

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>MYWAYRETIREMENT GLOBAL BOND FUND</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>694</u>  <b>1c</b> Effective date of plan
<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>  <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u>	<b>2b</b> Employer Identification Number (EIN) <u>38-7264531</u>  <b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u>  <b>2d</b> Business code (see instructions)

**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>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/08/2025</u>	<u>BRIAN MULLER</u>
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>MYWAYRETIREMENT GLOBAL BOND FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>694</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>38-7264531</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>MFS GLOBAL AGG OPP FIXED INCOME CIT</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>MFS HERITAGE TRUST COMPANY</u>	
<b>c</b> EIN-PN <u>57-1187281-019</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>26238046</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

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

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

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

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

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

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

**c** EIN-PN

**d** Entity code

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

<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	03 USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	03 USA, INC.	<b>c</b> EIN-PN 26-3115252-001
<b>a</b>	Plan name	1618 HOLDING, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	1618 HOLDING, LLC	<b>c</b> EIN-PN 84-4331551-001
<b>a</b>	Plan name	ACADEMY PARK PEDIATRICS, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACADEMY PARK PEDIATRICS, P.C.	<b>c</b> EIN-PN 84-0601041-001
<b>a</b>	Plan name	ACDC ELECTRIC OF WILMINGTON INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	AC/DC ELECTRIC OF WILMINGTON INC.	<b>c</b> EIN-PN 56-2094009-001
<b>a</b>	Plan name	ADVANCED CHEMICAL LOGISTICS LT 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ADVANCED CHEMICAL LOGISTICS LT	<b>c</b> EIN-PN 20-0985438-001
<b>a</b>	Plan name	AFMC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARKANSAS FOUNDATION FOR MEDICAL	<b>c</b> EIN-PN 23-7237381-001
<b>a</b>	Plan name	AIR TIGHT HOME IMPROVEMENT, INC. DBA CHAPMAN WINDOWS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIR TIGHT HOME IMPROVEMENT, INC. DBA CHAPMAN	<b>c</b> EIN-PN 23-2870676-001
<b>a</b>	Plan name	AIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED INFUSION SOLUTIONS	<b>c</b> EIN-PN 45-5328748-001
<b>a</b>	Plan name	AKIN FORD 401(K) EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AKIN FORD CORPORATION	<b>c</b> EIN-PN 58-0961275-001
<b>a</b>	Plan name	ALLIANCE BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE BANK	<b>c</b> EIN-PN 39-0483460-001
<b>a</b>	Plan name	ALTERNATIVE POWER GENERATION INC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ALTERNATIVE POWER GENERATION INC	<b>c</b> EIN-PN 47-3693191-001
<b>a</b>	Plan name	AM CHEMICALS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AM CHEMICALS	<b>c</b> EIN-PN 06-1680439-001

<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	AMB MEDIA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMB MEDIA LLC	<b>c</b> EIN-PN 26-4318764-001
<b>a</b>	Plan name	AMERICAN STRUCTUREPOINT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN STRUCTUREPOINT, INC.	<b>c</b> EIN-PN 35-1127317-001
<b>a</b>	Plan name	ANACAPA SURGICAL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANACAPA SURGICAL GROUP INC	<b>c</b> EIN-PN 46-2937197-001
<b>a</b>	Plan name	ANKLE AND FOOT CENTERS OF GEORGIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANKLE AND FOOT CENTERS OF GEORGIA, LLC	<b>c</b> EIN-PN 27-4023059-001
<b>a</b>	Plan name	APEX DERMATOLOGY 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	APEX DERMATOLOGY	<b>c</b> EIN-PN 46-2049259-001
<b>a</b>	Plan name	ARBITERSPORTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARBITERSPORTS, LLC	<b>c</b> EIN-PN 26-3240433-001
<b>a</b>	Plan name	ARBOR FARMS INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARBOR FARMS INC	<b>c</b> EIN-PN 38-2271953-001
<b>a</b>	Plan name	ARVEN SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARVEN SERVICES, LLC.	<b>c</b> EIN-PN 30-0560396-001
<b>a</b>	Plan name	ASHEVILLE EAR, NOSE AND THROAT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASHEVILLE EAR, NOSE AND THROAT, P.A.	<b>c</b> EIN-PN 56-0960842-001
<b>a</b>	Plan name	ASHLEY MANOR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASHLEY MANOR, LLC	<b>c</b> EIN-PN 15-5671934-001
<b>a</b>	Plan name	ASPEN CONSOLIDATED SANIT DISTR PLAN	
<b>b</b>	Name of plan sponsor	ASPEN CONSOLIDATED SANITATION DISTR ATTN ANN SLOANE	<b>c</b> EIN-PN 84-0590546-001
<b>a</b>	Plan name	ASPIRE HR LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ASPIRE HR INC	<b>c</b> EIN-PN 37-1372385-001

<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	ASTHMA, ALLERGY & IMMUNOLOGY, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASTHMA, ALLERGY & IMMUNOLOGY, P.A.	<b>c</b> EIN-PN 59-3198942-001
<b>a</b>	Plan name	ATC COMPANIES, INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ATC COMPANIES, INC.	<b>c</b> EIN-PN 22-2228431-001
<b>a</b>	Plan name	ATLANTIC COMMUNICATIONS TEAM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC COMMUNICATIONS TEAM	<b>c</b> EIN-PN 59-2443623-001
<b>a</b>	Plan name	ATOMIC TRANSPORT LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	ATOMIC TRANSPORT LLC	<b>c</b> EIN-PN 46-5251833-001
<b>a</b>	Plan name	AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIGNATURE HEALTHCARE SERVICES, LLC	<b>c</b> EIN-PN 38-3544746-001
<b>a</b>	Plan name	AVALON DENTAL INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	AVALON DENTAL INC.	<b>c</b> EIN-PN 26-0549404-001
<b>a</b>	Plan name	B. ROBINSON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B. ROBINSON, INC.	<b>c</b> EIN-PN 76-0836531-001
<b>a</b>	Plan name	BADER 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BADER LAW FIRM, LLC	<b>c</b> EIN-PN 26-2064310-001
<b>a</b>	Plan name	BARTH ELECTRIC CO, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BARTH ELECTRIC CO, INC.	<b>c</b> EIN-PN 35-0989044-002
<b>a</b>	Plan name	BATSON & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BATSON & ASSOCIATES, LLC	<b>c</b> EIN-PN 38-3487601-001
<b>a</b>	Plan name	BAYHEAD PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BAYHEAD PRODUCTS CORPORATION	<b>c</b> EIN-PN 02-0308217-001
<b>a</b>	Plan name	BBMG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BBMG	<b>c</b> EIN-PN 02-0667718-001

<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	BEC-DON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEC-DON, INC.	<b>c</b> EIN-PN 58-1639302-001
<b>a</b>	Plan name	BENAVIDEZ LAW FIRM INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BENAVIDEZ LAW FIRM INC	<b>c</b> EIN-PN 27-0756610-001
<b>a</b>	Plan name	BERNARD & MERRILL PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERNARD & MERRILL PLLC	<b>c</b> EIN-PN 02-0513188-001
<b>a</b>	Plan name	BEVERLY HILLS DENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	BEVERLY HILLS DENTAL	<b>c</b> EIN-PN 59-3568343-001
<b>a</b>	Plan name	BEYERS FUNERAL HOME, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BEYERS FUNERAL HOME, INC.	<b>c</b> EIN-PN 59-0163480-001
<b>a</b>	Plan name	BGI 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BGI, LLC	<b>c</b> EIN-PN 26-0031861-001
<b>a</b>	Plan name	BGL, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BGL, INC	<b>c</b> EIN-PN 20-5315003-001
<b>a</b>	Plan name	BGM FASTENER CO., INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BGM FASTENER CO., INC.	<b>c</b> EIN-PN 23-2176042-001
<b>a</b>	Plan name	BHP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOUTIQUE HOTEL PROFESSIONALS, LLC	<b>c</b> EIN-PN 85-3376993-001
<b>a</b>	Plan name	BIG BLUE STORE OF CLINTON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIG BLUE STORE OF CLINTON, INC.	<b>c</b> EIN-PN 56-1287474-001
<b>a</b>	Plan name	BIG G EXPRESS EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIG G HOLDINGS, INC.	<b>c</b> EIN-PN 27-1192613-002
<b>a</b>	Plan name	BJC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIG JOHNSON CONSTRUCTION	<b>c</b> EIN-PN 20-0073691-001

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>BLOUT ENTERPRISES, INC. DBA PARAGON CASE MANAGEMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLOUT ENTERPRISES, INC. DBA PARAGON CASE MANAGEMENT</b>	<b>c</b> EIN-PN <b>20-1675563-001</b>
<b>a</b>	Plan name <b>BLUE CRAB CORPORATE SERVICES, LLC</b>	
<b>b</b>	Name of plan sponsor <b>BLUE CRAB CORPORATE SERVICES, LLC</b>	<b>c</b> EIN-PN <b>82-3817597-001</b>
<b>a</b>	Plan name <b>BOB'S MARKET AND GREENHOUSES, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOBS MARKET AND GREENHOUSES, INC. 401K PLAN</b>	<b>c</b> EIN-PN <b>31-1153310-001</b>
<b>a</b>	Plan name <b>BOTESCH, NASH &amp; HALL, P. S. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOTESCH, NASH &amp; HALL ARCHITECTS, P.S.</b>	<b>c</b> EIN-PN <b>91-1269086-001</b>
<b>a</b>	Plan name <b>BOWEN HEFLEY RHODES STEWART ORTHOPEDICS, P.A. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOWEN HEFLEY RHODES STEWART ORTHOPEDICS, P.A.</b>	<b>c</b> EIN-PN <b>71-0723971-001</b>
<b>a</b>	Plan name <b>BRANDAN L. LEBOURDAIS DDS MS PC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRANDAN L. LEBOURDAIS DDS MS PC</b>	<b>c</b> EIN-PN <b>04-3819455-001</b>
<b>a</b>	Plan name <b>BREAS 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BREAS MEDICAL, INC.</b>	<b>c</b> EIN-PN <b>46-2773465-001</b>
<b>a</b>	Plan name <b>BRECKENRIDGE KITCHEN EQUIPMENT 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BRECKENRIDGE KITCHEN EQUIPMENT</b>	<b>c</b> EIN-PN <b>34-1870715-001</b>
<b>a</b>	Plan name <b>BRENNSTUHL CONSTRUCTION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRENNSTUHL CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>90-0401873-001</b>
<b>a</b>	Plan name <b>BRIAN TORGERSON LLC 401K P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRIAN TORGERSON LLC</b>	<b>c</b> EIN-PN <b>27-2469643-001</b>
<b>a</b>	Plan name <b>BRIGHTSIDE MORTGAGE LLC</b>	
<b>b</b>	Name of plan sponsor <b>BRIGHTSIDE MORTGAGE LLC</b>	<b>c</b> EIN-PN <b>82-2022636-001</b>
<b>a</b>	Plan name <b>BRISTOL INSTRUMENTS, INC EMPLOYEE SAVINGS RETIREMENT PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BRISTOL INSTRUMENTS, INC</b>	<b>c</b> EIN-PN <b>20-2119256-001</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	C & C TEMP CONTROL, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	C & C TEMP CONTROL, INC.	<b>c</b> EIN-PN 20-3474437-001
<b>a</b>	Plan name	CAIRNCROSS & HEMPELMANN, P.S. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAIRNCROSS & HEMPELMANN, P.S.	<b>c</b> EIN-PN 91-1384295-001
<b>a</b>	Plan name	CALICO ENERGY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALICO ENERGY INC.	<b>c</b> EIN-PN 27-1606271-001
<b>a</b>	Plan name	CALIFORNIA SOUTHWESTERN INSURANCE AGENCY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA SOUTHWESTERN INSURANCE AGENCY	<b>c</b> EIN-PN 95-2786855-001
<b>a</b>	Plan name	CAMBI, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CAMBI, INC.	<b>c</b> EIN-PN 33-1221331-001
<b>a</b>	Plan name	CAMPBELL-SEVEY, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CAMPBELL-SEVEY, INC.	<b>c</b> EIN-PN 41-0840903-001
<b>a</b>	Plan name	CANTERBURY TOWER, INC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CANTERBURY TOWER INC	<b>c</b> EIN-PN 59-1782481-001
<b>a</b>	Plan name	CAPE GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CAPE GROUP LLC	<b>c</b> EIN-PN 47-1244951-001
<b>a</b>	Plan name	CAPE JEWELERS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	KEEGAN JEWELERS	<b>c</b> EIN-PN 04-2787341-001
<b>a</b>	Plan name	CAPIO PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPIO PARTNERS, LLC	<b>c</b> EIN-PN 26-1896257-001
<b>a</b>	Plan name	CAPITOL RESOURCES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPITOL RESOURCES, LLC	<b>c</b> EIN-PN 64-0934337-001
<b>a</b>	Plan name	CAROLINA LAND ACQUISITIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAROLINA LAND ACQUISITIONS, INC.	<b>c</b> EIN-PN 56-2198855-001

