

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for:
  - a multiemployer plan
  - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
  - a single-employer plan
  - a DFE (specify) P
- 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
  - special extension (enter description)
  - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

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

<b>1a</b> Name of plan <u>LINCOLN NEW YORK SEPARATE ACCOUNT 401 FOR GROUP ANNUITY CONTRACTS</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>401</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>LINCOLN LIFE &amp; ANNUITY COMPANY OF NEW YORK</u>  <u>KRISTIE BROOKS</u> <u>1300 S CLINTON STREET SUITE 500</u> <u>FORT WAYNE, IN 46802</u>	<b>2b</b> Employer Identification Number (EIN) <u>22-0832760</u> <b>2c</b> Plan Sponsor's telephone number <u>260-455-2000</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>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2025</u>	<u>KRISTIE BROOKS</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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

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

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

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

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

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**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 0

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

<b>A</b> Name of plan <u>LINCOLN NEW YORK SEPARATE ACCOUNT 401 FOR GROUP ANNUITY CONTRACTS</u>	<b>B</b> Three-digit plan number (PN)	<u>401</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LINCOLN LIFE &amp; ANNUITY COMPANY OF NEW YORK</u>	<b>D</b> Employer Identification Number (EIN) <u>22-0832760</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COMMUNITY ELECTRIC INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY ELECTRIC INC	<b>c</b> EIN-PN 13-2940139-002
<b>a</b>	Plan name SEGAN GARBUIO CPAS PC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SEGAN GARBUIO CPAS PC	<b>c</b> EIN-PN 20-2066189-001
<b>a</b>	Plan name HUDSON MERIDIAN CONSTRUCTION GROUP EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HUDSON MERIDIAN CONSTRUCTION GROUP LLC	<b>c</b> EIN-PN 01-0644825-001
<b>a</b>	Plan name NU CLEAR SWIMMING POOL SERVICE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NU CLEAR SWIMMING POOL SERVICE	<b>c</b> EIN-PN 02-0548556-001
<b>a</b>	Plan name SYNFONICA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SYNFONICA LLC	<b>c</b> EIN-PN 02-0717453-001
<b>a</b>	Plan name A GUARINO FUNERAL SERVICE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor A GUARINO FUNERAL SERVICE LLC	<b>c</b> EIN-PN 03-0570328-001
<b>a</b>	Plan name RAMSEY ELECTRONICS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor RAMSEY ELECTRONICS LLC	<b>c</b> EIN-PN 03-0585156-001
<b>a</b>	Plan name CAKE ARROW 401K PLAN	
<b>b</b>	Name of plan sponsor ALEXANDER INTERACTIVE INC DBA CAKE ARROW	<b>c</b> EIN-PN 04-3698956-001
<b>a</b>	Plan name ADELBERG AND MONTALVAN PEDIATRIC DENTAL PC 401K PLAN	
<b>b</b>	Name of plan sponsor ADELBERG AND MONTALVAN PEDIATRIC DENTAL PC	<b>c</b> EIN-PN 04-3710750-001
<b>a</b>	Plan name J ANTHONY ENTERPRISES INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor J ANTHONY ENTERPRISES INC	<b>c</b> EIN-PN 05-0584612-001
<b>a</b>	Plan name 212 DESIGN INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 212 DESIGN INC	<b>c</b> EIN-PN 05-0594134-001
<b>a</b>	Plan name CHARLES BUDD CORP PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor CHARLES BUDD CORPORATION DBA DUOFAST NORTHEAST	<b>c</b> EIN-PN 06-0688348-001

<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	ALLEY POND OWNERS CORP PLAN	
<b>b</b>	Name of plan sponsor	ALLEY POND OWNERS CORP	<b>c</b> EIN-PN 06-1126710-001
<b>a</b>	Plan name	DYNAX CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	DYNAX CORP	<b>c</b> EIN-PN 06-1319124-001
<b>a</b>	Plan name	JOSEPH J TOCK 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	JOSEPH J TOCK	<b>c</b> EIN-PN 06-1353068-001
<b>a</b>	Plan name	SMG SUPPLY INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	SMG SUPPLY INC	<b>c</b> EIN-PN 06-1371349-001
<b>a</b>	Plan name	THE LAW FIRM OF STEVEN J MANDEL 401K PS PLAN	
<b>b</b>	Name of plan sponsor	THE LAW FIRM OF STEVEN J MANDEL PC	<b>c</b> EIN-PN 06-1595735-001
<b>a</b>	Plan name	BORTSTEIN LEGAL LLC HCE 401K PLAN	
<b>b</b>	Name of plan sponsor	BORTSTEIN LEGAL LLC HCE	<b>c</b> EIN-PN 06-0291030-001
<b>a</b>	Plan name	401K PROFITSHARING PLAN FOR EMPLOYEES OF CYPRESS HILLS CEMETERY	
<b>b</b>	Name of plan sponsor	CYPRESS HILLS CEMETERY	<b>c</b> EIN-PN 11-0662180-001
<b>a</b>	Plan name	ARROW LINEN SUPPLY CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ARROW LINEN SUPPLY CO INC	<b>c</b> EIN-PN 11-1606561-001
<b>a</b>	Plan name	DEEPDALE INC PLAN	
<b>b</b>	Name of plan sponsor	DEEPDALE INC	<b>c</b> EIN-PN 11-1671750-001
<b>a</b>	Plan name	BROOKLYN COLLEGE FOUNDATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BROOKLYN COLLEGE FOUNDATION	<b>c</b> EIN-PN 11-1904329-001
<b>a</b>	Plan name	FERGUSON HAULING CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	FERGUSON HAULING CORPORATION	<b>c</b> EIN-PN 11-1963319-001
<b>a</b>	Plan name	MASSAPEQUA FUNERAL HOME INC RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	MASSAPEQUA FUNERAL HOME INC	<b>c</b> EIN-PN 11-1992890-001

<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	BROTHERS THREE INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BROTHERS THREE INC	<b>c</b> EIN-PN 11-1995189-001
<b>a</b>	Plan name	ROLLING RIVER DAY SCHOOL CAMP INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROLLING RIVER DAY SCHOOL CAMP INC	<b>c</b> EIN-PN 11-2002387-001
<b>a</b>	Plan name	ANCON GEAR INSTRUMENT CORP 401K PS PLAN	
<b>b</b>	Name of plan sponsor	ANCON GEAR INSTRUMENT CORP 401K PS PLAN	<b>c</b> EIN-PN 11-2002480-001
<b>a</b>	Plan name	NORM SONS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORM SONS INC	<b>c</b> EIN-PN 11-2015091-001
<b>a</b>	Plan name	J FOSTER PHILLIPS FUNERAL HOME INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J FOSTER PHILLIPS FUNERAL HOME INC	<b>c</b> EIN-PN 11-2038389-001
<b>a</b>	Plan name	BROWNS OF BELLPORT 401K PLAN	
<b>b</b>	Name of plan sponsor	BROWNS OF BELLPORT	<b>c</b> EIN-PN 11-2047149-001
<b>a</b>	Plan name	LONG ISLAND PANELING CENTERS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LONG ISLAND PANELING CENTERS INC	<b>c</b> EIN-PN 11-2098789-001
<b>a</b>	Plan name	BROADWAY HEIGHTS DAIRY INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BROADWAY HEIGHTS DAIRY INC	<b>c</b> EIN-PN 11-2167581-001
<b>a</b>	Plan name	VINCI PIZZA INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINCI PIZZA INC	<b>c</b> EIN-PN 11-2203230-001
<b>a</b>	Plan name	BAY RIDGE ORTHOPEDIC ASSOCIATES PC 401K PLAN	
<b>b</b>	Name of plan sponsor	BAY RIDGE ORTHOPEDIC ASSOCIATES PC	<b>c</b> EIN-PN 11-2222191-001
<b>a</b>	Plan name	KOLSON KORENGE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	KOLSON KORENGE INC	<b>c</b> EIN-PN 11-2229913-001
<b>a</b>	Plan name	CNR REFRIGERATION CO 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CNR REFRIGERATION CO INC	<b>c</b> EIN-PN 11-2233193-001

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 S S LOCKSMITHS INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor S S LOCKSMITHS INC	<b>c</b> EIN-PN 11-2243874-001
<b>a</b>	Plan name ALL ISLAND EQUIPMENT CORP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALL ISLAND EQUIPMENT CORP	<b>c</b> EIN-PN 11-2246143-001
<b>a</b>	Plan name BONDEE ENTERPRISES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BONDEE ENTERPRISES INC	<b>c</b> EIN-PN 11-2285611-001
<b>a</b>	Plan name ACCURATE SURGICAL 401K PLAN	
<b>b</b>	Name of plan sponsor ACCURATE SURGICAL SCIENTIFIC INSTRUMENTS CO	<b>c</b> EIN-PN 11-2345606-001
<b>a</b>	Plan name MURPHY LYNCH PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MURPHY LYNCH PC	<b>c</b> EIN-PN 11-2394638-001
<b>a</b>	Plan name BROOKHAVEN LOCKSMITHS INC PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor BROOKHAVEN LOCKSMITHS INC	<b>c</b> EIN-PN 11-2395031-001
<b>a</b>	Plan name ALADDIN BAKERS INC 401K PLAN	
<b>b</b>	Name of plan sponsor ALADDIN BAKERS INC	<b>c</b> EIN-PN 11-2424862-001
<b>a</b>	Plan name HOLMES MECHANICAL CORP 401K PLAN	
<b>b</b>	Name of plan sponsor HOLMES MECHANICAL CORP	<b>c</b> EIN-PN 11-2435777-001
<b>a</b>	Plan name BRUCE ELECTRIC EQUIPMENT CORP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BRUCE ELECTRIC EQUIPMENT CORP	<b>c</b> EIN-PN 11-2443199-001
<b>a</b>	Plan name UNITED RANGER INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UNITED RANGER INC	<b>c</b> EIN-PN 11-2536679-001
<b>a</b>	Plan name ACHIM IMPORTING CO INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ACHIM IMPORTING CO INC	<b>c</b> EIN-PN 11-2554697-001
<b>a</b>	Plan name AUDIO COMMAND SYSTEMS INC 401K PLAN	
<b>b</b>	Name of plan sponsor AUDIO COMMAND SYSTEMS INC	<b>c</b> EIN-PN 11-2563300-001

