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 06/01/2024 and ending 05/31/2025

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
- ☒ 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
CHAMBER BUSINESS SOLUTIONS 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)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CHAMBER BUSINESS SOLUTIONS TRUST

464 CHENAULT ROAD
FRANKFORT, KY 40601

2b Employer Identification Number (EIN)
84-6429706

2c Plan Sponsor's telephone number
502-695-4700

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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	03/16/2026	JOSEPH HSU
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... [X] 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.) ..... [X] 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 160163192

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan
CHAMBER BUSINESS SOLUTIONS TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
CHAMBER BUSINESS SOLUTIONS TRUST

D Employer Identification Number (EIN)
84-6429706

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
ANTHEM INSURANCE COMPANIES 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
35-0781558	10345	0000	52610	10/01/2024	05/31/2025

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

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	

(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	

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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	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)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
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** [X] 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 [ ] paid in cash, or [ ] 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	17945163
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶
CHAMBER BUSINESS SOLUTIONS TRUST	501

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CHAMBER BUSINESS SOLUTIONS TRUST	84-6429706

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

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)

ANTHEM HEALTH PLANS OF KENTUCKY, IN

61-1237516

(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	5663064	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONSOLIPLEX KENTUCKY, LLC

84-3587510

(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	2771526	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	76288	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

HUNTINGTON NATIONAL BANK

31-0966785

(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?
28	N/A	45352	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPTUM

41-1858498

(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	13888	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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

(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

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 06/01/2024 and ending 05/31/2025

A Name of plan
CHAMBER BUSINESS SOLUTIONS TRUST

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CHAMBER BUSINESS SOLUTIONS TRUST

D Employer Identification Number (EIN)
84-6429706

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):

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)

Part II **Information on Participating Plans (to be completed by 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	123 MAIN LEASING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	123 MAIN LEASING, LLC	**c** EIN-PN	83-4698541-501
a Plan name	1400 WILLOW COUNCIL OF CO-OWNERS CBS BENEFIT PLAN		
b Name of plan sponsor	1400 WILLOW COUNCIL OF CO-OWNERS	**c** EIN-PN	61-0969108-501
a Plan name	1ST MOBILITY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	1ST MOBILITY LLC	**c** EIN-PN	46-2974254-501
a Plan name	1ST TEE LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	1ST TEE LOUISVILLE	**c** EIN-PN	20-0977578-501
a Plan name	2 VETS INSPECTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	2 VETS INSPECTIONS	**c** EIN-PN	83-4355345-501
a Plan name	2 YARD PROS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	2 YARD PROS LLC	**c** EIN-PN	83-1248515-501
a Plan name	211 CLOVER LN INC CBS BENEFIT PLAN		
b Name of plan sponsor	211 CLOVER LN INC	**c** EIN-PN	56-2486263-501
a Plan name	21ST CENTURY PARKS CBS BENEFIT PLAN		
b Name of plan sponsor	21ST CENTURY PARKS	**c** EIN-PN	20-1780317-501
a Plan name	24/7 LOCKSMITHS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	24/7 LOCKSMITHS LLC	**c** EIN-PN	81-3460078-501
a Plan name	24/7 ROCK MARKETING INC CBS BENEFIT PLAN		
b Name of plan sponsor	24/7 ROCK MARKETING INC	**c** EIN-PN	61-1359255-501
a Plan name	2500 DETERMINED FARM OPERATIONS CBS BENEFIT PLAN		
b Name of plan sponsor	2500 DETERMINED FARM OPERATIONS	**c** EIN-PN	87-4801112-501
a Plan name	2950 BRECKENRIDGE LANE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	2950 BRECKENRIDGE LANE LLC	**c** EIN-PN	47-1125359-501

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	2D ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	2D ENTERPRISES LLC	**c** EIN-PN	20-3944069-501
a Plan name	2M TRACTOR AND LAWN EQUIPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	2M TRACTOR AND LAWN EQUIPMENT	**c** EIN-PN	61-0954392-501
a Plan name	2ND GEN CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	2ND GEN CONTRACTING LLC	**c** EIN-PN	88-1370922-501
a Plan name	2ND HOME ADULT DAY HEALTH CARE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	2ND HOME ADULT DAY HEALTH CARE LLC	**c** EIN-PN	93-1670973-501
a Plan name	3 GENERATIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	3 GENERATIONS LLC	**c** EIN-PN	67-0837630-501
a Plan name	3 PEAS IN A POD LLC CBS BENEFIT PLAN		
b Name of plan sponsor	3 PEAS IN A POD LLC	**c** EIN-PN	56-2560060-501
a Plan name	3 SPACE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	3 SPACE LLC	**c** EIN-PN	46-3148129-501
a Plan name	301 INTERACTIVE MARKETING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	301 INTERACTIVE MARKETING LLC	**c** EIN-PN	45-5604780-502
a Plan name	360 DEGREE CHIROPRACTIC CBS BENEFIT PLAN		
b Name of plan sponsor	360 DEGREE CHIROPRACTIC	**c** EIN-PN	26-2500295-501
a Plan name	3C LEX CBS BENEFIT PLAN		
b Name of plan sponsor	3C LEX	**c** EIN-PN	82-0888804-501
a Plan name	3DWARD INC. CBS BENEFIT PLAN		
b Name of plan sponsor	3DWARD INC.	**c** EIN-PN	82-2589681-501
a Plan name	3TEN CBS BENEFIT PLAN		
b Name of plan sponsor	3TEN	**c** EIN-PN	99-3687782-501

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	4 ARROWS CONSULTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	4 ARROWS CONSULTING INC	**c** EIN-PN	83-0806632-501
a Plan name	4 RIVERS HARLEY DAVIDSON CBS BENEFIT PLAN		
b Name of plan sponsor	4 RIVERS HARLEY DAVIDSON	**c** EIN-PN	82-2678227-501
a Plan name	500 GUNS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	500 GUNS LLC	**c** EIN-PN	71-0972640-501
a Plan name	502PRINT CBS BENEFIT PLAN		
b Name of plan sponsor	502PRINT	**c** EIN-PN	27-5390133-501
a Plan name	606 HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	606 HOLDINGS LLC	**c** EIN-PN	86-2195799-501
a Plan name	64 HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	64 HOLDINGS LLC	**c** EIN-PN	47-4670546-501
a Plan name	710 INDUSTRIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	710 INDUSTRIES INC	**c** EIN-PN	83-2318936-501
a Plan name	723 VAPOR INC CBS BENEFIT PLAN		
b Name of plan sponsor	723 VAPOR INC	**c** EIN-PN	46-4413307-501
a Plan name	A & A CONCRETE SAWING CBS BENEFIT PLAN		
b Name of plan sponsor	A & A CONCRETE SAWING	**c** EIN-PN	04-3749320-501
a Plan name	A CARING TOUCH PEDIATRICS CBS BENEFIT PLAN		
b Name of plan sponsor	A CARING TOUCH PEDIATRICS	**c** EIN-PN	33-1122641-501
a Plan name	A CUP OF COMMON WEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	A CUP OF COMMON WEALTH	**c** EIN-PN	46-2105283-502
a Plan name	A M CONTRACTING COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	A M CONTRACTING COMPANY INC	**c** EIN-PN	46-4712293-501

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 ROBERTS & ASSOCIATES, INC CBS BENEFIT PLAN		
b Name of plan sponsor	A ROBERTS & ASSOCIATES, INC	**c** EIN-PN	61-1233078-501
a Plan name	A STEP AHEAD PEDIATRIC THERAPY CBS BENEFIT PLAN		
b Name of plan sponsor	A STEP AHEAD PEDIATRIC THERAPY	**c** EIN-PN	16-1739139-501
a Plan name	A TREASURE CHEST CBS BENEFIT PLAN		
b Name of plan sponsor	A TREASURE CHEST	**c** EIN-PN	30-0170712-501
a Plan name	A&A DEMO & EXCAVATING CBS BENEFIT PLAN		
b Name of plan sponsor	A&A DEMO & EXCAVATING	**c** EIN-PN	88-4016316-501
a Plan name	A&A SUPPLIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	A&A SUPPLIES INC	**c** EIN-PN	56-2611314-501
a Plan name	A&S FABRICATING CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	A&S FABRICATING CO INC	**c** EIN-PN	61-0706815-501
a Plan name	A.L. HANSEN CBS BENEFIT PLAN		
b Name of plan sponsor	A.L. HANSEN	**c** EIN-PN	61-0649616-501
a Plan name	A.L. PICKENS CO, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	A.L. PICKENS CO, INC.	**c** EIN-PN	61-0677464-501
a Plan name	A-1 ALUMINUM INC CBS BENEFIT PLAN		
b Name of plan sponsor	A-1 ALUMINUM INC	**c** EIN-PN	61-1095467-501
a Plan name	A1 COMPLETE SEPTIC SERIVCES INC CBS BENEFIT PLAN		
b Name of plan sponsor	A1 COMPLETE SEPTIC SERIVCES INC	**c** EIN-PN	16-1623366-501
a Plan name	A-1 HOME INSPECTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	A-1 HOME INSPECTIONS	**c** EIN-PN	37-6781896-501
a Plan name	A-1 PORTABLES INC. CBS BENEFIT PLAN		
b Name of plan sponsor	A-1 PORTABLES INC.	**c** EIN-PN	61-0723352-502

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	A1A ELECTRIC, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	A1A ELECTRIC, LLC	**c** EIN-PN	20-2968174-501
a Plan name	A2A INTEGRATED PHARMACEUTICALS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	A2A INTEGRATED PHARMACEUTICALS, LLC	**c** EIN-PN	84-2081945-501
a Plan name	AAA GARAGE CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	AAA GARAGE CO INC	**c** EIN-PN	45-4199329-501
a Plan name	AAA MINE SERVICE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	AAA MINE SERVICE, INC	**c** EIN-PN	61-0946987-501
a Plan name	AAA SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	AAA SYSTEMS	**c** EIN-PN	61-1247091-501
a Plan name	AAECON GENERAL CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AAECON GENERAL CONTRACTING LLC	**c** EIN-PN	20-3560661-502
a Plan name	AAHCAC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AAHCAC LLC	**c** EIN-PN	81-2584973-501
a Plan name	AAPPTEC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AAPPTEC LLC	**c** EIN-PN	20-2408598-501
a Plan name	AB MECHANICAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AB MECHANICAL LLC	**c** EIN-PN	93-2921004-501
a Plan name	ABACUS ENGINEERING LAND SURVEYING CBS BENEFIT PLAN		
b Name of plan sponsor	ABACUS ENGINEERING LAND SURVEYING	**c** EIN-PN	35-2005123-501
a Plan name	ABBEY HILL GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	ABBEY HILL GROUP	**c** EIN-PN	81-5186427-501
a Plan name	ABC NEON SIGN CBS BENEFIT PLAN		
b Name of plan sponsor	ABC NEON SIGN	**c** EIN-PN	61-1041357-501

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	ABG REALTORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ABG REALTORS LLC	**c** EIN-PN	33-1090265-501
a Plan name	ABR SYSTEMS GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ABR SYSTEMS GROUP LLC	**c** EIN-PN	38-3652979-501
a Plan name	ABRAPOWER INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ABRAPOWER INC.	**c** EIN-PN	02-0698019-501
a Plan name	ABSOLUTE FIRE PROTECTION CBS BENEFIT PLAN		
b Name of plan sponsor	ABSOLUTE FIRE PROTECTION	**c** EIN-PN	26-1556007-501
a Plan name	ABSOM, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ABSOM, LLC	**c** EIN-PN	61-1299819-501
a Plan name	ABSTRACT TITLE INC CBS BENEFIT PLAN		
b Name of plan sponsor	ABSTRACT TITLE INC	**c** EIN-PN	61-1349272-501
a Plan name	AC ROMINES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AC ROMINES LLC	**c** EIN-PN	20-2963033-501
a Plan name	ACCELERATING APPALACHIA CBS BENEFIT PLAN		
b Name of plan sponsor	ACCELERATING APPALACHIA	**c** EIN-PN	46-3102411-501
a Plan name	ACCESS AUDIO & VIDEO, II LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ACCESS AUDIO & VIDEO, II LLC	**c** EIN-PN	86-2269527-501
a Plan name	ACCESS CABLE TELEVISION INC CBS BENEFIT PLAN		
b Name of plan sponsor	ACCESS CABLE TELEVISION INC	**c** EIN-PN	41-2060943-501
a Plan name	ACCESS GARAGE DOORS OF CENTRAL KY CBS BENEFIT PLAN		
b Name of plan sponsor	ACCESS GARAGE DOORS OF CENTRAL KY	**c** EIN-PN	93-4485315-501
a Plan name	ACCESSIBILITY SOLUTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	ACCESSIBILITY SOLUTIONS INC	**c** EIN-PN	46-0691848-501

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	ACCOUNTS BY THE BOOK LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ACCOUNTS BY THE BOOK LLC	**c** EIN-PN	93-1810196-501
a Plan name	ACCULAB LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ACCULAB LLC	**c** EIN-PN	47-4010579-501
a Plan name	ACCURATE HEALTHCARE PROFESSIONALS CBS BENEFIT PLAN		
b Name of plan sponsor	ACCURATE HEALTHCARE PROFESSIONALS	**c** EIN-PN	83-0436082-501
a Plan name	ACCURATE LAWN & LANDSCAPING CBS BENEFIT PLAN		
b Name of plan sponsor	ACCURATE LAWN & LANDSCAPING	**c** EIN-PN	61-1298844-501
a Plan name	ACE BRANDS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ACE BRANDS LLC	**c** EIN-PN	88-3308782-501
a Plan name	ACE ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	ACE ELECTRIC	**c** EIN-PN	61-0565001-501
a Plan name	ACE INDUSTRIAL CBS BENEFIT PLAN		
b Name of plan sponsor	ACE INDUSTRIAL	**c** EIN-PN	02-0765792-501
a Plan name	ACE MACHINE INC CBS BENEFIT PLAN		
b Name of plan sponsor	ACE MACHINE INC	**c** EIN-PN	26-0316203-501
a Plan name	ACED MANAGEMENT KY CBS BENEFIT PLAN		
b Name of plan sponsor	ACED MANAGEMENT KY	**c** EIN-PN	92-2654711-501
a Plan name	ACF SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	ACF SERVICES	**c** EIN-PN	31-1548885-501
a Plan name	ACI LUBES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ACI LUBES INC	**c** EIN-PN	31-1608496-501
a Plan name	ACKERSON & YANN PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ACKERSON & YANN PLLC	**c** EIN-PN	20-3902403-501

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	ACMT, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ACMT, INC.	**c** EIN-PN	61-1305009-501
a Plan name	ACOUSTIC DESIGN INC CBS BENEFIT PLAN		
b Name of plan sponsor	ACOUSTIC DESIGN INC	**c** EIN-PN	58-1764169-501
a Plan name	ACTION GRAPHICS,INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ACTION GRAPHICS,INC.	**c** EIN-PN	61-0697553-501
a Plan name	ACTION LANDSCAPE CBS BENEFIT PLAN		
b Name of plan sponsor	ACTION LANDSCAPE	**c** EIN-PN	61-1083121-501
a Plan name	ACUITY PACKAGING & LOGISTICS SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ACUITY PACKAGING & LOGISTICS SOLUTIONS LLC	**c** EIN-PN	27-3964305-501
a Plan name	ADA HEATING AND AIR CBS BENEFIT PLAN		
b Name of plan sponsor	ADA HEATING AND AIR	**c** EIN-PN	74-3192267-501
a Plan name	ADAMS CABINETRY INC CBS BENEFIT PLAN		
b Name of plan sponsor	ADAMS CABINETRY INC	**c** EIN-PN	61-1289274-501
a Plan name	ADAMS CONTRACTING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ADAMS CONTRACTING, LLC	**c** EIN-PN	47-3264228-501
a Plan name	ADAMS LAW CBS BENEFIT PLAN		
b Name of plan sponsor	ADAMS LAW	**c** EIN-PN	61-1039341-501
a Plan name	ADAMS LAW FIRM PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ADAMS LAW FIRM PLLC	**c** EIN-PN	45-5155967-501
a Plan name	ADAMSON HOLDING CBS BENEFIT PLAN		
b Name of plan sponsor	ADAMSON HOLDING	**c** EIN-PN	61-1129533-502
a Plan name	ADAPTIVE SOLUTIONS INTERGRATION CBS BENEFIT PLAN		
b Name of plan sponsor	ADAPTIVE SOLUTIONS INTERGRATION	**c** EIN-PN	86-1638996-501

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	ADAS LOUISVILLE INC CBS BENEFIT PLAN		
b Name of plan sponsor	ADAS LOUISVILLE INC	**c** EIN-PN	93-2502159-501
a Plan name	ADIO HEALTH MGMT CBS BENEFIT PLAN		
b Name of plan sponsor	ADIO HEALTH MGMT	**c** EIN-PN	38-3647287-501
a Plan name	ADKINS PROPERTY MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	ADKINS PROPERTY MANAGEMENT	**c** EIN-PN	47-2333827-501
a Plan name	ADVANCE PAVING CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCE PAVING	**c** EIN-PN	61-1117837-501
a Plan name	ADVANCED CANCER THERAPEUTICS CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED CANCER THERAPEUTICS	**c** EIN-PN	20-8295531-501
a Plan name	ADVANCED CARDIOLOGY OF OWENSBORO CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED CARDIOLOGY OF OWENSBORO	**c** EIN-PN	81-3510866-501
a Plan name	ADVANCED CLINICAL DERMATOLOGY CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED CLINICAL DERMATOLOGY	**c** EIN-PN	20-5216134-501
a Plan name	ADVANCED CONSTRUCTION SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED CONSTRUCTION SERVICES LLC	**c** EIN-PN	26-1681921-501
a Plan name	ADVANCED ENERGY MATERIALS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED ENERGY MATERIALS LLC	**c** EIN-PN	80-0417472-501
a Plan name	ADVANCED GLOBAL COMM INC CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED GLOBAL COMM INC	**c** EIN-PN	61-1286181-501
a Plan name	ADVANCED GREEN COMPONENTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED GREEN COMPONENTS LLC	**c** EIN-PN	61-1425624-501
a Plan name	ADVANCED INTERNAL MEDICINE CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED INTERNAL MEDICINE	**c** EIN-PN	46-4668950-501

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 LODGING SOLUTIONS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED LODGING SOLUTIONS, LLC	**c** EIN-PN	84-2454460-501
a Plan name	ADVANCED PRIMARY BEHAVORIAL HEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED PRIMARY BEHAVORIAL HEALTH	**c** EIN-PN	86-1630002-501
a Plan name	ADVANCED PRIMARY CARE CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED PRIMARY CARE	**c** EIN-PN	81-3263078-502
a Plan name	ADVANCED UROLOGY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANCED UROLOGY LLC	**c** EIN-PN	27-4626321-501
a Plan name	ADVANTAGE AIR CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANTAGE AIR	**c** EIN-PN	81-2903868-501
a Plan name	ADVANTAGE CONCEPTS CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANTAGE CONCEPTS	**c** EIN-PN	27-3983558-501
a Plan name	ADVANTAGE LINEN CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANTAGE LINEN	**c** EIN-PN	61-1270063-501
a Plan name	ADVANTAGE PLASTICS CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANTAGE PLASTICS	**c** EIN-PN	61-1041916-501
a Plan name	ADVANTAGE RESOURCE CBS BENEFIT PLAN		
b Name of plan sponsor	ADVANTAGE RESOURCE	**c** EIN-PN	02-0658107-501
a Plan name	ADVENTURE SPORTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	ADVENTURE SPORTS INC	**c** EIN-PN	61-1197488-501
a Plan name	AEGIS SORTATION,LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AEGIS SORTATION,LLC	**c** EIN-PN	82-1574167-501
a Plan name	AEROTECH OF LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	AEROTECH OF LOUISVILLE	**c** EIN-PN	61-1020076-502

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	AFAB MACHINE CBS BENEFIT PLAN		
b Name of plan sponsor	AFAB MACHINE	**c** EIN-PN	46-1690286-501
a Plan name	AFFORDABLE CARPET & UPHOLSTERY CLEANING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AFFORDABLE CARPET & UPHOLSTERY CLEANING LLC	**c** EIN-PN	27-0886507-501
a Plan name	AFFORDABLE TRUSS INC CBS BENEFIT PLAN		
b Name of plan sponsor	AFFORDABLE TRUSS INC	**c** EIN-PN	61-1283743-501
a Plan name	AFTER ACCIDENT CARE CBS BENEFIT PLAN		
b Name of plan sponsor	AFTER ACCIDENT CARE	**c** EIN-PN	61-1146303-501
a Plan name	AG GLASS & MIRROR LLP CBS BENEFIT PLAN		
b Name of plan sponsor	AG GLASS & MIRROR LLP	**c** EIN-PN	61-1226959-501
a Plan name	AGE INTERNATIONAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	AGE INTERNATIONAL INC	**c** EIN-PN	13-3136720-501
a Plan name	AGENCY SUPPORT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AGENCY SUPPORT LLC	**c** EIN-PN	26-3749523-501
a Plan name	AGGREGATE PROCESSING INC CBS BENEFIT PLAN		
b Name of plan sponsor	AGGREGATE PROCESSING INC	**c** EIN-PN	26-3355442-501
a Plan name	AGGREGATE SOLUTIONS GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AGGREGATE SOLUTIONS GROUP LLC	**c** EIN-PN	84-2136701-501
a Plan name	AGRARIAN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AGRARIAN LLC	**c** EIN-PN	85-3733434-501
a Plan name	AGRIGRO FARM CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	AGRIGRO FARM CENTER	**c** EIN-PN	61-1021492-501
a Plan name	AHEAD HUMAN RESOURCES INC CBS BENEFIT PLAN		
b Name of plan sponsor	AHEAD HUMAN RESOURCES INC	**c** EIN-PN	61-0441433-502

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	AIBES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AIBES LLC	**c** EIN-PN	93-4893286-501
a Plan name	AIC ROOFING & CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	AIC ROOFING & CONSTRUCTION INC	**c** EIN-PN	37-1474948-501
a Plan name	AIM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AIM LLC	**c** EIN-PN	47-1912602-501
a Plan name	AIM MANUFACTURING CBS BENEFIT PLAN		
b Name of plan sponsor	AIM MANUFACTURING	**c** EIN-PN	82-3614688-501
a Plan name	AIR CONTROL HEATING & AIR CONDITIONING OF LEXINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	AIR CONTROL HEATING & AIR CONDITIONING OF LEXINGTON	**c** EIN-PN	61-0944102-501
a Plan name	AIR EQUIPMENT SALES SVC CBS BENEFIT PLAN		
b Name of plan sponsor	AIR EQUIPMENT SALES SVC	**c** EIN-PN	61-0938425-501
a Plan name	AIR RUSH HVAC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AIR RUSH HVAC LLC	**c** EIN-PN	46-3995537-501
a Plan name	AIR SOURCE TECHNOLOGY INC CBS BENEFIT PLAN		
b Name of plan sponsor	AIR SOURCE TECHNOLOGY INC	**c** EIN-PN	03-0517369-501
a Plan name	AIR TEMP OF RADCLIFF CBS BENEFIT PLAN		
b Name of plan sponsor	AIR TEMP OF RADCLIFF	**c** EIN-PN	83-2860665-501
a Plan name	AIR TOOLS INC. CBS BENEFIT PLAN		
b Name of plan sponsor	AIR TOOLS INC.	**c** EIN-PN	61-0666348-501
a Plan name	AIR-FLO PRODUCTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	AIR-FLO PRODUCTS INC	**c** EIN-PN	61-1202549-501
a Plan name	AIRMART INC CBS BENEFIT PLAN		
b Name of plan sponsor	AIRMART INC	**c** EIN-PN	80-0083106-501

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	AIRPORT TOWING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AIRPORT TOWING LLC	**c** EIN-PN	47-3459181-501
a Plan name	AIRPRO HEATING AND COOLING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AIRPRO HEATING AND COOLING, LLC	**c** EIN-PN	83-4214522-501
a Plan name	AJ SUBS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AJ SUBS LLC	**c** EIN-PN	88-1058329-501
a Plan name	AJA FINANCIAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	AJA FINANCIAL SERVICES	**c** EIN-PN	86-1747107-501
a Plan name	AKINS COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	AKINS COMPANY INC	**c** EIN-PN	61-1084646-501
a Plan name	AL BAUMGARTNER CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	AL BAUMGARTNER CONSTRUCTION INC	**c** EIN-PN	61-0938339-501
a Plan name	AL TORSTRICK INSURANCE AGENCY CBS BENEFIT PLAN		
b Name of plan sponsor	AL TORSTRICK INSURANCE AGENCY	**c** EIN-PN	61-0600467-501
a Plan name	ALADDINS GLASS & SCREEN PRODUCTS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ALADDINS GLASS & SCREEN PRODUCTS, INC.	**c** EIN-PN	61-1152814-501
a Plan name	ALDERDICE ORAL AND MAXO CBS BENEFIT PLAN		
b Name of plan sponsor	ALDERDICE ORAL AND MAXO	**c** EIN-PN	46-0804574-501
a Plan name	ALEXANDER INVESTMENT SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	ALEXANDER INVESTMENT SERVICES	**c** EIN-PN	61-0652524-501
a Plan name	ALFORD ROOFING INC CBS BENEFIT PLAN		
b Name of plan sponsor	ALFORD ROOFING INC	**c** EIN-PN	61-1321780-501
a Plan name	ALGAR INC CBS BENEFIT PLAN		
b Name of plan sponsor	ALGAR INC	**c** EIN-PN	61-1084551-502

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	ALIGNORG SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALIGNORG SOLUTIONS LLC	**c** EIN-PN	77-0668761-501
a Plan name	ALL 4 PAWS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	ALL 4 PAWS, INC	**c** EIN-PN	45-1154451-501
a Plan name	ALL ABOUT YOU HEATING & AIR CBS BENEFIT PLAN		
b Name of plan sponsor	ALL ABOUT YOU HEATING & AIR	**c** EIN-PN	84-3369470-501
a Plan name	ALL AROUND ROOFING CBS BENEFIT PLAN		
b Name of plan sponsor	ALL AROUND ROOFING	**c** EIN-PN	87-2640709-501
a Plan name	ALL BATTERY CENTER OF CENTRAL KY INC CBS BENEFIT PLAN		
b Name of plan sponsor	ALL BATTERY CENTER OF CENTRAL KY INC	**c** EIN-PN	37-1635804-501
a Plan name	ALL HOURS LOCK & KEY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALL HOURS LOCK & KEY LLC	**c** EIN-PN	26-3795449-501
a Plan name	ALL IN ONE OUTDOOR SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	ALL IN ONE OUTDOOR SOLUTIONS	**c** EIN-PN	56-2617466-501
a Plan name	ALL NATIONS CBS BENEFIT PLAN		
b Name of plan sponsor	ALL NATIONS	**c** EIN-PN	87-4777413-501
a Plan name	ALL PETS ANIMAL CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	ALL PETS ANIMAL CLINIC	**c** EIN-PN	61-1244225-501
a Plan name	ALL SAFE INDUSTRIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALL SAFE INDUSTRIES LLC	**c** EIN-PN	61-1338843-501
a Plan name	ALL STAR PURCHASING CBS BENEFIT PLAN		
b Name of plan sponsor	ALL STAR PURCHASING	**c** EIN-PN	13-1862223-501
a Plan name	ALL STAR WASTE DISPOSAL TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALL STAR WASTE DISPOSAL TRUCKING LLC	**c** EIN-PN	61-1321958-501

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	ALL TRADES SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ALL TRADES SERVICES INC	**c** EIN-PN	45-4845318-501
a Plan name	ALLEN CO FARMERS SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	ALLEN CO FARMERS SERVICE	**c** EIN-PN	61-0550164-501
a Plan name	ALLEN LOGGING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALLEN LOGGING LLC	**c** EIN-PN	46-4038850-501
a Plan name	ALLERGY AND ASTHMA CENTER OF APPALACHIA CBS BENEFIT PLAN		
b Name of plan sponsor	ALLERGY AND ASTHMA CENTER OF APPALACHIA	**c** EIN-PN	20-4412412-501
a Plan name	ALLERGY ASTHMA & IMMUNOLOGY PSC CBS BENEFIT PLAN		
b Name of plan sponsor	ALLERGY ASTHMA & IMMUNOLOGY PSC	**c** EIN-PN	61-1374396-501
a Plan name	ALLERGY ASTHMA & SINUS CENTER PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALLERGY ASTHMA & SINUS CENTER PLLC	**c** EIN-PN	38-3776263-501
a Plan name	ALLGEIER COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	ALLGEIER COMPANY	**c** EIN-PN	61-1263869-502
a Plan name	ALLGEIER EXCAVATING CO CBS BENEFIT PLAN		
b Name of plan sponsor	ALLGEIER EXCAVATING CO	**c** EIN-PN	61-0942348-501
a Plan name	ALLIANCE FINANCIAL PLANNING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALLIANCE FINANCIAL PLANNING LLC	**c** EIN-PN	46-4922189-501
a Plan name	ALLIED ALUMINUM PRODUCTS INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ALLIED ALUMINUM PRODUCTS INC.	**c** EIN-PN	61-0529009-501
a Plan name	ALLIED TECHNOLOGIES OF KY CBS BENEFIT PLAN		
b Name of plan sponsor	ALLIED TECHNOLOGIES OF KY	**c** EIN-PN	35-1797257-501
a Plan name	ALLIED TOOLS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	ALLIED TOOLS, INC	**c** EIN-PN	61-1162102-501

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	ALLISON COLLINS GLASS WORKS CBS BENEFIT PLAN		
b Name of plan sponsor	ALLISON COLLINS GLASS WORKS	**c** EIN-PN	61-1139291-501
a Plan name	ALLOY WHEEL REPAIR OF LOUISVILLE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALLOY WHEEL REPAIR OF LOUISVILLE LLC	**c** EIN-PN	26-3408715-501
a Plan name	ALL-RITE PEST CONTROL CBS BENEFIT PLAN		
b Name of plan sponsor	ALL-RITE PEST CONTROL	**c** EIN-PN	61-0910603-501
a Plan name	ALLSTATE EQUIPMENT SERVICES LL CBS BENEFIT PLAN		
b Name of plan sponsor	ALLSTATE EQUIPMENT SERVICES LL	**c** EIN-PN	85-4157525-501
a Plan name	ALMIDEGO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALMIDEGO LLC	**c** EIN-PN	92-0317991-501
a Plan name	ALMOST HOME BREWING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALMOST HOME BREWING LLC	**c** EIN-PN	84-1734429-501
a Plan name	ALPHA FINANCIAL PARTNERS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALPHA FINANCIAL PARTNERS, LLC	**c** EIN-PN	84-4135983-501
a Plan name	ALPHA RADON REMEDIATION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALPHA RADON REMEDIATION LLC	**c** EIN-PN	84-3727984-501
a Plan name	ALPHA SURGICAL SPECIALIST CBS BENEFIT PLAN		
b Name of plan sponsor	ALPHA SURGICAL SPECIALIST	**c** EIN-PN	61-1343487-501
a Plan name	ALPHAMARK ADVISORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ALPHAMARK ADVISORS LLC	**c** EIN-PN	36-4293631-501
a Plan name	ALPINE PET HOSPITAL CBS BENEFIT PLAN		
b Name of plan sponsor	ALPINE PET HOSPITAL	**c** EIN-PN	61-1446076-501
a Plan name	ALTER DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	ALTER DEVELOPMENT	**c** EIN-PN	86-3585451-501

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	ALTERNATIVE ADULT DAY HEALTHCARE CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	ALTERNATIVE ADULT DAY HEALTHCARE CENTER	**c** EIN-PN	61-1352353-501
a Plan name	ALTERNATIVE ELECTRICAL SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ALTERNATIVE ELECTRICAL SERVICES INC	**c** EIN-PN	31-1551646-501
a Plan name	ALTERNATIVE HEALTHCARE CONSULTANTS CBS BENEFIT PLAN		
b Name of plan sponsor	ALTERNATIVE HEALTHCARE CONSULTANTS	**c** EIN-PN	31-1515706-501
a Plan name	ALTERNATIVE JEWELRY SHOP, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ALTERNATIVE JEWELRY SHOP, INC.	**c** EIN-PN	61-1333927-501
a Plan name	ALTUS COMPANIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ALTUS COMPANIES INC	**c** EIN-PN	93-2546966-501
a Plan name	ALVARADOS DRYWALL AND FINISHING CBS BENEFIT PLAN		
b Name of plan sponsor	ALVARADOS DRYWALL AND FINISHING	**c** EIN-PN	61-1441140-501
a Plan name	AMADA SENIOR CARE CBS BENEFIT PLAN		
b Name of plan sponsor	AMADA SENIOR CARE	**c** EIN-PN	82-3076247-502
a Plan name	AMANDA MCCAULEY THORNBERRY CBS BENEFIT PLAN		
b Name of plan sponsor	AMANDA MCCAULEY THORNBERRY	**c** EIN-PN	40-1275961-501
a Plan name	AMBULATORY CARE SERVICES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	AMBULATORY CARE SERVICES PLLC	**c** EIN-PN	37-1486134-501
a Plan name	AMCON ENVIROMENTAL CBS BENEFIT PLAN		
b Name of plan sponsor	AMCON ENVIROMENTAL	**c** EIN-PN	47-5439858-501
a Plan name	AMDX PROGNOSTX INC CBS BENEFIT PLAN		
b Name of plan sponsor	AMDX PROGNOSTX INC	**c** EIN-PN	84-3384749-501
a Plan name	AMENDMENT TWENTY-ONE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AMENDMENT TWENTY-ONE LLC	**c** EIN-PN	85-0637703-501

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	AMERICA SEDNAIR CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICA SEDNAIR	**c** EIN-PN	26-0838213-501
a Plan name	AMERICAN BANK EQUIPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN BANK EQUIPMENT	**c** EIN-PN	61-1400637-501
a Plan name	AMERICAN CONSTRUCTION AND MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN CONSTRUCTION AND MANAGEMENT	**c** EIN-PN	83-3217837-501
a Plan name	AMERICAN DISPERSIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN DISPERSIONS INC	**c** EIN-PN	61-1093940-501
a Plan name	AMERICAN GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN GROUP LLC	**c** EIN-PN	84-2388522-501
a Plan name	AMERICAN HANOVERIAN SOCIETY CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN HANOVERIAN SOCIETY	**c** EIN-PN	94-2801465-501
a Plan name	AMERICAN HERITAGE TEXTILES CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN HERITAGE TEXTILES	**c** EIN-PN	35-2594418-501
a Plan name	AMERICAN HOSPITAL DIRECTORY, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN HOSPITAL DIRECTORY, INC.	**c** EIN-PN	61-1298744-501
a Plan name	AMERICAN INDUSTRIAL CONTRACTORS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN INDUSTRIAL CONTRACTORS, LLC	**c** EIN-PN	20-0042037-502
a Plan name	AMERICAN LEATHER DIRECT INC CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN LEATHER DIRECT INC	**c** EIN-PN	27-2405879-501
a Plan name	AMERICAN LIGHTHOUSE TRANSPORTATION II LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN LIGHTHOUSE TRANSPORTATION II LLC	**c** EIN-PN	32-0113754-501
a Plan name	AMERICAN MATERIALS INC CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN MATERIALS INC	**c** EIN-PN	61-0720278-501

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 METAL FINISHERS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN METAL FINISHERS, INC	**c** EIN-PN	61-1395009-501
a Plan name	AMERICAN PATRIOT GETAWAYS CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN PATRIOT GETAWAYS	**c** EIN-PN	58-2529103-502
a Plan name	AMERICAN SCALE CORP CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN SCALE CORP	**c** EIN-PN	61-1064662-501
a Plan name	AMERICAN UTILITY CORP CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN UTILITY CORP	**c** EIN-PN	35-1505449-501
a Plan name	AMERICAN VENTURE INDUSTRIAL CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN VENTURE INDUSTRIAL	**c** EIN-PN	61-1250956-501
a Plan name	AMERICAN WORLD COMMUNITY CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	AMERICAN WORLD COMMUNITY CENTER	**c** EIN-PN	61-1251306-501
a Plan name	AMINS FAMILY PRACTICE ASSOCIATES PSC CBS BENEFIT PLAN		
b Name of plan sponsor	AMINS FAMILY PRACTICE ASSOCIATES PSC	**c** EIN-PN	61-1182904-501
a Plan name	AMMON NURSERY CBS BENEFIT PLAN		
b Name of plan sponsor	AMMON NURSERY	**c** EIN-PN	61-1009238-502
a Plan name	AMPSTUN CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	AMPSTUN CORPORATION	**c** EIN-PN	47-1719566-501
a Plan name	AMSTAR, INC CBS BENEFIT PLAN		
b Name of plan sponsor	AMSTAR, INC	**c** EIN-PN	61-1200197-501
a Plan name	ANABELS ORIENTAL RUGS CBS BENEFIT PLAN		
b Name of plan sponsor	ANABELS ORIENTAL RUGS	**c** EIN-PN	27-3093617-501
a Plan name	ANC PROMOTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	ANC PROMOTIONS	**c** EIN-PN	61-1246348-501

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	ANCHAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	ANCHAL INC	**c** EIN-PN	27-2959378-501
a Plan name	ANCHOR PROPERTIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ANCHOR PROPERTIES INC	**c** EIN-PN	31-1363323-501
a Plan name	ANDERSON AND RODGERS CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	ANDERSON AND RODGERS CONSTRUCTION	**c** EIN-PN	77-0673070-501
a Plan name	ANDERSON CO TIRE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ANDERSON CO TIRE LLC	**c** EIN-PN	47-3173445-502
a Plan name	ANDERSON CONTRACTORS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ANDERSON CONTRACTORS, LLC	**c** EIN-PN	11-3741045-501
a Plan name	ANDERSON ORAL MAXILLOFACIAL ASSOC CBS BENEFIT PLAN		
b Name of plan sponsor	ANDERSON ORAL MAXILLOFACIAL ASSOC	**c** EIN-PN	27-1143666-501
a Plan name	ANDERSON PROF SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ANDERSON PROF SERVICES LLC	**c** EIN-PN	85-3360380-502
a Plan name	ANDERSONS SALES & SERVICE INC CBS BENEFIT PLAN		
b Name of plan sponsor	ANDERSONS SALES & SERVICE INC	**c** EIN-PN	35-2123440-501
a Plan name	ANDREW G COUCH DMD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ANDREW G COUCH DMD PLLC	**c** EIN-PN	46-0751970-501
a Plan name	ANDREW KUNG GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ANDREW KUNG GROUP LLC	**c** EIN-PN	26-3700558-501
a Plan name	ANDREW P SCHROYER DVM PSC CBS BENEFIT PLAN		
b Name of plan sponsor	ANDREW P SCHROYER DVM PSC	**c** EIN-PN	61-1125126-502
a Plan name	ANDY ANDERSON CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	ANDY ANDERSON CORPORATION	**c** EIN-PN	61-0408358-501

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	ANGRY DAVES PLUMBING SERVICE & REPAIR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ANGRY DAVES PLUMBING SERVICE & REPAIR LLC	**c** EIN-PN	82-4679541-501
a Plan name	ANGST INC CBS BENEFIT PLAN		
b Name of plan sponsor	ANGST INC	**c** EIN-PN	31-1439268-502
a Plan name	ANGSTROM TECHNOLOGIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ANGSTROM TECHNOLOGIES INC	**c** EIN-PN	31-1065350-501
a Plan name	ANIMAL PRACTICE OF MARION PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ANIMAL PRACTICE OF MARION PLLC	**c** EIN-PN	46-2599726-501
a Plan name	ANIMAL RIDDERS CBS BENEFIT PLAN		
b Name of plan sponsor	ANIMAL RIDDERS	**c** EIN-PN	61-1194928-501
a Plan name	ANNE OWENS RENTALS AND MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	ANNE OWENS RENTALS AND MANAGEMENT	**c** EIN-PN	47-2475339-501
a Plan name	ANNEKEN, HUEY & MOSER PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ANNEKEN, HUEY & MOSER PLLC	**c** EIN-PN	11-3799330-501
a Plan name	ANNIE GARDNER FOUNDATION CBS BENEFIT PLAN		
b Name of plan sponsor	ANNIE GARDNER FOUNDATION	**c** EIN-PN	61-0564889-501
a Plan name	ANOTHER MANS TREASURE CBS BENEFIT PLAN		
b Name of plan sponsor	ANOTHER MANS TREASURE	**c** EIN-PN	61-1205069-501
a Plan name	ANP ENERTECH INC CBS BENEFIT PLAN		
b Name of plan sponsor	ANP ENERTECH INC	**c** EIN-PN	88-3948775-501
a Plan name	ANTHILL INC CBS BENEFIT PLAN		
b Name of plan sponsor	ANTHILL INC	**c** EIN-PN	56-2635288-501
a Plan name	ANTHONY A DAVIDSON CPA CBS BENEFIT PLAN		
b Name of plan sponsor	ANTHONY A DAVIDSON CPA	**c** EIN-PN	61-1275547-501

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	ANYTHING GROES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ANYTHING GROES INC	**c** EIN-PN	61-1339604-501
a Plan name	APEX DESIGN GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	APEX DESIGN GROUP INC	**c** EIN-PN	20-8022072-501
a Plan name	APEX MOBILITY PRODUCTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	APEX MOBILITY PRODUCTS LLC	**c** EIN-PN	75-3075282-501
a Plan name	APM PAVING CBS BENEFIT PLAN		
b Name of plan sponsor	APM PAVING	**c** EIN-PN	61-1104916-501
a Plan name	APOLLO LAW CBS BENEFIT PLAN		
b Name of plan sponsor	APOLLO LAW	**c** EIN-PN	82-0693237-501
a Plan name	APPALACHIAN COLLEGE ASSOCIATION CBS BENEFIT PLAN		
b Name of plan sponsor	APPALACHIAN COLLEGE ASSOCIATION	**c** EIN-PN	56-1758784-501
a Plan name	APPALACHIAN COMMUNITY CARE, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	APPALACHIAN COMMUNITY CARE, LLC	**c** EIN-PN	45-3243427-501
a Plan name	APPALACHIAN FOOTHILLS CONTRACTING CBS BENEFIT PLAN		
b Name of plan sponsor	APPALACHIAN FOOTHILLS CONTRACTING	**c** EIN-PN	46-3836165-501
a Plan name	APPALACHIAN REGIONAL HEAD & NECK CBS BENEFIT PLAN		
b Name of plan sponsor	APPALACHIAN REGIONAL HEAD & NECK	**c** EIN-PN	61-1193504-501
a Plan name	APPALACHIAN TANK INC CBS BENEFIT PLAN		
b Name of plan sponsor	APPALACHIAN TANK INC	**c** EIN-PN	87-3212895-501
a Plan name	APPALCAIAN INSURANCE INC CBS BENEFIT PLAN		
b Name of plan sponsor	APPALCAIAN INSURANCE INC	**c** EIN-PN	61-1288619-501
a Plan name	APPLE VALLEY DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	APPLE VALLEY DEVELOPMENT	**c** EIN-PN	62-1386581-501

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	APPLEGATE DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	APPLEGATE DENTISTRY	**c** EIN-PN	61-1328016-501
a Plan name	APPLIED DIGITAL SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	APPLIED DIGITAL SOLUTIONS	**c** EIN-PN	20-2952967-501
a Plan name	APPLIED IMAGINATION LTD CBS BENEFIT PLAN		
b Name of plan sponsor	APPLIED IMAGINATION LTD	**c** EIN-PN	20-4047403-501
a Plan name	APPLIED PROCESSES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	APPLIED PROCESSES, LLC	**c** EIN-PN	61-1390987-501
a Plan name	AQUATIC ACCESS CBS BENEFIT PLAN		
b Name of plan sponsor	AQUATIC ACCESS	**c** EIN-PN	61-1176791-501
a Plan name	AQUATIC RESOURCE CENTER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AQUATIC RESOURCE CENTER LLC	**c** EIN-PN	81-4631187-501
a Plan name	AQW INC CBS BENEFIT PLAN		
b Name of plan sponsor	AQW INC	**c** EIN-PN	61-1048928-501
a Plan name	AR VETERINARY SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	AR VETERINARY SERVICES INC	**c** EIN-PN	84-2318348-501
a Plan name	ARAGON EMPLOYEE LEASING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ARAGON EMPLOYEE LEASING LLC	**c** EIN-PN	36-4748785-501
a Plan name	ARC ELECTRIC AIR-CONDITIONING AND HEATING INC CBS BENEFIT PLAN		
b Name of plan sponsor	ARC ELECTRIC AIR-CONDITIONING AND HEATING INC	**c** EIN-PN	61-0668473-501
a Plan name	ARCADIA ADVOCACY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ARCADIA ADVOCACY LLC	**c** EIN-PN	93-4478623-501
a Plan name	ARCH ENVIRONMENTAL CBS BENEFIT PLAN		
b Name of plan sponsor	ARCH ENVIRONMENTAL	**c** EIN-PN	61-0908770-502

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	ARCHITECTURAL PRODUCTS CBS BENEFIT PLAN		
b Name of plan sponsor	ARCHITECTURAL PRODUCTS	**c** EIN-PN	31-0601130-501
a Plan name	ARCTIC RESTAURANT SERVICE & SUPPLY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ARCTIC RESTAURANT SERVICE & SUPPLY LLC	**c** EIN-PN	27-0790790-501
a Plan name	ARDENT ANIMAL HEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	ARDENT ANIMAL HEALTH	**c** EIN-PN	36-4834772-501
a Plan name	AREA MACHINE CBS BENEFIT PLAN		
b Name of plan sponsor	AREA MACHINE	**c** EIN-PN	46-1357385-501
a Plan name	ARGENBRIGHT DIRT WORKS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ARGENBRIGHT DIRT WORKS, LLC	**c** EIN-PN	83-0516474-501
a Plan name	ARGO NETWORKS CBS BENEFIT PLAN		
b Name of plan sponsor	ARGO NETWORKS	**c** EIN-PN	02-0648579-501
a Plan name	ARLINGHAUS BUILDERS CBS BENEFIT PLAN		
b Name of plan sponsor	ARLINGHAUS BUILDERS	**c** EIN-PN	61-0971412-501
a Plan name	ARMADILLO HOME SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ARMADILLO HOME SOLUTIONS LLC	**c** EIN-PN	86-2064615-501
a Plan name	ARNETT VISION CARE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ARNETT VISION CARE PLLC	**c** EIN-PN	27-1620633-501
a Plan name	ARNEY INDUSTRIAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	ARNEY INDUSTRIAL SERVICES	**c** EIN-PN	61-1288477-501
a Plan name	ARNOLDS BOATS & MOTORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	ARNOLDS BOATS & MOTORS INC	**c** EIN-PN	61-1129832-501
a Plan name	ARNZEN, STORM & TURNER P.S.C. CBS BENEFIT PLAN		
b Name of plan sponsor	ARNZEN, STORM & TURNER P.S.C.	**c** EIN-PN	61-1396650-501

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	ARROW TEK INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ARROW TEK INC.	**c** EIN-PN	37-1461581-501
a Plan name	ARTEL COMMUNICATIONS SYSTEM INC CBS BENEFIT PLAN		
b Name of plan sponsor	ARTEL COMMUNICATIONS SYSTEM INC	**c** EIN-PN	61-1129597-501
a Plan name	ARTHUR GORDON ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	ARTHUR GORDON ELECTRIC	**c** EIN-PN	61-1176718-501
a Plan name	ARTS OF SOUTHERN KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	ARTS OF SOUTHERN KENTUCKY	**c** EIN-PN	85-3668279-501
a Plan name	ARTS USED PARTS CBS BENEFIT PLAN		
b Name of plan sponsor	ARTS USED PARTS	**c** EIN-PN	27-4943203-501
a Plan name	ASCENSION CONSULTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ASCENSION CONSULTING LLC	**c** EIN-PN	47-2304200-502
a Plan name	ASG MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ASG MANAGEMENT LLC	**c** EIN-PN	85-3446755-501
a Plan name	ASHLAND CHILDRENS CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	ASHLAND CHILDRENS CLINIC	**c** EIN-PN	61-0975206-501
a Plan name	ASHLAND FABRICATING & WELDING CBS BENEFIT PLAN		
b Name of plan sponsor	ASHLAND FABRICATING & WELDING	**c** EIN-PN	61-0853523-501
a Plan name	ASHLAND PROSTHETIC & ORTHOTIC SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	ASHLAND PROSTHETIC & ORTHOTIC SERVICES	**c** EIN-PN	61-1226604-501
a Plan name	ASHLEE KENNEDY STATE FARM CBS BENEFIT PLAN		
b Name of plan sponsor	ASHLEE KENNEDY STATE FARM	**c** EIN-PN	46-5319809-501
a Plan name	ASHLEY ROUNTREE & ASSOC CBS BENEFIT PLAN		
b Name of plan sponsor	ASHLEY ROUNTREE & ASSOC	**c** EIN-PN	92-0189579-501

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	ASI MACHINE TOOL CBS BENEFIT PLAN		
b Name of plan sponsor	ASI MACHINE TOOL	**c** EIN-PN	31-1557908-501
a Plan name	ASIAN FOOD AND GROCERIES CBS BENEFIT PLAN		
b Name of plan sponsor	ASIAN FOOD AND GROCERIES	**c** EIN-PN	81-4236780-501
a Plan name	ASPIRE REAL ESTATE GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	ASPIRE REAL ESTATE GROUP	**c** EIN-PN	81-5262371-501
a Plan name	ASSET TECHNOLOGIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ASSET TECHNOLOGIES LLC	**c** EIN-PN	74-3233655-501
a Plan name	ASSET1 LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ASSET1 LLC	**c** EIN-PN	25-1908550-501
a Plan name	ASSOCIATED ENGINEERS CBS BENEFIT PLAN		
b Name of plan sponsor	ASSOCIATED ENGINEERS	**c** EIN-PN	61-1233891-501
a Plan name	ASSOCIATED ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ASSOCIATED ENTERPRISES INC	**c** EIN-PN	61-1193851-501
a Plan name	ASSOCIATED RAILROAD CBS BENEFIT PLAN		
b Name of plan sponsor	ASSOCIATED RAILROAD	**c** EIN-PN	61-0993473-501
a Plan name	ASSOCIATES FOR DENTAL ARTS CBS BENEFIT PLAN		
b Name of plan sponsor	ASSOCIATES FOR DENTAL ARTS	**c** EIN-PN	20-1986646-501
a Plan name	ASSOCIATES IN PHYSICIAN SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	ASSOCIATES IN PHYSICIAN SERVICES	**c** EIN-PN	61-1309874-502
a Plan name	ASSOCIATION MANAGEMENT SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	ASSOCIATION MANAGEMENT SERVICES	**c** EIN-PN	86-3157009-501
a Plan name	ASSURANCE REALTY & PROPERTY MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	ASSURANCE REALTY & PROPERTY MANAGEMENT	**c** EIN-PN	46-3742056-501

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	ASSURANCE TAX SERVICE & BOOKKEEPING CBS BENEFIT PLAN		
b Name of plan sponsor	ASSURANCE TAX SERVICE & BOOKKEEPING	**c** EIN-PN	45-5195469-501
a Plan name	ASTECNOS AMERICA CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	ASTECNOS AMERICA CORPORATION	**c** EIN-PN	38-4004684-501
a Plan name	ASTRAL, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ASTRAL, LLC	**c** EIN-PN	83-2955838-501
a Plan name	ATEK ELECTRIC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ATEK ELECTRIC LLC	**c** EIN-PN	81-2068125-501
a Plan name	ATHENIAN GRILL CBS BENEFIT PLAN		
b Name of plan sponsor	ATHENIAN GRILL	**c** EIN-PN	45-4798282-501
a Plan name	ATHENS COMMERCIAL DOOR & HARDWARE INC CBS BENEFIT PLAN		
b Name of plan sponsor	ATHENS COMMERCIAL DOOR & HARDWARE INC	**c** EIN-PN	43-2037319-501
a Plan name	ATHLETES ADVANTAGE CBS BENEFIT PLAN		
b Name of plan sponsor	ATHLETES ADVANTAGE	**c** EIN-PN	88-0853664-501
a Plan name	ATHLETX LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ATHLETX LLC	**c** EIN-PN	45-4256265-501
a Plan name	ATLANTIC APPRAISAL CBS BENEFIT PLAN		
b Name of plan sponsor	ATLANTIC APPRAISAL	**c** EIN-PN	61-1178138-501
a Plan name	ATLAS COMFORT AIR CBS BENEFIT PLAN		
b Name of plan sponsor	ATLAS COMFORT AIR	**c** EIN-PN	85-4348032-501
a Plan name	ATLAS DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	ATLAS DEVELOPMENT	**c** EIN-PN	47-2377876-501
a Plan name	ATLAS ELECTRIC MOTOR SERVICE AND SALES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ATLAS ELECTRIC MOTOR SERVICE AND SALES INC	**c** EIN-PN	61-1247714-501

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	ATLAS EQUIPMENT SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	ATLAS EQUIPMENT SERVICES	**c** EIN-PN	20-4769552-501
a Plan name	ATOMIC COWGIRL INC CBS BENEFIT PLAN		
b Name of plan sponsor	ATOMIC COWGIRL INC	**c** EIN-PN	74-3093390-502
a Plan name	ATWOOD LUMBER & MATS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ATWOOD LUMBER & MATS LLC	**c** EIN-PN	46-1820494-501
a Plan name	AUDIOPHILE INC CBS BENEFIT PLAN		
b Name of plan sponsor	AUDIOPHILE INC	**c** EIN-PN	81-5214858-501
a Plan name	AUDUBON COUNTRY CLUB INC CBS BENEFIT PLAN		
b Name of plan sponsor	AUDUBON COUNTRY CLUB INC	**c** EIN-PN	61-0123310-501
a Plan name	AUSTIN WINGATE INSURANCE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AUSTIN WINGATE INSURANCE LLC	**c** EIN-PN	86-1967265-501
a Plan name	AUTO ALTERNATIVE CBS BENEFIT PLAN		
b Name of plan sponsor	AUTO ALTERNATIVE	**c** EIN-PN	61-1218047-501
a Plan name	AUTO BODY & FRAME CBS BENEFIT PLAN		
b Name of plan sponsor	AUTO BODY & FRAME	**c** EIN-PN	61-1132426-501
a Plan name	AUTO PAINT AND PERFORMANCE CBS BENEFIT PLAN		
b Name of plan sponsor	AUTO PAINT AND PERFORMANCE	**c** EIN-PN	75-3035709-501
a Plan name	AUTO SPORTS COLLISION CARE INC CBS BENEFIT PLAN		
b Name of plan sponsor	AUTO SPORTS COLLISION CARE INC	**c** EIN-PN	03-0559429-501
a Plan name	AUTO TRUCK AND TRAILER CBS BENEFIT PLAN		
b Name of plan sponsor	AUTO TRUCK AND TRAILER	**c** EIN-PN	61-1507819-501
a Plan name	AUTOMATIC RAIN IRRIGATION CBS BENEFIT PLAN		
b Name of plan sponsor	AUTOMATIC RAIN IRRIGATION	**c** EIN-PN	26-2453831-501

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	AUTOMOTIVE SERVICE PRODUCTS CBS BENEFIT PLAN		
b Name of plan sponsor	AUTOMOTIVE SERVICE PRODUCTS	**c** EIN-PN	61-1100598-501
a Plan name	AUTOSOUND INC CBS BENEFIT PLAN		
b Name of plan sponsor	AUTOSOUND INC	**c** EIN-PN	61-1068394-501
a Plan name	AV TRAIN CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	AV TRAIN CONSULTING	**c** EIN-PN	47-4269941-501
a Plan name	AVAIL SOLUTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	AVAIL SOLUTIONS INC	**c** EIN-PN	81-2487968-502
a Plan name	AVANT TRAVEL AGENCY CBS BENEFIT PLAN		
b Name of plan sponsor	AVANT TRAVEL AGENCY	**c** EIN-PN	61-1115318-501
a Plan name	AVIATION TECHNOLOGY LOUISVILLE, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AVIATION TECHNOLOGY LOUISVILLE, LLC	**c** EIN-PN	05-0613799-501
a Plan name	AVOCADO DIGITAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AVOCADO DIGITAL LLC	**c** EIN-PN	27-1578734-501
a Plan name	AW GRAHAM LUMBER CBS BENEFIT PLAN		
b Name of plan sponsor	AW GRAHAM LUMBER	**c** EIN-PN	61-1379404-501
a Plan name	AWI ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AWI ENTERPRISES LLC	**c** EIN-PN	20-5729228-501
a Plan name	AWNINGS ABOVE CBS BENEFIT PLAN		
b Name of plan sponsor	AWNINGS ABOVE	**c** EIN-PN	61-1398418-501
a Plan name	AX RENTALS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AX RENTALS LLC	**c** EIN-PN	88-2391385-501
a Plan name	AXIOM ARCHITECTURE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	AXIOM ARCHITECTURE PLLC	**c** EIN-PN	46-4511944-501

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	AXIOM SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	AXIOM SOLUTIONS LLC	**c** EIN-PN	20-8475939-501
a Plan name	AXP ENERGY, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	AXP ENERGY, INC.	**c** EIN-PN	61-1057062-501
a Plan name	B & B METALS INC CBS BENEFIT PLAN		
b Name of plan sponsor	B & B METALS INC	**c** EIN-PN	61-1253148-501
a Plan name	B & B TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	B & B TECHNOLOGIES	**c** EIN-PN	45-3156474-501
a Plan name	B & C INDUSTRIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	B & C INDUSTRIES INC	**c** EIN-PN	30-0007546-501
a Plan name	B & M INDUSTRIAL SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	B & M INDUSTRIAL SUPPLY	**c** EIN-PN	61-1019145-501
a Plan name	B & S INVESTMENTS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	B & S INVESTMENTS, LLC	**c** EIN-PN	30-0957838-501
a Plan name	B AND D SUPERGRIP CORP CBS BENEFIT PLAN		
b Name of plan sponsor	B AND D SUPERGRIP CORP	**c** EIN-PN	61-1118864-501
a Plan name	B BROWELL BOUTIQUE INC CBS BENEFIT PLAN		
b Name of plan sponsor	B BROWELL BOUTIQUE INC	**c** EIN-PN	82-1197307-501
a Plan name	B SQUARED ELECTRIC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	B SQUARED ELECTRIC LLC	**c** EIN-PN	85-3230069-501
a Plan name	B&E HOME FURNISHINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	B&E HOME FURNISHINGS LLC	**c** EIN-PN	84-3935614-501
a Plan name	B&M SERVICE COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	B&M SERVICE COMPANY	**c** EIN-PN	61-0928290-501

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	B&R CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	B&R CONSTRUCTION	**c** EIN-PN	84-2186928-501
a Plan name	B&R ELECTRICAL CBS BENEFIT PLAN		
b Name of plan sponsor	B&R ELECTRICAL	**c** EIN-PN	61-1277659-501
a Plan name	B.DEEMER GALLERY CBS BENEFIT PLAN		
b Name of plan sponsor	B.DEEMER GALLERY	**c** EIN-PN	85-3947646-501
a Plan name	B2M PLUMBING INC CBS BENEFIT PLAN		
b Name of plan sponsor	B2M PLUMBING INC	**c** EIN-PN	92-1752849-501
a Plan name	BABCON, INC CBS BENEFIT PLAN		
b Name of plan sponsor	BABCON, INC	**c** EIN-PN	34-1761156-501
a Plan name	BACH VETERINARY CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	BACH VETERINARY CLINIC	**c** EIN-PN	60-1281717-501
a Plan name	BACKS AUTO AUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	BACKS AUTO AUCTION	**c** EIN-PN	61-0982880-501
a Plan name	BACKYARD WORLD LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BACKYARD WORLD LLC	**c** EIN-PN	81-3577312-501
a Plan name	BAD GIRL VENTURES INC CBS BENEFIT PLAN		
b Name of plan sponsor	BAD GIRL VENTURES INC	**c** EIN-PN	27-3218716-501
a Plan name	BAILEY GIBSON BUICK GMC INC CBS BENEFIT PLAN		
b Name of plan sponsor	BAILEY GIBSON BUICK GMC INC	**c** EIN-PN	61-0662895-501
a Plan name	BAK CPAS AND ADVISORS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	BAK CPAS AND ADVISORS PSC	**c** EIN-PN	31-1563994-501
a Plan name	BAKER BUSINESS AND TAX SOLUTIONS PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BAKER BUSINESS AND TAX SOLUTIONS PLLC	**c** EIN-PN	47-4119999-501

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	BAKER HUNT FOUNDATION, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	BAKER HUNT FOUNDATION, INC.	**c** EIN-PN	61-0445824-501
a Plan name	BALDWIN ENGINEERING CBS BENEFIT PLAN		
b Name of plan sponsor	BALDWIN ENGINEERING	**c** EIN-PN	61-1170301-501
a Plan name	BALLARD COUNTY COOPERATIVE INC CBS BENEFIT PLAN		
b Name of plan sponsor	BALLARD COUNTY COOPERATIVE INC	**c** EIN-PN	61-0425002-501
a Plan name	BALLET THEATRE OF LEXINGTON, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	BALLET THEATRE OF LEXINGTON, INC.	**c** EIN-PN	61-1329176-501
a Plan name	BALLY LOGISTICS CBS BENEFIT PLAN		
b Name of plan sponsor	BALLY LOGISTICS	**c** EIN-PN	85-1574831-501
a Plan name	BAMBERGER & BRANCATO PSC CBS BENEFIT PLAN		
b Name of plan sponsor	BAMBERGER & BRANCATO PSC	**c** EIN-PN	20-8958182-501
a Plan name	BANDY CARROLL & HELLIGE CBS BENEFIT PLAN		
b Name of plan sponsor	BANDY CARROLL & HELLIGE	**c** EIN-PN	61-0858976-501
a Plan name	BANK OF BUFFALO CBS BENEFIT PLAN		
b Name of plan sponsor	BANK OF BUFFALO	**c** EIN-PN	61-0145919-501
a Plan name	BANKS ENGINEERING INC CBS BENEFIT PLAN		
b Name of plan sponsor	BANKS ENGINEERING INC	**c** EIN-PN	01-0925655-501
a Plan name	BANKS VETERINARY CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	BANKS VETERINARY CLINIC	**c** EIN-PN	83-1931722-501
a Plan name	BAPTIST ANESTHESIA PSC CBS BENEFIT PLAN		
b Name of plan sponsor	BAPTIST ANESTHESIA PSC	**c** EIN-PN	61-1115420-501
a Plan name	BARBER, BANASZYNSKI & HIATT, PSC CBS BENEFIT PLAN		
b Name of plan sponsor	BARBER, BANASZYNSKI & HIATT, PSC	**c** EIN-PN	61-1294192-501

