

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2025 and ending 02/28/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: PRINCIPAL HIGH INCOME SEPARATE ACCOUNT
1b Three-digit plan number (PN): 101
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): PRINCIPAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 42-0127290
2c Plan Sponsor's telephone number: 515-362-1107
2d 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  PRINCIPAL LIFE INSURANCE COMPANY  711 HIGH STREET DES MOINES, IA 50392-1000	<b>3b</b> Administrator's EIN 42-0127290  <b>3c</b> Administrator's telephone number 515-362-1107																				
<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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td></td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<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>	
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<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 _____ (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 \_\_\_\_\_

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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 01/01/2025 and ending 02/28/2025

<b>A</b> Name of plan <u>PRINCIPAL HIGH INCOME SEPARATE ACCOUNT</u>	<b>B</b> Three-digit plan number (PN)	<u>101</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>42-0127290</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	STEIN S, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STEINS, INC.	<b>c</b> EIN-PN 86-1681785-001
<b>a</b>	Plan name	KNOLLWOOD CEMETERY 401K	
<b>b</b>	Name of plan sponsor	KNOLLWOOD CEMETERY	<b>c</b> EIN-PN 04-2060551-001
<b>a</b>	Plan name	BUETTNER INSURANCE AGENCY INC EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUETTNER INSURANCE AGENCY INC	<b>c</b> EIN-PN 25-1362488-001
<b>a</b>	Plan name	EXCELL MARKETING, L.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EXCELL MARKETING, L.C.	<b>c</b> EIN-PN 42-1444611-001
<b>a</b>	Plan name	WEILER ENGINEERING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WEILER ENGINEERING, INC.	<b>c</b> EIN-PN 36-2419809-001
<b>a</b>	Plan name	CSE CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CSE CORPORATION	<b>c</b> EIN-PN 25-1111424-002
<b>a</b>	Plan name	N.A. MANS AND SONS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	N.A. MANS AND SONS, INC.	<b>c</b> EIN-PN 38-0788330-002
<b>a</b>	Plan name	FARNHAM AND PFILE CONSTRUCTION, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FARNHAM AND PFILE CONSTRUCTION, INC.	<b>c</b> EIN-PN 25-1498647-001
<b>a</b>	Plan name	AJT ENTERPRISES, INC. EMPLOYEE PROFIT-SHARING AND SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AJT ENTERPRISES, INC.	<b>c</b> EIN-PN 73-1582004-001
<b>a</b>	Plan name	TIMPTE 401K RETIREMENT SAVINGS AND PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TIMPTE INDUSTRIES INC	<b>c</b> EIN-PN 22-1696742-001
<b>a</b>	Plan name	BALDOR CHICAGO, INC.	
<b>b</b>	Name of plan sponsor	BALDOR CHICAGO INC	<b>c</b> EIN-PN 46-4462217-001
<b>a</b>	Plan name	SCHWARTZ AND ASSOCIATES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHWARTZ AND ASSOCIATES, INC.	<b>c</b> EIN-PN 61-1021698-001

<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	NEW WORLD FOUNDATION MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	NEW WORLD FOUNDATION	<b>c</b> EIN-PN 13-1919791-001
<b>a</b>	Plan name	JAVEN CONSTRUCTION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JAVEN CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 16-1177303-001
<b>a</b>	Plan name	ENERGY MARKETERS OF AMERICA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ENERGY MARKETERS OF AMERICA	<b>c</b> EIN-PN 52-1191640-001
<b>a</b>	Plan name	CARUS CORPORATION BARGAINING EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARUS CORPORATION	<b>c</b> EIN-PN 36-0877400-004
<b>a</b>	Plan name	HOTEL EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONCOURSE HOTEL INC	<b>c</b> EIN-PN 39-1730575-001
<b>a</b>	Plan name	LOU FUSZ AUTOMOTIVE NETWORK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LOU FUSZ AUTOMOTIVE NETWORK, INC.	<b>c</b> EIN-PN 43-1502088-002
<b>a</b>	Plan name	COASTAL SYSTEMS INTERNATIONAL 401K PLAN	
<b>b</b>	Name of plan sponsor	COASTAL SYSTEMS INTERNATIONAL INC	<b>c</b> EIN-PN 65-0543399-001
<b>a</b>	Plan name	HARRISTOWN DEVELOPMENT CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HARRISTOWN DEVELOPMENT CORPORATION RETIREMENT	<b>c</b> EIN-PN 25-1581214-001
<b>a</b>	Plan name	DNP GROUP 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DNP IMAGINGCOMM AMERICA CORPORATION	<b>c</b> EIN-PN 62-1575799-001
<b>a</b>	Plan name	ALL TEMP CHICAGO RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALL TEMP CHICAGO	<b>c</b> EIN-PN 36-3286799-001
<b>a</b>	Plan name	NEW ALLIANCE FEDERAL CREDIT UNION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW ALLIANCE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 25-0971818-002
<b>a</b>	Plan name	ORLANDO REGIONAL REALTOR ASSOCIATION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ORLANDO REGIONAL REALTOR ASSOCIATION INC	<b>c</b> EIN-PN 59-0859806-001

<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	GROSCHOPP 401-K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GROSCHOPP, INC.	<b>c</b> EIN-PN 06-0954740-001
<b>a</b>	Plan name	DYNABRADE, INC. PROFIT SHARING/401K SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DYNABRADE, INC.	<b>c</b> EIN-PN 16-0950182-002
<b>a</b>	Plan name	RJ WATERS AND ASSOCIATES INC PROFIT SHARING/401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	R J WATERS AND ASSOCIATES INC	<b>c</b> EIN-PN 23-2670690-002
<b>a</b>	Plan name	KELLY AND DEWITT 401K PLAN	
<b>b</b>	Name of plan sponsor	KELLY AND DEWITT INCORPORATED	<b>c</b> EIN-PN 52-2003676-001
<b>a</b>	Plan name	RETIRMENT PLAN OF G.M.P.-EMPLOYERS RETIREE PLAN	
<b>b</b>	Name of plan sponsor	G.M.P.-EMPLOYERS RETIREE TRUST	<b>c</b> EIN-PN 23-6411794-001
<b>a</b>	Plan name	PROGRESSIONS CU 401 K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIONS CU	<b>c</b> EIN-PN 91-0419495-001
<b>a</b>	Plan name	CARHARTT, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	CARHARTT INC	<b>c</b> EIN-PN 38-1776575-001
<b>a</b>	Plan name	LOUISVILLE PROTESTANT ALTENHEIM, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOUISVILLE PROTESTANT ALTENHEIM	<b>c</b> EIN-PN 61-0449634-001
<b>a</b>	Plan name	GTE FEDERAL CREDIT UNION DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GTE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 59-0642956-001
<b>a</b>	Plan name	PIONEER MANAGEMENT GROUP, LLC 401K SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PIONEER MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 75-3070728-001
<b>a</b>	Plan name	JKS TRAVEL, INC. 401K SIMPLE PLAN	
<b>b</b>	Name of plan sponsor	JKS TRAVEL, INC.	<b>c</b> EIN-PN 75-2187755-001
<b>a</b>	Plan name	BLYTHE PLUMBING AND HEATING, INC. EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLYTHE PLUMBING AND HEATING, INC.	<b>c</b> EIN-PN 91-0919380-001

<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	GRIGGS STEEL COMPANY 401K SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GRIGGS STEEL COMPANY	<b>c</b> EIN-PN 38-2056945-002
<b>a</b>	Plan name	STEIN MANUFACTURING, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STEIN MANUFACTURING, INC.	<b>c</b> EIN-PN 47-0602245-001
<b>a</b>	Plan name	NORMAN KING ELECTRIC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORMAN KING ELECTRIC INC	<b>c</b> EIN-PN 61-1133754-001
<b>a</b>	Plan name	FAMILY PARTNERS LTD 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FAMILY PARTNERS LTD	<b>c</b> EIN-PN 41-1625132-002
<b>a</b>	Plan name	HANNA LIND, LTD. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HANNA LIND LTD	<b>c</b> EIN-PN 46-4678056-001
<b>a</b>	Plan name	C I CONSTRUCTION LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C I CONSTRUCTION, LLC	<b>c</b> EIN-PN 41-1891159-001
<b>a</b>	Plan name	AAA HEATING SERVICE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AAA HEATING SERVICE, INC.	<b>c</b> EIN-PN 35-1309351-001
<b>a</b>	Plan name	B AND W, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B AND W, INC.	<b>c</b> EIN-PN 23-1736534-001
<b>a</b>	Plan name	NORCAL INSURANCE COMPANY PENSION PLAN	
<b>b</b>	Name of plan sponsor	NORCAL INSURANCE COMPANY	<b>c</b> EIN-PN 94-2301054-002
<b>a</b>	Plan name	RST DEF BEN RET INCOME PL FOR EES REP BY INTL ASSOC. OF HEAT AND FROST	
<b>b</b>	Name of plan sponsor	INTERNATIONAL ASSOCIATION OF HEAT AND FROST	<b>c</b> EIN-PN 42-6076559-001
<b>a</b>	Plan name	RACO STEEL COMPANY UNION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RACO STEEL COMPANY	<b>c</b> EIN-PN 36-3417670-002
<b>a</b>	Plan name	VISI-FLASH 401K SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VISI-FLASH RENTALS EASTERN INC	<b>c</b> EIN-PN 04-2317963-001

<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	SUNLIFE, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUNLIFE, INC.	<b>c</b> EIN-PN 56-1294733-001
<b>a</b>	Plan name	DIMARCO, ARAUJO AND MONTEVIDEO 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIMARCO, ARAUJO AND MONTEVIDEO	<b>c</b> EIN-PN 95-3203926-001
<b>a</b>	Plan name	ARBOR GAGE AND TOOLING, INC. EMPLOYEES 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARBOR GAGE AND TOOLING, INC.	<b>c</b> EIN-PN 38-2271922-002
<b>a</b>	Plan name	FMNE INSURANCE COMPANY EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FMNE INSURANCE COMPANY	<b>c</b> EIN-PN 47-0157205-001
<b>a</b>	Plan name	GREEN HORIZONS 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	GREEN HORIZONS LANDSCAPE AND MAINTENANCE, INC.	<b>c</b> EIN-PN 33-0118283-001
<b>a</b>	Plan name	FRANK HUTH AND SONS INC EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRANK HUTH AND SONS INC	<b>c</b> EIN-PN 23-1998287-001
<b>a</b>	Plan name	GIFFORD SPRING COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	GIFFORD SPRING COMPANY	<b>c</b> EIN-PN 75-1985225-001
<b>a</b>	Plan name	QUEST IV, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	QUEST IV, INC.	<b>c</b> EIN-PN 38-2262453-001
<b>a</b>	Plan name	CUSTOM AIR, INC.	
<b>b</b>	Name of plan sponsor	CUSTOM AIR, INC.	<b>c</b> EIN-PN 65-0023256-001
<b>a</b>	Plan name	TST, INC. CONSULTING ENGINEERS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TST, INC. CONSULTING ENGINEERS	<b>c</b> EIN-PN 84-1122900-001
<b>a</b>	Plan name	DESERT WEST SURGERY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEWIS AND LOVETT LTD., INC. DBA DESERT WEST SUR	<b>c</b> EIN-PN 88-0219190-001
<b>a</b>	Plan name	EXTRUDED ALUMINUM CORPORATION BARGAINING UNIT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EXTRUDED ALUMINUM COMPANY, LLC	<b>c</b> EIN-PN 38-3622873-001

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 MILLER BROS. CONSTRUCTION INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MILLER BROS. CONSTRUCTION INC.	<b>c</b> EIN-PN 23-2346551-001
<b>a</b>	Plan name COUNCIL OF INSTITUTIONAL INVESTORS DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor COUNCIL OF INSTITUTIONAL INVESTORS DEFINED BE	<b>c</b> EIN-PN 52-1380217-003
<b>a</b>	Plan name TERRY EQUIPMENT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor TERRY EQUIPMENT, INC.	<b>c</b> EIN-PN 33-0382541-001
<b>a</b>	Plan name ILLINOIS NURSES ASSOCIATION RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor ILLINOIS NURSES ASSOCIATION	<b>c</b> EIN-PN 36-1258142-002
<b>a</b>	Plan name MARY LANNING MEMORIAL HOSPITAL ASSOCIATION 401K PLAN	
<b>b</b>	Name of plan sponsor MARY LANNING MEMORIAL HOSPITAL ASSOCIATION	<b>c</b> EIN-PN 47-0378779-002
<b>a</b>	Plan name MEMBERS FIRST CREDIT UNION OF FLORIDA DEFINED BENEFIT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MEMBERS FIRST CREDIT UNION OF FLORIDA	<b>c</b> EIN-PN 59-0777511-001
<b>a</b>	Plan name THE LOOSE LEAF METALS COMPANY PENSION PLAN FOR UNION MEMBER EMPLOYEES	
<b>b</b>	Name of plan sponsor U.S. RING BINDER, L.P.	<b>c</b> EIN-PN 36-4222052-002
<b>a</b>	Plan name STINSON ENTERPRISES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STINSON ENTERPRISES, INC.	<b>c</b> EIN-PN 94-1702818-001
<b>a</b>	Plan name COBYS FAMILY SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COBYS FAMILY SERVICES	<b>c</b> EIN-PN 23-2128881-001
<b>a</b>	Plan name INCOBRASA INDUSTRIES, LTD. 401K PLAN	
<b>b</b>	Name of plan sponsor INCOBRASA INDUSTRIES, LTD.	<b>c</b> EIN-PN 37-1344471-001
<b>a</b>	Plan name NORTH SHORE BANK, FSB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NORTH SHORE BANK, FSB	<b>c</b> EIN-PN 39-0506400-001
<b>a</b>	Plan name STEPHEN CHELBAY COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor STEPHEN CHELBAY CO	<b>c</b> EIN-PN 94-1750014-002

<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	SNYDER INSURANCE SERVICE, INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	SNYDER INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 48-1182950-001
<b>a</b>	Plan name	NATIONAL GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL ELEVATOR CAB AND DOOR CORP	<b>c</b> EIN-PN 13-1086440-001
<b>a</b>	Plan name	OKAMOTO CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OKAMOTO CORPORATION	<b>c</b> EIN-PN 36-2755500-001
<b>a</b>	Plan name	PAINTERS LOCAL UNION 802 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRUSTEES OF PAINTERS LOCAL UNION 802	<b>c</b> EIN-PN 51-6035231-002
<b>a</b>	Plan name	VAN HORN CONSTRUCTION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	VAN HORN CONSTRUCTION, INC.	<b>c</b> EIN-PN 71-0409672-001
<b>a</b>	Plan name	HAZAMA ANDO CORPORATION SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HAZAMA ANDO CORPORATION	<b>c</b> EIN-PN 20-0400243-001
<b>a</b>	Plan name	PREIN AND NEWHOF, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	PREIN AND NEWHOF, INC.	<b>c</b> EIN-PN 38-1891590-001
<b>a</b>	Plan name	ELEMENTAL CONTAINER INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ELEMENTAL CONTAINER INC.	<b>c</b> EIN-PN 56-2305419-001
<b>a</b>	Plan name	GOLDIN AND STAFFORD, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GOLDIN AND STAFFORD INC	<b>c</b> EIN-PN 52-1761787-001
<b>a</b>	Plan name	ICL-IP AMERICA INC. HOURLY EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ICL - IP AMERICA INC	<b>c</b> EIN-PN 35-2303211-002
<b>a</b>	Plan name	CLOSEBEND, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLOSEBEND, INC.	<b>c</b> EIN-PN 73-0956464-001
<b>a</b>	Plan name	INSPECTION TECHNOLOGIES, INCORPORATED 401K PLAN	
<b>b</b>	Name of plan sponsor	INSPECTION TECHNOLOGIES, INCORPORATED	<b>c</b> EIN-PN 95-3959303-001

<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	CEMETERY WORKERS SUPPLEMENTAL PENSION PLAN	
<b>b</b>	Name of plan sponsor	TRUSTEE OF THE CEMETERY WORKERS SUPPLMENT	<b>c</b> EIN-PN 11-2416101-001
<b>a</b>	Plan name	DAUFELDT TRANSPORT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DAUFELDT TRANSPORT INC.	<b>c</b> EIN-PN 42-0927218-001
<b>a</b>	Plan name	PREMIER CONTRACT CARPET, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PREMIER CONTRACT CARPET, INC.	<b>c</b> EIN-PN 58-2474064-006
<b>a</b>	Plan name	ABEL AND SCHAFFER, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABEL AND SCHAFFER, INC.	<b>c</b> EIN-PN 11-2723610-001
<b>a</b>	Plan name	CSI ELECTRONICS 401K PLAN	
<b>b</b>	Name of plan sponsor	CIL ELECTRONICS LLC DBA CSI ELECTRONICS	<b>c</b> EIN-PN 83-3464038-001
<b>a</b>	Plan name	E.D. SWETT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	E.D. SWETT, INC.	<b>c</b> EIN-PN 02-0228127-001
<b>a</b>	Plan name	OMEGA REHAB 401K PLAN	
<b>b</b>	Name of plan sponsor	GUEVARA ENTERPRISES, INC.	<b>c</b> EIN-PN 20-8329220-001
<b>a</b>	Plan name	GREY DOG MEDIA 401K PLAN	
<b>b</b>	Name of plan sponsor	GREY DOG MEDIA LLC	<b>c</b> EIN-PN 20-5040467-001
<b>a</b>	Plan name	HOUSEHOLD SERVICES 2014 LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HOUSEHOLD SERVICES 2014 LLC	<b>c</b> EIN-PN 46-5197599-001
<b>a</b>	Plan name	CAMFED USA FOUNDATION 401K	
<b>b</b>	Name of plan sponsor	CAMFED USA FOUNDATION	<b>c</b> EIN-PN 54-2033897-001
<b>a</b>	Plan name	SIMPSON OF MARYLAND, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIMPSON OF MARYLAND, INC.	<b>c</b> EIN-PN 04-3672651-001
<b>a</b>	Plan name	CENTURY BATHWORKS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CENTURY BATHWORKS, INC.	<b>c</b> EIN-PN 22-2292599-001

<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	AMT 401K PLAN
<b>b</b>	Name of plan sponsor	ADVANCED MACHINE AND TOOL, INC.
<b>c</b>	EIN-PN	59-2332500-001
<b>a</b>	Plan name	RAMY A. AWAD M.D. INC. 401K PLAN
<b>b</b>	Name of plan sponsor	RAMY A. AWAD M.D. INC.
<b>c</b>	EIN-PN	27-0350778-001
<b>a</b>	Plan name	SWMG 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SEQUOIA WEALTH MANAGEMENT GROUP, LLC
<b>c</b>	EIN-PN	27-2200726-001
<b>a</b>	Plan name	MANBERG LLC 401K PLAN
<b>b</b>	Name of plan sponsor	MANBERG LLC
<b>c</b>	EIN-PN	20-8233419-001
<b>a</b>	Plan name	THE COMPLIANCE AND ETHICS FORUM FOR LIFE INSURERS 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	THE COMPLIANCE AND ETHICS FORUM FOR LIFE INSU
<b>c</b>	EIN-PN	27-3782503-001
<b>a</b>	Plan name	PETERSEN INC. 401K PLAN
<b>b</b>	Name of plan sponsor	PETERSEN INC.
<b>c</b>	EIN-PN	87-0354727-002
<b>a</b>	Plan name	BRATZ OIL CORPORATION 401K PLAN
<b>b</b>	Name of plan sponsor	BRATZ OIL CORPORATION
<b>c</b>	EIN-PN	42-1113427-002
<b>a</b>	Plan name	DYMIN SYSTEMS, INC. 401K SAVINGS PLAN
<b>b</b>	Name of plan sponsor	DYMIN SYSTEMS, INC.
<b>c</b>	EIN-PN	42-1525608-001
<b>a</b>	Plan name	MARITIME APPLIED PHYSICS CORPORATION 401K PLAN
<b>b</b>	Name of plan sponsor	MARITIME APPLIED PHYSICS CORPORATION
<b>c</b>	EIN-PN	52-1513939-001
<b>a</b>	Plan name	BROOKS SCARPA ARCHITECTS, INC. 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BROOKS SCARPA ARCHITECTS, INC.
<b>c</b>	EIN-PN	01-0552842-001
<b>a</b>	Plan name	TWIN DENTAL 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	TWIN DENTAL P.C.
<b>c</b>	EIN-PN	26-0451620-001
<b>a</b>	Plan name	R H KELEHER CO INC 401K PLAN
<b>b</b>	Name of plan sponsor	R H KELEHER CO INC
<b>c</b>	EIN-PN	04-2718504-001

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 AIRMEN HVAC SERVICE 401K PLAN	
<b>b</b>	Name of plan sponsor AIRMEN HVAC SERVICE	<b>c</b> EIN-PN 27-1140490-001
<b>a</b>	Plan name A.K. INDUSTRIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor A.K. INDUSTRIES, INC.	<b>c</b> EIN-PN 35-1515023-001
<b>a</b>	Plan name DOWCO PAINTING CO., INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DOWCO PAINTING CO., INC.	<b>c</b> EIN-PN 21-0733652-001
<b>a</b>	Plan name AMERICAN AVIATION PARTS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN AVIATION PARTS, INC. DBA GM AIR	<b>c</b> EIN-PN 65-0266476-001
<b>a</b>	Plan name HANKEN CONO ASSAD AND CO., INC. 401K PLAN	
<b>b</b>	Name of plan sponsor HANKEN CONO ASSAD AND CO., INC.	<b>c</b> EIN-PN 95-2884095-001
<b>a</b>	Plan name PENINSULA PLASTICS COMPANY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor PENINSULA PLASTICS COMPANY, INC.	<b>c</b> EIN-PN 38-2330478-001
<b>a</b>	Plan name HERMES-PARKER CONCRETE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HERMES-PARKER CONCRETE, LTD.	<b>c</b> EIN-PN 20-1697363-001
<b>a</b>	Plan name J. MICHAEL GAULDIN 401K PLAN	
<b>b</b>	Name of plan sponsor J. MICHAEL GAULDIN 401K PLAN	<b>c</b> EIN-PN 81-3609231-001
<b>a</b>	Plan name JOTUN PAINTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor JOTUN PAINTS, INC.	<b>c</b> EIN-PN 52-2147529-001
<b>a</b>	Plan name GEORGIA FARM BUREAU COMPANIES RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor GEORGIA FARM BUREAU FEDERATION	<b>c</b> EIN-PN 58-0622854-001
<b>a</b>	Plan name DRESNER GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor DRESNER GROUP, LLC	<b>c</b> EIN-PN 51-0432220-001
<b>a</b>	Plan name CARSON M. SIMON CO., INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARSON M. SIMON CO., INC.	<b>c</b> EIN-PN 23-2768875-001

<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	BARNETT CONTRACTING, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BARNETT CONTRACTING, INC.	<b>c</b> EIN-PN 74-2714441-001
<b>a</b>	Plan name	RIGHT START MORTGAGE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	RIGHT START MORTGAGE, INC.	<b>c</b> EIN-PN 94-4234730-002
<b>a</b>	Plan name	LINDQUIST INSURANCE 401K PLAN	
<b>b</b>	Name of plan sponsor	COGAN INSURANCE ADVISORS, INC. DBA LINDQUIST	<b>c</b> EIN-PN 83-1568646-001
<b>a</b>	Plan name	FOURTEEN FOODS 401K PLAN	
<b>b</b>	Name of plan sponsor	MDF HOLDINGS I LLC	<b>c</b> EIN-PN 45-3628126-001
<b>a</b>	Plan name	MIDDLE EAST BAKERY 401K PLAN	
<b>b</b>	Name of plan sponsor	MIDDLE EAST BAKERY AND GROCERY, INC.	<b>c</b> EIN-PN 36-4163584-001
<b>a</b>	Plan name	SANITARY LINENS, INC. UNION 401K PLAN	
<b>b</b>	Name of plan sponsor	SANITARY LINENS, INC.	<b>c</b> EIN-PN 21-0555376-001
<b>a</b>	Plan name	MISSION LAKES COUNTRY CLUB, INC. 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	MISSION LAKES COUNTRY CLUB, INC.	<b>c</b> EIN-PN 95-2688566-001
<b>a</b>	Plan name	AMERICAN COMMUNITY MANAGEMENT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN COMMUNITY MANAGEMENT, INC.	<b>c</b> EIN-PN 52-2303127-001
<b>a</b>	Plan name	YUMA IRRIGATION DISTRICT 401K PLAN	
<b>b</b>	Name of plan sponsor	YUMA IRRIGATION DISTRICT	<b>c</b> EIN-PN 86-6000659-001
<b>a</b>	Plan name	CANDM IRON AND METAL CO., INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CANDM IRON AND METAL CO.	<b>c</b> EIN-PN 84-0524553-001
<b>a</b>	Plan name	VIKING TRAVEL SERVICES, L.P. 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VIKING TRAVEL SERVICES, L.P.	<b>c</b> EIN-PN 36-3812579-001
<b>a</b>	Plan name	TRI-BOROUGH HOME CARE, LTD 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRI-BOROUGH HOME CARE, LTD	<b>c</b> EIN-PN 45-4561575-001

<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	INTEGRATED COATING SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED COATING SYSTEMS	<b>c</b> EIN-PN 76-0823942-001
<b>a</b>	Plan name	PRINCETON ANIMAL CARE CLINIC 401K PLAN	
<b>b</b>	Name of plan sponsor	PRINCETON ANIMAL CARE CLINIC, LLC	<b>c</b> EIN-PN 45-2822693-001
<b>a</b>	Plan name	EAC BARGAINING UNIT 401K PLAN	
<b>b</b>	Name of plan sponsor	EXTRUDED ALUMINUM CORPORATION	<b>c</b> EIN-PN 38-3622873-002
<b>a</b>	Plan name	DR. NINA K. MAW MAW MD INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	DR. NINA K. MAW MAW MD INC.	<b>c</b> EIN-PN 45-4136208-001
<b>a</b>	Plan name	THE WHITWORTH-HORN-GOETTEN INSURANCE AGCY INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE WHITWORTH-HORN-GOETTEN INSURANCE AGCY INC	<b>c</b> EIN-PN 43-1476541-001
<b>a</b>	Plan name	ISENHOUR DOOR PRODUCTS 401K PLAN	
<b>b</b>	Name of plan sponsor	ISENHOUR DOOR PRODUCTS, INC.	<b>c</b> EIN-PN 62-1506267-001
<b>a</b>	Plan name	POLESTAR ENTERPRISES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	POLESTAR ENTERPRISES, LLC	<b>c</b> EIN-PN 26-4674552-001
<b>a</b>	Plan name	MCCABE S MECHANICAL SERVICES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MCCABE S MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 30-0171801-001
<b>a</b>	Plan name	TATTLETALE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TATTLETALE	<b>c</b> EIN-PN 31-1439616-001
<b>a</b>	Plan name	CHICANO FEDERATION OF SAN DIEGO, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHICANO FEDERATION OF SAN DIEGO INC	<b>c</b> EIN-PN 23-7085960-001
<b>a</b>	Plan name	LJ INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LJ INC.	<b>c</b> EIN-PN 27-4173369-001
<b>a</b>	Plan name	EXCEL HOTEL GROUP, INC. 401 K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EXCEL HOTEL GROUP, INC.	<b>c</b> EIN-PN 77-0685190-001

<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	S-ONE HOLDINGS CORPORATION RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	S-ONE HOLDINGS CORPORATION
<b>c</b>	EIN-PN	36-4748517-001
<b>a</b>	Plan name	RILEY ELECTRIC, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	RILEY ELECTRIC, INC.
<b>c</b>	EIN-PN	71-0995335-001
<b>a</b>	Plan name	CREATIVE MATERIALS CORPORATION 401KPLAN
<b>b</b>	Name of plan sponsor	CREATIVE MATERIALS CORPORATION
<b>c</b>	EIN-PN	14-1762992-001
<b>a</b>	Plan name	OPEX COMMUNICATIONS, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	OPEX COMMUNICATIONS, INC.
<b>c</b>	EIN-PN	36-4212890-001
<b>a</b>	Plan name	BOSTON FINANCE GROUP, LLC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BOSTON FINANCE GROUP, LLC
<b>c</b>	EIN-PN	26-4511901-001
<b>a</b>	Plan name	E AND H TRANSPORT NETWORK, INC C.E.C. BENEFIT GROUP P/S AND 401K PLAN
<b>b</b>	Name of plan sponsor	E AND H TRANSPORT NETWORK, INC
<b>c</b>	EIN-PN	33-0592122-001
<b>a</b>	Plan name	DAL-AIR INVESTMENTS CASTINGS 401K PLAN
<b>b</b>	Name of plan sponsor	DAL-AIR TOOL COMPANY DBA DAL-AIR INVESTMENT
<b>c</b>	EIN-PN	75-1233959-001
<b>a</b>	Plan name	SOUTHWEST DEVELOPMENTAL SERVICES, INC. D/B/A SDSI 401K SAVINGS PLAN
<b>b</b>	Name of plan sponsor	SOUTHWEST DEVELOPMENTAL SVCS, INC. D/B/A SDSI
<b>c</b>	EIN-PN	48-0818197-001
<b>a</b>	Plan name	HANSEN HOUSE COMPANY 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	HANSEN HOUSE COMPANY
<b>c</b>	EIN-PN	41-1504359-001
<b>a</b>	Plan name	NABCEP 401K
<b>b</b>	Name of plan sponsor	NORTH AMERICAN BOARD OF CERTIFIED ENERGY PRAC
<b>c</b>	EIN-PN	05-0522337-001
<b>a</b>	Plan name	SUSAN B. ANTHONY LIST 401K PLAN
<b>b</b>	Name of plan sponsor	SUSAN B. ANTHONY LIST
<b>c</b>	EIN-PN	54-1850126-001
<b>a</b>	Plan name	COMMON GROUND HEALTHCARE RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	COMMON GROUND HEALTHCARE COOPERATIVE
<b>c</b>	EIN-PN	45-3309488-001