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	RONALD S HECKER DDS PC 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	RONALD S HECKER DDS PC	<b>c</b> EIN-PN 11-2594011-001
<b>a</b> Plan name	CHEEZWHECOM INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b> Name of plan sponsor	CHEEZWHECOM INC	<b>c</b> EIN-PN 11-2686027-001
<b>a</b> Plan name	NATIONAL COMPRESSOR EXCHANGE 401K PLAN	
<b>b</b> Name of plan sponsor	NATIONAL COMPRESSOR EXCHANGE	<b>c</b> EIN-PN 11-2698461-001
<b>a</b> Plan name	CRESCENT PACKING CORP 401K PLAN	
<b>b</b> Name of plan sponsor	CRESCENT PACKING CORP	<b>c</b> EIN-PN 11-2698528-001
<b>a</b> Plan name	FOOD CONNECTION GROUP RETIREMENT SAVINGS PLAN I	
<b>b</b> Name of plan sponsor	FOOD CONNECTION LTD I	<b>c</b> EIN-PN 11-2705172-001
<b>a</b> Plan name	HUB TRUCK RENTAL CORPORATION PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	HUB TRUCK RENTAL CORPORATION	<b>c</b> EIN-PN 11-2868724-001
<b>a</b> Plan name	HUB TRUCK RENTAL UNION PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	HUB TRUCK RENTAL CORPORATION	<b>c</b> EIN-PN 11-2868724-001
<b>a</b> Plan name	AURORA MARKETING INC 401K PLAN	
<b>b</b> Name of plan sponsor	AURORA MARKETING INC	<b>c</b> EIN-PN 11-2873161-001
<b>a</b> Plan name	SPIRIT INSURANCE 401K PLAN	
<b>b</b> Name of plan sponsor	SPIRIT INSURANCE	<b>c</b> EIN-PN 11-2873488-001
<b>a</b> Plan name	MULTIDIAGNOSTIC SERVICES INC 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MULTIDIAGNOSTIC SERVICES INC	<b>c</b> EIN-PN 11-2879834-001
<b>a</b> Plan name	PABCO 401K PLAN	
<b>b</b> Name of plan sponsor	PABCO CONSTRUCTION CORP	<b>c</b> EIN-PN 11-2886072-001
<b>a</b> Plan name	JRS TRUCKING SERVICES 401K PLAN	
<b>b</b> Name of plan sponsor	JRS TRUCKING SERVICES INC	<b>c</b> EIN-PN 11-2910668-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>BROOKLYN WINDOW AND DOOR CORP 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BROOKLYN WINDOW AND DOOR CORP</b>	<b>c</b> EIN-PN <b>11-2917784-001</b>
<b>a</b>	Plan name <b>COACH REAL ESTATE ASSOCIATES INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COACH HOLDCO LLC</b>	<b>c</b> EIN-PN <b>11-2941473-001</b>
<b>a</b>	Plan name <b>HIDROCK PROPERTIES INC 401K PROFIT SHARING PLAN TRUST</b>	
<b>b</b>	Name of plan sponsor <b>HIDROCK PROPERTIES INC</b>	<b>c</b> EIN-PN <b>11-2971674-001</b>
<b>a</b>	Plan name <b>MAUREENS KITCHEN 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAUREENS KITCHEN INC</b>	<b>c</b> EIN-PN <b>11-3003717-001</b>
<b>a</b>	Plan name <b>EXPRESS AIR FREIGHT UNLTD INCSKYLINE FREIGHT INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EXPRESS AIR FREIGHT UNLIMITED INC</b>	<b>c</b> EIN-PN <b>11-3020733-001</b>
<b>a</b>	Plan name <b>GREG D ANGELO CONSTRUCTION INC 401K PROFIT SHARING PLAN TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GREG D ANGELO CONSTRUCTION INC</b>	<b>c</b> EIN-PN <b>11-3042848-001</b>
<b>a</b>	Plan name <b>GLENWOOD MASON SUPPLY CO INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLENWOOD MASON SUPPLY CO INC</b>	<b>c</b> EIN-PN <b>11-3135309-001</b>
<b>a</b>	Plan name <b>PCI SERVICES INC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PCI SERVICES INC</b>	<b>c</b> EIN-PN <b>11-3141420-001</b>
<b>a</b>	Plan name <b>FERRANDINO SON INC 401K RETIREMENT PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>FERRANDINO SON INC</b>	<b>c</b> EIN-PN <b>11-3144705-001</b>
<b>a</b>	Plan name <b>ARMARE UNITED CORP RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARMARE UNITED CORP</b>	<b>c</b> EIN-PN <b>11-3157451-001</b>
<b>a</b>	Plan name <b>THE ROYALTY NETWORK PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE ROYALTY NETWORK</b>	<b>c</b> EIN-PN <b>11-3230735-001</b>
<b>a</b>	Plan name <b>CYBERCARE ENTERPRISES INC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CYBERCARE ENTERPRISES INC</b>	<b>c</b> EIN-PN <b>11-3253372-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>RONALD FATOULLAH ASSOCIATES PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RONALD FATOULLAH ASSOCIATES</b>	<b>c</b> EIN-PN <b>11-3295049-001</b>
<b>a</b>	Plan name <b>CONTINENTAL ABSTRACT LLC 401K AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONTINENTAL ABSTRACT LLC</b>	<b>c</b> EIN-PN <b>11-3297597-001</b>
<b>a</b>	Plan name <b>POLICY ADMINISTRATION SOLUTIONS INC 401K PSP</b>	
<b>b</b>	Name of plan sponsor <b>POLICY ADMINISTRATION SOLUTIONS INC</b>	<b>c</b> EIN-PN <b>11-3309642-001</b>
<b>a</b>	Plan name <b>JEFFREY ZIFF AND ASSOCIATES PC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JEFFREY ZIFF AND ASSOCIATES PC</b>	<b>c</b> EIN-PN <b>11-3312193-001</b>
<b>a</b>	Plan name <b>DR JOHN BARNETT DMD PC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DR JOHN BARNETT DMD PC</b>	<b>c</b> EIN-PN <b>11-3326074-001</b>
<b>a</b>	Plan name <b>SUPERIOR BLOCK CORPORATION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUPERIOR BLOCK CORPORATION</b>	<b>c</b> EIN-PN <b>11-3359966-001</b>
<b>a</b>	Plan name <b>ALLAN REICH PROFIT SHARING 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALLAN REICH</b>	<b>c</b> EIN-PN <b>11-3366552-001</b>
<b>a</b>	Plan name <b>THURSDAYS CHILD INC PROFIT SHARING 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THURSDAYS CHILD INC</b>	<b>c</b> EIN-PN <b>11-3402981-001</b>
<b>a</b>	Plan name <b>LAW OFFICE OF VINCENT D MCNAMARA 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAW OFFICE OF VINCENT D MCNAMARA</b>	<b>c</b> EIN-PN <b>11-3412357-001</b>
<b>a</b>	Plan name <b>XSB INC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>XSB INC INTELLIGENT DATABASE TECHNOLOGIES</b>	<b>c</b> EIN-PN <b>11-3424040-001</b>
<b>a</b>	Plan name <b>EXECUTIVE INSURANCE BROKERAGE FINANCIAL SERVICES INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EXECUTIVE INSURANCE BROKERAGE FINANCIAL SERVICES INC</b>	<b>c</b> EIN-PN <b>11-3429360-001</b>
<b>a</b>	Plan name <b>DIGITAL EDGE VENTURES INC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIGITAL EDGE VENTURES INC</b>	<b>c</b> EIN-PN <b>11-3442405-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MARK D EPSTEIN MDPC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARK D EPSTEIN MD PC	<b>c</b> EIN-PN 11-3452707-001
<b>a</b>	Plan name	GENADEEN CATERERS 401K PLAN	
<b>b</b>	Name of plan sponsor	DAIJ INC DBA GENADEEN CATERERS	<b>c</b> EIN-PN 11-3457126-001
<b>a</b>	Plan name	RYNKAR VAIL BARRETT LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	RYNKAR VAIL BARRETT LLP	<b>c</b> EIN-PN 11-3464570-001
<b>a</b>	Plan name	RSK LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RSK LLC	<b>c</b> EIN-PN 11-3485916-001
<b>a</b>	Plan name	WALKER SCM 401K PLAN	
<b>b</b>	Name of plan sponsor	WALKER SCS LLC	<b>c</b> EIN-PN 11-3495847-001
<b>a</b>	Plan name	SUPERIOR OFFICE SOLUTIONS 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR OFFICE SOLUTIONS	<b>c</b> EIN-PN 11-3498741-001
<b>a</b>	Plan name	NORTH SHORE MEDICAL ARTS LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTH SHORE MEDICAL ARTS LLP	<b>c</b> EIN-PN 11-3512942-001
<b>a</b>	Plan name	CENTURY LEGEND MANAGEMENT INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CENTURY LEGEND MANAGEMENT INC	<b>c</b> EIN-PN 11-3522255-001
<b>a</b>	Plan name	ULTIMATE APPAREL INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	ULTIMATE APPAREL INC	<b>c</b> EIN-PN 11-3559558-001
<b>a</b>	Plan name	AUDIO HELP ASSOCIATES INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUDIO HELP ASSOCIATES INC	<b>c</b> EIN-PN 11-3559718-001
<b>a</b>	Plan name	DOLAN FAMILY OFFICE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DOLAN FAMILY OFFICE LLC	<b>c</b> EIN-PN 11-3580282-001
<b>a</b>	Plan name	THE MCNAMARA GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	THE MCNAMARA GROUP LLC	<b>c</b> EIN-PN 11-3581772-001

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 DR DONNA A SERURE DERMATOLOGY PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DR DONNA A SERURE DERMATOLOGY PC	<b>c</b> EIN-PN 11-3604160-001
<b>a</b>	Plan name A STEP AHEAD PROSTHETICS AND ORTHOTICS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor A STEP AHEAD PROSTHETICS AND ORTHOTICS LLC	<b>c</b> EIN-PN 11-3618615-001
<b>a</b>	Plan name AIDALA BERTUNA KAMINS PC PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor AIDALA BERTUNA KAMIS PC	<b>c</b> EIN-PN 11-3690619-001
<b>a</b>	Plan name ELECTRIC BATTERY COMPANY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor ELECTRIC BATTERY COMPANY LLC	<b>c</b> EIN-PN 11-3699785-001
<b>a</b>	Plan name NEW YORK STATE RESTAURANT ASSOCIATION EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor NEW YORK STATE RESTAURANT ASSOCIATION	<b>c</b> EIN-PN 13-1101544-001
<b>a</b>	Plan name HUDSON GATEWAY ASSOCIATION OF REALTORS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HUDSON GATEWAY ASSOCIATION OF REALTORS INC	<b>c</b> EIN-PN 13-1737022-001
<b>a</b>	Plan name ROHLFS PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ROHLFS STAINED LEADED GLASS STUD	<b>c</b> EIN-PN 13-1981460-001
<b>a</b>	Plan name BILOTTA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BILOTTA CONSTRUCTION CORP	<b>c</b> EIN-PN 13-2500060-001
<b>a</b>	Plan name FENBAR PRECISION MACHINISTS INC PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FENBAR PRECISION MACHINISTS INC	<b>c</b> EIN-PN 13-2512309-001
<b>a</b>	Plan name HUNTS POINT COOPERATIVE MARKET INC SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HUNTS POINT COOPERATIVE MARKET INC	<b>c</b> EIN-PN 13-2577530-001
<b>a</b>	Plan name BENENSON REAL ESTATE CORP 401K PLAN	
<b>b</b>	Name of plan sponsor BENENSON REAL ESTATE CORP	<b>c</b> EIN-PN 13-2644089-001
<b>a</b>	Plan name FINDLAY MOVING STORAGE INC 401K PLAN	
<b>b</b>	Name of plan sponsor FINDLAY MOVING STORAGE INC	<b>c</b> EIN-PN 13-2652764-001

<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	UNITED CORPORATE SERVICES INC EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNITED CORPORATE SERVICES INC	<b>c</b> EIN-PN 13-2654615-001
<b>a</b>	Plan name	LIPSKY GOODKIN CO P C 401K PLAN	
<b>b</b>	Name of plan sponsor	LIPSKY GOODKIN CO P C	<b>c</b> EIN-PN 13-2672154-001
<b>a</b>	Plan name	AMERICAN ZIONIST MOVEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ZIONIST MOVEMENT	<b>c</b> EIN-PN 13-2679404-001
<b>a</b>	Plan name	COMMUNITY HEALTH CARE ASSOCIATION OF NYS 401K PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY HEALTH CARE ASSOCIATION OF NYS	<b>c</b> EIN-PN 13-2690296-001
<b>a</b>	Plan name	WORLDSCALE ASSOCIATION NYC INC PENSION401K PLAN	
<b>b</b>	Name of plan sponsor	WORLDSCALE ASSOCIATION NYC INC	<b>c</b> EIN-PN 13-2726793-001
<b>a</b>	Plan name	ROSENWASSER GROSSMAN CONSULTING ENGINEERS 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ROSENWASSER GROSSMAN CONSULTING ENGINEERS	<b>c</b> EIN-PN 13-2759809-001
<b>a</b>	Plan name	GLOBAL COVERAGE INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL COVERAGE INC	<b>c</b> EIN-PN 13-2761645-001
<b>a</b>	Plan name	LEO INGWER INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LEO INGWER INC	<b>c</b> EIN-PN 13-2812919-001
<b>a</b>	Plan name	PARK FORD OF MAHOPAC INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARK FORD OF MAHOPAC INC	<b>c</b> EIN-PN 13-2816860-001
<b>a</b>	Plan name	ROBERT MARTIN 401K PLAN	
<b>b</b>	Name of plan sponsor	ROBERT MARTIN COMPANY LLC	<b>c</b> EIN-PN 13-2849215-001
<b>a</b>	Plan name	UTOG EMPLOYEE SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	UTOG 2 WAY RADIO INC	<b>c</b> EIN-PN 13-2854642-001
<b>a</b>	Plan name	ABD ASSOCIATES LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABD ASSOCIATES LLP	<b>c</b> EIN-PN 13-2872856-001