<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	CARTER MARIO P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CARTER MARIO P.C.	<b>c</b> EIN-PN 06-1277333-001
<b>a</b>	Plan name	CASH & FORBES INSURANCE GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CASH & FORBES INSURANCE GROUP LLC	<b>c</b> EIN-PN 82-3239006-001
<b>a</b>	Plan name	CAYUGA NATION OF INDIANS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAYUGA NATION OF INDIANS	<b>c</b> EIN-PN 16-1034363-001
<b>a</b>	Plan name	CCAIE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VETCHIX LLC DBA CENTRAL CARROLL ANIMAL EMER	<b>c</b> EIN-PN 88-0811941-001
<b>a</b>	Plan name	C-DIVE LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	C-DIVE LLC	<b>c</b> EIN-PN 26-1812515-001
<b>a</b>	Plan name	CENTIUM CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTIUM CONSULTING, INC.	<b>c</b> EIN-PN 20-0035636-001
<b>a</b>	Plan name	CENTRAL KENTUCKY RADIOLOGY, PLLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL KENTUCKY RADIOLOGY, PLLC	<b>c</b> EIN-PN 61-1336534-001
<b>a</b>	Plan name	CHARLES E. DYER IV DDS MS PC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHARLES E. DYER IV DDS MS PC	<b>c</b> EIN-PN 71-1025293-001
<b>a</b>	Plan name	CHARTERED INTERNATIONAL, LLP	
<b>b</b>	Name of plan sponsor	AGHAKHANI & LUK, LLP	<b>c</b> EIN-PN 82-4688236-001
<b>a</b>	Plan name	CHELAR TOOL & DIE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHELAR TOOL & DIE, INC.	<b>c</b> EIN-PN 37-0815531-003
<b>a</b>	Plan name	CHILDS, HESTER & LOVE, P.A 401K PLAN.	
<b>b</b>	Name of plan sponsor	CHILDS, HESTER AND LOVE PA	<b>c</b> EIN-PN 59-1445577-001
<b>a</b>	Plan name	CHURCHILL MORTGAGE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHURCHILL MORTGAGE CORPORATION	<b>c</b> EIN-PN 62-1494087-001

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 CIVIL DESIGN SOLUTIONS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CIVIL DESIGN SOLUTIONS, LLC	<b>c</b> EIN-PN 82-0556049-001
<b>a</b>	Plan name CLAUDE MOORE CHARITABLE FOUNDATION 401(K)	
<b>b</b>	Name of plan sponsor CLAUDE MOORE CHARITABLE FOUNDATI	<b>c</b> EIN-PN 52-1558571-001
<b>a</b>	Plan name COCOA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COCOA, INC.	<b>c</b> EIN-PN 59-1764388-001
<b>a</b>	Plan name COHNREZNICK LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COHNREZNICK LLP	<b>c</b> EIN-PN 22-1478099-003
<b>a</b>	Plan name COLETTA HOLDINGS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLETTA HOLDINGS INC.	<b>c</b> EIN-PN 27-0858541-002
<b>a</b>	Plan name COLLEGE PLAZA PEDIATRICS PC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor COLLEGE PLAZA PEDIATRICS PC	<b>c</b> EIN-PN 22-3765275-001
<b>a</b>	Plan name COLLINS LAW GROUP PLLC 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor COLLINS LAW GROUP PLLC	<b>c</b> EIN-PN 46-3946897-001
<b>a</b>	Plan name COLONY HOUSE FURNITURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLONY HOUSE FURNITURE, INC	<b>c</b> EIN-PN 25-1367905-001
<b>a</b>	Plan name COMMERCIAL FINANCE PARTNERS HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL FINANCE PARTNERS HOLDINGS, INC	<b>c</b> EIN-PN 47-2247882-001
<b>a</b>	Plan name COMMUNICATION EXHIBITS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor COMMUNICATION EXHIBITS INC	<b>c</b> EIN-PN 34-1221072-001
<b>a</b>	Plan name COMMUNITY HOSPITAL OF ANACONDA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY HOSPITAL OF ANACONDA	<b>c</b> EIN-PN 81-0303913-002
<b>a</b>	Plan name COMPLETE ENVIRONMENTAL PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPLETE ENVIRONMENTAL PRODUCTS	<b>c</b> EIN-PN 76-0418278-001

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>CONCRAFT, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONCRAFT, INC.</b>	<b>c</b> EIN-PN <b>38-2704229-001</b>
<b>a</b>	Plan name <b>COOPER FAMILY MEDICAL PLLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COOPER FAMILY MEDICAL PLLC</b>	<b>c</b> EIN-PN <b>20-1251028-001</b>
<b>a</b>	Plan name <b>CORONA PHYSICIANS ASSOCIATES A 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CORONA PHYSICIANS ASSOCIATES A</b>	<b>c</b> EIN-PN <b>95-4430781-001</b>
<b>a</b>	Plan name <b>CORRIDOR TITLE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CORRIDOR TITLE, LLC</b>	<b>c</b> EIN-PN <b>27-3233725-001</b>
<b>a</b>	Plan name <b>COUNTERMEASURES CORP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COUNTERMEASURES CONSULTING, INC. DBA CMC</b>	<b>c</b> EIN-PN <b>85-2450976-001</b>
<b>a</b>	Plan name <b>COUPONCABIN, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COUPONCABIN, LLC</b>	<b>c</b> EIN-PN <b>27-4067830-001</b>
<b>a</b>	Plan name <b>CPP CONSTRUCTION COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CPP CONSTRUCTION COMPANY INCORPORATED</b>	<b>c</b> EIN-PN <b>80-0148976-001</b>
<b>a</b>	Plan name <b>CRUISE AND TRAVEL EXPERTS, INC. EMPLOYEE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CRUISE AND TRAVEL EXPERTS, INC.</b>	<b>c</b> EIN-PN <b>38-2446827-001</b>
<b>a</b>	Plan name <b>CRUX WEALTH ADVISORS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CRUX WEALTH ADVISORS, LLC</b>	<b>c</b> EIN-PN <b>81-2684252-001</b>
<b>a</b>	Plan name <b>CRYOGENIC R &amp; D, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CRYOGENICS RESEARCH &amp; DEVELOPMENT, INC.</b>	<b>c</b> EIN-PN <b>75-1321822-001</b>
<b>a</b>	Plan name <b>D. F. DANIELS CORP 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D. F. DANIELS CORPORATION</b>	<b>c</b> EIN-PN <b>59-3052036-001</b>
<b>a</b>	Plan name <b>DARLING INGREDIENTS INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DARLING INGREDIENTS INC.</b>	<b>c</b> EIN-PN <b>36-2495346-040</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 DAVID A. NICE BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAVID A. NICE BUILDERS, INC.	<b>c</b> EIN-PN 54-1375220-001
<b>a</b>	Plan name DAVIS, PARRY & TYLER P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVIS, PARRY & TYLER, P.C.	<b>c</b> EIN-PN 23-2566283-002
<b>a</b>	Plan name DAWSON & BEDSWORTH ELECTRICAL CONTRACTORS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAWSON & BEDSWORTH ELECTRICAL CONTRACTORS INC	<b>c</b> EIN-PN 51-0412239-001
<b>a</b>	Plan name DEACON & MOULDS, P. A. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DEACON & MOULDS, P. A.	<b>c</b> EIN-PN 59-3596590-001
<b>a</b>	Plan name DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DECISIVEDGE, LLC	<b>c</b> EIN-PN 26-1440851-001
<b>a</b>	Plan name DEESIDE TRADING COMPANY, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DEESIDE TRADING COMPANY, LLC	<b>c</b> EIN-PN 82-3907875-001
<b>a</b>	Plan name DEWITT AND CHISOLM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEWITT AND CHISOLM, LLC	<b>c</b> EIN-PN 01-0791410-001
<b>a</b>	Plan name DGL FINANCIAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor DGL FINANCIAL SERVICES, LLC	<b>c</b> EIN-PN 20-1657111-001
<b>a</b>	Plan name DHENALI INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DHENALI INC	<b>c</b> EIN-PN 83-1299911-001
<b>a</b>	Plan name DISCOVERY MARKETING & DISTRIBUTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DISCOVERY MARKETING AND DISTRIBUTING, INC.	<b>c</b> EIN-PN 59-3024268-001
<b>a</b>	Plan name DISPARTI LAW GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DISPARTI LAW GROUP	<b>c</b> EIN-PN 59-3042535-001
<b>a</b>	Plan name DOBBS EMPLOYEE'S 401(K) PROFIT SHARING & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DOBBS TIRE & AUTO CENTERS, INC.	<b>c</b> EIN-PN 43-1078456-001

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="#">DOCUWARE CORPORATION 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOCUWARE CORPORATION</a>	<b>c</b> EIN-PN <a href="#">14-1826943-001</a>
<b>a</b>	Plan name <a href="#">DON'S HOME FURNITURE, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DONS HOME FURNITURE, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1801897-001</a>
<b>a</b>	Plan name <a href="#">DORMANNS CUSTOM PLUMBING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DORMANNS CUSTOM PLUMBING, INC.</a>	<b>c</b> EIN-PN <a href="#">22-3547879-001</a>
<b>a</b>	Plan name <a href="#">DOUGLAS BLEYENBURG DDS PC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOUGLAS BLEYENBURG DDS PC</a>	<b>c</b> EIN-PN <a href="#">38-3250461-001</a>
<b>a</b>	Plan name <a href="#">DR. HARRY J. GILBERT FAMILY DENTAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARRY J. GILBERT, DDS, FAGD, PC</a>	<b>c</b> EIN-PN <a href="#">22-3115261-001</a>
<b>a</b>	Plan name <a href="#">DRONEUP 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DRONEUP, LLC</a>	<b>c</b> EIN-PN <a href="#">81-4177107-001</a>
<b>a</b>	Plan name <a href="#">DUBOSE STRAPPING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUBOSE STRAPPING, INC.</a>	<b>c</b> EIN-PN <a href="#">56-1715543-001</a>
<b>a</b>	Plan name <a href="#">DUN RITE HOME IMPROVEMENT INC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUN RITE HOME IMPROVEMENT INC</a>	<b>c</b> EIN-PN <a href="#">35-2361196-001</a>
<b>a</b>	Plan name <a href="#">DWC PERSONAL SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">D. WILSON CONSTRUCTION CO.</a>	<b>c</b> EIN-PN <a href="#">74-1804568-002</a>
<b>a</b>	Plan name <a href="#">DWYER ENTERPRISES INC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DWYER ENTERPRISES INC</a>	<b>c</b> EIN-PN <a href="#">32-0050755-001</a>
<b>a</b>	Plan name <a href="#">DYNAMO FREIGHT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DYNAMO FREIGHT LLC</a>	<b>c</b> EIN-PN <a href="#">85-4257023-001</a>
<b>a</b>	Plan name <a href="#">EARL OWEN COMPANY, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EARL OWEN COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">75-1548733-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	EARTH SCULPTURES, INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	EARTH SCULPTURES, INC.	<b>c</b> EIN-PN 33-0875217-002
<b>a</b>	Plan name	EAST JORDAN FAMILY HEALTH CENTER 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EAST JORDAN FAMILY HEALTH CENTER, INC.	<b>c</b> EIN-PN 38-2150252-001
<b>a</b>	Plan name	EBERLY & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EBERLY & ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1484810-001
<b>a</b>	Plan name	EBERT MEATS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EBERT MEATS LLC DBA SALMONS MEAT PRODUCTS	<b>c</b> EIN-PN 84-5147278-002
<b>a</b>	Plan name	EDEN DESIGN GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EDEN DESIGN GROUP	<b>c</b> EIN-PN 27-3709465-001
<b>a</b>	Plan name	EDWARD W. EASTON AND CO., INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EASTON AND ASSOCIATES	<b>c</b> EIN-PN 59-1553325-001
<b>a</b>	Plan name	EHRlich & COMPANY CPA'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EHRlich & COMPANY CPAS LLP	<b>c</b> EIN-PN 27-4632191-001
<b>a</b>	Plan name	EIS IMPLEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EIS IMPLEMENT, INC.	<b>c</b> EIN-PN 39-1200119-001
<b>a</b>	Plan name	EMERGING MARKET SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	EMERGING MARKET SEPARATE ACCOUNT	<b>c</b> EIN-PN 46-3943208-001
<b>a</b>	Plan name	EMPIRE SPORTS MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPIRE SPORTS MANAGEMENT LLC	<b>c</b> EIN-PN 58-2480694-001
<b>a</b>	Plan name	ENCORE BANK 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ENCORE BANK	<b>c</b> EIN-PN 62-1700716-001
<b>a</b>	Plan name	ENVIRONMENTAL ROOFING COMPONENTS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL ROOFING COMPONENTS	<b>c</b> EIN-PN 47-2266812-001