<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	SHEA VENTURES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHEA VENTURES, INC.	<b>c</b> EIN-PN 45-1598189-001
<b>a</b>	Plan name	HEINZ MARKETING INCORPORATED 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	HEINZ MARKETING, INC.	<b>c</b> EIN-PN 27-2857685-001
<b>a</b>	Plan name	SANDERLING RENAL SERVICES USA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SANDERLING RENAL SERVICES USA LLC	<b>c</b> EIN-PN 26-4116444-001
<b>a</b>	Plan name	THE PHIA GROUP, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	THE PHIA GROUP, LLC	<b>c</b> EIN-PN 04-3504115-001
<b>a</b>	Plan name	CHONE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CHONE, INC.	<b>c</b> EIN-PN 32-0256306-001
<b>a</b>	Plan name	ADWERKS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADWERKS, INC.	<b>c</b> EIN-PN 46-0451501-001
<b>a</b>	Plan name	BRAIN INJURY ASSOCIATION OF MA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	BRAIN INJURY ASSOCIATION OF MA, INC.	<b>c</b> EIN-PN 04-2753269-002
<b>a</b>	Plan name	JOHN M QUINN 401K PLAN	
<b>b</b>	Name of plan sponsor	JOHN M. QUINN DMD PC	<b>c</b> EIN-PN 45-1661335-001
<b>a</b>	Plan name	TROUSSEAU, LTD. 401K PLAN	
<b>b</b>	Name of plan sponsor	TROUSSEAU, LTD	<b>c</b> EIN-PN 22-3641537-001
<b>a</b>	Plan name	ADVENTURE LIGHTING 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ADVENTURE LIGHTING, INC	<b>c</b> EIN-PN 06-1660912-001
<b>a</b>	Plan name	INNOVATIVE VENTURES IN INFORMATION TECHNOLOGY, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE VENTURES IN INFORMATION	<b>c</b> EIN-PN 20-8250550-001
<b>a</b>	Plan name	APPLIED BUILDING SERVICES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	APPLIED BUILDING SERVICES, INC.	<b>c</b> EIN-PN 46-0686863-001

<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	HARDING MAZZOTTI, LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HARDING MAZZOTTI, LLP	<b>c</b> EIN-PN 14-1773128-002
<b>a</b>	Plan name	HOLLAND 1916 INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOLLAND 1916 INC.	<b>c</b> EIN-PN 20-2152106-001
<b>a</b>	Plan name	NEW ENGLAND ROAD, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND ROAD, INC.	<b>c</b> EIN-PN 06-1333692-002
<b>a</b>	Plan name	THOMPSON MANAGEMENT LLC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	THOMPSON MANAGEMENT LLC	<b>c</b> EIN-PN 84-1634142-001
<b>a</b>	Plan name	CARE ELECTRIC 401K PLAN	
<b>b</b>	Name of plan sponsor	CARE ELECTRIC, INC.	<b>c</b> EIN-PN 65-0395423-001
<b>a</b>	Plan name	JML ENTERPRISES CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor	JML ENTERPRISES CORP.	<b>c</b> EIN-PN 27-1568658-001
<b>a</b>	Plan name	HYBRID MEDIA SERVICES, LLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	HYBRID MEDIA SERVICES, LLC	<b>c</b> EIN-PN 26-3413881-001
<b>a</b>	Plan name	MARC E. ALLEN DDS, MS PA 401K PLAN	
<b>b</b>	Name of plan sponsor	MARC E. ALLEN DDS, MS PA	<b>c</b> EIN-PN 56-2191354-001
<b>a</b>	Plan name	MAS CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	MAS CORPORATION	<b>c</b> EIN-PN 80-0033850-001
<b>a</b>	Plan name	WRIGHT AND KIRSCHBRAUN SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor	WRIGHT AND KIRSCHBRAUN, A LIMITED LIABILITY LAW	<b>c</b> EIN-PN 99-0283020-001
<b>a</b>	Plan name	DELTA T SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DELTA T SYSTEMS, INC.	<b>c</b> EIN-PN 46-1509693-001
<b>a</b>	Plan name	SYSTEMS SUPPORT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SYSTEMS SUPPORT, INC.	<b>c</b> EIN-PN 42-1115277-001

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 21ST CENTURY DENTAL CARE, PC 401K PLAN	
<b>b</b>	Name of plan sponsor 21ST CENTURY DENTAL CARE, PC	<b>c</b> EIN-PN 20-0388039-001
<b>a</b>	Plan name PROPEL CAREERS 401K PLAN	
<b>b</b>	Name of plan sponsor PROPEL CAREERS, LLC	<b>c</b> EIN-PN 27-1093470-001
<b>a</b>	Plan name HAWKEYE PAVING CORPORATION 401K SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAWKEYE PAVING CORPORATION	<b>c</b> EIN-PN 42-1195721-001
<b>a</b>	Plan name STORONE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor STORONE, INC.	<b>c</b> EIN-PN 33-1226983-001
<b>a</b>	Plan name GREENVILLE DRIVE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor GREENVILLE DRIVE, LLC	<b>c</b> EIN-PN 04-3672609-001
<b>a</b>	Plan name FLAIRSOFT EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FLAIRSOFT LTD.	<b>c</b> EIN-PN 31-1794085-001
<b>a</b>	Plan name EAST COAST CONTRACTING 401K PLAN	
<b>b</b>	Name of plan sponsor EAST COAST CONTRACTING, INC.	<b>c</b> EIN-PN 86-1068519-001
<b>a</b>	Plan name METTLER ELECTRONICS CORP. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor METTLER ELECTRONICS CORP.	<b>c</b> EIN-PN 95-1936426-002
<b>a</b>	Plan name SWEETSHOE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SWEETSHOE LLC	<b>c</b> EIN-PN 46-1256261-001
<b>a</b>	Plan name NEW YORK SCHOOLS INSURANCE RECIPROCAL 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor NEW YORK SCHOOLS INSURANCE RECIPROCAL	<b>c</b> EIN-PN 11-2971880-002
<b>a</b>	Plan name BIG ARCHITECTURE D.P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor BIG ARCHITECTURE D.P.C.	<b>c</b> EIN-PN 45-2558265-001
<b>a</b>	Plan name USARAD.COM, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor USARAD.COM, LLC	<b>c</b> EIN-PN 94-3451778-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">PAYBRIDGE, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PAYBRIDGE, INC.</a>	<b>c</b> EIN-PN <a href="#">56-2623857-001</a>
<b>a</b>	Plan name <a href="#">REFORMERS UNANIMOUS INTERNATIONAL 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">REFORMERS UNANIMOUS INTERNATIONAL</a>	<b>c</b> EIN-PN <a href="#">36-4404153-001</a>
<b>a</b>	Plan name <a href="#">MID-STATE INDUSTRIAL SERVICE, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BCOD, INC. DBA MID-STATE INDUSTRIAL SERVICE,</a>	<b>c</b> EIN-PN <a href="#">87-0861494-001</a>
<b>a</b>	Plan name <a href="#">RDB DESIGN ASSOCIATES, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RDB DESIGN ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">59-3325210-001</a>
<b>a</b>	Plan name <a href="#">AXIOM MATERIALS, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AXIOM MATERIALS, INC.</a>	<b>c</b> EIN-PN <a href="#">27-1544357-001</a>
<b>a</b>	Plan name <a href="#">MODERNICA, INC. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MODERNICA INC</a>	<b>c</b> EIN-PN <a href="#">95-4287380-001</a>
<b>a</b>	Plan name <a href="#">1ST PREMIER HOME CARE, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">1ST PREMIER HOME CARE, INC</a>	<b>c</b> EIN-PN <a href="#">85-0471984-001</a>
<b>a</b>	Plan name <a href="#">MID VALLEY NUT COMPANY, INC. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MID VALLEY NUT COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0064752-001</a>
<b>a</b>	Plan name <a href="#">DIVISION 4 MASONRY SAFE HARBOR 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIVISION 4 MASONRY, INC.</a>	<b>c</b> EIN-PN <a href="#">35-2385459-001</a>
<b>a</b>	Plan name <a href="#">THE BROWN LAW FIRM 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TKB LAW PRACTICE MANAGEMENT, P.C.</a>	<b>c</b> EIN-PN <a href="#">46-2787676-001</a>
<b>a</b>	Plan name <a href="#">KRUSE MENNILLO, LLP 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KRUSE MENNILLO, LLP</a>	<b>c</b> EIN-PN <a href="#">95-4876591-001</a>
<b>a</b>	Plan name <a href="#">LYON SERVICES CORPORATION 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LYON SERVICES CORPORATION</a>	<b>c</b> EIN-PN <a href="#">56-2015076-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	BEHAVIOR ANALYST CERTIFICATION BOARD, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEHAVIOR ANALYST CERTIFICATION BOARD, INC.	<b>c</b> EIN-PN 59-3514321-001
<b>a</b>	Plan name	CAJUN FRACTURING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CAJUN FRACTURING, LLC 401K PLAN	<b>c</b> EIN-PN 26-4683937-001
<b>a</b>	Plan name	HT ENGINEERING 401K PLAN	
<b>b</b>	Name of plan sponsor	HT ENGINEERING COMPANY	<b>c</b> EIN-PN 45-5572511-001
<b>a</b>	Plan name	ANXIETY TREATMENT CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	ANXIETY TREATMENT CENTER, LLC	<b>c</b> EIN-PN 20-4999512-001
<b>a</b>	Plan name	APPEL YOST LLP EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	APPEL YOST LLP EMPLOYEES 401K PLAN	<b>c</b> EIN-PN 23-2220628-001
<b>a</b>	Plan name	CRITERION BARRELS, INC. SALARY SAVINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	CRITERION BARRELS, INC.	<b>c</b> EIN-PN 39-1977286-001
<b>a</b>	Plan name	COALMONT 401K PLAN	
<b>b</b>	Name of plan sponsor	COALMONT ELECTRICAL DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 63-1169394-001
<b>a</b>	Plan name	FRIED AND FRIED PA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRIED AND FRIED PA	<b>c</b> EIN-PN 59-2592753-001
<b>a</b>	Plan name	N.W. KALTZ AND SONS FARMS 401K PLAN	
<b>b</b>	Name of plan sponsor	N.W. KALTZ AND SONS FARMS	<b>c</b> EIN-PN 38-2925206-001
<b>a</b>	Plan name	GREAT EASTERN ENTERTAINMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREAT EASTERN ENTERTAINMENT CO.	<b>c</b> EIN-PN 95-4559713-001
<b>a</b>	Plan name	VINEYARD PROFESSIONAL SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	VINEYARD PROFESSIONAL SERVICES INC	<b>c</b> EIN-PN 77-0455158-001
<b>a</b>	Plan name	TAPROGGE AMERICA CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAPROGGE AMERICA CORPORATION	<b>c</b> EIN-PN 13-5667528-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HIGHLANDER 401K	
<b>b</b>	Name of plan sponsor	HIGHLANDER TRADING CORPORATION	<b>c</b> EIN-PN 65-0552526-001
<b>a</b>	Plan name	7SIGNAL 401K PLAN	
<b>b</b>	Name of plan sponsor	7SIGNAL, INC	<b>c</b> EIN-PN 45-1823625-001
<b>a</b>	Plan name	PRYOR PACKERS, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PRYOR PACKERS, INC	<b>c</b> EIN-PN 64-0844148-001
<b>a</b>	Plan name	ALPINE BROKERAGE NORTH 401K	
<b>b</b>	Name of plan sponsor	ALPINE BROKERAGE NORTH, LLC	<b>c</b> EIN-PN 92-0732847-001
<b>a</b>	Plan name	REGENT CROSS MEDICAL CLINIC, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REGENT CROSS MEDICAL CLINIC, LLC	<b>c</b> EIN-PN 46-0793836-001
<b>a</b>	Plan name	HOPKINS AND KOPILOW, ESQS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOPKINS AND KOPILOW, ESQS	<b>c</b> EIN-PN 11-3616350-001
<b>a</b>	Plan name	TAMPA SEDATION AND FAMILY DENTISTRY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAMPA SEDATION AND FAMILY DENTISTRY, INC.	<b>c</b> EIN-PN 27-3168713-001
<b>a</b>	Plan name	FLYNN WEALTH PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	FLYNN WEALTH PARTNERS, LLC	<b>c</b> EIN-PN 38-3732205-001
<b>a</b>	Plan name	SIMPLESOLVE 401K PLAN	
<b>b</b>	Name of plan sponsor	SIMPLESOLVE INC.	<b>c</b> EIN-PN 22-3707697-001
<b>a</b>	Plan name	DIXLINE CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIXLINE CORPORATION	<b>c</b> EIN-PN 36-2109810-001
<b>a</b>	Plan name	MICHAEL J. DRAKE JR. P.E. PC 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL J. DRAKE JR. P.E. PC	<b>c</b> EIN-PN 26-1398696-001
<b>a</b>	Plan name	AKSWFO INC. 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	AKSWFO INC.	<b>c</b> EIN-PN 46-4316417-001

<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	BELLEAIR ORAL SURGERY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BELLEAIR ORAL SURGERY AND IMPLANTS, PLLC	<b>c</b> EIN-PN 27-3665271-001
<b>a</b>	Plan name	DETERLINE ORTHODONTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	DETERLINE ORTHODONTICS, LLC	<b>c</b> EIN-PN 27-0322943-001
<b>a</b>	Plan name	HARVEST DENTAL	
<b>b</b>	Name of plan sponsor	HARVEST DENTAL	<b>c</b> EIN-PN 46-2434325-001
<b>a</b>	Plan name	THE INSOMNIA AND SLEEP INSTITUTE OF ARIZONA,LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE INSOMNIA AND SLEEP INSTITUTE OF ARIZONA, LL	<b>c</b> EIN-PN 37-1694260-001
<b>a</b>	Plan name	RACE DRIVEN, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RACE DRIVEN, LLC	<b>c</b> EIN-PN 32-0207665-002
<b>a</b>	Plan name	OXFORD ROAD 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OXFORD ROAD	<b>c</b> EIN-PN 45-2997736-001
<b>a</b>	Plan name	TAUSSIG AND SMITH, PC 401K PLAN	
<b>b</b>	Name of plan sponsor	TAUSSIG AND SMITH, PC	<b>c</b> EIN-PN 45-3765976-001
<b>a</b>	Plan name	NEW BREED 401K PLAN	
<b>b</b>	Name of plan sponsor	NEW BREED MARKETING	<b>c</b> EIN-PN 54-2063048-001
<b>a</b>	Plan name	XIN POINT NORTH AMERICA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	XIN POINT NORTH AMERICA, INC.	<b>c</b> EIN-PN 46-2345536-001
<b>a</b>	Plan name	URBAN MO S BAR AND GRILL 401K PLAN	
<b>b</b>	Name of plan sponsor	DCSS, INC. DBA URBAN MO S BAR AND GRILL	<b>c</b> EIN-PN 33-0495939-001
<b>a</b>	Plan name	THE PULPO GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	THE PULPO GROUP, INC.	<b>c</b> EIN-PN 46-4489392-001
<b>a</b>	Plan name	PARAMOUNT PACKAGING CORP. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARAMOUNT PACKAGING CORP	<b>c</b> EIN-PN 11-3570591-001

<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	MATTHEW J. KELLEY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MATTHEW J. KELLEY, INC.	<b>c</b> EIN-PN 20-8028218-001
<b>a</b>	Plan name	RE-MAX CROSSROADS 401K PLAN	
<b>b</b>	Name of plan sponsor	CROSSROADS NEO, LLC	<b>c</b> EIN-PN 87-3955898-002
<b>a</b>	Plan name	SEVIROLI FOODS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEVIROLI FOODS, LLC	<b>c</b> EIN-PN 81-2608502-001
<b>a</b>	Plan name	FIRST BAPTIST CHURCH 401K PLAN	
<b>b</b>	Name of plan sponsor	FIRST BAPTIST CHURCH	<b>c</b> EIN-PN 34-1133625-001
<b>a</b>	Plan name	ACCESS OPTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	ACCESS OPTICS LLC	<b>c</b> EIN-PN 73-1609728-001
<b>a</b>	Plan name	GIRLS INCORPORATED OF GREATER HOUSTON 401K PLAN	
<b>b</b>	Name of plan sponsor	GIRLS INCORPORATED OF GREATER HOUSTON	<b>c</b> EIN-PN 76-0483812-001
<b>a</b>	Plan name	SARATOGA CRANBERRY COMPANY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SARATOGA CRANBERRY COMPANY, INC.	<b>c</b> EIN-PN 39-1647126-001
<b>a</b>	Plan name	MILLSTREAM PROPERTIES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MILLSTREAM PROPERTIES, LLC	<b>c</b> EIN-PN 87-0379885-001
<b>a</b>	Plan name	ATLANTIC THEATER COMPANY 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ATLANTIC THEATER COMPANY	<b>c</b> EIN-PN 13-3218253-001
<b>a</b>	Plan name	NFM, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	NFM, INC.	<b>c</b> EIN-PN 52-2102740-001
<b>a</b>	Plan name	CRESILON, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CRESILON, INC.	<b>c</b> EIN-PN 45-4140872-001
<b>a</b>	Plan name	QOLITY FINANCIAL 401K PLAN	
<b>b</b>	Name of plan sponsor	KELLCOLE HOLDINGS LLC DBA QOLITY FINANCIAL	<b>c</b> EIN-PN 26-2185924-001

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 M AND J ENGINEERING, D.P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor M AND J ENGINEERING, D.P.C.	<b>c</b> EIN-PN 30-0284495-001
<b>a</b>	Plan name INTERNATIONAL HEALTH MANAGEMENT ASSOCIATES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL HEALTH MANAGEMENT ASSOCIATES, I	<b>c</b> EIN-PN 36-3858705-001
<b>a</b>	Plan name MOBILE WINE SERVICE, LLC DBA VINPURE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MOBILE WINE SERVICES, LLC DBA VINPURE	<b>c</b> EIN-PN 80-0779043-001
<b>a</b>	Plan name INTERNATIONAL FREIGHT TRANSPORT, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL FREIGHT TRANSPORT, INC.	<b>c</b> EIN-PN 22-2893156-001
<b>a</b>	Plan name B.A.T. RETIREMENT FUND	
<b>b</b>	Name of plan sponsor LOCAL UNION 514, B.A.T.	<b>c</b> EIN-PN 46-1144986-001
<b>a</b>	Plan name LAFC SPORTS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor LAFC SPORTS, LLC	<b>c</b> EIN-PN 47-1994482-001
<b>a</b>	Plan name DIEGO G. ALLENDE, D.O. 401K PLAN	
<b>b</b>	Name of plan sponsor DIEGO ALLENDE, MEDICAL CORPORATION	<b>c</b> EIN-PN 77-0574555-001
<b>a</b>	Plan name BUILDERTREND SOLUTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor BUILDERTREND SOLUTIONS, INC.	<b>c</b> EIN-PN 20-5132639-001
<b>a</b>	Plan name NEVADA COIN AND JEWELRY 401K PLAN	
<b>b</b>	Name of plan sponsor NEVADA COIN AND JEWELRY, LLC	<b>c</b> EIN-PN 47-5631049-001
<b>a</b>	Plan name APTAPHARMA SPECIALISTS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor APTAPHARMA SPECIALISTS	<b>c</b> EIN-PN 20-4970367-001
<b>a</b>	Plan name MORLOGIC INC. 401K PLAN	
<b>b</b>	Name of plan sponsor MORLOGIC INC.	<b>c</b> EIN-PN 16-1695874-001
<b>a</b>	Plan name FINLEY DESIGN 401K PLAN	
<b>b</b>	Name of plan sponsor FINLEY DESIGN	<b>c</b> EIN-PN 20-0703054-001

<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	FIVE BROTHERS 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FIVE BROTHERS MORTGAGE COMPANY SERVICES AND S	<b>c</b> EIN-PN 38-2699920-002
<b>a</b>	Plan name	ANALYTICAL SCIENCE AND TECHNOLOGIES GROUP INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANALYTICAL SCIENCE AND TECHNOLOGIES GROUP INC	<b>c</b> EIN-PN 46-3663966-001
<b>a</b>	Plan name	SOUTHWEST MECHANICAL, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWEST MECHANICAL, INC.	<b>c</b> EIN-PN 13-4358972-001
<b>a</b>	Plan name	ELITE THERAPY SOLUTIONS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELITE THERAPY SOLUTIONS, LLC	<b>c</b> EIN-PN 81-1655288-001
<b>a</b>	Plan name	ACM 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED CLEANROOM MICROCLEAN CORP.	<b>c</b> EIN-PN 33-0143285-001
<b>a</b>	Plan name	APEX AUTO AND RV REPAIR 401K PLAN	
<b>b</b>	Name of plan sponsor	SUNSTATE PROPERTIES OF TAMPA, LLC DBA PREVENT	<b>c</b> EIN-PN 02-0773627-001
<b>a</b>	Plan name	SYNERGY HOME, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY HOMES, LLC	<b>c</b> EIN-PN 90-1000163-001
<b>a</b>	Plan name	RAY SMITH AND ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	RAY SMITH AND ASSOCIATES, INC.	<b>c</b> EIN-PN 11-3187264-001
<b>a</b>	Plan name	IBEW LOCAL 160 401K PLAN	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 160	<b>c</b> EIN-PN 41-0415203-001
<b>a</b>	Plan name	MACATAK 401K PLAN	
<b>b</b>	Name of plan sponsor	MACATAK, INC.	<b>c</b> EIN-PN 85-0430260-002
<b>a</b>	Plan name	TSP SERVICES INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TSP SERVICES INC.	<b>c</b> EIN-PN 27-1498243-001
<b>a</b>	Plan name	HOLLADAY BANK AND TRUST 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOLLADAY BANK AND TRUST	<b>c</b> EIN-PN 87-0301497-002

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 <b>DEMPSEY WOOD PRODUCTS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DEMPSEY WOOD PRODUCTS, INC.</b>	<b>c</b> EIN-PN <b>57-0878172-001</b>
<b>a</b>	Plan name <b>NORTHERN MUTUAL INSURANCE COMPANY 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN MUTUAL INSURANCE COMPANY</b>	<b>c</b> EIN-PN <b>38-0539800-002</b>
<b>a</b>	Plan name <b>BUSINESS TAX SOLUTIONS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUSINESS TAX SOLUTIONS</b>	<b>c</b> EIN-PN <b>81-2379780-001</b>
<b>a</b>	Plan name <b>MULTICOM 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MULTICOM ENTERTAINMENT GROUP INCORPORATED</b>	<b>c</b> EIN-PN <b>95-4662457-001</b>
<b>a</b>	Plan name <b>TRANPAK, INC. 401K PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>TRANPAK, INC.</b>	<b>c</b> EIN-PN <b>04-3763255-001</b>
<b>a</b>	Plan name <b>WIEDER ENGINEERING, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WIEDER ENGINEERING, INC.</b>	<b>c</b> EIN-PN <b>26-1896700-001</b>
<b>a</b>	Plan name <b>DANNER ELLER GOLF PROPERTIES INC. 401K PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>DANNER ELLER GOLF PROPERTIES INC.</b>	<b>c</b> EIN-PN <b>62-1259619-001</b>
<b>a</b>	Plan name <b>LEGACY 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEGACY EXPRESS, LLC</b>	<b>c</b> EIN-PN <b>45-1778164-001</b>
<b>a</b>	Plan name <b>CHRYSLIS INN AND SPA 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHWEST HOSPITALITY DEVELOPMENT, LLC DBA TH</b>	<b>c</b> EIN-PN <b>91-1945082-001</b>
<b>a</b>	Plan name <b>QUERCUS CANYON MANAGEMENT, LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUERCUS CANYON MANAGEMENT, LLC</b>	<b>c</b> EIN-PN <b>47-5148076-001</b>
<b>a</b>	Plan name <b>CENTRAL WISCONSIN CHRISTIAN SCHOOLS, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTRAL WISCONSIN CHRISTIAN SCHOOL</b>	<b>c</b> EIN-PN <b>39-1890107-001</b>
<b>a</b>	Plan name <b>GREENHILL PROPERTIES, LLC SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREENHILL PROPERTIES, LLC</b>	<b>c</b> EIN-PN <b>73-1579668-001</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	ALB PIPING DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALB PIPING PRODUCTS AND SERVICES, LLC	<b>c</b> EIN-PN 59-3824101-002
<b>a</b>	Plan name	TUBE ENTERPRISES, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	TUBE ENTERPRISES, INC.	<b>c</b> EIN-PN 20-1590871-003
<b>a</b>	Plan name	NORTHERN STAR EQUINE CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN STAR EQUINE SERVICES, PC	<b>c</b> EIN-PN 81-2877069-002
<b>a</b>	Plan name	ROBERT STOLL CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ROBERT STOLL	<b>c</b> EIN-PN 83-0844387-002
<b>a</b>	Plan name	AARON M. PERLMUTTER, M.D. INC. CASH BALANCE PENSION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AARON M. PERLMUTTER, M.D. INC.	<b>c</b> EIN-PN 26-0633993-004
<b>a</b>	Plan name	SIDNEY S. MARKOWITZ, D.D.S., P.C. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SIDNEY S. MARKOWITZ, D.D.S., P.C.	<b>c</b> EIN-PN 52-1125831-002
<b>a</b>	Plan name	HERVE CODY CONTRACTOR, LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	HERVE CODY CONTRACTOR, LLC	<b>c</b> EIN-PN 26-0231904-001
<b>a</b>	Plan name	CASE ENGINEERING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CASE ENGINEERING, INC.	<b>c</b> EIN-PN 43-1726404-001
<b>a</b>	Plan name	MOVE CENTRAL, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	MOVE CENTRAL, INC.	<b>c</b> EIN-PN 45-5411255-002
<b>a</b>	Plan name	CUSTOM PAYROLL ASSOCIATES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM PAYROLL ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2902119-001
<b>a</b>	Plan name	KAISER ALUMINUM WARRICK PENSION PLAN	
<b>b</b>	Name of plan sponsor	KAISER ALUMINUM WARRICK	<b>c</b> EIN-PN 81-2560915-001
<b>a</b>	Plan name	PROCESSMAKER 401K PLAN	
<b>b</b>	Name of plan sponsor	PROCESSMAKER	<b>c</b> EIN-PN 91-2074119-001

<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	SARCONA SOLUTIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SARCONA SOLUTIONS LLC	<b>c</b> EIN-PN 85-3522758-001
<b>a</b>	Plan name	TMJ AND SLEEP THERAPY CENTRE OF NORTHERN INDIANA CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	TMJ AND SLEEP THERAPY CENTRE OF NORTHERN INDIAN	<b>c</b> EIN-PN 46-4220711-002
<b>a</b>	Plan name	JOHNSON FARMS CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON FARMS	<b>c</b> EIN-PN 91-1334103-002
<b>a</b>	Plan name	CGGO MARKET, INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	CGGO MARKET, INC.	<b>c</b> EIN-PN 82-1789798-002
<b>a</b>	Plan name	COMMONWEALTH CREDIT UNION PENSION PLAN	
<b>b</b>	Name of plan sponsor	COMMONWEALTH FEDERAL CREDIT UNION DBA COMMONW	<b>c</b> EIN-PN 61-0671028-003
<b>a</b>	Plan name	EVANS PERFORMANCE ACADEMY, LLC SOLO CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	EVANS PERFORMANCE ACADEMY, LLC	<b>c</b> EIN-PN 82-4476341-002
<b>a</b>	Plan name	SECOND CHANCE FINANCIAL CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	SECOND CHANCE FINANCIAL, LLC	<b>c</b> EIN-PN 95-4807718-002
<b>a</b>	Plan name	ELIZABETH TAYLOR SATTERFIELD INTERIOR DESIGN INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ELIZABETH TAYLOR SATTERFIELD INTERIOR DESIGN	<b>c</b> EIN-PN 57-0803378-002
<b>a</b>	Plan name	THE FAMILY BUSINESS CONSULTING GROUP INC 401K PLAN	
<b>b</b>	Name of plan sponsor	THE FAMILY BUSINESS CONSULTING GROUP INC	<b>c</b> EIN-PN 58-2125272-001
<b>a</b>	Plan name	KNOX RICKSEN LLP CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	KNOX RICKSEN LLP	<b>c</b> EIN-PN 94-1545786-002
<b>a</b>	Plan name	MJ AEROSPACE CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	MJ AEROSPACE	<b>c</b> EIN-PN 47-5290618-002
<b>a</b>	Plan name	A-1 BROADCAST CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	A-1 BROADCAST, LLC	<b>c</b> EIN-PN 43-1591643-002