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 STEINBERG POKOIK MANAGEMENT CORP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STEINBERG POKOIK MANAGEMENT CORP	<b>c</b> EIN-PN 13-2909977-001
<b>a</b>	Plan name RAYMOND B WEISS DMD PC PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor RAYMOND B WEISS DMD PC	<b>c</b> EIN-PN 13-2958358-001
<b>a</b>	Plan name BIG APPLE SIGN CORP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BIG APPLE SIGN CORP	<b>c</b> EIN-PN 13-2973903-001
<b>a</b>	Plan name CENTRAL LOCK COMPANY 401KPS PLAN	
<b>b</b>	Name of plan sponsor CENTRAL LOCK COMPANY SONITEC SECURITY	<b>c</b> EIN-PN 13-2982032-001
<b>a</b>	Plan name THORPE HOUSING DEVELOPMENT FUND CO INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THORPE HOUSING DEVELOPMENT FUND CO INC	<b>c</b> EIN-PN 13-2986206-001
<b>a</b>	Plan name OVED APPAREL CORP 401K PLAN	
<b>b</b>	Name of plan sponsor OVED APPAREL CORP	<b>c</b> EIN-PN 13-3060517-001
<b>a</b>	Plan name SINGER HOLDING CORP NONUNION 401K PLAN	
<b>b</b>	Name of plan sponsor SINGER HOLDING CORP NONUNION	<b>c</b> EIN-PN 13-3121491-001
<b>a</b>	Plan name SINGER HOLDING CORP UNION 401K PLAN	
<b>b</b>	Name of plan sponsor SINGER HOLDING CORP UNION	<b>c</b> EIN-PN 13-3121491-001
<b>a</b>	Plan name TONY'S REFRIGERATION CORP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TONY'S REFRIGERATION CORP	<b>c</b> EIN-PN 13-3143897-001
<b>a</b>	Plan name PROFESSIONAL TESTING CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor PROFESSIONAL TESTING CORPORATION	<b>c</b> EIN-PN 13-3149533-001
<b>a</b>	Plan name JIM KRANTZ ASSOCIATES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JIM KRANTZ ASSOCIATES 401K PROFIT SHARING	<b>c</b> EIN-PN 13-3164455-001
<b>a</b>	Plan name FBN SECURITIES INC 401K PLAN	
<b>b</b>	Name of plan sponsor FBN SECURITIES INC	<b>c</b> EIN-PN 13-3179514-001

<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	VALUE LEASING CORP 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	VALUE LEASING CORP
<b>c</b>	EIN-PN	13-3196916-001
<b>a</b>	Plan name	NUCOR CONSTRUCTION CORP AFFILIATE 401K PLAN
<b>b</b>	Name of plan sponsor	NUCOR CONSTRUCTION CORP
<b>c</b>	EIN-PN	13-3341436-001
<b>a</b>	Plan name	SANDEEP DIAMOND CORPORATION 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SANDEEP DIAMOND CORPORATION
<b>c</b>	EIN-PN	13-3362132-001
<b>a</b>	Plan name	PERRY DAVIS ASSOCIATES INC PROFITSHARING PLAN
<b>b</b>	Name of plan sponsor	PERRY DAVIS ASSOCIATES INC
<b>c</b>	EIN-PN	13-3379224-001
<b>a</b>	Plan name	D S SIMON PRODUCTIONS INC 401K PROFIT SHARING PLAN TRUST
<b>b</b>	Name of plan sponsor	D S SIMON PRODUCTIONS INC
<b>c</b>	EIN-PN	13-3408928-001
<b>a</b>	Plan name	HAWTHORNE FOUNDATION INC RETIREMENT PLAN TRUST
<b>b</b>	Name of plan sponsor	HAWTHORNE FOUNDATION INC
<b>c</b>	EIN-PN	13-3447893-001
<b>a</b>	Plan name	POSTERNAK BAUER ASSOCIATES INC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	POSTERNAK BAUER ASSOCIATES INC
<b>c</b>	EIN-PN	13-3465958-001
<b>a</b>	Plan name	JEFFREY N PIKE DDS 401K PLAN
<b>b</b>	Name of plan sponsor	JEFFREY N PIKE DDS
<b>c</b>	EIN-PN	13-3490922-001
<b>a</b>	Plan name	ISLAND COMPUTER PRODUCTS INC 401K PLAN TRUST
<b>b</b>	Name of plan sponsor	ISLAND COMPUTER PRODUCTS INC
<b>c</b>	EIN-PN	13-3536167-001
<b>a</b>	Plan name	INTEGRITY COAL SALES INC 401K PLAN
<b>b</b>	Name of plan sponsor	INTEGRITY COAL SALES INC
<b>c</b>	EIN-PN	13-3599956-001
<b>a</b>	Plan name	CASCONE KLUEPFEL LLP 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CASCONE KLUEPFEL LLP
<b>c</b>	EIN-PN	13-3641024-001
<b>a</b>	Plan name	EQUALITY NOW INC 401K PLAN
<b>b</b>	Name of plan sponsor	EQUALITY NOW INC
<b>c</b>	EIN-PN	13-3660566-001

<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	DELCO ELECTRIC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DELCO ELECTRIC	<b>c</b> EIN-PN 13-3662021-001
<b>a</b>	Plan name	LAURA M STEVENS PT PC 401K PLAN	
<b>b</b>	Name of plan sponsor	LAURA M STEVENS PT PC	<b>c</b> EIN-PN 13-3686351-001
<b>a</b>	Plan name	CTA ARCHITECTS PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CTA ARCHITECTS PC	<b>c</b> EIN-PN 13-3731431-001
<b>a</b>	Plan name	FEINER GRANT STRATEGIES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL COMMUNICATION NETWORK INC DBA FEINER GRANT STRATEG	<b>c</b> EIN-PN 13-3733304-001
<b>a</b>	Plan name	VAN SON HOLLAND INK CORP 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VAN SON HOLLAND INK CORP	<b>c</b> EIN-PN 13-3744480-001
<b>a</b>	Plan name	AUTO PRO COLLISION INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AUTO PRO COLLISION INC	<b>c</b> EIN-PN 13-3791027-001
<b>a</b>	Plan name	PREMIER TAX FINANCIAL SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	PREMIER TAX FINANCIAL SERVICES	<b>c</b> EIN-PN 13-3802395-001
<b>a</b>	Plan name	FJA US INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FJA US INC	<b>c</b> EIN-PN 13-3804456-001
<b>a</b>	Plan name	LJ PROFESSIONAL DENTAL OFFICE PC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LJ PROFESSIONAL DENTAL OFFICE PC	<b>c</b> EIN-PN 13-3833750-001
<b>a</b>	Plan name	DIMAIO MILLWORK CORP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIMAIO MILLWORK CORP	<b>c</b> EIN-PN 13-3834620-001
<b>a</b>	Plan name	QUALITY SOFTWARE SYSTEMS INC PLAN	
<b>b</b>	Name of plan sponsor	QUALITY SOFTWARE SYSTEMS INC	<b>c</b> EIN-PN 13-3852584-001
<b>a</b>	Plan name	BERKERY NOYES CO LLC CASH OR DEFERRED PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BERKERY NOYES CO LLC	<b>c</b> EIN-PN 13-3860583-001

<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	REDSHIFT TECHNOLOGIES 401K PLAN	
<b>b</b>	Name of plan sponsor	REDSHIFT TECHNOLOGIES INC	<b>c</b> EIN-PN 13-3866740-001
<b>a</b>	Plan name	HAVEN PEDIATRIC OFFICE 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	HAVEN PEDIATRIC OFFICE	<b>c</b> EIN-PN 13-3891149-001
<b>a</b>	Plan name	CITY FRAME INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CITY FRAME INC	<b>c</b> EIN-PN 13-3921677-001
<b>a</b>	Plan name	TROMBERG MORRIS PARTNERS PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TROMBERG MORRIS PARTNERS PLLC	<b>c</b> EIN-PN 13-3928706-001
<b>a</b>	Plan name	ELITE BRANDS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELITE BRANDS INC	<b>c</b> EIN-PN 13-3950661-001
<b>a</b>	Plan name	CHINAGRAPH INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CHINAGRAPH INC	<b>c</b> EIN-PN 13-3966404-001
<b>a</b>	Plan name	SUN DIAMOND INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUN DIAMOND INC	<b>c</b> EIN-PN 13-3976380-001
<b>a</b>	Plan name	CAMPGROUP LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CAMPGROUP LLC	<b>c</b> EIN-PN 13-3999884-001
<b>a</b>	Plan name	PHILLIPS AND MILLMAN LLP 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PHILLIPS AND MILLMAN LLP	<b>c</b> EIN-PN 13-4037950-001
<b>a</b>	Plan name	LM ELECTRIC INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LM ELECTRIC INC	<b>c</b> EIN-PN 13-4041591-001
<b>a</b>	Plan name	TRACE ONE CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	TRACE ONE CORP	<b>c</b> EIN-PN 13-4050596-001
<b>a</b>	Plan name	KEMISTRE 8 LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	KEMISTRE 8 LLC	<b>c</b> EIN-PN 13-4053781-001

<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	TARTE INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TARTE INC	<b>c</b> EIN-PN 13-4085665-001
<b>a</b>	Plan name	QUARTER HORSE TECHNOLOGY INC 401K SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	QUARTER HORSE TECHNOLOGY INC	<b>c</b> EIN-PN 13-4085937-001
<b>a</b>	Plan name	HQ CREATIVE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HQ CREATIVE LLC	<b>c</b> EIN-PN 13-4087144-001
<b>a</b>	Plan name	TRIAD GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TRIAD GROUP LLC	<b>c</b> EIN-PN 13-4091658-001
<b>a</b>	Plan name	REED ART DEPARTMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	STAPLE DESIGN STUDIO INC	<b>c</b> EIN-PN 13-4097052-001
<b>a</b>	Plan name	USPA ACCESSORIES 401K PLAN	
<b>b</b>	Name of plan sponsor	USPA ACCESSORIES LLC	<b>c</b> EIN-PN 13-4101174-001
<b>a</b>	Plan name	ADAIR CAPITAL LLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	ADAIR CAPITAL LLC	<b>c</b> EIN-PN 13-4104330-001
<b>a</b>	Plan name	GAMELOFT INC 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GAMELOFT INC	<b>c</b> EIN-PN 13-4104637-001
<b>a</b>	Plan name	THOMAS S GALLO CPA 401K PLAN	
<b>b</b>	Name of plan sponsor	THOMAS S GALLO CPA	<b>c</b> EIN-PN 13-4132284-001
<b>a</b>	Plan name	VICTOR OELBAUM DDS PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VICTOR OELBAUM DDS PC	<b>c</b> EIN-PN 13-4137705-001
<b>a</b>	Plan name	DOLPHIN CONSTRUCTION CORP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOLPHIN CONSTRUCTION CORP	<b>c</b> EIN-PN 13-4149973-001
<b>a</b>	Plan name	C C DRUG INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	C C DRUG INC	<b>c</b> EIN-PN 13-4164396-001

<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	SIERRA CONSULTING GROUP INC 401K PLAN	
<b>b</b> Name of plan sponsor	SIERRA CONSULTING GROUP INC	<b>c</b> EIN-PN 13-4165817-001
<b>a</b> Plan name	SEQUEL STUDIO LLC 401K PLAN	
<b>b</b> Name of plan sponsor	SEQUEL STUDIO LLC	<b>c</b> EIN-PN 13-4174330-001
<b>a</b> Plan name	B SQUARED INC 401K PLAN	
<b>b</b> Name of plan sponsor	B SQUARED INC	<b>c</b> EIN-PN 13-4177508-001
<b>a</b> Plan name	OCONNOR REDD ORLANDO LLP 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	OCONNOR REDD ORLANDO LLP	<b>c</b> EIN-PN 13-4185672-001
<b>a</b> Plan name	COHEN SIEGEL LLP PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	COHEN SIEGEL LLP	<b>c</b> EIN-PN 13-4219947-001
<b>a</b> Plan name	PICO MANUFACTURING SALES CORP 401K SALARY SAVINGS PLAN	
<b>b</b> Name of plan sponsor	PICO MANUFACTURING SALES CORP	<b>c</b> EIN-PN 13-5317220-001
<b>a</b> Plan name	RICHMOND COUNTY COUNTRY CLUB 401K PLAN	
<b>b</b> Name of plan sponsor	RICHMOND COUNTY COUNTRY CLUB	<b>c</b> EIN-PN 13-5578768-001
<b>a</b> Plan name	GCE INTERNATIONAL INC EMPLOYEES RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	GCE INTERNATIONAL INC	<b>c</b> EIN-PN 13-5583586-001
<b>a</b> Plan name	LEGENBAUER GAS OIL COMPANY INC 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	LEGENBAUER GAS OIL COMPANY INC	<b>c</b> EIN-PN 14-1504905-001
<b>a</b> Plan name	JOHNSTONS TOYOTA SALES OFFICE 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	JOHNSTONS TOYOTA	<b>c</b> EIN-PN 14-1509082-001
<b>a</b> Plan name	DENNIS LOUNSBURY BUILDERS INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b> Name of plan sponsor	DENNIS LOUNSBURY BUILDERS INC	<b>c</b> EIN-PN 14-1538702-001
<b>a</b> Plan name	ACTION WINDOW CLEANING CO INC 401K PLAN	
<b>b</b> Name of plan sponsor	ACTION WINDOW CLEANING CO INC	<b>c</b> EIN-PN 14-1605076-001

