> EIN-PN <b>38-2766120-001</b>
<b>a</b>	Plan name <b>PRICE, KONG &amp; CO., C.P.A.'S P.A. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRICE, KONG &amp; CO., C.P.A.S, P.A.</b>	<b>c</b> EIN-PN <b>86-0611246-001</b>
<b>a</b>	Plan name <b>PRIMARY ARMS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRIMARY ARMS, LLC</b>	<b>c</b> EIN-PN <b>11-3837722-001</b>
<b>a</b>	Plan name <b>PRIMARY EYE AND VISION CARE 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRIMARY EYE AND VISION CARE</b>	<b>c</b> EIN-PN <b>45-2578317-001</b>
<b>a</b>	Plan name <b>PRIME ENERGY SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRIME ENERGY SERVICES, LLC</b>	<b>c</b> EIN-PN <b>45-3833725-001</b>
<b>a</b>	Plan name <b>PRO BACK OFFICE 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PRO BACK OFFICE, LLC</b>	<b>c</b> EIN-PN <b>45-5636672-001</b>
<b>a</b>	Plan name <b>PRO-ACTIVITY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRO-ACTIVITY CENTRAL ENTERPRISE</b>	<b>c</b> EIN-PN <b>82-3772713-001</b>
<b>a</b>	Plan name <b>PROFESSIONAL TREE CARE 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ARBORICULTURAL SPECIALTIES, INC</b>	<b>c</b> EIN-PN <b>94-3226896-001</b>
<b>a</b>	Plan name <b>PROFILLMENT, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROFILLMENT, LLC</b>	<b>c</b> EIN-PN <b>20-0306174-001</b>
<b>a</b>	Plan name <b>PROGRESSIVE ELECTRIC SALARY SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROGRESSIVE HOLDINGS, INC. DBA PROGRESSIVE ELECTRIC</b>	<b>c</b> EIN-PN <b>20-4021010-002</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 PROLINE PIPELINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROLINE PIPELINE, INC.	<b>c</b> EIN-PN 26-0532444-001
<b>a</b>	Plan name PROSTHODONTIC AND IMPLANT ASSOC. P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROSTHODONTIC AND IMPLANT ASSOCIATES, P.	<b>c</b> EIN-PN 13-3781973-001
<b>a</b>	Plan name PROTECH SECURITY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PROTECH SECURITY	<b>c</b> EIN-PN 34-1686982-001
<b>a</b>	Plan name PROTOCOL, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor PROTOCOL, LLC	<b>c</b> EIN-PN 75-2900978-001
<b>a</b>	Plan name PROTOS PIZZA 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROTO'S PIZZA INC.	<b>c</b> EIN-PN 84-1520007-001
<b>a</b>	Plan name PROVIA 401K PLAN	
<b>b</b>	Name of plan sponsor PROVIA PAYROLL, LLC	<b>c</b> EIN-PN 34-1519660-001
<b>a</b>	Plan name PROVIDENT JEWELRY & LOAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROVIDENT JEWELRY & LOAN, INC.	<b>c</b> EIN-PN 65-0440057-001
<b>a</b>	Plan name PRUETT AIR CONDITIONING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRUETT AIR CONDITIONING COMPANY	<b>c</b> EIN-PN 58-2453509-001
<b>a</b>	Plan name PUB 33 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PUB 33 INC	<b>c</b> EIN-PN 46-2585583-001
<b>a</b>	Plan name PUEBLO OF JEMEZ COMMERCIAL ENTERPRISES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PUEBLO JEMEZ	<b>c</b> EIN-PN 85-0213473-002
<b>a</b>	Plan name PULSE CREATIVE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor PULSE CREATIVE, LLC	<b>c</b> EIN-PN 20-1378167-001
<b>a</b>	Plan name PW SERVICES, LLC. 401(K)PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PW SERVICES, LLC	<b>c</b> EIN-PN 20-3152198-001