<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	TOTAL SYSTEMS HEATING AND COOLING CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	TOTAL SYSTEMS HEATING AND COOLING, INC.	<b>c</b> EIN-PN 90-0071742-002
<b>a</b>	Plan name	NEWEL LLC 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEWELL LLC	<b>c</b> EIN-PN 20-3693121-001
<b>a</b>	Plan name	VIRIDON SERVICES, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	VIRIDON SERVICES, LLC	<b>c</b> EIN-PN 92-2767428-002
<b>a</b>	Plan name	MARY REGINA PHAM D.D.S., M.S. DENTAL CORP. DB PLAN	
<b>b</b>	Name of plan sponsor	MARY REGINA PHAM D.D. S., M.S. DENTAL CORP. D	<b>c</b> EIN-PN 45-2975687-002
<b>a</b>	Plan name	A AND T HEALTHCARE, L.L.C. PROFIT SHARING/401K PLAN	
<b>b</b>	Name of plan sponsor	A AND T HEALTHCARE, L.L.C.	<b>c</b> EIN-PN 13-4090123-001
<b>a</b>	Plan name	PAUL H. BROOKES PUBLISHING CO., INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PAUL H. BROOKES PUBLISHING COMPANY, INC.	<b>c</b> EIN-PN 52-1135006-001
<b>a</b>	Plan name	TULSA PAIN CONSULTANTS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TULSA PAIN CONSULTANTS, INC., PC	<b>c</b> EIN-PN 73-1335536-001
<b>a</b>	Plan name	BRENDLE SPRINKLER CO., INC. SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRENDLE SPRINKLER CO., INC.	<b>c</b> EIN-PN 63-0739447-002
<b>a</b>	Plan name	SEYMOUR KREMER KOCH LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEYMOUR KREMER KOCH LLP	<b>c</b> EIN-PN 39-1335009-002
<b>a</b>	Plan name	PROFESSIONAL HOME HEALTH CARE AGENCY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL HOME HEALTH CARE AGENCY, INC.	<b>c</b> EIN-PN 62-1016496-001
<b>a</b>	Plan name	SANCKEN TRUCKING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SANCKEN TRUCKING, INC	<b>c</b> EIN-PN 36-2954263-001
<b>a</b>	Plan name	AMERICAN BROADCAST EMPLOYEES FEDERAL CREDIT UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN BROADCAST EMPLOYEES FED CREDIT UNION	<b>c</b> EIN-PN 13-6360695-001

<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	TILE SETTERS AND FINISHERS OF NO CA PENSION PLAN	
<b>b</b>	Name of plan sponsor	TILE SETTERS AND FINISHERS OF NO CA	<b>c</b> EIN-PN 71-0872161-001
<b>a</b>	Plan name	EVANS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EVANS PROPERTIES, INC.	<b>c</b> EIN-PN 59-0663049-001
<b>a</b>	Plan name	CRITCHLEY AND KINUM 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL CRITCHLEY AND ASSOCIATES	<b>c</b> EIN-PN 22-2943286-001
<b>a</b>	Plan name	CONCURRENT TECHNOLOGIES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CONCURRENT TECHNOLOGIES, INC. 401K	<b>c</b> EIN-PN 33-0182606-002
<b>a</b>	Plan name	GCT SEMICONDUCTOR, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	GCT SEMICONDUCTOR, INC.	<b>c</b> EIN-PN 94-3302894-001
<b>a</b>	Plan name	BRILLIANCE MOTOR SALES, INC. 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRILLIANCE MOTOR SALES, INC.	<b>c</b> EIN-PN 20-4214132-001
<b>a</b>	Plan name	FERNANDES FARMS INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FERNANDES FARMS INC.	<b>c</b> EIN-PN 20-8075554-001
<b>a</b>	Plan name	PORTS PETROLEUM COMPANY, INC. EMPLOYEE 401K PLAN	
<b>b</b>	Name of plan sponsor	PORTS PETROLEUM COMPANY, INCORPORATED	<b>c</b> EIN-PN 34-1017949-001
<b>a</b>	Plan name	MARTINAIRE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARTINAIRE AVIATION, L.L.C.	<b>c</b> EIN-PN 20-0893197-001
<b>a</b>	Plan name	BEAR HOLLOW WOOD CARVERS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BEAR HOLLOW WOOD CARVERS, LLC	<b>c</b> EIN-PN 27-0397813-001
<b>a</b>	Plan name	ARKANSAS GLASS CONTAINER CORPORATION NONBARGAINING UNIT EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	ARKANSAS GLASS CONTAINER CORPORATION	<b>c</b> EIN-PN 71-0288327-002
<b>a</b>	Plan name	GREATER DETROIT LANDSCAPE CO. 401K PLAN	
<b>b</b>	Name of plan sponsor	GREATER DETROIT LANDSCAPE COMPANY	<b>c</b> EIN-PN 38-2319287-001

<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	COLBY TIPTON FARRIER SERVICE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	COLBY TIPTON FARRIER SERVICE, LLC	<b>c</b> EIN-PN 75-3160829-001
<b>a</b>	Plan name	BRIAN TREMATORE PLUMBING AND HEATING INC. PRO FIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor	BRIAN TREMATORE PLUMBING AND HEATING INC.	<b>c</b> EIN-PN 22-2583727-001
<b>a</b>	Plan name	INMAN ELECTRIC MOTORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INMAN ELECTRIC MOTORS, INC.	<b>c</b> EIN-PN 36-2416376-001
<b>a</b>	Plan name	AGGRESSIVE HYDRAULICS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AGGRESSIVE HYDRAULICS, INC.	<b>c</b> EIN-PN 82-0545551-001
<b>a</b>	Plan name	BREAKTHROUGH URBAN MINISTRIES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BREAKTHROUGH URBAN MINISTRIES, INC.	<b>c</b> EIN-PN 36-3810926-001
<b>a</b>	Plan name	MICHAEL JONES AUTOMOTIVE INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL JONES AUTOMOTIVE INC.	<b>c</b> EIN-PN 58-1400555-001
<b>a</b>	Plan name	TOTAL RESOURCE MANAGEMENT INC 401K/PS PLAN	
<b>b</b>	Name of plan sponsor	TOTAL RESOURCE MANAGEMENT	<b>c</b> EIN-PN 54-1671836-001
<b>a</b>	Plan name	SMART START PRE PREP 401K PLAN	
<b>b</b>	Name of plan sponsor	SMART START PRE-PREP, LLC.	<b>c</b> EIN-PN 26-1565571-001
<b>a</b>	Plan name	AFFINITY CONSULTANTS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AFFINITY CONSULTANTS, INC.	<b>c</b> EIN-PN 34-1797573-001
<b>a</b>	Plan name	VALUE TECH REALTY SERVICES, INC. EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	VALUE TECH REALTY SERVICES, INC.	<b>c</b> EIN-PN 45-0466011-001
<b>a</b>	Plan name	EMS CONSULTING INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EMS CONSULTING INC.	<b>c</b> EIN-PN 77-0704928-001
<b>a</b>	Plan name	HEBRON BUSINESS SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	HEBRON BUSINESS SOLUTIONS	<b>c</b> EIN-PN 26-4129160-001

<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	HVR 401K PLAN
<b>b</b>	Name of plan sponsor	HVR ADVANCED POWER COMPONENTS, INC.
<b>c</b>	EIN-PN	16-1456234-001
<b>a</b>	Plan name	RYDER 401K PLAN
<b>b</b>	Name of plan sponsor	RYDER CONSTRUCTION INC.
<b>c</b>	EIN-PN	11-2508668-001
<b>a</b>	Plan name	ADVANCED SPINE AND SPORT REHABILITATION 401K PLAN
<b>b</b>	Name of plan sponsor	ADVANCED SPINE AND SPORT REHABILITATION LLC
<b>c</b>	EIN-PN	20-2869106-001
<b>a</b>	Plan name	RIG WORKS INC. 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	RIG WORKS INC.
<b>c</b>	EIN-PN	16-1728473-001
<b>a</b>	Plan name	COLLAGE GROUP, LLC 401KPLAN
<b>b</b>	Name of plan sponsor	COLLAGE GROUP, LLC
<b>c</b>	EIN-PN	26-4365079-001
<b>a</b>	Plan name	WATERGATE SOUTH EMPLOYEE 401K PLAN
<b>b</b>	Name of plan sponsor	WATERGATE SOUTH, INC.
<b>c</b>	EIN-PN	52-0911289-001
<b>a</b>	Plan name	AEY ENTERPRISES 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	AEY ENTERPRISES
<b>c</b>	EIN-PN	16-1557974-001
<b>a</b>	Plan name	POINTE DAIRY SERVICES, INC. 401K EMPLOYEE RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	POINTE DAIRY SERVICES, INC.
<b>c</b>	EIN-PN	38-1918012-001
<b>a</b>	Plan name	RICHTER ANIMAL HOSPITAL 401K PLAN
<b>b</b>	Name of plan sponsor	RICHTER VETERINARY SERVICES, PA
<b>c</b>	EIN-PN	20-4117326-001
<b>a</b>	Plan name	OTI ELECTRICAL SERVICES 401K PLAN
<b>b</b>	Name of plan sponsor	OTI ELECTRICAL SERVICES
<b>c</b>	EIN-PN	45-2432261-001
<b>a</b>	Plan name	CBK ENTERPRISES, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CBK ENTERPRISES
<b>c</b>	EIN-PN	36-4198839-001
<b>a</b>	Plan name	GEORGIA FARM BUREAU MUTUAL INSURANCE COMPANY RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GEORGIA FARM BUREAU MUTUAL COMPANY
<b>c</b>	EIN-PN	58-0707657-001

<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	TICOMIX 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TNA, INC. DBA TICOMIX	<b>c</b> EIN-PN 36-4326147-001
<b>a</b>	Plan name	SERRATO CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	SERRATO CORPORATION	<b>c</b> EIN-PN 37-6063838-001
<b>a</b>	Plan name	THE BURCHELL NURSERY, INC. PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor	THE BURCHELL NURSERY, INC.	<b>c</b> EIN-PN 94-2059834-001
<b>a</b>	Plan name	TOM AND JERRY S AUTO BODY 401K PLAN	
<b>b</b>	Name of plan sponsor	TOM AND JERRY S AUTO BODY	<b>c</b> EIN-PN 36-4015159-001
<b>a</b>	Plan name	BUONASSISSI, HENNING AND LASH, PC 401K PLAN	
<b>b</b>	Name of plan sponsor	BUONASSISSI, HENNING AND LASH, PC	<b>c</b> EIN-PN 54-1154152-002
<b>a</b>	Plan name	HEALTH AND RETIREMENT SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	ARMADA ENTERPRISES, INC.	<b>c</b> EIN-PN 36-4172722-001
<b>a</b>	Plan name	A2B ENGINEERING 401K PLAN	
<b>b</b>	Name of plan sponsor	A2B ENGINEERING, LLC	<b>c</b> EIN-PN 26-2272313-001
<b>a</b>	Plan name	E3R, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	EXCEPTIONAL EMPLOYEES FOR EXCEPTIONAL RESULTS	<b>c</b> EIN-PN 45-2474647-001
<b>a</b>	Plan name	EM STRATEGIES, LTD. 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EM STRATEGIES, LTD.	<b>c</b> EIN-PN 20-8570015-001
<b>a</b>	Plan name	SURGICAL ASSOCIATES OF MARQUETTE, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SURGICAL ASSOCIATES OF MARQUETTE, P.C.	<b>c</b> EIN-PN 38-1958183-001
<b>a</b>	Plan name	US TITLE AND CLOSING SERVICES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	US TITLE AND CLOSING SERVICES, LLC	<b>c</b> EIN-PN 39-2012650-001
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF WELLS PRINT AND DIGITAL SERVICES, INC.	
<b>b</b>	Name of plan sponsor	WELLS PRINT AND DIGITAL SERVICES, INC.	<b>c</b> EIN-PN 39-1080275-001

<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	NEAR NORTH TITLE GROUP	
<b>b</b>	Name of plan sponsor	NEAR NORTH TITLE GROUP	<b>c</b> EIN-PN 83-3626480-001
<b>a</b>	Plan name	FTE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA TRANSPORTATION ENGINEERING, INC.	<b>c</b> EIN-PN 65-0183924-001
<b>a</b>	Plan name	LAWS CONSTRUCTION CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor	LAWS CONSTRUCTION CORP.	<b>c</b> EIN-PN 13-3209931-001
<b>a</b>	Plan name	ASBURY COMMUNITIES, INC. 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ASBURY COMMUNITIES, INC.	<b>c</b> EIN-PN 52-1862677-003
<b>a</b>	Plan name	THE BUDDY GROUP, INC. 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	THE BUDDY GROUP, INC.	<b>c</b> EIN-PN 20-2765884-001
<b>a</b>	Plan name	ADVASH TECHNOLOGIES 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVASH TECHNOLOGIES	<b>c</b> EIN-PN 27-3849486-001
<b>a</b>	Plan name	HASTCO, INC. EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HASTCO, INC.	<b>c</b> EIN-PN 48-0837886-001
<b>a</b>	Plan name	MARITIME ENDEAVORS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARITIME ENDEAVORS SHIPPING COMPANY, LTD	<b>c</b> EIN-PN 72-1222297-001
<b>a</b>	Plan name	COSMETIC AUTO TRIM AND GLASS, INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COSMETIC AUTO TRIM AND GLASS, INC.	<b>c</b> EIN-PN 36-3354469-001
<b>a</b>	Plan name	HAMPTON INC. 401K SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	HAMPTON INC.	<b>c</b> EIN-PN 72-1217810-001
<b>a</b>	Plan name	CECOTT VETERINARY SERVICES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CECOTT VETERINARY SERVICES	<b>c</b> EIN-PN 26-1897049-001
<b>a</b>	Plan name	SCCF 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SANIBEL-CAPTIVA CONSERVATION FOUNDATION	<b>c</b> EIN-PN 59-1205087-001

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 ALBION MFG INC. 401K PLAN SAFE HARBOR	
<b>b</b>	Name of plan sponsor MTC ALBION MANUFACTURING, INC.	<b>c</b> EIN-PN 45-3994374-001
<b>a</b>	Plan name GATLINBURG CONVENTION AND VISITORS BUREAU 401K PLAN	
<b>b</b>	Name of plan sponsor GATLINBURG TOURISM DEVELOPMENT	<b>c</b> EIN-PN 45-5497720-001
<b>a</b>	Plan name DELTA FLOORING, INC. 401K P/S PLAN	
<b>b</b>	Name of plan sponsor DELTA FLOORING, INC.	<b>c</b> EIN-PN 20-0707770-001
<b>a</b>	Plan name OPTIMAL FACILITY MANAGEMENT SOLUTIONS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OPTIMAL FACILITY MANAGEMENT SOLUTIONS LLC	<b>c</b> EIN-PN 80-0286799-001
<b>a</b>	Plan name 4WAVE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor 4WAVE, INC.	<b>c</b> EIN-PN 54-2000866-001
<b>a</b>	Plan name BEST HARDWARE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor BEST ACE HARDWARE, INC.	<b>c</b> EIN-PN 51-0343667-001
<b>a</b>	Plan name IN TOUCH PRACTICE COMMUNICATIONS 401K PLAN	
<b>b</b>	Name of plan sponsor ON HOLD ADVERTISING, INC DBA IN TOUCH PRACTIC	<b>c</b> EIN-PN 35-2162170-001
<b>a</b>	Plan name COOS BAY TIMBER OPERATORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COOS BAY TIMBER OPERATORS, INC.	<b>c</b> EIN-PN 93-0637643-001
<b>a</b>	Plan name LUYON CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor LUYON CORPORATION	<b>c</b> EIN-PN 33-0519654-002
<b>a</b>	Plan name KOLBROOK DESIGN, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor KOLBROOK DESIGN, INC.	<b>c</b> EIN-PN 27-4824397-001
<b>a</b>	Plan name ILLUMINATED SOLUTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ILLUMINATED SOLUTIONS, INC.	<b>c</b> EIN-PN 88-4377217-001
<b>a</b>	Plan name LETTRICK FAMILY MEDICINE SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor LETTRICK FAMILY MEDICINE, PLLC	<b>c</b> EIN-PN 14-1823167-001

<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	SIERRA CASE PARTS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SIERRA CASE PARTS, LLC	<b>c</b> EIN-PN 93-1320822-001
<b>a</b>	Plan name	LUYON CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	LUYON CORP.	<b>c</b> EIN-PN 33-0519654-001
<b>a</b>	Plan name	CEDAR LANE SENIOR LIVING COMMUNITY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CEDAR LANE SENIOR LIVING COMMUNITY III, INC.	<b>c</b> EIN-PN 52-2069016-001
<b>a</b>	Plan name	IM GLOBAL 401K PLAN	
<b>b</b>	Name of plan sponsor	IM GLOBAL	<b>c</b> EIN-PN 26-4763967-001
<b>a</b>	Plan name	FAMILY TIES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	FAMILY TIES, INC.	<b>c</b> EIN-PN 58-2126330-001
<b>a</b>	Plan name	LITOWNES 401K PLAN	
<b>b</b>	Name of plan sponsor	LITOWNES	<b>c</b> EIN-PN 26-3026235-001
<b>a</b>	Plan name	AIM KITCHEN AND BATH 401K PLAN	
<b>b</b>	Name of plan sponsor	PUNDEZ HOLDINGS LLC DBA AIM KITCHEN AND BATH	<b>c</b> EIN-PN 42-1320639-001
<b>a</b>	Plan name	VESTAL RESOURCES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	VESTAL RESOURCES, INC.	<b>c</b> EIN-PN 26-2779128-001
<b>a</b>	Plan name	ELANDER MECHANICAL, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ELANDER MECHANICAL, INC.	<b>c</b> EIN-PN 41-1534528-001
<b>a</b>	Plan name	LANG AND RAFFA, P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor	LANG AND RAFFA, P.A.	<b>c</b> EIN-PN 59-3099257-001
<b>a</b>	Plan name	STILLPOINT CAPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	STILLPOINT CAPITAL	<b>c</b> EIN-PN 90-0178573-001
<b>a</b>	Plan name	ROBERT J. FEDOR, ESQ., LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROBERT J. FEDOR, ESQ., LLC	<b>c</b> EIN-PN 45-0493971-001

<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	BAYUS DESIGN WORKS 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	A BAYUS INC. DBA BAYUS DESIGN WORKS	<b>c</b> EIN-PN 61-1124100-001
<b>a</b>	Plan name	FOREVER SHARP PRODUCTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOREVER SHARP PRODUCTS INC.	<b>c</b> EIN-PN 06-8059089-001
<b>a</b>	Plan name	FORMAX MANUFACTURING 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FORMAX MANUFACTURING CORPORATION	<b>c</b> EIN-PN 38-1268674-001
<b>a</b>	Plan name	SOUTH ALABAMA MEDICAL CLINIC 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTH ALABAMA MEDICAL CLINIC, LLC	<b>c</b> EIN-PN 45-1793854-001
<b>a</b>	Plan name	BRODSON CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	BRODSON CONSTRUCTION, INC.	<b>c</b> EIN-PN 65-0121014-001
<b>a</b>	Plan name	ELM ASSOCIATES INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	ELM ASSOCIATES	<b>c</b> EIN-PN 90-0132570-001
<b>a</b>	Plan name	BEAVER DAM PARTNERS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	BEAVER DAM PARTNERS INC.	<b>c</b> EIN-PN 27-1027329-001
<b>a</b>	Plan name	JT/SG ENTERPRISES INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	JT/SG ENTERPRISES INC. DBA SOLUTIONS STAFF	<b>c</b> EIN-PN 31-1286168-001
<b>a</b>	Plan name	BUFFALO OBGYN, LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	BUFFALO OBGYN, LLP	<b>c</b> EIN-PN 27-1822361-001
<b>a</b>	Plan name	DEXTER REAL ESTATE DEVELOPMENT CORP.	
<b>b</b>	Name of plan sponsor	DEXTER REAL ESTATE DEVELOPMENT CORP.	<b>c</b> EIN-PN 90-0795132-001
<b>a</b>	Plan name	STORZ MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	STORZ MANAGEMENT COMPANY	<b>c</b> EIN-PN 68-0100206-001
<b>a</b>	Plan name	CHLOE PRODUCTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CHLOE PRODUCTIONS, INC.	<b>c</b> EIN-PN 13-4008475-001

<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	LDJ PRODUCTIONS NYC, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LDJ PRODUCTIONS NYC, INC.	<b>c</b> EIN-PN 20-1834134-001
<b>a</b>	Plan name	NEVADA H.A.N.D., INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	NEVADA H.A.N.D., INC.	<b>c</b> EIN-PN 84-1247057-001
<b>a</b>	Plan name	URGENT CLINICS 401K PLAN	
<b>b</b>	Name of plan sponsor	URGENT CLINICS MEDICAL CARE, INC.	<b>c</b> EIN-PN 36-4768609-001
<b>a</b>	Plan name	HARMONY DENTAL ARTS 401K PLAN	
<b>b</b>	Name of plan sponsor	HARMONY DENTAL ARTS, PC	<b>c</b> EIN-PN 01-0699817-001
<b>a</b>	Plan name	GUPTA PERMOLD CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GUPTA PERMOLD CORPORATION	<b>c</b> EIN-PN 25-1471280-001
<b>a</b>	Plan name	COUNTRY CLUB SERVICES INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	COUNTRY CLUB SERVICES INC.	<b>c</b> EIN-PN 22-2010647-001
<b>a</b>	Plan name	SPRING OAK 401K PLAN	
<b>b</b>	Name of plan sponsor	GLACIER CAPITAL PARTNERS LLC	<b>c</b> EIN-PN 47-2544508-001
<b>a</b>	Plan name	GREAT LAKES DATA SYSTEMS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES DATA SYSTEMS	<b>c</b> EIN-PN 38-1913195-001
<b>a</b>	Plan name	AMMONS SUPERMARKET, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AMMONS SUPERMARKET, LLC	<b>c</b> EIN-PN 23-3028109-001
<b>a</b>	Plan name	MH IMAGING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MH IMAGING, LLC	<b>c</b> EIN-PN 80-0813113-001
<b>a</b>	Plan name	INNOVATIVE TILE AND STONE CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE TILE AND STONE	<b>c</b> EIN-PN 41-2071106-001
<b>a</b>	Plan name	AMEC INDUSTRY RETIRMENT PLAN	
<b>b</b>	Name of plan sponsor	AMEC INTERNATIONAL, INC.	<b>c</b> EIN-PN 47-0868162-001

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 MK DENTAL EXCELLENCE 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MANJU R. KEJRIWAL, DDS, INC.	<b>c</b> EIN-PN 31-1505278-001
<b>a</b>	Plan name YOKOWO AMERICA CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor YOKOWO MANUFACTURING OF AMERICA, LLC	<b>c</b> EIN-PN 05-0525396-001
<b>a</b>	Plan name ASPHALT PAVEMENT AND RECYCLING TECHNOLOGIES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASPHALT PAVEMENT AND RECYCLING TECHNOLOGIES, IN	<b>c</b> EIN-PN 77-0574583-001
<b>a</b>	Plan name AL COHN, MD, PC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AL COHN, MD, PC	<b>c</b> EIN-PN 45-1217480-001
<b>a</b>	Plan name PARISH PROPERTY MANAGEMENT, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PARISH PROPERTY MANAGEMENT, INC.	<b>c</b> EIN-PN 52-2421046-001
<b>a</b>	Plan name Q-MARK MANUFACTURING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor Q-MARK MANUFACTURING, INC.	<b>c</b> EIN-PN 33-6200603-001
<b>a</b>	Plan name MARKETING MATTERS 401K PLAN	
<b>b</b>	Name of plan sponsor MARKETING MATTERS, INC. DBA NETWORKING MATTER	<b>c</b> EIN-PN 01-0586505-001
<b>a</b>	Plan name MACPHERSON WESTERN TOOL AND SUPPLY CO., INC. 401K PLAN	
<b>b</b>	Name of plan sponsor MACPHERSON WESTERN TOOL AND SUPPLY CO., INC.	<b>c</b> EIN-PN 94-1492715-002
<b>a</b>	Plan name RMI INTERNATIONAL INC. 401K PLAN	
<b>b</b>	Name of plan sponsor RMI INTERNATIONAL INC.	<b>c</b> EIN-PN 95-4760870-001
<b>a</b>	Plan name DR. PATRA WATANA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PATRA WATANA, DMD, PEDIATRIC DENTISTRY, LLC	<b>c</b> EIN-PN 46-5192168-001
<b>a</b>	Plan name LTC SOLUTIONS, INC. 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LTC SOLUTIONS, INC.	<b>c</b> EIN-PN 91-1773729-001
<b>a</b>	Plan name THRASHER TERMITE AND PEST CONTROL, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor THRASHER TERMITE AND PEST CONTROL, INC.	<b>c</b> EIN-PN 16-1713051-001

<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	CANDC DEVELOPMENT CO., LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CANDC DEVELOPMENT CO., LLC	<b>c</b> EIN-PN 42-1693672-001
<b>a</b>	Plan name	FLORIDA ENGINEERING SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA ENGINEERING SOLUTIONS, INC.	<b>c</b> EIN-PN 20-2126769-001
<b>a</b>	Plan name	GURDUS AND ASSOCIATES LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	GURDUS AND ASSOCIATES LTD	<b>c</b> EIN-PN 46-4799371-001
<b>a</b>	Plan name	TIP N TOE SALON, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TIP N TOE SALON, INC.	<b>c</b> EIN-PN 75-3177555-001
<b>a</b>	Plan name	MOXIE COMMUNICATIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	MOXIE COMMUNICATIONS GROUP OF NY LLC	<b>c</b> EIN-PN 45-2814572-001
<b>a</b>	Plan name	LOCHMOOR CLUB 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LOCHMOOR CLUB	<b>c</b> EIN-PN 38-0768670-001
<b>a</b>	Plan name	GOGEL TIRE 401K PLAN	
<b>b</b>	Name of plan sponsor	GOGEL TIRE EXCHANGE	<b>c</b> EIN-PN 22-1843227-001
<b>a</b>	Plan name	AGB SEARCH, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AGB SEARCH, LLC	<b>c</b> EIN-PN 27-1963417-001
<b>a</b>	Plan name	KIM AND LEE, LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	KIM AND LEE, LLP	<b>c</b> EIN-PN 95-4567274-001
<b>a</b>	Plan name	RIZZO PACKAGING, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RIZZO PACKAGING, INC.	<b>c</b> EIN-PN 38-2138403-001
<b>a</b>	Plan name	ALL PRO BAIL BONDS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ALL PRO BAIL BONDS, INC.	<b>c</b> EIN-PN 20-4899037-001
<b>a</b>	Plan name	J. SUPOR AND SON TRUCKING AND RIGGING CO., INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	J. SUPOR AND SON TRUCKING AND RIGGING CO., INC.	<b>c</b> EIN-PN 22-1804252-001

<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	MERA SOFTWARE SERVICES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MERA SOFTWARE SERVICES, INC.	<b>c</b> EIN-PN 46-0628005-001
<b>a</b>	Plan name	THE NATIONAL THEATRE FOR CHILDREN 401K PLAN	
<b>b</b>	Name of plan sponsor	THE NATIONAL THEATRE FOR CHILDREN	<b>c</b> EIN-PN 41-1381625-001
<b>a</b>	Plan name	ODESSA SEPARATOR 401K PLAN	
<b>b</b>	Name of plan sponsor	ODESSA SEPARATOR INC.	<b>c</b> EIN-PN 52-2362850-001
<b>a</b>	Plan name	BEST HEATING COOLING AND ELECTRIC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BEST HEATING, COOLING AND ELECTRIC INC.	<b>c</b> EIN-PN 20-8229104-001
<b>a</b>	Plan name	HAMPTON GOLF CLUB LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HAMPTON GOLF CLUB LLC	<b>c</b> EIN-PN 13-4038479-001
<b>a</b>	Plan name	PARAMOUNT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	PARAMOUNT GAMES, INC.	<b>c</b> EIN-PN 25-1736688-001
<b>a</b>	Plan name	ITG 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATION TECHNOLOGIES GROUP, INC.	<b>c</b> EIN-PN 52-1401535-004
<b>a</b>	Plan name	PCS 401K PLAN	
<b>b</b>	Name of plan sponsor	PUCKETT, CLEMENT AND SCHELLENBERG P.C.	<b>c</b> EIN-PN 47-1988668-001
<b>a</b>	Plan name	DR. SCARLET M. AVILES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DR. SCARLET M. AVILES, INC.	<b>c</b> EIN-PN 47-2595299-001
<b>a</b>	Plan name	ARROWHEAD ELECTRIC COOPERATIVE, INC. UNION CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ARROWHEAD ELECTRICAL COOPERATIVE, INC.	<b>c</b> EIN-PN 41-0735682-003
<b>a</b>	Plan name	ADVANCED SCAFFOLD SERVICES OF NEW ENGLAND 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED SCAFFOLD SERVICES OF NEW ENGLAND	<b>c</b> EIN-PN 35-2408550-001
<b>a</b>	Plan name	REHBERG LAW GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	REHBERG LAW GROUP, PLLC	<b>c</b> EIN-PN 47-5192617-001