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	BARBOURVILLE SHOPPING CENTER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BARBOURVILLE SHOPPING CENTER LLC	**c** EIN-PN	61-1388986-501
a Plan name	BARDSTOWN WAREHOUSE CBS BENEFIT PLAN		
b Name of plan sponsor	BARDSTOWN WAREHOUSE	**c** EIN-PN	61-1147972-501
a Plan name	BARDWELL PHARMACY CBS BENEFIT PLAN		
b Name of plan sponsor	BARDWELL PHARMACY	**c** EIN-PN	47-4191801-501
a Plan name	BARGAINS GALORE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	BARGAINS GALORE, INC	**c** EIN-PN	61-0974796-501
a Plan name	BARGER INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	BARGER INSURANCE AGENCY INC	**c** EIN-PN	61-1319795-501
a Plan name	BARMAN FAMILY ALLEN COUNTY HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BARMAN FAMILY ALLEN COUNTY HOLDINGS LLC	**c** EIN-PN	26-3212118-501
a Plan name	BARNES & MALONEY CBS BENEFIT PLAN		
b Name of plan sponsor	BARNES & MALONEY	**c** EIN-PN	61-1163985-501
a Plan name	BARNES AUTO SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	BARNES AUTO SERVICE	**c** EIN-PN	61-1216659-501
a Plan name	BARNES OIL AND PETROLEUM CBS BENEFIT PLAN		
b Name of plan sponsor	BARNES OIL AND PETROLEUM	**c** EIN-PN	61-1357539-501
a Plan name	BARNEY MILLERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BARNEY MILLERS INC	**c** EIN-PN	61-0479145-501
a Plan name	BARNHILL ENTERPRISES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BARNHILL ENTERPRISES, LLC	**c** EIN-PN	45-3722409-501
a Plan name	BARON BARCLAY BRIDGE SUPPLIES CBS BENEFIT PLAN		
b Name of plan sponsor	BARON BARCLAY BRIDGE SUPPLIES	**c** EIN-PN	61-1074648-501

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	BARRELL CRAFT SPIRITS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BARRELL CRAFT SPIRITS, LLC	**c** EIN-PN	46-2575819-501
a Plan name	BARRETT CHIROPRACTIC CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	BARRETT CHIROPRACTIC CENTER	**c** EIN-PN	61-1401853-501
a Plan name	BARRETT DENTAL CARE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BARRETT DENTAL CARE PLLC	**c** EIN-PN	88-3539048-501
a Plan name	BASHAM CONSTRUCTION AND RENTAL COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	BASHAM CONSTRUCTION AND RENTAL COMPANY INC	**c** EIN-PN	31-1560028-501
a Plan name	BASHAM LUMBER CBS BENEFIT PLAN		
b Name of plan sponsor	BASHAM LUMBER	**c** EIN-PN	61-0675402-501
a Plan name	BASHAM MANAGEMENT GROUP, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BASHAM MANAGEMENT GROUP, LLC	**c** EIN-PN	87-3683965-501
a Plan name	BATORAY CBS BENEFIT PLAN		
b Name of plan sponsor	BATORAY	**c** EIN-PN	61-1298412-501
a Plan name	BAUMANN PAPER COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	BAUMANN PAPER COMPANY	**c** EIN-PN	61-0510369-501
a Plan name	BAVAJI MAHARAJ INC CBS BENEFIT PLAN		
b Name of plan sponsor	BAVAJI MAHARAJ INC	**c** EIN-PN	27-2327482-501
a Plan name	BAXEL CBS BENEFIT PLAN		
b Name of plan sponsor	BAXEL	**c** EIN-PN	46-4011841-501
a Plan name	BAY HORSE INNOVATIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BAY HORSE INNOVATIONS INC	**c** EIN-PN	46-2153841-501
a Plan name	BBM MACHINE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BBM MACHINE LLC	**c** EIN-PN	81-3734027-501

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	BBN PHYSICAL THERAPY INC CBS BENEFIT PLAN		
b Name of plan sponsor	BBN PHYSICAL THERAPY INC	**c** EIN-PN	47-5407686-501
a Plan name	BC LANDSCAPES AND CONCRETE CBS BENEFIT PLAN		
b Name of plan sponsor	BC LANDSCAPES AND CONCRETE	**c** EIN-PN	88-3310779-501
a Plan name	BC SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	BC SERVICES INC	**c** EIN-PN	90-0640114-502
a Plan name	BCD, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	BCD, INC.	**c** EIN-PN	61-0960138-501
a Plan name	BCPC EXTERMINATING INC CBS BENEFIT PLAN		
b Name of plan sponsor	BCPC EXTERMINATING INC	**c** EIN-PN	46-4392604-501
a Plan name	BCR CBS BENEFIT PLAN		
b Name of plan sponsor	BCR	**c** EIN-PN	26-1511497-501
a Plan name	BCT ACCOUNTING PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BCT ACCOUNTING PLLC	**c** EIN-PN	82-3002576-501
a Plan name	BDD MANAGEMENT, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	BDD MANAGEMENT, INC.	**c** EIN-PN	61-1286599-501
a Plan name	BDM COLLISION CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	BDM COLLISION CENTER	**c** EIN-PN	20-5696117-501
a Plan name	B-DRY OF KY CBS BENEFIT PLAN		
b Name of plan sponsor	B-DRY OF KY	**c** EIN-PN	61-1403295-501
a Plan name	BEAM BROTHERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BEAM BROTHERS INC	**c** EIN-PN	61-1381611-501
a Plan name	BEARGRASS GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	BEARGRASS GROUP	**c** EIN-PN	46-5441403-501

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	BEAUMONT INN OPERATIONS LLC MGT ONLY CBS BENEFIT PLAN		
b Name of plan sponsor	BEAUMONT INN OPERATIONS LLC MGT ONLY	**c** EIN-PN	88-2101325-501
a Plan name	BEAVER DAM BUILDING SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	BEAVER DAM BUILDING SUPPLY	**c** EIN-PN	46-3098913-501
a Plan name	BECHT FAMILY DENTAL CBS BENEFIT PLAN		
b Name of plan sponsor	BECHT FAMILY DENTAL	**c** EIN-PN	82-3887972-501
a Plan name	BEECHER HOUSE APARTMENTS CBS BENEFIT PLAN		
b Name of plan sponsor	BEECHER HOUSE APARTMENTS	**c** EIN-PN	80-0821947-501
a Plan name	BEECHFORK SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BEECHFORK SERVICES LLC	**c** EIN-PN	61-1399679-501
a Plan name	BEHA CATERING CBS BENEFIT PLAN		
b Name of plan sponsor	BEHA CATERING	**c** EIN-PN	46-4401312-501
a Plan name	BEHAVIORAL COUNSELING SVC CBS BENEFIT PLAN		
b Name of plan sponsor	BEHAVIORAL COUNSELING SVC	**c** EIN-PN	27-2994357-501
a Plan name	BEHIND THE DOOR PROPERTY CONSULTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BEHIND THE DOOR PROPERTY CONSULTING LLC	**c** EIN-PN	93-2134306-501
a Plan name	BEITING FAMILY DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	BEITING FAMILY DENTISTRY	**c** EIN-PN	26-1481735-501
a Plan name	BELFRY-DORTON CLINIC, INC CBS BENEFIT PLAN		
b Name of plan sponsor	BELFRY-DORTON CLINIC, INC	**c** EIN-PN	61-1348909-501
a Plan name	BELL CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	BELL CONSTRUCTION INC	**c** EIN-PN	31-1508914-501
a Plan name	BELL ORR AYERS & MOORE PSC CBS BENEFIT PLAN		
b Name of plan sponsor	BELL ORR AYERS & MOORE PSC	**c** EIN-PN	61-0711875-501

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	BELLA LASLEY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BELLA LASLEY LLC	**c** EIN-PN	83-4278162-501
a Plan name	BELLA VETERINARY SERVICES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BELLA VETERINARY SERVICES PLLC	**c** EIN-PN	88-3135681-501
a Plan name	BELLEFONTE COUNTRY CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	BELLEFONTE COUNTRY CLUB	**c** EIN-PN	61-1111111-501
a Plan name	BELTWAYS CBS BENEFIT PLAN		
b Name of plan sponsor	BELTWAYS	**c** EIN-PN	85-2171944-501
a Plan name	BEN C. KAUFMANN CBS BENEFIT PLAN		
b Name of plan sponsor	BEN C. KAUFMANN	**c** EIN-PN	61-0851919-501
a Plan name	BEN SMITH & CO FINANCIAL SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	BEN SMITH & CO FINANCIAL SERVICES INC	**c** EIN-PN	20-2690986-501
a Plan name	BENCHMARK VENTURES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BENCHMARK VENTURES LLC	**c** EIN-PN	87-3063154-501
a Plan name	BENEKE WIRE CBS BENEFIT PLAN		
b Name of plan sponsor	BENEKE WIRE	**c** EIN-PN	61-0670206-501
a Plan name	BE-NK LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BE-NK LLC	**c** EIN-PN	88-1059469-501
a Plan name	BENNETT EXCAVATING CBS BENEFIT PLAN		
b Name of plan sponsor	BENNETT EXCAVATING	**c** EIN-PN	31-1522538-501
a Plan name	BENNETTS GAS CBS BENEFIT PLAN		
b Name of plan sponsor	BENNETTS GAS	**c** EIN-PN	61-0423928-501
a Plan name	BENNY EPLING LAW OFFICES CBS BENEFIT PLAN		
b Name of plan sponsor	BENNY EPLING LAW OFFICES	**c** EIN-PN	46-4918041-501

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	BENQUEILS JEWELRY CBS BENEFIT PLAN		
b Name of plan sponsor	BENQUEILS JEWELRY	**c** EIN-PN	61-1006713-501
a Plan name	BENTON PLUMBING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BENTON PLUMBING LLC	**c** EIN-PN	83-3813434-501
a Plan name	BEREA TOP SHOP INC CBS BENEFIT PLAN		
b Name of plan sponsor	BEREA TOP SHOP INC	**c** EIN-PN	61-1027089-501
a Plan name	BERRY KINGTON & UTLEY FINANCIAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	BERRY KINGTON & UTLEY FINANCIAL SERVICES	**c** EIN-PN	92-2764158-501
a Plan name	BERRY PHARMACIST GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BERRY PHARMACIST GROUP LLC	**c** EIN-PN	27-4131610-501
a Plan name	BESHEAR SAWMILL INC CBS BENEFIT PLAN		
b Name of plan sponsor	BESHEAR SAWMILL INC	**c** EIN-PN	61-1305649-501
a Plan name	BESHEARS FARM TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	BESHEARS FARM TRUCKING	**c** EIN-PN	61-1093986-501
a Plan name	BEST CHOICE SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	BEST CHOICE SUPPLY	**c** EIN-PN	61-1136566-501
a Plan name	BEST OF KENTUCKY INC CBS BENEFIT PLAN		
b Name of plan sponsor	BEST OF KENTUCKY INC	**c** EIN-PN	61-0649066-501
a Plan name	BETHANY HAVEN CBS BENEFIT PLAN		
b Name of plan sponsor	BETHANY HAVEN	**c** EIN-PN	31-1521503-501
a Plan name	BETHANY HICKS STATE FARM CBS BENEFIT PLAN		
b Name of plan sponsor	BETHANY HICKS STATE FARM	**c** EIN-PN	45-3558881-501
a Plan name	BETHANY MEMORIAL CEMETERY CBS BENEFIT PLAN		
b Name of plan sponsor	BETHANY MEMORIAL CEMETERY	**c** EIN-PN	61-0566959-501

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 WAY FOOD MART #4 INC CBS BENEFIT PLAN		
b Name of plan sponsor	BETTER WAY FOOD MART #4 INC	**c** EIN-PN	61-1074870-501
a Plan name	BEVERAGE PROPERTIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	BEVERAGE PROPERTIES INC	**c** EIN-PN	61-1202825-501
a Plan name	BEXION PHARMACEUTICALS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	BEXION PHARMACEUTICALS, INC.	**c** EIN-PN	30-0965967-501
a Plan name	BF CAPITAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	BF CAPITAL INC	**c** EIN-PN	61-1248127-501
a Plan name	BG TIRE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BG TIRE LLC	**c** EIN-PN	82-4932519-501
a Plan name	BG WORKFORCE SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BG WORKFORCE SOLUTIONS LLC	**c** EIN-PN	85-1937841-501
a Plan name	BGT & R LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BGT & R LLC	**c** EIN-PN	20-0462969-501
a Plan name	BHC- TRUSTED IT CBS BENEFIT PLAN		
b Name of plan sponsor	BHC- TRUSTED IT	**c** EIN-PN	75-3003381-501
a Plan name	BI STATE MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BI STATE MANAGEMENT LLC	**c** EIN-PN	61-1369221-502
a Plan name	BICKETT TILING & EXCAVATING CBS BENEFIT PLAN		
b Name of plan sponsor	BICKETT TILING & EXCAVATING	**c** EIN-PN	26-0774213-501
a Plan name	BIG COUNTRY OUTDOOR POWERSPORTS CBS BENEFIT PLAN		
b Name of plan sponsor	BIG COUNTRY OUTDOOR POWERSPORTS	**c** EIN-PN	46-5571220-501
a Plan name	BIG THREE TRACTOR CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	BIG THREE TRACTOR CO INC	**c** EIN-PN	61-0606200-501

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	BIGGS FINANCIAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	BIGGS FINANCIAL SERVICES	**c** EIN-PN	84-3675682-501
a Plan name	BIGIO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BIGIO LLC	**c** EIN-PN	93-2777436-501
a Plan name	BILLINGS LAW FIRM, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BILLINGS LAW FIRM, PLLC	**c** EIN-PN	94-3469693-501
a Plan name	BILLINGTON FINANCE AND INVESTMENT CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	BILLINGTON FINANCE AND INVESTMENT CO INC	**c** EIN-PN	61-0597035-501
a Plan name	BILYEU ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	BILYEU ENTERPRISES	**c** EIN-PN	83-1472932-501
a Plan name	BIO PHARMA LOGISTICS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BIO PHARMA LOGISTICS LLC	**c** EIN-PN	06-1828524-501
a Plan name	BIOGRUND US LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BIOGRUND US LLC	**c** EIN-PN	32-0417053-501
a Plan name	BIOMETH MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	BIOMETH MANAGEMENT	**c** EIN-PN	26-1413608-501
a Plan name	BIOPATHOGENIX LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BIOPATHOGENIX LLC	**c** EIN-PN	84-4171252-501
a Plan name	BIORIGIN NORTH AMERICA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BIORIGIN NORTH AMERICA LLC	**c** EIN-PN	33-3001371-501
a Plan name	BIRKHEAD HEATING & AIR CBS BENEFIT PLAN		
b Name of plan sponsor	BIRKHEAD HEATING & AIR	**c** EIN-PN	61-0570320-501
a Plan name	BISCUIT BELLY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BISCUIT BELLY LLC	**c** EIN-PN	83-2163504-502

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	BISHOP REALTY & AUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	BISHOP REALTY & AUCTION	**c** EIN-PN	20-4532217-501
a Plan name	BISIG IMPACT GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	BISIG IMPACT GROUP INC	**c** EIN-PN	71-0923073-501
a Plan name	BITTNERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BITTNERS LLC	**c** EIN-PN	61-1372128-501
a Plan name	BK CAPITAL VENTURES CBS BENEFIT PLAN		
b Name of plan sponsor	BK CAPITAL VENTURES	**c** EIN-PN	60-1183990-501
a Plan name	BK REMODELING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BK REMODELING LLC	**c** EIN-PN	81-4969383-501
a Plan name	BLACKBURN DOMENE & BURCHETT PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLACKBURN DOMENE & BURCHETT PLLC	**c** EIN-PN	61-1289304-501
a Plan name	BLACKETER COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	BLACKETER COMPANY	**c** EIN-PN	61-0622133-501
a Plan name	BLACKRIDGE RESOURCE PARTNERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLACKRIDGE RESOURCE PARTNERS LLC	**c** EIN-PN	45-1594780-501
a Plan name	BLAIR PROPERTIES CBS BENEFIT PLAN		
b Name of plan sponsor	BLAIR PROPERTIES	**c** EIN-PN	61-1197613-501
a Plan name	BLAIR'S AUTO SALES CBS BENEFIT PLAN		
b Name of plan sponsor	BLAIRS AUTO SALES	**c** EIN-PN	20-0825327-501
a Plan name	BLAND ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	BLAND ELECTRIC	**c** EIN-PN	61-0962376-501
a Plan name	BLANKS PHARMACY INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLANKS PHARMACY INC	**c** EIN-PN	61-0960282-501

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	BLANTON ELECTRIC INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLANTON ELECTRIC INC	**c** EIN-PN	61-1677376-501
a Plan name	BLAU MECHANICAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLAU MECHANICAL INC	**c** EIN-PN	61-0662700-501
a Plan name	BLC INDUSTRIES INC. CBS BENEFIT PLAN		
b Name of plan sponsor	BLC INDUSTRIES INC.	**c** EIN-PN	61-0945405-501
a Plan name	BLENDEX COMPANY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLENDEX COMPANY, LLC	**c** EIN-PN	61-0952289-501
a Plan name	BLESSINGS IN A BACKPACK INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLESSINGS IN A BACKPACK INC	**c** EIN-PN	26-1964620-501
a Plan name	BLISS COLLECTION, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLISS COLLECTION, LLC	**c** EIN-PN	61-1342431-501
a Plan name	BLITZ BUILDERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLITZ BUILDERS INC	**c** EIN-PN	35-1705379-501
a Plan name	BLITZ SALON & SPA SUITES CBS BENEFIT PLAN		
b Name of plan sponsor	BLITZ SALON & SPA SUITES	**c** EIN-PN	92-1435726-501
a Plan name	BLOC MKTG CBS BENEFIT PLAN		
b Name of plan sponsor	BLOC MKTG	**c** EIN-PN	26-1757129-501
a Plan name	BLU DISTRIBUTION CBS BENEFIT PLAN		
b Name of plan sponsor	BLU DISTRIBUTION	**c** EIN-PN	88-3989637-501
a Plan name	BLUE DIAMOND MANAGEMENT, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE DIAMOND MANAGEMENT, LLC	**c** EIN-PN	92-0667905-501
a Plan name	BLUE EQUITY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE EQUITY LLC	**c** EIN-PN	88-0441474-501

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 GRASS AQUATICS AND POOL MGMT CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE GRASS AQUATICS AND POOL MGMT	**c** EIN-PN	82-4424994-501
a Plan name	BLUE GRASS QUALITY MEATS CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE GRASS QUALITY MEATS	**c** EIN-PN	61-0646109-502
a Plan name	BLUE HALO MED SPA INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE HALO MED SPA INC	**c** EIN-PN	46-5767620-501
a Plan name	BLUE HEAVEN TECHNOLOGIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE HEAVEN TECHNOLOGIES LLC	**c** EIN-PN	81-0651571-501
a Plan name	BLUE HOSPITALITY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE HOSPITALITY LLC	**c** EIN-PN	99-1809230-501
a Plan name	BLUE LICK TRUCK CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE LICK TRUCK	**c** EIN-PN	61-1301750-501
a Plan name	BLUE LINE STREAM RESTORATION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE LINE STREAM RESTORATION LLC	**c** EIN-PN	20-1859594-501
a Plan name	BLUE META DESIGN INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE META DESIGN INC	**c** EIN-PN	83-0691639-501
a Plan name	BLUE OCEAN TRADERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE OCEAN TRADERS INC	**c** EIN-PN	61-1391560-501
a Plan name	BLUE OCEAN VENTURES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE OCEAN VENTURES LLC	**c** EIN-PN	83-4631280-501
a Plan name	BLUE SKIES RESOURCES CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE SKIES RESOURCES	**c** EIN-PN	20-0520318-501
a Plan name	BLUE STALLION BREWING CO CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE STALLION BREWING CO	**c** EIN-PN	45-5622448-501

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 SURGICAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE SURGICAL LLC	**c** EIN-PN	99-2596221-501
a Plan name	BLUE WAVE AMERICA CBS BENEFIT PLAN		
b Name of plan sponsor	BLUE WAVE AMERICA	**c** EIN-PN	87-2339329-501
a Plan name	BLUEGRASS ANESTHESIA SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS ANESTHESIA SERVICES	**c** EIN-PN	61-1355916-501
a Plan name	BLUEGRASS AUCTION APPRAISAL & REALTY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS AUCTION APPRAISAL & REALTY LLC	**c** EIN-PN	27-0410292-501
a Plan name	BLUEGRASS AWNING CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS AWNING	**c** EIN-PN	31-1536411-501
a Plan name	BLUEGRASS BEAN COUNTER CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS BEAN COUNTER	**c** EIN-PN	47-1788342-501
a Plan name	BLUEGRASS BEHAVIORAL SVC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS BEHAVIORAL SVC	**c** EIN-PN	84-4836554-501
a Plan name	BLUEGRASS CHEESESTEAK LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS CHEESESTEAK LLC	**c** EIN-PN	88-4155346-501
a Plan name	BLUEGRASS DELIVERY OF KY INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS DELIVERY OF KY INC	**c** EIN-PN	27-3982240-502
a Plan name	BLUEGRASS DIESEL SPECIALISTS CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS DIESEL SPECIALISTS	**c** EIN-PN	61-1258279-501
a Plan name	BLUEGRASS DISTILLERS CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS DISTILLERS	**c** EIN-PN	46-1152935-501
a Plan name	BLUEGRASS ENDODONTICS CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS ENDODONTICS	**c** EIN-PN	27-2715876-501

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	BLUEGRASS ENGINEERING PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS ENGINEERING PLLC	**c** EIN-PN	82-2125516-501
a Plan name	BLUEGRASS FOODS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS FOODS INC	**c** EIN-PN	61-1219451-501
a Plan name	BLUEGRASS FRAMES CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS FRAMES	**c** EIN-PN	61-1039799-501
a Plan name	BLUEGRASS GREETINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS GREETINGS LLC	**c** EIN-PN	27-3755780-501
a Plan name	BLUEGRASS HAVEN CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS HAVEN CONSTRUCTION	**c** EIN-PN	84-2031162-501
a Plan name	BLUEGRASS HEARING CLINIC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS HEARING CLINIC LLC	**c** EIN-PN	31-1503268-502
a Plan name	BLUEGRASS HOME PROFESSIONALS CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS HOME PROFESSIONALS	**c** EIN-PN	87-3074648-501
a Plan name	BLUEGRASS HOSPITALITY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS HOSPITALITY LLC	**c** EIN-PN	37-1769063-501
a Plan name	BLUEGRASS INDUSTRIAL SOLUTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS INDUSTRIAL SOLUTIONS INC	**c** EIN-PN	98-1794284-501
a Plan name	BLUEGRASS INSURANCE SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS INSURANCE SERVICES LLC	**c** EIN-PN	26-2894260-501
a Plan name	BLUEGRASS INTERNAL MEDICINE CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS INTERNAL MEDICINE	**c** EIN-PN	82-4125320-501
a Plan name	BLUEGRASS LAWN & GARDEN CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS LAWN & GARDEN	**c** EIN-PN	31-1697445-501

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	BLUEGRASS LOGISTICS GROUP, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS LOGISTICS GROUP, LLC	**c** EIN-PN	85-0652648-501
a Plan name	BLUEGRASS MEDICAL CARE CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS MEDICAL CARE	**c** EIN-PN	88-4173714-501
a Plan name	BLUEGRASS NEWBORN SPEC PLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS NEWBORN SPEC PLC	**c** EIN-PN	59-3782892-501
a Plan name	BLUEGRASS OFFICE SYSTEMS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS OFFICE SYSTEMS INC	**c** EIN-PN	61-0997837-501
a Plan name	BLUEGRASS ORAL & MAXILLOFACIAL SURGERY CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS ORAL & MAXILLOFACIAL SURGERY	**c** EIN-PN	61-1137177-501
a Plan name	BLUEGRASS PODIATRIC MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS PODIATRIC MANAGEMENT	**c** EIN-PN	47-2749573-502
a Plan name	BLUEGRASS ROOFING & CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS ROOFING & CONSULTING	**c** EIN-PN	99-1525504-501
a Plan name	BLUEGRASS TOURS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS TOURS INC	**c** EIN-PN	61-0967228-501
a Plan name	BLUEGRASS TRANSPORTATION SERVICES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS TRANSPORTATION SERVICES, LLC	**c** EIN-PN	20-0980049-501
a Plan name	BLUEGRASS VISION GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	BLUEGRASS VISION GROUP	**c** EIN-PN	81-3724927-501
a Plan name	BLUHORSE INC CBS BENEFIT PLAN		
b Name of plan sponsor	BLUHORSE INC	**c** EIN-PN	82-3929156-501
a Plan name	BLVD PRIVATE WEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	BLVD PRIVATE WEALTH	**c** EIN-PN	85-2545707-501

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	BO JONES TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	BO JONES TRUCKING	**c** EIN-PN	47-5176741-501
a Plan name	BOB RAY COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	BOB RAY COMPANY INC	**c** EIN-PN	61-0708228-501
a Plan name	BODEGA MI SUENO CORP CBS BENEFIT PLAN		
b Name of plan sponsor	BODEGA MI SUENO CORP	**c** EIN-PN	46-4195782-501
a Plan name	BODEN BUILDERS CBS BENEFIT PLAN		
b Name of plan sponsor	BODEN BUILDERS	**c** EIN-PN	61-0564198-501
a Plan name	BOHANNON MECHANICS & FABRICATION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BOHANNON MECHANICS & FABRICATION LLC	**c** EIN-PN	82-5474012-501
a Plan name	BONDED LOCK SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BONDED LOCK SERVICES LLC	**c** EIN-PN	61-1450892-501
a Plan name	BOOMTOWN BISCUITS & WHISKEY CBS BENEFIT PLAN		
b Name of plan sponsor	BOOMTOWN BISCUITS & WHISKEY	**c** EIN-PN	85-3612523-501
a Plan name	BOONE CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BOONE CONTRACTING LLC	**c** EIN-PN	81-4002659-501
a Plan name	BOONE COUNTY DISTILLING CBS BENEFIT PLAN		
b Name of plan sponsor	BOONE COUNTY DISTILLING	**c** EIN-PN	61-1207056-501
a Plan name	BOONE DOGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BOONE DOGS LLC	**c** EIN-PN	84-3240846-501
a Plan name	BOONE READY MIX, INC CBS BENEFIT PLAN		
b Name of plan sponsor	BOONE READY MIX, INC	**c** EIN-PN	61-0871925-501
a Plan name	BOONES ABATTOIR INC CBS BENEFIT PLAN		
b Name of plan sponsor	BOONES ABATTOIR INC	**c** EIN-PN	61-0667047-501

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	BOONES TRACE NATIONAL GOLF CLUB INC CBS BENEFIT PLAN		
b Name of plan sponsor	BOONES TRACE NATIONAL GOLF CLUB INC	**c** EIN-PN	82-3684869-501
a Plan name	BOOTS AUTO BODY CBS BENEFIT PLAN		
b Name of plan sponsor	BOOTS AUTO BODY	**c** EIN-PN	61-0984514-501
a Plan name	BORDERS EYECARE SPECIALISTS PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BORDERS EYECARE SPECIALISTS PLLC	**c** EIN-PN	84-1962762-501
a Plan name	BORDERS MONUMENT CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	BORDERS MONUMENT CO INC	**c** EIN-PN	61-1202545-501
a Plan name	BOSLEY FUNERAL HOME CBS BENEFIT PLAN		
b Name of plan sponsor	BOSLEY FUNERAL HOME	**c** EIN-PN	61-1318166-501
a Plan name	BOUNDARY OAK DISTILLERY CBS BENEFIT PLAN		
b Name of plan sponsor	BOUNDARY OAK DISTILLERY	**c** EIN-PN	46-2699989-501
a Plan name	BOURBON BARREL FOODS CBS BENEFIT PLAN		
b Name of plan sponsor	BOURBON BARREL FOODS	**c** EIN-PN	26-1646252-501
a Plan name	BOURBON CITY ANIMAL HOSPITAL CBS BENEFIT PLAN		
b Name of plan sponsor	BOURBON CITY ANIMAL HOSPITAL	**c** EIN-PN	92-1776235-501
a Plan name	BOURBON PURSUIT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BOURBON PURSUIT LLC	**c** EIN-PN	82-3472525-501
a Plan name	BOURBON TRAIL RENTALS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BOURBON TRAIL RENTALS LLC	**c** EIN-PN	83-3035864-501
a Plan name	BOURKE ACCOUNTING CBS BENEFIT PLAN		
b Name of plan sponsor	BOURKE ACCOUNTING	**c** EIN-PN	20-0464347-501
a Plan name	BOWEN TIRE CBS BENEFIT PLAN		
b Name of plan sponsor	BOWEN TIRE	**c** EIN-PN	84-4223837-501

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	BOWERSOX VISION CENTER PSC CBS BENEFIT PLAN		
b Name of plan sponsor	BOWERSOX VISION CENTER PSC	**c** EIN-PN	61-1528287-501
a Plan name	BOWLING GREEN AREA CHAMBER OF COMMERCE CBS BENEFIT PLAN		
b Name of plan sponsor	BOWLING GREEN AREA CHAMBER OF COMMERCE	**c** EIN-PN	61-0139152-501
a Plan name	BOWLING GREEN CHEERNASTICS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BOWLING GREEN CHEERNASTICS INC	**c** EIN-PN	11-3650632-501
a Plan name	BOWLING GREEN DERMATOLOGY CBS BENEFIT PLAN		
b Name of plan sponsor	BOWLING GREEN DERMATOLOGY	**c** EIN-PN	51-0665699-501
a Plan name	BOWLING GREEN FIREPLACE & GRILL CBS BENEFIT PLAN		
b Name of plan sponsor	BOWLING GREEN FIREPLACE & GRILL	**c** EIN-PN	46-2986870-501
a Plan name	BOWLING GREEN MACHINE & WELDING CBS BENEFIT PLAN		
b Name of plan sponsor	BOWLING GREEN MACHINE & WELDING	**c** EIN-PN	81-4806370-501
a Plan name	BOWLING LAW OFFICE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BOWLING LAW OFFICE PLLC	**c** EIN-PN	46-1882483-501
a Plan name	BOWLING REALTY CBS BENEFIT PLAN		
b Name of plan sponsor	BOWLING REALTY	**c** EIN-PN	26-0600610-501
a Plan name	BOXCAR STRATEGIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BOXCAR STRATEGIES LLC	**c** EIN-PN	45-3708846-501
a Plan name	BOYD SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	BOYD SERVICE	**c** EIN-PN	61-0606433-501
a Plan name	BOYS & GIRLS CLUBS OF KENTUCKIANA CBS BENEFIT PLAN		
b Name of plan sponsor	BOYS & GIRLS CLUBS OF KENTUCKIANA	**c** EIN-PN	61-0568789-501
a Plan name	BPM LUMBER COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	BPM LUMBER COMPANY	**c** EIN-PN	45-5511576-502

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	BRACO WINDOW CLEANING SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	BRACO WINDOW CLEANING SERVICE	**c** EIN-PN	31-0788826-502
a Plan name	BRADLER & SONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BRADLER & SONS LLC	**c** EIN-PN	81-1895201-501
a Plan name	BRAINBOX INTELLIGENT MARKETING CBS BENEFIT PLAN		
b Name of plan sponsor	BRAINBOX INTELLIGENT MARKETING	**c** EIN-PN	61-1349606-502
a Plan name	BRAKLE ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	BRAKLE ENTERPRISES	**c** EIN-PN	61-1244414-501
a Plan name	BRANDFUEL COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BRANDFUEL COMPANY LLC	**c** EIN-PN	46-4597317-501
a Plan name	BRANSON SURVEYS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BRANSON SURVEYS INC	**c** EIN-PN	61-0956654-501
a Plan name	BRASHEAR COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	BRASHEAR COMPANY INC	**c** EIN-PN	26-0829148-501
a Plan name	BRAXTON BREWING COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	BRAXTON BREWING COMPANY	**c** EIN-PN	46-4495747-501
a Plan name	BRAY ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	BRAY ELECTRIC	**c** EIN-PN	20-2992570-501
a Plan name	BRAY ELECTRIC SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	BRAY ELECTRIC SERVICES INC	**c** EIN-PN	61-1387282-501
a Plan name	BRBC I LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BRBC I LLC	**c** EIN-PN	13-4246539-501
a Plan name	BREEDERS CUP LTD CBS BENEFIT PLAN		
b Name of plan sponsor	BREEDERS CUP LTD	**c** EIN-PN	13-3082904-501

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	BREELAND DEVELOPMENT CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	BREELAND DEVELOPMENT CORPORATION	**c** EIN-PN	61-1008842-501
a Plan name	BREHM STRIPING COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	BREHM STRIPING COMPANY INC	**c** EIN-PN	61-1317953-501
a Plan name	BRENDA CLAYTON CPA CBS BENEFIT PLAN		
b Name of plan sponsor	BRENDA CLAYTON CPA	**c** EIN-PN	46-4762227-501
a Plan name	BRENDONS CATCH 23 CBS BENEFIT PLAN		
b Name of plan sponsor	BRENDONS CATCH 23	**c** EIN-PN	47-2167190-501
a Plan name	BRESSER & SONS ROOFING CBS BENEFIT PLAN		
b Name of plan sponsor	BRESSER & SONS ROOFING	**c** EIN-PN	61-1304406-501
a Plan name	BRETAGNE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BRETAGNE LLC	**c** EIN-PN	62-1327612-501
a Plan name	BRIAN HERNANDEZ JR INC CBS BENEFIT PLAN		
b Name of plan sponsor	BRIAN HERNANDEZ JR INC	**c** EIN-PN	16-1766375-501
a Plan name	BRIAN M KREUTZ DDS PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BRIAN M KREUTZ DDS PLLC	**c** EIN-PN	47-5049939-501
a Plan name	BRIDAL WAREHOUSE CBS BENEFIT PLAN		
b Name of plan sponsor	BRIDAL WAREHOUSE	**c** EIN-PN	61-1254288-501
a Plan name	BRIDGE COUNSELING AND WELLNESS CBS BENEFIT PLAN		
b Name of plan sponsor	BRIDGE COUNSELING AND WELLNESS	**c** EIN-PN	47-2718941-501
a Plan name	BRINGING IN THE GREEN CBS BENEFIT PLAN		
b Name of plan sponsor	BRINGING IN THE GREEN	**c** EIN-PN	83-0637239-501
a Plan name	BRISTOL BAR & GRILLE INC CBS BENEFIT PLAN		
b Name of plan sponsor	BRISTOL BAR & GRILLE INC	**c** EIN-PN	61-0920700-501

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	BRITE WHOLESALE ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	BRITE WHOLESALE ELECTRIC	**c** EIN-PN	61-1065625-501
a Plan name	BRITTANY FARMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BRITTANY FARMS LLC	**c** EIN-PN	33-1538845-501
a Plan name	BRIX LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BRIX LLC	**c** EIN-PN	46-5180530-502
a Plan name	BROADVIEW HOLDINGS CBS BENEFIT PLAN		
b Name of plan sponsor	BROADVIEW HOLDINGS	**c** EIN-PN	80-0931731-501
a Plan name	BRODERICK & DAVENPORT PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BRODERICK & DAVENPORT PLLC	**c** EIN-PN	30-0593148-501
a Plan name	BRONSTON WATER ASSOCIATION CBS BENEFIT PLAN		
b Name of plan sponsor	BRONSTON WATER ASSOCIATION	**c** EIN-PN	61-0847213-501
a Plan name	BROOKING AND HALLORAN CBS BENEFIT PLAN		
b Name of plan sponsor	BROOKING AND HALLORAN	**c** EIN-PN	90-0450883-501
a Plan name	BROOKS ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BROOKS ENTERPRISES LLC	**c** EIN-PN	84-2850329-501
a Plan name	BROOKS FENCE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BROOKS FENCE LLC	**c** EIN-PN	32-0230334-501
a Plan name	BROUGHTON CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BROUGHTON CONSTRUCTION LLC	**c** EIN-PN	31-1824625-501
a Plan name	BROWN & CHEEK INC CBS BENEFIT PLAN		
b Name of plan sponsor	BROWN & CHEEK INC	**c** EIN-PN	26-3930335-501
a Plan name	BROWN & KUBICAN CBS BENEFIT PLAN		
b Name of plan sponsor	BROWN & KUBICAN	**c** EIN-PN	61-1362397-501

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	BROWN CAPITAL LLP CBS BENEFIT PLAN		
b Name of plan sponsor	BROWN CAPITAL LLP	**c** EIN-PN	61-1348738-502
a Plan name	BROWN GENERAL CONTRACTORS CBS BENEFIT PLAN		
b Name of plan sponsor	BROWN GENERAL CONTRACTORS	**c** EIN-PN	82-4957037-501
a Plan name	BROWN PHYSICIAN GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	BROWN PHYSICIAN GROUP	**c** EIN-PN	83-1048137-501
a Plan name	BROWNFIELD LAW OFFICE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	BROWNFIELD LAW OFFICE PLLC	**c** EIN-PN	81-0945009-501
a Plan name	BROWNFIELDS ENVIRONMENTAL CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	BROWNFIELDS ENVIRONMENTAL CONSULTING	**c** EIN-PN	20-4425432-501
a Plan name	BROWNING CHEVROLET INC. CBS BENEFIT PLAN		
b Name of plan sponsor	BROWNING CHEVROLET INC.	**c** EIN-PN	61-0714239-501
a Plan name	BROWNSBORO HARDWARE & PAINT CBS BENEFIT PLAN		
b Name of plan sponsor	BROWNSBORO HARDWARE & PAINT	**c** EIN-PN	61-1125827-501
a Plan name	BROWNWOOD PROPERTY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BROWNWOOD PROPERTY LLC	**c** EIN-PN	61-1806906-501
a Plan name	BRUCE-LAYNE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BRUCE-LAYNE LLC	**c** EIN-PN	64-0952133-501
a Plan name	BRUEGGEMANN PLUMBING, INC CBS BENEFIT PLAN		
b Name of plan sponsor	BRUEGGEMANN PLUMBING, INC	**c** EIN-PN	61-1312964-501
a Plan name	BRYAN A GRIFFITH DMD CBS BENEFIT PLAN		
b Name of plan sponsor	BRYAN A GRIFFITH DMD	**c** EIN-PN	61-1610368-501
a Plan name	BRYAN T HARRIS DMD CBS BENEFIT PLAN		
b Name of plan sponsor	BRYAN T HARRIS DMD	**c** EIN-PN	83-0944796-501

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	BRYANT ENGINEERING INC CBS BENEFIT PLAN		
b Name of plan sponsor	BRYANT ENGINEERING INC	**c** EIN-PN	61-1204287-502
a Plan name	BRYANT RENTAL OF LEXINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	BRYANT RENTAL OF LEXINGTON	**c** EIN-PN	61-0711422-501
a Plan name	BSC ENT CBS BENEFIT PLAN		
b Name of plan sponsor	BSC ENT	**c** EIN-PN	45-2764373-501
a Plan name	BT WEB GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	BT WEB GROUP	**c** EIN-PN	81-4814843-501
a Plan name	BTM EXCAVATING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BTM EXCAVATING LLC	**c** EIN-PN	20-5469875-501
a Plan name	BUCK ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	BUCK ELECTRIC	**c** EIN-PN	61-1310498-501
a Plan name	BUCKEYE CHEESESTEAKS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BUCKEYE CHEESESTEAKS LLC	**c** EIN-PN	86-2354471-501
a Plan name	BUCKS BODY SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	BUCKS BODY SHOP	**c** EIN-PN	83-4705265-501
a Plan name	BUDGET PRINT CENTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	BUDGET PRINT CENTER INC	**c** EIN-PN	61-1268971-501
a Plan name	BUDS AUTOMOTIVE SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	BUDS AUTOMOTIVE SERVICE	**c** EIN-PN	88-1120677-501
a Plan name	BUENA VIDA ADHC CBS BENEFIT PLAN		
b Name of plan sponsor	BUENA VIDA ADHC	**c** EIN-PN	83-4582522-501
a Plan name	BUFFALO VALLEY RESOURCES CBS BENEFIT PLAN		
b Name of plan sponsor	BUFFALO VALLEY RESOURCES	**c** EIN-PN	83-0731993-501

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	BUILD INCLUSION INC. CBS BENEFIT PLAN		
b Name of plan sponsor	BUILD INCLUSION INC.	**c** EIN-PN	47-3567029-501
a Plan name	BUILDER BACKED INC. CBS BENEFIT PLAN		
b Name of plan sponsor	BUILDER BACKED INC.	**c** EIN-PN	93-2589464-501
a Plan name	BUILDERS BY DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	BUILDERS BY DESIGN	**c** EIN-PN	27-2092871-501
a Plan name	BUILDERS SURPLUS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BUILDERS SURPLUS LLC	**c** EIN-PN	20-8056464-501
a Plan name	BULLHORN CREATIVE CBS BENEFIT PLAN		
b Name of plan sponsor	BULLHORN CREATIVE	**c** EIN-PN	26-3782207-501
a Plan name	BULLITT COUNTY BELTING AND SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	BULLITT COUNTY BELTING AND SUPPLY	**c** EIN-PN	61-1278521-501
a Plan name	BUNCH FAMILY DENTAL CBS BENEFIT PLAN		
b Name of plan sponsor	BUNCH FAMILY DENTAL	**c** EIN-PN	61-1244961-501
a Plan name	BUNKER HILL ASSOC III CBS BENEFIT PLAN		
b Name of plan sponsor	BUNKER HILL ASSOC III	**c** EIN-PN	20-5657462-501
a Plan name	BUOYS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BUOYS LLC	**c** EIN-PN	87-2540054-501
a Plan name	BUR OAK VETERINARY & PODIATRY SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BUR OAK VETERINARY & PODIATRY SERVICES LLC	**c** EIN-PN	47-5547698-501
a Plan name	BURKE CONCRETE CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	BURKE CONCRETE CONSTRUCTION	**c** EIN-PN	61-1265538-501
a Plan name	BURKE FURNITURE, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	BURKE FURNITURE, INC.	**c** EIN-PN	61-0700791-501

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	BURKE PROCESS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BURKE PROCESS INC	**c** EIN-PN	61-1254863-501
a Plan name	BURKHARDT CRAWFORD TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BURKHARDT CRAWFORD TRUCKING LLC	**c** EIN-PN	83-0772479-501
a Plan name	BURLESON FARMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BURLESON FARMS LLC	**c** EIN-PN	20-4203450-501
a Plan name	BURTON INVESTMENT GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BURTON INVESTMENT GROUP LLC	**c** EIN-PN	81-2996870-501
a Plan name	BUSH FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	BUSH FARMS	**c** EIN-PN	61-1253864-501
a Plan name	BUSINESS SYSTEMS INC CBS BENEFIT PLAN		
b Name of plan sponsor	BUSINESS SYSTEMS INC	**c** EIN-PN	61-1134126-501
a Plan name	THESIS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BUSINESS U LLC	**c** EIN-PN	82-5103340-501
a Plan name	BUSY LADY QUILT SHOP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BUSY LADY QUILT SHOP LLC	**c** EIN-PN	45-2730068-501
a Plan name	BUTLER DISTRIBUTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	BUTLER DISTRIBUTING INC	**c** EIN-PN	31-1509957-501
a Plan name	BUTLER FLOORING SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	BUTLER FLOORING SERVICES	**c** EIN-PN	75-3066516-501
a Plan name	BUTTRAM FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	BUTTRAM FARMS	**c** EIN-PN	61-1226008-501
a Plan name	BUTTRAM TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	BUTTRAM TRUCKING	**c** EIN-PN	31-1498152-501

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	BUZICK LUMBER & HOME CTR CBS BENEFIT PLAN		
b Name of plan sponsor	BUZICK LUMBER & HOME CTR	**c** EIN-PN	61-0405651-501
a Plan name	BW GLAZING AND INSTALLATION CO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BW GLAZING AND INSTALLATION CO LLC	**c** EIN-PN	83-2936577-501
a Plan name	BY THE BRIDGE HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	BY THE BRIDGE HOLDINGS LLC	**c** EIN-PN	93-1783779-501
a Plan name	BYPASS RENTAL CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	BYPASS RENTAL CENTER	**c** EIN-PN	61-0870485-501
a Plan name	C & H AUDIO VISUAL SERVICE INC CBS BENEFIT PLAN		
b Name of plan sponsor	C & H AUDIO VISUAL SERVICE INC	**c** EIN-PN	61-1332697-501
a Plan name	C & J STUECKER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	C & J STUECKER LLC	**c** EIN-PN	61-1318812-501
a Plan name	C & N APPAREL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	C & N APPAREL LLC	**c** EIN-PN	86-1272003-501
a Plan name	C FARNSLEY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	C FARNSLEY LLC	**c** EIN-PN	47-4768342-501
a Plan name	C FIPKE HOLDINGS LTD CBS BENEFIT PLAN		
b Name of plan sponsor	C FIPKE HOLDINGS LTD	**c** EIN-PN	98-1194139-501
a Plan name	C M SPACE & ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	C M SPACE & ASSOCIATES INC	**c** EIN-PN	31-1549295-501
a Plan name	C PICKETT ROOFING INC CBS BENEFIT PLAN		
b Name of plan sponsor	C PICKETT ROOFING INC	**c** EIN-PN	47-3976583-501
a Plan name	C WORTH, INC CBS BENEFIT PLAN		
b Name of plan sponsor	C WORTH, INC	**c** EIN-PN	61-1309372-501

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&C AG SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	C&C AG SOLUTIONS LLC	**c** EIN-PN	83-3072996-501
a Plan name	C&K SALES AND SERVICE INC CBS BENEFIT PLAN		
b Name of plan sponsor	C&K SALES AND SERVICE INC	**c** EIN-PN	61-1384827-502
a Plan name	C&L AUTO CBS BENEFIT PLAN		
b Name of plan sponsor	C&L AUTO	**c** EIN-PN	61-1126275-501
a Plan name	C&N OF KENTUCKY INC CBS BENEFIT PLAN		
b Name of plan sponsor	C&N OF KENTUCKY INC	**c** EIN-PN	35-1810514-501
a Plan name	C&O BODY SHOP & GARAGE CBS BENEFIT PLAN		
b Name of plan sponsor	C&O BODY SHOP & GARAGE	**c** EIN-PN	26-2829176-501
a Plan name	C&R TRANSIT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	C&R TRANSIT LLC	**c** EIN-PN	81-3015187-501
a Plan name	C&S CONSTRUCTION CO OF CLINTON INC. CBS BENEFIT PLAN		
b Name of plan sponsor	C&S CONSTRUCTION CO OF CLINTON INC.	**c** EIN-PN	61-1264933-501
a Plan name	C. RUEFF SIGN CO INC. CBS BENEFIT PLAN		
b Name of plan sponsor	C. RUEFF SIGN CO INC.	**c** EIN-PN	61-0868301-501
a Plan name	C2MOTORSPORTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	C2MOTORSPORTS INC	**c** EIN-PN	20-8174863-501
a Plan name	C3 ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	C3 ENTERPRISES	**c** EIN-PN	82-1899310-501
a Plan name	C3 MECHANICAL CBS BENEFIT PLAN		
b Name of plan sponsor	C3 MECHANICAL	**c** EIN-PN	81-1175876-501
a Plan name	CABBAGE PATCH SETTLEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	CABBAGE PATCH SETTLEMENT	**c** EIN-PN	61-0458359-501

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	CABLE DEVELOPMENT CONSULTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	CABLE DEVELOPMENT CONSULTING INC	**c** EIN-PN	61-1301781-501
a Plan name	CAHILL PLUMBING CO CBS BENEFIT PLAN		
b Name of plan sponsor	CAHILL PLUMBING CO	**c** EIN-PN	61-1259026-501
a Plan name	CAIN'S MURRAY AUTO AUCTION, INC.. CBS BENEFIT PLAN		
b Name of plan sponsor	CAINS MURRAY AUTO AUCTION, INC.	**c** EIN-PN	61-1190309-501
a Plan name	CAIRO GRAIN INSPECTION CBS BENEFIT PLAN		
b Name of plan sponsor	CAIRO GRAIN INSPECTION	**c** EIN-PN	37-1113511-501
a Plan name	CALHOUN & COMPANY, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	CALHOUN & COMPANY, PLLC	**c** EIN-PN	61-1295324-501
a Plan name	CALVERT & NUNN INSURANCE INC CBS BENEFIT PLAN		
b Name of plan sponsor	CALVERT & NUNN INSURANCE INC	**c** EIN-PN	61-0733409-501
a Plan name	CALVERT ENTERPRISES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CALVERT ENTERPRISES, LLC	**c** EIN-PN	61-1386838-501
a Plan name	CAMBRIDGE HOLDINGS CORP CBS BENEFIT PLAN		
b Name of plan sponsor	CAMBRIDGE HOLDINGS CORP	**c** EIN-PN	81-3335827-501
a Plan name	CAMPOROSSO, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CAMPOROSSO, LLC	**c** EIN-PN	46-5694694-501
a Plan name	CAMPUS QUILT CBS BENEFIT PLAN		
b Name of plan sponsor	CAMPUS QUILT	**c** EIN-PN	20-5891507-501
a Plan name	CAMTECH MANUFACTURING SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	CAMTECH MANUFACTURING SOLUTIONS	**c** EIN-PN	26-4810058-501
a Plan name	CAN AM SPECIALTIES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CAN AM SPECIALTIES, LLC	**c** EIN-PN	82-4319621-501

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	CANDIDOS CBS BENEFIT PLAN		
b Name of plan sponsor	CANDIDOS	**c** EIN-PN	61-0940116-501
a Plan name	CANDYRIFIC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CANDYRIFIC LLC	**c** EIN-PN	43-1899051-501
a Plan name	CANOPY YOUNG ADULT COMMUNITY HOUSE CBS BENEFIT PLAN		
b Name of plan sponsor	CANOPY YOUNG ADULT COMMUNITY HOUSE	**c** EIN-PN	84-2972756-501
a Plan name	CANTON WOOD CBS BENEFIT PLAN		
b Name of plan sponsor	CANTON WOOD	**c** EIN-PN	61-1400996-501
a Plan name	CAP VENTURE GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	CAP VENTURE GROUP INC	**c** EIN-PN	46-2685815-501
a Plan name	CAPITAL TECHNOLOGIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CAPITAL TECHNOLOGIES LLC	**c** EIN-PN	84-2109228-501
a Plan name	CAPTAIN D'S SEAFOOD KITCHEN CBS BENEFIT PLAN		
b Name of plan sponsor	CAPTAIN DS SEAFOOD KITCHEN	**c** EIN-PN	61-0898530-501
a Plan name	CAR TLC CBS BENEFIT PLAN		
b Name of plan sponsor	CAR TLC	**c** EIN-PN	27-5485684-501
a Plan name	CARBIDE PRODUCTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CARBIDE PRODUCTS INC	**c** EIN-PN	61-0421787-501
a Plan name	CARBON ENERGY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CARBON ENERGY, LLC	**c** EIN-PN	87-0980836-501
a Plan name	CARD DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	CARD DEVELOPMENT	**c** EIN-PN	88-4283856-501
a Plan name	CARD N ALL GAMING & REPAIR LTD CO CBS BENEFIT PLAN		
b Name of plan sponsor	CARD N ALL GAMING & REPAIR LTD CO	**c** EIN-PN	47-4776433-501

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	CARDINAL CONSTRUCTION SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CARDINAL CONSTRUCTION SERVICES LLC	**c** EIN-PN	81-2965975-501
a Plan name	CARDINAL INDUSTRIAL CBS BENEFIT PLAN		
b Name of plan sponsor	CARDINAL INDUSTRIAL	**c** EIN-PN	61-0514975-501
a Plan name	CARDINAL MAINTENANCE GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CARDINAL MAINTENANCE GROUP LLC	**c** EIN-PN	83-4132352-501
a Plan name	CARDINAL MANAGEMENT LTD CBS BENEFIT PLAN		
b Name of plan sponsor	CARDINAL MANAGEMENT LTD	**c** EIN-PN	61-0890256-501
a Plan name	CARDINAL TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CARDINAL TRUCKING LLC	**c** EIN-PN	84-3439331-501
a Plan name	CARDINAL UNIFORMS AND SCRUBS CBS BENEFIT PLAN		
b Name of plan sponsor	CARDINAL UNIFORMS AND SCRUBS	**c** EIN-PN	61-1282440-501
a Plan name	CARDS UNKNOWN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CARDS UNKNOWN LLC	**c** EIN-PN	84-4351298-501
a Plan name	CAREY GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	CAREY GROUP	**c** EIN-PN	61-1176339-502
a Plan name	CAREY HEATING & AIR CBS BENEFIT PLAN		
b Name of plan sponsor	CAREY HEATING & AIR	**c** EIN-PN	61-1196929-501
a Plan name	CARING EXCELLENCE PERSONALIZED HOMECARE SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	CARING EXCELLENCE PERSONALIZED HOMECARE SERVICES	**c** EIN-PN	46-1714398-501
a Plan name	CARLINGFORD HILL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CARLINGFORD HILL LLC	**c** EIN-PN	84-4048212-501
a Plan name	CARLISLE CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CARLISLE CONTRACTING LLC	**c** EIN-PN	34-4540876-501

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	CARMICLE MASONRY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CARMICLE MASONRY, LLC	**c** EIN-PN	61-1130128-501
a Plan name	CAROLYN THOMAS THOMPSON INSURANCE CBS BENEFIT PLAN		
b Name of plan sponsor	CAROLYN THOMAS THOMPSON INSURANCE	**c** EIN-PN	20-1812912-501
a Plan name	CARPENTER CABINETS & DESIGN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CARPENTER CABINETS & DESIGN LLC	**c** EIN-PN	86-3412684-501
a Plan name	CARPET SPECIALISTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CARPET SPECIALISTS INC	**c** EIN-PN	61-1031536-501
a Plan name	CARPET VALUES INC CBS BENEFIT PLAN		
b Name of plan sponsor	CARPET VALUES INC	**c** EIN-PN	61-1034927-501
a Plan name	CARPETS DIRECT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CARPETS DIRECT LLC	**c** EIN-PN	61-1349206-501
a Plan name	CARRIAGE ASSOCIATION OF AMERICA CBS BENEFIT PLAN		
b Name of plan sponsor	CARRIAGE ASSOCIATION OF AMERICA	**c** EIN-PN	75-1173792-501
a Plan name	CARTER COUNTY EMS CBS BENEFIT PLAN		
b Name of plan sponsor	CARTER COUNTY EMS	**c** EIN-PN	61-1112900-501
a Plan name	CASCADE WHEEL WEIGHTS CBS BENEFIT PLAN		
b Name of plan sponsor	CASCADE WHEEL WEIGHTS	**c** EIN-PN	32-0713076-501
a Plan name	CASEWORK TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	CASEWORK TECHNOLOGIES	**c** EIN-PN	86-2803640-501
a Plan name	CASEY PERKINS REALTY INC CBS BENEFIT PLAN		
b Name of plan sponsor	CASEY PERKINS REALTY INC	**c** EIN-PN	87-4615887-501
a Plan name	CASEY, BAILEY AND MAINES, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	CASEY, BAILEY AND MAINES, PLLC	**c** EIN-PN	20-5086240-501

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	CASH CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CASH CONTRACTING LLC	**c** EIN-PN	81-0986840-501
a Plan name	CASH VARIETY STORE CBS BENEFIT PLAN		
b Name of plan sponsor	CASH VARIETY STORE	**c** EIN-PN	61-1278919-501
a Plan name	CASS CONCRETE LLC MGT ONLY CBS BENEFIT PLAN		
b Name of plan sponsor	CASS CONCRETE LLC MGT ONLY	**c** EIN-PN	86-3815732-501
a Plan name	CASTELLAN GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CASTELLAN GROUP LLC	**c** EIN-PN	83-2359191-501
a Plan name	CATALYST LEARNING COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	CATALYST LEARNING COMPANY	**c** EIN-PN	35-1870168-501
a Plan name	CATALYTIC DEVELOPMENT FUNDING CORP. OF NORTHERN KY CBS BENEFIT PLAN		
b Name of plan sponsor	CATALYTIC DEVELOPMENT FUNDING CORP. OF NORTHERN KY	**c** EIN-PN	26-3389252-501
a Plan name	CATERRA HEALTH SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	CATERRA HEALTH SYSTEMS	**c** EIN-PN	26-4749325-501
a Plan name	CATES CABINETS & WOODWORKING CBS BENEFIT PLAN		
b Name of plan sponsor	CATES CABINETS & WOODWORKING	**c** EIN-PN	61-1225360-501
a Plan name	CATK CBS BENEFIT PLAN		
b Name of plan sponsor	CATK	**c** EIN-PN	85-3063495-501
a Plan name	CATON ELECTRICAL SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	CATON ELECTRICAL SERVICES INC	**c** EIN-PN	61-1230677-501
a Plan name	CAUCUS COFFEE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CAUCUS COFFEE LLC	**c** EIN-PN	45-5587762-501
a Plan name	CAUDILLS DIESEL SERVICE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CAUDILLS DIESEL SERVICE LLC	**c** EIN-PN	38-3768149-501

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	CAVANAUGH POOL, SPA & PATIO CBS BENEFIT PLAN		
b Name of plan sponsor	CAVANAUGH POOL, SPA & PATIO	**c** EIN-PN	47-2976572-501
a Plan name	CAVE RUN WATER COMMSSION CBS BENEFIT PLAN		
b Name of plan sponsor	CAVE RUN WATER COMMSSION	**c** EIN-PN	61-1396545-501
a Plan name	CAYE ELECTRIC COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	CAYE ELECTRIC COMPANY	**c** EIN-PN	61-0909204-501
a Plan name	CB SERVICES INCORPORATED CBS BENEFIT PLAN		
b Name of plan sponsor	CB SERVICES INCORPORATED	**c** EIN-PN	02-0731352-501
a Plan name	CBIS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CBIS, LLC	**c** EIN-PN	45-5282663-501
a Plan name	CC HOMELESS COALITION INC CBS BENEFIT PLAN		
b Name of plan sponsor	CC HOMELESS COALITION INC	**c** EIN-PN	27-1281819-501
a Plan name	CC STEEPLETON COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	CC STEEPLETON COMPANY	**c** EIN-PN	61-0604506-502
a Plan name	CCC1989 LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CCC1989 LLC	**c** EIN-PN	93-4944338-501
a Plan name	CDP CLEANING CBS BENEFIT PLAN		
b Name of plan sponsor	CDP CLEANING	**c** EIN-PN	83-3591640-501
a Plan name	CDP ENGINEERS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	CDP ENGINEERS, INC.	**c** EIN-PN	61-1176637-501
a Plan name	CELL PAGE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CELL PAGE LLC	**c** EIN-PN	31-1566839-501
a Plan name	CELTIC ROOFING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CELTIC ROOFING LLC	**c** EIN-PN	27-3276575-501

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	CENTECH, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	CENTECH, INC.	**c** EIN-PN	38-3658635-501
a Plan name	CENTENNIAL, INC CBS BENEFIT PLAN		
b Name of plan sponsor	CENTENNIAL, INC	**c** EIN-PN	23-1717425-501
a Plan name	CENTERFIRE SYSTEMS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CENTERFIRE SYSTEMS INC	**c** EIN-PN	37-1475137-501
a Plan name	CENTRAL AMERICAN AIRWAYS FLYING SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL AMERICAN AIRWAYS FLYING SERVICES INC	**c** EIN-PN	61-0430139-501
a Plan name	CENTRAL EMERGENCY PHYSICIANS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL EMERGENCY PHYSICIANS PSC	**c** EIN-PN	61-1204942-501
a Plan name	CENTRAL FARM SUPPLY OF KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL FARM SUPPLY OF KENTUCKY	**c** EIN-PN	61-1071375-501
a Plan name	CENTRAL FINANCIAL SERVICES OF KY INC. CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL FINANCIAL SERVICES OF KY INC.	**c** EIN-PN	81-3149842-501
a Plan name	CENTRAL KENTUCKY ANESTHESIA CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KENTUCKY ANESTHESIA	**c** EIN-PN	61-1073947-501
a Plan name	CENTRAL KENTUCKY ANIMAL CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KENTUCKY ANIMAL	**c** EIN-PN	20-2266963-501
a Plan name	CENTRAL KENTUCKY CHIROPRACTIC PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KENTUCKY CHIROPRACTIC PLLC	**c** EIN-PN	84-4969835-501
a Plan name	CENTRAL KENTUCKY DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KENTUCKY DESIGN	**c** EIN-PN	61-1210341-501
a Plan name	CENTRAL KENTUCKY EYE CARE CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KENTUCKY EYE CARE CENTER	**c** EIN-PN	87-4165016-501

