

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) E
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: GEORGIA CHAMBER FEDERATION HEALTH BENEFIT PLAN TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GEORGIA CHAMBER FEDERATION HEALTH BENEFIT PLAN
Mailing address (include room, apt., suite no. and street, or P.O. Box): 270 PEACHTREE ST NW ATLANTA, GA 30303
2b Employer Identification Number (EIN): 83-1289985
2c Plan Sponsor's telephone number: 404-223-2467
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.

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

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:

9a 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	9b 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)

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

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

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

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

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

Receipt Confirmation Code 160226804

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan GEORGIA CHAMBER FEDERATION HEALTH BENEFIT PLAN TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA CHAMBER FEDERATION HEALTH BENEFIT PLAN</p>	<p>D Employer Identification Number (EIN) 83-1289985</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-1638390	10345	0000	44280	04/01/2024	03/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a			16593634
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b			

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan GEORGIA CHAMBER FEDERATION HEALTH BENEFIT PLAN TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA CHAMBER FEDERATION HEALTH BENEFIT PLAN	D Employer Identification Number (EIN) 83-1289985	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BLUE CROSS BLUE SHIELD HEALTHCARE P

58-1638390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	N/A	14068838	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CONSOLIPLEX GEORGIA BENEFITS, LLC

35-2641296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 16	N/A	2287269	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MALONEY + NOVOTNY LLC

34-0677006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16	N/A	63563	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

UNITED HEALTH ACTUARIAL SERVICES

04-3738148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	N/A	9354	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>GEORGIA CHAMBER FEDERATION HEALTH BENEFIT PLAN TRUST</u>		B Three-digit plan number (PN) ▶ <u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GEORGIA CHAMBER FEDERATION HEALTH BENEFIT PLAN</u>		D Employer Identification Number (EIN) <u>83-1289985</u>

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

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

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d Entity code

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

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d Entity code

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

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

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

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d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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.)			
a	Plan name	1 ACCORD TECHNOLOGIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	1 ACCORD TECHNOLOGIES, LLC	c EIN-PN 83-1698736-501
a	Plan name	1ST CHOICE ACCOUNTING AND TAX GCF BENEFIT PLAN	
b	Name of plan sponsor	1ST CHOICE ACCOUNTING AND TAX	c EIN-PN 47-2108884-501
a	Plan name	1ST MECHANICAL SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	1ST MECHANICAL SERVICES	c EIN-PN 54-2106149-501
a	Plan name	21C SYSTEM INSTITUTE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	21C SYSTEM INSTITUTE, INC.	c EIN-PN 45-2410773-501
a	Plan name	21ST CENTURY LEADERS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	21ST CENTURY LEADERS, INC.	c EIN-PN 58-1820875-501
a	Plan name	3 R T FARMS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	3 R T FARMS INC	c EIN-PN 26-4626871-501
a	Plan name	315 LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	315 LLC	c EIN-PN 61-2195595-502
a	Plan name	36 ENERGY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	36 ENERGY LLC	c EIN-PN 81-4105110-501
a	Plan name	360 CONSTRUCTION, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	360 CONSTRUCTION, LLC	c EIN-PN 46-1903711-501
a	Plan name	360 RESIDENTIAL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	360 RESIDENTIAL, LLC	c EIN-PN 45-5490067-501
a	Plan name	3A GROWTH MANAGEMENT CONSULTING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	3A GROWTH MANAGEMENT CONSULTING, LLC	c EIN-PN 27-2183930-501
a	Plan name	3D STORAGE SYSTEMS INCORPORATED GCF BENEFIT PLAN	
b	Name of plan sponsor	3D STORAGE SYSTEMS INCORPORATED	c EIN-PN 38-4118283-501

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.)			
a	Plan name	3KEYS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	3KEYS, INC	c EIN-PN 58-1899845-501
a	Plan name	3RM COMPANY LLLP GCF BENEFIT PLAN	
b	Name of plan sponsor	3RM COMPANY LLLP	c EIN-PN 54-2071558-501
a	Plan name	4 EVER HAPPY HOMES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	4 EVER HAPPY HOMES INC	c EIN-PN 81-1906441-501
a	Plan name	4TP MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	4TP MANAGEMENT LLC	c EIN-PN 88-4016774-501
a	Plan name	5-STAR BUILDING SOLUTIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	5-STAR BUILDING SOLUTIONS LLC	c EIN-PN 26-2197262-501
a	Plan name	5TH METHOD CONSULTING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	5TH METHOD CONSULTING, LLC	c EIN-PN 26-3836913-501
a	Plan name	8 FIGURE FIRM GCF BENEFIT PLAN	
b	Name of plan sponsor	8 FIGURE FIRM	c EIN-PN 85-0531770-501
a	Plan name	82, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	82, LLC	c EIN-PN 20-4590277-501
a	Plan name	84 WEST, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	84 WEST, LLC	c EIN-PN 14-1914647-501
a	Plan name	9 OAK TREE SERVICE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	9 OAK TREE SERVICE, INC.	c EIN-PN 46-1262490-501
a	Plan name	988 ASSOCIATES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	988 ASSOCIATES INC	c EIN-PN 58-1657167-502
a	Plan name	A & F TRUCKING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	A & F TRUCKING INC	c EIN-PN 58-1846535-501

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.)			
a	Plan name	A & J SCREENPRINTERS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	A & J SCREENPRINTERS, INC.	c EIN-PN 58-1628374-501
a	Plan name	A & L CABINETS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	A & L CABINETS, INC	c EIN-PN 20-2286455-501
a	Plan name	A & R BODY SHOP, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	A & R BODY SHOP, INC.	c EIN-PN 20-8211053-501
a	Plan name	A AND A AIR CONDITIONING AND REFRIG INC GCF BENEFIT PLAN	
b	Name of plan sponsor	A AND A AIR CONDITIONING AND REFRIG INC	c EIN-PN 58-1981620-501
a	Plan name	A AND C DEVELOPMENT INC GCF BENEFIT PLAN	
b	Name of plan sponsor	A AND C DEVELOPMENT INC	c EIN-PN 56-2547413-501
a	Plan name	A CHILD'S VOICE ADVOCACY CT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	A CHILDS VOICE ADVOCACY CT, INC.	c EIN-PN 75-3214817-501
a	Plan name	A CONFIDENT SMILE GCF BENEFIT PLAN	
b	Name of plan sponsor	A CONFIDENT SMILE	c EIN-PN 58-2677967-501
a	Plan name	A COURTYARD FLORIST GCF BENEFIT PLAN	
b	Name of plan sponsor	A COURTYARD FLORIST	c EIN-PN 05-0523766-501
a	Plan name	A GARCIA PRODUCE & TRUCKING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	A GARCIA PRODUCE & TRUCKING, LLC	c EIN-PN 20-8507352-501
a	Plan name	A MANO, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	A MANO, LLC	c EIN-PN 81-1672835-501
a	Plan name	A NEW START COUNSELING CENTER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	A NEW START COUNSELING CENTER, INC.	c EIN-PN 58-1923336-501
a	Plan name	A&G PROPERTY PRESERVATION GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	A&G PROPERTY PRESERVATION GROUP INC	c EIN-PN 45-2709585-501

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.)			
a	Plan name	A.D.E. BUILDERS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	A.D.E. BUILDERS, INC.	c EIN-PN 58-1833671-501
a	Plan name	A1A ENVIRONMENTAL GCF BENEFIT PLAN	
b	Name of plan sponsor	A1A ENVIRONMENTAL	c EIN-PN 83-3989516-501
a	Plan name	A2D, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	A2D, INC	c EIN-PN 20-2180287-501
a	Plan name	AAA COMMERCIAL FLOORS GCF BENEFIT PLAN	
b	Name of plan sponsor	AAA COMMERCIAL FLOORS	c EIN-PN 58-2012483-501
a	Plan name	AAA REAL ESTATE GCF BENEFIT PLAN	
b	Name of plan sponsor	AAA REAL ESTATE	c EIN-PN 58-2212540-501
a	Plan name	AAA RECYCLING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	AAA RECYCLING LLC	c EIN-PN 88-3963184-501
a	Plan name	AAA SIGNS & SAFETY PRODUCTS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	AAA SIGNS & SAFETY PRODUCTS, INC.	c EIN-PN 58-2087778-501
a	Plan name	AAA SUPPLY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	AAA SUPPLY INC	c EIN-PN 58-1208611-501
a	Plan name	A-ACTION JANITORIAL AND VENDING SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	A-ACTION JANITORIAL AND VENDING SERVICES INC	c EIN-PN 58-2362833-502
a	Plan name	AARON WARREN STATE FARM GCF BENEFIT PLAN	
b	Name of plan sponsor	AARON WARREN STATE FARM	c EIN-PN 81-2758132-501
a	Plan name	AARONS SYSTEMS INTEGRATORS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	AARONS SYSTEMS INTEGRATORS INC	c EIN-PN 58-2552632-501
a	Plan name	AAS TRANSPORT INC GCF BENEFIT PLAN	
b	Name of plan sponsor	AAS TRANSPORT INC	c EIN-PN 81-2662474-501

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.)			
a	Plan name	ABBADABBAS GCF BENEFIT PLAN	
b	Name of plan sponsor	ABBADABBAS	c EIN-PN 58-1951355-501
a	Plan name	ABBOTT JORDAN AND KOON LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ABBOTT JORDAN AND KOON LLC	c EIN-PN 58-2211147-501
a	Plan name	ABC SIGN GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ABC SIGN GROUP, LLC	c EIN-PN 26-3794630-501
a	Plan name	ABELIAN PARTNERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ABELIAN PARTNERS LLC	c EIN-PN 83-0654585-501
a	Plan name	ABGL INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ABGL INC	c EIN-PN 81-2894728-501
a	Plan name	ABL ENTERPRISES INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ABL ENTERPRISES INC.	c EIN-PN 58-1303018-501
a	Plan name	ABOVE ALL TREE SERVICE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ABOVE ALL TREE SERVICE INC	c EIN-PN 01-0744426-501
a	Plan name	ABOVE THE REST STEEL METAL BUILDINGS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ABOVE THE REST STEEL METAL BUILDINGS LLC	c EIN-PN 88-1056859-501
a	Plan name	ABRAMS ARCHITECTURAL PRODUCTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ABRAMS ARCHITECTURAL PRODUCTS INC	c EIN-PN 47-0849629-501
a	Plan name	ABRAMS SECURITY GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ABRAMS SECURITY GROUP LLC	c EIN-PN 46-4403736-501
a	Plan name	ABS CONSULTING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ABS CONSULTING, LLC	c EIN-PN 86-4001249-501
a	Plan name	ABT INSURANCE SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ABT INSURANCE SERVICES INC	c EIN-PN 58-1867729-501

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.)			
a	Plan name	AC LAUREL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	AC LAUREL, LLC	c EIN-PN 58-2378538-501
a	Plan name	AC WHITE RELOCATIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	AC WHITE RELOCATIONS	c EIN-PN 58-0629390-502
a	Plan name	ACADIA SHUTTERS & BLINDS,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ACADIA SHUTTERS & BLINDS,INC.	c EIN-PN 65-1237980-501
a	Plan name	ACCENT GRANITE INTERIORS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ACCENT GRANITE INTERIORS, LLC	c EIN-PN 20-1220639-501
a	Plan name	ACCESS TEST PREP GCF BENEFIT PLAN	
b	Name of plan sponsor	ACCESS TEST PREP	c EIN-PN 20-5587485-501
a	Plan name	ACCOUNTING ASSOCIATES OF MIDDLE GA INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ACCOUNTING ASSOCIATES OF MIDDLE GA INC	c EIN-PN 99-3122799-501
a	Plan name	ACOUSTI DOORS AND SPECIALTIES GCF BENEFIT PLAN	
b	Name of plan sponsor	ACOUSTI DOORS AND SPECIALTIES	c EIN-PN 26-1648507-501
a	Plan name	ACOUSTI OF COLUMBUS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ACOUSTI OF COLUMBUS, INC	c EIN-PN 58-1375601-501
a	Plan name	ACTIVE CLIMBING GCF BENEFIT PLAN	
b	Name of plan sponsor	ACTIVE CLIMBING	c EIN-PN 26-3781885-501
a	Plan name	ACTIVE SENIOR CONCEPTS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ACTIVE SENIOR CONCEPTS LLC	c EIN-PN 46-0856073-501
a	Plan name	ACUFF & ACUFF INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ACUFF & ACUFF INC	c EIN-PN 58-1400993-501
a	Plan name	ACUITAS CONSULTING SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ACUITAS CONSULTING SERVICES LLC	c EIN-PN 45-3931302-501

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.)		
a	Plan name ADAMS HEMINGWAY WILSON AND RUTLEDGE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ADAMS HEMINGWAY WILSON AND RUTLEDGE LLC	c EIN-PN 82-5022883-501
a	Plan name ADAMS PRIMARY CARE GCF BENEFIT PLAN	
b	Name of plan sponsor ADAMS PRIMARY CARE	c EIN-PN 31-1833371-501
a	Plan name ADAMS TILE & TERRAZZO, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ADAMS TILE & TERRAZZO, INC.	c EIN-PN 58-2088262-501
a	Plan name ADAMS WARNOCK INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ADAMS WARNOCK INC.	c EIN-PN 58-1415466-501
a	Plan name ADAMS, JORDAN & HERRINGTON, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor ADAMS, JORDAN & HERRINGTON, P.C.	c EIN-PN 58-2157409-501
a	Plan name ADAPTIVE DRIVING SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor ADAPTIVE DRIVING SOLUTIONS	c EIN-PN 32-0196947-501
a	Plan name ADEX SYSTEMS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor ADEX SYSTEMS, INC	c EIN-PN 58-2531811-501
a	Plan name ADITTECH CONSULTANTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ADITTECH CONSULTANTS, LLC	c EIN-PN 58-2495339-501
a	Plan name ADPLOTTER GCF BENEFIT PLAN	
b	Name of plan sponsor ADPLOTTER	c EIN-PN 47-4984687-501
a	Plan name ADVANCE INDUSTRIAL MAINTENANCE AND MACHINE GCF BENEFIT PLAN	
b	Name of plan sponsor ADVANCE INDUSTRIAL MAINTENANCE AND MACHINE	c EIN-PN 11-3708398-501
a	Plan name ADVANCED AESTHETIC SURGERY, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor ADVANCED AESTHETIC SURGERY, P.C.	c EIN-PN 20-3695128-501
a	Plan name ADVANCED AUDIOLOGY AND HEARING GCF BENEFIT PLAN	
b	Name of plan sponsor ADVANCED AUDIOLOGY AND HEARING	c EIN-PN 06-1808943-501

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.)			
a	Plan name	ADVANCED DENTAL ARTS GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED DENTAL ARTS	c EIN-PN 46-3799496-501
a	Plan name	ADVANCED ELECTRICAL SYSTEMS GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED ELECTRICAL SYSTEMS	c EIN-PN 27-0920438-501
a	Plan name	ADVANCED EMBROIDERY AND SCREEN PRINTING GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED EMBROIDERY AND SCREEN PRINTING	c EIN-PN 45-4155982-501
a	Plan name	ADVANCED LANDSCAPE SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED LANDSCAPE SERVICES	c EIN-PN 58-1928488-501
a	Plan name	ADVANCED PACKAGING SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED PACKAGING SOLUTIONS	c EIN-PN 20-1593992-501
a	Plan name	ADVANCED POWDER COATERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED POWDER COATERS LLC	c EIN-PN 26-0181431-501
a	Plan name	ADVANCED PRESSURE & GUTTER CLEANING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED PRESSURE & GUTTER CLEANING, INC	c EIN-PN 20-0519019-501
a	Plan name	ADVANCED SEWER & DRAIN CLEANING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED SEWER & DRAIN CLEANING, INC.	c EIN-PN 58-2131221-501
a	Plan name	ADVANCED SKIN CARE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED SKIN CARE, LLC	c EIN-PN 31-1837589-501
a	Plan name	ADVANCED SYSTEMS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED SYSTEMS INC	c EIN-PN 58-1910908-501
a	Plan name	ADVANCED TECHNOLOGY GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED TECHNOLOGY GROUP INC	c EIN-PN 58-2115450-501
a	Plan name	ADVANCED VALVE & INSTRUMENT INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANCED VALVE & INSTRUMENT INC	c EIN-PN 58-2107258-501

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.)			
a	Plan name	ADVANTAGE ELECTRONICS WIRE AND CABLE GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVANTAGE ELECTRONICS WIRE AND CABLE	c EIN-PN 84-3681204-501
a	Plan name	ADVERTO INDUSTRIES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ADVERTO INDUSTRIES, INC	c EIN-PN 26-4173714-501
a	Plan name	AED INTERMEDIATE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	AED INTERMEDIATE, LLC	c EIN-PN 82-1897141-501
a	Plan name	AEG SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	AEG SERVICES LLC	c EIN-PN 82-3617097-501
a	Plan name	AEROQUEST GCF BENEFIT PLAN	
b	Name of plan sponsor	AEROQUEST	c EIN-PN 58-2099930-501
a	Plan name	AESTHETIC SPECIALTY CENTRE PC GCF BENEFIT PLAN	
b	Name of plan sponsor	AESTHETIC SPECIALTY CENTRE PC	c EIN-PN 58-2400910-501
a	Plan name	AFA FOOT AND ANKLE CENTERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	AFA FOOT AND ANKLE CENTERS LLC	c EIN-PN 58-2461275-501
a	Plan name	AFLAC FEDERAL CREDIT UNION GCF BENEFIT PLAN	
b	Name of plan sponsor	AFLAC FEDERAL CREDIT UNION	c EIN-PN 58-0953419-501
a	Plan name	AFTERBURNER, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	AFTERBURNER, INC	c EIN-PN 58-2264920-501
a	Plan name	AG LINING PARTNERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	AG LINING PARTNERS LLC	c EIN-PN 87-2377847-501
a	Plan name	AGAPE COMMUNITY CENTER INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	AGAPE COMMUNITY CENTER INC.	c EIN-PN 58-2372950-501
a	Plan name	AGILE CONSULTING GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	AGILE CONSULTING GROUP INC	c EIN-PN 36-4573640-501

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.)	
a	Plan name AGILITY POWER SYSTEMS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor AGILITY POWER SYSTEMS LLC	c EIN-PN 82-1383265-501
a	Plan name AGILOX NORTH AMERICA INC GCF BENEFIT PLAN	
b	Name of plan sponsor AGILOX NORTH AMERICA INC	c EIN-PN 83-1200030-501
a	Plan name AGN BUSINESS SOLUTIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor AGN BUSINESS SOLUTIONS, LLC	c EIN-PN 83-4681920-501
a	Plan name AGROPRO, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor AGROPRO, LLC	c EIN-PN 20-4733834-501
a	Plan name AGVICTUS CAPITAL MANGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor AGVICTUS CAPITAL MANGEMENT, LLC	c EIN-PN 45-3058812-501
a	Plan name AHAVATH ACHIM CONGREGATION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor AHAVATH ACHIM CONGREGATION, INC.	c EIN-PN 58-0632075-501
a	Plan name AHV HOLDINGS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor AHV HOLDINGS, LLC	c EIN-PN 27-1489539-501
a	Plan name AIA GEORGIA GCF BENEFIT PLAN	
b	Name of plan sponsor AIA GEORGIA	c EIN-PN 23-7082160-501
a	Plan name AIDANT TECHNOLOGIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor AIDANT TECHNOLOGIES, LLC	c EIN-PN 81-1715227-501
a	Plan name AIOS GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor AIOS GROUP	c EIN-PN 47-3468008-501
a	Plan name AIR ADJUSTERS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor AIR ADJUSTERS, INC	c EIN-PN 90-0002806-501
a	Plan name AIR CONNECTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor AIR CONNECTIONS INC	c EIN-PN 42-1577428-501

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.)	
a	Plan name AIR CONTROLLERS HEATING & COOLING GCF BENEFIT PLAN	
b	Name of plan sponsor AIR CONTROLLERS HEATING & COOLING	c EIN-PN 58-2408807-501
a	Plan name AIR TEMPERATURE CONTROL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor AIR TEMPERATURE CONTROL, INC.	c EIN-PN 58-1857769-501
a	Plan name AIRCRANE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor AIRCRANE, INC.	c EIN-PN 58-2065994-501
a	Plan name AIRPORT WEST COMMUNITY IMPROVEMENT DISTRICT GCF BENEFIT PLAN	
b	Name of plan sponsor AIRPORT WEST COMMUNITY IMPROVEMENT DISTRICT	c EIN-PN 47-1192843-501
a	Plan name AIRWAY THERAPEUTICS INC GCF BENEFIT PLAN	
b	Name of plan sponsor AIRWAY THERAPEUTICS INC	c EIN-PN 45-2204067-501
a	Plan name AIS MEDIA GCF BENEFIT PLAN	
b	Name of plan sponsor AIS MEDIA	c EIN-PN 58-2425186-501
a	Plan name AIT GROUP USA INC GCF BENEFIT PLAN	
b	Name of plan sponsor AIT GROUP USA INC	c EIN-PN 32-0584964-501
a	Plan name ALAN D. GLASSMAN, MD, PC GCF BENEFIT PLAN	
b	Name of plan sponsor ALAN D. GLASSMAN, MD, PC	c EIN-PN 86-1110501-501
a	Plan name ALBANY & ALABAMA INDUSTRIES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor ALBANY & ALABAMA INDUSTRIES, INC	c EIN-PN 58-0653691-501
a	Plan name ALBANY TYPEWRITER EXCHANGE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ALBANY TYPEWRITER EXCHANGE, INC.	c EIN-PN 58-1148873-501
a	Plan name ALDERMAN & HUTCHERSON, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ALDERMAN & HUTCHERSON, LLC	c EIN-PN 46-4361901-501
a	Plan name ALETHEIA DIGITAL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ALETHEIA DIGITAL, LLC	c EIN-PN 82-1215356-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ALEX SMITH GARDEN DESIGN LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALEX SMITH GARDEN DESIGN LLC	c EIN-PN 58-2434176-501
a	Plan name	ALEX THIGPIN AGENCY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALEX THIGPIN AGENCY INC	c EIN-PN 47-3193893-501
a	Plan name	ALEXANDER BABBAGE GCF BENEFIT PLAN	
b	Name of plan sponsor	ALEXANDER BABBAGE	c EIN-PN 58-2331046-501
a	Plan name	ALGENEE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ALGENEE, INC.	c EIN-PN 20-3370749-501
a	Plan name	ALHAMBRA INCORPORATED GCF BENEFIT PLAN	
b	Name of plan sponsor	ALHAMBRA INCORPORATED	c EIN-PN 58-1857201-501
a	Plan name	ALIGN ENGINEERING SOLUTIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALIGN ENGINEERING SOLUTIONS LLC	c EIN-PN 83-1395896-501
a	Plan name	ALL & EVERYTHING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALL & EVERYTHING, LLC	c EIN-PN 87-1249510-501
a	Plan name	ALL CRANE & HOIST SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ALL CRANE & HOIST SERVICES, INC.	c EIN-PN 58-2302641-501
a	Plan name	ALL SHORES FLOORING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ALL SHORES FLOORING, INC.	c EIN-PN 58-2086657-501
a	Plan name	ALL SOUTH WAREHOUSE D/C INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALL SOUTH WAREHOUSE D/C INC	c EIN-PN 58-1380373-501
a	Plan name	ALL TERMITE & PEST CONTROL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALL TERMITE & PEST CONTROL LLC	c EIN-PN 58-2573070-501
a	Plan name	ALLEN & ALLEN FUNERAL SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLEN & ALLEN FUNERAL SERVICES INC	c EIN-PN 58-1749027-501

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.)			
a	Plan name	ALLEN DEVELOPMENT GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLEN DEVELOPMENT GROUP	c EIN-PN 58-2127917-501
a	Plan name	ALLIANCE MARKETING GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLIANCE MARKETING GROUP	c EIN-PN 59-3726443-501
a	Plan name	ALLIANCE MEDICAL PHYSICS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLIANCE MEDICAL PHYSICS LLC	c EIN-PN 58-2507434-501
a	Plan name	ALLIANCE PACIFIC CORPORATION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLIANCE PACIFIC CORPORATION, INC.	c EIN-PN 58-2138997-501
a	Plan name	ALLIANCE PROSTHETICS AND ORTHOTICS GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLIANCE PROSTHETICS AND ORTHOTICS	c EIN-PN 81-1884128-501
a	Plan name	ALLIANCE SALES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLIANCE SALES LLC	c EIN-PN 80-4088588-501
a	Plan name	ALLIED FOOD SERVICE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLIED FOOD SERVICE, INC	c EIN-PN 20-0228248-501
a	Plan name	ALLIED UNDERGROUND SERVICES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLIED UNDERGROUND SERVICES, LLC	c EIN-PN 20-2745101-501
a	Plan name	ALLISON ANIMAL CARE GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLISON ANIMAL CARE	c EIN-PN 47-4132345-501
a	Plan name	ALLOY NETWORKS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLOY NETWORKS, INC	c EIN-PN 20-1998671-501
a	Plan name	ALLSOUTH SPRINKLER CO GCF BENEFIT PLAN	
b	Name of plan sponsor	ALLSOUTH SPRINKLER CO	c EIN-PN 58-1168976-501
a	Plan name	ALMECO INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ALMECO INC.	c EIN-PN 30-0076957-501

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.)	
a	Plan name ALPHA DAWG PLUMBING GCF BENEFIT PLAN	
b	Name of plan sponsor ALPHA DAWG PLUMBING	c EIN-PN 46-4009905-501
a	Plan name ALPHA DELTA PI FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor ALPHA DELTA PI FOUNDATION	c EIN-PN 58-1507941-501
a	Plan name ALPHA WEALTH ADVISORS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ALPHA WEALTH ADVISORS, LLC	c EIN-PN 87-3775995-501
a	Plan name ALPHARETTA CONSTRUCTION COMPANY/THE DAVIS GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor ALPHARETTA CONSTRUCTION COMPANY/THE DAVIS GROUP	c EIN-PN 46-3583374-501
a	Plan name ALPHARETTA OUTFITTERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ALPHARETTA OUTFITTERS LLC	c EIN-PN 26-3274948-501
a	Plan name ALTERMAN COMMERCIAL REAL ESTATE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ALTERMAN COMMERCIAL REAL ESTATE LLC	c EIN-PN 46-4234930-501
a	Plan name ALTESA BIOSCIENCE GCF BENEFIT PLAN	
b	Name of plan sponsor ALTESA BIOSCIENCE	c EIN-PN 86-1321395-501
a	Plan name ALTIVA MANAGEMENT INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ALTIVA MANAGEMENT INC.	c EIN-PN 82-1992901-501
a	Plan name ALTO SYSTEM,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ALTO SYSTEM,INC.	c EIN-PN 95-3821671-501
a	Plan name AMBATA SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor AMBATA SERVICES INC	c EIN-PN 26-2480487-501
a	Plan name AMERICAN AUDIO VISUAL SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor AMERICAN AUDIO VISUAL SERVICES	c EIN-PN 58-2126829-501
a	Plan name AMERICAN BOATBUILDERS ASSOCIATION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor AMERICAN BOATBUILDERS ASSOCIATION, INC.	c EIN-PN 62-1509786-501

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.)			
a	Plan name	AMERICAN CHARMS FURNITURE GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN CHARMS FURNITURE	c EIN-PN 58-0972588-501
a	Plan name	AMERICAN DATA SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN DATA SOLUTIONS	c EIN-PN 45-1646281-501
a	Plan name	AMERICAN FABRICATION COORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN FABRICATION COORPORATION	c EIN-PN 02-0619409-501
a	Plan name	AMERICAN FIRE PROTECTION SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN FIRE PROTECTION SERVICES	c EIN-PN 88-1898318-501
a	Plan name	AMERICAN HOME MORTGAGE GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN HOME MORTGAGE	c EIN-PN 58-1582772-501
a	Plan name	AMERICAN MATERIAL HANDLING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN MATERIAL HANDLING, INC.	c EIN-PN 58-1963136-501
a	Plan name	AMERICAN PEANUT SHELLERS ASSOCIATION GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN PEANUT SHELLERS ASSOCIATION	c EIN-PN 58-0435450-501
a	Plan name	AMERICAN RAILROAD INDUSTRIES GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN RAILROAD INDUSTRIES	c EIN-PN 58-1417110-501
a	Plan name	AMERICAN STEP COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN STEP COMPANY, INC.	c EIN-PN 58-2160805-501
a	Plan name	AMERICAN TANK MAINTENANCE GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN TANK MAINTENANCE	c EIN-PN 46-4370208-501
a	Plan name	AMERICAN TANNING AND LEATHER LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN TANNING AND LEATHER LLC	c EIN-PN 37-1789484-501
a	Plan name	AMERICAN THROMBOSIS AND HEMOSTASIS NETWORK, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	AMERICAN THROMBOSIS AND HEMOSTASIS NETWORK, INC	c EIN-PN 20-5244339-501

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.)		
a	Plan name	AMERICAS BEST CHOICE WINDOWS GCF BENEFIT PLAN
b	Name of plan sponsor	AMERICAS BEST CHOICE WINDOWS
c	EIN-PN	27-2987242-501
a	Plan name	AMERICAS WARRIOR PARTNERSHIP, INC. GCF BENEFIT PLAN
b	Name of plan sponsor	AMERICAS WARRIOR PARTNERSHIP, INC.
c	EIN-PN	47-1606321-501
a	Plan name	AMICALOLA PROPANE INC. GCF BENEFIT PLAN
b	Name of plan sponsor	AMICALOLA PROPANE INC.
c	EIN-PN	83-0364552-501
a	Plan name	AMITRACE COMPUTER SYSTEMS GCF BENEFIT PLAN
b	Name of plan sponsor	AMITRACE COMPUTER SYSTEMS
c	EIN-PN	58-2022448-501
a	Plan name	AMPUTEE PROSTHETIC CLINIC CO GCF BENEFIT PLAN
b	Name of plan sponsor	AMPUTEE PROSTHETIC CLINIC CO
c	EIN-PN	20-2757582-501
a	Plan name	AMS LOCUMS LLC ASSURGENT MEDICAL GCF BENEFIT PLAN
b	Name of plan sponsor	AMS LOCUMS LLC ASSURGENT MEDICAL
c	EIN-PN	26-3586971-501
a	Plan name	AMY'S TICKETS GCF BENEFIT PLAN
b	Name of plan sponsor	AMYS TICKETS
c	EIN-PN	52-2412848-501
a	Plan name	ANAGEN HOLDINGS LLC GCF BENEFIT PLAN
b	Name of plan sponsor	ANAGEN HOLDINGS LLC
c	EIN-PN	47-2721539-501
a	Plan name	ANALYTIC PROFESSIONALS GCF BENEFIT PLAN
b	Name of plan sponsor	ANALYTIC PROFESSIONALS
c	EIN-PN	58-2410682-501
a	Plan name	ANATOLIAN TREASURES INC GCF BENEFIT PLAN
b	Name of plan sponsor	ANATOLIAN TREASURES INC
c	EIN-PN	20-5552177-501
a	Plan name	ANCHOR MEDICAL GCF BENEFIT PLAN
b	Name of plan sponsor	ANCHOR MEDICAL
c	EIN-PN	81-1091527-501
a	Plan name	ANCHORS MARINA GCF BENEFIT PLAN
b	Name of plan sponsor	ANCHORS MARINA
c	EIN-PN	84-2705352-501

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.)			
a	Plan name	ANDERSON VIP CONCIERGE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ANDERSON VIP CONCIERGE LLC	c EIN-PN 46-1299964-501
a	Plan name	ANDREW M. GOTHARD, PSYD, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	ANDREW M. GOTHARD, PSYD, PC	c EIN-PN 58-2637672-501
a	Plan name	ANDREW MERRITT REILLY SMITH LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	ANDREW MERRITT REILLY SMITH LLP	c EIN-PN 04-3696732-501
a	Plan name	ANGEL FLIGHT SOARS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ANGEL FLIGHT SOARS, INC	c EIN-PN 58-1702239-501
a	Plan name	ANGUS LAKE HEALTHCARE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ANGUS LAKE HEALTHCARE LLC	c EIN-PN 54-2100961-501
a	Plan name	ANKOBIA GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ANKOBIA GROUP LLC	c EIN-PN 51-0570759-501
a	Plan name	ANTISTA FAIRCLOUGH DESIGN LTD II GCF BENEFIT PLAN	
b	Name of plan sponsor	ANTISTA FAIRCLOUGH DESIGN LTD II	c EIN-PN 58-2177033-501
a	Plan name	APC MORTGAGE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	APC MORTGAGE LLC	c EIN-PN 41-2053663-501
a	Plan name	APEX ANIMAL HOSPITAL GCF BENEFIT PLAN	
b	Name of plan sponsor	APEX ANIMAL HOSPITAL	c EIN-PN 46-2836285-501
a	Plan name	APEX INDUSTRIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	APEX INDUSTRIES LLC	c EIN-PN 30-0738773-501
a	Plan name	APOLINSKY & ASSOCIATES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	APOLINSKY & ASSOCIATES, LLC	c EIN-PN 06-1762898-501
a	Plan name	APOLLO TEXTILES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	APOLLO TEXTILES INC	c EIN-PN 58-1178451-501

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.)			
a	Plan name	APPBARRY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	APPBARRY LLC	c EIN-PN 46-3368734-501
a	Plan name	APPEN MEDIA GROUP INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	APPEN MEDIA GROUP INC.	c EIN-PN 58-1912635-501
a	Plan name	APPES SOD FARM LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	APPES SOD FARM LLP	c EIN-PN 58-2660489-501
a	Plan name	APPLIED AIR SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	APPLIED AIR SOLUTIONS INC	c EIN-PN 47-5532598-501
a	Plan name	APPLIED MACHINE SOLUTIONS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	APPLIED MACHINE SOLUTIONS, INC.	c EIN-PN 20-5864278-501
a	Plan name	AQUANTUS GCF BENEFIT PLAN	
b	Name of plan sponsor	AQUANTUS	c EIN-PN 27-1186171-501
a	Plan name	AQUARAMA POOLS AND SPAS GCF BENEFIT PLAN	
b	Name of plan sponsor	AQUARAMA POOLS AND SPAS	c EIN-PN 58-1970815-501
a	Plan name	ARBOR PRODUCTIONS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ARBOR PRODUCTIONS, INC.	c EIN-PN 58-2196742-501
a	Plan name	ARBORMEDICS TREE AND SHRUB GCF BENEFIT PLAN	
b	Name of plan sponsor	ARBORMEDICS TREE AND SHRUB	c EIN-PN 06-1738585-501
a	Plan name	ARCHER & LOVELL,P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	ARCHER & LOVELL,P.C.	c EIN-PN 58-1623800-501
a	Plan name	ARCHIES SERVICE COMPANY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ARCHIES SERVICE COMPANY, INC	c EIN-PN 58-2621237-501
a	Plan name	ARCHITECTURAL COLLABORATIVE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ARCHITECTURAL COLLABORATIVE LLC	c EIN-PN 82-2892593-501

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.)			
a	Plan name	ARCHITECTURE 101, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ARCHITECTURE 101, LLC	c EIN-PN 81-4924883-501
a	Plan name	ARCUS CAPITAL PARTNERS,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ARCUS CAPITAL PARTNERS,LLC	c EIN-PN 80-0197056-501
a	Plan name	ARDSLEY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ARDSLEY, LLC	c EIN-PN 85-3735781-501
a	Plan name	AREMAC HEAT TREATING EAST LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	AREMAC HEAT TREATING EAST LLC	c EIN-PN 46-2821576-501
a	Plan name	ARES MEDICAL GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ARES MEDICAL GROUP LLC	c EIN-PN 85-4361707-501
a	Plan name	ARETE SCHOLARS FUND GCF BENEFIT PLAN	
b	Name of plan sponsor	ARETE SCHOLARS FUND	c EIN-PN 27-2494520-501
a	Plan name	ARMENTROUT MATHENY THURMOND, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	ARMENTROUT MATHENY THURMOND, P.C.	c EIN-PN 58-1762559-501
a	Plan name	ARMIS STRATEGIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ARMIS STRATEGIES, LLC	c EIN-PN 85-3223652-501
a	Plan name	ARMOR PLUMBING GCF BENEFIT PLAN	
b	Name of plan sponsor	ARMOR PLUMBING	c EIN-PN 82-3126009-501
a	Plan name	ARNOLD PROPERTY MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ARNOLD PROPERTY MANAGEMENT LLC	c EIN-PN 01-0578651-501
a	Plan name	AROMARIDGE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	AROMARIDGE, INC.	c EIN-PN 58-1904458-501
a	Plan name	ARTHUR A JONES & ASSOCIATES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ARTHUR A JONES & ASSOCIATES INC	c EIN-PN 58-1234232-501

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.)	
a	Plan name ARTIC CONCRETE CONTRACTORS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ARTIC CONCRETE CONTRACTORS LLC	c EIN-PN 26-2208545-501
a	Plan name ASAP TECHNOLOGIES,INC GCF BENEFIT PLAN	
b	Name of plan sponsor ASAP TECHNOLOGIES,INC	c EIN-PN 58-2144243-501
a	Plan name ASHFORD GARDENERS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor ASHFORD GARDENERS, INC	c EIN-PN 58-2467733-501
a	Plan name ASHLEY CONSTRUCTION,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ASHLEY CONSTRUCTION,INC.	c EIN-PN 58-2165025-502
a	Plan name ASHLEY HILLS PET CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor ASHLEY HILLS PET CENTER	c EIN-PN 01-0576805-501
a	Plan name ASHMORE CONCRETE PUMPING GCF BENEFIT PLAN	
b	Name of plan sponsor ASHMORE CONCRETE PUMPING	c EIN-PN 47-5396770-501
a	Plan name ASK ELECTRONICS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ASK ELECTRONICS LLC	c EIN-PN 27-0245147-501
a	Plan name ASLAN USA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ASLAN USA LLC	c EIN-PN 86-2449772-501
a	Plan name ASN INC GCF BENEFIT PLAN	
b	Name of plan sponsor ASN INC	c EIN-PN 58-2253296-501
a	Plan name ASO ADVERTISING GCF BENEFIT PLAN	
b	Name of plan sponsor ASO ADVERTISING	c EIN-PN 58-2270097-501
a	Plan name ASSESSMENT PLUS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor ASSESSMENT PLUS, INC	c EIN-PN 05-0579912-501
a	Plan name ASSET ADVISORS INVESTMENT MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ASSET ADVISORS INVESTMENT MANAGEMENT LLC	c EIN-PN 83-0562350-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ASSET CELLUTIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ASSET CELLUTIONS, LLC	c EIN-PN 83-0707277-501
a	Plan name	ASSET PRESERVATION ADVISORS GCF BENEFIT PLAN	
b	Name of plan sponsor	ASSET PRESERVATION ADVISORS	c EIN-PN 58-1883172-501
a	Plan name	ASSOCIATED SYSTEMS OF GEORGIA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ASSOCIATED SYSTEMS OF GEORGIA, INC.	c EIN-PN 58-1855819-501
a	Plan name	ASTRO UNLIMITED, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ASTRO UNLIMITED, INC.	c EIN-PN 93-1475953-501
a	Plan name	ASW DISTILLERY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ASW DISTILLERY LLC	c EIN-PN 47-5222936-501
a	Plan name	ASYMMETRY TECHNOLOGIES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ASYMMETRY TECHNOLOGIES, INC	c EIN-PN 47-4981105-501
a	Plan name	ATCO FIRE PROTECTION INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ATCO FIRE PROTECTION INC	c EIN-PN 26-1925010-501
a	Plan name	ATCO SUPPLY COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	ATCO SUPPLY COMPANY	c EIN-PN 58-1318599-501
a	Plan name	ATEKHA NEPHROLOGY GCF BENEFIT PLAN	
b	Name of plan sponsor	ATEKHA NEPHROLOGY	c EIN-PN 20-2557704-501
a	Plan name	ATHENS AREA CHAMBER OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS AREA CHAMBER OF COMMERCE	c EIN-PN 58-0144673-501
a	Plan name	ATHENS AREA COMMUNITY FOUNDATION INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS AREA COMMUNITY FOUNDATION INC	c EIN-PN 26-1838979-501
a	Plan name	ATHENS AREA HOMELESS SHELTER GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS AREA HOMELESS SHELTER	c EIN-PN 58-1940081-501

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.)			
a	Plan name	ATHENS AREA HUMANE SOCIETY OF CLARKE COUNTY GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS AREA HUMANE SOCIETY OF CLARKE COUNTY	c EIN-PN 58-1847318-501
a	Plan name	ATHENS CARDIAC CLINIC PC GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS CARDIAC CLINIC PC	c EIN-PN 47-4701425-501
a	Plan name	ATHENS CONSTRUCTION GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS CONSTRUCTION GROUP	c EIN-PN 26-2247595-501
a	Plan name	ATHENS DIGESTIVE HEALTH GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS DIGESTIVE HEALTH	c EIN-PN 47-1246822-501
a	Plan name	ATHENS HEALTHCARE FOR WOMEN GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS HEALTHCARE FOR WOMEN	c EIN-PN 20-1903749-501
a	Plan name	ATHENS LAND TRUST GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS LAND TRUST	c EIN-PN 58-2154133-501
a	Plan name	ATHENS MEDICAL ARTS PHARMACY INC, GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS MEDICAL ARTS PHARMACY INC,	c EIN-PN 58-0914150-501
a	Plan name	ATHENS OCONEE AUDIOLOGY GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS OCONEE AUDIOLOGY	c EIN-PN 35-2398393-501
a	Plan name	ATHENS RADIOLOGY ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS RADIOLOGY ASSOCIATES	c EIN-PN 58-1966881-501
a	Plan name	ATHENS RESEARCH & TECHNOLOGY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS RESEARCH & TECHNOLOGY INC	c EIN-PN 58-1659314-502
a	Plan name	ATHENS RETINA CENTER PC GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS RETINA CENTER PC	c EIN-PN 20-8607868-501
a	Plan name	ATHENS SEED LAWN & GARDEN GCF BENEFIT PLAN	
b	Name of plan sponsor	ATHENS SEED LAWN & GARDEN	c EIN-PN 58-1906668-501

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.)

a	Plan name	ATHENS SPINE CENTER GCF BENEFIT PLAN	c	EIN-PN	58-1597372-501
b	Name of plan sponsor	ATHENS SPINE CENTER			
a	Plan name	ATHENS VESTA, LLC GCF BENEFIT PLAN	c	EIN-PN	45-3535312-501
b	Name of plan sponsor	ATHENS VESTA, LLC			
a	Plan name	ATHENS WHOLESALE NURSERY GCF BENEFIT PLAN	c	EIN-PN	59-2134440-501
b	Name of plan sponsor	ATHENS WHOLESALE NURSERY			
a	Plan name	ATHENS YMCA GCF BENEFIT PLAN	c	EIN-PN	58-0593443-501
b	Name of plan sponsor	ATHENS YMCA			
a	Plan name	ATHENS-CLARKE EMERGENCY SPECIALISTS PC GCF BENEFIT PLAN	c	EIN-PN	58-2466886-501
b	Name of plan sponsor	ATHENS-CLARKE EMERGENCY SPECIALISTS PC			
a	Plan name	ATKINSON FERGUSON, LLC GCF BENEFIT PLAN	c	EIN-PN	27-3429049-501
b	Name of plan sponsor	ATKINSON FERGUSON, LLC			
a	Plan name	ATL AIRPORT DISTRICT GCF BENEFIT PLAN	c	EIN-PN	45-4442197-501
b	Name of plan sponsor	ATL AIRPORT DISTRICT			
a	Plan name	ATLANTA AIR EXCHANGE INC GCF BENEFIT PLAN	c	EIN-PN	58-2133284-501
b	Name of plan sponsor	ATLANTA AIR EXCHANGE INC			
a	Plan name	ATLANTA BOILER AND MECHANICAL GCF BENEFIT PLAN	c	EIN-PN	58-2623497-501
b	Name of plan sponsor	ATLANTA BOILER AND MECHANICAL			
a	Plan name	ATLANTA CASTER & EQUIPMENT, INC. GCF BENEFIT PLAN	c	EIN-PN	84-3589827-501
b	Name of plan sponsor	ATLANTA CASTER & EQUIPMENT, INC.			
a	Plan name	ATLANTA CUSTOMS CREATIONS LLC GCF BENEFIT PLAN	c	EIN-PN	26-2005781-501
b	Name of plan sponsor	ATLANTA CUSTOMS CREATIONS LLC			
a	Plan name	ATLANTA DRYWALL SYSTEMS, LLC. GCF BENEFIT PLAN	c	EIN-PN	82-1590825-501
b	Name of plan sponsor	ATLANTA DRYWALL SYSTEMS, LLC.			

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.)	
a	Plan name ATLANTA EATS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA EATS, LLC	c EIN-PN 61-1687372-501
a	Plan name ATLANTA GENERAL AND BARIATRIC SURGERY CENTER LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA GENERAL AND BARIATRIC SURGERY CENTER LLC	c EIN-PN 46-0797514-501
a	Plan name ATLANTA HYDROVAC LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA HYDROVAC LLC	c EIN-PN 47-5191292-501
a	Plan name ATLANTA JEWISH FILM SOCIETY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA JEWISH FILM SOCIETY, INC	c EIN-PN 47-1260411-501
a	Plan name ATLANTA OUTLET INC GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA OUTLET INC	c EIN-PN 58-0802554-501
a	Plan name ATLANTA PAIN CLINIC PC GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA PAIN CLINIC PC	c EIN-PN 58-2340516-501
a	Plan name ATLANTA PLASTIC & RECONSTRUCTIVE SURGERY GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA PLASTIC & RECONSTRUCTIVE SURGERY	c EIN-PN 46-3482270-501
a	Plan name ATLANTA PRO VOLLEYBALL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA PRO VOLLEYBALL LLC	c EIN-PN 92-3181326-501
a	Plan name ATLANTA PRODUCTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA PRODUCTIONS INC	c EIN-PN 82-3424593-501
a	Plan name ATLANTA REMODELING & CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA REMODELING & CONSTRUCTION	c EIN-PN 47-2059173-501
a	Plan name ATLANTA RESTAURANT GROUP,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA RESTAURANT GROUP,LLC	c EIN-PN 82-0691789-501
a	Plan name ATLANTA SIGN SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor ATLANTA SIGN SERVICES INC	c EIN-PN 58-1974386-501

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.)			
a	Plan name	ATLANTA SPORT AND SPINE PHYSICAL THERAPY GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLANTA SPORT AND SPINE PHYSICAL THERAPY	c EIN-PN 83-0490818-501
a	Plan name	ATLANTA VIOLINS GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLANTA VIOLINS	c EIN-PN 58-2185049-501
a	Plan name	ATLANTA WEST DERMATOLOGY GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLANTA WEST DERMATOLOGY	c EIN-PN 58-2019060-501
a	Plan name	ATLANTA WHEELS & ACCESSORIES GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLANTA WHEELS & ACCESSORIES	c EIN-PN 58-1432791-501
a	Plan name	ATLANTIC COAST CONSERVANCY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLANTIC COAST CONSERVANCY, INC.	c EIN-PN 27-2321488-501
a	Plan name	ATLANTIC COMMERCIAL CONSTRUCTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLANTIC COMMERCIAL CONSTRUCTION LLC	c EIN-PN 20-2338210-502
a	Plan name	ATLANTIC HVAC GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLANTIC HVAC	c EIN-PN 81-2723226-501
a	Plan name	ATLANTIC LIMOUSINE & TRANSPORTATION GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLANTIC LIMOUSINE & TRANSPORTATION	c EIN-PN 58-2237094-501
a	Plan name	ATLANTIS PLUMBING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLANTIS PLUMBING, LLC	c EIN-PN 46-1629483-501
a	Plan name	ATLAS MANUFACTURING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLAS MANUFACTURING INC	c EIN-PN 26-1256949-501
a	Plan name	ATLAS MECHANICAL SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLAS MECHANICAL SERVICES INC	c EIN-PN 46-1300655-501
a	Plan name	ATLAS SETTLEMENT GROUP INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ATLAS SETTLEMENT GROUP INC.	c EIN-PN 20-2667446-501

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.)		
a	Plan name ATOMIZE COLLISION GCF BENEFIT PLAN	
b	Name of plan sponsor ATOMIZE COLLISION	c EIN-PN 46-1701204-501
a	Plan name AUGSBURG INVESTMENTS, L.L.C. GCF BENEFIT PLAN	
b	Name of plan sponsor AUGSBURG INVESTMENTS, L.L.C.	c EIN-PN 58-2600324-501
a	Plan name AUGUSTA ENGINE PARTS GCF BENEFIT PLAN	
b	Name of plan sponsor AUGUSTA ENGINE PARTS	c EIN-PN 58-2430825-501
a	Plan name AUGUSTA GOLF ASSOCIATION GCF BENEFIT PLAN	
b	Name of plan sponsor AUGUSTA GOLF ASSOCIATION	c EIN-PN 58-1340123-501
a	Plan name AUGUSTA METRO CHAMBER OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor AUGUSTA METRO CHAMBER OF COMMERCE	c EIN-PN 58-0188650-501
a	Plan name AUGUSTA RV CO., INC. GCF BENEFIT PLAN	
b	Name of plan sponsor AUGUSTA RV CO., INC.	c EIN-PN 01-0641506-501
a	Plan name AUGUSTA SASH AND DOOR GCF BENEFIT PLAN	
b	Name of plan sponsor AUGUSTA SASH AND DOOR	c EIN-PN 58-2560052-501
a	Plan name AUGUSTA SYMPHONY INC GCF BENEFIT PLAN	
b	Name of plan sponsor AUGUSTA SYMPHONY INC	c EIN-PN 58-1806334-501
a	Plan name AULTMAN GRADING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor AULTMAN GRADING, INC.	c EIN-PN 58-2448592-501
a	Plan name AURORA INVESTMENT COUNSEL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor AURORA INVESTMENT COUNSEL, INC.	c EIN-PN 58-2591502-501
a	Plan name AURORA THEATRE INC GCF BENEFIT PLAN	
b	Name of plan sponsor AURORA THEATRE INC	c EIN-PN 58-2450282-501
a	Plan name AUTISM CENTER FOR CHILDREN GCF BENEFIT PLAN	
b	Name of plan sponsor AUTISM CENTER FOR CHILDREN	c EIN-PN 47-5074585-501

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.)			
a	Plan name	AUTO GALLERY CHEVROLET BUICK GMC GCF BENEFIT PLAN	
b	Name of plan sponsor	AUTO GALLERY CHEVROLET BUICK GMC	c EIN-PN 87-1787738-501
a	Plan name	AUTO MARKETING SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	AUTO MARKETING SOLUTIONS	c EIN-PN 27-0163156-501
a	Plan name	AUTOMATED BUSINESS MACHINES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	AUTOMATED BUSINESS MACHINES INC	c EIN-PN 58-1947794-501
a	Plan name	AUTOMATION SYSTEMS & CONTROLS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	AUTOMATION SYSTEMS & CONTROLS INC	c EIN-PN 58-2345633-501
a	Plan name	AUTOULINK SOUTHEAST GCF BENEFIT PLAN	
b	Name of plan sponsor	AUTOULINK SOUTHEAST	c EIN-PN 81-0671975-501
a	Plan name	AUTOWORX, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	AUTOWORX, LLC	c EIN-PN 46-4549609-501
a	Plan name	AV STUMPFL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	AV STUMPFL, INC.	c EIN-PN 80-0740433-501
a	Plan name	AVECO INC GCF BENEFIT PLAN	
b	Name of plan sponsor	AVECO INC	c EIN-PN 37-1769660-501
a	Plan name	AVENTURE AVIATION GCF BENEFIT PLAN	
b	Name of plan sponsor	AVENTURE AVIATION	c EIN-PN 04-3591900-501
a	Plan name	AVERA INDUSTRIAL SUPPLY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	AVERA INDUSTRIAL SUPPLY INC	c EIN-PN 58-1505002-501
a	Plan name	AVIATION ENTERPRISES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	AVIATION ENTERPRISES LLC	c EIN-PN 03-0388673-501
a	Plan name	AVO HEALTH GCF BENEFIT PLAN	
b	Name of plan sponsor	AVO HEALTH	c EIN-PN 83-1609354-501

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.)			
a	Plan name	AVONDALE LTD CO GCF BENEFIT PLAN	
b	Name of plan sponsor	AVONDALE LTD CO	c EIN-PN 82-1036829-501
a	Plan name	AW DUGGAN INC GCF BENEFIT PLAN	
b	Name of plan sponsor	AW DUGGAN INC	c EIN-PN 58-2362396-501
a	Plan name	AWARDS SOUTH LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	AWARDS SOUTH LLC	c EIN-PN 58-1709440-501
a	Plan name	B & S CONCRETE SERVICE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	B & S CONCRETE SERVICE, INC.	c EIN-PN 90-0015482-501
a	Plan name	B&D FABRICATORS GCF BENEFIT PLAN	
b	Name of plan sponsor	B&D FABRICATORS	c EIN-PN 58-1654089-501
a	Plan name	B.L. DODDS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	B.L. DODDS, INC.	c EIN-PN 47-3108074-501
a	Plan name	BABIATORS GCF BENEFIT PLAN	
b	Name of plan sponsor	BABIATORS	c EIN-PN 27-3708169-501
a	Plan name	BAGWELL INSURANCE AGENCY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BAGWELL INSURANCE AGENCY, INC	c EIN-PN 58-1173058-501
a	Plan name	BAINBRIDGE TRADING POST GCF BENEFIT PLAN	
b	Name of plan sponsor	BAINBRIDGE TRADING POST	c EIN-PN 46-5716236-501
a	Plan name	BALANCED EQUITIES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BALANCED EQUITIES, INC.	c EIN-PN 13-4204065-501
a	Plan name	BALDINOS USA GCF BENEFIT PLAN	
b	Name of plan sponsor	BALDINOS USA	c EIN-PN 81-4812475-501
a	Plan name	BALL FARMS GCF BENEFIT PLAN	
b	Name of plan sponsor	BALL FARMS	c EIN-PN 58-2491374-501

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.)	
a	Plan name BALLARD STEPHENSON AND WATERS LLP GCF BENEFIT PLAN	
b	Name of plan sponsor BALLARD STEPHENSON AND WATERS LLP	c EIN-PN 58-1376792-501
a	Plan name BARGERON POWER SPORTS GCF BENEFIT PLAN	
b	Name of plan sponsor BARGERON POWER SPORTS	c EIN-PN 81-0899588-501
a	Plan name BARNES TIRE INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BARNES TIRE INC.	c EIN-PN 30-8395289-501
a	Plan name BARNWELL CONSULTING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BARNWELL CONSULTING, LLC	c EIN-PN 27-0808603-501
a	Plan name BARRETTS TOWING GCF BENEFIT PLAN	
b	Name of plan sponsor BARRETTS TOWING	c EIN-PN 90-0282352-501
a	Plan name BAS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor BAS, INC	c EIN-PN 58-1335126-501
a	Plan name BASIC DIVERSITY, IC. GCF BENEFIT PLAN	
b	Name of plan sponsor BASIC DIVERSITY, IC.	c EIN-PN 58-2094189-501
a	Plan name BASS SIGNAL CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor BASS SIGNAL CORPORATION	c EIN-PN 58-1418237-501
a	Plan name BASSFORD PACKAGING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BASSFORD PACKAGING LLC	c EIN-PN 99-1489081-501
a	Plan name BATES & BATES LAW,LCC GCF BENEFIT PLAN	
b	Name of plan sponsor BATES & BATES LAW,LCC	c EIN-PN 46-4117886-501
a	Plan name BATES AGENCY II, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BATES AGENCY II, LLC	c EIN-PN 45-5372600-501
a	Plan name BATTERIES PLUS GCF BENEFIT PLAN	
b	Name of plan sponsor BATTERIES PLUS	c EIN-PN 04-3806297-501

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.)			
a	Plan name	BATTERY NINJAS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BATTERY NINJAS INC	c EIN-PN 83-0658139-501
a	Plan name	BATTLBOX, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BATTLBOX, LLC	c EIN-PN 47-3039925-501
a	Plan name	BBS OF AMERICA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BBS OF AMERICA, INC.	c EIN-PN 13-3162759-501
a	Plan name	BC CLOER GCF BENEFIT PLAN	
b	Name of plan sponsor	BC CLOER	c EIN-PN 58-1162792-501
a	Plan name	BC STEEL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BC STEEL LLC	c EIN-PN 81-3149664-501
a	Plan name	BC STONE HOMES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BC STONE HOMES, LLC	c EIN-PN 47-4658069-501
a	Plan name	BD LANDSCAPING AND IRRIGATION GCF BENEFIT PLAN	
b	Name of plan sponsor	BD LANDSCAPING AND IRRIGATION	c EIN-PN 45-3763224-501
a	Plan name	BEAR WEALTH MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	BEAR WEALTH MANAGEMENT	c EIN-PN 47-1232145-501
a	Plan name	BEARS MANAGEMENT GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	BEARS MANAGEMENT GROUP	c EIN-PN 84-3418390-501
a	Plan name	BEARS TREE SERVICE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BEARS TREE SERVICE, INC.	c EIN-PN 58-2215172-501
a	Plan name	BEAUTIFUL SMILES FAMILY DENTISTRY DDS GCF BENEFIT PLAN	
b	Name of plan sponsor	BEAUTIFUL SMILES FAMILY DENTISTRY DDS	c EIN-PN 41-2155394-501
a	Plan name	BEC CUSTOM HOMES & DEVELOPMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	BEC CUSTOM HOMES & DEVELOPMENT	c EIN-PN 80-0030957-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BECKHAMS USED CARS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BECKHAMS USED CARS INC	c EIN-PN 58-2141377-501
a	Plan name	BEDFORD NURSERIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BEDFORD NURSERIES INC	c EIN-PN 58-1051790-501
a	Plan name	BEE SMART BUILDING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BEE SMART BUILDING, LLC	c EIN-PN 81-2152729-501
a	Plan name	BEES & TREES HONEY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BEES & TREES HONEY LLC	c EIN-PN 46-0999852-501
a	Plan name	BEHAR FONT & PARTNERS P.A. GCF BENEFIT PLAN	
b	Name of plan sponsor	BEHAR FONT & PARTNERS P.A.	c EIN-PN 65-0369320-501
a	Plan name	BELINDA W HARRELL CPA PC GCF BENEFIT PLAN	
b	Name of plan sponsor	BELINDA W HARRELL CPA PC	c EIN-PN 20-3621465-501
a	Plan name	BELL LAW FIRM GCF BENEFIT PLAN	
b	Name of plan sponsor	BELL LAW FIRM	c EIN-PN 65-1276798-501
a	Plan name	BELLA MARIA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BELLA MARIA, INC.	c EIN-PN 58-2266279-501
a	Plan name	BELLWETHER LANDSCAPE ARCHITECTS GCF BENEFIT PLAN	
b	Name of plan sponsor	BELLWETHER LANDSCAPE ARCHITECTS	c EIN-PN 27-5336245-501
a	Plan name	BELOIN LAW LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BELOIN LAW LLC	c EIN-PN 58-2310851-501
a	Plan name	BENCHMARK FOUNDATIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BENCHMARK FOUNDATIONS INC	c EIN-PN 58-2634664-501
a	Plan name	BENNETT BENNETT & JOHNSON, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BENNETT BENNETT & JOHNSON, INC.	c EIN-PN 58-1139003-501

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.)			
a	Plan name	BENNING AUTO PARTS GCF BENEFIT PLAN	
b	Name of plan sponsor	BENNING AUTO PARTS	c EIN-PN 93-1601324-501
a	Plan name	BENSOURCE EMPLOYEE BENEFITS GCF BENEFIT PLAN	
b	Name of plan sponsor	BENSOURCE EMPLOYEE BENEFITS	c EIN-PN 27-1598845-502
a	Plan name	BENX LOGISTICS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BENX LOGISTICS LLC	c EIN-PN 87-3569786-501
a	Plan name	BERES CHIROPRACTIC CENTER, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BERES CHIROPRACTIC CENTER, INC	c EIN-PN 27-4550277-501
a	Plan name	BERGEN & BERGEN, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	BERGEN & BERGEN, P.C.	c EIN-PN 20-4522009-501
a	Plan name	BERNSIDE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BERNSIDE LLC	c EIN-PN 82-0773600-501
a	Plan name	BERRY FUNERAL HOME & CREMATORY GCF BENEFIT PLAN	
b	Name of plan sponsor	BERRY FUNERAL HOME & CREMATORY	c EIN-PN 58-1627145-501
a	Plan name	BERT MAXWELL FURNITURE GCF BENEFIT PLAN	
b	Name of plan sponsor	BERT MAXWELL FURNITURE	c EIN-PN 58-1371482-501
a	Plan name	BEST TRAILER & SUPPLY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BEST TRAILER & SUPPLY LLC	c EIN-PN 26-2058498-501
a	Plan name	BESTAR LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BESTAR LLC	c EIN-PN 58-2588206-501
a	Plan name	BESTLAND INVESTMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BESTLAND INVESTMENT LLC	c EIN-PN 51-0507634-501
a	Plan name	BETH SHERIDAN DDS MS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BETH SHERIDAN DDS MS LLC	c EIN-PN 58-2596040-501

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.)	
a	Plan name BETTER BASEBALL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BETTER BASEBALL LLC	c EIN-PN 26-3952367-501
a	Plan name BETTER BUSINESS BUREAU INC GCF BENEFIT PLAN	
b	Name of plan sponsor BETTER BUSINESS BUREAU INC	c EIN-PN 58-1899084-501
a	Plan name BETTER LIFE SCIENCE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BETTER LIFE SCIENCE LLC	c EIN-PN 92-2804185-501
a	Plan name BEY DOUGLAS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BEY DOUGLAS, LLC	c EIN-PN 58-2526552-501
a	Plan name BHA CONSULTING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BHA CONSULTING LLC	c EIN-PN 26-1384808-501
a	Plan name BHARTHI, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BHARTHI, INC.	c EIN-PN 46-1635279-501
a	Plan name BHE OPENINGS GCF BENEFIT PLAN	
b	Name of plan sponsor BHE OPENINGS	c EIN-PN 85-2497893-501
a	Plan name BHUGESH INVESTMENTS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BHUGESH INVESTMENTS LLC	c EIN-PN 20-4286389-501
a	Plan name BIANCA WATKINS AGENCY GCF BENEFIT PLAN	
b	Name of plan sponsor BIANCA WATKINS AGENCY	c EIN-PN 88-0718790-501
a	Plan name BIBLE MACHINE,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BIBLE MACHINE,LLC	c EIN-PN 27-1591633-501
a	Plan name BIBLICAL HISTORY CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor BIBLICAL HISTORY CENTER	c EIN-PN 20-3514441-501
a	Plan name BICKERS CONSTRUCTION INC GCF BENEFIT PLAN	
b	Name of plan sponsor BICKERS CONSTRUCTION INC	c EIN-PN 58-1999142-501

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.)	
a	Plan name BIG DAWG ELECTRICAL INC GCF BENEFIT PLAN	
b	Name of plan sponsor BIG DAWG ELECTRICAL INC	c EIN-PN 83-1516788-501
a	Plan name BIG DOG STUMP & TREE INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BIG DOG STUMP & TREE INC.	c EIN-PN 58-2535518-501
a	Plan name BIG EDDY CLUB, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BIG EDDY CLUB, INC.	c EIN-PN 58-0837718-501
a	Plan name BIG PEACH CAR WASH, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BIG PEACH CAR WASH, LLC	c EIN-PN 85-1298448-501
a	Plan name BIKE CENTER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BIKE CENTER, INC.	c EIN-PN 58-2087801-501
a	Plan name BILL ELLIOTT RACING ENTERPRISES,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BILL ELLIOTT RACING ENTERPRISES,INC.	c EIN-PN 46-4410329-501
a	Plan name BILL HEAD FUNERAL HOME GCF BENEFIT PLAN	
b	Name of plan sponsor BILL HEAD FUNERAL HOME	c EIN-PN 58-1897109-501
a	Plan name BILL JAMES & SONS MECHANICAL CONTRACTOR INC GCF BENEFIT PLAN	
b	Name of plan sponsor BILL JAMES & SONS MECHANICAL CONTRACTOR INC	c EIN-PN 58-1733899-501
a	Plan name BILL LUCAS & ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor BILL LUCAS & ASSOCIATES	c EIN-PN 20-4478060-501
a	Plan name BILLYS SUPERMARKET, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BILLYS SUPERMARKET, LLC	c EIN-PN 83-3380543-501
a	Plan name BIOLOGIC BEHAVIORAL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BIOLOGIC BEHAVIORAL LLC	c EIN-PN 46-4121222-501
a	Plan name BIOLOGIC DENTISTRY GCF BENEFIT PLAN	
b	Name of plan sponsor BIOLOGIC DENTISTRY	c EIN-PN 58-1869710-501

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.)			
a	Plan name	BIOSCAPE DIGITAL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BIOSCAPE DIGITAL, INC.	c EIN-PN 81-4607469-501
a	Plan name	BIRCH MILITARY WHOLESALE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BIRCH MILITARY WHOLESALE, INC.	c EIN-PN 58-1618972-501
a	Plan name	BIRDIES AND BEER, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BIRDIES AND BEER, LLC	c EIN-PN 46-4548795-501
a	Plan name	BISHOP & BROGDON, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BISHOP & BROGDON, INC.	c EIN-PN 58-0956025-501
a	Plan name	BISON PRODUCTION COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	BISON PRODUCTION COMPANY	c EIN-PN 45-4860229-501
a	Plan name	BITS AND BYTES DOCUMENT SOLUTIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BITS AND BYTES DOCUMENT SOLUTIONS, LLC	c EIN-PN 20-8579483-501
a	Plan name	BIZSPEED INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BIZSPEED INC	c EIN-PN 58-2605127-501
a	Plan name	BK STERLING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BK STERLING INC	c EIN-PN 22-3456233-501
a	Plan name	BLACK & BLACK SURGICAL GCF BENEFIT PLAN	
b	Name of plan sponsor	BLACK & BLACK SURGICAL	c EIN-PN 26-0541447-501
a	Plan name	BLACK AIRPLANE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BLACK AIRPLANE LLC	c EIN-PN 47-2583487-501
a	Plan name	BLACK CREEK CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor	BLACK CREEK CONSTRUCTION	c EIN-PN 83-1411224-501
a	Plan name	BLACK LABEL DEVELOPMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BLACK LABEL DEVELOPMENT, LLC	c EIN-PN 46-1590141-501

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.)			
a	Plan name	BLACKABY MINISTRIES GCF BENEFIT PLAN	
b	Name of plan sponsor	BLACKABY MINISTRIES	c EIN-PN 20-0573979-501
a	Plan name	BLACKBURN TRUCK EQUIPMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	BLACKBURN TRUCK EQUIPMENT	c EIN-PN 58-2282883-501
a	Plan name	BLACKHALL GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BLACKHALL GROUP, LLC	c EIN-PN 85-4332519-501
a	Plan name	BLAINE ALDRIDGE CONCRETE GCF BENEFIT PLAN	
b	Name of plan sponsor	BLAINE ALDRIDGE CONCRETE	c EIN-PN 58-2257452-501
a	Plan name	BLALOCK HEATING AND AIR, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BLALOCK HEATING AND AIR, INC.	c EIN-PN 30-0145743-501
a	Plan name	BLANKE CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	BLANKE CORPORATION	c EIN-PN 31-1525025-501
a	Plan name	BLICKLE USA WHEELS AND CASTERS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BLICKLE USA WHEELS AND CASTERS INC	c EIN-PN 30-0130894-501
a	Plan name	BLIE ENTERPRISES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BLIE ENTERPRISES, INC.	c EIN-PN 20-2037332-501
a	Plan name	BLIND EXPRESS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BLIND EXPRESS INC	c EIN-PN 58-2141492-501
a	Plan name	BLOODWORTH DIESEL GCF BENEFIT PLAN	
b	Name of plan sponsor	BLOODWORTH DIESEL	c EIN-PN 83-1731678-501
a	Plan name	BLOODWORTH WHOLESALE DRUGS GCF BENEFIT PLAN	
b	Name of plan sponsor	BLOODWORTH WHOLESALE DRUGS	c EIN-PN 58-1323594-501
a	Plan name	BLU STRATEGIES GCF BENEFIT PLAN	
b	Name of plan sponsor	BLU STRATEGIES	c EIN-PN 82-2749969-501

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.)	
a	Plan name BLUE MOUNTAIN MECHANICAL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BLUE MOUNTAIN MECHANICAL LLC	c EIN-PN 83-3011546-501
a	Plan name BLUE TECHNOLOGIES GROUP, INC GCF BENEFIT PLAN	
b	Name of plan sponsor BLUE TECHNOLOGIES GROUP, INC	c EIN-PN 47-2541230-501
a	Plan name BLUEPRINT MGMT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BLUEPRINT MGMT, INC.	c EIN-PN 51-0587971-501
a	Plan name BLUEWATER SPECIALTY BROKERAGE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BLUEWATER SPECIALTY BROKERAGE LLC	c EIN-PN 92-2503073-501
a	Plan name BMR LOGISTICS INC GCF BENEFIT PLAN	
b	Name of plan sponsor BMR LOGISTICS INC	c EIN-PN 47-2432718-501
a	Plan name BOB CHRISTIAN DECORATIVE ART, INC GCF BENEFIT PLAN	
b	Name of plan sponsor BOB CHRISTIAN DECORATIVE ART, INC	c EIN-PN 58-1940237-501
a	Plan name BOB HUNT MACHINE COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor BOB HUNT MACHINE COMPANY INC	c EIN-PN 58-1330508-501
a	Plan name BOBBY MURPHEY INSURANCE AGENCY,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BOBBY MURPHEY INSURANCE AGENCY,INC.	c EIN-PN 58-0708212-501
a	Plan name BOBE AND SNELL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BOBE AND SNELL LLC	c EIN-PN 46-5377012-501
a	Plan name BOCHAMP PROPERTIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BOCHAMP PROPERTIES LLC	c EIN-PN 46-3600534-501
a	Plan name BOHLING PROTECTIVE SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor BOHLING PROTECTIVE SERVICES	c EIN-PN 84-4830736-501
a	Plan name BOLDAIR LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BOLDAIR LLC	c EIN-PN 85-3146152-501