<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	THERMOTEST NORTH INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	THERMOTEST NORTH INC	<b>c</b> EIN-PN 14-1668673-001
<b>a</b>	Plan name	GENERAL CONTROL SYSTEMS INC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GENERAL CONTROL SYSTEMS INC	<b>c</b> EIN-PN 14-1795181-001
<b>a</b>	Plan name	MJS EXECUTIVE SEARCH LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MJS EXECUTIVE SEARCH LLC	<b>c</b> EIN-PN 14-1896975-001
<b>a</b>	Plan name	HSM PACKAGING CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HSM PACKAGING CORPORATION	<b>c</b> EIN-PN 15-0508792-001
<b>a</b>	Plan name	THE DUANE AND GARY ALLEN 401K PLAN	
<b>b</b>	Name of plan sponsor	DUANE AND GARY ALLEN FARMS	<b>c</b> EIN-PN 15-0557370-001
<b>a</b>	Plan name	PLASTERERS LOCAL 9 PENSION PLAN	
<b>b</b>	Name of plan sponsor	PLASTERERS CEMENT MASONS LOCAL UNION NUMBER 9	<b>c</b> EIN-PN 16-0578655-001
<b>a</b>	Plan name	FIRST PRESBYTERIAN CHURCH 401K PLAN	
<b>b</b>	Name of plan sponsor	FIRST PRESBYTERIAN CHURCH	<b>c</b> EIN-PN 16-0754662-001
<b>a</b>	Plan name	TURNER BELLOWS 401K PLAN	
<b>b</b>	Name of plan sponsor	TURNER BELLOWS	<b>c</b> EIN-PN 16-0978729-001
<b>a</b>	Plan name	STEDMAN OLD FARM NURSERIES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	STEDMAN OLD FARM NURSERIES INC	<b>c</b> EIN-PN 16-1007108-001
<b>a</b>	Plan name	MIKE SMITH BUICK GMC INC SALARY DEFERRAL 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIKE SMITH BUICK GMC INC	<b>c</b> EIN-PN 16-1019965-001
<b>a</b>	Plan name	POLYFUSION ELECTRONICS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	POLYFUSION ELECTRONICS INC	<b>c</b> EIN-PN 16-1056988-001
<b>a</b>	Plan name	ELECTROLINES INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	ELECTROLINES INC	<b>c</b> EIN-PN 16-1058558-001

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 PROFIT SHARING PLAN FOR EMPLOYEES OF WITTBURN ENTERPRISES INC	
<b>b</b>	Name of plan sponsor WITTBURN ENTERPRISES INC	<b>c</b> EIN-PN 16-1078547-001
<b>a</b>	Plan name SNYDER COMMUNICATION CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORWICH AND SIDNEY PENNYSAVERS INCORPORATED THE	<b>c</b> EIN-PN 16-1128451-001
<b>a</b>	Plan name STK ELECTRONICS INC DBA PELCO COMPONENT TECHNOLOGIES 401K PLAN	
<b>b</b>	Name of plan sponsor STK ELECTRONICS INC DBA PELCO COMPONENT TECHNOLOGIES	<b>c</b> EIN-PN 16-1144991-001
<b>a</b>	Plan name STAROBA PLASTICS INC 401K PLAN	
<b>b</b>	Name of plan sponsor STAROBA PLASTICS INC	<b>c</b> EIN-PN 16-1157472-001
<b>a</b>	Plan name INSTAMATION INC 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor INSTAMATION INC	<b>c</b> EIN-PN 16-1172038-001
<b>a</b>	Plan name APPLE ROOFING CORP 401K PLAN	
<b>b</b>	Name of plan sponsor APPLE ROOFING CORP	<b>c</b> EIN-PN 16-1198739-001
<b>a</b>	Plan name VAN ERNST REFRIGERATION INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VAN ERNST REFRIGERATION INC	<b>c</b> EIN-PN 16-1219406-001
<b>a</b>	Plan name OWASCO ABSTRACT CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor OWASCO ABSTRACT CORPORATION	<b>c</b> EIN-PN 16-1239798-001
<b>a</b>	Plan name LAKESIDE ROOFING SIDING MATERIALS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAKESIDE ROOFING SIDING INC	<b>c</b> EIN-PN 16-1312444-001
<b>a</b>	Plan name JOHNNY APPLESEED FARM LTD 401K PLAN	
<b>b</b>	Name of plan sponsor JOHNNY APPLESEED FARM LTD	<b>c</b> EIN-PN 16-1327071-001
<b>a</b>	Plan name GREAT LAKES ABATEMENT COMPANY INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES ABATEMENT COMPANY INC	<b>c</b> EIN-PN 16-1360298-001
<b>a</b>	Plan name COMTEC OF WNY INC 401K PLAN	
<b>b</b>	Name of plan sponsor COMTEC INC	<b>c</b> EIN-PN 16-1367912-001

<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	SATTER RUHLEN LAW FIRM PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SATTER LAW FIRM PLLC	<b>c</b> EIN-PN 16-1384561-001
<b>a</b>	Plan name	CROWN DATA SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor	CROWN DATA SYSTEMS OF NEW YORK INC	<b>c</b> EIN-PN 16-1435096-001
<b>a</b>	Plan name	CHARCOAL BRIQUETTES DISTRIBUTORS 401K PLAN	
<b>b</b>	Name of plan sponsor	CHARCOAL BRIQUETTES DISTRIBUTORS OF WNY INC	<b>c</b> EIN-PN 16-1499812-001
<b>a</b>	Plan name	JMJ OF MONROE COUNTY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	JMJ OF MONROE COUNTY INC	<b>c</b> EIN-PN 16-1513574-001
<b>a</b>	Plan name	NIAGARA FRONTIER ANESTHESIA SERVICES LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NIAGARA FRONTIER ANESTHESIA SERVICES LLP	<b>c</b> EIN-PN 16-1517310-001
<b>a</b>	Plan name	ERIC ANDOLINA DDS 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	ERIC ANDOLINA DDS 401K PROFIT SHARING PLAN TRUST	<b>c</b> EIN-PN 16-1535474-001
<b>a</b>	Plan name	CALOGERO ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	CALOGERO ASSOCIATES	<b>c</b> EIN-PN 16-1541512-001
<b>a</b>	Plan name	SURFACE TECH INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SURFACE TECH INC	<b>c</b> EIN-PN 16-1561940-001
<b>a</b>	Plan name	PEDIATRIC ENT ASSOCIATES PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEDIATRIC ENT ASSOCIATES PLLC	<b>c</b> EIN-PN 16-1572446-001
<b>a</b>	Plan name	LIBERTY UNDERGROUND 401K PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY UNDERGROUND	<b>c</b> EIN-PN 16-1585799-001
<b>a</b>	Plan name	METROCARE PHARMACY INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	METROCARE PHARMACY INC	<b>c</b> EIN-PN 16-1724442-001
<b>a</b>	Plan name	ST GEORGE THEATRE RESTORATION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ST GEORGE THEATRE RESTORATION INC	<b>c</b> EIN-PN 20-0985637-001

<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	ICE AIR LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ICE AIR LLC	<b>c</b> EIN-PN 20-1174227-001
<b>a</b>	Plan name	MICHAEL N BUSH MD 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL N BUSH MD	<b>c</b> EIN-PN 20-1207699-001
<b>a</b>	Plan name	SLEEPING GIANT 401K PLAN	
<b>b</b>	Name of plan sponsor	SLEEPING GIANT LLC	<b>c</b> EIN-PN 20-1231484-001
<b>a</b>	Plan name	INTEGRITY SOCIAL WORK SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY SOCIAL WORK SERVICES LCSW LLC	<b>c</b> EIN-PN 20-1285968-001
<b>a</b>	Plan name	CREATIVE CURRICULUM INITIATIVES LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE CURRICULUM INITIATIVES LLC	<b>c</b> EIN-PN 20-1304034-001
<b>a</b>	Plan name	BEAUTY SOLUTIONS LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	BEAUTY SOLUTIONS LTD	<b>c</b> EIN-PN 20-1446528-001
<b>a</b>	Plan name	SCOTT O KISSEL DMD PC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SCOTT O KISSEL DMD PC	<b>c</b> EIN-PN 20-1455464-001
<b>a</b>	Plan name	TILLOTSON DESIGN ASSOCIATES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TILLOTSON DESIGN ASSOCIATES	<b>c</b> EIN-PN 20-1461292-001
<b>a</b>	Plan name	REFINED STONE LTD 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REFINED STONE LTD	<b>c</b> EIN-PN 20-1491998-001
<b>a</b>	Plan name	ALESSANDRO AND ASSOCIATES CPA PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALESSANDRO AND ASSOCIATES CPA PLLC	<b>c</b> EIN-PN 20-1536264-001
<b>a</b>	Plan name	CPM BUILDERS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CPM BUILDERS INC	<b>c</b> EIN-PN 20-1556172-001
<b>a</b>	Plan name	NORTH SHORE ADVANCED EYE CARE 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTH SHORE ADVANCED EYE CARE	<b>c</b> EIN-PN 20-1834103-001

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 JILL GRINBERG LITERARY MANAGEMENT LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JILL GRINBERG LITERARY MANAGEMENT LLC AN	<b>c</b> EIN-PN 20-2220756-001
<b>a</b>	Plan name MARCUS POLLACK LLP 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor MARCUS POLLACK LLP	<b>c</b> EIN-PN 20-2249613-001
<b>a</b>	Plan name DUTCHESS NEUROLOGY PLLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DUTCHESS NEUROLOGY PLLC	<b>c</b> EIN-PN 20-2428648-001
<b>a</b>	Plan name POLTRONA FRAU GROUP NORTH AMERICA INC 401K PLAN	
<b>b</b>	Name of plan sponsor POLTRONA FRAU GROUP NORTH AMERICA INC	<b>c</b> EIN-PN 20-2552657-001
<b>a</b>	Plan name OLO INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor OLO INC	<b>c</b> EIN-PN 20-2971562-001
<b>a</b>	Plan name DR BUKHMAN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DR BUKHMAN	<b>c</b> EIN-PN 20-3246827-001
<b>a</b>	Plan name GRLM LLC 401K PLAN	
<b>b</b>	Name of plan sponsor GRLM LLC	<b>c</b> EIN-PN 20-3440576-001
<b>a</b>	Plan name GOLDEN ARC INC 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GOLDEN ARC INC	<b>c</b> EIN-PN 20-3459904-001
<b>a</b>	Plan name ENCORETECH INC 401K PLAN	
<b>b</b>	Name of plan sponsor ENCORETECH INC	<b>c</b> EIN-PN 20-3477221-001
<b>a</b>	Plan name KINWELL MEDICAL SERVICES PC 401K PS PLAN	
<b>b</b>	Name of plan sponsor KINWELL MEDICAL SERVICES PC	<b>c</b> EIN-PN 20-3485113-001
<b>a</b>	Plan name LEGACY BUILDERSDEVELOPERS CORP 401K PLAN	
<b>b</b>	Name of plan sponsor LEGACY BUILDERSDEVELOPERS CORP	<b>c</b> EIN-PN 20-3693351-001
<b>a</b>	Plan name EME CONSULTING ENGINEERING 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor EME CONSULTING ENGINEERING	<b>c</b> EIN-PN 20-4066556-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	OCS BUILDERS GROUP NY LLC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	OCS BUILDERS GROUP NY LLC	<b>c</b> EIN-PN 20-4189875-001
<b>a</b> Plan name	EMERALD SERVICES OF WNY INC 401K PLAN	
<b>b</b> Name of plan sponsor	EMERALD SERVICES OF WNY INC	<b>c</b> EIN-PN 20-4288318-001
<b>a</b> Plan name	MANISCALCO PICONE CPAS PC 401K PS PLAN	
<b>b</b> Name of plan sponsor	MANISCALCO PICONE CPAS PC	<b>c</b> EIN-PN 20-4440952-001
<b>a</b> Plan name	KVB PARTNERS INC 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KVB PARTNERS INC	<b>c</b> EIN-PN 20-4452230-001
<b>a</b> Plan name	FANCY PANTS GROUP INC 401K PLAN	
<b>b</b> Name of plan sponsor	FANCY PANTS ONLINE INC DBA FANCY PANTS GROUP	<b>c</b> EIN-PN 20-4609080-001
<b>a</b> Plan name	MCCOURT HEATING AND COOLING LLC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MCCOURT HEATING AND COOLING LLC PROFIT SHARING PLAN	<b>c</b> EIN-PN 20-5083758-001
<b>a</b> Plan name	RICCI TEAM 401K RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CHRISTINE RICCI REAL ESTATE	<b>c</b> EIN-PN 20-5189158-001
<b>a</b> Plan name	PARKWAY II LLC DBA NEWBURGH TOYOTA 401K PLAN	
<b>b</b> Name of plan sponsor	PARKWAY II LLC DBA NEWBURGH TOYOTA	<b>c</b> EIN-PN 20-5332040-001
<b>a</b> Plan name	DIKER AV CONTRACTING CORP PROFIT SHARING 401K PLAN	
<b>b</b> Name of plan sponsor	DIKER AV CONTRACTING CORP	<b>c</b> EIN-PN 20-5672674-001
<b>a</b> Plan name	CLOVER II CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CLOVER II CORPORATION	<b>c</b> EIN-PN 20-5724552-001
<b>a</b> Plan name	TT TOWER ELEVATOR CO INC 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TT TOWER ELEVATOR CO INC	<b>c</b> EIN-PN 20-5784564-001
<b>a</b> Plan name	MERIDIAN PROPERTIES MERIDIAN MAINTENANCE 401K PLAN	
<b>b</b> Name of plan sponsor	MERIDIAN PROPERTIES MERIDIAN MAINTENANCE	<b>c</b> EIN-PN 20-5981255-001