<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	ES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ES, LLC	<b>c</b> EIN-PN 65-1070300-002
<b>a</b>	Plan name	EXCEL FIRE PROTECTION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXCEL FIRE PROTECTION CO., INC.	<b>c</b> EIN-PN 46-0372828-002
<b>a</b>	Plan name	EXCEL TRUCK & TRAILER REPAIR, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	EXCEL TRUCK & TRAILER REPAIR, INC.	<b>c</b> EIN-PN 20-1003086-001
<b>a</b>	Plan name	EXEC1 AVIATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXEC1 AVIATION, LLC	<b>c</b> EIN-PN 27-0239059-001
<b>a</b>	Plan name	EXTREME FLIGHT R/C 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	EXTREME FLIGHT R/C	<b>c</b> EIN-PN 38-3670513-001
<b>a</b>	Plan name	FERMAN MOTOR CAR COMPANY AND AFFILIATED DEALERSHIPS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FERMAN MOTOR CAR COMPANY, INC.	<b>c</b> EIN-PN 59-0240570-001
<b>a</b>	Plan name	FETCH PACKAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FETCH PACKAGE INC.	<b>c</b> EIN-PN 81-2791550-001
<b>a</b>	Plan name	FIFE RV & AUTO 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FIFE RV & AUTO	<b>c</b> EIN-PN 91-2009969-001
<b>a</b>	Plan name	FIRST CHOICE GLASS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRST CHOICE GLASS	<b>c</b> EIN-PN 20-2468396-001
<b>a</b>	Plan name	FIRST HARBOR FINANCIAL SERVICES 401K PS PLAN	
<b>b</b>	Name of plan sponsor	FIRST HARBOR FINANCIAL SERVICES	<b>c</b> EIN-PN 26-4366756-002
<b>a</b>	Plan name	FIRST NATIONAL BANK OF PASCO 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FIRST NATIONAL BANK OF PASCO	<b>c</b> EIN-PN 59-2648115-001
<b>a</b>	Plan name	FIRST PIEDMONT SAVINGS & LOAN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRST PIEDMONT FEDERAL SAVINGS & LOAN	<b>c</b> EIN-PN 57-0226455-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FIRST STATE BANK OF PORTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRST STATE BANK OF PORTER	<b>c</b> EIN-PN 35-0310570-001
<b>a</b>	Plan name	FLORIDA ACADEMY OF FAMILY PHYSICIANS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.	<b>c</b> EIN-PN 59-6138054-001
<b>a</b>	Plan name	FMG CONCRETE CUTTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FMG CONCRETE CUTTING, INC.	<b>c</b> EIN-PN 38-2248600-002
<b>a</b>	Plan name	FOCUS BEHAVIORAL HEALTH, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FOCUS HEALTH, INC.	<b>c</b> EIN-PN 20-1234442-001
<b>a</b>	Plan name	FOLEY & FOLEY, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FOLEY & FOLEY, PC	<b>c</b> EIN-PN 26-1205076-001
<b>a</b>	Plan name	FOOD SERVICE CONSULTANTS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FOOD SERVICE CONSULTANTS INC	<b>c</b> EIN-PN 43-1378791-001
<b>a</b>	Plan name	FRAZEE INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FRAZEE INC	<b>c</b> EIN-PN 58-1277309-002
<b>a</b>	Plan name	FREDRIC H. RUBEL JEWELERS 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FREDRIC H. RUBEL JEWELERS	<b>c</b> EIN-PN 95-2962282-001
<b>a</b>	Plan name	FRIES FINANCIAL GROUP, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	FRIES FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 20-1946452-001
<b>a</b>	Plan name	FRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA RESOURCE MANAGEMENT, LLC	<b>c</b> EIN-PN 45-4943464-001
<b>a</b>	Plan name	FRONT RANGE RESTAURANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRONT RANGE RESTAURANT MANAGEMENT, INC.	<b>c</b> EIN-PN 84-1128044-001
<b>a</b>	Plan name	FULCRUM GROUP 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THE FULCRUM GROUP, INC.	<b>c</b> EIN-PN 71-0899639-001

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>G &amp; T MANUFACTURING 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>G &amp; T MANUFACTURING</b>	<b>c</b> EIN-PN <b>34-1288788-001</b>
<b>a</b>	Plan name <b>G. O. WEISS, INC. SAFE HARBOR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>G. O. WEISS, INC.</b>	<b>c</b> EIN-PN <b>74-1737266-001</b>
<b>a</b>	Plan name <b>G.W. HEATING &amp; AIR PLAN</b>	
<b>b</b>	Name of plan sponsor <b>G.W. HEATING &amp; AIR CONDITIONING</b>	<b>c</b> EIN-PN <b>38-1472995-001</b>
<b>a</b>	Plan name <b>GAR ASSOCIATES LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GAR ASSOCIATES LLC</b>	<b>c</b> EIN-PN <b>81-0825346-001</b>
<b>a</b>	Plan name <b>GAS, LLC LIMITED LIABILITY COMPANY 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GAS, LLC LIMITED LIABILITY COMPANY</b>	<b>c</b> EIN-PN <b>91-2056927-001</b>
<b>a</b>	Plan name <b>GAULT DAVISON 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GAULT DAVISON, P.C.</b>	<b>c</b> EIN-PN <b>38-3203818-001</b>
<b>a</b>	Plan name <b>G-C ELECTRIC COMPANY, INC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>G-C ELECTRIC COMPANY, INC.</b>	<b>c</b> EIN-PN <b>23-1901221-001</b>
<b>a</b>	Plan name <b>GEORGE WHITE CHEVROLET, INC. 401(K) PSP</b>	
<b>b</b>	Name of plan sponsor <b>GEORGE WHITE CHEVROLET, INC.</b>	<b>c</b> EIN-PN <b>42-0951308-001</b>
<b>a</b>	Plan name <b>GES ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GES ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>93-0811478-001</b>
<b>a</b>	Plan name <b>GLENTEK 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLENTEK, INC.</b>	<b>c</b> EIN-PN <b>95-2387571-002</b>
<b>a</b>	Plan name <b>GLOBAL CARE PROPERTIES</b>	
<b>b</b>	Name of plan sponsor <b>GLOBAL CARE PROPERTIES</b>	<b>c</b> EIN-PN <b>92-0261300-001</b>
<b>a</b>	Plan name <b>GMFS, LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GMFS LLC</b>	<b>c</b> EIN-PN <b>72-1441479-002</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 <b>GOLDMAN, MAGDALIN &amp; KRIKES, LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOLDMAN, MAGDALIN &amp; KRIKES, LLP</b>	<b>c</b> EIN-PN <b>77-0523476-001</b>
<b>a</b>	Plan name <b>GOSNELL, BORDEN, ENLOE, SLOSS, MCCULLOUGH &amp; WALDROP, LTD PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOSNELL, BORDEN, ENLOE, SLOSS MCCULLOUGH &amp; WALDROP, LTD</b>	<b>c</b> EIN-PN <b>37-0920458-001</b>
<b>a</b>	Plan name <b>GRAMMAN PLUMBING &amp; HEATING COR 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GRAMMAN PLUMBING &amp; HEATING COR</b>	<b>c</b> EIN-PN <b>11-2266833-001</b>
<b>a</b>	Plan name <b>GRAND RAPIDS SYMPHONY SOCIETY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRAND RAPIDS SYMPHONY SOCIETY</b>	<b>c</b> EIN-PN <b>38-6005447-002</b>
<b>a</b>	Plan name <b>GRATING SYSTEMS RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CCCM LLC</b>	<b>c</b> EIN-PN <b>86-1905812-001</b>
<b>a</b>	Plan name <b>GREAT LAKES FUSION LLC RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREAT LAKES FUSION LLC</b>	<b>c</b> EIN-PN <b>38-3590259-001</b>
<b>a</b>	Plan name <b>GUILD BUILDERS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GUILD BUILDERS, LLC</b>	<b>c</b> EIN-PN <b>84-3708397-001</b>
<b>a</b>	Plan name <b>GULF COAST REPAIR &amp; MACHINE SHOP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GULF COAST REPAIR &amp; MACHINE SHOP, INC.</b>	<b>c</b> EIN-PN <b>74-2595565-001</b>
<b>a</b>	Plan name <b>H &amp; R HEATING AND AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>H &amp; R HEATING AND AIR CONDITIONING, INC.</b>	<b>c</b> EIN-PN <b>51-0366557-002</b>
<b>a</b>	Plan name <b>H&amp;S SUPPLY COMPANY, INC. PROFIT SHARING 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>H&amp;S SUPPLY COMPANY, INC.</b>	<b>c</b> EIN-PN <b>58-1053418-002</b>
<b>a</b>	Plan name <b>HAMILTON PLASTICS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAMILTON PLASTICS, INC.</b>	<b>c</b> EIN-PN <b>62-1281383-001</b>
<b>a</b>	Plan name <b>HARBOR CONTRACTING, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARBOR CONTRACTING LLC</b>	<b>c</b> EIN-PN <b>27-2783662-001</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	HARNESS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARNESS, LLC	<b>c</b> EIN-PN 81-4368874-001
<b>a</b>	Plan name	HARVEY & BATTEY, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HARVEY & BATTEY, P.A.	<b>c</b> EIN-PN 57-0564107-001
<b>a</b>	Plan name	HATCH STAMPING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HATCH STAMPING COMPANY	<b>c</b> EIN-PN 38-1781598-001
<b>a</b>	Plan name	HAWAII DENTAL SERVICE 401(K) SALARY INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	HAWAII DENTAL SERVICE	<b>c</b> EIN-PN 99-0107971-002
<b>a</b>	Plan name	HEALTHCARE SYSTEMS & TECHNOLOGIES, LLC 401(K) PLAN &	
<b>b</b>	Name of plan sponsor	HEALTHCARE SYSTEMS & TECHNOLOGIE	<b>c</b> EIN-PN 83-0438913-001
<b>a</b>	Plan name	HHS & COMPANY LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HHS & COMPANY LLC	<b>c</b> EIN-PN 92-1115272-001
<b>a</b>	Plan name	HIGHLINE CONSULTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGHLINE CONSULTING, INC.	<b>c</b> EIN-PN 26-3917056-001
<b>a</b>	Plan name	HIGHVIEW HEALTHCARE PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGHVIEW HEALTHCARE PARTNERS, LLC	<b>c</b> EIN-PN 20-4798712-001
<b>a</b>	Plan name	HILL GROUP HEALTHCARE MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HILL GROUP HEALTHCARE MANAGEMENT, INC.	<b>c</b> EIN-PN 45-2687375-001
<b>a</b>	Plan name	HILLS ELECTRIC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HILLS ELECTRIC, LLC	<b>c</b> EIN-PN 61-1376835-001
<b>a</b>	Plan name	HIMCO USA INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HIMCO USA INC	<b>c</b> EIN-PN 20-0686525-002
<b>a</b>	Plan name	HINTONBURDICK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HINTONBURDICK, PLLC	<b>c</b> EIN-PN 87-0492866-001