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>QUALIFIED PLAN ADMINISTRATORS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUALIFIED PLAN ADMINISTRATORS, INC.</b>	<b>c</b> EIN-PN <b>56-1721260-001</b>
<b>a</b>	Plan name <b>QUALITY BILLING SERVICE, INC. 401(K) SAFE HARBOR PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUALITY BILLING SERVICE, INC.</b>	<b>c</b> EIN-PN <b>13-3353427-001</b>
<b>a</b>	Plan name <b>QUALITY LIGHTING SYSTEMS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUALITY LIGHTING SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>16-1458013-001</b>
<b>a</b>	Plan name <b>QUICK-SAV CONSOLIDATED RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUICK-SAV FOOD STORES, LTD</b>	<b>c</b> EIN-PN <b>38-2208777-002</b>
<b>a</b>	Plan name <b>R &amp; J METAL FINISHING 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>R &amp; J METAL FINISHING, INC.</b>	<b>c</b> EIN-PN <b>16-0905662-001</b>
<b>a</b>	Plan name <b>R &amp; P POOLS, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>R &amp; P POOLS, INC.</b>	<b>c</b> EIN-PN <b>16-1510427-001</b>
<b>a</b>	Plan name <b>RACHEL SCREEN PRINTING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RACHEL SCREEN PRINTING COMPANY</b>	<b>c</b> EIN-PN <b>54-1442013-001</b>
<b>a</b>	Plan name <b>RAKETECH INC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RAKETECH INC</b>	<b>c</b> EIN-PN <b>87-3873874-001</b>
<b>a</b>	Plan name <b>RANEWS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RANEWS MANAGEMENT COMPANY, INC.</b>	<b>c</b> EIN-PN <b>58-1793855-001</b>
<b>a</b>	Plan name <b>RAYCON CONTRACTORS LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RAYCON CONTRACTORS LLC</b>	<b>c</b> EIN-PN <b>83-4274510-001</b>
<b>a</b>	Plan name <b>RAYMOND J. DOUMAR, PC 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RAYMOND J. DOUMAR, P.C.</b>	<b>c</b> EIN-PN <b>58-2124220-001</b>
<b>a</b>	Plan name <b>RCTV RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RARE COLLECTIBLES TV, LLC</b>	<b>c</b> EIN-PN <b>46-5705246-001</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 <b>RECURO HEALTH, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RECURO HEALTH, INC.</b>	<b>c</b> EIN-PN <b>86-1571589-001</b>
<b>a</b>	Plan name <b>REGENCY FIBERS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REGENCY FIBERS, LLC</b>	<b>c</b> EIN-PN <b>84-2867226-001</b>
<b>a</b>	Plan name <b>REGIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REGIONAL EYE ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>55-0740986-001</b>
<b>a</b>	Plan name <b>RELATE SEARCH 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RELATE SEARCH, LLC</b>	<b>c</b> EIN-PN <b>93-1382752-001</b>
<b>a</b>	Plan name <b>REMARKETS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REMARKETS, LLC</b>	<b>c</b> EIN-PN <b>81-1868913-001</b>
<b>a</b>	Plan name <b>RENTSCHLER INC 401K PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RENTSCHLER INC</b>	<b>c</b> EIN-PN <b>20-8032144-001</b>
<b>a</b>	Plan name <b>RESILIENCE INSURANCE ADVISORY CORP 401K/PSP</b>	
<b>b</b>	Name of plan sponsor <b>RESILIENCE INSURANCE ADVISORY CORP</b>	<b>c</b> EIN-PN <b>93-1852603-001</b>
<b>a</b>	Plan name <b>RESORTS AT PAYROLL CORP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RESORTS AT PAYROLL CORP</b>	<b>c</b> EIN-PN <b>93-4236197-002</b>
<b>a</b>	Plan name <b>RESTAURANT JOSEPHINE LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RESTAURANT JOSEPHINE LLC</b>	<b>c</b> EIN-PN <b>83-4041304-001</b>
<b>a</b>	Plan name <b>RETURN TO HEALTH, LLC 401 (K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RETURN TO HEALTH, LLC</b>	<b>c</b> EIN-PN <b>85-1569594-001</b>
<b>a</b>	Plan name <b>RHODES-CHARAPATA FUNERAL HOME INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RHODES-CHARAPATA FUNERAL HOME INC.</b>	<b>c</b> EIN-PN <b>39-1838382-001</b>
<b>a</b>	Plan name <b>RIDGEWOOD COUNTRY CLUB 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RIDGEWOOD COUNTRY CLUB</b>	<b>c</b> EIN-PN <b>22-1232320-002</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	RIEDHILL DEVELOPMENT LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RIEDHILL DEVELOPMENT LLC	<b>c</b> EIN-PN 88-3840372-001
<b>a</b>	Plan name	RIFELINE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIFELINE, LLC	<b>c</b> EIN-PN 26-1526869-001
<b>a</b>	Plan name	RILEY CONSULTING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RILEY CONSULTING SERVICES, LLC	<b>c</b> EIN-PN 90-1933991-001
<b>a</b>	Plan name	RIVER CITY ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIVER CITY ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 93-1175217-001
<b>a</b>	Plan name	RKG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RETIREMENT (K)ONCIERGE GROUP	<b>c</b> EIN-PN 86-1926015-001
<b>a</b>	Plan name	ROADRUNNER RECYCLING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROADRUNNER RECYCLING, INC.	<b>c</b> EIN-PN 46-5760171-001
<b>a</b>	Plan name	ROBERTSON & KOENIG 401K & PSP	
<b>b</b>	Name of plan sponsor	ROBERTSON & KOENIG OPTOMETRISTS	<b>c</b> EIN-PN 88-0494659-001
<b>a</b>	Plan name	ROCK HOUSE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE COMPANY OF ROCK HOUSE	<b>c</b> EIN-PN 75-2416849-001
<b>a</b>	Plan name	ROKA PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	ROKA DEVELOP CAPITAL INC DBA ROKA PARTNERS	<b>c</b> EIN-PN 99-1770861-001
<b>a</b>	Plan name	ROMANO LIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROMANO LIMITED	<b>c</b> EIN-PN 84-2244373-001
<b>a</b>	Plan name	RON-VIK, INCORPORATED 401(K) RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RON-VIK, INCORPORATED	<b>c</b> EIN-PN 41-0675441-001
<b>a</b>	Plan name	ROR PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROR PARTNERS, LLC	<b>c</b> EIN-PN 84-4983521-001

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 ROY A. PARK APLC DBA PARK/GUENTHART 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROY A. PARK APLC DBA PARK/GUENTHART	<b>c</b> EIN-PN 45-2849021-001
<b>a</b>	Plan name RUDY'S LIMOUSINE SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RUDYS LIMOUSINE SERVICE, INC.	<b>c</b> EIN-PN 06-0946080-001
<b>a</b>	Plan name RUGGERI PARKS WEINBERG 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RUGGERI PARKS WEINBERG, LLP	<b>c</b> EIN-PN 87-3909899-001
<b>a</b>	Plan name RURAL SOLAR RESTORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor RURAL SOLAR RESTORATION, LLC	<b>c</b> EIN-PN 85-2839215-001
<b>a</b>	Plan name S E & A AUTOMOTIVE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor S E & A AUTOMOTIVE, LLC	<b>c</b> EIN-PN 20-4850394-001
<b>a</b>	Plan name S&R ENTERPRISES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor S&R ENTERPRISES, LLC	<b>c</b> EIN-PN 02-0683468-001
<b>a</b>	Plan name SACYR 401(K) PLAN	
<b>b</b>	Name of plan sponsor SACYR CONSTRUCTION USA LLC	<b>c</b> EIN-PN 61-1753336-001
<b>a</b>	Plan name SAFE-HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF ARIZONA WOMENAND#39;S RECOVERY CENTER	
<b>b</b>	Name of plan sponsor ARIZONA WOMENAND#39;S RECOVERY CENTE	<b>c</b> EIN-PN 86-0208873-001
<b>a</b>	Plan name SAFEGUARD SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAFEGUARD SERVICES, INC.	<b>c</b> EIN-PN 59-1399022-001
<b>a</b>	Plan name SAGE NEUROSCIENCE CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAGE NEUROSCIENCE CENTER, INC	<b>c</b> EIN-PN 20-4918193-001
<b>a</b>	Plan name SAM BASS FIRE DEPARTMENT 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor SAM BASS FIRE DEPARTMENT	<b>c</b> EIN-PN 74-2159454-001
<b>a</b>	Plan name SAMINA CHUGHTAI, M.D., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAMINA CHUGHTAI M.D.	<b>c</b> EIN-PN 34-1782300-001