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 SMOLA CONSULTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SMOLA CONSULTING LLC	<b>c</b> EIN-PN 20-8060060-001
<b>a</b>	Plan name JANICE REDMOND 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JANICE REDMOND CPA PC	<b>c</b> EIN-PN 20-8087220-001
<b>a</b>	Plan name GAMC NY LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GAMC NY LLC	<b>c</b> EIN-PN 20-8135867-001
<b>a</b>	Plan name PREMIER TRANSPORTATION SERVICES 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PREMIER TRANSPORTATION SERVICES	<b>c</b> EIN-PN 20-8523303-001
<b>a</b>	Plan name BURDA CONSTRUCTION CORP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BURDA CONSTRUCTION CORP	<b>c</b> EIN-PN 22-2399815-001
<b>a</b>	Plan name BELL DRUGS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BELL DRUGS INC	<b>c</b> EIN-PN 22-2880590-001
<b>a</b>	Plan name NETWORK TECHNOLOGY SOLUTIONS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NETWORK TECHNOLOGY SOLUTIONS INC	<b>c</b> EIN-PN 22-3315144-001
<b>a</b>	Plan name PRIME REHABILITATION SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor PRIME REHABILITATION SERVICES INC	<b>c</b> EIN-PN 22-3469670-001
<b>a</b>	Plan name BLOOMING GROVE VOLUNTEER AMBULANCE CORPS INC 401K	
<b>b</b>	Name of plan sponsor BLOOMING GROVE VOLUNTEER AMBULANCE CORPS INC	<b>c</b> EIN-PN 22-3727539-001
<b>a</b>	Plan name SUNSET PARK REDEVELOPMENT COMMITTEE INC 401K PLAN	
<b>b</b>	Name of plan sponsor SUNSET PARK REDEVELOPMENT COMMITTEE INC	<b>c</b> EIN-PN 23-7165901-001
<b>a</b>	Plan name BRITISH INTL SCHOOL OF NY RIVER VIEW CAMPUS LTD 401K PLAN	
<b>b</b>	Name of plan sponsor BRITISH INTL SCHOOL OF NY RIVER VIEW CAMPUS LTD	<b>c</b> EIN-PN 26-0121328-001
<b>a</b>	Plan name MODERN ART CONSERVATION 401K PLAN	
<b>b</b>	Name of plan sponsor SUZANNE SIANO PAINTINGS CONSERVATION	<b>c</b> EIN-PN 26-0155412-001

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 NOVICK ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor NOVICK ASSOCIATES PC	<b>c</b> EIN-PN 26-0651300-001
<b>a</b>	Plan name MCGUIRE PELAEZ BENNETT BELCASTRO PC 401K PLAN	
<b>b</b>	Name of plan sponsor MCGUIRE PELAEZ BENNETT BELCASTRO PC	<b>c</b> EIN-PN 26-0876129-001
<b>a</b>	Plan name SOLOWAY ADVISORY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SOLOWAY ADVISORY LLC	<b>c</b> EIN-PN 26-1139501-001
<b>a</b>	Plan name TRISTATE AIR CONDITIONING INC 401K PLAN	
<b>b</b>	Name of plan sponsor TRISTATE AIR CONDITIONING INC	<b>c</b> EIN-PN 26-1453199-001
<b>a</b>	Plan name ARNO SALES MARKETING INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor ARNO SALES MARKETING INC	<b>c</b> EIN-PN 26-1553633-001
<b>a</b>	Plan name CORNERSTONE LAND ABSTRACT 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE LAND ABSTRACT LLC	<b>c</b> EIN-PN 26-2155457-001
<b>a</b>	Plan name JAMALI FLORAL AND GARDEN SUPPLIES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JAMALI FLORAL AND GARDEN SUPPLIES LLC	<b>c</b> EIN-PN 26-2304546-001
<b>a</b>	Plan name PARAMOUNT ROOFING INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PARAMOUNT ROOFING INC	<b>c</b> EIN-PN 26-2459527-001
<b>a</b>	Plan name MICHAEL A BARNETT PC 401K PLAN	
<b>b</b>	Name of plan sponsor MICHAEL A BARNETT PC	<b>c</b> EIN-PN 26-2490541-001
<b>a</b>	Plan name ADVANCED THERAPY MEASUREMENTS LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADVANCED THERAPY MEASUREMENTS	<b>c</b> EIN-PN 26-2735089-001
<b>a</b>	Plan name FIRST CHOICE BUILDING SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor 1ST CHOICE BUILDING SERVICES	<b>c</b> EIN-PN 26-2807507-001
<b>a</b>	Plan name SKYLINE HEATING AIR CONDITIONING 401K PS PLAN	
<b>b</b>	Name of plan sponsor SKYLINE HEATING AIR CONDITIONING INC	<b>c</b> EIN-PN 26-2875742-001

<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	DRESS CODE NY 401K PLAN	
<b>b</b>	Name of plan sponsor	DRESS CODE	<b>c</b> EIN-PN 26-2996928-001
<b>a</b>	Plan name	AMSCO INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORBRO INC DBA AMSCO	<b>c</b> EIN-PN 26-3277265-001
<b>a</b>	Plan name	CLINICALCLEAN INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CLINICALCLEAN INC	<b>c</b> EIN-PN 26-3333777-001
<b>a</b>	Plan name	PCPT 401K PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL CARE PHYSICAL THERAPY AND REHABILITATION PC	<b>c</b> EIN-PN 26-3897743-001
<b>a</b>	Plan name	MAVEN ABSTRACT 401K PLAN	
<b>b</b>	Name of plan sponsor	MAVEN ABSTRACT	<b>c</b> EIN-PN 26-4005514-001
<b>a</b>	Plan name	MODERN OFFICE SYSTEMS LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MODERN OFFICE SYSTEMS LLC	<b>c</b> EIN-PN 26-4690229-001
<b>a</b>	Plan name	THE HAND TREATMENT CENTER 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE HAND TREATMENT CENTER OF NJ LLC	<b>c</b> EIN-PN 27-0321199-001
<b>a</b>	Plan name	GIDEON OCHIABUTO DENTISTRY PC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	GIDEON OCHIABUTO DENTISTRY PC	<b>c</b> EIN-PN 27-0465632-001
<b>a</b>	Plan name	3G WAREHOUSE INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	3G WAREHOUSE INC	<b>c</b> EIN-PN 27-0837338-001
<b>a</b>	Plan name	RN EXPRESS STAFFING REGISTRY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RN EXPRESS STAFFING REGISTRY LLC	<b>c</b> EIN-PN 27-0865208-001
<b>a</b>	Plan name	ONE CHANCE MEDIA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ONE CHANCE MEDIA LLC 401K PLAN	<b>c</b> EIN-PN 27-0869880-001
<b>a</b>	Plan name	GMG CARPENTRY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GMG CARPENTRY INCURBAN WORKSHOP INC	<b>c</b> EIN-PN 27-1790851-001

<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	NY MED 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	QUEENS MEDICAL PAVILION LLC DBA NY MED
<b>c</b>	EIN-PN	27-2186166-001
<b>a</b>	Plan name	A PLUS ASBESTOS INVESTIGATION INC 401K PLAN
<b>b</b>	Name of plan sponsor	A PLUS ASBESTOS INVESTIGATION INC
<b>c</b>	EIN-PN	27-2304068-001
<b>a</b>	Plan name	RICHMOND DENTAL ARTS PC 401K PROFIT SHARING PLAN TRUST
<b>b</b>	Name of plan sponsor	RICHMOND DENTAL ARTS PC
<b>c</b>	EIN-PN	27-2877307-001
<b>a</b>	Plan name	ARONSON MAYEFSKY SLOAN LLP 401K PLAN
<b>b</b>	Name of plan sponsor	ARONSON MAYEFSKY SLOAN LLP
<b>c</b>	EIN-PN	27-3160090-001
<b>a</b>	Plan name	MIDTOWN EQUITIES LLC 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MIDTOWN EQUITIES LLC
<b>c</b>	EIN-PN	30-0068285-001
<b>a</b>	Plan name	NEW YORK PATHWAYS 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NEW YORK PATHWAYS PLLC
<b>c</b>	EIN-PN	30-0667649-001
<b>a</b>	Plan name	IRL SYSTEMS INC 401K PLAN
<b>b</b>	Name of plan sponsor	IRL SYSTEMS INC
<b>c</b>	EIN-PN	32-0041905-001
<b>a</b>	Plan name	LYNX MORTGAGE BANK LLC 401K PLAN
<b>b</b>	Name of plan sponsor	LYNX MORTGAGE BANK
<b>c</b>	EIN-PN	32-0117926-001
<b>a</b>	Plan name	MURRAYS CHEESE 401K PLAN
<b>b</b>	Name of plan sponsor	MURRAYS CHEESE LLC
<b>c</b>	EIN-PN	32-0376453-001
<b>a</b>	Plan name	310 WEST 52ND STREET CONDOMINIUM 401K PLAN
<b>b</b>	Name of plan sponsor	310 WEST 52ND STREET CONDOMINIUM
<b>c</b>	EIN-PN	33-1155441-001
<b>a</b>	Plan name	MORTAR ARCH DEV 401K RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	MORTAR ARCH DEV
<b>c</b>	EIN-PN	33-2295033-001
<b>a</b>	Plan name	SHIMOMURA CO CPAS PC INCENTIVE SAVINGS PLAN AND TRUST
<b>b</b>	Name of plan sponsor	SHIMOMURA CO
<b>c</b>	EIN-PN	34-2044173-001