<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	AAED AND ESA 401K PLAN	
<b>b</b>	Name of plan sponsor	AUTISM ACADEMY FOR EDUCATION AND DEVELOPMENT	<b>c</b> EIN-PN 46-1996978-001
<b>a</b>	Plan name	STRATEGIC INNOVATIVE SOLUTIONS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STRATEGIC INNOVATIVE SOLUTIONS, LLC	<b>c</b> EIN-PN 27-0541117-001
<b>a</b>	Plan name	DILIGENT ENTERPRISE INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DILIGENT ENTERPRISE INC	<b>c</b> EIN-PN 27-0372510-001
<b>a</b>	Plan name	CAMBER MARKETING GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CAMBER MARKETING GROUP, INC.	<b>c</b> EIN-PN 20-0619089-001
<b>a</b>	Plan name	EVOLUTION CONSULTING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	EVOLUTION CONSULTING, LLC	<b>c</b> EIN-PN 16-1547079-001
<b>a</b>	Plan name	OAK-IT INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	OAK-IT INC.	<b>c</b> EIN-PN 95-4229178-001
<b>a</b>	Plan name	SCHUMACHER TRANSPORTATION 401K PLAN	
<b>b</b>	Name of plan sponsor	SCHUMACHER TRANSPORTATION	<b>c</b> EIN-PN 45-5558465-001
<b>a</b>	Plan name	W.E. SALLE COMPANY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	W.E. SALLE COMPANY, INC.	<b>c</b> EIN-PN 16-1320947-001
<b>a</b>	Plan name	SATURDAY PROPERTIES 401K PLAN	
<b>b</b>	Name of plan sponsor	SATURDAY PROPERTIES, LLC	<b>c</b> EIN-PN 47-3713063-001
<b>a</b>	Plan name	TWIN CITIES CLOSET COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	E-LOC CORPORATION DBA TWIN CITIES CLOSET COMP	<b>c</b> EIN-PN 41-2004989-001
<b>a</b>	Plan name	RAY BUILDERS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	RAY BUILDERS INC	<b>c</b> EIN-PN 30-0317411-001
<b>a</b>	Plan name	TCM 401K PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR CONSTRUCTION MANAGEMENT, LLC	<b>c</b> EIN-PN 27-5434289-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE LANDSCAPE BROKER 401K PLAN	
<b>b</b>	Name of plan sponsor	LANDSCAPE BROKER, LLC	<b>c</b> EIN-PN 86-0698377-001
<b>a</b>	Plan name	WAYNE MOTORS, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WAYNE MOTORS, INC.	<b>c</b> EIN-PN 22-1859282-001
<b>a</b>	Plan name	MICHEL MERCIER PRODUCTS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHEL MERCIER PRODUCTS, INC.	<b>c</b> EIN-PN 22-2473382-001
<b>a</b>	Plan name	H AND L ADVANTAGE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	H AND L ADVANTAGE, INC.	<b>c</b> EIN-PN 38-2266405-001
<b>a</b>	Plan name	CAPCO CRANE AND HOIST, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CAPCO CRANE AND HOIST, INC.	<b>c</b> EIN-PN 04-3254446-001
<b>a</b>	Plan name	PREMIER POOLS AND SPAS 401K PLAN	
<b>b</b>	Name of plan sponsor	PREMIER POOLS SACRAMENTO LLC	<b>c</b> EIN-PN 94-3099332-004
<b>a</b>	Plan name	STEFANO S LANDSCAPING, DESIGN AND CONSTRUCTION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	STEFANO S LANDSCAPING, DESIGN AND CONSTRUCTIO	<b>c</b> EIN-PN 20-5760011-001
<b>a</b>	Plan name	INNOVATIVE SOFTWARE SERVICES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE SOFTWARE SERVICES, INC.	<b>c</b> EIN-PN 38-3436782-001
<b>a</b>	Plan name	EVLUTION NUTRITION, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	EVLUTION NUTRITION, LLC	<b>c</b> EIN-PN 47-5390554-001
<b>a</b>	Plan name	VERARDI DENTAL, PA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VERARDI DENTAL, PA	<b>c</b> EIN-PN 20-1138164-001
<b>a</b>	Plan name	PSKB, INC. PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PSKB INC.	<b>c</b> EIN-PN 58-1535695-001
<b>a</b>	Plan name	BERKSHIRE MEDICAL TECHNOLOGIES 401K PLAN	
<b>b</b>	Name of plan sponsor	ITOVERSEE D/B/A BERKSHIRE MEDICAL TECHNOLOGIE	<b>c</b> EIN-PN 01-0591624-001

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 TOMPKINS 401K PLAN	
<b>b</b>	Name of plan sponsor TOMPKINS PRODUCTS INC.	<b>c</b> EIN-PN 38-2323649-001
<b>a</b>	Plan name HOSPITALITY FURNISHINGS AND DESIGN, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor HOSPITALITY FURNISHINGS AND DESIGN, INC.	<b>c</b> EIN-PN 86-1051424-001
<b>a</b>	Plan name GF FARMS INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GF FARMS INC.	<b>c</b> EIN-PN 81-0906283-001
<b>a</b>	Plan name AGRI STAR MEAT AND POULTRY LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AGRI STAR MEAT AND POULTRY, LLC	<b>c</b> EIN-PN 27-0673649-001
<b>a</b>	Plan name JEFF LUNGREN CHEVROLET, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor JEFF LUNGREN CHEVROLET, INC.	<b>c</b> EIN-PN 73-1136007-001
<b>a</b>	Plan name UNITED FIDELITY FUNDING 401K PLAN	
<b>b</b>	Name of plan sponsor UNITED FIDELITY FUNDING CORP.	<b>c</b> EIN-PN 20-5439763-001
<b>a</b>	Plan name SAN DIEGO COUNTY SOLAR 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SAN DIEGO COUNTY SOLAR, INC.	<b>c</b> EIN-PN 27-3215102-001
<b>a</b>	Plan name HUNTSVILLE-MADISON COUNTY SENIOR CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor HUNTSVILLE-MADISON COUNTY SENIOR CENTER, INC.	<b>c</b> EIN-PN 63-0675772-001
<b>a</b>	Plan name JUI-MIN SU, DDS, MS. PROFESSIONAL CORP. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JUI-MIN SU, DDS, MS. PROFESSIONAL CORP.	<b>c</b> EIN-PN 26-4687502-001
<b>a</b>	Plan name GG CABLES AND WIRES USA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor GG CABLES AND WIRES USA, INC.	<b>c</b> EIN-PN 33-1223219-001
<b>a</b>	Plan name ALEDO FAMILY MEDICINE 401K PLAN	
<b>b</b>	Name of plan sponsor SHAUN KRETZSCHMAR, DO PA DBA ALEDO FAMILY MED	<b>c</b> EIN-PN 76-0765692-001
<b>a</b>	Plan name MERCURY PLASTICS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor MERCURY PLASTICS, INC.	<b>c</b> EIN-PN 95-4121342-002

<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	MEDKINECT, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEDKINECT, LLC	<b>c</b> EIN-PN 46-4565041-001
<b>a</b>	Plan name	MFI HEALTH CARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MFI HEALTH CARE, LLC	<b>c</b> EIN-PN 36-4819988-001
<b>a</b>	Plan name	PINNACLE LOCK AND KEY 401K PLAN	
<b>b</b>	Name of plan sponsor	PINNACLE LOCK AND KEY	<b>c</b> EIN-PN 02-0800471-001
<b>a</b>	Plan name	CERIUS EXECUTIVES 401K PLAN	
<b>b</b>	Name of plan sponsor	CERIUS ENTERPRISES, INC.	<b>c</b> EIN-PN 27-4649529-001
<b>a</b>	Plan name	LISA MARIE CARROLL, PA 401K PLAN	
<b>b</b>	Name of plan sponsor	LISA MARIE CARROLL PA	<b>c</b> EIN-PN 47-3468481-001
<b>a</b>	Plan name	SMC 401K PLAN	
<b>b</b>	Name of plan sponsor	SCHROEDER MANAGEMENT COMPANY, INC.	<b>c</b> EIN-PN 33-0581537-001
<b>a</b>	Plan name	SYLVESTER ELECTRIC, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SYLVESTER ELECTRIC, INC	<b>c</b> EIN-PN 20-2249035-001
<b>a</b>	Plan name	BLOCK IMAGING PARTS AND SERVICE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLOCK IMAGING PARTS AND SERVICE, LLC	<b>c</b> EIN-PN 30-0318501-001
<b>a</b>	Plan name	CIPOLLA, BHATTI, HOYAL AND ROACH 401K PLAN	
<b>b</b>	Name of plan sponsor	CIPOLLA, BHATTI, HOYAL AND ROACH	<b>c</b> EIN-PN 20-2156778-001
<b>a</b>	Plan name	COWBOY S 401K PLAN	
<b>b</b>	Name of plan sponsor	COWBOY S SERVICES, INC.	<b>c</b> EIN-PN 20-4147174-001
<b>a</b>	Plan name	THE GOOD LIFE GROCERY 401K PLAN	
<b>b</b>	Name of plan sponsor	THE GOOD LIFE GROCERY	<b>c</b> EIN-PN 94-3030259-003
<b>a</b>	Plan name	KASHABLE LLC	
<b>b</b>	Name of plan sponsor	KASHABLE LLC	<b>c</b> EIN-PN 46-4016350-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE SPRINGFIELD STATE BANK 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SPRINGFIELD STATE BANK	<b>c</b> EIN-PN 61-0348180-002
<b>a</b>	Plan name	BULU, INC.. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BULU, INC. DBA BULU GROUP	<b>c</b> EIN-PN 45-5099416-001
<b>a</b>	Plan name	GRANITE CITY ALASKA 401K PLAN	
<b>b</b>	Name of plan sponsor	GRANITE CITY ALASKA, INC.	<b>c</b> EIN-PN 20-3518674-001
<b>a</b>	Plan name	PROPERTY ADVANTAGE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PROPERTY ADVANTAGE, INC.	<b>c</b> EIN-PN 26-0216866-001
<b>a</b>	Plan name	V AND 2D LLC CASH BALANCE PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	V AND 2D LLC	<b>c</b> EIN-PN 27-1313501-002
<b>a</b>	Plan name	HAWKEYE MUTUAL INSURANCE ASSOCIATION DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HAWKEYE MUTUAL INSURANCE ASSOCIATION	<b>c</b> EIN-PN 42-0245800-001
<b>a</b>	Plan name	MAD RIVER OUTFITTERS 401K PLAN	
<b>b</b>	Name of plan sponsor	MAD RIVER OUTFITTERS	<b>c</b> EIN-PN 31-1420528-001
<b>a</b>	Plan name	BASIC PAY II, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BASIC PAY II, LLC	<b>c</b> EIN-PN 20-5598741-001
<b>a</b>	Plan name	JOSEPH J. HAWKINS, D.M.D., P.C. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH J. HAWKINS, D.M.D., P.C.	<b>c</b> EIN-PN 25-1441205-003
<b>a</b>	Plan name	NEW YORK BIOLOGICS INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK BIOLOGICS INC.	<b>c</b> EIN-PN 13-3711324-002
<b>a</b>	Plan name	PENSION PLAN FOR THE EMPLOYEES OF FARMERS STATE BANK	
<b>b</b>	Name of plan sponsor	FARMERS STATE BANK	<b>c</b> EIN-PN 62-0198260-001
<b>a</b>	Plan name	INZI CONTROLS DETROIT, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	INZI CONTROLS DETROIT, LLC	<b>c</b> EIN-PN 46-5127117-001

<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	HUNTINGTON FEDERAL SAVINGS BANK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HUNTINGTON FEDERAL SAVINGS BANK	<b>c</b> EIN-PN 55-0199620-001
<b>a</b>	Plan name	PLUS SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PLUS SERVICES LLC	<b>c</b> EIN-PN 02-0774792-001
<b>a</b>	Plan name	COASTAL EMPIRE PERIODONTICS LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	COASTAL EMPIRE PERIODONTICS, LLC	<b>c</b> EIN-PN 27-2766215-002
<b>a</b>	Plan name	APEX AUTOMATION, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	APEX AUTOMATION, INC.	<b>c</b> EIN-PN 30-0759315-002
<b>a</b>	Plan name	INDIAN TOWNSHIP SOLUTIONS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	INDIAN TOWNSHIP SOLUTIONS, LLC	<b>c</b> EIN-PN 84-4974060-001
<b>a</b>	Plan name	PRIME RHEUMATOLOGY CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	PRIME RHEUMATOLOGY CLINIC, PLLC	<b>c</b> EIN-PN 47-3114702-002
<b>a</b>	Plan name	ROSE CITY NUTRITIONALS, LLC DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	ROSE CITY NUTRITIONALS, LLC	<b>c</b> EIN-PN 83-2855534-002
<b>a</b>	Plan name	JUN XU MD INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	JUN XU MD INC.	<b>c</b> EIN-PN 81-3262714-002
<b>a</b>	Plan name	MICHEL HANNA MD CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	MICHEL HANNA MD, PC	<b>c</b> EIN-PN 76-0809886-002
<b>a</b>	Plan name	HEARING, ERGONOMICS AND ACOUSTICS RESOURCES, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	HEARING, ERGONOMICS AND ACOUSTICS RESOURCES,	<b>c</b> EIN-PN 46-3216265-002
<b>a</b>	Plan name	MECHANICAL ELECTRICAL SYSTEMS INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	MECHANICAL ELECTRICAL SYSTEMS INC	<b>c</b> EIN-PN 35-1475425-002
<b>a</b>	Plan name	MORTGAGE GRADER, INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	MORTGAGE GRADER INC.	<b>c</b> EIN-PN 20-2597058-002

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	CORPORATE TEMPS, INC. CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	CORPORATE TEMPS, INC.
<b>c</b>	EIN-PN	58-1965170-002
<b>a</b>	Plan name	SONOTEC CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	SONOTEC US INC.
<b>c</b>	EIN-PN	99-0384545-002
<b>a</b>	Plan name	ACM COLON AND RECTAL ASSOCIATES, PLLC CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	ACM COLON AND RECTAL ASSOCIATES, PLLC
<b>c</b>	EIN-PN	45-5080749-002
<b>a</b>	Plan name	HEALTH DIRECTIONS, INC. 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	HEALTH DIRECTIONS, INC.
<b>c</b>	EIN-PN	61-1217414-001
<b>a</b>	Plan name	LIGON INDUSTRIES 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	LIGON HYDRAULICS, LLC
<b>c</b>	EIN-PN	63-1221609-001
<b>a</b>	Plan name	CENTRAL INDIANA COMMUNITY FOUNDATION RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CENTRAL INDIANA COMM FOUNDATION
<b>c</b>	EIN-PN	35-1793680-001
<b>a</b>	Plan name	ALEXANDER CLARK PRINTING 401K RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	ALEXANDER CLARK PRINTING, INC.
<b>c</b>	EIN-PN	82-0306212-001
<b>a</b>	Plan name	GOOD SHEPHERD INDIA 401K PLAN
<b>b</b>	Name of plan sponsor	GOOD SHEPHERD INDIA
<b>c</b>	EIN-PN	51-0237239-001
<b>a</b>	Plan name	ABERDEEN MANUFACTURING FALL RIVER, MA PLANT PENSION PLAN FOR BARGAINED EMPLOYEES
<b>b</b>	Name of plan sponsor	CHF INDUSTRIES INC
<b>c</b>	EIN-PN	01-0671659-001
<b>a</b>	Plan name	U.S. COMPUTER CORPORATION 401K/PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	U.S. COMPUTER CORPORATION
<b>c</b>	EIN-PN	72-0792336-001
<b>a</b>	Plan name	POPPY BANK 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	POPPY BANK
<b>c</b>	EIN-PN	20-1904513-001
<b>a</b>	Plan name	FARM BUREAU RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	IOWA FARM BUREAU FEDERATION
<b>c</b>	EIN-PN	42-0331840-005

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="#">TEAL S MANAGEMENT GROUP, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEAL S MANAGEMENT GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1895574-001</a>
<b>a</b>	Plan name <a href="#">MIDWEST SURVEYS INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIDWEST SURVEYS, INC.</a>	<b>c</b> EIN-PN <a href="#">43-1211967-002</a>
<b>a</b>	Plan name <a href="#">INTERIOR CONSTRUCTION GROUP, INC. SAVINGS INCENTIVE PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INTERIOR CONSTRUCTION GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3625355-001</a>
<b>a</b>	Plan name <a href="#">PARKCHESTER SOUTH CONDOMINIUM, INC. 401K RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARKCHESTER SOUTH CONDOMINIUM, INC.</a>	<b>c</b> EIN-PN <a href="#">13-3175324-001</a>
<b>a</b>	Plan name <a href="#">FREESTYLE SALES COMPANY 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FREESTYLE SALES COMPANY</a>	<b>c</b> EIN-PN <a href="#">95-4029909-001</a>
<b>a</b>	Plan name <a href="#">FIRST COLORADO NATIONAL BANK 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">OAKSTAR BANK</a>	<b>c</b> EIN-PN <a href="#">84-0287354-001</a>
<b>a</b>	Plan name <a href="#">AMBEST, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMBEST, INC.</a>	<b>c</b> EIN-PN <a href="#">62-1667884-001</a>
<b>a</b>	Plan name <a href="#">EDT 401K PROFIT SHARING RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMERGING DISPLAY TECHNOLOGIES CORP.</a>	<b>c</b> EIN-PN <a href="#">33-0633409-001</a>
<b>a</b>	Plan name <a href="#">KENT COUNTRY CLUB 401K RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KENT COUNTRY CLUB</a>	<b>c</b> EIN-PN <a href="#">38-0713560-002</a>
<b>a</b>	Plan name <a href="#">PHELPS UNIFORM 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PHELPS THE UNIFORM SPECIALIST</a>	<b>c</b> EIN-PN <a href="#">42-1183791-001</a>
<b>a</b>	Plan name <a href="#">ALLIANCE MEDICAL PHYSICS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLIANCE MEDICAL PHYSICS</a>	<b>c</b> EIN-PN <a href="#">58-2507434-001</a>
<b>a</b>	Plan name <a href="#">KENNETH R. LANDER MD PC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KENNETH R. LANDER, PC</a>	<b>c</b> EIN-PN <a href="#">20-1590755-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HANSAIR LOGISTICS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	HANSAIR LOGISTICS, INC.	<b>c</b> EIN-PN 33-0520554-001
<b>a</b>	Plan name	AWHN 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ABBR ENTERPRISES, PLLC	<b>c</b> EIN-PN 01-0939955-001
<b>a</b>	Plan name	CELEBRATION RESTAURANT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	CELEBRATION RESTAURANT GROUP LLC	<b>c</b> EIN-PN 45-3935068-001
<b>a</b>	Plan name	ARKANSAS GLASS CONTAINER CORPORATION BARGAINING UNIT EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	ARKANSAS GLASS CONTAINER CORPORATION	<b>c</b> EIN-PN 71-0288327-003
<b>a</b>	Plan name	MARIBEL GRAIN COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	MARIBEL GRAIN COMPANY	<b>c</b> EIN-PN 39-0450740-001
<b>a</b>	Plan name	HOME STATE BANK PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	HOME STATE BANK	<b>c</b> EIN-PN 42-0316460-001
<b>a</b>	Plan name	GREEN AND HALLIBURTON 401K PLAN	
<b>b</b>	Name of plan sponsor	GREEN AND HALLIBURTON	<b>c</b> EIN-PN 61-1246222-001
<b>a</b>	Plan name	CARMAN, CALLAHAN AND INGHAM, LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	CARMAN, CALLAHAN AND INGHAM, LLP	<b>c</b> EIN-PN 11-3388957-001
<b>a</b>	Plan name	CONSOVA 401K PLAN	
<b>b</b>	Name of plan sponsor	CONSOVA CORPORATION	<b>c</b> EIN-PN 14-1884313-001
<b>a</b>	Plan name	GOLICH GLASS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOLICH GLASS, INC.	<b>c</b> EIN-PN 38-1740844-001
<b>a</b>	Plan name	GIGATECH PRODUCTS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GIGATECH PRODUCTS, INC.	<b>c</b> EIN-PN 24-3976490-001
<b>a</b>	Plan name	NIKKEI AMERICA, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NIKKEI AMERICA, INC.	<b>c</b> EIN-PN 13-3154097-001

<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	UEMURA CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	UEMURA CORPORATION	<b>c</b> EIN-PN 27-2616630-001
<b>a</b>	Plan name	BROUSSEAU NAFTIS ERICK AND MASSINGILL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BROUSSEAU NAFTIS ERICK AND MASSINGILL PROFESSIO	<b>c</b> EIN-PN 75-2443076-001
<b>a</b>	Plan name	YUHANG-CALIFORNIA INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	YUHANG-CALIFORNIA INC. 401K PLAN	<b>c</b> EIN-PN 95-4494356-001
<b>a</b>	Plan name	SUE L. STEVENS CONSULTING, FAMILY INVOLVEMENT EDUCATOR, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SUE L. STEVENS CONSULTING, FAMILY INVOLVEMENT	<b>c</b> EIN-PN 27-3022482-001
<b>a</b>	Plan name	TOURMALINE PARTNERS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TOURMALINE PARTNERS, LLC	<b>c</b> EIN-PN 27-2910829-001
<b>a</b>	Plan name	YOUNG AND ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	YOUNG AND ASSOCIATES	<b>c</b> EIN-PN 38-3021149-001
<b>a</b>	Plan name	AIRSOFT WHOLESALERS, INC., DEFINED PENSION	
<b>b</b>	Name of plan sponsor	AIRSOFT WHOLESALERS, INC.	<b>c</b> EIN-PN 80-0619158-002
<b>a</b>	Plan name	PLASTIC SURGERY SERVICES OF FREDERICKSBURG 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	PLASTIC SURGERY SERVICES OF FREDERICKSBURG,	<b>c</b> EIN-PN 54-1385681-001
<b>a</b>	Plan name	STAHL SPECIALTY COMPANY/WATRY INDUSTRIES EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	STAHL SPECIALTY COMPANY	<b>c</b> EIN-PN 44-0609809-002
<b>a</b>	Plan name	RENKERT AUCTIONEERS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	RENKERT AUCTIONEERS INC	<b>c</b> EIN-PN 65-0654355-001
<b>a</b>	Plan name	PROGRESSIVE FINANCIAL SERVICES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 38-3069576-001
<b>a</b>	Plan name	BTI SPECIAL COMMODITIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BTI SPECIAL COMMODITIES, INC.	<b>c</b> EIN-PN 42-1057714-001

<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	AM-LINER SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AM-LINER EAST, INC.	<b>c</b> EIN-PN 54-1740179-001
<b>a</b>	Plan name	M J M PLUMBING AND MECHANICAL INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	M J M PLUMBING AND MECHANICAL INC.	<b>c</b> EIN-PN 11-3563563-001
<b>a</b>	Plan name	TUBRO CO., INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TUBRO CO., INC	<b>c</b> EIN-PN 23-2026089-001
<b>a</b>	Plan name	HOUSEHOLD SERVICES IV LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HOUSEHOLD SERVICES IV LLC	<b>c</b> EIN-PN 20-3204700-001
<b>a</b>	Plan name	WALK THE LINE 401K PLAN	
<b>b</b>	Name of plan sponsor	WALK THE LINE TO SCI RECOVERY, INC.	<b>c</b> EIN-PN 36-4611888-001
<b>a</b>	Plan name	JAN-PRO OF LAS VEGAS 401K PLAN	
<b>b</b>	Name of plan sponsor	JJS DEVELOPMENT LLC.	<b>c</b> EIN-PN 73-1628407-001
<b>a</b>	Plan name	JOSEPHSON ACADEMY OF GYMNASTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	JOSEPHSON ACADEMY OF GYMNASTICS	<b>c</b> EIN-PN 20-1080422-001
<b>a</b>	Plan name	DURABLE PACKAGING 401K PLAN	
<b>b</b>	Name of plan sponsor	DURABLE PACKAGING INTERNATIONAL, INC.	<b>c</b> EIN-PN 32-0188279-002
<b>a</b>	Plan name	THE NEMOTO MEDICAL U.S., INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEMOTO MEDICAL U.S. INC.	<b>c</b> EIN-PN 33-0847878-001
<b>a</b>	Plan name	MOSBACHER PROPERTIES GROUP, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MOSBACHER PROPERTIES GROUP, LLC	<b>c</b> EIN-PN 13-3980840-002
<b>a</b>	Plan name	WAYNE WESTLAND FEDERAL CREDIT UNION 401K PLAN	
<b>b</b>	Name of plan sponsor	WAYNE WESTLAND FEDERAL CREDIT UNION	<b>c</b> EIN-PN 38-1362850-002
<b>a</b>	Plan name	O HARE-MIDWAY LIMOUSINE SERVICE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	O HARE-MIDWAY LIMOUSINE SERVICE, INC.	<b>c</b> EIN-PN 36-3340907-001

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 TEMPERATURE CONTROL SYSTEMS 401K	
<b>b</b>	Name of plan sponsor TEMPERATURE CONTROL SYSTEMS, LLC	<b>c</b> EIN-PN 81-1602013-001
<b>a</b>	Plan name NATIONAL STUDENT NURSES ASSOCIATION INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NATIONAL STUDENT NURSES ASSOCIATION INC	<b>c</b> EIN-PN 13-6081991-002
<b>a</b>	Plan name DIA PACKAGING, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SMG INDUSTRIES LLC DBA DIA PACKAGING	<b>c</b> EIN-PN 93-3492249-001
<b>a</b>	Plan name KINESIO USA 401K PLAN	
<b>b</b>	Name of plan sponsor KINESIO USA	<b>c</b> EIN-PN 27-0050882-001
<b>a</b>	Plan name MSE EXPRESS AMERICA, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MSE EXPRESS AMERICA, INC.	<b>c</b> EIN-PN 36-3599272-001
<b>a</b>	Plan name KROHN RACING AND AVIATION 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KROHN RACING LLC	<b>c</b> EIN-PN 20-1172340-001
<b>a</b>	Plan name MULLER VETERINARY HOSPITAL 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MULLER VETERINARY HOSPITAL	<b>c</b> EIN-PN 27-1186851-001
<b>a</b>	Plan name RON SCHARA ENTERPRISES 401K PLAN	
<b>b</b>	Name of plan sponsor RON SCHARA ENTERPRISES, LLC	<b>c</b> EIN-PN 27-0836179-001
<b>a</b>	Plan name FAMILY CARE DENTAL GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor FAMILY CARE DENTAL GROUP, LTD	<b>c</b> EIN-PN 36-3766904-001
<b>a</b>	Plan name PANDE SERVICES GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor FINLEY ROAD PARTNERS, LLC	<b>c</b> EIN-PN 84-2671176-001
<b>a</b>	Plan name GROUNDS PROPERTIES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor GROUNDS PROPERTIES, LLC.	<b>c</b> EIN-PN 81-0532310-001
<b>a</b>	Plan name BLECK ENGINEERING CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLECK ENGINEERING CO., INC.	<b>c</b> EIN-PN 36-2533026-001

<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	RUDAWSKI LAW OFFICES, PA 401K PLAN	
<b>b</b> Name of plan sponsor	RUDAWSKI LAW OFFICES, PA	<b>c</b> EIN-PN 20-0363833-001
<b>a</b> Plan name	THACKER AND ASSOCIATES EYE CARE 401K PLAN	
<b>b</b> Name of plan sponsor	THACKER AND ASSOCIATES EYE CARE	<b>c</b> EIN-PN 20-8142516-001
<b>a</b> Plan name	JULIE AND ALEX ACUNA 401K PLAN	
<b>b</b> Name of plan sponsor	JULIE AND ALEX ACUNA	<b>c</b> EIN-PN 45-4372519-001
<b>a</b> Plan name	MILLBROOK GOLF AND TENNIS CLUB, INC. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MILLBROOK GOLF AND TENNIS CLUB, INC.	<b>c</b> EIN-PN 14-0888160-001
<b>a</b> Plan name	TRANSFORMATIONS BY WIELAND 401K PLAN	
<b>b</b> Name of plan sponsor	TRANSFORMATIONS BY WIELAND	<b>c</b> EIN-PN 35-2014386-001
<b>a</b> Plan name	REINS INTERNATIONAL U.S.A. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	REINS INTERNATIONAL U.S.A. CO. LTD.	<b>c</b> EIN-PN 99-0356230-001
<b>a</b> Plan name	JRE AND 4R EMPLOYEE RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	JRE HOLDINGS, INC.	<b>c</b> EIN-PN 54-2016503-002
<b>a</b> Plan name	SPINAL SIMPLICITY, LLC 401K PLAN	
<b>b</b> Name of plan sponsor	SPINAL SIMPLICITY, LLC	<b>c</b> EIN-PN 26-2963556-001
<b>a</b> Plan name	RENNLINE INC. 401 K PLAN	
<b>b</b> Name of plan sponsor	RENNLINE INC.	<b>c</b> EIN-PN 45-0475859-001
<b>a</b> Plan name	ACH CHILD AND FAMILY SERVICES 401K PLAN	
<b>b</b> Name of plan sponsor	ACH CHILD AND FAMILY SERVICES	<b>c</b> EIN-PN 75-0818140-002
<b>a</b> Plan name	BIOPSY SCIENCES, LLC 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BIOPSY SCIENCES, LLC	<b>c</b> EIN-PN 59-3689083-001
<b>a</b> Plan name	PERSONAL WEALTH ADVISORY, LLC PROFIT SHARING AND SAVINGS PLAN	
<b>b</b> Name of plan sponsor	PERSONAL WEALTH ADVISORY, LLC	<b>c</b> EIN-PN 13-4226075-001