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="#">SAVING YOUR DOUGH 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMPANION BAKING CO</a>	<b>c</b> EIN-PN <a href="#">43-1646171-001</a>
<b>a</b>	Plan name <a href="#">SCARP PROPERTY ASSOCIATES LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCARP PROPERTY ASSOCIATES LLC</a>	<b>c</b> EIN-PN <a href="#">16-1516814-001</a>
<b>a</b>	Plan name <a href="#">SCHAEFER &amp; SCHAEFER, D.M.D., P.S.C. 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCHAEFER &amp; SCHAEFER, D.M.D., P.S.C.</a>	<b>c</b> EIN-PN <a href="#">61-1211134-001</a>
<b>a</b>	Plan name <a href="#">SCHAUT CARPENTRY LLC 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCHAUT CARPENTRY, LLC</a>	<b>c</b> EIN-PN <a href="#">84-4028035-001</a>
<b>a</b>	Plan name <a href="#">SCHMIDT'S WHOLESALE INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCHMIDTS WHOLESALE INC</a>	<b>c</b> EIN-PN <a href="#">14-1405370-003</a>
<b>a</b>	Plan name <a href="#">SCHWARTZ &amp; SCHWARTZ 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCHWARTZ &amp; SCHWARTZ ENTERPRISES INC.</a>	<b>c</b> EIN-PN <a href="#">47-2798848-001</a>
<b>a</b>	Plan name <a href="#">SCOTT LAWN YARD 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCOTT LAWN YARD, INC.</a>	<b>c</b> EIN-PN <a href="#">16-1493724-001</a>
<b>a</b>	Plan name <a href="#">SCREAMING EVE 401 (K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCREAMING EVE LLC</a>	<b>c</b> EIN-PN <a href="#">47-1793266-001</a>
<b>a</b>	Plan name <a href="#">SEAFOOD AMERICA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEAFOOD AMERICA LLC</a>	<b>c</b> EIN-PN <a href="#">20-0659805-001</a>
<b>a</b>	Plan name <a href="#">SEALAND CONTRACTORS CORP. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEALAND CONTRACTORS CORP.</a>	<b>c</b> EIN-PN <a href="#">16-1088501-001</a>
<b>a</b>	Plan name <a href="#">SECURESTRUX 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SECURESTRUX, LLC</a>	<b>c</b> EIN-PN <a href="#">26-2577741-001</a>
<b>a</b>	Plan name <a href="#">SEGALE BROS. WOOD PRODUCTS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEGALE BROS. WOOD PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">94-3343891-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SEMPER SOLARIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEMPER SOLARIS CONSTRUCTION, INC.	<b>c</b> EIN-PN 87-3344488-001
<b>a</b>	Plan name	SERVICE METAL FABRICATING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SERVICE METAL FABRICATING, INC.	<b>c</b> EIN-PN 22-2418263-001
<b>a</b>	Plan name	SERVICEMASTER CDR 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VANTEDGE DISASTER GROUP, LLC DBA SERVICEMASTER CDR	<b>c</b> EIN-PN 92-0539786-001
<b>a</b>	Plan name	SEXTON INDUSTRIAL, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEXTON INDUSTRIAL, INC.	<b>c</b> EIN-PN 31-1582675-001
<b>a</b>	Plan name	SHANAHAN & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHANAHAN & ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2970161-001
<b>a</b>	Plan name	SHAT-R-SHIELD, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHAT-R-SHIELD, INC	<b>c</b> EIN-PN 22-2192625-002
<b>a</b>	Plan name	SHEEPSCOT GENERAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHEEPSCOT GENERAL LLC	<b>c</b> EIN-PN 36-4697019-001
<b>a</b>	Plan name	SHOE CORPORATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHOE ORTHODONTICS	<b>c</b> EIN-PN 45-4895341-001
<b>a</b>	Plan name	SHOOK BUILDING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHOOK BUILDING SYSTEMS, INC.	<b>c</b> EIN-PN 95-2790859-001
<b>a</b>	Plan name	SHOW ME YOUR MUMU, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHOW ME YOUR MUMU, LLC	<b>c</b> EIN-PN 27-4507193-001
<b>a</b>	Plan name	SIERRA FOREST PRODUCTS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIERRA FOREST PRODUCTS, INC.	<b>c</b> EIN-PN 87-0538846-001
<b>a</b>	Plan name	SILKRAFT OF OREGON 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FLORAL SERVICES INC DBA SILKRAFT OF OREGON	<b>c</b> EIN-PN 20-0872440-001

<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	SILVER STAR ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SILVER STAR ELECTRIC, LLC	<b>c</b> EIN-PN 84-3991060-001
<b>a</b>	Plan name	SIMPLE. OPTIMIZED. SOLUTIONS. INC. 401(K) PL	
<b>b</b>	Name of plan sponsor	SIMPLE. OPTIMIZED. SOLUTIONS. INC.	<b>c</b> EIN-PN 81-2501305-001
<b>a</b>	Plan name	SINAI TEMPLE EFP RP	
<b>b</b>	Name of plan sponsor	SINAI TEMPLE	<b>c</b> EIN-PN 95-2103898-401
<b>a</b>	Plan name	SINGLE POINT CAPITAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SBL INVESTMENTS LLC	<b>c</b> EIN-PN 26-0645630-001
<b>a</b>	Plan name	SKABELUND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKABELUND, PLLC	<b>c</b> EIN-PN 92-0890685-001
<b>a</b>	Plan name	SKILLWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKILLWORK, LLC	<b>c</b> EIN-PN 82-4969788-001
<b>a</b>	Plan name	SKYEPOINT DECISIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKYEPOINT DECISIONS, INC.	<b>c</b> EIN-PN 26-4474804-001
<b>a</b>	Plan name	SLAYTON WIRELESS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SLAYTON WIRELESS, LLC	<b>c</b> EIN-PN 45-2921282-001
<b>a</b>	Plan name	SMART LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SMART LLC	<b>c</b> EIN-PN 81-0615557-001
<b>a</b>	Plan name	SMOCK FANSLER CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMOCK FANSLER CORPORATION	<b>c</b> EIN-PN 35-1057871-005
<b>a</b>	Plan name	SOURCE FITNESS MANAGEMENT LLC, 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOURCE FITNESS MANAGEMENT, LLC	<b>c</b> EIN-PN 20-8177247-001
<b>a</b>	Plan name	SOUTH BAY FENCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH BAY FENCE, INC.	<b>c</b> EIN-PN 95-2786168-001