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 KENTUCKY INTERPRETER REFERRAL CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KENTUCKY INTERPRETER REFERRAL	**c** EIN-PN	20-1242765-501
a Plan name	CENTRAL KENTUCKY PROCESSING INC CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KENTUCKY PROCESSING INC	**c** EIN-PN	61-1028616-501
a Plan name	CENTRAL KENTUCKY SPRINKLER INC CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KENTUCKY SPRINKLER INC	**c** EIN-PN	61-0956420-501
a Plan name	CENTRAL KY DAIRY SUPPLY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KY DAIRY SUPPLY LLC	**c** EIN-PN	87-1942325-501
a Plan name	CENTRAL KY LODGING INC CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KY LODGING INC	**c** EIN-PN	61-1304686-501
a Plan name	CENTRAL KY PLUMBING AND ELECTRICAL SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KY PLUMBING AND ELECTRICAL SUPPLY	**c** EIN-PN	61-1341003-501
a Plan name	CENTRAL KY SURGEONS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KY SURGEONS PSC	**c** EIN-PN	61-0703252-501
a Plan name	CENTRAL KY SURGICAL CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KY SURGICAL CENTER	**c** EIN-PN	37-1509373-501
a Plan name	CENTRAL KY VETERINARY SVC CBS BENEFIT PLAN		
b Name of plan sponsor	CENTRAL KY VETERINARY SVC	**c** EIN-PN	61-1479089-501
a Plan name	CENTURY 21 COMMONONWEALTH REAL ESTATE CBS BENEFIT PLAN		
b Name of plan sponsor	CENTURY 21 COMMONONWEALTH REAL ESTATE	**c** EIN-PN	61-1094329-501
a Plan name	CENTURY BANK OF KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	CENTURY BANK OF KENTUCKY	**c** EIN-PN	61-1365013-501
a Plan name	CENTURY CONSTRUCTION CO CBS BENEFIT PLAN		
b Name of plan sponsor	CENTURY CONSTRUCTION CO	**c** EIN-PN	61-0724869-502

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	CEREBRAL PALSY KIDS CENTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	CEREBRAL PALSY KIDS CENTER INC	**c** EIN-PN	61-0492378-501
a Plan name	CERTIFIED FLUX SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	CERTIFIED FLUX SOLUTIONS	**c** EIN-PN	27-0396029-501
a Plan name	CETRULO LAW PSC CBS BENEFIT PLAN		
b Name of plan sponsor	CETRULO LAW PSC	**c** EIN-PN	61-1381379-501
a Plan name	CG COMMERCIAL REAL ESTATE CBS BENEFIT PLAN		
b Name of plan sponsor	CG COMMERCIAL REAL ESTATE	**c** EIN-PN	27-4246887-501
a Plan name	CG ELECTRICAL CONTRACTORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CG ELECTRICAL CONTRACTORS LLC	**c** EIN-PN	20-2119191-501
a Plan name	CGB PROPERTIES CBS BENEFIT PLAN		
b Name of plan sponsor	CGB PROPERTIES	**c** EIN-PN	61-1273820-501
a Plan name	CGM CAPITAL HOLDINGS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CGM CAPITAL HOLDINGS, LLC	**c** EIN-PN	27-2413373-501
a Plan name	CGS MACHINE & TOOL INC CBS BENEFIT PLAN		
b Name of plan sponsor	CGS MACHINE & TOOL INC	**c** EIN-PN	61-1262498-501
a Plan name	CHADAS CHOMPERS CBS BENEFIT PLAN		
b Name of plan sponsor	CHADAS CHOMPERS	**c** EIN-PN	99-2974985-501
a Plan name	CHAMBERLIN OWEN & CO CBS BENEFIT PLAN		
b Name of plan sponsor	CHAMBERLIN OWEN & CO	**c** EIN-PN	61-1374365-501
a Plan name	CHAMBERS & GRUBBS CBS BENEFIT PLAN		
b Name of plan sponsor	CHAMBERS & GRUBBS	**c** EIN-PN	61-0984631-501
a Plan name	CHANDLER REAL ESTATE CBS BENEFIT PLAN		
b Name of plan sponsor	CHANDLER REAL ESTATE	**c** EIN-PN	61-1241081-501

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	CHANEYS DAIRY BARN CBS BENEFIT PLAN		
b Name of plan sponsor	CHANEYS DAIRY BARN	**c** EIN-PN	73-1667159-501
a Plan name	CHAPMAN APPRAISALS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CHAPMAN APPRAISALS LLC	**c** EIN-PN	27-1097187-501
a Plan name	CHAPMAN ENGINEERING CBS BENEFIT PLAN		
b Name of plan sponsor	CHAPMAN ENGINEERING	**c** EIN-PN	61-0961461-501
a Plan name	CHAPPELL TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	CHAPPELL TRUCKING	**c** EIN-PN	61-1144604-501
a Plan name	CHARETTE PROSTHODONTICS CBS BENEFIT PLAN		
b Name of plan sponsor	CHARETTE PROSTHODONTICS	**c** EIN-PN	84-4049833-501
a Plan name	CHARLES T MITCHELL CBS BENEFIT PLAN		
b Name of plan sponsor	CHARLES T MITCHELL	**c** EIN-PN	61-0567366-501
a Plan name	CHAS H BILZ INSURANCE CBS BENEFIT PLAN		
b Name of plan sponsor	CHAS H BILZ INSURANCE	**c** EIN-PN	61-0576609-501
a Plan name	CHAS M MOORE INSURANCE CBS BENEFIT PLAN		
b Name of plan sponsor	CHAS M MOORE INSURANCE	**c** EIN-PN	61-0607472-501
a Plan name	CHASE FULCHER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CHASE FULCHER LLC	**c** EIN-PN	27-1475796-501
a Plan name	CHECKREDI OF KENTUCKY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CHECKREDI OF KENTUCKY LLC	**c** EIN-PN	03-0538091-501
a Plan name	CHEEK DIESEL PERFORMANCE CBS BENEFIT PLAN		
b Name of plan sponsor	CHEEK DIESEL PERFORMANCE	**c** EIN-PN	35-2465089-501
a Plan name	CHENOWETH FURNITURE AND APPLIANCES CBS BENEFIT PLAN		
b Name of plan sponsor	CHENOWETH FURNITURE AND APPLIANCES	**c** EIN-PN	61-0940015-501

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	CHERI THEATRES CBS BENEFIT PLAN		
b Name of plan sponsor	CHERI THEATRES	**c** EIN-PN	61-1143831-501
a Plan name	CHERRY BLOSSOM GOLF CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	CHERRY BLOSSOM GOLF CLUB	**c** EIN-PN	61-1369365-501
a Plan name	CHERRY HOUSE INC CBS BENEFIT PLAN		
b Name of plan sponsor	CHERRY HOUSE INC	**c** EIN-PN	61-0862938-501
a Plan name	CHERVENAK LAW OFFICE CBS BENEFIT PLAN		
b Name of plan sponsor	CHERVENAK LAW OFFICE	**c** EIN-PN	81-3268951-501
a Plan name	CHILD CARE COUNCIL OF KENTUCKY INC. CBS BENEFIT PLAN		
b Name of plan sponsor	CHILD CARE COUNCIL OF KENTUCKY INC.	**c** EIN-PN	31-1102545-501
a Plan name	CHILDERS BUILDING INC CBS BENEFIT PLAN		
b Name of plan sponsor	CHILDERS BUILDING INC	**c** EIN-PN	31-1528556-501
a Plan name	CHILDERS ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	CHILDERS ENTERPRISES INC	**c** EIN-PN	37-1560394-501
a Plan name	CHILDERS FINANCIAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	CHILDERS FINANCIAL SERVICES	**c** EIN-PN	61-1103894-501
a Plan name	CHILDRENS ADVOCACY CENTER OF GREEN RIVER DISTRICT CBS BENEFIT PLAN		
b Name of plan sponsor	CHILDRENS ADVOCACY CENTER OF GREEN RIVER DISTRICT	**c** EIN-PN	61-1243504-501
a Plan name	CHISM MACHINE AND GAGE INC. CBS BENEFIT PLAN		
b Name of plan sponsor	CHISM MACHINE AND GAGE INC.	**c** EIN-PN	26-1090110-501
a Plan name	CHOI ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CHOI ENTERPRISES LLC	**c** EIN-PN	27-4384354-501
a Plan name	CHRIS MACKEY INSURANCE INC CBS BENEFIT PLAN		
b Name of plan sponsor	CHRIS MACKEY INSURANCE INC	**c** EIN-PN	61-1393711-501

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	CHRIS NUNN ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	CHRIS NUNN ELECTRIC	**c** EIN-PN	43-1978738-501
a Plan name	CHRIS WILLIAMS DMD CBS BENEFIT PLAN		
b Name of plan sponsor	CHRIS WILLIAMS DMD	**c** EIN-PN	45-2203043-501
a Plan name	CHRISTIAN STUDENT FELLOWSHIP CBS BENEFIT PLAN		
b Name of plan sponsor	CHRISTIAN STUDENT FELLOWSHIP	**c** EIN-PN	61-0711889-501
a Plan name	CHRISTOPHER GROSSER CPA CBS BENEFIT PLAN		
b Name of plan sponsor	CHRISTOPHER GROSSER CPA	**c** EIN-PN	31-1566712-501
a Plan name	CHRISTOPHER M JONES DDS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	CHRISTOPHER M JONES DDS PSC	**c** EIN-PN	61-1332768-501
a Plan name	CHRYSLER OF LAWRENCEBURG CBS BENEFIT PLAN		
b Name of plan sponsor	CHRYSLER OF LAWRENCEBURG	**c** EIN-PN	46-5135830-501
a Plan name	CHUCK FOUSHEE HOME BUILDERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CHUCK FOUSHEE HOME BUILDERS INC	**c** EIN-PN	05-0538606-501
a Plan name	CHUCKS HEATING & AIR CBS BENEFIT PLAN		
b Name of plan sponsor	CHUCKS HEATING & AIR	**c** EIN-PN	04-3703269-501
a Plan name	CIMSYSTEM USA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CIMSYSTEM USA LLC	**c** EIN-PN	47-1133739-501
a Plan name	CIRCLE C CONTRACTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	CIRCLE C CONTRACTING INC	**c** EIN-PN	30-0012553-501
a Plan name	CIRCUIT CLERKS TRUST FOR LIFE CBS BENEFIT PLAN		
b Name of plan sponsor	CIRCUIT CLERKS TRUST FOR LIFE	**c** EIN-PN	61-1228487-501
a Plan name	CITIZENS BANK CBS BENEFIT PLAN		
b Name of plan sponsor	CITIZENS BANK	**c** EIN-PN	61-0156350-501

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	CITIZENS DEPOSIT BANK CBS BENEFIT PLAN		
b Name of plan sponsor	CITIZENS DEPOSIT BANK	**c** EIN-PN	61-0433632-501
a Plan name	CITY ELECTRIC MOTOR COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	CITY ELECTRIC MOTOR COMPANY	**c** EIN-PN	61-0972791-501
a Plan name	CITY SALVAGE & RECYCLING CBS BENEFIT PLAN		
b Name of plan sponsor	CITY SALVAGE & RECYCLING	**c** EIN-PN	61-1284312-501
a Plan name	CK DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	CK DENTISTRY	**c** EIN-PN	82-0611846-501
a Plan name	CK SENSORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CK SENSORS LLC	**c** EIN-PN	20-4152949-501
a Plan name	CLARK CPA AND ADVISORY GROUP PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLARK CPA AND ADVISORY GROUP PLLC	**c** EIN-PN	99-4512121-501
a Plan name	CLARK MACHINE TOOL & DIE INC CBS BENEFIT PLAN		
b Name of plan sponsor	CLARK MACHINE TOOL & DIE INC	**c** EIN-PN	61-0866625-501
a Plan name	CLARK PHARMACISTS GROUP PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLARK PHARMACISTS GROUP PLLC	**c** EIN-PN	92-1192041-501
a Plan name	CLASSIC AUTOMOTIVE & COLLISION CENTER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLASSIC AUTOMOTIVE & COLLISION CENTER LLC	**c** EIN-PN	20-4091722-501
a Plan name	CLASSIC DRYWALL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLASSIC DRYWALL LLC	**c** EIN-PN	46-0642823-501
a Plan name	CLASSIC KITCHENS OF CAMPBELLSVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	CLASSIC KITCHENS OF CAMPBELLSVILLE	**c** EIN-PN	61-1015158-501
a Plan name	CLAY WARD AGENCY CBS BENEFIT PLAN		
b Name of plan sponsor	CLAY WARD AGENCY	**c** EIN-PN	61-0587506-501

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	CLAYCOMB FOODS CBS BENEFIT PLAN		
b Name of plan sponsor	CLAYCOMB FOODS	**c** EIN-PN	20-3834265-501
a Plan name	CLAYCOMB LAW OFFICE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLAYCOMB LAW OFFICE PLLC	**c** EIN-PN	27-0916464-501
a Plan name	CLAYTON BYRD & MEEKS CBS BENEFIT PLAN		
b Name of plan sponsor	CLAYTON BYRD & MEEKS	**c** EIN-PN	61-0979763-501
a Plan name	CLAYTON PLUMBING CBS BENEFIT PLAN		
b Name of plan sponsor	CLAYTON PLUMBING	**c** EIN-PN	46-5363541-501
a Plan name	CLEAN MEDIA, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLEAN MEDIA, LLC	**c** EIN-PN	47-3964156-501
a Plan name	CLEANPRO OF AMERICA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLEANPRO OF AMERICA LLC	**c** EIN-PN	13-4280120-501
a Plan name	CLEANSE CLINIC PSC CBS BENEFIT PLAN		
b Name of plan sponsor	CLEANSE CLINIC PSC	**c** EIN-PN	47-2504145-501
a Plan name	CLEAR CUT PHOCUS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLEAR CUT PHOCUS, LLC	**c** EIN-PN	81-3718648-501
a Plan name	CLEARCUT LAWN SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	CLEARCUT LAWN SOLUTIONS	**c** EIN-PN	20-2396349-501
a Plan name	CLEMONS & ASSOCIATES LAND SURVEYING INC. CBS BENEFIT PLAN		
b Name of plan sponsor	CLEMONS & ASSOCIATES LAND SURVEYING INC.	**c** EIN-PN	61-1292157-501
a Plan name	CLIFF HAGAN B&G CLUB INC CBS BENEFIT PLAN		
b Name of plan sponsor	CLIFF HAGAN B&G CLUB INC	**c** EIN-PN	61-0663746-501
a Plan name	CLIQUE BOUTIQUE CBS BENEFIT PLAN		
b Name of plan sponsor	CLIQUE BOUTIQUE	**c** EIN-PN	26-2678623-501

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	CLOG BUSTERZ, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLOG BUSTERZ, LLC	**c** EIN-PN	81-4125757-501
a Plan name	CLOISTER CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLOISTER CONSTRUCTION LLC	**c** EIN-PN	81-4995353-501
a Plan name	CLOTH & NAIL, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLOTH & NAIL, LLC	**c** EIN-PN	87-3460640-501
a Plan name	CLOUD PARTNERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLOUD PARTNERS LLC	**c** EIN-PN	83-2186566-501
a Plan name	CLOYD & ASSOCIATES PSC CBS BENEFIT PLAN		
b Name of plan sponsor	CLOYD & ASSOCIATES PSC	**c** EIN-PN	61-1251092-501
a Plan name	CLUB FACILITIES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CLUB FACILITIES, LLC	**c** EIN-PN	20-2847041-501
a Plan name	CLUB MANAGEMENT GROUP LCC CBS BENEFIT PLAN		
b Name of plan sponsor	CLUB MANAGEMENT GROUP LCC	**c** EIN-PN	87-1675803-501
a Plan name	CLUTTS AUTO SALES INC CBS BENEFIT PLAN		
b Name of plan sponsor	CLUTTS AUTO SALES INC	**c** EIN-PN	61-1236886-501
a Plan name	CLY CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	CLY CONSTRUCTION INC	**c** EIN-PN	82-1317749-501
a Plan name	CMS DIGITAL MEDIA INC CBS BENEFIT PLAN		
b Name of plan sponsor	CMS DIGITAL MEDIA INC	**c** EIN-PN	36-4804999-501
a Plan name	CMW PLUMBING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CMW PLUMBING LLC	**c** EIN-PN	81-4647536-501
a Plan name	CNPE CBS BENEFIT PLAN		
b Name of plan sponsor	CNPE	**c** EIN-PN	20-0040424-501

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	COAST TO COAST MARINE CBS BENEFIT PLAN		
b Name of plan sponsor	COAST TO COAST MARINE	**c** EIN-PN	26-1586817-501
a Plan name	COBALT PARTNERS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	COBALT PARTNERS, INC	**c** EIN-PN	92-3610423-501
a Plan name	COBRA TRADING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COBRA TRADING LLC	**c** EIN-PN	26-3971991-501
a Plan name	COCKRELL'S COLLISION REPAIR CBS BENEFIT PLAN		
b Name of plan sponsor	COCKRELLS COLLISION REPAIR	**c** EIN-PN	61-1308267-501
a Plan name	COFFMAN FUNERAL HOME CBS BENEFIT PLAN		
b Name of plan sponsor	COFFMAN FUNERAL HOME	**c** EIN-PN	26-1765299-501
a Plan name	COIL TRANS TRUCKING, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	COIL TRANS TRUCKING, INC.	**c** EIN-PN	61-1281333-501
a Plan name	COLE ENGINEERING SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	COLE ENGINEERING SOLUTIONS	**c** EIN-PN	27-3167528-501
a Plan name	COLLETTS CARRY OUT INC CBS BENEFIT PLAN		
b Name of plan sponsor	COLLETTS CARRY OUT INC	**c** EIN-PN	61-1146989-501
a Plan name	COLLINS BOWLING CENTERS CBS BENEFIT PLAN		
b Name of plan sponsor	COLLINS BOWLING CENTERS	**c** EIN-PN	61-0935037-501
a Plan name	COLLIVER APPRAISAL SERVICE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COLLIVER APPRAISAL SERVICE LLC	**c** EIN-PN	46-1540383-501
a Plan name	COLONIAL HOLDING COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	COLONIAL HOLDING COMPANY	**c** EIN-PN	51-1382688-501
a Plan name	COLONIAL INTERIORS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	COLONIAL INTERIORS, INC	**c** EIN-PN	61-1089979-501

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	COLOR-DEC NORTH AMERICA CBS BENEFIT PLAN		
b Name of plan sponsor	COLOR-DEC NORTH AMERICA	**c** EIN-PN	27-5273679-501
a Plan name	COLORS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	COLORS, INC.	**c** EIN-PN	61-1270055-501
a Plan name	COLORWORX CBS BENEFIT PLAN		
b Name of plan sponsor	COLORWORX	**c** EIN-PN	99-3289249-501
a Plan name	COLT NECK LABS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COLT NECK LABS LLC	**c** EIN-PN	83-4534512-501
a Plan name	COMBINED CARE MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COMBINED CARE MANAGEMENT LLC	**c** EIN-PN	27-2610686-501
a Plan name	COMBINED COMMUNICATIONS CBS BENEFIT PLAN		
b Name of plan sponsor	COMBINED COMMUNICATIONS	**c** EIN-PN	61-1173230-501
a Plan name	COMBS EQUIPMENT GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COMBS EQUIPMENT GROUP LLC	**c** EIN-PN	82-3548266-501
a Plan name	COMBS RESIDENTIAL SVC CBS BENEFIT PLAN		
b Name of plan sponsor	COMBS RESIDENTIAL SVC	**c** EIN-PN	61-1222534-501
a Plan name	COMFORTABLE LIVING CBS BENEFIT PLAN		
b Name of plan sponsor	COMFORTABLE LIVING	**c** EIN-PN	83-1126255-501
a Plan name	COMMERCE LEXINGTON, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	COMMERCE LEXINGTON, INC.	**c** EIN-PN	61-0258800-501
a Plan name	COMMERCIAL CLEANING WITH COMMONWEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	COMMERCIAL CLEANING WITH COMMONWEALTH	**c** EIN-PN	85-1726713-501
a Plan name	COMMERCIAL FLOOR TECH CBS BENEFIT PLAN		
b Name of plan sponsor	COMMERCIAL FLOOR TECH	**c** EIN-PN	62-1359420-502

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	COMMERCIAL KENTUCKY INC CBS BENEFIT PLAN		
b Name of plan sponsor	COMMERCIAL KENTUCKY INC	**c** EIN-PN	61-1227465-501
a Plan name	COMMONWEALTH AG SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH AG SERVICE	**c** EIN-PN	47-5499488-501
a Plan name	COMMONWEALTH ANIMAL CARE CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH ANIMAL CARE	**c** EIN-PN	88-2971226-501
a Plan name	COMMONWEALTH BUILIDING PRODUCTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH BUILIDING PRODUCTS INC	**c** EIN-PN	61-1365866-501
a Plan name	COMMONWEALTH CAPITAL MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH CAPITAL MANAGEMENT	**c** EIN-PN	61-1382668-501
a Plan name	COMMONWEALTH COMMUNICATIONS OF KENTUCKY, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH COMMUNICATIONS OF KENTUCKY, INC.	**c** EIN-PN	61-1340972-501
a Plan name	COMMONWEALTH COUNTRY CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH COUNTRY CLUB	**c** EIN-PN	61-1176116-501
a Plan name	COMMONWEALTH INSPECTION BUREAU CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH INSPECTION BUREAU	**c** EIN-PN	61-1356161-501
a Plan name	COMMONWEALTH PODIATRY CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH PODIATRY	**c** EIN-PN	61-1240756-501
a Plan name	COMMONWEALTH SIGN COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH SIGN COMPANY	**c** EIN-PN	27-3391980-502
a Plan name	COMMONWEALTH SLEEP & REHAB CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH SLEEP & REHAB	**c** EIN-PN	56-2619164-501
a Plan name	COMMONWEALTH TOOL & MACHINE, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH TOOL & MACHINE, INC.	**c** EIN-PN	61-1059545-501

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	COMMONWEALTH X-RAY INC CBS BENEFIT PLAN		
b Name of plan sponsor	COMMONWEALTH X-RAY INC	**c** EIN-PN	61-1018046-502
a Plan name	COMMUNICATIONS CBS BENEFIT PLAN		
b Name of plan sponsor	COMMUNICATIONS	**c** EIN-PN	61-1209294-501
a Plan name	COMMUNITY ADVOCATES FOR RESOURCES & EMPOWERMENT CBS BENEFIT PLAN		
b Name of plan sponsor	COMMUNITY ADVOCATES FOR RESOURCES & EMPOWERMENT	**c** EIN-PN	61-1356594-501
a Plan name	COMMUNITY CAR CARE INC CBS BENEFIT PLAN		
b Name of plan sponsor	COMMUNITY CAR CARE INC	**c** EIN-PN	61-1148989-501
a Plan name	COMMUNITY FARM ALLIANCE CBS BENEFIT PLAN		
b Name of plan sponsor	COMMUNITY FARM ALLIANCE	**c** EIN-PN	61-1092056-501
a Plan name	COMMUNITY MONTESSORI CBS BENEFIT PLAN		
b Name of plan sponsor	COMMUNITY MONTESSORI	**c** EIN-PN	85-1387553-501
a Plan name	COMMUNITY SERVICES OF NORTHERN KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	COMMUNITY SERVICES OF NORTHERN KENTUCKY	**c** EIN-PN	45-1447370-501
a Plan name	COMMUNITY SERVICES PROJECT CBS BENEFIT PLAN		
b Name of plan sponsor	COMMUNITY SERVICES PROJECT	**c** EIN-PN	30-0024413-501
a Plan name	COMPASS CAPITAL MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COMPASS CAPITAL MANAGEMENT LLC	**c** EIN-PN	81-1300777-501
a Plan name	COMPASS MANUFACTURING INTERNATIONAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COMPASS MANUFACTURING INTERNATIONAL LLC	**c** EIN-PN	36-4710966-501
a Plan name	COMPLET3D CBS BENEFIT PLAN		
b Name of plan sponsor	COMPLET3D	**c** EIN-PN	83-0804250-501
a Plan name	COMPLETE EQUINE SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COMPLETE EQUINE SOLUTIONS LLC	**c** EIN-PN	46-0920394-501

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	COMPLETE FORKLIFT REPAIR CBS BENEFIT PLAN		
b Name of plan sponsor	COMPLETE FORKLIFT REPAIR	**c** EIN-PN	45-4443066-501
a Plan name	COMPLETE KITCHENS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COMPLETE KITCHENS LLC	**c** EIN-PN	84-4647466-501
a Plan name	COMPLETE PEST CONTROL INC CBS BENEFIT PLAN		
b Name of plan sponsor	COMPLETE PEST CONTROL INC	**c** EIN-PN	61-1164452-501
a Plan name	COMPOZIT HOME SYSTEMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COMPOZIT HOME SYSTEMS LLC	**c** EIN-PN	47-4144030-501
a Plan name	COMPRESSION FABRICATION MACHINE CBS BENEFIT PLAN		
b Name of plan sponsor	COMPRESSION FABRICATION MACHINE	**c** EIN-PN	27-3445559-501
a Plan name	COMPTON & COMPTON EYECARE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	COMPTON & COMPTON EYECARE PLLC	**c** EIN-PN	61-1397130-501
a Plan name	COMPTONS CUSTOM COUNTERTOPS CBS BENEFIT PLAN		
b Name of plan sponsor	COMPTONS CUSTOM COUNTERTOPS	**c** EIN-PN	32-0157325-501
a Plan name	COMPUTER SERVICES AND SOLUTIONS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	COMPUTER SERVICES AND SOLUTIONS, INC	**c** EIN-PN	61-1268162-501
a Plan name	CONCORDIA PRACTICE MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	CONCORDIA PRACTICE MANAGEMENT	**c** EIN-PN	83-4548191-501
a Plan name	CONCORDIA PRACTICE MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	CONCORDIA PRACTICE MANAGEMENT	**c** EIN-PN	83-4548191-502
a Plan name	CONCRETE CORING & CUTTING CBS BENEFIT PLAN		
b Name of plan sponsor	CONCRETE CORING & CUTTING	**c** EIN-PN	61-1240603-501
a Plan name	CONDER & ASSOCIATES, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	CONDER & ASSOCIATES, PLLC	**c** EIN-PN	20-0579351-501

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	CONLEY BOTTOM RESORT INC CBS BENEFIT PLAN		
b Name of plan sponsor	CONLEY BOTTOM RESORT INC	**c** EIN-PN	61-0864735-501
a Plan name	CONNS BODY SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	CONNS BODY SHOP	**c** EIN-PN	61-1172879-501
a Plan name	CONRAD EYE CENTERS CBS BENEFIT PLAN		
b Name of plan sponsor	CONRAD EYE CENTERS	**c** EIN-PN	35-1964140-501
a Plan name	CONRAD FLOORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CONRAD FLOORS INC	**c** EIN-PN	61-1191125-501
a Plan name	CONRADI ROOFING & GUTTERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CONRADI ROOFING & GUTTERS LLC	**c** EIN-PN	26-1523759-501
a Plan name	CONSOLIDATED MECHANICAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	CONSOLIDATED MECHANICAL INC	**c** EIN-PN	61-1061916-501
a Plan name	CONSORTIUM 360 LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CONSORTIUM 360 LLC	**c** EIN-PN	27-0713275-501
a Plan name	CONSTRUCTION CONSULTING SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	CONSTRUCTION CONSULTING SERVICES	**c** EIN-PN	38-3657707-501
a Plan name	CONSTRUCTION MACHINERY CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	CONSTRUCTION MACHINERY CO INC	**c** EIN-PN	77-0617570-501
a Plan name	CONSTRUCTION SOLUTIONS SALES AND SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	CONSTRUCTION SOLUTIONS SALES AND SERVICES	**c** EIN-PN	85-3247346-502
a Plan name	CONTINENTAL MACHINERY MOVERS CBS BENEFIT PLAN		
b Name of plan sponsor	CONTINENTAL MACHINERY MOVERS	**c** EIN-PN	61-1296284-501
a Plan name	CONTRACT DECORATING INC CBS BENEFIT PLAN		
b Name of plan sponsor	CONTRACT DECORATING INC	**c** EIN-PN	31-1505633-501

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 HIGHWALL MINING CBS BENEFIT PLAN		
b Name of plan sponsor	CONTRACT HIGHWALL MINING	**c** EIN-PN	05-0578585-501
a Plan name	CONTRACT MACHINING & MFG CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	CONTRACT MACHINING & MFG CO INC	**c** EIN-PN	61-1030415-501
a Plan name	CONTROL SYSTEMS DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	CONTROL SYSTEMS DESIGN	**c** EIN-PN	82-1188820-501
a Plan name	CONTROLOGIC, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	CONTROLOGIC, INC.	**c** EIN-PN	61-1293545-501
a Plan name	CONVEYOR SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	CONVEYOR SERVICES INC	**c** EIN-PN	31-1281186-501
a Plan name	COOKS LOCKSMITH CBS BENEFIT PLAN		
b Name of plan sponsor	COOKS LOCKSMITH	**c** EIN-PN	61-1264648-501
a Plan name	COOL BEAUTY CONSULTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	COOL BEAUTY CONSULTING INC	**c** EIN-PN	46-1769509-501
a Plan name	COOLEY ACCOUNTING CBS BENEFIT PLAN		
b Name of plan sponsor	COOLEY ACCOUNTING	**c** EIN-PN	61-1281731-501
a Plan name	COOMER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COOMER LLC	**c** EIN-PN	84-3653661-501
a Plan name	COOPER PAINTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	COOPER PAINTING INC	**c** EIN-PN	61-1012581-502
a Plan name	COOPER WHOLESALE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	COOPER WHOLESALE, INC	**c** EIN-PN	61-0719062-501
a Plan name	COPAYASSISTRX, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COPAYASSISTRX, LLC	**c** EIN-PN	87-3971350-501

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	COPPAGE CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	COPPAGE CONSTRUCTION	**c** EIN-PN	61-0548179-501
a Plan name	COPPERHEAD CONSULTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	COPPERHEAD CONSULTING INC	**c** EIN-PN	27-0083689-501
a Plan name	CORBETT VET HEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	CORBETT VET HEALTH	**c** EIN-PN	87-3706393-501
a Plan name	CORBIN CUSTOM REMODELERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CORBIN CUSTOM REMODELERS INC	**c** EIN-PN	61-1244610-501
a Plan name	CORBIN GARAGE DOORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CORBIN GARAGE DOORS INC	**c** EIN-PN	61-1244087-501
a Plan name	CORBIN ICE COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	CORBIN ICE COMPANY INC	**c** EIN-PN	61-1036882-501
a Plan name	CORE CHIROPRACTIC CBS BENEFIT PLAN		
b Name of plan sponsor	CORE CHIROPRACTIC	**c** EIN-PN	46-4658491-501
a Plan name	CORE COMBAT SPORTS CBS BENEFIT PLAN		
b Name of plan sponsor	CORE COMBAT SPORTS	**c** EIN-PN	38-3768688-501
a Plan name	CORE RECOVERIES CBS BENEFIT PLAN		
b Name of plan sponsor	CORE RECOVERIES	**c** EIN-PN	27-4555361-501
a Plan name	CORE4 THERAPY GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CORE4 THERAPY GROUP LLC	**c** EIN-PN	46-0886926-501
a Plan name	COREY S. CARTER DMD, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	COREY S. CARTER DMD, PLLC	**c** EIN-PN	86-2514429-501
a Plan name	CORK LEADERSHIP CBS BENEFIT PLAN		
b Name of plan sponsor	CORK LEADERSHIP	**c** EIN-PN	45-3734918-501

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	CORNERSTONE DIAGNOSTICS CBS BENEFIT PLAN		
b Name of plan sponsor	CORNERSTONE DIAGNOSTICS	**c** EIN-PN	27-5380478-501
a Plan name	CORNERSTONE ENGINEERING CBS BENEFIT PLAN		
b Name of plan sponsor	CORNERSTONE ENGINEERING	**c** EIN-PN	86-1075091-501
a Plan name	CORNERSTONE GEOTECH SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CORNERSTONE GEOTECH SERVICES LLC	**c** EIN-PN	92-3555072-501
a Plan name	CORNETT MACHINE SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	CORNETT MACHINE SHOP	**c** EIN-PN	61-0901060-501
a Plan name	CORPUS CHRISTI CLASSICAL ACADEMY CBS BENEFIT PLAN		
b Name of plan sponsor	CORPUS CHRISTI CLASSICAL ACADEMY	**c** EIN-PN	61-1335590-501
a Plan name	CORTNERS COLLISION CBS BENEFIT PLAN		
b Name of plan sponsor	CORTNERS COLLISION	**c** EIN-PN	20-2001101-501
a Plan name	CORVINS GENERAL STORE CBS BENEFIT PLAN		
b Name of plan sponsor	CORVINS GENERAL STORE	**c** EIN-PN	61-0876894-501
a Plan name	CORVINS REMNANTS-N-BARGAINS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	CORVINS REMNANTS-N-BARGAINS, INC	**c** EIN-PN	61-1214612-501
a Plan name	CORVUS CAPITAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CORVUS CAPITAL LLC	**c** EIN-PN	81-2516715-501
a Plan name	COUNTDOWN GAMES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COUNTDOWN GAMES LLC	**c** EIN-PN	81-2082051-501
a Plan name	COUNTERCO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COUNTERCO LLC	**c** EIN-PN	22-3913115-501
a Plan name	COUNTRY BOY BREWING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COUNTRY BOY BREWING LLC	**c** EIN-PN	45-2877778-501

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	COUNTRY CLUB OF PADUCAH CBS BENEFIT PLAN		
b Name of plan sponsor	COUNTRY CLUB OF PADUCAH	**c** EIN-PN	61-0166030-501
a Plan name	COUNTRY CONNECTION CBS BENEFIT PLAN		
b Name of plan sponsor	COUNTRY CONNECTION	**c** EIN-PN	30-0976550-501
a Plan name	COUNTRY CREEK INC CBS BENEFIT PLAN		
b Name of plan sponsor	COUNTRY CREEK INC	**c** EIN-PN	61-1170907-501
a Plan name	COUNTRY PLACE CBS BENEFIT PLAN		
b Name of plan sponsor	COUNTRY PLACE	**c** EIN-PN	61-1008520-501
a Plan name	COUNTY EQUIPMENT COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COUNTY EQUIPMENT COMPANY LLC	**c** EIN-PN	83-2071784-501
a Plan name	COUNTY LINE TREE SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	COUNTY LINE TREE SERVICE	**c** EIN-PN	92-3506773-501
a Plan name	COVENANCE GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COVENANCE GROUP LLC	**c** EIN-PN	35-2764123-501
a Plan name	COVENANT CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	COVENANT CONSTRUCTION	**c** EIN-PN	46-4592936-501
a Plan name	COVER CARE INC CBS BENEFIT PLAN		
b Name of plan sponsor	COVER CARE INC	**c** EIN-PN	45-4629025-501
a Plan name	COVERLAND CONVEYING SYSTEMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COVERLAND CONVEYING SYSTEMS LLC	**c** EIN-PN	84-1907923-501
a Plan name	COVEYS AUTOMOTIVE SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	COVEYS AUTOMOTIVE SERVICE	**c** EIN-PN	61-1322186-501
a Plan name	COWHERD EQUIPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	COWHERD EQUIPMENT	**c** EIN-PN	61-1360761-501

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	COX VENTURES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	COX VENTURES, LLC	**c** EIN-PN	06-1782419-501
a Plan name	CPCCDAY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CPCCDAY LLC	**c** EIN-PN	61-1280493-501
a Plan name	CPUBLEX INC CBS BENEFIT PLAN		
b Name of plan sponsor	CPUBLEX INC	**c** EIN-PN	99-1716337-501
a Plan name	CR CABLE CONSTRUCTION, INC CBS BENEFIT PLAN		
b Name of plan sponsor	CR CABLE CONSTRUCTION, INC	**c** EIN-PN	61-1095864-501
a Plan name	CR FLEET & FIRE SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	CR FLEET & FIRE SERVICE	**c** EIN-PN	92-3765086-501
a Plan name	CRAFTMASTERS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CRAFTMASTERS, LLC	**c** EIN-PN	85-1445608-501
a Plan name	CRAFTSMAN BRAND STUDIO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CRAFTSMAN BRAND STUDIO LLC	**c** EIN-PN	92-1295555-501
a Plan name	CRAIG HARDWARE AND CONSTRUCTION CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	CRAIG HARDWARE AND CONSTRUCTION CO INC	**c** EIN-PN	61-0946467-501
a Plan name	CRAIG MULLINS CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	CRAIG MULLINS CONSTRUCTION	**c** EIN-PN	26-2076799-501
a Plan name	CRAIGMYLE TRUCK SALES CBS BENEFIT PLAN		
b Name of plan sponsor	CRAIGMYLE TRUCK SALES	**c** EIN-PN	61-1342389-501
a Plan name	CRANE & BOOM SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	CRANE & BOOM SERVICES	**c** EIN-PN	81-4792346-501
a Plan name	CRAWFORD & BAXTER P S C CBS BENEFIT PLAN		
b Name of plan sponsor	CRAWFORD & BAXTER P S C	**c** EIN-PN	61-1270375-501

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	CRAWFORD ENTERTAINMENT SYSTEMS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CRAWFORD ENTERTAINMENT SYSTEMS INC	**c** EIN-PN	61-1356159-501
a Plan name	CREAM OF KENTUCKY DISTILLERS LTD CBS BENEFIT PLAN		
b Name of plan sponsor	CREAM OF KENTUCKY DISTILLERS LTD	**c** EIN-PN	93-1349629-501
a Plan name	CREATE A BED LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CREATE A BED LLC	**c** EIN-PN	85-3917620-501
a Plan name	CREATIVE BUSINESS SERVICES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CREATIVE BUSINESS SERVICES, LLC	**c** EIN-PN	81-1615622-501
a Plan name	CREATIVE IMAGE BMP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CREATIVE IMAGE BMP LLC	**c** EIN-PN	61-1703695-501
a Plan name	CREATIVE-IMAGE TECHNOLOGIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CREATIVE-IMAGE TECHNOLOGIES LLC	**c** EIN-PN	04-3775458-501
a Plan name	CREOSALUS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CREOSALUS INC	**c** EIN-PN	20-1722864-501
a Plan name	CREPPS RENTALS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CREPPS RENTALS LLC	**c** EIN-PN	40-2063491-501
a Plan name	CRESCENT DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	CRESCENT DEVELOPMENT	**c** EIN-PN	47-3814668-501
a Plan name	CRESCENT INSURANCE CBS BENEFIT PLAN		
b Name of plan sponsor	CRESCENT INSURANCE	**c** EIN-PN	36-4746653-501
a Plan name	CRESCENT SPRINGS HARDWARE CBS BENEFIT PLAN		
b Name of plan sponsor	CRESCENT SPRINGS HARDWARE	**c** EIN-PN	61-0851260-501
a Plan name	CRG AUTOMATION CBS BENEFIT PLAN		
b Name of plan sponsor	CRG AUTOMATION	**c** EIN-PN	61-1359427-501

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	CRGGOV CBS BENEFIT PLAN		
b Name of plan sponsor	CRGGOV	**c** EIN-PN	93-3263232-501
a Plan name	CRISP ROOFING AND GUTTERS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CRISP ROOFING AND GUTTERS, LLC	**c** EIN-PN	20-0908933-501
a Plan name	CRIST PROPANE SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	CRIST PROPANE SERVICES	**c** EIN-PN	61-1296170-501
a Plan name	CRITTENDEN LIVINGSTON WATER DISTRICT CBS BENEFIT PLAN		
b Name of plan sponsor	CRITTENDEN LIVINGSTON WATER DISTRICT	**c** EIN-PN	61-0978615-501
a Plan name	CRITTER CONNECTION CBS BENEFIT PLAN		
b Name of plan sponsor	CRITTER CONNECTION	**c** EIN-PN	61-1592583-501
a Plan name	CROLEY FUNERAL HOME CBS BENEFIT PLAN		
b Name of plan sponsor	CROLEY FUNERAL HOME	**c** EIN-PN	61-0488597-501
a Plan name	CROSS DIESEL REPAIR CBS BENEFIT PLAN		
b Name of plan sponsor	CROSS DIESEL REPAIR	**c** EIN-PN	83-1102304-501
a Plan name	CROSS-TECH PARTS CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	CROSS-TECH PARTS CORPORATION	**c** EIN-PN	27-4459289-501
a Plan name	CROWD CAPTURE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CROWD CAPTURE LLC	**c** EIN-PN	92-2565946-501
a Plan name	CROWNE POINT THEATRE CBS BENEFIT PLAN		
b Name of plan sponsor	CROWNE POINT THEATRE	**c** EIN-PN	81-4820320-501
a Plan name	CRUSE POWERLINE CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	CRUSE POWERLINE CONSTRUCTION	**c** EIN-PN	82-3134083-501
a Plan name	CRUSE TRUCKING COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	CRUSE TRUCKING COMPANY	**c** EIN-PN	61-0969304-501

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	CSM TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	CSM TRUCKING	**c** EIN-PN	61-1091723-501
a Plan name	CTA MANAGEMENT GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	CTA MANAGEMENT GROUP	**c** EIN-PN	20-8204473-501
a Plan name	CTL SERVICES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CTL SERVICES, LLC	**c** EIN-PN	46-5201949-501
a Plan name	CUI LIU DESIGNS CBS BENEFIT PLAN		
b Name of plan sponsor	CUI LIU DESIGNS	**c** EIN-PN	47-2704618-501
a Plan name	CULLINAN ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	CULLINAN ASSOCIATES INC	**c** EIN-PN	61-1172632-501
a Plan name	CULTIVATE DIGITAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CULTIVATE DIGITAL LLC	**c** EIN-PN	46-2611923-501
a Plan name	CULVER CUSTOM CABINETS CBS BENEFIT PLAN		
b Name of plan sponsor	CULVER CUSTOM CABINETS	**c** EIN-PN	30-0061351-501
a Plan name	CUMBERLAND INVESTMENT GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CUMBERLAND INVESTMENT GROUP LLC	**c** EIN-PN	87-3176739-501
a Plan name	CUMBERLAND PIPELINE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CUMBERLAND PIPELINE LLC	**c** EIN-PN	27-0493063-501
a Plan name	CUMBERLAND PRODUCTS CBS BENEFIT PLAN		
b Name of plan sponsor	CUMBERLAND PRODUCTS	**c** EIN-PN	61-1210618-501
a Plan name	CUMBERLAND RIVER HOMES INC CBS BENEFIT PLAN		
b Name of plan sponsor	CUMBERLAND RIVER HOMES INC	**c** EIN-PN	20-0816622-501
a Plan name	CUNDIFF STEEL CBS BENEFIT PLAN		
b Name of plan sponsor	CUNDIFF STEEL	**c** EIN-PN	61-1269929-501

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	CUNNINGHAM GOLF CAR CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	CUNNINGHAM GOLF CAR CO INC	**c** EIN-PN	61-0923473-501
a Plan name	CURETECH USA, INC CBS BENEFIT PLAN		
b Name of plan sponsor	CURETECH USA, INC	**c** EIN-PN	84-3193228-501
a Plan name	CURO BRKG LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CURO BRKG LLC	**c** EIN-PN	84-4835179-501
a Plan name	CURRAN MILL MACHINERY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CURRAN MILL MACHINERY, LLC	**c** EIN-PN	99-0613919-501
a Plan name	CURRENT 360 INC CBS BENEFIT PLAN		
b Name of plan sponsor	CURRENT 360 INC	**c** EIN-PN	61-1057649-501
a Plan name	CURRENT HR CBS BENEFIT PLAN		
b Name of plan sponsor	CURRENT HR	**c** EIN-PN	85-2496075-502
a Plan name	CURTSINGER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CURTSINGER LLC	**c** EIN-PN	82-1336677-501
a Plan name	CUS TRANSPORT CBS BENEFIT PLAN		
b Name of plan sponsor	CUS TRANSPORT	**c** EIN-PN	81-2790402-501
a Plan name	CUSTOM AG SERVICES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CUSTOM AG SERVICES, LLC	**c** EIN-PN	20-3124158-501
a Plan name	CUSTOM ENGINEERING INC CBS BENEFIT PLAN		
b Name of plan sponsor	CUSTOM ENGINEERING INC	**c** EIN-PN	61-0916659-501
a Plan name	CUSTOM ENVIRONMENTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CUSTOM ENVIRONMENTS INC	**c** EIN-PN	61-1187149-501
a Plan name	CUSTOM ERECTION, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	CUSTOM ERECTION, INC.	**c** EIN-PN	31-1519766-501

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	CUSTOM PACKAGING CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	CUSTOM PACKAGING CO INC	**c** EIN-PN	61-0868476-501
a Plan name	CUTTING TOOLS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CUTTING TOOLS INC	**c** EIN-PN	61-0705435-501
a Plan name	CXB CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	CXB CONSTRUCTION	**c** EIN-PN	20-1313992-501
a Plan name	CY DICKEN JR INVESTMENTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CY DICKEN JR INVESTMENTS LLC	**c** EIN-PN	81-3771905-501
a Plan name	CYCLEYOU FITNESS & SAUNA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	CYCLEYOU FITNESS & SAUNA LLC	**c** EIN-PN	27-1205792-501
a Plan name	CYTECH PRODUCTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	CYTECH PRODUCTS INC	**c** EIN-PN	13-3454680-501
a Plan name	D & WEB DEVELOPMENT INC CBS BENEFIT PLAN		
b Name of plan sponsor	D & WEB DEVELOPMENT INC	**c** EIN-PN	27-4452155-501
a Plan name	D AND C PHARMACEUTICAL SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	D AND C PHARMACEUTICAL SOLUTIONS	**c** EIN-PN	87-2264680-501
a Plan name	D FRANK HINTON, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	D FRANK HINTON, INC.	**c** EIN-PN	62-1761511-501
a Plan name	D&D INDUSTRIAL CONTRACTING CBS BENEFIT PLAN		
b Name of plan sponsor	D&D INDUSTRIAL CONTRACTING	**c** EIN-PN	61-1258001-501
a Plan name	D&F TRANSPORTATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	D&F TRANSPORTATION INC	**c** EIN-PN	87-2037749-501
a Plan name	DAD S FAVORITES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DAD S FAVORITES LLC	**c** EIN-PN	46-0576874-501

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	DAD'S INVESTMENT COMPANY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DADS INVESTMENT COMPANY, LLC	**c** EIN-PN	20-1983054-501
a Plan name	DAE-IL USA INC CBS BENEFIT PLAN		
b Name of plan sponsor	DAE-IL USA INC	**c** EIN-PN	26-1799492-501
a Plan name	DAHLEM ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	DAHLEM ENTERPRISES INC	**c** EIN-PN	61-0459051-501
a Plan name	DAICEL SAFETY SYSTEMS AMERICAS INC CBS BENEFIT PLAN		
b Name of plan sponsor	DAICEL SAFETY SYSTEMS AMERICAS INC	**c** EIN-PN	45-3640209-501
a Plan name	DAIRY QUEEN OF STANFORD CBS BENEFIT PLAN		
b Name of plan sponsor	DAIRY QUEEN OF STANFORD	**c** EIN-PN	20-1609452-501
a Plan name	DALTON BROWN RESTORATION AND CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DALTON BROWN RESTORATION AND CONSTRUCTION LLC	**c** EIN-PN	88-1959644-501
a Plan name	DALTON SUPPLY & SERVICE INC CBS BENEFIT PLAN		
b Name of plan sponsor	DALTON SUPPLY & SERVICE INC	**c** EIN-PN	26-2762734-501
a Plan name	DAMIEN ELDER AND SONS CBS BENEFIT PLAN		
b Name of plan sponsor	DAMIEN ELDER AND SONS	**c** EIN-PN	61-0616379-501
a Plan name	DAN POWERS GMC CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	DAN POWERS GMC CENTER	**c** EIN-PN	61-0704724-501
a Plan name	DANE SHEET METAL CBS BENEFIT PLAN		
b Name of plan sponsor	DANE SHEET METAL	**c** EIN-PN	61-0648945-501
a Plan name	DANIEL BOONE FAMILY HEALTHCARE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DANIEL BOONE FAMILY HEALTHCARE PLLC	**c** EIN-PN	26-2335493-501
a Plan name	DANIELS INDUSTRIES CBS BENEFIT PLAN		
b Name of plan sponsor	DANIELS INDUSTRIES	**c** EIN-PN	72-1573915-501

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	DANNY'S WELDING INC CBS BENEFIT PLAN		
b Name of plan sponsor	DANNYS WELDING INC	**c** EIN-PN	61-1233172-501
a Plan name	DANS CBS BENEFIT PLAN		
b Name of plan sponsor	DANS	**c** EIN-PN	61-1163213-501
a Plan name	DANVILLE PEDIATRICS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	DANVILLE PEDIATRICS PSC	**c** EIN-PN	61-0988643-501
a Plan name	DANVILLE RADIOLOGY ASSOC CBS BENEFIT PLAN		
b Name of plan sponsor	DANVILLE RADIOLOGY ASSOC	**c** EIN-PN	61-0990732-501
a Plan name	DARLAND ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	DARLAND ENTERPRISES INC	**c** EIN-PN	31-1551546-501
a Plan name	DARNELL CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DARNELL CONSTRUCTION LLC	**c** EIN-PN	61-1326164-501
a Plan name	DARRELL A COX PSC CBS BENEFIT PLAN		
b Name of plan sponsor	DARRELL A COX PSC	**c** EIN-PN	30-0721147-502
a Plan name	DATA BP CBS BENEFIT PLAN		
b Name of plan sponsor	DATA BP	**c** EIN-PN	46-4871838-501
a Plan name	DATA CABLE INC CBS BENEFIT PLAN		
b Name of plan sponsor	DATA CABLE INC	**c** EIN-PN	61-1218788-501
a Plan name	DATA SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	DATA SOLUTIONS	**c** EIN-PN	61-1148990-501
a Plan name	DAVANAND DOODNAUTH MD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	DAVANAND DOODNAUTH MD PSC	**c** EIN-PN	27-3524335-501
a Plan name	DAVE RABE CONTRACTORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	DAVE RABE CONTRACTORS INC	**c** EIN-PN	61-1265220-501

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	DAVENPORT GROUP PROPERTIES CBS BENEFIT PLAN		
b Name of plan sponsor	DAVENPORT GROUP PROPERTIES	**c** EIN-PN	83-0837090-501
a Plan name	DAVES AUTO REPAIR CBS BENEFIT PLAN		
b Name of plan sponsor	DAVES AUTO REPAIR	**c** EIN-PN	32-0693738-501
a Plan name	DAVID COWEN MD CBS BENEFIT PLAN		
b Name of plan sponsor	DAVID COWEN MD	**c** EIN-PN	61-1376412-501
a Plan name	DAVID L HELMERS & ASSOCIATES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DAVID L HELMERS & ASSOCIATES PLLC	**c** EIN-PN	61-1400164-501
a Plan name	DAVID M SCHULER JR. PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DAVID M SCHULER JR. PLLC	**c** EIN-PN	27-4403870-501
a Plan name	DAVID S KIRN PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DAVID S KIRN PLLC	**c** EIN-PN	45-0852487-501
a Plan name	DAVID T MONSON DMD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	DAVID T MONSON DMD PSC	**c** EIN-PN	47-3124219-501
a Plan name	DAVIS BP INC CBS BENEFIT PLAN		
b Name of plan sponsor	DAVIS BP INC	**c** EIN-PN	61-1273281-501
a Plan name	DAVIS BROTHERS FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	DAVIS BROTHERS FARMS	**c** EIN-PN	61-1051044-501
a Plan name	DAVIS FARMS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	DAVIS FARMS, INC.	**c** EIN-PN	61-0994676-501
a Plan name	DAVIS FITNESS STUDIO INC CBS BENEFIT PLAN		
b Name of plan sponsor	DAVIS FITNESS STUDIO INC	**c** EIN-PN	46-3707473-501
a Plan name	DAVIS HEATING AND AIR CONDITIONING CBS BENEFIT PLAN		
b Name of plan sponsor	DAVIS HEATING AND AIR CONDITIONING	**c** EIN-PN	61-1346268-501

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	DAVIS INSURANCE GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	DAVIS INSURANCE GROUP	**c** EIN-PN	20-5950963-501
a Plan name	DAWN C. STRATTON AND ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	DAWN C. STRATTON AND ASSOCIATES	**c** EIN-PN	61-1368651-501
a Plan name	DAY AND DAY FEED MILL, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	DAY AND DAY FEED MILL, INC.	**c** EIN-PN	26-4229733-501
a Plan name	DBS PLUMBING SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DBS PLUMBING SOLUTIONS LLC	**c** EIN-PN	83-3585505-501
a Plan name	DDS ENGINEERING PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DDS ENGINEERING PLLC	**c** EIN-PN	61-1396892-501
a Plan name	DEALER SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	DEALER SYSTEMS	**c** EIN-PN	30-0835549-501
a Plan name	DEAN BUILDS INC CBS BENEFIT PLAN		
b Name of plan sponsor	DEAN BUILDS INC	**c** EIN-PN	01-0734583-501
a Plan name	DEAN LAVENSON PHOTOGRAPHY INC CBS BENEFIT PLAN		
b Name of plan sponsor	DEAN LAVENSON PHOTOGRAPHY INC	**c** EIN-PN	20-2112764-501
a Plan name	DEATRICK & SPIES PSC CBS BENEFIT PLAN		
b Name of plan sponsor	DEATRICK & SPIES PSC	**c** EIN-PN	61-1255229-501
a Plan name	DEBBIE SUTHERLAND EXCAVATING CBS BENEFIT PLAN		
b Name of plan sponsor	DEBBIE SUTHERLAND EXCAVATING	**c** EIN-PN	04-3649977-501
a Plan name	DECAMILLIS & MATTINGLY,PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DECAMILLIS & MATTINGLY,PLLC	**c** EIN-PN	01-0841964-501
a Plan name	DECISIVE INC CBS BENEFIT PLAN		
b Name of plan sponsor	DECISIVE INC	**c** EIN-PN	82-2381622-501

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	DECO ARCHITECTS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	DECO ARCHITECTS, INC.	**c** EIN-PN	45-5540083-501
a Plan name	DECORATIVE MIRROR MANUFACTURING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DECORATIVE MIRROR MANUFACTURING LLC	**c** EIN-PN	87-4188874-501
a Plan name	DEEPAK V PATEL MD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DEEPAK V PATEL MD PLLC	**c** EIN-PN	30-0013030-501
a Plan name	DEFEWS BODY SHOP & CUSTOM PAINT CBS BENEFIT PLAN		
b Name of plan sponsor	DEFEWS BODY SHOP & CUSTOM PAINT	**c** EIN-PN	20-2073495-501
a Plan name	DELAMBRE ENTERPRISE CBS BENEFIT PLAN		
b Name of plan sponsor	DELAMBRE ENTERPRISE	**c** EIN-PN	84-4182464-501
a Plan name	DELIGHTFUL DAYS RV CBS BENEFIT PLAN		
b Name of plan sponsor	DELIGHTFUL DAYS RV	**c** EIN-PN	61-1040255-501
a Plan name	DELL RIDGE FARM, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DELL RIDGE FARM, LLC	**c** EIN-PN	62-1719500-501
a Plan name	DELTA FOUNDATION CBS BENEFIT PLAN		
b Name of plan sponsor	DELTA FOUNDATION	**c** EIN-PN	82-2060774-501
a Plan name	DELUXE PCS CBS BENEFIT PLAN		
b Name of plan sponsor	DELUXE PCS	**c** EIN-PN	82-0767079-501
a Plan name	DENISE HOURIGAN DMD CBS BENEFIT PLAN		
b Name of plan sponsor	DENISE HOURIGAN DMD	**c** EIN-PN	61-0926714-501
a Plan name	DENSON & CO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DENSON & CO LLC	**c** EIN-PN	82-3833649-501
a Plan name	DENTAL DESIGNS OF OWENSBORO CBS BENEFIT PLAN		
b Name of plan sponsor	DENTAL DESIGNS OF OWENSBORO	**c** EIN-PN	20-4863075-502

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	DENTAL SURGICENTER CBS BENEFIT PLAN		
b Name of plan sponsor	DENTAL SURGICENTER	**c** EIN-PN	46-4672803-501
a Plan name	DENTNET PROVIDER GROUP PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DENTNET PROVIDER GROUP PLLC	**c** EIN-PN	88-2848299-501
a Plan name	DENTON LAW FIRM, LLP CBS BENEFIT PLAN		
b Name of plan sponsor	DENTON LAW FIRM, LLP	**c** EIN-PN	47-4512895-501
a Plan name	DERBY CITY DIRECT PRIMARY CARE CBS BENEFIT PLAN		
b Name of plan sponsor	DERBY CITY DIRECT PRIMARY CARE	**c** EIN-PN	83-4671187-501
a Plan name	DERBY FABRICS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	DERBY FABRICS, INC	**c** EIN-PN	61-0587602-501
a Plan name	DERMATOLOGY AND SKIN SURGERY CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	DERMATOLOGY AND SKIN SURGERY CLINIC	**c** EIN-PN	61-0719596-501
a Plan name	DERMATOLOGY CENTER OF OWENSBORO PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DERMATOLOGY CENTER OF OWENSBORO PLLC	**c** EIN-PN	47-3036845-501
a Plan name	DERMATOLOGY OF SOUTHERN KENTUCKY PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DERMATOLOGY OF SOUTHERN KENTUCKY PLLC	**c** EIN-PN	74-3252760-501
a Plan name	DERRINGER CONTRACTING CBS BENEFIT PLAN		
b Name of plan sponsor	DERRINGER CONTRACTING	**c** EIN-PN	45-4128144-501
a Plan name	DESIGN COMFORT HEATING & AIR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DESIGN COMFORT HEATING & AIR LLC	**c** EIN-PN	45-4298680-501
a Plan name	DESIGN LINK CBS BENEFIT PLAN		
b Name of plan sponsor	DESIGN LINK	**c** EIN-PN	26-0417844-501
a Plan name	DESMA USA INC CBS BENEFIT PLAN		
b Name of plan sponsor	DESMA USA INC	**c** EIN-PN	61-1186848-501

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	DETERS INK CBS BENEFIT PLAN		
b Name of plan sponsor	DETERS INK	**c** EIN-PN	47-2338326-501
a Plan name	DETTMAN LAW PSC CBS BENEFIT PLAN		
b Name of plan sponsor	DETTMAN LAW PSC	**c** EIN-PN	83-2022008-501
a Plan name	DEVOU PROPERTIES CBS BENEFIT PLAN		
b Name of plan sponsor	DEVOU PROPERTIES	**c** EIN-PN	35-2209497-501
a Plan name	DEWHAUS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DEWHAUS LLC	**c** EIN-PN	87-0994842-501
a Plan name	DEXTERA LOGISTICS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DEXTERA LOGISTICS LLC	**c** EIN-PN	88-0879479-501
a Plan name	DG INDUSTRIES CBS BENEFIT PLAN		
b Name of plan sponsor	DG INDUSTRIES	**c** EIN-PN	61-1161256-501
a Plan name	DGI GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DGI GROUP LLC	**c** EIN-PN	93-1967145-501
a Plan name	DIAGNOSTIC IMAGING CBS BENEFIT PLAN		
b Name of plan sponsor	DIAGNOSTIC IMAGING	**c** EIN-PN	61-1229242-501
a Plan name	DIAGNOSTIC X-RAY PHYSICIANS P S C CBS BENEFIT PLAN		
b Name of plan sponsor	DIAGNOSTIC X-RAY PHYSICIANS P S C	**c** EIN-PN	61-0982294-501
a Plan name	DIAL ONE LAWRENCE V LEWIS PLUMBING CBS BENEFIT PLAN		
b Name of plan sponsor	DIAL ONE LAWRENCE V LEWIS PLUMBING	**c** EIN-PN	76-0783817-501
a Plan name	DIAMOND CUT AND CORE CBS BENEFIT PLAN		
b Name of plan sponsor	DIAMOND CUT AND CORE	**c** EIN-PN	45-5295238-501
a Plan name	DIAMOND POND PRODUCTS CBS BENEFIT PLAN		
b Name of plan sponsor	DIAMOND POND PRODUCTS	**c** EIN-PN	20-0912238-501

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	DIAMOND REAL ESTATE GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	DIAMOND REAL ESTATE GROUP	**c** EIN-PN	99-1183755-501
a Plan name	DIANNE L GAMBLE INC CBS BENEFIT PLAN		
b Name of plan sponsor	DIANNE L GAMBLE INC	**c** EIN-PN	61-1327391-501
a Plan name	DICKERSONS REFRIGERATION CBS BENEFIT PLAN		
b Name of plan sponsor	DICKERSONS REFRIGERATION	**c** EIN-PN	61-0854208-501
a Plan name	DIGENIS PLASTIC SURGERY CBS BENEFIT PLAN		
b Name of plan sponsor	DIGENIS PLASTIC SURGERY	**c** EIN-PN	61-1362094-501
a Plan name	DIG-IT EXCAVATING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DIG-IT EXCAVATING, LLC	**c** EIN-PN	83-0916049-501
a Plan name	DIGITAL BUSINESS SOLUTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	DIGITAL BUSINESS SOLUTIONS INC	**c** EIN-PN	30-0036848-501
a Plan name	DIGITAL TULIP CBS BENEFIT PLAN		
b Name of plan sponsor	DIGITAL TULIP	**c** EIN-PN	30-0789917-501
a Plan name	DINN CHIROPRACTIC PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DINN CHIROPRACTIC PLLC	**c** EIN-PN	75-3111051-501
a Plan name	DISCOUNT HOME FURNISHINGS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	DISCOUNT HOME FURNISHINGS, INC.	**c** EIN-PN	26-1837326-501
a Plan name	DISCOVER AQUATICS SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	DISCOVER AQUATICS SHOP	**c** EIN-PN	88-3377873-501
a Plan name	DISHION PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DISHION PLLC	**c** EIN-PN	88-4086754-501
a Plan name	DISTINCT CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DISTINCT CONSTRUCTION LLC	**c** EIN-PN	31-1516604-501

