

<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>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Part I</b>	<b>Annual Report Identification Information</b>
---------------	-------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/09/2024

**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>
----------------	---------------------------------------------------------------

<b>1a</b> Name of plan <u>RESOURCES DIVERSIFIED EQUITY</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</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>ALTA TRUST COMPANY</u>  <u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u>	<b>2b</b> Employer Identification Number (EIN) <u>83-2060613</u>  <b>2c</b> Plan Sponsor's telephone number <u>303-996-3781</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>10/14/2025</u>	<u>MACKENZIE LOTHERT</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> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

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

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

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

---

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

---

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

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

---

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

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

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

---

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/09/2024

<b>A</b> Name of plan <u>RESOURCES DIVERSIFIED EQUITY</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALTA TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>83-2060613</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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



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 23 BOTTLES OF BEER LLC 401K PLAN	
<b>b</b>	Name of plan sponsor 23 BOTTLES OF BEER LLC	<b>c</b> EIN-PN 56-2310393-001
<b>a</b>	Plan name A.O. HARDEE & SON RET SVGS PLAN	
<b>b</b>	Name of plan sponsor A.O. HARDEE & SON	<b>c</b> EIN-PN 57-0721991-001
<b>a</b>	Plan name ABSOLUTE DENTAL MANAGEMENT LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ABSOLUTE DENTAL MANAGEMENT LLC	<b>c</b> EIN-PN 30-0889498-001
<b>a</b>	Plan name ACHDO 401K PLAN	
<b>b</b>	Name of plan sponsor AFRICAN COMMUNITY HOUSING & DEVELOPMENT	<b>c</b> EIN-PN 83-1665288-001
<b>a</b>	Plan name ACORN STAIRLIFTS, INC 401K PLAN	
<b>b</b>	Name of plan sponsor ACORN STAIRLIFTS, INC	<b>c</b> EIN-PN 59-3670273-001
<b>a</b>	Plan name ACTION GYPSUM SUPPLY, LP 401K PSP	
<b>b</b>	Name of plan sponsor ACTION GYPSUM SUPPLY, LP	<b>c</b> EIN-PN 41-2089864-001
<b>a</b>	Plan name ACUMENIAN SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ACUMENIAN, LLC	<b>c</b> EIN-PN 81-3144910-001
<b>a</b>	Plan name AD VIVUM ANESTHESIOLOGY, PC PSP	
<b>b</b>	Name of plan sponsor AD VIVUM ANESTHESIOLOGY	<b>c</b> EIN-PN 43-1916498-001
<b>a</b>	Plan name ADAMAS PHARMACEUTICALS, INC. RETIRMENT TRUST	
<b>b</b>	Name of plan sponsor ADAMAS PHARMACEUTICALS	<b>c</b> EIN-PN 42-1560076-001
<b>a</b>	Plan name ADVANCED HEALTHCARE LOGISTICS 1081.01D RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ADVANCED INFUSION	<b>c</b> EIN-PN 66-0797827-001
<b>a</b>	Plan name ADVANTAGE SOFTWARE 401K PLAN	
<b>b</b>	Name of plan sponsor ADVANTAGE SOFTWARE, INC.	<b>c</b> EIN-PN 33-0793360-001
<b>a</b>	Plan name AFFINITY 401(K)	
<b>b</b>	Name of plan sponsor PROJECT AFFINITY, INC.	<b>c</b> EIN-PN 47-2315002-001

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="#">AG PROVISION, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AG PROVISION, LLC</a>	<b>c</b> EIN-PN <a href="#">56-1977943-001</a>
<b>a</b>	Plan name <a href="#">AGILITY AUTO PARTS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AGILITY AUTO PARTS, INC</a>	<b>c</b> EIN-PN <a href="#">81-4680675-001</a>
<b>a</b>	Plan name <a href="#">AGTECH SCIENTIFIC GROUP, LLC 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">AGTECH SCIENTIFIC GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">84-3384120-001</a>
<b>a</b>	Plan name <a href="#">AIR T INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AIR T, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1206400-001</a>
<b>a</b>	Plan name <a href="#">AKUMIN 401K PKA ALLIANCE HEALTHCARE SERVICES, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLIANCE HEALTHCARE SERVICES</a>	<b>c</b> EIN-PN <a href="#">33-0239910-001</a>
<b>a</b>	Plan name <a href="#">ALL PACKAGING COMPANY INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALL PACKAGING COMPANY</a>	<b>c</b> EIN-PN <a href="#">43-1214796-001</a>
<b>a</b>	Plan name <a href="#">ALLEN INDUSTRIES 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLEN INDUSTRIES, INC</a>	<b>c</b> EIN-PN <a href="#">56-0928919-001</a>
<b>a</b>	Plan name <a href="#">ALLIANCE FUNDING GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLIANCE FUNDING GROUP, INC</a>	<b>c</b> EIN-PN <a href="#">33-0805832-001</a>
<b>a</b>	Plan name <a href="#">ALPLA 401K RET PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALPLA, INC.</a>	<b>c</b> EIN-PN <a href="#">58-2611718-001</a>
<b>a</b>	Plan name <a href="#">ALTOS LABS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALTOS LABS, INC.</a>	<b>c</b> EIN-PN <a href="#">86-3736536-001</a>
<b>a</b>	Plan name <a href="#">ALWAYS FRESH FARMS LLC 401K PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALWAYS FRESH FARMS LLC</a>	<b>c</b> EIN-PN <a href="#">59-3667639-001</a>
<b>a</b>	Plan name <a href="#">AMERICAN BORATE CO. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN BORATE COMPANY</a>	<b>c</b> EIN-PN <a href="#">74-1941153-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AMERIT CONSULTING 401K PLAN	
<b>b</b>	Name of plan sponsor AMERIT CONSULTING, INC	<b>c</b> EIN-PN 02-0631746-002
<b>a</b>	Plan name AMP PRINTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMP PRINTING	<b>c</b> EIN-PN 94-2747050-002
<b>a</b>	Plan name AMPUSH 401K PLAN	
<b>b</b>	Name of plan sponsor AMPUSH LLC	<b>c</b> EIN-PN 37-1794093-001
<b>a</b>	Plan name ANALYTICAL MECHANICS ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor ANALYTICAL MECHANICS ASSOC, INC.	<b>c</b> EIN-PN 11-1999848-003
<b>a</b>	Plan name ANDERSON SKIN & CANCER CLINIC PSP AND 401K	
<b>b</b>	Name of plan sponsor ANDERSON SKIN & CANCER CLINIC	<b>c</b> EIN-PN 57-0736685-001
<b>a</b>	Plan name ANDREWS MORTUARY 401K PLAN	
<b>b</b>	Name of plan sponsor ANDREWS MORTUARY, INC.	<b>c</b> EIN-PN 56-1207034-001
<b>a</b>	Plan name ANDRITZ INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor ANDRITZ INC.	<b>c</b> EIN-PN 14-1438713-001
<b>a</b>	Plan name ANHOLT TECH 401K SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor ANHOLT TECHNOLOGIES, INC.	<b>c</b> EIN-PN 51-0335935-001
<b>a</b>	Plan name ANSWERLAB 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANSWERLAB, LLC	<b>c</b> EIN-PN 02-0740712-001
<b>a</b>	Plan name ANTWORKS 401K PLAN PKA BENCHMARK SYSTEMS 401K	
<b>b</b>	Name of plan sponsor ANTWORKS	<b>c</b> EIN-PN 54-1095168-001
<b>a</b>	Plan name APALACHEE CENTER RET PLAN	
<b>b</b>	Name of plan sponsor APALACHEE CENTER, INC.	<b>c</b> EIN-PN 59-1162148-001
<b>a</b>	Plan name APPALACHIAN PSYCHIATRIC SVC PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor APPALACHIAN PSYCHIATRIC SVC PLLC	<b>c</b> EIN-PN 81-1322771-001

<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	APPLE TREE ENTERPRISES PSP	
<b>b</b>	Name of plan sponsor	APPLE TREE ENTERPRISES, INC.	<b>c</b> EIN-PN 56-1030082-001
<b>a</b>	Plan name	APTIVE ENVIRONMENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	APTIVE ENVIRONMENTAL, LLC	<b>c</b> EIN-PN 47-5551416-001
<b>a</b>	Plan name	ARBITERSPORTS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ARBITERSPORTS, LLC	<b>c</b> EIN-PN 26-3240433-001
<b>a</b>	Plan name	ARCILLA 401K PLAN	
<b>b</b>	Name of plan sponsor	ARCILLA MINING AND LAND COMPANY, LLC	<b>c</b> EIN-PN 58-2658077-001
<b>a</b>	Plan name	ARLO G. LOTT TRUCKING INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ARLO G. LOTT TRUCKING INC.	<b>c</b> EIN-PN 82-0410586-002
<b>a</b>	Plan name	AROL NORTH AMERICA 401K PLAN	
<b>b</b>	Name of plan sponsor	AROL NORTH AMERICA INC	<b>c</b> EIN-PN 27-3562064-001
<b>a</b>	Plan name	ASCEND CLINICAL LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASCEND CLINICAL LLC	<b>c</b> EIN-PN 94-3357013-001
<b>a</b>	Plan name	ASCENDIS PHARMA 401K PLAN	
<b>b</b>	Name of plan sponsor	ASCENDIS PHARMA, INC.	<b>c</b> EIN-PN 26-1969053-001
<b>a</b>	Plan name	ASPENRIDGE RECOVERY LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ASPENRIDGE RECOVERY LLC	<b>c</b> EIN-PN 82-4221206-001
<b>a</b>	Plan name	ASSOCIATED GROCERS OF THE SOUTH 401K PSP	
<b>b</b>	Name of plan sponsor	ASSOCIATED GROCERS OF THE SOUTH	<b>c</b> EIN-PN 63-0011690-001
<b>a</b>	Plan name	ATERNITY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATERNITY LLC	<b>c</b> EIN-PN 20-1006269-001
<b>a</b>	Plan name	ATHENA MANAGEMENT, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ATHENA MANAGEMENT, INC.	<b>c</b> EIN-PN 45-2516242-001

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="#">ATI 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATI INDUSTRIAL AUTOMATON</a>	<b>c</b> EIN-PN <a href="#">56-1666693-001</a>
<b>a</b>	Plan name <a href="#">ATLAS COMPANIES 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATLAS METAL PRODUCTS CO.</a>	<b>c</b> EIN-PN <a href="#">61-0727147-001</a>
<b>a</b>	Plan name <a href="#">AUBURN PHARMACY, INC. EMPLOYEE SAVINGS TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">AUBURN PHARMACY</a>	<b>c</b> EIN-PN <a href="#">48-1111911-002</a>
<b>a</b>	Plan name <a href="#">AULT RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ONSITE SAFETY</a>	<b>c</b> EIN-PN <a href="#">20-2523431-001</a>
<b>a</b>	Plan name <a href="#">AUSTIN NICHOLS TECHNICAL SEARCH PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AUSTIN NICHOLS TECHNICAL SEARCH</a>	<b>c</b> EIN-PN <a href="#">43-1477249-002</a>
<b>a</b>	Plan name <a href="#">AUTAJON PACKAGING, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CULTECH, INC.</a>	<b>c</b> EIN-PN <a href="#">13-3122249-001</a>
<b>a</b>	Plan name <a href="#">AUTOSAVVY RETIREMENT 401K PKA AUTO SOURCE MOTORS, LLC 401(K) PROFIT SHARING</a>	
<b>b</b>	Name of plan sponsor <a href="#">AUTOSOURCE HOLDINGS INC.</a>	<b>c</b> EIN-PN <a href="#">82-5243381-001</a>
<b>a</b>	Plan name <a href="#">AWL, INC. 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">AWL, INC.</a>	<b>c</b> EIN-PN <a href="#">27-2036363-001</a>
<b>a</b>	Plan name <a href="#">AXCION FOODSERVICE INC 401K PLAN FKA KEYIMPACT SALES &amp; SYSTEMS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KEYIMPACT SALES &amp; SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1272211-001</a>
<b>a</b>	Plan name <a href="#">AXION BIOSYSTEMS INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AXION BIOSYSTEMS INC</a>	<b>c</b> EIN-PN <a href="#">30-0472344-001</a>
<b>a</b>	Plan name <a href="#">AXSYS, INC. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AXSYS, INC.</a>	<b>c</b> EIN-PN <a href="#">38-3208098-001</a>
<b>a</b>	Plan name <a href="#">AXTHELM CONSTRUCTION, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AXTHELM CONSTRUCTION, INC.</a>	<b>c</b> EIN-PN <a href="#">91-1951437-001</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	BABCOCK & ASSOCIATES 401K PSP	
<b>b</b>	Name of plan sponsor	BABCOCK & ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2764724-001
<b>a</b>	Plan name	BAKERSFIELD HEART HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	HEART HOSPITAL OF BK, LLC	<b>c</b> EIN-PN 56-1984080-001
<b>a</b>	Plan name	BARRETO HOLDING CO	
<b>b</b>	Name of plan sponsor	BARRETO HOLDING CO. LLC 1081.01	<b>c</b> EIN-PN 66-0693042-001
<b>a</b>	Plan name	BARTIMUS, FRICKLETON, ROBERTSON AND RADER, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BARTIMUS, FRICKLETON, ROBERTSON AND RADER, P.C.	<b>c</b> EIN-PN 43-1199267-002
<b>a</b>	Plan name	BASYS PROCESSING 401K PLAN	
<b>b</b>	Name of plan sponsor	BASYS PROCESSING, INC.	<b>c</b> EIN-PN 01-0633775-001
<b>a</b>	Plan name	BATH & EDMONDS, P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor	BATH & EDMONDS, P.A.	<b>c</b> EIN-PN 48-1192474-001
<b>a</b>	Plan name	BATTLE, WINSLOW, SCOTT & WILEY, P.A. PSP	
<b>b</b>	Name of plan sponsor	BATTLE, WINSLOW, SCOTT & WILEY	<b>c</b> EIN-PN 56-0952951-001
<b>a</b>	Plan name	BAUER FOUNDATION CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor	BAUER FOUNDATION CORP	<b>c</b> EIN-PN 26-0367730-001
<b>a</b>	Plan name	BAY BRIDGE MARINA & RESTAURANT 401K PLAN	
<b>b</b>	Name of plan sponsor	BAY BRIDGE MARINA LLLP	<b>c</b> EIN-PN 86-2664264-001
<b>a</b>	Plan name	BAYSIDE INTERIORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BAYSIDE INTERIORS, INC.	<b>c</b> EIN-PN 94-2931095-001
<b>a</b>	Plan name	BENSON'S 401K RET PLAN	
<b>b</b>	Name of plan sponsor	BENSON'S, INC.	<b>c</b> EIN-PN 58-0706012-001
<b>a</b>	Plan name	BERRY FRESH LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERRY FRESH LLC	<b>c</b> EIN-PN 56-2545227-001