<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	HIRE ROAD, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HIRE ROAD, INC.	<b>c</b> EIN-PN 46-3416360-001
<b>a</b>	Plan name	HITRUST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HITRUST SERVICES CORP.	<b>c</b> EIN-PN 26-4149380-001
<b>a</b>	Plan name	HOFFMAN INSTRUMENT SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOFFMAN INSTRUMENTATION SUPPLY,	<b>c</b> EIN-PN 93-0757945-002
<b>a</b>	Plan name	HOMETOWN PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MROEKI, INC.	<b>c</b> EIN-PN 26-2361491-001
<b>a</b>	Plan name	HOTARD & HISE, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	HOTARD & HISE, LLC	<b>c</b> EIN-PN 45-4971797-001
<b>a</b>	Plan name	HUTCHENS LAW FIRM, LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUTCHENS LAW FIRM, LLP	<b>c</b> EIN-PN 47-4160398-001
<b>a</b>	Plan name	HUTCHINGS & ASSOCIATES, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	HUTCHINGS & ASSOCIATES LLC	<b>c</b> EIN-PN 20-3324206-001
<b>a</b>	Plan name	HYCO ALABAMA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HYCO ALABAMA, LLC	<b>c</b> EIN-PN 06-1517486-001
<b>a</b>	Plan name	HYLAND & PADILLA PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HYLAND & PADILLA PLLC	<b>c</b> EIN-PN 56-2135953-001
<b>a</b>	Plan name	IMMERSE AGENCY 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IMMERSE AGENCY LLC	<b>c</b> EIN-PN 46-2564969-001
<b>a</b>	Plan name	INBENTA TECHNOLOGIES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INBENTA TECHNOLOGIES INC	<b>c</b> EIN-PN 45-3329470-001
<b>a</b>	Plan name	INFINITY ENGINEERED PRODUCTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INFINITY ENGINEERED PRODUCTS	<b>c</b> EIN-PN 98-1564164-001

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 INNOVATIVE PROGRAMMING SYSTEMS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor INNOVATIVE PROGRAMMING SYSTEMS, INC.	<b>c</b> EIN-PN 38-2864038-001
<b>a</b>	Plan name INREACH 401(K) PLAN	
<b>b</b>	Name of plan sponsor INREACH HEALTHCARE, LLC	<b>c</b> EIN-PN 81-4385857-001
<b>a</b>	Plan name INTERCONTINENTAL WEST MIAMI 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOTEL GENPAR DBA INTERCONTINENTA	<b>c</b> EIN-PN 65-0932710-001
<b>a</b>	Plan name INTERCOOL USA, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor INTERCOOL USA, LLC	<b>c</b> EIN-PN 81-4852676-002
<b>a</b>	Plan name INTERIOR GRAPHIC SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERIOR GRAPHIC SYSTEMS, LLC	<b>c</b> EIN-PN 13-4267778-001
<b>a</b>	Plan name INTERNAL DATA RESOURCES, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor INTERNAL DATA RESOURCES, INC.	<b>c</b> EIN-PN 58-2389124-001
<b>a</b>	Plan name INTERSTATE TRUCKSOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERSTATE TRUCKSOURCE, INC.	<b>c</b> EIN-PN 20-0913689-001
<b>a</b>	Plan name IOWA-DES MOINES SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor IDMS, INC.	<b>c</b> EIN-PN 81-5200653-001
<b>a</b>	Plan name IT CAPS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor IT CAPS LLC	<b>c</b> EIN-PN 56-2519946-001
<b>a</b>	Plan name J & J AG, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor J & J AG, INC.	<b>c</b> EIN-PN 20-1088158-001
<b>a</b>	Plan name J&J MECHANICAL 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor J&J MECHANICAL INC	<b>c</b> EIN-PN 56-1848140-001
<b>a</b>	Plan name J.A. LAROCCO ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor J.A. LAROCCO ENTERPRISES, INC	<b>c</b> EIN-PN 65-0391263-002

<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	JAGGAER, LLC RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	JAGGAER, LLC
<b>c</b>	EIN-PN	56-2127592-001
<b>a</b>	Plan name	JAMES P MCNERNEY D D S P C 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	JAMES P MCNERNEY D D S P C
<b>c</b>	EIN-PN	13-4027173-001
<b>a</b>	Plan name	JCB ENTERPRISES III, INC. EMPLOYEES SAVINGS TRUST
<b>b</b>	Name of plan sponsor	JCB ENTERPRISES III, INC.
<b>c</b>	EIN-PN	65-0409814-002
<b>a</b>	Plan name	JOHN HANCOCK LIFE INSURANCE COMPANY OF NEW YORK SEPARATE ACCOUNT
<b>b</b>	Name of plan sponsor	JOHN HANCOCK LIFE INSURANCE COMPANY OF NEW YORK
<b>c</b>	EIN-PN	13-3646501-100
<b>a</b>	Plan name	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A SEPARATE ACCOUNT
<b>b</b>	Name of plan sponsor	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A
<b>c</b>	EIN-PN	01-0233346-100
<b>a</b>	Plan name	JOHNSON AUTO PLAZA, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	JOHNSON AUTO SALES, INC.
<b>c</b>	EIN-PN	84-1213371-001
<b>a</b>	Plan name	JOHNSON RESEARCH & DEVELOPMENT CO INC
<b>b</b>	Name of plan sponsor	JOHNSON RESEARCH & DEVELOPMENT C
<b>c</b>	EIN-PN	58-1973838-001
<b>a</b>	Plan name	JOHNSTONE SUPPLY 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CONTROLS CENTER, INC. DBA JOHNST
<b>c</b>	EIN-PN	31-0514287-001
<b>a</b>	Plan name	JONES EYE ASSOCIATES, PA 401(K) P/S PLAN
<b>b</b>	Name of plan sponsor	JONES EYE ASSOCIATES, PA
<b>c</b>	EIN-PN	20-2111579-001
<b>a</b>	Plan name	JORDACHE ENTERPRISES INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	JORDACHE ENTERPRISES, INC.
<b>c</b>	EIN-PN	13-2932632-002
<b>a</b>	Plan name	JTEC ENERGY INC 401K PLAN
<b>b</b>	Name of plan sponsor	JTEC ENERGY INC
<b>c</b>	EIN-PN	84-4527035-001
<b>a</b>	Plan name	JUA 401(K) PLAN
<b>b</b>	Name of plan sponsor	FLORIDA MEDICAL MALPRACTICE JOINT UNDERWRITING
<b>c</b>	EIN-PN	59-1625412-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JWW & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JWW ENTERPRISES & ASSOCIATES INC.	<b>c</b> EIN-PN 52-1305529-001
<b>a</b>	Plan name	KAUTH CUSTOM BUILDER & DEVELOP 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	KAUTH CUSTOM BUILDER & DEVELOP	<b>c</b> EIN-PN 34-1317524-001
<b>a</b>	Plan name	KC MEDICAL P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KC MEDICAL P.C.	<b>c</b> EIN-PN 20-3166059-001
<b>a</b>	Plan name	KC STRUCTURAL STEEL / KC STEEL WERX COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KANSAS CITY STEEL INC.	<b>c</b> EIN-PN 43-1812782-001
<b>a</b>	Plan name	KING & KING CPAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KING & KING CPAS	<b>c</b> EIN-PN 20-4732454-001
<b>a</b>	Plan name	KINTZ ELECTRIC, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KINTZ ELECTRIC, LLC	<b>c</b> EIN-PN 27-1718247-001
<b>a</b>	Plan name	KMZ ENTERPRISES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	KMZ ENTERPRISES, LLC/DBA SPECIALTY GLASS PRODUCTS	<b>c</b> EIN-PN 26-0866683-002
<b>a</b>	Plan name	KNICKERBOCKER MACHINE SHOP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KNICKERBOCKER MACHINE SHOP, INC.	<b>c</b> EIN-PN 22-1408006-002
<b>a</b>	Plan name	KNIGHTEN INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KNIGHTEN MACHINE & SERVICE, INC.	<b>c</b> EIN-PN 75-1391331-002
<b>a</b>	Plan name	KTM INDUSTRIES INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	KTM INDUSTRIES INC.	<b>c</b> EIN-PN 84-2384652-001
<b>a</b>	Plan name	KUPPER & DAUGHTERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KUPPER & DAUGHTERS, LLC	<b>c</b> EIN-PN 20-5501170-001
<b>a</b>	Plan name	KURT E VRAGEL JR P C 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	KURT E VRAGEL JR P C	<b>c</b> EIN-PN 36-3491740-001

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 KYOCERA UNIMERCO TOOLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KYOCERA UNIMERCO TOOLING, INC.	<b>c</b> EIN-PN 38-3257605-001
<b>a</b>	Plan name L&R MANUFACTURING COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor LR MANUFACTURING COMPANY	<b>c</b> EIN-PN 22-1051580-001
<b>a</b>	Plan name LABORWORX INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LABORWORX INC.	<b>c</b> EIN-PN 88-2112597-001
<b>a</b>	Plan name LAND OF LINCOLN CREDIT UNION 401K PLAN	
<b>b</b>	Name of plan sponsor LAND OF LINCOLN CREDIT UNION	<b>c</b> EIN-PN 37-0643547-001
<b>a</b>	Plan name LATITE ROOFING & SHEET METAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LATITE ROOFING & SHEET METAL, LL	<b>c</b> EIN-PN 20-8965748-001
<b>a</b>	Plan name LAW OFFICES OF MICHAEL DOLAN, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF MICHAEL DOLAN LLC	<b>c</b> EIN-PN 03-0480332-001
<b>a</b>	Plan name LEARNING LABS, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor LEARNING LABS, INC.	<b>c</b> EIN-PN 58-0975085-002
<b>a</b>	Plan name LECOMTE, EMANUELSON & DOYLE 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor LECOMTE, EMANUELSON, AND DOYLE	<b>c</b> EIN-PN 20-0585426-003
<b>a</b>	Plan name LEGEND FITNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPONENT FABRICATORS, INC. DBA LEGEND FITNESS	<b>c</b> EIN-PN 62-1518374-001
<b>a</b>	Plan name LEITER & BELSKY, P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor LEITER & BELSKY, P. A.	<b>c</b> EIN-PN 65-1012176-001
<b>a</b>	Plan name LEONE ALBERTS & DUUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEONE ALBERTS AND DUUS, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 94-2344269-002
<b>a</b>	Plan name LMW CLASSIC CARS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LMW CLASSIC CARS LLC	<b>c</b> EIN-PN 68-0309405-001