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	DITSLER INSURANCE AGENCY CBS BENEFIT PLAN		
b Name of plan sponsor	DITSLER INSURANCE AGENCY	**c** EIN-PN	81-3173227-501
a Plan name	DIVERSIFIED CAPITAL MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DIVERSIFIED CAPITAL MANAGEMENT LLC	**c** EIN-PN	45-3792491-501
a Plan name	DIVERSIFIED DEMOLITION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DIVERSIFIED DEMOLITION LLC	**c** EIN-PN	20-0183979-501
a Plan name	DIVERSIFIED ELECTRICAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	DIVERSIFIED ELECTRICAL INC	**c** EIN-PN	31-1504721-501
a Plan name	DIVERSIFIED SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	DIVERSIFIED SERVICES INC	**c** EIN-PN	41-2152342-501
a Plan name	DIVINE SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	DIVINE SERVICES	**c** EIN-PN	47-4819502-501
a Plan name	DIX CONSTRUCTION MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	DIX CONSTRUCTION MANAGEMENT	**c** EIN-PN	86-1901440-501
a Plan name	DIXIE INDUSTRIAL INSULATION CBS BENEFIT PLAN		
b Name of plan sponsor	DIXIE INDUSTRIAL INSULATION	**c** EIN-PN	61-1306346-501
a Plan name	DIXIELOU LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DIXIELOU LLC	**c** EIN-PN	81-4966562-501
a Plan name	DIXON PLUMBING CBS BENEFIT PLAN		
b Name of plan sponsor	DIXON PLUMBING	**c** EIN-PN	41-2112130-501
a Plan name	DIXONS APPLIANCE & AUTO CBS BENEFIT PLAN		
b Name of plan sponsor	DIXONS APPLIANCE & AUTO	**c** EIN-PN	61-1094953-501
a Plan name	DIY SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	DIY SUPPLY	**c** EIN-PN	83-1124428-501

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	DKG ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	DKG ENTERPRISES	**c** EIN-PN	27-3606435-501
a Plan name	DLJBS CORP CBS BENEFIT PLAN		
b Name of plan sponsor	DLJBS CORP	**c** EIN-PN	84-4906265-501
a Plan name	DLOM GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DLOM GROUP LLC	**c** EIN-PN	27-2325515-501
a Plan name	DLS IMPERIAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DLS IMPERIAL LLC	**c** EIN-PN	81-3308887-501
a Plan name	DMAC MOBILE DEVELOPMENTS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DMAC MOBILE DEVELOPMENTS, LLC	**c** EIN-PN	47-3670033-501
a Plan name	DMJ INVESTMENTS CBS BENEFIT PLAN		
b Name of plan sponsor	DMJ INVESTMENTS	**c** EIN-PN	47-4374620-501
a Plan name	DMM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DMM LLC	**c** EIN-PN	83-3999113-501
a Plan name	DMMD CONCIERGE CBS BENEFIT PLAN		
b Name of plan sponsor	DMMD CONCIERGE	**c** EIN-PN	83-3361311-501
a Plan name	DMR INTERNANTIONAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	DMR INTERNANTIONAL INC	**c** EIN-PN	31-1251937-501
a Plan name	DMZ PRODUCTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	DMZ PRODUCTIONS	**c** EIN-PN	82-4757179-501
a Plan name	DNA HOSPITALITY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DNA HOSPITALITY LLC	**c** EIN-PN	82-1302190-501
a Plan name	DOCTOR'S DIET PROGRAM OF BOWLING GREEN CBS BENEFIT PLAN		
b Name of plan sponsor	DOCTORS DIET PROGRAM OF BOWLING GREEN	**c** EIN-PN	26-0143245-501

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	DODD & DODD ATTORNEYS CBS BENEFIT PLAN		
b Name of plan sponsor	DODD & DODD ATTORNEYS	**c** EIN-PN	61-0905784-501
a Plan name	DOE RUN FCU CBS BENEFIT PLAN		
b Name of plan sponsor	DOE RUN FCU	**c** EIN-PN	61-0956105-501
a Plan name	DOE VALLEY ASSOCIATION CBS BENEFIT PLAN		
b Name of plan sponsor	DOE VALLEY ASSOCIATION	**c** EIN-PN	61-1120986-501
a Plan name	DOGWOOD VETERINARY CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	DOGWOOD VETERINARY CLINIC	**c** EIN-PN	83-3283051-501
a Plan name	DOMINO PARTNERS CBS BENEFIT PLAN		
b Name of plan sponsor	DOMINO PARTNERS	**c** EIN-PN	61-1159157-501
a Plan name	DON CLEM CONSULTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DON CLEM CONSULTING LLC	**c** EIN-PN	45-4169221-501
a Plan name	DON K FLOWERS DMD CBS BENEFIT PLAN		
b Name of plan sponsor	DON K FLOWERS DMD	**c** EIN-PN	61-1345391-501
a Plan name	DONNIE ROWE HEATING AND AIR CONDITIONING CBS BENEFIT PLAN		
b Name of plan sponsor	DONNIE ROWE HEATING AND AIR CONDITIONING	**c** EIN-PN	27-3402310-501
a Plan name	DOOR EQUIPMENT COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	DOOR EQUIPMENT COMPANY	**c** EIN-PN	47-3183278-501
a Plan name	DOOR SERVICES COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	DOOR SERVICES COMPANY	**c** EIN-PN	61-1258533-501
a Plan name	DOOR STORE OF LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	DOOR STORE OF LOUISVILLE	**c** EIN-PN	31-1550387-501
a Plan name	DOORN CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	DOORN CORPORATION	**c** EIN-PN	61-1369738-501

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	DOSM CBS BENEFIT PLAN		
b Name of plan sponsor	DOSM	**c** EIN-PN	61-1076123-501
a Plan name	DOSS AND HORKY INC. CBS BENEFIT PLAN		
b Name of plan sponsor	DOSS AND HORKY INC.	**c** EIN-PN	61-1157263-502
a Plan name	DOTSON ELECTRIC CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	DOTSON ELECTRIC CO INC	**c** EIN-PN	62-1321397-501
a Plan name	DOUBLE A HOSPITALITY CBS BENEFIT PLAN		
b Name of plan sponsor	DOUBLE A HOSPITALITY	**c** EIN-PN	36-4547163-501
a Plan name	DOUBLE A SERVICES INC. CBS BENEFIT PLAN		
b Name of plan sponsor	DOUBLE A SERVICES INC.	**c** EIN-PN	61-1231389-501
a Plan name	DOUBLE B DISTRIBUTORS LTD CBS BENEFIT PLAN		
b Name of plan sponsor	DOUBLE B DISTRIBUTORS LTD	**c** EIN-PN	61-1102148-502
a Plan name	DOUBLE W / BLUEGRASS RECYC CBS BENEFIT PLAN		
b Name of plan sponsor	DOUBLE W / BLUEGRASS RECYC	**c** EIN-PN	46-2091856-501
a Plan name	DOUGLAS ELECTRONICS CO INC. CBS BENEFIT PLAN		
b Name of plan sponsor	DOUGLAS ELECTRONICS CO INC.	**c** EIN-PN	61-0850922-501
a Plan name	DOUGS SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	DOUGS SERVICES INC	**c** EIN-PN	61-1021319-501
a Plan name	DOWN SYNDROME OF LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	DOWN SYNDROME OF LOUISVILLE	**c** EIN-PN	61-1214126-501
a Plan name	DOWN TA EARTH CBS BENEFIT PLAN		
b Name of plan sponsor	DOWN TA EARTH	**c** EIN-PN	47-2568286-501
a Plan name	DOWNTOWN FORD INC CBS BENEFIT PLAN		
b Name of plan sponsor	DOWNTOWN FORD INC	**c** EIN-PN	61-1054027-501

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	DOWNTOWN LEXINGTON PARTNERSHIP CBS BENEFIT PLAN		
b Name of plan sponsor	DOWNTOWN LEXINGTON PARTNERSHIP	**c** EIN-PN	61-1189677-501
a Plan name	D-PORT DIRECTIONAL DRILLING & UTILITIES CBS BENEFIT PLAN		
b Name of plan sponsor	D-PORT DIRECTIONAL DRILLING & UTILITIES	**c** EIN-PN	86-1279547-501
a Plan name	DPS LOGISTICS CBS BENEFIT PLAN		
b Name of plan sponsor	DPS LOGISTICS	**c** EIN-PN	61-0871529-501
a Plan name	DQ PROPERTIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	DQ PROPERTIES INC	**c** EIN-PN	61-1270320-501
a Plan name	DR BRYAN G HARNESS COSMETIC AND FAMILY DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	DR BRYAN G HARNESS COSMETIC AND FAMILY DENTISTRY	**c** EIN-PN	27-1571218-501
a Plan name	DR CHAFFIN MEDICINE SHOPPE CBS BENEFIT PLAN		
b Name of plan sponsor	DR CHAFFIN MEDICINE SHOPPE	**c** EIN-PN	31-1502746-501
a Plan name	DR KEVIN SNIPES OD CBS BENEFIT PLAN		
b Name of plan sponsor	DR KEVIN SNIPES OD	**c** EIN-PN	61-1311879-501
a Plan name	DR KYLE PARISH CBS BENEFIT PLAN		
b Name of plan sponsor	DR KYLE PARISH	**c** EIN-PN	26-1188068-501
a Plan name	DR RICHARD SHAY CBS BENEFIT PLAN		
b Name of plan sponsor	DR RICHARD SHAY	**c** EIN-PN	61-1351859-501
a Plan name	DR SHEWMAKER & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	DR SHEWMAKER & ASSOCIATES	**c** EIN-PN	61-1169814-501
a Plan name	DR WATSON CONCIERGE MEDICINE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DR WATSON CONCIERGE MEDICINE PLLC	**c** EIN-PN	87-3162587-501
a Plan name	DR. BRAD MILLS ORTHODONTIC CBS BENEFIT PLAN		
b Name of plan sponsor	DR. BRAD MILLS ORTHODONTIC	**c** EIN-PN	61-1100581-501

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	DRAKE ENTERPRISES, INC CBS BENEFIT PLAN		
b Name of plan sponsor	DRAKE ENTERPRISES, INC	**c** EIN-PN	85-2658471-501
a Plan name	DRD REPAIR CBS BENEFIT PLAN		
b Name of plan sponsor	DRD REPAIR	**c** EIN-PN	47-3951949-501
a Plan name	DREAM TEAM CBS BENEFIT PLAN		
b Name of plan sponsor	DREAM TEAM	**c** EIN-PN	83-1621415-501
a Plan name	DREAM TEAM LEXINGTON LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DREAM TEAM LEXINGTON LLC	**c** EIN-PN	26-0123135-501
a Plan name	DRIVES & CONVEYORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	DRIVES & CONVEYORS INC	**c** EIN-PN	62-0892967-501
a Plan name	DRIVEWAY DUMPSTERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DRIVEWAY DUMPSTERS LLC	**c** EIN-PN	47-4728975-501
a Plan name	DRI-VIEW MANUFACTURING INC CBS BENEFIT PLAN		
b Name of plan sponsor	DRI-VIEW MANUFACTURING INC	**c** EIN-PN	61-0702002-501
a Plan name	DRS BORDERS HOOD & ASSOCIATE CBS BENEFIT PLAN		
b Name of plan sponsor	DRS BORDERS HOOD & ASSOCIATE	**c** EIN-PN	61-1140260-501
a Plan name	DRUG SHOPPE, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	DRUG SHOPPE, INC.	**c** EIN-PN	61-0921804-501
a Plan name	DRY STONE CONSERVANCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	DRY STONE CONSERVANCY INC	**c** EIN-PN	61-1298938-501
a Plan name	DSB HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DSB HOLDINGS LLC	**c** EIN-PN	46-1485051-501
a Plan name	DSR VENTURES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DSR VENTURES LLC	**c** EIN-PN	76-0843877-501

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	DSS DISTRIBUTION CBS BENEFIT PLAN		
b Name of plan sponsor	DSS DISTRIBUTION	**c** EIN-PN	38-3780700-501
a Plan name	DTL FINANCE INC CBS BENEFIT PLAN		
b Name of plan sponsor	DTL FINANCE INC	**c** EIN-PN	61-1251858-501
a Plan name	DTS INDUSTRIES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DTS INDUSTRIES, LLC	**c** EIN-PN	83-4374056-501
a Plan name	DTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DTS LLC	**c** EIN-PN	82-2621481-501
a Plan name	DUGUID, GENTRY & ASSOCIATES, PSC CBS BENEFIT PLAN		
b Name of plan sponsor	DUGUID, GENTRY & ASSOCIATES, PSC	**c** EIN-PN	61-1104110-501
a Plan name	DUKE & COOPER OF LOUISVILLE, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	DUKE & COOPER OF LOUISVILLE, INC.	**c** EIN-PN	86-2025291-501
a Plan name	DUNCOR INVESTMENTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DUNCOR INVESTMENTS LLC	**c** EIN-PN	27-4908919-501
a Plan name	DUNHAM LAW PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	DUNHAM LAW PLLC	**c** EIN-PN	85-2541555-501
a Plan name	DUNLAP SUNBRAND INTERNATIONAL CBS BENEFIT PLAN		
b Name of plan sponsor	DUNLAP SUNBRAND INTERNATIONAL	**c** EIN-PN	74-3073534-501
a Plan name	DUNN INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	DUNN INSURANCE AGENCY INC	**c** EIN-PN	82-5507095-501
a Plan name	DUNN ROOFING CO & SHEET METAL, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DUNN ROOFING CO & SHEET METAL, LLC	**c** EIN-PN	47-3755127-501
a Plan name	DUPREE FINANCIAL GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	DUPREE FINANCIAL GROUP	**c** EIN-PN	27-0059167-501

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	DURHAM HEATING & COOLING CBS BENEFIT PLAN		
b Name of plan sponsor	DURHAM HEATING & COOLING	**c** EIN-PN	61-1094639-501
a Plan name	DURHAM RESTORATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	DURHAM RESTORATION INC	**c** EIN-PN	20-0857606-501
a Plan name	DVISS ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	DVISS ENTERPRISES INC	**c** EIN-PN	45-5324110-501
a Plan name	DWELLINGS CBS BENEFIT PLAN		
b Name of plan sponsor	DWELLINGS	**c** EIN-PN	61-1291242-501
a Plan name	DWIGHT EMBRY GARAGE INC CBS BENEFIT PLAN		
b Name of plan sponsor	DWIGHT EMBRY GARAGE INC	**c** EIN-PN	61-1118559-501
a Plan name	DYNAMIC CHIROPRACTIC CBS BENEFIT PLAN		
b Name of plan sponsor	DYNAMIC CHIROPRACTIC	**c** EIN-PN	26-2841928-501
a Plan name	DYNAMIC PLANT SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	DYNAMIC PLANT SERVICES	**c** EIN-PN	92-0579911-501
a Plan name	DYNAMIC SUPPLY CHAIN SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	DYNAMIC SUPPLY CHAIN SOLUTIONS	**c** EIN-PN	27-3421615-501
a Plan name	DYNATEC MACHINE CBS BENEFIT PLAN		
b Name of plan sponsor	DYNATEC MACHINE	**c** EIN-PN	61-1262717-501
a Plan name	DYNOSTY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	DYNOSTY LLC	**c** EIN-PN	27-3906429-501
a Plan name	E & E SHOE BROKERAGE CBS BENEFIT PLAN		
b Name of plan sponsor	E & E SHOE BROKERAGE	**c** EIN-PN	59-3777026-502
a Plan name	E & Y TRANSPORT CBS BENEFIT PLAN		
b Name of plan sponsor	E & Y TRANSPORT	**c** EIN-PN	27-2184760-501

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	E DAVIESS CO WATER ASSOC CBS BENEFIT PLAN		
b Name of plan sponsor	E DAVIESS CO WATER ASSOC	**c** EIN-PN	61-0739440-501
a Plan name	E TEL CBS BENEFIT PLAN		
b Name of plan sponsor	E TEL	**c** EIN-PN	61-1365953-501
a Plan name	E&P MOBILE WELDING LLP CBS BENEFIT PLAN		
b Name of plan sponsor	E&P MOBILE WELDING LLP	**c** EIN-PN	84-5138589-501
a Plan name	EA PARTNERS PLC CBS BENEFIT PLAN		
b Name of plan sponsor	EA PARTNERS PLC	**c** EIN-PN	61-0958513-501
a Plan name	EAB INC CBS BENEFIT PLAN		
b Name of plan sponsor	EAB INC	**c** EIN-PN	46-3018959-501
a Plan name	EADENS GRIMBALL INTERN MED CBS BENEFIT PLAN		
b Name of plan sponsor	EADENS GRIMBALL INTERN MED	**c** EIN-PN	61-1350780-501
a Plan name	EADES GENERAL CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EADES GENERAL CONTRACTING LLC	**c** EIN-PN	84-2390778-501
a Plan name	EADES LOGGING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EADES LOGGING LLC	**c** EIN-PN	20-0379693-501
a Plan name	EAEBA, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EAEBA, LLC	**c** EIN-PN	87-2098534-501
a Plan name	EAGAN TEAM INC CBS BENEFIT PLAN		
b Name of plan sponsor	EAGAN TEAM INC	**c** EIN-PN	27-0228842-501
a Plan name	EAGLE ROCK INSULATION CBS BENEFIT PLAN		
b Name of plan sponsor	EAGLE ROCK INSULATION	**c** EIN-PN	20-3581158-501
a Plan name	EAGLES NEST CBS BENEFIT PLAN		
b Name of plan sponsor	EAGLES NEST	**c** EIN-PN	47-2593591-501

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	EARLY BIRD EDUCATION GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EARLY BIRD EDUCATION GROUP LLC	**c** EIN-PN	85-4321921-501
a Plan name	EARTH WORKS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EARTH WORKS LLC	**c** EIN-PN	27-2503053-501
a Plan name	EAST KENTUCKY DRYWALL CBS BENEFIT PLAN		
b Name of plan sponsor	EAST KENTUCKY DRYWALL	**c** EIN-PN	61-1471878-501
a Plan name	EAST KY MEDICAL BILLING INC CBS BENEFIT PLAN		
b Name of plan sponsor	EAST KY MEDICAL BILLING INC	**c** EIN-PN	32-0582741-501
a Plan name	EAST POINT STORAGE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EAST POINT STORAGE LLC	**c** EIN-PN	83-0471614-501
a Plan name	EAST WEST EQUINE CBS BENEFIT PLAN		
b Name of plan sponsor	EAST WEST EQUINE	**c** EIN-PN	47-4709994-501
a Plan name	EASTERN KENTUCKY PIPELINE INC CBS BENEFIT PLAN		
b Name of plan sponsor	EASTERN KENTUCKY PIPELINE INC	**c** EIN-PN	61-0978506-502
a Plan name	EASTERN KY FEDERAL CREDIT CBS BENEFIT PLAN		
b Name of plan sponsor	EASTERN KY FEDERAL CREDIT	**c** EIN-PN	61-0709132-501
a Plan name	EASTERN PLUMBING SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EASTERN PLUMBING SOLUTIONS LLC	**c** EIN-PN	92-2618625-501
a Plan name	EASTERN STAR HOME IN KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	EASTERN STAR HOME IN KENTUCKY	**c** EIN-PN	61-0467267-501
a Plan name	EASTERN TELEPHONE & TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	EASTERN TELEPHONE & TECHNOLOGIES	**c** EIN-PN	61-1052052-501
a Plan name	EAT PM, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EAT PM, LLC	**c** EIN-PN	47-2391980-501

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	EAT WELL, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EAT WELL, LLC	**c** EIN-PN	20-3459854-501
a Plan name	EAVES OLDS BOHANNON & FLOYD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	EAVES OLDS BOHANNON & FLOYD PLLC	**c** EIN-PN	61-0486753-501
a Plan name	EBELHAR WHITEHEAD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	EBELHAR WHITEHEAD PLLC	**c** EIN-PN	27-2616366-502
a Plan name	EBERLE ENTERPRISE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EBERLE ENTERPRISE LLC	**c** EIN-PN	99-2118332-501
a Plan name	EBRIDGE BUSINESS SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	EBRIDGE BUSINESS SOLUTIONS	**c** EIN-PN	20-8344206-501
a Plan name	EC SCHMIDT PLUMBING CONTRACTOR INC CBS BENEFIT PLAN		
b Name of plan sponsor	EC SCHMIDT PLUMBING CONTRACTOR INC	**c** EIN-PN	61-1035638-501
a Plan name	ECKMAN MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ECKMAN MANAGEMENT LLC	**c** EIN-PN	82-3773054-501
a Plan name	ECLIPSE COLLIERIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ECLIPSE COLLIERIES INC	**c** EIN-PN	61-1242327-501
a Plan name	ECLIPSE CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ECLIPSE CONTRACTING LLC	**c** EIN-PN	45-1255973-501
a Plan name	ECO-TECH USA, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ECO-TECH USA, LLC	**c** EIN-PN	20-4904142-501
a Plan name	EDDY CREEK MARINA RESORT CBS BENEFIT PLAN		
b Name of plan sponsor	EDDY CREEK MARINA RESORT	**c** EIN-PN	92-1534439-501
a Plan name	EDDYVILLE RIVERPORT CBS BENEFIT PLAN		
b Name of plan sponsor	EDDYVILLE RIVERPORT	**c** EIN-PN	61-1437739-501

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	EDELEN COMPANY REALTORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EDELEN COMPANY REALTORS LLC	**c** EIN-PN	82-2526311-501
a Plan name	EDGE OUTREACH CBS BENEFIT PLAN		
b Name of plan sponsor	EDGE OUTREACH	**c** EIN-PN	61-1262016-501
a Plan name	EDGEMONT HEALTHCARE INC CBS BENEFIT PLAN		
b Name of plan sponsor	EDGEMONT HEALTHCARE INC	**c** EIN-PN	56-2174189-501
a Plan name	EDGEWOOD DENTAL CARE CBS BENEFIT PLAN		
b Name of plan sponsor	EDGEWOOD DENTAL CARE	**c** EIN-PN	61-1171421-501
a Plan name	EDLIN BROTHERS TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	EDLIN BROTHERS TRUCKING	**c** EIN-PN	61-0677385-501
a Plan name	EDMONSON COUNTY AMBULANCE CBS BENEFIT PLAN		
b Name of plan sponsor	EDMONSON COUNTY AMBULANCE	**c** EIN-PN	61-1064334-501
a Plan name	EDS WALKING HORSES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EDS WALKING HORSES LLC	**c** EIN-PN	83-3793311-501
a Plan name	EDS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	EDS, INC	**c** EIN-PN	61-1254365-501
a Plan name	EDUCATENKY CBS BENEFIT PLAN		
b Name of plan sponsor	EDUCATENKY	**c** EIN-PN	93-1526314-501
a Plan name	EDUCATIONAL JUSTICE CBS BENEFIT PLAN		
b Name of plan sponsor	EDUCATIONAL JUSTICE	**c** EIN-PN	27-0405207-501
a Plan name	EDUCATIONAL RESOURCES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EDUCATIONAL RESOURCES LLC	**c** EIN-PN	85-3974890-501
a Plan name	EDW F HEIMBROCK CO INC. CBS BENEFIT PLAN		
b Name of plan sponsor	EDW F HEIMBROCK CO INC.	**c** EIN-PN	61-0663114-501

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	EDWARD J BOSCH JR & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	EDWARD J BOSCH JR & ASSOCIATES	**c** EIN-PN	81-1818021-501
a Plan name	EFIT PERSONAL TRAINING INC CBS BENEFIT PLAN		
b Name of plan sponsor	EFIT PERSONAL TRAINING INC	**c** EIN-PN	46-2871569-501
a Plan name	EGATEWAY CAPITAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EGATEWAY CAPITAL LLC	**c** EIN-PN	86-1418713-501
a Plan name	EGGLESTON VENTURES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EGGLESTON VENTURES LLC	**c** EIN-PN	81-1648023-501
a Plan name	E-HAZARD MANAGEMENT, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	E-HAZARD MANAGEMENT, LLC	**c** EIN-PN	20-1582691-501
a Plan name	EHI CONSULTANTS,INC CBS BENEFIT PLAN		
b Name of plan sponsor	EHI CONSULTANTS,INC	**c** EIN-PN	61-1277458-501
a Plan name	EIC TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	EIC TECHNOLOGIES	**c** EIN-PN	61-1153698-502
a Plan name	EJ MABRY INSURANCE AGENCY CBS BENEFIT PLAN		
b Name of plan sponsor	EJ MABRY INSURANCE AGENCY	**c** EIN-PN	61-0945946-501
a Plan name	EKKCO INC CBS BENEFIT PLAN		
b Name of plan sponsor	EKKCO INC	**c** EIN-PN	92-1030423-501
a Plan name	EL MUNDO CBS BENEFIT PLAN		
b Name of plan sponsor	EL MUNDO	**c** EIN-PN	61-1303556-501
a Plan name	ELASTOMETALL KY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ELASTOMETALL KY LLC	**c** EIN-PN	61-1371795-501
a Plan name	ELDER HEATING AND AIR CBS BENEFIT PLAN		
b Name of plan sponsor	ELDER HEATING AND AIR	**c** EIN-PN	61-1214525-501

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	ELDER PIPE & SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	ELDER PIPE & SUPPLY	**c** EIN-PN	61-1212601-501
a Plan name	ELDERSERVE INC CBS BENEFIT PLAN		
b Name of plan sponsor	ELDERSERVE INC	**c** EIN-PN	61-6024140-501
a Plan name	ELECTRIC CITY CBS BENEFIT PLAN		
b Name of plan sponsor	ELECTRIC CITY	**c** EIN-PN	61-1137928-501
a Plan name	ELECTRIC SERVICE OF KENTUCKY LTD CBS BENEFIT PLAN		
b Name of plan sponsor	ELECTRIC SERVICE OF KENTUCKY LTD	**c** EIN-PN	47-4862063-501
a Plan name	ELECTRONIC BUSINESS MACHINES CBS BENEFIT PLAN		
b Name of plan sponsor	ELECTRONIC BUSINESS MACHINES	**c** EIN-PN	61-0711589-501
a Plan name	ELEET STONE DESIGNS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ELEET STONE DESIGNS LLC	**c** EIN-PN	20-1728803-501
a Plan name	ELEMENT DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	ELEMENT DESIGN	**c** EIN-PN	45-5609322-501
a Plan name	ELEMENT MARKET RESEARCH INC CBS BENEFIT PLAN		
b Name of plan sponsor	ELEMENT MARKET RESEARCH INC	**c** EIN-PN	26-1081636-501
a Plan name	ELEMENTAL ANALYSIS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ELEMENTAL ANALYSIS, INC.	**c** EIN-PN	61-1379304-501
a Plan name	ELEMENTS MASSAGE LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	ELEMENTS MASSAGE LOUISVILLE	**c** EIN-PN	81-4522895-501
a Plan name	ELEVATE LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	ELEVATE LOUISVILLE	**c** EIN-PN	92-1861855-501
a Plan name	ELEVATED CUSTOM CONCRETE INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ELEVATED CUSTOM CONCRETE INC.	**c** EIN-PN	87-3853419-501

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	ELEVATION THERAPY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ELEVATION THERAPY LLC	**c** EIN-PN	85-1009969-501
a Plan name	ELINK DESIGN, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ELINK DESIGN, INC.	**c** EIN-PN	61-1394509-501
a Plan name	ELITE ANESTHESIA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ELITE ANESTHESIA LLC	**c** EIN-PN	87-2165319-501
a Plan name	ELITE AUTOMOTIVE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ELITE AUTOMOTIVE LLC	**c** EIN-PN	46-0936935-501
a Plan name	ELITE BUILDING PRODUCTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ELITE BUILDING PRODUCTS LLC	**c** EIN-PN	26-1711311-501
a Plan name	ELITE CONCRETE SERVICES, INC CBS BENEFIT PLAN		
b Name of plan sponsor	ELITE CONCRETE SERVICES, INC	**c** EIN-PN	87-1410947-501
a Plan name	ELITE ELECTRICAL CONTRACTORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	ELITE ELECTRICAL CONTRACTORS INC	**c** EIN-PN	61-1305405-501
a Plan name	ELITE HORSE TRANSPORT CBS BENEFIT PLAN		
b Name of plan sponsor	ELITE HORSE TRANSPORT	**c** EIN-PN	16-1677736-501
a Plan name	ELITE SERVICE SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ELITE SERVICE SOLUTIONS LLC	**c** EIN-PN	87-2825662-501
a Plan name	ELIZABETH ELKINSON MD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ELIZABETH ELKINSON MD PLLC	**c** EIN-PN	92-0789259-501
a Plan name	ELIZABETHTOWN ANIMAL HOSPITAL CBS BENEFIT PLAN		
b Name of plan sponsor	ELIZABETHTOWN ANIMAL HOSPITAL	**c** EIN-PN	61-1039063-501
a Plan name	ELIZABETHTOWN EMERGENCY PHYSICIANS CBS BENEFIT PLAN		
b Name of plan sponsor	ELIZABETHTOWN EMERGENCY PHYSICIANS	**c** EIN-PN	61-1401114-501

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	ELIZABETHTOWN FAMILY DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	ELIZABETHTOWN FAMILY DENTISTRY	**c** EIN-PN	27-2122630-501
a Plan name	ELIZABETHTOWN FLYING SERVICE INC CBS BENEFIT PLAN		
b Name of plan sponsor	ELIZABETHTOWN FLYING SERVICE INC	**c** EIN-PN	61-0573585-501
a Plan name	ELIZABETHTOWN MANUFACTURING SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	ELIZABETHTOWN MANUFACTURING SERVICES	**c** EIN-PN	61-1315237-501
a Plan name	ELIZABETHTOWN OVERHEAD DOOR CBS BENEFIT PLAN		
b Name of plan sponsor	ELIZABETHTOWN OVERHEAD DOOR	**c** EIN-PN	81-2367725-501
a Plan name	ELIZABETHTOWN TOURISM BUREAU CBS BENEFIT PLAN		
b Name of plan sponsor	ELIZABETHTOWN TOURISM BUREAU	**c** EIN-PN	61-0908385-501
a Plan name	ELK CREEK HUNT CLUB RESORT CBS BENEFIT PLAN		
b Name of plan sponsor	ELK CREEK HUNT CLUB RESORT	**c** EIN-PN	85-2974986-501
a Plan name	ELKHORN PRIVATE WEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	ELKHORN PRIVATE WEALTH	**c** EIN-PN	87-2553374-501
a Plan name	ELLIS & WEST LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ELLIS & WEST LLC	**c** EIN-PN	45-5609951-501
a Plan name	ELLIS SCOTT & ASSOCIATES I CBS BENEFIT PLAN		
b Name of plan sponsor	ELLIS SCOTT & ASSOCIATES I	**c** EIN-PN	31-1366998-501
a Plan name	ELMER T HERZOG JEWELRY INC CBS BENEFIT PLAN		
b Name of plan sponsor	ELMER T HERZOG JEWELRY INC	**c** EIN-PN	61-0925881-501
a Plan name	ELMORE FARMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ELMORE FARMS LLC	**c** EIN-PN	87-4836786-501
a Plan name	ELMWOOD INN FINE TEAS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ELMWOOD INN FINE TEAS LLC	**c** EIN-PN	83-2571261-501

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	ELMWOOD STOCK FARM CBS BENEFIT PLAN		
b Name of plan sponsor	ELMWOOD STOCK FARM	**c** EIN-PN	45-4915754-501
a Plan name	ELYSIAN PRODUCTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	ELYSIAN PRODUCTIONS INC	**c** EIN-PN	61-1383770-501
a Plan name	EMBOSS DESIGN PSC CBS BENEFIT PLAN		
b Name of plan sponsor	EMBOSS DESIGN PSC	**c** EIN-PN	61-1097635-501
a Plan name	EMBRY WELDING SUPPLY INC CBS BENEFIT PLAN		
b Name of plan sponsor	EMBRY WELDING SUPPLY INC	**c** EIN-PN	61-1199880-501
a Plan name	EMCO ENTERPRISES, INC CBS BENEFIT PLAN		
b Name of plan sponsor	EMCO ENTERPRISES, INC	**c** EIN-PN	61-1157321-501
a Plan name	EMERALD LOGISTICS CBS BENEFIT PLAN		
b Name of plan sponsor	EMERALD LOGISTICS	**c** EIN-PN	83-4616203-501
a Plan name	EMERGENCY SYSTEMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EMERGENCY SYSTEMS LLC	**c** EIN-PN	31-1542962-501
a Plan name	EMGRACE OUTDOOR RECREATION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EMGRACE OUTDOOR RECREATION LLC	**c** EIN-PN	47-1700730-501
a Plan name	EN DORNBUSCH AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	EN DORNBUSCH AGENCY INC	**c** EIN-PN	61-0983207-501
a Plan name	ENCOMPASS DEVELOP DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	ENCOMPASS DEVELOP DESIGN	**c** EIN-PN	61-1346028-501
a Plan name	ENGENESYS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ENGENESYS LLC	**c** EIN-PN	27-0694100-501
a Plan name	ENGI-MAT CO CBS BENEFIT PLAN		
b Name of plan sponsor	ENGI-MAT CO	**c** EIN-PN	83-2716264-501

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	ENGLISH APPRAISAL SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	ENGLISH APPRAISAL SERVICE	**c** EIN-PN	61-1196237-501
a Plan name	ENSITE CBS BENEFIT PLAN		
b Name of plan sponsor	ENSITE	**c** EIN-PN	27-3143187-501
a Plan name	ENVIRONMENT & ARCHAEOLOGY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ENVIRONMENT & ARCHAEOLOGY LLC	**c** EIN-PN	84-4353676-501
a Plan name	ENVIRONMENTAL DESIGN CONSULTANTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	ENVIRONMENTAL DESIGN CONSULTANTS INC	**c** EIN-PN	61-1292510-501
a Plan name	ENVIRONMENTAL LANDSCAPE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ENVIRONMENTAL LANDSCAPE LLC	**c** EIN-PN	74-3061197-501
a Plan name	ENVIROSAFE CBS BENEFIT PLAN		
b Name of plan sponsor	ENVIROSAFE	**c** EIN-PN	61-1247647-501
a Plan name	EO ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	EO ENTERPRISES	**c** EIN-PN	84-3995969-501
a Plan name	EPIK LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EPIK LLC	**c** EIN-PN	87-2557267-501
a Plan name	EPLING CONSTRUCTION NOKY CBS BENEFIT PLAN		
b Name of plan sponsor	EPLING CONSTRUCTION NOKY	**c** EIN-PN	82-0681446-501
a Plan name	EPPERSON, INC CBS BENEFIT PLAN		
b Name of plan sponsor	EPPERSON, INC	**c** EIN-PN	20-5160644-501
a Plan name	EPPIC FILMS CBS BENEFIT PLAN		
b Name of plan sponsor	EPPIC FILMS	**c** EIN-PN	34-2047661-501
a Plan name	EQL GAMES INC CBS BENEFIT PLAN		
b Name of plan sponsor	EQL GAMES INC	**c** EIN-PN	99-4653207-501

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	EQUESTRIAN EVENTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	EQUESTRIAN EVENTS INC	**c** EIN-PN	61-0899468-501
a Plan name	EQUINE ANALYSIS SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	EQUINE ANALYSIS SYSTEMS	**c** EIN-PN	20-5179045-501
a Plan name	EQUINE MEDICAL ASSOCIATES, PSC CBS BENEFIT PLAN		
b Name of plan sponsor	EQUINE MEDICAL ASSOCIATES, PSC	**c** EIN-PN	61-1274887-501
a Plan name	EQUINOX, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	EQUINOX, INC.	**c** EIN-PN	31-1489871-501
a Plan name	EQUIPMENT SALES AND RENTAL CBS BENEFIT PLAN		
b Name of plan sponsor	EQUIPMENT SALES AND RENTAL	**c** EIN-PN	61-1247727-501
a Plan name	EQUUS/STANDARDBRED STATION INC. CBS BENEFIT PLAN		
b Name of plan sponsor	EQUUS/STANDARDBRED STATION INC.	**c** EIN-PN	62-1296577-501
a Plan name	ERM MACHINE COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	ERM MACHINE COMPANY	**c** EIN-PN	47-4775396-501
a Plan name	ERNIES SPIRITS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ERNIES SPIRITS LLC	**c** EIN-PN	81-4848171-501
a Plan name	EROSION CONTROL OF THE BLUEGRASS CBS BENEFIT PLAN		
b Name of plan sponsor	EROSION CONTROL OF THE BLUEGRASS	**c** EIN-PN	90-0666170-501
a Plan name	ERPENBECK CONSULTING ENGINEERS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	ERPENBECK CONSULTING ENGINEERS, INC	**c** EIN-PN	16-1646166-501
a Plan name	ES BARR & COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	ES BARR & COMPANY	**c** EIN-PN	61-1225413-501
a Plan name	EST TOOL & MACHINE INC CBS BENEFIT PLAN		
b Name of plan sponsor	EST TOOL & MACHINE INC	**c** EIN-PN	31-1439573-501

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	ESTATE PRODUCTS MANUFACTURING GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	ESTATE PRODUCTS MANUFACTURING GROUP INC	**c** EIN-PN	35-1656300-502
a Plan name	ESTES TECHNICAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	ESTES TECHNICAL SERVICES	**c** EIN-PN	46-3357909-501
a Plan name	ESTHETICS BY CJ CBS BENEFIT PLAN		
b Name of plan sponsor	ESTHETICS BY CJ	**c** EIN-PN	83-2967382-501
a Plan name	E-TABB DESIGN CONSTRUCTION & DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	E-TABB DESIGN CONSTRUCTION & DEVELOPMENT	**c** EIN-PN	82-2551117-501
a Plan name	ETHAN HEALTH, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ETHAN HEALTH, LLC	**c** EIN-PN	38-4004575-501
a Plan name	ETHAN ROSS TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ETHAN ROSS TRUCKING LLC	**c** EIN-PN	99-4275899-501
a Plan name	ETHAN T MANNING LAW OFFICE CBS BENEFIT PLAN		
b Name of plan sponsor	ETHAN T MANNING LAW OFFICE	**c** EIN-PN	81-4871489-501
a Plan name	ETOWN KITCHENS AND BATHS CBS BENEFIT PLAN		
b Name of plan sponsor	ETOWN KITCHENS AND BATHS	**c** EIN-PN	61-1393954-501
a Plan name	E-TOWN MARKETING AND DISTRIBUTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	E-TOWN MARKETING AND DISTRIBUTING LLC	**c** EIN-PN	81-3895775-501
a Plan name	E-TOWN SMALL ENGINE INC CBS BENEFIT PLAN		
b Name of plan sponsor	E-TOWN SMALL ENGINE INC	**c** EIN-PN	61-1130506-501
a Plan name	EUBANKS ELECTRICAL SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	EUBANKS ELECTRICAL SUPPLY	**c** EIN-PN	61-0854425-501
a Plan name	EUROTROL INC CBS BENEFIT PLAN		
b Name of plan sponsor	EUROTROL INC	**c** EIN-PN	20-4603177-501

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	EVAN M ZEH DMD MS PLC CBS BENEFIT PLAN		
b Name of plan sponsor	EVAN M ZEH DMD MS PLC	**c** EIN-PN	82-5005994-501
a Plan name	EVANS DRUG COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	EVANS DRUG COMPANY	**c** EIN-PN	20-8807093-501
a Plan name	EVENSEN LAW OFFICE CBS BENEFIT PLAN		
b Name of plan sponsor	EVENSEN LAW OFFICE	**c** EIN-PN	26-3102491-501
a Plan name	EVENT COOLING SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	EVENT COOLING SOLUTIONS	**c** EIN-PN	88-0878443-501
a Plan name	EVEREST FINANCIAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	EVEREST FINANCIAL INC	**c** EIN-PN	31-1462291-501
a Plan name	EVERGROW HOSPITALITY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EVERGROW HOSPITALITY LLC	**c** EIN-PN	92-2097019-501
a Plan name	EVISION HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EVISION HOLDINGS LLC	**c** EIN-PN	05-0583637-501
a Plan name	EVOLVE 502 CBS BENEFIT PLAN		
b Name of plan sponsor	EVOLVE 502	**c** EIN-PN	83-1877240-501
a Plan name	EXCEL DISTRIBUTION CBS BENEFIT PLAN		
b Name of plan sponsor	EXCEL DISTRIBUTION	**c** EIN-PN	61-1280084-501
a Plan name	EXCELLENCE BY NATURE CBS BENEFIT PLAN		
b Name of plan sponsor	EXCELLENCE BY NATURE	**c** EIN-PN	30-0290095-501
a Plan name	EXCELLENCE IN LEAN CBS BENEFIT PLAN		
b Name of plan sponsor	EXCELLENCE IN LEAN	**c** EIN-PN	27-2436121-501
a Plan name	EXE LINES, INC CBS BENEFIT PLAN		
b Name of plan sponsor	EXE LINES, INC	**c** EIN-PN	82-3196487-501

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	EXECUTIVE ASSOCIATES, INC CBS BENEFIT PLAN		
b Name of plan sponsor	EXECUTIVE ASSOCIATES, INC	**c** EIN-PN	61-1151182-501
a Plan name	EXECUTIVE GROUP PROPERTY MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	EXECUTIVE GROUP PROPERTY MANAGEMENT	**c** EIN-PN	61-1268285-501
a Plan name	EXECUTIVE TRANSPORTATION SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	EXECUTIVE TRANSPORTATION SERVICES INC	**c** EIN-PN	61-1131457-501
a Plan name	EXECUTIVE TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EXECUTIVE TRUCKING LLC	**c** EIN-PN	92-2386489-501
a Plan name	EXECUTRAIN OF LEXINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	EXECUTRAIN OF LEXINGTON	**c** EIN-PN	31-1528677-501
a Plan name	EXHAUST PRO CBS BENEFIT PLAN		
b Name of plan sponsor	EXHAUST PRO	**c** EIN-PN	61-1098115-501
a Plan name	EXHIBIT MANAGEMENT ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	EXHIBIT MANAGEMENT ASSOCIATES	**c** EIN-PN	61-0719565-501
a Plan name	EXIT REALTY CRUTCHER CBS BENEFIT PLAN		
b Name of plan sponsor	EXIT REALTY CRUTCHER	**c** EIN-PN	61-1404136-501
a Plan name	EXPEDITION HOLDINGS INC CBS BENEFIT PLAN		
b Name of plan sponsor	EXPEDITION HOLDINGS INC	**c** EIN-PN	85-2431614-501
a Plan name	EXPETENTIAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	EXPETENTIAL LLC	**c** EIN-PN	84-4629573-501
a Plan name	EXPREE CREDIT UNION CBS BENEFIT PLAN		
b Name of plan sponsor	EXPREE CREDIT UNION	**c** EIN-PN	61-0245487-501
a Plan name	EXPRESSIONS SALON AND SPA INC CBS BENEFIT PLAN		
b Name of plan sponsor	EXPRESSIONS SALON AND SPA INC	**c** EIN-PN	61-1241878-501

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	EYE PHYSICIANS OF ELIZABETHTOWN CBS BENEFIT PLAN		
b Name of plan sponsor	EYE PHYSICIANS OF ELIZABETHTOWN	**c** EIN-PN	61-1276205-502
a Plan name	EZ CAR CONNECTION CBS BENEFIT PLAN		
b Name of plan sponsor	EZ CAR CONNECTION	**c** EIN-PN	46-5022904-501
a Plan name	E-Z CONSTRUCTION, INC CBS BENEFIT PLAN		
b Name of plan sponsor	E-Z CONSTRUCTION, INC	**c** EIN-PN	61-0706805-501
a Plan name	F & K JEWELERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	F & K JEWELERS INC	**c** EIN-PN	31-1572137-501
a Plan name	F.S. VANHOOSE & COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	F.S. VANHOOSE & COMPANY INC	**c** EIN-PN	61-0474655-501
a Plan name	FAB STEEL, INC CBS BENEFIT PLAN		
b Name of plan sponsor	FAB STEEL, INC	**c** EIN-PN	61-1212177-501
a Plan name	FABRITEC INTERNATIONAL CBS BENEFIT PLAN		
b Name of plan sponsor	FABRITEC INTERNATIONAL	**c** EIN-PN	52-1101087-501
a Plan name	FACKLER INSURANCE GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	FACKLER INSURANCE GROUP	**c** EIN-PN	84-3328222-501
a Plan name	FAIR MARKET VALUE CBS BENEFIT PLAN		
b Name of plan sponsor	FAIR MARKET VALUE	**c** EIN-PN	20-0614106-501
a Plan name	FAIRDALE FIRE PROTECTION DISTRICT INC CBS BENEFIT PLAN		
b Name of plan sponsor	FAIRDALE FIRE PROTECTION DISTRICT INC	**c** EIN-PN	61-1048347-501
a Plan name	FAIRFIELD INN & SUITES BY MARRIOTT CBS BENEFIT PLAN		
b Name of plan sponsor	FAIRFIELD INN & SUITES BY MARRIOTT	**c** EIN-PN	88-0988249-501
a Plan name	FAIRHOPE HEALTH LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FAIRHOPE HEALTH LLC	**c** EIN-PN	87-4515440-501

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	FAIRVIEW IT MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	FAIRVIEW IT MANAGEMENT	**c** EIN-PN	47-3579300-501
a Plan name	FALCON REALTY COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FALCON REALTY COMPANY LLC	**c** EIN-PN	61-0570968-501
a Plan name	FALDERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	FALDERS INC	**c** EIN-PN	61-0919526-501
a Plan name	FALLS CITY EYE CARE, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FALLS CITY EYE CARE, LLC	**c** EIN-PN	81-1531366-501
a Plan name	FALLS CITY TOWING CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	FALLS CITY TOWING CO INC	**c** EIN-PN	61-0729108-501
a Plan name	FAMILY CARE ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	FAMILY CARE ASSOCIATES	**c** EIN-PN	31-1539055-502
a Plan name	FAMILY EYE CARE PROFESSIONALS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FAMILY EYE CARE PROFESSIONALS LLC	**c** EIN-PN	26-0499557-501
a Plan name	FAMILY MEDICAL SPECIALTY CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	FAMILY MEDICAL SPECIALTY CLINIC	**c** EIN-PN	35-2212183-501
a Plan name	FAMILY SCHOLAR HOUSE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	FAMILY SCHOLAR HOUSE, INC	**c** EIN-PN	61-1285124-501
a Plan name	FAMILY WEALTH GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FAMILY WEALTH GROUP LLC	**c** EIN-PN	27-4466476-501
a Plan name	FAMILY WEALTH STRATEGIES CBS BENEFIT PLAN		
b Name of plan sponsor	FAMILY WEALTH STRATEGIES	**c** EIN-PN	35-2734231-501
a Plan name	FAMOUS RECIPE JEFFERSON COUNTY CBS BENEFIT PLAN		
b Name of plan sponsor	FAMOUS RECIPE JEFFERSON COUNTY	**c** EIN-PN	61-1121963-501

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	FARADINE SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	FARADINE SYSTEMS	**c** EIN-PN	46-5218471-501
a Plan name	FARISON LAWN CARE CBS BENEFIT PLAN		
b Name of plan sponsor	FARISON LAWN CARE	**c** EIN-PN	61-0732902-501
a Plan name	FARK.COM CBS BENEFIT PLAN		
b Name of plan sponsor	FARK.COM	**c** EIN-PN	26-1976572-501
a Plan name	FARMER PEDIATRIC DENTISTRY PSC CBS BENEFIT PLAN		
b Name of plan sponsor	FARMER PEDIATRIC DENTISTRY PSC	**c** EIN-PN	45-3785274-501
a Plan name	FARMERS TOBACCO CO OF CYNTHIANA INC CBS BENEFIT PLAN		
b Name of plan sponsor	FARMERS TOBACCO CO OF CYNTHIANA INC	**c** EIN-PN	61-1295592-502
a Plan name	FARRIS VETERINARY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FARRIS VETERINARY LLC	**c** EIN-PN	88-0642431-501
a Plan name	FASIG COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	FASIG COMPANY INC	**c** EIN-PN	31-1024036-501
a Plan name	FAST FIRE ALARM SECURITY TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	FAST FIRE ALARM SECURITY TECHNOLOGIES	**c** EIN-PN	45-2551219-501
a Plan name	FAST FLOW PLUMBING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FAST FLOW PLUMBING LLC	**c** EIN-PN	82-4727694-501
a Plan name	FASTBASS MARINE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FASTBASS MARINE LLC	**c** EIN-PN	82-4664634-501
a Plan name	FASTSIGNS CBS BENEFIT PLAN		
b Name of plan sponsor	FASTSIGNS	**c** EIN-PN	88-2514931-501
a Plan name	FAYETTE ALLIANCE FOUNDATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	FAYETTE ALLIANCE FOUNDATION INC	**c** EIN-PN	47-2128336-501

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	FAYETTE COUNTY CARWASH LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FAYETTE COUNTY CARWASH LLC	**c** EIN-PN	84-3683760-501
a Plan name	FAYETTE ERECTORS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	FAYETTE ERECTORS, INC.	**c** EIN-PN	61-1287650-501
a Plan name	FBW LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FBW LLC	**c** EIN-PN	88-3463082-501
a Plan name	FDAK SERVICES CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	FDAK SERVICES CORPORATION	**c** EIN-PN	61-1308028-501
a Plan name	FEDCROP INSURANCE SERVICES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FEDCROP INSURANCE SERVICES, LLC	**c** EIN-PN	82-3259231-501
a Plan name	FEDERAL FIRE AND SECURITY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FEDERAL FIRE AND SECURITY LLC	**c** EIN-PN	47-2638271-501
a Plan name	FEDERAL HILL CAPITAL MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	FEDERAL HILL CAPITAL MANAGEMENT	**c** EIN-PN	27-0836302-501
a Plan name	FEDERAL SUPPLY INC CBS BENEFIT PLAN		
b Name of plan sponsor	FEDERAL SUPPLY INC	**c** EIN-PN	26-3214018-501
a Plan name	FEDERATED GLOBAL VENTURES CBS BENEFIT PLAN		
b Name of plan sponsor	FEDERATED GLOBAL VENTURES	**c** EIN-PN	88-2661712-501
a Plan name	FEED LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	FEED LOUISVILLE	**c** EIN-PN	87-4508530-501
a Plan name	FEEDERS FAMILY HOLDINGS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FEEDERS FAMILY HOLDINGS, LLC	**c** EIN-PN	81-2064228-501
a Plan name	FEEDING AMERICA, KENTUCKYS HEARTLAND INC CBS BENEFIT PLAN		
b Name of plan sponsor	FEEDING AMERICA, KENTUCKYS HEARTLAND INC	**c** EIN-PN	61-1043635-501

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	FELTS TOWING & RECOVERY CBS BENEFIT PLAN		
b Name of plan sponsor	FELTS TOWING & RECOVERY	**c** EIN-PN	45-3437359-501
a Plan name	FERGUSON EXCAVATING & CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	FERGUSON EXCAVATING & CONSTRUCTION INC	**c** EIN-PN	61-1387563-501
a Plan name	FERM SOLUTIONS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	FERM SOLUTIONS, INC.	**c** EIN-PN	20-5202035-501
a Plan name	FERRELLS AIR AND HEATING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FERRELLS AIR AND HEATING LLC	**c** EIN-PN	84-2275891-501
a Plan name	FERRERI LAW GROUP PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	FERRERI LAW GROUP PLLC	**c** EIN-PN	46-2397869-501
a Plan name	FESSLER SCHNEIDER & GRIMME CBS BENEFIT PLAN		
b Name of plan sponsor	FESSLER SCHNEIDER & GRIMME	**c** EIN-PN	61-1208115-501
a Plan name	FET ENGINEERING INC CBS BENEFIT PLAN		
b Name of plan sponsor	FET ENGINEERING INC	**c** EIN-PN	61-1125798-501
a Plan name	FFS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FFS, LLC	**c** EIN-PN	85-2494549-501
a Plan name	FHR MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FHR MANAGEMENT LLC	**c** EIN-PN	84-1952515-501
a Plan name	FIELD PROVEN CALLS INC CBS BENEFIT PLAN		
b Name of plan sponsor	FIELD PROVEN CALLS INC	**c** EIN-PN	27-1332583-501
a Plan name	FIELDHOUSE INC CBS BENEFIT PLAN		
b Name of plan sponsor	FIELDHOUSE INC	**c** EIN-PN	30-0148394-501
a Plan name	FIELDS WELDING, INC CBS BENEFIT PLAN		
b Name of plan sponsor	FIELDS WELDING, INC	**c** EIN-PN	61-1277561-501

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	FIFTH POINT ENTERPRISES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	FIFTH POINT ENTERPRISES, INC.	**c** EIN-PN	20-5098036-501
a Plan name	FILSON HISTORICAL SOCIETY CBS BENEFIT PLAN		
b Name of plan sponsor	FILSON HISTORICAL SOCIETY	**c** EIN-PN	61-0444690-501
a Plan name	FINALLY FINISHED CONTRACTING CBS BENEFIT PLAN		
b Name of plan sponsor	FINALLY FINISHED CONTRACTING	**c** EIN-PN	83-4199180-501
a Plan name	FINALLY THE ONE INC CBS BENEFIT PLAN		
b Name of plan sponsor	FINALLY THE ONE INC	**c** EIN-PN	61-1386136-502
a Plan name	FINISH LINE MARINE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FINISH LINE MARINE LLC	**c** EIN-PN	45-5281425-501
a Plan name	FIRE & SPECIALTY EQUIPMENT CO CBS BENEFIT PLAN		
b Name of plan sponsor	FIRE & SPECIALTY EQUIPMENT CO	**c** EIN-PN	61-1823859-501
a Plan name	FIRST CARE DENTAL CBS BENEFIT PLAN		
b Name of plan sponsor	FIRST CARE DENTAL	**c** EIN-PN	61-0991720-501
a Plan name	FIRST CHOICE CHILD CARE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	FIRST CHOICE CHILD CARE, INC	**c** EIN-PN	61-1288093-501
a Plan name	FIRST CHOICE COMMERCIAL SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	FIRST CHOICE COMMERCIAL SERVICES INC	**c** EIN-PN	61-1336876-501
a Plan name	FIRST IMPRESSION CBS BENEFIT PLAN		
b Name of plan sponsor	FIRST IMPRESSION	**c** EIN-PN	61-1261567-501
a Plan name	FIRST INSURANCE GROUP P & C DIVISION INC CBS BENEFIT PLAN		
b Name of plan sponsor	FIRST INSURANCE GROUP P & C DIVISION INC	**c** EIN-PN	38-3684644-501
a Plan name	FIRST KENTUCKY SECURITIES CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	FIRST KENTUCKY SECURITIES CORPORATION	**c** EIN-PN	61-0924505-502

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	FIRST RESOURCE INSURANCE GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	FIRST RESOURCE INSURANCE GROUP INC	**c** EIN-PN	47-5265085-501
a Plan name	FIRST RESPONSE RESTORATION CO CBS BENEFIT PLAN		
b Name of plan sponsor	FIRST RESPONSE RESTORATION CO	**c** EIN-PN	33-2615458-501
a Plan name	FIRST STEP PROSTHETICS CBS BENEFIT PLAN		
b Name of plan sponsor	FIRST STEP PROSTHETICS	**c** EIN-PN	27-0868861-501
a Plan name	FISHMARKET SEAFOOD CBS BENEFIT PLAN		
b Name of plan sponsor	FISHMARKET SEAFOOD	**c** EIN-PN	61-1135059-501
a Plan name	FITMONEY CPA CBS BENEFIT PLAN		
b Name of plan sponsor	FITMONEY CPA	**c** EIN-PN	27-3316003-501
a Plan name	FITNESS CONSULTING GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	FITNESS CONSULTING GROUP	**c** EIN-PN	20-3549571-501
a Plan name	FIVE M TRANSPORTATION CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	FIVE M TRANSPORTATION CORPORATION	**c** EIN-PN	61-0866887-501
a Plan name	FIVE STAR HOME INSPECTION CBS BENEFIT PLAN		
b Name of plan sponsor	FIVE STAR HOME INSPECTION	**c** EIN-PN	30-0078645-501
a Plan name	FIVE STAR LAND TITLE CBS BENEFIT PLAN		
b Name of plan sponsor	FIVE STAR LAND TITLE	**c** EIN-PN	83-3769206-501
a Plan name	FLATGARD PLUMBING INC CBS BENEFIT PLAN		
b Name of plan sponsor	FLATGARD PLUMBING INC	**c** EIN-PN	47-2987701-501
a Plan name	FLEET SERVICE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	FLEET SERVICE, INC	**c** EIN-PN	61-1249447-501
a Plan name	FLEFF CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	FLEFF CORPORATION	**c** EIN-PN	84-1702443-501

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	FLEMING PHARMACY GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	FLEMING PHARMACY GROUP	**c** EIN-PN	61-1181904-501
a Plan name	FLIGHT WINE BAR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FLIGHT WINE BAR LLC	**c** EIN-PN	83-0611810-501
a Plan name	FLITEACCESS CBS BENEFIT PLAN		
b Name of plan sponsor	FLITEACCESS	**c** EIN-PN	20-5770308-501
a Plan name	FLOW FIRE SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	FLOW FIRE SERVICES	**c** EIN-PN	83-3223026-501
a Plan name	FLOYDS CYCLES INC CBS BENEFIT PLAN		
b Name of plan sponsor	FLOYDS CYCLES INC	**c** EIN-PN	61-0905883-501
a Plan name	FLUID POWER SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	FLUID POWER SERVICES	**c** EIN-PN	61-1125581-502
a Plan name	FLUIDAIRE AUTOMATION CBS BENEFIT PLAN		
b Name of plan sponsor	FLUIDAIRE AUTOMATION	**c** EIN-PN	61-1333906-501
a Plan name	FLUORTUBING USA CBS BENEFIT PLAN		
b Name of plan sponsor	FLUORTUBING USA	**c** EIN-PN	26-1327993-501
a Plan name	FLYNN CONSTRUCTION SERVICES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FLYNN CONSTRUCTION SERVICES, LLC	**c** EIN-PN	46-1637059-501
a Plan name	FLYWIRE CAMERAS CBS BENEFIT PLAN		
b Name of plan sponsor	FLYWIRE CAMERAS	**c** EIN-PN	46-4945005-501
a Plan name	FOCAL BUILDING GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	FOCAL BUILDING GROUP	**c** EIN-PN	82-4692223-501
a Plan name	FOCUS SALON CBS BENEFIT PLAN		
b Name of plan sponsor	FOCUS SALON	**c** EIN-PN	20-0179503-501

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	FOLEY MACHINERY MOVERS & RIGGERS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FOLEY MACHINERY MOVERS & RIGGERS, LLC	**c** EIN-PN	26-0897747-501
a Plan name	FORCE INDUSTRIES CBS BENEFIT PLAN		
b Name of plan sponsor	FORCE INDUSTRIES	**c** EIN-PN	61-1551103-501
a Plan name	FORD BROTHERS INC AUCTIONEERS CBS BENEFIT PLAN		
b Name of plan sponsor	FORD BROTHERS INC AUCTIONEERS	**c** EIN-PN	61-0909254-501
a Plan name	FORDS HVAC CBS BENEFIT PLAN		
b Name of plan sponsor	FORDS HVAC	**c** EIN-PN	30-1140952-501
a Plan name	FORERUNNER CBS BENEFIT PLAN		
b Name of plan sponsor	FORERUNNER	**c** EIN-PN	46-5047076-501
a Plan name	FOREST HILLS VILLAGE CBS BENEFIT PLAN		
b Name of plan sponsor	FOREST HILLS VILLAGE	**c** EIN-PN	61-0676617-501
a Plan name	FORLEO REMODELING & CONST CBS BENEFIT PLAN		
b Name of plan sponsor	FORLEO REMODELING & CONST	**c** EIN-PN	47-4265319-501
a Plan name	FORMAFLO INC CBS BENEFIT PLAN		
b Name of plan sponsor	FORMAFLO INC	**c** EIN-PN	83-1808195-501
a Plan name	FORT MITCHELL VETERINARY CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	FORT MITCHELL VETERINARY CENTER	**c** EIN-PN	47-2770122-501
a Plan name	FORTITUDE PARTNERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FORTITUDE PARTNERS LLC	**c** EIN-PN	27-1337451-501
a Plan name	FORTNER LP GAS CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	FORTNER LP GAS CO INC	**c** EIN-PN	61-0452190-501
a Plan name	FOSTER HEALTH AND WELLNESS CBS BENEFIT PLAN		
b Name of plan sponsor	FOSTER HEALTH AND WELLNESS	**c** EIN-PN	82-3310698-501

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	FOSTER HYDRAULICS INC CBS BENEFIT PLAN		
b Name of plan sponsor	FOSTER HYDRAULICS INC	**c** EIN-PN	61-1031179-501
a Plan name	FOSTERING LEADERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FOSTERING LEADERS LLC	**c** EIN-PN	88-2066084-501
a Plan name	FOUNDATION CHRISTIAN ACADEMY CBS BENEFIT PLAN		
b Name of plan sponsor	FOUNDATION CHRISTIAN ACADEMY	**c** EIN-PN	61-1285043-501
a Plan name	FOUNDATION FOR A HEALTHY KY CBS BENEFIT PLAN		
b Name of plan sponsor	FOUNDATION FOR A HEALTHY KY	**c** EIN-PN	31-1784753-501
a Plan name	FOUNDATION FOR AFFORDABLE HOUSING INC CBS BENEFIT PLAN		
b Name of plan sponsor	FOUNDATION FOR AFFORDABLE HOUSING INC	**c** EIN-PN	61-1192747-501
a Plan name	FOUNDATION HAND & PT CBS BENEFIT PLAN		
b Name of plan sponsor	FOUNDATION HAND & PT	**c** EIN-PN	47-3079982-501
a Plan name	FOUNDATION HEALTH LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FOUNDATION HEALTH LLC	**c** EIN-PN	32-0744400-501
a Plan name	FOUR KINGS ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	FOUR KINGS ASSOCIATES	**c** EIN-PN	38-3690023-501
a Plan name	FOUR RIVERS INTERNAL MEDI CBS BENEFIT PLAN		
b Name of plan sponsor	FOUR RIVERS INTERNAL MEDI	**c** EIN-PN	61-1367882-501
a Plan name	FOUR SEASONS HEATING & COOLING CBS BENEFIT PLAN		
b Name of plan sponsor	FOUR SEASONS HEATING & COOLING	**c** EIN-PN	61-1141911-501
a Plan name	FOUR STONE HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FOUR STONE HOLDINGS LLC	**c** EIN-PN	27-0275603-501
a Plan name	FOURTH STREET PERFORMANCE PARTNERS CBS BENEFIT PLAN		
b Name of plan sponsor	FOURTH STREET PERFORMANCE PARTNERS	**c** EIN-PN	20-4400532-501