<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	OPTOWAVES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OPTOWAVES INC.	<b>c</b> EIN-PN 77-0557488-001
<b>a</b>	Plan name	SURVEILLANCE ONE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SURVEILLANCE ONE, INC.	<b>c</b> EIN-PN 84-1563592-001
<b>a</b>	Plan name	HAROLD MARCUS LTD. EMPLOYEES DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	HAROLD MARCUS LIMITED	<b>c</b> EIN-PN 98-0135506-001
<b>a</b>	Plan name	COMMUNITY TRUST CREDIT UNION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY TRUST CREDIT UNION	<b>c</b> EIN-PN 36-1932435-002
<b>a</b>	Plan name	AV3, INC. 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AV3, INC.	<b>c</b> EIN-PN 20-5994895-001
<b>a</b>	Plan name	AMERICAN GNC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN GNC	<b>c</b> EIN-PN 91-1320359-001
<b>a</b>	Plan name	LSI, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LUZAICH STRIPING, INC.	<b>c</b> EIN-PN 33-0897960-001
<b>a</b>	Plan name	CANDK ARCHITECTS/INTERIORS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CANDK ARCHITECTS/INTERIORS, INC.	<b>c</b> EIN-PN 59-2863830-001
<b>a</b>	Plan name	NEUROTECH 401K	
<b>b</b>	Name of plan sponsor	NEUROTECH, INC.	<b>c</b> EIN-PN 59-3560802-002
<b>a</b>	Plan name	JAMES ANDERSON COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	JAMES ANDERSON COMPANY	<b>c</b> EIN-PN 36-0735180-001
<b>a</b>	Plan name	INNOCENTI CONSTRUCTION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INNOCENTI CONSTRUCTION, INC.	<b>c</b> EIN-PN 26-1686788-001
<b>a</b>	Plan name	OKEEFE AND ASSOCIATES CONSULTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	O KEEFE AND ASSOCIATES CONSULTING LLC	<b>c</b> EIN-PN 38-3574648-001

<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	REICH ASSET MANAGEMENT, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	REICH ASSET MANAGEMENT, LLC	<b>c</b> EIN-PN 45-5386260-001
<b>a</b>	Plan name	CLARK OIL CO., INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CLARK OIL CO., INC.	<b>c</b> EIN-PN 64-0564539-001
<b>a</b>	Plan name	CUSTOM THREADING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM THREADING, INC.	<b>c</b> EIN-PN 74-1531220-001
<b>a</b>	Plan name	PLATERONICS 401K PLAN	
<b>b</b>	Name of plan sponsor	PLATERONICS	<b>c</b> EIN-PN 95-2088516-002
<b>a</b>	Plan name	GALLAGHER STAGING AND PRODUCTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	GALLAGHER RENTALS, INC	<b>c</b> EIN-PN 80-0828402-001
<b>a</b>	Plan name	GSP MARKETING TECHNOLOGIES, INC. 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	GSP MARKETING TECHNOLOGIES, INC.	<b>c</b> EIN-PN 59-1834766-001
<b>a</b>	Plan name	UNIVERSITY PODIATRY GROUP, INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY PODIATRY GROUP, INC.	<b>c</b> EIN-PN 20-1920900-001
<b>a</b>	Plan name	INSIGHT PROPERTY GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	INSIGHT PROPERTY GROUP LLC	<b>c</b> EIN-PN 27-1084882-001
<b>a</b>	Plan name	RCM SOLUTIONS, INC. 401 K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RCM SOLUTIONS, INC.	<b>c</b> EIN-PN 06-1734550-001
<b>a</b>	Plan name	ADVANCE AUTO CENTER, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ADVANCE AUTO CENTER, INC.	<b>c</b> EIN-PN 04-3139809-001
<b>a</b>	Plan name	QUALITY FOREIGN CAR SERVICE 401K PLAN	
<b>b</b>	Name of plan sponsor	QUALITY FOREIGN CAR SERVICE INC.	<b>c</b> EIN-PN 38-2349690-001
<b>a</b>	Plan name	MEDICAL RECOVERY SERVICES ASSOCIATES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MEDICAL RECOVERY SERVICES ASSOCIATES, LLC	<b>c</b> EIN-PN 20-1501388-001

<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	DAVIS-FROST, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DAVIS-FROST, INC.	<b>c</b> EIN-PN 41-0267861-002
<b>a</b>	Plan name	DEVINE INTERVENTION 401K PLAN	
<b>b</b>	Name of plan sponsor	DEVINE INTERVENTION	<b>c</b> EIN-PN 52-2345329-001
<b>a</b>	Plan name	NASER PROPANE COMPANY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	NASER PROPANE COMPANY, INC.	<b>c</b> EIN-PN 38-2002666-001
<b>a</b>	Plan name	RENAISSANCE PLANNING GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	RENAISSANCE PLANNING GROUP, INC.	<b>c</b> EIN-PN 59-3594725-001
<b>a</b>	Plan name	STRATEGY FOR HUMANITY, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STRATEGY FOR HUMANITY, LLC	<b>c</b> EIN-PN 30-0599097-001
<b>a</b>	Plan name	RED RIVER OILFIELD SERVICES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	RED RIVER OILFIELD SERVICES, INC.	<b>c</b> EIN-PN 20-4542165-001
<b>a</b>	Plan name	KNOT AND ROPE EMPLOYEE 401K PLAN	
<b>b</b>	Name of plan sponsor	KNOT AND ROPE SUPPLY, LTD	<b>c</b> EIN-PN 26-3573689-001
<b>a</b>	Plan name	DEBI M. HUYSSOON DMD PC 401K PLAN	
<b>b</b>	Name of plan sponsor	DEBI M. HUYSSOON DMD PC	<b>c</b> EIN-PN 20-3664956-001
<b>a</b>	Plan name	RHETECH COLORS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	THERMOCOLOR, LLC DBA RHETECH COLORS, LLC	<b>c</b> EIN-PN 38-3411973-001
<b>a</b>	Plan name	ABSOLUTELY OPTICAL INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTELY OPTICAL INC.	<b>c</b> EIN-PN 59-3620580-001
<b>a</b>	Plan name	ISO-FORM 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ISO-FORM, LLC	<b>c</b> EIN-PN 27-1294348-001
<b>a</b>	Plan name	HEARTCORE WOMEN 401K PLAN	
<b>b</b>	Name of plan sponsor	HEARTCORE WOMEN	<b>c</b> EIN-PN 68-0160969-001

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 UNION FIRE COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor UNION FIRE COMPANY NO. 1 AMBULANCE DIVISION	<b>c</b> EIN-PN 23-2259444-001
<b>a</b>	Plan name 96 AGRI SALES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor 96 AGRI SALES, INC.	<b>c</b> EIN-PN 48-0894568-001
<b>a</b>	Plan name LAM CHIROPRACTIC CORP. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAM CHIROPRACTIC CORP.	<b>c</b> EIN-PN 51-0651933-001
<b>a</b>	Plan name MARK INGRAM BRIDAL ATELIER 401K PLAN	
<b>b</b>	Name of plan sponsor MARK INGRAM BRIDAL ATELIER	<b>c</b> EIN-PN 13-4187566-001
<b>a</b>	Plan name DRASH CONTRACTING 401K PLAN	
<b>b</b>	Name of plan sponsor DRASH CONTRACTING COMPANY, LLC	<b>c</b> EIN-PN 45-2705503-001
<b>a</b>	Plan name HENSON MECHANICAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HENSON MECHANICAL, INC	<b>c</b> EIN-PN 75-3050964-001
<b>a</b>	Plan name HILGENFELD MORTUARY CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HILGENFELD MORTUARY CORPORATION	<b>c</b> EIN-PN 95-2484948-001
<b>a</b>	Plan name TRI-STATE GENERAL CONTRACTING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TRI-STATE GENERAL CONTRACTORS	<b>c</b> EIN-PN 22-2788904-001
<b>a</b>	Plan name TWIST INTERIOR DESIGN 401K PLAN	
<b>b</b>	Name of plan sponsor TWIST INTERIOR DESIGN	<b>c</b> EIN-PN 41-1978271-001
<b>a</b>	Plan name DUKE EMPIRICAL INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DUKE EMPIRICAL INC.	<b>c</b> EIN-PN 52-2308314-001
<b>a</b>	Plan name CMD 401K PLAN	
<b>b</b>	Name of plan sponsor CAJAH S MOUNTAIN DISCOUNT DRUG, INC.	<b>c</b> EIN-PN 56-1876548-001
<b>a</b>	Plan name COIL TUBING PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor COIL TUBING PARTNERS, LLC	<b>c</b> EIN-PN 45-5258418-001

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 BAERG AND ASSOCIATES, CPAS 401K PLAN	
<b>b</b>	Name of plan sponsor BAERG AND ASSOCIATES, CPAS	<b>c</b> EIN-PN 81-4772345-001
<b>a</b>	Plan name ST. PAULS EVANGELICAL LUTHERAN CHURCH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ST. PAULS EVANGELICAL LUTHERAN CHURCH	<b>c</b> EIN-PN 42-0754662-001
<b>a</b>	Plan name REGGIANI, GRILL AND AVALLONE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor REGGIANI, GRILL AND AVALLONE LLC	<b>c</b> EIN-PN 22-2010201-001
<b>a</b>	Plan name FRAZIER AVIATION, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRAZIER AVIATION, INC.	<b>c</b> EIN-PN 95-2003529-001
<b>a</b>	Plan name PRIME RETIRMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PRIME INDUSTRIAL COMPONENTS, INC.	<b>c</b> EIN-PN 22-2168919-001
<b>a</b>	Plan name H2 BUSINESS MANAGEMENT, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor H2 BUSINESS MANAGEMENT LLC	<b>c</b> EIN-PN 46-2359357-001
<b>a</b>	Plan name TEJAS TRUCKING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TEJAS TRUCKING, INC.	<b>c</b> EIN-PN 75-2094452-001
<b>a</b>	Plan name ORLANDO DRUM COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor ORLANDO DRUM COMPANY	<b>c</b> EIN-PN 59-1431819-001
<b>a</b>	Plan name COTTONE AND COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor COTTONE AND COMPANY	<b>c</b> EIN-PN 27-4520390-001
<b>a</b>	Plan name TEDIA COMPANY, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor TEDIA COMPANY, LLC	<b>c</b> EIN-PN 31-0842426-002
<b>a</b>	Plan name CHEC USA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor CHEC USA, INC.	<b>c</b> EIN-PN 27-4092338-001
<b>a</b>	Plan name PHILADELPHIA TOBOGGAN COASTERS 401K PLAN	
<b>b</b>	Name of plan sponsor PHILADELPHIA TOBOGGAN COASTERS, INC.	<b>c</b> EIN-PN 23-2667008-001

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 <u>OXEON INC. 401KPLAN</u>	
<b>b</b>	Name of plan sponsor <u>OXEON INC.</u>	<b>c</b> EIN-PN <u>27-4708798-001</u>
<b>a</b>	Plan name <u>RIGGS TREE SERVICE LLC 401K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>RIGGS TREE SERVICE LLC</u>	<b>c</b> EIN-PN <u>68-0505083-001</u>
<b>a</b>	Plan name <u>CHH 401K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CUSTOM HOME HEALTH, INC.</u>	<b>c</b> EIN-PN <u>56-2535180-001</u>
<b>a</b>	Plan name <u>ENVIRON-CIVIL ENGINEERING 401K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>ENVIRON-CIVIL ENGINEERING, LTD.</u>	<b>c</b> EIN-PN <u>52-1856221-001</u>
<b>a</b>	Plan name <u>RUPPEL MARKETING 401K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>RUPPEL MARKETING</u>	<b>c</b> EIN-PN <u>27-1398231-001</u>
<b>a</b>	Plan name <u>GRANDVIEW DENTAL 401K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CHRISTOPHER BUEGE, D.D.S. S.C. DBA GRANDVIEW</u>	<b>c</b> EIN-PN <u>13-4240508-001</u>
<b>a</b>	Plan name <u>OWEN MUMFORD USA 401K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>OWEN MUMFORD USA INCORPORATED</u>	<b>c</b> EIN-PN <u>05-0470565-001</u>
<b>a</b>	Plan name <u>VENTER SPOONER INC. 401K SAFE HARBOR PLAN</u>	
<b>b</b>	Name of plan sponsor <u>VENTER SPOONER INC.</u>	<b>c</b> EIN-PN <u>42-1421025-001</u>
<b>a</b>	Plan name <u>MARK ANDERSON 401K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>MARK ANDERSON</u>	<b>c</b> EIN-PN <u>46-4223157-001</u>
<b>a</b>	Plan name <u>INNOVATIVE SERVICE SOLUTIONS 401K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>INNOVATIVE SERVICE SOLUTIONS, LLC</u>	<b>c</b> EIN-PN <u>14-1858246-001</u>
<b>a</b>	Plan name <u>THE HOFFMAN AGENCY 401K RETIREMENT PLAN</u>	
<b>b</b>	Name of plan sponsor <u>THE HOFFMAN AGENCY</u>	<b>c</b> EIN-PN <u>42-0993620-001</u>
<b>a</b>	Plan name <u>STILT STUDIO 401K PLAN</u>	
<b>b</b>	Name of plan sponsor <u>STILT STUDIO, INC</u>	<b>c</b> EIN-PN <u>27-1970464-001</u>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	C-SQUARED CONTRACTING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	C-SQUARED CONTRACTING, INC.	<b>c</b> EIN-PN 13-3572550-001
<b>a</b>	Plan name	NATIONWIDE PROPERTY 401K PLAN	
<b>b</b>	Name of plan sponsor	NATIONWIDE PROPERTY INVESTMENTS	<b>c</b> EIN-PN 46-4723193-001
<b>a</b>	Plan name	POINT VICENTE ANIMAL HOSPITAL, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	POINT VICENTE ANIMAL HOSPITAL, INC.	<b>c</b> EIN-PN 81-3893184-001
<b>a</b>	Plan name	ONEKONNECT LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ONEKONNECT LLC	<b>c</b> EIN-PN 46-3990474-001
<b>a</b>	Plan name	DTS AMERICA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DTS AMERICA, INC.	<b>c</b> EIN-PN 36-4203138-001
<b>a</b>	Plan name	UPPER HAND ORTHOPAEDICS, PC 401K PLAN	
<b>b</b>	Name of plan sponsor	UPPER HAND ORTHOPAEDICS, PC	<b>c</b> EIN-PN 45-5552693-001
<b>a</b>	Plan name	KAPPA TOTAL MANAGEMENT INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	KAPPA TOTAL MANAGEMENT, INC.	<b>c</b> EIN-PN 46-3671024-001
<b>a</b>	Plan name	MADER 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MSE2 INC. DBA MADER SOUTH EAST	<b>c</b> EIN-PN 36-4734127-001
<b>a</b>	Plan name	GUARDIAN BUS COMPANY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	GUARDIAN BUS COMPANY, INC.	<b>c</b> EIN-PN 46-4327167-001
<b>a</b>	Plan name	LYONS, BENENSON AND COMPANY, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LYONS, BENENSON AND COMPANY INC.	<b>c</b> EIN-PN 13-3482412-001
<b>a</b>	Plan name	ISO POLY FILMS, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ISO POLY FILMS, INC.	<b>c</b> EIN-PN 58-2302560-001
<b>a</b>	Plan name	SYNERGY SIGNS AND SERVICES 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY SIGNS AND SERVICES, LLC	<b>c</b> EIN-PN 27-3415668-001

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>MANIFOLD, LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MANIFOLD, LLC</b>	<b>c</b> EIN-PN <b>27-2139199-001</b>
<b>a</b>	Plan name <b>AND AGENCY, LLC 401K PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GATEWAY MARKETING INTERACTICE, LLC D.B.A AND</b>	<b>c</b> EIN-PN <b>47-1673707-001</b>
<b>a</b>	Plan name <b>TERAHOP US, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TERAHOP US, INC.</b>	<b>c</b> EIN-PN <b>46-0838960-001</b>
<b>a</b>	Plan name <b>THE ARC OF FOND DU LAC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE ARC OF FOND DU LAC, INC.</b>	<b>c</b> EIN-PN <b>39-1034161-001</b>
<b>a</b>	Plan name <b>AZCON, INC. SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AZCON, INC.</b>	<b>c</b> EIN-PN <b>37-1732723-001</b>
<b>a</b>	Plan name <b>MPI SAFE HARBOR PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MUSCARA AND PASQUINELLI, INC.</b>	<b>c</b> EIN-PN <b>77-0448063-001</b>
<b>a</b>	Plan name <b>ALL AMERICAN HEATING INC. 401K AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALL AMERICAN HEATING, INC.</b>	<b>c</b> EIN-PN <b>41-2104558-001</b>
<b>a</b>	Plan name <b>KELSON ENERGY LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KELSON ENERGY LLC</b>	<b>c</b> EIN-PN <b>20-3225345-001</b>
<b>a</b>	Plan name <b>ARROWHEAD ELECTRIC COOPERATIVE, INC. NON UNION CASH BALANCE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARROWHEAD ELECTRIC COOPERATIVE, INC.</b>	<b>c</b> EIN-PN <b>41-0735682-002</b>
<b>a</b>	Plan name <b>GOLDEN TRIANGLE EMERGENCY CENTER 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOLDEN TRIANGLE EMERGENCY CENTER, LLC</b>	<b>c</b> EIN-PN <b>46-3151282-001</b>
<b>a</b>	Plan name <b>DIXIE MEMBRANE ROOFING, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIXIE MEMBRANE ROOFING, INC.</b>	<b>c</b> EIN-PN <b>58-1463937-001</b>
<b>a</b>	Plan name <b>MCM PRODUCTS USA 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCM PRODUCTS USA INC.</b>	<b>c</b> EIN-PN <b>20-8955131-001</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>MARTINELLI WINERY AND VINEYARDS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARTINELLI WINERY, INC</b>	<b>c</b> EIN-PN <b>68-0400958-001</b>
<b>a</b>	Plan name <b>MAXPRO MANUFACTURING LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAXPRO MANUFACTURING LLC</b>	<b>c</b> EIN-PN <b>45-4740854-001</b>
<b>a</b>	Plan name <b>ALLIED PLASTICS HOLDINGS, LLC EMPLOYEES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALLIED PLASTICS HOLDINGS, LLC</b>	<b>c</b> EIN-PN <b>26-0368199-001</b>
<b>a</b>	Plan name <b>L AND E RESEARCH, INC. 401K P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>L AND E RESEARCH, INC.</b>	<b>c</b> EIN-PN <b>20-0514927-001</b>
<b>a</b>	Plan name <b>FLETCHER, TYDINGS, WILLIAMS-TRACY AND GOTT, PLLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FLETCHER, TYDINGS, WILLIAMS-TRACY AND GOTT, PLL</b>	<b>c</b> EIN-PN <b>46-5368478-001</b>
<b>a</b>	Plan name <b>NOX US, LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NOX USA, LLC</b>	<b>c</b> EIN-PN <b>47-3186192-001</b>
<b>a</b>	Plan name <b>BAUCUM RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DARRYL C. BAUCUM, D.D.S. GENERAL AND FAMILY D</b>	<b>c</b> EIN-PN <b>45-4117188-001</b>
<b>a</b>	Plan name <b>SCHMIEDING FOUNDATION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE SCHMIEDING FOUNDATION, INC.</b>	<b>c</b> EIN-PN <b>23-7262279-001</b>
<b>a</b>	Plan name <b>EQUITY TRANSPORTATION, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EQUITY TRANSPORTATION, INC.</b>	<b>c</b> EIN-PN <b>38-2310671-004</b>
<b>a</b>	Plan name <b>FIRST HEALTH MEDICAL OF FRESNO, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIRST HEALTH MEDICAL OF FRESNO, INC.</b>	<b>c</b> EIN-PN <b>20-2199259-001</b>
<b>a</b>	Plan name <b>SAFETY RAIL COMPANY RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SAFETY RAIL COMPANY, LLC</b>	<b>c</b> EIN-PN <b>27-5131245-001</b>
<b>a</b>	Plan name <b>TOP TEN USA 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOP TEN USA</b>	<b>c</b> EIN-PN <b>61-1529341-001</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	TRANSCO INDUSTRIES, INC. CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRANSCO INDUSTRIES, INC.	<b>c</b> EIN-PN 93-0506656-002
<b>a</b>	Plan name	CARE-TECH HOME HEALTH SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	CARE-TECH HOME HEALTH SERVICES, LLC	<b>c</b> EIN-PN 20-8513432-001
<b>a</b>	Plan name	COASTAL AREA DISTRICT DEVELOPMENT AUTHORITY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COASTAL AREA DISTRICT DEVELOPMENT AUTHORITY,	<b>c</b> EIN-PN 58-1395933-002
<b>a</b>	Plan name	SCHROEDER CONSTRUCTION MANAGEMENT INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SCHROEDER CONSTRUCTION MANAGEMENT INC.	<b>c</b> EIN-PN 74-3150716-001
<b>a</b>	Plan name	MILESTONES CHILD DEVELOPMENT CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	MILESTONES CHILD DEVELOPMENT CENTER, LLC	<b>c</b> EIN-PN 20-1762611-001
<b>a</b>	Plan name	TST/ACCURATE 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TST TOOLING SOFTWARE TECHNOLOGY, LLC	<b>c</b> EIN-PN 38-3626215-001
<b>a</b>	Plan name	ENLACE NEW YORK INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ENLACE NEW YORK INC.	<b>c</b> EIN-PN 20-3284042-001
<b>a</b>	Plan name	V SHIFT 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	V SHIFT 401K	<b>c</b> EIN-PN 75-3260618-002
<b>a</b>	Plan name	SUBSURFACE CONSTRUCTORS INC. PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor	SUBSURFACE CONSTRUCTORS INCORPORATED	<b>c</b> EIN-PN 43-0716061-001
<b>a</b>	Plan name	CARGO HEAVY DUTY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CARGO HEAVY DUTY INC	<b>c</b> EIN-PN 38-1442695-001
<b>a</b>	Plan name	METRO INSTITUTE 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	METRO INSTITUTE, INC.	<b>c</b> EIN-PN 86-0975964-001
<b>a</b>	Plan name	IVERSON-MARTINEAU DENTAL, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IVERSON-MARTINEAU DENTAL, LLC	<b>c</b> EIN-PN 61-1438956-001

<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	BEACH HOUSE GROUP SALES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEACH HOUSE GROUP SALES	<b>c</b> EIN-PN 47-4173320-001
<b>a</b>	Plan name	BENJAMIN S HOPE 401K PLAN	
<b>b</b>	Name of plan sponsor	BENJAMIN S HOPE	<b>c</b> EIN-PN 74-3153382-001
<b>a</b>	Plan name	LIFE SKILLS CENTERS 401K PLAN	
<b>b</b>	Name of plan sponsor	LIFE SKILLS CENTERS, INC.	<b>c</b> EIN-PN 38-2480541-001
<b>a</b>	Plan name	INTEG HEALTH SYSTEM 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEG HEALTH SYSTEM PC	<b>c</b> EIN-PN 35-2045236-003
<b>a</b>	Plan name	TOTAL FINANCIAL SOLUTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TOTAL FINANCIAL SOLUTIONS, INC.	<b>c</b> EIN-PN 20-2068072-001
<b>a</b>	Plan name	MIRACLEFEET 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MIRACLEFEET	<b>c</b> EIN-PN 27-2452270-001
<b>a</b>	Plan name	MARK ADLER HOMES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MARK ADLER HOMES, LLC	<b>c</b> EIN-PN 27-5559419-001
<b>a</b>	Plan name	MPS GROUP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MPS GROUP, INC.	<b>c</b> EIN-PN 38-3226114-001
<b>a</b>	Plan name	AVVR, INC. 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVVR, INC.	<b>c</b> EIN-PN 41-1365081-001
<b>a</b>	Plan name	RT STUART RANCH 401K PLAN	
<b>b</b>	Name of plan sponsor	RT STUART RANCH, L.L.C.	<b>c</b> EIN-PN 73-1614665-001
<b>a</b>	Plan name	RAMSEY THORNTON BARRETT AND OSBORN, PLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RAMSEY THORNTON BARRETT AND OSBORN, PLC	<b>c</b> EIN-PN 62-1849800-002
<b>a</b>	Plan name	WESTERN SIERRA BUSINESS SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WESTERN SIERRA BUSINESS SERVICES, INC.	<b>c</b> EIN-PN 88-0259880-001

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 INTERMOUNTAIN WIND AND SOLAR 401K PLAN	
<b>b</b>	Name of plan sponsor INTERMOUNTAIN WIND AND SOLAR, LLC	<b>c</b> EIN-PN 80-0312497-001
<b>a</b>	Plan name MDG RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BOULEVARD HEALTH MANAGEMENT, LLC	<b>c</b> EIN-PN 82-1564637-001
<b>a</b>	Plan name ETHOS DENTAL, P.A. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ETHOS DENTAL, P.A.	<b>c</b> EIN-PN 41-2019560-001
<b>a</b>	Plan name PANGOLIN STRUCTURAL 401K PLAN	
<b>b</b>	Name of plan sponsor PANGOLIN STRUCTURAL LLC	<b>c</b> EIN-PN 47-2434017-001
<b>a</b>	Plan name BOE TECHNOLOGY AMERICA 401K PLAN	
<b>b</b>	Name of plan sponsor BOE TECHNOLOGY AMERICA, INC.	<b>c</b> EIN-PN 45-3149706-001
<b>a</b>	Plan name RODRIGUEZ, HORII, CHOI AND CAFFERATA LLP CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor RODRIGUEZ, HORII, CHOI AND CAFFERATA LLP	<b>c</b> EIN-PN 95-4557437-002
<b>a</b>	Plan name JAMESTOWN S KLALLAM TRIBE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JAMESTOWN S KLALLAM TRIBE	<b>c</b> EIN-PN 91-0963298-001
<b>a</b>	Plan name FOSKETT SERVICES LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor FOSKETT SERVICES, LLC	<b>c</b> EIN-PN 27-3224545-002
<b>a</b>	Plan name INSTITUTE FOR ADVANCED PSYCHIATRY CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor DR. DIANA GHELBER PA DBA INSTITUTE FOR ADVANC	<b>c</b> EIN-PN 27-3067301-002
<b>a</b>	Plan name RIVERTOWNE ADVISORS LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor RIVERTOWNE ADVISORS LLC	<b>c</b> EIN-PN 47-4536584-002
<b>a</b>	Plan name C.M. MOCKBEE CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor C.M. MOCKBEE CO.	<b>c</b> EIN-PN 03-1186468-002
<b>a</b>	Plan name SUN LAW CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor SUN LAW GROUP	<b>c</b> EIN-PN 27-0230210-002

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 ERIC R. HANSEN, D.O., PC DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor ERIC R. HANSEN, D.O., PROFESSIONAL CORPORATIO	<b>c</b> EIN-PN 20-1305671-001
<b>a</b>	Plan name PEREGRINE CAPITAL MANAGEMENT CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor PEREGRINE CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 41-6257136-002
<b>a</b>	Plan name VANTAGE PUMP AND COMPRESSOR LTD 401K PLAN	
<b>b</b>	Name of plan sponsor VANTAGE PUMP AND COMPRESSOR LTD	<b>c</b> EIN-PN 74-2604972-001
<b>a</b>	Plan name TAKING CARA BABIES LLC DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor TAKING CARA BABIES, LLC	<b>c</b> EIN-PN 46-0678091-002
<b>a</b>	Plan name R2 MEDIA, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor R2 MEDIA, INC.	<b>c</b> EIN-PN 27-4230210-002
<b>a</b>	Plan name LAURA GORDON DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor DR. LAURA GORDON	<b>c</b> EIN-PN 84-3109915-002
<b>a</b>	Plan name MANDLER AND SIEGER,LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MANDLER AND SIEGER, LLP	<b>c</b> EIN-PN 11-3048894-001
<b>a</b>	Plan name QEO GROUP, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor QEO GROUP, LLC	<b>c</b> EIN-PN 27-1117455-002
<b>a</b>	Plan name MAFIAPAPERS, INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor MAFIAPAPERS, INC.	<b>c</b> EIN-PN 42-1634622-001
<b>a</b>	Plan name O PRY LAW FIRM LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor O PRY LAW FIRM LLC	<b>c</b> EIN-PN 46-4907694-002
<b>a</b>	Plan name SCHNABEL FAMILY DENTISTRY DEFINED BENEFIT PENSION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SCHNABEL FAMILY DENTISTRY	<b>c</b> EIN-PN 27-1324420-001
<b>a</b>	Plan name TECTRAN MFG INC. 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TECTRAN MFG, INC.	<b>c</b> EIN-PN 20-0322673-001