<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	BETHEL UNIVERSITY 401K PLAN	
<b>b</b>	Name of plan sponsor	BETHEL UNIVERSITY	<b>c</b> EIN-PN 62-0548913-001
<b>a</b>	Plan name	BIG RIVER STEEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIG RIVER STEEL LLC	<b>c</b> EIN-PN 80-0907997-001
<b>a</b>	Plan name	BILL GATTON IMPORTS PSP & 401K PLAN	
<b>b</b>	Name of plan sponsor	BILL GATTON IMPORTS, INC.	<b>c</b> EIN-PN 62-1663958-001
<b>a</b>	Plan name	BIO-MICROBICS GROUP 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BIO-MICROBICS GROUP	<b>c</b> EIN-PN 48-1182296-001
<b>a</b>	Plan name	BISHOP GADSDEN SVGS & RET PLAN	
<b>b</b>	Name of plan sponsor	BISHOP GADSDEN EPISC RET CMTY	<b>c</b> EIN-PN 57-0337132-001
<b>a</b>	Plan name	BLAINE BROTHERS MAINTENANCE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLAINE BROTHERS MAINTENANCE, INC.	<b>c</b> EIN-PN 41-1379303-001
<b>a</b>	Plan name	BLAKEY, YOST, BUPP & RAUSCH, LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLAKEY, YOST, BUPP & RAUSCH, LLP	<b>c</b> EIN-PN 23-1910353-001
<b>a</b>	Plan name	BLEISTAHL, LTD 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLEISTAHL, LTD	<b>c</b> EIN-PN 46-1897698-001
<b>a</b>	Plan name	BLI RENTALS, LLC PROFIT SHARING/401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BLI RENTALS, LLC	<b>c</b> EIN-PN 61-1537394-001
<b>a</b>	Plan name	BLUE LION INSURANCE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLUE LION INSURANCE, LLC	<b>c</b> EIN-PN 46-3102939-001
<b>a</b>	Plan name	BLUESTEM CAPITAL COMPANY, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BLUESTEM CAPITAL COMPANY, LLC	<b>c</b> EIN-PN 91-1770884-001
<b>a</b>	Plan name	BOB FISHER CHEVROLET 401K PLAN	
<b>b</b>	Name of plan sponsor	BOB FISHER CHEVROLET, INC.	<b>c</b> EIN-PN 23-2967519-001

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	BOHAN AGENCY PSP	
<b>b</b> Name of plan sponsor	BOHAN AGENCY, INC.	<b>c</b> EIN-PN 62-1412931-001
<b>a</b> Plan name	BOJ OF WNC, LLC RET PLAN	
<b>b</b> Name of plan sponsor	BOJ OF WNC, LLC	<b>c</b> EIN-PN 56-2204166-001
<b>a</b> Plan name	BOOT BARN 401K PLAN	
<b>b</b> Name of plan sponsor	BOOT BARN	<b>c</b> EIN-PN 26-1081729-001
<b>a</b> Plan name	BOTTCHER AMERICA CORPORATION 401K PLAN	
<b>b</b> Name of plan sponsor	BOTTCHER AMERICA CORPORATION	<b>c</b> EIN-PN 52-0345420-001
<b>a</b> Plan name	BOYSEN, USA LLC 401K SVGS PLAN	
<b>b</b> Name of plan sponsor	BOYSEN, USA LLC	<b>c</b> EIN-PN 20-0963393-001
<b>a</b> Plan name	BRADSHAW AUTOMOTIVE 401K PLAN	
<b>b</b> Name of plan sponsor	BRADSHAW AUTOMOTIVE	<b>c</b> EIN-PN 57-0132221-001
<b>a</b> Plan name	BRUBAKER 401K RET PLAN	
<b>b</b> Name of plan sponsor	BRUBAKER, INC.	<b>c</b> EIN-PN 23-1676184-002
<b>a</b> Plan name	BTC WHOLESALE DISTRIBUTORS PSP/401K PLAN	
<b>b</b> Name of plan sponsor	BTC WHOLESALE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 63-0022740-001
<b>a</b> Plan name	BULLISH 401K PLAN	
<b>b</b> Name of plan sponsor	BULLISH US LLC	<b>c</b> EIN-PN 87-0816490-001
<b>a</b> Plan name	BURNS HONDA & AVALON HONDA 401K PLAN	
<b>b</b> Name of plan sponsor	BURNS KULL AUTOMOTIVE	<b>c</b> EIN-PN 22-2491857-001
<b>a</b> Plan name	BZI 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BUILDING ZONE INDUSTRIES LLC	<b>c</b> EIN-PN 81-3252915-001
<b>a</b> Plan name	C&S PRODUCTS CO., INC. 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	C & S PRODUCTS CO., INC.	<b>c</b> EIN-PN 42-1029806-001

<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	C. GATTON PSP & 401K PLAN	
<b>b</b>	Name of plan sponsor	C. GATTON, INC.	<b>c</b> EIN-PN 62-1154894-001
<b>a</b>	Plan name	C.A. LEWIS SVGS & RET PLAN	
<b>b</b>	Name of plan sponsor	C.A. LEWIS, INC.	<b>c</b> EIN-PN 56-1494809-001
<b>a</b>	Plan name	C.H. REED PSP	
<b>b</b>	Name of plan sponsor	C.H. REED, INC.	<b>c</b> EIN-PN 23-1644989-002
<b>a</b>	Plan name	CADENCE TRAVEL, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CADENCE TRAVEL, INC.	<b>c</b> EIN-PN 33-0647594-001
<b>a</b>	Plan name	CALIBER SECURITY PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALIBER SECURITY PARTNERS, LLC	<b>c</b> EIN-PN 27-4648140-001
<b>a</b>	Plan name	CAM CONTROL 401K PLAN	
<b>b</b>	Name of plan sponsor	CAM CONTROL	<b>c</b> EIN-PN 27-3464969-001
<b>a</b>	Plan name	CAMDEN HOMES 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	CAMDEN HOMES	<b>c</b> EIN-PN 75-2755663-001
<b>a</b>	Plan name	CAMP CORRAL 401K PLAN	
<b>b</b>	Name of plan sponsor	CAMP CORRAL	<b>c</b> EIN-PN 45-3555807-001
<b>a</b>	Plan name	CANTER POWER SYSTEMS RSP FKA GENERX GENERATORS 401K PLAN	
<b>b</b>	Name of plan sponsor	GENERX GENERATORS LLC	<b>c</b> EIN-PN 83-4402984-001
<b>a</b>	Plan name	CANYON CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CANYON CONSULTING	<b>c</b> EIN-PN 22-3943890-001
<b>a</b>	Plan name	CARDIAC STUDY CENTER, INC. P.S. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARDIAC STUDY CENTER, INC. P.S.	<b>c</b> EIN-PN 91-0919306-001
<b>a</b>	Plan name	CAROLINA FAMILY HEALTH CENTERS 401K PLAN	
<b>b</b>	Name of plan sponsor	CAROLINA FAMILY HEALTH CENTERS	<b>c</b> EIN-PN 58-2079819-003

<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	CAROLINA SVCS OF FAYETTEVILLE EMPLOYEE PSP	
<b>b</b>	Name of plan sponsor	CAROLINA SVCS OF FAYETTEVILLE	<b>c</b> EIN-PN 56-0890421-001
<b>a</b>	Plan name	CEDAR BAND CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CEDAR BAND CORPORATION	<b>c</b> EIN-PN 80-0906481-001
<b>a</b>	Plan name	CEMEX PUERTO RICO SAVINGS PLAN P1	
<b>b</b>	Name of plan sponsor	CEMEX	<b>c</b> EIN-PN 66-0592254-001
<b>a</b>	Plan name	CEMEX PUERTO RICO SAVINGS PLAN P2	
<b>b</b>	Name of plan sponsor	CEMEX	<b>c</b> EIN-PN 66-0592254-002
<b>a</b>	Plan name	CEMEX PUERTO RICO SAVINGS PLAN P3	
<b>b</b>	Name of plan sponsor	CEMEX	<b>c</b> EIN-PN 66-0592254-003
<b>a</b>	Plan name	CEMEX PUERTO RICO SAVINGS PLAN P4	
<b>b</b>	Name of plan sponsor	CEMEX	<b>c</b> EIN-PN 66-0592254-004
<b>a</b>	Plan name	CENTRAL OREGON HEATING & COLLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL OREGON HEATING & COLLING, INC.	<b>c</b> EIN-PN 93-1121153-001
<b>a</b>	Plan name	CFG RETIREMENT SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	CARIBBEAN FINANCIAL GROUP, INC.	<b>c</b> EIN-PN 71-1011997-002
<b>a</b>	Plan name	CHARLES LEA CENTER RET SVGS PLAN	
<b>b</b>	Name of plan sponsor	CHARLES LEA CENTER	<b>c</b> EIN-PN 57-6036895-001
<b>a</b>	Plan name	CHARTER SCHOOL ASSOCIATES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CHARTER SCHOOL ASSOCIATES, INC.	<b>c</b> EIN-PN 31-1819379-001
<b>a</b>	Plan name	CITY OF SMYRNA 401A	
<b>b</b>	Name of plan sponsor	CITY OF SMYRNA	<b>c</b> EIN-PN 58-6000664-001
<b>a</b>	Plan name	CITY OF SMYRNA DEFERRED COMPENSATION	
<b>b</b>	Name of plan sponsor	CITY OF SMYRNA	<b>c</b> EIN-PN 58-6000664-001

<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	CITY WIDE 401K PLAN	
<b>b</b>	Name of plan sponsor	JBO MANAGEMENT LLC	<b>c</b> EIN-PN 86-1767458-001
<b>a</b>	Plan name	CJ THOMAS COMPANY, INC. PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	CJ THOMAS COMPANY, INC.	<b>c</b> EIN-PN 43-1537256-001
<b>a</b>	Plan name	CJMW ARCHITECTURE, P.A. RET PLAN	
<b>b</b>	Name of plan sponsor	CJMW ARCHITECTURE, P.A.	<b>c</b> EIN-PN 56-1530304-001
<b>a</b>	Plan name	CLASSDOJO 401K PLAN	
<b>b</b>	Name of plan sponsor	CLASSDOJO INC	<b>c</b> EIN-PN 80-0740562-001
<b>a</b>	Plan name	CLAY COUNTY UTILITY AUTHORITY	
<b>b</b>	Name of plan sponsor	CLAY COUNTY UTILITY AUTHORITY	<b>c</b> EIN-PN 59-3265922-001
<b>a</b>	Plan name	CLEARLINK 401K PLAN	
<b>b</b>	Name of plan sponsor	CLEARLINK TECHNOLOGIES LLC	<b>c</b> EIN-PN 13-4278523-001
<b>a</b>	Plan name	CLEVELAND UNIVERSITY KANSAS CITY EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CLEVELAND UNIVERSITY	<b>c</b> EIN-PN 44-6000294-001
<b>a</b>	Plan name	CLIMATEWORKS FOUNDATION RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	CLIMATEWORKS FOUNDATION	<b>c</b> EIN-PN 26-2303250-001
<b>a</b>	Plan name	CLOSINGCORP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CLOSINGCORP, INC.	<b>c</b> EIN-PN 42-1678736-001
<b>a</b>	Plan name	CLOUD CITY LOGISTICS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CLOUD CITY LOGISTICS, LLC	<b>c</b> EIN-PN 84-3521170-001
<b>a</b>	Plan name	CMSPI INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CMS PAYMENTS INTELLIGENCE, INC	<b>c</b> EIN-PN 36-4783134-001
<b>a</b>	Plan name	COASTAL CAROLINA ENT, D.O., P.A. 401K PSP	
<b>b</b>	Name of plan sponsor	COASTAL CAROLINA ENT, D.O., P.A.	<b>c</b> EIN-PN 56-2151484-001