<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	SOUTHERN ROCK RESTAURANTS, LLC 401(K) PLAN PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN ROCK RESTAURANTS, LLC	<b>c</b> EIN-PN 45-2342647-001
<b>a</b>	Plan name	SPB MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPB MANAGEMENT, LLC	<b>c</b> EIN-PN 86-2550276-001
<b>a</b>	Plan name	SPELL RESTAURANT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPELL RESTAURANT GROUP, LLC	<b>c</b> EIN-PN 81-1033331-001
<b>a</b>	Plan name	SPIDER COMPANY INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPIDER COMPANY, INC.	<b>c</b> EIN-PN 36-3453535-001
<b>a</b>	Plan name	SPRINGFIELD SPRING CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPRINGFIELD SPRING CORPORATION	<b>c</b> EIN-PN 04-1859606-002
<b>a</b>	Plan name	SS INDUSTRIES HOLDINGS INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SS INDUSTRIES HOLDINGS INC	<b>c</b> EIN-PN 85-1979211-001
<b>a</b>	Plan name	SSG OF GEORGIA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SSG OF GEORGIA, LLC	<b>c</b> EIN-PN 86-3986306-001
<b>a</b>	Plan name	ST. GEORGE TANAQ CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. GEORGE TANAQ CORPORATION	<b>c</b> EIN-PN 92-0047365-001
<b>a</b>	Plan name	STA-WARM ELECTRIC COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STA-WARM ELECTRIC COMPANY	<b>c</b> EIN-PN 31-1439596-001
<b>a</b>	Plan name	STAFFING SOLUTIONS ENTERPRISES 401K SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STAFFING SOLUTIONS ENTERPRISES, INC	<b>c</b> EIN-PN 34-1208971-003
<b>a</b>	Plan name	STANFORD LUMBER COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STANFORD LUMBER COMPANY, INC.	<b>c</b> EIN-PN 25-1071953-001
<b>a</b>	Plan name	STARFISH, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STARFISH, LLC	<b>c</b> EIN-PN 32-0047552-001

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="#">STBP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STBP, INC.</a>	<b>c</b> EIN-PN <a href="#">90-0781206-001</a>
<b>a</b>	Plan name <a href="#">STEEL BRANDS MANAGEMENT, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STEELE BRANDS MANAGEMENT</a>	<b>c</b> EIN-PN <a href="#">86-3210954-001</a>
<b>a</b>	Plan name <a href="#">STELLAR SENIOR LIVING, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STELLAR SENIOR LIVING, LLC</a>	<b>c</b> EIN-PN <a href="#">45-4623007-002</a>
<b>a</b>	Plan name <a href="#">STEPWOY ENTERPRISES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STEPWOY ENTERPRISES LLC</a>	<b>c</b> EIN-PN <a href="#">81-0793283-002</a>
<b>a</b>	Plan name <a href="#">STEPUP RGM INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STEPUP RGM INC.</a>	<b>c</b> EIN-PN <a href="#">87-2602141-001</a>
<b>a</b>	Plan name <a href="#">STERLING COMPUTER CONSULTANTS, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STERLING COMPUTER CONSULTANTS, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2938781-001</a>
<b>a</b>	Plan name <a href="#">STEVEN S. OH DMD AND HILARY CHUNG DMD, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STEVEN S. OH DMD &amp; HILARY CHUNG DMD</a>	<b>c</b> EIN-PN <a href="#">52-2281528-001</a>
<b>a</b>	Plan name <a href="#">STITT RESTAURANT GROUP 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOTTEGA, INC DBA BOTTEGA</a>	<b>c</b> EIN-PN <a href="#">63-0966105-001</a>
<b>a</b>	Plan name <a href="#">STOCK YARDS BANK &amp; TRUST COMPANY 401K EMPLOYEE</a>	
<b>b</b>	Name of plan sponsor <a href="#">STOCK YARDS BANK &amp; TRUST COMPANY</a>	<b>c</b> EIN-PN <a href="#">61-0354170-002</a>
<b>a</b>	Plan name <a href="#">STOREY TRUCKING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STOREY TRUCKING COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">63-0705479-001</a>
<b>a</b>	Plan name <a href="#">STREAMLINE INNOVATIONS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STREAMLINE INNOVATIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">83-3618680-001</a>
<b>a</b>	Plan name <a href="#">STUDIO LIFESTYLE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHS HOUSTON LLC</a>	<b>c</b> EIN-PN <a href="#">86-1245036-001</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 SULLIVAN INDUSTRIAL SERVICES LLC 401K RETIREMENT	
<b>b</b>	Name of plan sponsor SULLIVAN INDUSTRIAL SERVICES	<b>c</b> EIN-PN 84-3074772-001
<b>a</b>	Plan name SUMMIT STAIRS & MILLWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUMMIT STAIRS & MILLWORK	<b>c</b> EIN-PN 93-2208909-001
<b>a</b>	Plan name SUN BULB SALARIED EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUN BULB COMPANY, INC.	<b>c</b> EIN-PN 59-1677460-002
<b>a</b>	Plan name SUNRISE TREATMENT CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUNRISE TREATMENT CENTER, LLC	<b>c</b> EIN-PN 26-1184641-001
<b>a</b>	Plan name SUNSET STRATEGIC BRANDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUNSET STRATEGIC BRANDS, LLC	<b>c</b> EIN-PN 81-4743886-001
<b>a</b>	Plan name SUNSHINE RIDES EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TAZCO, INC.	<b>c</b> EIN-PN 84-1162315-001
<b>a</b>	Plan name SUPERB BUILDING SERVICES, LLC RETIREMENT SAVINGS	
<b>b</b>	Name of plan sponsor SUPERB BUIDLING SERVICES, LLC	<b>c</b> EIN-PN 84-3667157-001
<b>a</b>	Plan name SUREFIRE LOCAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENNEXT MEDIA, INC. DBA SUNFIRE LOCAL	<b>c</b> EIN-PN 26-3405573-001
<b>a</b>	Plan name SUTTONS INTERNATIONAL N.A., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUTTONS INTERNATIONAL N.A., INC.	<b>c</b> EIN-PN 51-0269901-001
<b>a</b>	Plan name SUZANO PULP AND PAPER AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUZANO PULP AND PAPER AMERICA, INC	<b>c</b> EIN-PN 52-1801618-001
<b>a</b>	Plan name SWAGS SPORT SHOES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SWAGS SPORT SHOES	<b>c</b> EIN-PN 31-1551311-001
<b>a</b>	Plan name SWANVILLE REDI MIX PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SWANVILLE REDI MIX	<b>c</b> EIN-PN 77-0629702-001