<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	TECHNICOM EFS LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	TECHNICOM EFS, LLC	<b>c</b> EIN-PN 81-4193708-002
<b>a</b>	Plan name	HARRELL-FISH, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HARRELL-FISH, INC.	<b>c</b> EIN-PN 35-1629771-001
<b>a</b>	Plan name	MEDSCALE MANAGEMENT CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	MEDSCALE MANAGEMENT	<b>c</b> EIN-PN 82-5392182-002
<b>a</b>	Plan name	365 LABS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	365 LABS, LLC	<b>c</b> EIN-PN 37-1835915-001
<b>a</b>	Plan name	WHITE COTTAGE PIZZA CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	WHITE COTTAGE PIZZA INC.	<b>c</b> EIN-PN 36-3445219-002
<b>a</b>	Plan name	DR. HAROLD A. GILLESPIE, MD CASH BALANCE DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DR. HAROLD A. GILLESPIE, MD	<b>c</b> EIN-PN 99-1974900-002
<b>a</b>	Plan name	WORKSHOP DESIGN LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	WORKSHOP DESIGN LLC	<b>c</b> EIN-PN 13-4125027-002
<b>a</b>	Plan name	ABILITY TREE EXPERTS, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ABILITY TREE EXPERTS, LLC	<b>c</b> EIN-PN 27-4155487-002
<b>a</b>	Plan name	JUNO CAPITAL PARTNERS, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	JUNO CAPITAL PARTNERS, LLC	<b>c</b> EIN-PN 81-4354786-002
<b>a</b>	Plan name	AMERICAN LUNG AND SLEEP CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN LUNG AND SLEEP DISORDERS CONSULTANTS,	<b>c</b> EIN-PN 59-3534545-003
<b>a</b>	Plan name	INTEGRATED MANAGEMENT CORPORATION CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	EPIC HEALTHCARE AND PHYSICAL MEDICINE, PA	<b>c</b> EIN-PN 93-2427614-002
<b>a</b>	Plan name	CHESSON MACHINE COMPANY, INC. CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	CHESSON MACHINE COMPANY, INC.	<b>c</b> EIN-PN 56-2228761-002

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 METZ AIR CONTROL INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor METZ AIR CONTROL INC	<b>c</b> EIN-PN 33-0754889-002
<b>a</b>	Plan name RECREATION MANAGEMENT SERVICES, INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RECREATION MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 20-4749315-001
<b>a</b>	Plan name KNIGHT ENTERPRISES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KNIGHT ENTERPRISES, INC.	<b>c</b> EIN-PN 38-1983220-001
<b>a</b>	Plan name INTELEOS 401K PLAN	
<b>b</b>	Name of plan sponsor INTELEOS	<b>c</b> EIN-PN 51-0184277-002
<b>a</b>	Plan name ROLAND S ELECTRIC, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ROLAND S ELECTRIC, INC.	<b>c</b> EIN-PN 11-2140763-003
<b>a</b>	Plan name LOPAREX INC. DIXON UNION EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LOPAREX, INC.	<b>c</b> EIN-PN 36-3029659-001
<b>a</b>	Plan name VALLEY ELECTRIC CO. OF MT. VERNON 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALLEY ELECTRIC COMPANY OF MT. VERNON	<b>c</b> EIN-PN 91-1275610-001
<b>a</b>	Plan name STEPHEN CHELBAY COMPANY CASH ACCOUNT PENSION PLAN	
<b>b</b>	Name of plan sponsor STEPHEN CHELBAY COMPANY	<b>c</b> EIN-PN 94-1750014-001
<b>a</b>	Plan name ROADSHOW ENTERPRISES, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ROADSHOW ENTERPRISES, INC.	<b>c</b> EIN-PN 62-1111348-001
<b>a</b>	Plan name PLASTERERS LOCAL 82 PENSION FUND	
<b>b</b>	Name of plan sponsor PLASTERERS LOCAL 82	<b>c</b> EIN-PN 93-6075453-001
<b>a</b>	Plan name OCEAN PARTNERS USA, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OCEAN PARTNERS USA, INC.	<b>c</b> EIN-PN 20-1637661-001
<b>a</b>	Plan name CAMPUS USA CREDIT UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CAMPUS USA CREDIT UNION	<b>c</b> EIN-PN 59-0637646-001

<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	MICRON MANUFACTURING COMPANY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICRON MANUFACTURING COMPANY	<b>c</b> EIN-PN 38-2197312-001
<b>a</b>	Plan name	SUMMIT SPECIALTY PRODUCTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT SPECIALTY PRODUCTS, INC.	<b>c</b> EIN-PN 43-1670184-001
<b>a</b>	Plan name	COMPUTER SUPPORT SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	COMPUTER SUPPORT SYSTEMS, INC.	<b>c</b> EIN-PN 63-1035683-001
<b>a</b>	Plan name	ACCOUNT SERVICES, INC. 401K RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ACCOUNT SERVICES, INC.	<b>c</b> EIN-PN 91-1620945-001
<b>a</b>	Plan name	DALE W. HUBBARD, INC. PROFIT SHARING AND TRUST	
<b>b</b>	Name of plan sponsor	DALE W. HUBBARD, INC.	<b>c</b> EIN-PN 38-2589575-001
<b>a</b>	Plan name	THE LAW OFFICES OF KENNETH R. FEINBERG PC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	THE LAW OFFICES OF KENNETH R. FEINBERG, PC	<b>c</b> EIN-PN 47-3781446-003
<b>a</b>	Plan name	LANDRUM SUPPLY COMPANY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LANDRUM SUPPLY CO., INC.	<b>c</b> EIN-PN 58-0954848-001
<b>a</b>	Plan name	CARTER MANUFACTURING CO., INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARTER MANUFACTURING CO., INC.	<b>c</b> EIN-PN 22-1699435-001
<b>a</b>	Plan name	J. LAURITZEN U.S.A., INC. PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	J. LAURITZEN U.S.A., INC.	<b>c</b> EIN-PN 74-1919537-001
<b>a</b>	Plan name	PENSION PLAN FOR OFFICERS AND PROFESSIONAL STAFF OF INTL LONGSHORE AND WAREHOUSE UNION	
<b>b</b>	Name of plan sponsor	INTL LONGSHORE AND WAREHOUSE UNION	<b>c</b> EIN-PN 94-0577594-333
<b>a</b>	Plan name	NEVERS INDUSTRIES, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEVERS INDUSTRIES, INC.	<b>c</b> EIN-PN 41-1291670-001
<b>a</b>	Plan name	CANTEX INC NON-UNION HOURLY EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	CANTEX INC.	<b>c</b> EIN-PN 13-3645159-005

<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	FISHER CONSTRUCTION COMPANY, INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FISHER CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 62-1410160-001
<b>a</b>	Plan name	APIV ENTERPRISES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	APIV ENTERPRISES LLC	<b>c</b> EIN-PN 55-0880854-001
<b>a</b>	Plan name	COMMERICAL LYNKS, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL LYNKS, INC.	<b>c</b> EIN-PN 54-2005958-001
<b>a</b>	Plan name	LCM INDUSTRIES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LCM INDUSTRIES, INC.	<b>c</b> EIN-PN 75-2678392-001
<b>a</b>	Plan name	PENSION PLAN FOR EMPLOYEES OF SERV-ALL DIE AND TOOL COMPANY	
<b>b</b>	Name of plan sponsor	SERV-ALL DIE AND TOOL COMPANY	<b>c</b> EIN-PN 36-2024722-001
<b>a</b>	Plan name	BENTLEY RIDGE ENTERPRISES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	BENTLEY RIDGE ENTERPRISES, INC.	<b>c</b> EIN-PN 26-4670319-001
<b>a</b>	Plan name	NORTHSTAR ENGINEERING GROUP, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHSTAR ENGINEERING GROUP, INC.	<b>c</b> EIN-PN 81-0572077-001
<b>a</b>	Plan name	INTEGRATED 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED FABRICATION AND MACHINE INC	<b>c</b> EIN-PN 25-1852063-002
<b>a</b>	Plan name	MAXWELL-KATES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MAXWELL-KATES, INC.	<b>c</b> EIN-PN 13-3340383-001
<b>a</b>	Plan name	TOYAL AMERICA, INC. HOURLY PENSION PLAN	
<b>b</b>	Name of plan sponsor	TOYAL AMERICA, INC.	<b>c</b> EIN-PN 36-3821482-001
<b>a</b>	Plan name	GOLDEN TOUCH IMPORTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN TOUCH IMPORTS, INC.	<b>c</b> EIN-PN 13-2815248-002
<b>a</b>	Plan name	CMC 401K PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY MEDIA CENTER OF CARROLL COUNTY	<b>c</b> EIN-PN 52-2295886-001

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 WYNNE-ING TEAM 401K PLAN	
<b>b</b>	Name of plan sponsor WYNNE-ING TEAM	<b>c</b> EIN-PN 46-1478855-001
<b>a</b>	Plan name MICHAEL J. TOKUSHIGE 401K PLAN	
<b>b</b>	Name of plan sponsor MICHAEL J. TOKUSHIGE	<b>c</b> EIN-PN 33-8620264-001
<b>a</b>	Plan name UNIQUE LIFE, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNIQUE LIFE, INC.	<b>c</b> EIN-PN 11-3653314-001
<b>a</b>	Plan name PERMINDER SINGH SANGHERA, M.D.P.C. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PERMINDER SINGH SANGHERA, M.D.P.C.	<b>c</b> EIN-PN 86-0898535-001
<b>a</b>	Plan name TEXAS REPUBLIC BANK 401K PLAN	
<b>b</b>	Name of plan sponsor TEXAS REPUBLIC BANK	<b>c</b> EIN-PN 75-0548760-001
<b>a</b>	Plan name LIBERTY SUBARU-HYUNDAI 401K PLAN	
<b>b</b>	Name of plan sponsor LIBERTY SUBARU, INC.	<b>c</b> EIN-PN 22-2096280-001
<b>a</b>	Plan name BERSON-SOKOL AGENCY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BERSON-SOKOL AGENCY, INC.	<b>c</b> EIN-PN 34-1127514-001
<b>a</b>	Plan name BENCHMARK SCIENTIFIC EMPLOYEE 401K PLAN	
<b>b</b>	Name of plan sponsor BENCHMARK SCIENTIFIC INC.	<b>c</b> EIN-PN 56-2446343-001
<b>a</b>	Plan name MITCHELL INSURANCE SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor MITCHELL INSURANCE SERVICES	<b>c</b> EIN-PN 80-0124763-001
<b>a</b>	Plan name MARY O CONNOR AND COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor MARY O CONNOR AND COMPANY	<b>c</b> EIN-PN 36-4046221-001
<b>a</b>	Plan name HILLTOP 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SANDB PUBLIC SOLUTIONS, LLC DBA HILLTOP PUBLIC	<b>c</b> EIN-PN 20-3968409-001
<b>a</b>	Plan name MARTINEZ LAW GROUP, P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor MARTINEZ LAW GROUP P.C.	<b>c</b> EIN-PN 27-1609776-001

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 DAUM COMMERCIAL REAL ESTATE SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor D/AQ CORPORATION D/B/A DAUM COMMERCIAL REAL E	<b>c</b> EIN-PN 95-4342215-001
<b>a</b>	Plan name M CORP. DBA ACCUCTECH MECHANICAL SERVICES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor M CORP. DBA ACCUTECH MECHANICAL SERVICES	<b>c</b> EIN-PN 26-0076386-001
<b>a</b>	Plan name LEBLANC FAMILY DENTISTRY, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEBLANC FAMILY DENTISTRY, LLC	<b>c</b> EIN-PN 55-0834142-001
<b>a</b>	Plan name MIHELICH AND KAVANAUGH 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MIHELICH AND KAVANAUGH, P.L.C.	<b>c</b> EIN-PN 38-3207383-001
<b>a</b>	Plan name CV, INC 401K	
<b>b</b>	Name of plan sponsor CV INC	<b>c</b> EIN-PN 27-0951932-001
<b>a</b>	Plan name WEST COAST MEDICAL RESOURCES, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WEST COAST MEDICAL RESOURCES, LLC	<b>c</b> EIN-PN 59-3446495-001
<b>a</b>	Plan name FIRST PORT CITY BANK 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIRST PORT CITY BANK	<b>c</b> EIN-PN 58-1178459-001
<b>a</b>	Plan name ELECTRONIC PROTECTION SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ELECTRONIC PROTECTION SYSTEMS, INC.	<b>c</b> EIN-PN 59-1700465-001
<b>a</b>	Plan name TOLL COMPACTION GROUP, LLC	
<b>b</b>	Name of plan sponsor TOLL COMPACTION GROUP, LLC	<b>c</b> EIN-PN 22-2207168-001
<b>a</b>	Plan name PLASTIC MOLD TECHNOLOGY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor PLASTIC MOLD TECHNOLOGY, INC.	<b>c</b> EIN-PN 38-1659599-001
<b>a</b>	Plan name DP SOLUTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor DP SOLUTIONS, INC.	<b>c</b> EIN-PN 75-2256670-001
<b>a</b>	Plan name METRO STARS 401K PLAN	
<b>b</b>	Name of plan sponsor LILLA ENTERPRISES, INC.	<b>c</b> EIN-PN 20-5782763-001

<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	MID-FLORIDA DERMATOLOGY ASSOCIATES, PA 401K PLAN	
<b>b</b>	Name of plan sponsor	MID-FLORIDA DERMATOLOGY ASSOCIATES, PA	<b>c</b> EIN-PN 59-3330433-001
<b>a</b>	Plan name	PARKVIEW JULIAN LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARKVIEW JULIAN LLC	<b>c</b> EIN-PN 95-3875908-001
<b>a</b>	Plan name	MORRISON BERKSHIRE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MORRISON BERKSHIRE, INC.	<b>c</b> EIN-PN 04-2808672-001
<b>a</b>	Plan name	ICON WEST, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ICON WEST, INC.	<b>c</b> EIN-PN 33-0759547-001
<b>a</b>	Plan name	HOUSE OF KAIZEN 401K PLAN	
<b>b</b>	Name of plan sponsor	HOUSE OF KAIZEN 401K PLAN	<b>c</b> EIN-PN 13-4156026-001
<b>a</b>	Plan name	SCIENTIFIC INDUSTRIES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SCIENTIFIC INDUSTRIES, INC.	<b>c</b> EIN-PN 20-0511871-001
<b>a</b>	Plan name	RED RIVER SUPPLY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	RED RIVER SUPPLY INC.	<b>c</b> EIN-PN 45-0354159-001
<b>a</b>	Plan name	INTEGO 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGO, INC.	<b>c</b> EIN-PN 65-0918822-001
<b>a</b>	Plan name	LISA A. GOFF, D.M.D., P.A. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LISA A. GOFF, D.M.D., P.A.	<b>c</b> EIN-PN 59-3340440-001
<b>a</b>	Plan name	TEMPERATURE CONTROL HEATING AND AIR CONDITIONING, INC. 401K PROFIT	
<b>b</b>	Name of plan sponsor	TEMPERATURE CONTROL HEATING AND AIR	<b>c</b> EIN-PN 38-2671688-001
<b>a</b>	Plan name	AUSTIN COLBY COMPANY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUSTIN COLBY COMPANY	<b>c</b> EIN-PN 59-3323939-001
<b>a</b>	Plan name	ADMO, INCORPORATED EMPLOYEES SAVING AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ADMO, INC.	<b>c</b> EIN-PN 36-2916967-001

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	SHOALS OVERHEAD DOOR 401K PLAN	
<b>b</b> Name of plan sponsor	PLW1 LLC DBA SHOALS OVERHEAD DOOR	<b>c</b> EIN-PN 63-1162290-001
<b>a</b> Plan name	INITECH, INC. 401K SAFE HARBOR PLAN	
<b>b</b> Name of plan sponsor	INITECH INC	<b>c</b> EIN-PN 20-8156771-001
<b>a</b> Plan name	HIOSSSEN, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	HIOSSSEN, INC.	<b>c</b> EIN-PN 20-4077874-001
<b>a</b> Plan name	SOLOWAY DESIGN, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	FREELINE DESIGN INC, DBA SOLOWAY DESIGNS, INC	<b>c</b> EIN-PN 86-0830671-001
<b>a</b> Plan name	LAWRENCE KING 401K PLAN	
<b>b</b> Name of plan sponsor	LAWRENCE KING	<b>c</b> EIN-PN 54-5663969-001
<b>a</b> Plan name	NORTHWESTERN MUTUAL - DALLAS 401K PLAN	
<b>b</b> Name of plan sponsor	NORTHWESTERN MUTUAL - DALLAS	<b>c</b> EIN-PN 75-1516698-001
<b>a</b> Plan name	PROCESSIA SOLUTIONS CORP 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	PROCESSIA SOLUTIONS CORP	<b>c</b> EIN-PN 90-0849024-001
<b>a</b> Plan name	RETIREMENT PLAN FOR EMPLOYEES OF THE FIRST STATE BANK	
<b>b</b> Name of plan sponsor	FIRST STATE BANK	<b>c</b> EIN-PN 75-0270410-001
<b>a</b> Plan name	PACK LAB, INC. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	PACK LAB, INC.	<b>c</b> EIN-PN 33-0482526-001
<b>a</b> Plan name	N PROPERTY GROUP INC 401K PLAN	
<b>b</b> Name of plan sponsor	N PROPERTY GROUP INC	<b>c</b> EIN-PN 47-2116032-001
<b>a</b> Plan name	SMCP RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	SMCP USA INC.	<b>c</b> EIN-PN 27-3100714-001
<b>a</b> Plan name	TOKUYAMA DENTAL AMERICA INC. 401K PLAN	
<b>b</b> Name of plan sponsor	TOKUYAMA DENTAL AMERICA INC.	<b>c</b> EIN-PN 27-3832310-001

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>IMPACT PHYSICAL THERAPY 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IMPACT PHYSICAL THERAPY</b>	<b>c</b> EIN-PN <b>30-0192767-001</b>
<b>a</b>	Plan name <b>ABBIT MANAGEMENT CORPORATION RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ABBIT MANAGEMENT CORPORATION</b>	<b>c</b> EIN-PN <b>38-2332550-001</b>
<b>a</b>	Plan name <b>TSC ACCOUNTS RECEIVABLE SOLUTIONS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIKE SHERMAN, INC.</b>	<b>c</b> EIN-PN <b>75-2516059-001</b>
<b>a</b>	Plan name <b>HOLT BUILDERS SUPPLY 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HOLT BUILDERS SUPPLY</b>	<b>c</b> EIN-PN <b>71-0857634-001</b>
<b>a</b>	Plan name <b>MARGAUX FARM, LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARGAUX FARM, LLC</b>	<b>c</b> EIN-PN <b>61-1294636-001</b>
<b>a</b>	Plan name <b>PATRIOT PRECAST, LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PATRIOT PRECAST, LLC</b>	<b>c</b> EIN-PN <b>02-0796815-001</b>
<b>a</b>	Plan name <b>THOMAS FUNERAL SERVICE 401K PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>THOMAS FUNERAL SERVICE</b>	<b>c</b> EIN-PN <b>45-0219910-001</b>
<b>a</b>	Plan name <b>VSGI, LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VSGI LLC</b>	<b>c</b> EIN-PN <b>26-3157476-001</b>
<b>a</b>	Plan name <b>CARTUNES INC 401K PROFIT SHARING PLAN TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CARTUNES INC</b>	<b>c</b> EIN-PN <b>58-1318823-001</b>
<b>a</b>	Plan name <b>CFS SERVICE CORPORATION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CFS SERVICE CORPORATION, INC.</b>	<b>c</b> EIN-PN <b>61-1442710-001</b>
<b>a</b>	Plan name <b>WEST MICHIGAN BURIAL VAULT CO. 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WEST MICHIGAN BURIAL VAULT CO.</b>	<b>c</b> EIN-PN <b>38-1361698-001</b>
<b>a</b>	Plan name <b>VAN SPECIALTIES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VAN SPECIALTIES INC.</b>	<b>c</b> EIN-PN <b>93-0724607-001</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>AMB ENTERPRISES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMB ENTERPRISES LLC</b>	<b>c</b> EIN-PN <b>20-4063450-001</b>
<b>a</b>	Plan name <b>THE MARTIN GROUP 401K AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE MARTIN GROUP, LLC</b>	<b>c</b> EIN-PN <b>51-0608944-001</b>
<b>a</b>	Plan name <b>LIGHTING IN STYLE 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LIGHTING IN STYLE</b>	<b>c</b> EIN-PN <b>99-9411431-001</b>
<b>a</b>	Plan name <b>ADVOCATES FOR INCLUSION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ADVOCATES FOR INCLUSION, INC.</b>	<b>c</b> EIN-PN <b>75-3033438-001</b>
<b>a</b>	Plan name <b>THE MARLIN ALLIANCE, INC. 401K PROFIT SHARING PLAN TRUST</b>	
<b>b</b>	Name of plan sponsor <b>THE MARLIN ALLIANCE, INC.</b>	<b>c</b> EIN-PN <b>71-0899150-001</b>
<b>a</b>	Plan name <b>NVFS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN VIRGINIA FAMILY SERVICE, INC.</b>	<b>c</b> EIN-PN <b>54-0791977-002</b>
<b>a</b>	Plan name <b>SORCERER STAFFING 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SORCERER STAFFING</b>	<b>c</b> EIN-PN <b>46-1430416-001</b>
<b>a</b>	Plan name <b>COLLINE BROS. LOCK AND SAFE CO. 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COLLINE BROS. LOCK AND SAFE CO.</b>	<b>c</b> EIN-PN <b>20-1105291-001</b>
<b>a</b>	Plan name <b>SUNNYLIFE PHARMA INC RETIREMENT 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUNNYLIFE PHARMA INC</b>	<b>c</b> EIN-PN <b>46-1493927-001</b>
<b>a</b>	Plan name <b>OMFS MD, P.A. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OMFS MD, P.A.</b>	<b>c</b> EIN-PN <b>01-0655292-001</b>
<b>a</b>	Plan name <b>ESSEX LAKE GROUP LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ESSEX LAKE GROUP LLC</b>	<b>c</b> EIN-PN <b>26-3847877-001</b>
<b>a</b>	Plan name <b>LASER LOCATORS 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LASER LOCATORS, LLC</b>	<b>c</b> EIN-PN <b>57-1207507-001</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	INNOVATIVE DRIVE CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE DRIVE CORPORATION	<b>c</b> EIN-PN 05-0594162-001
<b>a</b>	Plan name	PRETORIUS AND PURVIS 401K PLAN	
<b>b</b>	Name of plan sponsor	KJA 1 HOLDINGS, INC.	<b>c</b> EIN-PN 82-4954943-001
<b>a</b>	Plan name	CHANNEL PLUMBING 401K PLAN	
<b>b</b>	Name of plan sponsor	CHANNEL PLUMBING, INC.	<b>c</b> EIN-PN 77-0581020-001
<b>a</b>	Plan name	FBI 401K PLAN	
<b>b</b>	Name of plan sponsor	FERNANDES BROTHERS, INC.	<b>c</b> EIN-PN 46-1145083-001
<b>a</b>	Plan name	NEXCOM USA 401K PLAN	
<b>b</b>	Name of plan sponsor	NEX COMPUTERS INC.	<b>c</b> EIN-PN 94-3339778-001
<b>a</b>	Plan name	COLONIAL TANNING II CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COLONIAL TANNING II CORPORATION	<b>c</b> EIN-PN 20-1059219-001
<b>a</b>	Plan name	IET COMPANIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IET SYSTEMS, INC.	<b>c</b> EIN-PN 63-1247478-001
<b>a</b>	Plan name	INNOVID LLC	
<b>b</b>	Name of plan sponsor	INNOVID LLC	<b>c</b> EIN-PN 98-0566587-001
<b>a</b>	Plan name	WARE, SMITH, WOOLEVER AND CO. PENSION PLAN	
<b>b</b>	Name of plan sponsor	WARE SMITH WOOLEVER AND CO.	<b>c</b> EIN-PN 38-1779550-001
<b>a</b>	Plan name	H AND B ELEVATORS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EP ACQUISITION INC. DBA H AND B ELEVATORS	<b>c</b> EIN-PN 80-0905875-001
<b>a</b>	Plan name	FLATROCK CITY PHARMACY 401K PLAN	
<b>b</b>	Name of plan sponsor	FLATROCK CITY PHARMACY, LLC.	<b>c</b> EIN-PN 45-4534882-001
<b>a</b>	Plan name	ASR ENGINEERING, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASR ENGINEERING, INC.	<b>c</b> EIN-PN 77-0483543-001

<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	GILBERT RX INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GILBERT RX INC.	<b>c</b> EIN-PN 45-4703558-002
<b>a</b>	Plan name	CACTUS COMMUNICATIONS	
<b>b</b>	Name of plan sponsor	CACTUS COMMUNICATIONS, INC.	<b>c</b> EIN-PN 26-2888098-001
<b>a</b>	Plan name	EFFICIENCY MEDIA 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	EFFICIENCY MEDIA	<b>c</b> EIN-PN 20-8737104-001
<b>a</b>	Plan name	SIGMA CORPORATION OF AMERICA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRS OF SIGMA CORPORATION OF AMERICA	<b>c</b> EIN-PN 11-2678823-001
<b>a</b>	Plan name	D AND L TECHNICAL SOLUTIONS, INC. 401K	
<b>b</b>	Name of plan sponsor	D AND L TECHNICAL SOLUTIONS, INC.	<b>c</b> EIN-PN 58-2579680-001
<b>a</b>	Plan name	BEMIDJI ORTHODONTICS, PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BEMIDJI ORTHODONTICS, PLLC	<b>c</b> EIN-PN 99-3383354-001
<b>a</b>	Plan name	PRECISION TEST SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	SELIMA PARTNERS, LLC DBA PRECISION TEST SOLUT	<b>c</b> EIN-PN 46-1665642-001
<b>a</b>	Plan name	WINDSTAR LINES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WINDSTAR LINES, INC.	<b>c</b> EIN-PN 27-1577755-001
<b>a</b>	Plan name	NICHOLAS MELONE ARCHITECT 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NICK MELONE ARCHITECTS	<b>c</b> EIN-PN 26-2281997-001
<b>a</b>	Plan name	TOTRAN TRANSPORTATION SERVICES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TOTRAN TRANSPORTATION SERVICES, INC	<b>c</b> EIN-PN 75-3262214-001
<b>a</b>	Plan name	GOOD LIFE RV 401K PLAN	
<b>b</b>	Name of plan sponsor	GOOD LIFE RV	<b>c</b> EIN-PN 42-1457207-001
<b>a</b>	Plan name	TUCKER AND ASSOCIATES 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TUCKER AND ASSOCIATES PLLC	<b>c</b> EIN-PN 36-4581368-001

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 UNDERHILL MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor UNDERHILL MANAGEMENT CORPORATION	<b>c</b> EIN-PN 35-2413400-001
<b>a</b>	Plan name GRAND CANYON PLANNING ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GRAND CANYON PLANNING ASSOCIATES, LLC	<b>c</b> EIN-PN 26-0080559-001
<b>a</b>	Plan name JAMES PATRICK MAHONEY 401K PLAN	
<b>b</b>	Name of plan sponsor JAMES PATRICK MAHONEY	<b>c</b> EIN-PN 46-4170143-001
<b>a</b>	Plan name CONTRACTOR SOLUTIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CONTRACTOR SOLUTIONS LLC	<b>c</b> EIN-PN 20-1435317-001
<b>a</b>	Plan name THE ENERGY MANUFACTURING COMPANY PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor ENERGY MANUFACTURING COMPANY, INC.	<b>c</b> EIN-PN 39-1910790-002
<b>a</b>	Plan name EXTRUDED ALUMINUM CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor EXTRUDED ALUMINUM CORPORATION	<b>c</b> EIN-PN 38-3622873-003
<b>a</b>	Plan name ALTER MANTEL LLP	
<b>b</b>	Name of plan sponsor ALTER MANTEL, LLP	<b>c</b> EIN-PN 13-3508803-001
<b>a</b>	Plan name TELOMERASE ACTIVATION SCIENCES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TELOMERASE ACTIVATION SCIENCES, INC.	<b>c</b> EIN-PN 33-1027891-001
<b>a</b>	Plan name SYNERGY CONTRACTING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SYNERGY CONTRACTING, LLC	<b>c</b> EIN-PN 80-0075006-001
<b>a</b>	Plan name WACUKA INC. 401K PLAN	
<b>b</b>	Name of plan sponsor WACUKA INC.	<b>c</b> EIN-PN 46-4193499-001
<b>a</b>	Plan name DIRECT SECURITY AND SOUND, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor DIRECT SECURITY AND SOUND, INC.	<b>c</b> EIN-PN 27-3118317-001
<b>a</b>	Plan name VIEWPOINT, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor VIEWPOINT, LLC	<b>c</b> EIN-PN 82-0501668-001