<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	COASTLAND CIVIL ENGINEERING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	COASTLAND CIVIL ENGINEERING, INC.	<b>c</b> EIN-PN 68-0256235-001
<b>a</b>	Plan name	COATINGS & ADHESIVES CORP PSP 401K PLAN	
<b>b</b>	Name of plan sponsor	COATINGS & ADHESIVES CORP	<b>c</b> EIN-PN 56-1664548-001
<b>a</b>	Plan name	COLD BORE TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLD BORE TECHNOLOGY CORPORATION	<b>c</b> EIN-PN 82-4803587-001
<b>a</b>	Plan name	COLORADO PAIN CARE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	COLORADO PAIN CARE, LLC	<b>c</b> EIN-PN 46-3126009-001
<b>a</b>	Plan name	COMMERCIAL RISK SOLUTIONS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL RISK SOLUTIONS, INC	<b>c</b> EIN-PN 84-1219553-001
<b>a</b>	Plan name	COMMUNITY ACTION AGENCY OF GREATER KANSAS CITY 401K ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY ACTION AGENCY OF GREATER KANSAS CITY	<b>c</b> EIN-PN 43-1197168-002
<b>a</b>	Plan name	COMPLETE HOME CONCEPTS, INC EMPLOYEE 401K PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE HOME CONCEPTS, INC	<b>c</b> EIN-PN 43-1158265-001
<b>a</b>	Plan name	CONEWAGO HOLDINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	CONEWAGO HOLDINGS, INC.	<b>c</b> EIN-PN 82-1956321-001
<b>a</b>	Plan name	CONIFER MEDICAL CENTER, P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	CONIFER MEDICAL CENTER	<b>c</b> EIN-PN 84-1100961-001
<b>a</b>	Plan name	CONNECTIONS EMPLOYER SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONNECTIONS EMPLOYER SOLUTIONS	<b>c</b> EIN-PN 82-1098739-001
<b>a</b>	Plan name	CONTRACTOR'S LABOR SOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERESFORD ENTERPRISES, LLC DBA CONTRACTOR'S LABOR SOURCE	<b>c</b> EIN-PN 82-3967322-001
<b>a</b>	Plan name	CORE INDUSTRIAL GROUP, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CORE INDUSTRIAL GROUP, LLC	<b>c</b> EIN-PN 81-1442228-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	CORTERRA HEALTHCARE 401(K) PLAN
<b>b</b>	Name of plan sponsor	CORTERRA OF WICHITA, LLC
<b>c</b>	EIN-PN	87-3376032-001
<b>a</b>	Plan name	COSTEP, COUNCIL FOR SOUTH TEXAS ECONOMIC PROGRESS 401K PLAN AND TRUST
<b>b</b>	Name of plan sponsor	COSTEP, COUNCIL FOR SOUTH TEXAS ECONOMIC PROGRESS
<b>c</b>	EIN-PN	37-2027841-001
<b>a</b>	Plan name	COTRANSCO OF SC, INC. PROFIT SHARING 401K PLAN AND TRUST
<b>b</b>	Name of plan sponsor	COTRANSCO OF SC
<b>c</b>	EIN-PN	04-3698543-001
<b>a</b>	Plan name	COTTRELL COMPANIES, INC. PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	COTTRELL COMPANIES, INC
<b>c</b>	EIN-PN	84-0745788-001
<b>a</b>	Plan name	COUNCIL TOOL CO.PSP & 401K PLAN
<b>b</b>	Name of plan sponsor	COUNCIL TOOL COMPANY, INC.
<b>c</b>	EIN-PN	56-0189490-001
<b>a</b>	Plan name	CRAIGE JENKINS LIIPFERT & WALKER RET PLAN
<b>b</b>	Name of plan sponsor	CRAIGE JENKINS LIIPFERT & WALKER
<b>c</b>	EIN-PN	56-0690276-001
<b>a</b>	Plan name	CRIF SELECT CORPORATION 401K PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	CRIF SELECT CORPORATION
<b>c</b>	EIN-PN	83-0524731-001
<b>a</b>	Plan name	CUROLOGY 401K PLAN
<b>b</b>	Name of plan sponsor	CUROLOGY, INC.
<b>c</b>	EIN-PN	47-2748073-001
<b>a</b>	Plan name	CURTIS GREEN AND CLAY GREEN 401K PLAN
<b>b</b>	Name of plan sponsor	CURTIS GREEN AND CLAY GREEN INC
<b>c</b>	EIN-PN	61-0709411-001
<b>a</b>	Plan name	CURTIS LANE HOLDINGS LLC 401K PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	CURTIS LANE HOLDINGS LLC
<b>c</b>	EIN-PN	81-1054673-001
<b>a</b>	Plan name	CUSTOMER ONE PSP & 401K PLAN
<b>b</b>	Name of plan sponsor	CUSTOMER ONE, INC.
<b>c</b>	EIN-PN	62-1154894-001
<b>a</b>	Plan name	D.H. GRIFFIN WRECKING CO. PSP
<b>b</b>	Name of plan sponsor	D.H. GRIFFIN WRECKING CO., INC.
<b>c</b>	EIN-PN	56-0897274-001

<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	DALE D. WATTS, DDS, P.C. PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DALE D WATTS DDS, P.C.	<b>c</b> EIN-PN 43-1392579-001
<b>a</b>	Plan name	DATA-QUEST 401K RET PLAN	
<b>b</b>	Name of plan sponsor	DATA-QUEST, INC.	<b>c</b> EIN-PN 25-1626503-001
<b>a</b>	Plan name	DAVIS, CARTER, SCOTT LTD. 401K PSP	
<b>b</b>	Name of plan sponsor	DAVIS, CARTER, SCOTT LTD.	<b>c</b> EIN-PN 54-1173411-001
<b>a</b>	Plan name	DDP DMO GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	DDP DMO SUPERHOLDINGS, LLC	<b>c</b> EIN-PN 80-0936693-001
<b>a</b>	Plan name	DEEP SPACE SYSTEMS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DEEP SPACE SYSTEMS INC.	<b>c</b> EIN-PN 95-4884323-001
<b>a</b>	Plan name	DELTA RESEARCH/DELTA GEAR 401K PLAN	
<b>b</b>	Name of plan sponsor	DELTA RESEARCH/DELTA GEAR	<b>c</b> EIN-PN 38-1806269-001
<b>a</b>	Plan name	DENNIS ALLEN ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	DENNIS ALLEN ASSOCIATES	<b>c</b> EIN-PN 77-0101316-001
<b>a</b>	Plan name	DENSO TEN AMERICA LIMITED 401K SHARED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DENSO TEN AMERICA LIMITED	<b>c</b> EIN-PN 95-3047171-001
<b>a</b>	Plan name	DENVER HEATING & AIR CONDITIONING 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DENVER HEATING & AIR CONDITIONING, INC.	<b>c</b> EIN-PN 84-0757855-002
<b>a</b>	Plan name	DENVER SYRUP & BAR SUPPLY 401(K)	
<b>b</b>	Name of plan sponsor	DENVER SYRUP & BAR SUPPLY, INC.	<b>c</b> EIN-PN 84-1035854-001
<b>a</b>	Plan name	DEPT US HOLDINGS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEPT US HOLDINGS LLC	<b>c</b> EIN-PN 83-3753206-001
<b>a</b>	Plan name	DESERVE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DESERVE, INC.	<b>c</b> EIN-PN 45-4455352-001

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="#">DESIGN RESOURCES INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DESIGN RESOURCES INC.</a>	<b>c</b> EIN-PN <a href="#">43-1706220-001</a>
<b>a</b>	Plan name <a href="#">DEWITT TOOL CO. INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DEWITT TOOL CO., INC.</a>	<b>c</b> EIN-PN <a href="#">59-2010879-002</a>
<b>a</b>	Plan name <a href="#">DFI MANAGEMENT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DFI MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">46-3003012-001</a>
<b>a</b>	Plan name <a href="#">DIAGNOSTIC IMAGING CENTERS P.A. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIAGNOSTIC IMAGING CENTERS, P.A.</a>	<b>c</b> EIN-PN <a href="#">43-0913846-002</a>
<b>a</b>	Plan name <a href="#">DIPPIN DOTS, LLC 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIPPIN DOTS, LLC</a>	<b>c</b> EIN-PN <a href="#">73-1468602-001</a>
<b>a</b>	Plan name <a href="#">DISTRIBUTION TECHNOLOGY 401K RET PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DISTRIBUTION TECHNOLOGY, INC.</a>	<b>c</b> EIN-PN <a href="#">56-0942638-001</a>
<b>a</b>	Plan name <a href="#">DIXIE CONVERTING CORPORATION 401K RET PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIXIE CONVERTING CORPORATION</a>	<b>c</b> EIN-PN <a href="#">58-1328779-002</a>
<b>a</b>	Plan name <a href="#">DOBSON, GOLDBERG, BERNS &amp; RICH 401 (K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOBSON, GOLDBERG, BERNS &amp; RICH LLP</a>	<b>c</b> EIN-PN <a href="#">43-1592042-001</a>
<b>a</b>	Plan name <a href="#">DON JACOBS ORGANIZATION RET PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DON JACOBS IMPORTS, INC.</a>	<b>c</b> EIN-PN <a href="#">61-0709094-001</a>
<b>a</b>	Plan name <a href="#">DONALD B. RICE TIRE CO. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DONALD B. RICE TIRE COMPANY</a>	<b>c</b> EIN-PN <a href="#">52-0710070-002</a>
<b>a</b>	Plan name <a href="#">DORMAKABA USA INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DORMAKABA USA INC.</a>	<b>c</b> EIN-PN <a href="#">51-0367374-001</a>
<b>a</b>	Plan name <a href="#">DOUGLAS W. FAIN, DDS, MD, PA 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOUGLAS W. FAIN DDS MD PA</a>	<b>c</b> EIN-PN <a href="#">47-3805632-001</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	DRIVE DEVILBISS HEALTHCARE 401K PLAN	
<b>b</b>	Name of plan sponsor	MEDICAL DEPOT, INC. DRIVE MEDICAL DESIGN & MANUFACTURING	<b>c</b> EIN-PN 11-3525013-002
<b>a</b>	Plan name	DRS. BOLES & HAM, P.A. 401K PSP	
<b>b</b>	Name of plan sponsor	DR. BOLES & HAM, P.A.	<b>c</b> EIN-PN 56-1078938-001
<b>a</b>	Plan name	EAST BAY TIRE CO 401 PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EAST BAY TIRE COMPANYEAST BAY TIRE COMPANY	<b>c</b> EIN-PN 94-2656190-001
<b>a</b>	Plan name	EAST KANSAS AGRI-ENERGY 401K AND PSP	
<b>b</b>	Name of plan sponsor	EAST KANSAS AGRI-ENERGY	<b>c</b> EIN-PN 48-1251578-001
<b>a</b>	Plan name	EBARA TECHNOLOGIES INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EBARA TECHNOLOGIES INC.	<b>c</b> EIN-PN 77-0270092-003
<b>a</b>	Plan name	ELLISON INSTITUTE 401K PLAN	
<b>b</b>	Name of plan sponsor	ELLISON INSTITUTE, LLC	<b>c</b> EIN-PN 84-3994143-001
<b>a</b>	Plan name	EMERGE ENERGY SERVICES GP, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	EMERGE ENERGY SERVICES GP, LLC	<b>c</b> EIN-PN 45-5174683-001
<b>a</b>	Plan name	EMPIRE EQUIPMENT COMPANY, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	EMPIRE EQUIPMENT COMPANY, LLC	<b>c</b> EIN-PN 81-0867472-001
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF SHERWOOD CENTER FOR THE EXCEPTIONAL CHILD	
<b>b</b>	Name of plan sponsor	SHERWOOD AUTISM CENTER	<b>c</b> EIN-PN 23-7413671-001
<b>a</b>	Plan name	EMPLOYEE BENEFITS LEASING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYEE BENEFITS LEASING, INC	<b>c</b> EIN-PN 27-0016253-001
<b>a</b>	Plan name	ENDRES AND ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENDRES AND ASSOCIATES, LLC	<b>c</b> EIN-PN 82-2765739-001
<b>a</b>	Plan name	ENGINEERED FLOORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERED FLOORS, LLC	<b>c</b> EIN-PN 27-0593659-001

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 ENVIRO-LINE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ENVIRO-LINE COMPANY, INC.	<b>c</b> EIN-PN 48-0777875-001
<b>a</b>	Plan name EQ LAB LAB SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ENVIRONMENTAL QUALITY LABORATORIES, INC.	<b>c</b> EIN-PN 66-0392447-001
<b>a</b>	Plan name EQUIPMENT CONTROLS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EQUIPMENT CONTROLS COMPANY	<b>c</b> EIN-PN 58-0948567-001
<b>a</b>	Plan name ESPEC NORTH AMERICA, INC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EMPOWER	<b>c</b> EIN-PN 13-3183033-001
<b>a</b>	Plan name EVEREST CAMPUS SERVICES COMPANY, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor EVEREST CAMPUS SERVICES	<b>c</b> EIN-PN 47-2588173-001
<b>a</b>	Plan name EXAMINATION RESOURCES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor EXAMINATION RESOURCES, LLC	<b>c</b> EIN-PN 16-1675057-001
<b>a</b>	Plan name EXCEDR, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor EXCEDR INC	<b>c</b> EIN-PN 46-2350614-001
<b>a</b>	Plan name FACILITY 401K PLAN	
<b>b</b>	Name of plan sponsor WELL5ASSOCIATES	<b>c</b> EIN-PN 20-2043683-001
<b>a</b>	Plan name FERROVIAL PUERTO RICO SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor FERROVIAL CONSTRUCTION	<b>c</b> EIN-PN 66-0712314-001
<b>a</b>	Plan name FIDELITY COMPANIES EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FIDELITY BANK, N.A.	<b>c</b> EIN-PN 48-0630879-001
<b>a</b>	Plan name FIELDSTEAD AND COMPANY INC. 401K PLAN	
<b>b</b>	Name of plan sponsor FIELDSTEAD AND COMPANY INC.	<b>c</b> EIN-PN 33-0528783-001
<b>a</b>	Plan name FINANCIAL ASSET MANAGEMENT SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor FINANCIAL ASSET MANAGEMENT SYSTEMS, INC	<b>c</b> EIN-PN 58-2067428-001

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 FINCH, THORNTON & BAIRD, LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FINCH, THORNTON & BAIRD, LLP	<b>c</b> EIN-PN 33-0219998-001
<b>a</b>	Plan name FIRST NATIONAL BANK OF LOUISBURG 401K AND PSP	
<b>b</b>	Name of plan sponsor FIRST NATIONAL BANK OF LOUISBURG	<b>c</b> EIN-PN 48-0314805-001
<b>a</b>	Plan name FLORIDA UROLOGY PARTNERS, LLP 401K PLAN	
<b>b</b>	Name of plan sponsor FLORIDA UROLOGY PARTNERS, LLP	<b>c</b> EIN-PN 26-1300103-001
<b>a</b>	Plan name FLUENTSTREAM 401K PLAN	
<b>b</b>	Name of plan sponsor FLUENT STREAM LLC	<b>c</b> EIN-PN 37-1543788-001
<b>a</b>	Plan name FLYING DOG BREWERY 401K PLAN	
<b>b</b>	Name of plan sponsor FLYING DOG BREWERY, LLLP	<b>c</b> EIN-PN 84-1260705-001
<b>a</b>	Plan name FMRS HEALTH SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor FMRS HEALTH SYSTEMS, INC.	<b>c</b> EIN-PN 55-0520303-001
<b>a</b>	Plan name FOURSIGHT CAPTIAL, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor FOURSIGHT CAPITAL, LLC	<b>c</b> EIN-PN 46-0630023-001
<b>a</b>	Plan name FRANK L BLUM CONSTRUCTION CO INC 401K PSP	
<b>b</b>	Name of plan sponsor FRANK L BLUM CONSTRUCTION CO INC	<b>c</b> EIN-PN 56-0613173-001
<b>a</b>	Plan name FRANKENBERY & JOHNSON, DDS, PA 401K PLAN	
<b>b</b>	Name of plan sponsor FRANKENBERY & JOHNSON, DDS, PA	<b>c</b> EIN-PN 48-0907097-001
<b>a</b>	Plan name FRESHLY PICKED 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRESHLY PICKED, LLC	<b>c</b> EIN-PN 82-1704271-001
<b>a</b>	Plan name FRIT, INC & AFFILIATED COMPANIES EE SVGS	
<b>b</b>	Name of plan sponsor FRIT, INC.	<b>c</b> EIN-PN 63-1005450-001
<b>a</b>	Plan name FRONTMATEC, INC. 401K	
<b>b</b>	Name of plan sponsor FRONTMATEC, INC.	<b>c</b> EIN-PN 90-0699269-001