<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	LSM ADMINISTRATIVE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LSM ADMINISTRATIVE SERVICES, LLC	<b>c</b> EIN-PN 82-1332326-001
<b>a</b>	Plan name	LUEDEKE OIL COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUEDEKE OIL CO.	<b>c</b> EIN-PN 47-0555747-001
<b>a</b>	Plan name	LUMANITY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUMANITY INC.	<b>c</b> EIN-PN 84-4706053-002
<b>a</b>	Plan name	M AND B GROUP, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	M&B GROUP, INC.	<b>c</b> EIN-PN 20-8144314-001
<b>a</b>	Plan name	M. J. VAN DAMME TRUCKING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	M. J. VAN DAMME TRUCKING INC.	<b>c</b> EIN-PN 38-3509379-001
<b>a</b>	Plan name	M.E. CONSTRUCTION, INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	M.E. CONSTRUCTION INC.	<b>c</b> EIN-PN 59-3309627-001
<b>a</b>	Plan name	MABRY BROTHERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MABRY BROTHERS, INC.	<b>c</b> EIN-PN 65-0623138-001
<b>a</b>	Plan name	MACROAIR TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MACROAIR TECHNOLOGIES, INC.	<b>c</b> EIN-PN 33-0670424-001
<b>a</b>	Plan name	MAINE DRILLING & BLASTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAINE DRILLING & BLASTING, INC.	<b>c</b> EIN-PN 01-0275868-002
<b>a</b>	Plan name	MAINSRING WEALTH ADVISORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAINSRING WEALTH ADVISORS, LLC	<b>c</b> EIN-PN 46-3409753-001
<b>a</b>	Plan name	MAITLAND PUBLIC LIBRARY INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MAITLAND PUBLIC LIBRARY INC	<b>c</b> EIN-PN 59-0648247-001
<b>a</b>	Plan name	MALLOY LAW OFFICE 401K PLAN	
<b>b</b>	Name of plan sponsor	MALLOY LAW OFFICES LLC	<b>c</b> EIN-PN 80-0392798-001

<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	MARC N. STOCK, D.P.M. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARC N. STOCK, D.P.M.	<b>c</b> EIN-PN 76-0427748-001
<b>a</b>	Plan name	MARKS & HARRISON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARKS & HARRISON, P.C.	<b>c</b> EIN-PN 54-1324210-001
<b>a</b>	Plan name	MAROSI DESIGNS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAROSI DESIGNS LLC	<b>c</b> EIN-PN 46-3175692-001
<b>a</b>	Plan name	MARTIN & HELMS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARTIN & HELMS, P.C.	<b>c</b> EIN-PN 26-3911680-001
<b>a</b>	Plan name	MASON PREPARATORY SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASON PREPARATORY SCHOOL	<b>c</b> EIN-PN 57-0447248-003
<b>a</b>	Plan name	MAVERICK ADVANTAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAVERICK ADVANTAGE, LLC	<b>c</b> EIN-PN 01-4203176-001
<b>a</b>	Plan name	MAYERS MEMORIAL HOSPITAL DISTRICT 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	MAYERS MEMORIAL HOSPITAL	<b>c</b> EIN-PN 94-1634940-001
<b>a</b>	Plan name	MBR ELECTRIC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MBR ELECTRIC INC.	<b>c</b> EIN-PN 84-1108595-001
<b>a</b>	Plan name	MCI MIRITZ CITRUS INTERCONTINE 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MCI MIRITZ CITRUS INTERCONTINE	<b>c</b> EIN-PN 13-4120336-001
<b>a</b>	Plan name	MCKINNEY TAYLOR PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCKINNEY TAYLOR PC	<b>c</b> EIN-PN 84-1847078-001
<b>a</b>	Plan name	MCLEAN MECHANICAL CONTRACTORS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MCLEAN MECHANICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 75-2395785-001
<b>a</b>	Plan name	MECHANICAL RUBBER PRODUCTS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MECHANICAL RUBBER PRODUCTS	<b>c</b> EIN-PN 22-3374334-001

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="#">MEDEVOLVE, INC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEDEVOLVE, INC.</a>	<b>c</b> EIN-PN <a href="#">30-0854827-001</a>
<b>a</b>	Plan name <a href="#">MEDICAL PARK FAMILY CARE, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEDICAL PARK FAMILY CARE, INC.</a>	<b>c</b> EIN-PN <a href="#">92-0127473-002</a>
<b>a</b>	Plan name <a href="#">METABOLIC MAINTENANCE PRODUCTS 401(K) PROFIT SHARING PLAN TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">METABOLIC MAINTENANCE PRODUCTS, LLC</a>	<b>c</b> EIN-PN <a href="#">33-0505190-001</a>
<b>a</b>	Plan name <a href="#">METRO NATIONAL TITLE 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">METRO NATIONAL TITLE</a>	<b>c</b> EIN-PN <a href="#">87-0453253-001</a>
<b>a</b>	Plan name <a href="#">METROPOLITAN ARTS COUNCIL 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">METROPOLITAN ARTS COUNCIL</a>	<b>c</b> EIN-PN <a href="#">57-0560186-001</a>
<b>a</b>	Plan name <a href="#">MICHAEL MOECKER &amp; ASSOCIATES, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MICHAEL MOECKER &amp; ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">65-0339401-001</a>
<b>a</b>	Plan name <a href="#">MICHIGAN SPLINE GAGE COMPANY 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MICHIGAN SPLINE GAGE COMPANY</a>	<b>c</b> EIN-PN <a href="#">38-1643396-003</a>
<b>a</b>	Plan name <a href="#">MICHIGAN UNITED PHYSICIANS, P.C. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MICHIGAN UNITED PHYSICIANS, P.C.</a>	<b>c</b> EIN-PN <a href="#">38-3251771-004</a>
<b>a</b>	Plan name <a href="#">MIDAMERICA HEALTH 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIDAMERICA HEALTH, INC.</a>	<b>c</b> EIN-PN <a href="#">35-1681811-001</a>
<b>a</b>	Plan name <a href="#">MIGU PRESS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIGU PRESS</a>	<b>c</b> EIN-PN <a href="#">23-2523118-001</a>
<b>a</b>	Plan name <a href="#">MILHOUSE &amp; NEAL, L.L.P. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MILHOUSE &amp; NEAL LLP</a>	<b>c</b> EIN-PN <a href="#">43-1385775-001</a>
<b>a</b>	Plan name <a href="#">MIMS, MCDUFF &amp; WOOD, P.A. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIMS, MCDUFF &amp; WOOD, PA</a>	<b>c</b> EIN-PN <a href="#">57-0879747-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MIRA VISTA DIAGNOSTICS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MIRA VISTA DIAGNOSTICS LLC	<b>c</b> EIN-PN 30-0038743-001
<b>a</b>	Plan name	MISA IMPORTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISA IMPORTS	<b>c</b> EIN-PN 02-0683816-001
<b>a</b>	Plan name	MISSION PRIMARY CARE CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSION PRIMARY CARE CLINIC, PLLC	<b>c</b> EIN-PN 64-0862084-001
<b>a</b>	Plan name	MONITORED COMMUNICATIONS, LLC DBA TALKINGPARENTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONITORED COMMUNICATIONS, LLC DBA TALKINGPARENTS	<b>c</b> EIN-PN 45-5560899-001
<b>a</b>	Plan name	MONKEY MOUTHS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONKEY MOUTHS, LLC	<b>c</b> EIN-PN 20-8729190-001
<b>a</b>	Plan name	MONZO CATANESE, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONZO CATANESE, P.C.	<b>c</b> EIN-PN 54-2092895-001
<b>a</b>	Plan name	MOSAIC OUTDOOR LIVING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOSAIC OUTDOOR LIVING	<b>c</b> EIN-PN 84-1218298-001
<b>a</b>	Plan name	MOSS LEGAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOSS LEGAL GROUP, PLLC	<b>c</b> EIN-PN 82-3744320-001
<b>a</b>	Plan name	MOVEMENTX INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOVEMENTX INC	<b>c</b> EIN-PN 81-3819255-002
<b>a</b>	Plan name	MULLER LAW GROUP, PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THE MULLER LAW GROUP, PLLC	<b>c</b> EIN-PN 46-4940022-001
<b>a</b>	Plan name	MUNROE HAAS PA 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MUNROE HAAS PA	<b>c</b> EIN-PN 26-0797729-001
<b>a</b>	Plan name	NATIONAL CUTTING HORSE ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL CUTTING HORSE ASSOCIATI	<b>c</b> EIN-PN 75-0978808-002

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 NATIONAL SIGN & MARKETING CORP 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor NATIONAL SIGN & MARKETING CORP	<b>c</b> EIN-PN 95-4643596-001
<b>a</b>	Plan name NATIONWIDE SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor NATIONWIDE TRUST COMPANY	<b>c</b> EIN-PN 31-1592130-001
<b>a</b>	Plan name NATURZONE ENVIRONMENTAL SERVICE INC.	
<b>b</b>	Name of plan sponsor NATURZONE ENVIRONMENTAL SERVICE	<b>c</b> EIN-PN 20-2722598-001
<b>a</b>	Plan name NEUROLOGICAL SURGERY, INC. CASH AND DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEUROLOGICAL SURGERY, INC. DBA NEUROSURGERY SPECIALISTS	<b>c</b> EIN-PN 73-0967700-001
<b>a</b>	Plan name NEW ENGLAND GOLF CARS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor NEW ENGLAND GOLF CARS INC	<b>c</b> EIN-PN 04-3221613-001
<b>a</b>	Plan name NEW HOLLAND BLUEBERRIES 401K & PROFIT SHARING	
<b>b</b>	Name of plan sponsor NEW HOLLAND BLUEBERRIES	<b>c</b> EIN-PN 20-0376887-001
<b>a</b>	Plan name NEW SCALE TECHNOLOGIES INC 401(K) PSP PLAN	
<b>b</b>	Name of plan sponsor NEW SCALE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 22-3867856-001
<b>a</b>	Plan name NEWFANGLED 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEWFANGLED GRAPHICS INC. DBA NEWFANGLED WEB FAC	<b>c</b> EIN-PN 06-1491976-001
<b>a</b>	Plan name NEWGEN OPERATIONS MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEWGEN OPERATIONS MANAGEMENT, LLC	<b>c</b> EIN-PN 83-4612746-001
<b>a</b>	Plan name NG 401(K) PLAN	
<b>b</b>	Name of plan sponsor NG	<b>c</b> EIN-PN 27-0567160-001
<b>a</b>	Plan name NORFOLK TUG COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORFOLK TUG COMPANY	<b>c</b> EIN-PN 54-1919409-001
<b>a</b>	Plan name NORSE ATLANTIC AIRWAYS US, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORSE ATLANTIC AIRWAYS US, LLC	<b>c</b> EIN-PN 88-0825570-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NORTH FLORIDA INTERNAL MEDICINE, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH FLORIDA INTERNAL MEDICINE,	<b>c</b> EIN-PN 59-3676927-001
<b>a</b>	Plan name	NORTHEAST MECHANICAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST MECHANICAL & ENERGY MANAGEMENT SERVICE	<b>c</b> EIN-PN 04-3357807-001
<b>a</b>	Plan name	OAK CREST ADVISORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OAK CREST ADVISORS, LLC	<b>c</b> EIN-PN 85-1238819-001
<b>a</b>	Plan name	OCEAN FAMILY DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST CREEK DENTAL LLC	<b>c</b> EIN-PN 85-3371216-001
<b>a</b>	Plan name	OCEAN GRILL, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OCEAN GRILL, INC	<b>c</b> EIN-PN 59-1096854-002
<b>a</b>	Plan name	OCEANETICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEANETICS, INC.	<b>c</b> EIN-PN 20-1355985-001
<b>a</b>	Plan name	OFFSHORE ENERGY SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OFFSHORE ENERGY SERVICES, LLC	<b>c</b> EIN-PN 72-0759483-002
<b>a</b>	Plan name	OHIO VALLEY PHYSICIANS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OHIO VALLEY PHYSICIANS, INC.	<b>c</b> EIN-PN 31-1778412-001
<b>a</b>	Plan name	ONE MISSION, INC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	ONE MISSION, INC	<b>c</b> EIN-PN 26-1359230-001
<b>a</b>	Plan name	ONEAMERICA SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	AMERICAN UNITED LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 35-0145825-100
<b>a</b>	Plan name	OPEN KITCHENS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OPEN KITCHENS, INC.	<b>c</b> EIN-PN 36-2668558-001
<b>a</b>	Plan name	ORCHARD CREEK CAPITAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORCHARD CREEK CAPITAL, LLC	<b>c</b> EIN-PN 81-4253956-001