<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	GENTEGRA 401K PLAN	
<b>b</b>	Name of plan sponsor	GENTEGRA, LLC	<b>c</b> EIN-PN 46-4215833-001
<b>a</b>	Plan name	PERSANTEZUROWESTE 401K PLAN	
<b>b</b>	Name of plan sponsor	PERSANTE/ZUROWESTE	<b>c</b> EIN-PN 59-2845944-001
<b>a</b>	Plan name	ALL AGES DENTAL SPA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEATRIZ TOTZKE, DDS, PA	<b>c</b> EIN-PN 20-0158938-001
<b>a</b>	Plan name	BANGOR STEEL ERECTORS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	BANGOR STEEL ERECTORS, INC.	<b>c</b> EIN-PN 46-3006196-001
<b>a</b>	Plan name	HURLEN CORPORATION 401 K PLAN	
<b>b</b>	Name of plan sponsor	HURLEN COPORATION	<b>c</b> EIN-PN 95-3619309-001
<b>a</b>	Plan name	PROGRESSIVE AG. INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE AG, INC.	<b>c</b> EIN-PN 77-0445787-001
<b>a</b>	Plan name	SCREEN TEK IMAGING SOLUTIONS LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SCREEN TEK IMAGING SOLUTIONS LLC	<b>c</b> EIN-PN 26-4508403-001
<b>a</b>	Plan name	CANYON LANDS INSURANCE 401K PLAN	
<b>b</b>	Name of plan sponsor	AZ INSURANCE AGENTS, LLC	<b>c</b> EIN-PN 20-4073986-001
<b>a</b>	Plan name	BRIAN D. FERGUSON 401K PLAN	
<b>b</b>	Name of plan sponsor	BRIAN D. FERGUSON	<b>c</b> EIN-PN 33-0674037-001
<b>a</b>	Plan name	WAGNER CONSTRUCTION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WAGNER CONSTRUCTION, INC.	<b>c</b> EIN-PN 41-1535217-001
<b>a</b>	Plan name	BELL AND VALENTE 401K PLAN	
<b>b</b>	Name of plan sponsor	BELL AND VALENTE, LLC	<b>c</b> EIN-PN 26-0892890-001
<b>a</b>	Plan name	THE BRICK MARKETING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRICK MARKETING, LLC	<b>c</b> EIN-PN 33-1169239-001

<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	BRADFORD COHEN AND ASSOCIATES, P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor	BRADFORD COHEN AND ASSOCIATES, P.A.	<b>c</b> EIN-PN 65-0907154-001
<b>a</b>	Plan name	COMPREHENSIVE NONPROFIT SERVICES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	COMPREHENSIVE NONPROFIT SERVICES, LLC	<b>c</b> EIN-PN 46-3983559-001
<b>a</b>	Plan name	LA SALLE AND LA SALLE P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	LA SALLE AND LA SALLE P.C.	<b>c</b> EIN-PN 46-2970850-001
<b>a</b>	Plan name	FLETCHER STUDIO, INC. 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FLETCHER STUDIO, INC.	<b>c</b> EIN-PN 46-1887871-001
<b>a</b>	Plan name	INSPECTION EXPERTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	INSPECTION EXPERTS, INC.	<b>c</b> EIN-PN 20-1198884-001
<b>a</b>	Plan name	PINNACLE SERVICES, INC. 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PINNACLE SERVICES, INC.	<b>c</b> EIN-PN 41-1955603-001
<b>a</b>	Plan name	INCOMPASS TAX, ESTATE AND BUSINESS SOLUTIONS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAXBIZ INC., DBA INCOMPASS TAX, ESTATE AND BUSI	<b>c</b> EIN-PN 45-2048746-001
<b>a</b>	Plan name	TRAVEL WITH BARB, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TRAVEL WITH BARB, INC.	<b>c</b> EIN-PN 02-0739899-001
<b>a</b>	Plan name	AUTOBASE INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUTOBASE INC.	<b>c</b> EIN-PN 11-3538017-001
<b>a</b>	Plan name	ACS MOTION CONTROL, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TECHNOLOGY 80 INC. DBA ACS MOTION CONTROL, IN	<b>c</b> EIN-PN 41-1373380-001
<b>a</b>	Plan name	HELICOPTER FLIGHT SERVICES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	HELICOPTER FLIGHT SERVICES, INC.	<b>c</b> EIN-PN 11-3198807-001
<b>a</b>	Plan name	PALMER CONSTRUCTION SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	PALMER CONSTRUCTION SERVICES LLC	<b>c</b> EIN-PN 59-3805925-001

<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	TCER 401K PLAN	
<b>b</b>	Name of plan sponsor	TCER, LLC	<b>c</b> EIN-PN 46-5557331-001
<b>a</b>	Plan name	JIAHERB, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	JIAHERB INC	<b>c</b> EIN-PN 26-1771808-001
<b>a</b>	Plan name	FORT APACHE ENERGY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	FORT APACHE ENERGY, INC.	<b>c</b> EIN-PN 76-0497564-001
<b>a</b>	Plan name	KHP CAPITAL PARTNERS, L.P. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KHP CAPITAL PARTNERS, L.P.	<b>c</b> EIN-PN 47-2763209-001
<b>a</b>	Plan name	WESTWAY SERVICES GROUP, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WESTWAY SERVICES GROUP, LLC	<b>c</b> EIN-PN 81-5362823-001
<b>a</b>	Plan name	ARCH CUTTING TOOLS CORP. UNION EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	ARCH GLOBAL PRECISION LLC	<b>c</b> EIN-PN 45-3353645-002
<b>a</b>	Plan name	CFF 401K PLAN	
<b>b</b>	Name of plan sponsor	CARVERSVILLE FARM FOUNDATION	<b>c</b> EIN-PN 46-2855564-001
<b>a</b>	Plan name	DAVLER MEDIA GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	DAVLER MEDIA GROUP, LLC	<b>c</b> EIN-PN 20-1400866-001
<b>a</b>	Plan name	ENCORE GROUP OF PROFESSIONALS 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ENCORE GROUP OF PROFESSIONALS	<b>c</b> EIN-PN 27-1122917-001
<b>a</b>	Plan name	VAKIF BANK 401K PLAN	
<b>b</b>	Name of plan sponsor	VAKIF BANK NEW YORK	<b>c</b> EIN-PN 98-0115912-001
<b>a</b>	Plan name	VADC 401K PLAN	
<b>b</b>	Name of plan sponsor	VETERINARY ALLERGY AND DERMATOLOGY CLINIC, LL	<b>c</b> EIN-PN 20-3747675-001
<b>a</b>	Plan name	ABSOLUTE FLAVORS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE FLAVORS, LLC	<b>c</b> EIN-PN 20-8487259-001

<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	NORA EYE CARE 401K PLAN	
<b>b</b>	Name of plan sponsor	INDY EYE CARE, LLC	<b>c</b> EIN-PN 47-1595186-001
<b>a</b>	Plan name	AVO DENTAL SUPPLIES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AVO DENTAL SUPPLIES, LLC	<b>c</b> EIN-PN 27-1442078-001
<b>a</b>	Plan name	TURNER TECHTRONICS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TURNER TECHTRONICS, INC.	<b>c</b> EIN-PN 95-4101994-001
<b>a</b>	Plan name	PENINSULAR REALTY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PENINSULAR REALTY, INC.	<b>c</b> EIN-PN 38-1979788-001
<b>a</b>	Plan name	FUJI INDUSTRIES 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FUJI INDUSTRIES CORP.	<b>c</b> EIN-PN 13-5678243-001
<b>a</b>	Plan name	CAREFREE SMILES, PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAREFREE SMILES, PLLC	<b>c</b> EIN-PN 46-1254326-001
<b>a</b>	Plan name	AG POLYMERS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AG POLYMERS LLC	<b>c</b> EIN-PN 04-3615433-001
<b>a</b>	Plan name	A.B.S.C.O. LTD. CORP. TA FIA FINANCIAL SERVICES GROUP, INC. RETIREMENT AND SAVINGS PLA	
<b>b</b>	Name of plan sponsor	A.B.S.C.O. LTD. CORP.	<b>c</b> EIN-PN 22-2228547-001
<b>a</b>	Plan name	FABRICATED COMPONENTS AND ASSEMBLIES INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	FABRICATED COMPONENTS AND ASSEMBLIES INC.	<b>c</b> EIN-PN 20-0267294-001
<b>a</b>	Plan name	EBELS GENERAL STORE 401K PLAN	
<b>b</b>	Name of plan sponsor	EBELS FAMILY CENTER, INC.	<b>c</b> EIN-PN 38-2196500-001
<b>a</b>	Plan name	CITYCOM REAL ESTATE SERVICES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CITYCOM REAL ESTATE SERVICES, INC.	<b>c</b> EIN-PN 95-3627676-001
<b>a</b>	Plan name	NITIKA GOYAL, DDS CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	NITIKA GOYAL, DDS CORPORATION	<b>c</b> EIN-PN 27-1066721-001

<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	BELLATRIX PHARMACEUTICALS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	COSMOBIOLABS, INC.	<b>c</b> EIN-PN 81-1913938-001
<b>a</b>	Plan name	JEANNETTE ARCHITECTS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JEANNETTE ARCHITECTS, INC.	<b>c</b> EIN-PN 75-2987733-001
<b>a</b>	Plan name	NUCO LOGISTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	NUCO LOGISTICS INC.	<b>c</b> EIN-PN 26-2270515-001
<b>a</b>	Plan name	JERICO METAL SPECIALTIES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	JERICO METAL SPECIALTIES LLC	<b>c</b> EIN-PN 45-4660737-001
<b>a</b>	Plan name	EXTEX 401K PLAN	
<b>b</b>	Name of plan sponsor	EXTEX DIVISION ORDER SERVICES, LLC	<b>c</b> EIN-PN 84-1470438-001
<b>a</b>	Plan name	INFRASTRUCTURE REHABILITATION, U.S.A., INC. PROFIT SHARING / 401K PLAN	
<b>b</b>	Name of plan sponsor	INFRASTRUCTURE REHABILITATION, U.S.A., INC.	<b>c</b> EIN-PN 45-3630857-001
<b>a</b>	Plan name	RVO GEORGIA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROOSEN VARCHETTI AND OLIVIER-GAPLLC	<b>c</b> EIN-PN 81-4917340-001
<b>a</b>	Plan name	BOOTH UDALL FULLER 401K PLAN	
<b>b</b>	Name of plan sponsor	BOOTH UDALL FULLER, PLC	<b>c</b> EIN-PN 20-2088409-001
<b>a</b>	Plan name	TENTY DISTRIBUTORS 401K PLAN	
<b>b</b>	Name of plan sponsor	TENTY DISTRIBUTORS, LLC	<b>c</b> EIN-PN 81-2661745-001
<b>a</b>	Plan name	LPD MUSIC INTERNATIONAL 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LPD MUSIC INTERNATIONAL	<b>c</b> EIN-PN 38-1650840-002
<b>a</b>	Plan name	NOMAD SERVICES USA 401K PLAN	
<b>b</b>	Name of plan sponsor	NOMAD SERVICES USA, INC.	<b>c</b> EIN-PN 82-0852977-001
<b>a</b>	Plan name	SONSHINE MEDICAL, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SONSHINE MEDICAL, INC.	<b>c</b> EIN-PN 34-1890704-001

<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	EMPIRE EQUIPMENT SERVICE 401K	
<b>b</b>	Name of plan sponsor	EMPIRE EQUIPMENT SERVICE, INC.	<b>c</b> EIN-PN 20-0258870-001
<b>a</b>	Plan name	LIGHTING MAINTENANCE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LIGHTING MAINTENANCE, INC.	<b>c</b> EIN-PN 52-1737066-002
<b>a</b>	Plan name	CAERUS OPERATIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	CAERUS OPERATIONS, LLC	<b>c</b> EIN-PN 88-1009191-001
<b>a</b>	Plan name	DAVIS RESEARCH, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DAVIS RESEARCH, LLC	<b>c</b> EIN-PN 95-4728594-001
<b>a</b>	Plan name	COMMUNITY ACTION AGENCY OF SOUTH ALABAMA DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY ACTION AGENCY OF SOUTH ALABAMA	<b>c</b> EIN-PN 63-0510904-001
<b>a</b>	Plan name	SMILE SOLUTIONS OF DELAWARE, P.A. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	SMILE SOLUTIONS OF DELAWARE, P.A.	<b>c</b> EIN-PN 51-0233332-002
<b>a</b>	Plan name	ELECTRICAL SPECIALTY SERVICES, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ELECTRICAL SPECIALTY SERVICES, INC.	<b>c</b> EIN-PN 65-0068286-002
<b>a</b>	Plan name	CENTER FOR DIGESTIVE MEDICINE CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	CENTER FOR DIGESTIVE MEDICINE, PLLC	<b>c</b> EIN-PN 47-3013835-002
<b>a</b>	Plan name	CLADDAGH CONTROLS CORP. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	CLADDAGH CONTROLS CORP.	<b>c</b> EIN-PN 11-3289596-003
<b>a</b>	Plan name	THE BOARD OF EDUCATION, TOWN OF WOLCOTT, CONNECTICUT RETIREMENT ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	WOLCOTT PUBLIC SCHOOLS	<b>c</b> EIN-PN 06-6002140-001
<b>a</b>	Plan name	DAVITA HOLDING, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	DAVITA HOLDING, LLC	<b>c</b> EIN-PN 83-2732693-001
<b>a</b>	Plan name	ALRA ENGINEERS, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALRA ENGINEERS, P.C.	<b>c</b> EIN-PN 83-3324712-001

<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	VESTED NETWORKS 401K	
<b>b</b>	Name of plan sponsor	VESTED NETWORKS LLC	<b>c</b> EIN-PN 82-2818846-001
<b>a</b>	Plan name	GROUP 206, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	GROUP 206 LLC	<b>c</b> EIN-PN 46-2888235-001
<b>a</b>	Plan name	LOEFFLER SUPPLY CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	LOEFFLER SUPPLY, LLC	<b>c</b> EIN-PN 84-4072536-002
<b>a</b>	Plan name	TULARE SALES YARD, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	TULARE SALES YARD, INC.	<b>c</b> EIN-PN 94-0936453-002
<b>a</b>	Plan name	COBRATEC KNIVES, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	COBRATEC KNIVES, LLC	<b>c</b> EIN-PN 81-4566704-002
<b>a</b>	Plan name	BRIAN CARLSON, MD PLLC DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BRIAN CARLSON, MD PLLC	<b>c</b> EIN-PN 85-0735428-001
<b>a</b>	Plan name	STOP SHOP, INC. CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	STOP SHOP, INC.	<b>c</b> EIN-PN 58-2244197-001
<b>a</b>	Plan name	INTELLECTEU 401K PLAN	
<b>b</b>	Name of plan sponsor	INTELLECTEU INC	<b>c</b> EIN-PN 37-1735574-001
<b>a</b>	Plan name	SONA JEWELERS DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SONA JEWELERS INC	<b>c</b> EIN-PN 22-3309446-002
<b>a</b>	Plan name	CALM WATERS, INC. CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	CALM WATERS, INC.	<b>c</b> EIN-PN 47-5308164-002
<b>a</b>	Plan name	SOUTHEASTERN OHIO COUNSELING CENTER, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEASTERN OHIO COUNSELING CENTER, LLC	<b>c</b> EIN-PN 45-4333791-002
<b>a</b>	Plan name	KENNEDY AND ASSOCIATES, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	KENNEDY AND ASSOCIATES, LLC	<b>c</b> EIN-PN 27-4416650-002

<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	RETINA AND VITREOUS CENTER, P.C. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	RETINA AND VITREOUS CENTER, PC DBA WAGNER MACUL	<b>c</b> EIN-PN 54-1406743-002
<b>a</b>	Plan name	HK RECOVERY GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	HK RECOVERY GROUP, INC.	<b>c</b> EIN-PN 11-3359399-001
<b>a</b>	Plan name	ASHBY ORTHODONTICS, LTD. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ASHBY ORTHODONTICS, LTD.	<b>c</b> EIN-PN 54-0924264-002
<b>a</b>	Plan name	BRICKMAN MARTS LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	BRICKMAN MARTS LTD	<b>c</b> EIN-PN 13-2684688-001
<b>a</b>	Plan name	BROWNLIE HANSEN LLP CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	BROWNLIE HANSEN LLP	<b>c</b> EIN-PN 84-4512890-002
<b>a</b>	Plan name	EMPELLON 401K PLAN	
<b>b</b>	Name of plan sponsor	SADA HOLDING DBA EMPPELLON	<b>c</b> EIN-PN 27-5407200-001
<b>a</b>	Plan name	LBK ENTERPRISE LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	LBK ENTERPRISE LLC DBA KELLYCO AGENCY	<b>c</b> EIN-PN 82-0936768-002
<b>a</b>	Plan name	JASMIN AND OLIVZ MEDITERRANEAN CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ROYAL HUMMUS, INC.	<b>c</b> EIN-PN 81-2328357-002
<b>a</b>	Plan name	KIMBRA CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	KIMBRA DESIGNS, LLC	<b>c</b> EIN-PN 46-3257415-002
<b>a</b>	Plan name	ROZIEAI, INC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	ROZIEAI, INC	<b>c</b> EIN-PN 81-3794757-002
<b>a</b>	Plan name	SHELLMAN PHARMACY, LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	SHELLMAN PHARMACY, LLC	<b>c</b> EIN-PN 83-2469145-002
<b>a</b>	Plan name	SIRIUS VETERINARY ORTHOPEDIC CENTER CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	SIRIUS VETERINARY ORTHOPEDIC CENTER	<b>c</b> EIN-PN 47-3839271-002

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 LEGACY EFFECTS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEGACY EFFECTS, LLC	<b>c</b> EIN-PN 26-3120574-002
<b>a</b>	Plan name WESTERN OB-GYN, LTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WESTERN OB-GYN, LTD.	<b>c</b> EIN-PN 41-1247510-001
<b>a</b>	Plan name SUNSET GROUP, LTD. 401K PLAN	
<b>b</b>	Name of plan sponsor SUNSET GROUP, LTD.	<b>c</b> EIN-PN 54-1624407-001
<b>a</b>	Plan name INDEPENDENT SALT COMPANY DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor INDEPENDENT SALT COMPANY	<b>c</b> EIN-PN 48-0981376-002
<b>a</b>	Plan name BANK HAPOALIM B.M. PENSION PLAN	
<b>b</b>	Name of plan sponsor BANK HAPOALIM B.M.	<b>c</b> EIN-PN 13-2775750-001
<b>a</b>	Plan name B AND B INSTRUMENTS, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor B AND B INSTRUMENTS INC	<b>c</b> EIN-PN 35-1274744-001
<b>a</b>	Plan name THE MOUNTAINEER PUBLISHING COMPANY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE MOUNTAINEER PUBLISHING COMPANY, INC.	<b>c</b> EIN-PN 56-1687130-001
<b>a</b>	Plan name CERTIFIED CREDIT REPORTING, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CERTIFIED CREDIT REPORTING, INC.	<b>c</b> EIN-PN 33-0169416-001
<b>a</b>	Plan name RIVERTON MOTOR COMPANY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVERTON MOTOR COMPANY DBA RIVERTON CHEVROLET	<b>c</b> EIN-PN 87-0169940-001
<b>a</b>	Plan name KSB GIW, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor KSB GIW, INC.	<b>c</b> EIN-PN 58-0912699-001
<b>a</b>	Plan name FLECO INDUSTRIES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor FLECO INDUSTRIES, LLC	<b>c</b> EIN-PN 75-1287881-002
<b>a</b>	Plan name GANGWISH SEED FARMS INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GANGWISH SEED FARMS, INC.	<b>c</b> EIN-PN 47-0592629-001

<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	ACTE 401K PLAN
<b>b</b>	Name of plan sponsor	ASSOCIATION FOR CAREER AND TECHNICAL EDUCATION
<b>c</b>	EIN-PN	52-0632865-002
<b>a</b>	Plan name	CEJA CORPORATION 401K AND PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CEJA CORPORATION
<b>c</b>	EIN-PN	73-0753536-001
<b>a</b>	Plan name	A AND M SUPPLY HOLDINGS, INC. AND AFFILIATES EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN
<b>b</b>	Name of plan sponsor	A AND M SUPPLY HOLDINGS, INC.
<b>c</b>	EIN-PN	54-1598875-001
<b>a</b>	Plan name	MUNSTER EYE CARE ASSOCIATES, P.C. PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	MUNSTER EYE CARE ASSOCIATES, P.C.
<b>c</b>	EIN-PN	35-1441433-003
<b>a</b>	Plan name	TOMAHAWK LOG AND COUNTRY HOMES INC. 401K PLAN AND TRUST
<b>b</b>	Name of plan sponsor	TOMAHAWK LOG AND COUNTRY HOMES INC.
<b>c</b>	EIN-PN	39-1539159-001
<b>a</b>	Plan name	JNE CONSULTING AND ENGINEERING DELAWARE PA 401K PLAN
<b>b</b>	Name of plan sponsor	JNE CONSULTING AND ENGINEERING DELAWARE PA
<b>c</b>	EIN-PN	26-0435430-001
<b>a</b>	Plan name	DIVERSIFIED BROKERAGE SPECIALISTS, INC. 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DIVERSIFIED BROKERAGE SPECIALISTS, INC.
<b>c</b>	EIN-PN	31-0998734-001
<b>a</b>	Plan name	PENN PANEL AND BOX CO RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PENN PANEL AND BOX CO.
<b>c</b>	EIN-PN	23-0952492-002
<b>a</b>	Plan name	THE COLLABORATIVE DESIGN GROUP, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	COLLABORATIVE DESIGN GROUP, INC.
<b>c</b>	EIN-PN	41-1990499-001
<b>a</b>	Plan name	LUKE M. MORGAN, D.D.S. AND ASSOCIATES, LLC 401K SAVINGS PLAN
<b>b</b>	Name of plan sponsor	LUKE M. MORGAN, D.D.S. AND ASSOCIATES, LLC
<b>c</b>	EIN-PN	26-3806677-001
<b>a</b>	Plan name	THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	THERMO FISHER SCIENTIFIC INC.
<b>c</b>	EIN-PN	04-2209186-100
<b>a</b>	Plan name	WRRFC 401K PLAN
<b>b</b>	Name of plan sponsor	WESTERN RESERVE RACQUET CLUB CORPORATION
<b>c</b>	EIN-PN	34-1530674-002

<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	RESIN DISTRIBUTION, INC. 401K PS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RESIN DISTRIBUTION, INC.	<b>c</b> EIN-PN 20-0172730-001
<b>a</b>	Plan name	MCCORMACK CONSTRUCTION COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	MCCORMACK CONSTRUCTION COMPANY	<b>c</b> EIN-PN 27-1627855-001
<b>a</b>	Plan name	SENTRY CREDIT, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SENTRY CREDIT, INC.	<b>c</b> EIN-PN 91-1554346-001
<b>a</b>	Plan name	CUNNINGHAM ASSOCIATES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CUNNINGHAM ASSOCIATES, INC.	<b>c</b> EIN-PN 54-0883979-001
<b>a</b>	Plan name	COOPER BUILDING SERVICES, LLC	
<b>b</b>	Name of plan sponsor	COOPER BUILDING SERVICES, LLC	<b>c</b> EIN-PN 54-1909011-001
<b>a</b>	Plan name	REHABILITATION ASSOCIATES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	REHABILITATION ASSOCIATES, INC.	<b>c</b> EIN-PN 06-1109649-001
<b>a</b>	Plan name	CRE FINANCE COUNCIL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CRE FINANCE COUNCIL	<b>c</b> EIN-PN 48-1150519-001
<b>a</b>	Plan name	MARATHON TS 401K PLAN	
<b>b</b>	Name of plan sponsor	MARATHON TS, INC.	<b>c</b> EIN-PN 26-4407354-001
<b>a</b>	Plan name	PRIME LEGACY 401K PLAN	
<b>b</b>	Name of plan sponsor	PRIME LEGACY MANAGEMENT LLC	<b>c</b> EIN-PN 26-3493368-001
<b>a</b>	Plan name	PRECISION CONCRETE SERVICES, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PRECISION CONCRETE SERVICES, INC	<b>c</b> EIN-PN 27-2186730-001
<b>a</b>	Plan name	LONGSHORTWAY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LONGSHORTWAY INC	<b>c</b> EIN-PN 72-1690430-001
<b>a</b>	Plan name	AGRI-PRO ENTERPRISES OF IOWA, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AGRI-PRO ENTERPRISES OF IOWA, INC.	<b>c</b> EIN-PN 42-1136930-001

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 TOYAL AMERICA, INC. SALARIED PENSION PLAN	
<b>b</b>	Name of plan sponsor TOYAL AMERICA, INC.	<b>c</b> EIN-PN 36-3821482-002
<b>a</b>	Plan name WHYFFS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor WHYFFS, LLC	<b>c</b> EIN-PN 26-3514007-001
<b>a</b>	Plan name IN FOOD MARKETING AND DESIGN 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor IN FOOD MARKETING AND DESIGN 401K SAVINGS PLA	<b>c</b> EIN-PN 41-1801641-001
<b>a</b>	Plan name CITY COSMETICS, INC. DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CITY COSMETICS, INC.	<b>c</b> EIN-PN 95-4813756-001
<b>a</b>	Plan name ASSET SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ASSET SYSTEMS, INC.	<b>c</b> EIN-PN 36-3539491-001
<b>a</b>	Plan name WISDOM TREE TECHNOLOGIES, LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WISDOM TREE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 45-5599162-001
<b>a</b>	Plan name SEDGEBROOK/MONARCH 401K PLAN	
<b>b</b>	Name of plan sponsor SENIOR LIVING VII OPERATOR HOLDINGS, LLC	<b>c</b> EIN-PN 27-3564554-001
<b>a</b>	Plan name DIGITAL SYSTEMS CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor DIGITAL SYSTEMS CORPORATION DBA GALAXY	<b>c</b> EIN-PN 52-1000872-002
<b>a</b>	Plan name I.T. VERDIN CO., INC. DBA THE VERDIN CO. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor I.T. VERDIN CO. INC. DBA THE VERDIN CO.	<b>c</b> EIN-PN 31-0476790-001
<b>a</b>	Plan name HALLIDAY PRODUCTS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HALLIDAY PRODUCTS, INC.	<b>c</b> EIN-PN 59-1854869-001
<b>a</b>	Plan name NFI APARTMENT MANAGEMENT LLC EMPLOYEE SAVINGS TRUST	
<b>b</b>	Name of plan sponsor NFI APARTMENT MANAGEMENT, LLC	<b>c</b> EIN-PN 27-1347736-001
<b>a</b>	Plan name BEACH PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor ROMASANTA FAMILY - BEACH MOTEL, LP	<b>c</b> EIN-PN 67-8912345-001

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 MDG COMPUTER SERVICES, INC. 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MDG COMPUTER SERVICES, INC.	<b>c</b> EIN-PN 36-3984974-001
<b>a</b>	Plan name SHADOW PUBLIC RELATIONS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHADOW PUBLIC RELATIONS, INC.	<b>c</b> EIN-PN 20-8694006-001
<b>a</b>	Plan name BAUMANN SPRINGS USA EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BAUMANN SPRINGS USA, INC	<b>c</b> EIN-PN 56-1226024-001
<b>a</b>	Plan name THE SEVENTH ART RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor 7TH ART REAL ESTATE LLC	<b>c</b> EIN-PN 26-0689342-001
<b>a</b>	Plan name SNS ONE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor SNS ONE, INC.	<b>c</b> EIN-PN 20-0256726-001
<b>a</b>	Plan name HOLLY GREGORY 401K PLAN	
<b>b</b>	Name of plan sponsor HOLLY GREGORY, D.D.S., M.S., P.L.L.C.	<b>c</b> EIN-PN 27-1436118-001
<b>a</b>	Plan name INDUSTRIAL MEDIUM 401K PLAN	
<b>b</b>	Name of plan sponsor INDUSTRIAL MEDIUM SOFTWARE, INC.	<b>c</b> EIN-PN 20-1666347-001
<b>a</b>	Plan name AMERICAN SUESSEN 401K PLAN	
<b>b</b>	Name of plan sponsor AMERICAN SUESSEN CORPORATION	<b>c</b> EIN-PN 56-0857001-002
<b>a</b>	Plan name SHARON WALTERS 401K PLAN	
<b>b</b>	Name of plan sponsor SHARON WALTERS	<b>c</b> EIN-PN 35-9469418-001
<b>a</b>	Plan name TRICON GEOPHYSICS, INC. 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRICON GEOPHYSICS, INC.	<b>c</b> EIN-PN 84-1277340-001
<b>a</b>	Plan name CARPENTER PROPERTY MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor SCCAC LLC DBA CARPENTER PROPERTY MANAGEMENT	<b>c</b> EIN-PN 27-2076736-001
<b>a</b>	Plan name PBS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor PREMIER BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 26-0011270-001