<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	FULCRUM PROPERTY CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FULCRUM PROPERTY CORP.	<b>c</b> EIN-PN 68-0254462-001
<b>a</b>	Plan name	FUTURE TOOL AND MACHINE, INC. 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FUTURE TOOL AND MACHINE, INC.	<b>c</b> EIN-PN 38-2674502-001
<b>a</b>	Plan name	G.W. AUTOMOTIVE PSP & 401K PLAN	
<b>b</b>	Name of plan sponsor	G.W. AUTOMOTIVE, INC.	<b>c</b> EIN-PN 62-1154894-001
<b>a</b>	Plan name	GAGE CENTER DENTAL GROUP, P.A. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GAGE CENTER DENTAL GROUP, P.A.	<b>c</b> EIN-PN 48-0860976-001
<b>a</b>	Plan name	GALLAGHER NORTH AMERICA INC. SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GALLAGHER NORTH AMERICA INC	<b>c</b> EIN-PN 74-1908000-001
<b>a</b>	Plan name	GALLOWAY & COMPANY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	GALLOWAY	<b>c</b> EIN-PN 84-1072642-001
<b>a</b>	Plan name	GARDEN OF THE GODS COLLECTION 401K PLAN	
<b>b</b>	Name of plan sponsor	GARDEN OF THE GODS COLLECTION	<b>c</b> EIN-PN 46-3419408-001
<b>a</b>	Plan name	GCR 401K PLAN	
<b>b</b>	Name of plan sponsor	GOVERNMENT CONTRACTING RESOURCES	<b>c</b> EIN-PN 54-1590229-001
<b>a</b>	Plan name	GENCO MASONRY 401K PSP	
<b>b</b>	Name of plan sponsor	GENCO MASONRY, INC & GENCO, INC.	<b>c</b> EIN-PN 52-1336398-001
<b>a</b>	Plan name	GENERATION TUX, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GENERATION TUX, INC	<b>c</b> EIN-PN 46-4770561-001
<b>a</b>	Plan name	GENTING USA 401K PLAN	
<b>b</b>	Name of plan sponsor	RESORTS WORLD LAS VEGAS, LLC	<b>c</b> EIN-PN 32-0444144-001
<b>a</b>	Plan name	GEORGIA CHAMBER OF COMMERCE 401K PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA CHAMBER OF COMMERCE	<b>c</b> EIN-PN 58-1537370-001

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="#">GEORGIA MECHANICAL INC 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GEORGIA MECHANICAL INC</a>	<b>c</b> EIN-PN <a href="#">58-1786613-001</a>
<b>a</b>	Plan name <a href="#">GLAZIER STEEL 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLAZIER STEEL</a>	<b>c</b> EIN-PN <a href="#">94-2595045-001</a>
<b>a</b>	Plan name <a href="#">GLESS RANCH, INC. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLESS RANCH, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0182233-001</a>
<b>a</b>	Plan name <a href="#">GLOBAL RETINA INSTITUTE 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLOBAL RETINA INSTITUTE</a>	<b>c</b> EIN-PN <a href="#">82-3489293-001</a>
<b>a</b>	Plan name <a href="#">GODWIN MANUFACTURING 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GODWIN MANUFACTURING, INC.</a>	<b>c</b> EIN-PN <a href="#">56-1102601-001</a>
<b>a</b>	Plan name <a href="#">GOLDSTEIN, BORGEN, DARDARIAN, HO 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOLDSTEIN, BORGEN, DARDARIAN AND HO</a>	<b>c</b> EIN-PN <a href="#">94-2741326-001</a>
<b>a</b>	Plan name <a href="#">GOOD &amp; HARRIS, LLP PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOOD &amp; HARRIS, LLP</a>	<b>c</b> EIN-PN <a href="#">23-2226315-002</a>
<b>a</b>	Plan name <a href="#">GRATITUDE WITH AN ATTITUDE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BENEFIT PLANS PLUS, LLC</a>	<b>c</b> EIN-PN <a href="#">43-1829594-001</a>
<b>a</b>	Plan name <a href="#">GRAVITY GLOBAL, LLC 401K FKA 9TH WONDER 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOGARTY &amp; KLEIN, DBA 9THWONDER</a>	<b>c</b> EIN-PN <a href="#">74-2113531-002</a>
<b>a</b>	Plan name <a href="#">H.R. OPTIONS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">H.R. OPTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">94-3088173-001</a>
<b>a</b>	Plan name <a href="#">HAMON INFRASTRUCTURE, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HAMON INFRASTRUCTURE, INC.</a>	<b>c</b> EIN-PN <a href="#">84-1129267-001</a>
<b>a</b>	Plan name <a href="#">HARRISS &amp; COVINGTON HOSIERY MILLS EE RET PL</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARRISS &amp; COVINGTON HOSIERY</a>	<b>c</b> EIN-PN <a href="#">56-0254975-001</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	HB NEXT CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	HB NEXT CORPORATION	<b>c</b> EIN-PN 46-4230304-001
<b>a</b>	Plan name	HBP EMPLOYEES' 401K/ PSP	
<b>b</b>	Name of plan sponsor	HBP, INC.	<b>c</b> EIN-PN 52-0689425-002
<b>a</b>	Plan name	HCCH EMPLOYEE CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	HARRISON COUNTY COMMUNITY HOSPITAL	<b>c</b> EIN-PN 43-1530883-001
<b>a</b>	Plan name	HCCH EMPLOYER MATCHING PLAN	
<b>b</b>	Name of plan sponsor	HARRISON COUNTY COMMUNITY HOSPITAL	<b>c</b> EIN-PN 43-1530883-001
<b>a</b>	Plan name	HDS 401K & NEW COMPARABILITY PLAN	
<b>b</b>	Name of plan sponsor	HOLLYWOOD DELIVERY SERVICES, INC.	<b>c</b> EIN-PN 95-2483055-001
<b>a</b>	Plan name	HEARTLAND MIDWEST 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HEARTLAND MIDWEST	<b>c</b> EIN-PN 43-1931193-001
<b>a</b>	Plan name	HECKLER & KOCH DEFENSE 401K PLAN	
<b>b</b>	Name of plan sponsor	HECKLER & KOCH DEFENSE, INC.	<b>c</b> EIN-PN 65-1175965-001
<b>a</b>	Plan name	HFW HOLDINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	HFW HOLDINGS, LLC	<b>c</b> EIN-PN 88-2679929-001
<b>a</b>	Plan name	HICKOK-DIBLE LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HICKOK-DIBLE LLC	<b>c</b> EIN-PN 48-6129480-002
<b>a</b>	Plan name	HIGH BRIDGE ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	HIGH BRIDGE ASSOCIATES, INC.	<b>c</b> EIN-PN 20-0224961-001
<b>a</b>	Plan name	HIGH COUNTRY EXECUTIVE SEARCH 401K PLAN	
<b>b</b>	Name of plan sponsor	HIGH COUNTRY EXECUTIVE SEARCH	<b>c</b> EIN-PN 32-0018501-001
<b>a</b>	Plan name	HIGHLAND TURF 401K PLAN	
<b>b</b>	Name of plan sponsor	HIGHLAND TURF, INC.	<b>c</b> EIN-PN 52-1228289-001

<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	HILLTOP ARTISTS IN RESIDENCE 401K PLAN	
<b>b</b>	Name of plan sponsor	HILLTOP ARTISTS IN RESIDENCE	<b>c</b> EIN-PN 91-1667476-001
<b>a</b>	Plan name	HINT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HINT, INC.	<b>c</b> EIN-PN 04-3806328-001
<b>a</b>	Plan name	HOAG MEDICAL GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	HOAG MEDICAL GROUP, INC.	<b>c</b> EIN-PN 90-0616722-001
<b>a</b>	Plan name	HOAG SPECIALTY CLINIC 401K PLAN	
<b>b</b>	Name of plan sponsor	COASTAL SPECIALISTS MEDICAL GROUP	<b>c</b> EIN-PN 83-2851809-001
<b>a</b>	Plan name	HOGAN ACTION SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOGAN ACTION SERVICES	<b>c</b> EIN-PN 84-1309336-001
<b>a</b>	Plan name	HOME ENERGY SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	HOME ENERGY SOLUTIONS INC	<b>c</b> EIN-PN 45-0575808-001
<b>a</b>	Plan name	HOMEWOOD GENERAL CONTRACTORS, INC. 401K PSP	
<b>b</b>	Name of plan sponsor	HOMEWOOD GENERAL CONTRACTORS	<b>c</b> EIN-PN 52-1083736-001
<b>a</b>	Plan name	HOOVER & STRONG PSP	
<b>b</b>	Name of plan sponsor	HOOVER & STRONG, INC.	<b>c</b> EIN-PN 16-0484880-002
<b>a</b>	Plan name	HOSPITAL SAN CARLO 1081.01(D) PLAN	
<b>b</b>	Name of plan sponsor	HOSPITAL SAN CARLO BORROMEO	<b>c</b> EIN-PN 66-0371418-001
<b>a</b>	Plan name	HOUSTON ORTHOPAEDIC SURGERY & SPORTS MEDICIN	
<b>b</b>	Name of plan sponsor	HOUSTON ORTHOPAEDIC SURGERY	<b>c</b> EIN-PN 58-2394003-001
<b>a</b>	Plan name	HPM SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HPM SYSTEMS, INC.	<b>c</b> EIN-PN 01-0571369-001
<b>a</b>	Plan name	HUDSON BROTHERS CONSTRUCTION 401K PSP	
<b>b</b>	Name of plan sponsor	HUDSON BROTHERS CONSTRUCTION	<b>c</b> EIN-PN 56-1914621-001

<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	HYMAN BROS. OF MIDLOTHIAN 401K PLAN	
<b>b</b>	Name of plan sponsor	HYMAN BROS. OF MIDLOTHIAN, INC.	<b>c</b> EIN-PN 47-1717028-001
<b>a</b>	Plan name	ICAPITAL NETWORK INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ICAPITAL NETWORK INC	<b>c</b> EIN-PN 46-2479130-001
<b>a</b>	Plan name	ICONIC TIRE AND SERVICES CENTERS OF AZ	
<b>b</b>	Name of plan sponsor	ICONIC TIRE	<b>c</b> EIN-PN 82-1702759-001
<b>a</b>	Plan name	IGPS LOGISTICS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IGPS LOGISTICS LLC	<b>c</b> EIN-PN 46-2792335-001
<b>a</b>	Plan name	IKON BENEFITS BROUPE PENSION PLAN	
<b>b</b>	Name of plan sponsor	IKON	<b>c</b> EIN-PN 66-0557431-001
<b>a</b>	Plan name	IMPLUS FOOTCARE, LLC SVGS PLAN	
<b>b</b>	Name of plan sponsor	IMPLUS FOOTCARE, LLC	<b>c</b> EIN-PN 56-2222037-001
<b>a</b>	Plan name	IMS TECHNOLOGIES, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IMS TECHNOLOGIES, INC.	<b>c</b> EIN-PN 37-1925666-002
<b>a</b>	Plan name	INCONTACT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	INCONTACT, INC.	<b>c</b> EIN-PN 87-0528557-001
<b>a</b>	Plan name	INNOVEO PUERTO RICO SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INNOVEO INC	<b>c</b> EIN-PN 87-2308121-001
<b>a</b>	Plan name	INSTRIDE FOOT AND ANKLE SPECIALISTS, PLLC 4	
<b>b</b>	Name of plan sponsor	INSTRIDE FOOT & ANKLE SPECIALIST	<b>c</b> EIN-PN 30-0700851-001
<b>a</b>	Plan name	INSTROTEK 401K PLAN AND PSP	
<b>b</b>	Name of plan sponsor	INSTROTEK, INC.	<b>c</b> EIN-PN 56-2029048-001
<b>a</b>	Plan name	INSTRUCTURE INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INSTRUCTURE INC	<b>c</b> EIN-PN 26-3505687-001