**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	SWC GROUP, LP RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	SWC GROUP, LP	<b>c</b> EIN-PN 80-0946676-001
<b>a</b> Plan name	SWEET SHOP CANDIES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SWEET SHOP CANDIES, INC.	<b>c</b> EIN-PN 75-1398908-001
<b>a</b> Plan name	SWIRE BULK 401K PLAN	
<b>b</b> Name of plan sponsor	SWIRE BULK	<b>c</b> EIN-PN 81-3409802-001
<b>a</b> Plan name	SWM-GP 401K) PLAN	
<b>b</b> Name of plan sponsor	STEVE WHITE MOTORS, INC.	<b>c</b> EIN-PN 56-0947841-002
<b>a</b> Plan name	T & D MORAVITS AND COMPANY 401(K) PLAN	
<b>b</b> Name of plan sponsor	T & D MORAVITS AND COMPANY	<b>c</b> EIN-PN 74-2916787-001
<b>a</b> Plan name	T & J ELECTRICAL ASSOCIATES 401(K) PLAN	
<b>b</b> Name of plan sponsor	T & J ELECTRICAL ASSOCIATES, LLC	<b>c</b> EIN-PN 46-1312580-001
<b>a</b> Plan name	T&E MARSHALL ENTERPRISES 401(K) PLAN	
<b>b</b> Name of plan sponsor	T&E MARSHALL ENTERPRISES	<b>c</b> EIN-PN 84-1262252-001
<b>a</b> Plan name	T-REX RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	T-REX MANAGEMENT INC	<b>c</b> EIN-PN 73-1667667-001
<b>a</b> Plan name	T4 ASSOCIATES 401(K) PLAN	
<b>b</b> Name of plan sponsor	T4 ASSOCIATES	<b>c</b> EIN-PN 85-0721514-001
<b>a</b> Plan name	TAG AERO 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE AUXILIARY GROUP DBA TAG AERO	<b>c</b> EIN-PN 27-1355068-001
<b>a</b> Plan name	TAG(K) PEP - WAGNER CPA GROUP	
<b>b</b> Name of plan sponsor	WAGNER AND WETZEL	<b>c</b> EIN-PN 82-2710552-001
<b>a</b> Plan name	TARTE, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	TARTE, INC.	<b>c</b> EIN-PN 13-4085665-001

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 TAYLOR ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TAYLOR ENGINEERING, INC.	<b>c</b> EIN-PN 59-2850478-001
<b>a</b>	Plan name TAYLOR IMPLEMENT/COLBY DODGE, CHRYSLER, JEEP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TAYLOR IMPLEMENT CO., INC.	<b>c</b> EIN-PN 74-2805634-001
<b>a</b>	Plan name TCG 401(K) PLAN	
<b>b</b>	Name of plan sponsor TCG FOOD SUPPLY LLC	<b>c</b> EIN-PN 86-1890441-001
<b>a</b>	Plan name TDS CUSTOM CABINETS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TDS CUSTOM CABINETS, LLC	<b>c</b> EIN-PN 20-5035627-001
<b>a</b>	Plan name TEAM CAR CARE WEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEAM CAR CARE WEST, LLC	<b>c</b> EIN-PN 82-5180743-001
<b>a</b>	Plan name TECHFICIENT HOLDINGS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TECHFICIENT HOLDINGS, LLC	<b>c</b> EIN-PN 84-3533808-001
<b>a</b>	Plan name TECHNIMETALS, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor TECHNIMETALS, INC	<b>c</b> EIN-PN 20-8119045-002
<b>a</b>	Plan name TENCO SOLAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor TENCO SOLAR	<b>c</b> EIN-PN 90-0456446-001
<b>a</b>	Plan name TERRAL RIVERSERVICE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TERRAL RIVERSERVICE INC.	<b>c</b> EIN-PN 72-0890414-001
<b>a</b>	Plan name TEXAS RESTAURANT ASSOCIATION 401K PL & TRS	
<b>b</b>	Name of plan sponsor TEXAS RESTAURANT ASSOCIATION	<b>c</b> EIN-PN 74-0921350-002
<b>a</b>	Plan name TEXAS STATE ALARM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TEXAS STATE ALARM, LLC	<b>c</b> EIN-PN 26-1983130-001
<b>a</b>	Plan name THE ARTISAN 401(K) PEP - FUTURO HEALTH	
<b>b</b>	Name of plan sponsor THE ARTISAN 401(K) PEP - FUTURO HEALTH	<b>c</b> EIN-PN 84-3847958-023

<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 DAK GROUP, LTD. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE DAK GROUP, LTD.	<b>c</b> EIN-PN 13-3290028-002
<b>a</b>	Plan name	THE DELAWARE NATIONAL BANK OF DELHI 401(K) EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	THE DELAWARE NATIONAL BANK OF DELHI	<b>c</b> EIN-PN 15-0287160-003
<b>a</b>	Plan name	THE DOCTOR'S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PLAN COMPLIANCE SERVICES, INC.	<b>c</b> EIN-PN 59-3708427-021
<b>a</b>	Plan name	THE GREEN GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERGREEN PEST SOLUTIONS, LLC	<b>c</b> EIN-PN 81-1127839-001
<b>a</b>	Plan name	THE HALLMARK COMPANIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE HALLMARK COMPANIES, INC.	<b>c</b> EIN-PN 58-2342469-001
<b>a</b>	Plan name	THE KSI 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KSI TRADING CORP.	<b>c</b> EIN-PN 22-2809136-001
<b>a</b>	Plan name	THE LAW OFFICE EMILY A. JONES LLC 401K PSP	
<b>b</b>	Name of plan sponsor	THE LAW OFFICE EMILY A. JONES LLC	<b>c</b> EIN-PN 87-4041045-001
<b>a</b>	Plan name	THE MARWIN COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE MARWIN COMPANY, INC.	<b>c</b> EIN-PN 57-0342727-001
<b>a</b>	Plan name	THE MONROE CABLE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE MONROE CABLE COMPANY, INC.	<b>c</b> EIN-PN 06-1377174-001
<b>a</b>	Plan name	THE NEW WASHINGTON STATE BANK ESOP	
<b>b</b>	Name of plan sponsor	THE NEW WASHINGTON STATE BANK	<b>c</b> EIN-PN 35-0546040-002
<b>a</b>	Plan name	THE PETERSAN GROUP INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PETERSAN GROUP INC.	<b>c</b> EIN-PN 13-3796253-003
<b>a</b>	Plan name	THE PLATINUM HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PLATINUM HEALTHCARE LLC	<b>c</b> EIN-PN 47-5440300-001