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>WOODY CONTRACTORS, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WOODY CONTRACTORS, INC.</b>	<b>c</b> EIN-PN <b>75-1951485-001</b>
<b>a</b>	Plan name <b>MATHENY HEATING AND COOLING SERVICE, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MATHENY HEATING AND COOLING SERVICE, INC.</b>	<b>c</b> EIN-PN <b>43-0761400-001</b>
<b>a</b>	Plan name <b>HARTMAN DESIGN GROUP, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARTMAN DESIGN GROUP, INC.</b>	<b>c</b> EIN-PN <b>52-1547786-001</b>
<b>a</b>	Plan name <b>1ST ASSIST HOME HEALTHCARE, LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>1ST ASSIST HOME HEALTHCARE, LLC</b>	<b>c</b> EIN-PN <b>20-2693790-001</b>
<b>a</b>	Plan name <b>BALDOR INDUSTRIAL SOLUTIONS, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BALDOR INDUSTRIAL SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>26-3485535-001</b>
<b>a</b>	Plan name <b>RAH 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TCB HOMECARE, LLC DBA RIGHT AT HOME</b>	<b>c</b> EIN-PN <b>20-4735681-001</b>
<b>a</b>	Plan name <b>BAKERSTARRETT LLP</b>	
<b>b</b>	Name of plan sponsor <b>BAKERSTARRETT LLP</b>	<b>c</b> EIN-PN <b>45-3514343-001</b>
<b>a</b>	Plan name <b>GLOBAL WIRELESS SOLUTIONS, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLOBAL WIRELESS SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>54-1813528-001</b>
<b>a</b>	Plan name <b>AMERIVENTS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERIVENTS</b>	<b>c</b> EIN-PN <b>13-4124890-001</b>
<b>a</b>	Plan name <b>SYZYG Y ADVERTISING INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SYZYG Y ADVERTISING INC.</b>	<b>c</b> EIN-PN <b>47-1166147-001</b>
<b>a</b>	Plan name <b>INTEGRATED SURFACE TECHNOLOGIES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTEGRATED SURFACE TECHNOLOGIES, INC.</b>	<b>c</b> EIN-PN <b>26-1186014-001</b>
<b>a</b>	Plan name <b>MOBILE THERAPY CENTERS OF AMERICA 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THERAPY CLINICS OF AMERICA, LLC DBA MOBILE TH</b>	<b>c</b> EIN-PN <b>20-4493528-001</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	SUMMIT HEARING AID CENTER, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT HEARING AID CENTER, LLC	<b>c</b> EIN-PN 61-1555021-001
<b>a</b>	Plan name	CKI ASSOCIATES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CKI ASSOCIATES, INC.	<b>c</b> EIN-PN 54-1863056-001
<b>a</b>	Plan name	AMERICAN TECHNOLOGY CONSULTING 401 K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN TECHNOLOGY CONSULTING, LLC	<b>c</b> EIN-PN 26-2045518-001
<b>a</b>	Plan name	MIS SCIENCES CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIS SCIENCES CORPORATION	<b>c</b> EIN-PN 95-4590941-001
<b>a</b>	Plan name	ABRASIVE BLAST SYSTEMS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ABRASIVE BLAST SYSTEMS, LLC	<b>c</b> EIN-PN 51-0456824-001
<b>a</b>	Plan name	PINNACLE DESIGN AND CONSULTING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PINNACLE DESIGN AND CONSULTING, INC.	<b>c</b> EIN-PN 54-1843389-001
<b>a</b>	Plan name	THE KAUFFMAN GROUP, INC. 401K PROFITSHARING PLAN	
<b>b</b>	Name of plan sponsor	THE KAUFFMAN GROUP, INC.	<b>c</b> EIN-PN 54-1280275-002
<b>a</b>	Plan name	HUNTINGDON MECHANICAL CONTRACTORS, INC. PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor	HUNTINGDON MECHANICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 23-1893437-001
<b>a</b>	Plan name	KRASE HAIR SALON 401K PLAN	
<b>b</b>	Name of plan sponsor	KRASE HAIR SALON INC	<b>c</b> EIN-PN 26-0451040-001
<b>a</b>	Plan name	ADAMS QB 401K PLAN	
<b>b</b>	Name of plan sponsor	ADAMS QB, INC.	<b>c</b> EIN-PN 27-1128583-001
<b>a</b>	Plan name	J AND J LOGGING AND TRUCKING 401K PLAN	
<b>b</b>	Name of plan sponsor	JOE AND SANDY TRUCKING INC., DBA J AND J TRUCKING	<b>c</b> EIN-PN 56-1955906-001
<b>a</b>	Plan name	ON-LINE ELECTRONICS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ON-LINE ELECTRONICS, INC.	<b>c</b> EIN-PN 47-2199745-001

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 WAYNE S FAST FOODS, INC. 401K P/S PLAN	
<b>b</b>	Name of plan sponsor WAYNE S FAST FOODS, INC.	<b>c</b> EIN-PN 63-0635417-001
<b>a</b>	Plan name LUSH LAWN 401K PLAN	
<b>b</b>	Name of plan sponsor AGS HOLDINGS, INC. DBA LUSH LAWN	<b>c</b> EIN-PN 38-3282159-001
<b>a</b>	Plan name GUNGHO ONLINE ENTERTAINMENT AMERICA INC 401K PLAN	
<b>b</b>	Name of plan sponsor GUNGHO ONLINE ENTERTAINMENT AMERICA, INC.	<b>c</b> EIN-PN 45-4874220-001
<b>a</b>	Plan name CONNECTICUT NEURODEVELOPMENT SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor CONNECTICUT NEURODEVELOPMENT SERVICES	<b>c</b> EIN-PN 06-1387497-001
<b>a</b>	Plan name X-CEL TECHNOLOGIES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor X-CEL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 36-4471156-001
<b>a</b>	Plan name 401K PLAN OF TOMS CAPITAL	
<b>b</b>	Name of plan sponsor TOMS CAPITAL LLC	<b>c</b> EIN-PN 45-2042415-001
<b>a</b>	Plan name PHAZER ELECTRIC, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor PHAZER ELECTRIC, INC.	<b>c</b> EIN-PN 91-1897554-001
<b>a</b>	Plan name DAVID F. DOERING DDS PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor DAVID F. DOERING, DDS PLLC	<b>c</b> EIN-PN 81-4931573-001
<b>a</b>	Plan name STORCOM 401K PLAN	
<b>b</b>	Name of plan sponsor STORCOM, INC.	<b>c</b> EIN-PN 36-4475332-001
<b>a</b>	Plan name HEARTLAND RESTAURANT GROUP, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HEARTLAND RESTAURANT GROUP, LLC	<b>c</b> EIN-PN 20-8531019-001
<b>a</b>	Plan name CT INFO SEC 401K PLAN	
<b>b</b>	Name of plan sponsor CONNECTICUT INFORMATION SECURITY, LLC	<b>c</b> EIN-PN 51-0657121-001
<b>a</b>	Plan name KATHERINE W. JONES, MD, PLC 401K P/S PLAN	
<b>b</b>	Name of plan sponsor KATHERINE W JONES MD PLC	<b>c</b> EIN-PN 41-2080928-001

<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	HOLSCHER ENTERPRISES 401K PLAN	
<b>b</b>	Name of plan sponsor	HOLSCHER ENTERPRISES	<b>c</b> EIN-PN 20-0053090-001
<b>a</b>	Plan name	MCKEE ENVIRONMENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	MCKEE ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 47-0896056-001
<b>a</b>	Plan name	4 WHOLESALECORP 401K PLAN	
<b>b</b>	Name of plan sponsor	4 WHOLESALECORP	<b>c</b> EIN-PN 26-0864316-001
<b>a</b>	Plan name	RLS AND ASSOCIATES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RLS AND ASSOCIATES, INC.	<b>c</b> EIN-PN 31-1287821-001
<b>a</b>	Plan name	EAB ARCHITECTURE 401K PLAN	
<b>b</b>	Name of plan sponsor	EAB ARCHITECTURAL DESIGNS	<b>c</b> EIN-PN 26-3343943-001
<b>a</b>	Plan name	FIRE SAFETY INTERNATIONAL, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRE SAFETY INTERNATIONAL, INC.	<b>c</b> EIN-PN 06-1492126-001
<b>a</b>	Plan name	ALEX F. CIFELLI JR. AND ASSOCIATES INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ALEX F. CIFELLI JR. AND ASSOCIATES INC.	<b>c</b> EIN-PN 23-2478996-001
<b>a</b>	Plan name	AIR 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN INDUSTRIAL REAL ESTATE ASSOCIATION	<b>c</b> EIN-PN 95-2230127-001
<b>a</b>	Plan name	VARIETY MACHINE SOLUTION INC PLAN	
<b>b</b>	Name of plan sponsor	VARIETY MACHINE SOLUTION INC	<b>c</b> EIN-PN 33-3928301-001
<b>a</b>	Plan name	TRICE IMAGING, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TRICE IMAGING, INC.	<b>c</b> EIN-PN 27-2400631-001
<b>a</b>	Plan name	GREAT LAKES ROOFING CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES ROOFING CORPORATION	<b>c</b> EIN-PN 39-1583074-001
<b>a</b>	Plan name	FMGI, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	FMGI, INC.	<b>c</b> EIN-PN 26-1986495-001

<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	ONCOSYNERGY 401K PLAN	
<b>b</b>	Name of plan sponsor	ONCOSYNERGY, INC.	<b>c</b> EIN-PN 45-2520717-001
<b>a</b>	Plan name	LAW OFFICE OF MICHAEL SCAFIDDI 401K PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF MICHAEL SCAFIDDI	<b>c</b> EIN-PN 01-0729877-001
<b>a</b>	Plan name	HUBBELL AND ASSOCIATES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUBBELL AND ASSOCIATES, INC. 401K PROFIT SHAR	<b>c</b> EIN-PN 26-0309287-001
<b>a</b>	Plan name	ADAM BARLOW LAW P.C.	
<b>b</b>	Name of plan sponsor	ADAM BARLOW LAW P.C.	<b>c</b> EIN-PN 27-5216521-001
<b>a</b>	Plan name	THE HEART OF VASCULAR CENTER OF SARASOTA, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE HEART AND VASCULAR CENTER OF SARASOTA, INC.	<b>c</b> EIN-PN 75-3072541-003
<b>a</b>	Plan name	CORETEK ENTERPRISES 401K PLAN	
<b>b</b>	Name of plan sponsor	CORETEK ENTERPRISES, LLC	<b>c</b> EIN-PN 98-0591022-001
<b>a</b>	Plan name	WINK EYECARE BOUTIQUE 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WINK EYECARE BOUTIQUE	<b>c</b> EIN-PN 41-2186158-001
<b>a</b>	Plan name	ALLERGY, ASTHMA AND SINUSCENTERS OF SILICON VALLEY 401K PLAN	
<b>b</b>	Name of plan sponsor	ALLERGY ASTHMA AND SINUS CENTERS OF SILICON VAL	<b>c</b> EIN-PN 46-3268538-001
<b>a</b>	Plan name	SECOND CHANCE CREDIT LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SECOND CHANCE CREDIT LLC	<b>c</b> EIN-PN 27-2594988-001
<b>a</b>	Plan name	AILERON COMMUNICATIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	AILERON COMMUNICATIONS, INC.	<b>c</b> EIN-PN 36-4308948-001
<b>a</b>	Plan name	THE ARLEDGE-POWELL COMPANY INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARLEDGE-POWELL COMPANY, INC.	<b>c</b> EIN-PN 31-1615230-001
<b>a</b>	Plan name	TRIMARK DIGITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	TRIMARK SOLUTIONS, LLC	<b>c</b> EIN-PN 20-5933479-001

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 99 PIPELINE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor 99 PIPELINE, INC.	<b>c</b> EIN-PN 20-4962751-001
<b>a</b>	Plan name PERSONNEL WORLD, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor PERSONNEL WORLD, INC.	<b>c</b> EIN-PN 38-2408274-001
<b>a</b>	Plan name UNITY OF INDIANA 401K PLAN	
<b>b</b>	Name of plan sponsor K.E. TOMPKINS INC. DBA UNITY OF INDIANA	<b>c</b> EIN-PN 35-2045650-001
<b>a</b>	Plan name RAMSEY ASSET MANAGEMENT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RAMSEY ASSET MANAGEMENT, LLC	<b>c</b> EIN-PN 54-2032037-001
<b>a</b>	Plan name ALBERT ORTHODONTICS, PA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALBERT ORTHODONTICS, PA	<b>c</b> EIN-PN 20-4816000-001
<b>a</b>	Plan name HARTUNG AND SCHROEDER LLP 401K PLAN	
<b>b</b>	Name of plan sponsor HARTUNG AND SCHROEDER LLP	<b>c</b> EIN-PN 75-3105077-001
<b>a</b>	Plan name SUNNY OPTICAL 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUNNY OPTICAL TECHNOLOGY USA INC.	<b>c</b> EIN-PN 45-4811183-001
<b>a</b>	Plan name JEFF S WELDING 401K PLAN	
<b>b</b>	Name of plan sponsor JEFF S WELDING INC	<b>c</b> EIN-PN 20-1336139-001
<b>a</b>	Plan name KEEP IT UP INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEEP IT UP, INC.	<b>c</b> EIN-PN 20-8994366-001
<b>a</b>	Plan name RENEWABLE RESOURCE GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor RENEWABLE RESOURCE GROUP, INC.	<b>c</b> EIN-PN 46-3487903-001
<b>a</b>	Plan name COLLIER CAPITAL MACHINE CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor COLLIER CAPITAL MACHINE CORPORATION	<b>c</b> EIN-PN 20-3976684-001
<b>a</b>	Plan name JAN FENCE INC. 401K PLAN	
<b>b</b>	Name of plan sponsor JAN FENCE INC.	<b>c</b> EIN-PN 22-3201526-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">EDGEWATER TECHNOLOGIES 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">EDGEWATER TECHNOLOGIES, INC.</a>	<b>c</b> EIN-PN <a href="#">20-3229118-001</a>
<b>a</b>	Plan name <a href="#">NICNATNEV MANAGEMENT, INC. 401K AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NICNATNEV MANAGEMENT INC</a>	<b>c</b> EIN-PN <a href="#">26-1517645-001</a>
<b>a</b>	Plan name <a href="#">DWOLLA, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DWOLLA, INC.</a>	<b>c</b> EIN-PN <a href="#">45-4405671-001</a>
<b>a</b>	Plan name <a href="#">KSH 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DICKISON AND STEEN LLC</a>	<b>c</b> EIN-PN <a href="#">84-2252336-001</a>
<b>a</b>	Plan name <a href="#">ARK ALLOY 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARK ALLOY, LLC</a>	<b>c</b> EIN-PN <a href="#">27-4527084-001</a>
<b>a</b>	Plan name <a href="#">DIAMOND FLOOR COVERING RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIAMOND FLOOR COVERING</a>	<b>c</b> EIN-PN <a href="#">56-1984526-001</a>
<b>a</b>	Plan name <a href="#">NIR ROOF CARE, 401K NON-UNION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NIR ROOF CARE, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3081981-001</a>
<b>a</b>	Plan name <a href="#">EAST HANOVER AUTO 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EAST HANOVER AUTO</a>	<b>c</b> EIN-PN <a href="#">22-2324183-001</a>
<b>a</b>	Plan name <a href="#">EAST VALLEY 401K AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EAST VALLEY RV SPECIALISTS, INC.</a>	<b>c</b> EIN-PN <a href="#">86-0688990-001</a>
<b>a</b>	Plan name <a href="#">LAKESIDE HEATING AND AIR CONDITIONING, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAKESIDE HEATING AND AIR CONDITIONING, INC.</a>	<b>c</b> EIN-PN <a href="#">84-1517889-001</a>
<b>a</b>	Plan name <a href="#">APOLLO S 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">APOLLO METAL SPINNING CO., INC.</a>	<b>c</b> EIN-PN <a href="#">95-3009500-001</a>
<b>a</b>	Plan name <a href="#">N. F. LANDIS AND SON 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">N. F. LANDIS AND SON, INC.</a>	<b>c</b> EIN-PN <a href="#">23-2820878-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name UWCHLAN AMBULANCE CORPS 401K PLAN	
<b>b</b>	Name of plan sponsor UWCHLAN AMBULANCE CORPS	<b>c</b> EIN-PN 23-7434403-001
<b>a</b>	Plan name FIGARI AND DAVENPORT, LLP 401K PLAN	
<b>b</b>	Name of plan sponsor FIGARI AND DAVENPORT, L.L.P.	<b>c</b> EIN-PN 75-2137988-001
<b>a</b>	Plan name NEUROSTRUCTURES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor NEUROSTRUCTURES, INC.	<b>c</b> EIN-PN 46-4382237-001
<b>a</b>	Plan name PYRAMID PEAK PROPERTIES 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PYRAMID PEAK PROPERTIES	<b>c</b> EIN-PN 90-0456010-001
<b>a</b>	Plan name CYCLONE WELL SERVICE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor CYCLONE WELL SERVICE, INC.	<b>c</b> EIN-PN 48-0923623-001
<b>a</b>	Plan name ROCK HARBOR, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor ROCK HARBOR, LLC	<b>c</b> EIN-PN 46-4606078-001
<b>a</b>	Plan name PALM DESERT URGENT CARE 401K PLAN	
<b>b</b>	Name of plan sponsor MANZOOR A KAZI MEDICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 39-0866905-003
<b>a</b>	Plan name ZELLER CREATIVE GROUP 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ZELLER CREATIVE GROUP	<b>c</b> EIN-PN 36-3917678-001
<b>a</b>	Plan name CHABALEE 401K PLAN	
<b>b</b>	Name of plan sponsor CHABALEE LLC	<b>c</b> EIN-PN 45-2938793-001
<b>a</b>	Plan name BARNETT PLUMBING 401K PLAN	
<b>b</b>	Name of plan sponsor PHIL BARNETT PLUMBING, INC.	<b>c</b> EIN-PN 13-4340320-001
<b>a</b>	Plan name BROADWAY DANCE CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor RHYTHM OF LIFE CORP DBA BROADWAY DANCE CENTER	<b>c</b> EIN-PN 13-3805724-001
<b>a</b>	Plan name MENARD RESOURCES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor MENARD RESOURCES, LLC	<b>c</b> EIN-PN 86-2428393-001

<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	UROLOGY CENTER OF SOUTH FLORIDA, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UROLOGY CENTER OF SOUTH FLORIDA, P.A.	<b>c</b> EIN-PN 59-2821164-001
<b>a</b>	Plan name	AMBOY PEDIATRICS 401K/PSP PLAN	
<b>b</b>	Name of plan sponsor	AMBOY PEDIATRICS PROFESSIONAL ASSOCIATION	<b>c</b> EIN-PN 47-2569415-002
<b>a</b>	Plan name	DENNETT CONSTRUCTION, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DENNETT CONSTRUCTION, LLC	<b>c</b> EIN-PN 20-0828915-001
<b>a</b>	Plan name	DALLAS ER 401K PLAN	
<b>b</b>	Name of plan sponsor	DALLAS ER, LLC	<b>c</b> EIN-PN 46-4084062-001
<b>a</b>	Plan name	POTTER CONSTRUCTION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	POTTER CONSTRUCTION, INC.	<b>c</b> EIN-PN 91-2000657-001
<b>a</b>	Plan name	ARCH GLOBAL HOLDINGS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ARCH GLOBAL HOLDINGS LLC	<b>c</b> EIN-PN 45-3353645-001
<b>a</b>	Plan name	CALIFORNIA POLICE CHIEFS ASSOCIATION, INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA POLICE CHIEFS ASSOCIATION, INC.	<b>c</b> EIN-PN 23-7072559-001
<b>a</b>	Plan name	J AND S MOXIE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J AND S MOXIE INC.	<b>c</b> EIN-PN 20-2004648-001
<b>a</b>	Plan name	CASLEN LIVING CENTERS 401K PLAN	
<b>b</b>	Name of plan sponsor	CASLEN LIVING CENTERS, INC.	<b>c</b> EIN-PN 20-5734645-001
<b>a</b>	Plan name	CONDADO GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	CONDADO GROUP, INC	<b>c</b> EIN-PN 20-3542874-001
<b>a</b>	Plan name	INDEPENDENT DEVELOPMENT SERVICES CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INDEPENDENT DEVELOPMENT SERVICES CORPORATION	<b>c</b> EIN-PN 65-0592148-001
<b>a</b>	Plan name	NEW JERSEY CONSERVATION FOUNDATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE NEW JERSEY CONSERVATION FOUNDATION	<b>c</b> EIN-PN 22-6065456-002

<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	PURE VISIBILITY 401K PLAN	
<b>b</b>	Name of plan sponsor	PURE VISIBILITY INC.	<b>c</b> EIN-PN 01-0830675-001
<b>a</b>	Plan name	BRD PRINTING, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRD PRINTING, INC.	<b>c</b> EIN-PN 38-2271917-001
<b>a</b>	Plan name	CALIFORNIA PSYCHOLOGICAL INSTI 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CALIFORNIA PSYCHOLOGICAL INSTITUTE	<b>c</b> EIN-PN 77-0563843-001
<b>a</b>	Plan name	STEEPLECHASE TOOL AND DIE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	STEEPLECHASE TOOL AND DIE, INC.	<b>c</b> EIN-PN 38-3474600-001
<b>a</b>	Plan name	DISPENZIERE AND ASSOCIATES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DISPENZIERE AND ASSOCIATES LLC	<b>c</b> EIN-PN 26-2899749-001
<b>a</b>	Plan name	SPIRE BUILDERS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPIRE BUILDERS, LLC	<b>c</b> EIN-PN 26-1698793-001
<b>a</b>	Plan name	AUTOBOOKS 401K PLAN	
<b>b</b>	Name of plan sponsor	AUTOBOOKS, INC.	<b>c</b> EIN-PN 47-4469696-001
<b>a</b>	Plan name	CNS ELECTRIC COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	CNS ELECTRIC COMPANY	<b>c</b> EIN-PN 51-0588983-001
<b>a</b>	Plan name	POPE LAW FIRM 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE POPE LAW FIRM ATTORNEYS AND COUNSELORS AT	<b>c</b> EIN-PN 20-8130673-001
<b>a</b>	Plan name	CLAIREMONT VILLAGE PET CLINIC 401K PLAN	
<b>b</b>	Name of plan sponsor	CLAIREMONT VETERINARIAN GROUP, INC.	<b>c</b> EIN-PN 33-0972635-001
<b>a</b>	Plan name	PRIMARY CARE WALK IN CLINIC, PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRIMARY CARE WALK IN CLINIC, PLLC	<b>c</b> EIN-PN 45-3590127-001
<b>a</b>	Plan name	GAMMA PROPERTY HOLDINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	GAMMA PROPERTY HOLDINGS, LLC	<b>c</b> EIN-PN 84-3252152-001

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 HEALTHQUIST INC. 401K PLAN	
<b>b</b>	Name of plan sponsor HEALTHQUIST INC.	<b>c</b> EIN-PN 05-0544993-001
<b>a</b>	Plan name ZERVOS GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ZERVOS GROUP, INC.	<b>c</b> EIN-PN 38-3112729-001
<b>a</b>	Plan name MATHISON MATHISON ARCHITECTS 401K PLAN	
<b>b</b>	Name of plan sponsor MATHISON MATHISON ARCHITECTS, LLC	<b>c</b> EIN-PN 46-3844373-001
<b>a</b>	Plan name OPUS 2 INTERNATIONAL 401K PLAN	
<b>b</b>	Name of plan sponsor OPUS 2 INTERNATIONAL, INC.	<b>c</b> EIN-PN 46-0897966-001
<b>a</b>	Plan name SAINT MICHAEL S HOME CARE 401K PLAN	
<b>b</b>	Name of plan sponsor LADY SPEARHEAD, LLC	<b>c</b> EIN-PN 46-3445710-001
<b>a</b>	Plan name ELIZABETH R. FASSLER, DDS. PC 401K P/S PLAN	
<b>b</b>	Name of plan sponsor ELIZABETH R. FASSLER, DDS. PC	<b>c</b> EIN-PN 43-1909984-001
<b>a</b>	Plan name BURWELL ENTERPRISES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor BURWELL ENTERPRISES, LLC	<b>c</b> EIN-PN 81-4765120-001
<b>a</b>	Plan name INGLEBY USA 401K	
<b>b</b>	Name of plan sponsor ERIKSSON, LLC	<b>c</b> EIN-PN 77-0482643-001
<b>a</b>	Plan name HYDE PARK ART CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor HYDE PARK ART CENTER	<b>c</b> EIN-PN 36-2887294-001
<b>a</b>	Plan name SOUTH BREVARD WOMEN S CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor SOUTH BREVARD WOMEN S CENTER	<b>c</b> EIN-PN 59-1628264-001
<b>a</b>	Plan name FIRST ENVIRONMENT, INC. 401K SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FIRST ENVIRONMENT, INC.	<b>c</b> EIN-PN 22-2902916-001
<b>a</b>	Plan name TCI 401K PLAN	
<b>b</b>	Name of plan sponsor TOMKA CONSTRUCTION INC	<b>c</b> EIN-PN 20-3745992-001

<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	SOUTHLAND FLOORING, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	SOUTHLAND FLOORING, INC.
<b>c</b>	EIN-PN	87-0795762-001
<b>a</b>	Plan name	OWKIN, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	OWKIN, INC. 401K PLAN
<b>c</b>	EIN-PN	81-2819948-001
<b>a</b>	Plan name	GAIL AND RICE, INC. 401K AND PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	GAIL AND RICE, INC.
<b>c</b>	EIN-PN	81-3830020-001
<b>a</b>	Plan name	JASON J. EMER, M.D., INC. CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	JASON J. EMER, M.D., INC.
<b>c</b>	EIN-PN	47-2837513-002
<b>a</b>	Plan name	BLUE STONE STRATEGY GROUP, LLC CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	BLUE STONE STRATEGY GROUP, LLC
<b>c</b>	EIN-PN	26-1600911-001
<b>a</b>	Plan name	CHARLES K. SCRUGGS, D.D.S., P.A. DEFINED BENEFIT PENSION PLAN
<b>b</b>	Name of plan sponsor	GULF COAST ORAL AND MAXILLOFACIAL SURGERY DBA C
<b>c</b>	EIN-PN	76-0043114-002
<b>a</b>	Plan name	MAYO AND RUSS, P.A. 401K PLAN
<b>b</b>	Name of plan sponsor	MAYO AND RUSS, P.A.
<b>c</b>	EIN-PN	22-3521930-001
<b>a</b>	Plan name	SAYLOR AND CARGILE, LLC DEFINED BENEFIT PLAN
<b>b</b>	Name of plan sponsor	SAYLOR AND CARGILE, LLC
<b>c</b>	EIN-PN	45-5606957-001
<b>a</b>	Plan name	KONELL CONSTRUCTION AND DEMOLITION CORP. CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	KONELL CONSTRUCTION AND DEMOLITION CORP.
<b>c</b>	EIN-PN	93-1163927-002
<b>a</b>	Plan name	PONTIAC BANCORP, INC. PENSION PLAN
<b>b</b>	Name of plan sponsor	PONTIAC BANCORP, INC.
<b>c</b>	EIN-PN	37-1111348-001
<b>a</b>	Plan name	PASSAIC PRIMARY CARE PHYSICIANS CASH BALANCE DB PLAN
<b>b</b>	Name of plan sponsor	PASSAIC PRIMARY CARE PHYSICIANS, LLC
<b>c</b>	EIN-PN	02-0594309-002
<b>a</b>	Plan name	SANTOS AND SANTOS ENTERPRISE DEFINED BENEFIT PENSION PLAN
<b>b</b>	Name of plan sponsor	SANTOS AND SANTOS ENTERPRISE
<b>c</b>	EIN-PN	41-2198118-001

<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	CARRINGTON DENTAL CARE, P.C. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	CARRINGTON DENTAL CARE, P.C.	<b>c</b> EIN-PN 27-3921853-002
<b>a</b>	Plan name	PRESTIGE FRAGRANCES CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE FRAGRANCES, INC.	<b>c</b> EIN-PN 22-3858879-002
<b>a</b>	Plan name	QUALITY DENTURE AND IMPLANT CENTER PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	QUALITY DENTURE AND IMPLANT CENTER PLLC	<b>c</b> EIN-PN 84-3261716-001
<b>a</b>	Plan name	QUEEN CITY ELECTRIC, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	QUEEN CITY ELECTRIC, INC.	<b>c</b> EIN-PN 20-3272417-002
<b>a</b>	Plan name	ULTIMATE POWER, INC. DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ULTIMATE POWER, INC.	<b>c</b> EIN-PN 11-2223060-004
<b>a</b>	Plan name	SONOGRAPHY SERVICES, INC. CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	SONOGRAPHY SERVICES, INC.	<b>c</b> EIN-PN 56-1771133-003
<b>a</b>	Plan name	TOLL SOLUTIONS CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	TOLL SOLUTIONS, LLC	<b>c</b> EIN-PN 27-3530081-003
<b>a</b>	Plan name	REGIMENT, LLC 401K	
<b>b</b>	Name of plan sponsor	REGIMENT OPERATING, INC.	<b>c</b> EIN-PN 82-4319373-001
<b>a</b>	Plan name	PARTNERS FOR ACHIEVEMENT, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PARTNERS FOR ACHIEVEMENT, LLC	<b>c</b> EIN-PN 45-4549779-001
<b>a</b>	Plan name	JBDC MGMT. CORP PENSION PLAN	
<b>b</b>	Name of plan sponsor	JBDC MGMT. CORP	<b>c</b> EIN-PN 84-2710275-002
<b>a</b>	Plan name	BEK FOODS LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	BEK FOODS LLC	<b>c</b> EIN-PN 85-2725486-002
<b>a</b>	Plan name	MAGICAL MOMENTS ABA	
<b>b</b>	Name of plan sponsor	MAGICAL MOMENTS ABA	<b>c</b> EIN-PN 88-2752368-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2025</b> and ending <b>02/28/2025</b>	
<b>A</b> Name of plan <b>PRINCIPAL HIGH INCOME SEPARATE ACCOUNT</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>101</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PRINCIPAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>42-0127290</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<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>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	72324798	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	72324798	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5567	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5567	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	72319231	0

**Part II Income and Expense Statement**

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1287331
<b>c</b> Other income .....	<b>2c</b>		5
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1287336

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	0	
(3) Recordkeeping fees .....	<b>2i(3)</b>	0	
(4) IQPA audit fees .....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	48549	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	83	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		48632
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		48632

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1238704
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		2827884
(2) From this plan .....	<b>2l(2)</b>		76385819

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