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.)			
a	Plan name	BOLTON AIR LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BOLTON AIR LLC	c EIN-PN 46-1537406-501
a	Plan name	BOMA OF GEORGIA GCF BENEFIT PLAN	
b	Name of plan sponsor	BOMA OF GEORGIA	c EIN-PN 58-0145147-501
a	Plan name	BON BUILDING SERVICES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BON BUILDING SERVICES, INC	c EIN-PN 58-1175204-501
a	Plan name	BONE COLLECTOR LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BONE COLLECTOR LLC	c EIN-PN 26-2638918-501
a	Plan name	BOOKER AND VICK ARCHITECTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BOOKER AND VICK ARCHITECTS INC	c EIN-PN 27-1576026-501
a	Plan name	BOONE TRUCKING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BOONE TRUCKING, INC.	c EIN-PN 58-2415782-501
a	Plan name	BOOTS ETC., INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BOOTS ETC., INC.	c EIN-PN 58-1930431-501
a	Plan name	BORINGS GLASS COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BORINGS GLASS COMPANY INC	c EIN-PN 20-8444464-501
a	Plan name	BORUFF ELECTRIC INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BORUFF ELECTRIC INC	c EIN-PN 58-1973851-501
a	Plan name	BOUCHES DU RHONE MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BOUCHES DU RHONE MANAGEMENT LLC	c EIN-PN 45-3153189-501
a	Plan name	BOULEVARD PROPERTIES,LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BOULEVARD PROPERTIES,LLC.	c EIN-PN 47-5616235-501
a	Plan name	BOUTTE TREE,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BOUTTE TREE,INC.	c EIN-PN 81-0591692-501

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.)			
a	Plan name	BOWDEN & SON, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BOWDEN & SON, INC.	c EIN-PN 58-2524644-501
a	Plan name	BOWEN & WATSON INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BOWEN & WATSON INC	c EIN-PN 58-0806601-503
a	Plan name	BOWTIE ENGINEERING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BOWTIE ENGINEERING LLC	c EIN-PN 46-5246402-501
a	Plan name	BOYCE GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BOYCE GROUP LLC	c EIN-PN 16-1668007-501
a	Plan name	BOYS & GIRLS CLUBS OF THE CHATTAHOOCHEE VALLEY GCF BENEFIT PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUBS OF THE CHATTAHOOCHEE VALLEY	c EIN-PN 58-1174393-501
a	Plan name	BOYS TO MEN DISCOVERY HOMES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BOYS TO MEN DISCOVERY HOMES INC	c EIN-PN 58-2468418-501
a	Plan name	BPC WEALTH MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BPC WEALTH MANAGEMENT, LLC	c EIN-PN 47-3246220-501
a	Plan name	BPT PERFORMANCE CONSULTING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BPT PERFORMANCE CONSULTING LLC	c EIN-PN 32-0218786-501
a	Plan name	BR INTERNATIONAL LOGISTICS GCF BENEFIT PLAN	
b	Name of plan sponsor	BR INTERNATIONAL LOGISTICS	c EIN-PN 58-2208059-501
a	Plan name	BRADFIELD,RICHARDS,RHODES & ASSOCIATES ARCHITECTS, GCF BENEFIT PLAN	
b	Name of plan sponsor	BRADFIELD,RICHARDS,RHODES & ASSOCIATES ARCHITECTS,	c EIN-PN 58-1174937-501
a	Plan name	BRAINSTORM CONSULTING P.C GCF BENEFIT PLAN	
b	Name of plan sponsor	BRAINSTORM CONSULTING P.C	c EIN-PN 27-2810895-501
a	Plan name	BRAITHWAITE & BRAITHWAITE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BRAITHWAITE & BRAITHWAITE LLC	c EIN-PN 20-2375535-501

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.)	
a	Plan name BRAND EVOLUTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BRAND EVOLUTION LLC	c EIN-PN 46-2452897-501
a	Plan name BRANNEN MOTOR COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor BRANNEN MOTOR COMPANY	c EIN-PN 83-1405001-502
a	Plan name BRASELTON ANIMAL HOSPITAL GCF BENEFIT PLAN	
b	Name of plan sponsor BRASELTON ANIMAL HOSPITAL	c EIN-PN 45-0557519-501
a	Plan name BRAUNS LAW PC GCF BENEFIT PLAN	
b	Name of plan sponsor BRAUNS LAW PC	c EIN-PN 26-1922584-501
a	Plan name BRAY CONSTRUCTION COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor BRAY CONSTRUCTION COMPANY INC	c EIN-PN 58-2629310-501
a	Plan name BREAKTHROUGH TECHNOLOGIES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor BREAKTHROUGH TECHNOLOGIES, INC	c EIN-PN 58-2256075-501
a	Plan name BRENT AUTOMATION, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BRENT AUTOMATION, LLC	c EIN-PN 26-2322921-501
a	Plan name BRENTWOOD SCHOOL INC GCF BENEFIT PLAN	
b	Name of plan sponsor BRENTWOOD SCHOOL INC	c EIN-PN 58-1075655-501
a	Plan name BREWER LAND SURVEYING GCF BENEFIT PLAN	
b	Name of plan sponsor BREWER LAND SURVEYING	c EIN-PN 27-3726004-501
a	Plan name BRI SOLUTIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BRI SOLUTIONS, LLC	c EIN-PN 26-3810239-501
a	Plan name BRIAN FELDER & ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor BRIAN FELDER & ASSOCIATES	c EIN-PN 46-1315321-501
a	Plan name BRICZ LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BRICZ LLC	c EIN-PN 46-4078463-501

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.)	
a	Plan name BRIDGES HOLDING COMPANY OF GA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BRIDGES HOLDING COMPANY OF GA, INC.	c EIN-PN 45-4440617-501
a	Plan name BRIDGEWAY FOUNDATION FOR EDUCATION GCF BENEFIT PLAN	
b	Name of plan sponsor BRIDGEWAY FOUNDATION FOR EDUCATION	c EIN-PN 58-2361829-501
a	Plan name BRIENT IP LAW LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BRIENT IP LAW LLC	c EIN-PN 27-1480395-501
a	Plan name BRIGHT STARS GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BRIGHT STARS GROUP, LLC	c EIN-PN 83-4119865-501
a	Plan name BRIGHTORG SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BRIGHTORG SERVICES LLC	c EIN-PN 45-3684283-501
a	Plan name BRIGHTPOINT FOR CHILDREN INC GCF BENEFIT PLAN	
b	Name of plan sponsor BRIGHTPOINT FOR CHILDREN INC	c EIN-PN 26-0251918-501
a	Plan name BRIJJIT MEDICAL INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BRIJJIT MEDICAL INC.	c EIN-PN 82-1642023-501
a	Plan name BRILL ENTERPRISES INC GCF BENEFIT PLAN	
b	Name of plan sponsor BRILL ENTERPRISES INC	c EIN-PN 58-2103028-501
a	Plan name BRILLIANT SMILES DENTAL GCF BENEFIT PLAN	
b	Name of plan sponsor BRILLIANT SMILES DENTAL	c EIN-PN 32-0225865-501
a	Plan name BRIMBERRY KAPLAN & BRIMBERRY GCF BENEFIT PLAN	
b	Name of plan sponsor BRIMBERRY KAPLAN & BRIMBERRY	c EIN-PN 58-1481934-501
a	Plan name BRISCOES PHARMACY PC GCF BENEFIT PLAN	
b	Name of plan sponsor BRISCOES PHARMACY PC	c EIN-PN 31-1825036-501
a	Plan name BRITTANY HAYES INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BRITTANY HAYES INC.	c EIN-PN 27-0733991-501

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.)		
a	Plan name BROAD STREET SUPERMARKET GCF BENEFIT PLAN	
b	Name of plan sponsor BROAD STREET SUPERMARKET	c EIN-PN 46-0808579-501
a	Plan name BROADWAY COMMERCIAL INVESTMENTS GCF BENEFIT PLAN	
b	Name of plan sponsor BROADWAY COMMERCIAL INVESTMENTS	c EIN-PN 01-0618686-501
a	Plan name BROADWAY FINANCIAL GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BROADWAY FINANCIAL GROUP LLC	c EIN-PN 82-5349808-501
a	Plan name BRODHEAD LAW LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BRODHEAD LAW LLC	c EIN-PN 27-0258167-501
a	Plan name BROGDON CONSULTING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BROGDON CONSULTING, INC.	c EIN-PN 58-2285330-501
a	Plan name BROKEN SHACKLE RANCH GCF BENEFIT PLAN	
b	Name of plan sponsor BROKEN SHACKLE RANCH	c EIN-PN 58-1684656-501
a	Plan name BROOKLOWE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BROOKLOWE LLC	c EIN-PN 03-0422180-501
a	Plan name BROTHERS INNOVATIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor BROTHERS INNOVATIONS LLC	c EIN-PN 83-3083146-501
a	Plan name BROUGHTON PHARMACEUTICALS GCF BENEFIT PLAN	
b	Name of plan sponsor BROUGHTON PHARMACEUTICALS	c EIN-PN 01-0629808-501
a	Plan name BROWN AND MCCOOK GCF BENEFIT PLAN	
b	Name of plan sponsor BROWN AND MCCOOK	c EIN-PN 88-3010763-501
a	Plan name BROWN ROUNTREE PC GCF BENEFIT PLAN	
b	Name of plan sponsor BROWN ROUNTREE PC	c EIN-PN 58-2548290-501
a	Plan name BRUNSWICK ORTHOTICS AND PROSTHETICS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor BRUNSWICK ORTHOTICS AND PROSTHETICS, INC	c EIN-PN 58-2326664-501

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.)	
a	Plan name BRUNSWICK PILOT BOAT CORPORATION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BRUNSWICK PILOT BOAT CORPORATION, INC.	c EIN-PN 58-0899495-501
a	Plan name BRYTECH, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BRYTECH, INC.	c EIN-PN 26-0035694-501
a	Plan name BTJ CAPITAL PARTNERS GCF BENEFIT PLAN	
b	Name of plan sponsor BTJ CAPITAL PARTNERS	c EIN-PN 81-1585966-501
a	Plan name BTW TRUCKING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BTW TRUCKING, INC.	c EIN-PN 47-2632967-501
a	Plan name BUCKHEAD SPINE SPECIALISTS GCF BENEFIT PLAN	
b	Name of plan sponsor BUCKHEAD SPINE SPECIALISTS	c EIN-PN 20-5828343-501
a	Plan name BUDDYS CONVENIENCE INC GCF BENEFIT PLAN	
b	Name of plan sponsor BUDDYS CONVENIENCE INC	c EIN-PN 80-0096260-501
a	Plan name BUDGET SEWER SERVICE INC GCF BENEFIT PLAN	
b	Name of plan sponsor BUDGET SEWER SERVICE INC	c EIN-PN 58-1464035-501
a	Plan name BUFFALOS CONCEPTS SOUTH GCF BENEFIT PLAN	
b	Name of plan sponsor BUFFALOS CONCEPTS SOUTH	c EIN-PN 46-1605093-501
a	Plan name BUFFORD'S METAL FABRICATION & ASSEMBLY INC GCF BENEFIT PLAN	
b	Name of plan sponsor BUFFORDS METAL FABRICATION & ASSEMBLY INC	c EIN-PN 27-4527760-501
a	Plan name BUG BUSTERS USA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BUG BUSTERS USA, INC.	c EIN-PN 58-2037225-501
a	Plan name BUILDER SALES AND SERVICE INC. GCF BENEFIT PLAN	
b	Name of plan sponsor BUILDER SALES AND SERVICE INC.	c EIN-PN 58-1721411-501
a	Plan name BULL ELECTRIC INC GCF BENEFIT PLAN	
b	Name of plan sponsor BULL ELECTRIC INC	c EIN-PN 81-4163295-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BURGE CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor	BURGE CONSTRUCTION	c EIN-PN 32-0271498-501
a	Plan name	BURKE FARM MANAGEMENT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BURKE FARM MANAGEMENT, INC.	c EIN-PN 58-1663350-501
a	Plan name	BURKE P ROBINSON MD PC GCF BENEFIT PLAN	
b	Name of plan sponsor	BURKE P ROBINSON MD PC	c EIN-PN 58-2612448-501
a	Plan name	BURKE PAVING COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BURKE PAVING COMPANY INC	c EIN-PN 58-1712051-501
a	Plan name	BURKE TRUCK & TRACTOR. CO., INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BURKE TRUCK & TRACTOR. CO., INC	c EIN-PN 58-0862602-501
a	Plan name	BURKE, WORSHAM AND HARRELL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BURKE, WORSHAM AND HARRELL, LLC	c EIN-PN 20-5136274-501
a	Plan name	BURKEEN CORP GCF BENEFIT PLAN	
b	Name of plan sponsor	BURKEEN CORP	c EIN-PN 20-8105278-501
a	Plan name	BURN BOOT CAMP GCF BENEFIT PLAN	
b	Name of plan sponsor	BURN BOOT CAMP	c EIN-PN 82-2875329-501
a	Plan name	BURN FOUNDATION OF AMERICA GCF BENEFIT PLAN	
b	Name of plan sponsor	BURN FOUNDATION OF AMERICA	c EIN-PN 58-1804007-501
a	Plan name	BURNS & HERRING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BURNS & HERRING, LLC	c EIN-PN 45-3951281-501
a	Plan name	BURNS CORNERS HOLDING CO INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BURNS CORNERS HOLDING CO INC.	c EIN-PN 82-1047109-501
a	Plan name	BUSBEE CONSULTING & SPORTS MARKETING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BUSBEE CONSULTING & SPORTS MARKETING, LLC	c EIN-PN 81-4742265-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BUSCH, REED, JONES & LEEPER, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	BUSCH, REED, JONES & LEEPER, P.C.	c EIN-PN 20-0196196-501
a	Plan name	BUSINESS TRAVELER SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	BUSINESS TRAVELER SERVICES INC	c EIN-PN 58-2144063-501
a	Plan name	BUTFOR GCF BENEFIT PLAN	
b	Name of plan sponsor	BUTFOR	c EIN-PN 26-1481967-501
a	Plan name	BUTLER ALIGNMENT & AUTOMOTIVE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	BUTLER ALIGNMENT & AUTOMOTIVE, INC.	c EIN-PN 58-1273771-501
a	Plan name	BUTLER AUTOMOTIVE GCF BENEFIT PLAN	
b	Name of plan sponsor	BUTLER AUTOMOTIVE	c EIN-PN 58-2326182-501
a	Plan name	BUTLER WILLIAMS & WYCHE LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	BUTLER WILLIAMS & WYCHE LLP	c EIN-PN 58-0653763-501
a	Plan name	BUXTON CONSTRUCTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	BUXTON CONSTRUCTION LLC	c EIN-PN 27-2059861-501
a	Plan name	BW POWER SPORTS GCF BENEFIT PLAN	
b	Name of plan sponsor	BW POWER SPORTS	c EIN-PN 26-2988597-501
a	Plan name	BZ ELECTRIC GCF BENEFIT PLAN	
b	Name of plan sponsor	BZ ELECTRIC	c EIN-PN 45-2584764-501
a	Plan name	C & M EQUIPMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	C & M EQUIPMENT	c EIN-PN 58-1655408-501
a	Plan name	C & S MACHINE SHOP, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	C & S MACHINE SHOP, INC.	c EIN-PN 58-1598324-501
a	Plan name	C & S PAVING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	C & S PAVING, INC.	c EIN-PN 58-1350068-501

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.)	
a	Plan name C & T INDUSTRIAL MACHINE GCF BENEFIT PLAN	
b	Name of plan sponsor C & T INDUSTRIAL MACHINE	c EIN-PN 58-2350195-501
a	Plan name C S CHAPMAN PC, INC GCF BENEFIT PLAN	
b	Name of plan sponsor C S CHAPMAN PC, INC	c EIN-PN 58-1638922-501
a	Plan name C&C MANUFACTURING GCF BENEFIT PLAN	
b	Name of plan sponsor C&C MANUFACTURING	c EIN-PN 80-0008042-501
a	Plan name C&G CONCEPTS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor C&G CONCEPTS LLC	c EIN-PN 85-1464346-501
a	Plan name C&H PIPELINE INC. GCF BENEFIT PLAN	
b	Name of plan sponsor C&H PIPELINE INC.	c EIN-PN 58-2550221-501
a	Plan name C&M MASONRY CONTRACTORS GROUP, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor C&M MASONRY CONTRACTORS GROUP, INC.	c EIN-PN 58-1880896-501
a	Plan name CABLE INNOVATIONS,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CABLE INNOVATIONS,INC.	c EIN-PN 58-1919946-501
a	Plan name CADRE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CADRE, INC.	c EIN-PN 81-1219331-501
a	Plan name CAFE CAMPESINO INC GCF BENEFIT PLAN	
b	Name of plan sponsor CAFE CAMPESINO INC	c EIN-PN 58-2076828-501
a	Plan name CAFE DINO GCF BENEFIT PLAN	
b	Name of plan sponsor CAFE DINO	c EIN-PN 30-8740142-501
a	Plan name CAIOLA & ROSE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CAIOLA & ROSE, LLC	c EIN-PN 82-1420457-501
a	Plan name CALDWELL INSULATION, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CALDWELL INSULATION, INC	c EIN-PN 58-2196629-501

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.)			
a	Plan name	CALDWELL VETERINARY HOSPITAL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CALDWELL VETERINARY HOSPITAL LLC	c EIN-PN 26-1329181-501
a	Plan name	CALLINGPOST COMMUNICATION GCF BENEFIT PLAN	
b	Name of plan sponsor	CALLINGPOST COMMUNICATION	c EIN-PN 58-2577898-501
a	Plan name	CAMILLA AUTO PARTS GCF BENEFIT PLAN	
b	Name of plan sponsor	CAMILLA AUTO PARTS	c EIN-PN 58-0690369-501
a	Plan name	CAMILLE SHEPPARD AND ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	CAMILLE SHEPPARD AND ASSOCIATES	c EIN-PN 58-2610240-501
a	Plan name	CAN I RECYCLE THIS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CAN I RECYCLE THIS INC	c EIN-PN 30-1086533-501
a	Plan name	CANDUCT HOLDINGS USA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	CANDUCT HOLDINGS USA, INC.	c EIN-PN 38-3892391-501
a	Plan name	CANNON LOAD BANKS GCF BENEFIT PLAN	
b	Name of plan sponsor	CANNON LOAD BANKS	c EIN-PN 58-1750212-501
a	Plan name	CANOPY ASSET MANAGEMENT,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CANOPY ASSET MANAGEMENT,LLC	c EIN-PN 27-2909402-501
a	Plan name	CANTRELL FOREST PRODUCTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CANTRELL FOREST PRODUCTS INC	c EIN-PN 58-1575987-501
a	Plan name	CAPARELLI WEALTH MANAGEMENT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	CAPARELLI WEALTH MANAGEMENT, INC.	c EIN-PN 16-1711770-501
a	Plan name	CAPITAL MICROSCOPE SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	CAPITAL MICROSCOPE SERVICES	c EIN-PN 58-2111329-501
a	Plan name	CAPSHAW DEVELOPMENT COMPANY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CAPSHAW DEVELOPMENT COMPANY LLC	c EIN-PN 46-0666972-501

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.)			
a	Plan name	CAPT SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CAPT SERVICES LLC	c EIN-PN 84-2982733-501
a	Plan name	CAR CARE CENTER INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CAR CARE CENTER INC	c EIN-PN 20-0482082-502
a	Plan name	CARDIOLOGY CARE CLINIC GCF BENEFIT PLAN	
b	Name of plan sponsor	CARDIOLOGY CARE CLINIC	c EIN-PN 45-5178930-501
a	Plan name	CARDIOPULMONARY ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	CARDIOPULMONARY ASSOCIATES	c EIN-PN 58-1495119-501
a	Plan name	CARING HANDS UNITED GCF BENEFIT PLAN	
b	Name of plan sponsor	CARING HANDS UNITED	c EIN-PN 58-2322901-501
a	Plan name	CARL B PEARL MD PC GCF BENEFIT PLAN	
b	Name of plan sponsor	CARL B PEARL MD PC	c EIN-PN 27-2934721-501
a	Plan name	CARMICHAEL CONSULTING SOLUTIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CARMICHAEL CONSULTING SOLUTIONS, LLC	c EIN-PN 27-4851720-501
a	Plan name	CAROL V. CLARK, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CAROL V. CLARK, LLC	c EIN-PN 04-3846289-501
a	Plan name	CARPENTERS IN THE HOME INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CARPENTERS IN THE HOME INC	c EIN-PN 58-2043299-501
a	Plan name	CARPETS FOR KIDS GCF BENEFIT PLAN	
b	Name of plan sponsor	CARPETS FOR KIDS	c EIN-PN 93-1175004-501
a	Plan name	CARSON MCLANE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	CARSON MCLANE, INC.	c EIN-PN 58-0185185-501
a	Plan name	CARSON PLUMBING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CARSON PLUMBING INC	c EIN-PN 26-1728942-501

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.)	
a	Plan name CARTEY ELECTRIC MOTORS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CARTEY ELECTRIC MOTORS, INC.	c EIN-PN 58-2148969-501
a	Plan name CARTIERWILSON, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CARTIERWILSON, LLC	c EIN-PN 26-4193757-501
a	Plan name CARVER HOTEL GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CARVER HOTEL GROUP LLC	c EIN-PN 46-3798138-501
a	Plan name CASELLA EYE CENTER PC GCF BENEFIT PLAN	
b	Name of plan sponsor CASELLA EYE CENTER PC	c EIN-PN 58-1540159-501
a	Plan name CASIE GCF BENEFIT PLAN	
b	Name of plan sponsor CASIE	c EIN-PN 58-2557142-501
a	Plan name CASS ELECTRIC LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CASS ELECTRIC LLC	c EIN-PN 88-3691319-501
a	Plan name CASTER WAREHOUSE INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CASTER WAREHOUSE INC.	c EIN-PN 58-1723565-501
a	Plan name CASTLING GROUP CONSULTING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CASTLING GROUP CONSULTING, LLC	c EIN-PN 84-2764917-501
a	Plan name CASTO LAWN CARE INC GCF BENEFIT PLAN	
b	Name of plan sponsor CASTO LAWN CARE INC	c EIN-PN 20-5353808-501
a	Plan name CASTRO LAW GCF BENEFIT PLAN	
b	Name of plan sponsor CASTRO LAW	c EIN-PN 57-1207736-501
a	Plan name CAT RECOVERY SERVICE INC GCF BENEFIT PLAN	
b	Name of plan sponsor CAT RECOVERY SERVICE INC	c EIN-PN 20-0314580-501
a	Plan name CATHOLIC WORLD MISSION INC GCF BENEFIT PLAN	
b	Name of plan sponsor CATHOLIC WORLD MISSION INC	c EIN-PN 83-4136780-501

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.)			
a	Plan name	CAVANNA PACKAGING USA INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CAVANNA PACKAGING USA INC	c EIN-PN 20-2274783-501
a	Plan name	CBA COASTAL ENTERPRISES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CBA COASTAL ENTERPRISES, INC	c EIN-PN 83-1553726-501
a	Plan name	CBH EXCAVATION GCF BENEFIT PLAN	
b	Name of plan sponsor	CBH EXCAVATION	c EIN-PN 20-1997739-501
a	Plan name	CBS ENTERPRISES GCF BENEFIT PLAN	
b	Name of plan sponsor	CBS ENTERPRISES	c EIN-PN 58-2262200-501
a	Plan name	CBS ENVIRONMENTAL-MEDICAL GCF BENEFIT PLAN	
b	Name of plan sponsor	CBS ENVIRONMENTAL-MEDICAL	c EIN-PN 47-4671084-501
a	Plan name	CCR GCF BENEFIT PLAN	
b	Name of plan sponsor	CCR	c EIN-PN 72-1317388-501
a	Plan name	CD WHITE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CD WHITE, INC	c EIN-PN 58-2279951-501
a	Plan name	CDC GA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CDC GA LLC	c EIN-PN 30-1012477-501
a	Plan name	CDM SOUTHEAST INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CDM SOUTHEAST INC	c EIN-PN 58-2522316-501
a	Plan name	CDRW,LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	CDRW,LLP	c EIN-PN 84-4023062-501
a	Plan name	CE GARBUTT CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor	CE GARBUTT CONSTRUCTION	c EIN-PN 58-1300982-501
a	Plan name	CEBA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CEBA, LLC	c EIN-PN 32-0001937-501

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.)	
a	Plan name CECIL KEY PAVING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CECIL KEY PAVING, INC	c EIN-PN 58-1353973-501
a	Plan name CEDAR HILL CPAS AND ADVISORS GCF BENEFIT PLAN	
b	Name of plan sponsor CEDAR HILL CPAS AND ADVISORS	c EIN-PN 84-4103551-501
a	Plan name CELEBRATED MANAGEMENT COMPANY INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CELEBRATED MANAGEMENT COMPANY INC.	c EIN-PN 63-1107683-501
a	Plan name CEMENT TECHNOLOGY A DIVISION OF MASONRY SUPPLY GCF BENEFIT PLAN	
b	Name of plan sponsor CEMENT TECHNOLOGY A DIVISION OF MASONRY SUPPLY	c EIN-PN 58-1220304-501
a	Plan name CENTER FOR CIVIC INNOVATION GCF BENEFIT PLAN	
b	Name of plan sponsor CENTER FOR CIVIC INNOVATION	c EIN-PN 26-4096600-501
a	Plan name CENTER FOR TESTING AND ENGINEERING GCF BENEFIT PLAN	
b	Name of plan sponsor CENTER FOR TESTING AND ENGINEERING	c EIN-PN 83-1170067-501
a	Plan name CENTERLINE COMMUNICATIONS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CENTERLINE COMMUNICATIONS, INC.	c EIN-PN 20-5148593-501
a	Plan name CENTERPOINT SITEWORK & UTILITIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor CENTERPOINT SITEWORK & UTILITIES INC	c EIN-PN 82-3304166-501
a	Plan name CENTRAL ATLANTA PROPS AND SETS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CENTRAL ATLANTA PROPS AND SETS, LLC	c EIN-PN 47-1874493-501
a	Plan name CENTRAL FIRE PROTECTION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CENTRAL FIRE PROTECTION, INC.	c EIN-PN 58-1486554-501
a	Plan name CENTRAL GA HEART INSTITUTE GCF BENEFIT PLAN	
b	Name of plan sponsor CENTRAL GA HEART INSTITUTE	c EIN-PN 20-1749895-501
a	Plan name CENTRAL GEORGIA AG SERVICES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CENTRAL GEORGIA AG SERVICES, LLC	c EIN-PN 82-3963109-501

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.)			
a	Plan name	CENTRAL GEORGIA ORAL GCF BENEFIT PLAN	
b	Name of plan sponsor	CENTRAL GEORGIA ORAL	c EIN-PN 51-0528009-501
a	Plan name	CENTRAL HEATING AND AIR GCF BENEFIT PLAN	
b	Name of plan sponsor	CENTRAL HEATING AND AIR	c EIN-PN 58-0960262-501
a	Plan name	CENTRAL PHARMACY GCF BENEFIT PLAN	
b	Name of plan sponsor	CENTRAL PHARMACY	c EIN-PN 58-2077303-501
a	Plan name	CFOL INTERNATIONAL,INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CFOL INTERNATIONAL,INC	c EIN-PN 26-4729313-501
a	Plan name	CGO CONTRACTING SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	CGO CONTRACTING SOLUTIONS	c EIN-PN 81-5427561-501
a	Plan name	CH KIRKPATRICK AND SONS WELDING SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CH KIRKPATRICK AND SONS WELDING SERVICES INC	c EIN-PN 58-1140386-501
a	Plan name	CHADWICK AND ASSOCIATES MANAGEMENT SYSTEMS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CHADWICK AND ASSOCIATES MANAGEMENT SYSTEMS INC	c EIN-PN 58-1452517-501
a	Plan name	CHAFIN REALTY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CHAFIN REALTY INC	c EIN-PN 86-1054997-501
a	Plan name	CHALMERS WORKFORCE SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CHALMERS WORKFORCE SOLUTIONS INC	c EIN-PN 32-0313771-501
a	Plan name	CHAMPION CLEANING SYSTEMS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	CHAMPION CLEANING SYSTEMS, INC.	c EIN-PN 58-2138958-501
a	Plan name	CHAMPIONSHIP ANALYTICS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CHAMPIONSHIP ANALYTICS INC	c EIN-PN 45-3691087-501
a	Plan name	CHANCEY B.C. WASHBURN DMD PC GCF BENEFIT PLAN	
b	Name of plan sponsor	CHANCEY B.C. WASHBURN DMD PC	c EIN-PN 43-2011773-501

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.)	
a	Plan name CHARACTER BUILT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CHARACTER BUILT, LLC	c EIN-PN 81-2709641-501
a	Plan name CHARLES E COX JR, ATTY GCF BENEFIT PLAN	
b	Name of plan sponsor CHARLES E COX JR, ATTY	c EIN-PN 45-3760090-501
a	Plan name CHARLES W. MILLER, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor CHARLES W. MILLER, P.C.	c EIN-PN 20-1611285-501
a	Plan name CHARLIE PELT INS AND FIN SVCS INC GCF BENEFIT PLAN	
b	Name of plan sponsor CHARLIE PELT INS AND FIN SVCS INC	c EIN-PN 81-3938030-501
a	Plan name CHARTER EDUCATIONAL SERVICES & RESOURCES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CHARTER EDUCATIONAL SERVICES & RESOURCES, INC.	c EIN-PN 26-2674420-501
a	Plan name CHASE VACATION MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CHASE VACATION MANAGEMENT LLC	c EIN-PN 82-3452974-501
a	Plan name CHATTAHOOCHEE PLASTIC SURGERY, PC GCF BENEFIT PLAN	
b	Name of plan sponsor CHATTAHOOCHEE PLASTIC SURGERY, PC	c EIN-PN 33-1017573-501
a	Plan name CHECKERED FLAG PLUMBING INC GCF BENEFIT PLAN	
b	Name of plan sponsor CHECKERED FLAG PLUMBING INC	c EIN-PN 43-1949352-501
a	Plan name CHEROKEE CULVERT COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor CHEROKEE CULVERT COMPANY INC	c EIN-PN 58-0955374-501
a	Plan name CHEROKEE GRADING UTILITY CONTRACTORS INC GCF BENEFIT PLAN	
b	Name of plan sponsor CHEROKEE GRADING UTILITY CONTRACTORS INC	c EIN-PN 58-2224753-501
a	Plan name CHEROKEE MECHANICAL INC GCF BENEFIT PLAN	
b	Name of plan sponsor CHEROKEE MECHANICAL INC	c EIN-PN 58-2169660-501
a	Plan name CHESTNUT MOUNTAIN LOGISTICS GCF BENEFIT PLAN	
b	Name of plan sponsor CHESTNUT MOUNTAIN LOGISTICS	c EIN-PN 27-4586557-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CHIEF FIRE PROTECTION COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	CHIEF FIRE PROTECTION COMPANY	c EIN-PN 58-1971036-501
a	Plan name	CHILDHOOD - THE JOY OF BEING GCF BENEFIT PLAN	
b	Name of plan sponsor	CHILDHOOD - THE JOY OF BEING	c EIN-PN 26-0052152-501
a	Plan name	CHILDRESS AND HIGGINS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CHILDRESS AND HIGGINS LLC	c EIN-PN 58-1951806-501
a	Plan name	CHOICE INSURANCE SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	CHOICE INSURANCE SERVICES	c EIN-PN 46-3573890-501
a	Plan name	CHOICE LAB INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CHOICE LAB INC	c EIN-PN 20-2783182-501
a	Plan name	CHOOSING THE BEST PUBLISHING GCF BENEFIT PLAN	
b	Name of plan sponsor	CHOOSING THE BEST PUBLISHING	c EIN-PN 58-2631547-501
a	Plan name	CHRIS MALONE MD,PC GCF BENEFIT PLAN	
b	Name of plan sponsor	CHRIS MALONE MD,PC	c EIN-PN 61-1515543-501
a	Plan name	CHRIST CHAPEL WARNER ROBINS AOG, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CHRIST CHAPEL WARNER ROBINS AOG, INC	c EIN-PN 45-4609791-501
a	Plan name	CHRISTIAN FAMILIES TODAY GCF BENEFIT PLAN	
b	Name of plan sponsor	CHRISTIAN FAMILIES TODAY	c EIN-PN 58-1410754-501
a	Plan name	CHRISTIAN ROOFING AND REMODELING GCF BENEFIT PLAN	
b	Name of plan sponsor	CHRISTIAN ROOFING AND REMODELING	c EIN-PN 82-2238538-501
a	Plan name	CHRISTIANA TRUCKING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	CHRISTIANA TRUCKING, INC.	c EIN-PN 45-4783519-501
a	Plan name	CHRISTOPHER J LEE MD PC GCF BENEFIT PLAN	
b	Name of plan sponsor	CHRISTOPHER J LEE MD PC	c EIN-PN 11-3814359-501

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.)	
a	Plan name CHUMLEYS PAVING & GRADING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CHUMLEYS PAVING & GRADING, INC.	c EIN-PN 58-1507943-501
a	Plan name CHURCH & SWAN PROPERTIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CHURCH & SWAN PROPERTIES, LLC	c EIN-PN 06-1721190-501
a	Plan name CIMCORP USA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CIMCORP USA, INC.	c EIN-PN 81-1516073-501
a	Plan name CINCINNATI AI, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CINCINNATI AI, INC.	c EIN-PN 82-5416958-501
a	Plan name CINDY.MILLER.ATL COMMUNICATIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CINDY.MILLER.ATL COMMUNICATIONS LLC	c EIN-PN 45-3165571-501
a	Plan name CIRCLE A FENCES INC GCF BENEFIT PLAN	
b	Name of plan sponsor CIRCLE A FENCES INC	c EIN-PN 58-1090183-501
a	Plan name CIRCLE C INDUSTRIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor CIRCLE C INDUSTRIES INC	c EIN-PN 58-2488390-501
a	Plan name CIRCLE H MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CIRCLE H MANAGEMENT, LLC	c EIN-PN 27-1079079-501
a	Plan name CIRRUS NETWORKS INC GCF BENEFIT PLAN	
b	Name of plan sponsor CIRRUS NETWORKS INC	c EIN-PN 58-2619307-501
a	Plan name CITY GLASS COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor CITY GLASS COMPANY INC	c EIN-PN 81-5222910-501
a	Plan name CITY SPRINGS THEATRE COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor CITY SPRINGS THEATRE COMPANY	c EIN-PN 82-1085513-501
a	Plan name CIVIC DIGITAL EXPERIENCE INC GCF BENEFIT PLAN	
b	Name of plan sponsor CIVIC DIGITAL EXPERIENCE INC	c EIN-PN 83-4534237-501

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.)		
a	Plan name CJM TECHNICAL SYSTEMS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CJM TECHNICAL SYSTEMS, INC	c EIN-PN 58-1707146-501
a	Plan name CL TUCKER INC GCF BENEFIT PLAN	
b	Name of plan sponsor CL TUCKER INC	c EIN-PN 58-1209792-501
a	Plan name CLADDAGH RETRIEVERS GCF BENEFIT PLAN	
b	Name of plan sponsor CLADDAGH RETRIEVERS	c EIN-PN 26-3503856-501
a	Plan name CLAMPITTS WELL SYSTEMS GCF BENEFIT PLAN	
b	Name of plan sponsor CLAMPITTS WELL SYSTEMS	c EIN-PN 58-1796908-501
a	Plan name CLARION ADVANTAGE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CLARION ADVANTAGE LLC	c EIN-PN 20-3406898-501
a	Plan name CLARK & CLARK, ATTORNEYS AT LAW, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor CLARK & CLARK, ATTORNEYS AT LAW, P.C.	c EIN-PN 58-2289066-501
a	Plan name CLARK BUFORD BAIT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CLARK BUFORD BAIT, INC.	c EIN-PN 62-1287925-501
a	Plan name CLARK EYE CLINIC PC GCF BENEFIT PLAN	
b	Name of plan sponsor CLARK EYE CLINIC PC	c EIN-PN 58-1578637-501
a	Plan name CLARK INTERIORS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CLARK INTERIORS, INC	c EIN-PN 58-2052398-501
a	Plan name CLARK L. TOMLIN, CO. P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor CLARK L. TOMLIN, CO. P.C.	c EIN-PN 58-0945566-501
a	Plan name CLARK VENTURES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CLARK VENTURES LLC	c EIN-PN 20-0709828-501
a	Plan name CLARK, SMITH & SIZEMORE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CLARK, SMITH & SIZEMORE, LLC	c EIN-PN 27-1150632-501

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.)			
a	Plan name	CLASSIC BELAIR ENTERPRISES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CLASSIC BELAIR ENTERPRISES LLC	c EIN-PN 82-3344409-501
a	Plan name	CLASSIC CITY COMPUTING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	CLASSIC CITY COMPUTING, INC.	c EIN-PN 64-0952135-501
a	Plan name	CLASSIC CITY DOOR & HARDWARE GCF BENEFIT PLAN	
b	Name of plan sponsor	CLASSIC CITY DOOR & HARDWARE	c EIN-PN 20-2927805-501
a	Plan name	CLASSIC CITY PAINTING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	CLASSIC CITY PAINTING, INC.	c EIN-PN 20-3498571-501
a	Plan name	CLASSIC CRAFT DENTAL LAB GCF BENEFIT PLAN	
b	Name of plan sponsor	CLASSIC CRAFT DENTAL LAB	c EIN-PN 26-3787461-501
a	Plan name	CLASSIC HEADQUARTERS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CLASSIC HEADQUARTERS INC	c EIN-PN 58-2508569-501
a	Plan name	CLAY CONTRACTING GCF BENEFIT PLAN	
b	Name of plan sponsor	CLAY CONTRACTING	c EIN-PN 58-2623218-501
a	Plan name	CLAYTON CAIN LAW, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CLAYTON CAIN LAW, LLC	c EIN-PN 81-3753330-501
a	Plan name	CLAYTON COUNTY C & VB GCF BENEFIT PLAN	
b	Name of plan sponsor	CLAYTON COUNTY C & VB	c EIN-PN 58-2515760-501
a	Plan name	CLAYTONCARTER, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CLAYTONCARTER, LLC	c EIN-PN 27-3840130-501
a	Plan name	CLEAN CAR WASH, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	CLEAN CAR WASH, INC.	c EIN-PN 58-1466753-501
a	Plan name	CLEANSMART JANITORIAL SUPPLIES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	CLEANSMART JANITORIAL SUPPLIES, INC.	c EIN-PN 20-3612389-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CLEAR DENTAL, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	CLEAR DENTAL, PC	c EIN-PN 81-5448911-501
a	Plan name	CLEAR SKIES RESTORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	CLEAR SKIES RESTORATION	c EIN-PN 46-2027372-501
a	Plan name	CLEARBUILT TECHNOLOGIES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	CLEARBUILT TECHNOLOGIES, INC.	c EIN-PN 58-2625640-501
a	Plan name	CLEARION SOFTWARE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CLEARION SOFTWARE LLC	c EIN-PN 82-2846015-501
a	Plan name	CLEARLAB US, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CLEARLAB US, INC	c EIN-PN 20-2123601-501
a	Plan name	CLEARY, WEST & HUFF LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	CLEARY, WEST & HUFF LLP	c EIN-PN 27-2204172-501
a	Plan name	CLEMENTS, PURVIS, & STEWART, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	CLEMENTS, PURVIS, & STEWART, P.C.	c EIN-PN 58-1414947-501
a	Plan name	CLIFF LEWIS ENTERPRISES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CLIFF LEWIS ENTERPRISES INC	c EIN-PN 58-2280632-501
a	Plan name	CLIMATE CONTROL HEATING & AIR CONDITIONING GCF BENEFIT PLAN	
b	Name of plan sponsor	CLIMATE CONTROL HEATING & AIR CONDITIONING	c EIN-PN 58-2176087-501
a	Plan name	CLINCH TIMBER INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CLINCH TIMBER INC	c EIN-PN 82-2035016-501
a	Plan name	CLOUDKINESYS CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	CLOUDKINESYS CORPORATION	c EIN-PN 82-3028516-501
a	Plan name	CLS AUTOMOTIVE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CLS AUTOMOTIVE INC	c EIN-PN 20-3741624-501

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.)	
a	Plan name CLUBDRIVE SYSTEMS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CLUBDRIVE SYSTEMS, LLC	c EIN-PN 45-1199485-501
a	Plan name CLYDE ARMORY INC GCF BENEFIT PLAN	
b	Name of plan sponsor CLYDE ARMORY INC	c EIN-PN 37-1577133-501
a	Plan name CM CITY INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CM CITY INC.	c EIN-PN 58-1726518-501
a	Plan name CM CLARK CONSTRUCTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CM CLARK CONSTRUCTION LLC	c EIN-PN 81-1486547-501
a	Plan name CMC FINANCIAL GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CMC FINANCIAL GROUP, LLC	c EIN-PN 26-4072067-501
a	Plan name CML DOORS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CML DOORS, INC.	c EIN-PN 20-0757812-501
a	Plan name CMS CONSTRUCTION & MANAGEMENT SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor CMS CONSTRUCTION & MANAGEMENT SERVICES	c EIN-PN 02-0558794-501
a	Plan name CMS WAYNESBORO LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CMS WAYNESBORO LLC	c EIN-PN 32-0582764-501
a	Plan name CNNA INC GCF BENEFIT PLAN	
b	Name of plan sponsor CNNA INC	c EIN-PN 58-2080648-501
a	Plan name COASTAL AUTISM THERAPY CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor COASTAL AUTISM THERAPY CENTER	c EIN-PN 27-0421905-501
a	Plan name COASTAL CONSULTING MANAGEMENT GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COASTAL CONSULTING MANAGEMENT GROUP LLC	c EIN-PN 45-3787065-501
a	Plan name COASTAL CONTRACTING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COASTAL CONTRACTING LLC	c EIN-PN 81-1645632-501

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.)	
a	Plan name COASTAL COOKIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COASTAL COOKIES LLC	c EIN-PN 83-0579554-501
a	Plan name COASTAL CUSTOM MORTGAGE INC GCF BENEFIT PLAN	
b	Name of plan sponsor COASTAL CUSTOM MORTGAGE INC	c EIN-PN 83-3223152-501
a	Plan name COASTAL ICE MACHINES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor COASTAL ICE MACHINES, INC.	c EIN-PN 58-2003390-501
a	Plan name COASTAL INTERIOR CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor COASTAL INTERIOR CONSTRUCTION	c EIN-PN 47-1050186-501
a	Plan name COASTAL PLAIN VENTURES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COASTAL PLAIN VENTURES, LLC	c EIN-PN 58-2268225-501
a	Plan name COASTAL THERAPY INC GCF BENEFIT PLAN	
b	Name of plan sponsor COASTAL THERAPY INC	c EIN-PN 58-2589781-501
a	Plan name COASTAL WELDING & FABRICATION GCF BENEFIT PLAN	
b	Name of plan sponsor COASTAL WELDING & FABRICATION	c EIN-PN 55-0857911-501
a	Plan name COASTAL WOUND PHYSICIANS GCF BENEFIT PLAN	
b	Name of plan sponsor COASTAL WOUND PHYSICIANS	c EIN-PN 26-4212601-501
a	Plan name COBB INTERNAL MEDICINE GCF BENEFIT PLAN	
b	Name of plan sponsor COBB INTERNAL MEDICINE	c EIN-PN 26-3069898-501
a	Plan name COBB NEPHROLOGY HYPERTENSION ASSOCIATES PC GCF BENEFIT PLAN	
b	Name of plan sponsor COBB NEPHROLOGY HYPERTENSION ASSOCIATES PC	c EIN-PN 58-1992673-501
a	Plan name COBB PAWN AND GOLD INC GCF BENEFIT PLAN	
b	Name of plan sponsor COBB PAWN AND GOLD INC	c EIN-PN 58-1923226-501
a	Plan name COBB SOUTH 298, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COBB SOUTH 298, LLC	c EIN-PN 61-1667486-501

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.)	
a	Plan name COBB STORE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COBB STORE LLC	c EIN-PN 82-3363186-501
a	Plan name COBB VETERINARY INTERNAL MEDICINE GCF BENEFIT PLAN	
b	Name of plan sponsor COBB VETERINARY INTERNAL MEDICINE	c EIN-PN 26-4128914-501
a	Plan name COBBLESTONE MILL WOODWORKS INC GCF BENEFIT PLAN	
b	Name of plan sponsor COBBLESTONE MILL WOODWORKS INC	c EIN-PN 58-2046473-501
a	Plan name COBBLESTONE PMG, INC GCF BENEFIT PLAN	
b	Name of plan sponsor COBBLESTONE PMG, INC	c EIN-PN 47-2008694-501
a	Plan name CODE DRIFTERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CODE DRIFTERS LLC	c EIN-PN 82-3119891-501
a	Plan name COEUR CAPITAL,INC GCF BENEFIT PLAN	
b	Name of plan sponsor COEUR CAPITAL,INC	c EIN-PN 84-4479654-501
a	Plan name COFER BROS., INC GCF BENEFIT PLAN	
b	Name of plan sponsor COFER BROS., INC	c EIN-PN 58-1030158-501
a	Plan name COFERS HOME AND GARDEN SHOWPLACE INC GCF BENEFIT PLAN	
b	Name of plan sponsor COFERS HOME AND GARDEN SHOWPLACE INC	c EIN-PN 58-0688022-501
a	Plan name COGENT GROWTH PARTNERS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COGENT GROWTH PARTNERS, LLC	c EIN-PN 27-2191339-501
a	Plan name COGGINS CONSTRUCTION COMPANY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COGGINS CONSTRUCTION COMPANY, LLC	c EIN-PN 31-1843664-501
a	Plan name COHEN LAW OFFICE,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COHEN LAW OFFICE,LLC	c EIN-PN 81-5384438-501
a	Plan name COHEN POLLOCK MERLIN TURNER PC GCF BENEFIT PLAN	
b	Name of plan sponsor COHEN POLLOCK MERLIN TURNER PC	c EIN-PN 58-1289514-501

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.)			
a	Plan name	COKER EQUIPMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	COKER EQUIPMENT	c EIN-PN 58-1189586-501
a	Plan name	COLBARTON CORP GCF BENEFIT PLAN	
b	Name of plan sponsor	COLBARTON CORP	c EIN-PN 58-2310562-501
a	Plan name	COLDWELL BANKER UPCHURCH REALTY GCF BENEFIT PLAN	
b	Name of plan sponsor	COLDWELL BANKER UPCHURCH REALTY	c EIN-PN 58-2411311-501
a	Plan name	COLE HIXON INSURANCE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	COLE HIXON INSURANCE, INC.	c EIN-PN 61-1577366-501
a	Plan name	COLES WILD BIRD PRODUCTS CO GCF BENEFIT PLAN	
b	Name of plan sponsor	COLES WILD BIRD PRODUCTS CO	c EIN-PN 58-1895309-501
a	Plan name	COLEY ELECTRIC AND SUPPLY CO INC GCF BENEFIT PLAN	
b	Name of plan sponsor	COLEY ELECTRIC AND SUPPLY CO INC	c EIN-PN 58-1108563-501
a	Plan name	COLLABORATION SOFTWARE PARTNERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	COLLABORATION SOFTWARE PARTNERS LLC	c EIN-PN 86-2696238-501
a	Plan name	COLLECTORS ARMOURY, LTD GCF BENEFIT PLAN	
b	Name of plan sponsor	COLLECTORS ARMOURY, LTD	c EIN-PN 54-1843457-501
a	Plan name	COLLIDESCOPE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	COLLIDESCOPE LLC	c EIN-PN 47-4168796-501
a	Plan name	COLLINS QUARTER GCF BENEFIT PLAN	
b	Name of plan sponsor	COLLINS QUARTER	c EIN-PN 46-4156015-501
a	Plan name	COLSON BUSINESS SYSTEMS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	COLSON BUSINESS SYSTEMS INC	c EIN-PN 58-1576820-503
a	Plan name	COLUMBIA COUNTY CHAMBER OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor	COLUMBIA COUNTY CHAMBER OF COMMERCE	c EIN-PN 02-0656710-501

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.)		
a	Plan name COLUMBIA PROPERTIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor COLUMBIA PROPERTIES INC	c EIN-PN 58-1454846-501
a	Plan name COLUMBUS BARRICADES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor COLUMBUS BARRICADES, INC.	c EIN-PN 58-1895357-501
a	Plan name COLUMBUS BOARD OF REALTORS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor COLUMBUS BOARD OF REALTORS, INC.	c EIN-PN 58-0955618-501
a	Plan name COLUMBUS CENTER FOR REPRODUCTIVE ENDOCRINOLOGY & I GCF BENEFIT PLAN	
b	Name of plan sponsor COLUMBUS CENTER FOR REPRODUCTIVE ENDOCRINOLOGY & I	c EIN-PN 58-2482108-501
a	Plan name COLUMBUS CHAMBER OF COMMER GCF BENEFIT PLAN	
b	Name of plan sponsor COLUMBUS CHAMBER OF COMMER	c EIN-PN 58-0201875-501
a	Plan name COLUMBUS LIFT SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor COLUMBUS LIFT SERVICES	c EIN-PN 58-1855151-501
a	Plan name COLUMBUS PAIN CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor COLUMBUS PAIN CENTER	c EIN-PN 58-2264138-502
a	Plan name COLUMBUS PSYCHOLOGICAL ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor COLUMBUS PSYCHOLOGICAL ASSOCIATES	c EIN-PN 58-2366521-502
a	Plan name COLUMBUS SHOULDER SURGERY & SPORTS MEDICINE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COLUMBUS SHOULDER SURGERY & SPORTS MEDICINE, LLC	c EIN-PN 47-5335519-501
a	Plan name COLUMBUS TIRE COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor COLUMBUS TIRE COMPANY, INC.	c EIN-PN 58-1751156-501
a	Plan name COLUMBUS WILBERT VAULT COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor COLUMBUS WILBERT VAULT COMPANY	c EIN-PN 58-2336063-501
a	Plan name COMANCHE INVESTMENT CO. GCF BENEFIT PLAN	
b	Name of plan sponsor COMANCHE INVESTMENT CO.	c EIN-PN 58-2434930-501

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.)	
a	Plan name COMMERCE VETERINARY HOSPITAL GCF BENEFIT PLAN	
b	Name of plan sponsor COMMERCE VETERINARY HOSPITAL	c EIN-PN 58-1105234-501
a	Plan name COMMERCIAL FINISHES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor COMMERCIAL FINISHES, INC.	c EIN-PN 58-2348741-501
a	Plan name COMMERCIAL FLOORING SOLUTIONS LLC GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor COMMERCIAL FLOORING SOLUTIONS LLC GROUP	c EIN-PN 82-1068010-501
a	Plan name COMMERCIAL GLASS & MIRROR INC GCF BENEFIT PLAN	
b	Name of plan sponsor COMMERCIAL GLASS & MIRROR INC	c EIN-PN 58-1519270-501
a	Plan name COMMERCIAL REFRIGERATION SPECIALIST INC GCF BENEFIT PLAN	
b	Name of plan sponsor COMMERCIAL REFRIGERATION SPECIALIST INC	c EIN-PN 58-2235002-501
a	Plan name COMMUNICATE TO CONNECT THERAPY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COMMUNICATE TO CONNECT THERAPY LLC	c EIN-PN 46-1501964-501
a	Plan name COMMUNIQUE INC. GCF BENEFIT PLAN	
b	Name of plan sponsor COMMUNIQUE INC.	c EIN-PN 14-1889171-501
a	Plan name COMMUNITIES IN SCHOOLS OF COWETA COUNTY GCF BENEFIT PLAN	
b	Name of plan sponsor COMMUNITIES IN SCHOOLS OF COWETA COUNTY	c EIN-PN 58-2014744-501
a	Plan name COMMUNITY ALIGNED ASSOCIATION OF PHYSICIANS GCF BENEFIT PLAN	
b	Name of plan sponsor COMMUNITY ALIGNED ASSOCIATION OF PHYSICIANS	c EIN-PN 47-2484675-501
a	Plan name COMMUNITY FOUNDATION OF SOUTH GEORGIA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor COMMUNITY FOUNDATION OF SOUTH GEORGIA, INC.	c EIN-PN 58-2210876-501
a	Plan name COMNET TECHNICAL SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor COMNET TECHNICAL SOLUTIONS	c EIN-PN 58-2418475-502
a	Plan name COMNEXIA CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor COMNEXIA CORPORATION	c EIN-PN 33-1051252-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	COMPANION ANIMAL HOSPITAL GCF BENEFIT PLAN	
b	Name of plan sponsor	COMPANION ANIMAL HOSPITAL	c EIN-PN 58-2507942-501
a	Plan name	COMPANIONS FOR HEROES GCF BENEFIT PLAN	
b	Name of plan sponsor	COMPANIONS FOR HEROES	c EIN-PN 27-0648741-501
a	Plan name	COMPASS INFRASTRUCTURE TECHNOLOGIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	COMPASS INFRASTRUCTURE TECHNOLOGIES, LLC	c EIN-PN 92-3658123-501
a	Plan name	COMPETITION CLUTCH INC GCF BENEFIT PLAN	
b	Name of plan sponsor	COMPETITION CLUTCH INC	c EIN-PN 16-1658746-501
a	Plan name	COMPLETE CARDIOLOGY PC GCF BENEFIT PLAN	
b	Name of plan sponsor	COMPLETE CARDIOLOGY PC	c EIN-PN 46-3312348-501
a	Plan name	COMPLETE MOBILE HOMES SETUP, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	COMPLETE MOBILE HOMES SETUP, INC.	c EIN-PN 58-2385734-501
a	Plan name	COMPLETE RECYCLING & DEMOLITION GCF BENEFIT PLAN	
b	Name of plan sponsor	COMPLETE RECYCLING & DEMOLITION	c EIN-PN 46-3692118-501
a	Plan name	COMPLETE ROOFING SYSTEMS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	COMPLETE ROOFING SYSTEMS LLC	c EIN-PN 84-3404195-501
a	Plan name	COMPREHENSIVE WOMENS CARE OF COLUMBUS, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	COMPREHENSIVE WOMENS CARE OF COLUMBUS, PC	c EIN-PN 46-5506336-501
a	Plan name	CONCORD ALDON INDUSTRIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CONCORD ALDON INDUSTRIES INC	c EIN-PN 51-0215550-501
a	Plan name	CONDOR CHOCOLATES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CONDOR CHOCOLATES LLC	c EIN-PN 46-4326574-501
a	Plan name	CONEX RECYCLING CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	CONEX RECYCLING CORPORATION	c EIN-PN 65-0580953-501

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.)	
a	Plan name CONFIGERO LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CONFIGERO LLC	c EIN-PN 26-4035879-501
a	Plan name CONLEY GRIGGS PARTIN, LLP GCF BENEFIT PLAN	
b	Name of plan sponsor CONLEY GRIGGS PARTIN, LLP	c EIN-PN 05-0596904-501
a	Plan name CONLEY SHEET METAL WORKS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CONLEY SHEET METAL WORKS, INC	c EIN-PN 58-0538201-501
a	Plan name CONMAR FORMS SYSTEMS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CONMAR FORMS SYSTEMS, INC.	c EIN-PN 58-1304282-501
a	Plan name CONNECT CHEMICAL USA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CONNECT CHEMICAL USA LLC	c EIN-PN 58-2631041-501
a	Plan name CONNECT MINISTRIES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CONNECT MINISTRIES, INC.	c EIN-PN 20-5576128-501
a	Plan name CONNOLLY REALTY SERVICE GCF BENEFIT PLAN	
b	Name of plan sponsor CONNOLLY REALTY SERVICE	c EIN-PN 58-2208903-501
a	Plan name CONSULTANTS AND BUILDERS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CONSULTANTS AND BUILDERS, INC	c EIN-PN 58-1717683-501
a	Plan name CONSULTR INC GCF BENEFIT PLAN	
b	Name of plan sponsor CONSULTR INC	c EIN-PN 45-4876802-501
a	Plan name CONTAINER EXCHANGER GCF BENEFIT PLAN	
b	Name of plan sponsor CONTAINER EXCHANGER	c EIN-PN 81-0682078-501
a	Plan name CONTINENTAL STUCCO PRODUCTS GCF BENEFIT PLAN	
b	Name of plan sponsor CONTINENTAL STUCCO PRODUCTS	c EIN-PN 58-0696096-501
a	Plan name CONTINUUM LEGAL GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CONTINUUM LEGAL GROUP, LLC	c EIN-PN 87-0979982-501

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.)		
a	Plan name CONTRACT BUILDERS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CONTRACT BUILDERS, INC.	c EIN-PN 20-0245222-501
a	Plan name CONTRACT MANAGEMENT INC GCF BENEFIT PLAN	
b	Name of plan sponsor CONTRACT MANAGEMENT INC	c EIN-PN 58-2202786-501
a	Plan name CONTROL SYSTEMS INTEGRATION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CONTROL SYSTEMS INTEGRATION LLC	c EIN-PN 45-3696686-501
a	Plan name CONTROLLED BLASTING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CONTROLLED BLASTING, INC.	c EIN-PN 58-1399808-501
a	Plan name CONVERGE DESIGN GCF BENEFIT PLAN	
b	Name of plan sponsor CONVERGE DESIGN	c EIN-PN 81-4880589-501
a	Plan name CONVERSION TECHNOLOGY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CONVERSION TECHNOLOGY, INC.	c EIN-PN 58-1660832-501
a	Plan name COOK & CONNELLY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COOK & CONNELLY, LLC	c EIN-PN 47-3055385-501
a	Plan name COOK LAW GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COOK LAW GROUP LLC	c EIN-PN 46-2826796-501
a	Plan name COOLEY INVESTMENTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor COOLEY INVESTMENTS INC	c EIN-PN 46-1626133-501
a	Plan name COOPER SIGNAGE & GRAPHICS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor COOPER SIGNAGE & GRAPHICS, INC.	c EIN-PN 53-9494949-501
a	Plan name COOPERS GENERAL STORE GCF BENEFIT PLAN	
b	Name of plan sponsor COOPERS GENERAL STORE	c EIN-PN 84-1798497-502
a	Plan name COOSA STEEL CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor COOSA STEEL CORPORATION	c EIN-PN 58-1158830-501

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.)	
a	Plan name COPYTALK BUSINESS SERVICES OF GA GCF BENEFIT PLAN	
b	Name of plan sponsor COPYTALK BUSINESS SERVICES OF GA	c EIN-PN 81-4503960-501
a	Plan name CORBITTS COLLISION CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor CORBITTS COLLISION CENTER	c EIN-PN 26-2256738-501
a	Plan name CORDELE-CRISP CO IDC GCF BENEFIT PLAN	
b	Name of plan sponsor CORDELE-CRISP CO IDC	c EIN-PN 58-1765622-501
a	Plan name CORE LOGICS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CORE LOGICS, INC.	c EIN-PN 82-1407835-501
a	Plan name CORG MANAGEMENT GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CORG MANAGEMENT GROUP LLC	c EIN-PN 20-8391327-501
a	Plan name CORMATRIX CARDIOVASULAR,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CORMATRIX CARDIOVASULAR,INC.	c EIN-PN 58-2666230-501
a	Plan name CORN UPHOLSTERY CO, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CORN UPHOLSTERY CO, INC	c EIN-PN 58-0874185-501
a	Plan name CORNATZER & ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor CORNATZER & ASSOCIATES	c EIN-PN 58-2282003-501
a	Plan name CORNERSTONE MECHANICAL CONTRACTORS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CORNERSTONE MECHANICAL CONTRACTORS, LLC	c EIN-PN 82-2957803-501
a	Plan name CORRDESA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CORRDESA LLC	c EIN-PN 45-3135339-501
a	Plan name CORY CLARK ELECTRIC GCF BENEFIT PLAN	
b	Name of plan sponsor CORY CLARK ELECTRIC	c EIN-PN 46-4510515-501
a	Plan name COSSART DESIGN, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COSSART DESIGN, LLC	c EIN-PN 26-1524229-501

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.)			
a	Plan name	COST PLUS PROCESSING GCF BENEFIT PLAN	
b	Name of plan sponsor	COST PLUS PROCESSING	c EIN-PN 27-5198669-501
a	Plan name	COTTON CUSTOM METALS GCF BENEFIT PLAN	
b	Name of plan sponsor	COTTON CUSTOM METALS	c EIN-PN 20-1283593-501
a	Plan name	COULTER & SIERRA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	COULTER & SIERRA LLC	c EIN-PN 46-5567325-501
a	Plan name	COUNCIL FOR QUALITY GROWTH, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	COUNCIL FOR QUALITY GROWTH, INC.	c EIN-PN 58-1664710-501
a	Plan name	COURAGE SCHOOLS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	COURAGE SCHOOLS INC	c EIN-PN 85-3795659-501
a	Plan name	COURTWARE SOLUTIONS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	COURTWARE SOLUTIONS, INC	c EIN-PN 58-2312558-502
a	Plan name	COVENANT CHRISTIAN SCHOOL GCF BENEFIT PLAN	
b	Name of plan sponsor	COVENANT CHRISTIAN SCHOOL	c EIN-PN 58-1237161-501
a	Plan name	COVENANT COMMUNITY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	COVENANT COMMUNITY, INC.	c EIN-PN 58-2010185-501
a	Plan name	COVENANT MEDIA OF SOUTH CAROLINA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	COVENANT MEDIA OF SOUTH CAROLINA, LLC	c EIN-PN 20-1037464-501
a	Plan name	COVEY CAPITAL ADVISORS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	COVEY CAPITAL ADVISORS, LLC	c EIN-PN 26-0220147-501
a	Plan name	COVEY EQUITY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	COVEY EQUITY, LLC	c EIN-PN 58-0309400-502
a	Plan name	COVINGTON FORD GCF BENEFIT PLAN	
b	Name of plan sponsor	COVINGTON FORD	c EIN-PN 58-1104540-501

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.)		
a	Plan name COVINGTON HEARING ASSOCIATES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor COVINGTON HEARING ASSOCIATES, LLC	c EIN-PN 82-1931645-501
a	Plan name COVINGTON/ NEWTON CO CHAMBER OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor COVINGTON/ NEWTON CO CHAMBER OF COMMERCE	c EIN-PN 58-0899717-501
a	Plan name COWART INSURANCE AGENCY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor COWART INSURANCE AGENCY, INC	c EIN-PN 58-1307703-501
a	Plan name COWART PAYROLL COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor COWART PAYROLL COMPANY	c EIN-PN 81-0714417-501
a	Plan name COWETA TECH PRECISION INC GCF BENEFIT PLAN	
b	Name of plan sponsor COWETA TECH PRECISION INC	c EIN-PN 58-2355138-501
a	Plan name COWSERT HEATH LLP GCF BENEFIT PLAN	
b	Name of plan sponsor COWSERT HEATH LLP	c EIN-PN 37-1452643-501
a	Plan name COYOTE LAWN SERVICE GCF BENEFIT PLAN	
b	Name of plan sponsor COYOTE LAWN SERVICE	c EIN-PN 26-3829673-501
a	Plan name CPA ADVISORS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CPA ADVISORS, LLC	c EIN-PN 81-0955915-501
a	Plan name CPE AMERICA 1 LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CPE AMERICA 1 LLC	c EIN-PN 32-0457097-501
a	Plan name CRA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CRA, INC.	c EIN-PN 58-1998789-501
a	Plan name CRAFT BEVERAGE CONCEPTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CRAFT BEVERAGE CONCEPTS, LLC	c EIN-PN 81-1271579-501
a	Plan name CRAFT ELECTRIC, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CRAFT ELECTRIC, INC	c EIN-PN 58-1602439-503

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CRAFTSMEN BUSINESS INTERIORS GCF BENEFIT PLAN	
b	Name of plan sponsor	CRAFTSMEN BUSINESS INTERIORS	c EIN-PN 58-2491351-501
a	Plan name	CRAIG AUTOMOTIVE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CRAIG AUTOMOTIVE INC	c EIN-PN 58-2047686-501
a	Plan name	CRAIN OIL COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	CRAIN OIL COMPANY	c EIN-PN 58-1079466-501
a	Plan name	CRAMER & PEAVY ATTORNEYS AT LAW GCF BENEFIT PLAN	
b	Name of plan sponsor	CRAMER & PEAVY ATTORNEYS AT LAW	c EIN-PN 58-2007899-501
a	Plan name	CRANDALL EYE PHYSICIANS & SURGEONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CRANDALL EYE PHYSICIANS & SURGEONS LLC	c EIN-PN 45-4616395-501
a	Plan name	CRAWFORD AND BOYLE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CRAWFORD AND BOYLE, LLC	c EIN-PN 27-4216580-501
a	Plan name	CRAWFORD INVESTMENT COUNSEL GCF BENEFIT PLAN	
b	Name of plan sponsor	CRAWFORD INVESTMENT COUNSEL	c EIN-PN 58-1408870-501
a	Plan name	CREATE YOUR DREAMS GCF BENEFIT PLAN	
b	Name of plan sponsor	CREATE YOUR DREAMS	c EIN-PN 58-2133252-501
a	Plan name	CREATIVE OFFICE SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CREATIVE OFFICE SOLUTIONS INC	c EIN-PN 32-0289714-501
a	Plan name	CREATIVE PROMOTIONAL SOLUTION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	CREATIVE PROMOTIONAL SOLUTION, INC.	c EIN-PN 58-2172749-501
a	Plan name	CREEKSIDE DENTAL INC GCF BENEFIT PLAN	
b	Name of plan sponsor	CREEKSIDE DENTAL INC	c EIN-PN 58-2456786-501
a	Plan name	CRESTLINE ENGINEERING PLLC GCF BENEFIT PLAN	
b	Name of plan sponsor	CRESTLINE ENGINEERING PLLC	c EIN-PN 46-1539492-501

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.)	
a	Plan name CRITTER FIXER II CORP GCF BENEFIT PLAN	
b	Name of plan sponsor CRITTER FIXER II CORP	c EIN-PN 58-2478789-501
a	Plan name CROMLEY FARMS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CROMLEY FARMS, INC	c EIN-PN 58-1496652-501
a	Plan name CROOKED CREEK CONSULTING GCF BENEFIT PLAN	
b	Name of plan sponsor CROOKED CREEK CONSULTING	c EIN-PN 58-1448349-501
a	Plan name CROSBY ROOFING & GUTTERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CROSBY ROOFING & GUTTERS LLC	c EIN-PN 27-2024220-501
a	Plan name CROSS CREEK PLANTATIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CROSS CREEK PLANTATIONS LLC	c EIN-PN 58-2161678-501
a	Plan name CROSSROADS COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CROSSROADS COMPANY, INC.	c EIN-PN 82-3536727-501
a	Plan name CROSSROADS WEALTH MANAGEMENT GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CROSSROADS WEALTH MANAGEMENT GROUP LLC	c EIN-PN 85-2713036-501
a	Plan name CROSSWAY PROPERTY MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CROSSWAY PROPERTY MANAGEMENT LLC	c EIN-PN 92-2778246-501
a	Plan name CROWE MARINE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CROWE MARINE, INC	c EIN-PN 58-0975420-501
a	Plan name CROWN TENANT ADVISORS GCF BENEFIT PLAN	
b	Name of plan sponsor CROWN TENANT ADVISORS	c EIN-PN 26-4808932-501
a	Plan name CS BRITTON GCF BENEFIT PLAN	
b	Name of plan sponsor CS BRITTON	c EIN-PN 58-2451313-501
a	Plan name CTJ CONSTRUCTION COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor CTJ CONSTRUCTION COMPANY, INC.	c EIN-PN 58-1520418-501