<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	LB DENTAL PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LB DENTAL PC	<b>c</b> EIN-PN 35-2197439-001
<b>a</b>	Plan name	FLICKER GARELICK ASSOCIATES LLP RETIREMENT PLAN SERVICES	
<b>b</b>	Name of plan sponsor	FLICKER GARELICK ASSOCIATES LLP	<b>c</b> EIN-PN 35-2223262-001
<b>a</b>	Plan name	OPTIMA CARE SMITHTOWN LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	OPTIMA CARE SMITHTOWN LLC	<b>c</b> EIN-PN 35-2568583-001
<b>a</b>	Plan name	OPTIMA CARE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	OPTIMA CARE LITTLE NECK LLC	<b>c</b> EIN-PN 35-2568626-001
<b>a</b>	Plan name	FIRST CHOICE MEDICAL PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRST CHOICE MEDICAL PLLC	<b>c</b> EIN-PN 36-4487963-001
<b>a</b>	Plan name	NIAZ MEDICAL SERVICES PC 401K PLAN	
<b>b</b>	Name of plan sponsor	NIAZ MEDICAL SERVICES PC	<b>c</b> EIN-PN 36-4621725-001
<b>a</b>	Plan name	LA TECHNOLOGY GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	LA TECHNOLOGY GROUP LLC	<b>c</b> EIN-PN 36-4721008-001
<b>a</b>	Plan name	GOTHAM CITY ORTHOPEDICS LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GOTHAM CITY ORTHOPEDICS LLC	<b>c</b> EIN-PN 36-4739056-001
<b>a</b>	Plan name	ERIC PALATNIK PC 401K PLAN	
<b>b</b>	Name of plan sponsor	ERIC PALATNIK PC	<b>c</b> EIN-PN 38-3665750-001
<b>a</b>	Plan name	VICTORIAN FENCE COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	VICTORIAN FENCE COMPANY INC	<b>c</b> EIN-PN 38-3775304-001
<b>a</b>	Plan name	JOSEPH P SINATRA DDS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DR JOSEPH P SINATRA DDS PLLC	<b>c</b> EIN-PN 38-3894118-001
<b>a</b>	Plan name	CONCOURSE CHIROPRACTIC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONCOURSE CHIROPRACTIC PLLC	<b>c</b> EIN-PN 41-2087546-001

<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	K E B PEST CONTROL LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	K E B PEST CONTROL LLC	<b>c</b> EIN-PN 41-2142423-001
<b>a</b>	Plan name	CRYSTAL SPRINGS MEDICAL PC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CRYSTAL SPRINGS MEDICAL	<b>c</b> EIN-PN 42-1543315-001
<b>a</b>	Plan name	GEORGE S SINNOTT 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GEORGE S SINNOTT	<b>c</b> EIN-PN 45-0527143-001
<b>a</b>	Plan name	RELIABLE PLUMBING NYC CORP 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RELIABLE PLUMBING NYC CORP	<b>c</b> EIN-PN 45-2477800-001
<b>a</b>	Plan name	SUZY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SUZY INC	<b>c</b> EIN-PN 45-2873420-001
<b>a</b>	Plan name	JENNIFER ZABINKSI EVENTS LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JENNIFER ZABINKSI EVENTS LLC	<b>c</b> EIN-PN 45-3177195-001
<b>a</b>	Plan name	PROFLEX ADMINISTRATORS 401K PLAN	
<b>b</b>	Name of plan sponsor	PROFLEX ADMINISTRATORS LLC	<b>c</b> EIN-PN 45-3261121-001
<b>a</b>	Plan name	ON GUARD PEST CONTROL 401K PLAN	
<b>b</b>	Name of plan sponsor	ON GUARD PEST CONTROL	<b>c</b> EIN-PN 45-3263290-001
<b>a</b>	Plan name	PETER J DETOLLA DDS PC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	PETER J DETOLLA DDS PC 401KPS PLAN	<b>c</b> EIN-PN 45-3526363-001
<b>a</b>	Plan name	LAFAYETTE DENTAL ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	LAFAYETTE DENTAL ASSOCIATES	<b>c</b> EIN-PN 45-3814943-001
<b>a</b>	Plan name	CNC MANUFACTURING CORP 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CNC MANUFACTURING CORP	<b>c</b> EIN-PN 45-3928683-001
<b>a</b>	Plan name	DYNAMICS SEARCH PARTNERS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DYNAMICS SEARCH PARTNERS LLC	<b>c</b> EIN-PN 45-4175380-001

<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	IRVING FARM HOLDING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	IRVING FARM HOLDING LLC	<b>c</b> EIN-PN 45-5269525-001
<b>a</b>	Plan name	ENDODONTIC CARE NY PC 401K PLAN	
<b>b</b>	Name of plan sponsor	ENDODONTIC CARE NY PC	<b>c</b> EIN-PN 46-0778454-001
<b>a</b>	Plan name	MICHAEL S JOHNSON CLU CHFC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL S JOHNSON CLU CHFC	<b>c</b> EIN-PN 46-0954906-001
<b>a</b>	Plan name	MDS OF NY CORP 401K PS PLAN	
<b>b</b>	Name of plan sponsor	MDS OF NY CORP	<b>c</b> EIN-PN 46-1391561-001
<b>a</b>	Plan name	COMMERCIAL LUBRICANTS MOOVE CORP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL LUBRICANTS LLC	<b>c</b> EIN-PN 46-1809126-001
<b>a</b>	Plan name	BODY MECHANICS ORTHOPEDIC MASSAGE 401K PLAN	
<b>b</b>	Name of plan sponsor	ZEN BODY MECHANICS LLC	<b>c</b> EIN-PN 46-1863440-001
<b>a</b>	Plan name	COMMUNITY ELECTRIC INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY ELECTRIC INC	<b>c</b> EIN-PN 46-2101804-001
<b>a</b>	Plan name	LANDS END ABSTRACT SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	LANDS END ABSTRACT SERVICES LTD	<b>c</b> EIN-PN 46-2141210-001
<b>a</b>	Plan name	RIDGEMONT COUNTRY CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor	RCC NEW ERA LLC	<b>c</b> EIN-PN 46-2436687-001
<b>a</b>	Plan name	THE MONTESSORI AT FLATIRON 401K PLAN	
<b>b</b>	Name of plan sponsor	THE MONTESSORI GROUP LLC DBA THE MONTESSORI AT FLATIRON	<b>c</b> EIN-PN 46-2796077-001
<b>a</b>	Plan name	NEW YORK FAN COIL LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK FAN COIL LLC	<b>c</b> EIN-PN 46-2801989-001
<b>a</b>	Plan name	GOODARK SEMICONDUCTOR USA CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	GOODARK SEMICONDUCTOR USA CORP	<b>c</b> EIN-PN 46-2812586-001

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 JOHNSTONS SUBARU 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EMMAHS LLC	<b>c</b> EIN-PN 46-2871175-001
<b>a</b>	Plan name GREENSILL CAPITAL INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GREENSILL CAPITAL INC	<b>c</b> EIN-PN 46-3113971-001
<b>a</b>	Plan name FLEX PHYSICAL THERAPY PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor FLEX PHYSICAL THERAPY PLLC	<b>c</b> EIN-PN 46-3477364-001
<b>a</b>	Plan name HELIX CONTRACTING CORP 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor HELIX CONTRACTING CORP	<b>c</b> EIN-PN 46-3751941-001
<b>a</b>	Plan name ROSENBERG REALTY GROUP INC 401K PLAN	
<b>b</b>	Name of plan sponsor ROSENBERG REALTY GROUP INC	<b>c</b> EIN-PN 46-4026240-001
<b>a</b>	Plan name THE MONTESSORI IN SOHO 401K PLAN	
<b>b</b>	Name of plan sponsor THE MONTESSORI IN SOHO LLC	<b>c</b> EIN-PN 46-4655196-001
<b>a</b>	Plan name FEDERAL TRAINING PARTNERSHIP 401K PLAN	
<b>b</b>	Name of plan sponsor FEDERAL TRAINING PARTNERSHIP LLC	<b>c</b> EIN-PN 46-4738149-001
<b>a</b>	Plan name FIRE RESEARCH TECHNOLOGY LLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FIRE RESEARCH TECHNOLOGY LLC	<b>c</b> EIN-PN 46-5200446-001
<b>a</b>	Plan name CLOUDREACH INC 401K PLAN	
<b>b</b>	Name of plan sponsor CLOUDREACH INC	<b>c</b> EIN-PN 46-5416414-001
<b>a</b>	Plan name ZUMA PAYROLL PROCESSING INC 401K PLAN	
<b>b</b>	Name of plan sponsor ZUMA PAYROLL PROCESSING INC	<b>c</b> EIN-PN 46-5454948-001
<b>a</b>	Plan name UNLIMITED SMILES ORTHODONTICS PLLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNLIMITED SMILES ORTHODONTICS PLLC	<b>c</b> EIN-PN 46-5597083-001
<b>a</b>	Plan name ARTCOSMETICS INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARTCOSMETICS INC	<b>c</b> EIN-PN 46-5664431-001

<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	REX ROUNDTABLES FOR EXECUTIVES USA INC INCENTIVE SAVINGS PLAN
<b>b</b>	Name of plan sponsor	REX ROUNDTABLES FOR EXECUTIVES USA INC
<b>c</b>	EIN-PN	46-5740584-001
<b>a</b>	Plan name	NORTHWOODS REHABILITATION NURSING CENTER 401K PLAN
<b>b</b>	Name of plan sponsor	NORTHWOODS OPERATIONS ASSOCIATES
<b>c</b>	EIN-PN	47-1252551-001
<b>a</b>	Plan name	IDK COOLING CORP 401K PLAN
<b>b</b>	Name of plan sponsor	IDK COOLING CORP
<b>c</b>	EIN-PN	47-1498362-001
<b>a</b>	Plan name	AVENUE DENTAL 401K PLAN
<b>b</b>	Name of plan sponsor	AVENUE DENTAL
<b>c</b>	EIN-PN	47-1905743-001
<b>a</b>	Plan name	NYC SNOW SERVICES 401K PLAN
<b>b</b>	Name of plan sponsor	NYC SNOW SERVICES INC
<b>c</b>	EIN-PN	47-2725593-001
<b>a</b>	Plan name	DIGITAL LABOR SOLUTIONS 401K PROFIT SHARING PLAN TRUST
<b>b</b>	Name of plan sponsor	DIGITAL LABOR SOLUTIONS INC
<b>c</b>	EIN-PN	47-3057691-001
<b>a</b>	Plan name	ELAN CREATIVE INC 401K PROFIT SHARING PLAN TRUST
<b>b</b>	Name of plan sponsor	ELAN CREATIVE INC
<b>c</b>	EIN-PN	47-3354052-001
<b>a</b>	Plan name	INFINITE GLOBAL 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	INFINITE GLOBAL CONSULTING INC
<b>c</b>	EIN-PN	47-3603850-001
<b>a</b>	Plan name	CAITLIN ROBIN AND ASSOCIATES PLLC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CAITLIN ROBIN AND ASSOCIATES PLLC
<b>c</b>	EIN-PN	47-3729506-001
<b>a</b>	Plan name	STREBEL KLEIN LLP 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	STREBEL KLEIN LLP
<b>c</b>	EIN-PN	47-4208517-001
<b>a</b>	Plan name	RAZOR CONSULTING INC 401K PLAN AND TRUST
<b>b</b>	Name of plan sponsor	RAZOR CONSULTING INC
<b>c</b>	EIN-PN	47-4623826-001
<b>a</b>	Plan name	BORIO CHIROPRACTIC HEALTH PC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BORIO CHIROPRACTIC HEALTH PC
<b>c</b>	EIN-PN	47-4669399-001

<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	MAURO V DIBENEDETTO DMD PC 401K PLAN	
<b>b</b>	Name of plan sponsor	MAURO V DIBENEDETTO DMD PC	<b>c</b> EIN-PN 47-5259510-001
<b>a</b>	Plan name	DISCOVER LONG ISLAND INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DISCOVER LONG ISLAND	<b>c</b> EIN-PN 52-1137306-001
<b>a</b>	Plan name	AUGUST BENEFITS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AUGUST BENEFITS INC	<b>c</b> EIN-PN 52-2380669-001
<b>a</b>	Plan name	BILLINGTON FAMILY DENTISTRY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BILLINGTON FAMILY DENTISTRY	<b>c</b> EIN-PN 54-2114248-001
<b>a</b>	Plan name	MANZERS LANDSCAPE DESIGN DEVELOPMENT INC EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	MANZERS LANDSCAPE DESIGN DEVELOPMENT INC	<b>c</b> EIN-PN 54-2133159-001
<b>a</b>	Plan name	MICHAEL SACHER 401K PROFIT SHARING PLANMICHAEL L SACHER	
<b>b</b>	Name of plan sponsor	MICHAEL SACHER DO PC	<b>c</b> EIN-PN 55-0861190-001
<b>a</b>	Plan name	ZMK CONSTRUCTION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ZMK CONSTRUCTION INC	<b>c</b> EIN-PN 56-2323115-001
<b>a</b>	Plan name	FLEMINGLEE SHUE 401K PLAN	
<b>b</b>	Name of plan sponsor	FLEMINGLEE SHUE INC	<b>c</b> EIN-PN 61-1419819-001
<b>a</b>	Plan name	MATTSON ENTERPRISE INC PROFIT SHARING PENSION PLAN	
<b>b</b>	Name of plan sponsor	MATTSON ENTERPRISE INC	<b>c</b> EIN-PN 64-0954572-001
<b>a</b>	Plan name	GC CRANE SERVICE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	GC CRANE SERVICE LLC	<b>c</b> EIN-PN 73-1666387-001
<b>a</b>	Plan name	DIAMOND MEDICAL GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND MEDICAL GROUP	<b>c</b> EIN-PN 73-1676883-001
<b>a</b>	Plan name	PWA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PWA INC	<b>c</b> EIN-PN 75-2984630-001