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	FOUSER ENVIRONMENTAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	FOUSER ENVIRONMENTAL SERVICES	**c** EIN-PN	61-1160042-501
a Plan name	FOWLER BELL, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	FOWLER BELL, PLLC	**c** EIN-PN	61-0564645-501
a Plan name	FOX AND COMPANY CPA CBS BENEFIT PLAN		
b Name of plan sponsor	FOX AND COMPANY CPA	**c** EIN-PN	61-1291560-501
a Plan name	FOX TOTAL CAR CARE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FOX TOTAL CAR CARE LLC	**c** EIN-PN	84-4595044-501
a Plan name	FPL DOORLOCKS & HARDWARE INC CBS BENEFIT PLAN		
b Name of plan sponsor	FPL DOORLOCKS & HARDWARE INC	**c** EIN-PN	77-0636216-501
a Plan name	FRA AND N INC CBS BENEFIT PLAN		
b Name of plan sponsor	FRA AND N INC	**c** EIN-PN	80-0212331-501
a Plan name	FRALEY AUTOMOTIVE INC CBS BENEFIT PLAN		
b Name of plan sponsor	FRALEY AUTOMOTIVE INC	**c** EIN-PN	61-0620363-501
a Plan name	FRAN BEARING COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	FRAN BEARING COMPANY	**c** EIN-PN	61-1157732-501
a Plan name	FRANCONIA TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	FRANCONIA TRUCKING	**c** EIN-PN	61-0947240-501
a Plan name	FRANK E LEE MD LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FRANK E LEE MD LLC	**c** EIN-PN	99-0920606-501
a Plan name	FRANK HINTON & SON INC CBS BENEFIT PLAN		
b Name of plan sponsor	FRANK HINTON & SON INC	**c** EIN-PN	61-0736832-501
a Plan name	FRANK IKERD ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	FRANK IKERD ENTERPRISES	**c** EIN-PN	61-1320082-501

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 OTTE LANDSCAPE & DESIGN GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	FRANK OTTE LANDSCAPE & DESIGN GROUP	**c** EIN-PN	52-2138013-501
a Plan name	FRANKFORT COMMUNICATIONS CBS BENEFIT PLAN		
b Name of plan sponsor	FRANKFORT COMMUNICATIONS	**c** EIN-PN	61-1111391-501
a Plan name	FRANKFORT FOOT CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	FRANKFORT FOOT CLINIC	**c** EIN-PN	61-1378176-501
a Plan name	FRANKIE MCCOY MOTORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FRANKIE MCCOY MOTORS LLC	**c** EIN-PN	46-5655355-501
a Plan name	FRANKLIN ALUMINUM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FRANKLIN ALUMINUM LLC	**c** EIN-PN	47-0936274-501
a Plan name	FRANKLIN ASSET MGMT CBS BENEFIT PLAN		
b Name of plan sponsor	FRANKLIN ASSET MGMT	**c** EIN-PN	61-0959078-501
a Plan name	FRANKLIN PALLET, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	FRANKLIN PALLET, INC.	**c** EIN-PN	61-1306010-501
a Plan name	FRANKLIN REMODEL CBS BENEFIT PLAN		
b Name of plan sponsor	FRANKLIN REMODEL	**c** EIN-PN	82-5265295-501
a Plan name	FRANKLIN WEALTH MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	FRANKLIN WEALTH MANAGEMENT	**c** EIN-PN	20-5584770-501
a Plan name	FRED BG GARY FARMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FRED BG GARY FARMS LLC	**c** EIN-PN	86-1965404-501
a Plan name	FREDERICK ROOFING COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	FREDERICK ROOFING COMPANY	**c** EIN-PN	40-0017848-501
a Plan name	FREEDOM COMM INC CBS BENEFIT PLAN		
b Name of plan sponsor	FREEDOM COMM INC	**c** EIN-PN	61-1390944-501

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	FREEDOM CRUDE, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FREEDOM CRUDE, LLC	**c** EIN-PN	83-2881039-501
a Plan name	FREELAND BROADCASTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	FREELAND BROADCASTING INC	**c** EIN-PN	46-0867211-501
a Plan name	FREEMAN & CHILDERS, ATTORNEYS AT LAW CBS BENEFIT PLAN		
b Name of plan sponsor	FREEMAN & CHILDERS, ATTORNEYS AT LAW	**c** EIN-PN	61-1357761-501
a Plan name	FRESCA KELLER WEALTH - RAYMOND JAMES CBS BENEFIT PLAN		
b Name of plan sponsor	FRESCA KELLER WEALTH - RAYMOND JAMES	**c** EIN-PN	99-3511964-501
a Plan name	FROEDGE MACHINE AND SUPPLY CO.,INC. CBS BENEFIT PLAN		
b Name of plan sponsor	FROEDGE MACHINE AND SUPPLY CO.,INC.	**c** EIN-PN	61-1048209-501
a Plan name	FRONT PAIGE MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	FRONT PAIGE MANAGEMENT	**c** EIN-PN	20-3589772-501
a Plan name	FRONTIER ELECTRICAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FRONTIER ELECTRICAL LLC	**c** EIN-PN	82-4711225-501
a Plan name	FRONTIER ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	FRONTIER ENTERPRISES	**c** EIN-PN	61-1175067-501
a Plan name	FROST MACHINE SHOP INC CBS BENEFIT PLAN		
b Name of plan sponsor	FROST MACHINE SHOP INC	**c** EIN-PN	61-1346606-501
a Plan name	FRUEHAUF, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	FRUEHAUF, INC.	**c** EIN-PN	86-3915350-501
a Plan name	FRUIT FARMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FRUIT FARMS LLC	**c** EIN-PN	61-1262474-501
a Plan name	FRYE GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FRYE GROUP LLC	**c** EIN-PN	82-4398317-501

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	FU ISLAND LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FU ISLAND LLC	**c** EIN-PN	82-0814477-501
a Plan name	FULCRUM MECHANICAL CBS BENEFIT PLAN		
b Name of plan sponsor	FULCRUM MECHANICAL	**c** EIN-PN	92-2628945-501
a Plan name	FULFILLMENT CONCEPTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	FULFILLMENT CONCEPTS INC	**c** EIN-PN	61-1145162-502
a Plan name	FULLER CONSTRUX, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	FULLER CONSTRUX, INC.	**c** EIN-PN	83-0716499-501
a Plan name	FULLER PHYSICAL THERAPY CBS BENEFIT PLAN		
b Name of plan sponsor	FULLER PHYSICAL THERAPY	**c** EIN-PN	27-3204115-501
a Plan name	FULTON COUNTY TRANSIT CBS BENEFIT PLAN		
b Name of plan sponsor	FULTON COUNTY TRANSIT	**c** EIN-PN	61-1080452-501
a Plan name	FULTON DEVLIN & POWERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FULTON DEVLIN & POWERS LLC	**c** EIN-PN	31-1570687-501
a Plan name	FULTZ MADDOX DICKENS PLC CBS BENEFIT PLAN		
b Name of plan sponsor	FULTZ MADDOX DICKENS PLC	**c** EIN-PN	61-1279961-501
a Plan name	FUNERAL DIRECTOR'S VAULT LTD CBS BENEFIT PLAN		
b Name of plan sponsor	FUNERAL DIRECTORS VAULT LTD	**c** EIN-PN	61-1122304-501
a Plan name	FURLONG LOGISTICS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FURLONG LOGISTICS LLC	**c** EIN-PN	86-3813247-501
a Plan name	FURNITURE LINK INC CBS BENEFIT PLAN		
b Name of plan sponsor	FURNITURE LINK INC	**c** EIN-PN	61-1367296-501
a Plan name	FURNITURE SOLUTIONS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	FURNITURE SOLUTIONS, INC	**c** EIN-PN	61-1338176-501

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	FUSION SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	FUSION SYSTEMS	**c** EIN-PN	46-1153614-501
a Plan name	FUTCH HEATING & AIR CONDITIONING INC CBS BENEFIT PLAN		
b Name of plan sponsor	FUTCH HEATING & AIR CONDITIONING INC	**c** EIN-PN	61-0662286-501
a Plan name	FUTURE DESIGNS INC CBS BENEFIT PLAN		
b Name of plan sponsor	FUTURE DESIGNS INC	**c** EIN-PN	61-1166571-501
a Plan name	FUZZY DUCK INC CBS BENEFIT PLAN		
b Name of plan sponsor	FUZZY DUCK INC	**c** EIN-PN	61-1267337-501
a Plan name	FWK & ASSOCIATES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	FWK & ASSOCIATES PLLC	**c** EIN-PN	61-1373721-501
a Plan name	FYNANCIAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	FYNANCIAL LLC	**c** EIN-PN	85-3716549-501
a Plan name	FYZICAL THERAPY AND BALANCE CENTERS CBS BENEFIT PLAN		
b Name of plan sponsor	FYZICAL THERAPY AND BALANCE CENTERS	**c** EIN-PN	92-1539713-501
a Plan name	G & C MULTI SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	G & C MULTI SERVICES	**c** EIN-PN	20-3770464-501
a Plan name	G & M MAINTENANCE SVS INC CBS BENEFIT PLAN		
b Name of plan sponsor	G & M MAINTENANCE SVS INC	**c** EIN-PN	61-1171474-502
a Plan name	G & R STAED INC CBS BENEFIT PLAN		
b Name of plan sponsor	G & R STAED INC	**c** EIN-PN	61-1395250-501
a Plan name	G HERBERT PRITCHETT AND ASSOC CBS BENEFIT PLAN		
b Name of plan sponsor	G HERBERT PRITCHETT AND ASSOC	**c** EIN-PN	61-1128803-501
a Plan name	G U R U FITNESS G-TOWN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	G U R U FITNESS G-TOWN LLC	**c** EIN-PN	92-2132279-501

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	G2AS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	G2AS LLC	**c** EIN-PN	82-1548848-501
a Plan name	GAINES DENTAL LAB CBS BENEFIT PLAN		
b Name of plan sponsor	GAINES DENTAL LAB	**c** EIN-PN	75-2972576-501
a Plan name	GALAXIE CBS BENEFIT PLAN		
b Name of plan sponsor	GALAXIE	**c** EIN-PN	47-3180734-501
a Plan name	GALLOWAY APPRAISAL CBS BENEFIT PLAN		
b Name of plan sponsor	GALLOWAY APPRAISAL	**c** EIN-PN	61-0711897-501
a Plan name	GAMEFACE INC CBS BENEFIT PLAN		
b Name of plan sponsor	GAMEFACE INC	**c** EIN-PN	20-0574318-501
a Plan name	GARAGE DOORS PLUS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GARAGE DOORS PLUS, LLC	**c** EIN-PN	45-3999619-501
a Plan name	GARDNER ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	GARDNER ENTERPRISES INC	**c** EIN-PN	90-0904815-501
a Plan name	GARDNER TRANSPORTATION CBS BENEFIT PLAN		
b Name of plan sponsor	GARDNER TRANSPORTATION	**c** EIN-PN	61-1317992-501
a Plan name	GARLAND RESTURANTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	GARLAND RESTURANTS INC	**c** EIN-PN	61-1273946-501
a Plan name	GARRARD PHARMACISTS GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	GARRARD PHARMACISTS GROUP INC	**c** EIN-PN	46-5474312-501
a Plan name	GARY COMER PLUMBING INC CBS BENEFIT PLAN		
b Name of plan sponsor	GARY COMER PLUMBING INC	**c** EIN-PN	61-1303612-501
a Plan name	GARY LOGSDON & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	GARY LOGSDON & ASSOCIATES	**c** EIN-PN	14-1850229-501

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	GASKINS HEATING & AIR CONDITIONING, INC CBS BENEFIT PLAN		
b Name of plan sponsor	GASKINS HEATING & AIR CONDITIONING, INC	**c** EIN-PN	61-0708710-501
a Plan name	GASORI USA CBS BENEFIT PLAN		
b Name of plan sponsor	GASORI USA	**c** EIN-PN	82-1256038-501
a Plan name	GASTINGER DESIGNS INC CBS BENEFIT PLAN		
b Name of plan sponsor	GASTINGER DESIGNS INC	**c** EIN-PN	61-1157538-501
a Plan name	GATEWAY URGENT CARE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GATEWAY URGENT CARE LLC	**c** EIN-PN	27-4860627-501
a Plan name	GAUGE WIRE & CABLE, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GAUGE WIRE & CABLE, LLC	**c** EIN-PN	81-4550273-501
a Plan name	GAURANG B.SHAH MD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	GAURANG B.SHAH MD PSC	**c** EIN-PN	61-1461855-501
a Plan name	GEALACH GHRIAN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GEALACH GHRIAN LLC	**c** EIN-PN	88-3866314-501
a Plan name	GEDDES POOL COMPANY, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	GEDDES POOL COMPANY, INC.	**c** EIN-PN	61-1124456-501
a Plan name	GEHRET GAGE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GEHRET GAGE LLC	**c** EIN-PN	83-2559076-501
a Plan name	GEN 9 INC CBS BENEFIT PLAN		
b Name of plan sponsor	GEN 9 INC	**c** EIN-PN	20-4395302-501
a Plan name	GENCANNA ACQUISITION CORP CBS BENEFIT PLAN		
b Name of plan sponsor	GENCANNA ACQUISITION CORP	**c** EIN-PN	85-1087202-501
a Plan name	GENE RAY ELECTRIC CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	GENE RAY ELECTRIC CO INC	**c** EIN-PN	61-1040029-501

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	GENE YOUNG INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	GENE YOUNG INSURANCE AGENCY INC	**c** EIN-PN	61-1364196-501
a Plan name	GENERAL SALES COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	GENERAL SALES COMPANY INC	**c** EIN-PN	61-0664595-501
a Plan name	GENESIS EXPOSITION SERVICES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GENESIS EXPOSITION SERVICES, LLC	**c** EIN-PN	26-2581799-501
a Plan name	GENO'S FORMAL AFFAIR CBS BENEFIT PLAN		
b Name of plan sponsor	GENOS FORMAL AFFAIR	**c** EIN-PN	61-0949441-501
a Plan name	GEORGE R TRUMBLE CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	GEORGE R TRUMBLE CONSTRUCTION INC	**c** EIN-PN	61-0941202-501
a Plan name	GEORGETOWN ADVANTAGE AIR, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GEORGETOWN ADVANTAGE AIR, LLC	**c** EIN-PN	81-2883091-501
a Plan name	GEORGETOWN PHARMACY HEALTH GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	GEORGETOWN PHARMACY HEALTH GROUP	**c** EIN-PN	46-2737869-501
a Plan name	GERMANTECH MOTORWORKS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GERMANTECH MOTORWORKS LLC	**c** EIN-PN	84-2616052-501
a Plan name	GERREIN GREEN CBS BENEFIT PLAN		
b Name of plan sponsor	GERREIN GREEN	**c** EIN-PN	81-1855838-501
a Plan name	GERSONY MEDICAL MEDIA INC CBS BENEFIT PLAN		
b Name of plan sponsor	GERSONY MEDICAL MEDIA INC	**c** EIN-PN	36-4059112-501
a Plan name	GERSTLES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GERSTLES LLC	**c** EIN-PN	36-4623734-501
a Plan name	GETWELL PHARMACY OF COLUMBIA KENTUCKY INC CBS BENEFIT PLAN		
b Name of plan sponsor	GETWELL PHARMACY OF COLUMBIA KENTUCKY INC	**c** EIN-PN	83-2957223-501

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	GIBSON TAYLOR THOMPSON CBS BENEFIT PLAN		
b Name of plan sponsor	GIBSON TAYLOR THOMPSON	**c** EIN-PN	81-1572723-501
a Plan name	GIFFITH, DELANEY, HILLMAN & CO. CBS BENEFIT PLAN		
b Name of plan sponsor	GIFFITH, DELANEY, HILLMAN & CO.	**c** EIN-PN	61-1223180-501
a Plan name	GILBERT FUNERAL HOME AND CREMATORY CBS BENEFIT PLAN		
b Name of plan sponsor	GILBERT FUNERAL HOME AND CREMATORY	**c** EIN-PN	35-2195364-501
a Plan name	GILDAS CLUB KENTUCKIANA CBS BENEFIT PLAN		
b Name of plan sponsor	GILDAS CLUB KENTUCKIANA	**c** EIN-PN	20-1635170-501
a Plan name	GILLIAM THOMPSON FURNITURE CBS BENEFIT PLAN		
b Name of plan sponsor	GILLIAM THOMPSON FURNITURE	**c** EIN-PN	61-0919030-501
a Plan name	GINA TOOMBS HOPPER AGENCY CBS BENEFIT PLAN		
b Name of plan sponsor	GINA TOOMBS HOPPER AGENCY	**c** EIN-PN	38-3670416-501
a Plan name	GIOVANNIS PIZZA INC CBS BENEFIT PLAN		
b Name of plan sponsor	GIOVANNIS PIZZA INC	**c** EIN-PN	61-0679770-501
a Plan name	GIPE AUTO COLOR CBS BENEFIT PLAN		
b Name of plan sponsor	GIPE AUTO COLOR	**c** EIN-PN	61-0419422-502
a Plan name	GLEESON LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GLEESON LLC	**c** EIN-PN	61-0563909-501
a Plan name	GLENN ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	GLENN ENTERPRISES INC	**c** EIN-PN	61-1068766-501
a Plan name	GLENN LUNDY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GLENN LUNDY LLC	**c** EIN-PN	82-4663348-501
a Plan name	GLOBAL AVIATION NAVIGATOR, INC CBS BENEFIT PLAN		
b Name of plan sponsor	GLOBAL AVIATION NAVIGATOR, INC	**c** EIN-PN	61-1301471-501

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 BUSINESS SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	GLOBAL BUSINESS SOLUTIONS	**c** EIN-PN	61-1290504-501
a Plan name	GLOBAL QUALITY CORP CBS BENEFIT PLAN		
b Name of plan sponsor	GLOBAL QUALITY CORP	**c** EIN-PN	31-1366221-501
a Plan name	GLOBETROT HEALTH LIMITED LIABILITY CO CBS BENEFIT PLAN		
b Name of plan sponsor	GLOBETROT HEALTH LIMITED LIABILITY CO	**c** EIN-PN	92-1401942-501
a Plan name	GMO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GMO LLC	**c** EIN-PN	84-4700335-501
a Plan name	GO GETTER TREE SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	GO GETTER TREE SERVICE	**c** EIN-PN	30-0946133-501
a Plan name	GO TIME RESTAURANT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GO TIME RESTAURANT LLC	**c** EIN-PN	83-1904366-501
a Plan name	GO YARD INC CBS BENEFIT PLAN		
b Name of plan sponsor	GO YARD INC	**c** EIN-PN	61-1400927-502
a Plan name	GOBLE SIGNS INC CBS BENEFIT PLAN		
b Name of plan sponsor	GOBLE SIGNS INC	**c** EIN-PN	61-1275001-501
a Plan name	GOESSLING LANDSCAPING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GOESSLING LANDSCAPING LLC	**c** EIN-PN	82-4813095-501
a Plan name	GOLD SHIELD TRANSPORTATION CBS BENEFIT PLAN		
b Name of plan sponsor	GOLD SHIELD TRANSPORTATION	**c** EIN-PN	61-1149747-501
a Plan name	GOLDEN HILL INGREDIENTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GOLDEN HILL INGREDIENTS LLC	**c** EIN-PN	46-1053013-501
a Plan name	GOLDSPRING INTERNATIONAL CBS BENEFIT PLAN		
b Name of plan sponsor	GOLDSPRING INTERNATIONAL	**c** EIN-PN	61-1092582-501

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	GOLIATH INDUSTRIAL CBS BENEFIT PLAN		
b Name of plan sponsor	GOLIATH INDUSTRIAL	**c** EIN-PN	82-4180297-501
a Plan name	GOODMAN CONSULTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GOODMAN CONSULTING LLC	**c** EIN-PN	86-3857727-501
a Plan name	GORILLASHINE.COM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GORILLASHINE.COM LLC	**c** EIN-PN	20-2709067-501
a Plan name	GORSKI LAW OFFICE PSC CBS BENEFIT PLAN		
b Name of plan sponsor	GORSKI LAW OFFICE PSC	**c** EIN-PN	38-3861581-501
a Plan name	GOTEC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GOTEC LLC	**c** EIN-PN	20-4320976-501
a Plan name	GOVERNORS SCHOLARS PROGRAM FOUNDATION CBS BENEFIT PLAN		
b Name of plan sponsor	GOVERNORS SCHOLARS PROGRAM FOUNDATION	**c** EIN-PN	61-1026274-501
a Plan name	GPC INC CBS BENEFIT PLAN		
b Name of plan sponsor	GPC INC	**c** EIN-PN	61-1343109-501
a Plan name	GRABAS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GRABAS LLC	**c** EIN-PN	31-1516287-501
a Plan name	GRACE BY DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	GRACE BY DESIGN	**c** EIN-PN	84-3874504-501
a Plan name	GRACE CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GRACE CONSTRUCTION LLC	**c** EIN-PN	30-0839176-501
a Plan name	GRACIOUS LIVING KENTUCKY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	GRACIOUS LIVING KENTUCKY, INC	**c** EIN-PN	93-2479011-501
a Plan name	GRADUATE CONTRACTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	GRADUATE CONTRACTING INC	**c** EIN-PN	46-3614384-501

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	GRAFT PELLE CBS BENEFIT PLAN		
b Name of plan sponsor	GRAFT PELLE	**c** EIN-PN	61-1015130-501
a Plan name	GRAIN DESIGN FLOORING CBS BENEFIT PLAN		
b Name of plan sponsor	GRAIN DESIGN FLOORING	**c** EIN-PN	47-4442813-501
a Plan name	GRAINWELL CBS BENEFIT PLAN		
b Name of plan sponsor	GRAINWELL	**c** EIN-PN	46-4740720-501
a Plan name	GRANITE & QUARTZ WHOLESALE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GRANITE & QUARTZ WHOLESALE LLC	**c** EIN-PN	46-5165471-501
a Plan name	GRANITE GALLERIA CBS BENEFIT PLAN		
b Name of plan sponsor	GRANITE GALLERIA	**c** EIN-PN	82-2269356-501
a Plan name	GRANT COUNTY VETERINARY CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	GRANT COUNTY VETERINARY CLINIC	**c** EIN-PN	26-2777135-501
a Plan name	GRANT FARMS TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	GRANT FARMS TRUCKING	**c** EIN-PN	31-1524324-501
a Plan name	GRANT TREADO COLLISION CE CBS BENEFIT PLAN		
b Name of plan sponsor	GRANT TREADO COLLISION CE	**c** EIN-PN	61-1370524-501
a Plan name	GRASSHOPPERS LAND CLEARING CBS BENEFIT PLAN		
b Name of plan sponsor	GRASSHOPPERS LAND CLEARING	**c** EIN-PN	61-1198945-501
a Plan name	GRASSY LAKE LODGE CBS BENEFIT PLAN		
b Name of plan sponsor	GRASSY LAKE LODGE	**c** EIN-PN	62-1836987-501
a Plan name	GRAY FAMILY DENTISTRY PSC CBS BENEFIT PLAN		
b Name of plan sponsor	GRAY FAMILY DENTISTRY PSC	**c** EIN-PN	81-1367034-501
a Plan name	GRAYSON COUNTY EMERGENCY MEDICAL SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	GRAYSON COUNTY EMERGENCY MEDICAL SERVICES INC	**c** EIN-PN	61-1161817-501

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	GREAT LAKES MINERALS CBS BENEFIT PLAN		
b Name of plan sponsor	GREAT LAKES MINERALS	**c** EIN-PN	52-2153483-501
a Plan name	GREAT RIVER PHARMACY CBS BENEFIT PLAN		
b Name of plan sponsor	GREAT RIVER PHARMACY	**c** EIN-PN	88-2965570-501
a Plan name	GREATER COMFORT HEATING & AIR CONDITIONING CBS BENEFIT PLAN		
b Name of plan sponsor	GREATER COMFORT HEATING & AIR CONDITIONING	**c** EIN-PN	20-3606830-501
a Plan name	GREATER LEXINGTON CONVENTION & VISITORS BUREA CBS BENEFIT PLAN		
b Name of plan sponsor	GREATER LEXINGTON CONVENTION & VISITORS BUREA	**c** EIN-PN	23-7179159-501
a Plan name	GREATER LEXINGTON INSURANCE AGENCY CBS BENEFIT PLAN		
b Name of plan sponsor	GREATER LEXINGTON INSURANCE AGENCY	**c** EIN-PN	03-0576342-501
a Plan name	GREATER LOUISVILLE ANESTHESIA SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	GREATER LOUISVILLE ANESTHESIA SERVICES	**c** EIN-PN	61-1380115-501
a Plan name	GREATER LOUISVILLE INTERNAL MEDICINE CBS BENEFIT PLAN		
b Name of plan sponsor	GREATER LOUISVILLE INTERNAL MEDICINE	**c** EIN-PN	61-0979349-501
a Plan name	GREATER LOUISVILLE SPORTS COMMISSION CBS BENEFIT PLAN		
b Name of plan sponsor	GREATER LOUISVILLE SPORTS COMMISSION	**c** EIN-PN	61-1365860-501
a Plan name	GREATER PADUCAH ECONOMIC DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	GREATER PADUCAH ECONOMIC DEVELOPMENT	**c** EIN-PN	61-1181577-501
a Plan name	GREATFORCE INSURANCE AGENTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GREATFORCE INSURANCE AGENTS LLC	**c** EIN-PN	47-4031009-501
a Plan name	GREEKTRACK LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GREEKTRACK LLC	**c** EIN-PN	82-4398944-501
a Plan name	GREEN & GROW LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GREEN & GROW LLC	**c** EIN-PN	26-0492854-501

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	GREEN ACRES FARM CBS BENEFIT PLAN		
b Name of plan sponsor	GREEN ACRES FARM	**c** EIN-PN	61-0972529-501
a Plan name	GREEN CONSTRUCTION CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	GREEN CONSTRUCTION CO INC	**c** EIN-PN	61-0571670-501
a Plan name	GREEN DISTRICT FRANCHISOR QOZB INC CBS BENEFIT PLAN		
b Name of plan sponsor	GREEN DISTRICT FRANCHISOR QOZB INC	**c** EIN-PN	84-4607076-501
a Plan name	GREEN LEAVES CBS BENEFIT PLAN		
b Name of plan sponsor	GREEN LEAVES	**c** EIN-PN	87-1432648-501
a Plan name	GREEN RIVER ORAL SURGERY CBS BENEFIT PLAN		
b Name of plan sponsor	GREEN RIVER ORAL SURGERY	**c** EIN-PN	45-5573261-501
a Plan name	GREEN RIVER RENTALS CBS BENEFIT PLAN		
b Name of plan sponsor	GREEN RIVER RENTALS	**c** EIN-PN	61-1347543-502
a Plan name	GREEN RIVER WASTE INC CBS BENEFIT PLAN		
b Name of plan sponsor	GREEN RIVER WASTE INC	**c** EIN-PN	45-3572850-501
a Plan name	GREEN SOLUTIONS LANDCARE CBS BENEFIT PLAN		
b Name of plan sponsor	GREEN SOLUTIONS LANDCARE	**c** EIN-PN	46-4434795-501
a Plan name	GREEN TREE VETERINARY SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GREEN TREE VETERINARY SERVICES LLC	**c** EIN-PN	46-4016594-501
a Plan name	GREENBRIER GOLF COUNTRY CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	GREENBRIER GOLF COUNTRY CLUB	**c** EIN-PN	61-0711173-501
a Plan name	GREENE FAMILY DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	GREENE FAMILY DENTISTRY	**c** EIN-PN	82-1860162-501
a Plan name	GREENLANE HD CBS BENEFIT PLAN		
b Name of plan sponsor	GREENLANE HD	**c** EIN-PN	83-2358747-501

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	GREENLIGHT CE PARTNERS CBS BENEFIT PLAN		
b Name of plan sponsor	GREENLIGHT CE PARTNERS	**c** EIN-PN	47-3081315-501
a Plan name	GREENLINE EXPRESS CBS BENEFIT PLAN		
b Name of plan sponsor	GREENLINE EXPRESS	**c** EIN-PN	30-0743390-501
a Plan name	GREENWAY INNOVATIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	GREENWAY INNOVATIONS INC	**c** EIN-PN	87-1874697-501
a Plan name	GREENWAY LANDSCAPES INC CBS BENEFIT PLAN		
b Name of plan sponsor	GREENWAY LANDSCAPES INC	**c** EIN-PN	45-5525568-502
a Plan name	GREG TAYLOR & ASSOCIATES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	GREG TAYLOR & ASSOCIATES PLLC	**c** EIN-PN	45-2804082-501
a Plan name	GREGORY P KAREM PSC CBS BENEFIT PLAN		
b Name of plan sponsor	GREGORY P KAREM PSC	**c** EIN-PN	61-0964725-501
a Plan name	GRO SALON CBS BENEFIT PLAN		
b Name of plan sponsor	GRO SALON	**c** EIN-PN	87-2279913-501
a Plan name	GROFF ENGINEERING & CONSULTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GROFF ENGINEERING & CONSULTING LLC	**c** EIN-PN	81-5313732-501
a Plan name	GROGANS INC CBS BENEFIT PLAN		
b Name of plan sponsor	GROGANS INC	**c** EIN-PN	61-0569174-501
a Plan name	GROSSMAN CARR PROPERTIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GROSSMAN CARR PROPERTIES LLC	**c** EIN-PN	27-0044560-501
a Plan name	GROT INC CBS BENEFIT PLAN		
b Name of plan sponsor	GROT INC	**c** EIN-PN	61-1105997-502
a Plan name	GROUT AUTOMOTIVE CBS BENEFIT PLAN		
b Name of plan sponsor	GROUT AUTOMOTIVE	**c** EIN-PN	47-1407654-501

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	GROWING HEALTHY CHILDREN CBS BENEFIT PLAN		
b Name of plan sponsor	GROWING HEALTHY CHILDREN	**c** EIN-PN	61-0956471-501
a Plan name	GSG PROPERTIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GSG PROPERTIES LLC	**c** EIN-PN	27-2746531-501
a Plan name	GT TRUCK & EQUIPMENT SALES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GT TRUCK & EQUIPMENT SALES LLC	**c** EIN-PN	85-0513460-501
a Plan name	GTB HOLDINGS INC CBS BENEFIT PLAN		
b Name of plan sponsor	GTB HOLDINGS INC	**c** EIN-PN	61-1338488-501
a Plan name	GTE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GTE LLC	**c** EIN-PN	82-3968178-501
a Plan name	GUARANTEE PEST CONTROL OF LEXINGTON KY INC CBS BENEFIT PLAN		
b Name of plan sponsor	GUARANTEE PEST CONTROL OF LEXINGTON KY INC	**c** EIN-PN	61-0647896-501
a Plan name	GUARDIAN CONSULTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GUARDIAN CONSULTING LLC	**c** EIN-PN	99-2979367-501
a Plan name	GUARDIAN EXTERMINATING CBS BENEFIT PLAN		
b Name of plan sponsor	GUARDIAN EXTERMINATING	**c** EIN-PN	20-2054175-501
a Plan name	GUARDIAN FENCE AND CONSTRUCTION, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GUARDIAN FENCE AND CONSTRUCTION, LLC	**c** EIN-PN	85-4266373-501
a Plan name	GUARDIAN HEALTHSTAFF LLC CBS BENEFIT PLAN		
b Name of plan sponsor	GUARDIAN HEALTHSTAFF LLC	**c** EIN-PN	47-4101014-501
a Plan name	GUARDIAN MANAGEMENT COMPANY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	GUARDIAN MANAGEMENT COMPANY, INC	**c** EIN-PN	61-1157290-501
a Plan name	GUARDIAN PACKAGING CBS BENEFIT PLAN		
b Name of plan sponsor	GUARDIAN PACKAGING	**c** EIN-PN	31-0628140-501

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	GUARDIAN RETENTION SYSTEMS LLC CBS BENEFIT PLAN		
b	Name of plan sponsor	GUARDIAN RETENTION SYSTEMS LLC	**c** EIN-PN	38-3887388-501
a	Plan name	GUARDIAN SECURITY CBS BENEFIT PLAN		
b	Name of plan sponsor	GUARDIAN SECURITY	**c** EIN-PN	27-1614204-501
a	Plan name	GUMBO YAYA LLC CBS BENEFIT PLAN		
b	Name of plan sponsor	GUMBO YAYA LLC	**c** EIN-PN	20-0422329-501
a	Plan name	GURU KRIPA INC CBS BENEFIT PLAN		
b	Name of plan sponsor	GURU KRIPA INC	**c** EIN-PN	92-1028372-501
a	Plan name	GYM MEMBERS NOW LLC CBS BENEFIT PLAN		
b	Name of plan sponsor	GYM MEMBERS NOW LLC	**c** EIN-PN	88-1071564-501
a	Plan name	GYM TYME CBS BENEFIT PLAN		
b	Name of plan sponsor	GYM TYME	**c** EIN-PN	61-1396483-501
a	Plan name	GZ SYSTEMS INC CBS BENEFIT PLAN		
b	Name of plan sponsor	GZ SYSTEMS INC	**c** EIN-PN	61-1310891-501
a	Plan name	H&H SUPPLY, LLC CBS BENEFIT PLAN		
b	Name of plan sponsor	H&H SUPPLY, LLC	**c** EIN-PN	61-1366362-501
a	Plan name	H&M CONSTRUCTION CO. CBS BENEFIT PLAN		
b	Name of plan sponsor	H&M CONSTRUCTION CO.	**c** EIN-PN	61-1123443-501
a	Plan name	H&O TRANSPORT INC CBS BENEFIT PLAN		
b	Name of plan sponsor	H&O TRANSPORT INC	**c** EIN-PN	31-1014940-502
a	Plan name	H.O.P.E. CBS BENEFIT PLAN		
b	Name of plan sponsor	H.O.P.E.	**c** EIN-PN	81-2874331-501
a	Plan name	H2O SERVICES LLC CBS BENEFIT PLAN		
b	Name of plan sponsor	H2O SERVICES LLC	**c** EIN-PN	45-3764930-501

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	H2R CONSULTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	H2R CONSULTING LLC	**c** EIN-PN	81-4490779-501
a Plan name	HABITAT FOR HUMANITY MADISON CLARK CBS BENEFIT PLAN		
b Name of plan sponsor	HABITAT FOR HUMANITY MADISON CLARK	**c** EIN-PN	61-1205778-501
a Plan name	HADLEY CONTINUUM FACTORY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HADLEY CONTINUUM FACTORY LLC	**c** EIN-PN	92-0752107-501
a Plan name	HADLEY ENERGY SOLUTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	HADLEY ENERGY SOLUTIONS INC	**c** EIN-PN	46-3390922-501
a Plan name	HAFELE INVESTMENTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	HAFELE INVESTMENTS INC	**c** EIN-PN	87-4405678-501
a Plan name	HAGAN ENGINEERING PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	HAGAN ENGINEERING PLLC	**c** EIN-PN	47-2657837-501
a Plan name	HAGAN PROPERTIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	HAGAN PROPERTIES INC	**c** EIN-PN	61-1200760-501
a Plan name	HAGERMAN PLUMBING HEATING & COOLING CBS BENEFIT PLAN		
b Name of plan sponsor	HAGERMAN PLUMBING HEATING & COOLING	**c** EIN-PN	61-0671187-502
a Plan name	HALFTIME AGENCY CBS BENEFIT PLAN		
b Name of plan sponsor	HALFTIME AGENCY	**c** EIN-PN	87-3928441-501
a Plan name	HALL ENVIRONMENTAL CONSULTANTS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HALL ENVIRONMENTAL CONSULTANTS, LLC	**c** EIN-PN	20-1787050-501
a Plan name	HALLS COLLISION CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	HALLS COLLISION CENTER	**c** EIN-PN	61-0895014-501
a Plan name	HALLS COMMUNICATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	HALLS COMMUNICATION INC	**c** EIN-PN	20-3199926-501

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	HALLS FARM & FEED LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HALLS FARM & FEED LLC	**c** EIN-PN	81-5047418-501
a Plan name	HALO PRODUCTS GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HALO PRODUCTS GROUP LLC	**c** EIN-PN	85-4140604-501
a Plan name	HAMASHBIR LTD CBS BENEFIT PLAN		
b Name of plan sponsor	HAMASHBIR LTD	**c** EIN-PN	82-4137047-501
a Plan name	HAMBY CONSULTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HAMBY CONSULTING LLC	**c** EIN-PN	47-5448713-501
a Plan name	HAMILTON, INC CBS BENEFIT PLAN		
b Name of plan sponsor	HAMILTON, INC	**c** EIN-PN	61-1260649-501
a Plan name	HAMM MILBY RIDINGS CBS BENEFIT PLAN		
b Name of plan sponsor	HAMM MILBY RIDINGS	**c** EIN-PN	32-0261557-501
a Plan name	HAMMOND COMMUNICATIONS GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	HAMMOND COMMUNICATIONS GROUP INC	**c** EIN-PN	61-1288597-501
a Plan name	HANCOCKS OF PADUCAH CBS BENEFIT PLAN		
b Name of plan sponsor	HANCOCKS OF PADUCAH	**c** EIN-PN	61-0993380-501
a Plan name	HAND & WRIST OF LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	HAND & WRIST OF LOUISVILLE	**c** EIN-PN	47-2545698-501
a Plan name	HAND IN HAND MINISTRIES CBS BENEFIT PLAN		
b Name of plan sponsor	HAND IN HAND MINISTRIES	**c** EIN-PN	61-1352889-501
a Plan name	HANDLE CBS BENEFIT PLAN		
b Name of plan sponsor	HANDLE	**c** EIN-PN	46-2851560-501
a Plan name	HANDYMAN LITE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HANDYMAN LITE LLC	**c** EIN-PN	88-2322634-501

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	HANEY & WHITE LOGISTICS CBS BENEFIT PLAN		
b Name of plan sponsor	HANEY & WHITE LOGISTICS	**c** EIN-PN	32-0466955-502
a Plan name	HANEY AND WHITE ENTERPRISE CBS BENEFIT PLAN		
b Name of plan sponsor	HANEY AND WHITE ENTERPRISE	**c** EIN-PN	45-2779522-501
a Plan name	HANEY'S APPLEDALE FARM CBS BENEFIT PLAN		
b Name of plan sponsor	HANEYS APPLEDALE FARM	**c** EIN-PN	87-2320545-501
a Plan name	HANKINS CUSTOM RILES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HANKINS CUSTOM RILES LLC	**c** EIN-PN	45-1102908-501
a Plan name	HANNAH HOSKINS INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	HANNAH HOSKINS INSURANCE AGENCY INC	**c** EIN-PN	81-3603979-501
a Plan name	HANNIFAN FAIRING COMPANY, LTD CBS BENEFIT PLAN		
b Name of plan sponsor	HANNIFAN FAIRING COMPANY, LTD	**c** EIN-PN	61-1232319-501
a Plan name	HANSMANS CORNER MARKET LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HANSMANS CORNER MARKET LLC	**c** EIN-PN	20-1566296-501
a Plan name	HARDEDGE TOOL INC CBS BENEFIT PLAN		
b Name of plan sponsor	HARDEDGE TOOL INC	**c** EIN-PN	35-2177297-501
a Plan name	HARDIN COUNTY ELECTRICAL SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HARDIN COUNTY ELECTRICAL SERVICES LLC	**c** EIN-PN	99-2989594-501
a Plan name	HARDY COMMUNICATIONS & CABLING INC CBS BENEFIT PLAN		
b Name of plan sponsor	HARDY COMMUNICATIONS & CABLING INC	**c** EIN-PN	61-1170382-501
a Plan name	HARDY GAS COMPANY INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HARDY GAS COMPANY INC.	**c** EIN-PN	61-1037129-501
a Plan name	HARDY PUBLISHING CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	HARDY PUBLISHING CO INC	**c** EIN-PN	61-1114801-501

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	HARI BEVERAGE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HARI BEVERAGE LLC	**c** EIN-PN	45-4432666-501
a Plan name	HARLAN CO CAA INC CBS BENEFIT PLAN		
b Name of plan sponsor	HARLAN CO CAA INC	**c** EIN-PN	61-0678585-501
a Plan name	HARLAN COUNTY BOYS & GIRLS CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	HARLAN COUNTY BOYS & GIRLS CLUB	**c** EIN-PN	31-1793599-501
a Plan name	HARLAN MUNICIPAL WATER WORKS CBS BENEFIT PLAN		
b Name of plan sponsor	HARLAN MUNICIPAL WATER WORKS	**c** EIN-PN	61-6000256-501
a Plan name	HARNED SURVEYING CBS BENEFIT PLAN		
b Name of plan sponsor	HARNED SURVEYING	**c** EIN-PN	61-1413977-501
a Plan name	HAROLD COFFEY CONSTRUCTION CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	HAROLD COFFEY CONSTRUCTION CO INC	**c** EIN-PN	61-0894923-501
a Plan name	HARP ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	HARP ENTERPRISES INC	**c** EIN-PN	61-0731661-502
a Plan name	HARPAVA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HARPAVA LLC	**c** EIN-PN	86-2827492-501
a Plan name	HARPER DIESEL & MACHINE INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HARPER DIESEL & MACHINE INC.	**c** EIN-PN	61-0999075-501
a Plan name	HARRIS & ASSOCIATES PSC CBS BENEFIT PLAN		
b Name of plan sponsor	HARRIS & ASSOCIATES PSC	**c** EIN-PN	61-1362847-502
a Plan name	HARRIS ENGINEERING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HARRIS ENGINEERING LLC	**c** EIN-PN	38-1879743-501
a Plan name	HARRIS FUNERAL HOME CBS BENEFIT PLAN		
b Name of plan sponsor	HARRIS FUNERAL HOME	**c** EIN-PN	61-0588669-501

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	HARRIS MEDIA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HARRIS MEDIA LLC	**c** EIN-PN	82-3983849-501
a Plan name	HARRIS REAL ESTATE & AUCT CBS BENEFIT PLAN		
b Name of plan sponsor	HARRIS REAL ESTATE & AUCT	**c** EIN-PN	26-3677046-501
a Plan name	HARRIS VISUAL MEDIA CBS BENEFIT PLAN		
b Name of plan sponsor	HARRIS VISUAL MEDIA	**c** EIN-PN	84-1727893-501
a Plan name	HARROD & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	HARROD & ASSOCIATES	**c** EIN-PN	61-1291670-501
a Plan name	HARROD INS SVC INC CBS BENEFIT PLAN		
b Name of plan sponsor	HARROD INS SVC INC	**c** EIN-PN	61-1357551-501
a Plan name	HARRY GOLDSTEIN INC CBS BENEFIT PLAN		
b Name of plan sponsor	HARRY GOLDSTEIN INC	**c** EIN-PN	61-0971945-501
a Plan name	HARRY GRAU & SONS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	HARRY GRAU & SONS, INC	**c** EIN-PN	61-0704017-501
a Plan name	HART OPHTHALMOLOGY ASSOC CBS BENEFIT PLAN		
b Name of plan sponsor	HART OPHTHALMOLOGY ASSOC	**c** EIN-PN	61-1008345-501
a Plan name	HARTFORD STANDARD INCORPORATED CBS BENEFIT PLAN		
b Name of plan sponsor	HARTFORD STANDARD INCORPORATED	**c** EIN-PN	61-1357564-501
a Plan name	HARTLAND PROPANE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HARTLAND PROPANE LLC	**c** EIN-PN	03-0586396-501
a Plan name	HARTLEYS LANDSCAPE AND LAWNCARE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HARTLEYS LANDSCAPE AND LAWNCARE LLC	**c** EIN-PN	88-3363345-501
a Plan name	HARTMAN EXCAVATING CBS BENEFIT PLAN		
b Name of plan sponsor	HARTMAN EXCAVATING	**c** EIN-PN	46-3232522-501

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	HARTSTONE INC CBS BENEFIT PLAN		
b Name of plan sponsor	HARTSTONE INC	**c** EIN-PN	61-1396565-501
a Plan name	HARVEST EXPRESS INC CBS BENEFIT PLAN		
b Name of plan sponsor	HARVEST EXPRESS INC	**c** EIN-PN	61-1144208-501
a Plan name	HASSCO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HASSCO LLC	**c** EIN-PN	26-0337772-501
a Plan name	HATFIELD MEDIA CBS BENEFIT PLAN		
b Name of plan sponsor	HATFIELD MEDIA	**c** EIN-PN	27-1225537-501
a Plan name	HAVANA RUMBA, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HAVANA RUMBA, LLC	**c** EIN-PN	81-1263359-501
a Plan name	HAVEN LIGHTING, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HAVEN LIGHTING, INC.	**c** EIN-PN	37-1805006-501
a Plan name	HAVERSTOCK, BELL AND PITMAN CBS BENEFIT PLAN		
b Name of plan sponsor	HAVERSTOCK, BELL AND PITMAN	**c** EIN-PN	61-1289431-501
a Plan name	HAWCROFT CONSULTING INTERNATIONAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HAWCROFT CONSULTING INTERNATIONAL LLC	**c** EIN-PN	80-0372384-501
a Plan name	HAYDEN PRECISION WELDING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HAYDEN PRECISION WELDING LLC	**c** EIN-PN	80-0790723-501
a Plan name	HAYDON & WILLIAMS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	HAYDON & WILLIAMS PSC	**c** EIN-PN	61-0734519-501
a Plan name	HAYES CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HAYES CONTRACTING LLC	**c** EIN-PN	20-3027770-501
a Plan name	HAYSLETT MECHANICAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	HAYSLETT MECHANICAL INC	**c** EIN-PN	61-0870417-501

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	HAYSTACK PARTNERS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HAYSTACK PARTNERS, LLC	**c** EIN-PN	20-4432628-501
a Plan name	HAYSWOOD HEALTH SERVICES INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HAYSWOOD HEALTH SERVICES INC.	**c** EIN-PN	61-1013557-502
a Plan name	HBC RADIOMATIC INC CBS BENEFIT PLAN		
b Name of plan sponsor	HBC RADIOMATIC INC	**c** EIN-PN	31-1610632-501
a Plan name	HD CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HD CONSTRUCTION LLC	**c** EIN-PN	82-4575080-501
a Plan name	HEAD BASEMENT WALLS INC CBS BENEFIT PLAN		
b Name of plan sponsor	HEAD BASEMENT WALLS INC	**c** EIN-PN	61-1280255-501
a Plan name	HEADSTONE GUYS OF KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	HEADSTONE GUYS OF KENTUCKY	**c** EIN-PN	82-4689950-501
a Plan name	HEALTH FIRST PHARMACY CBS BENEFIT PLAN		
b Name of plan sponsor	HEALTH FIRST PHARMACY	**c** EIN-PN	30-0287015-501
a Plan name	HEALTHWAY INTERNAL MEDICINE & PEDIATRICS CBS BENEFIT PLAN		
b Name of plan sponsor	HEALTHWAY INTERNAL MEDICINE & PEDIATRICS	**c** EIN-PN	45-3027478-501
a Plan name	HEALTHWORKS SAFETY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HEALTHWORKS SAFETY LLC	**c** EIN-PN	81-2214712-501
a Plan name	HEALTHY SMILES OF THE BLUEGRASS CBS BENEFIT PLAN		
b Name of plan sponsor	HEALTHY SMILES OF THE BLUEGRASS	**c** EIN-PN	81-2593580-501
a Plan name	HEARTFELT SOLUTIONS PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	HEARTFELT SOLUTIONS PLLC	**c** EIN-PN	45-4514125-501
a Plan name	HEARTLAND CRISIS PREGNANCY CENTER, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HEARTLAND CRISIS PREGNANCY CENTER, INC.	**c** EIN-PN	61-1384944-501

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	HEARTLAND SELF STORAGE II CBS BENEFIT PLAN		
b Name of plan sponsor	HEARTLAND SELF STORAGE II	**c** EIN-PN	20-0536989-501
a Plan name	HEC MANUFACTURING CBS BENEFIT PLAN		
b Name of plan sponsor	HEC MANUFACTURING	**c** EIN-PN	31-1538422-501
a Plan name	HEEKIN ANIMAL HOSPITAL CBS BENEFIT PLAN		
b Name of plan sponsor	HEEKIN ANIMAL HOSPITAL	**c** EIN-PN	38-3695214-501
a Plan name	HEICK HESTER SMITH & ASSOCIATES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HEICK HESTER SMITH & ASSOCIATES LLC	**c** EIN-PN	61-1275187-501
a Plan name	HEINRICHS USA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HEINRICHS USA LLC	**c** EIN-PN	20-8893117-501
a Plan name	HELEN WONG INC CBS BENEFIT PLAN		
b Name of plan sponsor	HELEN WONG INC	**c** EIN-PN	61-0921207-501
a Plan name	HELLER BUILT CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	HELLER BUILT CONSTRUCTION	**c** EIN-PN	85-3985465-501
a Plan name	HELM SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HELM SERVICES LLC	**c** EIN-PN	87-4173662-501
a Plan name	HELMERS & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	HELMERS & ASSOCIATES	**c** EIN-PN	47-3272202-501
a Plan name	HEMMER DEFRANK WESSELS PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	HEMMER DEFRANK WESSELS PLLC	**c** EIN-PN	61-1348045-501
a Plan name	HEMMER MANAGEMENT GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	HEMMER MANAGEMENT GROUP	**c** EIN-PN	45-3583417-501
a Plan name	HENDERSON CHAMBER OF COMMERCE CBS BENEFIT PLAN		
b Name of plan sponsor	HENDERSON CHAMBER OF COMMERCE	**c** EIN-PN	61-0463069-501

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	HENDERSON SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HENDERSON SERVICES LLC	**c** EIN-PN	61-1400434-501
a Plan name	HENDERSON TOURIST COMMISSION CBS BENEFIT PLAN		
b Name of plan sponsor	HENDERSON TOURIST COMMISSION	**c** EIN-PN	83-0981690-501
a Plan name	HENKE INDUSTRIAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HENKE INDUSTRIAL LLC	**c** EIN-PN	47-1734944-501
a Plan name	HENRY AND HENRY MONUMENTS CBS BENEFIT PLAN		
b Name of plan sponsor	HENRY AND HENRY MONUMENTS	**c** EIN-PN	80-0515156-501
a Plan name	HENRY COUNTY FISCAL COURT CBS BENEFIT PLAN		
b Name of plan sponsor	HENRY COUNTY FISCAL COURT	**c** EIN-PN	61-6000898-501
a Plan name	HENSLEY ELAM & ASSOCIATES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HENSLEY ELAM & ASSOCIATES LLC	**c** EIN-PN	61-1335419-501
a Plan name	HENSON CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HENSON CONSTRUCTION LLC	**c** EIN-PN	22-3873137-501
a Plan name	HERB GEDDES FENCE COMPANY, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HERB GEDDES FENCE COMPANY, INC.	**c** EIN-PN	61-0670859-501
a Plan name	HERB JONES AUTOMOTIVE CBS BENEFIT PLAN		
b Name of plan sponsor	HERB JONES AUTOMOTIVE	**c** EIN-PN	61-0680326-501
a Plan name	HERITAGE CABINETRY & FINE WOODWORKING INC CBS BENEFIT PLAN		
b Name of plan sponsor	HERITAGE CABINETRY & FINE WOODWORKING INC	**c** EIN-PN	27-3572925-501
a Plan name	HERITAGE CHILDREN SERVICES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HERITAGE CHILDREN SERVICES, LLC	**c** EIN-PN	81-2517931-502
a Plan name	HERITAGE HILL GOLF CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	HERITAGE HILL GOLF CLUB	**c** EIN-PN	84-2337617-501

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	HERITAGE HOSPICE INC CBS BENEFIT PLAN		
b Name of plan sponsor	HERITAGE HOSPICE INC	**c** EIN-PN	31-0988104-501
a Plan name	HERITAGE VENTURES INC CBS BENEFIT PLAN		
b Name of plan sponsor	HERITAGE VENTURES INC	**c** EIN-PN	82-1651094-501
a Plan name	HERMES CONSTRUCTION COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	HERMES CONSTRUCTION COMPANY	**c** EIN-PN	31-1452973-501
a Plan name	HERMITAGE SAVORY SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HERMITAGE SAVORY SOLUTIONS LLC	**c** EIN-PN	92-2660025-501
a Plan name	HERREN LAW, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	HERREN LAW, PLLC	**c** EIN-PN	83-3854809-501
a Plan name	HERRICK CO CBS BENEFIT PLAN		
b Name of plan sponsor	HERRICK CO	**c** EIN-PN	61-1296034-501
a Plan name	HESS CONSTRUCTION COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	HESS CONSTRUCTION COMPANY	**c** EIN-PN	20-0117847-501
a Plan name	HESTAD ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HESTAD ENTERPRISES LLC	**c** EIN-PN	92-1494348-501
a Plan name	HEUSER HEALTH & FITNESS CENTER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HEUSER HEALTH & FITNESS CENTER LLC	**c** EIN-PN	27-3967018-501
a Plan name	HEYHUDA HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HEYHUDA HOLDINGS LLC	**c** EIN-PN	93-1798568-501
a Plan name	HH CANINE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HH CANINE LLC	**c** EIN-PN	99-3666508-501
a Plan name	HICKMAN BUILDING SUPPLIES, INC CBS BENEFIT PLAN		
b Name of plan sponsor	HICKMAN BUILDING SUPPLIES, INC	**c** EIN-PN	61-0645268-501

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	HICON CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	HICON CONSTRUCTION	**c** EIN-PN	83-2970346-501
a Plan name	HIGDON OUTDOORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HIGDON OUTDOORS LLC	**c** EIN-PN	27-1507036-501
a Plan name	HIGGINS RIG CO. LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HIGGINS RIG CO. LLC	**c** EIN-PN	46-2602328-501
a Plan name	HIGH FALUTIN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HIGH FALUTIN LLC	**c** EIN-PN	84-2317790-501
a Plan name	HIGH ROLLER EXPEDITING CBS BENEFIT PLAN		
b Name of plan sponsor	HIGH ROLLER EXPEDITING	**c** EIN-PN	92-1694742-501
a Plan name	HIGH TECH CHROME PLATING CBS BENEFIT PLAN		
b Name of plan sponsor	HIGH TECH CHROME PLATING	**c** EIN-PN	61-1148886-501
a Plan name	HIGH TEMP BEARINGS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	HIGH TEMP BEARINGS, INC	**c** EIN-PN	61-1403023-501
a Plan name	HIGHBRIDGE SPRING WATER CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	HIGHBRIDGE SPRING WATER CO INC	**c** EIN-PN	61-1010137-502
a Plan name	HIGHLAND COUNTRY CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	HIGHLAND COUNTRY CLUB	**c** EIN-PN	61-0225185-501
a Plan name	HIGHLAND RIDGE CBS BENEFIT PLAN		
b Name of plan sponsor	HIGHLAND RIDGE	**c** EIN-PN	61-1367828-501
a Plan name	HIGHLANDS COMMUNITY MINISTRIES CBS BENEFIT PLAN		
b Name of plan sponsor	HIGHLANDS COMMUNITY MINISTRIES	**c** EIN-PN	61-0708776-501
a Plan name	HIGHLANDS FUNERAL HOME CBS BENEFIT PLAN		
b Name of plan sponsor	HIGHLANDS FUNERAL HOME	**c** EIN-PN	61-0568311-501

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	HIGHLANDS TAP ROOM CBS BENEFIT PLAN		
b Name of plan sponsor	HIGHLANDS TAP ROOM	**c** EIN-PN	99-4063972-501
a Plan name	HIKES POINT PAINT & WALLPAPER CBS BENEFIT PLAN		
b Name of plan sponsor	HIKES POINT PAINT & WALLPAPER	**c** EIN-PN	61-0170610-502
a Plan name	HILLIARD CPA GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	HILLIARD CPA GROUP	**c** EIN-PN	84-4364567-501
a Plan name	HILLTOP MARINE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HILLTOP MARINE LLC	**c** EIN-PN	61-1395195-501
a Plan name	HILTON KENNEDY COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HILTON KENNEDY COMPANY LLC	**c** EIN-PN	83-0398065-501
a Plan name	HILVERT AND POPE ELECTRIC INC CBS BENEFIT PLAN		
b Name of plan sponsor	HILVERT AND POPE ELECTRIC INC	**c** EIN-PN	31-1610103-502
a Plan name	HINES PHARMACY INC CBS BENEFIT PLAN		
b Name of plan sponsor	HINES PHARMACY INC	**c** EIN-PN	61-1275144-501
a Plan name	HI-POINT NEWCO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HI-POINT NEWCO LLC	**c** EIN-PN	99-1583225-501
a Plan name	HITCENTS CBS BENEFIT PLAN		
b Name of plan sponsor	HITCENTS	**c** EIN-PN	61-1384594-501
a Plan name	HOARD CUSTOM SIGNS CBS BENEFIT PLAN		
b Name of plan sponsor	HOARD CUSTOM SIGNS	**c** EIN-PN	43-1989064-501
a Plan name	HODGE OUTDOOR POWER, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HODGE OUTDOOR POWER, LLC	**c** EIN-PN	30-0555420-501
a Plan name	HODGES INC CBS BENEFIT PLAN		
b Name of plan sponsor	HODGES INC	**c** EIN-PN	31-1488584-501

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	HOLBROOK DRUG CBS BENEFIT PLAN		
b Name of plan sponsor	HOLBROOK DRUG	**c** EIN-PN	46-1935013-501
a Plan name	HOLCOMBS SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	HOLCOMBS SERVICES INC	**c** EIN-PN	27-0629108-501
a Plan name	HOLDERFIELD CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	HOLDERFIELD CONSTRUCTION	**c** EIN-PN	20-0032785-501
a Plan name	HOLIDAY CLEANERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	HOLIDAY CLEANERS INC	**c** EIN-PN	61-1315065-501
a Plan name	HOLLAND FINANCIAL GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOLLAND FINANCIAL GROUP LLC	**c** EIN-PN	20-8368093-501
a Plan name	HOLLENBACH OAKLEY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOLLENBACH OAKLEY LLC	**c** EIN-PN	06-1676076-501
a Plan name	HOLLOMAN AND CARTA HOMES AND CONSULTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOLLOMAN AND CARTA HOMES AND CONSULTING LLC	**c** EIN-PN	88-0720296-501
a Plan name	HOLLYHOCK HOMES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOLLYHOCK HOMES LLC	**c** EIN-PN	81-3982164-501
a Plan name	HOME CAB COMPANY, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HOME CAB COMPANY, INC.	**c** EIN-PN	61-0928582-501
a Plan name	HOME GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOME GROUP LLC	**c** EIN-PN	85-1263024-501
a Plan name	HOME LUMBER COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	HOME LUMBER COMPANY	**c** EIN-PN	61-0566760-502
a Plan name	HOME RUN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOME RUN LLC	**c** EIN-PN	47-4762918-501

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	HOMEPLACE VETERINARY SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOMEPLACE VETERINARY SERVICES LLC	**c** EIN-PN	84-3638267-501
a Plan name	HOMES BY ANDERSON TATE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOMES BY ANDERSON TATE LLC	**c** EIN-PN	61-1477854-501
a Plan name	HOMES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HOMES, INC.	**c** EIN-PN	61-1060053-501
a Plan name	HOMESTEAD FAMILY FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	HOMESTEAD FAMILY FARMS	**c** EIN-PN	27-2104735-501
a Plan name	HOMESTRETCH LOGISTICAL SOLUTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	HOMESTRETCH LOGISTICAL SOLUTIONS INC	**c** EIN-PN	27-4235122-501
a Plan name	HOMETOWN PIZZA CBS BENEFIT PLAN		
b Name of plan sponsor	HOMETOWN PIZZA	**c** EIN-PN	93-2697790-501
a Plan name	HOMETOWN PIZZA II LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOMETOWN PIZZA II LLC	**c** EIN-PN	27-3274820-501
a Plan name	HONEYWICK LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HONEYWICK LLC	**c** EIN-PN	45-3821402-501
a Plan name	HONORA HOME SERVICES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HONORA HOME SERVICES, LLC	**c** EIN-PN	26-3620248-501
a Plan name	HOOSIER PS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HOOSIER PS, INC.	**c** EIN-PN	88-1196561-501
a Plan name	HOOVER COMPANIES OF CORBIN, KY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOOVER COMPANIES OF CORBIN, KY, LLC	**c** EIN-PN	82-4289030-501
a Plan name	HOPE BEHAVIORAL HEALTH LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOPE BEHAVIORAL HEALTH LLC	**c** EIN-PN	83-4486402-501