<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 PROACTIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERFECT COMMERCE, LLC	<b>c</b> EIN-PN 26-0557687-002
<b>a</b>	Plan name	THE REHABILITATION GROUP, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE REHABILITATION GROUP, P.A.	<b>c</b> EIN-PN 74-2576197-003
<b>a</b>	Plan name	THE ROSS AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE ROSS AGENCY, INC.	<b>c</b> EIN-PN 37-1304941-001
<b>a</b>	Plan name	THE SMILE CENTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH K. SHLEWEET DDS, PLLC	<b>c</b> EIN-PN 45-5058715-001
<b>a</b>	Plan name	THE SYLVANIA ORTHODONTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYLVANIA ORTHODONTICS, INC.	<b>c</b> EIN-PN 34-1847894-003
<b>a</b>	Plan name	THE TURNKEY FOUNDATION INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE TURNKEY FOUNDATION INC. DBA ARBOR FINANCIAL GROUP	<b>c</b> EIN-PN 71-1049958-001
<b>a</b>	Plan name	THERMAL MODIFICATION TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THERMAL MODIFICATION TECHNOLOGIES	<b>c</b> EIN-PN 46-1898488-001
<b>a</b>	Plan name	THOMAS A. DECHELLIS DDS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THOMAS A. DECHELLIS, DDS, LLC	<b>c</b> EIN-PN 93-4589572-001
<b>a</b>	Plan name	THOMAS AUTOMOTIVE FAMILY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMAS AUTOMOTIVE FAMILY LLC	<b>c</b> EIN-PN 83-1434331-002
<b>a</b>	Plan name	THOMAS PLANZOS DMD 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THOMAS PLANZOS DMD	<b>c</b> EIN-PN 11-3044412-001
<b>a</b>	Plan name	THREATTE-BEAUDRY ANIMAL CLINIC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THREATTE-BEAUDRY ANIMAL CLINIC	<b>c</b> EIN-PN 59-2155785-001
<b>a</b>	Plan name	THUNDER TECH INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THUNDER TECH INC	<b>c</b> EIN-PN 16-1637756-001

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="#">TIPP DISTRIBUTORS, INC. DBA NOVAMEX 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TIPP DISTRIBUTORS, INC. DBA NOVAMEX</a>	<b>c</b> EIN-PN <a href="#">74-2444846-002</a>
<b>a</b>	Plan name <a href="#">TLC FAMILY DENTISTRY LLC</a>	
<b>b</b>	Name of plan sponsor <a href="#">TLC FAMILY DENTISTRY LLC</a>	<b>c</b> EIN-PN <a href="#">87-2940470-001</a>
<b>a</b>	Plan name <a href="#">TMT DIGITAL INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TMT DIGITAL</a>	<b>c</b> EIN-PN <a href="#">20-0219330-002</a>
<b>a</b>	Plan name <a href="#">TOALE BROTHERS, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOALE BROTHERS, INC.</a>	<b>c</b> EIN-PN <a href="#">59-0479420-002</a>
<b>a</b>	Plan name <a href="#">TOPA RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THOUSAND OAKS PATHOLOGY ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">95-3414124-003</a>
<b>a</b>	Plan name <a href="#">TORIE L. RICHARDSON, DDS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TORIE L. RICHARDSON, DDS, LLC</a>	<b>c</b> EIN-PN <a href="#">85-3864577-001</a>
<b>a</b>	Plan name <a href="#">TOTAL SAFETY U. S. , INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOTAL SAFETY U.S., INC.</a>	<b>c</b> EIN-PN <a href="#">37-1478877-001</a>
<b>a</b>	Plan name <a href="#">TRACKER ENERGY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRACKER ENERGY SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">46-5188810-001</a>
<b>a</b>	Plan name <a href="#">TRADES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRADES HOLDING CO., LLC</a>	<b>c</b> EIN-PN <a href="#">82-3677497-001</a>
<b>a</b>	Plan name <a href="#">TRAFFIC MANAGEMENT SOLUTIONS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRAFFIC MANAGEMENT SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">46-1727342-001</a>
<b>a</b>	Plan name <a href="#">TRAVELNET SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRAVELNET SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">90-0132087-001</a>
<b>a</b>	Plan name <a href="#">TRAVOIS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRAVOIS, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1811386-001</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 <a href="#">TREASURED PEDIATRIC CARE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TREASURED PEDIATRIC CARE</a>	<b>c</b> EIN-PN <a href="#">47-4415378-001</a>
<b>a</b>	Plan name <a href="#">TREGARON INDIA HOLDINGS, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLOW TOUCH LLC</a>	<b>c</b> EIN-PN <a href="#">20-5850452-001</a>
<b>a</b>	Plan name <a href="#">TREYCO MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TREYCO MANUFACTURING, INC.</a>	<b>c</b> EIN-PN <a href="#">32-0080798-001</a>
<b>a</b>	Plan name <a href="#">TRI-TECH SURVEYING COMPANY L. P. 401(K) PROFIT</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRI-TECH SURVEYING COMPANY, L.P.</a>	<b>c</b> EIN-PN <a href="#">76-0460990-001</a>
<b>a</b>	Plan name <a href="#">TRI-COUNTY ELECTRIC SERVICE, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRI-COUNTY ELECTRIC SERVICE, INC.</a>	<b>c</b> EIN-PN <a href="#">20-1327216-001</a>
<b>a</b>	Plan name <a href="#">TRI-STATE GASTROENTEROLOGY ASSOCIATES, P.S.C.401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRI-STATE GASTROENTEROLOGY ASSOCIATES, PSC</a>	<b>c</b> EIN-PN <a href="#">61-1192347-003</a>
<b>a</b>	Plan name <a href="#">TRIAD TECHNOLOGIES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRIAD TECHNOLOGIES, LLC</a>	<b>c</b> EIN-PN <a href="#">43-1969651-001</a>
<b>a</b>	Plan name <a href="#">TRICITI COVERAGE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRICITI COVERAGE LLC</a>	<b>c</b> EIN-PN <a href="#">93-1369882-001</a>
<b>a</b>	Plan name <a href="#">TRIM-RITE FOOD CORPORATION RETIREMENT SAVINGS PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRIM-RITE, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3873555-002</a>
<b>a</b>	Plan name <a href="#">TRIMARK APPRAISALS, LLC 401 (K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRIMARK APPRAISALS, LLC</a>	<b>c</b> EIN-PN <a href="#">85-3411877-001</a>
<b>a</b>	Plan name <a href="#">TRINITY PROPERTY GROUP LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRINITY PROPERTY GROUP LLC</a>	<b>c</b> EIN-PN <a href="#">45-4942854-001</a>
<b>a</b>	Plan name <a href="#">TRIPP SCOTT, P.A. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRIPP SCOTT, P.A.</a>	<b>c</b> EIN-PN <a href="#">59-2624630-002</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TROY CHEMICAL 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TROY CHEMICAL INDUSTRIES INC.	<b>c</b> EIN-PN 34-1089896-001
<b>a</b>	Plan name	TROY INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TROY INDUSTRIES, INC.	<b>c</b> EIN-PN 72-1544187-002
<b>a</b>	Plan name	TRUEBUILT CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUEBUILT CONSTRUCTION, LLC	<b>c</b> EIN-PN 85-0694377-001
<b>a</b>	Plan name	TRUSTED LIKE FAMILY HOME CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUSTED LIKE FAMILY HOME CARE, INC.	<b>c</b> EIN-PN 83-0681129-001
<b>a</b>	Plan name	TTI GLOBAL RESOURCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TTI GLOBAL RESOURCES, INC.	<b>c</b> EIN-PN 56-2253537-001
<b>a</b>	Plan name	TURF MASTERS BRANDS PAYROLL MGMT LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TURF MASTER BRNDS PYRLL MGMT LLC	<b>c</b> EIN-PN 74-3058849-002
<b>a</b>	Plan name	TVD TRANSPORT CORP. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	TVD TRANSPORT CORP.	<b>c</b> EIN-PN 47-3985459-001
<b>a</b>	Plan name	TXO RESTORATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TXO RESTORATION, LLC	<b>c</b> EIN-PN 81-3615134-001
<b>a</b>	Plan name	UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY	<b>c</b> EIN-PN 94-1732538-001
<b>a</b>	Plan name	UNIVERSAL LAUNDRY MACHINERY 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	UNIVERSAL LAUNDRY MACHINERY 401K	<b>c</b> EIN-PN 38-3361934-001
<b>a</b>	Plan name	UNIVERSITY ORTHOPAEDIC SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY ORTHOPAEDIC SERVICES INC	<b>c</b> EIN-PN 16-1406947-001
<b>a</b>	Plan name	URBAN GARDENERS OF DAYTON, LTD 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	URBAN GARDENERS OF DAYTON, LTD	<b>c</b> EIN-PN 90-0128574-001