<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	DR MARCO GARCIA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DR MARCO GARCIA	<b>c</b> EIN-PN 75-3097453-001
<b>a</b>	Plan name	GPM PEDIATRICS P C 401K PLAN	
<b>b</b>	Name of plan sponsor	GPM PEDIATRICS PC	<b>c</b> EIN-PN 76-0711752-001
<b>a</b>	Plan name	NEW YORK REHABILITATIVE SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK REHABILITATIVE SERVICES LLC	<b>c</b> EIN-PN 77-0618878-001
<b>a</b>	Plan name	FINAL FRAME LLC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	FINAL FRAME LLC	<b>c</b> EIN-PN 80-0090821-001
<b>a</b>	Plan name	BORTSTEIN LEGAL LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BORTSTEIN LEGAL LLC	<b>c</b> EIN-PN 80-0291030-001
<b>a</b>	Plan name	SURFACE DESIGN 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	SURFACE DESIGN	<b>c</b> EIN-PN 80-0650692-001
<b>a</b>	Plan name	AMERICAN FOOD CORP AND ACN TRUCKING CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN FOOD CORP	<b>c</b> EIN-PN 80-0883056-001
<b>a</b>	Plan name	RAPHAELSON AND LEVINE LAW FIRM 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	RAPHAELSON LEVINE LAW FIRM	<b>c</b> EIN-PN 81-0589496-001
<b>a</b>	Plan name	ARCH AUTO PARTS HOLDING COMPANY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ARCH AUTO PARTS HOLDING COMPANY	<b>c</b> EIN-PN 81-0657708-001
<b>a</b>	Plan name	THE KROG GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	THE KROG GROUP LLC	<b>c</b> EIN-PN 81-0823596-001
<b>a</b>	Plan name	JSTAR ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	JSTAR ASSOCIATES	<b>c</b> EIN-PN 81-1378142-001
<b>a</b>	Plan name	ADD VENTURES CONSTRUCTION SERVICES LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADD VENTURES CONSTRUCTION SERVICES LLC	<b>c</b> EIN-PN 81-1644392-001

<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	REDWING 3637 LLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	REDWING 3637 LLC	<b>c</b> EIN-PN 81-2051520-001
<b>a</b>	Plan name	THE TA COMMERCIAL SERVICE INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TA COMMERCIAL SERVICE INC	<b>c</b> EIN-PN 81-2602426-001
<b>a</b>	Plan name	QUANTUM FBI LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUANTUM FBI LLC	<b>c</b> EIN-PN 81-3100977-001
<b>a</b>	Plan name	ALAN B SINGER DDS PC PROFIT SHARING 401K PLAN TRUST	
<b>b</b>	Name of plan sponsor	ALAN B SINGER DDS PC	<b>c</b> EIN-PN 81-3997258-001
<b>a</b>	Plan name	LYJ CONSULTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	LYJ CONSULTING LLC	<b>c</b> EIN-PN 81-4600994-001
<b>a</b>	Plan name	DONOHUE OCONNELL RILEY PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DONOHUE OCONNELL RILEY PLLC	<b>c</b> EIN-PN 81-4636603-001
<b>a</b>	Plan name	LAW OFFICE OF ANGELA R GIAMMARCO 401K PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF ANGELA R GIAMMARCO	<b>c</b> EIN-PN 81-5151174-001
<b>a</b>	Plan name	J J VALLEY DRUG INC 401K PLAN	
<b>b</b>	Name of plan sponsor	J J VALLEY DRUG INC	<b>c</b> EIN-PN 82-0872016-001
<b>a</b>	Plan name	THE LEVINE ORGANIZATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE LEVINE ORGANIZATION LLC	<b>c</b> EIN-PN 82-0911970-001
<b>a</b>	Plan name	SMARTIT 401K PLAN	
<b>b</b>	Name of plan sponsor	SMARTIT LLC	<b>c</b> EIN-PN 82-1765921-001
<b>a</b>	Plan name	W DANIEL BILLINGTON DMD MS PLLC SAFE HARBOR 401KPSP	
<b>b</b>	Name of plan sponsor	W DANIEL BILLINGTON DMD MS PLLC	<b>c</b> EIN-PN 82-2227298-001
<b>a</b>	Plan name	YUEHUEI AN ORTHOPAEDICS PC 401K PLAN	
<b>b</b>	Name of plan sponsor	YUEHUEI AN ORTHOPAEDICS PC	<b>c</b> EIN-PN 82-2810264-001

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 SKY COVERAGE INC 401K PLAN	
<b>b</b>	Name of plan sponsor SKY COVERAGE INC	<b>c</b> EIN-PN 82-2923165-001
<b>a</b>	Plan name NILE CITY PHARMACY INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NILE CITY PHARMACY INC	<b>c</b> EIN-PN 82-3377355-001
<b>a</b>	Plan name WEAVER LEVI LLC 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WEAVER LEVI LLC	<b>c</b> EIN-PN 82-4046914-001
<b>a</b>	Plan name ACF DISTRIBUTORS LLC DBA ACF GARDNER PROFIT SHARING SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GARDNER DISTRIBUTORS LLC DBA GARDNER INDUSTRIES	<b>c</b> EIN-PN 82-4209545-001
<b>a</b>	Plan name FRAMESTORE INC 401K PLAN	
<b>b</b>	Name of plan sponsor FRAMESTORE INC	<b>c</b> EIN-PN 83-0377017-001
<b>a</b>	Plan name AVID ARCHITECTURE PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor AVID ARCHITECTURE PLLC	<b>c</b> EIN-PN 83-0665996-001
<b>a</b>	Plan name LAW OFFICE OF MICHELLE SIEGEL PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICE OF MICHELLE SIEGEL PLLC	<b>c</b> EIN-PN 83-4204985-001
<b>a</b>	Plan name LIL M BUBBLE TEA HOUSE INC 401K PLAN	
<b>b</b>	Name of plan sponsor LIL M BUBBLE TEA HOUSE INC	<b>c</b> EIN-PN 83-4219310-001
<b>a</b>	Plan name PARK SLOPE DENTISTRY SEVENTH AVENUE 401K PLAN	
<b>b</b>	Name of plan sponsor ANGELIQUE R FREKING DDS PC DBA PARK SLOPE DENTISTRY SEVENTH	<b>c</b> EIN-PN 83-4446088-001
<b>a</b>	Plan name STAR DESIGN CONCEPTS LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STAR DESIGN CONCEPTS LLC	<b>c</b> EIN-PN 84-2016264-001
<b>a</b>	Plan name MGLCII LLC 401K PLAN	
<b>b</b>	Name of plan sponsor MGLCII LLC	<b>c</b> EIN-PN 84-2706081-001
<b>a</b>	Plan name MAMAN PLASTIC SURGERY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DYM PLASTIC SURGERY PC	<b>c</b> EIN-PN 84-3371263-001

<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	POMONA AUTO WORKS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POMONA AUTO WORKS INC	<b>c</b> EIN-PN 84-3756066-001
<b>a</b>	Plan name	ELECTRIC BATTERY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ELECTRIC BATTERY LLC	<b>c</b> EIN-PN 84-3928718-001
<b>a</b>	Plan name	OPTIMA CARE BRENTWOOD LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	OPTIMA CARE BRENTWOOD LLC DBA MARIA REGINA REHAB NURSING	<b>c</b> EIN-PN 85-3352032-001
<b>a</b>	Plan name	CHARLES A DIBBLE DDS PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHARLES A DIBBLE DDS PLLC	<b>c</b> EIN-PN 86-1448106-001
<b>a</b>	Plan name	MATTHEW R ROE 401K PLAN	
<b>b</b>	Name of plan sponsor	MATTHEW R ROE	<b>c</b> EIN-PN 87-0781512-001
<b>a</b>	Plan name	ISLANDMED PEDIATRICS 401K PLAN	
<b>b</b>	Name of plan sponsor	ISLANDMED PEDIATRICS	<b>c</b> EIN-PN 87-0903954-001
<b>a</b>	Plan name	PACKAGE DESIGN SUPPLY ACQUISITION CO INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACKAGE DESIGN SUPPLY ACQUISITION CO INC	<b>c</b> EIN-PN 87-1916231-001
<b>a</b>	Plan name	MANISCALCO WEALTH MANAGEMENT LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	MANISCALCO WEALTH MANAGEMENT LTD	<b>c</b> EIN-PN 87-3115665-001
<b>a</b>	Plan name	STERN STERN AND FRUCHTMAN PC 401K PLAN	
<b>b</b>	Name of plan sponsor	STERN STERN AND FRUCHTMAN PC	<b>c</b> EIN-PN 88-0542278-001
<b>a</b>	Plan name	POLARIS TECHNOLOGY SOLUTIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	POLARIS TECHNOLOGY SOLUTIONS LLC	<b>c</b> EIN-PN 88-3525604-001
<b>a</b>	Plan name	LOVE THE LABEL INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LOVE THE LABEL INC	<b>c</b> EIN-PN 92-2052289-001
<b>a</b>	Plan name	EMPIRE TAX REDUCTIONS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ETR INC DBA EMPIRE TAX REDUCTIONS	<b>c</b> EIN-PN 94-3464913-001

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 BEEKS FINANCIAL 401K PLAN	
<b>b</b>	Name of plan sponsor BEEKS FINANCIAL	<b>c</b> EIN-PN 98-1267972-001
<b>a</b>	Plan name LAW OFFICE OF KATHERINE E SMITH PC 401K PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICE OF KATHERINE E SMITH PC	<b>c</b> EIN-PN 99-0838715-001
<b>a</b>	Plan name ELIAS GROUP LLP CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor ELIAS GROUP LLP	<b>c</b> EIN-PN 03-0503982-002
<b>a</b>	Plan name STRAIGHTLINE INTERNATIONAL INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STRAIGHTLINE INTERNATIONAL INC	<b>c</b> EIN-PN 06-1354411-002
<b>a</b>	Plan name MASON INDUSTRIES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MASON INDUSTRIES INC	<b>c</b> EIN-PN 11-1889963-002
<b>a</b>	Plan name ARNOLD M LIEBERMAN DDS VASILIOS D MESIMERIS DMD PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARNOLD M LIEBERMAN DDS VASILIOS D MESIMERIS DMD PC	<b>c</b> EIN-PN 11-2253943-002
<b>a</b>	Plan name SJ CARROLL JR INC 401K PLAN	
<b>b</b>	Name of plan sponsor SJ CARROLL JR INC	<b>c</b> EIN-PN 11-2358016-002
<b>a</b>	Plan name ESPOSITO BROTHERS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BROTHERS SUPPLY CORP	<b>c</b> EIN-PN 11-2404653-002
<b>a</b>	Plan name FANCY FOODS INC 401K PLAN	
<b>b</b>	Name of plan sponsor FANCY FOODS INC	<b>c</b> EIN-PN 11-2553714-002
<b>a</b>	Plan name FRANK P DESIO DPM PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRANK P DESIO DPM	<b>c</b> EIN-PN 11-2653824-002
<b>a</b>	Plan name ALL STATE ABSTRACT CORP 401K PLAN	
<b>b</b>	Name of plan sponsor ALL STATE ABSTRACT CORP	<b>c</b> EIN-PN 11-2707634-002
<b>a</b>	Plan name BALLY PRODUCE CORP 401K PLAN	
<b>b</b>	Name of plan sponsor BALLY PRODUCE CORP	<b>c</b> EIN-PN 11-3058123-002