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.)	
a	Plan name CTL INDUSTRIAL, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CTL INDUSTRIAL, INC	c EIN-PN 20-1832202-501
a	Plan name CUNNINGHAM FOREHAND MATTHEWS & MOORE ARCHITECTS,IN GCF BENEFIT PLAN	
b	Name of plan sponsor CUNNINGHAM FOREHAND MATTHEWS & MOORE ARCHITECTS,IN	c EIN-PN 58-0871550-501
a	Plan name CURE PODIATRY & WOUND CARE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CURE PODIATRY & WOUND CARE LLC	c EIN-PN 86-1183697-501
a	Plan name CURTIUS TRADING COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor CURTIUS TRADING COMPANY	c EIN-PN 58-1790477-501
a	Plan name CUSPIDE SIGNS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CUSPIDE SIGNS LLC	c EIN-PN 84-1845849-501
a	Plan name CUSTOM BIOMETRICS WEARABLE INC GCF BENEFIT PLAN	
b	Name of plan sponsor CUSTOM BIOMETRICS WEARABLE INC	c EIN-PN 84-2631049-501
a	Plan name CUSTOM CABLE ASSEMBLIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor CUSTOM CABLE ASSEMBLIES INC	c EIN-PN 58-1870333-501
a	Plan name CUSTOM LIVESTOCK SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor CUSTOM LIVESTOCK SOLUTIONS	c EIN-PN 82-5353970-501
a	Plan name CUSTOMS ADVISORY SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor CUSTOMS ADVISORY SERVICES	c EIN-PN 58-1626072-501
a	Plan name CUT RATE BOX GCF BENEFIT PLAN	
b	Name of plan sponsor CUT RATE BOX	c EIN-PN 58-1132217-501
a	Plan name CUTTING EDGE MARKETING AGENTS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor CUTTING EDGE MARKETING AGENTS, INC	c EIN-PN 06-1750745-501
a	Plan name CYNWAVE SOLUTIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor CYNWAVE SOLUTIONS, LLC	c EIN-PN 81-1221419-501

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.)		
a	Plan name D & B CONVEYOR SYSTEMS GCF BENEFIT PLAN	
b	Name of plan sponsor D & B CONVEYOR SYSTEMS	c EIN-PN 58-1703891-501
a	Plan name D & R PAINTING CONSTRUCTION, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor D & R PAINTING CONSTRUCTION, LLC	c EIN-PN 46-1107559-501
a	Plan name D LANCE SOUTHER INC GCF BENEFIT PLAN	
b	Name of plan sponsor D LANCE SOUTHER INC	c EIN-PN 58-1801898-501
a	Plan name D RUSSETT COMPANY INC. GCF BENEFIT PLAN	
b	Name of plan sponsor D RUSSETT COMPANY INC.	c EIN-PN 20-1367951-501
a	Plan name D STANLEY DIXON ARCHITECT GCF BENEFIT PLAN	
b	Name of plan sponsor D STANLEY DIXON ARCHITECT	c EIN-PN 20-4309508-501
a	Plan name D&B RENTALS GCF BENEFIT PLAN	
b	Name of plan sponsor D&B RENTALS	c EIN-PN 51-0448134-501
a	Plan name D&D CONSTRUCTION & TRUCKING COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor D&D CONSTRUCTION & TRUCKING COMPANY	c EIN-PN 20-1325302-501
a	Plan name D&R GLOBAL ENTERPRISES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor D&R GLOBAL ENTERPRISES LLC	c EIN-PN 26-0232647-501
a	Plan name D.B. JONES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor D.B. JONES, INC.	c EIN-PN 58-2431293-501
a	Plan name D.M.VICKERS & ASSOCIATES CPAS GCF BENEFIT PLAN	
b	Name of plan sponsor D.M.VICKERS & ASSOCIATES CPAS	c EIN-PN 58-1547726-501
a	Plan name D.P. JONES ELECTRICAL COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor D.P. JONES ELECTRICAL COMPANY	c EIN-PN 58-0913080-501
a	Plan name DA VINCI FOOT & ANKLE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DA VINCI FOOT & ANKLE LLC	c EIN-PN 47-5644731-501

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.)			
a	Plan name	DABBS, HICKMAN, HILL & CANNON, LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	DABBS, HICKMAN, HILL & CANNON, LLP	c EIN-PN 58-1137570-502
a	Plan name	DAEMAR INC USA GCF BENEFIT PLAN	
b	Name of plan sponsor	DAEMAR INC USA	c EIN-PN 98-0213917-501
a	Plan name	DAHLONEGA PACKAGING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DAHLONEGA PACKAGING, INC	c EIN-PN 33-1059304-501
a	Plan name	DALE SIMS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	DALE SIMS, INC.	c EIN-PN 26-1895588-501
a	Plan name	DALLAS MAUGHON COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DALLAS MAUGHON COMPANY INC	c EIN-PN 45-4794973-501
a	Plan name	DALLAS TIRE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DALLAS TIRE INC	c EIN-PN 58-2276954-501
a	Plan name	DAME WALKER HARDEMAN AND CO LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DAME WALKER HARDEMAN AND CO LLC	c EIN-PN 58-2393291-501
a	Plan name	DANIELS AND ROTHMAN, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	DANIELS AND ROTHMAN, P.C.	c EIN-PN 58-2174417-501
a	Plan name	DANIELS CHEVROLET BUICK GMC, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	DANIELS CHEVROLET BUICK GMC, INC.	c EIN-PN 58-1713838-501
a	Plan name	DATASCAPE.COM,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	DATASCAPE.COM,INC.	c EIN-PN 58-2540352-501
a	Plan name	DAUGHTRY FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor	DAUGHTRY FOUNDATION	c EIN-PN 58-0673985-501
a	Plan name	DAVEY DEAL JR LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DAVEY DEAL JR LLC	c EIN-PN 83-1923465-501

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.)		
a	Plan name DAVID ACKLEN GCF BENEFIT PLAN	
b	Name of plan sponsor DAVID ACKLEN	c EIN-PN 38-3718675-501
a	Plan name DAVID COOPER CONSULTING GCF BENEFIT PLAN	
b	Name of plan sponsor DAVID COOPER CONSULTING	c EIN-PN 25-5410613-501
a	Plan name DAVID E. JENNINGS AGENCY GCF BENEFIT PLAN	
b	Name of plan sponsor DAVID E. JENNINGS AGENCY	c EIN-PN 83-0432222-501
a	Plan name DAVID H WOMACK & COMPANY PC GCF BENEFIT PLAN	
b	Name of plan sponsor DAVID H WOMACK & COMPANY PC	c EIN-PN 58-2528247-501
a	Plan name DAVID H. KNOPF, PC GCF BENEFIT PLAN	
b	Name of plan sponsor DAVID H. KNOPF, PC	c EIN-PN 58-2582911-501
a	Plan name DAVID M BYRD ENTERPRISES GCF BENEFIT PLAN	
b	Name of plan sponsor DAVID M BYRD ENTERPRISES	c EIN-PN 58-2181643-501
a	Plan name DAVID M MCKALIP MD LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DAVID M MCKALIP MD LLC	c EIN-PN 84-3300431-501
a	Plan name DAVIDSON HERITAGE INVESTMENTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DAVIDSON HERITAGE INVESTMENTS, LLC	c EIN-PN 47-1499462-501
a	Plan name DAVIS BUILDING CO GCF BENEFIT PLAN	
b	Name of plan sponsor DAVIS BUILDING CO	c EIN-PN 84-4332791-501
a	Plan name DAVIS DISABILITY LAW PC GCF BENEFIT PLAN	
b	Name of plan sponsor DAVIS DISABILITY LAW PC	c EIN-PN 90-0872593-501
a	Plan name DAVIS FAMILY FARMS GCF BENEFIT PLAN	
b	Name of plan sponsor DAVIS FAMILY FARMS	c EIN-PN 47-3252039-501
a	Plan name DAVIS MANUFACTURING GCF BENEFIT PLAN	
b	Name of plan sponsor DAVIS MANUFACTURING	c EIN-PN 58-1899248-501

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.)	
a	Plan name DAWSONVILLE METAL PRODUCTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DAWSONVILLE METAL PRODUCTS, LLC	c EIN-PN 85-2497957-501
a	Plan name DAYBREAK INDUSTRIAL,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor DAYBREAK INDUSTRIAL,INC.	c EIN-PN 26-2239640-501
a	Plan name DAYBREAK INSULATION COMPANY,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor DAYBREAK INSULATION COMPANY,INC.	c EIN-PN 58-2349250-501
a	Plan name DBS MERRY ACRES OPERATIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DBS MERRY ACRES OPERATIONS, LLC	c EIN-PN 45-2205128-501
a	Plan name DBT CEM LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DBT CEM LLC	c EIN-PN 81-2669000-501
a	Plan name DDM SYSTEMS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor DDM SYSTEMS, INC.	c EIN-PN 46-2032297-501
a	Plan name DEAL'S FURNITURE & MATTRESS OUTLET, INC GCF BENEFIT PLAN	
b	Name of plan sponsor DEALS FURNITURE & MATTRESS OUTLET, INC	c EIN-PN 20-5258982-501
a	Plan name DEAR ELOUISE GCF BENEFIT PLAN	
b	Name of plan sponsor DEAR ELOUISE	c EIN-PN 47-4846954-501
a	Plan name DECATUR LOCK AND KEY GCF BENEFIT PLAN	
b	Name of plan sponsor DECATUR LOCK AND KEY	c EIN-PN 58-1263862-501
a	Plan name DECISION DIGITAL, INC GCF BENEFIT PLAN	
b	Name of plan sponsor DECISION DIGITAL, INC	c EIN-PN 58-2343047-501
a	Plan name DECORATIVE EXPRESSIONS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor DECORATIVE EXPRESSIONS, INC	c EIN-PN 58-2082813-501
a	Plan name DEE HAIRE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor DEE HAIRE, INC	c EIN-PN 90-0613544-501

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.)			
a	Plan name	DEFYNE HOLDINGS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DEFYNE HOLDINGS, LLC	c EIN-PN 82-1230229-501
a	Plan name	DEITCH & ROGERS GCF BENEFIT PLAN	
b	Name of plan sponsor	DEITCH & ROGERS	c EIN-PN 26-1416942-501
a	Plan name	DEKALB ASSOCIATION OF REALTORS GCF BENEFIT PLAN	
b	Name of plan sponsor	DEKALB ASSOCIATION OF REALTORS	c EIN-PN 58-0703060-501
a	Plan name	DEKALB CONVENTION AND VISITORS BUREAU GCF BENEFIT PLAN	
b	Name of plan sponsor	DEKALB CONVENTION AND VISITORS BUREAU	c EIN-PN 58-2014277-501
a	Plan name	DEKALB PIPELINE COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	DEKALB PIPELINE COMPANY	c EIN-PN 58-0837915-501
a	Plan name	DEKALB SURVEYS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DEKALB SURVEYS INC	c EIN-PN 27-2760221-501
a	Plan name	DEKOMTE DE TEMPLE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DEKOMTE DE TEMPLE, LLC	c EIN-PN 26-1666287-501
a	Plan name	DELGADO CONSULTING GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	DELGADO CONSULTING GROUP	c EIN-PN 93-3068503-501
a	Plan name	DELLRIDGE HOLDINGS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DELLRIDGE HOLDINGS LLC	c EIN-PN 58-2149378-501
a	Plan name	DELTA EQUIPMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	DELTA EQUIPMENT	c EIN-PN 58-2124422-501
a	Plan name	DELTA PLUMBING GCF BENEFIT PLAN	
b	Name of plan sponsor	DELTA PLUMBING	c EIN-PN 58-1716290-501
a	Plan name	DEMAND SIDE ANALYTICS GCF BENEFIT PLAN	
b	Name of plan sponsor	DEMAND SIDE ANALYTICS	c EIN-PN 81-1407771-501

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.)			
a	Plan name	DENALI GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	DENALI GROUP	c EIN-PN 20-0632029-501
a	Plan name	DENGYO USA CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	DENGYO USA CORPORATION	c EIN-PN 82-4733673-501
a	Plan name	DENNIS DEAN CATERING GCF BENEFIT PLAN	
b	Name of plan sponsor	DENNIS DEAN CATERING	c EIN-PN 37-1425695-501
a	Plan name	DENSON HEATING AND AC CO INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DENSON HEATING AND AC CO INC	c EIN-PN 58-1158915-501
a	Plan name	DENTAL ADVOCACY GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	DENTAL ADVOCACY GROUP	c EIN-PN 81-2524491-501
a	Plan name	DEPCO ACCOUNTING SERVICES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DEPCO ACCOUNTING SERVICES, INC	c EIN-PN 58-2209198-501
a	Plan name	DEPENDABLE REMEDIATION SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	DEPENDABLE REMEDIATION SERVICES	c EIN-PN 47-4032821-501
a	Plan name	DERP INCORPORATED GCF BENEFIT PLAN	
b	Name of plan sponsor	DERP INCORPORATED	c EIN-PN 26-2641891-501
a	Plan name	DESIGN COMPLIANCE AND SECURITY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DESIGN COMPLIANCE AND SECURITY LLC	c EIN-PN 45-4828805-501
a	Plan name	DESIGN GROUP EXHIBITS GCF BENEFIT PLAN	
b	Name of plan sponsor	DESIGN GROUP EXHIBITS	c EIN-PN 58-2251094-501
a	Plan name	DESIGN MART, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DESIGN MART, LLC	c EIN-PN 58-2497840-501
a	Plan name	DESIGNER CARPETS GCF BENEFIT PLAN	
b	Name of plan sponsor	DESIGNER CARPETS	c EIN-PN 58-1261038-501

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.)		
a	Plan name DESJOYAUX POOLS USA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DESJOYAUX POOLS USA LLC	c EIN-PN 80-0592793-501
a	Plan name DETAILED METALS INC GCF BENEFIT PLAN	
b	Name of plan sponsor DETAILED METALS INC	c EIN-PN 20-1945229-501
a	Plan name DETAILED SOLUTIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DETAILED SOLUTIONS, LLC	c EIN-PN 81-0943749-501
a	Plan name DEVIN OLSON MEDIA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DEVIN OLSON MEDIA LLC	c EIN-PN 27-0801007-501
a	Plan name DEW PLUMBING GCF BENEFIT PLAN	
b	Name of plan sponsor DEW PLUMBING	c EIN-PN 58-1971534-501
a	Plan name DEWOSKIN LAW FIRM LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DEWOSKIN LAW FIRM LLC	c EIN-PN 26-4097146-501
a	Plan name DG FOWLER ELECTRIC CO INC. GCF BENEFIT PLAN	
b	Name of plan sponsor DG FOWLER ELECTRIC CO INC.	c EIN-PN 58-1957568-501
a	Plan name DHM ADHESIVES GCF BENEFIT PLAN	
b	Name of plan sponsor DHM ADHESIVES	c EIN-PN 58-1558836-501
a	Plan name DIABETES AND ENDOCRINOLOGY OF SNELLVILLE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DIABETES AND ENDOCRINOLOGY OF SNELLVILLE, LLC	c EIN-PN 84-2986376-501
a	Plan name DIAL SQUARE INVESTMENTS GCF BENEFIT PLAN	
b	Name of plan sponsor DIAL SQUARE INVESTMENTS	c EIN-PN 99-3346558-501
a	Plan name DIANE ENDEAVORS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DIANE ENDEAVORS LLC	c EIN-PN 82-3532901-501
a	Plan name DIANNE PARKER & ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor DIANNE PARKER & ASSOCIATES	c EIN-PN 58-2540402-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DICKINSON COMMERCIAL PLUMBING GCF BENEFIT PLAN	
b	Name of plan sponsor	DICKINSON COMMERCIAL PLUMBING	c EIN-PN 87-3816963-501
a	Plan name	DICKINSON UTILITIES GCF BENEFIT PLAN	
b	Name of plan sponsor	DICKINSON UTILITIES	c EIN-PN 87-3816911-501
a	Plan name	DIGITAL PRINTING SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	DIGITAL PRINTING SOLUTIONS	c EIN-PN 20-1751673-501
a	Plan name	DIGITAL SCIENTISTS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DIGITAL SCIENTISTS LLC	c EIN-PN 32-0195096-501
a	Plan name	DILLON PRODUCTION SERVICES INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	DILLON PRODUCTION SERVICES INC.	c EIN-PN 58-2196147-501
a	Plan name	DIMENSIONS SOUTH CONSULTING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DIMENSIONS SOUTH CONSULTING LLC	c EIN-PN 58-2527690-501
a	Plan name	DIRT LOCATOR LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DIRT LOCATOR LLC	c EIN-PN 45-3755526-501
a	Plan name	DIRT WORK GRADING AND CONSTRUCTION INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DIRT WORK GRADING AND CONSTRUCTION INC	c EIN-PN 73-1642589-501
a	Plan name	DISABILITY RESOURCE CENTER, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DISABILITY RESOURCE CENTER, INC	c EIN-PN 58-1842953-501
a	Plan name	DISCHARGEIQ INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DISCHARGEIQ INC	c EIN-PN 47-2279120-501
a	Plan name	DISCOUNT MARKETING PRODUCTS GCF BENEFIT PLAN	
b	Name of plan sponsor	DISCOUNT MARKETING PRODUCTS	c EIN-PN 45-5536951-501
a	Plan name	DISCOVERY MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DISCOVERY MANAGEMENT, LLC	c EIN-PN 36-4840944-501

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.)	
a	Plan name DISCOVERY ONE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor DISCOVERY ONE LLC	c EIN-PN 87-1107138-501
a	Plan name DISPLAY WORLD CORP. GCF BENEFIT PLAN	
b	Name of plan sponsor DISPLAY WORLD CORP.	c EIN-PN 01-0808841-501
a	Plan name DISTINGUISHED PROPERTIES CLEANING USA GCF BENEFIT PLAN	
b	Name of plan sponsor DISTINGUISHED PROPERTIES CLEANING USA	c EIN-PN 47-4205549-501
a	Plan name DIVERGENT FINANCIAL GROUP CORP GCF BENEFIT PLAN	
b	Name of plan sponsor DIVERGENT FINANCIAL GROUP CORP	c EIN-PN 92-0589346-501
a	Plan name DIVERSCO SUPPLY USA INC GCF BENEFIT PLAN	
b	Name of plan sponsor DIVERSCO SUPPLY USA INC	c EIN-PN 99-0374942-501
a	Plan name DIVERSIFIED IMAGING SERVICES,INC GCF BENEFIT PLAN	
b	Name of plan sponsor DIVERSIFIED IMAGING SERVICES,INC	c EIN-PN 58-1948533-501
a	Plan name DIVERSIFIED TECHNOLOGIES GCF BENEFIT PLAN	
b	Name of plan sponsor DIVERSIFIED TECHNOLOGIES	c EIN-PN 04-3802749-501
a	Plan name DIXIE MEMBRANE ROOFING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor DIXIE MEMBRANE ROOFING, INC	c EIN-PN 58-1463937-501
a	Plan name DIXON INVESTMENTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor DIXON INVESTMENTS INC	c EIN-PN 58-1765882-501
a	Plan name DIXOPHTHAL P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor DIXOPHTHAL P.C.	c EIN-PN 58-2388186-501
a	Plan name DLB ELECTRIC COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor DLB ELECTRIC COMPANY	c EIN-PN 88-3029966-501
a	Plan name DLO ENTERPRISES INC GCF BENEFIT PLAN	
b	Name of plan sponsor DLO ENTERPRISES INC	c EIN-PN 80-0941135-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DLP CONSTRUCTION COMPANY L.L.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	DLP CONSTRUCTION COMPANY L.L.C.	c EIN-PN 58-2207555-501
a	Plan name	DM & ADR INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DM & ADR INC	c EIN-PN 58-2478522-501
a	Plan name	DM AERO,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DM AERO,LLC	c EIN-PN 46-1479562-501
a	Plan name	DMD GARAGE DOORS & OUTDOOR LIVING INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	DMD GARAGE DOORS & OUTDOOR LIVING INC.	c EIN-PN 45-2946460-501
a	Plan name	DOBSON ORTHO LABORATORY GCF BENEFIT PLAN	
b	Name of plan sponsor	DOBSON ORTHO LABORATORY	c EIN-PN 81-1174757-501
a	Plan name	DOLLAR CUSTOM SERVICES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DOLLAR CUSTOM SERVICES, LLC	c EIN-PN 85-4388267-501
a	Plan name	DOMINION OUTREACH CHRISTIAN MINISTRY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DOMINION OUTREACH CHRISTIAN MINISTRY, INC	c EIN-PN 32-0124748-501
a	Plan name	DONNIE P DUNAGAN MD PC GCF BENEFIT PLAN	
b	Name of plan sponsor	DONNIE P DUNAGAN MD PC	c EIN-PN 58-1176462-501
a	Plan name	DONOHUE & TRAVIS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DONOHUE & TRAVIS INC	c EIN-PN 58-1246587-501
a	Plan name	DON-RICH FORD COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	DON-RICH FORD COMPANY, INC.	c EIN-PN 58-1093685-501
a	Plan name	DONSBACH LAW GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DONSBACH LAW GROUP, LLC	c EIN-PN 82-0545367-501
a	Plan name	DORRIS AND ASSOCIATES INTERNATIONAL GCF BENEFIT PLAN	
b	Name of plan sponsor	DORRIS AND ASSOCIATES INTERNATIONAL	c EIN-PN 26-2985015-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DOUBLE D MAINTENANCE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DOUBLE D MAINTENANCE INC	c EIN-PN 58-2605659-501
a	Plan name	DOUBLE H FARMS GCF BENEFIT PLAN	
b	Name of plan sponsor	DOUBLE H FARMS	c EIN-PN 20-0580518-501
a	Plan name	DOUG COFFEY ELECTRIC INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	DOUG COFFEY ELECTRIC INC.	c EIN-PN 58-2502601-501
a	Plan name	DOUGLAS COUNTY CHAMBER GCF BENEFIT PLAN	
b	Name of plan sponsor	DOUGLAS COUNTY CHAMBER	c EIN-PN 58-1950186-501
a	Plan name	DOUGLAS H NESBIT MD PC GCF BENEFIT PLAN	
b	Name of plan sponsor	DOUGLAS H NESBIT MD PC	c EIN-PN 80-0005282-501
a	Plan name	DOUGLAS M LAKE GCF BENEFIT PLAN	
b	Name of plan sponsor	DOUGLAS M LAKE	c EIN-PN 58-2238729-501
a	Plan name	DOUGLAS MACHINES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DOUGLAS MACHINES INC	c EIN-PN 58-1739367-501
a	Plan name	DOUX, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DOUX, LLC	c EIN-PN 87-2622549-501
a	Plan name	DR GS CREATIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DR GS CREATIONS LLC	c EIN-PN 87-3429835-501
a	Plan name	DRAGON CON INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	DRAGON CON INC.	c EIN-PN 35-2480976-501
a	Plan name	DRAIN RIGHT GUTTERS AND ROOFING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DRAIN RIGHT GUTTERS AND ROOFING, INC	c EIN-PN 20-5634837-501
a	Plan name	DREAM PURSUED LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DREAM PURSUED LLC	c EIN-PN 27-1170321-501

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.)			
a	Plan name	DREAMBUILT MANAGEMENT GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	DREAMBUILT MANAGEMENT GROUP	c EIN-PN 82-5500575-501
a	Plan name	DRILLCO TOOLS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DRILLCO TOOLS INC	c EIN-PN 82-0448168-501
a	Plan name	DRILLER'S CHOICE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DRILLERS CHOICE, INC	c EIN-PN 58-2418462-501
a	Plan name	DRRS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DRRS LLC	c EIN-PN 46-4956473-501
a	Plan name	DRY COUNTY BREWING COMPANY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DRY COUNTY BREWING COMPANY, LLC	c EIN-PN 47-3250435-501
a	Plan name	DUART MULL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DUART MULL, LLC	c EIN-PN 45-2516179-501
a	Plan name	DUBLIN AUTOMATION AND CONTROLS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DUBLIN AUTOMATION AND CONTROLS LLC	c EIN-PN 82-1551536-501
a	Plan name	DUBLIN PIGGLY WIGGLY GCF BENEFIT PLAN	
b	Name of plan sponsor	DUBLIN PIGGLY WIGGLY	c EIN-PN 57-0738387-501
a	Plan name	DUFFEY COMMERCIAL LEASING AND MGMT GCF BENEFIT PLAN	
b	Name of plan sponsor	DUFFEY COMMERCIAL LEASING AND MGMT	c EIN-PN 26-4332446-501
a	Plan name	DUFFIE CONSTRUCTION CONTRACTORS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	DUFFIE CONSTRUCTION CONTRACTORS, INC.	c EIN-PN 46-3734843-501
a	Plan name	DUPLICATING SYSTEMS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DUPLICATING SYSTEMS INC	c EIN-PN 58-1339018-501
a	Plan name	DUPREE & KIMBROUGH, LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	DUPREE & KIMBROUGH, LLP	c EIN-PN 20-3709254-501

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.)			
a	Plan name	DURDEN & MILLS, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	DURDEN & MILLS, PC	c EIN-PN 58-2155246-501
a	Plan name	DURRENCE LAYNE CHEVROLET BUICK GMC,INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DURRENCE LAYNE CHEVROLET BUICK GMC,INC	c EIN-PN 58-1206138-501
a	Plan name	DUSTY GREER ROOFING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	DUSTY GREER ROOFING INC	c EIN-PN 58-2371101-501
a	Plan name	DUTCH VALLEY SUPPLY COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	DUTCH VALLEY SUPPLY COMPANY	c EIN-PN 58-0908202-501
a	Plan name	DUTTON TELECOMMUNICATION SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	DUTTON TELECOMMUNICATION SERVICES	c EIN-PN 84-2710868-501
a	Plan name	DYER MARINE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	DYER MARINE LLC	c EIN-PN 46-5079068-501
a	Plan name	E C & A L II INC GCF BENEFIT PLAN	
b	Name of plan sponsor	E C & A L II INC	c EIN-PN 92-2643213-501
a	Plan name	E&C CHEMICALS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	E&C CHEMICALS, INC.	c EIN-PN 58-2073249-501
a	Plan name	E.L SUPERMARKET DISTRIBUTORS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	E.L SUPERMARKET DISTRIBUTORS, INC	c EIN-PN 27-4670503-501
a	Plan name	E.L.JOHNSTON ,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	E.L.JOHNSTON ,INC.	c EIN-PN 58-0913056-501
a	Plan name	EARLITEC DIAGNOSTICS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	EARLITEC DIAGNOSTICS, INC.	c EIN-PN 84-3908862-501
a	Plan name	EARTHLY DYNAMICS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	EARTHLY DYNAMICS LLC	c EIN-PN 93-1294076-501

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.)	
a	Plan name EAST ATHENS PHYSICAL THERAPY GCF BENEFIT PLAN	
b	Name of plan sponsor EAST ATHENS PHYSICAL THERAPY	c EIN-PN 04-3665611-501
a	Plan name EAST CENTRAL GEORGIA CONSORTIUM INC GCF BENEFIT PLAN	
b	Name of plan sponsor EAST CENTRAL GEORGIA CONSORTIUM INC	c EIN-PN 58-2114208-501
a	Plan name EAST GEORGIA NEPHROLOGY GCF BENEFIT PLAN	
b	Name of plan sponsor EAST GEORGIA NEPHROLOGY	c EIN-PN 58-2483175-501
a	Plan name EAST GEORGIA RADIOLOGY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor EAST GEORGIA RADIOLOGY, LLC	c EIN-PN 20-8112143-501
a	Plan name EASTERN EXCAVATING CO INC GCF BENEFIT PLAN	
b	Name of plan sponsor EASTERN EXCAVATING CO INC	c EIN-PN 58-2430888-501
a	Plan name EASTMAN PEDIATRIC CLINIC GCF BENEFIT PLAN	
b	Name of plan sponsor EASTMAN PEDIATRIC CLINIC	c EIN-PN 58-1900953-501
a	Plan name EASY VOTE SOLUTIONS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor EASY VOTE SOLUTIONS, INC	c EIN-PN 83-2016471-501
a	Plan name EASY-WORKS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor EASY-WORKS, INC.	c EIN-PN 58-2040179-501
a	Plan name EAT SLEEP KNIT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor EAT SLEEP KNIT LLC	c EIN-PN 26-4340292-501
a	Plan name EATONTON CO-OP FEED CO., INC. GCF BENEFIT PLAN	
b	Name of plan sponsor EATONTON CO-OP FEED CO., INC.	c EIN-PN 58-1033487-501
a	Plan name EATONTON HOUSING AUTHORITY GCF BENEFIT PLAN	
b	Name of plan sponsor EATONTON HOUSING AUTHORITY	c EIN-PN 58-6002513-501
a	Plan name EATONTON PUTNAM CHAMBER OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor EATONTON PUTNAM CHAMBER OF COMMERCE	c EIN-PN 58-1378643-501

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.)			
a	Plan name	EBONY SON ENTERTAINMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	EBONY SON ENTERTAINMENT	c EIN-PN 58-2584048-501
a	Plan name	ECB, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ECB, INC.	c EIN-PN 58-2496816-501
a	Plan name	ECCOMELT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ECCOMELT LLC	c EIN-PN 39-2078358-501
a	Plan name	ECKER CONSTRUCTION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ECKER CONSTRUCTION, INC.	c EIN-PN 47-5465270-501
a	Plan name	ECLIPSE NETWORKS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ECLIPSE NETWORKS, INC.	c EIN-PN 58-2140390-501
a	Plan name	ECO TERRA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ECO TERRA LLC	c EIN-PN 32-0532894-501
a	Plan name	ED TECH SOFT GCF BENEFIT PLAN	
b	Name of plan sponsor	ED TECH SOFT	c EIN-PN 47-5676952-501
a	Plan name	EDDIE FLYNT INSURANCE AGENCY,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	EDDIE FLYNT INSURANCE AGENCY,INC.	c EIN-PN 20-5393007-501
a	Plan name	EDEN COAST, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor	EDEN COAST, LLC.	c EIN-PN 80-0296291-501
a	Plan name	EDGAR HUGHSTON BUILDER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	EDGAR HUGHSTON BUILDER, INC.	c EIN-PN 58-2183620-501
a	Plan name	EDGAR REEVES LIGHTING GCF BENEFIT PLAN	
b	Name of plan sponsor	EDGAR REEVES LIGHTING	c EIN-PN 81-5444291-501
a	Plan name	EDGE HEALTHCARE PARTNERS GCF BENEFIT PLAN	
b	Name of plan sponsor	EDGE HEALTHCARE PARTNERS	c EIN-PN 27-0547595-501

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.)			
a	Plan name	EDGE HVAC-R, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	EDGE HVAC-R, LLC	c EIN-PN 88-1589086-501
a	Plan name	EDISON TIRE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	EDISON TIRE, INC.	c EIN-PN 81-2449994-501
a	Plan name	EDMONDSON FUNERAL SERVICE GCF BENEFIT PLAN	
b	Name of plan sponsor	EDMONDSON FUNERAL SERVICE	c EIN-PN 26-0291565-502
a	Plan name	EDUCATIONAL TALENT SEARCH GCF BENEFIT PLAN	
b	Name of plan sponsor	EDUCATIONAL TALENT SEARCH	c EIN-PN 58-1340504-501
a	Plan name	EFFICIEN TECHNOLOGY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	EFFICIEN TECHNOLOGY LLC	c EIN-PN 46-2286536-501
a	Plan name	EGE SERAMIK AMERICA INC GCF BENEFIT PLAN	
b	Name of plan sponsor	EGE SERAMIK AMERICA INC	c EIN-PN 22-3150821-501
a	Plan name	EITHER WAY YOURE RIGHT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	EITHER WAY YOURE RIGHT LLC	c EIN-PN 81-3653716-501
a	Plan name	EITTREIM MARTIN CUTLER, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	EITTREIM MARTIN CUTLER, LLC	c EIN-PN 81-3707520-501
a	Plan name	EKKEBUS CHARITABLE FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor	EKKEBUS CHARITABLE FOUNDATION	c EIN-PN 81-4761869-501
a	Plan name	EKOSTAR TEXTILES INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	EKOSTAR TEXTILES INC.	c EIN-PN 27-2562838-501
a	Plan name	ELACHEE NATURE SCIENCE CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor	ELACHEE NATURE SCIENCE CENTER	c EIN-PN 58-1643768-501
a	Plan name	ELANDERS USA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ELANDERS USA, LLC	c EIN-PN 58-1448183-501

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.)	
a	Plan name ELASTRON INC GCF BENEFIT PLAN	
b	Name of plan sponsor ELASTRON INC	c EIN-PN 36-4701101-501
a	Plan name ELECTRIC MACHINERY INDUSTRIAL CONTROLS CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor ELECTRIC MACHINERY INDUSTRIAL CONTROLS CORPORATION	c EIN-PN 74-3140233-501
a	Plan name ELECTRIC MOTORS CO., INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ELECTRIC MOTORS CO., INC.	c EIN-PN 58-1264015-501
a	Plan name ELECTRO GRAPHICS PRODUCTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor ELECTRO GRAPHICS PRODUCTS INC	c EIN-PN 58-1340685-501
a	Plan name ELECTRO MEDICAL EQUIPMENT INC GCF BENEFIT PLAN	
b	Name of plan sponsor ELECTRO MEDICAL EQUIPMENT INC	c EIN-PN 58-1447932-501
a	Plan name ELEIGHT CONSULTING INC GCF BENEFIT PLAN	
b	Name of plan sponsor ELEIGHT CONSULTING INC	c EIN-PN 26-4539909-501
a	Plan name ELEMENT CPA PC GCF BENEFIT PLAN	
b	Name of plan sponsor ELEMENT CPA PC	c EIN-PN 84-1983035-501
a	Plan name ELEVATE EXPERIENCES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ELEVATE EXPERIENCES LLC	c EIN-PN 82-2150485-501
a	Plan name ELH SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ELH SERVICES LLC	c EIN-PN 45-4781904-501
a	Plan name ELITE FLOORING CONTRACTORS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ELITE FLOORING CONTRACTORS LLC	c EIN-PN 55-0811417-502
a	Plan name ELLIS FARMS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ELLIS FARMS LLC	c EIN-PN 58-2517602-501
a	Plan name ELLIS MEAT MARKET, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ELLIS MEAT MARKET, INC.	c EIN-PN 58-2511496-501

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.)	
a	Plan name ELWOOD & GOETZ WEALTH ADVISORY GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor ELWOOD & GOETZ WEALTH ADVISORY GROUP	c EIN-PN 27-3195946-501
a	Plan name EMCON SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor EMCON SERVICES, INC.	c EIN-PN 58-2570148-501
a	Plan name EMERALD CITY BAGELS,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor EMERALD CITY BAGELS,LLC	c EIN-PN 46-4267259-501
a	Plan name EMERALD TC GCF BENEFIT PLAN	
b	Name of plan sponsor EMERALD TC	c EIN-PN 26-0068878-501
a	Plan name EMILY BECK AGENCY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor EMILY BECK AGENCY LLC	c EIN-PN 82-2192701-501
a	Plan name EMPLOYMENT LAW COMPLIANCE INC. GCF BENEFIT PLAN	
b	Name of plan sponsor EMPLOYMENT LAW COMPLIANCE INC.	c EIN-PN 61-1407908-501
a	Plan name EMPRISE CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor EMPRISE CORPORATION	c EIN-PN 58-1439185-501
a	Plan name ENCORE FOODS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ENCORE FOODS, INC.	c EIN-PN 20-0362408-501
a	Plan name ENDURANCE POLY PRODUCERS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ENDURANCE POLY PRODUCERS, LLC	c EIN-PN 85-2848700-501
a	Plan name ENEWTON DESIGN GCF BENEFIT PLAN	
b	Name of plan sponsor ENEWTON DESIGN	c EIN-PN 45-4255836-501
a	Plan name ENGEL & VOLKERS ATLANTA GCF BENEFIT PLAN	
b	Name of plan sponsor ENGEL & VOLKERS ATLANTA	c EIN-PN 83-2971628-501
a	Plan name ENGINEERED FABRICATION INC GCF BENEFIT PLAN	
b	Name of plan sponsor ENGINEERED FABRICATION INC	c EIN-PN 58-1672608-501

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.)	
a	Plan name ENGINEERING303, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ENGINEERING303, LLC	c EIN-PN 45-3510786-501
a	Plan name ENGINEUNITY WORKS CORP GCF BENEFIT PLAN	
b	Name of plan sponsor ENGINEUNITY WORKS CORP	c EIN-PN 58-2290641-501
a	Plan name ENGLETT ELECTRIC INC GCF BENEFIT PLAN	
b	Name of plan sponsor ENGLETT ELECTRIC INC	c EIN-PN 58-1874528-501
a	Plan name ENGR3 LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ENGR3 LLC	c EIN-PN 83-3445139-501
a	Plan name ENM ENTERPRISES LLLP GCF BENEFIT PLAN	
b	Name of plan sponsor ENM ENTERPRISES LLLP	c EIN-PN 26-2550874-501
a	Plan name ENOCH TARVER PC GCF BENEFIT PLAN	
b	Name of plan sponsor ENOCH TARVER PC	c EIN-PN 20-4445448-501
a	Plan name ENTERPRISE DATA RESOURCES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor ENTERPRISE DATA RESOURCES, INC	c EIN-PN 58-2203527-501
a	Plan name ENTERPRISE INCENTIVE SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor ENTERPRISE INCENTIVE SOLUTIONS	c EIN-PN 75-3018024-501
a	Plan name ENTERSEKT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ENTERSEKT LLC	c EIN-PN 33-1225520-501
a	Plan name ENVIROGUARD PEST SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor ENVIROGUARD PEST SOLUTIONS	c EIN-PN 62-1649685-501
a	Plan name EP POWER MINERALS AMERICAS INC GCF BENEFIT PLAN	
b	Name of plan sponsor EP POWER MINERALS AMERICAS INC	c EIN-PN 88-1926279-501
a	Plan name EQUITY IN EDUCATION, INC GCF BENEFIT PLAN	
b	Name of plan sponsor EQUITY IN EDUCATION, INC	c EIN-PN 85-4162451-501

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.)	
a	Plan name ERICKSON MOTORSPORTS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ERICKSON MOTORSPORTS LLC	c EIN-PN 86-3809202-501
a	Plan name ERVIN'S COLLISION CENTER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ERVINS COLLISION CENTER, INC.	c EIN-PN 58-1595963-501
a	Plan name ESHCO LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ESHCO LLC	c EIN-PN 20-4965928-501
a	Plan name ESSENTIAL CONSTRUCTION MAINTENANCE SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ESSENTIAL CONSTRUCTION MAINTENANCE SERVICES LLC	c EIN-PN 47-3414116-501
a	Plan name ESTATE AND PRECIOUS METALS EXCHANGE GCF BENEFIT PLAN	
b	Name of plan sponsor ESTATE AND PRECIOUS METALS EXCHANGE	c EIN-PN 45-3722618-501
a	Plan name ESTESS AG SERVICES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ESTESS AG SERVICES, LLC	c EIN-PN 82-2892622-501
a	Plan name ESTREAM SOFTWARE SOLUTIONS,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ESTREAM SOFTWARE SOLUTIONS,LLC	c EIN-PN 86-1391752-501
a	Plan name ETON, INC GCF BENEFIT PLAN	
b	Name of plan sponsor ETON, INC	c EIN-PN 58-1487820-501
a	Plan name ETOWAH AREA HOUSING AUTHORITY GCF BENEFIT PLAN	
b	Name of plan sponsor ETOWAH AREA HOUSING AUTHORITY	c EIN-PN 58-2374700-501
a	Plan name ETRAC TECHNOLOGIES,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ETRAC TECHNOLOGIES,LLC	c EIN-PN 85-4301575-501
a	Plan name ETS DESIGN INTERNATIONAL WHOLESALE INC GCF BENEFIT PLAN	
b	Name of plan sponsor ETS DESIGN INTERNATIONAL WHOLESALE INC	c EIN-PN 26-2531053-501
a	Plan name EUCON OF NORTH AMERICA GCF BENEFIT PLAN	
b	Name of plan sponsor EUCON OF NORTH AMERICA	c EIN-PN 26-2994576-501

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.)			
a	Plan name	EV HYBRID NOIRE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	EV HYBRID NOIRE INC	c EIN-PN 83-2138544-501
a	Plan name	EVANS OUTDOOR AND POWER EQUIPMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	EVANS OUTDOOR AND POWER EQUIPMENT	c EIN-PN 58-0943361-501
a	Plan name	EVEREST AMUSEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	EVEREST AMUSEMENT, LLC	c EIN-PN 46-1287214-501
a	Plan name	EVERGREEN CAPITAL MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	EVERGREEN CAPITAL MANAGEMENT	c EIN-PN 58-2654079-501
a	Plan name	EVERGREEN NURSERY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	EVERGREEN NURSERY, INC.	c EIN-PN 58-2665326-501
a	Plan name	EVERGREEN WORKPLACE SOLUTIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	EVERGREEN WORKPLACE SOLUTIONS LLC	c EIN-PN 84-1999834-501
a	Plan name	EVERYDAY INDUSTRIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	EVERYDAY INDUSTRIES INC	c EIN-PN 46-1129363-501
a	Plan name	EXCELOUS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	EXCELOUS LLC	c EIN-PN 77-0713699-501
a	Plan name	EXECUTIVE STAFFING GCF BENEFIT PLAN	
b	Name of plan sponsor	EXECUTIVE STAFFING	c EIN-PN 58-2456808-501
a	Plan name	EXIT SIX GCF BENEFIT PLAN	
b	Name of plan sponsor	EXIT SIX	c EIN-PN 58-2357543-501
a	Plan name	EXPAND A BRAND, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	EXPAND A BRAND, INC.	c EIN-PN 41-2281694-501
a	Plan name	EXPO INSURANCE AGENCY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	EXPO INSURANCE AGENCY INC	c EIN-PN 68-0671109-501

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.)			
a	Plan name	EXPONENTIAL SERVICE CORP GCF BENEFIT PLAN	
b	Name of plan sponsor	EXPONENTIAL SERVICE CORP	c EIN-PN 86-3814326-501
a	Plan name	EXPRESSION THERAPEUTICS GCF BENEFIT PLAN	
b	Name of plan sponsor	EXPRESSION THERAPEUTICS	c EIN-PN 20-3828933-501
a	Plan name	EXTRA MILE AUTO TIRE & SERVICE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	EXTRA MILE AUTO TIRE & SERVICE LLC	c EIN-PN 47-3275413-501
a	Plan name	EYE ASSOCIATES OF SOUTH GEORGIA GCF BENEFIT PLAN	
b	Name of plan sponsor	EYE ASSOCIATES OF SOUTH GEORGIA	c EIN-PN 58-2209393-501
a	Plan name	EYE CARE ONE MARTINEZ, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	EYE CARE ONE MARTINEZ, LLC	c EIN-PN 20-1922387-501
a	Plan name	EYE CONSULTANTS OF ATLANTA GCF BENEFIT PLAN	
b	Name of plan sponsor	EYE CONSULTANTS OF ATLANTA	c EIN-PN 58-1129515-501
a	Plan name	F LEE PERKINS, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	F LEE PERKINS, PC	c EIN-PN 26-3430571-501
a	Plan name	F.P. ENTERPRISES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	F.P. ENTERPRISES, INC.	c EIN-PN 86-1135294-501
a	Plan name	F150LEDS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	F150LEDS LLC	c EIN-PN 83-1267201-501
a	Plan name	FACET SQUARED LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FACET SQUARED LLC	c EIN-PN 47-3258514-501
a	Plan name	FACILITEC INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FACILITEC INC	c EIN-PN 58-1962718-501
a	Plan name	FACILITY INTEGRATIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FACILITY INTEGRATIONS LLC	c EIN-PN 27-4735199-501

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.)			
a	Plan name	FACTORY DIRECT WHOLESALE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FACTORY DIRECT WHOLESALE LLC	c EIN-PN 20-4332171-501
a	Plan name	FAGAN ENGINEERING SERVICES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FAGAN ENGINEERING SERVICES, LLC	c EIN-PN 84-3540226-501
a	Plan name	FAIR COUNT INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FAIR COUNT INC	c EIN-PN 58-2421574-501
a	Plan name	FAIR FIGHT ACTION INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FAIR FIGHT ACTION INC	c EIN-PN 47-1427359-501
a	Plan name	FAIRBURN TOWNE HOUSES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FAIRBURN TOWNE HOUSES INC	c EIN-PN 58-1137796-501
a	Plan name	FAIRWAY FINANCIAL SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	FAIRWAY FINANCIAL SERVICES	c EIN-PN 58-2602121-501
a	Plan name	FAITH ALUMINUM CO GCF BENEFIT PLAN	
b	Name of plan sponsor	FAITH ALUMINUM CO	c EIN-PN 30-0754299-501
a	Plan name	FALL LINE CLUB OPERATIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FALL LINE CLUB OPERATIONS, LLC	c EIN-PN 92-3844621-501
a	Plan name	FAMILIES OF CHILDREN UNDER STRESS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FAMILIES OF CHILDREN UNDER STRESS, INC	c EIN-PN 58-1577602-501
a	Plan name	FAMILY BRIDGE HEALTHCARE SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	FAMILY BRIDGE HEALTHCARE SERVICES	c EIN-PN 75-3219670-501
a	Plan name	FAMILY CAPITAL MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FAMILY CAPITAL MANAGEMENT, LLC	c EIN-PN 58-2370911-501
a	Plan name	FAMILY CONNECTION OF COLUMBIA COUNTY GCF BENEFIT PLAN	
b	Name of plan sponsor	FAMILY CONNECTION OF COLUMBIA COUNTY	c EIN-PN 58-2658852-501

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.)			
a	Plan name	FAMILY DENTAL ASSOCIATES, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	FAMILY DENTAL ASSOCIATES, PC	c EIN-PN 58-1303951-501
a	Plan name	FAMILY HOSPICE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FAMILY HOSPICE LLC	c EIN-PN 87-3461192-501
a	Plan name	FANTASIA RUG COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FANTASIA RUG COMPANY INC	c EIN-PN 58-2272575-501
a	Plan name	FARMER OIL, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FARMER OIL, INC	c EIN-PN 58-1723329-501
a	Plan name	FARMERS GIN AND STORAGE GCF BENEFIT PLAN	
b	Name of plan sponsor	FARMERS GIN AND STORAGE	c EIN-PN 58-0905456-501
a	Plan name	FARTHING ALABAMA LAND LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FARTHING ALABAMA LAND LLC	c EIN-PN 82-2789665-501
a	Plan name	FAULKNER FAMILY GROUP, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor	FAULKNER FAMILY GROUP, LLC.	c EIN-PN 87-4136670-501
a	Plan name	FAYETTEVILLE FORD LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FAYETTEVILLE FORD LLC	c EIN-PN 85-1508216-501
a	Plan name	FB GOODS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FB GOODS LLC	c EIN-PN 20-3946141-501
a	Plan name	FEARLESS FOUNDATION INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FEARLESS FOUNDATION INC	c EIN-PN 82-2178627-501
a	Plan name	FEARLESS FUND MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FEARLESS FUND MANAGEMENT, LLC	c EIN-PN 85-2477649-501
a	Plan name	FEDERATION OF SOUTHERN COOPERATIVES - GCF BENEFIT PLAN	
b	Name of plan sponsor	FEDERATION OF SOUTHERN COOPERATIVES -	c EIN-PN 58-1026695-501

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.)			
a	Plan name	FEED PORT USA INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FEED PORT USA INC	c EIN-PN 62-0718613-501
a	Plan name	FEEDING THE VALLEY FOOD BANK GCF BENEFIT PLAN	
b	Name of plan sponsor	FEEDING THE VALLEY FOOD BANK	c EIN-PN 58-1498131-501
a	Plan name	FEELUX LIGHTING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FEELUX LIGHTING, INC	c EIN-PN 20-8290169-501
a	Plan name	FELPLAST, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	FELPLAST, INC.	c EIN-PN 20-5936066-501
a	Plan name	FENNELL AND MURPHY COMPANY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FENNELL AND MURPHY COMPANY LLC	c EIN-PN 81-3821712-501
a	Plan name	FERRELL LIGHTING AND DESIGN GCF BENEFIT PLAN	
b	Name of plan sponsor	FERRELL LIGHTING AND DESIGN	c EIN-PN 46-4638656-501
a	Plan name	FESCO GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FESCO GROUP INC	c EIN-PN 46-4476078-501
a	Plan name	FIBER TECHNOLOGIES GCF BENEFIT PLAN	
b	Name of plan sponsor	FIBER TECHNOLOGIES	c EIN-PN 20-0749011-501
a	Plan name	FIFTH STREET VENTURES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FIFTH STREET VENTURES LLC	c EIN-PN 82-3774110-501
a	Plan name	FINANCIAL CONNECTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FINANCIAL CONNECTION LLC	c EIN-PN 26-0396861-501
a	Plan name	FIRE DOG SSC LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FIRE DOG SSC LLC	c EIN-PN 82-4293562-501
a	Plan name	FIRE TECHNOLOGY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FIRE TECHNOLOGY LLC	c EIN-PN 26-1671262-501

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.)	
a	Plan name FIREPIT PIZZA GCF BENEFIT PLAN	
b	Name of plan sponsor FIREPIT PIZZA	c EIN-PN 81-4194821-501
a	Plan name FIRETHORN WEALTH PARTNERS GCF BENEFIT PLAN	
b	Name of plan sponsor FIRETHORN WEALTH PARTNERS	c EIN-PN 82-5466057-501
a	Plan name FIRE-X INC. GCF BENEFIT PLAN	
b	Name of plan sponsor FIRE-X INC.	c EIN-PN 58-1846739-501
a	Plan name FIRMAS REP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor FIRMAS REP LLC	c EIN-PN 26-3153974-501
a	Plan name FIRST CHOICE MORTGAGE GCF BENEFIT PLAN	
b	Name of plan sponsor FIRST CHOICE MORTGAGE	c EIN-PN 58-1976937-501
a	Plan name FISH TALES RESTAURANTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor FISH TALES RESTAURANTS, LLC	c EIN-PN 26-4006100-501
a	Plan name FISHER ENGINEERING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor FISHER ENGINEERING, INC.	c EIN-PN 38-3770548-501
a	Plan name FISHER FAMILY AND COSMETIC DENTISTRY GCF BENEFIT PLAN	
b	Name of plan sponsor FISHER FAMILY AND COSMETIC DENTISTRY	c EIN-PN 46-1439830-501
a	Plan name FIVE AND TEN INC GCF BENEFIT PLAN	
b	Name of plan sponsor FIVE AND TEN INC	c EIN-PN 58-2509676-501
a	Plan name FIVE POINTS INFRASTRUCTURE SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor FIVE POINTS INFRASTRUCTURE SERVICES LLC	c EIN-PN 45-2038496-501
a	Plan name FIZZ DISPENSE OPTIMIZATION GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor FIZZ DISPENSE OPTIMIZATION GROUP	c EIN-PN 80-0123897-501
a	Plan name FLAG NORTH AMERICA INC GCF BENEFIT PLAN	
b	Name of plan sponsor FLAG NORTH AMERICA INC	c EIN-PN 58-1753975-501

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.)			
a	Plan name	FLAGPOLE,INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FLAGPOLE,INC	c EIN-PN 58-1967529-501
a	Plan name	FLATWOODS GRANITE COMPANY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FLATWOODS GRANITE COMPANY LLC	c EIN-PN 45-3612852-501
a	Plan name	FLEETTEC GCF BENEFIT PLAN	
b	Name of plan sponsor	FLEETTEC	c EIN-PN 93-4912695-501
a	Plan name	FLEUR DE LIS LOGISTICS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FLEUR DE LIS LOGISTICS, LLC	c EIN-PN 82-3452799-501
a	Plan name	FLEX-A-BED, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FLEX-A-BED, INC	c EIN-PN 95-2941733-501
a	Plan name	FLEXIBLE INDUSTRIAL SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FLEXIBLE INDUSTRIAL SOLUTIONS INC	c EIN-PN 58-1844748-501
a	Plan name	FLINT RIVERQUARIUM, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	FLINT RIVERQUARIUM, INC.	c EIN-PN 02-0687836-501
a	Plan name	FLOCK FINANCIAL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FLOCK FINANCIAL, LLC	c EIN-PN 80-0934105-501
a	Plan name	FLOOR WORKS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FLOOR WORKS, INC	c EIN-PN 58-2296528-501
a	Plan name	FLORGA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FLORGA LLC	c EIN-PN 82-5360426-501
a	Plan name	FLOURNOY & CALHOUN REALTORS GCF BENEFIT PLAN	
b	Name of plan sponsor	FLOURNOY & CALHOUN REALTORS	c EIN-PN 58-1897198-501
a	Plan name	FLOURNOY PARTNERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FLOURNOY PARTNERS LLC	c EIN-PN 47-2468441-501

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.)			
a	Plan name	FLUENCE TECHNOLOGIES USA INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FLUENCE TECHNOLOGIES USA INC	c EIN-PN 85-0831572-501
a	Plan name	FLYING S. AVIATION GCF BENEFIT PLAN	
b	Name of plan sponsor	FLYING S. AVIATION	c EIN-PN 58-2567628-501
a	Plan name	FMS CONSTRUCTION GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	FMS CONSTRUCTION GROUP	c EIN-PN 46-5206218-501
a	Plan name	FOCUS HOSPITALITY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FOCUS HOSPITALITY LLC	c EIN-PN 20-8453309-501
a	Plan name	FOGG-ZAREIE ENTERPRISES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	FOGG-ZAREIE ENTERPRISES, INC.	c EIN-PN 58-1895838-501
a	Plan name	FOLEY CONSTRUCTION CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	FOLEY CONSTRUCTION CORPORATION	c EIN-PN 58-2373414-501
a	Plan name	FOLK FEST, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	FOLK FEST, INC.	c EIN-PN 58-2334579-501
a	Plan name	FONTIS WATER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	FONTIS WATER, INC.	c EIN-PN 86-1062204-501
a	Plan name	FORD PROPERTIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FORD PROPERTIES LLC	c EIN-PN 58-2648657-501
a	Plan name	FORE AUGUSTA FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor	FORE AUGUSTA FOUNDATION	c EIN-PN 58-2415361-501
a	Plan name	FORGE MANAGEMENTCO,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FORGE MANAGEMENTCO,LLC	c EIN-PN 87-4507832-501
a	Plan name	FORISK CONSULTING, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor	FORISK CONSULTING, LLC.	c EIN-PN 80-0118700-501

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.)	
a	Plan name FORMATION DEVELOPMENT GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor FORMATION DEVELOPMENT GROUP LLC	c EIN-PN 20-8268950-501
a	Plan name FORSYTH METAL WORKS GCF BENEFIT PLAN	
b	Name of plan sponsor FORSYTH METAL WORKS	c EIN-PN 83-3331787-501
a	Plan name FORTIPHYD LOGIC INC GCF BENEFIT PLAN	
b	Name of plan sponsor FORTIPHYD LOGIC INC	c EIN-PN 81-4499025-501
a	Plan name FORTRESS WALLS & HARDSCAPES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor FORTRESS WALLS & HARDSCAPES, LLC	c EIN-PN 46-2596798-501
a	Plan name FORTUNE FAMILY MANAGEMENT,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor FORTUNE FAMILY MANAGEMENT,LLC	c EIN-PN 84-4415052-501
a	Plan name FORTUNE MULTIFAMILY INVESTMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor FORTUNE MULTIFAMILY INVESTMENT LLC	c EIN-PN 85-2483436-501
a	Plan name FOSTER DEVELOPMENT COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor FOSTER DEVELOPMENT COMPANY	c EIN-PN 58-1440481-501
a	Plan name FOUNTAIN SERVICES BY HEINCO, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor FOUNTAIN SERVICES BY HEINCO, LLC	c EIN-PN 26-3995713-501
a	Plan name FOUR STONES GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor FOUR STONES GROUP LLC	c EIN-PN 85-3416531-501
a	Plan name FP PIGMENTS,INC GCF BENEFIT PLAN	
b	Name of plan sponsor FP PIGMENTS,INC	c EIN-PN 30-0531617-501
a	Plan name FRAMEWORKS ENGINEERING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor FRAMEWORKS ENGINEERING LLC	c EIN-PN 47-2202762-501
a	Plan name FRANK O. HENDRICK III, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor FRANK O. HENDRICK III, P.C.	c EIN-PN 58-2249793-501

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.)			
a	Plan name	FRANK WETHERBEE FARMS GCF BENEFIT PLAN	
b	Name of plan sponsor	FRANK WETHERBEE FARMS	c EIN-PN 27-1530024-501
a	Plan name	FRANKLIN HAYES ATTORNEY AT LAW GCF BENEFIT PLAN	
b	Name of plan sponsor	FRANKLIN HAYES ATTORNEY AT LAW	c EIN-PN 58-1989192-501
a	Plan name	FRANKLIN JUNCTION GCF BENEFIT PLAN	
b	Name of plan sponsor	FRANKLIN JUNCTION	c EIN-PN 85-0859545-501
a	Plan name	FRAZIERS CYCLE SALES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FRAZIERS CYCLE SALES INC	c EIN-PN 58-1705215-501
a	Plan name	FREDERICA IMAGING PC GCF BENEFIT PLAN	
b	Name of plan sponsor	FREDERICA IMAGING PC	c EIN-PN 27-0696099-501
a	Plan name	FREDERICK W TILLMAN, OD GCF BENEFIT PLAN	
b	Name of plan sponsor	FREDERICK W TILLMAN, OD	c EIN-PN 58-1486848-501
a	Plan name	FREEDOM ALLERGY GCF BENEFIT PLAN	
b	Name of plan sponsor	FREEDOM ALLERGY	c EIN-PN 46-5634593-502
a	Plan name	FREEDOM TABERNACLE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	FREEDOM TABERNACLE, INC.	c EIN-PN 58-2611115-501
a	Plan name	FREEPORT TRANSPORTATION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FREEPORT TRANSPORTATION LLC	c EIN-PN 46-3362537-501
a	Plan name	FREIGHT PLUS GCF BENEFIT PLAN	
b	Name of plan sponsor	FREIGHT PLUS	c EIN-PN 35-2333735-501
a	Plan name	FRESH FRUIT MEDIA GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	FRESH FRUIT MEDIA GROUP	c EIN-PN 87-3874179-501
a	Plan name	FRIENDS OF DISABLED ADULTS AND CHILDREN TOO INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FRIENDS OF DISABLED ADULTS AND CHILDREN TOO INC	c EIN-PN 58-1709436-501

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.)			
a	Plan name	FRIENDS OF GOETHE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	FRIENDS OF GOETHE, INC.	c EIN-PN 58-2198618-501
a	Plan name	FRONTIER ELECTRIC, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	FRONTIER ELECTRIC, INC.	c EIN-PN 58-1416591-501
a	Plan name	FRONTIER WORLD GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FRONTIER WORLD GROUP INC	c EIN-PN 58-2584226-501
a	Plan name	FRY GUYS MANAGEMENT GROUP 1, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FRY GUYS MANAGEMENT GROUP 1, LLC	c EIN-PN 47-1909567-501
a	Plan name	FULTON LEADERSHIP ACADEMY GCF BENEFIT PLAN	
b	Name of plan sponsor	FULTON LEADERSHIP ACADEMY	c EIN-PN 26-4521546-501
a	Plan name	FUMEX GCF BENEFIT PLAN	
b	Name of plan sponsor	FUMEX	c EIN-PN 58-1653666-501
a	Plan name	FUND FOR THEOLOGICAL EDUCATION GCF BENEFIT PLAN	
b	Name of plan sponsor	FUND FOR THEOLOGICAL EDUCATION	c EIN-PN 21-0725643-501
a	Plan name	FURIN CONSTRUCTION, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FURIN CONSTRUCTION, INC	c EIN-PN 20-8744668-501
a	Plan name	FURNITURE DOCTOR GCF BENEFIT PLAN	
b	Name of plan sponsor	FURNITURE DOCTOR	c EIN-PN 58-1544147-501
a	Plan name	FUSION HEALTHCARE PRODUCTS NA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FUSION HEALTHCARE PRODUCTS NA LLC	c EIN-PN 47-4248968-501
a	Plan name	FUTURUS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FUTURUS, LLC	c EIN-PN 47-3922974-501
a	Plan name	FVB PECANS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FVB PECANS, INC	c EIN-PN 81-1025565-501

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.)			
a	Plan name	FWW MANAGEMENT INC GCF BENEFIT PLAN	
b	Name of plan sponsor	FWW MANAGEMENT INC	c EIN-PN 27-3617931-501
a	Plan name	FX LOGISTICS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FX LOGISTICS LLC	c EIN-PN 45-5198069-501
a	Plan name	FX SPINE AND PERFORMANCE CENTER, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	FX SPINE AND PERFORMANCE CENTER, LLC	c EIN-PN 85-1999922-501
a	Plan name	G & L SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	G & L SERVICES	c EIN-PN 90-0543259-502
a	Plan name	G & S GAS SERVICE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	G & S GAS SERVICE INC	c EIN-PN 58-1328149-501
a	Plan name	G&F GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	G&F GROUP	c EIN-PN 27-0311063-501
a	Plan name	G&S GLASS ATLANTA GCF BENEFIT PLAN	
b	Name of plan sponsor	G&S GLASS ATLANTA	c EIN-PN 83-4181766-501
a	Plan name	G.L. BAILEY PLUMBING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	G.L. BAILEY PLUMBING, INC.	c EIN-PN 58-1324262-501
a	Plan name	G2 MULTIFAMILY PROPERTY MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	G2 MULTIFAMILY PROPERTY MANAGEMENT, LLC	c EIN-PN 81-3351467-501
a	Plan name	GA PSYCHIATRIC SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GA PSYCHIATRIC SERVICES LLC	c EIN-PN 26-4622094-501
a	Plan name	GAINESVILLE REGIONAL PATHOLOGY ASSOCIATES, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	GAINESVILLE REGIONAL PATHOLOGY ASSOCIATES, PC	c EIN-PN 58-1749078-501
a	Plan name	GAINOUS WELL DRILLING,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GAINOUS WELL DRILLING,LLC	c EIN-PN 26-2105545-501

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.)	
a	Plan name GALBREATH & SONS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor GALBREATH & SONS INC.	c EIN-PN 58-1823561-501
a	Plan name GALLEA GOLF PROPERTIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GALLEA GOLF PROPERTIES LLC	c EIN-PN 27-2048025-501
a	Plan name GARLAND, SAMUEL & LOEB, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor GARLAND, SAMUEL & LOEB, P.C.	c EIN-PN 58-1160143-501
a	Plan name GAS DIVERSIFIED SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor GAS DIVERSIFIED SERVICES	c EIN-PN 58-2133549-501
a	Plan name GAS MOTORCARS INC GCF BENEFIT PLAN	
b	Name of plan sponsor GAS MOTORCARS INC	c EIN-PN 45-2840346-501
a	Plan name GASTROENTEROLOGY OF NE GA PC GCF BENEFIT PLAN	
b	Name of plan sponsor GASTROENTEROLOGY OF NE GA PC	c EIN-PN 20-0768578-501
a	Plan name GATE CITY BREWING COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor GATE CITY BREWING COMPANY	c EIN-PN 46-2721909-501
a	Plan name GATEWOOD, SKIPPER, RAMBO, & MOORE GCF BENEFIT PLAN	
b	Name of plan sponsor GATEWOOD, SKIPPER, RAMBO, & MOORE	c EIN-PN 58-1276692-501
a	Plan name GATOR ROOFING EQUIPMENT CO. GCF BENEFIT PLAN	
b	Name of plan sponsor GATOR ROOFING EQUIPMENT CO.	c EIN-PN 58-1781099-501
a	Plan name GDD INC GCF BENEFIT PLAN	
b	Name of plan sponsor GDD INC	c EIN-PN 46-2051537-501
a	Plan name GDS TECHNOLOGY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GDS TECHNOLOGY, LLC	c EIN-PN 93-3358771-501
a	Plan name GEESLIN GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GEESLIN GROUP, LLC	c EIN-PN 27-3022585-501

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.)	
a	Plan name GEFFEN ENTERPRISES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GEFFEN ENTERPRISES LLC	c EIN-PN 27-1015456-501
a	Plan name GENE STAULCUP AND ASSOCIATES INC GCF BENEFIT PLAN	
b	Name of plan sponsor GENE STAULCUP AND ASSOCIATES INC	c EIN-PN 58-1823755-501
a	Plan name GENERAL MACHINE DIECRON INC GCF BENEFIT PLAN	
b	Name of plan sponsor GENERAL MACHINE DIECRON INC	c EIN-PN 58-1289561-501
a	Plan name GENESIS CAPITAL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GENESIS CAPITAL, LLC	c EIN-PN 55-0826222-501
a	Plan name GEORGE C. CREAL, JR., P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGE C. CREAL, JR., P.C.	c EIN-PN 58-2294645-501
a	Plan name GEORGE CHAMBERS RESOURCE CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGE CHAMBERS RESOURCE CENTER	c EIN-PN 58-1131736-501
a	Plan name GEORGES RECREATION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGES RECREATION, INC.	c EIN-PN 58-1133452-501
a	Plan name GEORGIA ARRHYTHMIA CONSULTANTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA ARRHYTHMIA CONSULTANTS, LLC	c EIN-PN 27-2456233-501
a	Plan name GEORGIA ASSOC. FOR PRIMARY HEALTH CARE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA ASSOC. FOR PRIMARY HEALTH CARE, INC.	c EIN-PN 59-2013140-501
a	Plan name GEORGIA ASSOCIATION OF BROADCASTERS GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA ASSOCIATION OF BROADCASTERS	c EIN-PN 58-0863432-501
a	Plan name GEORGIA ASYLUM AND IMMIGRATION NETWORK GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA ASYLUM AND IMMIGRATION NETWORK	c EIN-PN 26-1733523-501
a	Plan name GEORGIA AUTO LAW GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA AUTO LAW	c EIN-PN 83-4620780-501

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.)	
a	Plan name GEORGIA CENTRAL MECHANICAL SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA CENTRAL MECHANICAL SERVICES INC	c EIN-PN 51-0527786-502
a	Plan name GEORGIA CHAMBER OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA CHAMBER OF COMMERCE	c EIN-PN 58-1537370-501
a	Plan name GEORGIA COALTION AGAINST DOMESTIC VIOLENCE GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA COALTION AGAINST DOMESTIC VIOLENCE	c EIN-PN 58-1854962-501
a	Plan name GEORGIA COMMERCIAL CONSTRUCTION,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA COMMERCIAL CONSTRUCTION,INC.	c EIN-PN 58-1444825-501
a	Plan name GEORGIA FORESTRY ASSOCIATION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA FORESTRY ASSOCIATION, INC.	c EIN-PN 58-0511218-501
a	Plan name GEORGIA HAP ADMINISTRATORS,INC GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA HAP ADMINISTRATORS,INC	c EIN-PN 58-2489635-501
a	Plan name GEORGIA HEALTH COVERAGE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA HEALTH COVERAGE, INC.	c EIN-PN 26-0855045-501
a	Plan name GEORGIA HEART PHYSICIANS GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA HEART PHYSICIANS	c EIN-PN 58-2538212-501
a	Plan name GEORGIA HEIRS PROPERTY GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA HEIRS PROPERTY	c EIN-PN 47-5494046-501
a	Plan name GEORGIA HIGH SCHOOL ASSOCIATION GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA HIGH SCHOOL ASSOCIATION	c EIN-PN 58-6001218-501
a	Plan name GEORGIA HIGHWAY CONTRACTORS ASSOCIATION GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA HIGHWAY CONTRACTORS ASSOCIATION	c EIN-PN 58-0256095-501
a	Plan name GEORGIA HISPANIC CHAMBER OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor GEORGIA HISPANIC CHAMBER OF COMMERCE	c EIN-PN 03-0427706-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GEORGIA HISTORICAL SOCIETY GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA HISTORICAL SOCIETY	c EIN-PN 58-0593403-502
a	Plan name	GEORGIA HI-TECH FABRICATORS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA HI-TECH FABRICATORS INC	c EIN-PN 58-1690656-502
a	Plan name	GEORGIA INDEPENDENT SCHOOL ASSOCIATION GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA INDEPENDENT SCHOOL ASSOCIATION	c EIN-PN 23-7099412-501
a	Plan name	GEORGIA INFECTIOUS DISEASES, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA INFECTIOUS DISEASES, PC	c EIN-PN 58-2640041-501
a	Plan name	GEORGIA INTERFAITH POWER & LIGHT INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA INTERFAITH POWER & LIGHT INC	c EIN-PN 26-3446212-501
a	Plan name	GEORGIA LANDSCAPE & CONTRACTING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA LANDSCAPE & CONTRACTING, INC.	c EIN-PN 58-2189514-501
a	Plan name	GEORGIA LEGACY LAW GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA LEGACY LAW GROUP LLC	c EIN-PN 27-3268410-501
a	Plan name	GEORGIA MEDICAL STAFFING GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA MEDICAL STAFFING	c EIN-PN 81-4503820-501
a	Plan name	GEORGIA MENTAL HEALTH CONSUMER NETWORK, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA MENTAL HEALTH CONSUMER NETWORK, INC	c EIN-PN 58-1981093-501
a	Plan name	GEORGIA METALS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA METALS LLC	c EIN-PN 20-1668635-501
a	Plan name	GEORGIA MOUNTAIN ENDOCRINOLOGY GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA MOUNTAIN ENDOCRINOLOGY	c EIN-PN 27-0892882-501
a	Plan name	GEORGIA MOUNTAIN FOOD BANK GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA MOUNTAIN FOOD BANK	c EIN-PN 26-2787610-501