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 INTERMAP TECHNOLOGIES RETIREMENT SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor INTERMAP TECHNOLOGIES, INC.	<b>c</b> EIN-PN 93-1227831-002
<b>a</b>	Plan name INTERNATIONAL SCHOOLS PARTNERSHIP 401K PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL SCHOOLS PARTNERSHIP US HOLDINGS, INC.	<b>c</b> EIN-PN 82-2390568-001
<b>a</b>	Plan name INTERVENN BIOSCIENCES 401K PLAN	
<b>b</b>	Name of plan sponsor VENN BIOSCIENCES CORPORATION D/B/A/ INTERVENN BIOSCIENCES	<b>c</b> EIN-PN 82-0814673-001
<b>a</b>	Plan name J,H,O,C D/B/A PREMIER TRANSPORTATION 401K PLAN	
<b>b</b>	Name of plan sponsor J,H,O,C, DBA PREMIER TRANSPORTATION	<b>c</b> EIN-PN 58-1949828-001
<b>a</b>	Plan name J.H.O.C. D/B/A PREMIER TRANSPORTATION 401K P	
<b>b</b>	Name of plan sponsor JHOC DBA PREMIER TRANSPORTATION	<b>c</b> EIN-PN 58-1949828-001
<b>a</b>	Plan name J.M. WILKERSON CONSTRUCTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor J.M. WILKERSON CONSTRUCTION CO.	<b>c</b> EIN-PN 58-1478227-001
<b>a</b>	Plan name JABIAN, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor JABIAN, LLC	<b>c</b> EIN-PN 20-4276524-001
<b>a</b>	Plan name JACUZZI BRANDS CORP. 401(K)	
<b>b</b>	Name of plan sponsor JACUZZI BRANDS CORPORATION	<b>c</b> EIN-PN 20-8158665-001
<b>a</b>	Plan name JANE TECHNOLOGIES 401K PLAN	
<b>b</b>	Name of plan sponsor JANE TECHNOLOGIES INC	<b>c</b> EIN-PN 47-5287065-001
<b>a</b>	Plan name JATCO INCORPORATED 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JATCO INCORPORATED	<b>c</b> EIN-PN 94-2318778-001
<b>a</b>	Plan name JGA 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor JGA, INC.	<b>c</b> EIN-PN 38-2079856-003
<b>a</b>	Plan name JOBNUMBUS 401K PLAN	
<b>b</b>	Name of plan sponsor JOBNIMBUS, LLC	<b>c</b> EIN-PN 46-2286719-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	JOHNSON SMITH HIBBARD & WILDMAN LAW FIRM, L
<b>b</b>	Name of plan sponsor	JOHNSON SMITH HIBBARD & WILDMAN
<b>c</b>	EIN-PN	57-0399533-001
<b>a</b>	Plan name	JORNS & ASSOCIATES LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	JORNS & ASSOCIATES
<b>c</b>	EIN-PN	87-1515525-001
<b>a</b>	Plan name	JSN INDUSTRIES, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	JSN INDUSTRIES, INC.
<b>c</b>	EIN-PN	33-0021332-002
<b>a</b>	Plan name	K2 RESIDENTIAL SOLUTIONS 401K PLAN
<b>b</b>	Name of plan sponsor	K2 RESIDENTIAL SOLUTIONS
<b>c</b>	EIN-PN	81-0767809-001
<b>a</b>	Plan name	KANA PIPELINE, INC. 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	KANA PIPELINE, INC.
<b>c</b>	EIN-PN	33-0694239-001
<b>a</b>	Plan name	KANE COUNTY 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	KANE COUNTY
<b>c</b>	EIN-PN	87-6000300-001
<b>a</b>	Plan name	KANSAS ASSOCIATION OF SCHOOL BOARDS, INC. 401K
<b>b</b>	Name of plan sponsor	KANSAS ASSOCIATION OF SCHOOL BOARDS, INC.
<b>c</b>	EIN-PN	48-0664943-002
<b>a</b>	Plan name	KANSAS CITY PSYCHIATRIC GROUP, P.A. 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	KANSAS CITY PSYCHIATRIC GROUP, P.A.
<b>c</b>	EIN-PN	48-1107374-001
<b>a</b>	Plan name	KANSAS HOSPITAL ASSOCIATION 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	KANSAS HOSPITAL ASSOCIATION
<b>c</b>	EIN-PN	48-0543786-002
<b>a</b>	Plan name	KELLER BROTHERS MOTOR CO. 401K PLAN
<b>b</b>	Name of plan sponsor	KELLER BROTHERS MOTOR COMPANY
<b>c</b>	EIN-PN	23-1388146-001
<b>a</b>	Plan name	KEVIN MURPHY 401(K) PLAN
<b>b</b>	Name of plan sponsor	KEVIN MURPHY INC.
<b>c</b>	EIN-PN	47-3634847-001
<b>a</b>	Plan name	KICE INDUSTRIES, INC, SAFE HARBOR 401K PLAN
<b>b</b>	Name of plan sponsor	KICE INDUSTRIES, INC
<b>c</b>	EIN-PN	48-0735815-003

<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	KITSAP LAW GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEMPLETON HORTON WEIBEL & BROUGHTON, PLLC	<b>c</b> EIN-PN 47-4013935-001
<b>a</b>	Plan name	KLEIN ENGINEERING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KLEIN ENGINEERING, PSC.	<b>c</b> EIN-PN 66-0685560-001
<b>a</b>	Plan name	KLEIN ENGINEERING US RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KLEIN ENGINEERING PSC PC	<b>c</b> EIN-PN 66-0685560-001
<b>a</b>	Plan name	KR MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	KR MANAGEMENT LLC	<b>c</b> EIN-PN 55-0822896-001
<b>a</b>	Plan name	KYANITE MINING CORPORATION EMPLOYEES' 401K P	
<b>b</b>	Name of plan sponsor	KYANITE MINING CORPORATION	<b>c</b> EIN-PN 20-2599676-001
<b>a</b>	Plan name	LAHLOUH, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LAHLOUH, INC.	<b>c</b> EIN-PN 94-3025562-001
<b>a</b>	Plan name	LAMAR BANK AND TRUST COMPANY PSP AND TRUST	
<b>b</b>	Name of plan sponsor	LAMAR BANK AND TRUST COMPANY	<b>c</b> EIN-PN 44-0320680-001
<b>a</b>	Plan name	LAND VIEW, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAND VIEW, INC	<b>c</b> EIN-PN 82-0390380-001
<b>a</b>	Plan name	LANDMARK BANCORP, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LANDMARK BANCORP, INC.	<b>c</b> EIN-PN 43-1930755-002
<b>a</b>	Plan name	LAWRENCE COMPANIES EMPLOYEE RET PLAN	
<b>b</b>	Name of plan sponsor	LAWRENCE COMPANIES, INC.	<b>c</b> EIN-PN 46-5759341-001
<b>a</b>	Plan name	LAWRENCE CONSTRUCTION COMPANY 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAWRENCE CONSTRUCTION COMPANY	<b>c</b> EIN-PN 84-0471706-001
<b>a</b>	Plan name	LEADING SOLUTIONS LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LEADING SOLUTIONS LLC	<b>c</b> EIN-PN 26-0188418-001

<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	LEE REEDY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEE REEDY, INC.	<b>c</b> EIN-PN 20-1415487-001
<b>a</b>	Plan name	LEGAL AID OF NORTH CAROLINA RET PLAN	
<b>b</b>	Name of plan sponsor	LEGAL AID OF NORTH CAROLINA INC	<b>c</b> EIN-PN 31-1784161-001
<b>a</b>	Plan name	LEHIGH TOWNSHIP NON-UNIFORMED EE PENSION	
<b>b</b>	Name of plan sponsor	LEHIGH TWP NORTHAMPTON CTY, PA	<b>c</b> EIN-PN 24-6001465-001
<b>a</b>	Plan name	LENDUS, LLC PUERTO RICO 401 PLAN	
<b>b</b>	Name of plan sponsor	LENDUS, LLC	<b>c</b> EIN-PN 26-0508430-001
<b>a</b>	Plan name	LEONARD ALUMINUM UTILITY BLDGS LLC, RET PLAN	
<b>b</b>	Name of plan sponsor	LEONARD ALUMINUM UTILITY BLDGS	<b>c</b> EIN-PN 58-1080422-001
<b>a</b>	Plan name	LEWIS ADVERTISING SVGS AND PROTECTION PLAN	
<b>b</b>	Name of plan sponsor	LEWIS ADVERTISING, INC.	<b>c</b> EIN-PN 56-0928577-001
<b>a</b>	Plan name	LIBERTY AGGREGATES, LLC 401(K) AND PROFIT SHARING PLAN PKA QUALITY AGGREGATES, LLC 401(K)	
<b>b</b>	Name of plan sponsor	LIBERTY AGGREGATES, LLC	<b>c</b> EIN-PN 20-3362032-001
<b>a</b>	Plan name	L'I'L THRIFT FOOD MARTS PSP	
<b>b</b>	Name of plan sponsor	L'I'L THRIFT FOOD MARTS, INC.	<b>c</b> EIN-PN 56-0960363-001
<b>a</b>	Plan name	LINTERN CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LINTERN CORPORATION	<b>c</b> EIN-PN 34-0361330-003
<b>a</b>	Plan name	LIVEXLIVE MEDIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIVEXLIVE MEDIA, INC.	<b>c</b> EIN-PN 20-0565446-001
<b>a</b>	Plan name	LONG MEADOW RANCH 401K PLAN	
<b>b</b>	Name of plan sponsor	LMR SERVICES LLC	<b>c</b> EIN-PN 36-4856570-501
<b>a</b>	Plan name	LTS LOHMANN THERAPY SYSTEMS CORP. 401LK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LTS LOHMANN THERAPY SYSTEMS CORP.	<b>c</b> EIN-PN 52-1824249-001

<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	LYONS PAINTING & DEISGN, LLC DAVIS-BACON PENSION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LYONS PAINTING & DESIGN, LLC	<b>c</b> EIN-PN 83-0474840-001
<b>a</b>	Plan name	M INTERNATIONAL 401K PLAN	
<b>b</b>	Name of plan sponsor	M INTERNATIONAL, INC.	<b>c</b> EIN-PN 26-4826820-001
<b>a</b>	Plan name	M. H. EBY 401K PSP	
<b>b</b>	Name of plan sponsor	M. H. EBY, INC.	<b>c</b> EIN-PN 23-1925398-001
<b>a</b>	Plan name	MADRONA PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MADRONA PARTNERS, LLC	<b>c</b> EIN-PN 87-2305101-001
<b>a</b>	Plan name	MANAGE RITE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BURNS KULL AUTOMOTIVE	<b>c</b> EIN-PN 22-2337638-001
<b>a</b>	Plan name	MANNING EQUIPMENT, LLC & RELATED CO PSP	
<b>b</b>	Name of plan sponsor	MANNING EQUIPMENT, INC.	<b>c</b> EIN-PN 61-0470042-001
<b>a</b>	Plan name	MARXUACH PRECAST SOLUTIONS, LLC PROFIT-SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MARXUACH PRECAST SOLUTIONS	<b>c</b> EIN-PN 66-0586343-001
<b>a</b>	Plan name	MASTERTECH PLUMBING HEATING AND COOLING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MASTERTECH PLUMBING HEATING AND COOLING	<b>c</b> EIN-PN 43-1870150-001
<b>a</b>	Plan name	MAX RIEKE & BROTHERS, INC. EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	MAX RIEKE & BROTHERS, INC.	<b>c</b> EIN-PN 48-0783919-067
<b>a</b>	Plan name	MAX RIEKE & BROTHERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAX RIEKE & BROTHERS, INC.	<b>c</b> EIN-PN 48-0783919-066
<b>a</b>	Plan name	MCMURRAY FABRICS RET SVGS & INVT PLAN	
<b>b</b>	Name of plan sponsor	MCMURRAY FABRICS, INC.	<b>c</b> EIN-PN 56-2114736-001
<b>a</b>	Plan name	ME DEVCO NC LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	ME DEVCO NC LTD	<b>c</b> EIN-PN 11-3751321-001

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 MEDALLION DENTAL LABORATORY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEDALLION DENTAL LABORATORY, INC	<b>c</b> EIN-PN 48-1087685-001
<b>a</b>	Plan name MERIDIAN PRODUCTS 401K RET INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor NESSCO ENTERPRISES, LLC	<b>c</b> EIN-PN 23-3055953-001
<b>a</b>	Plan name METALFORMING 401K PSP	
<b>b</b>	Name of plan sponsor METALFORMING, INC.	<b>c</b> EIN-PN 58-2339671-001
<b>a</b>	Plan name MIDLAND COUNTY DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor MIDLAND COUNTY	<b>c</b> EIN-PN 38-6004871-001
<b>a</b>	Plan name MIDLAND EMPIRE RESOURCES INDEPENDENT LIVING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIDLAND EMPIRE RESOURCES INDEPENDENT LIVING	<b>c</b> EIN-PN 43-1667582-001
<b>a</b>	Plan name MINERVA BEAUTY 401K PLAN	
<b>b</b>	Name of plan sponsor MINERVA BEAUTY	<b>c</b> EIN-PN 20-5834095-001
<b>a</b>	Plan name MISSION CLOUD SERVICES, INC. DBA MISSION 401K PLAN	
<b>b</b>	Name of plan sponsor MISSION CLOUD SERVICES, INC.	<b>c</b> EIN-PN 95-4879768-001
<b>a</b>	Plan name MITCHELL-WIEDEFELD/DULANEY VALLEY 401K SVGS	
<b>b</b>	Name of plan sponsor MITCHELL-WIEDEFELD FUNERAL HOME	<b>c</b> EIN-PN 52-0417840-002
<b>a</b>	Plan name MITSUBISHI MOTOR SALES OF CARIBBEAN SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MITSUBISHI MOTOR SALES OF CARIBBEAN	<b>c</b> EIN-PN 66-0392747-001
<b>a</b>	Plan name MODERN DERMATOLOGY 401K PLAN	
<b>b</b>	Name of plan sponsor MODERN DERMATOLOGY	<b>c</b> EIN-PN 47-2750505-001
<b>a</b>	Plan name MODERNISTRIC CLEANING SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor MODERNISTRIC, LLC	<b>c</b> EIN-PN 26-0132234-001
<b>a</b>	Plan name MONARCH POOLS 401K PLAN	
<b>b</b>	Name of plan sponsor MONARCH POOLS	<b>c</b> EIN-PN 84-0515382-001

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	MONTECITO MEDICAL OPERATING COMPANY, LLC 401K PSP	
<b>b</b> Name of plan sponsor	MONTECITO MEDICAL OPERATING COMPANY, LLC	<b>c</b> EIN-PN 45-5473291-001
<b>a</b> Plan name	MOSAIC LIFE CARE 401K RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	MOSAIC HEALTH SYSTEM	<b>c</b> EIN-PN 43-1283316-001
<b>a</b> Plan name	MR FRANCESCHINI INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	MR FRANCESCHINI INC.	<b>c</b> EIN-PN 66-0236510-001
<b>a</b> Plan name	MUNDO VERDE BILINGUAL PUBLIC CHARTER SCHOOL RETIREMENT TRUST	
<b>b</b> Name of plan sponsor	MUNDO VERDE BILINGUAL PUBLIC CHARTER SCHOOL	<b>c</b> EIN-PN 26-2569958-001
<b>a</b> Plan name	MUNICIPAL EQUIPMENT 401K PLAN	
<b>b</b> Name of plan sponsor	MUNICIPAL EQUIPMENT, INC.	<b>c</b> EIN-PN 61-1375119-002
<b>a</b> Plan name	MUSSELMAN & HALL 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MUSSELMAN & HALL	<b>c</b> EIN-PN 48-0314805-001
<b>a</b> Plan name	MWA 401K & ESOP	
<b>b</b> Name of plan sponsor	MAL WARWICK & ASSOCIATES, INC.	<b>c</b> EIN-PN 94-2914158-001
<b>a</b> Plan name	NASH JOHNSON & SONS' SVGS & RET PLAN	
<b>b</b> Name of plan sponsor	NASH JOHNSON & SONS' FARM, INC.	<b>c</b> EIN-PN 56-0738561-001
<b>a</b> Plan name	NATIONAL INSTRUMENT, LLC 401K/PSP	
<b>b</b> Name of plan sponsor	NATIONAL INSTRUMENT, LLC	<b>c</b> EIN-PN 20-1326200-002
<b>a</b> Plan name	NATIONAL SPINNING CO. 401K PLAN	
<b>b</b> Name of plan sponsor	NATIONAL SPINNING CO., INC.	<b>c</b> EIN-PN 11-1117990-002
<b>a</b> Plan name	NATIONAL WORLD WAR I MUSEUM AND MEMORAIL 401K PLAN	
<b>b</b> Name of plan sponsor	LIBERTY MEMORIAL ASSOCIATION	<b>c</b> EIN-PN 43-6052673-001
<b>a</b> Plan name	NATURAL GAS SUPPLY ASSOCIATION EMPLOYEE SVGS	
<b>b</b> Name of plan sponsor	NATURAL GAS SUPPLY ASSOCIATION	<b>c</b> EIN-PN 52-0823671-002