<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 MEDICAL GLOVE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	US MEDICAL GLOVE COMPANY, LLC	<b>c</b> EIN-PN 85-3322641-001
<b>a</b>	Plan name	US SPORTS INSTITUTE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	US SPORTS INSTITUTE, INC.	<b>c</b> EIN-PN 56-2323859-001
<b>a</b>	Plan name	UWAF 401K PLAN	
<b>b</b>	Name of plan sponsor	US WIRE AND CABLE CORPORATION	<b>c</b> EIN-PN 11-2828063-001
<b>a</b>	Plan name	V AND V SUPREMO FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	V & V SUPREMO FOODS, INC.	<b>c</b> EIN-PN 36-2653261-001
<b>a</b>	Plan name	VALIDIFI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALIDIFI INC	<b>c</b> EIN-PN 31-1598543-001
<b>a</b>	Plan name	VALLEY EDUCATIONAL SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	VALLEY EDUCATIONAL SERVICES, INC.	<b>c</b> EIN-PN 04-3220344-001
<b>a</b>	Plan name	VALLEY EXTRUSIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALLEY EXTRUSIONS, LLC	<b>c</b> EIN-PN 02-0590797-002
<b>a</b>	Plan name	VAN LOKEREN CONSTRUCTION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VAN LOKEREN CONSTRUCTION, INC	<b>c</b> EIN-PN 73-1651339-001
<b>a</b>	Plan name	VAN WYK AUTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAN WYK AUTO INC.	<b>c</b> EIN-PN 83-2230130-001
<b>a</b>	Plan name	VANDER MOLEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANDER MOLEN, INC.	<b>c</b> EIN-PN 20-3558411-001
<b>a</b>	Plan name	VASA FITNESS LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VASA FITNESS LLC	<b>c</b> EIN-PN 75-3139409-002
<b>a</b>	Plan name	VASCULAR-INTERVENTIONAL ASSOCIATES, P.C. DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VASCULAR-INTERVENTIONAL ASSOCIATES, P.C.	<b>c</b> EIN-PN 16-1601847-001