<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	OVERTURF MCGATH HULL, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OVERTURF MCGATH HULL, P.C.	<b>c</b> EIN-PN 84-1329854-001
<b>a</b>	Plan name	O-X STUDIO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	O-X STUDIO, INC.	<b>c</b> EIN-PN 26-0232520-001
<b>a</b>	Plan name	P & K FABRICATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P & K FABRICATING	<b>c</b> EIN-PN 41-1839926-001
<b>a</b>	Plan name	PALETTI USA, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PALETTI USA, LLC	<b>c</b> EIN-PN 23-3007003-001
<b>a</b>	Plan name	PARK PLUS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARK PLUS, INC.	<b>c</b> EIN-PN 13-3921922-001
<b>a</b>	Plan name	PARK VIEW DENTAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARK VIEW DENTAL MANAGEMENT	<b>c</b> EIN-PN 84-4213080-001
<b>a</b>	Plan name	PARKER GAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARKER GAS COMPANY, INC.	<b>c</b> EIN-PN 56-0987237-001
<b>a</b>	Plan name	PARKWAY BANCORP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARKWAY BANCORP, INC.	<b>c</b> EIN-PN 36-2694975-002
<b>a</b>	Plan name	PASHMAN STEIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PASHMAN & STEIN, PC	<b>c</b> EIN-PN 22-3384189-001
<b>a</b>	Plan name	PATIENT ACCESS NETWORK FOUNDATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PATIENT ACCESS NETWORK FOUNDATION	<b>c</b> EIN-PN 20-1184743-001
<b>a</b>	Plan name	PEAK NA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEAK NA	<b>c</b> EIN-PN 87-3055222-001
<b>a</b>	Plan name	PEAK RENEWABLES BIOENERGY (DOTHAN), LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEAK RENEWABLES BIOENERGY (DOTHAN), LLC	<b>c</b> EIN-PN 88-2926090-001

<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	PELTON TRUCKING CO., INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PELTON TRUCKING CO., INC.	<b>c</b> EIN-PN 23-2363738-001
<b>a</b>	Plan name	PEOPLES BANK OF GREENSBORO EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	PEOPLES BANK OF GREENSBORO	<b>c</b> EIN-PN 63-0162140-002
<b>a</b>	Plan name	PEOPLES BANK PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEOPLES BANK	<b>c</b> EIN-PN 43-0453370-003
<b>a</b>	Plan name	PEOPLES STATE BANK PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEOPLES STATE BANK	<b>c</b> EIN-PN 39-0987942-002
<b>a</b>	Plan name	PETE & RON'S TREE SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETE & RONS TREE SERVICE, INC.	<b>c</b> EIN-PN 59-1981074-001
<b>a</b>	Plan name	PETERSEN ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETERSEN ENGINEERING	<b>c</b> EIN-PN 02-0452210-001
<b>a</b>	Plan name	PHILLIPS PRECISION INC. 401K	
<b>b</b>	Name of plan sponsor	PHILLIPS PRECISION INC	<b>c</b> EIN-PN 22-2071997-002
<b>a</b>	Plan name	PINKERTON'S ELECTRICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINKERTONS ELECTRICAL SERVICES	<b>c</b> EIN-PN 63-1284288-001
<b>a</b>	Plan name	PIPER CONSULTING GROUP LLC 401K	
<b>b</b>	Name of plan sponsor	PIPER CONSULTING GROUP LLC	<b>c</b> EIN-PN 84-3472509-001
<b>a</b>	Plan name	PM GROUP PERSONNEL INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PM GROUP PERSONNEL INC	<b>c</b> EIN-PN 20-1448056-001
<b>a</b>	Plan name	PMF INDUSTRIES INC. 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	PMF INDUSTRIES INC	<b>c</b> EIN-PN 24-0857304-001
<b>a</b>	Plan name	POWELL STUDIO ARCHITECTURE 401K PLAN	
<b>b</b>	Name of plan sponsor	POWELL STUDIO ARCHITECTURE LLC	<b>c</b> EIN-PN 27-4809929-001

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="#">POWER AUTO INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">POWER AUTO, INC.</a>	<b>c</b> EIN-PN <a href="#">93-0795970-002</a>
<b>a</b>	Plan name <a href="#">PREMIER DIAGNOSTIC SERVICES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PREMIER DIAGNOSTIC SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">04-3372221-001</a>
<b>a</b>	Plan name <a href="#">PREMIER MEDICAL ASSOCIATES, P.C. 401(K) P/S PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PREMIER MEDICAL ASSOCIATES, P.C.</a>	<b>c</b> EIN-PN <a href="#">20-1694987-001</a>
<b>a</b>	Plan name <a href="#">PRESQUE ISLE ORTHOPEDIC LABORATORY, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRESQUE ISLE ORTHOPEDIC LABORATORY, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1175038-001</a>
<b>a</b>	Plan name <a href="#">PRIORITY MARKETING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRIORITY MARKETING OF SOUTHWEST FLORIDA, INC.</a>	<b>c</b> EIN-PN <a href="#">65-0771374-002</a>
<b>a</b>	Plan name <a href="#">PRO MAINTENANCE SUPPLY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRO MAINTENANCE SUPPLY, INC.</a>	<b>c</b> EIN-PN <a href="#">52-2213188-001</a>
<b>a</b>	Plan name <a href="#">PRO TRANSPORTATION SERVICES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRO TRANSPORTATION SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">37-1956212-001</a>
<b>a</b>	Plan name <a href="#">PRODUCERS COOPERATIVE ASSOCIATION PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRODUCERS COOPERATIVE ASSOCIATION</a>	<b>c</b> EIN-PN <a href="#">74-1005557-002</a>
<b>a</b>	Plan name <a href="#">PROGAGE, INC. SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PROGAGE, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1483204-001</a>
<b>a</b>	Plan name <a href="#">PROGYNY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PROGYNY, INC.</a>	<b>c</b> EIN-PN <a href="#">27-2220139-001</a>
<b>a</b>	Plan name <a href="#">PROVISIONS GROUP, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PROVISIONS GROUP LLC</a>	<b>c</b> EIN-PN <a href="#">20-0422190-001</a>
<b>a</b>	Plan name <a href="#">PRP LOGISTICS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRP LOGISTICS LLC</a>	<b>c</b> EIN-PN <a href="#">82-2115715-001</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	PTA ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PTA ENGINEERING, INC.	<b>c</b> EIN-PN 34-1226091-002
<b>a</b>	Plan name	PUBLIC POLICY HOLDING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PUBLIC POLICY HOLDING COMPANY, INC.	<b>c</b> EIN-PN 87-3557229-001
<b>a</b>	Plan name	PULSE LTD, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PULSE LTD, LLC	<b>c</b> EIN-PN 27-0990518-001
<b>a</b>	Plan name	QUADRANT REAL ESTATE ADVISORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUADRANT REAL ESTATE ADVISORS	<b>c</b> EIN-PN 20-3610478-001
<b>a</b>	Plan name	QUANTUM HC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COGENT HEALTHCARE OF MACON, LLC D/B/A QUANTUM HC	<b>c</b> EIN-PN 20-1190794-001
<b>a</b>	Plan name	RAILWAY OASIS 401(K)SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RAILWAY SPECIALTIES CORP.	<b>c</b> EIN-PN 23-0999330-001
<b>a</b>	Plan name	RAJE TECHNOLOGY GROUP, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RAJE TECHNOLOGY GROUP, LLC	<b>c</b> EIN-PN 45-2562337-001
<b>a</b>	Plan name	RALEIGH MINE & INDUSTRIAL SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RALEIGH MINE & INDUSTRIAL SUPPLY, INC.	<b>c</b> EIN-PN 55-0583604-001
<b>a</b>	Plan name	RAPID CITY EMERGENCY SVS 401K PLAN	
<b>b</b>	Name of plan sponsor	RAPID CITY EMERGENCY SERVICES	<b>c</b> EIN-PN 46-0320177-001
<b>a</b>	Plan name	RAPTOR ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAPTOR ENTERPRISES LLC	<b>c</b> EIN-PN 45-4057180-001
<b>a</b>	Plan name	REESMANS EXCAVATING & GRADING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REESMANS EXCAVATING AND GRADING, INC.	<b>c</b> EIN-PN 39-1135035-002
<b>a</b>	Plan name	REFLECT SALON 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	NEW REFLECTIONS OF HAIR DESIGN, INC.	<b>c</b> EIN-PN 41-1410138-001

<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	REJHA GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	REJHA GROUP LLC	<b>c</b> EIN-PN 20-8815844-001
<b>a</b>	Plan name	RENAL CARE 360 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RCO MANAGEMENT, INC	<b>c</b> EIN-PN 86-1624249-001
<b>a</b>	Plan name	RENAVATIO HEALTHCARE COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RENAVATIO HEALTHCARE COMMUNICATIONS LLC	<b>c</b> EIN-PN 26-0208520-001
<b>a</b>	Plan name	RESORT MC GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESORT MC GROUP	<b>c</b> EIN-PN 83-1075760-001
<b>a</b>	Plan name	RESTIVO CONTRACTING, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	RESTIVO CONTRACTING, INC.	<b>c</b> EIN-PN 26-3867147-001
<b>a</b>	Plan name	RHM LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RHM LLC	<b>c</b> EIN-PN 47-4526718-001
<b>a</b>	Plan name	RICHARD GROSS ENTERPRISES INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RICHARD GROSS ENTERPRISES INC	<b>c</b> EIN-PN 95-2939542-001
<b>a</b>	Plan name	RICHIE'S PHARMACY AND MEDICAL SUPPLY LLC	
<b>b</b>	Name of plan sponsor	RICHIES PHARMACY AND MEDICAL SU	<b>c</b> EIN-PN 76-0612429-001
<b>a</b>	Plan name	RIVER OF GOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVER OF GOODS	<b>c</b> EIN-PN 41-2010901-001
<b>a</b>	Plan name	RIVERTOWN PSYCHIATRY AND WESTPOINT SMILES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVERTOWN PSYCHIATRY, PC	<b>c</b> EIN-PN 46-1227720-001
<b>a</b>	Plan name	ROBERT V BLAKEBURN, MD, PC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ROBERT V. BLAKEBURN, MD, PC	<b>c</b> EIN-PN 43-2019229-001
<b>a</b>	Plan name	ROCK MEDICAL MANAGEMENT GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROCK MEDICAL MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 88-1166982-001

<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	ROCKPOINTBANK, NATIONAL ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKPOINTBANK, NATIONAL ASSOCIATION	<b>c</b> EIN-PN 85-4116627-001
<b>a</b>	Plan name	ROEMER/AML 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROEMER INDUSTRIES, LLC	<b>c</b> EIN-PN 88-1925754-001
<b>a</b>	Plan name	ROI ENGINEERING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ROI ENGINEERING LLC	<b>c</b> EIN-PN 20-0125166-001
<b>a</b>	Plan name	ROSE IRON WORKS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROSE CONSTRUCTION, INC.	<b>c</b> EIN-PN 62-0911373-001
<b>a</b>	Plan name	ROYAL BASKET TRUCK INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ROYAL BASKET TRUCKS INC.	<b>c</b> EIN-PN 39-1441193-001
<b>a</b>	Plan name	RPR PERSONNEL SERVICES OF TAMPA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RITA TECHNOLOGY SERVICES, INC.	<b>c</b> EIN-PN 59-3110615-001
<b>a</b>	Plan name	RREMC RESTAURANTS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RREMC RESTAURANTS, LLC	<b>c</b> EIN-PN 20-2425037-001
<b>a</b>	Plan name	RSR 401(K)	
<b>b</b>	Name of plan sponsor	RSR INTERNATIONAL OF DELAWARE, LLC	<b>c</b> EIN-PN 27-1486485-001
<b>a</b>	Plan name	RUBICON SYSTEMS AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUBICON SYSTEMS AMERICA, INC.	<b>c</b> EIN-PN 72-1612383-001
<b>a</b>	Plan name	RUMPH CHIROPRACTIC CLINIC P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	RUMPH CHIROPRACTIC CLINIC P.C.	<b>c</b> EIN-PN 38-2123905-002
<b>a</b>	Plan name	RX INSTITUTIONAL SERVICES 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	RX INSTITUTIONAL SERVICES	<b>c</b> EIN-PN 26-0437833-001
<b>a</b>	Plan name	SACKETT SYSTEMS, INC. 401(K)	
<b>b</b>	Name of plan sponsor	SACKETT SYSTEMS, INC.	<b>c</b> EIN-PN 36-3182343-002