<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	NAVAL SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor	NAVAL SYSTEMS, INC. DBA NSI	<b>c</b> EIN-PN 52-2438690-001
<b>a</b>	Plan name	NEIL HUFFMAN VOLKSWAGEN 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	NEIL HUFFMAN VOLKSWAGEN, INC.	<b>c</b> EIN-PN 61-0674549-002
<b>a</b>	Plan name	NETWORK TECHNOLOGIES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	NETWORK TECHNOLOGIES, INC.	<b>c</b> EIN-PN 48-1128416-002
<b>a</b>	Plan name	NEWLAND ASSOCIATES BUSINESS SERVICES PLAN 1081.01	
<b>b</b>	Name of plan sponsor	NEWLAND ASSOCIATES BUSINESS SERVICES, INC.	<b>c</b> EIN-PN 66-0706795-001
<b>a</b>	Plan name	NEXT MARKETING 401K PSP	
<b>b</b>	Name of plan sponsor	NEXT MARKETING, INC.	<b>c</b> EIN-PN 25-1763785-001
<b>a</b>	Plan name	NHM CONSTRUCTORS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NHM CONSTRUCTORS LLC	<b>c</b> EIN-PN 80-0880185-001
<b>a</b>	Plan name	NICE SYSTEMS, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	NICE SYSTEMS, INC	<b>c</b> EIN-PN 77-0250126-001
<b>a</b>	Plan name	NKT INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	NKT INC.	<b>c</b> EIN-PN 82-1765111-001
<b>a</b>	Plan name	NOBLE HOSPITALITY, INC. EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	NOBLE HOSPITALITY, INC.	<b>c</b> EIN-PN 48-1105899-001
<b>a</b>	Plan name	NOMI HEALTH 401K PLAN	
<b>b</b>	Name of plan sponsor	NOMI HEALTH, INC	<b>c</b> EIN-PN 84-1905194-001
<b>a</b>	Plan name	NORTH COAST MEDICAL SUPPLY INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTH COAST MEDICAL SUPPLY, INC.	<b>c</b> EIN-PN 22-3865781-001
<b>a</b>	Plan name	NOTABLE CAPITAL MANAGEMENT, L.L.C. 401(K) SAVINGS PLAN FKA G.G.V. MANAGEMENT, LLC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NOTABLE CAPITAL MANAGEMENT, LLC FKA GGV MANAGEMENT, LLC	<b>c</b> EIN-PN 94-3369771-001

<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	O'BRIEN, BELLAND & BUSHNISKY LLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	O'BRIEN, BELLAND & BUSHNISKY LLC	<b>c</b> EIN-PN 37-1467056-001
<b>a</b>	Plan name	ODDO DEVELOPMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	ODDO DEVELOPMENT, INC.	<b>c</b> EIN-PN 43-0912941-001
<b>a</b>	Plan name	ONE PLANET GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONE PLANET GROUP, LLC	<b>c</b> EIN-PN 85-1221674-001
<b>a</b>	Plan name	ONEDIGITAL OPEN POOLED EMPLOYER (PEP)	
<b>b</b>	Name of plan sponsor	PLAN FIDUCIARY SERVICES, INC - TERRANCE P POWER, PRESIDENT	<b>c</b> EIN-PN 27-3523833-008
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN (PEP)	
<b>b</b>	Name of plan sponsor	THE PLATINUM 401K INC	<b>c</b> EIN-PN 45-3555965-018
<b>a</b>	Plan name	ONX HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONX HOLDINGS, INC.	<b>c</b> EIN-PN 85-2626288-001
<b>a</b>	Plan name	ORAL & FACIAL SURGERY ASSOCIATES, PA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORAL & FACIAL SURGERY ASSOCIATES	<b>c</b> EIN-PN 48-0773206-001
<b>a</b>	Plan name	ORLANDO LUTHERAN TOWERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORLANDO LUTHERAN TOWERS, INC.	<b>c</b> EIN-PN 59-1646654-001
<b>a</b>	Plan name	OTR WHEEL ENGINEERING 401K PLAN	
<b>b</b>	Name of plan sponsor	OTR WHEEL ENGINEERING, INC.	<b>c</b> EIN-PN 58-1862442-001
<b>a</b>	Plan name	OUR CREDIT UNION 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor	OUR CREDIT UNION	<b>c</b> EIN-PN 38-1627404-001
<b>a</b>	Plan name	PACIFIC HOTEL MANAGEMENT, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC HOTEL MANAGEMENT, LLC	<b>c</b> EIN-PN 94-2749016-001
<b>a</b>	Plan name	PACIFIC LANDSCAPE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC LANDSCAPE MANAGEMENT	<b>c</b> EIN-PN 91-1660168-001

<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	PACKSIZE 401K PLAN	
<b>b</b>	Name of plan sponsor	PACKSIZE LLC	<b>c</b> EIN-PN 26-1241626-001
<b>a</b>	Plan name	PALLET DISTRIBUTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALLET DISTRIBUTORS, INC.	<b>c</b> EIN-PN 34-1842111-001
<b>a</b>	Plan name	PARKER MCCRORY MFG. CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARKER MCCRORY MFG. CO.	<b>c</b> EIN-PN 44-0579605-001
<b>a</b>	Plan name	PARKER, POLLARD, WILTON & PEADEN, P.C. 401K	
<b>b</b>	Name of plan sponsor	PARKER POLLARD WILTON & PEADEN	<b>c</b> EIN-PN 54-0897950-001
<b>a</b>	Plan name	PARTNERSHIP PROPERTY MGMT, LLC RET PLAN	
<b>b</b>	Name of plan sponsor	PARTNERSHIP PROPERTY MGMT, LLC	<b>c</b> EIN-PN 56-2000487-001
<b>a</b>	Plan name	PCB SOLUTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	EMS SOLUTIONS (DBA PCB SOLUTIONS, INC.)	<b>c</b> EIN-PN 87-0639265-001
<b>a</b>	Plan name	PELAYES & YU 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PELAYES & YU	<b>c</b> EIN-PN 82-1124132-001
<b>a</b>	Plan name	PEPPER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMARTHOME VENTURES LLC DBA PEPPER	<b>c</b> EIN-PN 46-3027570-001
<b>a</b>	Plan name	PEPSI-COLA PUERTO RICO BOTTLING CO. 1165(E) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CABCORP	<b>c</b> EIN-PN 41-1986382-003
<b>a</b>	Plan name	PERFECT DAY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERFECT DAY, INC.	<b>c</b> EIN-PN 45-5528887-001
<b>a</b>	Plan name	PFI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAIS FIDUCIARY INC.	<b>c</b> EIN-PN 83-2738895-001
<b>a</b>	Plan name	PHARMACEUTICAL MEDIA INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PHARMACEUTICAL MEDIA INC.	<b>c</b> EIN-PN 22-1938377-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	PHOENIX 401K PLAN
<b>b</b>	Name of plan sponsor	HUNTSVILLE REHABILITATION FDN. <b>c</b> EIN-PN 23-7450941-005
<b>a</b>	Plan name	PHOENIX GROUP OF VIRGINIA 401K PLAN
<b>b</b>	Name of plan sponsor	PHOENIX GROUP OF VIRGINIA, INC. <b>c</b> EIN-PN 26-1727326-001
<b>a</b>	Plan name	PLASTIKON INDUSTRIES, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PLASTIKON INDUSTRIES, INC. <b>c</b> EIN-PN 94-2582387-001
<b>a</b>	Plan name	PLAYON SPORTS 401(K) PLAN
<b>b</b>	Name of plan sponsor	2080 MEDIA INC. DBA PLAYON SPORTS <b>c</b> EIN-PN 26-2255473-001
<b>a</b>	Plan name	PODIUM 401(K) PLAN
<b>b</b>	Name of plan sponsor	PODIUM CORPORATION INC. <b>c</b> EIN-PN 47-1369982-001
<b>a</b>	Plan name	POLYTAINERS, INC. PROFIT SHARING 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	POLYTAINERS, INC <b>c</b> EIN-PN 43-1532377-001
<b>a</b>	Plan name	POPHEALTHCARE LLC 1081.01 PLAN
<b>b</b>	Name of plan sponsor	EMCARA HEALTH OF PUERTO RICO, LLC <b>c</b> EIN-PN 66-1037088-001
<b>a</b>	Plan name	PORGES,HAMLIN,KNOWLES & HAWK, PA 401K PSP
<b>b</b>	Name of plan sponsor	PORGES,HAMLIN,KNOWLES &HAWK, PA <b>c</b> EIN-PN 59-2343522-001
<b>a</b>	Plan name	PPS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PPS, INC. <b>c</b> EIN-PN 48-0695095-001
<b>a</b>	Plan name	PRECISION WALLS 401K PLAN
<b>b</b>	Name of plan sponsor	PRECISION WALLS, INC. <b>c</b> EIN-PN 56-1171361-001
<b>a</b>	Plan name	PRO STAR PAN SERVICES LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	VISIBLE SUPPLY CHAIN MANAGEMENT <b>c</b> EIN-PN 45-5567942-001
<b>a</b>	Plan name	PROGRESSIVE PLUMBING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PROGRESSIVE PLUMBING, INC. <b>c</b> EIN-PN 59-2618044-001

<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	PROTECTO WRAP COMPANY 401K EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PROTECTO WRAP COMPANY	<b>c</b> EIN-PN 84-0481347-001
<b>a</b>	Plan name	PROVINCE OF OUR LADY OF GUADALUPE, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PROVINCE OF OUR LADY OF GUADALUPE, INC	<b>c</b> EIN-PN 88-4332441-001
<b>a</b>	Plan name	PRP SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PUERTO RICO PHARMACEUTICAL INC	<b>c</b> EIN-PN 66-0478923-001
<b>a</b>	Plan name	PUBLIC LIBRARY OF SCIENCE 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PUBLIC LIBRARY OF SCIENCE	<b>c</b> EIN-PN 68-0492065-001
<b>a</b>	Plan name	PURE INFUSION SUITES 401K PLAN	
<b>b</b>	Name of plan sponsor	PURE INFUSION SUITES	<b>c</b> EIN-PN 83-1415264-001
<b>a</b>	Plan name	QSC, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	QSC, LLC	<b>c</b> EIN-PN 33-0396886-001
<b>a</b>	Plan name	QUALITY INSIGHTS INC. MONEY PURCHASE PENSION	
<b>b</b>	Name of plan sponsor	QUALITY INSIGHTS, INC.	<b>c</b> EIN-PN 55-0539692-001
<b>a</b>	Plan name	QUANTUM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	QUANTUM HEALTH PROFESSIONALS	<b>c</b> EIN-PN 75-3051602-001
<b>a</b>	Plan name	QUICKTIN, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	QUICKTIN, INCORPORATED	<b>c</b> EIN-PN 91-2184334-001
<b>a</b>	Plan name	RACO GENERAL CONTRACTORS 401K PLAN	
<b>b</b>	Name of plan sponsor	RACO GENERAL CONTRACTORS, INC.	<b>c</b> EIN-PN 58-1682524-001
<b>a</b>	Plan name	RAGSDALE LIGGETT PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RAGSDALE LIGGETT PLLC	<b>c</b> EIN-PN 56-1851948-001
<b>a</b>	Plan name	REAL FLOORS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	REAL FLOORS, INC.	<b>c</b> EIN-PN 58-1719346-001