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	HOPE COLLABORATIVE CBS BENEFIT PLAN		
b Name of plan sponsor	HOPE COLLABORATIVE	**c** EIN-PN	82-3441064-501
a Plan name	HOPE SPRINGS COUNSELING CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	HOPE SPRINGS COUNSELING CENTER	**c** EIN-PN	27-4369147-501
a Plan name	HOPEWELL HEIGHTS COUNSELING CBS BENEFIT PLAN		
b Name of plan sponsor	HOPEWELL HEIGHTS COUNSELING	**c** EIN-PN	83-1018715-501
a Plan name	HOPKINS EXCAVATION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOPKINS EXCAVATION LLC	**c** EIN-PN	87-3554513-501
a Plan name	HOPKINSVILLE FUNERAL HOME INC CBS BENEFIT PLAN		
b Name of plan sponsor	HOPKINSVILLE FUNERAL HOME INC	**c** EIN-PN	61-1126319-501
a Plan name	HOPSON FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	HOPSON FARMS	**c** EIN-PN	27-1751261-501
a Plan name	HORIZON HEADACHE CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	HORIZON HEADACHE CENTER	**c** EIN-PN	27-4530524-501
a Plan name	HORIZON HEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	HORIZON HEALTH	**c** EIN-PN	46-2746512-501
a Plan name	HORSE CENTS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HORSE CENTS, INC.	**c** EIN-PN	61-1308271-501
a Plan name	HOUSE CBS BENEFIT PLAN		
b Name of plan sponsor	HOUSE	**c** EIN-PN	26-2435676-501
a Plan name	HOUSE BROTHERS VACUUMS INC CBS BENEFIT PLAN		
b Name of plan sponsor	HOUSE BROTHERS VACUUMS INC	**c** EIN-PN	47-2678540-502
a Plan name	HOUSE OF TILE, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOUSE OF TILE, LLC	**c** EIN-PN	82-3567979-501

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	HOUSE-RAWLINGS FUNERAL CBS BENEFIT PLAN		
b Name of plan sponsor	HOUSE-RAWLINGS FUNERAL	**c** EIN-PN	61-0932420-501
a Plan name	HOUSING AUTHORITY OF BG CBS BENEFIT PLAN		
b Name of plan sponsor	HOUSING AUTHORITY OF BG	**c** EIN-PN	61-0604790-501
a Plan name	HOUSING AUTHORITY OF CARROLLTON CBS BENEFIT PLAN		
b Name of plan sponsor	HOUSING AUTHORITY OF CARROLLTON	**c** EIN-PN	61-0655094-501
a Plan name	HOUSING AUTHORITY OF NEWPORT CBS BENEFIT PLAN		
b Name of plan sponsor	HOUSING AUTHORITY OF NEWPORT	**c** EIN-PN	61-6002404-502
a Plan name	HOUSING AUTHORITY OF WILAMBRG CBS BENEFIT PLAN		
b Name of plan sponsor	HOUSING AUTHORITY OF WILAMBRG	**c** EIN-PN	61-0566931-501
a Plan name	HOUSING OPPORTUNITIES NK CBS BENEFIT PLAN		
b Name of plan sponsor	HOUSING OPPORTUNITIES NK	**c** EIN-PN	61-1216638-501
a Plan name	HOUSTON SMITH EQUIPMENT & MOTOR SALES INC CBS BENEFIT PLAN		
b Name of plan sponsor	HOUSTON SMITH EQUIPMENT & MOTOR SALES INC	**c** EIN-PN	61-1245658-501
a Plan name	HOWARD ENGINEERING GEOLOGY CBS BENEFIT PLAN		
b Name of plan sponsor	HOWARD ENGINEERING GEOLOGY	**c** EIN-PN	61-1150268-501
a Plan name	HOWARD FAMILY PHARMACY INC CBS BENEFIT PLAN		
b Name of plan sponsor	HOWARD FAMILY PHARMACY INC	**c** EIN-PN	26-4124016-501
a Plan name	HOWARDS METAL SUPPLY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HOWARDS METAL SUPPLY LLC	**c** EIN-PN	99-1063599-501
a Plan name	HOWELL & HOWELL CONTRACTORS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	HOWELL & HOWELL CONTRACTORS, INC	**c** EIN-PN	61-1125411-501
a Plan name	HOWELL CONTRACTORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	HOWELL CONTRACTORS INC	**c** EIN-PN	61-1157309-501

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	HOWLETT INC CBS BENEFIT PLAN		
b Name of plan sponsor	HOWLETT INC	**c** EIN-PN	85-3514000-501
a Plan name	HQI, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HQI, LLC	**c** EIN-PN	47-1683503-501
a Plan name	HR AFFILIATES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HR AFFILIATES, LLC	**c** EIN-PN	61-1320281-501
a Plan name	HSC VENTURES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HSC VENTURES, LLC	**c** EIN-PN	35-2404024-501
a Plan name	HT WAREHOUSING CBS BENEFIT PLAN		
b Name of plan sponsor	HT WAREHOUSING	**c** EIN-PN	61-1231149-501
a Plan name	HU-BS OFFSHORE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HU-BS OFFSHORE LLC	**c** EIN-PN	81-2770069-501
a Plan name	HUDSON GRAIN COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	HUDSON GRAIN COMPANY	**c** EIN-PN	82-3714415-501
a Plan name	HUDSON LOGISTICS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HUDSON LOGISTICS, INC.	**c** EIN-PN	20-4116390-501
a Plan name	HUE AESTHETICS NK LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HUE AESTHETICS NK LLC	**c** EIN-PN	92-1429618-501
a Plan name	HUFF FLOOR COVERING CBS BENEFIT PLAN		
b Name of plan sponsor	HUFF FLOOR COVERING	**c** EIN-PN	61-1239043-501
a Plan name	HUFF TECHNOLOGIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	HUFF TECHNOLOGIES INC	**c** EIN-PN	61-1279390-501
a Plan name	HUGHES CANDY AND TOBACCO INC CBS BENEFIT PLAN		
b Name of plan sponsor	HUGHES CANDY AND TOBACCO INC	**c** EIN-PN	61-0877204-501

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	HUGHES TRUCK AND TRAILER CBS BENEFIT PLAN		
b Name of plan sponsor	HUGHES TRUCK AND TRAILER	**c** EIN-PN	82-3515784-501
a Plan name	HUMAN SYSTEMS DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	HUMAN SYSTEMS DEVELOPMENT	**c** EIN-PN	38-4070413-501
a Plan name	HUMMER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HUMMER LLC	**c** EIN-PN	26-0877768-501
a Plan name	HUNT FINISHED BASEMENTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HUNT FINISHED BASEMENTS LLC	**c** EIN-PN	46-3760805-501
a Plan name	HUNTER AND ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	HUNTER AND ASSOCIATES	**c** EIN-PN	61-1117373-501
a Plan name	HUNTS TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	HUNTS TRUCKING	**c** EIN-PN	87-1779251-501
a Plan name	HURLEY ELECTRICAL CONTRACTING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HURLEY ELECTRICAL CONTRACTING, LLC	**c** EIN-PN	47-2473762-501
a Plan name	HURST HOME INSURANCE COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	HURST HOME INSURANCE COMPANY INC	**c** EIN-PN	61-0233080-501
a Plan name	HURSTBOURNE COUNTRY CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	HURSTBOURNE COUNTRY CLUB	**c** EIN-PN	61-0708294-501
a Plan name	HURT DECKARD & MAY PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	HURT DECKARD & MAY PLLC	**c** EIN-PN	61-1334376-501
a Plan name	HUS EQUIPMENT INC CBS BENEFIT PLAN		
b Name of plan sponsor	HUS EQUIPMENT INC	**c** EIN-PN	47-2192488-501
a Plan name	HUTCHISON TRUCKING INC CBS BENEFIT PLAN		
b Name of plan sponsor	HUTCHISON TRUCKING INC	**c** EIN-PN	61-1311950-501

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	HVAC SOLUTIONS INC. CBS BENEFIT PLAN		
b Name of plan sponsor	HVAC SOLUTIONS INC.	**c** EIN-PN	26-0610004-501
a Plan name	HYDRA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	HYDRA LLC	**c** EIN-PN	02-0587453-501
a Plan name	HYDRAULIC SPECIALIST CBS BENEFIT PLAN		
b Name of plan sponsor	HYDRAULIC SPECIALIST	**c** EIN-PN	61-0898951-501
a Plan name	HYLAND BLOCK & HYLAND INC CBS BENEFIT PLAN		
b Name of plan sponsor	HYLAND BLOCK & HYLAND INC	**c** EIN-PN	61-1169508-501
a Plan name	I & S MEDICAL, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	I & S MEDICAL, LLC	**c** EIN-PN	82-5384498-501
a Plan name	I B MOORE COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	I B MOORE COMPANY LLC	**c** EIN-PN	20-2277461-501
a Plan name	I DO EVENTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	I DO EVENTS LLC	**c** EIN-PN	45-4889534-501
a Plan name	I GOTTA GUY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	I GOTTA GUY LLC	**c** EIN-PN	84-2121390-501
a Plan name	I5 DESIGN GROUP, INC CBS BENEFIT PLAN		
b Name of plan sponsor	I5 DESIGN GROUP, INC	**c** EIN-PN	74-3138439-501
a Plan name	I-65 LIQUORS OF BOWLING GREEN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	I-65 LIQUORS OF BOWLING GREEN LLC	**c** EIN-PN	26-1281753-501
a Plan name	IAM SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	IAM SOLUTIONS	**c** EIN-PN	26-1433513-501
a Plan name	IBEW LOCAL 2100 CBS BENEFIT PLAN		
b Name of plan sponsor	IBEW LOCAL 2100	**c** EIN-PN	61-0988694-501

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	IBOW CBS BENEFIT PLAN		
b Name of plan sponsor	IBOW	**c** EIN-PN	47-1721005-501
a Plan name	ICOMFORT HURT MECHANICAL,INC CBS BENEFIT PLAN		
b Name of plan sponsor	ICOMFORT HURT MECHANICAL,INC	**c** EIN-PN	82-5346325-501
a Plan name	ICON AUTOMATION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ICON AUTOMATION LLC	**c** EIN-PN	61-1336162-501
a Plan name	ICON ENGINEERING & INSPECTION SERVICES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ICON ENGINEERING & INSPECTION SERVICES PLLC	**c** EIN-PN	20-4859611-501
a Plan name	IDAKA AMERICA, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	IDAKA AMERICA, INC.	**c** EIN-PN	52-2253786-501
a Plan name	IDEAL TOOL & MANUFACTURING CO., INC CBS BENEFIT PLAN		
b Name of plan sponsor	IDEAL TOOL & MANUFACTURING CO., INC	**c** EIN-PN	61-0925568-501
a Plan name	IDLE HOUR MEMBERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	IDLE HOUR MEMBERS LLC	**c** EIN-PN	45-5402014-501
a Plan name	IENTRY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	IENTRY, INC	**c** EIN-PN	61-1347786-502
a Plan name	IFNK, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	IFNK, INC.	**c** EIN-PN	27-0815148-501
a Plan name	IGLOU INTERNET SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	IGLOU INTERNET SERVICES	**c** EIN-PN	61-1302143-501
a Plan name	IGOT COMMUNITIES CBS BENEFIT PLAN		
b Name of plan sponsor	IGOT COMMUNITIES	**c** EIN-PN	84-3532773-501
a Plan name	IKERD MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	IKERD MANAGEMENT	**c** EIN-PN	61-1336141-501

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	IMAGINE INSURANCE ADVISORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	IMAGINE INSURANCE ADVISORS INC	**c** EIN-PN	26-0203937-501
a Plan name	IMA-JIM ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	IMA-JIM ENTERPRISES INC	**c** EIN-PN	61-0862890-501
a Plan name	IMPACT COMMUNICATIONS CBS BENEFIT PLAN		
b Name of plan sponsor	IMPACT COMMUNICATIONS	**c** EIN-PN	61-1231943-501
a Plan name	IMPACT GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	IMPACT GROUP INC	**c** EIN-PN	45-4145893-501
a Plan name	IMPACT WASTE SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	IMPACT WASTE SERVICES LLC	**c** EIN-PN	35-2087140-501
a Plan name	IMPACTLEX CBS BENEFIT PLAN		
b Name of plan sponsor	IMPACTLEX	**c** EIN-PN	83-3042117-501
a Plan name	INDELAC CONTROLS INC CBS BENEFIT PLAN		
b Name of plan sponsor	INDELAC CONTROLS INC	**c** EIN-PN	61-1130011-501
a Plan name	INDEPENDENCE ASSISTANCE CBS BENEFIT PLAN		
b Name of plan sponsor	INDEPENDENCE ASSISTANCE	**c** EIN-PN	46-1612929-501
a Plan name	INDEPENDENCE LUMBER AND SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	INDEPENDENCE LUMBER AND SUPPLY	**c** EIN-PN	61-0903858-501
a Plan name	INDEPENDENT STEEL CBS BENEFIT PLAN		
b Name of plan sponsor	INDEPENDENT STEEL	**c** EIN-PN	03-0550055-501
a Plan name	INDIGO SHOW STABLES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INDIGO SHOW STABLES LLC	**c** EIN-PN	83-3506805-501
a Plan name	INDUSTRIAL FASTENER & SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	INDUSTRIAL FASTENER & SUPPLY	**c** EIN-PN	61-1373348-501

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 MOLD & MACHINE CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	INDUSTRIAL MOLD & MACHINE CO INC	**c** EIN-PN	61-1105197-501
a Plan name	INDUSTRIAL POWER SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	INDUSTRIAL POWER SOLUTIONS	**c** EIN-PN	87-4542825-501
a Plan name	INDUSTRIAL TRADE SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	INDUSTRIAL TRADE SERVICES	**c** EIN-PN	47-5121052-501
a Plan name	INDUSTRY PLUS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INDUSTRY PLUS LLC	**c** EIN-PN	27-4685194-501
a Plan name	INFINITY HVAC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INFINITY HVAC LLC	**c** EIN-PN	81-0747376-501
a Plan name	INFOCON SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	INFOCON SYSTEMS	**c** EIN-PN	61-1141880-501
a Plan name	INFORMATION CAPTURE SOLUTIONS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INFORMATION CAPTURE SOLUTIONS, LLC	**c** EIN-PN	20-1782572-501
a Plan name	INGRID DESIGN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INGRID DESIGN LLC	**c** EIN-PN	20-0368147-501
a Plan name	INJURY RELIEF CENTER OF LOUISVILLE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INJURY RELIEF CENTER OF LOUISVILLE LLC	**c** EIN-PN	87-3774703-501
a Plan name	INNOVATIVE ACCOUNTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INNOVATIVE ACCOUNTING LLC	**c** EIN-PN	83-3133777-501
a Plan name	INNOVATIVE HANDLING SYSTEMS INC CBS BENEFIT PLAN		
b Name of plan sponsor	INNOVATIVE HANDLING SYSTEMS INC	**c** EIN-PN	01-0559909-501
a Plan name	INSIDE OUT DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	INSIDE OUT DESIGN	**c** EIN-PN	30-0462307-501

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	INSPIRED TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	INSPIRED TECHNOLOGIES	**c** EIN-PN	83-2255582-501
a Plan name	INSTILL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INSTILL LLC	**c** EIN-PN	93-4574131-501
a Plan name	INSTITUTE FOR LEAN SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	INSTITUTE FOR LEAN SYSTEMS	**c** EIN-PN	20-5140638-501
a Plan name	INSTITUTE FOR SHELTER CARE CBS BENEFIT PLAN		
b Name of plan sponsor	INSTITUTE FOR SHELTER CARE	**c** EIN-PN	74-3231089-501
a Plan name	INSURANCE SERVICE CENTER OF SOUTHEAST KY INC CBS BENEFIT PLAN		
b Name of plan sponsor	INSURANCE SERVICE CENTER OF SOUTHEAST KY INC	**c** EIN-PN	61-1358634-501
a Plan name	INSURANCEWORKS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	INSURANCEWORKS, INC.	**c** EIN-PN	61-1142754-501
a Plan name	INTEC BUILDING SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INTEC BUILDING SERVICES LLC	**c** EIN-PN	61-1171324-501
a Plan name	INTEC GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INTEC GROUP LLC	**c** EIN-PN	47-2335281-501
a Plan name	INTEGRA REALTY RESOURCES CBS BENEFIT PLAN		
b Name of plan sponsor	INTEGRA REALTY RESOURCES	**c** EIN-PN	32-0450926-501
a Plan name	INTEGRATED INFORMATION SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	INTEGRATED INFORMATION SYSTEMS	**c** EIN-PN	61-1246652-501
a Plan name	INTEGRATED SIGN & GRAPHIC CBS BENEFIT PLAN		
b Name of plan sponsor	INTEGRATED SIGN & GRAPHIC	**c** EIN-PN	61-1143731-501
a Plan name	INTEGRATION UNLIMITED, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INTEGRATION UNLIMITED, LLC	**c** EIN-PN	61-1367428-501

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	INTEGRIBILT CBS BENEFIT PLAN		
b Name of plan sponsor	INTEGRIBILT	**c** EIN-PN	83-3673910-501
a Plan name	INTEGRITY COMMERCIAL PROPERTY SOLUTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	INTEGRITY COMMERCIAL PROPERTY SOLUTIONS INC	**c** EIN-PN	88-3313644-501
a Plan name	INTEGRITY PROSTHETICS CBS BENEFIT PLAN		
b Name of plan sponsor	INTEGRITY PROSTHETICS	**c** EIN-PN	61-1181138-501
a Plan name	INTEGRITY TESTING & INSPECTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	INTEGRITY TESTING & INSPECTIONS	**c** EIN-PN	83-0444487-502
a Plan name	INTEGRITY TOOL & MOLD CBS BENEFIT PLAN		
b Name of plan sponsor	INTEGRITY TOOL & MOLD	**c** EIN-PN	61-1382977-501
a Plan name	INTELLECT CONTROLS GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	INTELLECT CONTROLS GROUP INC	**c** EIN-PN	61-1039115-501
a Plan name	INTELLI CHOICE INSURANCE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	INTELLI CHOICE INSURANCE LLC	**c** EIN-PN	11-3790989-501
a Plan name	INTENTIONAL HEALTH AND WELLNESS CBS BENEFIT PLAN		
b Name of plan sponsor	INTENTIONAL HEALTH AND WELLNESS	**c** EIN-PN	82-3006045-501
a Plan name	INTERLOCK INDUSTRIES, INC CBS BENEFIT PLAN		
b Name of plan sponsor	INTERLOCK INDUSTRIES, INC	**c** EIN-PN	61-1024973-501
a Plan name	INTERNAL MEDICINE AND PEDIATRIC PARTNERS CBS BENEFIT PLAN		
b Name of plan sponsor	INTERNAL MEDICINE AND PEDIATRIC PARTNERS	**c** EIN-PN	93-3983225-501
a Plan name	INTERNATIONAL BOOK PROJECT INC CBS BENEFIT PLAN		
b Name of plan sponsor	INTERNATIONAL BOOK PROJECT INC	**c** EIN-PN	61-6039627-501
a Plan name	INTERSTATE FENCE SUPPLY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	INTERSTATE FENCE SUPPLY, INC	**c** EIN-PN	61-1314180-501

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	INTERSTATE LODGING INC CBS BENEFIT PLAN		
b Name of plan sponsor	INTERSTATE LODGING INC	**c** EIN-PN	31-1531345-501
a Plan name	INTERSTATE SECURITY SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	INTERSTATE SECURITY SYSTEMS	**c** EIN-PN	61-1338571-501
a Plan name	INTERSTEEL, INC CBS BENEFIT PLAN		
b Name of plan sponsor	INTERSTEEL, INC	**c** EIN-PN	47-5349330-501
a Plan name	INTEX SYSTEMS INC CBS BENEFIT PLAN		
b Name of plan sponsor	INTEX SYSTEMS INC	**c** EIN-PN	61-1135950-501
a Plan name	INVICTUS HEALTHCARE NETWORK PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	INVICTUS HEALTHCARE NETWORK PLLC	**c** EIN-PN	93-2864615-501
a Plan name	IOC MARKETING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	IOC MARKETING LLC	**c** EIN-PN	27-1153444-501
a Plan name	ION ENERGY FOR MULTIFAMILY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ION ENERGY FOR MULTIFAMILY LLC	**c** EIN-PN	46-2873503-501
a Plan name	IPE RESOURCES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	IPE RESOURCES LLC	**c** EIN-PN	81-2977223-501
a Plan name	IRD LLC CBS BENEFIT PLAN		
b Name of plan sponsor	IRD LLC	**c** EIN-PN	06-1700807-501
a Plan name	IRON CRAFTERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	IRON CRAFTERS LLC	**c** EIN-PN	27-1663293-501
a Plan name	IRON WORKS INC CBS BENEFIT PLAN		
b Name of plan sponsor	IRON WORKS INC	**c** EIN-PN	61-1422066-501
a Plan name	IRVINE CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	IRVINE CONTRACTING LLC	**c** EIN-PN	83-0418011-501

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	IRVINE MUNICIPAL UTILITIES CBS BENEFIT PLAN		
b Name of plan sponsor	IRVINE MUNICIPAL UTILITIES	**c** EIN-PN	61-0654603-501
a Plan name	IRVINGTON GAS CBS BENEFIT PLAN		
b Name of plan sponsor	IRVINGTON GAS	**c** EIN-PN	61-0411629-501
a Plan name	ISABEL LADD INTERIORS CBS BENEFIT PLAN		
b Name of plan sponsor	ISABEL LADD INTERIORS	**c** EIN-PN	47-4895267-501
a Plan name	ISLAND FORD FAMILY DENTISTRY PSC CBS BENEFIT PLAN		
b Name of plan sponsor	ISLAND FORD FAMILY DENTISTRY PSC	**c** EIN-PN	61-1341575-501
a Plan name	ISON INSURANCE AGENCY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	ISON INSURANCE AGENCY, INC	**c** EIN-PN	61-0998922-501
a Plan name	ISTAM COMPUTER SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	ISTAM COMPUTER SERVICES	**c** EIN-PN	05-0616144-501
a Plan name	IT NETWORK CONSULTANTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	IT NETWORK CONSULTANTS LLC	**c** EIN-PN	16-1717138-501
a Plan name	IT-360 CBS BENEFIT PLAN		
b Name of plan sponsor	IT-360	**c** EIN-PN	36-4513293-501
a Plan name	IWM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	IWM LLC	**c** EIN-PN	22-4122795-501
a Plan name	IYP INC CBS BENEFIT PLAN		
b Name of plan sponsor	IYP INC	**c** EIN-PN	45-3186812-501
a Plan name	J & J ELECTRIC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	J & J ELECTRIC LLC	**c** EIN-PN	26-1190776-501
a Plan name	J & J EXCAVATING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	J & J EXCAVATING LLC	**c** EIN-PN	47-3186065-501

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 & J TRANSPORTATION CBS BENEFIT PLAN		
b Name of plan sponsor	J & J TRANSPORTATION	**c** EIN-PN	33-4002001-501
a Plan name	J & K TOOL INC CBS BENEFIT PLAN		
b Name of plan sponsor	J & K TOOL INC	**c** EIN-PN	45-2462605-501
a Plan name	J & M TRANSPORTATION CBS BENEFIT PLAN		
b Name of plan sponsor	J & M TRANSPORTATION	**c** EIN-PN	47-4781579-501
a Plan name	J & T MUNITIONS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	J & T MUNITIONS, INC.	**c** EIN-PN	61-0970583-501
a Plan name	J AND J EXCAVATION AND CONCRETE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	J AND J EXCAVATION AND CONCRETE LLC	**c** EIN-PN	82-2194786-501
a Plan name	J DAVID OUTLAND MD CBS BENEFIT PLAN		
b Name of plan sponsor	J DAVID OUTLAND MD	**c** EIN-PN	61-1389261-501
a Plan name	J EDINGER & SON, INC CBS BENEFIT PLAN		
b Name of plan sponsor	J EDINGER & SON, INC	**c** EIN-PN	61-0605076-501
a Plan name	J GOH AGENCY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	J GOH AGENCY LLC	**c** EIN-PN	40-0011437-501
a Plan name	J HAGAN CAPITAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	J HAGAN CAPITAL INC	**c** EIN-PN	83-1318485-501
a Plan name	J JEROD & ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	J JEROD & ASSOCIATES INC	**c** EIN-PN	61-0927322-501
a Plan name	J MAR CONCRETE GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	J MAR CONCRETE GROUP	**c** EIN-PN	31-1496477-501
a Plan name	J MIKE ALEXANDER AND ASSOCIATES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	J MIKE ALEXANDER AND ASSOCIATES LLC	**c** EIN-PN	52-2290134-501

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 MIKE GUILER MD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	J MIKE GUILER MD PLLC	**c** EIN-PN	87-2910242-501
a Plan name	J O BLANTON HOUSE CBS BENEFIT PLAN		
b Name of plan sponsor	J O BLANTON HOUSE	**c** EIN-PN	61-0734695-501
a Plan name	J R HOBBS AND SONS CBS BENEFIT PLAN		
b Name of plan sponsor	J R HOBBS AND SONS	**c** EIN-PN	61-1195879-501
a Plan name	J R HORN COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	J R HORN COMPANY LLC	**c** EIN-PN	38-3745723-501
a Plan name	J RYAN INSURANCE GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	J RYAN INSURANCE GROUP	**c** EIN-PN	26-3082875-501
a Plan name	J SARLEY CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	J SARLEY CORPORATION	**c** EIN-PN	61-1088442-501
a Plan name	J TODD THOMPSON CPA PSC CBS BENEFIT PLAN		
b Name of plan sponsor	J TODD THOMPSON CPA PSC	**c** EIN-PN	31-1490060-501
a Plan name	J&B MECHANICAL CBS BENEFIT PLAN		
b Name of plan sponsor	J&B MECHANICAL	**c** EIN-PN	61-1341000-501
a Plan name	J&D DISTILLING COMPANY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	J&D DISTILLING COMPANY, LLC	**c** EIN-PN	88-3583305-501
a Plan name	J&D REALTY INC CBS BENEFIT PLAN		
b Name of plan sponsor	J&D REALTY INC	**c** EIN-PN	03-0453830-501
a Plan name	J&L MARKETING CBS BENEFIT PLAN		
b Name of plan sponsor	J&L MARKETING	**c** EIN-PN	61-1192518-501
a Plan name	J&R HEATING AND COOLING CBS BENEFIT PLAN		
b Name of plan sponsor	J&R HEATING AND COOLING	**c** EIN-PN	83-2397860-501

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&T TRAILERS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	J&T TRAILERS, LLC	**c** EIN-PN	81-1600644-501
a Plan name	JACK BURFORD CHEVROLET INC CBS BENEFIT PLAN		
b Name of plan sponsor	JACK BURFORD CHEVROLET INC	**c** EIN-PN	61-0647031-501
a Plan name	JACK FRYS RESTAURANT CBS BENEFIT PLAN		
b Name of plan sponsor	JACK FRYS RESTAURANT	**c** EIN-PN	77-0681233-501
a Plan name	JACKSON FLORIST INC CBS BENEFIT PLAN		
b Name of plan sponsor	JACKSON FLORIST INC	**c** EIN-PN	61-1226563-501
a Plan name	JACKSON PURCHASE DISTILLERY CBS BENEFIT PLAN		
b Name of plan sponsor	JACKSON PURCHASE DISTILLERY	**c** EIN-PN	84-3601888-501
a Plan name	JACOB HART TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JACOB HART TRUCKING LLC	**c** EIN-PN	81-0751468-501
a Plan name	JACOBS GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	JACOBS GROUP	**c** EIN-PN	46-3785214-502
a Plan name	JACQUELINE LEVOIR WEALTH MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	JACQUELINE LEVOIR WEALTH MANAGEMENT	**c** EIN-PN	87-1499783-501
a Plan name	JADI INSTALLERS CBS BENEFIT PLAN		
b Name of plan sponsor	JADI INSTALLERS	**c** EIN-PN	47-3597114-501
a Plan name	JAG MEDICAL, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JAG MEDICAL, LLC	**c** EIN-PN	84-3567476-501
a Plan name	JAGS ENVIRONMENTAL, INC CBS BENEFIT PLAN		
b Name of plan sponsor	JAGS ENVIRONMENTAL, INC	**c** EIN-PN	61-1046665-501
a Plan name	JAK CONSULTING GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JAK CONSULTING GROUP LLC	**c** EIN-PN	85-3448931-501

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	JAKES FRESH COUNTRY SAUSAGE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JAKES FRESH COUNTRY SAUSAGE LLC	**c** EIN-PN	45-3749986-501
a Plan name	JAMES CASH MACHINE CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES CASH MACHINE CO INC	**c** EIN-PN	61-0415920-501
a Plan name	JAMES D QUARLES, MD, PSC CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES D QUARLES, MD, PSC	**c** EIN-PN	82-2120918-501
a Plan name	JAMES E BRUCE ATTORNEY CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES E BRUCE ATTORNEY	**c** EIN-PN	61-1009812-501
a Plan name	JAMES E DANIEL II DMD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES E DANIEL II DMD PSC	**c** EIN-PN	31-1488347-501
a Plan name	JAMES FRANKLIN GREENE CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES FRANKLIN GREENE	**c** EIN-PN	36-4750162-501
a Plan name	JAMES GRAHAM BROWN FOUNDATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES GRAHAM BROWN FOUNDATION INC	**c** EIN-PN	61-0724060-501
a Plan name	JAMES HUGHES EXCAVATING & HAULING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES HUGHES EXCAVATING & HAULING, LLC	**c** EIN-PN	84-3209425-501
a Plan name	JAMES J DOLL PLUMBING INC CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES J DOLL PLUMBING INC	**c** EIN-PN	61-1305191-501
a Plan name	JAMES JEWEL BOX CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES JEWEL BOX	**c** EIN-PN	82-1947416-501
a Plan name	JAMES KEVIN CHILDRESS CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES KEVIN CHILDRESS	**c** EIN-PN	47-5435332-501
a Plan name	JAMES MORTGAGE CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES MORTGAGE	**c** EIN-PN	88-1064804-501

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	JAMES N EICKHOLZ MD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES N EICKHOLZ MD PSC	**c** EIN-PN	14-8768713-501
a Plan name	JAMES SIMPSON DMD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	JAMES SIMPSON DMD PLLC	**c** EIN-PN	93-3357692-501
a Plan name	JAMESTOWN VALU RITE CBS BENEFIT PLAN		
b Name of plan sponsor	JAMESTOWN VALU RITE	**c** EIN-PN	61-1264836-501
a Plan name	JAMIE L HATFIELD WEALTH MANAGEMENT, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JAMIE L HATFIELD WEALTH MANAGEMENT, LLC	**c** EIN-PN	93-2658352-501
a Plan name	JANICE R AVERY CPA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JANICE R AVERY CPA LLC	**c** EIN-PN	46-1098205-501
a Plan name	JAPAN AMERICAN SOCIETY OF KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	JAPAN AMERICAN SOCIETY OF KENTUCKY	**c** EIN-PN	61-1134245-501
a Plan name	JARBOE CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	JARBOE CONSTRUCTION INC	**c** EIN-PN	61-0962531-501
a Plan name	JARRED BUTLER STATE FARM CBS BENEFIT PLAN		
b Name of plan sponsor	JARRED BUTLER STATE FARM	**c** EIN-PN	83-1195349-501
a Plan name	JASON BOWEN MECHANICAL CBS BENEFIT PLAN		
b Name of plan sponsor	JASON BOWEN MECHANICAL	**c** EIN-PN	35-2301940-501
a Plan name	JASON COMBS APPRAISALS INC CBS BENEFIT PLAN		
b Name of plan sponsor	JASON COMBS APPRAISALS INC	**c** EIN-PN	61-1354958-502
a Plan name	JASON R SMITH DMD FAMILY DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	JASON R SMITH DMD FAMILY DENTISTRY	**c** EIN-PN	20-4067159-501
a Plan name	JASON SMITH CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JASON SMITH CONSTRUCTION LLC	**c** EIN-PN	84-2405411-501

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	JASPER MANUFACTURING CBS BENEFIT PLAN		
b Name of plan sponsor	JASPER MANUFACTURING	**c** EIN-PN	61-1243036-501
a Plan name	JAY CONSTRUCTION & RESTORATION, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JAY CONSTRUCTION & RESTORATION, LLC	**c** EIN-PN	32-0210492-501
a Plan name	JAYMASE CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	JAYMASE CONSTRUCTION	**c** EIN-PN	46-1961205-501
a Plan name	JB AUTOGLASS LLC - GLASS DOCTOR OF HOUSTON CBS BENEFIT PLAN		
b Name of plan sponsor	JB AUTOGLASS LLC - GLASS DOCTOR OF HOUSTON	**c** EIN-PN	83-1711437-501
a Plan name	JB PERFORMANCE HORSES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JB PERFORMANCE HORSES LLC	**c** EIN-PN	87-3896079-501
a Plan name	JBG GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JBG GROUP LLC	**c** EIN-PN	46-1294225-501
a Plan name	JBK, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	JBK, INC.	**c** EIN-PN	61-1224622-501
a Plan name	JBN SALES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JBN SALES LLC	**c** EIN-PN	61-1713496-501
a Plan name	JBS RAIL SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	JBS RAIL SERVICES INC	**c** EIN-PN	84-3250551-501
a Plan name	JBZ INC CBS BENEFIT PLAN		
b Name of plan sponsor	JBZ INC	**c** EIN-PN	36-4572513-501
a Plan name	JC BREWER CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	JC BREWER CONSTRUCTION INC	**c** EIN-PN	20-3320032-501
a Plan name	JC INDUSTRIES CBS BENEFIT PLAN		
b Name of plan sponsor	JC INDUSTRIES	**c** EIN-PN	61-1172566-501

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	JC KIRBY & SON FUNERAL HOME CBS BENEFIT PLAN		
b Name of plan sponsor	JC KIRBY & SON FUNERAL HOME	**c** EIN-PN	61-0670366-501
a Plan name	JCAL FOODS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JCAL FOODS, LLC	**c** EIN-PN	45-4315426-501
a Plan name	JCEM INC CBS BENEFIT PLAN		
b Name of plan sponsor	JCEM INC	**c** EIN-PN	83-3259497-501
a Plan name	JCJ TOOLS INC CBS BENEFIT PLAN		
b Name of plan sponsor	JCJ TOOLS INC	**c** EIN-PN	90-0940139-501
a Plan name	JD PRODUCT DESIGN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JD PRODUCT DESIGN LLC	**c** EIN-PN	85-3736423-501
a Plan name	JD SHAMROCK, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JD SHAMROCK, LLC	**c** EIN-PN	84-4133733-501
a Plan name	JDC EXCAVATION CBS BENEFIT PLAN		
b Name of plan sponsor	JDC EXCAVATION	**c** EIN-PN	61-1365771-501
a Plan name	JDI TECHNOLOGY GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	JDI TECHNOLOGY GROUP	**c** EIN-PN	61-1398765-501
a Plan name	JEANNE MARTIN DMD CBS BENEFIT PLAN		
b Name of plan sponsor	JEANNE MARTIN DMD	**c** EIN-PN	61-1326334-501
a Plan name	JEFF THOMAS CATERING CBS BENEFIT PLAN		
b Name of plan sponsor	JEFF THOMAS CATERING	**c** EIN-PN	61-1380539-502
a Plan name	JEFFERSON DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	JEFFERSON DEVELOPMENT	**c** EIN-PN	61-1114167-501
a Plan name	JEFFERSONVILLE CAKES CBS BENEFIT PLAN		
b Name of plan sponsor	JEFFERSONVILLE CAKES	**c** EIN-PN	83-3919575-501

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	JEFFREY SIMPSON LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JEFFREY SIMPSON LLC	**c** EIN-PN	81-4981084-501
a Plan name	JEFFREY W FISK DMD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	JEFFREY W FISK DMD PSC	**c** EIN-PN	61-1392984-501
a Plan name	JEFFRIES HARDWARE & WHOLESALE ELECTRIC INC CBS BENEFIT PLAN		
b Name of plan sponsor	JEFFRIES HARDWARE & WHOLESALE ELECTRIC INC	**c** EIN-PN	61-1201432-501
a Plan name	JEFFS AUTO BODY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JEFFS AUTO BODY LLC	**c** EIN-PN	46-4111132-501
a Plan name	JEFFS PRESCRIPTION SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	JEFFS PRESCRIPTION SHOP	**c** EIN-PN	61-1051036-501
a Plan name	JENKINS & WHEATLEY PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	JENKINS & WHEATLEY PLLC	**c** EIN-PN	84-3620562-502
a Plan name	JENKINS FARMS PARTNERSHIP HBB JENKINS INC CBS BENEFIT PLAN		
b Name of plan sponsor	JENKINS FARMS PARTNERSHIP HBB JENKINS INC	**c** EIN-PN	30-0329639-501
a Plan name	JENNIFER TIBBETTS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	JENNIFER TIBBETTS PSC	**c** EIN-PN	61-1304329-501
a Plan name	JENNINGS & ASSOCIATES FINANCIAL ADVISORS CBS BENEFIT PLAN		
b Name of plan sponsor	JENNINGS & ASSOCIATES FINANCIAL ADVISORS	**c** EIN-PN	45-5091960-501
a Plan name	JENNY SCOTT & ASSOCIATES, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	JENNY SCOTT & ASSOCIATES, PLLC	**c** EIN-PN	81-2734652-501
a Plan name	JERAMY BLACK'S TAEKWONDO ACADEMY CBS BENEFIT PLAN		
b Name of plan sponsor	JERAMY BLACKS TAEKWONDO ACADEMY	**c** EIN-PN	20-4450226-501
a Plan name	JEREMY L BRADLEY MD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	JEREMY L BRADLEY MD PSC	**c** EIN-PN	61-1358324-501

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	JEREMY WELLS FARRIER SERVICE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JEREMY WELLS FARRIER SERVICE LLC	**c** EIN-PN	82-1689307-501
a Plan name	JERRY GOBLE INSURANCE INC CBS BENEFIT PLAN		
b Name of plan sponsor	JERRY GOBLE INSURANCE INC	**c** EIN-PN	26-0875411-501
a Plan name	JERRY MINIARD LAW OFFICE CBS BENEFIT PLAN		
b Name of plan sponsor	JERRY MINIARD LAW OFFICE	**c** EIN-PN	61-1178016-501
a Plan name	JERSEY MIKE'S SUBS CBS BENEFIT PLAN		
b Name of plan sponsor	JERSEY MIKES SUBS	**c** EIN-PN	46-2218770-501
a Plan name	JESSAMINE FAMILY DENTISTRY PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	JESSAMINE FAMILY DENTISTRY PLLC	**c** EIN-PN	81-2885574-501
a Plan name	JETLOGIX LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JETLOGIX LLC	**c** EIN-PN	92-2296085-501
a Plan name	JETT MECHANICAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JETT MECHANICAL LLC	**c** EIN-PN	92-3318279-501
a Plan name	JEWISH HERITAGE FUND FOR EXCELLENCE CBS BENEFIT PLAN		
b Name of plan sponsor	JEWISH HERITAGE FUND FOR EXCELLENCE	**c** EIN-PN	20-3805455-501
a Plan name	JGP LEADERSHIP ADVISORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JGP LEADERSHIP ADVISORS LLC	**c** EIN-PN	87-3176469-501
a Plan name	JIBNA CBS BENEFIT PLAN		
b Name of plan sponsor	JIBNA	**c** EIN-PN	26-0625510-501
a Plan name	JIGSAW CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	JIGSAW CONSULTING	**c** EIN-PN	33-7823972-501
a Plan name	JIM MCBEE HEATING AND AIR CBS BENEFIT PLAN		
b Name of plan sponsor	JIM MCBEE HEATING AND AIR	**c** EIN-PN	20-2196082-501

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	JIXIES AUTOMOTIVE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JIXIES AUTOMOTIVE LLC	**c** EIN-PN	92-1965243-501
a Plan name	JJ DISTRIBUTORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JJ DISTRIBUTORS LLC	**c** EIN-PN	45-3951444-501
a Plan name	JMJ CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	JMJ CONSTRUCTION	**c** EIN-PN	61-1314282-501
a Plan name	JMK OUTDOOR BUILDINGS INC CBS BENEFIT PLAN		
b Name of plan sponsor	JMK OUTDOOR BUILDINGS INC	**c** EIN-PN	88-2615389-501
a Plan name	JMOORE CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JMOORE CONSTRUCTION LLC	**c** EIN-PN	85-3751530-501
a Plan name	JMT COFFEE ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	JMT COFFEE ENTERPRISES INC	**c** EIN-PN	47-4498746-501
a Plan name	JOBE PUBLISHING INC CBS BENEFIT PLAN		
b Name of plan sponsor	JOBE PUBLISHING INC	**c** EIN-PN	61-1320019-501
a Plan name	JOBS FOR KENTUCKY'S GRADUATES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	JOBS FOR KENTUCKYS GRADUATES, INC.	**c** EIN-PN	46-4660829-501
a Plan name	JODA INTERNATIONAL CBS BENEFIT PLAN		
b Name of plan sponsor	JODA INTERNATIONAL	**c** EIN-PN	45-2459330-501
a Plan name	JOE BOLOGNAS RESTAURANT AND PIZZERIA, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	JOE BOLOGNAS RESTAURANT AND PIZZERIA, INC.	**c** EIN-PN	61-0861828-501
a Plan name	JOE HILLS AUTOMOTIVE CBS BENEFIT PLAN		
b Name of plan sponsor	JOE HILLS AUTOMOTIVE	**c** EIN-PN	61-1252183-501
a Plan name	JOE JRS FLOORING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JOE JRS FLOORING LLC	**c** EIN-PN	20-5468300-501

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 A. MARTIN CBS BENEFIT PLAN		
b Name of plan sponsor	JOHN A. MARTIN	**c** EIN-PN	31-1524578-501
a Plan name	JOHN G KING INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	JOHN G KING INSURANCE AGENCY INC	**c** EIN-PN	30-0106901-501
a Plan name	JOHN HART USA INC CBS BENEFIT PLAN		
b Name of plan sponsor	JOHN HART USA INC	**c** EIN-PN	80-0600215-501
a Plan name	JOHN HILL SAUNDERS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	JOHN HILL SAUNDERS PSC	**c** EIN-PN	61-0709328-501
a Plan name	JOHN INDUSTRIAL EQUIPMENT DISTRIBUTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JOHN INDUSTRIAL EQUIPMENT DISTRIBUTION LLC	**c** EIN-PN	26-2215726-501
a Plan name	JOHN MCCORMACK COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	JOHN MCCORMACK COMPANY INC	**c** EIN-PN	61-0888621-501
a Plan name	JOHN RASHIDIAN, MD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	JOHN RASHIDIAN, MD PSC	**c** EIN-PN	31-1489120-501
a Plan name	JOHN ROBERTSON PLUMBING CBS BENEFIT PLAN		
b Name of plan sponsor	JOHN ROBERTSON PLUMBING	**c** EIN-PN	61-1108110-502
a Plan name	JOHNNY RICH LUMBER PRODUCTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	JOHNNY RICH LUMBER PRODUCTS INC	**c** EIN-PN	61-1265130-501
a Plan name	JOHNSON & CO FLOORING CBS BENEFIT PLAN		
b Name of plan sponsor	JOHNSON & CO FLOORING	**c** EIN-PN	46-4936826-501
a Plan name	JOHNSON ALL SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	JOHNSON ALL SERVICES INC	**c** EIN-PN	61-1335781-501
a Plan name	JOHNSON GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	JOHNSON GROUP	**c** EIN-PN	62-1533944-501

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 PLUMBING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JOHNSON PLUMBING LLC	**c** EIN-PN	20-2312366-501
a Plan name	JOHNSON WATERPROOFING INC CBS BENEFIT PLAN		
b Name of plan sponsor	JOHNSON WATERPROOFING INC	**c** EIN-PN	61-0999488-501
a Plan name	JOINT ENDEAVORS PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	JOINT ENDEAVORS PLLC	**c** EIN-PN	45-0526843-501
a Plan name	JONES COACH SALES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JONES COACH SALES LLC	**c** EIN-PN	32-0104996-501
a Plan name	JONES CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JONES CONTRACTING LLC	**c** EIN-PN	61-1763599-501
a Plan name	JONES HEATING & COOLING CBS BENEFIT PLAN		
b Name of plan sponsor	JONES HEATING & COOLING	**c** EIN-PN	20-4232529-501
a Plan name	JONES HOME CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	JONES HOME CENTER	**c** EIN-PN	61-1010213-501
a Plan name	JONES MANUFACTURED HOMES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JONES MANUFACTURED HOMES LLC	**c** EIN-PN	99-4317354-501
a Plan name	JONES PHARMACY INC. CBS BENEFIT PLAN		
b Name of plan sponsor	JONES PHARMACY INC.	**c** EIN-PN	27-2449898-501
a Plan name	JORGENSEN SALES COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	JORGENSEN SALES COMPANY INC	**c** EIN-PN	61-1238193-501
a Plan name	JOSEPH A WADE INC CBS BENEFIT PLAN		
b Name of plan sponsor	JOSEPH A WADE INC	**c** EIN-PN	06-1107694-501
a Plan name	JOSEPH ERWIN AUTOMOTIVE GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	JOSEPH ERWIN AUTOMOTIVE GROUP	**c** EIN-PN	87-3917098-501

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	JOSEPH F SCHMIDT DDS CBS BENEFIT PLAN		
b Name of plan sponsor	JOSEPH F SCHMIDT DDS	**c** EIN-PN	61-1153159-501
a Plan name	JOSEPH S BOWLING COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	JOSEPH S BOWLING COMPANY INC	**c** EIN-PN	61-0524472-501
a Plan name	JOULE FIRE PROTECTION CBS BENEFIT PLAN		
b Name of plan sponsor	JOULE FIRE PROTECTION	**c** EIN-PN	47-2988310-501
a Plan name	JOURDAN GRAPHIC SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	JOURDAN GRAPHIC SERVICES INC	**c** EIN-PN	61-1349286-501
a Plan name	JOURNEY PALLETS CBS BENEFIT PLAN		
b Name of plan sponsor	JOURNEY PALLETS	**c** EIN-PN	81-1707354-501
a Plan name	JOURNEYMAN ELECTRIC INC CBS BENEFIT PLAN		
b Name of plan sponsor	JOURNEYMAN ELECTRIC INC	**c** EIN-PN	46-1499663-501
a Plan name	JP MORTGAGE COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JP MORTGAGE COMPANY LLC	**c** EIN-PN	27-5560437-501
a Plan name	JPM PERFORMANCE POWERSPORTS CBS BENEFIT PLAN		
b Name of plan sponsor	JPM PERFORMANCE POWERSPORTS	**c** EIN-PN	20-1820069-501
a Plan name	JPS 2004 LP CBS BENEFIT PLAN		
b Name of plan sponsor	JPS 2004 LP	**c** EIN-PN	20-0811316-501
a Plan name	JPS LAW PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	JPS LAW PLLC	**c** EIN-PN	86-1198773-501
a Plan name	JRP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JRP LLC	**c** EIN-PN	20-4865827-501
a Plan name	JSB INDUSTRIAL SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	JSB INDUSTRIAL SOLUTIONS	**c** EIN-PN	46-3919837-501

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	JSM ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	JSM ELECTRIC	**c** EIN-PN	61-1382554-501
a Plan name	JSR STABLES CBS BENEFIT PLAN		
b Name of plan sponsor	JSR STABLES	**c** EIN-PN	32-0449612-501
a Plan name	JT FINANCIAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JT FINANCIAL LLC	**c** EIN-PN	87-2954476-501
a Plan name	JTOWN HARDWARE & RENTAL CBS BENEFIT PLAN		
b Name of plan sponsor	JTOWN HARDWARE & RENTAL	**c** EIN-PN	47-1544464-501
a Plan name	JTOWN PRESCHOOL INC CBS BENEFIT PLAN		
b Name of plan sponsor	JTOWN PRESCHOOL INC	**c** EIN-PN	61-0917142-501
a Plan name	JULENE B SAMUELS, MD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	JULENE B SAMUELS, MD PSC	**c** EIN-PN	31-1535093-501
a Plan name	JULIE A GASKILL DDS CBS BENEFIT PLAN		
b Name of plan sponsor	JULIE A GASKILL DDS	**c** EIN-PN	61-1200616-501
a Plan name	JULIE ANN MARTIN CHIROPRACTIC CBS BENEFIT PLAN		
b Name of plan sponsor	JULIE ANN MARTIN CHIROPRACTIC	**c** EIN-PN	61-1278378-501
a Plan name	JUMP IN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JUMP IN LLC	**c** EIN-PN	27-3257639-501
a Plan name	JUNGBERT COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JUNGBERT COMPANY LLC	**c** EIN-PN	86-1491387-501
a Plan name	JUNK KING CBS BENEFIT PLAN		
b Name of plan sponsor	JUNK KING	**c** EIN-PN	99-3905077-501
a Plan name	JUNKIN SAFETY CBS BENEFIT PLAN		
b Name of plan sponsor	JUNKIN SAFETY	**c** EIN-PN	61-0847177-501

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	JUNO ENTERPRISES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JUNO ENTERPRISES, LLC	**c** EIN-PN	87-4221109-501
a Plan name	JUSTICE BUILDERS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JUSTICE BUILDERS, LLC	**c** EIN-PN	26-0624650-501
a Plan name	JVC ENTERPRISE INC/MID SOUTH LUMBER CBS BENEFIT PLAN		
b Name of plan sponsor	JVC ENTERPRISE INC/MID SOUTH LUMBER	**c** EIN-PN	61-1019250-501
a Plan name	JW CONTRACT SCREEN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	JW CONTRACT SCREEN LLC	**c** EIN-PN	82-3382627-501
a Plan name	JW PHARMACY CBS BENEFIT PLAN		
b Name of plan sponsor	JW PHARMACY	**c** EIN-PN	61-1095573-502
a Plan name	K D LOGAN & COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	K D LOGAN & COMPANY LLC	**c** EIN-PN	26-2277833-501
a Plan name	K NORMAN BERRY ASSOCIATES ARCHITECTS CBS BENEFIT PLAN		
b Name of plan sponsor	K NORMAN BERRY ASSOCIATES ARCHITECTS	**c** EIN-PN	61-1259580-501
a Plan name	K O ELECTRIC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	K O ELECTRIC LLC	**c** EIN-PN	47-5228440-501
a Plan name	K V ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	K V ENTERPRISES INC	**c** EIN-PN	46-1059040-501
a Plan name	K WEIHE CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	K WEIHE CONSTRUCTION INC	**c** EIN-PN	30-0277328-501
a Plan name	K&T SAW SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	K&T SAW SHOP	**c** EIN-PN	61-1213240-501
a Plan name	K5 CAPITAL GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	K5 CAPITAL GROUP	**c** EIN-PN	86-2025804-501

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	KAHCF CBS BENEFIT PLAN		
b Name of plan sponsor	KAHCF	**c** EIN-PN	61-0728963-501
a Plan name	KAHMANN CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KAHMANN CONSTRUCTION LLC	**c** EIN-PN	84-3477423-501
a Plan name	KALEIDOSCOPE INC CBS BENEFIT PLAN		
b Name of plan sponsor	KALEIDOSCOPE INC	**c** EIN-PN	61-1322900-501
a Plan name	KANARY KENTUCKY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KANARY KENTUCKY LLC	**c** EIN-PN	20-3594521-501
a Plan name	KANEFUSA USA CBS BENEFIT PLAN		
b Name of plan sponsor	KANEFUSA USA	**c** EIN-PN	52-2179354-501
a Plan name	KANPNM CBS BENEFIT PLAN		
b Name of plan sponsor	KANPNM	**c** EIN-PN	82-3183184-501
a Plan name	KANTAM INC CBS BENEFIT PLAN		
b Name of plan sponsor	KANTAM INC	**c** EIN-PN	36-4759165-501
a Plan name	KAP CBS BENEFIT PLAN		
b Name of plan sponsor	KAP	**c** EIN-PN	61-0702439-501
a Plan name	KAPLAN BARRON PEDIATRICS CBS BENEFIT PLAN		
b Name of plan sponsor	KAPLAN BARRON PEDIATRICS	**c** EIN-PN	85-0601306-502
a Plan name	KAPTURE TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	KAPTURE TECHNOLOGIES	**c** EIN-PN	47-4384423-501
a Plan name	KARON MANAGEMENT INC CBS BENEFIT PLAN		
b Name of plan sponsor	KARON MANAGEMENT INC	**c** EIN-PN	61-1399246-501
a Plan name	KATEE LOFTIS STATE FARM CBS BENEFIT PLAN		
b Name of plan sponsor	KATEE LOFTIS STATE FARM	**c** EIN-PN	82-3128344-501

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	KATZ LAW CBS BENEFIT PLAN		
b Name of plan sponsor	KATZ LAW	**c** EIN-PN	61-1328877-501
a Plan name	KAUFMAN AND STIGGER PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	KAUFMAN AND STIGGER PLLC	**c** EIN-PN	61-1389614-501
a Plan name	KAUFMAN CONCRETE CUTTING COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	KAUFMAN CONCRETE CUTTING COMPANY	**c** EIN-PN	61-1144695-501
a Plan name	KAYLA WEBER ART LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KAYLA WEBER ART LLC	**c** EIN-PN	82-2081075-501
a Plan name	KBC INTERNATIONAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	KBC INTERNATIONAL INC	**c** EIN-PN	61-1170233-501
a Plan name	KEATON ORTHODONTICS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	KEATON ORTHODONTICS PSC	**c** EIN-PN	61-0950572-501
a Plan name	KECK FAMILY DEVELOPMENTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KECK FAMILY DEVELOPMENTS LLC	**c** EIN-PN	87-2962932-501
a Plan name	KEEFORCE CBS BENEFIT PLAN		
b Name of plan sponsor	KEEFORCE	**c** EIN-PN	61-1321674-501
a Plan name	KEENE TRACE GOLF CLUB LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KEENE TRACE GOLF CLUB LLC	**c** EIN-PN	46-4308720-501
a Plan name	KEETECH CONST. HORIZONTAL DRILLING & UTILITIES CBS BENEFIT PLAN		
b Name of plan sponsor	KEETECH CONST. HORIZONTAL DRILLING & UTILITIES	**c** EIN-PN	83-4344719-501
a Plan name	KELLWELL COMMISSARY CBS BENEFIT PLAN		
b Name of plan sponsor	KELLWELL COMMISSARY	**c** EIN-PN	81-1708757-501
a Plan name	KELLY BROS LUMBER CO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KELLY BROS LUMBER CO LLC	**c** EIN-PN	81-1456238-501

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	KELLY KING & CO CBS BENEFIT PLAN		
b Name of plan sponsor	KELLY KING & CO	**c** EIN-PN	61-1317455-501
a Plan name	KELLY MOORE MEADOR DMD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	KELLY MOORE MEADOR DMD PLLC	**c** EIN-PN	93-3579145-501
a Plan name	KELLY P SPENCER PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	KELLY P SPENCER PLLC	**c** EIN-PN	14-1919532-501
a Plan name	KELLY WELL DRILLING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KELLY WELL DRILLING, LLC	**c** EIN-PN	20-8491574-501
a Plan name	KEMBA LOUISVILLE CREDIT UNION CBS BENEFIT PLAN		
b Name of plan sponsor	KEMBA LOUISVILLE CREDIT UNION	**c** EIN-PN	61-6027588-501
a Plan name	KEMPER CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KEMPER CONSTRUCTION LLC	**c** EIN-PN	86-1065650-501
a Plan name	KEMPER HOME FURNISHINGS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	KEMPER HOME FURNISHINGS, INC	**c** EIN-PN	61-1310327-502
a Plan name	KENDALL L HOBAN CPA PSC CBS BENEFIT PLAN		
b Name of plan sponsor	KENDALL L HOBAN CPA PSC	**c** EIN-PN	32-0061695-501
a Plan name	KENEALY & JACOBI PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	KENEALY & JACOBI PLLC	**c** EIN-PN	01-0892332-501
a Plan name	KENIMER WINDOW SERVICE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KENIMER WINDOW SERVICE LLC	**c** EIN-PN	83-1118585-501
a Plan name	KEN-MULCH INC CBS BENEFIT PLAN		
b Name of plan sponsor	KEN-MULCH INC	**c** EIN-PN	61-0895989-501
a Plan name	KENTUCKIANA HEALTH COLLABORATIVE CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKIANA HEALTH COLLABORATIVE	**c** EIN-PN	45-0700087-501

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	KENTUCKIANA MEDICAL DISTRIBUTORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKIANA MEDICAL DISTRIBUTORS LLC	**c** EIN-PN	46-4415324-501
a Plan name	KENTUCKIANA ROOFING CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKIANA ROOFING	**c** EIN-PN	61-1106553-501
a Plan name	KENTUCKIANA SHEET METAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKIANA SHEET METAL INC	**c** EIN-PN	61-1346617-501
a Plan name	KENTUCKIANA WORKS FOUNDATION CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKIANA WORKS FOUNDATION	**c** EIN-PN	37-1508088-501
a Plan name	KENTUCKY AIR TEMPERATURE SYSTEMS INC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY AIR TEMPERATURE SYSTEMS INC	**c** EIN-PN	27-1122267-501
a Plan name	KENTUCKY ASSOCIATION OF REALTORS CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY ASSOCIATION OF REALTORS	**c** EIN-PN	61-0466845-501
a Plan name	KENTUCKY BOURBON DISTILLERS CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY BOURBON DISTILLERS	**c** EIN-PN	61-1182390-501
a Plan name	KENTUCKY CASA NETWORK CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY CASA NETWORK	**c** EIN-PN	47-2993676-501
a Plan name	KENTUCKY CENTER FOR PUBLIC SERVICE JOURNALISM CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY CENTER FOR PUBLIC SERVICE JOURNALISM	**c** EIN-PN	46-3464828-501
a Plan name	KENTUCKY CENTER FOR SPECIAL CHILDREN SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY CENTER FOR SPECIAL CHILDREN SERVICES	**c** EIN-PN	61-0680753-501
a Plan name	KENTUCKY CHAMBER OF COMMERCE CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY CHAMBER OF COMMERCE	**c** EIN-PN	61-0405718-501
a Plan name	KENTUCKY CHRISTIAN RECOVERY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY CHRISTIAN RECOVERY LLC	**c** EIN-PN	82-2525067-501

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	KENTUCKY CHROME WORKS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY CHROME WORKS LLC	**c** EIN-PN	27-1754609-501
a Plan name	KENTUCKY COLLEGE OF ART AND DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY COLLEGE OF ART AND DESIGN	**c** EIN-PN	27-2232797-501
a Plan name	KENTUCKY DANCE COUNCIL, INC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY DANCE COUNCIL, INC	**c** EIN-PN	61-6033779-501
a Plan name	KENTUCKY DERBY FESTIVAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY DERBY FESTIVAL INC	**c** EIN-PN	61-0713833-501
a Plan name	KENTUCKY DESIGN COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY DESIGN COMPANY	**c** EIN-PN	81-2492128-501
a Plan name	KENTUCKY DISTILLERS ASSOCIATION CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY DISTILLERS ASSOCIATION	**c** EIN-PN	61-6033690-501
a Plan name	KENTUCKY EASTER SEALS SOCIETY CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY EASTER SEALS SOCIETY	**c** EIN-PN	61-0444712-501
a Plan name	KENTUCKY FAMILY PRACTICE, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY FAMILY PRACTICE, INC.	**c** EIN-PN	61-1279194-501
a Plan name	KENTUCKY FINANCIAL EMPOWERMENT COMMISSION CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY FINANCIAL EMPOWERMENT COMMISSION	**c** EIN-PN	84-3265189-501
a Plan name	KENTUCKY FOOT & ANKLE ASSOCIATES, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY FOOT & ANKLE ASSOCIATES, PLLC	**c** EIN-PN	61-1364523-501
a Plan name	KENTUCKY FOR KENTUCKY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY FOR KENTUCKY LLC	**c** EIN-PN	45-3177152-501
a Plan name	KENTUCKY FUEL SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY FUEL SUPPLY	**c** EIN-PN	99-3756872-501

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	KENTUCKY GROWERS INSURANCE CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY GROWERS INSURANCE CO INC	**c** EIN-PN	61-0245650-501
a Plan name	KENTUCKY HEALTH ADMIN CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY HEALTH ADMIN	**c** EIN-PN	27-2153582-501
a Plan name	KENTUCKY MACHINE & ENGINEERING INC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY MACHINE & ENGINEERING INC	**c** EIN-PN	61-0671534-501
a Plan name	KENTUCKY MANSION PRESERVATION FOUNDATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY MANSION PRESERVATION FOUNDATION INC	**c** EIN-PN	23-7002838-501
a Plan name	KENTUCKY MARBLE & GRANITE CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY MARBLE & GRANITE	**c** EIN-PN	35-0526818-502
a Plan name	KENTUCKY MINE SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY MINE SUPPLY	**c** EIN-PN	61-0246140-501
a Plan name	KENTUCKY MIRROR & PLATE GLASS CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY MIRROR & PLATE GLASS	**c** EIN-PN	61-1274202-501
a Plan name	KENTUCKY MOUNTAIN INDUSTRIES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY MOUNTAIN INDUSTRIES, INC.	**c** EIN-PN	61-0928285-501
a Plan name	KENTUCKY MOUNTAIN LAND TITLE, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY MOUNTAIN LAND TITLE, INC.	**c** EIN-PN	61-1349218-501
a Plan name	KENTUCKY MUDWORKS CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY MUDWORKS	**c** EIN-PN	61-1401561-501
a Plan name	KENTUCKY MUSTANG CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY MUSTANG	**c** EIN-PN	46-2596553-501
a Plan name	KENTUCKY OVERHEAD DOOR, INC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY OVERHEAD DOOR, INC	**c** EIN-PN	61-1316322-501