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.)			
a	Plan name	GEORGIA NEUROLOGICAL SURG GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA NEUROLOGICAL SURG	c EIN-PN 58-1739368-501
a	Plan name	GEORGIA NURSES ASSOCIATION GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA NURSES ASSOCIATION	c EIN-PN 58-0220300-501
a	Plan name	GEORGIA PARTNERSHIP FOR EXCELLENCE IN EDUCATION GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA PARTNERSHIP FOR EXCELLENCE IN EDUCATION	c EIN-PN 58-1974586-501
a	Plan name	GEORGIA PROSTHETICS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA PROSTHETICS, INC.	c EIN-PN 58-2587330-501
a	Plan name	GEORGIA PSYCHIATRIC CENTER LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA PSYCHIATRIC CENTER LLC	c EIN-PN 87-3993985-501
a	Plan name	GEORGIA REHABILITATION INSTITUTE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA REHABILITATION INSTITUTE, INC	c EIN-PN 58-1705662-501
a	Plan name	GEORGIA RIVER NETWORK GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA RIVER NETWORK	c EIN-PN 58-2404112-501
a	Plan name	GEORGIA STOREFRONTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA STOREFRONTS INC	c EIN-PN 58-2269192-501
a	Plan name	GEORGIA TITLE PAWN LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA TITLE PAWN LLC	c EIN-PN 47-4905012-501
a	Plan name	GEORGIA TITLE SOURCE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA TITLE SOURCE, LLC	c EIN-PN 27-2637483-501
a	Plan name	GEORGIA TRADE SCHOOL GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA TRADE SCHOOL	c EIN-PN 45-4456869-501
a	Plan name	GEORGIA-FLORIDA HARVEST, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GEORGIA-FLORIDA HARVEST, INC	c EIN-PN 58-1119113-501

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.)	
a	Plan name GEOSURVEY LTD GCF BENEFIT PLAN	
b	Name of plan sponsor GEOSURVEY LTD	c EIN-PN 58-2267633-501
a	Plan name GEOSYSTEMS ENGINEERING INC GCF BENEFIT PLAN	
b	Name of plan sponsor GEOSYSTEMS ENGINEERING INC	c EIN-PN 58-2556780-501
a	Plan name GERMAN MASTER TECH INC GCF BENEFIT PLAN	
b	Name of plan sponsor GERMAN MASTER TECH INC	c EIN-PN 30-0434917-501
a	Plan name GERONIMO SOLUTIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GERONIMO SOLUTIONS LLC	c EIN-PN 27-1648131-501
a	Plan name GERRALDS MECHANICAL SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor GERRALDS MECHANICAL SERVICES	c EIN-PN 58-2047712-501
a	Plan name GFG STRATEGIC ADVISORS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GFG STRATEGIC ADVISORS LLC	c EIN-PN 83-4163000-501
a	Plan name GIGA INC GCF BENEFIT PLAN	
b	Name of plan sponsor GIGA INC	c EIN-PN 58-1455537-501
a	Plan name GILSTRAP EXTERMINATING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GILSTRAP EXTERMINATING LLC	c EIN-PN 47-3926354-501
a	Plan name GIVORNS FOODS GCF BENEFIT PLAN	
b	Name of plan sponsor GIVORNS FOODS	c EIN-PN 58-1491317-501
a	Plan name GLEAMPRO, L.L.C. GCF BENEFIT PLAN	
b	Name of plan sponsor GLEAMPRO, L.L.C.	c EIN-PN 26-4011812-501
a	Plan name GLEND MITCHELL LAW FIRM GCF BENEFIT PLAN	
b	Name of plan sponsor GLEND MITCHELL LAW FIRM	c EIN-PN 90-1509331-501
a	Plan name GLOBAL ALLIANCE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GLOBAL ALLIANCE, LLC	c EIN-PN 56-2526918-501

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.)			
a	Plan name	GLOBAL IMPEX, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	GLOBAL IMPEX, INC.	c EIN-PN 58-2330749-501
a	Plan name	GO FOODSTUFF LTD CO GCF BENEFIT PLAN	
b	Name of plan sponsor	GO FOODSTUFF LTD CO	c EIN-PN 87-3471736-501
a	Plan name	GODFREY DAIRY GCF BENEFIT PLAN	
b	Name of plan sponsor	GODFREY DAIRY	c EIN-PN 58-2059737-501
a	Plan name	GOLDEN ENVIRONMENTAL,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GOLDEN ENVIRONMENTAL,LLC	c EIN-PN 51-0420363-501
a	Plan name	GOLDEN HARVEST FOOD BANK GCF BENEFIT PLAN	
b	Name of plan sponsor	GOLDEN HARVEST FOOD BANK	c EIN-PN 58-1466516-501
a	Plan name	GOLDEN ISLES OFFICE EQUIPMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	GOLDEN ISLES OFFICE EQUIPMENT	c EIN-PN 58-1374283-501
a	Plan name	GOOD AND SONG, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GOOD AND SONG, INC	c EIN-PN 20-5551599-501
a	Plan name	GOODR INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GOODR INC	c EIN-PN 82-1754044-501
a	Plan name	GORDON CONTRACTORS BUILDING SUPPLY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	GORDON CONTRACTORS BUILDING SUPPLY, INC.	c EIN-PN 58-1192064-501
a	Plan name	GORDON MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GORDON MANAGEMENT, LLC	c EIN-PN 80-0676922-501
a	Plan name	GOVDIRECTIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GOVDIRECTIONS LLC	c EIN-PN 20-4380699-501
a	Plan name	GOWER WOOTEN & DARNEILLE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GOWER WOOTEN & DARNEILLE LLC	c EIN-PN 47-4530851-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GPS SOLUTIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GPS SOLUTIONS LLC	c EIN-PN 27-3906329-501
a	Plan name	GRANITE CITY ARTS,L.L.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	GRANITE CITY ARTS,L.L.C.	c EIN-PN 65-1186997-501
a	Plan name	GRANT AND COOK EQUIPMENT COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	GRANT AND COOK EQUIPMENT COMPANY	c EIN-PN 58-2077526-501
a	Plan name	GRAPHIC MEDIA SOLUTIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GRAPHIC MEDIA SOLUTIONS, LLC	c EIN-PN 26-3143996-501
a	Plan name	GRAVY SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	GRAVY SOLUTIONS	c EIN-PN 82-2251939-501
a	Plan name	GREATER ATLANTA PAIN AND SPINE GCF BENEFIT PLAN	
b	Name of plan sponsor	GREATER ATLANTA PAIN AND SPINE	c EIN-PN 88-4160118-501
a	Plan name	GREEN EARTH OPTIONS BIOFUEL OF GA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GREEN EARTH OPTIONS BIOFUEL OF GA LLC	c EIN-PN 27-5171568-501
a	Plan name	GREEN GROUP HOLDINGS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GREEN GROUP HOLDINGS, LLC	c EIN-PN 27-4874188-501
a	Plan name	GREENBRIAR HAWTHORNE LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	GREENBRIAR HAWTHORNE LLP	c EIN-PN 58-2358659-501
a	Plan name	GREENE FINANCE COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	GREENE FINANCE COMPANY	c EIN-PN 58-1732640-501
a	Plan name	GREENIDGE COMPANY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GREENIDGE COMPANY LLC	c EIN-PN 82-4007303-501
a	Plan name	GREENLAND DEVELOPERS GCF BENEFIT PLAN	
b	Name of plan sponsor	GREENLAND DEVELOPERS	c EIN-PN 20-8431922-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GREENLEAFE DEVELOPMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GREENLEAFE DEVELOPMENT, LLC	c EIN-PN 87-3410589-501
a	Plan name	GREENLINK ANALYTICS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GREENLINK ANALYTICS INC	c EIN-PN 83-0597035-501
a	Plan name	GREENS HOME REPAIR LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GREENS HOME REPAIR LLC	c EIN-PN 83-1072193-501
a	Plan name	GREENSBORO COSMETIC AND FAMILY DENTISTRY GCF BENEFIT PLAN	
b	Name of plan sponsor	GREENSBORO COSMETIC AND FAMILY DENTISTRY	c EIN-PN 58-2427802-501
a	Plan name	GREENSBORO TIRE PROS GCF BENEFIT PLAN	
b	Name of plan sponsor	GREENSBORO TIRE PROS	c EIN-PN 58-1653936-501
a	Plan name	GREENWAYS CLEARING AND GRADING GCF BENEFIT PLAN	
b	Name of plan sponsor	GREENWAYS CLEARING AND GRADING	c EIN-PN 58-1345904-501
a	Plan name	GREENWOOD COLLECTION PROPERTIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GREENWOOD COLLECTION PROPERTIES LLC	c EIN-PN 84-1846444-501
a	Plan name	GREG MALCOLM & ASSOCIATES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GREG MALCOLM & ASSOCIATES INC	c EIN-PN 58-1972579-501
a	Plan name	GREYDEN ENGINEERING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GREYDEN ENGINEERING LLC	c EIN-PN 26-0289390-501
a	Plan name	GREYSTONE INTERACTIVE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GREYSTONE INTERACTIVE LLC	c EIN-PN 56-2626617-501
a	Plan name	GRIFFIN & ASSOCIATES PC GCF BENEFIT PLAN	
b	Name of plan sponsor	GRIFFIN & ASSOCIATES PC	c EIN-PN 58-2353594-501
a	Plan name	GRIFFIN AND STRONG PC GCF BENEFIT PLAN	
b	Name of plan sponsor	GRIFFIN AND STRONG PC	c EIN-PN 58-2086394-501

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.)			
a	Plan name	GRIFFIN HOLDING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GRIFFIN HOLDING INC	c EIN-PN 58-2128609-501
a	Plan name	GRIFFIN PHARMACY SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	GRIFFIN PHARMACY SERVICES, INC.	c EIN-PN 52-2361164-501
a	Plan name	GRIFFITH AUTOMOTIVE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GRIFFITH AUTOMOTIVE INC	c EIN-PN 58-2027851-501
a	Plan name	GRIMES LANDSCAPE COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	GRIMES LANDSCAPE COMPANY	c EIN-PN 58-2395763-501
a	Plan name	GRINDERCRUSHERSCREEN, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GRINDERCRUSHERSCREEN, INC	c EIN-PN 27-4215105-501
a	Plan name	GRINER MEDICAL GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	GRINER MEDICAL GROUP	c EIN-PN 02-0801627-501
a	Plan name	GROGAN DISPOSAL COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	GROGAN DISPOSAL COMPANY	c EIN-PN 27-3776199-501
a	Plan name	GROGANS SANI-SERVICE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GROGANS SANI-SERVICE INC	c EIN-PN 58-2312398-501
a	Plan name	GROUNDHOG DIRECTIONAL BORING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	GROUNDHOG DIRECTIONAL BORING LLC	c EIN-PN 26-1182054-501
a	Plan name	GROUP RISK SPECIALISTS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GROUP RISK SPECIALISTS, INC	c EIN-PN 02-0715461-501
a	Plan name	GSMA LTD GCF BENEFIT PLAN	
b	Name of plan sponsor	GSMA LTD	c EIN-PN 20-4991061-501
a	Plan name	GUARDIAN SECURITY SYSTEMS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	GUARDIAN SECURITY SYSTEMS INC	c EIN-PN 58-2229484-501

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.)	
a	Plan name GUDE MANAGEMENT GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GUDE MANAGEMENT GROUP LLC	c EIN-PN 38-3718310-501
a	Plan name GUILLEBEAU IRON, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor GUILLEBEAU IRON, INC.	c EIN-PN 32-0047839-501
a	Plan name GULF PARTYLINE CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor GULF PARTYLINE CORPORATION	c EIN-PN 47-1421265-501
a	Plan name GUNN MEYERHOFF SHAY ARCHITECTS, PC GCF BENEFIT PLAN	
b	Name of plan sponsor GUNN MEYERHOFF SHAY ARCHITECTS, PC	c EIN-PN 58-2197572-501
a	Plan name GUNNELLS CONSTRUCTION COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor GUNNELLS CONSTRUCTION COMPANY	c EIN-PN 51-0512892-501
a	Plan name GUNNIN LAND SURVEYING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor GUNNIN LAND SURVEYING, LLC	c EIN-PN 27-0303015-501
a	Plan name GUSTAV WOLF USA INC GCF BENEFIT PLAN	
b	Name of plan sponsor GUSTAV WOLF USA INC	c EIN-PN 26-0168499-501
a	Plan name GV SERVICE INC. GCF BENEFIT PLAN	
b	Name of plan sponsor GV SERVICE INC.	c EIN-PN 13-4096598-501
a	Plan name GWINNETT NEONATOLOGY GCF BENEFIT PLAN	
b	Name of plan sponsor GWINNETT NEONATOLOGY	c EIN-PN 58-2255198-501
a	Plan name GWINNETT PEDIATRIC PARTNERS GCF BENEFIT PLAN	
b	Name of plan sponsor GWINNETT PEDIATRIC PARTNERS	c EIN-PN 20-4636012-501
a	Plan name GWINNETT UNITED IN DRUG EDUCATION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor GWINNETT UNITED IN DRUG EDUCATION, INC.	c EIN-PN 58-1686803-501
a	Plan name H & S SUPPLY CO., INC. GCF BENEFIT PLAN	
b	Name of plan sponsor H & S SUPPLY CO., INC.	c EIN-PN 58-1053418-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	H E H PAVING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	H E H PAVING, INC.	c EIN-PN 58-1818589-501
a	Plan name	H&H MECHANICAL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	H&H MECHANICAL, INC.	c EIN-PN 58-1533669-501
a	Plan name	H&H PAVING AND SEALCOATING GCF BENEFIT PLAN	
b	Name of plan sponsor	H&H PAVING AND SEALCOATING	c EIN-PN 81-4251515-501
a	Plan name	H2 AEROSERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	H2 AEROSERVICES LLC	c EIN-PN 86-3525203-501
a	Plan name	H2 CAPITAL INC GCF BENEFIT PLAN	
b	Name of plan sponsor	H2 CAPITAL INC	c EIN-PN 58-0200120-501
a	Plan name	HABITAT FOR HUMANITY OF HALL COUNTY GCF BENEFIT PLAN	
b	Name of plan sponsor	HABITAT FOR HUMANITY OF HALL COUNTY	c EIN-PN 58-1849321-501
a	Plan name	HALEY ROBERTS AGENCY GCF BENEFIT PLAN	
b	Name of plan sponsor	HALEY ROBERTS AGENCY	c EIN-PN 82-1767238-501
a	Plan name	HALL BOOKKEEPING AND TAX SERVICE GCF BENEFIT PLAN	
b	Name of plan sponsor	HALL BOOKKEEPING AND TAX SERVICE	c EIN-PN 58-1307256-501
a	Plan name	HALL COMPREHENSIVE DENTISTRY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HALL COMPREHENSIVE DENTISTRY LLC	c EIN-PN 54-2098741-501
a	Plan name	HALL CONTRUCTION LAW FIRM LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HALL CONTRUCTION LAW FIRM LLC	c EIN-PN 82-4480005-501
a	Plan name	HALL DAWSON CASA GCF BENEFIT PLAN	
b	Name of plan sponsor	HALL DAWSON CASA	c EIN-PN 58-2034915-501
a	Plan name	HALLMAN & WINGATE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HALLMAN & WINGATE, LLC	c EIN-PN 27-0227697-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	HALLMAN RECYCLING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HALLMAN RECYCLING, LLC	c EIN-PN 47-3754409-501
a	Plan name	HAMBY & ALOISIO,INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HAMBY & ALOISIO,INC	c EIN-PN 58-1246644-501
a	Plan name	HAMS4HIM LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HAMS4HIM LLC	c EIN-PN 26-1307717-501
a	Plan name	HANNAN CONSTRUCTION, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HANNAN CONSTRUCTION, LLC	c EIN-PN 45-3585108-501
a	Plan name	HARBOUR GROUP REAL ESTATE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HARBOUR GROUP REAL ESTATE LLC	c EIN-PN 81-4767199-501
a	Plan name	HARDCORE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HARDCORE LLC	c EIN-PN 45-4785891-501
a	Plan name	HARDY PLUMBING COMPANY,INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HARDY PLUMBING COMPANY,INC	c EIN-PN 58-1373820-501
a	Plan name	HARMONIE MEDICAL GCF BENEFIT PLAN	
b	Name of plan sponsor	HARMONIE MEDICAL	c EIN-PN 27-0904127-501
a	Plan name	HARMONY CROSSING ANIMAL HOSPITAL GCF BENEFIT PLAN	
b	Name of plan sponsor	HARMONY CROSSING ANIMAL HOSPITAL	c EIN-PN 20-3765044-501
a	Plan name	HARMONY INSURANCE PARTNERS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	HARMONY INSURANCE PARTNERS, INC.	c EIN-PN 81-3178735-501
a	Plan name	HARPE ENGINEERING SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HARPE ENGINEERING SOLUTIONS INC	c EIN-PN 47-2859328-501
a	Plan name	HARPER BOUTIQUE GCF BENEFIT PLAN	
b	Name of plan sponsor	HARPER BOUTIQUE	c EIN-PN 46-3763058-501

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.)			
a	Plan name	HARRELL KING HEATING & COOLING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HARRELL KING HEATING & COOLING, INC	c EIN-PN 58-2087010-501
a	Plan name	HARRIS MEDICAL ASSOCIATES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HARRIS MEDICAL ASSOCIATES LLC	c EIN-PN 20-4543590-501
a	Plan name	HART FAMILY FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor	HART FAMILY FOUNDATION	c EIN-PN 81-4721696-501
a	Plan name	HART INSURANCE AGENCY GCF BENEFIT PLAN	
b	Name of plan sponsor	HART INSURANCE AGENCY	c EIN-PN 58-0962055-501
a	Plan name	HARVEST CATHEDRAL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	HARVEST CATHEDRAL, INC.	c EIN-PN 58-1275967-501
a	Plan name	HARVEST NETWORKS GCF BENEFIT PLAN	
b	Name of plan sponsor	HARVEST NETWORKS	c EIN-PN 41-2135728-501
a	Plan name	HAVEN DESIGN WORKS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HAVEN DESIGN WORKS, LLC	c EIN-PN 46-1612593-501
a	Plan name	HAVEN RESTAURANT GCF BENEFIT PLAN	
b	Name of plan sponsor	HAVEN RESTAURANT	c EIN-PN 20-0700714-501
a	Plan name	HAVENN HOMES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HAVENN HOMES LLC	c EIN-PN 99-2725721-501
a	Plan name	HAVIX GROUP, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HAVIX GROUP, INC	c EIN-PN 47-3296780-501
a	Plan name	HAYGOOD WCM GCF BENEFIT PLAN	
b	Name of plan sponsor	HAYGOOD WCM	c EIN-PN 20-2052516-501
a	Plan name	HAYNES HEATING AND AIR INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HAYNES HEATING AND AIR INC	c EIN-PN 58-1348567-502

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.)	
a	Plan name HAYNES M STUDSTILL PC GCF BENEFIT PLAN	
b	Name of plan sponsor HAYNES M STUDSTILL PC	c EIN-PN 27-0274100-501
a	Plan name HBH INC GCF BENEFIT PLAN	
b	Name of plan sponsor HBH INC	c EIN-PN 32-0015734-501
a	Plan name HC ARCHITECTURE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor HC ARCHITECTURE, INC	c EIN-PN 45-0538224-501
a	Plan name HDINS INC GCF BENEFIT PLAN	
b	Name of plan sponsor HDINS INC	c EIN-PN 58-2359583-501
a	Plan name HEADSUP SOLUTIONS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor HEADSUP SOLUTIONS, INC	c EIN-PN 20-0572725-502
a	Plan name HEADWAY COLLISION CENTER LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HEADWAY COLLISION CENTER LLC	c EIN-PN 93-4830635-501
a	Plan name HEADWAY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HEADWAY LLC	c EIN-PN 83-0549876-501
a	Plan name HEADWAY MARKETING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HEADWAY MARKETING LLC	c EIN-PN 45-4118382-502
a	Plan name HEALTHCARE STAFFING INC GCF BENEFIT PLAN	
b	Name of plan sponsor HEALTHCARE STAFFING INC	c EIN-PN 58-2176045-507
a	Plan name HEALTHY MOTHERS HEALTHY BABIES COALITION OF GA GCF BENEFIT PLAN	
b	Name of plan sponsor HEALTHY MOTHERS HEALTHY BABIES COALITION OF GA	c EIN-PN 58-1440858-501
a	Plan name HEARDS CREEK PRODUCTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HEARDS CREEK PRODUCTION LLC	c EIN-PN 46-5476196-501
a	Plan name HEARING DOCTORS OF GEORGIA GCF BENEFIT PLAN	
b	Name of plan sponsor HEARING DOCTORS OF GEORGIA	c EIN-PN 58-2327977-501

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.)			
a	Plan name	HEART OF GEORGIA HOSPICE GCF BENEFIT PLAN	
b	Name of plan sponsor	HEART OF GEORGIA HOSPICE	c EIN-PN 58-1602135-501
a	Plan name	HEATHERLAND OPERATIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	HEATHERLAND OPERATIONS	c EIN-PN 88-4391733-501
a	Plan name	HEAVY EQUIPMENT SERVICES INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	HEAVY EQUIPMENT SERVICES INC.	c EIN-PN 58-2405111-501
a	Plan name	HEFCO, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HEFCO, LLC	c EIN-PN 58-2150948-501
a	Plan name	HELIOX TECHNOLOGY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	HELIOX TECHNOLOGY, INC.	c EIN-PN 35-2651128-501
a	Plan name	HELVICK, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	HELVICK, INC.	c EIN-PN 20-8577440-501
a	Plan name	HENEFELD & GREEN PC GCF BENEFIT PLAN	
b	Name of plan sponsor	HENEFELD & GREEN PC	c EIN-PN 01-0548169-501
a	Plan name	HENRY PLUMBING COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HENRY PLUMBING COMPANY INC	c EIN-PN 58-1144935-501
a	Plan name	HERITAGE MEMORIAL GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	HERITAGE MEMORIAL GROUP	c EIN-PN 27-3711838-501
a	Plan name	HERNAN LAW FIRM GCF BENEFIT PLAN	
b	Name of plan sponsor	HERNAN LAW FIRM	c EIN-PN 36-4668320-501
a	Plan name	HERO POST LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HERO POST LLC	c EIN-PN 47-4510838-501
a	Plan name	HERRING CPA GROUP PC GCF BENEFIT PLAN	
b	Name of plan sponsor	HERRING CPA GROUP PC	c EIN-PN 58-1266608-501

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.)	
a	Plan name HESTER & ASSOCIATES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HESTER & ASSOCIATES LLC	c EIN-PN 84-3937911-501
a	Plan name HICKORY HILL GOLF CLUB GCF BENEFIT PLAN	
b	Name of plan sponsor HICKORY HILL GOLF CLUB	c EIN-PN 58-1426534-501
a	Plan name HICKORY ROAD LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HICKORY ROAD LLC	c EIN-PN 51-0477533-501
a	Plan name HIFI BUYS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor HIFI BUYS, INC.	c EIN-PN 58-2317066-501
a	Plan name HIGH ADVENTURE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HIGH ADVENTURE LLC	c EIN-PN 58-2489997-501
a	Plan name HIGH COUNTRY CARGO LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HIGH COUNTRY CARGO LLC	c EIN-PN 81-1420835-501
a	Plan name HIGH GROUND COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor HIGH GROUND COMPANY	c EIN-PN 84-2750823-501
a	Plan name HIGH LINE HELICOPTERS GCF BENEFIT PLAN	
b	Name of plan sponsor HIGH LINE HELICOPTERS	c EIN-PN 46-3934593-501
a	Plan name HIGHLAND COUNTRY CLUB GCF BENEFIT PLAN	
b	Name of plan sponsor HIGHLAND COUNTRY CLUB	c EIN-PN 58-0286533-501
a	Plan name HIGHT KNOX PROPERTIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HIGHT KNOX PROPERTIES, LLC	c EIN-PN 86-1753347-501
a	Plan name HILL AIRCRAFT & LEASING CORP GCF BENEFIT PLAN	
b	Name of plan sponsor HILL AIRCRAFT & LEASING CORP	c EIN-PN 58-0660473-501
a	Plan name HILL COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor HILL COMPANY INC	c EIN-PN 58-1908026-502

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	HILL HIGH ANIMAL HOSPITAL GCF BENEFIT PLAN
b	Name of plan sponsor	HILL HIGH ANIMAL HOSPITAL
c	EIN-PN	47-3003422-501
a	Plan name	HILL LOGGING INC GCF BENEFIT PLAN
b	Name of plan sponsor	HILL LOGGING INC
c	EIN-PN	58-1244675-501
a	Plan name	HILLSIDE ORCHARD FARMS, INC GCF BENEFIT PLAN
b	Name of plan sponsor	HILLSIDE ORCHARD FARMS, INC
c	EIN-PN	58-1619830-501
a	Plan name	HILTON & BUTLER FITNESS, LLC GCF BENEFIT PLAN
b	Name of plan sponsor	HILTON & BUTLER FITNESS, LLC
c	EIN-PN	47-1418780-501
a	Plan name	HIQO SOLUTIONS, INC GCF BENEFIT PLAN
b	Name of plan sponsor	HIQO SOLUTIONS, INC
c	EIN-PN	27-1608517-501
a	Plan name	HIS PLUMBER INC GCF BENEFIT PLAN
b	Name of plan sponsor	HIS PLUMBER INC
c	EIN-PN	90-1039189-501
a	Plan name	HISPANIC ORGANIZATION PROMOTING EDUCATION INC GCF BENEFIT PLAN
b	Name of plan sponsor	HISPANIC ORGANIZATION PROMOTING EDUCATION INC
c	EIN-PN	27-1578274-501
a	Plan name	HISTORIC SAVANNAH FOUNDATION GCF BENEFIT PLAN
b	Name of plan sponsor	HISTORIC SAVANNAH FOUNDATION
c	EIN-PN	58-0838253-501
a	Plan name	HI-TEC MACHINING CENTER INC GCF BENEFIT PLAN
b	Name of plan sponsor	HI-TEC MACHINING CENTER INC
c	EIN-PN	58-2150882-501
a	Plan name	HI-TEC PROFESSIONAL SOLUTIONS, INC. GCF BENEFIT PLAN
b	Name of plan sponsor	HI-TEC PROFESSIONAL SOLUTIONS, INC.
c	EIN-PN	34-1984794-501
a	Plan name	HM DREAM 22 INC. GCF BENEFIT PLAN
b	Name of plan sponsor	HM DREAM 22 INC.
c	EIN-PN	47-2408297-501
a	Plan name	HMI PROPERTY SOLUTIONS, INC GCF BENEFIT PLAN
b	Name of plan sponsor	HMI PROPERTY SOLUTIONS, INC
c	EIN-PN	58-2050649-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	HMS EDUCATIONAL SVCS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HMS EDUCATIONAL SVCS INC	c EIN-PN 58-1838344-501
a	Plan name	HO ENTERPRISES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HO ENTERPRISES, LLC	c EIN-PN 82-0912915-501
a	Plan name	HODGE DESIGN & REMODELING GCF BENEFIT PLAN	
b	Name of plan sponsor	HODGE DESIGN & REMODELING	c EIN-PN 58-2250283-501
a	Plan name	HODGES LAND AND TIMBER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	HODGES LAND AND TIMBER, INC.	c EIN-PN 58-0707262-501
a	Plan name	HOFFER & WEBB LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HOFFER & WEBB LLC	c EIN-PN 82-4245524-501
a	Plan name	HOGAN MANAGEMENT SYSTEMS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HOGAN MANAGEMENT SYSTEMS LLC	c EIN-PN 83-2950375-501
a	Plan name	HOKES HEATING AND AIR INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HOKES HEATING AND AIR INC	c EIN-PN 58-2635241-502
a	Plan name	HOLBROOK & WALKER GCF BENEFIT PLAN	
b	Name of plan sponsor	HOLBROOK & WALKER	c EIN-PN 58-2423435-501
a	Plan name	HOLCOMB OFFICE SUPPLY GCF BENEFIT PLAN	
b	Name of plan sponsor	HOLCOMB OFFICE SUPPLY	c EIN-PN 58-1391579-501
a	Plan name	HOLDER AG CONSULTING GCF BENEFIT PLAN	
b	Name of plan sponsor	HOLDER AG CONSULTING	c EIN-PN 90-0295975-502
a	Plan name	HOLDER ATLANTA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HOLDER ATLANTA, LLC	c EIN-PN 20-4474756-501
a	Plan name	HOLLIDAY PRINTING COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	HOLLIDAY PRINTING COMPANY, INC.	c EIN-PN 58-1884194-501

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.)	
a	Plan name HOLLINGSWORTH AUTO SERVICE GCF BENEFIT PLAN	
b	Name of plan sponsor HOLLINGSWORTH AUTO SERVICE	c EIN-PN 58-0965206-501
a	Plan name HOLLINGSWORTH GROUP, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor HOLLINGSWORTH GROUP, LLC.	c EIN-PN 47-2071686-501
a	Plan name HOLMAN SUPPLY CO, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor HOLMAN SUPPLY CO, INC.	c EIN-PN 58-1295692-501
a	Plan name HOLOGRAM SALON LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor HOLOGRAM SALON LLC.	c EIN-PN 81-0830275-501
a	Plan name HOLT PROPERTIES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor HOLT PROPERTIES, INC	c EIN-PN 58-2646601-501
a	Plan name HOME FURNITURE AND MATTRESS OUTLET LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HOME FURNITURE AND MATTRESS OUTLET LLC	c EIN-PN 20-5395424-501
a	Plan name HOME SAFETY SERVICES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor HOME SAFETY SERVICES, INC	c EIN-PN 58-1992623-501
a	Plan name HOMESTEAD TITLE COMPANY. INC. GCF BENEFIT PLAN	
b	Name of plan sponsor HOMESTEAD TITLE COMPANY. INC.	c EIN-PN 02-0595708-501
a	Plan name HONE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HONE LLC	c EIN-PN 46-4576072-501
a	Plan name HOPE ABA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HOPE ABA, LLC	c EIN-PN 84-5173587-501
a	Plan name HOPE CHURCH, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor HOPE CHURCH, INC.	c EIN-PN 51-0470519-501
a	Plan name HOPE HOUSE INC GCF BENEFIT PLAN	
b	Name of plan sponsor HOPE HOUSE INC	c EIN-PN 58-2074040-501

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.)	
a	Plan name HORIZON CONSTRUCTION & ASSOCIATES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor HORIZON CONSTRUCTION & ASSOCIATES, INC.	c EIN-PN 58-2655526-501
a	Plan name HORNET STAFFING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor HORNET STAFFING, INC.	c EIN-PN 81-3841398-501
a	Plan name HOT MELT SUPPLY COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor HOT MELT SUPPLY COMPANY	c EIN-PN 46-2160038-501
a	Plan name HOUSE OF CHERITH GCF BENEFIT PLAN	
b	Name of plan sponsor HOUSE OF CHERITH	c EIN-PN 82-5393648-501
a	Plan name HOUSE OF CURRENT, INC GCF BENEFIT PLAN	
b	Name of plan sponsor HOUSE OF CURRENT, INC	c EIN-PN 45-1470314-501
a	Plan name HOUSER WALKER ARCHITECTURE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HOUSER WALKER ARCHITECTURE LLC	c EIN-PN 20-1092387-501
a	Plan name HOUSING AUTHORITY OF NEWNAN GCF BENEFIT PLAN	
b	Name of plan sponsor HOUSING AUTHORITY OF NEWNAN	c EIN-PN 58-6002694-501
a	Plan name HOUSTON & COMPANY INVESTMENTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor HOUSTON & COMPANY INVESTMENTS, LLC	c EIN-PN 26-0810222-501
a	Plan name HOUSTON JANITORIAL SUPPLY GCF BENEFIT PLAN	
b	Name of plan sponsor HOUSTON JANITORIAL SUPPLY	c EIN-PN 58-2363257-501
a	Plan name HOUZE & ASSOCIATES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor HOUZE & ASSOCIATES, INC	c EIN-PN 58-1435514-501
a	Plan name HOWARD PROPERTIES GCF BENEFIT PLAN	
b	Name of plan sponsor HOWARD PROPERTIES	c EIN-PN 58-1212009-501
a	Plan name HR1 SERVICE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor HR1 SERVICE, INC	c EIN-PN 26-2672756-501

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.)			
a	Plan name	HRCATALYST, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HRCATALYST, INC	c EIN-PN 20-0292730-501
a	Plan name	HT GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HT GROUP, LLC	c EIN-PN 58-2599355-501
a	Plan name	HTL-STREFA INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HTL-STREFA INC	c EIN-PN 20-8301723-501
a	Plan name	HUDSON DEVELOPMENT GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	HUDSON DEVELOPMENT GROUP	c EIN-PN 46-2484108-501
a	Plan name	HUGHES HONDA GCF BENEFIT PLAN	
b	Name of plan sponsor	HUGHES HONDA	c EIN-PN 58-1656280-501
a	Plan name	HUGHES PUBLIC AFFAIRS GCF BENEFIT PLAN	
b	Name of plan sponsor	HUGHES PUBLIC AFFAIRS	c EIN-PN 55-0904254-501
a	Plan name	HUGHES TURNER PHILLIPS ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	HUGHES TURNER PHILLIPS ASSOCIATES	c EIN-PN 46-4333235-501
a	Plan name	HUGHEY & NEUMAN, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HUGHEY & NEUMAN, INC	c EIN-PN 58-0654264-501
a	Plan name	HUMPHRIES BUILDING PRODUCTS GCF BENEFIT PLAN	
b	Name of plan sponsor	HUMPHRIES BUILDING PRODUCTS	c EIN-PN 58-2119194-501
a	Plan name	HUNTER REALTY ASSOCIATES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	HUNTER REALTY ASSOCIATES, INC.	c EIN-PN 58-1338436-501
a	Plan name	HUNT-MILLER INSURANCE AGENCY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	HUNT-MILLER INSURANCE AGENCY, INC.	c EIN-PN 58-1949942-501
a	Plan name	HUSTLE AND GRIND ATHLETICS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HUSTLE AND GRIND ATHLETICS, LLC	c EIN-PN 85-2436167-501

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.)			
a	Plan name	HUTCHESON HORTICULTURAL COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	HUTCHESON HORTICULTURAL COMPANY	c EIN-PN 58-1929572-501
a	Plan name	HV MANAGEMENT INC GCF BENEFIT PLAN	
b	Name of plan sponsor	HV MANAGEMENT INC	c EIN-PN 47-3930365-501
a	Plan name	HYDRAULIC REPAIR SERVICES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	HYDRAULIC REPAIR SERVICES, LLC	c EIN-PN 20-3642259-501
a	Plan name	HYE PRECISION PRODUCTS GCF BENEFIT PLAN	
b	Name of plan sponsor	HYE PRECISION PRODUCTS	c EIN-PN 20-1362849-501
a	Plan name	HYMAN BROWN INSURANCE AGENCY INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	HYMAN BROWN INSURANCE AGENCY INC.	c EIN-PN 58-1557440-501
a	Plan name	HYOX MEDICAL TREATMENT CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor	HYOX MEDICAL TREATMENT CENTER	c EIN-PN 58-2177920-501
a	Plan name	ICB CONSTRUCTION GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	ICB CONSTRUCTION GROUP	c EIN-PN 58-2083046-502
a	Plan name	ICM REALTY GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	ICM REALTY GROUP	c EIN-PN 20-0723170-501
a	Plan name	IDEAL AGGREGATE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	IDEAL AGGREGATE, LLC	c EIN-PN 83-2762045-501
a	Plan name	IDSI PRODUCTS OF GEORGIA, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	IDSI PRODUCTS OF GEORGIA, INC	c EIN-PN 58-1310578-501
a	Plan name	IFOLIO LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	IFOLIO LLC	c EIN-PN 81-5076141-501
a	Plan name	IKTHOOS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	IKTHOOS INC	c EIN-PN 58-2474735-501

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.)			
a	Plan name	IL MIO IL TUO, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	IL MIO IL TUO, INC	c EIN-PN 58-2417178-501
a	Plan name	ILLUMINATED PRODUCTIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ILLUMINATED PRODUCTIONS LLC	c EIN-PN 82-5311551-501
a	Plan name	IMAT AUTOMOTIVE TECHNOLOGY SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	IMAT AUTOMOTIVE TECHNOLOGY SERVICES, INC.	c EIN-PN 61-1737129-501
a	Plan name	IMBIBE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	IMBIBE, LLC	c EIN-PN 47-5392690-501
a	Plan name	IMPACT CHECK LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	IMPACT CHECK LLC	c EIN-PN 47-3052425-501
a	Plan name	IMPACT DEVELOPMENT MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	IMPACT DEVELOPMENT MANAGEMENT LLC	c EIN-PN 86-2141213-501
a	Plan name	IMPACT SPECIALTIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	IMPACT SPECIALTIES INC	c EIN-PN 58-1341404-501
a	Plan name	IMPORT AUTO WORKS GCF BENEFIT PLAN	
b	Name of plan sponsor	IMPORT AUTO WORKS	c EIN-PN 58-1965480-501
a	Plan name	INDIGO PAYMENTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	INDIGO PAYMENTS INC	c EIN-PN 20-8561890-501
a	Plan name	INDUSTRIAL CONSTRUCTION SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	INDUSTRIAL CONSTRUCTION SERVICES, INC.	c EIN-PN 58-2634088-501
a	Plan name	INDUSTRIAL MACHINE & WELDING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	INDUSTRIAL MACHINE & WELDING, LLC	c EIN-PN 58-2346597-501
a	Plan name	INDUSTRIAL METAL FABRICATORS GCF BENEFIT PLAN	
b	Name of plan sponsor	INDUSTRIAL METAL FABRICATORS	c EIN-PN 58-1032074-501

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.)	
a	Plan name INDUSTRIAL TRANSPORTATION CONSULTANTS GCF BENEFIT PLAN	
b	Name of plan sponsor INDUSTRIAL TRANSPORTATION CONSULTANTS	c EIN-PN 58-1513368-501
a	Plan name INGREDIENT SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor INGREDIENT SOLUTIONS INC	c EIN-PN 58-2513147-501
a	Plan name INLET INVESTMENT HOLDINGS GCF BENEFIT PLAN	
b	Name of plan sponsor INLET INVESTMENT HOLDINGS	c EIN-PN 84-3439823-501
a	Plan name INMAN SOLAR GCF BENEFIT PLAN	
b	Name of plan sponsor INMAN SOLAR	c EIN-PN 27-0565842-501
a	Plan name INNOVATION HUB ENTERPRISES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor INNOVATION HUB ENTERPRISES, LLC	c EIN-PN 82-4323356-501
a	Plan name INNOVATIVE CONSTRUCTION INC GCF BENEFIT PLAN	
b	Name of plan sponsor INNOVATIVE CONSTRUCTION INC	c EIN-PN 58-2563961-501
a	Plan name INNOVATIVE ENGINEERING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor INNOVATIVE ENGINEERING, INC.	c EIN-PN 58-2174244-501
a	Plan name INNOVATIVE FITNESS SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor INNOVATIVE FITNESS SOLUTIONS INC	c EIN-PN 58-2528532-501
a	Plan name INNOVATIVE HEALTH & BENEFITS SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor INNOVATIVE HEALTH & BENEFITS SOLUTIONS	c EIN-PN 83-0785132-501
a	Plan name INNOVATIVE VETERINARY MEDICINE GCF BENEFIT PLAN	
b	Name of plan sponsor INNOVATIVE VETERINARY MEDICINE	c EIN-PN 26-2357851-501
a	Plan name IN-RHYTHM CONSULTING INC GCF BENEFIT PLAN	
b	Name of plan sponsor IN-RHYTHM CONSULTING INC	c EIN-PN 27-0458180-501
a	Plan name INSPIRE ABA SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor INSPIRE ABA SERVICES	c EIN-PN 84-5148347-501

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.)	
a	Plan name INSPIRESPORT NORTH AMERICA GCF BENEFIT PLAN	
b	Name of plan sponsor INSPIRESPORT NORTH AMERICA	c EIN-PN 87-3296944-501
a	Plan name INSTITUTE FOR ADVANCED MEDICAL RESEARCH GCF BENEFIT PLAN	
b	Name of plan sponsor INSTITUTE FOR ADVANCED MEDICAL RESEARCH	c EIN-PN 58-2412493-501
a	Plan name INSURED BENEFIT PLANS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor INSURED BENEFIT PLANS, INC.	c EIN-PN 58-1349228-501
a	Plan name INTEGRA ANESTHESIA ASSOCIATES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor INTEGRA ANESTHESIA ASSOCIATES, LLC	c EIN-PN 26-2271474-501
a	Plan name INTEGRAS PARTNERS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor INTEGRAS PARTNERS, LLC	c EIN-PN 27-1970537-501
a	Plan name INTEGRATED ENVIRONMENTAL SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor INTEGRATED ENVIRONMENTAL SERVICES INC	c EIN-PN 58-1972767-501
a	Plan name INTEGRATED NETWORK SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor INTEGRATED NETWORK SOLUTIONS	c EIN-PN 58-1917493-501
a	Plan name INTEGRATED RECYCLING SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor INTEGRATED RECYCLING SOLUTIONS	c EIN-PN 22-3941527-501
a	Plan name INTEGRATED SUPPLY COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor INTEGRATED SUPPLY COMPANY	c EIN-PN 58-2196963-501
a	Plan name INTEGRATED SYSTEMS INC GCF BENEFIT PLAN	
b	Name of plan sponsor INTEGRATED SYSTEMS INC	c EIN-PN 58-1405184-501
a	Plan name INTEGRITY FIRST LEADS & MARKETING GCF BENEFIT PLAN	
b	Name of plan sponsor INTEGRITY FIRST LEADS & MARKETING	c EIN-PN 47-3487735-501
a	Plan name INTEGRITY FUSION PRODUCTS GCF BENEFIT PLAN	
b	Name of plan sponsor INTEGRITY FUSION PRODUCTS	c EIN-PN 61-1236188-501

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.)	
a	Plan name INTELLIGENT ULTRASOUND NORTH AMERICA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor INTELLIGENT ULTRASOUND NORTH AMERICA, INC.	c EIN-PN 30-0806962-501
a	Plan name INTERACTIV CHILDRENS THERAPY SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor INTERACTIV CHILDRENS THERAPY SERVICES INC	c EIN-PN 20-0138135-501
a	Plan name INTERCAX LLC GCF BENEFIT PLAN	
b	Name of plan sponsor INTERCAX LLC	c EIN-PN 13-4223812-501
a	Plan name INTERCEPTOR PUBLIC SAFETY PRODUCTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor INTERCEPTOR PUBLIC SAFETY PRODUCTS INC	c EIN-PN 58-2494386-501
a	Plan name INTERIOR HOMESCAPES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor INTERIOR HOMESCAPES LLC	c EIN-PN 27-2340181-501
a	Plan name INTERNAL MEDICINE & GERIATRICS OF HOUSTON LLC GCF BENEFIT PLAN	
b	Name of plan sponsor INTERNAL MEDICINE & GERIATRICS OF HOUSTON LLC	c EIN-PN 26-0299290-501
a	Plan name INTERNATIONAL DUNNAGE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor INTERNATIONAL DUNNAGE, LLC	c EIN-PN 31-1835300-501
a	Plan name INTERNATIONAL SOCIETY OF ARBORICULTURE GCF BENEFIT PLAN	
b	Name of plan sponsor INTERNATIONAL SOCIETY OF ARBORICULTURE	c EIN-PN 37-1004119-501
a	Plan name INTERNATIONAL STOCK FOOD CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor INTERNATIONAL STOCK FOOD CORPORATION	c EIN-PN 58-0808547-501
a	Plan name INTERNATIONAL TACTICAL PRODUCTS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor INTERNATIONAL TACTICAL PRODUCTS, INC	c EIN-PN 58-1484370-501
a	Plan name INTERNATIONAL TRADE IMPORTS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor INTERNATIONAL TRADE IMPORTS LLC	c EIN-PN 46-1919738-501
a	Plan name INTERSTATE BATTERY GCF BENEFIT PLAN	
b	Name of plan sponsor INTERSTATE BATTERY	c EIN-PN 02-0536242-501

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.)	
a	Plan name INTERTEX WORLD RESOURCES GCF BENEFIT PLAN	
b	Name of plan sponsor INTERTEX WORLD RESOURCES	c EIN-PN 20-5601042-501
a	Plan name INVERSA SYSTEMS LTD GCF BENEFIT PLAN	
b	Name of plan sponsor INVERSA SYSTEMS LTD	c EIN-PN 32-0575911-501
a	Plan name INVESTMENT PERFORMANCE SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor INVESTMENT PERFORMANCE SERVICES LLC	c EIN-PN 58-2432390-501
a	Plan name IP QUEST SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor IP QUEST SOLUTIONS	c EIN-PN 99-3615196-501
a	Plan name IPG INCORPORATED GCF BENEFIT PLAN	
b	Name of plan sponsor IPG INCORPORATED	c EIN-PN 58-1258460-501
a	Plan name IRM TECHNOLOGY CONSULTING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor IRM TECHNOLOGY CONSULTING, INC.	c EIN-PN 30-0121014-501
a	Plan name IRON AGE OFFICE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor IRON AGE OFFICE, LLC	c EIN-PN 47-1331618-501
a	Plan name IRON EAGLE AVIATION GCF BENEFIT PLAN	
b	Name of plan sponsor IRON EAGLE AVIATION	c EIN-PN 46-5046182-501
a	Plan name IRON GRID NETWORKS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor IRON GRID NETWORKS, LLC	c EIN-PN 83-1497356-501
a	Plan name IRWIN TIMBER COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor IRWIN TIMBER COMPANY	c EIN-PN 58-2346153-501
a	Plan name ISHVER INVESTMENT GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor ISHVER INVESTMENT GROUP	c EIN-PN 43-1962410-501
a	Plan name ITECH ATLANTA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ITECH ATLANTA, LLC	c EIN-PN 20-0064549-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	J & H PROPERTY LEASING 2, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	J & H PROPERTY LEASING 2, LLC	c EIN-PN 45-1855109-501
a	Plan name	J & J CARPETS, LCC GCF BENEFIT PLAN	
b	Name of plan sponsor	J & J CARPETS, LCC	c EIN-PN 58-1513838-501
a	Plan name	J H KINARD LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	J H KINARD LLC	c EIN-PN 58-2544940-501
a	Plan name	J LANCASTER ASSOCIATES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	J LANCASTER ASSOCIATES INC	c EIN-PN 58-1520651-501
a	Plan name	J W WELDING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	J W WELDING LLC	c EIN-PN 26-1172865-501
a	Plan name	J&A FINANCE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	J&A FINANCE LLC	c EIN-PN 26-3724127-501
a	Plan name	J&A METAL SPECIALIST,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	J&A METAL SPECIALIST,LLC	c EIN-PN 26-1241336-501
a	Plan name	J&K UTILITIES GCF BENEFIT PLAN	
b	Name of plan sponsor	J&K UTILITIES	c EIN-PN 58-2469035-501
a	Plan name	J. G. LEONE ENTERPRISES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	J. G. LEONE ENTERPRISES INC	c EIN-PN 45-2556912-501
a	Plan name	J. HIERS COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	J. HIERS COMPANY, INC.	c EIN-PN 58-2429817-501
a	Plan name	J. RYAN DUFFEY, ARCHITECT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	J. RYAN DUFFEY, ARCHITECT, INC.	c EIN-PN 45-4167135-501
a	Plan name	J. SCOTT MEMORIALS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	J. SCOTT MEMORIALS, LLC	c EIN-PN 20-3774691-501

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.)	
a	Plan name J.H. CLEVELAND CONSTRUCTION COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor J.H. CLEVELAND CONSTRUCTION COMPANY	c EIN-PN 58-1305248-501
a	Plan name J.K. LOCKWOOD CONSTRUCTION COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor J.K. LOCKWOOD CONSTRUCTION COMPANY INC	c EIN-PN 58-1876885-501
a	Plan name J.S. HAYES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor J.S. HAYES, INC.	c EIN-PN 84-1631911-501
a	Plan name J.W.YORK PROPERTIES,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor J.W.YORK PROPERTIES,LLC	c EIN-PN 02-0783585-501
a	Plan name JAB-O METAL FABRICATION INC GCF BENEFIT PLAN	
b	Name of plan sponsor JAB-O METAL FABRICATION INC	c EIN-PN 58-2637483-501
a	Plan name JACK PEEKS SALES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor JACK PEEKS SALES, INC	c EIN-PN 58-1667311-501
a	Plan name JACK RUBIN & SONS GCF BENEFIT PLAN	
b	Name of plan sponsor JACK RUBIN & SONS	c EIN-PN 95-1771502-501
a	Plan name JACK STROTHER ATTORNEY AT LAW PC GCF BENEFIT PLAN	
b	Name of plan sponsor JACK STROTHER ATTORNEY AT LAW PC	c EIN-PN 58-2477573-501
a	Plan name JACKSON FAMILY EYE CARE GCF BENEFIT PLAN	
b	Name of plan sponsor JACKSON FAMILY EYE CARE	c EIN-PN 46-3685120-501
a	Plan name JACOBS BUILDERS INC GCF BENEFIT PLAN	
b	Name of plan sponsor JACOBS BUILDERS INC	c EIN-PN 47-0959883-501
a	Plan name JADE GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor JADE GROUP INC	c EIN-PN 43-2009446-502
a	Plan name JAKE BRYANT & ASSOCIATE GCF BENEFIT PLAN	
b	Name of plan sponsor JAKE BRYANT & ASSOCIATE	c EIN-PN 93-4697250-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	JAKE PATRICK AND SON PLUMBING GCF BENEFIT PLAN	
b	Name of plan sponsor	JAKE PATRICK AND SON PLUMBING	c EIN-PN 26-0575916-501
a	Plan name	JAMES A PARKER MD PC GCF BENEFIT PLAN	
b	Name of plan sponsor	JAMES A PARKER MD PC	c EIN-PN 27-2762314-501
a	Plan name	JAMES G. SWIFT & ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	JAMES G. SWIFT & ASSOCIATES	c EIN-PN 58-0952948-501
a	Plan name	JAMES GARWACKI GCF BENEFIT PLAN	
b	Name of plan sponsor	JAMES GARWACKI	c EIN-PN 84-3514530-501
a	Plan name	JAMES GREENHOUSES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	JAMES GREENHOUSES INC	c EIN-PN 16-1781210-501
a	Plan name	JAMES L OATES, III ENTERPRISES GCF BENEFIT PLAN	
b	Name of plan sponsor	JAMES L OATES, III ENTERPRISES	c EIN-PN 58-2287018-501
a	Plan name	JAMES M WILLIAMS JR FAMILY FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor	JAMES M WILLIAMS JR FAMILY FOUNDATION	c EIN-PN 26-4545654-501
a	Plan name	JAMES MANN INC GCF BENEFIT PLAN	
b	Name of plan sponsor	JAMES MANN INC	c EIN-PN 58-2100537-501
a	Plan name	JAMES R LAYCOCK INVESTMENTS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	JAMES R LAYCOCK INVESTMENTS LLC	c EIN-PN 26-2037035-501
a	Plan name	JAMES STROTHER & CO. GCF BENEFIT PLAN	
b	Name of plan sponsor	JAMES STROTHER & CO.	c EIN-PN 37-1939989-501
a	Plan name	JAMES W. BUCKLEY GCF BENEFIT PLAN	
b	Name of plan sponsor	JAMES W. BUCKLEY	c EIN-PN 58-1383930-501
a	Plan name	JAMISON PRIVATE WEALTH MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	JAMISON PRIVATE WEALTH MANAGEMENT	c EIN-PN 58-1833272-501

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.)			
a	Plan name	JANEYS GYMS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	JANEYS GYMS, LLC	c EIN-PN 81-3316558-501
a	Plan name	JAPANESE AUTO, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	JAPANESE AUTO, INC	c EIN-PN 58-2187865-501
a	Plan name	JAS.M.KNIGHT,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	JAS.M.KNIGHT,INC.	c EIN-PN 58-1587588-501
a	Plan name	JASON WIELOCH REAL ESTATE GCF BENEFIT PLAN	
b	Name of plan sponsor	JASON WIELOCH REAL ESTATE	c EIN-PN 45-4735786-501
a	Plan name	JAZ MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	JAZ MANAGEMENT LLC	c EIN-PN 26-3001937-501
a	Plan name	JBW INSTALLATIONS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	JBW INSTALLATIONS, INC	c EIN-PN 86-1996398-501
a	Plan name	JC CONCRETE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	JC CONCRETE, LLC	c EIN-PN 76-0822162-501
a	Plan name	JCZ INVESTORS GCF BENEFIT PLAN	
b	Name of plan sponsor	JCZ INVESTORS	c EIN-PN 58-2526900-501
a	Plan name	JDOUGLAS GCF BENEFIT PLAN	
b	Name of plan sponsor	JDOUGLAS	c EIN-PN 58-2610288-501
a	Plan name	JEANNETTE RANKIN FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor	JEANNETTE RANKIN FOUNDATION	c EIN-PN 58-1273122-501
a	Plan name	JEFFREY S. COLEMAN, DDS, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	JEFFREY S. COLEMAN, DDS, P.C.	c EIN-PN 58-2221459-501
a	Plan name	JEFFRIES TOOL & DIE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	JEFFRIES TOOL & DIE, LLC	c EIN-PN 03-0454847-501

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.)	
a	Plan name JEFREY D. LIEBERMAN GCF BENEFIT PLAN	
b	Name of plan sponsor JEFREY D. LIEBERMAN	c EIN-PN 26-0005741-501
a	Plan name JEJ INC GCF BENEFIT PLAN	
b	Name of plan sponsor JEJ INC	c EIN-PN 58-1493375-501
a	Plan name JENNIFER DEMPSEY CPA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JENNIFER DEMPSEY CPA, LLC	c EIN-PN 26-3003076-501
a	Plan name JENNINGS EXECUTIVE SEARCH, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JENNINGS EXECUTIVE SEARCH, LLC	c EIN-PN 45-5006180-501
a	Plan name JENSENS CONCRETE PUMPING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor JENSENS CONCRETE PUMPING, INC.	c EIN-PN 20-2360589-501
a	Plan name JEWELS BY IROFF INC. GCF BENEFIT PLAN	
b	Name of plan sponsor JEWELS BY IROFF INC.	c EIN-PN 58-1485912-501
a	Plan name JFS HOLDINGS GA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JFS HOLDINGS GA LLC	c EIN-PN 99-0489388-501
a	Plan name JGH CONSULTING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JGH CONSULTING LLC	c EIN-PN 84-2203058-501
a	Plan name JH STRICKLAND CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor JH STRICKLAND CONSTRUCTION	c EIN-PN 20-8997185-501
a	Plan name JHS & COMPANY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JHS & COMPANY LLC	c EIN-PN 81-4763575-501
a	Plan name JIMMY AND DENAS BODY SHOP GCF BENEFIT PLAN	
b	Name of plan sponsor JIMMY AND DENAS BODY SHOP	c EIN-PN 26-3362913-501
a	Plan name JIREH SUPPLIES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor JIREH SUPPLIES, INC	c EIN-PN 58-2475544-501

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.)		
a	Plan name JIYA GAME AMUSEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JIYA GAME AMUSEMENT, LLC	c EIN-PN 83-2572085-501
a	Plan name JLM SOFTWARE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JLM SOFTWARE, LLC	c EIN-PN 83-2733771-501
a	Plan name JMG LAW FIRM GCF BENEFIT PLAN	
b	Name of plan sponsor JMG LAW FIRM	c EIN-PN 82-3133321-501
a	Plan name JMP ENTERPRISES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JMP ENTERPRISES, LLC	c EIN-PN 20-8608199-501
a	Plan name JMPC LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JMPC LLC	c EIN-PN 88-2584056-501
a	Plan name JNS REAL ESTATE INVESTMENTS GCF BENEFIT PLAN	
b	Name of plan sponsor JNS REAL ESTATE INVESTMENTS	c EIN-PN 83-0519193-501
a	Plan name JOE COSTA & ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor JOE COSTA & ASSOCIATES	c EIN-PN 58-1751564-501
a	Plan name JOE TOOLS INC GCF BENEFIT PLAN	
b	Name of plan sponsor JOE TOOLS INC	c EIN-PN 20-8480750-501
a	Plan name JOHN A NEMETH, INC GCF BENEFIT PLAN	
b	Name of plan sponsor JOHN A NEMETH, INC	c EIN-PN 27-1598817-501
a	Plan name JOHN B. MILLER & ASSOCIATES,P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor JOHN B. MILLER & ASSOCIATES,P.C.	c EIN-PN 81-5415398-501
a	Plan name JOHN C. BAKER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor JOHN C. BAKER, INC.	c EIN-PN 58-2209379-501
a	Plan name JOHN F PENNEBAKER CO INC GCF BENEFIT PLAN	
b	Name of plan sponsor JOHN F PENNEBAKER CO INC	c EIN-PN 58-1212306-501

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.)	
a	Plan name JOHN F. FLOURNOY GCF BENEFIT PLAN	
b	Name of plan sponsor JOHN F. FLOURNOY	c EIN-PN 58-1278930-501
a	Plan name JOHN GALLUP & ASSOCIATES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JOHN GALLUP & ASSOCIATES, LLC	c EIN-PN 54-1992641-501
a	Plan name JOHN R WALKER INC GCF BENEFIT PLAN	
b	Name of plan sponsor JOHN R WALKER INC	c EIN-PN 58-1699702-501
a	Plan name JOHN R. B. LONG, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor JOHN R. B. LONG, P.C.	c EIN-PN 20-8805387-501
a	Plan name JOHN S SUPERMARKET GCF BENEFIT PLAN	
b	Name of plan sponsor JOHN S SUPERMARKET	c EIN-PN 58-2024237-501
a	Plan name JOHN W SPRATLIN AND SON GCF BENEFIT PLAN	
b	Name of plan sponsor JOHN W SPRATLIN AND SON	c EIN-PN 27-4242426-501
a	Plan name JOHNS CREEK BAPTIST CHURCH INC GCF BENEFIT PLAN	
b	Name of plan sponsor JOHNS CREEK BAPTIST CHURCH INC	c EIN-PN 58-0838628-501
a	Plan name JOHNS TRUCK & TRAILER GCF BENEFIT PLAN	
b	Name of plan sponsor JOHNS TRUCK & TRAILER	c EIN-PN 58-2481891-501
a	Plan name JOHNSON CONTRACTING SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor JOHNSON CONTRACTING SERVICES, INC.	c EIN-PN 58-2439418-501
a	Plan name JOHNSON FAMILY GROUP, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor JOHNSON FAMILY GROUP, LLC.	c EIN-PN 71-0881338-501
a	Plan name JOHNSON LASCHOBER & ASSOCIATES PC GCF BENEFIT PLAN	
b	Name of plan sponsor JOHNSON LASCHOBER & ASSOCIATES PC	c EIN-PN 58-1419659-501
a	Plan name JOHNSON PLUMBING AND CONTRACTING GCF BENEFIT PLAN	
b	Name of plan sponsor JOHNSON PLUMBING AND CONTRACTING	c EIN-PN 58-2372673-501

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.)		
a	Plan name JOHNSON RAILWAY HOLDING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor JOHNSON RAILWAY HOLDING, INC	c EIN-PN 27-1798882-501
a	Plan name JOHNSON RAILWAY HOLDING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor JOHNSON RAILWAY HOLDING, INC	c EIN-PN 27-1798882-501
a	Plan name JOHNSTON FINANCIAL & INSURANCE SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor JOHNSTON FINANCIAL & INSURANCE SERVICES, INC.	c EIN-PN 81-4306023-501
a	Plan name JOHNSTON FINANCIAL & INSURANCE SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor JOHNSTON FINANCIAL & INSURANCE SERVICES, INC.	c EIN-PN 81-4306023-501
a	Plan name JON RUSSELL SERVICES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JON RUSSELL SERVICES, LLC	c EIN-PN 58-2594490-501
a	Plan name JON RUSSELL SERVICES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JON RUSSELL SERVICES, LLC	c EIN-PN 58-2594490-501
a	Plan name JONATHAN E LEONARD PC GCF BENEFIT PLAN	
b	Name of plan sponsor JONATHAN E LEONARD PC	c EIN-PN 04-3588221-501
a	Plan name JONATHAN E LEONARD PC GCF BENEFIT PLAN	
b	Name of plan sponsor JONATHAN E LEONARD PC	c EIN-PN 04-3588221-501
a	Plan name JONES & PALMER LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JONES & PALMER LLC	c EIN-PN 93-1751952-501
a	Plan name JONES & PALMER LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JONES & PALMER LLC	c EIN-PN 93-1751952-501
a	Plan name JONES GLASS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor JONES GLASS INC.	c EIN-PN 58-1344812-501
a	Plan name JONES GLASS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor JONES GLASS INC.	c EIN-PN 58-1344812-501
a	Plan name JONES JONES DAVIS AND ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor JONES JONES DAVIS AND ASSOCIATES	c EIN-PN 58-1645669-501
a	Plan name JONES JONES DAVIS AND ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor JONES JONES DAVIS AND ASSOCIATES	c EIN-PN 58-1645669-501
a	Plan name JONES PIERCE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor JONES PIERCE, INC	c EIN-PN 58-2363778-501
a	Plan name JONES PIERCE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor JONES PIERCE, INC	c EIN-PN 58-2363778-501
a	Plan name JORDAN TROTTER REALTY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JORDAN TROTTER REALTY, LLC	c EIN-PN 46-1526434-501
a	Plan name JORDAN TROTTER REALTY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JORDAN TROTTER REALTY, LLC	c EIN-PN 46-1526434-501
a	Plan name JORLI INVESTMENTS GCF BENEFIT PLAN	
b	Name of plan sponsor JORLI INVESTMENTS	c EIN-PN 47-1182539-501
a	Plan name JORLI INVESTMENTS GCF BENEFIT PLAN	
b	Name of plan sponsor JORLI INVESTMENTS	c EIN-PN 47-1182539-501
a	Plan name JOYE PSYCHOLOGY AND WELLNESS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JOYE PSYCHOLOGY AND WELLNESS LLC	c EIN-PN 46-4473825-501
a	Plan name JOYE PSYCHOLOGY AND WELLNESS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor JOYE PSYCHOLOGY AND WELLNESS LLC	c EIN-PN 46-4473825-501
a	Plan name JP AEROTECHNICS GCF BENEFIT PLAN	
b	Name of plan sponsor JP AEROTECHNICS	c EIN-PN 83-3362863-501
a	Plan name JP AEROTECHNICS GCF BENEFIT PLAN	
b	Name of plan sponsor JP AEROTECHNICS	c EIN-PN 83-3362863-501

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.)			
a	Plan name	JRICH REALTY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	JRICH REALTY LLC	c EIN-PN 45-2747575-501
a	Plan name	JROD INC GCF BENEFIT PLAN	
b	Name of plan sponsor	JROD INC	c EIN-PN 58-2118250-501
a	Plan name	JRPW RACING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	JRPW RACING INC	c EIN-PN 20-5210063-501
a	Plan name	JRS CREATIVE GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	JRS CREATIVE GROUP LLC	c EIN-PN 14-1954074-501
a	Plan name	JT JONES AND ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	JT JONES AND ASSOCIATES	c EIN-PN 58-2479657-501
a	Plan name	JTS RISK ADVISORS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	JTS RISK ADVISORS, LLC	c EIN-PN 27-4551218-501
a	Plan name	JUDSON C HILL, ATTORNEY GCF BENEFIT PLAN	
b	Name of plan sponsor	JUDSON C HILL, ATTORNEY	c EIN-PN 20-8109744-501
a	Plan name	JUNIORS PIZZA GCF BENEFIT PLAN	
b	Name of plan sponsor	JUNIORS PIZZA	c EIN-PN 82-2340920-501
a	Plan name	JUST EAT MORE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	JUST EAT MORE LLC	c EIN-PN 46-3972976-501
a	Plan name	JUST HEART FOUNDATION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	JUST HEART FOUNDATION, INC.	c EIN-PN 26-3834850-501
a	Plan name	JUTURNA GCF BENEFIT PLAN	
b	Name of plan sponsor	JUTURNA	c EIN-PN 26-2992417-501
a	Plan name	JUVO 360,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	JUVO 360,LLC	c EIN-PN 47-2020996-501

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.)			
a	Plan name	JV DELL PC GCF BENEFIT PLAN	
b	Name of plan sponsor	JV DELL PC	c EIN-PN 27-2977112-501
a	Plan name	K & B FABRICATING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	K & B FABRICATING INC	c EIN-PN 58-1526090-501
a	Plan name	K & G PATTON ENTERPRISES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	K & G PATTON ENTERPRISES, INC	c EIN-PN 58-1776109-502
a	Plan name	K & K TRUCKING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	K & K TRUCKING, LLC	c EIN-PN 20-3228731-501
a	Plan name	K & L WHOLESALAS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	K & L WHOLESALAS, INC	c EIN-PN 58-2252558-501
a	Plan name	K & M AUTOPARTS GCF BENEFIT PLAN	
b	Name of plan sponsor	K & M AUTOPARTS	c EIN-PN 58-0839543-501
a	Plan name	KALEEN RUGS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KALEEN RUGS INC	c EIN-PN 58-2297342-501
a	Plan name	KAM, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KAM, INC	c EIN-PN 58-1795916-501
a	Plan name	KAMO MANUFACTURING GCF BENEFIT PLAN	
b	Name of plan sponsor	KAMO MANUFACTURING	c EIN-PN 58-0902320-501
a	Plan name	KANAM SERVICES LP GCF BENEFIT PLAN	
b	Name of plan sponsor	KANAM SERVICES LP	c EIN-PN 58-2117416-501
a	Plan name	KANON CONTRACTORS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	KANON CONTRACTORS INC.	c EIN-PN 83-2445806-501
a	Plan name	KAY DEMPSEY & ASSOCIATES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	KAY DEMPSEY & ASSOCIATES, INC.	c EIN-PN 58-1766332-501

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.)	
a	Plan name KAYBEE OF MACON GCF BENEFIT PLAN	
b	Name of plan sponsor KAYBEE OF MACON	c EIN-PN 58-1412826-501
a	Plan name KAYE LEMBECK HITT AND FRENCH FAMILY GCF BENEFIT PLAN	
b	Name of plan sponsor KAYE LEMBECK HITT AND FRENCH FAMILY	c EIN-PN 87-1219752-501
a	Plan name KBA, INC GCF BENEFIT PLAN	
b	Name of plan sponsor KBA, INC	c EIN-PN 58-2082732-501
a	Plan name KBL INVESTMENTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor KBL INVESTMENTS, LLC	c EIN-PN 58-2306361-501
a	Plan name KDM SIGNS ATLANTA GCF BENEFIT PLAN	
b	Name of plan sponsor KDM SIGNS ATLANTA	c EIN-PN 20-1204017-501
a	Plan name KEARNEY PAGE WAREHOUSE SERVICES LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor KEARNEY PAGE WAREHOUSE SERVICES LLC.	c EIN-PN 46-1350452-501
a	Plan name KEATING BROTHERS CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor KEATING BROTHERS CONSTRUCTION	c EIN-PN 72-1097021-501
a	Plan name KEEP FINANCIAL, INC GCF BENEFIT PLAN	
b	Name of plan sponsor KEEP FINANCIAL, INC	c EIN-PN 87-4586748-501
a	Plan name KEITH HAYES CONSTRUCTION,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor KEITH HAYES CONSTRUCTION,INC.	c EIN-PN 58-1411964-501
a	Plan name KELLEY APPLIANCE CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor KELLEY APPLIANCE CENTER	c EIN-PN 20-2556717-501
a	Plan name KEM PERFORMANCE SOUTH, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor KEM PERFORMANCE SOUTH, LLC	c EIN-PN 27-4435287-501
a	Plan name KEMKO LAWN SERVICE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor KEMKO LAWN SERVICE LLC	c EIN-PN 82-2123743-501

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.)			
a	Plan name	KEMPS CARPETS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KEMPS CARPETS INC	c EIN-PN 58-2231899-501
a	Plan name	KEN GORDON ELECTRIC, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KEN GORDON ELECTRIC, INC	c EIN-PN 58-2513403-501
a	Plan name	KEN NIX & ASSOCIATES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	KEN NIX & ASSOCIATES, INC.	c EIN-PN 58-2020474-501
a	Plan name	KENAN ENTERPRISES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KENAN ENTERPRISES LLC	c EIN-PN 92-1223684-501
a	Plan name	KENNETH BRADLEY HALL DMD LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KENNETH BRADLEY HALL DMD LLC	c EIN-PN 20-5567705-501
a	Plan name	KENNEYS COLLISION CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor	KENNEYS COLLISION CENTER	c EIN-PN 58-2376798-501
a	Plan name	KENNLOCK CONSTRUCTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KENNLOCK CONSTRUCTION LLC	c EIN-PN 80-0793992-501
a	Plan name	KENNYS REPAIR SERVICE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KENNY'S REPAIR SERVICE, INC	c EIN-PN 58-2267791-501
a	Plan name	KENS AUTO SALES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KENS AUTO SALES, INC	c EIN-PN 43-2094899-501
a	Plan name	KEN'S IGA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	KENS IGA, INC.	c EIN-PN 58-1457340-501
a	Plan name	KERSEY DENTAL GCF BENEFIT PLAN	
b	Name of plan sponsor	KERSEY DENTAL	c EIN-PN 20-5431223-501
a	Plan name	KETTEQ HOLDINGS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	KETTEQ HOLDINGS, INC.	c EIN-PN 83-3222079-501