<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	SALVATORI LAW OFFICE 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SALVATORI LAW OFFICE	<b>c</b> EIN-PN 82-1653848-001
<b>a</b>	Plan name	SANEHOLTZ-MCKARNS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANEHOLTZ-MCKARNS, INC.	<b>c</b> EIN-PN 34-1023704-001
<b>a</b>	Plan name	SAYLE OIL MANAGEMENT COMPANY, LLC 401(K) PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor	SAYLE OIL MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 26-0880037-001
<b>a</b>	Plan name	SCHAEFER STEVEDORING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHAEFER STEVEDORING, INC.	<b>c</b> EIN-PN 74-2606045-001
<b>a</b>	Plan name	SCHERESKY AG SERVICE INC	
<b>b</b>	Name of plan sponsor	SCHERESKY AG SERVICE INC	<b>c</b> EIN-PN 45-0453252-001
<b>a</b>	Plan name	SCHEXNAILDRE CONSULTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHEXNAILDRE CONSULTING, LLC	<b>c</b> EIN-PN 72-1418856-001
<b>a</b>	Plan name	SCHMITT * FLEX RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PAUL A. SCHMITT MUSIC COMPANY	<b>c</b> EIN-PN 41-0526620-001
<b>a</b>	Plan name	SCHULTZ INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHULTZ INDUSTRIES	<b>c</b> EIN-PN 84-1131283-001
<b>a</b>	Plan name	SCULL CONSTRUCTION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SCULL CONSTRUCTION SERVICE, INC.	<b>c</b> EIN-PN 46-0386588-001
<b>a</b>	Plan name	SEA-TAC ELECTRIC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEA-TAC ELECTRIC, INC.	<b>c</b> EIN-PN 91-1619550-001
<b>a</b>	Plan name	SECURE ACCESS SERVICES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SECURE ACCESS SERVICES, LLC	<b>c</b> EIN-PN 56-2132007-001
<b>a</b>	Plan name	SEI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY ENTERPRISES, INCORPORATED	<b>c</b> EIN-PN 04-3755253-001

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 SENDERRA RX PARTNERS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SENDERRA RX PARTNERS LLC	<b>c</b> EIN-PN 27-0842158-001
<b>a</b>	Plan name SEQUOIA HOLDINGS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SEQUOIA HOLDINGS LLC	<b>c</b> EIN-PN 45-5253341-001
<b>a</b>	Plan name SERVICE TRUCKING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SERVICE TRUCKING, INC.	<b>c</b> EIN-PN 59-1666151-001
<b>a</b>	Plan name SESSA SHEET METAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SESSA SHEET METAL CONTRACTORS, INC.	<b>c</b> EIN-PN 52-1194972-001
<b>a</b>	Plan name SHALOM HOUSE, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SHALOM HOUSE, INC.	<b>c</b> EIN-PN 23-7119236-002
<b>a</b>	Plan name SHAMROCK PAINTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHAMROCK PAINTING, INC.	<b>c</b> EIN-PN 84-1193397-001
<b>a</b>	Plan name SHERRILL MANUFACTURING INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SHERRILL MANUFACTURING INC	<b>c</b> EIN-PN 20-2208118-001
<b>a</b>	Plan name SIGNATURE SOLAR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIGNATURE SOLAR, LLC	<b>c</b> EIN-PN 85-3345167-001
<b>a</b>	Plan name SISSY'S LOG CABIN, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SISSYS LOG CABIN, INC.	<b>c</b> EIN-PN 71-0455164-001
<b>a</b>	Plan name SKIERMONT DERBY LLP 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor SKIERMONT DERBY LLP	<b>c</b> EIN-PN 45-2552639-001
<b>a</b>	Plan name SONA ENERGY SOLUTIONS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SONA ENERGY SOLUTIONS LLC	<b>c</b> EIN-PN 83-4179416-001
<b>a</b>	Plan name SOUTHEAST CENTERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHEAST CENTERS, LLC	<b>c</b> EIN-PN 59-1859117-001

<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	SOUTHEAST LUNG AND CRITICAL CARE SPECIALISTS, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEAST LUNG ASSOCIATES	<b>c</b> EIN-PN 58-2362019-001
<b>a</b>	Plan name	SPARACO & YOUNGBLOOD, PLLC 401 (K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SPARACO & YOUNGBLOOD, PLLC	<b>c</b> EIN-PN 46-1279997-001
<b>a</b>	Plan name	SPARKFLY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SPARKFLY, INC.	<b>c</b> EIN-PN 54-2070721-001
<b>a</b>	Plan name	SPEAR POINT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPEAR POINT ENGINEERING, LLC	<b>c</b> EIN-PN 82-1402613-001
<b>a</b>	Plan name	SPECIALTY DENTAL BRANDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VARDIMAN BLACK HOLDINGS LLC	<b>c</b> EIN-PN 81-4851714-001
<b>a</b>	Plan name	SPENCE BROTHERS PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPENCE BROTHERS	<b>c</b> EIN-PN 38-1055820-005
<b>a</b>	Plan name	STAENBERG GROUP INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STAENBERG GROUP INC	<b>c</b> EIN-PN 45-3649892-001
<b>a</b>	Plan name	STAR AUTISM SUPPORT INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STAR AUTISM SUPPORT INC.	<b>c</b> EIN-PN 26-4433460-001
<b>a</b>	Plan name	STATE SAVINGS BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STATE SAVINGS BANK OF MANISTIQUE	<b>c</b> EIN-PN 38-1067460-002
<b>a</b>	Plan name	STEBEN, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STEBEN, INC. DBA AMERICAN LEAK	<b>c</b> EIN-PN 59-3730907-001
<b>a</b>	Plan name	STEELVILLE MANUFACTURING CO 401(K)PLAN	
<b>b</b>	Name of plan sponsor	STEELVILLE MANUFACTURING CO	<b>c</b> EIN-PN 43-1572794-001
<b>a</b>	Plan name	STEENSMA LAWN POWER EQUIP PS &TRUST	
<b>b</b>	Name of plan sponsor	STEENSMA LAWN & POWER EQUIPMENT INC	<b>c</b> EIN-PN 38-1940995-001

<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	STELLAR HUMAN RESOURCE SERVICE 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STELLAR HUMAN RESOURCE SERVICE	<b>c</b> EIN-PN 81-1250548-001
<b>a</b>	Plan name	STEPHENSON ROCHE PARTNERSSOLO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEPHENSON ROCHE PARTNERS, INC.	<b>c</b> EIN-PN 93-1517516-001
<b>a</b>	Plan name	STEVE'S PAINTING & MAINTENANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEVES PAINTING & MAINTENANCE	<b>c</b> EIN-PN 20-8204968-001
<b>a</b>	Plan name	STINNETT, PADRUTT & ARANYOSI COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STINNETT PADRUTT & ARANYOSI CO.	<b>c</b> EIN-PN 34-1339814-001
<b>a</b>	Plan name	STOLTENBERG CONSULTING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	STOLTENBERG CONSULTING INC	<b>c</b> EIN-PN 25-1773838-001
<b>a</b>	Plan name	STRAT HOUSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STRAT HOUSE	<b>c</b> EIN-PN 85-1189866-001
<b>a</b>	Plan name	STRATEGIA PHARMACEUTICALS LLC 401(K) PROFIT SHARING PLAN AND T	
<b>b</b>	Name of plan sponsor	STRATEGIA PHARMACEUTICALS LLC	<b>c</b> EIN-PN 82-2798006-001
<b>a</b>	Plan name	STURGIS BANK & TRUST COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STURGIS BANK & TRUST COMPANY	<b>c</b> EIN-PN 38-1080012-004
<b>a</b>	Plan name	SUMMIT CHRISTIAN ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT CHRISTIAN ACADEMY	<b>c</b> EIN-PN 43-1554054-001
<b>a</b>	Plan name	SUPERIOR POWER SOLUTIONS, INC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR POWER SOLUTIONS, INC.	<b>c</b> EIN-PN 76-0599212-001
<b>a</b>	Plan name	SURFACE SOURCE INTERNATIONAL 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	SURFACE SOURCE INTERNATIONAL	<b>c</b> EIN-PN 20-1056031-001
<b>a</b>	Plan name	SW NORTH AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SW NORTH AMERICA INC.	<b>c</b> EIN-PN 38-3484498-001

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 SWIFT GLASS COMPANY, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor SWIFT GLASS CO., INC. SVGS AND INV PLAN	<b>c</b> EIN-PN 16-0707040-002
<b>a</b>	Plan name SWISS AMERICA TRADING CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SWISS AMERICA TRADING CORPORATION	<b>c</b> EIN-PN 86-0468976-001
<b>a</b>	Plan name T.W. CONSULTANTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor T.W. CONSULTANTS, INC.	<b>c</b> EIN-PN 25-1347052-001
<b>a</b>	Plan name TAMPA BAY DOWNS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TAMPA BAY DOWNS	<b>c</b> EIN-PN 59-2747715-001
<b>a</b>	Plan name TAMPA CIVIL DESIGN 401K PLAN	
<b>b</b>	Name of plan sponsor TAMPA CIVIL DESIGN LLC	<b>c</b> EIN-PN 27-1335703-001
<b>a</b>	Plan name TARRYTOWN HONDA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DACHNOWICZ AUTOMOTIVE, INC. DBA	<b>c</b> EIN-PN 20-5297441-003
<b>a</b>	Plan name TERROS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TERROS, INC.	<b>c</b> EIN-PN 86-0252067-001
<b>a</b>	Plan name TEXAS EXCEL TITLE 401K PLAN	
<b>b</b>	Name of plan sponsor TEXAS EXCEL TITLE LLC	<b>c</b> EIN-PN 84-3396689-001
<b>a</b>	Plan name TGI DIRECT INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TGI DIRECT INC.	<b>c</b> EIN-PN 38-1707260-001
<b>a</b>	Plan name THE ARCHITECT 401(K) PLAN-PELLA PETS VETERINARY CLINIC	
<b>b</b>	Name of plan sponsor PELLA PETS VETERINARY CLINIC	<b>c</b> EIN-PN 20-2138833-001
<b>a</b>	Plan name THE BAR 401K PLAN	
<b>b</b>	Name of plan sponsor MIDLAND RESTAURANTS INC DBA THE BAR	<b>c</b> EIN-PN 75-2256727-001
<b>a</b>	Plan name THE BENEFIT COMPANY, INC. RETIREMENT ACCOUNT	
<b>b</b>	Name of plan sponsor THE BENEFIT COMPANY, INC.	<b>c</b> EIN-PN 57-0968080-001