<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	REALTRAC HOLDINGS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	REALTRAC HOLDINGS, INC	<b>c</b> EIN-PN 81-0905930-001
<b>a</b>	Plan name	REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY 401K PLAN	
<b>b</b>	Name of plan sponsor	REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY	<b>c</b> EIN-PN 27-3923442-001
<b>a</b>	Plan name	RENAISSANCE PLASTIC SURGERY, P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	RENAISSANCE PLASTIC SURGERY P.C.	<b>c</b> EIN-PN 58-2568787-001
<b>a</b>	Plan name	RENU ENERGY SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	RENU ENERGY SOLUTIONS LLC	<b>c</b> EIN-PN 27-4328922-001
<b>a</b>	Plan name	RET PLAN FOR WINSTON-SALEM DENTAL CARE	
<b>b</b>	Name of plan sponsor	DRS. AILERU,ANDREWS,GRAVEL,	<b>c</b> EIN-PN 56-2132966-001
<b>a</b>	Plan name	RICOLA USA INC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RICOLA USA INC	<b>c</b> EIN-PN 22-2775838-001
<b>a</b>	Plan name	RIVERS AND ASSOCIATES 401K RET PLAN	
<b>b</b>	Name of plan sponsor	RIVERS AND ASSOCIATES, INC.	<b>c</b> EIN-PN 56-0705765-001
<b>a</b>	Plan name	RIVERSIDE DENTAL GROUP AND DENTAL ASSOCIATE OFFICES 401K PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE DENTAL GROUP	<b>c</b> EIN-PN 33-0874160-001
<b>a</b>	Plan name	ROARING FORK NEUROLOGY, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROARING FORK NEUROLOGY, P.C.	<b>c</b> EIN-PN 93-4591728-001
<b>a</b>	Plan name	ROBERT WOODALL CHEVROLET EMPLOYEES RET PLAN	
<b>b</b>	Name of plan sponsor	ROBERT WOODALL CHEVROLET, INC.	<b>c</b> EIN-PN 54-0791993-002
<b>a</b>	Plan name	ROBERTS & STEVENS, P.A. PSP AND TRUST	
<b>b</b>	Name of plan sponsor	ROBERTS & STEVENS, P.A.	<b>c</b> EIN-PN 56-1476351-001
<b>a</b>	Plan name	ROCKDALE ANESTHESIA SERVICES, P.C. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ROCKDALE ANESTHESIA SERVICES, P.C.	<b>c</b> EIN-PN 58-1733732-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	ROSENBERG MARTIN GREENBERG, LLP RET PLAN
<b>b</b>	Name of plan sponsor	ROSENBERG MARTIN GREENBERG, LLP
<b>c</b>	EIN-PN	52-1537421-001
<b>a</b>	Plan name	ROSS & PINES, LLC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ROSS & PINES, LLC
<b>c</b>	EIN-PN	20-2011905-001
<b>a</b>	Plan name	ROYAL METAL PRODUCTS 401K PLAN
<b>b</b>	Name of plan sponsor	ROYAL METAL PRODUCTS, INC.
<b>c</b>	EIN-PN	58-1859393-001
<b>a</b>	Plan name	RUBY & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	RUBY + ASSOCIATES
<b>c</b>	EIN-PN	38-2555509-001
<b>a</b>	Plan name	RUST ENTERPRISES 401K PSP
<b>b</b>	Name of plan sponsor	RUST ENTERPRISES, INC.
<b>c</b>	EIN-PN	56-1047356-002
<b>a</b>	Plan name	RYAN WARD DDS PA 401(K) PLAN
<b>b</b>	Name of plan sponsor	RYAN WARD DDS PA
<b>c</b>	EIN-PN	85-4212292-001
<b>a</b>	Plan name	S. KIRK VINCENT DDS LC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	S. KIRK VINCENT DDS
<b>c</b>	EIN-PN	48-1230567-001
<b>a</b>	Plan name	SAFARI LTD. 401K PLAN
<b>b</b>	Name of plan sponsor	SAFARI PROGRAMS, INC.
<b>c</b>	EIN-PN	59-2392127-001
<b>a</b>	Plan name	SAFE CREDIT UNION 401(K)
<b>b</b>	Name of plan sponsor	SAFE CREDIT UNION
<b>c</b>	EIN-PN	94-1179501-002
<b>a</b>	Plan name	SALT PAYROLL 401K PLAN
<b>b</b>	Name of plan sponsor	S.A.L.T. PAYROLL CONSULTANTS
<b>c</b>	EIN-PN	26-0550353-001
<b>a</b>	Plan name	SANTA ANA BIO 401(K) PLAN
<b>b</b>	Name of plan sponsor	SANTA ANA BIO, INC.
<b>c</b>	EIN-PN	59-3708427-001
<b>a</b>	Plan name	SAWTST LLC 401K PLAN
<b>b</b>	Name of plan sponsor	SAWTST LLC
<b>c</b>	EIN-PN	20-4469646-001

<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	SCION STEEL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCION, INC.	<b>c</b> EIN-PN 38-2567379-001
<b>a</b>	Plan name	SCOTT ORTHOPEDIC CENTER	
<b>b</b>	Name of plan sponsor	SCOTT ORTHOPEDIC CENTER, INC.	<b>c</b> EIN-PN 55-0581360-001
<b>a</b>	Plan name	SEASONAL SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	SEASONAL SOLUTIONS, LLC	<b>c</b> EIN-PN 26-2565900-001
<b>a</b>	Plan name	SECRET WARDLE 401K PSP	
<b>b</b>	Name of plan sponsor	SECRET, WARDLE, LYNCH, HAMPTON, TRUEX, AND MORLEY, P.C.	<b>c</b> EIN-PN 38-1863919-002
<b>a</b>	Plan name	SEIGFREID BINGHAM 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEIGFREID BINGHAM P.C.	<b>c</b> EIN-PN 43-1027985-002
<b>a</b>	Plan name	SELCO, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SELCO, INC.	<b>c</b> EIN-PN 93-0163693-001
<b>a</b>	Plan name	SELECTEK INC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SELECTEK INC	<b>c</b> EIN-PN 58-2158130-001
<b>a</b>	Plan name	SELECTIVE ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SELECTIVE ENTERPRISES, INC.	<b>c</b> EIN-PN 56-0928919-001
<b>a</b>	Plan name	SELLING SIMPLIFIED, INC. 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	SELLING SIMPLIFIED, INC.	<b>c</b> EIN-PN 27-4883299-001
<b>a</b>	Plan name	SHELEY, HALL & WILLIAMS, P.C. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHELEY, HALL & WILLIAMS, P.C.	<b>c</b> EIN-PN 80-0075645-001
<b>a</b>	Plan name	SHIFT PARADIGM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRENDLINE INTERACTIVE LLC DBA SHIFT PROGRAM	<b>c</b> EIN-PN 27-3334784-001
<b>a</b>	Plan name	SIGHT & SOUND MINISTRIES RET SVGS PLAN	
<b>b</b>	Name of plan sponsor	SIGHT & SOUND MINISTRIES, INC.	<b>c</b> EIN-PN 23-2373300-001

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 SIGNATURE PROPERTY MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor E.A. MEYERS & ASSOCIATES, INC. DBA SIGNATURE PROPERTY MANAGEMENT	<b>c</b> EIN-PN 48-0966864-001
<b>a</b>	Plan name SILMAN CONSTRUCTION 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SILMAN VENTURE CORPORATION	<b>c</b> EIN-PN 13-4363138-001
<b>a</b>	Plan name SKIN SPECIALTY SOLUTIONS 401K	
<b>b</b>	Name of plan sponsor SKIN SPECIALTY SOLUTIONS	<b>c</b> EIN-PN 83-1335950-001
<b>a</b>	Plan name SMC 401K PLAN	
<b>b</b>	Name of plan sponsor SMC, LLC	<b>c</b> EIN-PN 45-2635355-001
<b>a</b>	Plan name SMC CONCRETE CONSTRUCTION 401K PSP	
<b>b</b>	Name of plan sponsor SMC CONCRETE CONSTRUCTION, INC.	<b>c</b> EIN-PN 54-1109643-001
<b>a</b>	Plan name SMC ELECTRICAL PRODUCTS EMPLOYEES' 401K PSP	
<b>b</b>	Name of plan sponsor SMC ELECTRICAL PRODUCTS, INC.	<b>c</b> EIN-PN 55-0522903-001
<b>a</b>	Plan name SMITH HULSEY & BUSEY 401K PSP	
<b>b</b>	Name of plan sponsor SMITH HULSEY & BUSEY	<b>c</b> EIN-PN 59-2100518-001
<b>a</b>	Plan name SNYDER PAPER CORPORATION 401K RET PLAN	
<b>b</b>	Name of plan sponsor SNYDER PAPER CORPORATION	<b>c</b> EIN-PN 56-0484179-001
<b>a</b>	Plan name SOLACE HEALTHCARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOLACE HEALTHCARE, INC	<b>c</b> EIN-PN 20-3023796-001
<b>a</b>	Plan name SOMOS IWT INC 401K PLAN FKA INNOV WIRE TECHNOLOGY 401K	
<b>b</b>	Name of plan sponsor INNOV WIRE TECHNOLOGY	<b>c</b> EIN-PN 82-3534276-001
<b>a</b>	Plan name SONIC MAUFACTURING 401K PLAN	
<b>b</b>	Name of plan sponsor SONIC MANUFACTURING TECHNOLOGIES, INC.	<b>c</b> EIN-PN 77-0432998-001
<b>a</b>	Plan name SOUTHERN CALIFORNIA ILLUMINATION 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SOUTHERN CALIFORNIA ILLUMINATION	<b>c</b> EIN-PN 33-0516406-001

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 SOUTHERN CROWN PARTNERS, LLC RET PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN CROWN PARTNERS, LLC	<b>c</b> EIN-PN 26-0397238-001
<b>a</b>	Plan name SOUTHERN STORAGE MANAGEMENT SYSTEMS PR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN SELF STORAGE	<b>c</b> EIN-PN 65-0272140-001
<b>a</b>	Plan name SOUTHWEST ATLANTA NEPHROLOGY PC 401K SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST NEPHROLOGY ATLANTA, P.C.	<b>c</b> EIN-PN 58-1392515-003
<b>a</b>	Plan name SOUTHWOOD BUILDING SYSTEMS RET AND SVGS PLAN	
<b>b</b>	Name of plan sponsor SOUTHWOOD BUILDING SYSTEMS, INC.	<b>c</b> EIN-PN 54-1279343-001
<b>a</b>	Plan name SPACES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor SPACES, INC.	<b>c</b> EIN-PN 48-1138594-001
<b>a</b>	Plan name SPEVCO 401K PSP	
<b>b</b>	Name of plan sponsor SPEVCO, INC.	<b>c</b> EIN-PN 56-1257779-001
<b>a</b>	Plan name SPRATT SVGS BANK RET SVGS PLAN	
<b>b</b>	Name of plan sponsor SPRATT SAVINGS & LOAN ASSOC	<b>c</b> EIN-PN 57-0252520-001
<b>a</b>	Plan name ST. JAMES INSURANCE GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor ST. JAMES INSURANCE GROUP, INC.	<b>c</b> EIN-PN 22-2455609-001
<b>a</b>	Plan name STANTON CARPET CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor STANTON CARPET CORP.	<b>c</b> EIN-PN 11-2560888-002
<b>a</b>	Plan name STAR ELECTRIC CO. RET SVGS PLAN	
<b>b</b>	Name of plan sponsor STAR ELECTRIC COMPANY, INC.	<b>c</b> EIN-PN 52-1327265-001
<b>a</b>	Plan name STEINWAY PIANO GALLERY OF DETROIT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor STEINWAY PIANO GALLERY OF DETROIT	<b>c</b> EIN-PN 26-2971804-001
<b>a</b>	Plan name STEPSTONE HOSPITALITY INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STEPSTONE HOSPITALITY INC.	<b>c</b> EIN-PN 20-5320681-001

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 STEWART-HAAS RACING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor STEWART-HAAS RACING, LLC	<b>c</b> EIN-PN 26-3344402-001
<b>a</b>	Plan name STOCKWELL ELASTOMERICS 401K PLAN	
<b>b</b>	Name of plan sponsor STOCKWELL ELASTOMERICS, INC.	<b>c</b> EIN-PN 23-1127920-001
<b>a</b>	Plan name STONE MANUFACTURING & SUPPLY CO., INC EMPLOYEES 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STONE MANUFACTURING & SUPPLY COMPANY, INC	<b>c</b> EIN-PN 43-1470003-001
<b>a</b>	Plan name STRAIVE 401(K) RETIREMENT PLAN FKA SPI GLOBAL US INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPI GLOBAL US INC.	<b>c</b> EIN-PN 38-4055846-001
<b>a</b>	Plan name STUDIO T-SQ., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STUDIO T-SQ., INC.	<b>c</b> EIN-PN 27-2168061-001
<b>a</b>	Plan name STURDY CORPORATION 401K RET PLAN	
<b>b</b>	Name of plan sponsor STURDY CORPORATION	<b>c</b> EIN-PN 56-0987338-001
<b>a</b>	Plan name SUMMIT BROADBAND 401K PLAN	
<b>b</b>	Name of plan sponsor ORLANDO TELEPHONE COMPANY INC DBA SUMMIT BROADBAND	<b>c</b> EIN-PN 59-3439599-001
<b>a</b>	Plan name SUMMIT DESIGN & ENGINEERING SVCS PLLC SVG	
<b>b</b>	Name of plan sponsor SUMMIT DESIGN & ENGINEERING SVCS	<b>c</b> EIN-PN 30-0236228-001
<b>a</b>	Plan name SUNA SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor SUNA SOLUTIONS, INC	<b>c</b> EIN-PN 80-0481197-501
<b>a</b>	Plan name SUNDESA 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUNDESA, LLC DBA BLENDERBOTTLE	<b>c</b> EIN-PN 87-0663411-001
<b>a</b>	Plan name SUPERIOR GROUP OF COMPANIES 401K PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR GROUP OF COMPANIES, INC.	<b>c</b> EIN-PN 11-1385670-007
<b>a</b>	Plan name SUPERORDINARY USA 401K PLAN	
<b>b</b>	Name of plan sponsor SUPERORDINARYCO USA, INC85-0642870	<b>c</b> EIN-PN 85-0642870-001