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.)			
a	Plan name	KEVIN A ADAMSON PC GCF BENEFIT PLAN	
b	Name of plan sponsor	KEVIN A ADAMSON PC	c EIN-PN 65-1215073-501
a	Plan name	KEVIN J BAGGETT DO PC GCF BENEFIT PLAN	
b	Name of plan sponsor	KEVIN J BAGGETT DO PC	c EIN-PN 42-1613120-501
a	Plan name	KEVIN KING PLUMBING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KEVIN KING PLUMBING LLC	c EIN-PN 47-1546197-501
a	Plan name	KEVIN PATRICK LAW LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KEVIN PATRICK LAW LLC	c EIN-PN 47-5567382-501
a	Plan name	KEYSTONE GRANITE INTERIORS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KEYSTONE GRANITE INTERIORS, LLC	c EIN-PN 57-1207588-501
a	Plan name	KEYSTONE VALUATIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	KEYSTONE VALUATIONS	c EIN-PN 88-3181901-501
a	Plan name	KICKR DESIGN GCF BENEFIT PLAN	
b	Name of plan sponsor	KICKR DESIGN	c EIN-PN 47-3899442-501
a	Plan name	KIDS CHOICE PEDIATRICS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KIDS CHOICE PEDIATRICS, LLC	c EIN-PN 20-3916500-501
a	Plan name	KILCREASE CONTROLS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KILCREASE CONTROLS INC	c EIN-PN 58-2492624-501
a	Plan name	KIMBALL MILL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KIMBALL MILL LLC	c EIN-PN 23-3101420-501
a	Plan name	KIMCHI AND GRITS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KIMCHI AND GRITS LLC	c EIN-PN 84-3412367-501
a	Plan name	KING AND QUEEN AT 8 SALON LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KING AND QUEEN AT 8 SALON LLC	c EIN-PN 47-3018361-501

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.)			
a	Plan name	KING FAMILY HOLDINGS,INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KING FAMILY HOLDINGS,INC	c EIN-PN 45-4635945-501
a	Plan name	KING GALLERIES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KING GALLERIES, INC	c EIN-PN 05-0590123-501
a	Plan name	KING PLOW ARTS CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor	KING PLOW ARTS CENTER	c EIN-PN 58-2053482-501
a	Plan name	KING STEEL INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KING STEEL INC	c EIN-PN 58-1871584-501
a	Plan name	KINGORE CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	KINGORE CORPORATION	c EIN-PN 45-4074177-501
a	Plan name	KIRKLAND ELECTRIC, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KIRKLAND ELECTRIC, LLC	c EIN-PN 84-2814393-502
a	Plan name	KLEM GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	KLEM GROUP	c EIN-PN 56-2447183-501
a	Plan name	KNACK CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor	KNACK CONSTRUCTION	c EIN-PN 82-2567863-501
a	Plan name	KNIFE STEAKHOUSE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KNIFE STEAKHOUSE LLC	c EIN-PN 81-5177118-501
a	Plan name	KNIGHTS DESIGNER OUTLET INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KNIGHTS DESIGNER OUTLET INC	c EIN-PN 58-1896997-501
a	Plan name	KNIGHT'S MEAT COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KNIGHTS MEAT COMPANY INC	c EIN-PN 58-1212743-501
a	Plan name	KNOLLWOOD, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KNOLLWOOD, LLC	c EIN-PN 87-1420678-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	KNOW AGENCY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	KNOW AGENCY, INC.	c EIN-PN 46-1740574-501
a	Plan name	KNOWLES GALLANT GCF BENEFIT PLAN	
b	Name of plan sponsor	KNOWLES GALLANT	c EIN-PN 83-3414328-501
a	Plan name	KNOWLES INTELLECTUAL PROPERTY STRATEGIES GCF BENEFIT PLAN	
b	Name of plan sponsor	KNOWLES INTELLECTUAL PROPERTY STRATEGIES	c EIN-PN 27-2848187-501
a	Plan name	KNOX, LTD GCF BENEFIT PLAN	
b	Name of plan sponsor	KNOX, LTD	c EIN-PN 58-1153748-501
a	Plan name	KOMET MEDICAL USA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KOMET MEDICAL USA, LLC	c EIN-PN 93-3670679-501
a	Plan name	KP INTEGRATED SERVICES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	KP INTEGRATED SERVICES, INC	c EIN-PN 27-0843966-501
a	Plan name	KRAITHONG LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KRAITHONG LLC	c EIN-PN 47-4275311-501
a	Plan name	KRISTY JONES CPA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KRISTY JONES CPA LLC	c EIN-PN 20-5908701-501
a	Plan name	KRX HEALTH LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KRX HEALTH LLC	c EIN-PN 81-3881593-501
a	Plan name	KUKLER RESTAURANT ADVISORY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KUKLER RESTAURANT ADVISORY LLC	c EIN-PN 93-2424078-501
a	Plan name	KURT SALMON CAPITAL ADVISORS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	KURT SALMON CAPITAL ADVISORS LLC	c EIN-PN 58-2332891-501
a	Plan name	L & R MEDICAL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	L & R MEDICAL LLC	c EIN-PN 27-3677726-501

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.)	
a	Plan name L GOFF MOVING SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor L GOFF MOVING SERVICES	c EIN-PN 81-0728871-501
a	Plan name L H LEATHERS INC GCF BENEFIT PLAN	
b	Name of plan sponsor L H LEATHERS INC	c EIN-PN 58-2109442-501
a	Plan name L&W BONDING COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor L&W BONDING COMPANY	c EIN-PN 58-2506343-501
a	Plan name LA BRETT & SONS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor LA BRETT & SONS, INC	c EIN-PN 58-1261899-501
a	Plan name LA REGINA ATLANTICA GCF BENEFIT PLAN	
b	Name of plan sponsor LA REGINA ATLANTICA	c EIN-PN 85-2893360-501
a	Plan name LA WATERS FURNITURECO INC. GCF BENEFIT PLAN	
b	Name of plan sponsor LA WATERS FURNITURECO INC.	c EIN-PN 58-1133239-501
a	Plan name LABOR STAFFING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor LABOR STAFFING, INC	c EIN-PN 58-2469878-501
a	Plan name LAFLAMME ELECTRIC, INC GCF BENEFIT PLAN	
b	Name of plan sponsor LAFLAMME ELECTRIC, INC	c EIN-PN 14-1967670-501
a	Plan name LAGRANGE LANDSCAPE AND MAINTENANCE INC GCF BENEFIT PLAN	
b	Name of plan sponsor LAGRANGE LANDSCAPE AND MAINTENANCE INC	c EIN-PN 85-1368429-501
a	Plan name LAGRANGE TROUP COUNTY OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor LAGRANGE TROUP COUNTY OF COMMERCE	c EIN-PN 58-0318810-501
a	Plan name LAINE FEDERAL STAFFING GCF BENEFIT PLAN	
b	Name of plan sponsor LAINE FEDERAL STAFFING	c EIN-PN 83-2012230-501
a	Plan name LAKE BLUE RIDGE MARINA INC. GCF BENEFIT PLAN	
b	Name of plan sponsor LAKE BLUE RIDGE MARINA INC.	c EIN-PN 58-1882463-501

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.)			
a	Plan name	LAKE OCONEE ENDODONTICS GCF BENEFIT PLAN	
b	Name of plan sponsor	LAKE OCONEE ENDODONTICS	c EIN-PN 45-5205491-501
a	Plan name	LAKE OCONEE PARTNERS IN HEALTHCARE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LAKE OCONEE PARTNERS IN HEALTHCARE, LLC	c EIN-PN 27-2922924-501
a	Plan name	LAKEPOINT STATION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LAKEPOINT STATION LLC	c EIN-PN 37-1788891-501
a	Plan name	LAKESIDE NEUROLOGY PC GCF BENEFIT PLAN	
b	Name of plan sponsor	LAKESIDE NEUROLOGY PC	c EIN-PN 82-1335870-501
a	Plan name	LAKESIDE POLY MANUFACTURING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LAKESIDE POLY MANUFACTURING, LLC	c EIN-PN 92-0261072-501
a	Plan name	LAKESIDE SUPPLY AND FABRICATION, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LAKESIDE SUPPLY AND FABRICATION, LLC	c EIN-PN 59-3840016-501
a	Plan name	LANCE OIL COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	LANCE OIL COMPANY	c EIN-PN 58-2195759-502
a	Plan name	LANDIS INTERNATIONAL INC GCF BENEFIT PLAN	
b	Name of plan sponsor	LANDIS INTERNATIONAL INC	c EIN-PN 58-2078323-501
a	Plan name	LANDMARK CONSTRUCTION AND DEVELOPMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LANDMARK CONSTRUCTION AND DEVELOPMENT LLC	c EIN-PN 81-3300465-501
a	Plan name	LANDSHAW CONSULTING GCF BENEFIT PLAN	
b	Name of plan sponsor	LANDSHAW CONSULTING	c EIN-PN 83-2733449-501
a	Plan name	LANIER FINANCIAL GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LANIER FINANCIAL GROUP, LLC	c EIN-PN 45-1285309-501
a	Plan name	LANYARD DEVELOPMENT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	LANYARD DEVELOPMENT, INC.	c EIN-PN 58-2412808-501

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.)			
a	Plan name	LARGE & GILBERT, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	LARGE & GILBERT, INC	c EIN-PN 58-2079799-501
a	Plan name	LARRY CRAWFORD PLUMBING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LARRY CRAWFORD PLUMBING, LLC	c EIN-PN 20-8772830-501
a	Plan name	LASER PHARMACEUTICALS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LASER PHARMACEUTICALS LLC	c EIN-PN 46-1639353-501
a	Plan name	LASHLEY TRACTOR SALES GCF BENEFIT PLAN	
b	Name of plan sponsor	LASHLEY TRACTOR SALES	c EIN-PN 38-1943050-501
a	Plan name	LASSETER MOTOR COMPANY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LASSETER MOTOR COMPANY LLC	c EIN-PN 85-3482061-501
a	Plan name	LATITUDE PLASTIC SURGERY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LATITUDE PLASTIC SURGERY, LLC	c EIN-PN 45-2473197-501
a	Plan name	LAUREATE IMPORTS & MARKETING COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	LAUREATE IMPORTS & MARKETING COMPANY INC	c EIN-PN 59-1918862-501
a	Plan name	LAVISTA ANIMAL HOSPITAL GCF BENEFIT PLAN	
b	Name of plan sponsor	LAVISTA ANIMAL HOSPITAL	c EIN-PN 58-1362819-501
a	Plan name	LAW OFFICE OF DONALD W. HANSFORD, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	LAW OFFICE OF DONALD W. HANSFORD, PC	c EIN-PN 58-2481449-501
a	Plan name	LAW OFFICE OF PAUL R. BENNETT GCF BENEFIT PLAN	
b	Name of plan sponsor	LAW OFFICE OF PAUL R. BENNETT	c EIN-PN 81-1732327-501
a	Plan name	LE CPA GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LE CPA GROUP, LLC	c EIN-PN 84-2919748-501
a	Plan name	LEAD FOOT MULCHING & GRADING GCF BENEFIT PLAN	
b	Name of plan sponsor	LEAD FOOT MULCHING & GRADING	c EIN-PN 82-2787704-501

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.)			
a	Plan name	LEE COUNTY CHAMBER OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor	LEE COUNTY CHAMBER OF COMMERCE	c EIN-PN 58-1851517-501
a	Plan name	LEE, HILL AND JOHNSTON INSURORS GCF BENEFIT PLAN	
b	Name of plan sponsor	LEE, HILL AND JOHNSTON INSURORS	c EIN-PN 58-1625960-501
a	Plan name	LEFF & ASSOCIATES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LEFF & ASSOCIATES LLC	c EIN-PN 90-0664063-501
a	Plan name	LEGACY CONTRACTING GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LEGACY CONTRACTING GROUP LLC	c EIN-PN 85-2208687-501
a	Plan name	LEGION INVESTORS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LEGION INVESTORS, LLC	c EIN-PN 38-3992392-501
a	Plan name	LEGITO INC GCF BENEFIT PLAN	
b	Name of plan sponsor	LEGITO INC	c EIN-PN 86-2162162-501
a	Plan name	LEL ENTERPRISES,LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	LEL ENTERPRISES,LLP	c EIN-PN 58-2658078-501
a	Plan name	LEMLEYS GARAGE GCF BENEFIT PLAN	
b	Name of plan sponsor	LEMLEYS GARAGE	c EIN-PN 58-1877903-501
a	Plan name	LEONE GREEN AND ASSOCIATES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	LEONE GREEN AND ASSOCIATES INC	c EIN-PN 58-1454438-501
a	Plan name	LESLIE A. STUART & ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	LESLIE A. STUART & ASSOCIATES	c EIN-PN 45-3196110-501
a	Plan name	LETTS PROPERTY MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LETTS PROPERTY MANAGEMENT LLC	c EIN-PN 85-1281028-501
a	Plan name	LEVERAGE FINANCIAL GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LEVERAGE FINANCIAL GROUP, LLC	c EIN-PN 84-4132309-501

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.)	
a	Plan name LEVIE FAMILY DENTISTRY GCF BENEFIT PLAN	
b	Name of plan sponsor LEVIE FAMILY DENTISTRY	c EIN-PN 58-1722072-501
a	Plan name LEW ELECTRIC FITTINGS COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor LEW ELECTRIC FITTINGS COMPANY	c EIN-PN 36-2108733-501
a	Plan name LEWIS VETERINARY SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor LEWIS VETERINARY SERVICES	c EIN-PN 25-3020961-501
a	Plan name LGD LOGGING INC GCF BENEFIT PLAN	
b	Name of plan sponsor LGD LOGGING INC	c EIN-PN 20-0394918-501
a	Plan name LGTSOTR, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor LGTSOTR, LLC	c EIN-PN 26-2287110-501
a	Plan name LIBERATION ACADEMY GCF BENEFIT PLAN	
b	Name of plan sponsor LIBERATION ACADEMY	c EIN-PN 84-2365917-501
a	Plan name LIBERTY COUNTY CHAMBER OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor LIBERTY COUNTY CHAMBER OF COMMERCE	c EIN-PN 20-8547671-501
a	Plan name LIFE LINE HOME CARE SVCS GCF BENEFIT PLAN	
b	Name of plan sponsor LIFE LINE HOME CARE SVCS	c EIN-PN 58-2125411-501
a	Plan name LIFECYCLE BUILDING CENTER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor LIFECYCLE BUILDING CENTER, INC.	c EIN-PN 45-2645951-501
a	Plan name LIFESPAN PSYCHOLOGY GCF BENEFIT PLAN	
b	Name of plan sponsor LIFESPAN PSYCHOLOGY	c EIN-PN 46-1790929-501
a	Plan name LIGHTHOUSE NURSING AGENCY GCF BENEFIT PLAN	
b	Name of plan sponsor LIGHTHOUSE NURSING AGENCY	c EIN-PN 27-0011551-501
a	Plan name LIGHTING ASSOCIATES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor LIGHTING ASSOCIATES, INC	c EIN-PN 58-1138059-501

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.)	
a	Plan name LIGHTMARK MEDIA GCF BENEFIT PLAN	
b	Name of plan sponsor LIGHTMARK MEDIA	c EIN-PN 46-3884155-501
a	Plan name LIJ RETAIL GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor LIJ RETAIL GROUP, LLC	c EIN-PN 82-4504678-501
a	Plan name LILLIE GLASSBLOWERS GCF BENEFIT PLAN	
b	Name of plan sponsor LILLIE GLASSBLOWERS	c EIN-PN 58-0952736-501
a	Plan name LINDSAY TRANSFER & STORAGE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor LINDSAY TRANSFER & STORAGE, INC.	c EIN-PN 58-1115120-501
a	Plan name LINE-X PRO COATINGS GCF BENEFIT PLAN	
b	Name of plan sponsor LINE-X PRO COATINGS	c EIN-PN 81-0644910-501
a	Plan name LINNEA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor LINNEA LLC	c EIN-PN 11-3690794-501
a	Plan name LINX PARTNERS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor LINX PARTNERS, LLC	c EIN-PN 52-2180586-501
a	Plan name LISEBY AND ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor LISEBY AND ASSOCIATES	c EIN-PN 47-1782595-501
a	Plan name LIST RIGHT INC GCF BENEFIT PLAN	
b	Name of plan sponsor LIST RIGHT INC	c EIN-PN 27-1169646-501
a	Plan name LITECRAFT LIGHTING INC GCF BENEFIT PLAN	
b	Name of plan sponsor LITECRAFT LIGHTING INC	c EIN-PN 26-1540691-501
a	Plan name LITNER AND DEGANIAN PC GCF BENEFIT PLAN	
b	Name of plan sponsor LITNER AND DEGANIAN PC	c EIN-PN 81-0778580-501
a	Plan name LITTLEJOHN CAPITAL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor LITTLEJOHN CAPITAL, LLC	c EIN-PN 82-4674553-501

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.)			
a	Plan name	LITTLEOWL CPA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	LITTLEOWL CPA, INC.	c EIN-PN 86-1489141-501
a	Plan name	LIVE OAK LANDSCAPE SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	LIVE OAK LANDSCAPE SERVICES INC	c EIN-PN 58-2503892-502
a	Plan name	LIVE OAK PHARMACY GCF BENEFIT PLAN	
b	Name of plan sponsor	LIVE OAK PHARMACY	c EIN-PN 45-3601472-501
a	Plan name	LIVING ON THE EDGE WITH CHIP INGRAM INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	LIVING ON THE EDGE WITH CHIP INGRAM INC.	c EIN-PN 46-0484695-501
a	Plan name	LIVINGSTON FINE HOMES GCF BENEFIT PLAN	
b	Name of plan sponsor	LIVINGSTON FINE HOMES	c EIN-PN 85-3456391-501
a	Plan name	LMP ASSOCIATES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LMP ASSOCIATES LLC	c EIN-PN 46-4420461-501
a	Plan name	LMX DRAYAGE GCF BENEFIT PLAN	
b	Name of plan sponsor	LMX DRAYAGE	c EIN-PN 47-5193719-501
a	Plan name	LO COST HEALTHCARE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	LO COST HEALTHCARE LLC	c EIN-PN 88-3472807-501
a	Plan name	LOADRUNNER XPRESS, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor	LOADRUNNER XPRESS, LLC.	c EIN-PN 47-4157387-501
a	Plan name	LOEWENSTEIN MEDICAL AMERICAS CORP GCF BENEFIT PLAN	
b	Name of plan sponsor	LOEWENSTEIN MEDICAL AMERICAS CORP	c EIN-PN 36-4916082-501
a	Plan name	LOGAN DRILLING USA,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	LOGAN DRILLING USA,INC.	c EIN-PN 58-2533413-501
a	Plan name	LOGICAL SYSTEMS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	LOGICAL SYSTEMS, INC.	c EIN-PN 58-1526307-501

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.)	
a	Plan name LOMBARDO MANAGEMENT INC GCF BENEFIT PLAN	
b	Name of plan sponsor LOMBARDO MANAGEMENT INC	c EIN-PN 14-1942992-501
a	Plan name LONDON FINANCIAL ADVISORS GCF BENEFIT PLAN	
b	Name of plan sponsor LONDON FINANCIAL ADVISORS	c EIN-PN 58-2266705-501
a	Plan name LONGLEAF DENTAL ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor LONGLEAF DENTAL ASSOCIATES	c EIN-PN 27-1401478-501
a	Plan name LOOK LISTEN CREATIVE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor LOOK LISTEN CREATIVE LLC	c EIN-PN 26-1543661-501
a	Plan name LOPEZ IMPORTS OF ALBANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor LOPEZ IMPORTS OF ALBANY INC	c EIN-PN 93-2712991-501
a	Plan name LORD AND STEPHENS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor LORD AND STEPHENS INC.	c EIN-PN 84-5019993-501
a	Plan name LOTTERY SERVICES OF GEORGIA, INC GCF BENEFIT PLAN	
b	Name of plan sponsor LOTTERY SERVICES OF GEORGIA, INC	c EIN-PN 58-2033321-501
a	Plan name LOTUS SURGICAL ASSISTANTS GCF BENEFIT PLAN	
b	Name of plan sponsor LOTUS SURGICAL ASSISTANTS	c EIN-PN 56-2554646-501
a	Plan name LOVELACE PLUMBING COMPANY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor LOVELACE PLUMBING COMPANY, INC	c EIN-PN 58-1108360-501
a	Plan name LOVETT FARMS GCF BENEFIT PLAN	
b	Name of plan sponsor LOVETT FARMS	c EIN-PN 58-1921468-501
a	Plan name LOVETTS HEATING & AIR LLC GCF BENEFIT PLAN	
b	Name of plan sponsor LOVETTS HEATING & AIR LLC	c EIN-PN 84-3168746-501
a	Plan name LOVORN CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor LOVORN CONSTRUCTION	c EIN-PN 58-2250021-501

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.)		
a	Plan name LOW COUNTRY DOCUMENTATION SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor LOW COUNTRY DOCUMENTATION SERVICES LLC	c EIN-PN 46-1698843-501
a	Plan name LOW COUNTRY LIGHTING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor LOW COUNTRY LIGHTING, INC.	c EIN-PN 20-2899454-501
a	Plan name LOWER CHATTAHOOCHEE DIRECT SERVICE GCF BENEFIT PLAN	
b	Name of plan sponsor LOWER CHATTAHOOCHEE DIRECT SERVICE	c EIN-PN 58-1410781-501
a	Plan name LP GAS INDUSTRIAL EQUIPMENT GCF BENEFIT PLAN	
b	Name of plan sponsor LP GAS INDUSTRIAL EQUIPMENT	c EIN-PN 58-1939881-501
a	Plan name LPI HOLDINGS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor LPI HOLDINGS, INC.	c EIN-PN 59-2982800-501
a	Plan name LRA PLUMBING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor LRA PLUMBING, INC	c EIN-PN 45-5166613-501
a	Plan name LUCAS & ASSOCIATES CPAS PC GCF BENEFIT PLAN	
b	Name of plan sponsor LUCAS & ASSOCIATES CPAS PC	c EIN-PN 46-2977721-501
a	Plan name LUCH TECHNOLOGIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor LUCH TECHNOLOGIES LLC	c EIN-PN 47-5601470-501
a	Plan name LUCID SCIENTIFIC, INC GCF BENEFIT PLAN	
b	Name of plan sponsor LUCID SCIENTIFIC, INC	c EIN-PN 46-1352343-501
a	Plan name LUXURY LAKE OCONEE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor LUXURY LAKE OCONEE, LLC	c EIN-PN 20-8401680-501
a	Plan name LVL8 VENTURES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor LVL8 VENTURES LLC	c EIN-PN 83-1427364-501
a	Plan name LVO ADVISORY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor LVO ADVISORY, INC	c EIN-PN 58-1965074-501

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.)		
a	Plan name LYNCH ASSOCIATES ARCHITECTS GCF BENEFIT PLAN	
b	Name of plan sponsor LYNCH ASSOCIATES ARCHITECTS	c EIN-PN 02-0754604-501
a	Plan name M&J CARPET STORE PLUS GCF BENEFIT PLAN	
b	Name of plan sponsor M&J CARPET STORE PLUS	c EIN-PN 83-4683021-501
a	Plan name M&P MANAGEMENT,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor M&P MANAGEMENT,LLC	c EIN-PN 81-0687203-501
a	Plan name M.T. SANDERS FURNITURE CO. INC GCF BENEFIT PLAN	
b	Name of plan sponsor M.T. SANDERS FURNITURE CO. INC	c EIN-PN 58-0536437-501
a	Plan name MACH 1 SITE DEVELOPMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MACH 1 SITE DEVELOPMENT LLC	c EIN-PN 81-1901255-502
a	Plan name MACHINE DIAGNOSTICS INC GCF BENEFIT PLAN	
b	Name of plan sponsor MACHINE DIAGNOSTICS INC	c EIN-PN 58-1956931-502
a	Plan name MACKELFRESH ASSOCIATES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MACKELFRESH ASSOCIATES, LLC	c EIN-PN 35-2254148-501
a	Plan name MACON GYN/OB ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor MACON GYN/OB ASSOCIATES	c EIN-PN 58-1079863-501
a	Plan name MACON HARDWOOD LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MACON HARDWOOD LLC	c EIN-PN 20-5298848-501
a	Plan name MACON OUTDOOR POWER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MACON OUTDOOR POWER, INC.	c EIN-PN 58-2061133-501
a	Plan name MACON ROAD VETERINARY CLINIC GCF BENEFIT PLAN	
b	Name of plan sponsor MACON ROAD VETERINARY CLINIC	c EIN-PN 58-2515065-501
a	Plan name MACON TENT RENTALS GCF BENEFIT PLAN	
b	Name of plan sponsor MACON TENT RENTALS	c EIN-PN 58-1822425-501

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.)	
a	Plan name MACON URBAN MINISTRIES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor MACON URBAN MINISTRIES, INC	c EIN-PN 58-1260996-501
a	Plan name MADISON CONSULTING GROUP, INC GCF BENEFIT PLAN	
b	Name of plan sponsor MADISON CONSULTING GROUP, INC	c EIN-PN 58-2442506-501
a	Plan name MADISON STEEL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MADISON STEEL, INC.	c EIN-PN 26-3286512-501
a	Plan name MAEPOLE CHASE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MAEPOLE CHASE LLC	c EIN-PN 82-3226784-501
a	Plan name MAGALDI TECHNOLOGIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MAGALDI TECHNOLOGIES LLC	c EIN-PN 61-1769637-501
a	Plan name MAIN STREET CPAS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MAIN STREET CPAS LLC	c EIN-PN 99-0790097-501
a	Plan name MAIN STREET NEWSPAPER GCF BENEFIT PLAN	
b	Name of plan sponsor MAIN STREET NEWSPAPER	c EIN-PN 58-0832369-501
a	Plan name MAIN THING STRATEGIES GCF BENEFIT PLAN	
b	Name of plan sponsor MAIN THING STRATEGIES	c EIN-PN 86-1770911-501
a	Plan name MAJOR MACHINING INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MAJOR MACHINING INC.	c EIN-PN 58-2433094-501
a	Plan name MALLAGHAN GCF BENEFIT PLAN	
b	Name of plan sponsor MALLAGHAN	c EIN-PN 36-4881028-502
a	Plan name MALOS PRECISION PLUMBING GCF BENEFIT PLAN	
b	Name of plan sponsor MALOS PRECISION PLUMBING	c EIN-PN 20-2343104-501
a	Plan name MANAGED HEALTH SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor MANAGED HEALTH SOLUTIONS	c EIN-PN 47-1496628-501

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.)	
a	Plan name MANAGEMENT CONSULTANTS,INC GCF BENEFIT PLAN	
b	Name of plan sponsor MANAGEMENT CONSULTANTS,INC	c EIN-PN 58-1111663-501
a	Plan name MANAGEMENT PSYCHOLOGY GROUP, PC GCF BENEFIT PLAN	
b	Name of plan sponsor MANAGEMENT PSYCHOLOGY GROUP, PC	c EIN-PN 58-1653509-501
a	Plan name MANAY CPA GCF BENEFIT PLAN	
b	Name of plan sponsor MANAY CPA	c EIN-PN 84-2896993-501
a	Plan name MANLY JAIL WORKS INC GCF BENEFIT PLAN	
b	Name of plan sponsor MANLY JAIL WORKS INC	c EIN-PN 58-0912964-501
a	Plan name MANN MECHANICAL GCF BENEFIT PLAN	
b	Name of plan sponsor MANN MECHANICAL	c EIN-PN 58-1118147-501
a	Plan name MANNING BROTHERS FOOD EQUIPMENT CO GCF BENEFIT PLAN	
b	Name of plan sponsor MANNING BROTHERS FOOD EQUIPMENT CO	c EIN-PN 58-1076720-501
a	Plan name MANTIS INFORMATICS GCF BENEFIT PLAN	
b	Name of plan sponsor MANTIS INFORMATICS	c EIN-PN 38-3994258-501
a	Plan name MARATHON SYSTEMS INC GCF BENEFIT PLAN	
b	Name of plan sponsor MARATHON SYSTEMS INC	c EIN-PN 20-3527820-501
a	Plan name MARCHESE CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor MARCHESE CONSTRUCTION	c EIN-PN 65-1217403-502
a	Plan name MARIETTA WEALTH MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MARIETTA WEALTH MANAGEMENT, LLC	c EIN-PN 47-5329166-501
a	Plan name MARINE & BUILDING SUPPLY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MARINE & BUILDING SUPPLY, INC.	c EIN-PN 58-0827026-501
a	Plan name MARINE CARPETING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MARINE CARPETING, LLC	c EIN-PN 20-3590259-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MARK A ELLIS, M.D., PC GCF BENEFIT PLAN	
b	Name of plan sponsor	MARK A ELLIS, M.D., PC	c EIN-PN 58-2643424-501
a	Plan name	MARK III SIGNS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MARK III SIGNS, INC.	c EIN-PN 58-1281157-501
a	Plan name	MARK W. SANDERS & ASSOCIATES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MARK W. SANDERS & ASSOCIATES, INC.	c EIN-PN 58-2362420-501
a	Plan name	MARK'S CLEARING AND GRADING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MARKS CLEARING AND GRADING INC	c EIN-PN 58-1754707-501
a	Plan name	MARKSMAN UTILITY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MARKSMAN UTILITY, LLC	c EIN-PN 84-2068015-501
a	Plan name	MARLER'S PLUMBING SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MARLERS PLUMBING SERVICES LLC	c EIN-PN 87-0886458-501
a	Plan name	MARLOW & MARLOW INVESTMENTS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MARLOW & MARLOW INVESTMENTS LLC	c EIN-PN 45-4274803-501
a	Plan name	MARSHALL PALMER & ROSE, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	MARSHALL PALMER & ROSE, PC	c EIN-PN 93-3477805-501
a	Plan name	MARTIN FINANCIAL GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MARTIN FINANCIAL GROUP, LLC	c EIN-PN 26-2111170-501
a	Plan name	MARTINEZ ANIMAL HOSPITAL GCF BENEFIT PLAN	
b	Name of plan sponsor	MARTINEZ ANIMAL HOSPITAL	c EIN-PN 46-1409133-501
a	Plan name	MARTINEZ URGENT CARE GCF BENEFIT PLAN	
b	Name of plan sponsor	MARTINEZ URGENT CARE	c EIN-PN 58-1880428-501
a	Plan name	MASHBURN OUTDOOR LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MASHBURN OUTDOOR LLC	c EIN-PN 27-0684349-501

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.)		
a	Plan name MASON TRACTOR AND EQUIPMENT CO INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MASON TRACTOR AND EQUIPMENT CO INC.	c EIN-PN 58-2422088-501
a	Plan name MASS SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor MASS SERVICES INC	c EIN-PN 58-1977511-501
a	Plan name MASSEY LAW GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MASSEY LAW GROUP LLC	c EIN-PN 84-3052945-501
a	Plan name MASTER DENTAL PROSTHETICS GCF BENEFIT PLAN	
b	Name of plan sponsor MASTER DENTAL PROSTHETICS	c EIN-PN 27-0135377-501
a	Plan name MASTERS GENERATOR AND ELECTRICAL SERVICE GCF BENEFIT PLAN	
b	Name of plan sponsor MASTERS GENERATOR AND ELECTRICAL SERVICE	c EIN-PN 82-3936917-501
a	Plan name MATALON MANAGEMENT GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MATALON MANAGEMENT GROUP LLC	c EIN-PN 93-2965488-501
a	Plan name MATHER ECONOMICS,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MATHER ECONOMICS,LLC	c EIN-PN 03-0445632-501
a	Plan name MATICO, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MATICO, LLC	c EIN-PN 11-3804224-501
a	Plan name MATRIX INSURANCE AGENCY INC GCF BENEFIT PLAN	
b	Name of plan sponsor MATRIX INSURANCE AGENCY INC	c EIN-PN 58-1775438-501
a	Plan name MATTHEWS GARAGE INC GCF BENEFIT PLAN	
b	Name of plan sponsor MATTHEWS GARAGE INC	c EIN-PN 58-2361457-501
a	Plan name MAULE AIR, INC GCF BENEFIT PLAN	
b	Name of plan sponsor MAULE AIR, INC	c EIN-PN 58-1542928-502
a	Plan name MAURICE MEDIA GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MAURICE MEDIA GROUP LLC	c EIN-PN 85-3753609-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MAXEN CONSULTING GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MAXEN CONSULTING GROUP LLC	c EIN-PN 83-1828130-501
a	Plan name	MAXIS ENGINEERING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MAXIS ENGINEERING, LLC	c EIN-PN 37-1590892-501
a	Plan name	MAXMEDIA INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MAXMEDIA INC	c EIN-PN 58-2274338-501
a	Plan name	MAY & CARTER TRANSPORT GCF BENEFIT PLAN	
b	Name of plan sponsor	MAY & CARTER TRANSPORT	c EIN-PN 58-2404374-501
a	Plan name	MB ENDEAVORS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MB ENDEAVORS LLC	c EIN-PN 27-1005723-501
a	Plan name	MBC MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MBC MANAGEMENT, LLC	c EIN-PN 20-0519006-501
a	Plan name	MBC, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MBC, INC	c EIN-PN 58-2473384-501
a	Plan name	MBM OF DECATUR, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MBM OF DECATUR, LLC	c EIN-PN 58-2622744-501
a	Plan name	MC EXPRESS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MC EXPRESS, INC.	c EIN-PN 11-3743156-501
a	Plan name	MCAFEE3 ARCHITECTS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MCAFEE3 ARCHITECTS, INC	c EIN-PN 20-8500117-501
a	Plan name	MCAULIFFE REALTY CO INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MCAULIFFE REALTY CO INC	c EIN-PN 58-0944927-501
a	Plan name	MCCALLUM GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MCCALLUM GROUP INC	c EIN-PN 20-8106628-501

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.)	
a	Plan name MCCARTHY MARINE GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MCCARTHY MARINE GROUP LLC	c EIN-PN 74-3140991-501
a	Plan name MCDONOUGH PEDIATRICS GCF BENEFIT PLAN	
b	Name of plan sponsor MCDONOUGH PEDIATRICS	c EIN-PN 58-1987534-502
a	Plan name MCDONOUGH TIRE CENTER INC GCF BENEFIT PLAN	
b	Name of plan sponsor MCDONOUGH TIRE CENTER INC	c EIN-PN 33-1140234-501
a	Plan name MCGAHREN LAW FIRM, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MCGAHREN LAW FIRM, LLC	c EIN-PN 20-1499847-501
a	Plan name MCGINNIS VETERINARY SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MCGINNIS VETERINARY SERVICES LLC	c EIN-PN 30-0767060-501
a	Plan name MCGLAMRY PROPERTIES GCF BENEFIT PLAN	
b	Name of plan sponsor MCGLAMRY PROPERTIES	c EIN-PN 58-1916296-501
a	Plan name MCGRAW & MCGRAW PC GCF BENEFIT PLAN	
b	Name of plan sponsor MCGRAW & MCGRAW PC	c EIN-PN 20-1423841-501
a	Plan name MCGREGOR ENTERPRISES GCF BENEFIT PLAN	
b	Name of plan sponsor MCGREGOR ENTERPRISES	c EIN-PN 38-3911318-501
a	Plan name MCLAIN FARMS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor MCLAIN FARMS, INC	c EIN-PN 58-1493854-501
a	Plan name MCMULLEN FUNERAL HOME GCF BENEFIT PLAN	
b	Name of plan sponsor MCMULLEN FUNERAL HOME	c EIN-PN 26-0698684-501
a	Plan name MCNALLY & PATRICK, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MCNALLY & PATRICK, INC.	c EIN-PN 58-1289321-501
a	Plan name MCRAE FAMILY DENTAL PC GCF BENEFIT PLAN	
b	Name of plan sponsor MCRAE FAMILY DENTAL PC	c EIN-PN 26-2649728-501

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.)			
a	Plan name	MD VENTURES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MD VENTURES, INC.	c EIN-PN 58-2531652-501
a	Plan name	MDH PARTNERS III LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MDH PARTNERS III LLC	c EIN-PN 83-2383270-501
a	Plan name	MEADOWWOOD ENTERPRISES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MEADOWWOOD ENTERPRISES, LLC	c EIN-PN 82-1162179-501
a	Plan name	MECHANICAL TRADES & SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MECHANICAL TRADES & SERVICES LLC	c EIN-PN 87-1833304-501
a	Plan name	MEDIA GRAPHIX, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MEDIA GRAPHIX, INC.	c EIN-PN 58-2039906-501
a	Plan name	MEDIATION CENTER OF THE COASTAL EMPIRE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MEDIATION CENTER OF THE COASTAL EMPIRE, INC.	c EIN-PN 58-1683719-501
a	Plan name	MEDICAL CENTER ANESTHESIOLOGY OF ATHENS GCF BENEFIT PLAN	
b	Name of plan sponsor	MEDICAL CENTER ANESTHESIOLOGY OF ATHENS	c EIN-PN 58-2176258-501
a	Plan name	MEDICAL GAS SPECIALISTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MEDICAL GAS SPECIALISTS INC	c EIN-PN 58-1944009-501
a	Plan name	MEDITERRANEO CONCEPTS GCF BENEFIT PLAN	
b	Name of plan sponsor	MEDITERRANEO CONCEPTS	c EIN-PN 58-2554622-501
a	Plan name	MEDNOW URGENT CARE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MEDNOW URGENT CARE, LLC	c EIN-PN 26-3717616-501
a	Plan name	MEDREP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MEDREP INC	c EIN-PN 58-1402969-501
a	Plan name	MEDSUPPLY PARTNERS. LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MEDSUPPLY PARTNERS. LLC	c EIN-PN 20-0274663-501

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.)

a	Plan name	MEHA ENGINEERING INC GCF BENEFIT PLAN	c	EIN-PN	58-1052929-501
b	Name of plan sponsor	MEHA ENGINEERING INC	c	EIN-PN	58-1052929-501
a	Plan name	MEIER, MEIER & MEIER GCF BENEFIT PLAN	c	EIN-PN	58-2570586-501
b	Name of plan sponsor	MEIER, MEIER & MEIER	c	EIN-PN	58-2570586-501
a	Plan name	MELANIE TURNER INTERIORS, LLC GCF BENEFIT PLAN	c	EIN-PN	45-2647573-501
b	Name of plan sponsor	MELANIE TURNER INTERIORS, LLC	c	EIN-PN	45-2647573-501
a	Plan name	MEL-USA, INC. GCF BENEFIT PLAN	c	EIN-PN	58-2467140-501
b	Name of plan sponsor	MEL-USA, INC.	c	EIN-PN	58-2467140-501
a	Plan name	MELVIN S ROOS AND CO INC GCF BENEFIT PLAN	c	EIN-PN	58-0533801-501
b	Name of plan sponsor	MELVIN S ROOS AND CO INC	c	EIN-PN	58-0533801-501
a	Plan name	MEMBERS TODAY GCF BENEFIT PLAN	c	EIN-PN	20-5141657-501
b	Name of plan sponsor	MEMBERS TODAY	c	EIN-PN	20-5141657-501
a	Plan name	MEM-FPC,LLC GCF BENEFIT PLAN	c	EIN-PN	85-3782083-501
b	Name of plan sponsor	MEM-FPC,LLC	c	EIN-PN	85-3782083-501
a	Plan name	MENO ENTERPRISES, LLC GCF BENEFIT PLAN	c	EIN-PN	76-0798273-501
b	Name of plan sponsor	MENO ENTERPRISES, LLC	c	EIN-PN	76-0798273-501
a	Plan name	MERCEDES LUXE PROPERTIES LLC GCF BENEFIT PLAN	c	EIN-PN	04-3630021-501
b	Name of plan sponsor	MERCEDES LUXE PROPERTIES LLC	c	EIN-PN	04-3630021-501
a	Plan name	MERCER MILL PLANTATION, LLC GCF BENEFIT PLAN	c	EIN-PN	58-1449288-501
b	Name of plan sponsor	MERCER MILL PLANTATION, LLC	c	EIN-PN	58-1449288-501
a	Plan name	MERCHLOGIX, INC. GCF BENEFIT PLAN	c	EIN-PN	58-2472109-501
b	Name of plan sponsor	MERCHLOGIX, INC.	c	EIN-PN	58-2472109-501
a	Plan name	MERIT SALES INC GCF BENEFIT PLAN	c	EIN-PN	58-1396811-501
b	Name of plan sponsor	MERIT SALES INC	c	EIN-PN	58-1396811-501

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.)			
a	Plan name	MERRITT PECAN COMPANY INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MERRITT PECAN COMPANY INC.	c EIN-PN 58-1866762-502
a	Plan name	MERRITT PROPERTIES GCF BENEFIT PLAN	
b	Name of plan sponsor	MERRITT PROPERTIES	c EIN-PN 58-2299664-501
a	Plan name	MERRITT WATSON GREEN LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	MERRITT WATSON GREEN LLP	c EIN-PN 58-1396027-501
a	Plan name	METACLIPSE THERAPEUTICS CORP. GCF BENEFIT PLAN	
b	Name of plan sponsor	METACLIPSE THERAPEUTICS CORP.	c EIN-PN 80-0937738-501
a	Plan name	METAL AND PETAL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	METAL AND PETAL LLC	c EIN-PN 81-4438121-501
a	Plan name	METAL BUILDING ASSOCIATES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	METAL BUILDING ASSOCIATES, INC.	c EIN-PN 58-2585053-501
a	Plan name	METAL PROFESSIONALS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	METAL PROFESSIONALS, INC	c EIN-PN 83-0516453-501
a	Plan name	METRO ENGINEERING AND SURVEYING GCF BENEFIT PLAN	
b	Name of plan sponsor	METRO ENGINEERING AND SURVEYING	c EIN-PN 58-1021299-501
a	Plan name	METRO METAL WORKS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	METRO METAL WORKS, INC.	c EIN-PN 58-2086093-501
a	Plan name	METRO SURGICAL P C GCF BENEFIT PLAN	
b	Name of plan sponsor	METRO SURGICAL P C	c EIN-PN 58-2203198-501
a	Plan name	MEYER AND SAYERS LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	MEYER AND SAYERS LLP	c EIN-PN 82-3388466-501
a	Plan name	MFLGH, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MFLGH, INC	c EIN-PN 47-3189296-501

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.)		
a Plan name	MGW PRECISION SMALL PARTS GCF BENEFIT PLAN	
b Name of plan sponsor	MGW PRECISION SMALL PARTS	c EIN-PN 26-1364648-501
a Plan name	MICHAEL E CLARK AND ASSOCIATES GCF BENEFIT PLAN	
b Name of plan sponsor	MICHAEL E CLARK AND ASSOCIATES	c EIN-PN 58-2296356-501
a Plan name	MICHAEL H TURNER PC GCF BENEFIT PLAN	
b Name of plan sponsor	MICHAEL H TURNER PC	c EIN-PN 20-1990262-501
a Plan name	MICHAEL WELL CO. GCF BENEFIT PLAN	
b Name of plan sponsor	MICHAEL WELL CO.	c EIN-PN 58-0671791-501
a Plan name	MICHAELS CARPET, INC GCF BENEFIT PLAN	
b Name of plan sponsor	MICHAELS CARPET, INC	c EIN-PN 58-1310995-501
a Plan name	MICRO-BIOMEDICAL TUBING, INC. GCF BENEFIT PLAN	
b Name of plan sponsor	MICRO-BIOMEDICAL TUBING, INC.	c EIN-PN 58-2012946-501
a Plan name	MID GEORGIA CONSULTING GCF BENEFIT PLAN	
b Name of plan sponsor	MID GEORGIA CONSULTING	c EIN-PN 58-2409587-501
a Plan name	MID STATE CONSTRUCTION & STRIPEING GCF BENEFIT PLAN	
b Name of plan sponsor	MID STATE CONSTRUCTION & STRIPEING	c EIN-PN 58-1820416-501
a Plan name	MIDDLE GEORGIA COMMUNITY FOOD BANK GCF BENEFIT PLAN	
b Name of plan sponsor	MIDDLE GEORGIA COMMUNITY FOOD BANK	c EIN-PN 58-2484086-501
a Plan name	MIDDLE GEORGIA TIMBER LLC GCF BENEFIT PLAN	
b Name of plan sponsor	MIDDLE GEORGIA TIMBER LLC	c EIN-PN 16-1622618-501
a Plan name	MIDDLE GEORGIA WATER SYSTEMS INC GCF BENEFIT PLAN	
b Name of plan sponsor	MIDDLE GEORGIA WATER SYSTEMS INC	c EIN-PN 25-1155579-501
a Plan name	MIDDLETON PUBLIC AFFAIRS LLC GCF BENEFIT PLAN	
b Name of plan sponsor	MIDDLETON PUBLIC AFFAIRS LLC	c EIN-PN 46-4552970-501

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.)		
a Plan name	MIDS TRANSPORTATION INC. GCF BENEFIT PLAN	
b Name of plan sponsor	MIDS TRANSPORTATION INC.	c EIN-PN 47-5044711-503
a Plan name	MIDSTATE MORTGAGE CO LLC GCF BENEFIT PLAN	
b Name of plan sponsor	MIDSTATE MORTGAGE CO LLC	c EIN-PN 58-2646863-501
a Plan name	MIDTOWN FOOT CLINIC GCF BENEFIT PLAN	
b Name of plan sponsor	MIDTOWN FOOT CLINIC	c EIN-PN 58-2403662-501
a Plan name	MIDVILLE WAREHOUSE INC. GCF BENEFIT PLAN	
b Name of plan sponsor	MIDVILLE WAREHOUSE INC.	c EIN-PN 58-1642350-501
a Plan name	MIGHTY FINE TREE CARE LLC GCF BENEFIT PLAN	
b Name of plan sponsor	MIGHTY FINE TREE CARE LLC	c EIN-PN 82-4593895-501
a Plan name	MIKE FITZPATRICK FORD GCF BENEFIT PLAN	
b Name of plan sponsor	MIKE FITZPATRICK FORD	c EIN-PN 58-2260617-501
a Plan name	MILES AHEAD CHARTER SCHOOL GCF BENEFIT PLAN	
b Name of plan sponsor	MILES AHEAD CHARTER SCHOOL	c EIN-PN 84-4442586-501
a Plan name	MILES MANAGEMENT GROUP INC GCF BENEFIT PLAN	
b Name of plan sponsor	MILES MANAGEMENT GROUP INC	c EIN-PN 20-8003845-501
a Plan name	MILES SUPPLY OF ELBERTON, GA. GCF BENEFIT PLAN	
b Name of plan sponsor	MILES SUPPLY OF ELBERTON, GA.	c EIN-PN 58-2196950-501
a Plan name	MILESTONE CONSTRUCTION, LLC GCF BENEFIT PLAN	
b Name of plan sponsor	MILESTONE CONSTRUCTION, LLC	c EIN-PN 45-4492336-501
a Plan name	MILHOUSE FORESTRY LLC GCF BENEFIT PLAN	
b Name of plan sponsor	MILHOUSE FORESTRY LLC	c EIN-PN 86-3174352-501
a Plan name	MILL GREEN PARTNERS LLC GCF BENEFIT PLAN	
b Name of plan sponsor	MILL GREEN PARTNERS LLC	c EIN-PN 38-3937386-501

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.)			
a	Plan name	MILLER AND ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	MILLER AND ASSOCIATES	c EIN-PN 86-2789475-501
a	Plan name	MILLER DECALS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MILLER DECALS LLC	c EIN-PN 32-0230303-501
a	Plan name	MILLER LANDSCAPE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MILLER LANDSCAPE, INC	c EIN-PN 58-2587172-501
a	Plan name	MILLIONAIRE AGENT ACADEMY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MILLIONAIRE AGENT ACADEMY, LLC	c EIN-PN 27-2863875-501
a	Plan name	MILLS STEEL ERECTION, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MILLS STEEL ERECTION, INC	c EIN-PN 84-1683187-501
a	Plan name	MILLS VETERINARY SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MILLS VETERINARY SERVICES LLC	c EIN-PN 81-1149328-501
a	Plan name	MILLWORK EXPRESSIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MILLWORK EXPRESSIONS LLC	c EIN-PN 27-1627302-501
a	Plan name	MILNER VEIN & VASCULAR GCF BENEFIT PLAN	
b	Name of plan sponsor	MILNER VEIN & VASCULAR	c EIN-PN 82-2412303-501
a	Plan name	MIND AND MOTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MIND AND MOTION LLC	c EIN-PN 20-0942192-501
a	Plan name	MINDHARBOR INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MINDHARBOR INC	c EIN-PN 58-2513537-501
a	Plan name	MISSION ALLIED GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MISSION ALLIED GROUP, LLC	c EIN-PN 99-2944518-501
a	Plan name	MITCHELL & MITCHELL PC GCF BENEFIT PLAN	
b	Name of plan sponsor	MITCHELL & MITCHELL PC	c EIN-PN 58-2084391-501

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.)			
a	Plan name	MITCHELL & SHAPIRO, LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	MITCHELL & SHAPIRO, LLP	c EIN-PN 58-2277633-501
a	Plan name	MITCHELL HARDWARE AND BUILDING SUPPLY GCF BENEFIT PLAN	
b	Name of plan sponsor	MITCHELL HARDWARE AND BUILDING SUPPLY	c EIN-PN 58-1500757-501
a	Plan name	MITCHELL W. HECHT, MD, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	MITCHELL W. HECHT, MD, PC	c EIN-PN 58-2371103-501
a	Plan name	MITCH'S AUTOMOTIVE TOWING & SALVAGE GCF BENEFIT PLAN	
b	Name of plan sponsor	MITCHS AUTOMOTIVE TOWING & SALVAGE	c EIN-PN 58-2627720-501
a	Plan name	MJR SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	MJR SOLUTIONS	c EIN-PN 85-1116902-501
a	Plan name	MLW ALL PHASE CONSTRUCTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MLW ALL PHASE CONSTRUCTION LLC	c EIN-PN 20-2489548-501
a	Plan name	MMI CAPITAL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MMI CAPITAL LLC	c EIN-PN 58-2471238-501
a	Plan name	MMJ LABS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MMJ LABS LLC	c EIN-PN 20-5845791-501
a	Plan name	MMW CONNECTION DESIGN, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MMW CONNECTION DESIGN, INC.	c EIN-PN 20-5919517-501
a	Plan name	MN AEROSPACE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MN AEROSPACE, INC.	c EIN-PN 27-3573039-501
a	Plan name	MOBILE HEALTHCARE FACILITIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MOBILE HEALTHCARE FACILITIES LLC	c EIN-PN 46-3310009-501
a	Plan name	MOBILE HYDRAULICS OF GEORGIA INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MOBILE HYDRAULICS OF GEORGIA INC	c EIN-PN 58-2339538-501

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.)	
a	Plan name MOBLEY PLANT FARM, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MOBLEY PLANT FARM, INC.	c EIN-PN 58-2049333-501
a	Plan name MOCK AND COMPANY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MOCK AND COMPANY LLC	c EIN-PN 81-3368036-501
a	Plan name MOD CREATIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor MOD CREATIONS INC	c EIN-PN 26-3146944-501
a	Plan name MODERN MACHINING SOLUTIONS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MODERN MACHINING SOLUTIONS, INC.	c EIN-PN 58-2274645-501
a	Plan name MONFORT REAL ESTATE HOLDINGS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MONFORT REAL ESTATE HOLDINGS, LLC	c EIN-PN 58-2542913-501
a	Plan name MONOPOLY PROPERTIES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MONOPOLY PROPERTIES, INC.	c EIN-PN 58-2534475-501
a	Plan name MOODY TIRE SERVICE GCF BENEFIT PLAN	
b	Name of plan sponsor MOODY TIRE SERVICE	c EIN-PN 58-2018342-501
a	Plan name MOONRISE DISTILLERY GCF BENEFIT PLAN	
b	Name of plan sponsor MOONRISE DISTILLERY	c EIN-PN 45-4534384-501
a	Plan name MOON'S TREE FARM, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MOONS TREE FARM, INC.	c EIN-PN 58-2284878-501
a	Plan name MOORE TEK MACON, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MOORE TEK MACON, LLC	c EIN-PN 82-1155029-501
a	Plan name MOORE WELLNESS SYSTEMS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MOORE WELLNESS SYSTEMS LLC	c EIN-PN 45-4102800-502
a	Plan name MOORE'S WEALTH MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor MOORES WEALTH MANAGEMENT	c EIN-PN 27-3504786-501

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.)			
a	Plan name	MOPDOG CREATIVE & STRATEGY GCF BENEFIT PLAN	
b	Name of plan sponsor	MOPDOG CREATIVE & STRATEGY	c EIN-PN 20-1683932-501
a	Plan name	MOPPER KELLY REALTORS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MOPPER KELLY REALTORS, LLC	c EIN-PN 46-4847846-501
a	Plan name	MORRISON AND HUGHES LAW LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	MORRISON AND HUGHES LAW LLC	c EIN-PN 47-2240690-501
a	Plan name	MORRISON SHEARER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MORRISON SHEARER, INC.	c EIN-PN 56-2391202-501
a	Plan name	MOSLEY TIRE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MOSLEY TIRE, INC	c EIN-PN 58-2371107-501
a	Plan name	MOSSY LANDSCAPE GROUP, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	MOSSY LANDSCAPE GROUP, INC	c EIN-PN 51-0442929-501
a	Plan name	MOTELS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MOTELS, INC.	c EIN-PN 58-1412784-501
a	Plan name	MOTORVATION GCF BENEFIT PLAN	
b	Name of plan sponsor	MOTORVATION	c EIN-PN 45-2799237-501
a	Plan name	MOTUS NOVA GCF BENEFIT PLAN	
b	Name of plan sponsor	MOTUS NOVA	c EIN-PN 46-4166068-501
a	Plan name	MOULTON & HARDIN, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MOULTON & HARDIN, INC.	c EIN-PN 58-1792046-501
a	Plan name	MOUNTAIN VALLEY MOTORS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	MOUNTAIN VALLEY MOTORS INC.	c EIN-PN 58-1831128-501
a	Plan name	MOUNTAIN VIEW GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	MOUNTAIN VIEW GROUP	c EIN-PN 26-1580280-502

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.)		
a	Plan name MR COOLBREEZE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MR COOLBREEZE LLC	c EIN-PN 81-2783901-501
a	Plan name MSA COOKS MACHINE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MSA COOKS MACHINE LLC	c EIN-PN 85-3680248-501
a	Plan name MSE HOSPITALITY HOLDINGS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MSE HOSPITALITY HOLDINGS, INC.	c EIN-PN 58-1846164-501
a	Plan name MSI BENEFITS GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor MSI BENEFITS GROUP INC	c EIN-PN 58-2042103-501
a	Plan name MSI MANAGEMENT SERVICES INTERNATIONAL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MSI MANAGEMENT SERVICES INTERNATIONAL, INC.	c EIN-PN 58-1808371-501
a	Plan name MSK COVERTECH INC GCF BENEFIT PLAN	
b	Name of plan sponsor MSK COVERTECH INC	c EIN-PN 58-1766279-501
a	Plan name MT STUDIO ARCHITECTURE, PROFESSIONAL CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor MT STUDIO ARCHITECTURE, PROFESSIONAL CORPORATION	c EIN-PN 32-0278780-501
a	Plan name MT VERNON EYE CARE PC GCF BENEFIT PLAN	
b	Name of plan sponsor MT VERNON EYE CARE PC	c EIN-PN 58-2624268-501
a	Plan name MTC TRANSPORTATION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MTC TRANSPORTATION, INC.	c EIN-PN 27-0179685-501
a	Plan name MTI MANUFACTURING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MTI MANUFACTURING LLC	c EIN-PN 81-4570426-501
a	Plan name MTS GCF BENEFIT PLAN	
b	Name of plan sponsor MTS	c EIN-PN 13-3337610-501
a	Plan name MULTI KARE INC GCF BENEFIT PLAN	
b	Name of plan sponsor MULTI KARE INC	c EIN-PN 58-1645874-502

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.)	
a	Plan name MULTI PLUS CONSTRUCTION, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MULTI PLUS CONSTRUCTION, LLC	c EIN-PN 47-3431666-501
a	Plan name MURPHY CLEARING & GRADING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor MURPHY CLEARING & GRADING, INC.	c EIN-PN 31-1843173-501
a	Plan name MURRAY PLASTICS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor MURRAY PLASTICS, INC	c EIN-PN 06-1510019-501
a	Plan name MURRELLS WATERPROOFING SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor MURRELLS WATERPROOFING SERVICES	c EIN-PN 27-2841125-501
a	Plan name MUSE KITCHEN AND BATH GALLERY GCF BENEFIT PLAN	
b	Name of plan sponsor MUSE KITCHEN AND BATH GALLERY	c EIN-PN 82-0655775-501
a	Plan name MUTTY PAWS INC GCF BENEFIT PLAN	
b	Name of plan sponsor MUTTY PAWS INC	c EIN-PN 47-4888266-501
a	Plan name MVP GERMAN AUTO SPECIALISTS GCF BENEFIT PLAN	
b	Name of plan sponsor MVP GERMAN AUTO SPECIALISTS	c EIN-PN 58-2591537-501
a	Plan name MVP PHYSIO DR LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MVP PHYSIO DR LLC	c EIN-PN 85-2847124-501
a	Plan name MY TRANSLOAD SOLUTION GCF BENEFIT PLAN	
b	Name of plan sponsor MY TRANSLOAD SOLUTION	c EIN-PN 86-1611743-501
a	Plan name MYNDP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor MYNDP LLC	c EIN-PN 45-4038328-501
a	Plan name NAIL HEATING & AIR CONDITIONING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor NAIL HEATING & AIR CONDITIONING, INC.	c EIN-PN 58-2147267-501
a	Plan name NARWHAL CAPITAL MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor NARWHAL CAPITAL MANAGEMENT, LLC	c EIN-PN 20-2969572-501

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.)			
a	Plan name	NASHVILLE HOUSING AUTHORITY GCF BENEFIT PLAN	
b	Name of plan sponsor	NASHVILLE HOUSING AUTHORITY	c EIN-PN 58-6002550-501
a	Plan name	NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS GCF BENEFIT PLAN	
b	Name of plan sponsor	NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS	c EIN-PN 73-1328414-501
a	Plan name	NATIONAL BANK PRODUCTS GCF BENEFIT PLAN	
b	Name of plan sponsor	NATIONAL BANK PRODUCTS	c EIN-PN 58-1297367-501
a	Plan name	NATIONAL ELECTRIC GATE COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	NATIONAL ELECTRIC GATE COMPANY, INC.	c EIN-PN 36-2789281-502
a	Plan name	NATIONAL FABRICATING SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	NATIONAL FABRICATING SERVICES, INC.	c EIN-PN 58-2363636-501
a	Plan name	NATIONAL PEANUT BOARD GCF BENEFIT PLAN	
b	Name of plan sponsor	NATIONAL PEANUT BOARD	c EIN-PN 52-2292806-501
a	Plan name	NATIONAL SALES NETWORK GCF BENEFIT PLAN	
b	Name of plan sponsor	NATIONAL SALES NETWORK	c EIN-PN 22-3462354-501
a	Plan name	NATIONAL TAX INC GCF BENEFIT PLAN	
b	Name of plan sponsor	NATIONAL TAX INC	c EIN-PN 58-1810158-501
a	Plan name	NATIVE FOREST NURSERY GCF BENEFIT PLAN	
b	Name of plan sponsor	NATIVE FOREST NURSERY	c EIN-PN 81-4363323-501
a	Plan name	NAVICENT HEALTH FOUNDATION, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	NAVICENT HEALTH FOUNDATION, INC	c EIN-PN 23-7363555-501
a	Plan name	NCP GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	NCP GROUP	c EIN-PN 27-5079185-501
a	Plan name	NDB ASSURANCE LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	NDB ASSURANCE LLP	c EIN-PN 82-3564650-501

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.)			
a	Plan name	NEAL WEINBERG, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	NEAL WEINBERG, PC	c EIN-PN 58-1868889-501
a	Plan name	NEAL'S PLUMBING & ELECTRIC GCF BENEFIT PLAN	
b	Name of plan sponsor	NEALS PLUMBING & ELECTRIC	c EIN-PN 58-2389504-501
a	Plan name	NEEDLE MEDICAL MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	NEEDLE MEDICAL MANAGEMENT LLC	c EIN-PN 83-3740660-501
a	Plan name	NEO, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	NEO, INC.	c EIN-PN 58-1810009-501
a	Plan name	NEONATOLOGY ASSOCIATES OF COLUMBUS GCF BENEFIT PLAN	
b	Name of plan sponsor	NEONATOLOGY ASSOCIATES OF COLUMBUS	c EIN-PN 58-2391894-501
a	Plan name	NETSERV APPLICATIONS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	NETSERV APPLICATIONS, INC.	c EIN-PN 58-2256757-501
a	Plan name	NETTUNO & ASSOCIATES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	NETTUNO & ASSOCIATES, LLC	c EIN-PN 58-2235950-501
a	Plan name	NEURO-DEVELOPMENTAL TREATMENT PROGRAMS GCF BENEFIT PLAN	
b	Name of plan sponsor	NEURO-DEVELOPMENTAL TREATMENT PROGRAMS	c EIN-PN 58-1530402-501
a	Plan name	NEURODIAGNOSTIC CONSULTANTS, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor	NEURODIAGNOSTIC CONSULTANTS, LLC.	c EIN-PN 26-2597156-501
a	Plan name	NEUROLOGICAL ASSOCIATES OF AUGUSTA GCF BENEFIT PLAN	
b	Name of plan sponsor	NEUROLOGICAL ASSOCIATES OF AUGUSTA	c EIN-PN 58-2527154-501
a	Plan name	NEVEROFF INC GCF BENEFIT PLAN	
b	Name of plan sponsor	NEVEROFF INC	c EIN-PN 58-2267855-502
a	Plan name	NEW SOUTH HOSPITALITY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	NEW SOUTH HOSPITALITY INC	c EIN-PN 26-4244121-501

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.)			
a	Plan name	NEW URBAN DEVELOPMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	NEW URBAN DEVELOPMENT LLC	c EIN-PN 82-2300044-501
a	Plan name	NEWBERRY INDUSTRIAL SVC GCF BENEFIT PLAN	
b	Name of plan sponsor	NEWBERRY INDUSTRIAL SVC	c EIN-PN 58-1815510-501
a	Plan name	NEWBROOK CO OF GEORGIA INC GCF BENEFIT PLAN	
b	Name of plan sponsor	NEWBROOK CO OF GEORGIA INC	c EIN-PN 27-3625972-501
a	Plan name	NEWBY-STAHL ADVISORY GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	NEWBY-STAHL ADVISORY GROUP	c EIN-PN 82-3889704-501
a	Plan name	NEWNAN COUNTRY CLUB GCF BENEFIT PLAN	
b	Name of plan sponsor	NEWNAN COUNTRY CLUB	c EIN-PN 58-0636152-501
a	Plan name	NEWSTAR ADHESIVES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	NEWSTAR ADHESIVES, INC.	c EIN-PN 46-4163784-501
a	Plan name	NEWTON CROUCH COMPANY,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	NEWTON CROUCH COMPANY,LLC	c EIN-PN 87-3079855-501
a	Plan name	NEXT GEN CAPITAL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	NEXT GEN CAPITAL, LLC	c EIN-PN 37-1700976-501
a	Plan name	NEXT GENERATION MEN AND WOMEN GCF BENEFIT PLAN	
b	Name of plan sponsor	NEXT GENERATION MEN AND WOMEN	c EIN-PN 47-1865064-501
a	Plan name	NEXXSPAN HEALTHCARE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	NEXXSPAN HEALTHCARE, LLC	c EIN-PN 99-3510053-501
a	Plan name	NFINITY ATHLETIC, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	NFINITY ATHLETIC, LLC	c EIN-PN 27-2202579-501
a	Plan name	NICHOLS LAND AND INVESTMENT COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	NICHOLS LAND AND INVESTMENT COMPANY	c EIN-PN 58-1406042-501

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.)	
a	Plan name NICHOLS OFFICE OF ARCHITECTURE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor NICHOLS OFFICE OF ARCHITECTURE, INC.	c EIN-PN 27-0441838-501
a	Plan name NICHOLSON EXPLORATION SERVICE GCF BENEFIT PLAN	
b	Name of plan sponsor NICHOLSON EXPLORATION SERVICE	c EIN-PN 88-1105077-501
a	Plan name NIKKI MCCAULEY AGENCY GCF BENEFIT PLAN	
b	Name of plan sponsor NIKKI MCCAULEY AGENCY	c EIN-PN 83-0905986-501
a	Plan name NILO CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor NILO CORPORATION	c EIN-PN 58-1339906-501
a	Plan name NITRO QUIMICA CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor NITRO QUIMICA CORPORATION	c EIN-PN 81-3673903-501
a	Plan name NKS MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor NKS MANAGEMENT LLC	c EIN-PN 26-3578860-501
a	Plan name NO MOW GRASS GCF BENEFIT PLAN	
b	Name of plan sponsor NO MOW GRASS	c EIN-PN 83-2903606-501
a	Plan name NOLAND LAW FIRM LLC GCF BENEFIT PLAN	
b	Name of plan sponsor NOLAND LAW FIRM LLC	c EIN-PN 82-1534216-501
a	Plan name NOLIN STEEL ERECTION INC GCF BENEFIT PLAN	
b	Name of plan sponsor NOLIN STEEL ERECTION INC	c EIN-PN 75-1535742-501
a	Plan name NORCROSS ELECTRIC SUPPLY GCF BENEFIT PLAN	
b	Name of plan sponsor NORCROSS ELECTRIC SUPPLY	c EIN-PN 58-1870866-501
a	Plan name NORCROSS TAG COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor NORCROSS TAG COMPANY INC	c EIN-PN 58-0966668-501
a	Plan name NORTH CHEROKEE ELECTRICAL GCF BENEFIT PLAN	
b	Name of plan sponsor NORTH CHEROKEE ELECTRICAL	c EIN-PN 47-4204858-501

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.)	
a	Plan name NORTH COBB ELECTRICAL SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor NORTH COBB ELECTRICAL SERVICES	c EIN-PN 65-1237463-501
a	Plan name NORTH GEORGIA BUILDERS GCF BENEFIT PLAN	
b	Name of plan sponsor NORTH GEORGIA BUILDERS	c EIN-PN 82-1890347-501
a	Plan name NORTH GEORGIA CREDIT UNIO GCF BENEFIT PLAN	
b	Name of plan sponsor NORTH GEORGIA CREDIT UNIO	c EIN-PN 58-0677211-501
a	Plan name NORTH GEORGIA FOODS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor NORTH GEORGIA FOODS, INC	c EIN-PN 58-1646119-501
a	Plan name NORTH GEORGIA GRADING & SEPTIC, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor NORTH GEORGIA GRADING & SEPTIC, INC.	c EIN-PN 20-1481702-501
a	Plan name NORTH GEORGIA SOCIAL CLUB LLC GCF BENEFIT PLAN	
b	Name of plan sponsor NORTH GEORGIA SOCIAL CLUB LLC	c EIN-PN 81-3070492-501
a	Plan name NORTH MACON DENTAL GCF BENEFIT PLAN	
b	Name of plan sponsor NORTH MACON DENTAL	c EIN-PN 58-1679730-501
a	Plan name NORTHSIDE TOOL RENTAL GCF BENEFIT PLAN	
b	Name of plan sponsor NORTHSIDE TOOL RENTAL	c EIN-PN 58-0973569-501
a	Plan name NORTHSTAR PERFORMANCE IMPROVE GCF BENEFIT PLAN	
b	Name of plan sponsor NORTHSTAR PERFORMANCE IMPROVE	c EIN-PN 92-0989270-501
a	Plan name NOVA CABINETS SHOP NO. II, INC GCF BENEFIT PLAN	
b	Name of plan sponsor NOVA CABINETS SHOP NO. II, INC	c EIN-PN 58-1709471-501
a	Plan name NOVA INTEGRATED SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor NOVA INTEGRATED SOLUTIONS	c EIN-PN 99-0727955-501
a	Plan name NOVAVIVE USA INC. GCF BENEFIT PLAN	
b	Name of plan sponsor NOVAVIVE USA INC.	c EIN-PN 61-1749196-501

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.)			
a	Plan name	NOVOLOGIC, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	NOVOLOGIC, INC	c EIN-PN 58-2462260-501
a	Plan name	NSCDA - GA GCF BENEFIT PLAN	
b	Name of plan sponsor	NSCDA - GA	c EIN-PN 23-7158393-501
a	Plan name	NTEC SYSTEMS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	NTEC SYSTEMS, LLC	c EIN-PN 52-2284791-501
a	Plan name	NUROL CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	NUROL CORPORATION	c EIN-PN 58-2174714-501
a	Plan name	NUTEQ SOLUTIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	NUTEQ SOLUTIONS, LLC	c EIN-PN 87-4723059-501
a	Plan name	NUTTER & ASSOCIATES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	NUTTER & ASSOCIATES, INC.	c EIN-PN 58-2373836-501
a	Plan name	NYR GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	NYR GROUP LLC	c EIN-PN 88-2531689-501
a	Plan name	O2YS CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	O2YS CORPORATION	c EIN-PN 45-5255815-501
a	Plan name	OAK HP INDUSTRIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	OAK HP INDUSTRIES LLC	c EIN-PN 85-2836709-501
a	Plan name	OCHOA CONSTRUCTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	OCHOA CONSTRUCTION LLC	c EIN-PN 81-0955056-501
a	Plan name	OCMULGEE NATIONAL PARK AND PRESERVE INITIATIVE GCF BENEFIT PLAN	
b	Name of plan sponsor	OCMULGEE NATIONAL PARK AND PRESERVE INITIATIVE	c EIN-PN 45-3622788-501
a	Plan name	OCMULGEE PHYSICIANS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	OCMULGEE PHYSICIANS, LLC	c EIN-PN 45-3976537-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	OCONEE CAPITAL MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	OCONEE CAPITAL MANAGEMENT, LLC	c EIN-PN 55-0854499-501
a	Plan name	OCONEE CLIMATE CONTROL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	OCONEE CLIMATE CONTROL LLC	c EIN-PN 58-2554929-501
a	Plan name	OCONEE COMMERCIAL CONTRACTORS GCF BENEFIT PLAN	
b	Name of plan sponsor	OCONEE COMMERCIAL CONTRACTORS	c EIN-PN 45-2624372-501
a	Plan name	OCONEE DRUG TASK FORCE GCF BENEFIT PLAN	
b	Name of plan sponsor	OCONEE DRUG TASK FORCE	c EIN-PN 58-6000815-501
a	Plan name	OCONEE ELECTRIC, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	OCONEE ELECTRIC, INC.	c EIN-PN 58-2330685-501
a	Plan name	OCONEE FELLOWSHIP GCF BENEFIT PLAN	
b	Name of plan sponsor	OCONEE FELLOWSHIP	c EIN-PN 86-2506740-501
a	Plan name	OCONEE INSURANCE ASSOCIATES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	OCONEE INSURANCE ASSOCIATES, INC	c EIN-PN 56-2331639-501
a	Plan name	OCONEE WELL DRILLERS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	OCONEE WELL DRILLERS INC	c EIN-PN 58-1818712-501
a	Plan name	ODOM REAL ESTATE APPRAISAL, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ODOM REAL ESTATE APPRAISAL, INC	c EIN-PN 80-0148038-501
a	Plan name	ODYSSEY ENTERPRISES INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ODYSSEY ENTERPRISES INC.	c EIN-PN 58-1975194-501
a	Plan name	ODYSSEY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ODYSSEY INC	c EIN-PN 58-2537795-501
a	Plan name	ODYSSEY PERSONAL FINANCIAL ADVISORS,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ODYSSEY PERSONAL FINANCIAL ADVISORS,LLC	c EIN-PN 20-4983478-501