<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	VENTRESCA FAMILY LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	VENTRESCA FAMILY, LLC
<b>c</b>	EIN-PN	76-0766876-001
<b>a</b>	Plan name	VERN'S CHEESE, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	VERNS CHEESE, INC.
<b>c</b>	EIN-PN	92-1577620-001
<b>a</b>	Plan name	VERTECH INDUSTRIAL SYSTEMS LLC 401K PROFIT
<b>b</b>	Name of plan sponsor	VERTECH INDUSTRIAL SYSTEMS LLC
<b>c</b>	EIN-PN	20-1819693-001
<b>a</b>	Plan name	VETERINARIAN PARTNERS 401K PLAN
<b>b</b>	Name of plan sponsor	VETERINARIAN PARTNERS DBA VET PARTNERS
<b>c</b>	EIN-PN	87-3167462-001
<b>a</b>	Plan name	VLCM 401(K) PLAN
<b>b</b>	Name of plan sponsor	VALCOM SALT LAKE CITY, LC DBA VLCM
<b>c</b>	EIN-PN	87-0574827-001
<b>a</b>	Plan name	VOELKER 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	VOELKER CONTROLS COMPANY, INC
<b>c</b>	EIN-PN	31-0853091-001
<b>a</b>	Plan name	VOLUNTEER RESTAURANT CONCEPTS 401K PLAN
<b>b</b>	Name of plan sponsor	VOLUNTEER RESTAURANT CONCEPTS LLC
<b>c</b>	EIN-PN	46-2518513-001
<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	VOYAGER PEP - DOLLS KILL, INC.
<b>b</b>	Name of plan sponsor	DOLLS KILL, INC.
<b>c</b>	EIN-PN	45-4116149-001
<b>a</b>	Plan name	WALDROP HOME SERVICES, INC.401(K) PLAN
<b>b</b>	Name of plan sponsor	WALDROP HOME SERVICES, INC.
<b>c</b>	EIN-PN	87-4160414-001
<b>a</b>	Plan name	WALDROP, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WALDROP, INC.
<b>c</b>	EIN-PN	57-0707445-002
<b>a</b>	Plan name	WARNER CHIROPRACTIC CARE CENTER PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WARNER CHIROPRACTIC CARE CENTER, PC
<b>c</b>	EIN-PN	25-1777526-001

<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	WARSTEINER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARSTEINER IMPORTERS AGENCY, INC.	<b>c</b> EIN-PN 84-1103494-001
<b>a</b>	Plan name	WASHINGTON SPIRIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WASHINGTON SOCCER PROPERTIES, LLC DBA WASHINGTON SPIRIT	<b>c</b> EIN-PN 45-1582658-001
<b>a</b>	Plan name	WATERCRESS FINANCIAL 401KSH PLAN	
<b>b</b>	Name of plan sponsor	WATERCRESS FINANCIAL	<b>c</b> EIN-PN 86-1736782-001
<b>a</b>	Plan name	WATERSTONE MORTGAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WATERSTONE MORTGAGE CORPORATION	<b>c</b> EIN-PN 39-2001010-001
<b>a</b>	Plan name	WD, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WD, LLC	<b>c</b> EIN-PN 20-4311152-001
<b>a</b>	Plan name	WELDED RING PRODUCTS COMPANY, INC. 401(K) PROFIT	
<b>b</b>	Name of plan sponsor	WELDED RING PRODUCTS COMPANY INC	<b>c</b> EIN-PN 34-1479265-001
<b>a</b>	Plan name	WELDUN LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WELDUN LOGISTICS, INC.	<b>c</b> EIN-PN 87-4354712-001
<b>a</b>	Plan name	WESTERN CONSTRUCTION ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN CONSTRUCTION ENTERPRISES	<b>c</b> EIN-PN 27-1577518-001
<b>a</b>	Plan name	WESTSIDE FAMILY HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTSIDE FAMILY HEALTHCARE, INC.,	<b>c</b> EIN-PN 22-2488654-002
<b>a</b>	Plan name	WHALLEY COMPUTER ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHALLEY COMPUTER ASSOCIATES, INC.	<b>c</b> EIN-PN 04-2902969-001
<b>a</b>	Plan name	WILLOW TEX 401K PLAN	
<b>b</b>	Name of plan sponsor	WILLOW TEX LLC	<b>c</b> EIN-PN 46-1397872-001
<b>a</b>	Plan name	WILLOW TREE ANIMAL HOSPITAL PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WILLOW TREE ANIMAL HOSPITAL PLLC	<b>c</b> EIN-PN 85-1160257-001

<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	WILPWR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN EAGLE HARLEY-DAVIDSON	<b>c</b> EIN-PN 46-3909528-001
<b>a</b>	Plan name	WINCO CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WINCO CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 35-1972716-001
<b>a</b>	Plan name	WIRELESS CHOICES OF DAYTON, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WIRELESS CHOICES OF DAYTON, LLC	<b>c</b> EIN-PN 20-1802354-001
<b>a</b>	Plan name	WIRTH + BAYNARD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WIRTH + BAYNARD	<b>c</b> EIN-PN 39-1443049-001
<b>a</b>	Plan name	WORTH FINANCE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WORTH FINANCE CORPORATION	<b>c</b> EIN-PN 74-1881121-001
<b>a</b>	Plan name	XGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	XPRESS GLOBAL SYSTEMS, LLC	<b>c</b> EIN-PN 62-1261869-001
<b>a</b>	Plan name	YOSEMITE FOODS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YOSEMITE FOODS, INC.	<b>c</b> EIN-PN 81-3809906-001
<b>a</b>	Plan name	YOUNG'S LEGACY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUNGS LEGACY GROUP, INC.	<b>c</b> EIN-PN 93-4113191-001
<b>a</b>	Plan name	YOUNOSSI LAW PC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	YOUNOSSI LAW PC	<b>c</b> EIN-PN 85-3429829-001
<b>a</b>	Plan name	YOUR 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STANDARD RETIREMENT SERVICES, INC.	<b>c</b> EIN-PN 25-1838406-042
<b>a</b>	Plan name	ZABS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZIMMERMAN AUTO BODY SUPPLIES, INC	<b>c</b> EIN-PN 23-2819882-001
<b>a</b>	Plan name	ZELLO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZELLO INC	<b>c</b> EIN-PN 80-0771636-001

**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	ZINTEX 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZINTEX, LLC	<b>c</b> EIN-PN 75-2904255-001

<b>a</b> Plan name	ZONE INDUSTRIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZONE INDUSTRIES 401(K) PLAN DBA PRECISION PUMP SYSTEMS	<b>c</b> EIN-PN 46-1109042-001

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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 INDEX CONSERVATIVE RETIREMENT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>482</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>38-4097336</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>		
<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>	974886	13993671
<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>	10264890	41171765
<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>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	12502587	38434344
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	23742363	93599780
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	20060
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	982717	13993680
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	982717	14013740
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	22759646	79586040

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	383182	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		383182
<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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<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>		0
<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>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		850015
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1233197

**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>	1717	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	32299	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	13970	
(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>		47986
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		47986

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1185211
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		63596464
(2) From this plan .....	<b>2l(2)</b>		7955281

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