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	CANARSIE CHILDHOOD CENTER INC 401K PLAN
<b>b</b>	Name of plan sponsor	CANARSIE CHILDHOOD CENTER INC
<b>c</b>	EIN-PN	11-3117837-002
<b>a</b>	Plan name	FERRANDINO SON INC 401K PLAN AND TRUST
<b>b</b>	Name of plan sponsor	FERRANDINO SON INC
<b>c</b>	EIN-PN	11-3144705-002
<b>a</b>	Plan name	NEW YORK CONGREGATIONAL NURSING CENTER 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NEW YORK CONGREGATIONAL NURSING CENTER
<b>c</b>	EIN-PN	11-3188802-002
<b>a</b>	Plan name	RONALD FATOULLAH ASSOCIATES DEFINED BENEFIT PENSION PLAN
<b>b</b>	Name of plan sponsor	RONALD FATOULLAH ASSOCIATES
<b>c</b>	EIN-PN	11-3295049-002
<b>a</b>	Plan name	LAW OFFICE OF VINCENT D MCNAMARA ASSOCIATES 401K PLAN
<b>b</b>	Name of plan sponsor	LAW OFFICE OF VINCENT D MCNAMARA
<b>c</b>	EIN-PN	11-3412357-002
<b>a</b>	Plan name	ABEL BAINNISON BUTZ LLP 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ABEL BAINNISON BUTZ LLP
<b>c</b>	EIN-PN	13-2624753-002
<b>a</b>	Plan name	MARC A MEISELMAN DMD PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	J KLEIMAN DDS M MEISELMAN DMD PC
<b>c</b>	EIN-PN	13-2686027-002
<b>a</b>	Plan name	MICRO POWDERS INC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MICRO POWDERS INC
<b>c</b>	EIN-PN	13-2694380-002
<b>a</b>	Plan name	RYE DENTAL ASSOCIATES PC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	RYE DENTAL ASSOCIATES PC
<b>c</b>	EIN-PN	13-2695910-002
<b>a</b>	Plan name	ODDO BABAT 401K PLAN
<b>b</b>	Name of plan sponsor	ODDO BABAT P C
<b>c</b>	EIN-PN	13-3031498-002
<b>a</b>	Plan name	OVATION RISK PLANNERS INC 401K PLAN
<b>b</b>	Name of plan sponsor	OVATION RISK PLANNERS INC
<b>c</b>	EIN-PN	13-3461589-002
<b>a</b>	Plan name	ABG SUNDAL COLLIER HOLDINGS INC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ABG SUNDAL COLLIER HOLDINGS INC
<b>c</b>	EIN-PN	13-3626807-002

<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	WOLCOTT BUILDERS PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WOLCOTT BUILDERS INC	<b>c</b> EIN-PN 13-3715893-002
<b>a</b>	Plan name	CLIFFORD WAYNE BASSETT MD PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLIFFORD WAYNE BASSETT MD PC	<b>c</b> EIN-PN 13-3802934-002
<b>a</b>	Plan name	CITY DRUG SURGICAL INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CITY DRUG SURGICAL INC	<b>c</b> EIN-PN 13-3838704-002
<b>a</b>	Plan name	SOUBRIET BYRNE ASSOCIATES INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUBRIET BYRNE ASSOCIATES INC	<b>c</b> EIN-PN 13-3993666-002
<b>a</b>	Plan name	COCHECTON MILLS INC 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COCHECTON MILLS INC	<b>c</b> EIN-PN 14-1421394-002
<b>a</b>	Plan name	JOHNSTONS TOYOTA PARTS SERVICE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHNSTONS TOYOTA	<b>c</b> EIN-PN 14-1509082-002
<b>a</b>	Plan name	MOREHEAD AUTO SALES INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOREHEAD AUTO SALES INC	<b>c</b> EIN-PN 14-1545453-002
<b>a</b>	Plan name	MONROE GOLF CLUB INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MONROE GOLF CLUB INC	<b>c</b> EIN-PN 16-0557750-002
<b>a</b>	Plan name	MONEY PURCHASE PLAN FOR HOURLY PAID EMPLOYEES OF WITTBURN ENTERPRISES INC	
<b>b</b>	Name of plan sponsor	WITTBURN ENTERPRISES INC	<b>c</b> EIN-PN 16-1078547-002
<b>a</b>	Plan name	STAMPED FITTINGS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STAMPED FITTINGS INC	<b>c</b> EIN-PN 16-1532967-002
<b>a</b>	Plan name	RL BAXTER BUILDING CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	RL BAXTER BUILDING CORPORATION	<b>c</b> EIN-PN 16-0181096-002
<b>a</b>	Plan name	ICE AIR LLC 401K PLAN FOR UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor	ICE AIR LLC	<b>c</b> EIN-PN 20-1174227-002

<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	R MARKEY SONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	R MARKEY SONS INC	<b>c</b> EIN-PN 20-2255808-002
<b>a</b>	Plan name	SYNERGY OF MONTICELLO INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY OF MONTICELLO INC	<b>c</b> EIN-PN 20-3394615-002
<b>a</b>	Plan name	CLOVER II CORPORATION CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	CLOVER II CORPORATION	<b>c</b> EIN-PN 20-5724552-002
<b>a</b>	Plan name	ANNA SUI DESIGN STUDIO LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANNA SUI DESIGN STUDIO LLC	<b>c</b> EIN-PN 26-1630243-002
<b>a</b>	Plan name	NY MED CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	QUEENS MEDICAL PAVILION LLC DBA NY MED	<b>c</b> EIN-PN 27-2186166-002
<b>a</b>	Plan name	POOF APPAREL CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	POOF APPAREL CORP	<b>c</b> EIN-PN 36-4497522-002
<b>a</b>	Plan name	ANRON AIR SYSTEMS INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ANRON AIR SYSTEMS INC	<b>c</b> EIN-PN 80-0659175-002
<b>a</b>	Plan name	THAT GOOD SAUCE INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THAT GOOD SAUCE INC	<b>c</b> EIN-PN 81-3525432-002
<b>a</b>	Plan name	JADEJA CIMONE LAW PC 401K PLAN	
<b>b</b>	Name of plan sponsor	JADEJA CIMONE LAW PC	<b>c</b> EIN-PN 82-1353857-002
<b>a</b>	Plan name	YUEHUEI AN ORTHOPAEDICS PC PENSION PLAN	
<b>b</b>	Name of plan sponsor	YUEHUEI AN ORTHOPAEDICS PC	<b>c</b> EIN-PN 82-2810264-002
<b>a</b>	Plan name	JOHN F COMO DDS PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN F COMO DDS PC	<b>c</b> EIN-PN 86-1312026-002
<b>a</b>	Plan name	NEW YORK REAL ESTATE TAX SERVICE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK REAL ESTATE TAX SERVICE LLC 401K PLAN	<b>c</b> EIN-PN 92-1839619-002

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 <a href="#">ETR INC DBA EMPIRE TAX REDUCTIONS CASH BALANCE PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ETR INC DBA EMPIRE TAX REDUCTIONS</a>	<b>c</b> EIN-PN <a href="#">94-3464913-002</a>
<b>a</b>	Plan name <a href="#">OAKLINS DESILVA PHILLIPS LLC 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">OAKLINS DESILVA PHILLIPS LLC</a>	<b>c</b> EIN-PN <a href="#">01-0888767-003</a>
<b>a</b>	Plan name <a href="#">MCINTYRE DONOHUE ACCARDI SALMONSON RIORDAN LLP 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCINTYRE DONOHUE ACCARDI SALMONSON RIORDAN LLP</a>	<b>c</b> EIN-PN <a href="#">11-3039659-003</a>
<b>a</b>	Plan name <a href="#">ABBOT PAINT VARNISH CO 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ABBOT PAINT VARNISH CO</a>	<b>c</b> EIN-PN <a href="#">11-3087655-003</a>
<b>a</b>	Plan name <a href="#">VINCIGUERRA MATHEW DENTISTRY LLP 401K PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">VINCIGUERRA MATHEW DENTISTRY LLP</a>	<b>c</b> EIN-PN <a href="#">11-3440510-003</a>
<b>a</b>	Plan name <a href="#">GARDEN CITY ORTHODONTICS LLC 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GARDEN CITY ORTHODONTICS</a>	<b>c</b> EIN-PN <a href="#">11-3617017-003</a>
<b>a</b>	Plan name <a href="#">SCHUR MANAGEMENT CO LTD 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCHUR MANAGEMENT CO LTD AN</a>	<b>c</b> EIN-PN <a href="#">13-2731984-003</a>
<b>a</b>	Plan name <a href="#">CIC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CONST IND COUNCIL OF WESTERCHESTER HUDSON VALLEY INC</a>	<b>c</b> EIN-PN <a href="#">13-2959500-003</a>
<b>a</b>	Plan name <a href="#">GEROULDS PROFESSIONAL PHARMACY INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GEROULDS PROFESSIONAL PHARMACY INC</a>	<b>c</b> EIN-PN <a href="#">16-0793272-003</a>
<b>a</b>	Plan name <a href="#">FOOTWEAR COMPANIES PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOOTWEAR COMPANIES</a>	<b>c</b> EIN-PN <a href="#">20-0070446-003</a>
<b>a</b>	Plan name <a href="#">ELEMENT CAPITAL MANAGEMENT 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELEMENT CAPITAL MANAGEMENT LLC</a>	<b>c</b> EIN-PN <a href="#">20-8502914-003</a>
<b>a</b>	Plan name <a href="#">GCE INTERNATIONAL INC 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GCE INTERNATIONAL INC</a>	<b>c</b> EIN-PN <a href="#">13-5583586-004</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	LACORTE COMPANIES INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LACORTE COMPANIES INC	<b>c</b> EIN-PN 14-1634075-004
<b>a</b>	Plan name	WINDSOR DENTAL PC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	WINDSOR DENTAL PC	<b>c</b> EIN-PN 14-1807200-004
<b>a</b>	Plan name	401K PROFIT SHARING PLAN FOR EMPLOYEES OF NORTH COUNTRY CONTRACTORS LLC	
<b>b</b>	Name of plan sponsor	NORTH COUNTRY CONTRACTORS LLC	<b>c</b> EIN-PN 55-0858326-010
<b>a</b>	Plan name	GARDEN CITY ORTHODONTICS LLC DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	GARDEN CITY ORTHODONTICS LLC	<b>c</b> EIN-PN 46-4404118-043
<b>a</b>	Plan name	LPEKEMISTRE 8 LLC PLAN	
<b>b</b>	Name of plan sponsor	KEMISTRE 8 LLC	<b>c</b> EIN-PN 85-3213245-301
<b>a</b>	Plan name	LPEOVED APPAREL CORP PLAN	
<b>b</b>	Name of plan sponsor	OVED APPAREL CORP	<b>c</b> EIN-PN 85-3213245-301
<b>a</b>	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401K PLAN TRUSTROWAN INC	
<b>b</b>	Name of plan sponsor	ROWAN INC	<b>c</b> EIN-PN 01-0165117-333
<b>a</b>	Plan name	ONE MEMBER RETIREMENT PLAN COASTAL SUPPLY GROUP	
<b>b</b>	Name of plan sponsor	COASTAL SUPPLY GROUP	<b>c</b> EIN-PN 20-2905621-333
<b>a</b>	Plan name	SECURITY USA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SECURITY USA INC	<b>c</b> EIN-PN 30-0000360-333
<b>a</b>	Plan name	GENERATIONS NEUROSURGERY PC 401K PLAN TRUST	
<b>b</b>	Name of plan sponsor	ADCPGENERATIONS NEUROSURGERY PC TRUST	<b>c</b> EIN-PN 90-0194533-333
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>LINCOLN NEW YORK SEPARATE ACCOUNT 401 FOR GROUP ANNUITY CONTRACTS</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>401</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>LINCOLN LIFE &amp; ANNUITY COMPANY OF NEW YORK</u>	<b>D</b> Employer Identification Number (EIN) <u>22-0832760</u>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	1801
		1930
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	995979041
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	1055486887
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	995980842	1055488817
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	995980842	1055488817

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	36895888	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		36895888
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	388179326	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	338794082	
<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>		49385244
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(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>		62874012
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		149155144

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	1028968	
(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>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1028968
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1028968

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		148126176
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		291224419
(2) From this plan .....	<b>2l(2)</b>		379842620

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