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.)	
a	Plan name OFFICE OF THE CHAPTER 13 TRUSTEE GCF BENEFIT PLAN	
b	Name of plan sponsor OFFICE OF THE CHAPTER 13 TRUSTEE	c EIN-PN 58-1441653-501
a	Plan name OGLETHORPE FEED & FARM SUPPLY INC GCF BENEFIT PLAN	
b	Name of plan sponsor OGLETHORPE FEED & FARM SUPPLY INC	c EIN-PN 20-3863718-501
a	Plan name OHLSON & MEDLOCK, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor OHLSON & MEDLOCK, LLC	c EIN-PN 26-4652151-501
a	Plan name O'LEARY DESIGN GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor OLEARY DESIGN GROUP LLC	c EIN-PN 47-5618705-501
a	Plan name O'LEARY'S HEATING AND AIR INC GCF BENEFIT PLAN	
b	Name of plan sponsor OLEARYS HEATING AND AIR INC	c EIN-PN 46-2072977-501
a	Plan name OLIVIERI & ASSOCIATES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor OLIVIERI & ASSOCIATES LLC	c EIN-PN 45-5302626-501
a	Plan name OMNI MACHINE WORKS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor OMNI MACHINE WORKS, INC	c EIN-PN 58-2236833-501
a	Plan name ON ACCIDENT HOLDINGS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ON ACCIDENT HOLDINGS, LLC	c EIN-PN 86-3885537-501
a	Plan name ON SITE MECHANICAL SERVICE,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ON SITE MECHANICAL SERVICE,INC.	c EIN-PN 33-1112095-501
a	Plan name ON THE GRID FINANCIAL FEDERAL CREDIT UNION GCF BENEFIT PLAN	
b	Name of plan sponsor ON THE GRID FINANCIAL FEDERAL CREDIT UNION	c EIN-PN 58-0566428-501
a	Plan name ON THE LEVEE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ON THE LEVEE, LLC	c EIN-PN 20-5366667-501
a	Plan name ONDEMAND HARDWARE GCF BENEFIT PLAN	
b	Name of plan sponsor ONDEMAND HARDWARE	c EIN-PN 81-0696421-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ONE CONSULTING GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	ONE CONSULTING GROUP	c EIN-PN 20-4380947-501
a	Plan name	O'NEAL PERIODONTICS PC GCF BENEFIT PLAN	
b	Name of plan sponsor	ONEAL PERIODONTICS PC	c EIN-PN 27-1197305-501
a	Plan name	ONEPOINT PHYSICAL THERAPY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ONEPOINT PHYSICAL THERAPY, INC.	c EIN-PN 81-1271493-501
a	Plan name	ONETA FABRICATIONS & DESIGN GCF BENEFIT PLAN	
b	Name of plan sponsor	ONETA FABRICATIONS & DESIGN	c EIN-PN 47-4747019-501
a	Plan name	ONPOINT DIGITAL INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ONPOINT DIGITAL INC	c EIN-PN 03-0370832-501
a	Plan name	ONSITE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ONSITE INC	c EIN-PN 58-2261111-501
a	Plan name	ONYX RESEARCH GCF BENEFIT PLAN	
b	Name of plan sponsor	ONYX RESEARCH	c EIN-PN 58-2663848-501
a	Plan name	OPEN DOOR COMMUNITY HOUSE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	OPEN DOOR COMMUNITY HOUSE, INC.	c EIN-PN 58-0601980-501
a	Plan name	ORANGEPATH FINANCIAL INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ORANGEPATH FINANCIAL INC.	c EIN-PN 85-3899393-501
a	Plan name	ORBIT TALENT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ORBIT TALENT, INC.	c EIN-PN 93-4822010-501
a	Plan name	ORCA IOT INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ORCA IOT INC.	c EIN-PN 83-4425807-501
a	Plan name	ORCHARD RESOURCES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ORCHARD RESOURCES, INC.	c EIN-PN 58-2429274-501

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.)			
a	Plan name	ORIGIN TITLE AND ESCROW, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ORIGIN TITLE AND ESCROW, INC	c EIN-PN 38-3660745-501
a	Plan name	ORKIN ASSET MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	ORKIN ASSET MANAGEMENT	c EIN-PN 20-5958053-501
a	Plan name	ORMEWOOD ANIMAL HOSPITAL GCF BENEFIT PLAN	
b	Name of plan sponsor	ORMEWOOD ANIMAL HOSPITAL	c EIN-PN 27-0672071-501
a	Plan name	ORTHOPEDIC SURGEONS OF GA GCF BENEFIT PLAN	
b	Name of plan sponsor	ORTHOPEDIC SURGEONS OF GA	c EIN-PN 45-2786844-501
a	Plan name	ORTHOPRO SERVICES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ORTHOPRO SERVICES, LLC	c EIN-PN 58-2593647-501
a	Plan name	ORTIZ DECORATING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	ORTIZ DECORATING, INC	c EIN-PN 58-2338308-501
a	Plan name	OSA OPERATIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	OSA OPERATIONS, LLC	c EIN-PN 92-1948184-501
a	Plan name	OSSABAW ISLAND FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor	OSSABAW ISLAND FOUNDATION	c EIN-PN 58-1397054-501
a	Plan name	OTIS REDDING FOUNDATION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	OTIS REDDING FOUNDATION, INC.	c EIN-PN 58-2435617-501
a	Plan name	OTOOLE ASSOCIATES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	OTOOLE ASSOCIATES LLC	c EIN-PN 47-3129426-501
a	Plan name	OUTDOORS MORE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	OUTDOORS MORE LLC	c EIN-PN 45-2392224-502
a	Plan name	OUTERBRIDGE RISK ADVISORS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	OUTERBRIDGE RISK ADVISORS LLC	c EIN-PN 83-1956374-501

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.)			
a	Plan name	OVERCOMING BY FAITH GCF BENEFIT PLAN	
b	Name of plan sponsor	OVERCOMING BY FAITH	c EIN-PN 58-2462153-501
a	Plan name	OVERLAY CAPITAL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	OVERLAY CAPITAL LLC	c EIN-PN 88-0592189-501
a	Plan name	OWINGS MACNORLIN LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	OWINGS MACNORLIN LLC	c EIN-PN 82-1559320-501
a	Plan name	P&S ELECTRIC SUPPLY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	P&S ELECTRIC SUPPLY, INC.	c EIN-PN 58-1106849-501
a	Plan name	PACES PROPERTIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PACES PROPERTIES, LLC	c EIN-PN 45-5583577-501
a	Plan name	PACESETTER CONSTRUCTION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	PACESETTER CONSTRUCTION, INC.	c EIN-PN 58-2498877-501
a	Plan name	PAIN CARE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PAIN CARE LLC	c EIN-PN 26-2285957-501
a	Plan name	PALADIN HIB ADVISORS GCF BENEFIT PLAN	
b	Name of plan sponsor	PALADIN HIB ADVISORS	c EIN-PN 83-0872108-501
a	Plan name	PALLET RACK WAREHOUSE & SUPPLY GCF BENEFIT PLAN	
b	Name of plan sponsor	PALLET RACK WAREHOUSE & SUPPLY	c EIN-PN 82-3823754-501
a	Plan name	PALLETWORKS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PALLETWORKS, LLC	c EIN-PN 82-1042433-501
a	Plan name	PALMER PENSION SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	PALMER PENSION SERVICES, INC.	c EIN-PN 58-1557529-501
a	Plan name	PALMETTO FOOD SERVICE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PALMETTO FOOD SERVICE, LLC	c EIN-PN 26-1411429-501

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.)	
a	Plan name PANDOWEALTH GCF BENEFIT PLAN	
b	Name of plan sponsor PANDOWEALTH	c EIN-PN 47-4770712-501
a	Plan name PANMET GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor PANMET GROUP INC	c EIN-PN 36-3591617-501
a	Plan name PARAMOUNT STAFFING GCF BENEFIT PLAN	
b	Name of plan sponsor PARAMOUNT STAFFING	c EIN-PN 26-3915726-501
a	Plan name PARANET CORPORATION SERVICES INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PARANET CORPORATION SERVICES INC.	c EIN-PN 58-2032457-501
a	Plan name PARIS MANAGEMENT & INVESTMENT COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PARIS MANAGEMENT & INVESTMENT COMPANY, INC.	c EIN-PN 58-0515649-501
a	Plan name PARK PET SUPPLY INC GCF BENEFIT PLAN	
b	Name of plan sponsor PARK PET SUPPLY INC	c EIN-PN 58-2431756-501
a	Plan name PARK PRIDE ATLANTA GCF BENEFIT PLAN	
b	Name of plan sponsor PARK PRIDE ATLANTA	c EIN-PN 58-1883895-501
a	Plan name PARKER BRAMLETT FUNERAL HOME GCF BENEFIT PLAN	
b	Name of plan sponsor PARKER BRAMLETT FUNERAL HOME	c EIN-PN 58-1209757-501
a	Plan name PARKER BROTHERS OILS LUBRICANTS AND SERVICE GCF BENEFIT PLAN	
b	Name of plan sponsor PARKER BROTHERS OILS LUBRICANTS AND SERVICE	c EIN-PN 58-1391573-501
a	Plan name PARKER CL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PARKER CL, LLC	c EIN-PN 88-2748541-501
a	Plan name PARKS CHESIN AND WALBERT PC GCF BENEFIT PLAN	
b	Name of plan sponsor PARKS CHESIN AND WALBERT PC	c EIN-PN 58-1180767-501
a	Plan name PARKWOOD PODIATRY ASSOCIATES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PARKWOOD PODIATRY ASSOCIATES, LLC	c EIN-PN 20-3289754-501

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.)	
a	Plan name PARTNER TECHNOLOGY SYSTEMS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor PARTNER TECHNOLOGY SYSTEMS, INC	c EIN-PN 31-1839598-501
a	Plan name PARTNERS ADVANCING STUDENT SUCCESS GCF BENEFIT PLAN	
b	Name of plan sponsor PARTNERS ADVANCING STUDENT SUCCESS	c EIN-PN 45-5615740-501
a	Plan name PARTNERS PROPANE OF GEORGIA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PARTNERS PROPANE OF GEORGIA, INC.	c EIN-PN 01-0785205-501
a	Plan name PARYANI REAL ESTATE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PARYANI REAL ESTATE LLC	c EIN-PN 83-0591288-501
a	Plan name PASLEY AND NUCE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PASLEY AND NUCE LLC	c EIN-PN 20-3401304-501
a	Plan name PASTORAL INSTITUTE GCF BENEFIT PLAN	
b	Name of plan sponsor PASTORAL INSTITUTE	c EIN-PN 58-0647764-501
a	Plan name PATCOMP INC GCF BENEFIT PLAN	
b	Name of plan sponsor PATCOMP INC	c EIN-PN 58-1686642-501
a	Plan name PATE & LESTER CO INC GCF BENEFIT PLAN	
b	Name of plan sponsor PATE & LESTER CO INC	c EIN-PN 59-2367439-501
a	Plan name PATEL LAW FIRM GCF BENEFIT PLAN	
b	Name of plan sponsor PATEL LAW FIRM	c EIN-PN 27-4315971-501
a	Plan name PATHWAYS AUTISM CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor PATHWAYS AUTISM CENTER	c EIN-PN 46-5409823-501
a	Plan name PATRICK KUNES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PATRICK KUNES LLC	c EIN-PN 87-3224056-501
a	Plan name PATRICK RETTERBUSH,MD LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PATRICK RETTERBUSH,MD LLC	c EIN-PN 81-3352260-501

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.)			
a	Plan name	PAUL SLAPPEY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	PAUL SLAPPEY, INC.	c EIN-PN 58-1359044-501
a	Plan name	PAUL SLAVIK AGENCY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PAUL SLAVIK AGENCY INC	c EIN-PN 82-0915793-501
a	Plan name	PAULDING ENTERPRISES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PAULDING ENTERPRISES, INC	c EIN-PN 58-1156093-501
a	Plan name	PAVILION COMPOUNDING PHARMACY GCF BENEFIT PLAN	
b	Name of plan sponsor	PAVILION COMPOUNDING PHARMACY	c EIN-PN 58-2482051-501
a	Plan name	PAWTROPOLIS GCF BENEFIT PLAN	
b	Name of plan sponsor	PAWTROPOLIS	c EIN-PN 58-2641541-501
a	Plan name	PC FINANCIAL INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PC FINANCIAL INC	c EIN-PN 81-2549178-501
a	Plan name	PCM ELECTRICAL CONTRACTORS GCF BENEFIT PLAN	
b	Name of plan sponsor	PCM ELECTRICAL CONTRACTORS	c EIN-PN 58-2370536-501
a	Plan name	PDS HOLDINGS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PDS HOLDINGS, INC	c EIN-PN 26-0722275-501
a	Plan name	PEACE PREPARATORY ACADEMY,INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PEACE PREPARATORY ACADEMY,INC	c EIN-PN 46-1175947-501
a	Plan name	PEACH BELT CONFERENCE GCF BENEFIT PLAN	
b	Name of plan sponsor	PEACH BELT CONFERENCE	c EIN-PN 58-1906975-501
a	Plan name	PEACH STATE HOSPITALITY GCF BENEFIT PLAN	
b	Name of plan sponsor	PEACH STATE HOSPITALITY	c EIN-PN 26-2840496-501
a	Plan name	PEACH STATE PRINTING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PEACH STATE PRINTING INC	c EIN-PN 58-1465564-501

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.)		
a	Plan name PEACH STATE TRUCK BROKERS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PEACH STATE TRUCK BROKERS, INC.	c EIN-PN 56-2283953-502
a	Plan name PEACH TRADER GCF BENEFIT PLAN	
b	Name of plan sponsor PEACH TRADER	c EIN-PN 58-2540256-501
a	Plan name PEACHTREE CAMERA & VIDEO REPAIR GCF BENEFIT PLAN	
b	Name of plan sponsor PEACHTREE CAMERA & VIDEO REPAIR	c EIN-PN 58-2133813-501
a	Plan name PEACHTREE CITY WATER & SEWERAGE AUTHORITY GCF BENEFIT PLAN	
b	Name of plan sponsor PEACHTREE CITY WATER & SEWERAGE AUTHORITY	c EIN-PN 58-2307284-501
a	Plan name PEACHTREE CO. KB LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PEACHTREE CO. KB LLC	c EIN-PN 26-4724236-501
a	Plan name PEACHTREE COMMODITIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PEACHTREE COMMODITIES, LLC	c EIN-PN 27-3723559-501
a	Plan name PEACHTREE CORNERS FINE WINE & SPIRITS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PEACHTREE CORNERS FINE WINE & SPIRITS, LLC	c EIN-PN 47-1237322-501
a	Plan name PEACHTREE DATA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PEACHTREE DATA, INC.	c EIN-PN 58-2118758-501
a	Plan name PEACHTREE ELECTRICAL SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PEACHTREE ELECTRICAL SERVICES LLC	c EIN-PN 41-2262153-501
a	Plan name PEACHTREE GOVERNMENT RELATIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PEACHTREE GOVERNMENT RELATIONS, LLC	c EIN-PN 46-2666937-501
a	Plan name PEACHTREE IMPORTS SPECIALISTS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PEACHTREE IMPORTS SPECIALISTS, INC.	c EIN-PN 83-3147108-501
a	Plan name PEACHTREE LIGHTING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PEACHTREE LIGHTING LLC	c EIN-PN 38-1798424-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PEACHTREE PLASTIC SURGERY GCF BENEFIT PLAN	
b	Name of plan sponsor	PEACHTREE PLASTIC SURGERY	c EIN-PN 90-0035235-501
a	Plan name	PEACHTREE PSYCHIATRIC PROFESSIONALS, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	PEACHTREE PSYCHIATRIC PROFESSIONALS, PC	c EIN-PN 58-2259936-501
a	Plan name	PEACHTREE RADIATION ONCOLOGY SERVICES, P. C. GCF BENEFIT PLAN	
b	Name of plan sponsor	PEACHTREE RADIATION ONCOLOGY SERVICES, P. C.	c EIN-PN 58-1662472-501
a	Plan name	PEACHTREE SURGICAL & BARIATRIC GCF BENEFIT PLAN	
b	Name of plan sponsor	PEACHTREE SURGICAL & BARIATRIC	c EIN-PN 58-1798132-501
a	Plan name	PEACHTREE WEALTH STRATEGIES GCF BENEFIT PLAN	
b	Name of plan sponsor	PEACHTREE WEALTH STRATEGIES	c EIN-PN 80-0757235-501
a	Plan name	PEACHWOOD FLOOR COVERINGS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PEACHWOOD FLOOR COVERINGS LLC	c EIN-PN 84-3791016-501
a	Plan name	PEAK INDUSTRIES GCF BENEFIT PLAN	
b	Name of plan sponsor	PEAK INDUSTRIES	c EIN-PN 27-4398342-501
a	Plan name	PEAK REHABILITATION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	PEAK REHABILITATION, INC.	c EIN-PN 20-0902536-501
a	Plan name	PEARSON - DIAL FUNERAL HOME GCF BENEFIT PLAN	
b	Name of plan sponsor	PEARSON - DIAL FUNERAL HOME	c EIN-PN 26-1114173-501
a	Plan name	PEARSON FARM GCF BENEFIT PLAN	
b	Name of plan sponsor	PEARSON FARM	c EIN-PN 26-1695174-501
a	Plan name	PEDIATRIC ASSOCIATES OF LAGRANGE GCF BENEFIT PLAN	
b	Name of plan sponsor	PEDIATRIC ASSOCIATES OF LAGRANGE	c EIN-PN 58-2641437-501
a	Plan name	PEDIATRIC CARE OF MACON LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PEDIATRIC CARE OF MACON LLC	c EIN-PN 58-1345886-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	PEDIATRIC CENTER FOR WELLNESS GCF BENEFIT PLAN
b	Name of plan sponsor	PEDIATRIC CENTER FOR WELLNESS
c	EIN-PN	45-4604613-501
a	Plan name	PEDIATRIC DENTAL SPECIALIST OF HIRAM GCF BENEFIT PLAN
b	Name of plan sponsor	PEDIATRIC DENTAL SPECIALIST OF HIRAM
c	EIN-PN	47-3819684-501
a	Plan name	PEDIATRIC DENTISTRY OF JOHNS CREEK GCF BENEFIT PLAN
b	Name of plan sponsor	PEDIATRIC DENTISTRY OF JOHNS CREEK
c	EIN-PN	46-2015214-501
a	Plan name	PEDIATRIC FIRST, PC GCF BENEFIT PLAN
b	Name of plan sponsor	PEDIATRIC FIRST, PC
c	EIN-PN	58-1435386-501
a	Plan name	PEDIATRIC VISION DEVELOPMENT CENTER OF FORSYTH GCF BENEFIT PLAN
b	Name of plan sponsor	PEDIATRIC VISION DEVELOPMENT CENTER OF FORSYTH
c	EIN-PN	47-1450494-501
a	Plan name	PEED BROS INC GCF BENEFIT PLAN
b	Name of plan sponsor	PEED BROS INC
c	EIN-PN	58-0808639-501
a	Plan name	PEELER IBBOTSON & ASSOCIATES GCF BENEFIT PLAN
b	Name of plan sponsor	PEELER IBBOTSON & ASSOCIATES
c	EIN-PN	58-2570339-501
a	Plan name	PEERS AND PARTNERS, INC. GCF BENEFIT PLAN
b	Name of plan sponsor	PEERS AND PARTNERS, INC.
c	EIN-PN	84-2156885-501
a	Plan name	PELHAM HOUSING AUTHORITY GCF BENEFIT PLAN
b	Name of plan sponsor	PELHAM HOUSING AUTHORITY
c	EIN-PN	58-6002929-501
a	Plan name	PENA & PENA, INC GCF BENEFIT PLAN
b	Name of plan sponsor	PENA & PENA, INC
c	EIN-PN	58-1904512-501
a	Plan name	PENCO RESTORATION, LLC GCF BENEFIT PLAN
b	Name of plan sponsor	PENCO RESTORATION, LLC
c	EIN-PN	46-3728989-501
a	Plan name	PENDERGRASS FLEA MARKET, INC. GCF BENEFIT PLAN
b	Name of plan sponsor	PENDERGRASS FLEA MARKET, INC.
c	EIN-PN	58-2015884-501

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.)	
a	Plan name PENNANT CONSTRUCTION MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor PENNANT CONSTRUCTION MANAGEMENT	c EIN-PN 58-1997110-501
a	Plan name PERFECT PATTERNS SOUTH, INC GCF BENEFIT PLAN	
b	Name of plan sponsor PERFECT PATTERNS SOUTH, INC	c EIN-PN 59-2549272-501
a	Plan name PERFORMANCE PHYSICAL THERAPY GCF BENEFIT PLAN	
b	Name of plan sponsor PERFORMANCE PHYSICAL THERAPY	c EIN-PN 26-3626309-501
a	Plan name PERIMETER SHEET METAL COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor PERIMETER SHEET METAL COMPANY INC	c EIN-PN 58-2593735-501
a	Plan name PERMA THERM, INC GCF BENEFIT PLAN	
b	Name of plan sponsor PERMA THERM, INC	c EIN-PN 58-1720826-501
a	Plan name PERMATECT FACILITY SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor PERMATECT FACILITY SOLUTIONS	c EIN-PN 26-3838886-501
a	Plan name PERRINO DESIGNS & CONSTRUCTION, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PERRINO DESIGNS & CONSTRUCTION, LLC	c EIN-PN 38-4082054-501
a	Plan name PERRY & WALTERS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PERRY & WALTERS, LLC	c EIN-PN 58-2212611-501
a	Plan name PERRY L HENRY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PERRY L HENRY LLC	c EIN-PN 56-2582637-501
a	Plan name PERSICHETTI MOTORSPORTS GCF BENEFIT PLAN	
b	Name of plan sponsor PERSICHETTI MOTORSPORTS	c EIN-PN 38-3641150-501
a	Plan name PERSONALITY INSIGHTS,INC GCF BENEFIT PLAN	
b	Name of plan sponsor PERSONALITY INSIGHTS,INC	c EIN-PN 58-1983314-501
a	Plan name PERSONS COLLINS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PERSONS COLLINS, LLC	c EIN-PN 83-2841602-501

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.)			
a	Plan name	PEST CONTROL UNLIMITED, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PEST CONTROL UNLIMITED, INC	c EIN-PN 58-1851382-501
a	Plan name	PET SYSTEMS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PET SYSTEMS LLC	c EIN-PN 81-0711111-501
a	Plan name	PETERS & MONYAK, LLP GCF BENEFIT PLAN	
b	Name of plan sponsor	PETERS & MONYAK, LLP	c EIN-PN 58-1767861-501
a	Plan name	PETERSEN AND COMPANY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PETERSEN AND COMPANY, LLC	c EIN-PN 82-3838025-501
a	Plan name	PETRISS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PETRISS, LLC	c EIN-PN 81-4190498-501
a	Plan name	PETROFLAME INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PETROFLAME INC	c EIN-PN 58-1110899-501
a	Plan name	PETTY DAIRY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	PETTY DAIRY, INC.	c EIN-PN 58-1191697-501
a	Plan name	PEVENSIE MANAGEMENT INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PEVENSIE MANAGEMENT INC	c EIN-PN 26-0573144-501
a	Plan name	PFW ADVISORS GCF BENEFIT PLAN	
b	Name of plan sponsor	PFW ADVISORS	c EIN-PN 46-4031951-501
a	Plan name	PG CONSULTING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PG CONSULTING LLC	c EIN-PN 81-0904561-501
a	Plan name	PGRS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PGRS INC	c EIN-PN 20-5869713-501
a	Plan name	PHELPS HEATING & AIR CONDITIONING GCF BENEFIT PLAN	
b	Name of plan sponsor	PHELPS HEATING & AIR CONDITIONING	c EIN-PN 31-1780310-501

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.)	
a	Plan name PHILLIPS PARTNERSHIP PC GCF BENEFIT PLAN	
b	Name of plan sponsor PHILLIPS PARTNERSHIP PC	c EIN-PN 58-2596059-501
a	Plan name PHOENIX CONSULTANTS & ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor PHOENIX CONSULTANTS & ASSOCIATES	c EIN-PN 26-3102315-501
a	Plan name PHOENIX ENGINEERING AND CONSULTING INC GCF BENEFIT PLAN	
b	Name of plan sponsor PHOENIX ENGINEERING AND CONSULTING INC	c EIN-PN 20-5238984-501
a	Plan name PHOENIX THERMAL SUPPLY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PHOENIX THERMAL SUPPLY, LLC	c EIN-PN 46-5077696-501
a	Plan name PHW MANAGEMENT COMPANY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PHW MANAGEMENT COMPANY, LLC	c EIN-PN 46-2210016-501
a	Plan name PHYSICIANS EXPRESS CARE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PHYSICIANS EXPRESS CARE LLC	c EIN-PN 45-2549628-501
a	Plan name PI PHARMACY MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor PI PHARMACY MANAGEMENT	c EIN-PN 87-4461235-501
a	Plan name PICKARD SALES COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor PICKARD SALES COMPANY INC	c EIN-PN 58-1838522-501
a	Plan name PIEDMONT ANIMAL HOSPITAL GCF BENEFIT PLAN	
b	Name of plan sponsor PIEDMONT ANIMAL HOSPITAL	c EIN-PN 58-2472930-501
a	Plan name PIEDMONT ELECTRICAL SERVICES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor PIEDMONT ELECTRICAL SERVICES, INC	c EIN-PN 32-0076404-501
a	Plan name PIEDMONT PROPANE SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor PIEDMONT PROPANE SERVICES	c EIN-PN 20-4215494-501
a	Plan name PIEDMONT RESIN SUPPLY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PIEDMONT RESIN SUPPLY, LLC	c EIN-PN 46-2852735-501

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.)	
a	Plan name PIEDMONT SPRINGS GCF BENEFIT PLAN	
b	Name of plan sponsor PIEDMONT SPRINGS	c EIN-PN 58-2135704-501
a	Plan name PINE LEAF INVESTMENTS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PINE LEAF INVESTMENTS, INC.	c EIN-PN 58-1515939-502
a	Plan name PINEHILL INVESTMENTS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor PINEHILL INVESTMENTS, INC	c EIN-PN 58-1464510-501
a	Plan name PINNALCE X-RAY SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor PINNALCE X-RAY SOLUTIONS INC	c EIN-PN 46-5256921-501
a	Plan name PI-TECH, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PI-TECH, INC.	c EIN-PN 58-2354718-501
a	Plan name PITTMAN BODY SHOP GCF BENEFIT PLAN	
b	Name of plan sponsor PITTMAN BODY SHOP	c EIN-PN 58-2274957-501
a	Plan name PIXEL DESIGN COLLABORATIVE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PIXEL DESIGN COLLABORATIVE LLC	c EIN-PN 83-3719389-501
a	Plan name PLANT IMPROVEMENT CO GCF BENEFIT PLAN	
b	Name of plan sponsor PLANT IMPROVEMENT CO	c EIN-PN 58-0863350-501
a	Plan name PLANTATION 59, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PLANTATION 59, LLC	c EIN-PN 30-8481949-501
a	Plan name PLASMA SURGICAL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PLASMA SURGICAL, INC.	c EIN-PN 20-1190636-501
a	Plan name PLASTIC AND RECONSTRUCTIVE SURGERY OF ATLANTA GCF BENEFIT PLAN	
b	Name of plan sponsor PLASTIC AND RECONSTRUCTIVE SURGERY OF ATLANTA	c EIN-PN 46-2960921-501
a	Plan name PLASTICS MARKETING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PLASTICS MARKETING, INC.	c EIN-PN 58-1589604-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	PLATINUM AUTOMOTIVE SERVICES LLC GCF BENEFIT PLAN	
b Name of plan sponsor	PLATINUM AUTOMOTIVE SERVICES LLC	c EIN-PN 20-2305277-501
a Plan name	PLATTS FUNERAL HOME INC GCF BENEFIT PLAN	
b Name of plan sponsor	PLATTS FUNERAL HOME INC	c EIN-PN 58-1377501-501
a Plan name	PLAYGROUND CHILDRENS THERAPY GCF BENEFIT PLAN	
b Name of plan sponsor	PLAYGROUND CHILDRENS THERAPY	c EIN-PN 85-2519270-501
a Plan name	PLUMBER PRO SERVICE AND DRAIN GCF BENEFIT PLAN	
b Name of plan sponsor	PLUMBER PRO SERVICE AND DRAIN	c EIN-PN 47-4309301-501
a Plan name	PLUMBING EXPRESS GCF BENEFIT PLAN	
b Name of plan sponsor	PLUMBING EXPRESS	c EIN-PN 46-0880678-501
a Plan name	PLW AND ASSOCIATES INC GCF BENEFIT PLAN	
b Name of plan sponsor	PLW AND ASSOCIATES INC	c EIN-PN 46-2058111-501
a Plan name	PMA SUPERMARKETS AKA PENNY PINCHERS GCF BENEFIT PLAN	
b Name of plan sponsor	PMA SUPERMARKETS AKA PENNY PINCHERS	c EIN-PN 46-3669773-501
a Plan name	PMALLIANCE GCF BENEFIT PLAN	
b Name of plan sponsor	PMALLIANCE	c EIN-PN 13-4230812-501
a Plan name	PMV WATER ASSOCIATION INC GCF BENEFIT PLAN	
b Name of plan sponsor	PMV WATER ASSOCIATION INC	c EIN-PN 58-1117843-501
a Plan name	PODIUM LOGISTICS GCF BENEFIT PLAN	
b Name of plan sponsor	PODIUM LOGISTICS	c EIN-PN 82-4198394-501
a Plan name	POINT OFFICE ARCHITECTURE GCF BENEFIT PLAN	
b Name of plan sponsor	POINT OFFICE ARCHITECTURE	c EIN-PN 81-3862063-501
a Plan name	PONDER & PONDER, ARCHITECTS GCF BENEFIT PLAN	
b Name of plan sponsor	PONDER & PONDER, ARCHITECTS	c EIN-PN 58-2364280-501

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.)			
a	Plan name	PONTOON BREWING COMPANY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PONTOON BREWING COMPANY LLC	c EIN-PN 46-4087373-501
a	Plan name	POOL TECH INC GCF BENEFIT PLAN	
b	Name of plan sponsor	POOL TECH INC	c EIN-PN 33-1032870-501
a	Plan name	POPHAM MECHANICAL CONTRACTORS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	POPHAM MECHANICAL CONTRACTORS INC.	c EIN-PN 58-1441394-501
a	Plan name	POPPELL BROTHERS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	POPPELL BROTHERS, INC.	c EIN-PN 58-0947009-501
a	Plan name	PORT CITY PAWN SHOP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PORT CITY PAWN SHOP INC	c EIN-PN 58-1980219-501
a	Plan name	PORTAL 3 LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PORTAL 3 LLC	c EIN-PN 83-4174921-501
a	Plan name	POSTON COMMUNICATIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	POSTON COMMUNICATIONS LLC	c EIN-PN 20-0711771-501
a	Plan name	POUCHIT, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor	POUCHIT, LLC.	c EIN-PN 87-4553375-501
a	Plan name	POWELL LAND SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	POWELL LAND SERVICES	c EIN-PN 26-1506603-501
a	Plan name	POWER COMM USA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	POWER COMM USA, LLC	c EIN-PN 84-3518922-501
a	Plan name	POWER HOUSE TERMITE AND PEST CONTROL, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	POWER HOUSE TERMITE AND PEST CONTROL, INC	c EIN-PN 47-1458091-501
a	Plan name	POWERCON, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	POWERCON, LLC	c EIN-PN 30-0136122-501

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.)			
a	Plan name	POWERS ELECTRICAL SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	POWERS ELECTRICAL SOLUTIONS	c EIN-PN 46-1199937-501
a	Plan name	POWERTECH ENGINEERING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	POWERTECH ENGINEERING LLC	c EIN-PN 35-2103243-501
a	Plan name	POWERTRAIN, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	POWERTRAIN, INC.	c EIN-PN 58-2435514-501
a	Plan name	POYDASHEFF & SOWERS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	POYDASHEFF & SOWERS, LLC	c EIN-PN 45-0667858-501
a	Plan name	PRACTICAL GROWTH ADVISORS,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PRACTICAL GROWTH ADVISORS,LLC	c EIN-PN 83-1008516-501
a	Plan name	PRACTICE PARTNERS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PRACTICE PARTNERS INC	c EIN-PN 58-2474147-501
a	Plan name	PRAXIS FINANCIAL PARTNERS GCF BENEFIT PLAN	
b	Name of plan sponsor	PRAXIS FINANCIAL PARTNERS	c EIN-PN 46-2619449-501
a	Plan name	PRECISE DEVELOPMENT GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	PRECISE DEVELOPMENT GROUP	c EIN-PN 81-1640833-501
a	Plan name	PRECISION COMMERCIAL ARCHITECTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PRECISION COMMERCIAL ARCHITECTS INC	c EIN-PN 58-1186175-501
a	Plan name	PRECISION WELDING GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PRECISION WELDING GROUP INC	c EIN-PN 36-4500537-502
a	Plan name	PREFERRED SALES ASSOCIATE GCF BENEFIT PLAN	
b	Name of plan sponsor	PREFERRED SALES ASSOCIATE	c EIN-PN 58-1954237-501
a	Plan name	PREMIER ENERGY SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	PREMIER ENERGY SERVICES, INC.	c EIN-PN 58-2155638-501

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.)	
a	Plan name PREMIER INTERNAL MEDICINE OF ALPHARETTA GCF BENEFIT PLAN	
b	Name of plan sponsor PREMIER INTERNAL MEDICINE OF ALPHARETTA	c EIN-PN 83-1336322-501
a	Plan name PREMIER MACHINE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PREMIER MACHINE LLC	c EIN-PN 72-1590501-501
a	Plan name PRESLEY ELECTRIC COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PRESLEY ELECTRIC COMPANY, INC.	c EIN-PN 58-1144364-501
a	Plan name PRESTEC SALES INC GCF BENEFIT PLAN	
b	Name of plan sponsor PRESTEC SALES INC	c EIN-PN 46-1947632-501
a	Plan name PRESTIGE PEDIATRICS PC GCF BENEFIT PLAN	
b	Name of plan sponsor PRESTIGE PEDIATRICS PC	c EIN-PN 27-0623320-501
a	Plan name PRESTON GEOTECHNICAL CONSULTANTS GCF BENEFIT PLAN	
b	Name of plan sponsor PRESTON GEOTECHNICAL CONSULTANTS	c EIN-PN 47-1837733-501
a	Plan name PRESTON RIDGE PEDIATRICS GCF BENEFIT PLAN	
b	Name of plan sponsor PRESTON RIDGE PEDIATRICS	c EIN-PN 58-2171458-501
a	Plan name PRIDGEN ENTERPRISES INC GCF BENEFIT PLAN	
b	Name of plan sponsor PRIDGEN ENTERPRISES INC	c EIN-PN 58-1686278-501
a	Plan name PRIETO, MARIGLIANO, HOLBERT & PRIETO, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PRIETO, MARIGLIANO, HOLBERT & PRIETO, LLC	c EIN-PN 46-0954158-501
a	Plan name PRIMACARE REHABILITATION PC GCF BENEFIT PLAN	
b	Name of plan sponsor PRIMACARE REHABILITATION PC	c EIN-PN 32-0050241-501
a	Plan name PRIME7 INDUSTRIAL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor PRIME7 INDUSTRIAL, INC.	c EIN-PN 47-1448694-501
a	Plan name PRIMUS SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor PRIMUS SERVICES	c EIN-PN 47-2834701-501

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.)			
a	Plan name	PRINCIPLE CENTERED INVESTMENTS GCF BENEFIT PLAN	
b	Name of plan sponsor	PRINCIPLE CENTERED INVESTMENTS	c EIN-PN 34-1993674-501
a	Plan name	PRIORITY TOXICOLOGY LABORATORIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PRIORITY TOXICOLOGY LABORATORIES LLC	c EIN-PN 47-4756381-501
a	Plan name	PRIORITY1 POS GCF BENEFIT PLAN	
b	Name of plan sponsor	PRIORITY1 POS	c EIN-PN 27-3411494-501
a	Plan name	PRIVET FUND MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PRIVET FUND MANAGEMENT, LLC	c EIN-PN 20-8058106-501
a	Plan name	PRO CONSTRUCTION OF GA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PRO CONSTRUCTION OF GA LLC	c EIN-PN 27-3385087-502
a	Plan name	PRO DESIGNS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PRO DESIGNS LLC	c EIN-PN 47-3598704-501
a	Plan name	PRO PACK SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PRO PACK SOLUTIONS INC	c EIN-PN 58-1898295-501
a	Plan name	PRO STAFF MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	PRO STAFF MANAGEMENT	c EIN-PN 82-3717414-501
a	Plan name	PROACTIVE REHAB, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PROACTIVE REHAB, INC	c EIN-PN 45-2714931-501
a	Plan name	PROCESS TECHNOLOGIES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	PROCESS TECHNOLOGIES, INC.	c EIN-PN 59-2056861-501
a	Plan name	PRODA TECHNOLOGY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PRODA TECHNOLOGY, LLC	c EIN-PN 45-2207967-501
a	Plan name	PRODUCTION TOOL & TECH GCF BENEFIT PLAN	
b	Name of plan sponsor	PRODUCTION TOOL & TECH	c EIN-PN 58-2313527-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	PROEXEL MEDIA INC GCF BENEFIT PLAN
b	Name of plan sponsor	PROEXEL MEDIA INC
c	EIN-PN	27-2789629-501
a	Plan name	PROFESSIONAL ASSOCIATION OF GEORGIA EDUCATORS(PAGE GCF BENEFIT PLAN
b	Name of plan sponsor	PROFESSIONAL ASSOCIATION OF GEORGIA EDUCATORS(PAGE
c	EIN-PN	58-1242566-501
a	Plan name	PROFESSIONAL DATA SERVICES, INC. GCF BENEFIT PLAN
b	Name of plan sponsor	PROFESSIONAL DATA SERVICES, INC.
c	EIN-PN	58-2464034-501
a	Plan name	PROFESSIONAL LAND SURVEYORS LLC GCF BENEFIT PLAN
b	Name of plan sponsor	PROFESSIONAL LAND SURVEYORS LLC
c	EIN-PN	88-1956349-501
a	Plan name	PROFESSIONAL PHOTO RESOURCES GCF BENEFIT PLAN
b	Name of plan sponsor	PROFESSIONAL PHOTO RESOURCES
c	EIN-PN	58-1596448-501
a	Plan name	PROFESSIONAL PRICING SOCIETY GCF BENEFIT PLAN
b	Name of plan sponsor	PROFESSIONAL PRICING SOCIETY
c	EIN-PN	86-0517921-501
a	Plan name	PROFESSIONAL SALES AGENTS, INC GCF BENEFIT PLAN
b	Name of plan sponsor	PROFESSIONAL SALES AGENTS, INC
c	EIN-PN	58-1443101-501
a	Plan name	PROFOAM CORPORATION GCF BENEFIT PLAN
b	Name of plan sponsor	PROFOAM CORPORATION
c	EIN-PN	47-2618856-501
a	Plan name	PROGRESSIVE BUSINESS SYSTEMS GCF BENEFIT PLAN
b	Name of plan sponsor	PROGRESSIVE BUSINESS SYSTEMS
c	EIN-PN	58-1818753-501
a	Plan name	PROGRESSIVE FUNERAL HOME GCF BENEFIT PLAN
b	Name of plan sponsor	PROGRESSIVE FUNERAL HOME
c	EIN-PN	58-1466354-501
a	Plan name	PROGRESSIVE SUPPLY GCF BENEFIT PLAN
b	Name of plan sponsor	PROGRESSIVE SUPPLY
c	EIN-PN	26-3294673-501
a	Plan name	PROJECT ADAM COMM ASST CENTER INC GCF BENEFIT PLAN
b	Name of plan sponsor	PROJECT ADAM COMM ASST CENTER INC
c	EIN-PN	58-1466371-501

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.)			
a	Plan name	PROJECT WORKSHOP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PROJECT WORKSHOP LLC	c EIN-PN 27-5087050-501
a	Plan name	PROLIFIC BANKING GCF BENEFIT PLAN	
b	Name of plan sponsor	PROLIFIC BANKING	c EIN-PN 85-2090641-501
a	Plan name	PROMENADE DENTAL CARE GCF BENEFIT PLAN	
b	Name of plan sponsor	PROMENADE DENTAL CARE	c EIN-PN 27-1933822-501
a	Plan name	PROMETHEUS SYSTEMS CONSULTING ,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PROMETHEUS SYSTEMS CONSULTING ,LLC	c EIN-PN 58-2564025-501
a	Plan name	PROPEL PEDIATRIC THERAPY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PROPEL PEDIATRIC THERAPY INC	c EIN-PN 27-2483720-501
a	Plan name	PROSOURCE INSURANCE SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PROSOURCE INSURANCE SERVICES LLC	c EIN-PN 20-5114694-501
a	Plan name	PROSQUARED JANITORIAL SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	PROSQUARED JANITORIAL SERVICES	c EIN-PN 30-0845716-501
a	Plan name	PROTECH FIRE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PROTECH FIRE INC	c EIN-PN 58-2336261-501
a	Plan name	PROTECOM, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	PROTECOM, INC.	c EIN-PN 58-1152629-501
a	Plan name	PROTECTIVE FINANCIAL SERVICES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	PROTECTIVE FINANCIAL SERVICES, INC	c EIN-PN 01-0569148-501
a	Plan name	PROTEX INDUSTRIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PROTEX INDUSTRIES, LLC	c EIN-PN 27-4157687-501
a	Plan name	PROUD SMILES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	PROUD SMILES LLC	c EIN-PN 58-2375000-501

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.)	
a	Plan name PUNCH CARD GAMES GCF BENEFIT PLAN	
b	Name of plan sponsor PUNCH CARD GAMES	c EIN-PN 83-1735009-501
a	Plan name PURCHASING ALLIANCE SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor PURCHASING ALLIANCE SOLUTIONS INC	c EIN-PN 58-2098320-501
a	Plan name PUROIL PRODUCTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PUROIL PRODUCTS, LLC	c EIN-PN 27-2681293-501
a	Plan name PWT ENTERPRISES INC GCF BENEFIT PLAN	
b	Name of plan sponsor PWT ENTERPRISES INC	c EIN-PN 45-3755569-501
a	Plan name PYROK, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor PYROK, LLC	c EIN-PN 22-2341972-501
a	Plan name QEIS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor QEIS, INC.	c EIN-PN 82-5332196-501
a	Plan name QUALITY PAWN & SALES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor QUALITY PAWN & SALES LLC	c EIN-PN 58-1545111-501
a	Plan name QUALITY TEXTILE EXPORTS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor QUALITY TEXTILE EXPORTS LLC	c EIN-PN 82-5498708-501
a	Plan name QUALITY USED AUTO PARTS GCF BENEFIT PLAN	
b	Name of plan sponsor QUALITY USED AUTO PARTS	c EIN-PN 47-1694118-501
a	Plan name QUALLS STRIPING CO. GCF BENEFIT PLAN	
b	Name of plan sponsor QUALLS STRIPING CO.	c EIN-PN 58-2082482-501
a	Plan name QUATRO MORTGAGE SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor QUATRO MORTGAGE SOLUTIONS INC	c EIN-PN 20-8176651-501
a	Plan name QUEST ONE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor QUEST ONE LLC	c EIN-PN 42-1620850-501

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.)	
a	Plan name QUIKSLIK INC GCF BENEFIT PLAN	
b	Name of plan sponsor QUIKSLIK INC	c EIN-PN 58-2373800-501
a	Plan name R AND L ENGINEERING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor R AND L ENGINEERING, INC.	c EIN-PN 58-1988204-501
a	Plan name R L WILEY ELECTRICAL CONTRACTORS INC GCF BENEFIT PLAN	
b	Name of plan sponsor R L WILEY ELECTRICAL CONTRACTORS INC	c EIN-PN 58-2569723-501
a	Plan name R LARS ANDERSON ESQ PC GCF BENEFIT PLAN	
b	Name of plan sponsor R LARS ANDERSON ESQ PC	c EIN-PN 58-2429266-501
a	Plan name R LUCAS CONSTRUCTION AND DESIGN LLC GCF BENEFIT PLAN	
b	Name of plan sponsor R LUCAS CONSTRUCTION AND DESIGN LLC	c EIN-PN 45-0583079-501
a	Plan name R N C INDUSTRIES GCF BENEFIT PLAN	
b	Name of plan sponsor R N C INDUSTRIES	c EIN-PN 58-1971559-501
a	Plan name R&D METAL RECYCLING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor R&D METAL RECYCLING LLC	c EIN-PN 27-3893615-501
a	Plan name R&R TRUCK REPAIR GCF BENEFIT PLAN	
b	Name of plan sponsor R&R TRUCK REPAIR	c EIN-PN 58-1531051-501
a	Plan name R. C. SIMMONS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor R. C. SIMMONS INC.	c EIN-PN 58-2113136-501
a	Plan name R. PEPTIDE GCF BENEFIT PLAN	
b	Name of plan sponsor R. PEPTIDE	c EIN-PN 62-1780845-501
a	Plan name R.T.S.H. HOLDING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor R.T.S.H. HOLDING, LLC	c EIN-PN 58-2302889-501
a	Plan name R2 MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor R2 MANAGEMENT	c EIN-PN 46-4368636-501

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.)		
a	Plan name RAAH TECHNOLOGIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor RAAH TECHNOLOGIES INC	c EIN-PN 26-2322820-501
a	Plan name RABCO PRODUCTS GEORGIA GCF BENEFIT PLAN	
b	Name of plan sponsor RABCO PRODUCTS GEORGIA	c EIN-PN 58-1451834-501
a	Plan name RABY ENTERPRISES INC GCF BENEFIT PLAN	
b	Name of plan sponsor RABY ENTERPRISES INC	c EIN-PN 20-1493929-501
a	Plan name RADALINK GCF BENEFIT PLAN	
b	Name of plan sponsor RADALINK	c EIN-PN 58-2110636-501
a	Plan name RADIATION ONCOLOGY ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor RADIATION ONCOLOGY ASSOCIATES	c EIN-PN 58-1849795-501
a	Plan name RADIATION ONCOLOGY ASSOCIATES, PC GCF BENEFIT PLAN	
b	Name of plan sponsor RADIATION ONCOLOGY ASSOCIATES, PC	c EIN-PN 58-1576311-502
a	Plan name RADIATION ONCOLOGY OF COLUMBUS GCF BENEFIT PLAN	
b	Name of plan sponsor RADIATION ONCOLOGY OF COLUMBUS	c EIN-PN 58-1950356-501
a	Plan name RADICAL GAMING SOLUTIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RADICAL GAMING SOLUTIONS, LLC	c EIN-PN 46-0541882-501
a	Plan name RADIOLOGY ASSOCIATES OF VALDOSTA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RADIOLOGY ASSOCIATES OF VALDOSTA, LLC	c EIN-PN 27-3801307-501
a	Plan name RADIOSOFT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor RADIOSOFT, INC.	c EIN-PN 46-5288823-501
a	Plan name RAGLAND TIMBER COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor RAGLAND TIMBER COMPANY	c EIN-PN 59-3790319-501
a	Plan name RAIMONDI & ASSOCIATES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RAIMONDI & ASSOCIATES, LLC	c EIN-PN 16-1673875-501

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.)		
a	Plan name RAINAWAY DECK DRAIN SYSTEMS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor RAINAWAY DECK DRAIN SYSTEMS, INC	c EIN-PN 20-3719414-501
a	Plan name RAINES INSURANCE GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor RAINES INSURANCE GROUP	c EIN-PN 27-2758500-501
a	Plan name RAISING VALUES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RAISING VALUES, LLC	c EIN-PN 87-2330075-501
a	Plan name RALLY VOLLEYBALL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RALLY VOLLEYBALL LLC	c EIN-PN 46-3708829-501
a	Plan name RALPH VICKERS & COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor RALPH VICKERS & COMPANY INC	c EIN-PN 58-1238026-501
a	Plan name RAMSEUR REAL ESTATE ADVISERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RAMSEUR REAL ESTATE ADVISERS LLC	c EIN-PN 84-4453672-501
a	Plan name RANGE SERVANT AMERICA GCF BENEFIT PLAN	
b	Name of plan sponsor RANGE SERVANT AMERICA	c EIN-PN 58-1919432-501
a	Plan name RANSOM STODDARD ATLANTA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RANSOM STODDARD ATLANTA LLC	c EIN-PN 46-5006745-501
a	Plan name RAPD CARE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RAPD CARE LLC	c EIN-PN 92-1081217-501
a	Plan name RAVEN AUTOMATION INC GCF BENEFIT PLAN	
b	Name of plan sponsor RAVEN AUTOMATION INC	c EIN-PN 99-1255670-501
a	Plan name RAYMOND C. LYEW DDS, PC. GCF BENEFIT PLAN	
b	Name of plan sponsor RAYMOND C. LYEW DDS, PC.	c EIN-PN 58-1946888-501
a	Plan name RAYS BUTCHER SHOP INC GCF BENEFIT PLAN	
b	Name of plan sponsor RAYS BUTCHER SHOP INC	c EIN-PN 58-1427650-501

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.)	
a	Plan name RC LIMITED LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RC LIMITED LLC	c EIN-PN 03-0459270-501
a	Plan name RCB RENOVATIONS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor RCB RENOVATIONS, INC	c EIN-PN 27-1578306-501
a	Plan name RCI SYSTEMS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RCI SYSTEMS, LLC	c EIN-PN 27-1387893-501
a	Plan name RCS INDUSTRIAL ENVIRONMENTAL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RCS INDUSTRIAL ENVIRONMENTAL LLC	c EIN-PN 83-3888488-501
a	Plan name RDC ENTERPRISES INC GCF BENEFIT PLAN	
b	Name of plan sponsor RDC ENTERPRISES INC	c EIN-PN 58-1691929-501
a	Plan name REA VENTURES GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor REA VENTURES GROUP, LLC	c EIN-PN 26-2211274-501
a	Plan name REALTY ATLANTA INC. GCF BENEFIT PLAN	
b	Name of plan sponsor REALTY ATLANTA INC.	c EIN-PN 58-1718493-501
a	Plan name REBEL AUCTION COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor REBEL AUCTION COMPANY INC	c EIN-PN 58-2580573-501
a	Plan name RECLEIM, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RECLEIM, LLC	c EIN-PN 37-1668514-501
a	Plan name RED BEARD RESTAURANTS GCF BENEFIT PLAN	
b	Name of plan sponsor RED BEARD RESTAURANTS	c EIN-PN 47-3202363-501
a	Plan name RED DOG EQUITY GCF BENEFIT PLAN	
b	Name of plan sponsor RED DOG EQUITY	c EIN-PN 81-4913660-501
a	Plan name RED HILLS LUMBER COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor RED HILLS LUMBER COMPANY	c EIN-PN 58-2436744-501

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.)			
a	Plan name	RED LEVEL RENOVATIONS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	RED LEVEL RENOVATIONS, LLC	c EIN-PN 04-3738543-501
a	Plan name	RED ROCK FOODS GCF BENEFIT PLAN	
b	Name of plan sponsor	RED ROCK FOODS	c EIN-PN 84-4529903-501
a	Plan name	REDOVOTING GCF BENEFIT PLAN	
b	Name of plan sponsor	REDOVOTING	c EIN-PN 87-4799157-501
a	Plan name	REDWOOD HOME BUILDERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	REDWOOD HOME BUILDERS LLC	c EIN-PN 82-1059508-501
a	Plan name	REESE - BEISBIER + ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	REESE - BEISBIER + ASSOCIATES	c EIN-PN 20-5609025-501
a	Plan name	REEVES HEATING & AIR, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	REEVES HEATING & AIR, LLC	c EIN-PN 81-1062315-501
a	Plan name	REEVES LOGGING AND HAULING INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	REEVES LOGGING AND HAULING INC.	c EIN-PN 43-1960113-501
a	Plan name	REGENMD WELLNESS GCF BENEFIT PLAN	
b	Name of plan sponsor	REGENMD WELLNESS	c EIN-PN 87-1937033-501
a	Plan name	REGIONAL INFECTIOUS DISEASES & INFUSION CENTER, IN GCF BENEFIT PLAN	
b	Name of plan sponsor	REGIONAL INFECTIOUS DISEASES & INFUSION CENTER, IN	c EIN-PN 34-1866795-502
a	Plan name	REGISTERED VASCULAR SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	REGISTERED VASCULAR SOLUTIONS INC	c EIN-PN 26-1168079-501
a	Plan name	REHAB CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor	REHAB CONSTRUCTION	c EIN-PN 58-2193057-501
a	Plan name	REID MATHIS AGENCY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	REID MATHIS AGENCY, INC.	c EIN-PN 46-4753455-501

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.)	
a	Plan name RELEVANT BUSINESS SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor RELEVANT BUSINESS SOLUTIONS	c EIN-PN 81-5352712-501
a	Plan name RELIABLE HYDRAULICS INC GCF BENEFIT PLAN	
b	Name of plan sponsor RELIABLE HYDRAULICS INC	c EIN-PN 58-1440913-501
a	Plan name RELIANT INC GCF BENEFIT PLAN	
b	Name of plan sponsor RELIANT INC	c EIN-PN 27-4027508-501
a	Plan name RELISH MARKETING GCF BENEFIT PLAN	
b	Name of plan sponsor RELISH MARKETING	c EIN-PN 58-2222562-501
a	Plan name REMTECH ENGINEERS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor REMTECH ENGINEERS, INC.	c EIN-PN 58-1815739-501
a	Plan name RENAL PHYSICIANS OF GA PC GCF BENEFIT PLAN	
b	Name of plan sponsor RENAL PHYSICIANS OF GA PC	c EIN-PN 58-2518112-501
a	Plan name RENDRAG AVIATION, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RENDRAG AVIATION, LLC	c EIN-PN 46-0922452-501
a	Plan name RENEGADE STEEL BUILDINGS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor RENEGADE STEEL BUILDINGS, INC.	c EIN-PN 27-2023604-501
a	Plan name RENEWAL COUNSELING AND CONSULTING GCF BENEFIT PLAN	
b	Name of plan sponsor RENEWAL COUNSELING AND CONSULTING	c EIN-PN 45-3082305-501
a	Plan name RENO M. BORGOGNONI, CPA, PC GCF BENEFIT PLAN	
b	Name of plan sponsor RENO M. BORGOGNONI, CPA, PC	c EIN-PN 20-8184167-501
a	Plan name RENTZ FAMILY FARMS GCF BENEFIT PLAN	
b	Name of plan sponsor RENTZ FAMILY FARMS	c EIN-PN 26-4276960-501
a	Plan name REP HOLDINGS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor REP HOLDINGS, INC.	c EIN-PN 20-5613522-501

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.)			
a	Plan name	REPAIR AIR SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	REPAIR AIR SERVICES INC	c EIN-PN 58-2275909-501
a	Plan name	REPOWERIT GCF BENEFIT PLAN	
b	Name of plan sponsor	REPOWERIT	c EIN-PN 45-2973204-501
a	Plan name	REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY GROUP	c EIN-PN 47-5125155-501
a	Plan name	REPUBLIC PROPERTY GCF BENEFIT PLAN	
b	Name of plan sponsor	REPUBLIC PROPERTY	c EIN-PN 46-0477258-501
a	Plan name	RESCUE TECHNOLOGY GCF BENEFIT PLAN	
b	Name of plan sponsor	RESCUE TECHNOLOGY	c EIN-PN 58-1540457-501
a	Plan name	RESITECH WIRE AND CABLE GCF BENEFIT PLAN	
b	Name of plan sponsor	RESITECH WIRE AND CABLE	c EIN-PN 27-1907705-501
a	Plan name	RESOURCE TAX AND ACCOUNTING, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor	RESOURCE TAX AND ACCOUNTING, LLC.	c EIN-PN 82-5318146-501
a	Plan name	RESPECTED ROOTS GCF BENEFIT PLAN	
b	Name of plan sponsor	RESPECTED ROOTS	c EIN-PN 47-3132779-501
a	Plan name	RETAAZA GCF BENEFIT PLAN	
b	Name of plan sponsor	RETAAZA	c EIN-PN 87-2092726-501
a	Plan name	RETAIL ONE GROUP, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	RETAIL ONE GROUP, INC	c EIN-PN 46-5729469-501
a	Plan name	REX PROPERTY & LAND, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	REX PROPERTY & LAND, LLC	c EIN-PN 27-1194616-501
a	Plan name	REYNOLDS PIPING SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	REYNOLDS PIPING SERVICES	c EIN-PN 58-1812593-501

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.)	
a	Plan name RHD SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor RHD SERVICES, INC.	c EIN-PN 58-1318933-501
a	Plan name RHG GP MANAGEMENT, INC GCF BENEFIT PLAN	
b	Name of plan sponsor RHG GP MANAGEMENT, INC	c EIN-PN 82-5249654-501
a	Plan name RHINO MECHANICAL INC GCF BENEFIT PLAN	
b	Name of plan sponsor RHINO MECHANICAL INC	c EIN-PN 46-2590276-501
a	Plan name RHODES LAW FIRM PC GCF BENEFIT PLAN	
b	Name of plan sponsor RHODES LAW FIRM PC	c EIN-PN 58-2095223-501
a	Plan name RHODES RISK ADVISORS GCF BENEFIT PLAN	
b	Name of plan sponsor RHODES RISK ADVISORS	c EIN-PN 46-1869239-501
a	Plan name RIC RODERICK AND ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor RIC RODERICK AND ASSOCIATES	c EIN-PN 83-3061412-502
a	Plan name RICH HARDIN CONSTRUCTION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor RICH HARDIN CONSTRUCTION, INC.	c EIN-PN 58-2576702-501
a	Plan name RICHMOND SUPPLY COMPANY INC. GCF BENEFIT PLAN	
b	Name of plan sponsor RICHMOND SUPPLY COMPANY INC.	c EIN-PN 58-0523616-501
a	Plan name RICHTER & COMPANY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RICHTER & COMPANY LLC	c EIN-PN 20-1169520-501
a	Plan name RICKY HEATH PLUMBING GCF BENEFIT PLAN	
b	Name of plan sponsor RICKY HEATH PLUMBING	c EIN-PN 88-0848966-501
a	Plan name RICO INTERNATIONAL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor RICO INTERNATIONAL, INC.	c EIN-PN 58-1346886-501
a	Plan name RIGHTDATA INC GCF BENEFIT PLAN	
b	Name of plan sponsor RIGHTDATA INC	c EIN-PN 81-1021919-501

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.)			
a	Plan name	RIGSBY & SAUNDERS GCF BENEFIT PLAN	
b	Name of plan sponsor	RIGSBY & SAUNDERS	c EIN-PN 27-0064262-501
a	Plan name	RIMIDI, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	RIMIDI, INC	c EIN-PN 45-4959969-501
a	Plan name	RIPARIAN ROAD LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	RIPARIAN ROAD LLC	c EIN-PN 82-1057456-501
a	Plan name	RITECOM GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	RITECOM GROUP INC	c EIN-PN 58-2599328-501
a	Plan name	RIVER BEND FORD INC GCF BENEFIT PLAN	
b	Name of plan sponsor	RIVER BEND FORD INC	c EIN-PN 46-2673271-501
a	Plan name	RIVER CITY PROPANE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	RIVER CITY PROPANE, LLC	c EIN-PN 26-0876091-501
a	Plan name	RIVEREDGE GRANITE COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	RIVEREDGE GRANITE COMPANY INC	c EIN-PN 58-2216616-501
a	Plan name	RIVERS & GLEN TRADING CO. LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	RIVERS & GLEN TRADING CO. LLC	c EIN-PN 85-2627817-501
a	Plan name	RIVERSIDE ELECTRIC, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	RIVERSIDE ELECTRIC, LLC	c EIN-PN 83-1250529-501
a	Plan name	RIVERSIDE ENGINEERING GCF BENEFIT PLAN	
b	Name of plan sponsor	RIVERSIDE ENGINEERING	c EIN-PN 81-1841354-501
a	Plan name	RIVERSIDE IMAGING SPECIALISTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	RIVERSIDE IMAGING SPECIALISTS, LLC	c EIN-PN 46-1097101-501
a	Plan name	RIVERSTONE ANIMAL HOSPITAL GCF BENEFIT PLAN	
b	Name of plan sponsor	RIVERSTONE ANIMAL HOSPITAL	c EIN-PN 41-2040978-501

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.)			
a	Plan name	RK REEVES & ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	RK REEVES & ASSOCIATES	c EIN-PN 58-2660813-501
a	Plan name	RLS CONSTRUCTION INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	RLS CONSTRUCTION INC.	c EIN-PN 58-1935062-501
a	Plan name	RNDA ENTERPRISES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	RNDA ENTERPRISES LLC	c EIN-PN 45-4120991-501
a	Plan name	ROAD SHOW INTERNATIONAL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ROAD SHOW INTERNATIONAL, LLC	c EIN-PN 46-4874299-501
a	Plan name	ROAD TO FRANCHISE GCF BENEFIT PLAN	
b	Name of plan sponsor	ROAD TO FRANCHISE	c EIN-PN 88-3791848-501
a	Plan name	ROAM CO GCF BENEFIT PLAN	
b	Name of plan sponsor	ROAM CO	c EIN-PN 88-1393421-501
a	Plan name	ROASTED MEDIA GCF BENEFIT PLAN	
b	Name of plan sponsor	ROASTED MEDIA	c EIN-PN 83-4563808-501
a	Plan name	ROBBIE ROBERSON FORD GCF BENEFIT PLAN	
b	Name of plan sponsor	ROBBIE ROBERSON FORD	c EIN-PN 58-2527213-501
a	Plan name	ROBERT B. WATKINS GCF BENEFIT PLAN	
b	Name of plan sponsor	ROBERT B. WATKINS	c EIN-PN 58-2366143-501
a	Plan name	ROBERT R. MCLENDON IV, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	ROBERT R. MCLENDON IV, P.C.	c EIN-PN 58-2610371-501
a	Plan name	ROBERT T. MULLIS GCF BENEFIT PLAN	
b	Name of plan sponsor	ROBERT T. MULLIS	c EIN-PN 30-0848532-501
a	Plan name	ROBERTS DEWITT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ROBERTS DEWITT LLC	c EIN-PN 45-3708460-501

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.)			
a	Plan name	ROBERTS PRECISION TOOL GCF BENEFIT PLAN	
b	Name of plan sponsor	ROBERTS PRECISION TOOL	c EIN-PN 03-0373905-501
a	Plan name	ROBERTS TIMBER GCF BENEFIT PLAN	
b	Name of plan sponsor	ROBERTS TIMBER	c EIN-PN 58-1925305-501
a	Plan name	ROBINSON ELECTRICAL SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	ROBINSON ELECTRICAL SOLUTIONS	c EIN-PN 82-4550221-501
a	Plan name	ROCKEFELLER LAW CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor	ROCKEFELLER LAW CENTER	c EIN-PN 43-2079787-501
a	Plan name	ROCKET PARTNERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ROCKET PARTNERS LLC	c EIN-PN 81-2437469-501
a	Plan name	ROCKY FORD INVESTMENTS GCF BENEFIT PLAN	
b	Name of plan sponsor	ROCKY FORD INVESTMENTS	c EIN-PN 26-0796947-501
a	Plan name	ROCKY TOP VENTURES INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ROCKY TOP VENTURES INC.	c EIN-PN 56-2296641-501
a	Plan name	ROGERS,HOFRICHTER & KARRH,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	ROGERS,HOFRICHTER & KARRH,LLC	c EIN-PN 58-2082806-501
a	Plan name	ROME FLOYD CHAMBER OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor	ROME FLOYD CHAMBER OF COMMERCE	c EIN-PN 58-0410560-501
a	Plan name	ROME GASTROENTEROLOGY ASSOCIATES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	ROME GASTROENTEROLOGY ASSOCIATES, INC.	c EIN-PN 58-2540272-501
a	Plan name	ROME RADIOLOGY GROUP, PA GCF BENEFIT PLAN	
b	Name of plan sponsor	ROME RADIOLOGY GROUP, PA	c EIN-PN 58-1088313-501
a	Plan name	RONALD A TOSTO, DDS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	RONALD A TOSTO, DDS, LLC	c EIN-PN 46-1162216-501

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.)		
a	Plan name ROOFCRAFTERS ROOFING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ROOFCRAFTERS ROOFING, LLC	c EIN-PN 47-2274373-501
a	Plan name ROOFING ATLANTA GCF BENEFIT PLAN	
b	Name of plan sponsor ROOFING ATLANTA	c EIN-PN 03-0590473-501
a	Plan name ROOKS WALTZ JACKSON AND ESARY CPA GCF BENEFIT PLAN	
b	Name of plan sponsor ROOKS WALTZ JACKSON AND ESARY CPA	c EIN-PN 58-1197776-502
a	Plan name ROSECREEK HOMEBUILDERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ROSECREEK HOMEBUILDERS LLC	c EIN-PN 61-1806455-501
a	Plan name ROSENDAHL ENTERPRISES INC GCF BENEFIT PLAN	
b	Name of plan sponsor ROSENDAHL ENTERPRISES INC	c EIN-PN 58-2565098-501
a	Plan name ROSHAN FOOD INC. GCF BENEFIT PLAN	
b	Name of plan sponsor ROSHAN FOOD INC.	c EIN-PN 58-2356354-501
a	Plan name ROSWELL ECONOMIC DEVELOPMENT AND TOURIS GCF BENEFIT PLAN	
b	Name of plan sponsor ROSWELL ECONOMIC DEVELOPMENT AND TOURIS	c EIN-PN 58-1979994-501
a	Plan name ROTORCORP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor ROTORCORP, LLC	c EIN-PN 45-3072307-501
a	Plan name ROY E WILSON GCF BENEFIT PLAN	
b	Name of plan sponsor ROY E WILSON	c EIN-PN 58-0968371-501
a	Plan name ROYAL DESIGN AND FABRICATION GCF BENEFIT PLAN	
b	Name of plan sponsor ROYAL DESIGN AND FABRICATION	c EIN-PN 46-5658656-501
a	Plan name ROYAL LAKES FAMILY & COSMETIC DENTISTRY GCF BENEFIT PLAN	
b	Name of plan sponsor ROYAL LAKES FAMILY & COSMETIC DENTISTRY	c EIN-PN 27-1092343-501
a	Plan name RPC EMPLOYEE SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RPC EMPLOYEE SERVICES LLC	c EIN-PN 81-5036765-501

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.)	
a	Plan name RPRO ENTERPRISES GCF BENEFIT PLAN	
b	Name of plan sponsor RPRO ENTERPRISES	c EIN-PN 20-2651156-501
a	Plan name RST CONSTRUCTION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor RST CONSTRUCTION, INC.	c EIN-PN 58-1618753-501
a	Plan name RSTZ TRANSPORT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor RSTZ TRANSPORT, INC.	c EIN-PN 30-0986054-501
a	Plan name RT FARMS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor RT FARMS, INC.	c EIN-PN 58-2124396-501
a	Plan name RUBINACCI MARKETING SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor RUBINACCI MARKETING SERVICES LLC	c EIN-PN 83-1923876-501
a	Plan name RUGBY ATL GCF BENEFIT PLAN	
b	Name of plan sponsor RUGBY ATL	c EIN-PN 87-4595222-501
a	Plan name RUMMEL STAMPINGS INC GCF BENEFIT PLAN	
b	Name of plan sponsor RUMMEL STAMPINGS INC	c EIN-PN 58-1650757-501
a	Plan name RUSTY'S WELDING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor RUSTYS WELDING, INC.	c EIN-PN 58-2322887-501
a	Plan name RUTLEDGE CRANE SERVICE INC GCF BENEFIT PLAN	
b	Name of plan sponsor RUTLEDGE CRANE SERVICE INC	c EIN-PN 46-5465035-501
a	Plan name RUTLEDGE DESIGN GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor RUTLEDGE DESIGN GROUP	c EIN-PN 93-3849836-501
a	Plan name RWS BENEFIT SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor RWS BENEFIT SERVICES	c EIN-PN 26-2769398-501
a	Plan name S & S IMAGING ASSOCIATES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor S & S IMAGING ASSOCIATES LLC	c EIN-PN 86-1296968-501