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	KENTUCKY PEERLESS DISTILLING CO CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY PEERLESS DISTILLING CO	**c** EIN-PN	46-2004297-501
a Plan name	KENTUCKY PERFORMANCE PRODUCTS CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY PERFORMANCE PRODUCTS	**c** EIN-PN	61-1336869-501
a Plan name	KENTUCKY PETROLEUM RECYCLING CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY PETROLEUM RECYCLING	**c** EIN-PN	61-1000290-501
a Plan name	KENTUCKY PHARMACISTS ASSOCIATION, INC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY PHARMACISTS ASSOCIATION, INC	**c** EIN-PN	61-0246386-502
a Plan name	KENTUCKY PHYSICIANS HEALTH FOUNDATION CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY PHYSICIANS HEALTH FOUNDATION	**c** EIN-PN	61-1242062-501
a Plan name	KENTUCKY PRIMARY CARE ASSOCIATES PL CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY PRIMARY CARE ASSOCIATES PL	**c** EIN-PN	26-0688874-501
a Plan name	KENTUCKY PUBLISHING,INC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY PUBLISHING,INC	**c** EIN-PN	61-1199269-501
a Plan name	KENTUCKY RIVER BROADCASTING CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY RIVER BROADCASTING	**c** EIN-PN	61-0904790-501
a Plan name	KENTUCKY RIVER PROPERTIES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY RIVER PROPERTIES, LLC	**c** EIN-PN	37-1450003-501
a Plan name	KENTUCKY SCHOOL BOARDS ASSOCIATION CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY SCHOOL BOARDS ASSOCIATION	**c** EIN-PN	61-0549868-502
a Plan name	KENTUCKY SCIENCE & TECHNOLOGY CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY SCIENCE & TECHNOLOGY	**c** EIN-PN	61-1135362-502
a Plan name	KENTUCKY SELECT PROPERTIES CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY SELECT PROPERTIES	**c** EIN-PN	73-1713903-501

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	KENTUCKY SHADE & SCREEN SOLUTIONS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY SHADE & SCREEN SOLUTIONS, LLC	**c** EIN-PN	84-2696917-501
a Plan name	KENTUCKY TENNIS ASSOCIATION CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY TENNIS ASSOCIATION	**c** EIN-PN	61-0916485-501
a Plan name	KENTUCKY WATERWAYS ALLIANCE CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY WATERWAYS ALLIANCE	**c** EIN-PN	61-1239766-501
a Plan name	KENTUCKY WELDING INSTITUTE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY WELDING INSTITUTE LLC	**c** EIN-PN	47-2717491-501
a Plan name	KENTUCKY WELDING TOOL & DIE INC CBS BENEFIT PLAN		
b Name of plan sponsor	KENTUCKY WELDING TOOL & DIE INC	**c** EIN-PN	61-1305905-501
a Plan name	KERCO, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	KERCO, INC.	**c** EIN-PN	61-6029337-501
a Plan name	KERN'S KORNER CBS BENEFIT PLAN		
b Name of plan sponsor	KERNS KORNER	**c** EIN-PN	81-2025974-502
a Plan name	KERR BROTHERS FUNERAL HOME CBS BENEFIT PLAN		
b Name of plan sponsor	KERR BROTHERS FUNERAL HOME	**c** EIN-PN	31-1568595-501
a Plan name	KERR OFFICE GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	KERR OFFICE GROUP INC	**c** EIN-PN	20-5275325-501
a Plan name	KERTIS CREATIVE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KERTIS CREATIVE LLC	**c** EIN-PN	26-4423465-501
a Plan name	KESMARC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KESMARC LLC	**c** EIN-PN	30-0016672-501
a Plan name	KEVIN L THOMPSON LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KEVIN L THOMPSON LLC	**c** EIN-PN	26-3308281-501

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 WALLACE TRAINING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KEVIN WALLACE TRAINING LLC	**c** EIN-PN	82-3574742-501
a Plan name	KEY OUTREACH, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KEY OUTREACH, LLC	**c** EIN-PN	83-2949605-501
a Plan name	KEYES ARCHITECTS & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	KEYES ARCHITECTS & ASSOCIATES	**c** EIN-PN	46-1243948-501
a Plan name	KEYSTONE FINANCIAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KEYSTONE FINANCIAL LLC	**c** EIN-PN	26-2509545-502
a Plan name	KEYSTONE LEARNING ACADEMY CBS BENEFIT PLAN		
b Name of plan sponsor	KEYSTONE LEARNING ACADEMY	**c** EIN-PN	61-0668916-501
a Plan name	KEYSTONE LIQUORS CBS BENEFIT PLAN		
b Name of plan sponsor	KEYSTONE LIQUORS	**c** EIN-PN	20-4154590-501
a Plan name	KICKSTART MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	KICKSTART MANAGEMENT	**c** EIN-PN	86-1431783-501
a Plan name	KIDNEY ASSOCIATES TRISTATE CBS BENEFIT PLAN		
b Name of plan sponsor	KIDNEY ASSOCIATES TRISTATE	**c** EIN-PN	84-3046513-501
a Plan name	KIDS RULE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KIDS RULE LLC	**c** EIN-PN	30-0209036-501
a Plan name	KIDVESTORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	KIDVESTORS INC	**c** EIN-PN	92-1522160-501
a Plan name	KIEFER HEATING & AIR CONDITIONING CBS BENEFIT PLAN		
b Name of plan sponsor	KIEFER HEATING & AIR CONDITIONING	**c** EIN-PN	45-1276241-501
a Plan name	KIEFER S CONTRACTING & EXCAVATING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KIEFER S CONTRACTING & EXCAVATING LLC	**c** EIN-PN	85-2498943-501

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	KIEL THOMSON COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	KIEL THOMSON COMPANY	**c** EIN-PN	20-3966364-501
a Plan name	KILGORE CBS BENEFIT PLAN		
b Name of plan sponsor	KILGORE	**c** EIN-PN	61-1131420-501
a Plan name	KIMBERLY NICHOLAS DMD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	KIMBERLY NICHOLAS DMD PSC	**c** EIN-PN	61-1392563-501
a Plan name	KIMBERLY WITHERS DALEURE PSC CBS BENEFIT PLAN		
b Name of plan sponsor	KIMBERLY WITHERS DALEURE PSC	**c** EIN-PN	20-3919015-501
a Plan name	KINEMETRIX INDUSTRIAL DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	KINEMETRIX INDUSTRIAL DESIGN	**c** EIN-PN	61-1354741-501
a Plan name	KING ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	KING ENTERPRISES	**c** EIN-PN	61-1349653-501
a Plan name	KINGFISHER CREATIONS CBS BENEFIT PLAN		
b Name of plan sponsor	KINGFISHER CREATIONS	**c** EIN-PN	47-5026651-501
a Plan name	KINGS COMFORT H&C CBS BENEFIT PLAN		
b Name of plan sponsor	KINGS COMFORT H&C	**c** EIN-PN	83-3339437-501
a Plan name	KING'S GARDENS CBS BENEFIT PLAN		
b Name of plan sponsor	KINGS GARDENS	**c** EIN-PN	61-1342673-501
a Plan name	KINKEAD & STILZ, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	KINKEAD & STILZ, PLLC	**c** EIN-PN	31-1501080-501
a Plan name	KINMAR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KINMAR LLC	**c** EIN-PN	45-2840076-501
a Plan name	KINMON STEEL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KINMON STEEL LLC	**c** EIN-PN	81-2453572-501

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	KINNEY'S AUTOBODY INC CBS BENEFIT PLAN		
b Name of plan sponsor	KINNEYS AUTOBODY INC	**c** EIN-PN	61-1256277-501
a Plan name	KINSER & KINSER CBS BENEFIT PLAN		
b Name of plan sponsor	KINSER & KINSER	**c** EIN-PN	61-1033246-501
a Plan name	KINZER DRILLING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KINZER DRILLING LLC	**c** EIN-PN	20-1185513-501
a Plan name	KIRK HORSE INSURANCE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KIRK HORSE INSURANCE LLC	**c** EIN-PN	61-0988192-501
a Plan name	KISMET FARM, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KISMET FARM, LLC	**c** EIN-PN	46-4823385-501
a Plan name	KIT FEDERAL CREDIT UNION CBS BENEFIT PLAN		
b Name of plan sponsor	KIT FEDERAL CREDIT UNION	**c** EIN-PN	61-0656683-501
a Plan name	KITCHIN FINANCIAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	KITCHIN FINANCIAL SERVICES	**c** EIN-PN	45-3032571-501
a Plan name	KITO USA CBS BENEFIT PLAN		
b Name of plan sponsor	KITO USA	**c** EIN-PN	61-1313152-501
a Plan name	KIW INSURANCE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KIW INSURANCE LLC	**c** EIN-PN	47-4062378-501
a Plan name	KIZITO INC CBS BENEFIT PLAN		
b Name of plan sponsor	KIZITO INC	**c** EIN-PN	61-1215747-501
a Plan name	KLEINMANS LIVING SHOES CBS BENEFIT PLAN		
b Name of plan sponsor	KLEINMANS LIVING SHOES	**c** EIN-PN	61-1210186-501
a Plan name	KLINGEMAN TECHNICAL SALES CBS BENEFIT PLAN		
b Name of plan sponsor	KLINGEMAN TECHNICAL SALES	**c** EIN-PN	26-2115015-501

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	KMA HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KMA HOLDINGS LLC	**c** EIN-PN	84-4266399-501
a Plan name	KMAC MUSEUM CBS BENEFIT PLAN		
b Name of plan sponsor	KMAC MUSEUM	**c** EIN-PN	61-0985312-501
a Plan name	KMAC SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KMAC SERVICES LLC	**c** EIN-PN	88-4107574-501
a Plan name	KMK FINANCIAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KMK FINANCIAL LLC	**c** EIN-PN	83-1318155-501
a Plan name	KNOWN DECIMAL CBS BENEFIT PLAN		
b Name of plan sponsor	KNOWN DECIMAL	**c** EIN-PN	81-3192223-501
a Plan name	KOBY KARP DOCTORS EYE INSTITUTE CBS BENEFIT PLAN		
b Name of plan sponsor	KOBY KARP DOCTORS EYE INSTITUTE	**c** EIN-PN	61-0866345-501
a Plan name	KODIAK RESOURCES CBS BENEFIT PLAN		
b Name of plan sponsor	KODIAK RESOURCES	**c** EIN-PN	26-4824205-501
a Plan name	KOESTER CHIROPRACTIC CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	KOESTER CHIROPRACTIC CENTER	**c** EIN-PN	61-1233845-502
a Plan name	KOLEWE CUSTOMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KOLEWE CUSTOMS LLC	**c** EIN-PN	47-5201647-501
a Plan name	KOMPLYTICS CBS BENEFIT PLAN		
b Name of plan sponsor	KOMPLYTICS	**c** EIN-PN	84-4124234-501
a Plan name	KOMSA CBS BENEFIT PLAN		
b Name of plan sponsor	KOMSA	**c** EIN-PN	56-2355452-501
a Plan name	KOPPEL & CAPITO INVESTMENTS CBS BENEFIT PLAN		
b Name of plan sponsor	KOPPEL & CAPITO INVESTMENTS	**c** EIN-PN	85-3825997-501

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	KORFHAGE FLOOR COVERINGS CBS BENEFIT PLAN		
b Name of plan sponsor	KORFHAGE FLOOR COVERINGS	**c** EIN-PN	61-0723601-501
a Plan name	KP CUSTOMS CBS BENEFIT PLAN		
b Name of plan sponsor	KP CUSTOMS	**c** EIN-PN	47-3361250-501
a Plan name	KPERF CBS BENEFIT PLAN		
b Name of plan sponsor	KPERF	**c** EIN-PN	31-1012133-501
a Plan name	KRALLMAN MASONRY INC CBS BENEFIT PLAN		
b Name of plan sponsor	KRALLMAN MASONRY INC	**c** EIN-PN	61-1003455-501
a Plan name	KRAUTH ELECTRIC COMPANY & IRD LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KRAUTH ELECTRIC COMPANY & IRD LLC	**c** EIN-PN	61-0252170-501
a Plan name	KRING RAY FARLEY & RIDDLE, PSC CBS BENEFIT PLAN		
b Name of plan sponsor	KRING RAY FARLEY & RIDDLE, PSC	**c** EIN-PN	61-1015031-501
a Plan name	KRM TRUCKING INC CBS BENEFIT PLAN		
b Name of plan sponsor	KRM TRUCKING INC	**c** EIN-PN	47-2098741-501
a Plan name	KSC GARAGE DOORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KSC GARAGE DOORS LLC	**c** EIN-PN	86-1407045-501
a Plan name	KSP INC CBS BENEFIT PLAN		
b Name of plan sponsor	KSP INC	**c** EIN-PN	61-1347390-501
a Plan name	KUBOTA TRACTOR CBS BENEFIT PLAN		
b Name of plan sponsor	KUBOTA TRACTOR	**c** EIN-PN	38-3652773-501
a Plan name	KUHLS BEER DEPOT CBS BENEFIT PLAN		
b Name of plan sponsor	KUHLS BEER DEPOT	**c** EIN-PN	87-2244056-501
a Plan name	KUSTOM BLENDING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KUSTOM BLENDING LLC	**c** EIN-PN	30-0234888-501

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	KV FLOORING CBS BENEFIT PLAN		
b Name of plan sponsor	KV FLOORING	**c** EIN-PN	61-1133147-501
a Plan name	KY FOUNDATION FOR WOMEN CBS BENEFIT PLAN		
b Name of plan sponsor	KY FOUNDATION FOR WOMEN	**c** EIN-PN	61-1070429-501
a Plan name	KY GYMNASTICS ACADEMY CBS BENEFIT PLAN		
b Name of plan sponsor	KY GYMNASTICS ACADEMY	**c** EIN-PN	46-4867440-501
a Plan name	KY HOTELIERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KY HOTELIERS LLC	**c** EIN-PN	47-2661864-501
a Plan name	KY INSURANCE & INVESTMENT GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	KY INSURANCE & INVESTMENT GROUP	**c** EIN-PN	20-1866519-501
a Plan name	KY ORTHOPEDIC & CHIROPRACTIC CBS BENEFIT PLAN		
b Name of plan sponsor	KY ORTHOPEDIC & CHIROPRACTIC	**c** EIN-PN	61-1394369-501
a Plan name	KY PSYCHOLOGICAL FOUND CBS BENEFIT PLAN		
b Name of plan sponsor	KY PSYCHOLOGICAL FOUND	**c** EIN-PN	61-1122935-501
a Plan name	KY STEEL BUILDINGS CBS BENEFIT PLAN		
b Name of plan sponsor	KY STEEL BUILDINGS	**c** EIN-PN	27-3994051-501
a Plan name	KYC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KYC LLC	**c** EIN-PN	85-2114714-501
a Plan name	KYSEN TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	KYSEN TRUCKING LLC	**c** EIN-PN	82-3805545-501
a Plan name	L & H RENTALS CBS BENEFIT PLAN		
b Name of plan sponsor	L & H RENTALS	**c** EIN-PN	46-2324741-501
a Plan name	L WATSON TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	L WATSON TRUCKING	**c** EIN-PN	46-1131228-501

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&C FABRICATIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	L&C FABRICATIONS INC	**c** EIN-PN	61-1289346-501
a Plan name	L&J ACQUISITIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	L&J ACQUISITIONS LLC	**c** EIN-PN	85-1905629-501
a Plan name	LA PROMOTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	LA PROMOTIONS	**c** EIN-PN	61-1163278-501
a Plan name	LAEKIN GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LAEKIN GROUP LLC	**c** EIN-PN	83-1261827-501
a Plan name	LAGRANGE SERVICE CENTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	LAGRANGE SERVICE CENTER INC	**c** EIN-PN	61-1154491-501
a Plan name	LAIRSON PLUMBING INC CBS BENEFIT PLAN		
b Name of plan sponsor	LAIRSON PLUMBING INC	**c** EIN-PN	61-1277393-501
a Plan name	LAKE CUMBERLAND BOOT CO CBS BENEFIT PLAN		
b Name of plan sponsor	LAKE CUMBERLAND BOOT CO	**c** EIN-PN	87-4659719-501
a Plan name	LAKE CUMBERLAND RECOVERY CBS BENEFIT PLAN		
b Name of plan sponsor	LAKE CUMBERLAND RECOVERY	**c** EIN-PN	84-2566426-501
a Plan name	LAKE FOREST COUNTY CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	LAKE FOREST COUNTY CLUB	**c** EIN-PN	20-0283427-501
a Plan name	LAKE VILLAGE WATER ASSOCIATION CBS BENEFIT PLAN		
b Name of plan sponsor	LAKE VILLAGE WATER ASSOCIATION	**c** EIN-PN	61-0716901-501
a Plan name	LAMBERT'S PAINT AND BODY CBS BENEFIT PLAN		
b Name of plan sponsor	LAMBERTS PAINT AND BODY	**c** EIN-PN	31-1492605-501
a Plan name	LANDMARK STONE, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	LANDMARK STONE, INC.	**c** EIN-PN	30-0050386-501

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	LANDSCAPE LIGHTING CO. CBS BENEFIT PLAN		
b Name of plan sponsor	LANDSCAPE LIGHTING CO.	**c** EIN-PN	61-1210256-501
a Plan name	LANDSTAR REALTY GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LANDSTAR REALTY GROUP LLC	**c** EIN-PN	27-4834620-501
a Plan name	LANGE QUILL & POWERS PLC CBS BENEFIT PLAN		
b Name of plan sponsor	LANGE QUILL & POWERS PLC	**c** EIN-PN	30-0001591-501
a Plan name	LANGLEY PROPERTIES CBS BENEFIT PLAN		
b Name of plan sponsor	LANGLEY PROPERTIES	**c** EIN-PN	61-0974596-501
a Plan name	LANHAM BROTHERS GENERAL CONTRACTORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	LANHAM BROTHERS GENERAL CONTRACTORS INC	**c** EIN-PN	61-0842747-501
a Plan name	LARK ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	LARK ELECTRIC	**c** EIN-PN	85-3267838-501
a Plan name	LARRY D BROWN PSC CBS BENEFIT PLAN		
b Name of plan sponsor	LARRY D BROWN PSC	**c** EIN-PN	61-1200841-501
a Plan name	LAT ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LAT ENTERPRISES LLC	**c** EIN-PN	92-1253014-501
a Plan name	LATHAM COMPANIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LATHAM COMPANIES LLC	**c** EIN-PN	80-0120328-501
a Plan name	LAUREL COUNTY WOOD PRODUCTS CBS BENEFIT PLAN		
b Name of plan sponsor	LAUREL COUNTY WOOD PRODUCTS	**c** EIN-PN	87-1985480-501
a Plan name	LAW OFFICE FLORA T STUART CBS BENEFIT PLAN		
b Name of plan sponsor	LAW OFFICE FLORA T STUART	**c** EIN-PN	61-0980926-501
a Plan name	LAW OFFICE OF CHRISTOPHER L JACKSON LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LAW OFFICE OF CHRISTOPHER L JACKSON LLC	**c** EIN-PN	04-3820964-501

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	LAW OFFICE OF MARK KNIGHT CBS BENEFIT PLAN		
b Name of plan sponsor	LAW OFFICE OF MARK KNIGHT	**c** EIN-PN	61-1273691-501
a Plan name	LAW OFFICE OF PARKER L CLIFTON LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LAW OFFICE OF PARKER L CLIFTON LLC	**c** EIN-PN	47-1657163-501
a Plan name	LAW OFFICES OF SCOTT E CO CBS BENEFIT PLAN		
b Name of plan sponsor	LAW OFFICES OF SCOTT E CO	**c** EIN-PN	81-1478509-501
a Plan name	LAWN CURE INC CBS BENEFIT PLAN		
b Name of plan sponsor	LAWN CURE INC	**c** EIN-PN	61-1054828-501
a Plan name	LAWN WORKS INC CBS BENEFIT PLAN		
b Name of plan sponsor	LAWN WORKS INC	**c** EIN-PN	61-1199858-501
a Plan name	LAWSON DENTAL PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	LAWSON DENTAL PLLC	**c** EIN-PN	93-1587674-501
a Plan name	LAWYERS MUTUAL OF KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	LAWYERS MUTUAL OF KENTUCKY	**c** EIN-PN	61-1122974-501
a Plan name	LAZARUS COAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LAZARUS COAL LLC	**c** EIN-PN	87-3310900-501
a Plan name	LAZBOY FURNITURE GALLERIES CBS BENEFIT PLAN		
b Name of plan sponsor	LAZBOY FURNITURE GALLERIES	**c** EIN-PN	61-1252607-501
a Plan name	LB GARDENING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LB GARDENING LLC	**c** EIN-PN	82-4100078-501
a Plan name	LBS INVESTMENTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LBS INVESTMENTS LLC	**c** EIN-PN	47-3694003-501
a Plan name	LCCC INC CBS BENEFIT PLAN		
b Name of plan sponsor	LCCC INC	**c** EIN-PN	61-0590743-501

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	LCW CABINETS AND COUNTERTOPS CBS BENEFIT PLAN		
b Name of plan sponsor	LCW CABINETS AND COUNTERTOPS	**c** EIN-PN	56-2452045-501
a Plan name	LEADRILLA INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEADRILLA INC	**c** EIN-PN	84-2163127-501
a Plan name	LEBANON OAK FLOORING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LEBANON OAK FLOORING LLC	**c** EIN-PN	87-2159601-501
a Plan name	LEBANON POWER APPARATUS COMPANNY INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEBANON POWER APPARATUS COMPANNY INC	**c** EIN-PN	61-0944780-501
a Plan name	LEBANON WATER WORKS COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEBANON WATER WORKS COMPANY INC	**c** EIN-PN	61-6000341-501
a Plan name	LECORP, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	LECORP, INC.	**c** EIN-PN	61-0718613-501
a Plan name	LEDA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LEDA LLC	**c** EIN-PN	82-1566512-501
a Plan name	LEE & HAYLEY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LEE & HAYLEY LLC	**c** EIN-PN	84-2772242-501
a Plan name	LEE TIRE CBS BENEFIT PLAN		
b Name of plan sponsor	LEE TIRE	**c** EIN-PN	61-1304640-501
a Plan name	LEEDCO INTERIOR SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	LEEDCO INTERIOR SYSTEMS	**c** EIN-PN	61-0900219-501
a Plan name	LEESTOWN COFFEE HOUSE CBS BENEFIT PLAN		
b Name of plan sponsor	LEESTOWN COFFEE HOUSE	**c** EIN-PN	84-4690548-501
a Plan name	LEFTIES , INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEFTIES , INC	**c** EIN-PN	61-1288887-501

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	LEGACY FINANCIAL ADVISORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEGACY FINANCIAL ADVISORS INC	**c** EIN-PN	20-4972254-501
a Plan name	LEGACY FINANCIAL INDEPENDENT ADVISORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LEGACY FINANCIAL INDEPENDENT ADVISORS LLC	**c** EIN-PN	92-1690509-501
a Plan name	LEGACY MACHINE GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	LEGACY MACHINE GROUP	**c** EIN-PN	99-2317514-501
a Plan name	LEGION LOGISTICS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LEGION LOGISTICS LLC	**c** EIN-PN	27-0890289-501
a Plan name	LEININGER CABINET & WOODWORKING INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEININGER CABINET & WOODWORKING INC	**c** EIN-PN	61-0916506-501
a Plan name	LEITCHFIELD EXTERMINATING CBS BENEFIT PLAN		
b Name of plan sponsor	LEITCHFIELD EXTERMINATING	**c** EIN-PN	61-1207579-501
a Plan name	LENIHAN REAL ESTATE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LENIHAN REAL ESTATE LLC	**c** EIN-PN	27-3425444-501
a Plan name	LENZ ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LENZ ENTERPRISES LLC	**c** EIN-PN	20-4272263-501
a Plan name	LEO TALBOTT & SONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LEO TALBOTT & SONS LLC	**c** EIN-PN	84-2332141-501
a Plan name	LEO THIENEMAN & SONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LEO THIENEMAN & SONS LLC	**c** EIN-PN	61-0654907-501
a Plan name	LEONARD BRUSH & CHEMICAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEONARD BRUSH & CHEMICAL INC	**c** EIN-PN	61-0257750-502
a Plan name	LESLIE GILLEY STATE FARM CBS BENEFIT PLAN		
b Name of plan sponsor	LESLIE GILLEY STATE FARM	**c** EIN-PN	47-1426946-501

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	LETCHER FUNERAL HOME CBS BENEFIT PLAN		
b Name of plan sponsor	LETCHER FUNERAL HOME	**c** EIN-PN	61-0983033-501
a Plan name	LEWIS HARGETT, MD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	LEWIS HARGETT, MD PSC	**c** EIN-PN	61-1273436-501
a Plan name	LEWIS METAL WORKS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	LEWIS METAL WORKS, INC.	**c** EIN-PN	61-1263087-501
a Plan name	LEWIS SEED CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEWIS SEED CO INC	**c** EIN-PN	61-1310403-501
a Plan name	LEX INFECT DISEASE CONSULT CBS BENEFIT PLAN		
b Name of plan sponsor	LEX INFECT DISEASE CONSULT	**c** EIN-PN	61-1178691-501
a Plan name	LEX MATH TUTORS CBS BENEFIT PLAN		
b Name of plan sponsor	LEX MATH TUTORS	**c** EIN-PN	93-1823071-501
a Plan name	LEXARLABS CBS BENEFIT PLAN		
b Name of plan sponsor	LEXARLABS	**c** EIN-PN	46-0672192-501
a Plan name	LEXEL IMAGING SYSTEMS INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEXEL IMAGING SYSTEMS INC	**c** EIN-PN	95-2557445-501
a Plan name	LEXINGTON ATHLETIC CLUB INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON ATHLETIC CLUB INC	**c** EIN-PN	61-1115859-501
a Plan name	LEXINGTON CEMETERY CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON CEMETERY	**c** EIN-PN	61-0258835-502
a Plan name	LEXINGTON CHILDRENS MUSEUM, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON CHILDRENS MUSEUM, INC.	**c** EIN-PN	61-1183278-501
a Plan name	LEXINGTON COMPUTER RECYCLING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON COMPUTER RECYCLING LLC	**c** EIN-PN	81-1211801-501

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	LEXINGTON ELECTRIC LLC - MR ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON ELECTRIC LLC - MR ELECTRIC	**c** EIN-PN	93-3958762-501
a Plan name	LEXINGTON ELECTRICAL & HVAC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON ELECTRICAL & HVAC LLC	**c** EIN-PN	81-3345807-501
a Plan name	LEXINGTON FOOT & ANKLE CENTER,PSC CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON FOOT & ANKLE CENTER,PSC	**c** EIN-PN	61-1367732-501
a Plan name	LEXINGTON HEART SPECIALISTS CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON HEART SPECIALISTS	**c** EIN-PN	42-1631354-501
a Plan name	LEXINGTON MONTESSORI SCHOOL INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON MONTESSORI SCHOOL INC	**c** EIN-PN	31-0992872-501
a Plan name	LEXINGTON PAINT & SUPPLY COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON PAINT & SUPPLY COMPANY INC	**c** EIN-PN	61-1055542-501
a Plan name	LEXINGTON PHILHARMONIC SOCIETY CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON PHILHARMONIC SOCIETY	**c** EIN-PN	61-6033529-501
a Plan name	LEXINGTON POSTAL COMMUNITY CREDIT UNION CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON POSTAL COMMUNITY CREDIT UNION	**c** EIN-PN	61-0446477-501
a Plan name	LEXINGTON QUARRY COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON QUARRY COMPANY	**c** EIN-PN	61-1181632-501
a Plan name	LEXINGTON RESCUE MISSION, INC CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON RESCUE MISSION, INC	**c** EIN-PN	61-1387338-501
a Plan name	LEXINGTON TRUCK SALES CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON TRUCK SALES	**c** EIN-PN	61-1245687-501
a Plan name	LEXINGTON WATER CONDITIONING CBS BENEFIT PLAN		
b Name of plan sponsor	LEXINGTON WATER CONDITIONING	**c** EIN-PN	61-0982662-501

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	LG&E CO CREDIT UNION CBS BENEFIT PLAN		
b Name of plan sponsor	LG&E CO CREDIT UNION	**c** EIN-PN	61-0264130-501
a Plan name	LHOME CBS BENEFIT PLAN		
b Name of plan sponsor	LHOME	**c** EIN-PN	45-4127209-501
a Plan name	LIBERATE MEDICAL, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LIBERATE MEDICAL, LLC	**c** EIN-PN	46-2109685-501
a Plan name	LIBERTY IGA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LIBERTY IGA LLC	**c** EIN-PN	20-3708299-501
a Plan name	LIBERTY TELEPHONE INC CBS BENEFIT PLAN		
b Name of plan sponsor	LIBERTY TELEPHONE INC	**c** EIN-PN	61-1093358-501
a Plan name	LIBERTY TRANSPORTATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	LIBERTY TRANSPORTATION INC	**c** EIN-PN	61-1178410-501
a Plan name	LICKETY SPLIT FROZEN GOODNESS CBS BENEFIT PLAN		
b Name of plan sponsor	LICKETY SPLIT FROZEN GOODNESS	**c** EIN-PN	46-4087688-501
a Plan name	LIFE LEARNING CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	LIFE LEARNING CENTER	**c** EIN-PN	20-3454261-501
a Plan name	LIFELINE HOMECARE INC CBS BENEFIT PLAN		
b Name of plan sponsor	LIFELINE HOMECARE INC	**c** EIN-PN	61-1161293-501
a Plan name	LIFELINE RECOVERY CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	LIFELINE RECOVERY CENTER	**c** EIN-PN	20-0801622-501
a Plan name	LIFES ORGANIC CBS BENEFIT PLAN		
b Name of plan sponsor	LIFES ORGANIC	**c** EIN-PN	47-5168522-501
a Plan name	LIFESTYLE KITCHEN & BATH CBS BENEFIT PLAN		
b Name of plan sponsor	LIFESTYLE KITCHEN & BATH	**c** EIN-PN	81-4176394-501

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	LIFT A LIFE FOUNDATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	LIFT A LIFE FOUNDATION INC	**c** EIN-PN	61-1359337-501
a Plan name	LIGHTHOUSE ELECTRIC, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LIGHTHOUSE ELECTRIC, LLC	**c** EIN-PN	84-4385607-501
a Plan name	LIGHTING EFX CBS BENEFIT PLAN		
b Name of plan sponsor	LIGHTING EFX	**c** EIN-PN	61-1244848-501
a Plan name	LILY CREEK CBS BENEFIT PLAN		
b Name of plan sponsor	LILY CREEK	**c** EIN-PN	31-1559742-501
a Plan name	LIMBWALKER TREE SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	LIMBWALKER TREE SERVICE	**c** EIN-PN	20-2001838-501
a Plan name	LINCOLN FOUNDATION CBS BENEFIT PLAN		
b Name of plan sponsor	LINCOLN FOUNDATION	**c** EIN-PN	61-0449631-501
a Plan name	LINCOLN TOOL AND DIE CBS BENEFIT PLAN		
b Name of plan sponsor	LINCOLN TOOL AND DIE	**c** EIN-PN	61-0932520-501
a Plan name	LINCS INC PARKVIEW IGA CBS BENEFIT PLAN		
b Name of plan sponsor	LINCS INC PARKVIEW IGA	**c** EIN-PN	61-1072036-501
a Plan name	LINDLE HENNESSEY CBS BENEFIT PLAN		
b Name of plan sponsor	LINDLE HENNESSEY	**c** EIN-PN	26-2876065-501
a Plan name	LINDSAY AND LINDSAY AUTO DETAILING CBS BENEFIT PLAN		
b Name of plan sponsor	LINDSAY AND LINDSAY AUTO DETAILING	**c** EIN-PN	82-5304703-501
a Plan name	LINEBACH FUNKHOUSER, INC CBS BENEFIT PLAN		
b Name of plan sponsor	LINEBACH FUNKHOUSER, INC	**c** EIN-PN	75-3025851-501
a Plan name	LINE-X OF LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	LINE-X OF LOUISVILLE	**c** EIN-PN	83-4159540-501

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	LINK MEDIA, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LINK MEDIA, LLC	**c** EIN-PN	87-3043865-501
a Plan name	LINWOOD CHEVROLET BUICK CBS BENEFIT PLAN		
b Name of plan sponsor	LINWOOD CHEVROLET BUICK	**c** EIN-PN	81-3636168-501
a Plan name	LINWOOD CHRYSLER DODGE HYUNDAI LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LINWOOD CHRYSLER DODGE HYUNDAI LLC	**c** EIN-PN	20-4850057-501
a Plan name	LIQUOR MART OF CORBIN CBS BENEFIT PLAN		
b Name of plan sponsor	LIQUOR MART OF CORBIN	**c** EIN-PN	45-5178851-501
a Plan name	LITHO SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	LITHO SERVICES	**c** EIN-PN	61-1145148-501
a Plan name	LITTLE JOHNS DERBY JEWEL CBS BENEFIT PLAN		
b Name of plan sponsor	LITTLE JOHNS DERBY JEWEL	**c** EIN-PN	76-0797727-501
a Plan name	LIZZIE DARCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	LIZZIE DARCY INC	**c** EIN-PN	47-1713328-501
a Plan name	LIZZIES DINER CBS BENEFIT PLAN		
b Name of plan sponsor	LIZZIES DINER	**c** EIN-PN	85-3681045-501
a Plan name	LMI CHARITIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LMI CHARITIES LLC	**c** EIN-PN	82-1970014-502
a Plan name	LNK MEDS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LNK MEDS LLC	**c** EIN-PN	85-2329249-501
a Plan name	LOAD COVERING SOLUTIONS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	LOAD COVERING SOLUTIONS, INC	**c** EIN-PN	98-0113571-501
a Plan name	LOCKMASTERS TECHNOLOGIES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	LOCKMASTERS TECHNOLOGIES, INC.	**c** EIN-PN	59-2129835-501

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	LOCKSHIELD PARTNERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	LOCKSHIELD PARTNERS INC	**c** EIN-PN	47-3310684-501
a Plan name	LOGAN BETHEL VETERINARY CBS BENEFIT PLAN		
b Name of plan sponsor	LOGAN BETHEL VETERINARY	**c** EIN-PN	47-5270888-501
a Plan name	LOGICAL CONTROLS SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	LOGICAL CONTROLS SYSTEMS	**c** EIN-PN	47-4262663-501
a Plan name	LOIS ANN DISPONETT REAL ESTATE CBS BENEFIT PLAN		
b Name of plan sponsor	LOIS ANN DISPONETT REAL ESTATE	**c** EIN-PN	31-1489001-501
a Plan name	LOLA HOSPITALITY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LOLA HOSPITALITY LLC	**c** EIN-PN	47-2953576-501
a Plan name	LONDON TRAVEL PLAZA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LONDON TRAVEL PLAZA LLC	**c** EIN-PN	92-2883166-501
a Plan name	LONESOME DAY RECORDS CBS BENEFIT PLAN		
b Name of plan sponsor	LONESOME DAY RECORDS	**c** EIN-PN	55-0801849-501
a Plan name	LONG CONSTRUCTION MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	LONG CONSTRUCTION MANAGEMENT	**c** EIN-PN	46-1144776-501
a Plan name	LONGNECKS SPORTS GRILL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LONGNECKS SPORTS GRILL LLC	**c** EIN-PN	88-1862759-501
a Plan name	LONGWOOD ANTIQUE WOODS CBS BENEFIT PLAN		
b Name of plan sponsor	LONGWOOD ANTIQUE WOODS	**c** EIN-PN	20-0545403-501
a Plan name	LONKARD CONSTRUCTION COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	LONKARD CONSTRUCTION COMPANY	**c** EIN-PN	61-1279509-501
a Plan name	LOST ART PRESS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LOST ART PRESS LLC	**c** EIN-PN	20-8926987-501

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	LOTSA PASTA CBS BENEFIT PLAN		
b Name of plan sponsor	LOTSA PASTA	**c** EIN-PN	61-1056248-501
a Plan name	LOUIS BEHAVIORAL HEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	LOUIS BEHAVIORAL HEALTH	**c** EIN-PN	61-1373592-501
a Plan name	LOUIS T. ROTH & CO PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUIS T. ROTH & CO PLLC	**c** EIN-PN	61-0480236-501
a Plan name	LOUISVILLE ADDICTION CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE ADDICTION CENTER	**c** EIN-PN	92-0633280-501
a Plan name	LOUISVILLE BOAT CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE BOAT CLUB	**c** EIN-PN	61-0263690-501
a Plan name	LOUISVILLE CC DIXIE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE CC DIXIE LLC	**c** EIN-PN	46-0749038-501
a Plan name	LOUISVILLE CLASSICAL ACADEMY CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE CLASSICAL ACADEMY	**c** EIN-PN	02-0792441-501
a Plan name	LOUISVILLE CONCIERGE MEDICINE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE CONCIERGE MEDICINE PLLC	**c** EIN-PN	45-2613798-501
a Plan name	LOUISVILLE COOLER MFG CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE COOLER MFG	**c** EIN-PN	61-0568969-501
a Plan name	LOUISVILLE COUNTERTOP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE COUNTERTOP LLC	**c** EIN-PN	82-2422467-501
a Plan name	LOUISVILLE EXCHANGER & VESSEL INC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE EXCHANGER & VESSEL INC	**c** EIN-PN	01-0682050-501
a Plan name	LOUISVILLE FAMILY CARE CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE FAMILY CARE	**c** EIN-PN	84-3664409-501

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	LOUISVILLE GALLERIA SERVICES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE GALLERIA SERVICES, LLC	**c** EIN-PN	55-0822376-501
a Plan name	LOUISVILLE GLAUCOMA PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE GLAUCOMA PLLC	**c** EIN-PN	84-4355366-501
a Plan name	LOUISVILLE HANDYMAN INC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE HANDYMAN INC	**c** EIN-PN	75-3064554-501
a Plan name	LOUISVILLE INDOOR RACQUET CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE INDOOR RACQUET CLUB	**c** EIN-PN	61-0986023-501
a Plan name	LOUISVILLE INSURANCE CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE INSURANCE	**c** EIN-PN	45-5482534-501
a Plan name	LOUISVILLE KITCHEN & MILLWORK INC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE KITCHEN & MILLWORK INC	**c** EIN-PN	61-1169980-501
a Plan name	LOUISVILLE LABEL INC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE LABEL INC	**c** EIN-PN	61-0605783-501
a Plan name	LOUISVILLE LAMP / KELLY FABRICATORS CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE LAMP / KELLY FABRICATORS	**c** EIN-PN	61-0894424-501
a Plan name	LOUISVILLE LUNG CARE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE LUNG CARE PLLC	**c** EIN-PN	45-3214505-501
a Plan name	LOUISVILLE MRI CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE MRI	**c** EIN-PN	46-1834026-501
a Plan name	LOUISVILLE MULCH AND STONE CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE MULCH AND STONE	**c** EIN-PN	87-4819504-501
a Plan name	LOUISVILLE NATURE CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE NATURE CENTER	**c** EIN-PN	61-6036081-501

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	LOUISVILLE OVERSTOCK LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE OVERSTOCK LLC	**c** EIN-PN	26-4653256-501
a Plan name	LOUISVILLE PATHOLOGY ASSOCIATES PSC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE PATHOLOGY ASSOCIATES PSC	**c** EIN-PN	61-0992673-501
a Plan name	LOUISVILLE PEDIATRIC SPECIALISTS CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE PEDIATRIC SPECIALISTS	**c** EIN-PN	61-0956698-501
a Plan name	LOUISVILLE PERFUSION SERVICES,INC. CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE PERFUSION SERVICES,INC.	**c** EIN-PN	61-1427571-501
a Plan name	LOUISVILLE PODIATRY CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE PODIATRY	**c** EIN-PN	45-4066848-501
a Plan name	LOUISVILLE PROTESTANT ALTENHEIM SENIOR HEALTH CARE COMMUNITY CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE PROTESTANT ALTENHEIM SENIOR HEALTH CARE COMMUNITY	**c** EIN-PN	61-0449634-501
a Plan name	LOUISVILLE SLEEP DISORDERS CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE SLEEP DISORDERS CENTER	**c** EIN-PN	72-1527189-501
a Plan name	LOUISVILLE STORY PROGRAM CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE STORY PROGRAM	**c** EIN-PN	47-5237414-501
a Plan name	LOUISVILLE THOROUGHBRED SOCIETY CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE THOROUGHBRED SOCIETY	**c** EIN-PN	82-2396114-501
a Plan name	LOUISVILLE TREE SERVICE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE TREE SERVICE LLC	**c** EIN-PN	26-4810336-501
a Plan name	LOUISVILLE VISUAL ART, INC CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE VISUAL ART, INC	**c** EIN-PN	61-0492348-501
a Plan name	LOUISVILLE WHEELS CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE WHEELS	**c** EIN-PN	38-3778790-501

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	LOUISVILLE WINDOW COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	LOUISVILLE WINDOW COMPANY	**c** EIN-PN	82-4448687-501
a Plan name	LOVE CITY CBS BENEFIT PLAN		
b Name of plan sponsor	LOVE CITY	**c** EIN-PN	47-5206106-501
a Plan name	LOVE CONQUERS ALL INC CBS BENEFIT PLAN		
b Name of plan sponsor	LOVE CONQUERS ALL INC	**c** EIN-PN	26-0559627-501
a Plan name	LOVE THY NEIGHBORHOOD CBS BENEFIT PLAN		
b Name of plan sponsor	LOVE THY NEIGHBORHOOD	**c** EIN-PN	46-4428574-501
a Plan name	LOVERS LANE SELF STORAGE CBS BENEFIT PLAN		
b Name of plan sponsor	LOVERS LANE SELF STORAGE	**c** EIN-PN	47-5007209-501
a Plan name	LP CHICK COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	LP CHICK COMPANY INC	**c** EIN-PN	61-0563104-501
a Plan name	LP CRSTVW POLICE CBS BENEFIT PLAN		
b Name of plan sponsor	LP CRSTVW POLICE	**c** EIN-PN	61-0678298-501
a Plan name	LS MANAGEMENT SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LS MANAGEMENT SERVICES LLC	**c** EIN-PN	33-2277809-501
a Plan name	LS MILLER LAW PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	LS MILLER LAW PLLC	**c** EIN-PN	33-2592248-501
a Plan name	LSY INTERNATIONAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	LSY INTERNATIONAL INC	**c** EIN-PN	61-1220393-501
a Plan name	LTECH AMMUNITION, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LTECH AMMUNITION, LLC	**c** EIN-PN	82-4317937-501
a Plan name	LTM FARMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LTM FARMS LLC	**c** EIN-PN	40-5046271-501

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	LTS HOSPITALITY MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	LTS HOSPITALITY MANAGEMENT	**c** EIN-PN	26-1243907-501
a Plan name	LTT, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	LTT, INC.	**c** EIN-PN	82-3692768-501
a Plan name	LUCAS EQUINE EQUIPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	LUCAS EQUINE EQUIPMENT	**c** EIN-PN	61-0991227-501
a Plan name	LUXE PURSUITS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LUXE PURSUITS LLC	**c** EIN-PN	84-2717604-501
a Plan name	LUXURY TRANSPORTATION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LUXURY TRANSPORTATION LLC	**c** EIN-PN	46-2640572-501
a Plan name	LV HARKNESS & CO CBS BENEFIT PLAN		
b Name of plan sponsor	LV HARKNESS & CO	**c** EIN-PN	61-1369285-501
a Plan name	LYDIA SUE, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LYDIA SUE, LLC	**c** EIN-PN	37-1461734-501
a Plan name	LYNCH & LYNCH CPAS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LYNCH & LYNCH CPAS, LLC	**c** EIN-PN	27-2477938-501
a Plan name	LYNCH CHIROPRACTIC CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	LYNCH CHIROPRACTIC CENTER	**c** EIN-PN	61-1153211-501
a Plan name	LYNN CARNEY INTERIORS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	LYNN CARNEY INTERIORS, LLC	**c** EIN-PN	86-2898288-501
a Plan name	LYNN FAMILY SPORTS VISION & TRAINING CBS BENEFIT PLAN		
b Name of plan sponsor	LYNN FAMILY SPORTS VISION & TRAINING	**c** EIN-PN	86-1227835-501
a Plan name	LYONS LUMBER COMPANY INC. CBS BENEFIT PLAN		
b Name of plan sponsor	LYONS LUMBER COMPANY INC.	**c** EIN-PN	61-0968879-501

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	M & W HVAC INC CBS BENEFIT PLAN		
b Name of plan sponsor	M & W HVAC INC	**c** EIN-PN	51-0553644-501
a Plan name	M&A PLUMBING ELECTRICAL HVAC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	M&A PLUMBING ELECTRICAL HVAC LLC	**c** EIN-PN	27-3238589-501
a Plan name	M&B MECHANICAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	M&B MECHANICAL INC	**c** EIN-PN	92-1668605-501
a Plan name	M&J CONSTRUCTION, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	M&J CONSTRUCTION, INC.	**c** EIN-PN	61-1110465-501
a Plan name	MAC PRODUCTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	MAC PRODUCTIONS	**c** EIN-PN	61-0963631-501
a Plan name	MACHINE TIME LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MACHINE TIME LLC	**c** EIN-PN	81-3944190-501
a Plan name	MACHINED CERAMICS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	MACHINED CERAMICS, INC.	**c** EIN-PN	61-1231207-501
a Plan name	MACHINERY SPECIALISTS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	MACHINERY SPECIALISTS, INC	**c** EIN-PN	30-0195435-501
a Plan name	MACKEY ADVISORS CBS BENEFIT PLAN		
b Name of plan sponsor	MACKEY ADVISORS	**c** EIN-PN	42-1564733-501
a Plan name	MACS RESTAURANT EQUIPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	MACS RESTAURANT EQUIPMENT	**c** EIN-PN	27-2978391-501
a Plan name	MAD SCIENTIST BBQ LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAD SCIENTIST BBQ LLC	**c** EIN-PN	85-3033273-501
a Plan name	MADDEN SERGENT PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MADDEN SERGENT PLLC	**c** EIN-PN	83-4704730-501

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	MADEWELL RESTORATIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MADEWELL RESTORATIONS LLC	**c** EIN-PN	86-1503344-501
a Plan name	MADISON FAMILY CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	MADISON FAMILY CLINIC	**c** EIN-PN	20-0566347-501
a Plan name	MADISON PEDIATRICS CBS BENEFIT PLAN		
b Name of plan sponsor	MADISON PEDIATRICS	**c** EIN-PN	61-1229261-501
a Plan name	MAGGARD ELECTRIC INC CBS BENEFIT PLAN		
b Name of plan sponsor	MAGGARD ELECTRIC INC	**c** EIN-PN	31-1547135-501
a Plan name	MAGGARD LOGGING CBS BENEFIT PLAN		
b Name of plan sponsor	MAGGARD LOGGING	**c** EIN-PN	61-1282790-501
a Plan name	MAGIC CARPET FLOORING CBS BENEFIT PLAN		
b Name of plan sponsor	MAGIC CARPET FLOORING	**c** EIN-PN	75-3041795-501
a Plan name	MAGNA CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAGNA CONTRACTING LLC	**c** EIN-PN	88-4286656-501
a Plan name	MAGNA PHARMACEUTICALS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	MAGNA PHARMACEUTICALS, INC.	**c** EIN-PN	61-1185441-501
a Plan name	MAGNET CO CBS BENEFIT PLAN		
b Name of plan sponsor	MAGNET CO	**c** EIN-PN	47-1090144-501
a Plan name	MAI INC. CBS BENEFIT PLAN		
b Name of plan sponsor	MAI INC.	**c** EIN-PN	20-3451150-501
a Plan name	MAIER TAX & ADVISORY PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAIER TAX & ADVISORY PLLC	**c** EIN-PN	92-1168518-501
a Plan name	MAIN DENTAL PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAIN DENTAL PLLC	**c** EIN-PN	92-1389092-501

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	MAIN STREET PARTNERS INS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MAIN STREET PARTNERS INS INC	**c** EIN-PN	85-3228074-501
a Plan name	MAIN STREET REALTY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	MAIN STREET REALTY, INC	**c** EIN-PN	61-1110265-501
a Plan name	MAINPOINTE PHARMACEUTICALS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAINPOINTE PHARMACEUTICALS LLC	**c** EIN-PN	81-5076605-501
a Plan name	MAINSTREAM PACKAGING, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	MAINSTREAM PACKAGING, INC.	**c** EIN-PN	61-1381698-501
a Plan name	MAJORS TRANSIT INC CBS BENEFIT PLAN		
b Name of plan sponsor	MAJORS TRANSIT INC	**c** EIN-PN	61-0680444-501
a Plan name	MAKBE, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAKBE, LLC	**c** EIN-PN	81-4003280-501
a Plan name	MAKESPACE CBS BENEFIT PLAN		
b Name of plan sponsor	MAKESPACE	**c** EIN-PN	61-1871728-501
a Plan name	MAKING SPACES PRETTY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAKING SPACES PRETTY LLC	**c** EIN-PN	92-3182420-501
a Plan name	MAKK LANDSCAPE GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAKK LANDSCAPE GROUP LLC	**c** EIN-PN	82-4837116-501
a Plan name	MALCOLM BRYANT CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	MALCOLM BRYANT CORPORATION	**c** EIN-PN	61-1318526-501
a Plan name	MALONE VENTURES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MALONE VENTURES LLC	**c** EIN-PN	27-2859324-501
a Plan name	MAMMOTH OUTDOORS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAMMOTH OUTDOORS, LLC	**c** EIN-PN	83-1474100-501

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	MANAKEE FUNERAL HOME LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MANAKEE FUNERAL HOME LLC	**c** EIN-PN	20-3251009-501
a Plan name	MANN AUTO GROUP OF PRESTONSBURG CBS BENEFIT PLAN		
b Name of plan sponsor	MANN AUTO GROUP OF PRESTONSBURG	**c** EIN-PN	27-2528658-501
a Plan name	MANN CHEVROLET BUICK LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MANN CHEVROLET BUICK LLC	**c** EIN-PN	27-1034671-501
a Plan name	MANN CHRYSLER DODGE JEEP FIAT OF RICHMOND LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MANN CHRYSLER DODGE JEEP FIAT OF RICHMOND LLC	**c** EIN-PN	61-1449237-501
a Plan name	MANNINGS PAINT & BODY SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	MANNINGS PAINT & BODY SHOP	**c** EIN-PN	61-1263858-501
a Plan name	MARAFIKI CENTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	MARAFIKI CENTER INC	**c** EIN-PN	85-2826539-501
a Plan name	MARC S PRINCE DMD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MARC S PRINCE DMD PLLC	**c** EIN-PN	36-4645853-501
a Plan name	MARCAR LEASING INC CBS BENEFIT PLAN		
b Name of plan sponsor	MARCAR LEASING INC	**c** EIN-PN	61-1098963-501
a Plan name	MARCO ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MARCO ENTERPRISES LLC	**c** EIN-PN	04-3617882-501
a Plan name	MARCUS PAINT COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	MARCUS PAINT COMPANY	**c** EIN-PN	61-0269770-501
a Plan name	MARILLIA INTEREST LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MARILLIA INTEREST LLC	**c** EIN-PN	42-1762950-501
a Plan name	MARINE SALES AND SERVICE INC CBS BENEFIT PLAN		
b Name of plan sponsor	MARINE SALES AND SERVICE INC	**c** EIN-PN	61-0401691-501

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	MARIPOSA CBS BENEFIT PLAN		
b Name of plan sponsor	MARIPOSA	**c** EIN-PN	45-0551384-501
a Plan name	MARISA MCNEE CBS BENEFIT PLAN		
b Name of plan sponsor	MARISA MCNEE	**c** EIN-PN	57-1535206-501
a Plan name	MARK ENERGY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MARK ENERGY LLC	**c** EIN-PN	83-0848666-501
a Plan name	MARK S ALLEN DMD CBS BENEFIT PLAN		
b Name of plan sponsor	MARK S ALLEN DMD	**c** EIN-PN	61-0998186-501
a Plan name	MARK SMITH CBS BENEFIT PLAN		
b Name of plan sponsor	MARK SMITH	**c** EIN-PN	46-4653452-501
a Plan name	MARK SPAULDING CONSTRUCTION COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	MARK SPAULDING CONSTRUCTION COMPANY	**c** EIN-PN	61-1294438-501
a Plan name	MARK VERONNEAU PLASTICS & ENT PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MARK VERONNEAU PLASTICS & ENT PLLC	**c** EIN-PN	20-5838422-501
a Plan name	MARK WILLIAMS CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	MARK WILLIAMS CORPORATION	**c** EIN-PN	81-4807022-501
a Plan name	MARKCO INC. CBS BENEFIT PLAN		
b Name of plan sponsor	MARKCO INC.	**c** EIN-PN	77-0620871-501
a Plan name	MARLIMAR INTERACTIVE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MARLIMAR INTERACTIVE LLC	**c** EIN-PN	61-1627926-501
a Plan name	MARNITZ & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	MARNITZ & ASSOCIATES	**c** EIN-PN	61-1040162-501
a Plan name	MARR MILLER & MYERS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	MARR MILLER & MYERS PSC	**c** EIN-PN	61-1129847-501

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	MARSHALL LIFESTYLE MEDICINE CBS BENEFIT PLAN		
b Name of plan sponsor	MARSHALL LIFESTYLE MEDICINE	**c** EIN-PN	47-1460170-501
a Plan name	MARSHALLS JEWELERS CBS BENEFIT PLAN		
b Name of plan sponsor	MARSHALLS JEWELERS	**c** EIN-PN	20-8281415-501
a Plan name	MARTIN APPRAISAL GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	MARTIN APPRAISAL GROUP	**c** EIN-PN	84-3220486-501
a Plan name	MARTIN FLOORING COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	MARTIN FLOORING COMPANY	**c** EIN-PN	61-0656569-501
a Plan name	MARTIN FOX MD CBS BENEFIT PLAN		
b Name of plan sponsor	MARTIN FOX MD	**c** EIN-PN	61-1063273-501
a Plan name	MARTIN MACHINING SVC INC CBS BENEFIT PLAN		
b Name of plan sponsor	MARTIN MACHINING SVC INC	**c** EIN-PN	61-1201490-501
a Plan name	MARTIN MOTOR COACH CBS BENEFIT PLAN		
b Name of plan sponsor	MARTIN MOTOR COACH	**c** EIN-PN	82-3880716-501
a Plan name	MARTIN SOLUTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MARTIN SOLUTIONS INC	**c** EIN-PN	01-0827287-501
a Plan name	MARTINS SANITATION SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	MARTINS SANITATION SERVICE	**c** EIN-PN	20-4116906-501
a Plan name	MARY HENRY STATE FARM CBS BENEFIT PLAN		
b Name of plan sponsor	MARY HENRY STATE FARM	**c** EIN-PN	46-0649735-501
a Plan name	MARY PAT NIMON LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MARY PAT NIMON LLC	**c** EIN-PN	87-0689440-501
a Plan name	MARYBETHS WINDOW FASHIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MARYBETHS WINDOW FASHIONS INC	**c** EIN-PN	51-0556089-501

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 BROS. INC CBS BENEFIT PLAN		
b Name of plan sponsor	MASON BROS. INC	**c** EIN-PN	47-4863282-501
a Plan name	MASTER BUILT CABINETS CBS BENEFIT PLAN		
b Name of plan sponsor	MASTER BUILT CABINETS	**c** EIN-PN	61-1147777-501
a Plan name	MATHENY ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	MATHENY ELECTRIC	**c** EIN-PN	87-2725913-501
a Plan name	MATHER & COMPANY CPAS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MATHER & COMPANY CPAS LLC	**c** EIN-PN	61-1210177-501
a Plan name	MATHIS ENTERPRISE CBS BENEFIT PLAN		
b Name of plan sponsor	MATHIS ENTERPRISE	**c** EIN-PN	20-8124401-501
a Plan name	MATHIS FLOORING CBS BENEFIT PLAN		
b Name of plan sponsor	MATHIS FLOORING	**c** EIN-PN	45-5005341-501
a Plan name	MATLY DIGITAL SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	MATLY DIGITAL SOLUTIONS	**c** EIN-PN	61-1341875-501
a Plan name	MATRIX ENGINEERING PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MATRIX ENGINEERING PLLC	**c** EIN-PN	61-1279592-501
a Plan name	MATRIX PACK NORTH AMERICA CBS BENEFIT PLAN		
b Name of plan sponsor	MATRIX PACK NORTH AMERICA	**c** EIN-PN	92-2489126-501
a Plan name	MATTINGLY CENTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	MATTINGLY CENTER INC	**c** EIN-PN	61-0487457-501
a Plan name	MATTINGLYS AUTOMOTIVE CBS BENEFIT PLAN		
b Name of plan sponsor	MATTINGLYS AUTOMOTIVE	**c** EIN-PN	61-1178546-501
a Plan name	MAURY D. KOMMOR & ASSOCIATES, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAURY D. KOMMOR & ASSOCIATES, PLLC	**c** EIN-PN	32-0109577-501

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	MAVERICK GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAVERICK GROUP LLC	**c** EIN-PN	74-3054680-501
a Plan name	MAXXED OUT PERFORMANCE CBS BENEFIT PLAN		
b Name of plan sponsor	MAXXED OUT PERFORMANCE	**c** EIN-PN	83-0712269-501
a Plan name	MAY BROTHERS LUMBER CBS BENEFIT PLAN		
b Name of plan sponsor	MAY BROTHERS LUMBER	**c** EIN-PN	61-1177075-501
a Plan name	MAYFIELD FAMILY DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	MAYFIELD FAMILY DENTISTRY	**c** EIN-PN	47-1358720-501
a Plan name	MAYFIELD GRAVES CO CHAMBER OF COMMERCE CBS BENEFIT PLAN		
b Name of plan sponsor	MAYFIELD GRAVES CO CHAMBER OF COMMERCE	**c** EIN-PN	61-0600511-501
a Plan name	MAYFIELD GRAVES LTRG, INC CBS BENEFIT PLAN		
b Name of plan sponsor	MAYFIELD GRAVES LTRG, INC	**c** EIN-PN	88-2562759-501
a Plan name	MAYHORNS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MAYHORNS INC	**c** EIN-PN	61-1256822-501
a Plan name	MAYS CARPET LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAYS CARPET LLC	**c** EIN-PN	47-1050952-501
a Plan name	MAYS PLASTIC SURGERY PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MAYS PLASTIC SURGERY PLLC	**c** EIN-PN	88-3959982-501
a Plan name	MB RAIL TTI LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MB RAIL TTI LLC	**c** EIN-PN	86-1196575-501
a Plan name	MB ROLAND DISTILLERY CBS BENEFIT PLAN		
b Name of plan sponsor	MB ROLAND DISTILLERY	**c** EIN-PN	26-3774354-501
a Plan name	MBM TIRES INC CBS BENEFIT PLAN		
b Name of plan sponsor	MBM TIRES INC	**c** EIN-PN	16-1668568-501

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	MBP LODGING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MBP LODGING LLC	**c** EIN-PN	86-1733123-501
a Plan name	MC ROOFING ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MC ROOFING ENTERPRISES LLC	**c** EIN-PN	30-0535830-501
a Plan name	MCAFEE MOWING LANDSCAPING CBS BENEFIT PLAN		
b Name of plan sponsor	MCAFEE MOWING LANDSCAPING	**c** EIN-PN	20-1350690-501
a Plan name	MCALPIN-HALL CBS BENEFIT PLAN		
b Name of plan sponsor	MCALPIN-HALL	**c** EIN-PN	61-1037241-501
a Plan name	MCCAYS TOTAL CARE PHARMACY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MCCAYS TOTAL CARE PHARMACY LLC	**c** EIN-PN	81-1097489-501
a Plan name	MCCLELLAND & ASSOCIATES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MCCLELLAND & ASSOCIATES PLLC	**c** EIN-PN	52-2415997-501
a Plan name	MCCLOUD LAW GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	MCCLOUD LAW GROUP	**c** EIN-PN	46-2644504-501
a Plan name	MCCOY & SPARKS, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MCCOY & SPARKS, PLLC	**c** EIN-PN	20-1412812-501
a Plan name	MCCREARY APARTMENTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MCCREARY APARTMENTS INC	**c** EIN-PN	61-0966805-501
a Plan name	MCDANIEL INSURANCE AGENCY CBS BENEFIT PLAN		
b Name of plan sponsor	MCDANIEL INSURANCE AGENCY	**c** EIN-PN	46-1523960-501
a Plan name	MCDONALD FUNERAL HOME INC CBS BENEFIT PLAN		
b Name of plan sponsor	MCDONALD FUNERAL HOME INC	**c** EIN-PN	61-1065056-501
a Plan name	MCDOWELL, STROMATT & ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	MCDOWELL, STROMATT & ASSOCIATES INC	**c** EIN-PN	61-1382508-501

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	MCELFRESH MAINTENANCE CBS BENEFIT PLAN		
b Name of plan sponsor	MCELFRESH MAINTENANCE	**c** EIN-PN	31-1002341-501
a Plan name	MCELROY GRAIN COMPANY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MCELROY GRAIN COMPANY, LLC	**c** EIN-PN	92-1735134-501
a Plan name	MCF ADVISORS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MCF ADVISORS, LLC	**c** EIN-PN	20-0566061-501
a Plan name	MCGEE PEST CONTROL CBS BENEFIT PLAN		
b Name of plan sponsor	MCGEE PEST CONTROL	**c** EIN-PN	61-1062007-501
a Plan name	MCGEENEY CONSULTING PARTNERS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MCGEENEY CONSULTING PARTNERS, LLC	**c** EIN-PN	87-4423440-501
a Plan name	MCGLONE CONSTRUCTION CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	MCGLONE CONSTRUCTION CO INC	**c** EIN-PN	61-0878626-501
a Plan name	MCGOWAN EXCAVATING INC CBS BENEFIT PLAN		
b Name of plan sponsor	MCGOWAN EXCAVATING INC	**c** EIN-PN	62-1686306-501
a Plan name	MCGREGOR AND ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	MCGREGOR AND ASSOCIATES	**c** EIN-PN	61-1211399-501
a Plan name	MCGUIRE INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	MCGUIRE INSURANCE AGENCY INC	**c** EIN-PN	61-1358311-501
a Plan name	MCHENRY BRASS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MCHENRY BRASS INC	**c** EIN-PN	61-0882988-501
a Plan name	MCI AST VMI LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MCI AST VMI LLC	**c** EIN-PN	82-1403920-501
a Plan name	MCJ CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	MCJ CONSULTING	**c** EIN-PN	61-1351520-501