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 SWJ TECHNOLOGY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SWJ TECHNOLOGY LLC	<b>c</b> EIN-PN 68-0677995-001
<b>a</b>	Plan name SWOPE HEALTH SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SWOPE HEALTH SERVICES	<b>c</b> EIN-PN 43-0957840-001
<b>a</b>	Plan name SYCAMORE BROKERAGE LLC DBA LIV SOTHEBY'S INTERNATIONAL REALTY FKA MAJESTIC REALTY COLLECTIVE 401K	
<b>b</b>	Name of plan sponsor SYCAMORE BROKERAGE, LLC DBA LIV SOTHEBY'S INTERNATIONAL REALTY	<b>c</b> EIN-PN 84-1484614-001
<b>a</b>	Plan name TAILWIND VOICE & DATA 401(K) PLAN	
<b>b</b>	Name of plan sponsor TAILWIND VOICE & DATA, INC.	<b>c</b> EIN-PN 13-4306459-001
<b>a</b>	Plan name TASKIDS 401K PLAN	
<b>b</b>	Name of plan sponsor TASKIDS	<b>c</b> EIN-PN 45-2897914-001
<b>a</b>	Plan name TEAGUE ELECTRIC CONSTRUCTION, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TEAGUE ELECTRIC CONSTRUCTION	<b>c</b> EIN-PN 48-1088280-001
<b>a</b>	Plan name TECH INC. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TECH, INC.	<b>c</b> EIN-PN 48-0651490-001
<b>a</b>	Plan name TEMPO RET SVGS PLAN	
<b>b</b>	Name of plan sponsor TEMPO, INC.	<b>c</b> EIN-PN 75-2765055-002
<b>a</b>	Plan name TESSITURA NETWORK, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TESSITURA NETWORK, INC.	<b>c</b> EIN-PN 06-1666165-001
<b>a</b>	Plan name THE 401K RET PLAN	
<b>b</b>	Name of plan sponsor EMERSION DESIGN, LLC	<b>c</b> EIN-PN 26-0495991-001
<b>a</b>	Plan name THE AUBRY LAW FIRM, P.A. 401(K) PLAN FKA BUKATY, AUBRY & HUNTSMAN CHARTERED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BUKATY, AUBRY, & HUNTSMAN	<b>c</b> EIN-PN 48-1210927-001
<b>a</b>	Plan name THE BUKATY AGENCY, INC. EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor THE BUKATY AGENCY, INC.	<b>c</b> EIN-PN 48-1224371-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE DORRIS-EATON SCHOOL 401K PLAN	
<b>b</b>	Name of plan sponsor	DORRIS-EATON SCHOOL	<b>c</b> EIN-PN 94-2603514-001
<b>a</b>	Plan name	THE INTERFLEX GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERFLEX ACQUISITION CO. LLC	<b>c</b> EIN-PN 45-4657307-001
<b>a</b>	Plan name	THE KOLL COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	KOLL INVESTMENT CO., LLC	<b>c</b> EIN-PN 33-0963094-002
<b>a</b>	Plan name	THE LEVEL PLAYING FIELD CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	THE LEVEL PLAYING FIELD CORPORATION	<b>c</b> EIN-PN 54-1966536-001
<b>a</b>	Plan name	THE LEWER AGENCY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE LEWER AGENCY, INC	<b>c</b> EIN-PN 44-0666212-001
<b>a</b>	Plan name	THE RET PLAN OF THE PIEDMONT TRIAD AIRPORT	
<b>b</b>	Name of plan sponsor	PIEDMONT TRAD AIRPORT AUTHORITY	<b>c</b> EIN-PN 50-0668378-001
<b>a</b>	Plan name	THE RETAIL GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE RETAIL GROUP, INC.	<b>c</b> EIN-PN 66-0676884-001
<b>a</b>	Plan name	THE ROGERS & BROWN PSP 401K PLAN	
<b>b</b>	Name of plan sponsor	ROGERS & BROWN CUSTOM BROKERS	<b>c</b> EIN-PN 57-0507147-001
<b>a</b>	Plan name	THE YARCO 401K PLAN	
<b>b</b>	Name of plan sponsor	YARCO COMPANIES	<b>c</b> EIN-PN 43-1022273-002
<b>a</b>	Plan name	THIRD ROCK CONSULTANTS, LLC RET PLAN	
<b>b</b>	Name of plan sponsor	THIRD ROCK CONSULTANTS, LLC	<b>c</b> EIN-PN 61-1379371-001
<b>a</b>	Plan name	THOMAS J RODENO & ASSOCIATES, INC. PSP	
<b>b</b>	Name of plan sponsor	THOMAS J RODENO & ASSOCIATES, INC.	<b>c</b> EIN-PN 84-0769529-001
<b>a</b>	Plan name	THREE-D METAL WORKS 401K PLAN	
<b>b</b>	Name of plan sponsor	THREE-D METAL WORKS, INC.	<b>c</b> EIN-PN 57-0979793-002

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 TIGERPAW SOFTWARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIGERPAW SOFTWARE, INC.	<b>c</b> EIN-PN 47-0691047-001
<b>a</b>	Plan name TILLMAN FIBERCO LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TILLMAN FIBERCO LLC	<b>c</b> EIN-PN 87-3297688-001
<b>a</b>	Plan name TIMUQUANA COUNTRY CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor TIMUQUANA COUNTRY CLUB	<b>c</b> EIN-PN 59-0482540-001
<b>a</b>	Plan name TIN ROOF SOFTWARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TINE ROOF SOFTWARE, LLC	<b>c</b> EIN-PN 45-4878137-001
<b>a</b>	Plan name TODD & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TODD & ASSOCIATES, INC.	<b>c</b> EIN-PN 86-0147379-001
<b>a</b>	Plan name TRACETRONIC, INC 401K	
<b>b</b>	Name of plan sponsor TRACETRONIC, INC	<b>c</b> EIN-PN 81-2826328-001
<b>a</b>	Plan name TRANSVERSE INSURANCE SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor TRANSVERSE INSURANCE SERVICES LLC	<b>c</b> EIN-PN 83-1056522-001
<b>a</b>	Plan name TRIVETT FURNITURE PSP AND 401K PLAN	
<b>b</b>	Name of plan sponsor FAMILY HOME FURNISHINGS, INC.	<b>c</b> EIN-PN 54-1617984-001
<b>a</b>	Plan name TRUCKS 401K & PSP	
<b>b</b>	Name of plan sponsor TRUCKS, INC.	<b>c</b> EIN-PN 58-1401993-001
<b>a</b>	Plan name TURBOPOWER, LLC. 401K PLAN	
<b>b</b>	Name of plan sponsor TURBOPOWER, LLC.	<b>c</b> EIN-PN 35-2435112-001
<b>a</b>	Plan name TWO TECHNOLOGIES 401K PLAN	
<b>b</b>	Name of plan sponsor TWO TECHNOLOGIES, INC.	<b>c</b> EIN-PN 23-2462615-001
<b>a</b>	Plan name TY INC. EMPLOYEES 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TY INC.	<b>c</b> EIN-PN 58-1666131-001

<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	U.S. POULTRY & EGG ASSOCIATION EMPLOYEE RET	
<b>b</b>	Name of plan sponsor	U.S. POULTRY & EGG ASSOCIATION	<b>c</b> EIN-PN 58-0704657-001
<b>a</b>	Plan name	ULTIMATE SOLUTIONS 1081.01 (D) PLAN	
<b>b</b>	Name of plan sponsor	ULTIMATE SOLUTIONS CORP	<b>c</b> EIN-PN 66-0662259-001
<b>a</b>	Plan name	ULTRA-CHEM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ULTRA-CHEM, INC.	<b>c</b> EIN-PN 48-1043463-001
<b>a</b>	Plan name	UNITED HEATING & AIR 401K	
<b>b</b>	Name of plan sponsor	UNITED HEATING & AIR CONDITIONING, INC.	<b>c</b> EIN-PN 63-1002149-001
<b>a</b>	Plan name	UNITED SURETY & INDEMNITY CO. CODA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNITED SURETY & INDEMNITY CO	<b>c</b> EIN-PN 66-0457223-001
<b>a</b>	Plan name	UNITED TEAM MECHANICAL 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNITED TEAM MECHANICAL	<b>c</b> EIN-PN 81-0573799-001
<b>a</b>	Plan name	UNITEK 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITEK LEARNING, INC	<b>c</b> EIN-PN 94-3207088-001
<b>a</b>	Plan name	UNITEK COLLEGE UTAH, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITEK COLLEGE UTAH, LLC	<b>c</b> EIN-PN 84-3760384-001
<b>a</b>	Plan name	VANKIRK ELECTRIC, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	VANKIRK ELECTRIC, INC.	<b>c</b> EIN-PN 58-2086361-001
<b>a</b>	Plan name	VARN WOOD PRODUCTS 401K PLAN	
<b>b</b>	Name of plan sponsor	VARN WOOD PRODUCTS	<b>c</b> EIN-PN 20-0538507-001
<b>a</b>	Plan name	VECTOR LABORATORIES 401K PLAN	
<b>b</b>	Name of plan sponsor	VECTOR LABORATORIES INC	<b>c</b> EIN-PN 94-2519610-001
<b>a</b>	Plan name	VENDORS SUPPLY PSP	
<b>b</b>	Name of plan sponsor	VENDORS SUPPLY, INC.	<b>c</b> EIN-PN 57-1012688-001

<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	VENTURE DATA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	VENTURE DATA LLC	<b>c</b> EIN-PN 87-0524286-001
<b>a</b>	Plan name	VETERINARY SURGICAL CENTERS OF THE DELTA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OAKVET ANIMAL SPECIALTY HOSPITAL	<b>c</b> EIN-PN 82-2864021-001
<b>a</b>	Plan name	VHA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VHA RETIREMENT PLAN	<b>c</b> EIN-PN 66-6046544-001
<b>a</b>	Plan name	VISOTEK SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VISOTEK CORP.	<b>c</b> EIN-PN 66-0765075-001
<b>a</b>	Plan name	VYANT BIO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VYANT BIO, INC.	<b>c</b> EIN-PN 04-3462475-001
<b>a</b>	Plan name	W.D. LARSON COMPANIES LTD, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	W.D. LARSON COMPANIES LTD, INC.	<b>c</b> EIN-PN 41-1244294-001
<b>a</b>	Plan name	WALTER 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WALTER SURFACE TECHNOLOGIES INCORPORATED	<b>c</b> EIN-PN 06-1299982-001
<b>a</b>	Plan name	WALTERS SURGICAL ASSOCIATES P.A. 401K PSP	
<b>b</b>	Name of plan sponsor	WALTERS SURGICAL ASSOCIATES	<b>c</b> EIN-PN 56-1318509-001
<b>a</b>	Plan name	WASHINGTON BRICK & TERRA COTTA CO. PSP & 401	
<b>b</b>	Name of plan sponsor	WASHINGTON BRICK & TERRA COTTA	<b>c</b> EIN-PN 52-1018846-001
<b>a</b>	Plan name	WASHTENAW COUNTY 401(A) DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	WASHTENAW COUNTY	<b>c</b> EIN-PN 38-6004894-001
<b>a</b>	Plan name	WASHTENAW COUNTY DEFERRED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	WASHTENAW COUNTY	<b>c</b> EIN-PN 38-6004894-001
<b>a</b>	Plan name	WASHTENAW COUNTY DEFINED CONTRIBUTION AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WASHTENAW COUNTY	<b>c</b> EIN-PN 38-6004894-001

<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	WATSON ELECTRICAL 401K PLAN	
<b>b</b>	Name of plan sponsor	WATSON ELECTRICAL CONSTRUCTION	<b>c</b> EIN-PN 61-1440043-001
<b>a</b>	Plan name	WD-40 COMPANY PROFIT SHARING/401K PLAN	
<b>b</b>	Name of plan sponsor	WD-40 COMPANY	<b>c</b> EIN-PN 95-1797918-002
<b>a</b>	Plan name	WEAVE 401K PLAN	
<b>b</b>	Name of plan sponsor	WEAVE COMMUNICATIONS, INC	<b>c</b> EIN-PN 26-3302902-001
<b>a</b>	Plan name	WELLINGTON EXPERIENCE, INC. PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor	WELLINGTON GROUP INTERNATIONAL, INC.	<b>c</b> EIN-PN 48-1152610-001
<b>a</b>	Plan name	WEST, WEBB, ALLBRITTON & GENTRY, P.C. SVGS	
<b>b</b>	Name of plan sponsor	WEST, WEBB, ALLBRITTON & GENTRY	<b>c</b> EIN-PN 74-2555412-001
<b>a</b>	Plan name	WHIBCO NON-UNION RET PLAN	
<b>b</b>	Name of plan sponsor	WHIBCO, INC.	<b>c</b> EIN-PN 13-5592939-004
<b>a</b>	Plan name	WIEST, MUOLO, NOON, SWINEHART, BATHGATE 401K	
<b>b</b>	Name of plan sponsor	WIEST MUOLO NOON SWINEHART ET AL	<b>c</b> EIN-PN 23-1993803-002
<b>a</b>	Plan name	WILLIAM B HOPKE CO.INC 401K RET PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM B. HOPKE COMPANY, INC.	<b>c</b> EIN-PN 54-0682985-001
<b>a</b>	Plan name	WOOD BROTHERS PSP	
<b>b</b>	Name of plan sponsor	WOOD BROTHERS, INC.	<b>c</b> EIN-PN 57-0287119-001
<b>a</b>	Plan name	WOOD MORTUARY PSP	
<b>b</b>	Name of plan sponsor	THE WOOD MORTUARY	<b>c</b> EIN-PN 57-0273140-001
<b>a</b>	Plan name	WOODLEY WINE & LIQUOR 401K PSP	
<b>b</b>	Name of plan sponsor	WOODLEY WINE & LIQUOR, INC.	<b>c</b> EIN-PN 52-0823037-001
<b>a</b>	Plan name	WORKLIFE PARTNERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WORKLIFE PARTNERSHIP	<b>c</b> EIN-PN 47-1331690-001

**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	WORKPLACE OPTIONS, LLC RET SVGS PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	WORKPLACE OPTIONS, LLC	<b>c</b>	EIN-PN	20-2699271-002
<b>a</b>	Plan name	WSC 401K PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	WSC, INC.	<b>c</b>	EIN-PN	52-1916490-001
<b>a</b>	Plan name	YINLUN TDI 401K PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	YINLUN TDI, LLC	<b>c</b>	EIN-PN	36-4731143-001
<b>a</b>	Plan name	YORK IMPERIAL PLASTICS/CUSTOM MOLDS & PLSTC	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	YORK IMPERIAL PLASTICS, INC.	<b>c</b>	EIN-PN	23-2363926-001
<b>a</b>	Plan name	ZAZZLE, INC. 401K PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	ZAZZLE, INC.	<b>c</b>	EIN-PN	77-0519796-001
<b>a</b>	Plan name	ZEMPLEO 401K PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	ZEMPLEO, INC	<b>c</b>	EIN-PN	76-0810897-001
<b>a</b>	Plan name	ZEOCHEM LLC SVGS AND RET PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	ZEOCHEM LLC	<b>c</b>	EIN-PN	61-0959612-001
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/09/2024**

<b>A</b> Name of plan <b>RESOURCES DIVERSIFIED EQUITY</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALTA TRUST COMPANY</b>		<b>D</b> Employer Identification Number (EIN) <b>83-2060613</b>	

**Part I Asset and Liability Statement**

**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>	<b>621169</b>	<b>22669</b>
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	<b>2181970</b>	<b>12192</b>
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	<b>496983882</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<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>	499787021	34861
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	66548	34861
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	332935	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	399483	34861
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	499387538	0

**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>		
<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>	302067	
<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>		302067
<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>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		84647550
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		84949617

**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>		
<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>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(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>	313907	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		313907
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		313907

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		84635710
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		178079399
(2) From this plan .....	<b>2l(2)</b>		762102647

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