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.)			
a	Plan name	S & W EXCAVATING GCF BENEFIT PLAN	
b	Name of plan sponsor	S & W EXCAVATING	c EIN-PN 58-2626874-501
a	Plan name	S.A.S ELITE SERVICE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	S.A.S ELITE SERVICE, INC	c EIN-PN 58-2658667-501
a	Plan name	SABEN, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SABEN, LLC	c EIN-PN 58-0867659-501
a	Plan name	SAFE LOCK & KEY CO INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SAFE LOCK & KEY CO INC	c EIN-PN 58-1342116-501
a	Plan name	SAFEGUARD FORMS & SYSTEMS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SAFEGUARD FORMS & SYSTEMS, INC	c EIN-PN 58-1848346-501
a	Plan name	SAFEPATH CHILDRENS ADVOCACY CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor	SAFEPATH CHILDRENS ADVOCACY CENTER	c EIN-PN 58-1662987-501
a	Plan name	SAINT CHARLES NE PROPERTIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SAINT CHARLES NE PROPERTIES, LLC	c EIN-PN 45-3720067-501
a	Plan name	SALES ENGINE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SALES ENGINE, LLC	c EIN-PN 27-1651703-501
a	Plan name	SALVEO INTEGRATIVE HEALTH GCF BENEFIT PLAN	
b	Name of plan sponsor	SALVEO INTEGRATIVE HEALTH	c EIN-PN 45-5432529-501
a	Plan name	SAM HEWITT SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	SAM HEWITT SERVICES	c EIN-PN 58-1137581-501
a	Plan name	SAMSCO HEATING & AIR INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SAMSCO HEATING & AIR INC	c EIN-PN 58-2209856-501
a	Plan name	SAMUEL JOHNSON & ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	SAMUEL JOHNSON & ASSOCIATES	c EIN-PN 83-2694463-501

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.)			
a	Plan name	SAND DOLLAR RECYCLING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SAND DOLLAR RECYCLING INC	c EIN-PN 20-3351916-501
a	Plan name	SANDERSVILLE RAILROAD COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	SANDERSVILLE RAILROAD COMPANY	c EIN-PN 58-6001579-501
a	Plan name	SANFORD SUPERMARKET EQUIP GCF BENEFIT PLAN	
b	Name of plan sponsor	SANFORD SUPERMARKET EQUIP	c EIN-PN 47-2283513-501
a	Plan name	SANGSIN TECHNOLOGY AMERICA GCF BENEFIT PLAN	
b	Name of plan sponsor	SANGSIN TECHNOLOGY AMERICA	c EIN-PN 83-1918034-501
a	Plan name	SANIKEY USA GCF BENEFIT PLAN	
b	Name of plan sponsor	SANIKEY USA	c EIN-PN 26-2661678-501
a	Plan name	SANKOFA MONTESSORI GCF BENEFIT PLAN	
b	Name of plan sponsor	SANKOFA MONTESSORI	c EIN-PN 87-3482630-501
a	Plan name	SANTI & ASSOCIATES,PC GCF BENEFIT PLAN	
b	Name of plan sponsor	SANTI & ASSOCIATES,PC	c EIN-PN 58-2019486-501
a	Plan name	SAOL THERAPEUTICS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SAOL THERAPEUTICS INC.	c EIN-PN 47-5206601-501
a	Plan name	SARA VENTURES GCF BENEFIT PLAN	
b	Name of plan sponsor	SARA VENTURES	c EIN-PN 47-4274129-501
a	Plan name	SASEEN BONDING COMPANY,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SASEEN BONDING COMPANY,INC.	c EIN-PN 58-1436292-501
a	Plan name	SASSAMAN ENTERPRISES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SASSAMAN ENTERPRISES, INC.	c EIN-PN 58-1751900-501
a	Plan name	SATELLITE INVESTMENT ADVISORS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SATELLITE INVESTMENT ADVISORS LLC	c EIN-PN 58-2508547-501

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.)			
a	Plan name	SATILLA FAMILY DENTISTRY GCF BENEFIT PLAN	
b	Name of plan sponsor	SATILLA FAMILY DENTISTRY	c EIN-PN 45-4196903-501
a	Plan name	SATILLA HEALTH FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor	SATILLA HEALTH FOUNDATION	c EIN-PN 58-2008998-501
a	Plan name	SATILLA MARINE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SATILLA MARINE INC	c EIN-PN 58-1289760-501
a	Plan name	SAVANNAH AVIATION GCF BENEFIT PLAN	
b	Name of plan sponsor	SAVANNAH AVIATION	c EIN-PN 83-0706750-501
a	Plan name	SAVANNAH BRUSH CHEMICAL GCF BENEFIT PLAN	
b	Name of plan sponsor	SAVANNAH BRUSH CHEMICAL	c EIN-PN 58-1108713-501
a	Plan name	SAVANNAH CLASSICAL ACADEMY SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SAVANNAH CLASSICAL ACADEMY SERVICES LLC	c EIN-PN 80-0576349-501
a	Plan name	SAVANNAH OUTDOOR EQUIPMENT INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SAVANNAH OUTDOOR EQUIPMENT INC	c EIN-PN 58-1879467-501
a	Plan name	SAVANNAH PHILHARMONIC GCF BENEFIT PLAN	
b	Name of plan sponsor	SAVANNAH PHILHARMONIC	c EIN-PN 26-4016312-502
a	Plan name	SAVANNAH RAPIDS KAYAK RENTAL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SAVANNAH RAPIDS KAYAK RENTAL, LLC	c EIN-PN 46-0736312-501
a	Plan name	SAVANNAH RIVER FULFILLMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	SAVANNAH RIVER FULFILLMENT	c EIN-PN 86-2274104-501
a	Plan name	SAWNEE FAMILY DENTISTRY, PC GCF BENEFIT PLAN	
b	Name of plan sponsor	SAWNEE FAMILY DENTISTRY, PC	c EIN-PN 27-0029015-501
a	Plan name	SBX TECHNOLOGIES GCF BENEFIT PLAN	
b	Name of plan sponsor	SBX TECHNOLOGIES	c EIN-PN 42-1570486-501

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.)	
a	Plan name SCB MINERALS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SCB MINERALS LLC	c EIN-PN 32-0062124-501
a	Plan name SCB VIDEO TV MARKETING GCF BENEFIT PLAN	
b	Name of plan sponsor SCB VIDEO TV MARKETING	c EIN-PN 42-1608163-501
a	Plan name SCDATACOM GCF BENEFIT PLAN	
b	Name of plan sponsor SCDATACOM	c EIN-PN 46-2654725-501
a	Plan name SCHELL ACOUSTICAL AND DRYWALL COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor SCHELL ACOUSTICAL AND DRYWALL COMPANY	c EIN-PN 58-1345685-501
a	Plan name SCHLAMPP TURF MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor SCHLAMPP TURF MANAGEMENT	c EIN-PN 80-0656982-501
a	Plan name SCHLIEMAN WEALTH MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SCHLIEMAN WEALTH MANAGEMENT, LLC	c EIN-PN 46-5272751-501
a	Plan name SCHRODER LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SCHRODER LLC	c EIN-PN 82-4298987-501
a	Plan name SCI OPERATIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SCI OPERATIONS LLC	c EIN-PN 61-1855728-502
a	Plan name SCICOM INFRASTRUCTURE SERVICES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor SCICOM INFRASTRUCTURE SERVICES, INC	c EIN-PN 20-2156088-501
a	Plan name SCORESMATTER INC GCF BENEFIT PLAN	
b	Name of plan sponsor SCORESMATTER INC	c EIN-PN 47-3858806-501
a	Plan name SCOTT WELLS PLUMBING CO. GCF BENEFIT PLAN	
b	Name of plan sponsor SCOTT WELLS PLUMBING CO.	c EIN-PN 58-2678433-501
a	Plan name SCREVEN GIN CO., INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SCREVEN GIN CO., INC.	c EIN-PN 58-2238121-501

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.)	
a	Plan name SCROGGIN & BURNS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SCROGGIN & BURNS, LLC	c EIN-PN 86-3352120-501
a	Plan name SCRUGGS BLENDING AND PACKAGING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SCRUGGS BLENDING AND PACKAGING LLC	c EIN-PN 82-3683456-501
a	Plan name SDC HEALTH SERVICES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor SDC HEALTH SERVICES, INC	c EIN-PN 58-2445029-501
a	Plan name SEABEAR, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SEABEAR, LLC	c EIN-PN 46-4120264-501
a	Plan name SEABORN PRINTING COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SEABORN PRINTING COMPANY, INC.	c EIN-PN 58-2300077-501
a	Plan name SEASONAL CONCEPTS LAWN AND LANDSCAPING GCF BENEFIT PLAN	
b	Name of plan sponsor SEASONAL CONCEPTS LAWN AND LANDSCAPING	c EIN-PN 58-1782398-501
a	Plan name SEAVERNS AND SNELLGROVE GCF BENEFIT PLAN	
b	Name of plan sponsor SEAVERNS AND SNELLGROVE	c EIN-PN 81-4287419-501
a	Plan name SEAY FELTON, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SEAY FELTON, LLC	c EIN-PN 83-2702154-501
a	Plan name SEAY LAW FIRM LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SEAY LAW FIRM LLC	c EIN-PN 58-2816375-501
a	Plan name SECURE RECORDS SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor SECURE RECORDS SOLUTIONS	c EIN-PN 20-0088810-501
a	Plan name SECURITY BUILDERS GCF BENEFIT PLAN	
b	Name of plan sponsor SECURITY BUILDERS	c EIN-PN 58-2046808-501
a	Plan name SECURITY ONION SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor SECURITY ONION SOLUTIONS	c EIN-PN 46-5227856-501

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.)			
a	Plan name	SEED CAPITAL INVESTMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	SEED CAPITAL INVESTMENT	c EIN-PN 47-3924234-501
a	Plan name	SELIT NORTH AMERICA GCF BENEFIT PLAN	
b	Name of plan sponsor	SELIT NORTH AMERICA	c EIN-PN 27-1288323-501
a	Plan name	SEMI-TRAILER SERVICES INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SEMI-TRAILER SERVICES INC.	c EIN-PN 58-2275504-501
a	Plan name	SENOIA ENTERPRISES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SENOIA ENTERPRISES, INC.	c EIN-PN 26-0151397-501
a	Plan name	SERAPH GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	SERAPH GROUP	c EIN-PN 82-0548514-501
a	Plan name	SEREIS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SEREIS, LLC	c EIN-PN 82-5274376-501
a	Plan name	SERENE DOG, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SERENE DOG, LLC	c EIN-PN 85-4276047-501
a	Plan name	SERVICE FORT HOLDINGS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SERVICE FORT HOLDINGS LLC	c EIN-PN 87-4062325-501
a	Plan name	SERVICECPA PC GCF BENEFIT PLAN	
b	Name of plan sponsor	SERVICECPA PC	c EIN-PN 58-1899972-501
a	Plan name	SERVICES MPH MANAGEMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SERVICES MPH MANAGEMENT, LLC	c EIN-PN 84-3413616-501
a	Plan name	SESOLINC GROUP, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SESOLINC GROUP, INC	c EIN-PN 58-2110951-501
a	Plan name	SEVAA GROUP, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SEVAA GROUP, INC.	c EIN-PN 14-1905174-501

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.)	
a	Plan name SEVEN OAKS MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SEVEN OAKS MANAGEMENT LLC	c EIN-PN 20-5502137-501
a	Plan name SEVENDUST TOURING INC GCF BENEFIT PLAN	
b	Name of plan sponsor SEVENDUST TOURING INC	c EIN-PN 82-4477107-501
a	Plan name SEYMOUR & PERRY, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor SEYMOUR & PERRY, LLC.	c EIN-PN 83-2037002-501
a	Plan name SF INDUSTRIAL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SF INDUSTRIAL, INC.	c EIN-PN 58-2663634-501
a	Plan name SHADES OF GREEN PERMACULTURE GCF BENEFIT PLAN	
b	Name of plan sponsor SHADES OF GREEN PERMACULTURE	c EIN-PN 80-0174920-501
a	Plan name SHARPLINE TRANSPORT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SHARPLINE TRANSPORT LLC	c EIN-PN 46-5244340-501
a	Plan name SHAWN G SCOTT DDS GCF BENEFIT PLAN	
b	Name of plan sponsor SHAWN G SCOTT DDS	c EIN-PN 01-0704756-501
a	Plan name SHEA CARLEY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SHEA CARLEY LLC	c EIN-PN 58-2369305-501
a	Plan name SHELCO GCF BENEFIT PLAN	
b	Name of plan sponsor SHELCO	c EIN-PN 27-1668928-501
a	Plan name SHELTER BLUE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SHELTER BLUE, LLC	c EIN-PN 27-2524154-501
a	Plan name SHEPHERD PAVING GCF BENEFIT PLAN	
b	Name of plan sponsor SHEPHERD PAVING	c EIN-PN 58-2488779-501
a	Plan name SHERMANS AUTOMOTIVE INC GCF BENEFIT PLAN	
b	Name of plan sponsor SHERMANS AUTOMOTIVE INC	c EIN-PN 58-2508885-501

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.)	
a	Plan name SHERYL MESSNER CPA PC GCF BENEFIT PLAN	
b	Name of plan sponsor SHERYL MESSNER CPA PC	c EIN-PN 76-0827209-501
a	Plan name SHIELD INDUSTRIES GCF BENEFIT PLAN	
b	Name of plan sponsor SHIELD INDUSTRIES	c EIN-PN 58-2210653-501
a	Plan name SHIELDS ENGINEERING GROUP INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SHIELDS ENGINEERING GROUP INC.	c EIN-PN 26-3956187-501
a	Plan name SHIELDS SOUTHEAST SALES GCF BENEFIT PLAN	
b	Name of plan sponsor SHIELDS SOUTHEAST SALES	c EIN-PN 58-1053653-501
a	Plan name SHOE COVER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SHOE COVER, INC.	c EIN-PN 58-2544942-501
a	Plan name SHOREWOOD INDUSTRIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor SHOREWOOD INDUSTRIES INC	c EIN-PN 82-0894895-501
a	Plan name SHREE KESRINANDAN LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SHREE KESRINANDAN LLC	c EIN-PN 81-4258238-501
a	Plan name SIDE BY SIDE FINANCIALS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SIDE BY SIDE FINANCIALS INC.	c EIN-PN 27-3232902-501
a	Plan name SIDING SUPPLY INC GCF BENEFIT PLAN	
b	Name of plan sponsor SIDING SUPPLY INC	c EIN-PN 30-0207353-501
a	Plan name SIEGEL COMMUNICATIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor SIEGEL COMMUNICATIONS INC	c EIN-PN 52-2041893-501
a	Plan name SIGIL GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SIGIL GROUP LLC	c EIN-PN 47-5111721-501
a	Plan name SIGMA ALPHA EPSILON GCF BENEFIT PLAN	
b	Name of plan sponsor SIGMA ALPHA EPSILON	c EIN-PN 58-0581459-501

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.)	
a	Plan name SIGMA LOGISTICS GCF BENEFIT PLAN	
b	Name of plan sponsor SIGMA LOGISTICS	c EIN-PN 63-1239250-502
a	Plan name SIGMAN USA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SIGMAN USA LLC	c EIN-PN 20-1520935-501
a	Plan name SIGN MART INC GCF BENEFIT PLAN	
b	Name of plan sponsor SIGN MART INC	c EIN-PN 58-1231498-501
a	Plan name SIGNARAMA GCF BENEFIT PLAN	
b	Name of plan sponsor SIGNARAMA	c EIN-PN 82-1435185-501
a	Plan name SIGNATURE DESTINATIONS UNLIMITED INC GCF BENEFIT PLAN	
b	Name of plan sponsor SIGNATURE DESTINATIONS UNLIMITED INC	c EIN-PN 82-4398475-501
a	Plan name SIGNATURE GROUNDS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SIGNATURE GROUNDS, LLC	c EIN-PN 27-4387957-501
a	Plan name SIKES FARMS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SIKES FARMS LLC	c EIN-PN 58-2511277-501
a	Plan name SILON, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor SILON, LLC.	c EIN-PN 38-4026973-501
a	Plan name SILVERTON HOLDINGS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SILVERTON HOLDINGS LLC	c EIN-PN 82-4706510-501
a	Plan name SIMMONS, MILLS & SIMMONS, PC GCF BENEFIT PLAN	
b	Name of plan sponsor SIMMONS, MILLS & SIMMONS, PC	c EIN-PN 58-2021225-501
a	Plan name SIMON-MEYER CONSTRUCTION CONSULTANTS GCF BENEFIT PLAN	
b	Name of plan sponsor SIMON-MEYER CONSTRUCTION CONSULTANTS	c EIN-PN 47-0912434-501
a	Plan name SIMS APPRAISAL SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor SIMS APPRAISAL SERVICES	c EIN-PN 56-2302345-501

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.)			
a	Plan name	SIMS FUNERAL HOME INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SIMS FUNERAL HOME INC	c EIN-PN 58-1457425-501
a	Plan name	SIMS POTTERY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SIMS POTTERY INC	c EIN-PN 58-1595891-501
a	Plan name	SISHIELD TECHNOLOGIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SISHIELD TECHNOLOGIES INC	c EIN-PN 52-2367516-501
a	Plan name	SISSON LOG HOMES GCF BENEFIT PLAN	
b	Name of plan sponsor	SISSON LOG HOMES	c EIN-PN 58-1768612-501
a	Plan name	SISSONS SALES & SERVICE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SISSONS SALES & SERVICE, INC	c EIN-PN 58-2138178-501
a	Plan name	SITE SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	SITE SOLUTIONS	c EIN-PN 58-2554992-501
a	Plan name	SK COLLABORATIVE GCF BENEFIT PLAN	
b	Name of plan sponsor	SK COLLABORATIVE	c EIN-PN 38-4065502-501
a	Plan name	SKINNER AND COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SKINNER AND COMPANY INC	c EIN-PN 58-2591507-501
a	Plan name	SKYCARE ABA GCF BENEFIT PLAN	
b	Name of plan sponsor	SKYCARE ABA	c EIN-PN 85-1129860-501
a	Plan name	SKYDAS GROUP INTL GCF BENEFIT PLAN	
b	Name of plan sponsor	SKYDAS GROUP INTL	c EIN-PN 45-5196823-501
a	Plan name	SKYWATER REALTY GCF BENEFIT PLAN	
b	Name of plan sponsor	SKYWATER REALTY	c EIN-PN 27-2015714-501
a	Plan name	SMART SOLUTIONS WILDLIFE REMOVAL GCF BENEFIT PLAN	
b	Name of plan sponsor	SMART SOLUTIONS WILDLIFE REMOVAL	c EIN-PN 81-4781490-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SMD CONTRACTING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SMD CONTRACTING, INC.	c EIN-PN 58-2667200-501
a	Plan name	SMI SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SMI SERVICES, INC.	c EIN-PN 58-2499095-501
a	Plan name	SMITH BARID, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SMITH BARID, LLC	c EIN-PN 20-5575393-501
a	Plan name	SMITH BROTHERS ELECTRIC CO, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SMITH BROTHERS ELECTRIC CO, INC	c EIN-PN 58-2228778-501
a	Plan name	SMITH DALIA ARCHITECTS GCF BENEFIT PLAN	
b	Name of plan sponsor	SMITH DALIA ARCHITECTS	c EIN-PN 58-1770840-501
a	Plan name	SMITH PLUMBING SOLUTIONS PLUS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SMITH PLUMBING SOLUTIONS PLUS INC	c EIN-PN 46-2860244-501
a	Plan name	SMITH RAYMOND COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SMITH RAYMOND COMPANY INC	c EIN-PN 58-0547028-502
a	Plan name	SMITHS AUTO REPAIR OF AUGUSTA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SMITHS AUTO REPAIR OF AUGUSTA, LLC	c EIN-PN 84-3866717-501
a	Plan name	SMITHS PHARMACY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SMITHS PHARMACY, INC	c EIN-PN 58-2377318-501
a	Plan name	SMITTY'S COLLISION CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor	SMITTY'S COLLISION CENTER	c EIN-PN 46-5747612-501
a	Plan name	SMOKERISE MANAGEMENT SERVICES CORP. GCF BENEFIT PLAN	
b	Name of plan sponsor	SMOKERISE MANAGEMENT SERVICES CORP.	c EIN-PN 82-3752663-501
a	Plan name	SMOOTH FLOW INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SMOOTH FLOW INC	c EIN-PN 20-4785428-501

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.)			
a	Plan name	SOCIETY FOR HUMAN RESOURCE MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	SOCIETY FOR HUMAN RESOURCE MANAGEMENT	c EIN-PN 58-1581217-501
a	Plan name	SOCIETY GARDEN GCF BENEFIT PLAN	
b	Name of plan sponsor	SOCIETY GARDEN	c EIN-PN 82-2043400-501
a	Plan name	SOCO CONTRACTING COMPANY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SOCO CONTRACTING COMPANY, INC.	c EIN-PN 42-1553604-501
a	Plan name	SOFOS SOLUTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOFOS SOLUTION LLC	c EIN-PN 81-3782696-501
a	Plan name	SOLAG INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOLAG INC	c EIN-PN 56-2311312-501
a	Plan name	SOLAR SUN WORLD, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SOLAR SUN WORLD, LLC.	c EIN-PN 20-5121101-501
a	Plan name	SOLE SOURCE ELECTRICAL CONTRACTORS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOLE SOURCE ELECTRICAL CONTRACTORS, LLC	c EIN-PN 46-1622259-501
a	Plan name	SOL-MILLENNIUM MEDICAL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SOL-MILLENNIUM MEDICAL, INC.	c EIN-PN 27-4381942-501
a	Plan name	SOLUTIONRIGHT INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOLUTIONRIGHT INC	c EIN-PN 38-4222844-501
a	Plan name	SORRELS INSURANCE AGENCY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SORRELS INSURANCE AGENCY INC	c EIN-PN 20-5173563-501
a	Plan name	SORTIMO OF NORTH AMERICA GCF BENEFIT PLAN	
b	Name of plan sponsor	SORTIMO OF NORTH AMERICA	c EIN-PN 26-0386342-501
a	Plan name	SOS ACCOUNTING & TAX SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOS ACCOUNTING & TAX SERVICES LLC	c EIN-PN 47-3954923-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SOSEBEE FUNERAL HOME GCF BENEFIT PLAN	
b	Name of plan sponsor	SOSEBEE FUNERAL HOME	c EIN-PN 58-1159998-501
a	Plan name	SOUTH ATLANTA TRUCK REPAIR GCF BENEFIT PLAN	
b	Name of plan sponsor	SOUTH ATLANTA TRUCK REPAIR	c EIN-PN 82-3939136-501
a	Plan name	SOUTH DODGE BUILDERS SUPPLY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOUTH DODGE BUILDERS SUPPLY LLC	c EIN-PN 85-3137182-501
a	Plan name	SOUTH GEORGIA OIL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOUTH GEORGIA OIL LLC	c EIN-PN 47-5613598-501
a	Plan name	SOUTH MANITOU PROPERTIES GCF BENEFIT PLAN	
b	Name of plan sponsor	SOUTH MANITOU PROPERTIES	c EIN-PN 58-2428073-501
a	Plan name	SOUTHEAST CAPITAL COMPANIES GCF BENEFIT PLAN	
b	Name of plan sponsor	SOUTHEAST CAPITAL COMPANIES	c EIN-PN 26-4335967-501
a	Plan name	SOUTHEAST CEMENT PROMOTION ASSOCIATION, GCF BENEFIT PLAN	
b	Name of plan sponsor	SOUTHEAST CEMENT PROMOTION ASSOCIATION,	c EIN-PN 36-4834666-501
a	Plan name	SOUTHEAST DOOR COMPANY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOUTHEAST DOOR COMPANY, INC	c EIN-PN 58-1745737-501
a	Plan name	SOUTHEAST ELECTROSTATIC INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOUTHEAST ELECTROSTATIC INC	c EIN-PN 26-1787313-501
a	Plan name	SOUTHEAST LAW LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOUTHEAST LAW LLC	c EIN-PN 46-4583151-501
a	Plan name	SOUTHEAST LIME & STONE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOUTHEAST LIME & STONE LLC	c EIN-PN 45-2717863-501
a	Plan name	SOUTHEAST OFFICE SYSTEMS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOUTHEAST OFFICE SYSTEMS INC	c EIN-PN 58-1751877-501

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.)		
a	Plan name SOUTHEAST REGIONAL TECHNOLOGY GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEAST REGIONAL TECHNOLOGY GROUP	c EIN-PN 83-2913408-501
a	Plan name SOUTHEAST ROOFING SOLUTIONS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEAST ROOFING SOLUTIONS, INC	c EIN-PN 58-0976458-501
a	Plan name SOUTHEAST SCANNING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEAST SCANNING LLC	c EIN-PN 46-5185645-501
a	Plan name SOUTHEAST SOLUTIONS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEAST SOLUTIONS, INC.	c EIN-PN 86-1127124-501
a	Plan name SOUTHEASTERN AFFORDABLE HOUSING GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN AFFORDABLE HOUSING	c EIN-PN 58-1530855-501
a	Plan name SOUTHEASTERN COMMUNICATIONS SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN COMMUNICATIONS SERVICES	c EIN-PN 58-1414669-501
a	Plan name SOUTHEASTERN CONCRETE GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN CONCRETE	c EIN-PN 90-0785326-501
a	Plan name SOUTHEASTERN ELECTRIC EXCHANGE INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN ELECTRIC EXCHANGE INC.	c EIN-PN 58-0435110-501
a	Plan name SOUTHEASTERN INDUSTRIAL PLASTICS INC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN INDUSTRIAL PLASTICS INC	c EIN-PN 58-1377464-501
a	Plan name SOUTHEASTERN LEGAL FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN LEGAL FOUNDATION	c EIN-PN 58-1247027-502
a	Plan name SOUTHEASTERN LUMBER MANUFACTURERS ASSOCIATION GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN LUMBER MANUFACTURERS ASSOCIATION	c EIN-PN 58-0877039-501
a	Plan name SOUTHEASTERN NEUROSURGICAL SPECIALISTS GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN NEUROSURGICAL SPECIALISTS	c EIN-PN 83-2321016-501

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.)	
a	Plan name SOUTHEASTERN SKATE SUPPLY OF GEORGIA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN SKATE SUPPLY OF GEORGIA, INC.	c EIN-PN 54-1310994-501
a	Plan name SOUTHEASTERN TESTING LABORATORY INC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHEASTERN TESTING LABORATORY INC	c EIN-PN 58-0801477-501
a	Plan name SOUTHERN BRACING GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN BRACING	c EIN-PN 58-2473130-501
a	Plan name SOUTHERN BUILDERS SUPPLY INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN BUILDERS SUPPLY INC.	c EIN-PN 58-1851708-501
a	Plan name SOUTHERN CATHODIC PROTECTION COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN CATHODIC PROTECTION COMPANY	c EIN-PN 58-1395287-501
a	Plan name SOUTHERN CHAMPION CONSTRUCTION,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN CHAMPION CONSTRUCTION,INC.	c EIN-PN 58-1295438-501
a	Plan name SOUTHERN CIVIL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN CIVIL LLC	c EIN-PN 82-2795253-501
a	Plan name SOUTHERN COMMERCIAL TIRE GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN COMMERCIAL TIRE	c EIN-PN 46-2095112-501
a	Plan name SOUTHERN COMPONENT DESIGN, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN COMPONENT DESIGN, INC.	c EIN-PN 58-2551888-501
a	Plan name SOUTHERN CONTROL GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN CONTROL GROUP LLC	c EIN-PN 90-0259817-501
a	Plan name SOUTHERN CRESCENT HABITAT FOR HUMANITY GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN CRESCENT HABITAT FOR HUMANITY	c EIN-PN 58-1761611-501
a	Plan name SOUTHERN ENTERPRISE GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN ENTERPRISE GROUP LLC	c EIN-PN 81-3826201-501

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.)	
a	Plan name SOUTHERN FORD OF THOMASTON LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN FORD OF THOMASTON LLC	c EIN-PN 87-0847243-501
a	Plan name SOUTHERN FOREST INDUSTRIES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN FOREST INDUSTRIES, INC.	c EIN-PN 58-1571130-501
a	Plan name SOUTHERN GF COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN GF COMPANY	c EIN-PN 58-0438530-501
a	Plan name SOUTHERN INS ASSOC OF DUNWOODY GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN INS ASSOC OF DUNWOODY	c EIN-PN 03-0444126-501
a	Plan name SOUTHERN INSURANCE & ANNUITIES GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN INSURANCE & ANNUITIES	c EIN-PN 20-5822708-501
a	Plan name SOUTHERN JEWELRY TRAVELERS ASSOCIATION GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN JEWELRY TRAVELERS ASSOCIATION	c EIN-PN 58-0597209-501
a	Plan name SOUTHERN MAJORITY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN MAJORITY, LLC	c EIN-PN 82-2100166-501
a	Plan name SOUTHERN MARK INDUSTRIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN MARK INDUSTRIES LLC	c EIN-PN 61-1729013-501
a	Plan name SOUTHERN OPTIMIZED SECURITY SYSTEMS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN OPTIMIZED SECURITY SYSTEMS, LLC	c EIN-PN 45-4534568-501
a	Plan name SOUTHERN PERFECTION FABRICATION HOLDINGS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN PERFECTION FABRICATION HOLDINGS LLC	c EIN-PN 26-1387403-501
a	Plan name SOUTHERN PLASTIC SURGERY GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN PLASTIC SURGERY	c EIN-PN 58-2250123-501
a	Plan name SOUTHERN POLYURETHANES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN POLYURETHANES, INC	c EIN-PN 58-2373934-501

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.)	
a	Plan name SOUTHERN POULTRY RESEARCH GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN POULTRY RESEARCH GROUP	c EIN-PN 46-2814486-501
a	Plan name SOUTHERN RESOURCES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN RESOURCES, INC	c EIN-PN 37-1805643-501
a	Plan name SOUTHERN RESTAURANT SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN RESTAURANT SERVICES, INC.	c EIN-PN 58-2264317-501
a	Plan name SOUTHERN RETINA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN RETINA LLC	c EIN-PN 58-2590120-501
a	Plan name SOUTHERN ROAD DENT REPAIR, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN ROAD DENT REPAIR, LLC	c EIN-PN 26-2683546-501
a	Plan name SOUTHERN SOUND AND LIGHTING GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN SOUND AND LIGHTING	c EIN-PN 58-1975247-501
a	Plan name SOUTHERN TEXTILES AND LAMINATING GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN TEXTILES AND LAMINATING	c EIN-PN 59-2378998-501
a	Plan name SOUTHERN TIMBER PRODUCTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN TIMBER PRODUCTS INC	c EIN-PN 58-1614270-501
a	Plan name SOUTHERN TOWER SERVICES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN TOWER SERVICES, LLC	c EIN-PN 26-3630275-501
a	Plan name SOUTHERN VALVE AND METALS GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERN VALVE AND METALS	c EIN-PN 58-2591066-501
a	Plan name SOUTHERNERS ON NEW GROUND GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHERNERS ON NEW GROUND	c EIN-PN 61-1274170-501
a	Plan name SOUTHSIDE LINERS & ACCESS GCF BENEFIT PLAN	
b	Name of plan sponsor SOUTHSIDE LINERS & ACCESS	c EIN-PN 27-2683201-501

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.)			
a	Plan name	SOWEGA-AHEC GCF BENEFIT PLAN	
b	Name of plan sponsor	SOWEGA-AHEC	c EIN-PN 58-1929336-501
a	Plan name	SPAGS CABINET SHOP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SPAGS CABINET SHOP INC	c EIN-PN 58-1870932-501
a	Plan name	SPALDING NIX FINE ARTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SPALDING NIX FINE ARTS, LLC	c EIN-PN 03-0506054-501
a	Plan name	SPARKFLY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SPARKFLY INC	c EIN-PN 54-2070721-501
a	Plan name	SPEARTEK INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SPEARTEK INC	c EIN-PN 75-3032469-502
a	Plan name	SPECIALTY CARTRIDGE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SPECIALTY CARTRIDGE INC	c EIN-PN 46-4728187-501
a	Plan name	SPECIALTY PAINT AND BODY GCF BENEFIT PLAN	
b	Name of plan sponsor	SPECIALTY PAINT AND BODY	c EIN-PN 58-2441792-501
a	Plan name	SPECIALTY PERIMETER CONCEPTZ, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SPECIALTY PERIMETER CONCEPTZ, INC	c EIN-PN 47-2347507-501
a	Plan name	SPECIALTY TEXTILE GROUP, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SPECIALTY TEXTILE GROUP, INC.	c EIN-PN 27-2538657-501
a	Plan name	SPECIALTY TOOL AND DIE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SPECIALTY TOOL AND DIE INC	c EIN-PN 58-2356633-501
a	Plan name	SPEED LABORATORY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SPEED LABORATORY, INC	c EIN-PN 51-0669801-501
a	Plan name	SPEROS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SPEROS, INC	c EIN-PN 58-1559984-501

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.)			
a	Plan name	SPF PLASTIC GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	SPF PLASTIC GROUP	c EIN-PN 47-5111087-501
a	Plan name	SPHINX, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SPHINX, INC.	c EIN-PN 30-0004736-501
a	Plan name	SPIDER GRILLS GCF BENEFIT PLAN	
b	Name of plan sponsor	SPIDER GRILLS	c EIN-PN 84-3915072-501
a	Plan name	SPIFFY STUFF GCF BENEFIT PLAN	
b	Name of plan sponsor	SPIFFY STUFF	c EIN-PN 20-1117364-501
a	Plan name	SPIRES AUTO SALES GCF BENEFIT PLAN	
b	Name of plan sponsor	SPIRES AUTO SALES	c EIN-PN 26-0892745-501
a	Plan name	SPORTS CENTER MANAGEMENT, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SPORTS CENTER MANAGEMENT, INC	c EIN-PN 58-1595602-501
a	Plan name	SPOTSWOOD, COTTON AND WELSH GCF BENEFIT PLAN	
b	Name of plan sponsor	SPOTSWOOD, COTTON AND WELSH	c EIN-PN 46-3786021-501
a	Plan name	SPRATLIN HARDWARE & BUILDING SUPPLY GCF BENEFIT PLAN	
b	Name of plan sponsor	SPRATLIN HARDWARE & BUILDING SUPPLY	c EIN-PN 58-1779643-501
a	Plan name	SPRING SALES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SPRING SALES INC	c EIN-PN 26-1625095-501
a	Plan name	SPY HOP PRODUCTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	SPY HOP PRODUCTIONS	c EIN-PN 58-2618313-502
a	Plan name	SQL TECHNOLOGIES CORP GCF BENEFIT PLAN	
b	Name of plan sponsor	SQL TECHNOLOGIES CORP	c EIN-PN 46-3645414-501
a	Plan name	SQM NORTH AMERICA CORP. GCF BENEFIT PLAN	
b	Name of plan sponsor	SQM NORTH AMERICA CORP.	c EIN-PN 13-4995710-501

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.)	
a	Plan name SQUARE FEET STUDIO GCF BENEFIT PLAN	
b	Name of plan sponsor SQUARE FEET STUDIO	c EIN-PN 58-2608938-501
a	Plan name SQUISITO NAPOLETANA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SQUISITO NAPOLETANA LLC	c EIN-PN 46-0597797-501
a	Plan name SRML, INC GCF BENEFIT PLAN	
b	Name of plan sponsor SRML, INC	c EIN-PN 58-2282813-501
a	Plan name ST. SIMONS LAND TRUST GCF BENEFIT PLAN	
b	Name of plan sponsor ST. SIMONS LAND TRUST	c EIN-PN 58-2598986-501
a	Plan name STABLE WATERS FINANCIAL GCF BENEFIT PLAN	
b	Name of plan sponsor STABLE WATERS FINANCIAL	c EIN-PN 46-2671432-501
a	Plan name STAFFING RESOURCES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor STAFFING RESOURCES, INC	c EIN-PN 58-2126179-501
a	Plan name STAFFORD MEDIA GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor STAFFORD MEDIA GROUP, LLC	c EIN-PN 82-3834874-501
a	Plan name STAIR SOUTH, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor STAIR SOUTH, INC.	c EIN-PN 58-2418977-501
a	Plan name STAMPITCRETE GCF BENEFIT PLAN	
b	Name of plan sponsor STAMPITCRETE	c EIN-PN 27-1441207-501
a	Plan name STAN SMITH EVENTS GCF BENEFIT PLAN	
b	Name of plan sponsor STAN SMITH EVENTS	c EIN-PN 58-2173561-501
a	Plan name STAR & BEE BEAUTY DISTRIBUTOR, INC GCF BENEFIT PLAN	
b	Name of plan sponsor STAR & BEE BEAUTY DISTRIBUTOR, INC	c EIN-PN 20-4967006-501
a	Plan name STATE FARM GCF BENEFIT PLAN	
b	Name of plan sponsor STATE FARM	c EIN-PN 87-3885975-501

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.)	
a	Plan name STATESBORO BULLOCH CHAMBER OF COMMERCE GCF BENEFIT PLAN	
b	Name of plan sponsor STATESBORO BULLOCH CHAMBER OF COMMERCE	c EIN-PN 58-0591226-501
a	Plan name STATESBORO CONVENTION & VISITORS BUREAU GCF BENEFIT PLAN	
b	Name of plan sponsor STATESBORO CONVENTION & VISITORS BUREAU	c EIN-PN 58-1672673-501
a	Plan name STATESBORO PAINT & SUPPLY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor STATESBORO PAINT & SUPPLY LLC	c EIN-PN 46-3485287-501
a	Plan name STATESBORO PLASTIC SURGERY GCF BENEFIT PLAN	
b	Name of plan sponsor STATESBORO PLASTIC SURGERY	c EIN-PN 26-3318176-501
a	Plan name STATION 16 LLC GCF BENEFIT PLAN	
b	Name of plan sponsor STATION 16 LLC	c EIN-PN 45-2400104-501
a	Plan name STATURE CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor STATURE CONSTRUCTION	c EIN-PN 92-0397937-501
a	Plan name STEELCON GCF BENEFIT PLAN	
b	Name of plan sponsor STEELCON	c EIN-PN 92-1463788-501
a	Plan name STEFFL MACHINE AND TOOLS GCF BENEFIT PLAN	
b	Name of plan sponsor STEFFL MACHINE AND TOOLS	c EIN-PN 20-3163608-501
a	Plan name STEMPLECRITES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor STEMPLECRITES LLC	c EIN-PN 82-2021848-501
a	Plan name STEPHEN P. POINTEVINT INC. GCF BENEFIT PLAN	
b	Name of plan sponsor STEPHEN P. POINTEVINT INC.	c EIN-PN 58-2395192-501
a	Plan name STERN RISK PARTNERS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor STERN RISK PARTNERS, LLC	c EIN-PN 47-1720452-501
a	Plan name STEVE POWELL & CO., INC. GCF BENEFIT PLAN	
b	Name of plan sponsor STEVE POWELL & CO., INC.	c EIN-PN 58-2210012-501

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.)	
a	Plan name STEVENS HEALTH SERVICES P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor STEVENS HEALTH SERVICES P.C.	c EIN-PN 26-4839140-501
a	Plan name STEWARDS COMMERCIAL REAL ESTATE GCF BENEFIT PLAN	
b	Name of plan sponsor STEWARDS COMMERCIAL REAL ESTATE	c EIN-PN 87-1458460-501
a	Plan name STILL WATERS LEARNING CENTER, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor STILL WATERS LEARNING CENTER, INC.	c EIN-PN 26-3921540-501
a	Plan name STIMULUS PUBLICATIONS GCF BENEFIT PLAN	
b	Name of plan sponsor STIMULUS PUBLICATIONS	c EIN-PN 80-0346602-501
a	Plan name STOLER INDUSTRIES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor STOLER INDUSTRIES, INC	c EIN-PN 58-1961343-501
a	Plan name STOLTZ BUSINESS SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor STOLTZ BUSINESS SERVICES, INC.	c EIN-PN 20-2934151-501
a	Plan name STONE & BELLUS P C GCF BENEFIT PLAN	
b	Name of plan sponsor STONE & BELLUS P C	c EIN-PN 58-2665665-501
a	Plan name STONE FUTURE INC GCF BENEFIT PLAN	
b	Name of plan sponsor STONE FUTURE INC	c EIN-PN 27-1492504-501
a	Plan name STONE MOUNTAIN PECAN CO., INC. GCF BENEFIT PLAN	
b	Name of plan sponsor STONE MOUNTAIN PECAN CO., INC.	c EIN-PN 58-1323663-502
a	Plan name STONES MACHINE SHOP INC GCF BENEFIT PLAN	
b	Name of plan sponsor STONES MACHINE SHOP INC	c EIN-PN 58-1349165-501
a	Plan name STORAGE INVESTMENTS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor STORAGE INVESTMENTS, LLC	c EIN-PN 88-2827522-501
a	Plan name STOREFRONT SYSTEMS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor STOREFRONT SYSTEMS INC.	c EIN-PN 58-2067755-501

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.)	
a	Plan name STORM ROOF SYSTEMS GCF BENEFIT PLAN	
b	Name of plan sponsor STORM ROOF SYSTEMS	c EIN-PN 83-1820267-501
a	Plan name STRANGERS IN PARADISE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor STRANGERS IN PARADISE LLC	c EIN-PN 93-2201813-501
a	Plan name STRATUS PROPERTY GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor STRATUS PROPERTY GROUP LLC	c EIN-PN 45-4322799-501
a	Plan name STREAM NETWORKS INC GCF BENEFIT PLAN	
b	Name of plan sponsor STREAM NETWORKS INC	c EIN-PN 45-5449325-501
a	Plan name STREAMCUT RECORDS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor STREAMCUT RECORDS, LLC	c EIN-PN 83-1635043-501
a	Plan name STRIBLING WHALEN FINANCIAL GCF BENEFIT PLAN	
b	Name of plan sponsor STRIBLING WHALEN FINANCIAL	c EIN-PN 47-3904593-501
a	Plan name STRICKLAND DEBROW LLP GCF BENEFIT PLAN	
b	Name of plan sponsor STRICKLAND DEBROW LLP	c EIN-PN 88-2930780-501
a	Plan name STROUD INDUSTRIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor STROUD INDUSTRIES INC	c EIN-PN 45-4145287-501
a	Plan name STRUCTURED TECHNOLOGIES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor STRUCTURED TECHNOLOGIES, INC.	c EIN-PN 20-0663804-501
a	Plan name STUARTS ELECTRICAL SERVICES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor STUARTS ELECTRICAL SERVICES, INC	c EIN-PN 03-0454059-501
a	Plan name STUDIO BNA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor STUDIO BNA, INC.	c EIN-PN 81-0543766-501
a	Plan name STUDSTILL FIRM LLP GCF BENEFIT PLAN	
b	Name of plan sponsor STUDSTILL FIRM LLP	c EIN-PN 27-0274200-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	STURGEON TECHNOLOGY SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	STURGEON TECHNOLOGY SERVICES LLC	c EIN-PN 93-2595775-501
a	Plan name	STURM EUROPEAN MILITARY SURPLUS TEESAR INC GCF BENEFIT PLAN	
b	Name of plan sponsor	STURM EUROPEAN MILITARY SURPLUS TEESAR INC	c EIN-PN 54-1267240-501
a	Plan name	STW TECHNIC LP GCF BENEFIT PLAN	
b	Name of plan sponsor	STW TECHNIC LP	c EIN-PN 58-2599854-501
a	Plan name	STYRO PRODUCTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	STYRO PRODUCTS INC	c EIN-PN 20-4821324-501
a	Plan name	STYRO SYSTEMS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	STYRO SYSTEMS, INC.	c EIN-PN 57-0732659-501
a	Plan name	SUB 7, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUB 7, LLC	c EIN-PN 27-4251639-501
a	Plan name	SUBPERB SMG LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUBPERB SMG LLC	c EIN-PN 87-2243204-501
a	Plan name	SUBURBAN GENERAL AGENCIES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUBURBAN GENERAL AGENCIES, INC	c EIN-PN 58-1421805-501
a	Plan name	SUGAR ROCK CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	SUGAR ROCK CORPORATION	c EIN-PN 83-2624440-501
a	Plan name	SUGARLOAF PEDIATRICS PC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUGARLOAF PEDIATRICS PC	c EIN-PN 58-2617080-501
a	Plan name	SUITE 675 ENTERPRISES GCF BENEFIT PLAN	
b	Name of plan sponsor	SUITE 675 ENTERPRISES	c EIN-PN 83-1531920-501
a	Plan name	SUKAR & SONS OF SAVANNAH, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUKAR & SONS OF SAVANNAH, INC	c EIN-PN 90-0714324-501

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.)	
a	Plan name SULLIVAN GROUP FINANCIAL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SULLIVAN GROUP FINANCIAL LLC	c EIN-PN 20-0276565-501
a	Plan name SUMER CONSTRUCTION AND INSULATION INC GCF BENEFIT PLAN	
b	Name of plan sponsor SUMER CONSTRUCTION AND INSULATION INC	c EIN-PN 30-0737101-501
a	Plan name SUMMIT COMMERCIAL SERVICES,INC GCF BENEFIT PLAN	
b	Name of plan sponsor SUMMIT COMMERCIAL SERVICES,INC	c EIN-PN 58-2109998-501
a	Plan name SUMMIT ELECTRIC USA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SUMMIT ELECTRIC USA, INC.	c EIN-PN 32-0518694-501
a	Plan name SUMMIT ENGINEERING CONSULTANTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor SUMMIT ENGINEERING CONSULTANTS INC	c EIN-PN 27-0548512-501
a	Plan name SUMMIT MEDICAL ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor SUMMIT MEDICAL ASSOCIATES	c EIN-PN 58-1965193-501
a	Plan name SUN AIR SUPPLY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SUN AIR SUPPLY, INC.	c EIN-PN 27-0764212-501
a	Plan name SUNBELT BUILDERS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SUNBELT BUILDERS, INC.	c EIN-PN 58-1473554-501
a	Plan name SUNBELT TECHNOLOGY GCF BENEFIT PLAN	
b	Name of plan sponsor SUNBELT TECHNOLOGY	c EIN-PN 04-3824354-501
a	Plan name SUNDANCE TILE AND STONE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SUNDANCE TILE AND STONE, INC.	c EIN-PN 26-4028448-501
a	Plan name SUNDAY APP, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor SUNDAY APP, INC.	c EIN-PN 86-2441155-501
a	Plan name SUNGROUP HOMES III LLC GCF BENEFIT PLAN	
b	Name of plan sponsor SUNGROUP HOMES III LLC	c EIN-PN 83-2713182-501

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.)			
a	Plan name	SUNIVA GCF BENEFIT PLAN	
b	Name of plan sponsor	SUNIVA	c EIN-PN 26-0972418-502
a	Plan name	SUNLIGHT TECHNOLOGIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUNLIGHT TECHNOLOGIES INC	c EIN-PN 82-4417163-501
a	Plan name	SUNRISE FARM LANDSCAPES GCF BENEFIT PLAN	
b	Name of plan sponsor	SUNRISE FARM LANDSCAPES	c EIN-PN 45-5456365-501
a	Plan name	SUNRISE IQ, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUNRISE IQ, LLC	c EIN-PN 82-5505361-501
a	Plan name	SUNSOFT SOLUTIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUNSOFT SOLUTIONS INC	c EIN-PN 16-1728547-501
a	Plan name	SUPERIOR AIR MANAGEMENT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SUPERIOR AIR MANAGEMENT, INC.	c EIN-PN 20-2426895-501
a	Plan name	SUPERIOR INDOOR COMFORT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SUPERIOR INDOOR COMFORT, INC.	c EIN-PN 58-2035829-501
a	Plan name	SUPERIOR LIGHTING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUPERIOR LIGHTING LLC	c EIN-PN 46-3169018-501
a	Plan name	SUPERIOR SURFACING SPECIALISTS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SUPERIOR SURFACING SPECIALISTS, INC.	c EIN-PN 90-0115133-501
a	Plan name	SUPERIOR SWEEPS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUPERIOR SWEEPS INC	c EIN-PN 58-2014620-501
a	Plan name	SUPPLY CHAIN WIZARD INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUPPLY CHAIN WIZARD INC	c EIN-PN 84-4873545-501
a	Plan name	SURANA ASSOCIATES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SURANA ASSOCIATES, INC	c EIN-PN 58-1875608-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SURFSIDE KIDS PEDIATRIC DENTISTRY GCF BENEFIT PLAN	
b	Name of plan sponsor	SURFSIDE KIDS PEDIATRIC DENTISTRY	c EIN-PN 81-0689668-501
a	Plan name	SURGICAL OPERATIONAL SERVICES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SURGICAL OPERATIONAL SERVICES, INC	c EIN-PN 58-2561366-501
a	Plan name	SURRENCY HEATING & AIR CONDITIONING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SURRENCY HEATING & AIR CONDITIONING, INC	c EIN-PN 58-2388457-501
a	Plan name	SUSAN B BOZEMAN DESIGNS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUSAN B BOZEMAN DESIGNS, INC	c EIN-PN 58-2373758-501
a	Plan name	SUSAN FERRIER INTERIORS GCF BENEFIT PLAN	
b	Name of plan sponsor	SUSAN FERRIER INTERIORS	c EIN-PN 82-4232883-501
a	Plan name	SUSAN J LEVY PC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUSAN J LEVY PC	c EIN-PN 58-2492340-501
a	Plan name	SUZUKI OF GAINESVILLE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SUZUKI OF GAINESVILLE INC	c EIN-PN 58-1222829-501
a	Plan name	SWAINSBORO HOUSING AUTHORITY GCF BENEFIT PLAN	
b	Name of plan sponsor	SWAINSBORO HOUSING AUTHORITY	c EIN-PN 58-6002822-501
a	Plan name	SWANK AUGUSTA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SWANK AUGUSTA LLC	c EIN-PN 46-5511982-501
a	Plan name	SWAT LOGISTICS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SWAT LOGISTICS, INC.	c EIN-PN 46-5164080-501
a	Plan name	SWEETWATER DEVELOPMENT & MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	SWEETWATER DEVELOPMENT & MANAGEMENT	c EIN-PN 84-3048328-501
a	Plan name	SWEETWATER VETERINARY HOSPITAL,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SWEETWATER VETERINARY HOSPITAL,LLC	c EIN-PN 86-2647184-501

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.)			
a	Plan name	SWITCH INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SWITCH INC	c EIN-PN 04-3674723-501
a	Plan name	SWITCHYARDS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	SWITCHYARDS, LLC	c EIN-PN 47-5538752-501
a	Plan name	SWOZ ENTERPRISES GCF BENEFIT PLAN	
b	Name of plan sponsor	SWOZ ENTERPRISES	c EIN-PN 45-2566543-501
a	Plan name	SYNERGY AUTOMATION INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SYNERGY AUTOMATION INC	c EIN-PN 58-2664109-501
a	Plan name	SYNERGY STRATEGIC SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	SYNERGY STRATEGIC SOLUTIONS	c EIN-PN 26-3383791-501
a	Plan name	SYNRG GCF BENEFIT PLAN	
b	Name of plan sponsor	SYNRG	c EIN-PN 83-2865163-501
a	Plan name	SYNTERMED GCF BENEFIT PLAN	
b	Name of plan sponsor	SYNTERMED	c EIN-PN 58-2457511-501
a	Plan name	SYNTHETIC TURF GCF BENEFIT PLAN	
b	Name of plan sponsor	SYNTHETIC TURF	c EIN-PN 84-4134670-501
a	Plan name	SYSTECH INTERNATIONAL, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SYSTECH INTERNATIONAL, INC.	c EIN-PN 20-1458925-501
a	Plan name	SYSTEM CERAMICS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	SYSTEM CERAMICS, INC.	c EIN-PN 83-2495013-501
a	Plan name	SZABO ASSOCIATES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	SZABO ASSOCIATES, INC	c EIN-PN 58-1190662-501
a	Plan name	T & W SERVICES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	T & W SERVICES, INC.	c EIN-PN 20-0058858-501

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.)	
a	Plan name T AND T MECHANICAL SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor T AND T MECHANICAL SERVICES LLC	c EIN-PN 99-4777572-501
a	Plan name T H GUERRY LUMBER GCF BENEFIT PLAN	
b	Name of plan sponsor T H GUERRY LUMBER	c EIN-PN 58-0801697-501
a	Plan name T SPORTLINE GCF BENEFIT PLAN	
b	Name of plan sponsor T SPORTLINE	c EIN-PN 86-3136449-501
a	Plan name T&S TRANSPORT GCF BENEFIT PLAN	
b	Name of plan sponsor T&S TRANSPORT	c EIN-PN 30-1213060-501
a	Plan name T&T MACHINE SHOP, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor T&T MACHINE SHOP, INC.	c EIN-PN 58-2549092-501
a	Plan name T3 SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor T3 SOLUTIONS	c EIN-PN 41-2218940-501
a	Plan name TAC CONSULTING GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TAC CONSULTING GROUP, LLC	c EIN-PN 81-0904286-501
a	Plan name TAILOR MADE GRASS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TAILOR MADE GRASS, LLC	c EIN-PN 85-2621139-501
a	Plan name TAIT'S LAWN PRODUCTS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor TAIT'S LAWN PRODUCTS, INC.	c EIN-PN 58-1819588-501
a	Plan name TALKING HEADS STUDIO LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TALKING HEADS STUDIO LLC	c EIN-PN 27-0807138-501
a	Plan name TANNER VENTURES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor TANNER VENTURES, INC.	c EIN-PN 57-0831631-501
a	Plan name TAPS CONSULTING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TAPS CONSULTING, LLC	c EIN-PN 82-3037248-501

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.)			
a	Plan name	TARPLEY DRUG COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TARPLEY DRUG COMPANY INC	c EIN-PN 84-4286413-501
a	Plan name	TAVE CREATIVE CORP GCF BENEFIT PLAN	
b	Name of plan sponsor	TAVE CREATIVE CORP	c EIN-PN 92-0846702-501
a	Plan name	TAYLOR CHIROPRACTIC AND WELLNESS GCF BENEFIT PLAN	
b	Name of plan sponsor	TAYLOR CHIROPRACTIC AND WELLNESS	c EIN-PN 47-3264432-501
a	Plan name	TAYLOR EXTERMINATING CO INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TAYLOR EXTERMINATING CO INC	c EIN-PN 58-1956370-501
a	Plan name	TAYLOR SELLERS LAW, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TAYLOR SELLERS LAW, LLC	c EIN-PN 83-4257464-501
a	Plan name	TBS BUSINESS SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TBS BUSINESS SERVICES INC	c EIN-PN 84-4166277-501
a	Plan name	TBS COMMUNICATIONS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TBS COMMUNICATIONS INC	c EIN-PN 58-2340388-501
a	Plan name	TC CUSTOMS ATLANTA GCF BENEFIT PLAN	
b	Name of plan sponsor	TC CUSTOMS ATLANTA	c EIN-PN 82-0838600-501
a	Plan name	TCM WATERPROOFING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TCM WATERPROOFING, LLC	c EIN-PN 26-3353152-501
a	Plan name	TD GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TD GROUP LLC	c EIN-PN 48-1258045-501
a	Plan name	TDC COMMUNICATIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	TDC COMMUNICATIONS	c EIN-PN 86-1986442-501
a	Plan name	TEAMLOGICIT GCF BENEFIT PLAN	
b	Name of plan sponsor	TEAMLOGICIT	c EIN-PN 47-5561079-501

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.)	
a	Plan name TEAMSON US, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor TEAMSON US, INC.	c EIN-PN 84-2416770-501
a	Plan name TEAMWORK TICKETS INCORP GCF BENEFIT PLAN	
b	Name of plan sponsor TEAMWORK TICKETS INCORP	c EIN-PN 47-4337150-501
a	Plan name TECH TIRES GCF BENEFIT PLAN	
b	Name of plan sponsor TECH TIRES	c EIN-PN 58-2623409-501
a	Plan name TECHLAN, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor TECHLAN, INC.	c EIN-PN 58-1943670-501
a	Plan name TECHNICRAFT SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor TECHNICRAFT SERVICES	c EIN-PN 82-2687142-501
a	Plan name TECHOPTICS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor TECHOPTICS, INC	c EIN-PN 62-1632902-501
a	Plan name TECME CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor TECME CORPORATION	c EIN-PN 35-2514550-501
a	Plan name TEKNAS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor TEKNAS, INC.	c EIN-PN 80-0239392-501
a	Plan name TELCHEMY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor TELCHEMY, INC.	c EIN-PN 58-2563537-501
a	Plan name TELENET SYSTEMS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor TELENET SYSTEMS, INC.	c EIN-PN 58-2274897-501
a	Plan name TELLIANT SYSTEMS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TELLIANT SYSTEMS LLC	c EIN-PN 27-2479818-501
a	Plan name TELVERO INC GCF BENEFIT PLAN	
b	Name of plan sponsor TELVERO INC	c EIN-PN 85-0506424-501

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.)	
a	Plan name TEMPORARY APARTMENT MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor TEMPORARY APARTMENT MANAGEMENT	c EIN-PN 58-1953780-501
a	Plan name TERRACOTTA PROPERTIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TERRACOTTA PROPERTIES, LLC	c EIN-PN 20-3942703-501
a	Plan name TERRANOVA LANDSCAPE DESIGN, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor TERRANOVA LANDSCAPE DESIGN, INC.	c EIN-PN 80-0246901-501
a	Plan name TERRY INVESTMENT GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor TERRY INVESTMENT GROUP INC	c EIN-PN 14-1978854-501
a	Plan name TERRY'S AUTO CLINIC GCF BENEFIT PLAN	
b	Name of plan sponsor TERRYS AUTO CLINIC	c EIN-PN 45-4146008-501
a	Plan name TESTON MACHINE CORP GCF BENEFIT PLAN	
b	Name of plan sponsor TESTON MACHINE CORP	c EIN-PN 58-1284625-501
a	Plan name TEX-PET COMPANY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TEX-PET COMPANY LLC	c EIN-PN 84-2136984-501
a	Plan name THE 825 GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor THE 825 GROUP	c EIN-PN 45-4775453-501
a	Plan name THE ADAIR GROUP,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE ADAIR GROUP,LLC	c EIN-PN 58-2416278-501
a	Plan name THE AGENTS MARKETING GROUP, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor THE AGENTS MARKETING GROUP, INC.	c EIN-PN 58-1538488-501
a	Plan name THE AMPERSAND COMPANY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE AMPERSAND COMPANY, LLC	c EIN-PN 82-1750805-501
a	Plan name THE ANCHOR SCHOOL GCF BENEFIT PLAN	
b	Name of plan sponsor THE ANCHOR SCHOOL	c EIN-PN 85-3940446-501

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.)	
a	Plan name THE ASPEN BRANDS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor THE ASPEN BRANDS, INC	c EIN-PN 45-4610658-501
a	Plan name THE ATLANTIC COMPANIES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE ATLANTIC COMPANIES, LLC	c EIN-PN 86-2651323-501
a	Plan name THE BANK NETWORK INC GCF BENEFIT PLAN	
b	Name of plan sponsor THE BANK NETWORK INC	c EIN-PN 58-2043340-501
a	Plan name THE BANTAM GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor THE BANTAM GROUP	c EIN-PN 58-2650949-501
a	Plan name THE BARNETT GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE BARNETT GROUP, LLC	c EIN-PN 47-4346931-501
a	Plan name THE BARTER COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor THE BARTER COMPANY INC	c EIN-PN 58-2222351-501
a	Plan name THE BAYARD PROJECT GCF BENEFIT PLAN	
b	Name of plan sponsor THE BAYARD PROJECT	c EIN-PN 99-2110173-501
a	Plan name THE BEST DRESSED CHILD, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE BEST DRESSED CHILD, LLC	c EIN-PN 41-2053097-501
a	Plan name THE BICYCLE SHOP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE BICYCLE SHOP LLC	c EIN-PN 46-2433613-501
a	Plan name THE BIMECO GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor THE BIMECO GROUP	c EIN-PN 26-0420039-501
a	Plan name THE BITTER SOUTHERNER INC. GCF BENEFIT PLAN	
b	Name of plan sponsor THE BITTER SOUTHERNER INC.	c EIN-PN 47-1176451-501
a	Plan name THE BLACK COW INC GCF BENEFIT PLAN	
b	Name of plan sponsor THE BLACK COW INC	c EIN-PN 83-4477081-501

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.)	
a	Plan name THE BOLTON GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE BOLTON GROUP, LLC	c EIN-PN 58-2340524-501
a	Plan name THE BOTTLE SHOP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE BOTTLE SHOP, LLC	c EIN-PN 81-1639035-501
a	Plan name THE BRUCKER COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor THE BRUCKER COMPANY	c EIN-PN 27-0535233-501
a	Plan name THE CABINET PLACE GCF BENEFIT PLAN	
b	Name of plan sponsor THE CABINET PLACE	c EIN-PN 58-2274332-501
a	Plan name THE CANSINO LAW FIRM, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE CANSINO LAW FIRM, LLC	c EIN-PN 58-2680551-501
a	Plan name THE CHILDRENS HAVEN GCF BENEFIT PLAN	
b	Name of plan sponsor THE CHILDRENS HAVEN	c EIN-PN 58-2563473-501
a	Plan name THE CHORUS FILMS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE CHORUS FILMS, LLC	c EIN-PN 47-3497369-501
a	Plan name THE COLUMBUS MUSEUM, INC GCF BENEFIT PLAN	
b	Name of plan sponsor THE COLUMBUS MUSEUM, INC	c EIN-PN 58-6042894-501
a	Plan name THE COMMUNITY FOUNDATION FOR THE CSRA GCF BENEFIT PLAN	
b	Name of plan sponsor THE COMMUNITY FOUNDATION FOR THE CSRA	c EIN-PN 58-2184345-501
a	Plan name THE COPPONEX GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE COPPONEX GROUP LLC	c EIN-PN 47-1350941-501
a	Plan name THE COUNCIL ON ALCOHOL AND DRUGS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor THE COUNCIL ON ALCOHOL AND DRUGS, INC.	c EIN-PN 58-1088401-501
a	Plan name THE CUMMINS FIRM GCF BENEFIT PLAN	
b	Name of plan sponsor THE CUMMINS FIRM	c EIN-PN 87-2433082-501

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.)	
a	Plan name THE CUTTING EDGE GLASS & MIRROR LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE CUTTING EDGE GLASS & MIRROR LLC	c EIN-PN 27-0239874-501
a	Plan name THE DEWITT TILTON GROUP, INC GCF BENEFIT PLAN	
b	Name of plan sponsor THE DEWITT TILTON GROUP, INC	c EIN-PN 46-5597096-501
a	Plan name THE EMBRY LAW FIRM LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE EMBRY LAW FIRM LLC	c EIN-PN 27-2886342-501
a	Plan name THE EXPAT GCF BENEFIT PLAN	
b	Name of plan sponsor THE EXPAT	c EIN-PN 82-2180952-501
a	Plan name THE FAITH CENTER INC GCF BENEFIT PLAN	
b	Name of plan sponsor THE FAITH CENTER INC	c EIN-PN 26-2561367-501
a	Plan name THE FALCONE LAW FIRM PC GCF BENEFIT PLAN	
b	Name of plan sponsor THE FALCONE LAW FIRM PC	c EIN-PN 58-2257149-501
a	Plan name THE FAMILY CENTER OF COLUMBUS GCF BENEFIT PLAN	
b	Name of plan sponsor THE FAMILY CENTER OF COLUMBUS	c EIN-PN 58-0828094-501
a	Plan name THE FOREHAND GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE FOREHAND GROUP LLC	c EIN-PN 47-2396015-501
a	Plan name THE GALLOWAY LAW GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor THE GALLOWAY LAW GROUP	c EIN-PN 45-3647529-501
a	Plan name THE GEORGE CENTER FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor THE GEORGE CENTER FOUNDATION	c EIN-PN 82-3571211-501
a	Plan name THE GEORGIA CONSERVANCY INC GCF BENEFIT PLAN	
b	Name of plan sponsor THE GEORGIA CONSERVANCY INC	c EIN-PN 58-1027246-501
a	Plan name THE GIPSON COMPANY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE GIPSON COMPANY LLC	c EIN-PN 87-3609491-501

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.)	
a	Plan name THE GODDARD SCHOOL - SANDY SPRINGS GCF BENEFIT PLAN	
b	Name of plan sponsor THE GODDARD SCHOOL - SANDY SPRINGS	c EIN-PN 26-3505875-501
a	Plan name THE HILBERT LAW FIRM GCF BENEFIT PLAN	
b	Name of plan sponsor THE HILBERT LAW FIRM	c EIN-PN 26-4585239-501
a	Plan name THE HILL AT SERENBE INC GCF BENEFIT PLAN	
b	Name of plan sponsor THE HILL AT SERENBE INC	c EIN-PN 26-0197743-501
a	Plan name THE INTUITION CONSULTING GCF BENEFIT PLAN	
b	Name of plan sponsor THE INTUITION CONSULTING	c EIN-PN 81-4338654-501
a	Plan name THE IRRIGATION STORE,INC. GCF BENEFIT PLAN	
b	Name of plan sponsor THE IRRIGATION STORE,INC.	c EIN-PN 84-4159555-501
a	Plan name THE JEREMY ANDERSON GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE JEREMY ANDERSON GROUP LLC	c EIN-PN 87-3825888-501
a	Plan name THE JUSTIN LANDIS GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor THE JUSTIN LANDIS GROUP	c EIN-PN 26-1664337-501
a	Plan name THE LAW OFFICE OF PAUL BLACK, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE LAW OFFICE OF PAUL BLACK, LLC	c EIN-PN 45-3998751-501
a	Plan name THE LEGAL FUNDING GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor THE LEGAL FUNDING GROUP	c EIN-PN 82-1769791-501
a	Plan name THE MABRA FIRM, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE MABRA FIRM, LLC	c EIN-PN 26-0637536-501
a	Plan name THE MCKILLIP LAW FIRM, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE MCKILLIP LAW FIRM, LLC	c EIN-PN 27-1313311-501
a	Plan name THE MEDIBASE GROUP, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor THE MEDIBASE GROUP, INC.	c EIN-PN 58-2038695-501

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.)			
a	Plan name	THE MENDED HEARTS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	THE MENDED HEARTS INC	c EIN-PN 04-6073589-501
a	Plan name	THE MILLCREEK GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	THE MILLCREEK GROUP, LLC	c EIN-PN 26-2550819-501
a	Plan name	THE MILLWORK SHOP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	THE MILLWORK SHOP, LLC	c EIN-PN 06-1764202-501
a	Plan name	THE MOST TOYS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	THE MOST TOYS, INC.	c EIN-PN 58-1998861-501
a	Plan name	THE NET LEASE GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	THE NET LEASE GROUP	c EIN-PN 45-1284851-501
a	Plan name	THE NICK CANADA CORP. GCF BENEFIT PLAN	
b	Name of plan sponsor	THE NICK CANADA CORP.	c EIN-PN 90-0465413-501
a	Plan name	THE ORYZA GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	THE ORYZA GROUP LLC	c EIN-PN 45-1568264-501
a	Plan name	THE OUTLAW FIRM LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	THE OUTLAW FIRM LLC	c EIN-PN 26-3964227-501
a	Plan name	THE OUTREACH CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor	THE OUTREACH CENTER	c EIN-PN 58-2563469-501
a	Plan name	THE PECK GROUP, LC GCF BENEFIT PLAN	
b	Name of plan sponsor	THE PECK GROUP, LC	c EIN-PN 32-0031549-501
a	Plan name	THE PETTIS GROUP, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	THE PETTIS GROUP, LLC	c EIN-PN 52-2421704-501
a	Plan name	THE PLACE OF FORSYTH COUNTY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	THE PLACE OF FORSYTH COUNTY, INC	c EIN-PN 58-2355072-501

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.)		
a	Plan name	THE PLUMBING SHOP GCF BENEFIT PLAN
b	Name of plan sponsor	THE PLUMBING SHOP
c	EIN-PN	27-1218014-501
a	Plan name	THE QUADRILINGUAL ACADEMY LLC GCF BENEFIT PLAN
b	Name of plan sponsor	THE QUADRILINGUAL ACADEMY LLC
c	EIN-PN	84-3642985-501
a	Plan name	THE QUALITY ASSURANCE SERVICE GCF BENEFIT PLAN
b	Name of plan sponsor	THE QUALITY ASSURANCE SERVICE
c	EIN-PN	58-1422768-501
a	Plan name	THE RCC GROUP GCF BENEFIT PLAN
b	Name of plan sponsor	THE RCC GROUP
c	EIN-PN	45-3698293-501
a	Plan name	THE RED AND BLACK PUBLISHING CO, INC. GCF BENEFIT PLAN
b	Name of plan sponsor	THE RED AND BLACK PUBLISHING CO, INC.
c	EIN-PN	58-1410389-501
a	Plan name	THE RED DRESS BOUTIQUE LLC GCF BENEFIT PLAN
b	Name of plan sponsor	THE RED DRESS BOUTIQUE LLC
c	EIN-PN	47-2554397-501
a	Plan name	THE RENOVATION SPECIALISTS, LLC GCF BENEFIT PLAN
b	Name of plan sponsor	THE RENOVATION SPECIALISTS, LLC
c	EIN-PN	45-5160143-501
a	Plan name	THE RMN AGENCY GCF BENEFIT PLAN
b	Name of plan sponsor	THE RMN AGENCY
c	EIN-PN	27-3603161-501
a	Plan name	THE SEIMITSU CORPORATION GCF BENEFIT PLAN
b	Name of plan sponsor	THE SEIMITSU CORPORATION
c	EIN-PN	65-0163054-501
a	Plan name	THE SENG COMPANY GCF BENEFIT PLAN
b	Name of plan sponsor	THE SENG COMPANY
c	EIN-PN	26-4499259-501
a	Plan name	THE SIGN BROTHERS GCF BENEFIT PLAN
b	Name of plan sponsor	THE SIGN BROTHERS
c	EIN-PN	20-8871389-501
a	Plan name	THE SIGN STORE ONLINE INC GCF BENEFIT PLAN
b	Name of plan sponsor	THE SIGN STORE ONLINE INC
c	EIN-PN	45-1642826-501