<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	THE COUNCIL ON ALCOHOL AND DRUGS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE COUNCIL ON ALCOHOL & DRUGS, INC.	<b>c</b> EIN-PN 58-1088401-002
<b>a</b>	Plan name	THE DANNEMAN FIRM, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	THE DANNEMAN FIRM, LLC	<b>c</b> EIN-PN 27-1564269-001
<b>a</b>	Plan name	THE DURRETT FIRM LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	THE DURRETT FIRM LLC	<b>c</b> EIN-PN 82-3641764-001
<b>a</b>	Plan name	THE GIFT BASKET OF TOPSAIL ISLAND401K	
<b>b</b>	Name of plan sponsor	THE GIFT BASKET OF TOPSAIL ISLAND, INC.	<b>c</b> EIN-PN 81-0553925-001
<b>a</b>	Plan name	THE GLOBAL EDGE CONSULTANTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE GLOBAL EDGE CONSULTANTS, LLC	<b>c</b> EIN-PN 33-1213409-001
<b>a</b>	Plan name	THE J.M. FRY COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE J.M. FRY COMPANY	<b>c</b> EIN-PN 54-0804613-002
<b>a</b>	Plan name	THE MARSH GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	THE MARSH GROUP, INC.	<b>c</b> EIN-PN 62-0857954-001
<b>a</b>	Plan name	THE MCCOY LAW FIRM, L.L.C 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THE MCCOY LAW FIRM, L.L.C.	<b>c</b> EIN-PN 58-2591439-001
<b>a</b>	Plan name	THE MEDICAL IMAGING PARTNERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE MEDICAL IMAGING PARTNERSHIP-	<b>c</b> EIN-PN 20-5147377-001
<b>a</b>	Plan name	THE MONSCHEIN TEAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE MONSCHEIN TEAM	<b>c</b> EIN-PN 01-3455696-001
<b>a</b>	Plan name	THE O'LEARY COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THE OLEARY COMPANY	<b>c</b> EIN-PN 59-0729407-001
<b>a</b>	Plan name	THE ORIENTATION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE ORIENTATION COMPANY	<b>c</b> EIN-PN 83-1052733-001

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 THE PARVIN GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE PARVIN GROUP	<b>c</b> EIN-PN 47-2351009-001
<b>a</b>	Plan name THE POND GUY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE POND GUY, INC.	<b>c</b> EIN-PN 38-3515198-001
<b>a</b>	Plan name THE RIVERBAY CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RIVERBAY CORPORATION	<b>c</b> EIN-PN 13-2571433-001
<b>a</b>	Plan name THE SURGEONS' GROUP, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE SURGEONS GROUP, P.C.	<b>c</b> EIN-PN 63-0762538-001
<b>a</b>	Plan name THOMAS BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor THOMAS BUILDERS, INC.	<b>c</b> EIN-PN 62-1410880-001
<b>a</b>	Plan name THOMAS ET AL 401(K) PLAN	
<b>b</b>	Name of plan sponsor THOMAS FLATBED, INC.	<b>c</b> EIN-PN 34-1877603-001
<b>a</b>	Plan name THOMAS STEEL, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THOMAS STEEL, INC.	<b>c</b> EIN-PN 34-4491455-001
<b>a</b>	Plan name THORSENS GREENHOUSE LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor THORSENS GREENHOUSE LLC	<b>c</b> EIN-PN 31-1737306-001
<b>a</b>	Plan name THRIFT DEVELOPMENT CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THRIFT DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 57-1028265-001
<b>a</b>	Plan name TICKMARK, INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TICKMARK, INC.	<b>c</b> EIN-PN 47-4765125-001
<b>a</b>	Plan name TIMOTHY W KUTAS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor TIMOTHY W KUTAS	<b>c</b> EIN-PN 62-1599688-001
<b>a</b>	Plan name TITAN BRANDS, INC. 401(K)	
<b>b</b>	Name of plan sponsor TITAN BRANDS, INC.	<b>c</b> EIN-PN 46-1672206-001

<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	TOLLEFSON'S RETAIL GROUP 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	TOLLEFSONS RETAIL GROUP	<b>c</b> EIN-PN 45-0318521-001
<b>a</b>	Plan name	TOTAL COMFORT SOLUTIONS INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TOTAL COMFORT SOLUTIONS, INC.	<b>c</b> EIN-PN 57-1117354-001
<b>a</b>	Plan name	TOVIA LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	TOVIA LLC	<b>c</b> EIN-PN 20-3697137-001
<b>a</b>	Plan name	TOWNES TELECOMMUNICATIONS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TOWNES TELECOMMUNICATIONS INC	<b>c</b> EIN-PN 75-1769042-001
<b>a</b>	Plan name	TRELANCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRELANCE, INC.	<b>c</b> EIN-PN 59-2941216-001
<b>a</b>	Plan name	TRIAD MECHANICAL CONTRACTORS, INC. 401 K PLAN	
<b>b</b>	Name of plan sponsor	TRIAD MECHANICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 57-0853236-001
<b>a</b>	Plan name	TRIANGLE HOME SERVICES LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TRIANGLE HOME SERVICES LLC	<b>c</b> EIN-PN 20-4939640-001
<b>a</b>	Plan name	TRUFIT ATHLETIC CLUBS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRUFIT ATHLETIC CLUBS	<b>c</b> EIN-PN 83-2075536-001
<b>a</b>	Plan name	TUSCARORA INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TUSCARORA INC	<b>c</b> EIN-PN 54-1334800-002
<b>a</b>	Plan name	TWO-6 RESOURCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWO-6 RESOURCES INC	<b>c</b> EIN-PN 20-2754017-001
<b>a</b>	Plan name	UNION BANK EMPLOYEES' 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNION BANK	<b>c</b> EIN-PN 62-0391065-002
<b>a</b>	Plan name	UNION PLACE 401K PSP	
<b>b</b>	Name of plan sponsor	UNION PLACE	<b>c</b> EIN-PN 41-2020015-001

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 UNITED CEREBRAL PALSY OF SOUTHERN ARIZONA INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor UNITED CEREBRAL PALSY OF SOUTHERN ARIZONA INC	<b>c</b> EIN-PN 86-0416461-002
<b>a</b>	Plan name US MED-EQUIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor US MED-EQUIP, LLC	<b>c</b> EIN-PN 20-0084897-001
<b>a</b>	Plan name USW HOLDING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor USW HOLDING COMPANY LLC	<b>c</b> EIN-PN 45-2354947-001
<b>a</b>	Plan name V2 LOGISTICS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor V2 LOGISTICS CORP.	<b>c</b> EIN-PN 45-4782239-001
<b>a</b>	Plan name VALLEY BANK OF KALISPELL 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALLEY BANK OF KALISPELL	<b>c</b> EIN-PN 81-0197860-004
<b>a</b>	Plan name VALUE DEMONSTRATION MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALUE DEMONSTRATION MANAGEMENT, INC	<b>c</b> EIN-PN 84-4706053-001
<b>a</b>	Plan name VAN DRISSE CHIROPRACTIC CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor VAN DRISSE CHIROPRACTIC CENTER LL	<b>c</b> EIN-PN 39-2040261-001
<b>a</b>	Plan name VANGUARD PRODUCTS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VANGUARD PRODUCTS GROUP, INC.	<b>c</b> EIN-PN 36-4353793-001
<b>a</b>	Plan name VICTORY CLINICAL SERVICES EAST 401(K) PLAN	
<b>b</b>	Name of plan sponsor VICTORY CLINICAL SERVICES IV, LLC	<b>c</b> EIN-PN 30-0444841-001
<b>a</b>	Plan name VICTORY CLINICAL SERVICES WEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor VICTORY CLINICAL SERVICES, LLC	<b>c</b> EIN-PN 38-3159579-001
<b>a</b>	Plan name VIDALIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor VIDALIO	<b>c</b> EIN-PN 26-0333609-002
<b>a</b>	Plan name VIRGINIA FOUNDATION SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VIRGINIA FOUNDATION SOLUTIONS, INC.	<b>c</b> EIN-PN 45-5476689-001

<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	VOLUNTEER DISTRIBUTING, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VOLUNTEER BEER DISTRIBUTING COMPANY, INC.	<b>c</b> EIN-PN 62-0797518-001
<b>a</b>	Plan name	VOLUNTEER NDT CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	VOLUNTEER NDT CORPORATION	<b>c</b> EIN-PN 62-1471916-001
<b>a</b>	Plan name	W.T. LEONE'S TRI-AREA ELECTRIC CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W.T. LEONES TRI-AREA ELECTRIC CO., INC.	<b>c</b> EIN-PN 34-1268968-002
<b>a</b>	Plan name	W.T. RICH COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	W.T. RICH COMPANY, INC.	<b>c</b> EIN-PN 04-2434699-001
<b>a</b>	Plan name	WADE WORKS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WADE WORKS, LLC	<b>c</b> EIN-PN 26-1632662-001
<b>a</b>	Plan name	WAL-ROSE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WAL-ROSE INC	<b>c</b> EIN-PN 59-3317838-001
<b>a</b>	Plan name	WEDCO, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEDCO, INC.	<b>c</b> EIN-PN 88-0059057-001
<b>a</b>	Plan name	WEINSTEIN ENTERPRISES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WEINSTEIN ENTERPRISES, INC.	<b>c</b> EIN-PN 11-1953542-001
<b>a</b>	Plan name	WEST COAST EAR, NOSE & THROAT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WEST COAST EAR, NOSE & THROAT, INC.	<b>c</b> EIN-PN 59-3341738-001
<b>a</b>	Plan name	WEST UNION TRENCHING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST UNION TRENCHING, LLC	<b>c</b> EIN-PN 20-4930359-001
<b>a</b>	Plan name	WESTERN PENNSYLVANIA BLEEDING DISORDERS FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN PENNSYLVANIA BLEEDING DISORDERS	<b>c</b> EIN-PN 25-1359331-001
<b>a</b>	Plan name	WHITE RIVER KNIFE & TOOL 401K PLAN	
<b>b</b>	Name of plan sponsor	WHITE RIVER KNIFE AND TOOL INC.	<b>c</b> EIN-PN 75-3172042-001

<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	WIKE FINANCIAL LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WIKE FINANCIAL LLC	<b>c</b> EIN-PN 46-1353535-001
<b>a</b>	Plan name	WILD BORE MACHINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILD BORE MACHINE, LLC	<b>c</b> EIN-PN 20-0493626-001
<b>a</b>	Plan name	WILLIAM BALES AND COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM BALES AND COMPANY	<b>c</b> EIN-PN 22-3211460-001
<b>a</b>	Plan name	WILLS MASSALON & ALLEN, LLC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WILLS MASSALON & ALLEN, LLC.	<b>c</b> EIN-PN 57-1076690-001
<b>a</b>	Plan name	WINDSOR PARK ANIMAL HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WINDSOR PARK ANIMAL HOSPITAL PLLC	<b>c</b> EIN-PN 83-1071070-001
<b>a</b>	Plan name	WITTENBERG, DELONY & DAVIDSON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WITTENBERG, DELONY & DAVIDSON, INC.	<b>c</b> EIN-PN 71-0311512-003
<b>a</b>	Plan name	WOLFSON & LEON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JONAH M. WOLFSON, P.A. DBA WOLFSON & LEON, PA	<b>c</b> EIN-PN 56-2525399-001
<b>a</b>	Plan name	WORKMENS BENEFIT FUND OF THE USA PENSION PLAN	
<b>b</b>	Name of plan sponsor	WORKMENS BENEFIT FUND OF THE USA PENSION PLAN	<b>c</b> EIN-PN 11-1488600-001
<b>a</b>	Plan name	YOUNG & BOWMAN, INC. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	YOUNG & BOWMAN, INC.	<b>c</b> EIN-PN 23-1674378-002
<b>a</b>	Plan name	YOUTURN LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUTURN LLC	<b>c</b> EIN-PN 83-2156939-001
<b>a</b>	Plan name	ZINSEL GLASS AND MIRROR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZINSEL GLASS AND MIRROR, LLC	<b>c</b> EIN-PN 72-1406483-001
<b>a</b>	Plan name	ZNS ENGINEERING, L.C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ZNS ENGINEERING, L.C.	<b>c</b> EIN-PN 65-0961154-003

**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	ZOOM BAIT COMPANY, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZOOM BAIT COMPANY, INC.	<b>c</b> EIN-PN 58-1845223-001

<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>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>MYWAYRETIREMENT GLOBAL BOND FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>694</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>38-7264531</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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	62427 27020
<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>	25115351 26238046
<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>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	25177778	26265066
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	24289
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	85523	27020
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	85523	51309
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	25092255	26213757

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<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>		833135
(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>		833135

**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>	1259	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	82260	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	12846	
(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>		96365
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		96365

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		736770
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		7525943
(2) From this plan .....	<b>2l(2)</b>		7141211

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