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.)	
a	Plan name THE SKETCH EFFECT GCF BENEFIT PLAN	
b	Name of plan sponsor THE SKETCH EFFECT	c EIN-PN 46-3363169-501
a	Plan name THE SOUTHERN GROUP OF GEORGIA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE SOUTHERN GROUP OF GEORGIA, LLC	c EIN-PN 26-3323544-501
a	Plan name THE SPEAKERS VAULT GCF BENEFIT PLAN	
b	Name of plan sponsor THE SPEAKERS VAULT	c EIN-PN 26-3124812-501
a	Plan name THE STOLZ COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor THE STOLZ COMPANY	c EIN-PN 58-1756553-501
a	Plan name THE STRONG GROUP,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE STRONG GROUP,LLC	c EIN-PN 81-5268820-501
a	Plan name THE TDH COMPANY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE TDH COMPANY, LLC	c EIN-PN 58-2511052-501
a	Plan name THE TIM CRANE CO, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE TIM CRANE CO, LLC	c EIN-PN 20-0774820-501
a	Plan name THE VILLAGE VETS DECATUR, INC GCF BENEFIT PLAN	
b	Name of plan sponsor THE VILLAGE VETS DECATUR, INC	c EIN-PN 58-2551112-501
a	Plan name THE VINING TEAM LLC GCF BENEFIT PLAN	
b	Name of plan sponsor THE VINING TEAM LLC	c EIN-PN 20-4280603-501
a	Plan name THE WARLICK LAW FIRM, P.C GCF BENEFIT PLAN	
b	Name of plan sponsor THE WARLICK LAW FIRM, P.C	c EIN-PN 83-2617867-501
a	Plan name THE WARRIOR ALLIANCE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor THE WARRIOR ALLIANCE, INC.	c EIN-PN 47-1049454-501
a	Plan name THE WELLSPRING GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor THE WELLSPRING GROUP	c EIN-PN 26-4313602-501

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.)			
a	Plan name	THIRD AND URBAN, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	THIRD AND URBAN, LLC	c EIN-PN 30-0837491-501
a	Plan name	THIRD EYE COLLECTIVE GCF BENEFIT PLAN	
b	Name of plan sponsor	THIRD EYE COLLECTIVE	c EIN-PN 46-1883930-501
a	Plan name	THIRD LENS CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	THIRD LENS CORPORATION	c EIN-PN 27-0670656-501
a	Plan name	THOMAS ARVID FINE ART, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	THOMAS ARVID FINE ART, INC.	c EIN-PN 58-2601520-501
a	Plan name	THOMASTON HOSPICE, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	THOMASTON HOSPICE, INC	c EIN-PN 58-2630834-501
a	Plan name	THOMASVILLE GLASS & EXTERIORS GCF BENEFIT PLAN	
b	Name of plan sponsor	THOMASVILLE GLASS & EXTERIORS	c EIN-PN 58-1878366-501
a	Plan name	THOMPSON OBRIEN KAPPLER & NASUTI GCF BENEFIT PLAN	
b	Name of plan sponsor	THOMPSON OBRIEN KAPPLER & NASUTI	c EIN-PN 58-1455081-501
a	Plan name	THORNTON BROTHERS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	THORNTON BROTHERS, INC.	c EIN-PN 13-4234873-501
a	Plan name	THREE RIVERS AREA HEALTH EDUCATION CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor	THREE RIVERS AREA HEALTH EDUCATION CENTER	c EIN-PN 58-2129732-501
a	Plan name	THREE TAVERNS CRAFT BREWERY GCF BENEFIT PLAN	
b	Name of plan sponsor	THREE TAVERNS CRAFT BREWERY	c EIN-PN 27-0891692-501
a	Plan name	THRIFT BROTHERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	THRIFT BROTHERS LLC	c EIN-PN 46-5595306-501
a	Plan name	THRIVE A CARRYOUT CAFE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	THRIVE A CARRYOUT CAFE INC	c EIN-PN 26-0279597-501

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.)	
a	Plan name THURMANS AUTO TRANSMISSION GCF BENEFIT PLAN	
b	Name of plan sponsor THURMANS AUTO TRANSMISSION	c EIN-PN 58-2225123-501
a	Plan name TIANG INC GCF BENEFIT PLAN	
b	Name of plan sponsor TIANG INC	c EIN-PN 58-1946071-501
a	Plan name TIER ONE GCF BENEFIT PLAN	
b	Name of plan sponsor TIER ONE	c EIN-PN 58-2655215-501
a	Plan name TIFTON DUI LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TIFTON DUI LLC	c EIN-PN 47-2632185-501
a	Plan name TIGER SECURITY INTEGRATION GCF BENEFIT PLAN	
b	Name of plan sponsor TIGER SECURITY INTEGRATION	c EIN-PN 27-0189116-501
a	Plan name TILLEY PROPERTIES INC. GCF BENEFIT PLAN	
b	Name of plan sponsor TILLEY PROPERTIES INC.	c EIN-PN 58-1704937-501
a	Plan name TINY MOBILE ROBOTS US LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TINY MOBILE ROBOTS US LLC	c EIN-PN 36-4995457-501
a	Plan name TIOGA MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TIOGA MANAGEMENT LLC	c EIN-PN 83-1281301-501
a	Plan name TIP TOP COCKTAILS INC GCF BENEFIT PLAN	
b	Name of plan sponsor TIP TOP COCKTAILS INC	c EIN-PN 82-4685878-501
a	Plan name TIRES FIRST GCF BENEFIT PLAN	
b	Name of plan sponsor TIRES FIRST	c EIN-PN 13-4217723-501
a	Plan name TITAN ASSET MANAGEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TITAN ASSET MANAGEMENT LLC	c EIN-PN 36-4907916-501
a	Plan name TITAN ENVIRONMENTAL SERVICES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TITAN ENVIRONMENTAL SERVICES, LLC	c EIN-PN 81-2310287-501

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.)			
a	Plan name	TITAN GLOBAL ENTERPRISES GCF BENEFIT PLAN	
b	Name of plan sponsor	TITAN GLOBAL ENTERPRISES	c EIN-PN 47-3699937-501
a	Plan name	TKCG, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TKCG, INC	c EIN-PN 31-1818380-501
a	Plan name	TKT CONSULTING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TKT CONSULTING, LLC	c EIN-PN 03-0561741-501
a	Plan name	TLC VETERINARY MANAGEMENT GROUP LLC & VICKERY HOSPITAL GCF BENEFIT PLAN	
b	Name of plan sponsor	TLC VETERINARY MANAGEMENT GROUP LLC & VICKERY HOSPITAL	c EIN-PN 46-4213387-501
a	Plan name	TMA COASTAL GCF BENEFIT PLAN	
b	Name of plan sponsor	TMA COASTAL	c EIN-PN 45-4224345-501
a	Plan name	TMA GEORGIA INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TMA GEORGIA INC	c EIN-PN 45-4313379-501
a	Plan name	TMB MEDICAL ASSOCIATES, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	TMB MEDICAL ASSOCIATES, P.C.	c EIN-PN 26-4585012-501
a	Plan name	TMC MAINTENANCE COMPANY INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TMC MAINTENANCE COMPANY INC	c EIN-PN 90-0396439-501
a	Plan name	TME ENTERPRISE GCF BENEFIT PLAN	
b	Name of plan sponsor	TME ENTERPRISE	c EIN-PN 76-0544627-501
a	Plan name	TMG GRAPHIC SOLUTIONS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TMG GRAPHIC SOLUTIONS LLC	c EIN-PN 42-1676700-501
a	Plan name	TOAST ON LENOX GCF BENEFIT PLAN	
b	Name of plan sponsor	TOAST ON LENOX	c EIN-PN 85-3100654-501
a	Plan name	TODD BUCKNER DESIGNS GCF BENEFIT PLAN	
b	Name of plan sponsor	TODD BUCKNER DESIGNS	c EIN-PN 58-2609488-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TOMKIEWICZ WRIGHT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TOMKIEWICZ WRIGHT LLC	c EIN-PN 20-1702555-501
a	Plan name	TOMMY ALLEN REAL ESTATE GCF BENEFIT PLAN	
b	Name of plan sponsor	TOMMY ALLEN REAL ESTATE	c EIN-PN 47-3625563-501
a	Plan name	TOMMY BRUNSON CO INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TOMMY BRUNSON CO INC	c EIN-PN 58-2203457-501
a	Plan name	TONY MORGAN LIVE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TONY MORGAN LIVE, LLC	c EIN-PN 35-2365802-501
a	Plan name	TOOK 4 GRANITE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TOOK 4 GRANITE, LLC	c EIN-PN 80-0021649-501
a	Plan name	TOOLE SURVEYING CO., INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	TOOLE SURVEYING CO., INC.	c EIN-PN 20-2824733-501
a	Plan name	TOP GUN CONTRACTING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	TOP GUN CONTRACTING, INC.	c EIN-PN 20-1380095-501
a	Plan name	TOP POLYMER ENTERPRISE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TOP POLYMER ENTERPRISE LLC	c EIN-PN 30-1001058-501
a	Plan name	TOP WASH LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TOP WASH LLC	c EIN-PN 85-3365881-501
a	Plan name	TOPO INDUSTRIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TOPO INDUSTRIES LLC	c EIN-PN 83-3523347-501
a	Plan name	TORAD ENGINEERING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TORAD ENGINEERING LLC	c EIN-PN 20-4990803-501
a	Plan name	TOTAL IMAGING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TOTAL IMAGING INC	c EIN-PN 58-2438051-501

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.)			
a	Plan name	TOTAL INTERACTIVE SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TOTAL INTERACTIVE SERVICES INC	c EIN-PN 58-1625848-501
a	Plan name	TOTAL PHASE CONSTRUCTION INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TOTAL PHASE CONSTRUCTION INC	c EIN-PN 58-1741665-501
a	Plan name	TOWNE LAKE OUTDOOR POWER EQUIPMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TOWNE LAKE OUTDOOR POWER EQUIPMENT LLC	c EIN-PN 27-0339671-501
a	Plan name	TOWNSEL HEATING AND AIR INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TOWNSEL HEATING AND AIR INC	c EIN-PN 58-2270303-501
a	Plan name	TOWNSEND BROTHERS FUNERAL HOME GCF BENEFIT PLAN	
b	Name of plan sponsor	TOWNSEND BROTHERS FUNERAL HOME	c EIN-PN 58-1473497-501
a	Plan name	TQ CONSTRUCTORS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TQ CONSTRUCTORS INC	c EIN-PN 58-2089037-501
a	Plan name	TRACOM, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TRACOM, INC	c EIN-PN 58-1765071-501
a	Plan name	TRADITIONAL TITLE SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	TRADITIONAL TITLE SERVICES	c EIN-PN 58-2226826-501
a	Plan name	TRADITIONS GOLF AND COUNTRY CLUB GCF BENEFIT PLAN	
b	Name of plan sponsor	TRADITIONS GOLF AND COUNTRY CLUB	c EIN-PN 85-0525840-501
a	Plan name	TRADITIONS SURVEYING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TRADITIONS SURVEYING LLC	c EIN-PN 82-4638341-501
a	Plan name	TRANSFORM DESIGN LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TRANSFORM DESIGN LLC	c EIN-PN 45-3798960-501
a	Plan name	TRANSMISSION PLUS INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TRANSMISSION PLUS INC	c EIN-PN 58-2473056-501

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.)	
a	Plan name TREADSTONE US CAPITAL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TREADSTONE US CAPITAL, LLC	c EIN-PN 82-4406108-501
a	Plan name TREADWAY CONTROLS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TREADWAY CONTROLS LLC	c EIN-PN 46-4949748-501
a	Plan name TREK HOLDINGS, INC GCF BENEFIT PLAN	
b	Name of plan sponsor TREK HOLDINGS, INC	c EIN-PN 87-1267671-501
a	Plan name TREUTLEN HOUSE AT NEW EBENEZER GCF BENEFIT PLAN	
b	Name of plan sponsor TREUTLEN HOUSE AT NEW EBENEZER	c EIN-PN 58-2419686-501
a	Plan name TRI CARE GCF BENEFIT PLAN	
b	Name of plan sponsor TRI CARE	c EIN-PN 58-2267061-501
a	Plan name TRI STATE TREATMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TRI STATE TREATMENT LLC	c EIN-PN 45-3043892-501
a	Plan name TRIAD RISK SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor TRIAD RISK SOLUTIONS	c EIN-PN 86-1198523-501
a	Plan name TRIBE INC. GCF BENEFIT PLAN	
b	Name of plan sponsor TRIBE INC.	c EIN-PN 01-0655280-501
a	Plan name TRICK 3D, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TRICK 3D, LLC	c EIN-PN 20-5899241-501
a	Plan name TRIDATA, INC GCF BENEFIT PLAN	
b	Name of plan sponsor TRIDATA, INC	c EIN-PN 85-3626158-501
a	Plan name TRILITH DEVELOPMENT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TRILITH DEVELOPMENT, LLC	c EIN-PN 81-2592499-501
a	Plan name TRILITH FOUNDATION GCF BENEFIT PLAN	
b	Name of plan sponsor TRILITH FOUNDATION	c EIN-PN 85-4305492-501

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.)	
a	Plan name TRILLIUM FINANCIAL, INC GCF BENEFIT PLAN	
b	Name of plan sponsor TRILLIUM FINANCIAL, INC	c EIN-PN 01-0564010-501
a	Plan name TRI-MED FAMILY CARE GCF BENEFIT PLAN	
b	Name of plan sponsor TRI-MED FAMILY CARE	c EIN-PN 58-2573259-501
a	Plan name TRINITY BUILT HOMES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor TRINITY BUILT HOMES, INC	c EIN-PN 03-0504173-501
a	Plan name TRINITY CUSTOM HOMES, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor TRINITY CUSTOM HOMES, LLC.	c EIN-PN 36-4561666-501
a	Plan name TRINITY DEVELOPMENT GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor TRINITY DEVELOPMENT GROUP	c EIN-PN 58-2322504-501
a	Plan name TRIPLE M SITEWORK LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TRIPLE M SITEWORK LLC	c EIN-PN 45-2428018-501
a	Plan name TRIPLE POINT ENGINEERING INC GCF BENEFIT PLAN	
b	Name of plan sponsor TRIPLE POINT ENGINEERING INC	c EIN-PN 46-5765773-501
a	Plan name TRIUMPH INTERMODAL CO INC GCF BENEFIT PLAN	
b	Name of plan sponsor TRIUMPH INTERMODAL CO INC	c EIN-PN 85-1224808-501
a	Plan name TRIVESTA LINENS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor TRIVESTA LINENS, LLC	c EIN-PN 80-0403004-501
a	Plan name TROY H. SCHULMAN D.D.S GCF BENEFIT PLAN	
b	Name of plan sponsor TROY H. SCHULMAN D.D.S	c EIN-PN 58-2278818-501
a	Plan name TRUCKMOUNTS AND CLEANING SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor TRUCKMOUNTS AND CLEANING SOLUTIONS	c EIN-PN 58-2534441-501
a	Plan name TRUMMIE PATRICK III GCF BENEFIT PLAN	
b	Name of plan sponsor TRUMMIE PATRICK III	c EIN-PN 20-5101773-501

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.)			
a	Plan name	TRUST HEATING AND AIR GCF BENEFIT PLAN	
b	Name of plan sponsor	TRUST HEATING AND AIR	c EIN-PN 81-3129018-501
a	Plan name	TRUTH FINANCIAL CONSULTING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	TRUTH FINANCIAL CONSULTING, INC.	c EIN-PN 27-2212017-501
a	Plan name	TRX SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TRX SERVICES LLC	c EIN-PN 27-1887535-501
a	Plan name	TRYSTAR ENTERPRISES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TRYSTAR ENTERPRISES, LLC	c EIN-PN 46-4950124-501
a	Plan name	TS MANAGEMENT COMPANY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TS MANAGEMENT COMPANY, LLC	c EIN-PN 35-2635238-501
a	Plan name	TT & E ENTERPRISES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TT & E ENTERPRISES, INC	c EIN-PN 20-8079093-501
a	Plan name	TT 1 HOLDINGS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TT 1 HOLDINGS, LLC	c EIN-PN 45-4036436-501
a	Plan name	TUCKER BREWING COMPANY GCF BENEFIT PLAN	
b	Name of plan sponsor	TUCKER BREWING COMPANY	c EIN-PN 82-1173648-501
a	Plan name	TUCKERS TRINKETS TREASURES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TUCKERS TRINKETS TREASURES LLC	c EIN-PN 82-3212723-501
a	Plan name	TUFF ENTERPRISES GCF BENEFIT PLAN	
b	Name of plan sponsor	TUFF ENTERPRISES	c EIN-PN 35-2539582-501
a	Plan name	TURNER & ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	TURNER & ASSOCIATES	c EIN-PN 58-2152473-501
a	Plan name	TURNER AUTOMOTIVE INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TURNER AUTOMOTIVE INC	c EIN-PN 26-0601565-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TURNER DILLON GRECO, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	TURNER DILLON GRECO, INC.	c EIN-PN 20-8847713-501
a	Plan name	TURNER TRANSPORTATION SPECIALIST GCF BENEFIT PLAN	
b	Name of plan sponsor	TURNER TRANSPORTATION SPECIALIST	c EIN-PN 58-2321469-501
a	Plan name	TVP INVESTMENTS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TVP INVESTMENTS LLC	c EIN-PN 26-4144402-501
a	Plan name	TWO FEET UP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	TWO FEET UP INC	c EIN-PN 38-3480908-501
a	Plan name	TWO STREAMS CONSTRUCTION LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TWO STREAMS CONSTRUCTION LLC	c EIN-PN 87-2396526-501
a	Plan name	TWSPC, LTD. GCF BENEFIT PLAN	
b	Name of plan sponsor	TWSPC, LTD.	c EIN-PN 82-3024978-501
a	Plan name	TY TY PLANT NURSERY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TY TY PLANT NURSERY LLC	c EIN-PN 81-3153418-501
a	Plan name	TYBEE MARKET ENTERPRISE LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TYBEE MARKET ENTERPRISE LLC	c EIN-PN 92-2463139-501
a	Plan name	TYCOR FARMS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TYCOR FARMS LLC	c EIN-PN 27-1482141-502
a	Plan name	TYLER MOORE LAW, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	TYLER MOORE LAW, LLC	c EIN-PN 82-1633335-501
a	Plan name	TYRONE LAW FIRM GCF BENEFIT PLAN	
b	Name of plan sponsor	TYRONE LAW FIRM	c EIN-PN 01-0789883-501
a	Plan name	TYSON UTILITIES CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor	TYSON UTILITIES CONSTRUCTION	c EIN-PN 58-1612161-501

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.)	
a	Plan name TYTEK INC GCF BENEFIT PLAN	
b	Name of plan sponsor TYTEK INC	c EIN-PN 58-2656442-501
a	Plan name UC POOLS GROUP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor UC POOLS GROUP LLC	c EIN-PN 47-4966609-501
a	Plan name ULTIMATE DISTRIBUTORS INC GCF BENEFIT PLAN	
b	Name of plan sponsor ULTIMATE DISTRIBUTORS INC	c EIN-PN 71-3145144-501
a	Plan name UNBOUNDARY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor UNBOUNDARY, INC	c EIN-PN 58-1909990-501
a	Plan name UNCOMMON STUDIOS GCF BENEFIT PLAN	
b	Name of plan sponsor UNCOMMON STUDIOS	c EIN-PN 85-4201422-501
a	Plan name UNDER ONE ROOF TRADESHOW SERVICES INC GCF BENEFIT PLAN	
b	Name of plan sponsor UNDER ONE ROOF TRADESHOW SERVICES INC	c EIN-PN 04-3690238-501
a	Plan name UNDERGROUND INFRASTRUCTURE CONTRACTORS GCF BENEFIT PLAN	
b	Name of plan sponsor UNDERGROUND INFRASTRUCTURE CONTRACTORS	c EIN-PN 84-4043227-501
a	Plan name UNDERGROUND SYSTEMS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor UNDERGROUND SYSTEMS LLC	c EIN-PN 47-4871978-501
a	Plan name UNIBLOC HYGIENIC TECHNOLOGIES US LLC GCF BENEFIT PLAN	
b	Name of plan sponsor UNIBLOC HYGIENIC TECHNOLOGIES US LLC	c EIN-PN 84-4711545-501
a	Plan name UNIONMAIN HOMES ATLANTA LLC GCF BENEFIT PLAN	
b	Name of plan sponsor UNIONMAIN HOMES ATLANTA LLC	c EIN-PN 88-2490520-501
a	Plan name UNIQUE AMUSEMENT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor UNIQUE AMUSEMENT LLC	c EIN-PN 84-4722173-501
a	Plan name UNIQUE BUILDING MAINTENANCE INC GCF BENEFIT PLAN	
b	Name of plan sponsor UNIQUE BUILDING MAINTENANCE INC	c EIN-PN 26-1202947-502

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.)	
a	Plan name UNITED RENEWABLE ENERGY GCF BENEFIT PLAN	
b	Name of plan sponsor UNITED RENEWABLE ENERGY	c EIN-PN 26-1797836-501
a	Plan name UNITED SAFETY APPARATUS GCF BENEFIT PLAN	
b	Name of plan sponsor UNITED SAFETY APPARATUS	c EIN-PN 58-1487600-501
a	Plan name UNITED SALES AGENCY GCF BENEFIT PLAN	
b	Name of plan sponsor UNITED SALES AGENCY	c EIN-PN 58-2028420-501
a	Plan name UNITED STEEL STORAGE GCF BENEFIT PLAN	
b	Name of plan sponsor UNITED STEEL STORAGE	c EIN-PN 58-1480887-502
a	Plan name UNITED TOWER COMPANY, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor UNITED TOWER COMPANY, LLC	c EIN-PN 58-2450525-501
a	Plan name UNITED WAY OF NORTHEAST GEORGIA GCF BENEFIT PLAN	
b	Name of plan sponsor UNITED WAY OF NORTHEAST GEORGIA	c EIN-PN 58-6008133-501
a	Plan name UNITED WAY OF SOUTHWEST GEORGIA GCF BENEFIT PLAN	
b	Name of plan sponsor UNITED WAY OF SOUTHWEST GEORGIA	c EIN-PN 58-0655156-501
a	Plan name UNITED WAY OF THE COASTAL EMPIRE GCF BENEFIT PLAN	
b	Name of plan sponsor UNITED WAY OF THE COASTAL EMPIRE	c EIN-PN 58-0623603-501
a	Plan name UNIVERSAL STEEL SUPPLY INC GCF BENEFIT PLAN	
b	Name of plan sponsor UNIVERSAL STEEL SUPPLY INC	c EIN-PN 58-1996625-501
a	Plan name UNIVERSITY SURGICAL VASCULAR GCF BENEFIT PLAN	
b	Name of plan sponsor UNIVERSITY SURGICAL VASCULAR	c EIN-PN 58-1405166-501
a	Plan name UPROAR PARTNERS GCF BENEFIT PLAN	
b	Name of plan sponsor UPROAR PARTNERS	c EIN-PN 81-5473530-501
a	Plan name UPSIDE MFG, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor UPSIDE MFG, LLC	c EIN-PN 84-1761908-501

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.)			
a	Plan name	UPSTAIRS CONSULTING INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	UPSTAIRS CONSULTING INC.	c EIN-PN 26-0776633-501
a	Plan name	URGENT CARE OF OCONEE, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	URGENT CARE OF OCONEE, LLC	c EIN-PN 81-1941147-501
a	Plan name	UROLOGY CENTER OF COLUMBUS GCF BENEFIT PLAN	
b	Name of plan sponsor	UROLOGY CENTER OF COLUMBUS	c EIN-PN 65-1172777-501
a	Plan name	US JETTING GCF BENEFIT PLAN	
b	Name of plan sponsor	US JETTING	c EIN-PN 58-2598318-501
a	Plan name	US MILLWRIGHTS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	US MILLWRIGHTS INC.	c EIN-PN 58-1090358-501
a	Plan name	US WASTE AND RECYCLING INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	US WASTE AND RECYCLING INC.	c EIN-PN 26-2793029-501
a	Plan name	USA EQUIPMENT DIRECT GCF BENEFIT PLAN	
b	Name of plan sponsor	USA EQUIPMENT DIRECT	c EIN-PN 26-0709220-501
a	Plan name	USCN PARTNERS,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	USCN PARTNERS,LLC	c EIN-PN 36-5089328-501
a	Plan name	USHER'S NEW LOOK, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	USHERS NEW LOOK, INC.	c EIN-PN 58-2480934-501
a	Plan name	UTILCO RAILROAD SERVICES INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	UTILCO RAILROAD SERVICES INC.	c EIN-PN 20-1076839-501
a	Plan name	UTILI-TECH SERVICES CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	UTILI-TECH SERVICES CORPORATION	c EIN-PN 87-3098944-501
a	Plan name	UTILITY ASSET MANAGEMENT, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	UTILITY ASSET MANAGEMENT, INC	c EIN-PN 20-3902427-501

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.)			
a	Plan name	UXC, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	UXC, LLC	c EIN-PN 06-1391495-501
a	Plan name	V & V LAND LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	V & V LAND LLC	c EIN-PN 20-0920728-501
a	Plan name	VA INK INC GCF BENEFIT PLAN	
b	Name of plan sponsor	VA INK INC	c EIN-PN 45-4915318-501
a	Plan name	VAINER AND VAINER NEPHROLOGY GCF BENEFIT PLAN	
b	Name of plan sponsor	VAINER AND VAINER NEPHROLOGY	c EIN-PN 58-2531369-501
a	Plan name	VALET VAULT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	VALET VAULT, LLC	c EIN-PN 84-4371869-501
a	Plan name	VALLUS CORP GCF BENEFIT PLAN	
b	Name of plan sponsor	VALLUS CORP	c EIN-PN 20-3768726-501
a	Plan name	VAN WINKLE AND ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	VAN WINKLE AND ASSOCIATES	c EIN-PN 58-1556097-502
a	Plan name	VANGUARD ASSOCIATES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	VANGUARD ASSOCIATES, INC.	c EIN-PN 58-1454934-501
a	Plan name	VANGUARD COMMERCIAL FLOORING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	VANGUARD COMMERCIAL FLOORING, LLC	c EIN-PN 81-3364509-501
a	Plan name	VANGUARD DURST DIGITAL PRINTING SYSTEMS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	VANGUARD DURST DIGITAL PRINTING SYSTEMS, LLC	c EIN-PN 85-3061395-501
a	Plan name	VANN WHIPPLE MILLIGAN, P.C. GCF BENEFIT PLAN	
b	Name of plan sponsor	VANN WHIPPLE MILLIGAN, P.C.	c EIN-PN 47-1195581-501
a	Plan name	VARNER AND PEACOCK LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	VARNER AND PEACOCK LLC	c EIN-PN 81-4423641-501

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.)	
a	Plan name VAUGHN BATTERY & ELECTRIC, INC GCF BENEFIT PLAN	
b	Name of plan sponsor VAUGHN BATTERY & ELECTRIC, INC	c EIN-PN 58-1415396-501
a	Plan name VDI SERVICES, LLC. GCF BENEFIT PLAN	
b	Name of plan sponsor VDI SERVICES, LLC.	c EIN-PN 58-2071093-501
a	Plan name VEIT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor VEIT, INC.	c EIN-PN 58-1443490-501
a	Plan name VENTURE 21, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor VENTURE 21, INC.	c EIN-PN 47-4722515-501
a	Plan name VENTURE HOMES INC GCF BENEFIT PLAN	
b	Name of plan sponsor VENTURE HOMES INC	c EIN-PN 58-1648543-501
a	Plan name VERDATA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor VERDATA, LLC	c EIN-PN 87-2924186-501
a	Plan name VERITAS HOMES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor VERITAS HOMES, INC	c EIN-PN 20-1541136-501
a	Plan name VERSATILE EQUIPMENT GCF BENEFIT PLAN	
b	Name of plan sponsor VERSATILE EQUIPMENT	c EIN-PN 05-8232823-501
a	Plan name VERTICAL SKYLINE GCF BENEFIT PLAN	
b	Name of plan sponsor VERTICAL SKYLINE	c EIN-PN 46-1641112-501
a	Plan name VETERANS EMPOWERMENT ORGANIZATION GCF BENEFIT PLAN	
b	Name of plan sponsor VETERANS EMPOWERMENT ORGANIZATION	c EIN-PN 80-0219022-501
a	Plan name VGMGT LLC GCF BENEFIT PLAN	
b	Name of plan sponsor VGMGT LLC	c EIN-PN 83-4619360-501
a	Plan name VIC WILLIAMS TIRE & AUTO GCF BENEFIT PLAN	
b	Name of plan sponsor VIC WILLIAMS TIRE & AUTO	c EIN-PN 26-0077663-501

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.)			
a	Plan name	VICTORY PLUMBING, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	VICTORY PLUMBING, LLC	c EIN-PN 86-2218316-501
a	Plan name	VICTORY THERAPY AND WELLNESS GCF BENEFIT PLAN	
b	Name of plan sponsor	VICTORY THERAPY AND WELLNESS	c EIN-PN 46-5327159-501
a	Plan name	VICTORY VISION GCF BENEFIT PLAN	
b	Name of plan sponsor	VICTORY VISION	c EIN-PN 27-0340352-501
a	Plan name	VIGURU,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	VIGURU,LLC	c EIN-PN 47-2966154-501
a	Plan name	VIKING RIGGING & CRANE ERECTING, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	VIKING RIGGING & CRANE ERECTING, INC	c EIN-PN 20-5651969-501
a	Plan name	VILLAGE PAWN SHOP GCF BENEFIT PLAN	
b	Name of plan sponsor	VILLAGE PAWN SHOP	c EIN-PN 62-1682997-501
a	Plan name	VILLEGAS ENTERPRISES GCF BENEFIT PLAN	
b	Name of plan sponsor	VILLEGAS ENTERPRISES	c EIN-PN 56-2417979-501
a	Plan name	VINE CREEK RESIDENTIAL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	VINE CREEK RESIDENTIAL LLC	c EIN-PN 26-3818234-501
a	Plan name	VINTAGE CONSTRUCTORS & BUILDERS, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	VINTAGE CONSTRUCTORS & BUILDERS, INC.	c EIN-PN 42-1642329-501
a	Plan name	VIRGIL BROWN & ASSOCIATES, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	VIRGIL BROWN & ASSOCIATES, LLC	c EIN-PN 47-2595010-501
a	Plan name	VISCO TEC AMERICA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	VISCO TEC AMERICA, INC.	c EIN-PN 27-0481101-501
a	Plan name	VISION DEVELOPMENT & CONSTRUCTION GCF BENEFIT PLAN	
b	Name of plan sponsor	VISION DEVELOPMENT & CONSTRUCTION	c EIN-PN 47-4403676-501

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.)	
a	Plan name VISION METALS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor VISION METALS LLC	c EIN-PN 27-1756793-501
a	Plan name VISIONNAV ROBOTICS USA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor VISIONNAV ROBOTICS USA, INC.	c EIN-PN 88-2400718-501
a	Plan name VISTA CRAFT, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor VISTA CRAFT, INC.	c EIN-PN 58-1375650-501
a	Plan name VITA FINANCIAL GCF BENEFIT PLAN	
b	Name of plan sponsor VITA FINANCIAL	c EIN-PN 82-3990703-501
a	Plan name VIVIDX GCF BENEFIT PLAN	
b	Name of plan sponsor VIVIDX	c EIN-PN 16-1645560-501
a	Plan name VIVLIO HEALTH INC. GCF BENEFIT PLAN	
b	Name of plan sponsor VIVLIO HEALTH INC.	c EIN-PN 85-2832671-501
a	Plan name VOICES FOR GEORGIA CHILDREN, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor VOICES FOR GEORGIA CHILDREN, INC.	c EIN-PN 02-0678823-501
a	Plan name VOLUPARTS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor VOLUPARTS INC.	c EIN-PN 58-1393371-501
a	Plan name VOREAS LABORATORIES INC GCF BENEFIT PLAN	
b	Name of plan sponsor VOREAS LABORATORIES INC	c EIN-PN 32-0595497-501
a	Plan name VULCAN IR SYSTEMS GCF BENEFIT PLAN	
b	Name of plan sponsor VULCAN IR SYSTEMS	c EIN-PN 88-3716741-501
a	Plan name W BOWEN MANAGEMENT CO INC GCF BENEFIT PLAN	
b	Name of plan sponsor W BOWEN MANAGEMENT CO INC	c EIN-PN 82-3562182-501
a	Plan name W E CONTRACTING CO GCF BENEFIT PLAN	
b	Name of plan sponsor W E CONTRACTING CO	c EIN-PN 58-1765812-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	W. BRIAN THREKELD & ASSOC GCF BENEFIT PLAN	
b	Name of plan sponsor	W. BRIAN THREKELD & ASSOC	c EIN-PN 58-2195202-501
a	Plan name	W. DOUGLAS GLADNEY LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	W. DOUGLAS GLADNEY LLC	c EIN-PN 20-8638607-502
a	Plan name	W.E. BEASLEY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	W.E. BEASLEY, INC.	c EIN-PN 81-2922840-501
a	Plan name	W.F. JACKSON GCF BENEFIT PLAN	
b	Name of plan sponsor	W.F. JACKSON	c EIN-PN 58-0961047-502
a	Plan name	W.F. READDICK, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	W.F. READDICK, LLC	c EIN-PN 46-0894087-501
a	Plan name	WADKINS AND WALLACE PC GCF BENEFIT PLAN	
b	Name of plan sponsor	WADKINS AND WALLACE PC	c EIN-PN 83-2584423-501
a	Plan name	WAHA TECHNOLOGIES, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	WAHA TECHNOLOGIES, INC.	c EIN-PN 84-2439552-501
a	Plan name	WALDEN & KIRKLAND INC REALTORS GCF BENEFIT PLAN	
b	Name of plan sponsor	WALDEN & KIRKLAND INC REALTORS	c EIN-PN 58-0828553-501
a	Plan name	WALDEN EXAM SOLUTIONS GCF BENEFIT PLAN	
b	Name of plan sponsor	WALDEN EXAM SOLUTIONS	c EIN-PN 83-2188818-501
a	Plan name	WALDRON ENTERPRISES INC GCF BENEFIT PLAN	
b	Name of plan sponsor	WALDRON ENTERPRISES INC	c EIN-PN 58-2327367-501
a	Plan name	WALKER BROTHERS OF AUGUSTA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WALKER BROTHERS OF AUGUSTA, LLC	c EIN-PN 20-8063949-501
a	Plan name	WALKER INSURANCE AGENCY, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	WALKER INSURANCE AGENCY, INC.	c EIN-PN 58-2238771-501

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.)	
a	Plan name WALTKOCH LTD GCF BENEFIT PLAN	
b	Name of plan sponsor WALTKOCH LTD	c EIN-PN 13-5557540-501
a	Plan name WALTON ANESTHESIA ASSOCIATES PC GCF BENEFIT PLAN	
b	Name of plan sponsor WALTON ANESTHESIA ASSOCIATES PC	c EIN-PN 20-8732122-501
a	Plan name WALTRICH PLASTIC CORPORATION OF GA GCF BENEFIT PLAN	
b	Name of plan sponsor WALTRICH PLASTIC CORPORATION OF GA	c EIN-PN 58-1966017-501
a	Plan name WARD ARCHITECTURE PC GCF BENEFIT PLAN	
b	Name of plan sponsor WARD ARCHITECTURE PC	c EIN-PN 27-3952443-501
a	Plan name WARD HUMPHREY GENERAL CONTRACT GCF BENEFIT PLAN	
b	Name of plan sponsor WARD HUMPHREY GENERAL CONTRACT	c EIN-PN 83-4119261-501
a	Plan name WARNER BATES GCF BENEFIT PLAN	
b	Name of plan sponsor WARNER BATES	c EIN-PN 58-1574829-501
a	Plan name WARNER ROBINS AREA CHAMBER OF COMMERCE, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor WARNER ROBINS AREA CHAMBER OF COMMERCE, INC.	c EIN-PN 58-0676713-501
a	Plan name WARNER ROBINS ENT ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor WARNER ROBINS ENT ASSOCIATES	c EIN-PN 58-2070836-501
a	Plan name WARNER SUMMERS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor WARNER SUMMERS INC.	c EIN-PN 58-2046860-501
a	Plan name WASSAW ISLAND, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor WASSAW ISLAND, LLC	c EIN-PN 84-1650839-501
a	Plan name WASSERMAN WEST,LLC GCF BENEFIT PLAN	
b	Name of plan sponsor WASSERMAN WEST,LLC	c EIN-PN 27-4718609-501
a	Plan name WATER WIND AND SOIL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor WATER WIND AND SOIL LLC	c EIN-PN 81-1344433-501

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.)			
a	Plan name	WATERCO USA, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	WATERCO USA, INC.	c EIN-PN 33-0360263-501
a	Plan name	WATERFORD GREEN GCF BENEFIT PLAN	
b	Name of plan sponsor	WATERFORD GREEN	c EIN-PN 90-0786991-501
a	Plan name	WATLEY HEATING AND AIR CONDITIONING INC GCF BENEFIT PLAN	
b	Name of plan sponsor	WATLEY HEATING AND AIR CONDITIONING INC	c EIN-PN 63-0918639-501
a	Plan name	WAVELENGTH LIGHTING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WAVELENGTH LIGHTING LLC	c EIN-PN 61-1753303-501
a	Plan name	WAX CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor	WAX CORPORATION	c EIN-PN 20-4869438-501
a	Plan name	WAYCROSS UROLOGY CLINIC PC GCF BENEFIT PLAN	
b	Name of plan sponsor	WAYCROSS UROLOGY CLINIC PC	c EIN-PN 58-1107842-501
a	Plan name	WAYNE CHANDLER PLUMBING GCF BENEFIT PLAN	
b	Name of plan sponsor	WAYNE CHANDLER PLUMBING	c EIN-PN 47-1630428-501
a	Plan name	WAYNESBORO MOTOR CENTRE GCF BENEFIT PLAN	
b	Name of plan sponsor	WAYNESBORO MOTOR CENTRE	c EIN-PN 82-0833289-501
a	Plan name	WBH CONSULTING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WBH CONSULTING LLC	c EIN-PN 47-2526868-501
a	Plan name	WEAVER AND WOODBERY GCF BENEFIT PLAN	
b	Name of plan sponsor	WEAVER AND WOODBERY	c EIN-PN 58-2501014-501
a	Plan name	WEB ELECTRICAL CONTRACTING SERVICES, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	WEB ELECTRICAL CONTRACTING SERVICES, INC	c EIN-PN 01-0665795-501
a	Plan name	WEEKS FARM MACHINERY AUCTION, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	WEEKS FARM MACHINERY AUCTION, INC.	c EIN-PN 58-1286496-501

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.)			
a	Plan name	WEINBERG SERVICING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WEINBERG SERVICING LLC	c EIN-PN 27-4345791-501
a	Plan name	WELL BORN MANAGEMENT GCF BENEFIT PLAN	
b	Name of plan sponsor	WELL BORN MANAGEMENT	c EIN-PN 58-2542176-501
a	Plan name	WELLS HARDWARE & SUPPLY GCF BENEFIT PLAN	
b	Name of plan sponsor	WELLS HARDWARE & SUPPLY	c EIN-PN 58-2488912-501
a	Plan name	WELLS REAL ESTATE FUNDS INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	WELLS REAL ESTATE FUNDS INC.	c EIN-PN 58-2293329-501
a	Plan name	WELLSTON ASSOCIATES LAND SURVEYORS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WELLSTON ASSOCIATES LAND SURVEYORS LLC	c EIN-PN 20-8081337-501
a	Plan name	WEST COBB FUNERAL HOME GCF BENEFIT PLAN	
b	Name of plan sponsor	WEST COBB FUNERAL HOME	c EIN-PN 58-2110220-501
a	Plan name	WEST FLEET SERVICES GCF BENEFIT PLAN	
b	Name of plan sponsor	WEST FLEET SERVICES	c EIN-PN 81-3381110-501
a	Plan name	WESTBERRY HEATING & AIR CONDITIONING LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WESTBERRY HEATING & AIR CONDITIONING LLC	c EIN-PN 03-0502008-501
a	Plan name	WESTMORELAND DENTAL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WESTMORELAND DENTAL LLC	c EIN-PN 93-2280510-501
a	Plan name	WESTSIDE FUTURE FUND, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	WESTSIDE FUTURE FUND, INC.	c EIN-PN 47-3015082-501
a	Plan name	WHELAN CHIROPRACTIC INC GCF BENEFIT PLAN	
b	Name of plan sponsor	WHELAN CHIROPRACTIC INC	c EIN-PN 58-2528018-501
a	Plan name	WHIRLEY AND ASSOCIATES GCF BENEFIT PLAN	
b	Name of plan sponsor	WHIRLEY AND ASSOCIATES	c EIN-PN 26-2221816-501

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.)	
a	Plan name <u>WHITE DEER GROUP GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHITE DEER GROUP</u>	c EIN-PN <u>83-0540851-501</u>
a	Plan name <u>WHITE OAK WEALTH GROUP LLC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHITE OAK WEALTH GROUP LLC</u>	c EIN-PN <u>86-2752071-501</u>
a	Plan name <u>WHITE ROCK INC. GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHITE ROCK INC.</u>	c EIN-PN <u>58-2160860-501</u>
a	Plan name <u>WHITEHEAD & ASSOCIATES INC. GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHITEHEAD & ASSOCIATES INC.</u>	c EIN-PN <u>58-1096001-501</u>
a	Plan name <u>WHITEHEAD DIE CASTING INC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHITEHEAD DIE CASTING INC</u>	c EIN-PN <u>93-3388373-501</u>
a	Plan name <u>WHITEHOUSE ADVERTISING & DESIGN INC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHITEHOUSE ADVERTISING & DESIGN INC</u>	c EIN-PN <u>58-2582647-501</u>
a	Plan name <u>WHITERECON LOGISTICS, LLC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHITERECON LOGISTICS, LLC</u>	c EIN-PN <u>85-0974837-501</u>
a	Plan name <u>WHITFIELD CONTRACTORS, LLC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHITFIELD CONTRACTORS, LLC</u>	c EIN-PN <u>45-5501380-501</u>
a	Plan name <u>WHITMIRE ANIMAL HOSPITAL, LLC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHITMIRE ANIMAL HOSPITAL, LLC</u>	c EIN-PN <u>82-2077764-501</u>
a	Plan name <u>WHITTINGTON JONES & RUDERT GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHITTINGTON JONES & RUDERT</u>	c EIN-PN <u>48-1381910-501</u>
a	Plan name <u>WHOLE BRAIN ENTERPRISES, INC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHOLE BRAIN ENTERPRISES, INC</u>	c EIN-PN <u>27-4679859-501</u>
a	Plan name <u>WHOLE WORLD THEATRE COMPANY GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WHOLE WORLD THEATRE COMPANY</u>	c EIN-PN <u>58-2119605-501</u>

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.)	
a Plan name	WIDEMAN AGENCY, LLC GCF BENEFIT PLAN	
b Name of plan sponsor	WIDEMAN AGENCY, LLC	c EIN-PN 46-2703315-501
a Plan name	WIDESPREAD GRADING GCF BENEFIT PLAN	
b Name of plan sponsor	WIDESPREAD GRADING	c EIN-PN 26-3259778-501
a Plan name	WIEDEMAN AND SINGLETON INC GCF BENEFIT PLAN	
b Name of plan sponsor	WIEDEMAN AND SINGLETON INC	c EIN-PN 58-1328226-501
a Plan name	WIKID SYSTEMS, INC. GCF BENEFIT PLAN	
b Name of plan sponsor	WIKID SYSTEMS, INC.	c EIN-PN 58-2653666-501
a Plan name	WIKIFRI LLC GCF BENEFIT PLAN	
b Name of plan sponsor	WIKIFRI LLC	c EIN-PN 85-0585713-501
a Plan name	WILCO AUTOMOTIVE INC. GCF BENEFIT PLAN	
b Name of plan sponsor	WILCO AUTOMOTIVE INC.	c EIN-PN 20-4610259-501
a Plan name	WILCO MACHINE WORKS INC GCF BENEFIT PLAN	
b Name of plan sponsor	WILCO MACHINE WORKS INC	c EIN-PN 20-0549447-501
a Plan name	WILDER & WILDER,LLC GCF BENEFIT PLAN	
b Name of plan sponsor	WILDER & WILDER,LLC	c EIN-PN 83-2963954-501
a Plan name	WILHOIT GAS GCF BENEFIT PLAN	
b Name of plan sponsor	WILHOIT GAS	c EIN-PN 58-0537529-501
a Plan name	WILHOIT PROPANE GCF BENEFIT PLAN	
b Name of plan sponsor	WILHOIT PROPANE	c EIN-PN 27-3069587-501
a Plan name	WILKERSON ENTERPRISES GCF BENEFIT PLAN	
b Name of plan sponsor	WILKERSON ENTERPRISES	c EIN-PN 58-2087377-501
a Plan name	WILLIAM & REED ACADEMY LLC GCF BENEFIT PLAN	
b Name of plan sponsor	WILLIAM & REED ACADEMY LLC	c EIN-PN 46-3699279-501

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.)		
a	Plan name <u>WILLIAM C MEREDITH CO GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WILLIAM C MEREDITH CO</u>	c EIN-PN <u>58-0349370-501</u>
a	Plan name <u>WILLIAM J REDMOND & SON INC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WILLIAM J REDMOND & SON INC</u>	c EIN-PN <u>58-1218202-501</u>
a	Plan name <u>WILLIAM S. STONE, P.C. GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WILLIAM S. STONE, P.C.</u>	c EIN-PN <u>58-1550634-501</u>
a	Plan name <u>WILLIAMS & PARKER, LLC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WILLIAMS & PARKER, LLC</u>	c EIN-PN <u>58-1349765-501</u>
a	Plan name <u>WILLIAMS WHITE COLUMNS FUNERAL HOME GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WILLIAMS WHITE COLUMNS FUNERAL HOME</u>	c EIN-PN <u>58-2395246-501</u>
a	Plan name <u>WILLIAMSON DIVERSIFIED HOLD GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WILLIAMSON DIVERSIFIED HOLD</u>	c EIN-PN <u>58-2252406-501</u>
a	Plan name <u>WILLIAMSON LANDSCAPE ARCHITECTURE LLC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WILLIAMSON LANDSCAPE ARCHITECTURE LLC</u>	c EIN-PN <u>47-1442953-501</u>
a	Plan name <u>WILLIS INVESTMENT COUNSEL INC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WILLIS INVESTMENT COUNSEL INC</u>	c EIN-PN <u>58-1396624-501</u>
a	Plan name <u>WILSON BOILER SERVICE INC. GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WILSON BOILER SERVICE INC.</u>	c EIN-PN <u>04-3599432-501</u>
a	Plan name <u>WILSON ELECTRIC COMPANY INC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WILSON ELECTRIC COMPANY INC</u>	c EIN-PN <u>58-0534490-501</u>
a	Plan name <u>WILSON'S BAKERY, INC. GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WILSONS BAKERY, INC.</u>	c EIN-PN <u>58-2342898-501</u>
a	Plan name <u>WINCHESTER FAMILY DENTISTRY PC GCF BENEFIT PLAN</u>	
b	Name of plan sponsor <u>WINCHESTER FAMILY DENTISTRY PC</u>	c EIN-PN <u>26-3611118-501</u>

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.)			
a	Plan name	WINDER EYE CARE CENTER GCF BENEFIT PLAN	
b	Name of plan sponsor	WINDER EYE CARE CENTER	c EIN-PN 58-1543381-501
a	Plan name	WINDING CREEK KENNELS GCF BENEFIT PLAN	
b	Name of plan sponsor	WINDING CREEK KENNELS	c EIN-PN 58-2075302-501
a	Plan name	WING HOUSE GRILL INC GCF BENEFIT PLAN	
b	Name of plan sponsor	WING HOUSE GRILL INC	c EIN-PN 81-1651875-501
a	Plan name	WINNERSVILLE ELITE CHEER AND DANCE GCF BENEFIT PLAN	
b	Name of plan sponsor	WINNERSVILLE ELITE CHEER AND DANCE	c EIN-PN 80-0242893-502
a	Plan name	WINTER PROPERTIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WINTER PROPERTIES LLC	c EIN-PN 11-3659777-501
a	Plan name	WINTERVILLE ANIMAL CLINIC GCF BENEFIT PLAN	
b	Name of plan sponsor	WINTERVILLE ANIMAL CLINIC	c EIN-PN 58-2337793-501
a	Plan name	WINTERVILLE DENTAL, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WINTERVILLE DENTAL, LLC	c EIN-PN 82-5018246-501
a	Plan name	WIREGRASS JUNCTION INC. GCF BENEFIT PLAN	
b	Name of plan sponsor	WIREGRASS JUNCTION INC.	c EIN-PN 58-2233784-501
a	Plan name	WIREGRASS RESOURCE GROUP INC GCF BENEFIT PLAN	
b	Name of plan sponsor	WIREGRASS RESOURCE GROUP INC	c EIN-PN 82-1723025-501
a	Plan name	WIRELESS IRRIGATION TECHNOLOGIES GCF BENEFIT PLAN	
b	Name of plan sponsor	WIRELESS IRRIGATION TECHNOLOGIES	c EIN-PN 46-4326981-501
a	Plan name	WITHERS TOOL, DIE & MFG COMPANY, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	WITHERS TOOL, DIE & MFG COMPANY, INC	c EIN-PN 58-0601836-501
a	Plan name	WM2A ARCHITECTS GCF BENEFIT PLAN	
b	Name of plan sponsor	WM2A ARCHITECTS	c EIN-PN 20-2073437-501

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.)			
a	Plan name	WMS UNDERGROUND LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WMS UNDERGROUND LLC	c EIN-PN 46-1864753-501
a	Plan name	WOLF DESIGN GROUP GCF BENEFIT PLAN	
b	Name of plan sponsor	WOLF DESIGN GROUP	c EIN-PN 58-2428731-501
a	Plan name	WOLF LIKE PARTNERS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WOLF LIKE PARTNERS LLC	c EIN-PN 85-0664369-501
a	Plan name	WOMACK LEWIS & SMITH INC GCF BENEFIT PLAN	
b	Name of plan sponsor	WOMACK LEWIS & SMITH INC	c EIN-PN 58-2022722-501
a	Plan name	WOOD CARE USA, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WOOD CARE USA, LLC	c EIN-PN 99-0362835-501
a	Plan name	WOOD PRODUCTS INTERNATIONAL, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	WOOD PRODUCTS INTERNATIONAL, INC	c EIN-PN 58-1682849-501
a	Plan name	WOODLANDS ENTERPRISES GCF BENEFIT PLAN	
b	Name of plan sponsor	WOODLANDS ENTERPRISES	c EIN-PN 20-4336458-501
a	Plan name	WOODROW SAPP WATER MGMT, INC GCF BENEFIT PLAN	
b	Name of plan sponsor	WOODROW SAPP WATER MGMT, INC	c EIN-PN 58-2420734-501
a	Plan name	WORD OF FAITH CHRISTIAN CENTER CHURCH INC OF GEORG GCF BENEFIT PLAN	
b	Name of plan sponsor	WORD OF FAITH CHRISTIAN CENTER CHURCH INC OF GEORG	c EIN-PN 30-0253481-501
a	Plan name	WORKING TITLE STUDIOS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor	WORKING TITLE STUDIOS LLC	c EIN-PN 84-1999839-501
a	Plan name	WORLD FLOOR COVERING ASSOCIATION GCF BENEFIT PLAN	
b	Name of plan sponsor	WORLD FLOOR COVERING ASSOCIATION	c EIN-PN 95-2321736-501
a	Plan name	WORSHAM BROTHERS PARTNERSHIP GCF BENEFIT PLAN	
b	Name of plan sponsor	WORSHAM BROTHERS PARTNERSHIP	c EIN-PN 46-0805838-501

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.)	
a	Plan name WRIGHT CAPTIAL HOLDINGS, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor WRIGHT CAPTIAL HOLDINGS, LLC	c EIN-PN 26-1935014-501
a	Plan name WRIGHT WAY WAREHOUSE GCF BENEFIT PLAN	
b	Name of plan sponsor WRIGHT WAY WAREHOUSE	c EIN-PN 46-5536005-501
a	Plan name WWF INCORPORATED GCF BENEFIT PLAN	
b	Name of plan sponsor WWF INCORPORATED	c EIN-PN 58-2108235-501
a	Plan name XEBA TECHNOLOGIES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor XEBA TECHNOLOGIES LLC	c EIN-PN 83-2020934-501
a	Plan name XORBIA TECHNOLOGIES GCF BENEFIT PLAN	
b	Name of plan sponsor XORBIA TECHNOLOGIES	c EIN-PN 20-0018248-501
a	Plan name X-STREAM PLUMBING, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor X-STREAM PLUMBING, INC.	c EIN-PN 65-1039939-501
a	Plan name YACHT BATTERY USA, INC GCF BENEFIT PLAN	
b	Name of plan sponsor YACHT BATTERY USA, INC	c EIN-PN 27-2947712-501
a	Plan name YANG HOLDINGS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor YANG HOLDINGS LLC	c EIN-PN 45-4722781-501
a	Plan name YCP LLC GCF BENEFIT PLAN	
b	Name of plan sponsor YCP LLC	c EIN-PN 45-5237677-501
a	Plan name YEAGER FITNESS TOGETHER, INC GCF BENEFIT PLAN	
b	Name of plan sponsor YEAGER FITNESS TOGETHER, INC	c EIN-PN 20-4333364-501
a	Plan name YEAH, THATS RIGHT, LLC GCF BENEFIT PLAN	
b	Name of plan sponsor YEAH, THATS RIGHT, LLC	c EIN-PN 46-3627432-501
a	Plan name YODERS TIRE SERVICES LLC GCF BENEFIT PLAN	
b	Name of plan sponsor YODERS TIRE SERVICES LLC	c EIN-PN 81-1090545-501

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.)	
a	Plan name YOLO FOODS LLC GCF BENEFIT PLAN	
b	Name of plan sponsor YOLO FOODS LLC	c EIN-PN 47-2714967-501
a	Plan name YORK GASKILL LLC GCF BENEFIT PLAN	
b	Name of plan sponsor YORK GASKILL LLC	c EIN-PN 81-3977077-501
a	Plan name YOUR HOME TEAM LLC GCF BENEFIT PLAN	
b	Name of plan sponsor YOUR HOME TEAM LLC	c EIN-PN 47-4481950-501
a	Plan name YOUR PIE FRANCHISING GCF BENEFIT PLAN	
b	Name of plan sponsor YOUR PIE FRANCHISING	c EIN-PN 27-2407722-501
a	Plan name YOUTHSPARK, INC. GCF BENEFIT PLAN	
b	Name of plan sponsor YOUTHSPARK, INC.	c EIN-PN 58-2556130-501
a	Plan name YUME 21 INC. GCF BENEFIT PLAN	
b	Name of plan sponsor YUME 21 INC.	c EIN-PN 26-3389215-501
a	Plan name Z GEN MOTORS GCF BENEFIT PLAN	
b	Name of plan sponsor Z GEN MOTORS	c EIN-PN 45-5454072-501
a	Plan name ZABAN PARADIES CENTER FOR HOMELESS COUPLES GCF BENEFIT PLAN	
b	Name of plan sponsor ZABAN PARADIES CENTER FOR HOMELESS COUPLES	c EIN-PN 27-0728201-502
a	Plan name ZACK HAMMONDS AC HEATING INC GCF BENEFIT PLAN	
b	Name of plan sponsor ZACK HAMMONDS AC HEATING INC	c EIN-PN 58-2418917-501
a	Plan name ZAPTECH CORPORATION GCF BENEFIT PLAN	
b	Name of plan sponsor ZAPTECH CORPORATION	c EIN-PN 20-0678499-501
a	Plan name ZB NORTH AMERICA GCF BENEFIT PLAN	
b	Name of plan sponsor ZB NORTH AMERICA	c EIN-PN 35-2534932-501
a	Plan name ZEST PREPARATORY ACADEMY GCF BENEFIT PLAN	
b	Name of plan sponsor ZEST PREPARATORY ACADEMY	c EIN-PN 84-4240385-501

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.)

a Plan name <u>ZIETA TECHNOLOGIES LLC GCF BENEFIT PLAN</u>		
b Name of plan sponsor <u>ZIETA TECHNOLOGIES LLC</u>	c EIN-PN <u>14-1854923-501</u>	

a Plan name <u>ZINNS LAW, LLC GCF BENEFIT PLAN</u>		
b Name of plan sponsor <u>ZINNS LAW, LLC</u>	c EIN-PN <u>84-4958032-501</u>	

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan GEORGIA CHAMBER FEDERATION HEALTH BENEFIT PLAN TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA CHAMBER FEDERATION HEALTH BENEFIT PLAN	D Employer Identification Number (EIN) 83-1289985

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	200000	5528753
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	335513	378860
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	39448443	33212444
(2) U.S. Government securities	1c(2)	20231266	20381622
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	22083

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	60215222	59523762
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	529782	486672
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	43638673	39771823
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	44168455	40258495
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16046767	19265267

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.

Income		(a) Amount	(b) Total
a Contributions:			
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1667463	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1667463
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	141191	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		141191

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1808654

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	16356107	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	63563	
(5) Investment advisory and investment management fees	2i(5)	754	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	8789	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	902412	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		17331625
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17331625

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-15522971
l Transfers of assets:			
(1) To this plan.....	2l(1)		340346530
(2) From this plan	2l(2)		321605059

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: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

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
a 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 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.)		X	
c 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.)		X	
d 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.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g 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?			
h 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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j 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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 _____.

**GEORGIA CHAMBER FEDERATION
BENEFIT PLAN TRUST**

FINANCIAL REPORT

MARCH 31, 2025 and 2024



GEORGIA CHAMBER FEDERATION BENEFIT PLAN TRUST

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Independent Auditors' Report

To the Board of Trustees of
Georgia Chamber Federation Benefit Plan Trust
Atlanta, Georgia

Opinion

We have audited the financial statements of the Georgia Chamber Federation Benefit Plan Trust (the "Trust"), which comprise the statements of net assets as of March 31, 2025 and 2024, and the related statement of changes in net assets for the year ended March 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets of the Trust as of March 31, 2025 and 2024, and the changes in its net assets for the year ended March 31, 2025 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Matter

The accompanying financial statements are those of the Trust. These financial statements do not purport to present the net assets available for benefits and benefit obligations or the changes in net assets available for benefits or changes in benefit obligations of the participating plans and do not contain certain information and other disclosures necessary for a fair presentation of the financial statements of the participating plans in accordance with accounting principles generally accepted in the United States of America. Further, these financial statements do not purport to satisfy the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") relating to the financial statements of employee benefit plans.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audits of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but it is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of operating expenses for the year ended March 31, 2025, and the supplemental schedule of assets (held at end of year) as of March 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) as of March 31, 2025 is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule of assets (held at end of year) as of March 31, 2025, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosures under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Meloney + Novotny LLC

Cleveland, Ohio
January 7, 2026

GEORGIA CHAMBER FEDERATION BENEFIT PLAN TRUST

STATEMENTS OF NET ASSETS

March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<u>ASSETS</u>		
Cash	\$ 5,528,753	\$ 200,000
Investments, at fair value:		
Interest-bearing cash	-	32,723,960
Money market fund	33,212,444	6,724,483
U.S. Government securities	<u>20,381,622</u>	<u>20,231,266</u>
Total investments	53,594,066	59,679,709
Investment income receivable	378,860	335,513
Prepaid expenses	<u>22,083</u>	<u>-</u>
Total assets	59,523,762	60,215,222
<u>LIABILITIES</u>		
Advanced premiums	84,279	32,221
Accounts payable	402,393	497,561
Net reinsurance payable	<u>39,771,823</u>	<u>43,638,673</u>
Total liabilities	<u>40,258,495</u>	<u>44,168,455</u>
NET ASSETS	<u>\$19,265,267</u>	<u>\$16,046,767</u>

The accompanying notes are an integral part of these financial statements.

GEORGIA CHAMBER FEDERATION BENEFIT PLAN TRUST

STATEMENT OF CHANGES IN NET ASSETS

Year Ended March 31, 2025

ADDITIONS

Contributions from participating plans	\$340,346,530
Investment income:	
Net appreciation in fair value of investments	141,191
Interest income	<u>1,667,463</u>
Total additions	342,155,184

DEDUCTIONS

Distributions to participating plans for benefit claims paid, net of reinsurance recoveries	28,737,908
Distributions to participating plans for premiums paid for the provision of benefits, net of ceding allowances	<u>292,867,151</u>
Total distributions to participating plans	321,605,059
Operating expenses	<u>17,331,625</u>
Total deductions	<u>338,936,684</u>

INCREASE IN NET ASSETS 3,218,500

NET ASSETS

BEGINNING OF YEAR	<u>16,046,767</u>
END OF YEAR	<u>\$ 19,265,267</u>

The accompanying notes are an integral part of these financial statements.

GEORGIA CHAMBER FEDERATION BENEFIT PLAN TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Trust

The following description of the Georgia Chamber Federation Benefit Plan Trust (the "Trust") provides only general information. Participating plans should refer to the Trust agreement for a more complete description of the Trust's provisions.

General:

The Trust is intended to be a voluntary employees' beneficiary association ("VEBA") under Section 501(c)(9) of the Internal Revenue Code (the "IRC"). The purpose of the Trust is to hold Plan assets of a non-plan multiple employer welfare arrangement ("MEWA") as described in Georgia Code Title 33 Chapter 50 and to pay benefits and expenses on behalf of the plans participating in the MEWA (the "Plans"). The Plans represent employers in good standing with the Georgia Chamber of Commerce.

Contributions:

The Trust receives contributions for health and welfare coverage from participating Plans. Such funds are utilized for the payment of premiums to Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. d/b/a Anthem Blue Cross and Blue Shield ("Anthem") for the provision of benefits on behalf of the Plans.

Distributions:

In addition to distributions for the premium payments to Anthem described above, distributions are made for the payment of benefit claims. These benefit claims are paid out of the Trust, on behalf of the participating Plans, to Anthem. Anthem administers payment of hospital charges, medical/surgical claims and prescription coverage.

Operating Expenses:

All administrative fees are paid by the Trust or the participating Plans at the option of the trustees of the Trust.

Note 2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Trust:

Basis of Presentation:

The accompanying financial statements have been prepared on the accrual basis of accounting.

Net Reinsurance Payable:

Net reinsurance payable represents the net of amounts recoverable for claims paid (including stop loss recoveries) and amounts recoverable for administrative expenses under the quota share reinsurance agreement offset by the amounts payable for premiums ceded under the quota share and stop loss agreements.

GEORGIA CHAMBER FEDERATION BENEFIT PLAN TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Recognition of Contribution Revenue:

Contribution revenue is recognized in the month for which coverage is being paid. Contributions received after the coverage months are recorded as receivables. Contributions for premiums received prior to the coverage months are recorded as advanced premiums. Management has determined no allowance is necessary for contributions receivable from participating plans as of March 31, 2025 and 2024.

Investment Valuation and Income Recognition:

The Trust's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Reference Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Trust's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Distributions for the Payment of Premiums and Benefits:

Distributions for the payment of premium and benefit claims are recorded when processed and approved for payment to Anthem.

Subsequent Events:

The Trust has evaluated subsequent events through January 7, 2026, the date the financial statements were available to be issued.

Note 3. Cash and Investments

The Trust holds its temporary cash as cash or money market funds with a national financial institution which at times may exceed federally insured amounts. The actual balance may exceed reported balances due to outstanding checks.

The Trust's investments are held in non-insured trust funds.

Note 4. Fair Value Measurements

The Trust estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

GEORGIA CHAMBER FEDERATION BENEFIT PLAN TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for Trust assets measured at fair value:

- Interest-bearing cash is classified as a Level 1 instrument.
- Money market fund consists of a short-term investment fund that maintains daily liquidity and has a constant unit value of \$1.00 and is classified as a Level 1 instrument.
- U.S. Government securities are valued using pricing models maximizing the use of observable inputs for similar securities and are classified as Level 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2024 to 2025. Furthermore, while the Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table summarizes the Trust's investments at March 31, 2025 and 2024 at fair value and indicates the level of valuation techniques utilized by the Trust:

	Level	March 31,	
		<u>2025</u>	<u>2024</u>
Interest-bearing cash	1	\$ -	\$32,723,960
Money market fund	1	33,212,444	6,724,483
U.S. Government securities	2	20,381,622	20,231,266

Note 5. Reinsurance

During the year ended March 31, 2025, the participating Plans were subject to a quota share reinsurance agreement with Anthem to cede 90% of the participating Plans' health business.

During the year ended March 31, 2025, the participating Plans were subject to a stop loss reinsurance agreement with Anthem for medical and prescription drug coverage. The premium is based upon the monthly funding rates and number of participants in each month of the contract with a specific stop loss threshold per covered person of \$600,000 per year. The total amount of reinsurance recovered due to stop loss was \$13,746,156 for the year ended March 31, 2025.

GEORGIA CHAMBER FEDERATION BENEFIT PLAN TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Related Party/Party-in-Interest Transactions

The Trust has entered into an administrative services contract with Anthem, whereby Anthem collects premiums on behalf of participating Plans, provides quoting, servicing and renewing for employers of participating Plans and administers payment of hospital charges, medical/surgical claims and prescription coverage on behalf of participating Plans. These transactions qualify as party-in-interest. Total fees paid from the Trust to Anthem for these services amounted to \$14,068,838 for the year ended March 31, 2025.

The Trust has appointed Consoliplex-Georgia Benefits, LLC to act as plan manager of the participating Plans and Trust. Fees paid to Consoliplex-Georgia Benefits, LLC for the year ended March 31, 2025 were \$2,287,269.

Note 7. Tax Status

In December 2019, the Internal Revenue Service finalized regulations under IRC Section 512(a)(3)(E)(i) which specified that net investment income earned by a VEBA is taxable as unrelated business income. For the year ended March 31, 2025, the Trust incurred \$607,865 in federal income taxes related to unrelated business income that is included in operating expenses on the statement of changes in net assets. The Trust's management has analyzed the tax positions taken by the Trust and has concluded that, as of March 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

In addition, the participating Plans and the Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The trust administrator believes that the Plans are being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax-exempt.

Note 8. Trust Termination

The Trust may only be terminated by the Georgia Chamber of Commerce with at least 30 days' written notice to the trustees. Any Trust assets at the time of termination will be distributed or will be transferred to another trust that complies with the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The participating Plans' sponsors have the right under the Plans to discontinue their contributions at any time and to terminate the Plans, subject to provisions set forth in ERISA.

SUPPLEMENTAL SCHEDULES

GEORGIA CHAMBER FEDERATION BENEFIT PLAN TRUST

SCHEDULE OF OPERATING EXPENSES

Year Ended March 31, 2025

Outsourced services	\$16,356,107
Federal income tax	607,865
Regulatory fees	164,422
Professional services	72,352
Insurance expense	130,125
Investment fees	<u>754</u>
Total operating expenses	<u>\$17,331,625</u>

GEORGIA CHAMBER FEDERATION BENEFIT PLAN TRUST

EMPLOYER NO. 83-1289985

PLAN NO. 501

SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

March 31, 2025

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investments</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		<u>Money market fund</u>		
	Federated Hermes	Government Obligations Fund Prem Shs #117	\$33,212,444	\$33,212,444
		<u>U.S. Government securities</u>		
	U.S. Treasury	U.S. Treasury Note 4.00% due 10/31/2029	2,262,266	2,305,405
	U.S. Treasury	U.S. Treasury Note 4.50% due 11/15/2025	6,789,281	6,813,940
	U.S. Treasury	U.S. Treasury Note 4.625% due 11/15/2026	3,017,461	3,031,530
	U.S. Treasury	U.S. Treasury Note 2% due 11/15/2026	3,567,250	3,685,354
	U.S. Treasury	U.S. Treasury Note 2.25% due 11/15/2027	2,173,680	2,206,712
	U.S. Treasury	U.S. Treasury Note 3.125% due 11/15/2028	2,208,090	2,239,533
	U.S. Treasury	U.S. Treasury Note 2.875 % due 11/30/2025	95,875	99,148
			<u>20,113,903</u>	<u>20,381,622</u>
			<u>\$53,326,347</u>	<u>\$53,594,066</u>