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	MCKINAU LOGISTICS KY INC CBS BENEFIT PLAN		
b Name of plan sponsor	MCKINAU LOGISTICS KY INC	**c** EIN-PN	85-2336835-501
a Plan name	MCKINNEY & ASSOCIATES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MCKINNEY & ASSOCIATES LLC	**c** EIN-PN	45-4197495-501
a Plan name	MCKINNEY PAINTING CBS BENEFIT PLAN		
b Name of plan sponsor	MCKINNEY PAINTING	**c** EIN-PN	61-0998024-501
a Plan name	MCVEY LAND DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	MCVEY LAND DEVELOPMENT	**c** EIN-PN	30-0146522-501
a Plan name	MDM CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MDM CONTRACTING LLC	**c** EIN-PN	87-3172809-502
a Plan name	MEADE BANCORP, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	MEADE BANCORP, INC.	**c** EIN-PN	61-1028560-501
a Plan name	MEADE COUNTY SHERIFF S OFFICE CBS BENEFIT PLAN		
b Name of plan sponsor	MEADE COUNTY SHERIFF S OFFICE	**c** EIN-PN	32-0045668-501
a Plan name	MEADE PHYSICIANS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MEADE PHYSICIANS INC	**c** EIN-PN	61-1299198-501
a Plan name	MEBS COUNSELING CBS BENEFIT PLAN		
b Name of plan sponsor	MEBS COUNSELING	**c** EIN-PN	82-3626995-502
a Plan name	MECHANICAL SYSTEMS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	MECHANICAL SYSTEMS, INC	**c** EIN-PN	61-1293488-501
a Plan name	MEDCARE INC CBS BENEFIT PLAN		
b Name of plan sponsor	MEDCARE INC	**c** EIN-PN	61-1165137-502
a Plan name	MEDIALOG INC CBS BENEFIT PLAN		
b Name of plan sponsor	MEDIALOG INC	**c** EIN-PN	61-1104218-501

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	MEDIAWORKS ADVERTISING INC CBS BENEFIT PLAN		
b Name of plan sponsor	MEDIAWORKS ADVERTISING INC	**c** EIN-PN	61-1294080-501
a Plan name	MEDICAL EQUIPMENT DEPOT CBS BENEFIT PLAN		
b Name of plan sponsor	MEDICAL EQUIPMENT DEPOT	**c** EIN-PN	47-3539366-501
a Plan name	MEDICAL REVIEW INC CBS BENEFIT PLAN		
b Name of plan sponsor	MEDICAL REVIEW INC	**c** EIN-PN	61-1154078-501
a Plan name	MEDICINE ENTERPRISES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MEDICINE ENTERPRISES, LLC	**c** EIN-PN	93-2859043-501
a Plan name	MEDIOCRE CREATIVE CBS BENEFIT PLAN		
b Name of plan sponsor	MEDIOCRE CREATIVE	**c** EIN-PN	47-4462347-501
a Plan name	MEDIQ LEARNING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MEDIQ LEARNING LLC	**c** EIN-PN	20-1906519-501
a Plan name	MEDMASTERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MEDMASTERS INC	**c** EIN-PN	61-1350330-501
a Plan name	MEDMETRIX,LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MEDMETRIX,LLC	**c** EIN-PN	63-1616327-501
a Plan name	MEES TILE AND MARBLE CBS BENEFIT PLAN		
b Name of plan sponsor	MEES TILE AND MARBLE	**c** EIN-PN	61-1230687-501
a Plan name	MEHR TRIAL LAWYERS PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MEHR TRIAL LAWYERS PLLC	**c** EIN-PN	45-4014168-501
a Plan name	MEINCKEN INSURANCE SERVICES, INC CBS BENEFIT PLAN		
b Name of plan sponsor	MEINCKEN INSURANCE SERVICES, INC	**c** EIN-PN	83-3629209-501
a Plan name	MEINERS ELECTRICAL SERVICES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MEINERS ELECTRICAL SERVICES, LLC	**c** EIN-PN	26-3916205-501

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	MEINHART & MANNING PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MEINHART & MANNING PLLC	**c** EIN-PN	61-1358543-501
a Plan name	MELISSA ERWIN TAYLOR EA CBS BENEFIT PLAN		
b Name of plan sponsor	MELISSA ERWIN TAYLOR EA	**c** EIN-PN	82-2832140-501
a Plan name	MEMORIA PRESS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MEMORIA PRESS INC	**c** EIN-PN	61-1385486-501
a Plan name	MEP & ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	MEP & ASSOCIATES INC	**c** EIN-PN	26-2179142-501
a Plan name	MERCURIO WEALTH ADVISORS CBS BENEFIT PLAN		
b Name of plan sponsor	MERCURIO WEALTH ADVISORS	**c** EIN-PN	61-1369622-501
a Plan name	MERDZIC TRANSPORTATION SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	MERDZIC TRANSPORTATION SERVICES INC	**c** EIN-PN	47-5470362-501
a Plan name	MEREDITH MACHINERY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MEREDITH MACHINERY LLC	**c** EIN-PN	61-1369896-502
a Plan name	MERITRUST WEALTH MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MERITRUST WEALTH MANAGEMENT LLC	**c** EIN-PN	61-1350711-501
a Plan name	MERRIDIAN, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MERRIDIAN, LLC	**c** EIN-PN	64-0878821-501
a Plan name	METAL SOLUTIONS DESIGN & FABRICATION CBS BENEFIT PLAN		
b Name of plan sponsor	METAL SOLUTIONS DESIGN & FABRICATION	**c** EIN-PN	31-1594506-501
a Plan name	METCALFE WHOLESALE FLORIST INC. CBS BENEFIT PLAN		
b Name of plan sponsor	METCALFE WHOLESALE FLORIST INC.	**c** EIN-PN	61-0596251-501
a Plan name	METRO FENCE CBS BENEFIT PLAN		
b Name of plan sponsor	METRO FENCE	**c** EIN-PN	61-1298347-501

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	METRO TOWING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	METRO TOWING LLC	**c** EIN-PN	20-0505487-501
a Plan name	MG COACHING & CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	MG COACHING & CONSULTING	**c** EIN-PN	81-1646804-501
a Plan name	MH HIBACHI EXPRESS CBS BENEFIT PLAN		
b Name of plan sponsor	MH HIBACHI EXPRESS	**c** EIN-PN	83-3895768-501
a Plan name	MIAMI VALLEY PAPER TUBE CBS BENEFIT PLAN		
b Name of plan sponsor	MIAMI VALLEY PAPER TUBE	**c** EIN-PN	31-1209959-501
a Plan name	MICAH C LESTER CBS BENEFIT PLAN		
b Name of plan sponsor	MICAH C LESTER	**c** EIN-PN	61-1389877-501
a Plan name	MICHAEL J GROSS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MICHAEL J GROSS LLC	**c** EIN-PN	83-4417503-501
a Plan name	MICHAEL W SIMON M D P S C CBS BENEFIT PLAN		
b Name of plan sponsor	MICHAEL W SIMON M D P S C	**c** EIN-PN	31-1347562-501
a Plan name	MICHEL REAL ESTATE GROUP, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MICHEL REAL ESTATE GROUP, LLC	**c** EIN-PN	84-3969359-501
a Plan name	MICHENER MULLINS ARRINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	MICHENER MULLINS ARRINGTON	**c** EIN-PN	99-0730458-501
a Plan name	MICRO-ANALYTICS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MICRO-ANALYTICS INC	**c** EIN-PN	61-1130828-501
a Plan name	MICRO-WELD TECHNOLOGIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	MICRO-WELD TECHNOLOGIES INC	**c** EIN-PN	61-1350288-501
a Plan name	MID AMERICAN GUNITE POOLS CBS BENEFIT PLAN		
b Name of plan sponsor	MID AMERICAN GUNITE POOLS	**c** EIN-PN	90-0441478-501

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	MID AMERICAN RARE COIN GALLERIES CBS BENEFIT PLAN		
b Name of plan sponsor	MID AMERICAN RARE COIN GALLERIES	**c** EIN-PN	61-1049228-501
a Plan name	MID SOUTH CONFERENCE CBS BENEFIT PLAN		
b Name of plan sponsor	MID SOUTH CONFERENCE	**c** EIN-PN	61-1293082-501
a Plan name	MID SOUTH CONFERENCE CBS BENEFIT PLAN		
b Name of plan sponsor	MID SOUTH CONFERENCE	**c** EIN-PN	61-1293082-502
a Plan name	MIDDENDORF ANIMAL HOSPITAL & LASER CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	MIDDENDORF ANIMAL HOSPITAL & LASER CENTER	**c** EIN-PN	61-1288972-501
a Plan name	MIDDLESBORO HOUSING AUTH CBS BENEFIT PLAN		
b Name of plan sponsor	MIDDLESBORO HOUSING AUTH	**c** EIN-PN	61-6003003-501
a Plan name	MIDLAND TRAIL GOLF CLUB INC CBS BENEFIT PLAN		
b Name of plan sponsor	MIDLAND TRAIL GOLF CLUB INC	**c** EIN-PN	61-0621755-501
a Plan name	MIDSOUTH HOSPITALITY INC. CBS BENEFIT PLAN		
b Name of plan sponsor	MIDSOUTH HOSPITALITY INC.	**c** EIN-PN	46-5699888-502
a Plan name	MIDTOWN PHARMACY EXPRESS CBS BENEFIT PLAN		
b Name of plan sponsor	MIDTOWN PHARMACY EXPRESS	**c** EIN-PN	46-1977251-501
a Plan name	MIDWAY PARTNERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MIDWAY PARTNERS LLC	**c** EIN-PN	83-4225347-501
a Plan name	MIDWAY PHARMACY OF CLARKSON, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	MIDWAY PHARMACY OF CLARKSON, INC.	**c** EIN-PN	61-1083758-501
a Plan name	MIDWEST AVIATION SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	MIDWEST AVIATION SERVICES INC	**c** EIN-PN	61-1173082-501
a Plan name	MIDWEST BOTTLE GAS DISTRIBUTORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MIDWEST BOTTLE GAS DISTRIBUTORS INC	**c** EIN-PN	61-0470379-502

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	MIDWEST RECYCLE, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MIDWEST RECYCLE, LLC	**c** EIN-PN	84-4782163-501
a Plan name	MIDWEST SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MIDWEST SERVICES LLC	**c** EIN-PN	87-1835361-501
a Plan name	MIDWEST SPRINKLER CORP CBS BENEFIT PLAN		
b Name of plan sponsor	MIDWEST SPRINKLER CORP	**c** EIN-PN	61-1186333-501
a Plan name	MIGHTY TEES SCREEN PRINTING CBS BENEFIT PLAN		
b Name of plan sponsor	MIGHTY TEES SCREEN PRINTING	**c** EIN-PN	46-1501488-501
a Plan name	MII SPINE CBS BENEFIT PLAN		
b Name of plan sponsor	MII SPINE	**c** EIN-PN	85-3484953-501
a Plan name	MIKE ALEXANDER DIES CBS BENEFIT PLAN		
b Name of plan sponsor	MIKE ALEXANDER DIES	**c** EIN-PN	61-1046250-501
a Plan name	MIKE ENDRES PLUMBING INC CBS BENEFIT PLAN		
b Name of plan sponsor	MIKE ENDRES PLUMBING INC	**c** EIN-PN	20-4553296-501
a Plan name	MIKE MEASEL INC CBS BENEFIT PLAN		
b Name of plan sponsor	MIKE MEASEL INC	**c** EIN-PN	61-1263589-501
a Plan name	MILE WIDE BEER COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MILE WIDE BEER COMPANY LLC	**c** EIN-PN	47-2615987-501
a Plan name	MILESTONE LENDING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MILESTONE LENDING LLC	**c** EIN-PN	82-0880399-501
a Plan name	MILK & HONEY DAYCARE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	MILK & HONEY DAYCARE, INC	**c** EIN-PN	61-1100044-501
a Plan name	MILLER VENTURES CBS BENEFIT PLAN		
b Name of plan sponsor	MILLER VENTURES	**c** EIN-PN	35-2301149-501

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	MILLS AUTOMOTIVE CBS BENEFIT PLAN		
b Name of plan sponsor	MILLS AUTOMOTIVE	**c** EIN-PN	61-1287013-501
a Plan name	MILWARD FUNERAL DIRECTORS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	MILWARD FUNERAL DIRECTORS, INC.	**c** EIN-PN	61-0889933-501
a Plan name	MIND BODY CHILD CBS BENEFIT PLAN		
b Name of plan sponsor	MIND BODY CHILD	**c** EIN-PN	20-2858360-501
a Plan name	MINDSIGHT BEHAVIORAL GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	MINDSIGHT BEHAVIORAL GROUP	**c** EIN-PN	47-4934814-501
a Plan name	MINE & MILL SUPPLY CO CBS BENEFIT PLAN		
b Name of plan sponsor	MINE & MILL SUPPLY CO	**c** EIN-PN	82-1715167-501
a Plan name	MINE SERVICE COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	MINE SERVICE COMPANY INC	**c** EIN-PN	61-1050888-501
a Plan name	MINGUA BROS JERKY INC CBS BENEFIT PLAN		
b Name of plan sponsor	MINGUA BROS JERKY INC	**c** EIN-PN	61-1266612-501
a Plan name	MINI MAX INFORMATION SYS CBS BENEFIT PLAN		
b Name of plan sponsor	MINI MAX INFORMATION SYS	**c** EIN-PN	61-0913269-501
a Plan name	MINKIT TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	MINKIT TRUCKING	**c** EIN-PN	83-4580217-501
a Plan name	MINT JULEP TOURS CBS BENEFIT PLAN		
b Name of plan sponsor	MINT JULEP TOURS	**c** EIN-PN	26-2149385-501
a Plan name	MIRAZON GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	MIRAZON GROUP	**c** EIN-PN	61-1363720-502
a Plan name	MIRIAM MERCADO REYES MD CBS BENEFIT PLAN		
b Name of plan sponsor	MIRIAM MERCADO REYES MD	**c** EIN-PN	61-1373206-501

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	MIRROR TWIN BREWING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MIRROR TWIN BREWING LLC	**c** EIN-PN	47-4311405-501
a Plan name	MISFIT TOYS LLP CBS BENEFIT PLAN		
b Name of plan sponsor	MISFIT TOYS LLP	**c** EIN-PN	81-3060808-501
a Plan name	MISS MOW IT ALL, INC CBS BENEFIT PLAN		
b Name of plan sponsor	MISS MOW IT ALL, INC	**c** EIN-PN	20-2003777-501
a Plan name	MISS PRISS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MISS PRISS INC	**c** EIN-PN	61-1438746-501
a Plan name	MISSOURI SEA AND AIR CBS BENEFIT PLAN		
b Name of plan sponsor	MISSOURI SEA AND AIR	**c** EIN-PN	43-1365047-501
a Plan name	MITCHELL & ASSOCIATES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MITCHELL & ASSOCIATES PLLC	**c** EIN-PN	61-1364409-501
a Plan name	MITCHELL & LINDSEY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MITCHELL & LINDSEY LLC	**c** EIN-PN	27-1930151-501
a Plan name	MIYAMA USA INC CBS BENEFIT PLAN		
b Name of plan sponsor	MIYAMA USA INC	**c** EIN-PN	61-1161259-501
a Plan name	MJH CONTRACT WELDING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MJH CONTRACT WELDING LLC	**c** EIN-PN	47-1682560-501
a Plan name	MLE ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MLE ENTERPRISES LLC	**c** EIN-PN	45-2154327-501
a Plan name	MLJV MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MLJV MANAGEMENT LLC	**c** EIN-PN	86-2593130-501
a Plan name	MMSS LLP CBS BENEFIT PLAN		
b Name of plan sponsor	MMSS LLP	**c** EIN-PN	61-0866166-501

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	MOAK AND NUNNERY PSC CBS BENEFIT PLAN		
b Name of plan sponsor	MOAK AND NUNNERY PSC	**c** EIN-PN	61-1323354-501
a Plan name	MOBIE ADVENTURES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MOBIE ADVENTURES LLC	**c** EIN-PN	88-0837773-501
a Plan name	MOBILE MIX LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MOBILE MIX LLC	**c** EIN-PN	81-5025612-501
a Plan name	MOBILITY MATTERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MOBILITY MATTERS INC	**c** EIN-PN	20-0070780-501
a Plan name	MOBLEY FAMILY FARM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MOBLEY FAMILY FARM LLC	**c** EIN-PN	45-5628838-501
a Plan name	MOCKINGBIRD VALLEY SOCCER CBS BENEFIT PLAN		
b Name of plan sponsor	MOCKINGBIRD VALLEY SOCCER	**c** EIN-PN	35-2295123-501
a Plan name	MODERN CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	MODERN CONSTRUCTION INC	**c** EIN-PN	61-1124197-501
a Plan name	MODERN KIDS DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	MODERN KIDS DENTISTRY	**c** EIN-PN	47-2668506-501
a Plan name	MODICA CBS BENEFIT PLAN		
b Name of plan sponsor	MODICA	**c** EIN-PN	82-4151464-501
a Plan name	MOHR RESULTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MOHR RESULTS INC	**c** EIN-PN	20-5661915-501
a Plan name	MOMENTUM CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MOMENTUM CONSTRUCTION LLC	**c** EIN-PN	45-1296975-501
a Plan name	MONARCH ENGINEERING CBS BENEFIT PLAN		
b Name of plan sponsor	MONARCH ENGINEERING	**c** EIN-PN	61-1269140-501

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	MONEY CONCEPTS CBS BENEFIT PLAN		
b Name of plan sponsor	MONEY CONCEPTS	**c** EIN-PN	61-1175822-501
a Plan name	MONIN FIVE CBS BENEFIT PLAN		
b Name of plan sponsor	MONIN FIVE	**c** EIN-PN	20-2278068-501
a Plan name	MONITORING & CONTROLLED SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MONITORING & CONTROLLED SOLUTIONS LLC	**c** EIN-PN	84-2278999-501
a Plan name	MONKEY SHINES INC CBS BENEFIT PLAN		
b Name of plan sponsor	MONKEY SHINES INC	**c** EIN-PN	31-1496089-501
a Plan name	MONSTER MANUFACTURING CBS BENEFIT PLAN		
b Name of plan sponsor	MONSTER MANUFACTURING	**c** EIN-PN	45-4094442-501
a Plan name	MONSTER ROD HOLDER BRANDS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MONSTER ROD HOLDER BRANDS INC	**c** EIN-PN	84-2877149-501
a Plan name	MOOMOO'S CHILD ENRICHMENT CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	MOOMOOS CHILD ENRICHMENT CENTER	**c** EIN-PN	82-3173354-501
a Plan name	MOONLITE BARBQ INN CBS BENEFIT PLAN		
b Name of plan sponsor	MOONLITE BARBQ INN	**c** EIN-PN	61-0710792-501
a Plan name	MOORE & MOORE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MOORE & MOORE PLLC	**c** EIN-PN	27-4284643-501
a Plan name	MOORE DENTAL SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	MOORE DENTAL SERVICES INC	**c** EIN-PN	61-1380313-501
a Plan name	MOORMAN FARMS INC. CBS BENEFIT PLAN		
b Name of plan sponsor	MOORMAN FARMS INC.	**c** EIN-PN	61-1268631-501
a Plan name	MOREHEAD PRIMARY CARE CBS BENEFIT PLAN		
b Name of plan sponsor	MOREHEAD PRIMARY CARE	**c** EIN-PN	27-4156095-502

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	MOREL CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	MOREL CONSTRUCTION	**c** EIN-PN	61-1185283-501
a Plan name	MORGAN COLLINS & YEAST CBS BENEFIT PLAN		
b Name of plan sponsor	MORGAN COLLINS & YEAST	**c** EIN-PN	43-1959664-501
a Plan name	MORGAN LAKELAND OPERATION CBS BENEFIT PLAN		
b Name of plan sponsor	MORGAN LAKELAND OPERATION	**c** EIN-PN	81-0958186-501
a Plan name	MORGAN SMITH PORTER PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MORGAN SMITH PORTER PLLC	**c** EIN-PN	61-1212677-501
a Plan name	MORGANFIELD HOME CENTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	MORGANFIELD HOME CENTER INC	**c** EIN-PN	61-0974452-501
a Plan name	MORGANS ON MAIN, INC CBS BENEFIT PLAN		
b Name of plan sponsor	MORGANS ON MAIN, INC	**c** EIN-PN	81-5341307-501
a Plan name	MORGESON ELECTRIC HEATING & AC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MORGESON ELECTRIC HEATING & AC LLC	**c** EIN-PN	26-0039614-501
a Plan name	MORLEYS BACKYARD CBS BENEFIT PLAN		
b Name of plan sponsor	MORLEYS BACKYARD	**c** EIN-PN	88-1253634-501
a Plan name	MORRIS LIQUORS AND DELI CBS BENEFIT PLAN		
b Name of plan sponsor	MORRIS LIQUORS AND DELI	**c** EIN-PN	61-1149554-501
a Plan name	MORTGAGE MAN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MORTGAGE MAN LLC	**c** EIN-PN	20-3448523-501
a Plan name	MORY & COLLIERSMITH, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MORY & COLLIERSMITH, PLLC	**c** EIN-PN	82-3634616-501
a Plan name	MOSS DANCE ACADEMY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MOSS DANCE ACADEMY LLC	**c** EIN-PN	03-0462637-501

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	MOUNTAIN BROADCASTING SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	MOUNTAIN BROADCASTING SERVICE	**c** EIN-PN	61-0516507-501
a Plan name	MOUNTAIN METAL RECYCLABLES CBS BENEFIT PLAN		
b Name of plan sponsor	MOUNTAIN METAL RECYCLABLES	**c** EIN-PN	81-1438463-501
a Plan name	MOUNTAIN REHABILITATION SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MOUNTAIN REHABILITATION SERVICES LLC	**c** EIN-PN	32-0029326-501
a Plan name	MOZZA PI LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MOZZA PI LLC	**c** EIN-PN	27-4747928-501
a Plan name	MR APPLIANCE OF LEXINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	MR APPLIANCE OF LEXINGTON	**c** EIN-PN	45-4266562-501
a Plan name	MR HVAC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MR HVAC LLC	**c** EIN-PN	45-2367439-501
a Plan name	MR. ELECTRIC OF CENTRAL KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	MR. ELECTRIC OF CENTRAL KENTUCKY	**c** EIN-PN	46-0482889-501
a Plan name	MRKT INC CBS BENEFIT PLAN		
b Name of plan sponsor	MRKT INC	**c** EIN-PN	27-1672717-501
a Plan name	MSA INC CBS BENEFIT PLAN		
b Name of plan sponsor	MSA INC	**c** EIN-PN	61-1379648-501
a Plan name	MT WASHINGTON FIRE PROTECTION DISTRICT EMS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MT WASHINGTON FIRE PROTECTION DISTRICT EMS INC	**c** EIN-PN	84-4108322-501
a Plan name	MT. BRILLIANT FARM & RANCH CBS BENEFIT PLAN		
b Name of plan sponsor	MT. BRILLIANT FARM & RANCH	**c** EIN-PN	27-1248596-501
a Plan name	MT. STERLING CLINIC PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	MT. STERLING CLINIC PLLC	**c** EIN-PN	32-0012406-501

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	MT. STERLING PEDIATRICS P.S.C. CBS BENEFIT PLAN		
b Name of plan sponsor	MT. STERLING PEDIATRICS P.S.C.	**c** EIN-PN	26-3977758-501
a Plan name	MUEHLENKAMP PROPERTIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	MUEHLENKAMP PROPERTIES INC	**c** EIN-PN	61-0966522-501
a Plan name	MUELLER AUTOMOTIVE CBS BENEFIT PLAN		
b Name of plan sponsor	MUELLER AUTOMOTIVE	**c** EIN-PN	85-4389687-501
a Plan name	MUHAMMAD ALI MUSEUM AND EDUCATION CENTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	MUHAMMAD ALI MUSEUM AND EDUCATION CENTER INC	**c** EIN-PN	61-1323046-501
a Plan name	MULBERRY BUILDERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MULBERRY BUILDERS LLC	**c** EIN-PN	45-2760135-501
a Plan name	MULLIS INC CBS BENEFIT PLAN		
b Name of plan sponsor	MULLIS INC	**c** EIN-PN	61-0673972-501
a Plan name	MULLOY PROPERTIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MULLOY PROPERTIES LLC	**c** EIN-PN	37-1618757-501
a Plan name	MULTI SKILL TRAINING SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	MULTI SKILL TRAINING SERVICES	**c** EIN-PN	61-1358990-501
a Plan name	MUNICIPAL EQUIPMENT INC CBS BENEFIT PLAN		
b Name of plan sponsor	MUNICIPAL EQUIPMENT INC	**c** EIN-PN	61-0714748-501
a Plan name	MURPHY & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	MURPHY & ASSOCIATES	**c** EIN-PN	46-0529185-501
a Plan name	MURPHY ELEVATOR COMPANY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	MURPHY ELEVATOR COMPANY, INC	**c** EIN-PN	61-0288500-501
a Plan name	MURPHY LEASING COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	MURPHY LEASING COMPANY INC	**c** EIN-PN	61-0862432-501

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	MURPHY SEWING MACHINE COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	MURPHY SEWING MACHINE COMPANY	**c** EIN-PN	45-1642360-501
a Plan name	MURPHYS CAMERA CBS BENEFIT PLAN		
b Name of plan sponsor	MURPHYS CAMERA	**c** EIN-PN	61-0536504-501
a Plan name	MURRAY HOME AND AUTO, INC CBS BENEFIT PLAN		
b Name of plan sponsor	MURRAY HOME AND AUTO, INC	**c** EIN-PN	61-1066315-501
a Plan name	MURRAY RECYCLING CBS BENEFIT PLAN		
b Name of plan sponsor	MURRAY RECYCLING	**c** EIN-PN	43-2076512-501
a Plan name	MURRAY SPORTING GOODS CBS BENEFIT PLAN		
b Name of plan sponsor	MURRAY SPORTING GOODS	**c** EIN-PN	81-1812810-501
a Plan name	MURTY PHARMACEUTICALS CBS BENEFIT PLAN		
b Name of plan sponsor	MURTY PHARMACEUTICALS	**c** EIN-PN	61-1276283-501
a Plan name	MUSEUMS OF HOPKINSVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	MUSEUMS OF HOPKINSVILLE	**c** EIN-PN	61-1016654-501
a Plan name	MUTHS CANDIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	MUTHS CANDIES INC	**c** EIN-PN	61-1914795-501
a Plan name	MUUVWELL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MUUVWELL LLC	**c** EIN-PN	99-1172463-501
a Plan name	MVP FLORIDA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MVP FLORIDA LLC	**c** EIN-PN	45-2702942-501
a Plan name	MWM CONSULTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MWM CONSULTING LLC	**c** EIN-PN	85-3926127-501
a Plan name	MWM CONSULTING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	MWM CONSULTING, LLC	**c** EIN-PN	85-3926127-501

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	MY OLD KY HOME REPAIR INC CBS BENEFIT PLAN		
b Name of plan sponsor	MY OLD KY HOME REPAIR INC	**c** EIN-PN	46-3501584-501
a Plan name	MYERS PRINTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	MYERS PRINTING INC	**c** EIN-PN	61-1015026-501
a Plan name	N&M PROPERTIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	N&M PROPERTIES LLC	**c** EIN-PN	37-1962569-501
a Plan name	N3D GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	N3D GROUP	**c** EIN-PN	46-3901836-501
a Plan name	NADUS FILMS PRODUCTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	NADUS FILMS PRODUCTIONS	**c** EIN-PN	82-1926908-501
a Plan name	NANOCUBE TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	NANOCUBE TECHNOLOGIES	**c** EIN-PN	81-4299825-501
a Plan name	NANZ & KRAFT FLORISTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	NANZ & KRAFT FLORISTS INC	**c** EIN-PN	61-0590007-501
a Plan name	NAPIER GAULT SCHUPBACH & STEVENS PLC CBS BENEFIT PLAN		
b Name of plan sponsor	NAPIER GAULT SCHUPBACH & STEVENS PLC	**c** EIN-PN	26-2266301-501
a Plan name	NAPROGENIX INC CBS BENEFIT PLAN		
b Name of plan sponsor	NAPROGENIX INC	**c** EIN-PN	57-1144999-501
a Plan name	NASCA ELASTOMERS CBS BENEFIT PLAN		
b Name of plan sponsor	NASCA ELASTOMERS	**c** EIN-PN	81-3666572-501
a Plan name	NASH LIFT TRUCK SUPPLY CO CBS BENEFIT PLAN		
b Name of plan sponsor	NASH LIFT TRUCK SUPPLY CO	**c** EIN-PN	16-1652169-501
a Plan name	NATIONAL CENTER FOR FAMILIES LEARNING CBS BENEFIT PLAN		
b Name of plan sponsor	NATIONAL CENTER FOR FAMILIES LEARNING	**c** EIN-PN	61-1159549-501

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	NATIONAL CONTRACTING SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	NATIONAL CONTRACTING SERVICES	**c** EIN-PN	27-1891373-501
a Plan name	NATIONAL PROSTHETICS AND ORTHOTICS CBS BENEFIT PLAN		
b Name of plan sponsor	NATIONAL PROSTHETICS AND ORTHOTICS	**c** EIN-PN	20-8025837-501
a Plan name	NATIONAL SOCIETY SONS OF THE AMERICAN REVOLUTION CBS BENEFIT PLAN		
b Name of plan sponsor	NATIONAL SOCIETY SONS OF THE AMERICAN REVOLUTION	**c** EIN-PN	53-0116355-501
a Plan name	NATIONAL SOFTBALL ASSOCIATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	NATIONAL SOFTBALL ASSOCIATION INC	**c** EIN-PN	61-1126922-501
a Plan name	NATIONAL VETERAN OWNED BUSINESS ASSOCIATION CBS BENEFIT PLAN		
b Name of plan sponsor	NATIONAL VETERAN OWNED BUSINESS ASSOCIATION	**c** EIN-PN	81-3882002-501
a Plan name	NATIONAL WORKWEAR, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	NATIONAL WORKWEAR, INC.	**c** EIN-PN	88-1442909-501
a Plan name	NATIONWIDE GENERAL RENTAL OF FRANKFORT CBS BENEFIT PLAN		
b Name of plan sponsor	NATIONWIDE GENERAL RENTAL OF FRANKFORT	**c** EIN-PN	61-0919919-501
a Plan name	NATS OUTDOOR SPORTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	NATS OUTDOOR SPORTS INC	**c** EIN-PN	61-1128105-501
a Plan name	NATURAL ENERGY UTILITY CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	NATURAL ENERGY UTILITY CORPORATION	**c** EIN-PN	30-0006093-501
a Plan name	NATURAL SMILES KY CBS BENEFIT PLAN		
b Name of plan sponsor	NATURAL SMILES KY	**c** EIN-PN	47-1549449-502
a Plan name	NATURALAWN OF AMERICA-KY CBS BENEFIT PLAN		
b Name of plan sponsor	NATURALAWN OF AMERICA-KY	**c** EIN-PN	26-4023857-502
a Plan name	NATURES TOUCH INC CBS BENEFIT PLAN		
b Name of plan sponsor	NATURES TOUCH INC	**c** EIN-PN	61-1108007-501

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	NCH FINANCIAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	NCH FINANCIAL SERVICES	**c** EIN-PN	81-1012290-502
a Plan name	NE KY REGIONAL HEALTH INFORMATION ORGANIZATION CBS BENEFIT PLAN		
b Name of plan sponsor	NE KY REGIONAL HEALTH INFORMATION ORGANIZATION	**c** EIN-PN	26-3803356-501
a Plan name	NEAL FUNERAL HOME INC CBS BENEFIT PLAN		
b Name of plan sponsor	NEAL FUNERAL HOME INC	**c** EIN-PN	61-0946237-501
a Plan name	NEAL MATHIS FARMS INC. CBS BENEFIT PLAN		
b Name of plan sponsor	NEAL MATHIS FARMS INC.	**c** EIN-PN	31-1499857-501
a Plan name	NECK & BACK INSTITUTE KY CBS BENEFIT PLAN		
b Name of plan sponsor	NECK & BACK INSTITUTE KY	**c** EIN-PN	85-0770072-501
a Plan name	NEEL ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	NEEL ENTERPRISES INC	**c** EIN-PN	61-1232897-501
a Plan name	NEIGHBORHOOD HOUSE CBS BENEFIT PLAN		
b Name of plan sponsor	NEIGHBORHOOD HOUSE	**c** EIN-PN	61-0445842-501
a Plan name	NELSON BOONE COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	NELSON BOONE COMPANY	**c** EIN-PN	61-0606252-501
a Plan name	NELSON HOUSE PROPERTIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NELSON HOUSE PROPERTIES LLC	**c** EIN-PN	46-5517558-501
a Plan name	NELSON INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	NELSON INSURANCE AGENCY INC	**c** EIN-PN	61-0946965-502
a Plan name	NEONATAL SERVICES, PSC CBS BENEFIT PLAN		
b Name of plan sponsor	NEONATAL SERVICES, PSC	**c** EIN-PN	61-1367033-501
a Plan name	NEPHROLOGY ASSOCIATES OF CENTRAL KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	NEPHROLOGY ASSOCIATES OF CENTRAL KENTUCKY	**c** EIN-PN	61-1379420-501

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	NEPHROLOGY ASSOCIATES OF LEXINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	NEPHROLOGY ASSOCIATES OF LEXINGTON	**c** EIN-PN	61-0996059-501
a Plan name	NESBITT ENGINEERING CBS BENEFIT PLAN		
b Name of plan sponsor	NESBITT ENGINEERING	**c** EIN-PN	61-0895282-501
a Plan name	NETMEDIA ONE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NETMEDIA ONE LLC	**c** EIN-PN	61-1345591-501
a Plan name	NETWORK DATA SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	NETWORK DATA SOLUTIONS	**c** EIN-PN	46-4142678-501
a Plan name	NEUMANN BROTHERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NEUMANN BROTHERS LLC	**c** EIN-PN	83-3033373-501
a Plan name	NEURONETRIX SOLUTIONS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NEURONETRIX SOLUTIONS, LLC	**c** EIN-PN	20-0298337-501
a Plan name	NEUTZ & TUDOR AUTOMOTIVE SPECIALISTS CBS BENEFIT PLAN		
b Name of plan sponsor	NEUTZ & TUDOR AUTOMOTIVE SPECIALISTS	**c** EIN-PN	61-1048394-501
a Plan name	NEW AGE TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	NEW AGE TECHNOLOGIES	**c** EIN-PN	61-1301863-501
a Plan name	NEW CENTURY PLUMBING INC CBS BENEFIT PLAN		
b Name of plan sponsor	NEW CENTURY PLUMBING INC	**c** EIN-PN	26-0034995-501
a Plan name	NEW DAY RECOVERY CENTER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NEW DAY RECOVERY CENTER LLC	**c** EIN-PN	46-2501718-501
a Plan name	NEW LEVEL CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NEW LEVEL CONSTRUCTION LLC	**c** EIN-PN	61-1401579-501
a Plan name	NEW LINE COMMUNICATIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NEW LINE COMMUNICATIONS LLC	**c** EIN-PN	84-5003249-502

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	NEW LOOK GUTTERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NEW LOOK GUTTERS LLC	**c** EIN-PN	81-2969513-501
a Plan name	NEW PERCEPTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	NEW PERCEPTIONS	**c** EIN-PN	61-0705047-501
a Plan name	NEWPORT DRUG CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	NEWPORT DRUG CENTER	**c** EIN-PN	61-0673235-501
a Plan name	NEWTON & DANIELS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NEWTON & DANIELS LLC	**c** EIN-PN	83-3112487-501
a Plan name	NEWTON & DANIELS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NEWTON & DANIELS LLC	**c** EIN-PN	83-3112487-502
a Plan name	NEWTONS SUPERMARKET LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NEWTONS SUPERMARKET LLC	**c** EIN-PN	88-4313150-501
a Plan name	NEWTOWNANNER STUD FARM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NEWTOWNANNER STUD FARM LLC	**c** EIN-PN	81-2088127-502
a Plan name	NEXT CENTURY TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	NEXT CENTURY TECHNOLOGIES	**c** EIN-PN	61-1381881-501
a Plan name	NEXT LEVEL HOME SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	NEXT LEVEL HOME SERVICES	**c** EIN-PN	87-2968497-501
a Plan name	NICE NETWORK CBS BENEFIT PLAN		
b Name of plan sponsor	NICE NETWORK	**c** EIN-PN	31-1272171-501
a Plan name	NICHOLASVILLE ROAD ANIMAL HOSPITAL CBS BENEFIT PLAN		
b Name of plan sponsor	NICHOLASVILLE ROAD ANIMAL HOSPITAL	**c** EIN-PN	61-1399860-501
a Plan name	NICK POPE INSURANCE CBS BENEFIT PLAN		
b Name of plan sponsor	NICK POPE INSURANCE	**c** EIN-PN	20-1479844-501

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	NICK T ARNOLD JEWELERS CBS BENEFIT PLAN		
b Name of plan sponsor	NICK T ARNOLD JEWELERS	**c** EIN-PN	61-1339124-501
a Plan name	NKBS CBS BENEFIT PLAN		
b Name of plan sponsor	NKBS	**c** EIN-PN	61-1395273-501
a Plan name	NKY MECHANICAL AND ELECTRIC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NKY MECHANICAL AND ELECTRIC LLC	**c** EIN-PN	81-2050901-501
a Plan name	NKY TRUCK & TRAILER REPAIR SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	NKY TRUCK & TRAILER REPAIR SERVICES	**c** EIN-PN	86-1886415-501
a Plan name	NMB INC CBS BENEFIT PLAN		
b Name of plan sponsor	NMB INC	**c** EIN-PN	61-1007651-501
a Plan name	NO CREEK FARMS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	NO CREEK FARMS, INC	**c** EIN-PN	61-1367861-501
a Plan name	NO KENTUCKY PEDIATRIC GRP CBS BENEFIT PLAN		
b Name of plan sponsor	NO KENTUCKY PEDIATRIC GRP	**c** EIN-PN	61-0880302-501
a Plan name	NOAKES LAW GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	NOAKES LAW GROUP	**c** EIN-PN	82-3011590-501
a Plan name	NOBLE DENTAL PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	NOBLE DENTAL PLLC	**c** EIN-PN	84-3419980-501
a Plan name	NORDS BAKERY CBS BENEFIT PLAN		
b Name of plan sponsor	NORDS BAKERY	**c** EIN-PN	84-1666572-501
a Plan name	NORMAN KING ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	NORMAN KING ELECTRIC	**c** EIN-PN	61-1133754-501
a Plan name	NORTH SHELBY WATER CO. CBS BENEFIT PLAN		
b Name of plan sponsor	NORTH SHELBY WATER CO.	**c** EIN-PN	23-7115869-501

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 STAR COUNSELING & CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	NORTH STAR COUNSELING & CONSULTING	**c** EIN-PN	86-1784083-501
a Plan name	NORTHCUTT & WHITE, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	NORTHCUTT & WHITE, PLLC	**c** EIN-PN	92-1420495-501
a Plan name	NORTHERN CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	NORTHERN CONSTRUCTION	**c** EIN-PN	61-1240210-501
a Plan name	NORTHERN KENTUCKY CEDAR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NORTHERN KENTUCKY CEDAR LLC	**c** EIN-PN	61-1289068-501
a Plan name	NORTHERN KENTUCKY EQUIPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	NORTHERN KENTUCKY EQUIPMENT	**c** EIN-PN	83-1205870-501
a Plan name	NORTHERN KENTUCKY REGIONAL ALLIANCE CBS BENEFIT PLAN		
b Name of plan sponsor	NORTHERN KENTUCKY REGIONAL ALLIANCE	**c** EIN-PN	31-1489316-502
a Plan name	NORTHERN KY ORAL AND MAXILLOFACIAL SURG AND ASSOC CBS BENEFIT PLAN		
b Name of plan sponsor	NORTHERN KY ORAL AND MAXILLOFACIAL SURG AND ASSOC	**c** EIN-PN	61-1267485-502
a Plan name	NORTHERN WINDOWS DOORS & MORE CBS BENEFIT PLAN		
b Name of plan sponsor	NORTHERN WINDOWS DOORS & MORE	**c** EIN-PN	83-2267515-501
a Plan name	NORTHSTAR OPERATING COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NORTHSTAR OPERATING COMPANY LLC	**c** EIN-PN	87-2493275-501
a Plan name	NSU CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	NSU CORPORATION	**c** EIN-PN	35-1738745-502
a Plan name	NTL ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	NTL ENTERPRISES	**c** EIN-PN	61-1444137-501
a Plan name	NTOUCH MASSAGE & WELLNESS CENTER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NTOUCH MASSAGE & WELLNESS CENTER LLC	**c** EIN-PN	45-2173306-501

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	NUFORM INC CBS BENEFIT PLAN		
b Name of plan sponsor	NUFORM INC	**c** EIN-PN	61-1063867-501
a Plan name	NUKEM GRAPHICS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NUKEM GRAPHICS LLC	**c** EIN-PN	20-3113045-501
a Plan name	NULEASE MEDICAL SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	NULEASE MEDICAL SOLUTIONS	**c** EIN-PN	81-2949450-501
a Plan name	NURSESTAT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NURSESTAT LLC	**c** EIN-PN	27-0728996-501
a Plan name	NUTT LAW OFFICE CBS BENEFIT PLAN		
b Name of plan sponsor	NUTT LAW OFFICE	**c** EIN-PN	61-0964271-501
a Plan name	NUWAVE POOL & OUTDOOR DESIGN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	NUWAVE POOL & OUTDOOR DESIGN LLC	**c** EIN-PN	86-3971099-501
a Plan name	NWK CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	NWK CONSTRUCTION INC	**c** EIN-PN	61-1400862-501
a Plan name	O BRIEN FORD OF SHELBYVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	O BRIEN FORD OF SHELBYVILLE	**c** EIN-PN	26-2661732-501
a Plan name	OAKLAND FARMS TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	OAKLAND FARMS TRUCKING	**c** EIN-PN	82-4186931-501
a Plan name	OATES PROMOTIONAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	OATES PROMOTIONAL SERVICES	**c** EIN-PN	61-0913518-501
a Plan name	OBRIEN LAW GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	OBRIEN LAW GROUP	**c** EIN-PN	26-4265983-501
a Plan name	ODOMS LIVESTOCK SUPPLY IN CBS BENEFIT PLAN		
b Name of plan sponsor	ODOMS LIVESTOCK SUPPLY IN	**c** EIN-PN	61-1110272-501

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	ODP SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	ODP SOLUTIONS	**c** EIN-PN	83-0938398-501
a Plan name	OEM SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	OEM SOLUTIONS	**c** EIN-PN	99-1209619-501
a Plan name	OHIO COUNTY COLLISION REPAIR CBS BENEFIT PLAN		
b Name of plan sponsor	OHIO COUNTY COLLISION REPAIR	**c** EIN-PN	26-2269445-501
a Plan name	OHIO VALLEY INSURANCE CBS BENEFIT PLAN		
b Name of plan sponsor	OHIO VALLEY INSURANCE	**c** EIN-PN	20-0819964-501
a Plan name	OHIO VALLEY PAIN INSTITUTE CBS BENEFIT PLAN		
b Name of plan sponsor	OHIO VALLEY PAIN INSTITUTE	**c** EIN-PN	83-1503070-501
a Plan name	OK GENTRY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	OK GENTRY LLC	**c** EIN-PN	85-1244951-501
a Plan name	OLASH MEDICAL ASSOICATES CBS BENEFIT PLAN		
b Name of plan sponsor	OLASH MEDICAL ASSOICATES	**c** EIN-PN	61-0673730-501
a Plan name	OLD BOURBON COUNTY DISTILLERY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	OLD BOURBON COUNTY DISTILLERY LLC	**c** EIN-PN	88-3028267-501
a Plan name	OLD KENTUCKY CHOCOLATES CBS BENEFIT PLAN		
b Name of plan sponsor	OLD KENTUCKY CHOCOLATES	**c** EIN-PN	20-2093460-501
a Plan name	OLD LOUISVILLE DENTAL CTR CBS BENEFIT PLAN		
b Name of plan sponsor	OLD LOUISVILLE DENTAL CTR	**c** EIN-PN	61-1208750-501
a Plan name	OLD NORTH LLC CBS BENEFIT PLAN		
b Name of plan sponsor	OLD NORTH LLC	**c** EIN-PN	85-0628666-501
a Plan name	OLD SCHOOL BARBELL CBS BENEFIT PLAN		
b Name of plan sponsor	OLD SCHOOL BARBELL	**c** EIN-PN	87-3525829-501

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	OLDE BLOOMFIELD OPERATIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	OLDE BLOOMFIELD OPERATIONS LLC	**c** EIN-PN	51-0385048-501
a Plan name	OLDE FORT PUB CBS BENEFIT PLAN		
b Name of plan sponsor	OLDE FORT PUB	**c** EIN-PN	61-0916999-501
a Plan name	OLDHAM COUNTY PEDIATRICS CBS BENEFIT PLAN		
b Name of plan sponsor	OLDHAM COUNTY PEDIATRICS	**c** EIN-PN	61-1384019-501
a Plan name	OLIVE YOU LLC CBS BENEFIT PLAN		
b Name of plan sponsor	OLIVE YOU LLC	**c** EIN-PN	45-4156024-501
a Plan name	OLIVER ORTHODONTICS CBS BENEFIT PLAN		
b Name of plan sponsor	OLIVER ORTHODONTICS	**c** EIN-PN	84-3862708-501
a Plan name	OLMSTED PARKS CONSERVANCY CBS BENEFIT PLAN		
b Name of plan sponsor	OLMSTED PARKS CONSERVANCY	**c** EIN-PN	61-1196368-501
a Plan name	ON LOCATION DRAPERY DESIGN & CLEANING CO CBS BENEFIT PLAN		
b Name of plan sponsor	ON LOCATION DRAPERY DESIGN & CLEANING CO	**c** EIN-PN	61-1331394-501
a Plan name	ON PLANE CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	ON PLANE CONSULTING	**c** EIN-PN	82-3585755-502
a Plan name	ON THE MOVE PEDIATRICS, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ON THE MOVE PEDIATRICS, PLLC	**c** EIN-PN	46-0695778-501
a Plan name	ONAN CHIROPRACTIC PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ONAN CHIROPRACTIC PLLC	**c** EIN-PN	81-1238453-501
a Plan name	ONAN EXCAVATING CBS BENEFIT PLAN		
b Name of plan sponsor	ONAN EXCAVATING	**c** EIN-PN	81-1951338-501
a Plan name	ONE DOOR OF HOPE INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ONE DOOR OF HOPE INC.	**c** EIN-PN	26-4436314-501

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	ONE EAST KY CBS BENEFIT PLAN		
b Name of plan sponsor	ONE EAST KY	**c** EIN-PN	47-4557366-501
a Plan name	ONE SOURCE LOGISTICS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ONE SOURCE LOGISTICS LLC	**c** EIN-PN	26-2309141-501
a Plan name	ONPOINTE CONSULTING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ONPOINTE CONSULTING, LLC	**c** EIN-PN	27-2914694-501
a Plan name	ONPOINTE TAX AND ACCOUNTING CBS BENEFIT PLAN		
b Name of plan sponsor	ONPOINTE TAX AND ACCOUNTING	**c** EIN-PN	83-4323340-501
a Plan name	ONSITE SOLUTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	ONSITE SOLUTIONS INC	**c** EIN-PN	31-1788766-501
a Plan name	OPHTHALMOLOGY ASSOCIATES PSC CBS BENEFIT PLAN		
b Name of plan sponsor	OPHTHALMOLOGY ASSOCIATES PSC	**c** EIN-PN	61-0927174-501
a Plan name	OPOL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	OPOL LLC	**c** EIN-PN	82-4369213-501
a Plan name	OPTIC ENGINEERING AND SURVEYING PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	OPTIC ENGINEERING AND SURVEYING PLLC	**c** EIN-PN	93-1598416-501
a Plan name	OPTIMAL INSPECTION AND CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	OPTIMAL INSPECTION AND CONSULTING	**c** EIN-PN	47-3856954-501
a Plan name	ORACLE CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	ORACLE CONSULTING	**c** EIN-PN	74-3138908-501
a Plan name	ORTH CONCRETE CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	ORTH CONCRETE CONSTRUCTION	**c** EIN-PN	61-1249605-501
a Plan name	ORTHO CONSULTANTS CBS BENEFIT PLAN		
b Name of plan sponsor	ORTHO CONSULTANTS	**c** EIN-PN	27-0810819-501

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	OSBORNE FLETCHER CBS BENEFIT PLAN		
b Name of plan sponsor	OSBORNE FLETCHER	**c** EIN-PN	81-3233302-501
a Plan name	OSRS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	OSRS LLC	**c** EIN-PN	81-4521879-501
a Plan name	OSTERIA DEL MAR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	OSTERIA DEL MAR LLC	**c** EIN-PN	92-3752984-501
a Plan name	OTTER CREEK LABS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	OTTER CREEK LABS LLC	**c** EIN-PN	85-2969985-501
a Plan name	OUR LADY ROSARY MAKERS CBS BENEFIT PLAN		
b Name of plan sponsor	OUR LADY ROSARY MAKERS	**c** EIN-PN	61-0500825-501
a Plan name	OUT-BACK POOL, SPA & PATIO, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	OUT-BACK POOL, SPA & PATIO, INC.	**c** EIN-PN	59-3784203-501
a Plan name	OUTLOOK INN INC. CBS BENEFIT PLAN		
b Name of plan sponsor	OUTLOOK INN INC.	**c** EIN-PN	61-1241965-501
a Plan name	OUTREACH FOR JESUS INC CBS BENEFIT PLAN		
b Name of plan sponsor	OUTREACH FOR JESUS INC	**c** EIN-PN	61-1334891-501
a Plan name	OVASCO INDUSTRIES CBS BENEFIT PLAN		
b Name of plan sponsor	OVASCO INDUSTRIES	**c** EIN-PN	61-0563674-501
a Plan name	OVERHEAD DOOR OF BOWLING GREEN CBS BENEFIT PLAN		
b Name of plan sponsor	OVERHEAD DOOR OF BOWLING GREEN	**c** EIN-PN	61-1144289-502
a Plan name	OWEN FUNERAL HOME CBS BENEFIT PLAN		
b Name of plan sponsor	OWEN FUNERAL HOME	**c** EIN-PN	61-1397216-501
a Plan name	OWENS CHEVROLET CBS BENEFIT PLAN		
b Name of plan sponsor	OWENS CHEVROLET	**c** EIN-PN	61-0737676-501

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	OWENSBORO DAVIESS CO REGIONAL AIRPORT CBS BENEFIT PLAN		
b Name of plan sponsor	OWENSBORO DAVIESS CO REGIONAL AIRPORT	**c** EIN-PN	61-0434631-501
a Plan name	OWENSBORO HUMAN RELATIONS COMMISSION CBS BENEFIT PLAN		
b Name of plan sponsor	OWENSBORO HUMAN RELATIONS COMMISSION	**c** EIN-PN	61-0868293-501
a Plan name	OWENSBORO WAREHOUSE LEASING, INC CBS BENEFIT PLAN		
b Name of plan sponsor	OWENSBORO WAREHOUSE LEASING, INC	**c** EIN-PN	82-1726787-501
a Plan name	OWL CREEK COMMUNITY ASSOCIATION INC. CBS BENEFIT PLAN		
b Name of plan sponsor	OWL CREEK COMMUNITY ASSOCIATION INC.	**c** EIN-PN	61-1121349-501
a Plan name	OWL CREEK COUNTRY CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	OWL CREEK COUNTRY CLUB	**c** EIN-PN	61-0300450-501
a Plan name	OZ LLC CBS BENEFIT PLAN		
b Name of plan sponsor	OZ LLC	**c** EIN-PN	46-2016410-501
a Plan name	P & F TOBACCO CBS BENEFIT PLAN		
b Name of plan sponsor	P & F TOBACCO	**c** EIN-PN	26-4403583-501
a Plan name	P & H FABRICATION & MACHINE CBS BENEFIT PLAN		
b Name of plan sponsor	P & H FABRICATION & MACHINE	**c** EIN-PN	26-1955318-501
a Plan name	P & J CULVER INC CBS BENEFIT PLAN		
b Name of plan sponsor	P & J CULVER INC	**c** EIN-PN	27-2284192-501
a Plan name	P & J ENTERPRISES, INC CBS BENEFIT PLAN		
b Name of plan sponsor	P & J ENTERPRISES, INC	**c** EIN-PN	61-0996924-501
a Plan name	P & L EXPRESS CBS BENEFIT PLAN		
b Name of plan sponsor	P & L EXPRESS	**c** EIN-PN	35-2086656-501
a Plan name	P & S PRODUCTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	P & S PRODUCTS INC	**c** EIN-PN	61-0970749-501

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	P. C. CLARK SUPPLY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	P. C. CLARK SUPPLY, INC	**c** EIN-PN	61-0906997-501
a Plan name	PACIFIC RIM MANUFACTURING CBS BENEFIT PLAN		
b Name of plan sponsor	PACIFIC RIM MANUFACTURING	**c** EIN-PN	61-1398335-501
a Plan name	PADGETT CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	PADGETT CONSTRUCTION INC	**c** EIN-PN	61-1088978-501
a Plan name	PADUCAH PHYSIATRIC PARTNERS CBS BENEFIT PLAN		
b Name of plan sponsor	PADUCAH PHYSIATRIC PARTNERS	**c** EIN-PN	61-1365236-501
a Plan name	PADUCAH SUPPLY CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	PADUCAH SUPPLY CO INC	**c** EIN-PN	61-0622579-501
a Plan name	PADUCAH VASCULAR INSTITUTE CBS BENEFIT PLAN		
b Name of plan sponsor	PADUCAH VASCULAR INSTITUTE	**c** EIN-PN	87-1006426-501
a Plan name	PAGE INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	PAGE INSURANCE AGENCY INC	**c** EIN-PN	82-3103976-501
a Plan name	PAINTSVILLE DENTAL CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	PAINTSVILLE DENTAL CENTER	**c** EIN-PN	93-2574501-501
a Plan name	PALADIN,INC. CBS BENEFIT PLAN		
b Name of plan sponsor	PALADIN,INC.	**c** EIN-PN	61-1098925-501
a Plan name	PANNELL SWIMSHOP CBS BENEFIT PLAN		
b Name of plan sponsor	PANNELL SWIMSHOP	**c** EIN-PN	61-1392649-501
a Plan name	PAPA JOHNS CBS BENEFIT PLAN		
b Name of plan sponsor	PAPA JOHNS	**c** EIN-PN	83-0487461-501
a Plan name	PARAGON ADVERTISING & COMMUNICATIONS CBS BENEFIT PLAN		
b Name of plan sponsor	PARAGON ADVERTISING & COMMUNICATIONS	**c** EIN-PN	62-0962254-501

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	PARAGON HOMES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	PARAGON HOMES, INC.	**c** EIN-PN	61-1260709-501
a Plan name	PARAMOUNT ARTS CENTER, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	PARAMOUNT ARTS CENTER, INC.	**c** EIN-PN	61-1181883-501
a Plan name	PARAMOUNT TOOL AND DIE INC CBS BENEFIT PLAN		
b Name of plan sponsor	PARAMOUNT TOOL AND DIE INC	**c** EIN-PN	01-0626377-501
a Plan name	PARATECHS CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	PARATECHS CORPORATION	**c** EIN-PN	20-0165721-501
a Plan name	PARIS CEMETERY CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	PARIS CEMETERY CO INC	**c** EIN-PN	61-0301992-501
a Plan name	PARIS FAMILY PHYSICIANS PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	PARIS FAMILY PHYSICIANS PLLC	**c** EIN-PN	45-2322901-501
a Plan name	PARIS HOUSING AUTHORITY CBS BENEFIT PLAN		
b Name of plan sponsor	PARIS HOUSING AUTHORITY	**c** EIN-PN	61-6002401-501
a Plan name	PARIS-BOURBON COUNTY CDA CBS BENEFIT PLAN		
b Name of plan sponsor	PARIS-BOURBON COUNTY CDA	**c** EIN-PN	61-0892619-501
a Plan name	PARIS-BOURBON YMCA CBS BENEFIT PLAN		
b Name of plan sponsor	PARIS-BOURBON YMCA	**c** EIN-PN	61-0676727-501
a Plan name	PARISH TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PARISH TRUCKING LLC	**c** EIN-PN	46-0743092-501
a Plan name	PARK EQUINE HOSPITAL CBS BENEFIT PLAN		
b Name of plan sponsor	PARK EQUINE HOSPITAL	**c** EIN-PN	61-1372404-501
a Plan name	PARK MAMMOTH GOLF CLUB, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PARK MAMMOTH GOLF CLUB, LLC	**c** EIN-PN	84-4039883-501

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	PARK N SAVE INC CBS BENEFIT PLAN		
b Name of plan sponsor	PARK N SAVE INC	**c** EIN-PN	61-1078709-501
a Plan name	PARKER FARM SUPPLY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PARKER FARM SUPPLY LLC	**c** EIN-PN	84-3206954-501
a Plan name	PARKLAND DENTAL CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	PARKLAND DENTAL CENTER	**c** EIN-PN	31-1541094-501
a Plan name	PARKLAND HOMES CBS BENEFIT PLAN		
b Name of plan sponsor	PARKLAND HOMES	**c** EIN-PN	61-1309674-501
a Plan name	PARKVIEW PHARMACY INC CBS BENEFIT PLAN		
b Name of plan sponsor	PARKVIEW PHARMACY INC	**c** EIN-PN	20-3702426-501
a Plan name	PARRISH ENTERPRISE CORP CBS BENEFIT PLAN		
b Name of plan sponsor	PARRISH ENTERPRISE CORP	**c** EIN-PN	84-4170181-501
a Plan name	PARRISH SHOP & SALES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PARRISH SHOP & SALES LLC	**c** EIN-PN	52-2264556-501
a Plan name	PARSLEYS GENERAL TIRE INC CBS BENEFIT PLAN		
b Name of plan sponsor	PARSLEYS GENERAL TIRE INC	**c** EIN-PN	61-0677839-501
a Plan name	PARSONS & HOWARD INS. GRP. CBS BENEFIT PLAN		
b Name of plan sponsor	PARSONS & HOWARD INS. GRP.	**c** EIN-PN	45-5213735-501
a Plan name	PARSONS INSURANCE SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	PARSONS INSURANCE SERVICE	**c** EIN-PN	45-3930983-501
a Plan name	PARTNERS INSURANCE AGENCY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PARTNERS INSURANCE AGENCY LLC	**c** EIN-PN	47-2068354-501
a Plan name	PARTS123 INC CBS BENEFIT PLAN		
b Name of plan sponsor	PARTS123 INC	**c** EIN-PN	61-1339678-501

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	PAT INC CBS BENEFIT PLAN		
b Name of plan sponsor	PAT INC	**c** EIN-PN	30-0191033-501
a Plan name	PAT PAYNE DISTRIBUTORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	PAT PAYNE DISTRIBUTORS INC	**c** EIN-PN	61-0930761-501
a Plan name	PATH FORWARD OF KENTUCKY INC CBS BENEFIT PLAN		
b Name of plan sponsor	PATH FORWARD OF KENTUCKY INC	**c** EIN-PN	26-4152877-501
a Plan name	PATRICK MCCAULEY DMD CBS BENEFIT PLAN		
b Name of plan sponsor	PATRICK MCCAULEY DMD	**c** EIN-PN	61-1108827-501
a Plan name	PATRIOT LASER ENGRAVING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PATRIOT LASER ENGRAVING LLC	**c** EIN-PN	84-3847837-501
a Plan name	PATRIOT PETROLEUM MAINTENANCE GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	PATRIOT PETROLEUM MAINTENANCE GROUP INC	**c** EIN-PN	85-1186237-501
a Plan name	PATRON HOME CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	PATRON HOME CENTER	**c** EIN-PN	61-1336702-501
a Plan name	PATTCO, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PATTCO, LLC	**c** EIN-PN	30-0456159-501
a Plan name	PATTERSON AND COMPANY CPAS PLL CBS BENEFIT PLAN		
b Name of plan sponsor	PATTERSON AND COMPANY CPAS PLL	**c** EIN-PN	27-5255182-501
a Plan name	PATTERSON CHIP COMPANY INCORPORATED CBS BENEFIT PLAN		
b Name of plan sponsor	PATTERSON CHIP COMPANY INCORPORATED	**c** EIN-PN	61-0998217-501
a Plan name	PATTERSON DENTAL LAB INC CBS BENEFIT PLAN		
b Name of plan sponsor	PATTERSON DENTAL LAB INC	**c** EIN-PN	47-4801020-501
a Plan name	PATTON DATA PROCESSING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PATTON DATA PROCESSING, LLC	**c** EIN-PN	45-3955907-501

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 DAVIS RESTORATION CBS BENEFIT PLAN		
b Name of plan sponsor	PAUL DAVIS RESTORATION	**c** EIN-PN	61-1342231-501
a Plan name	PAUL MITCHELL THE SCHOOL LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	PAUL MITCHELL THE SCHOOL LOUISVILLE	**c** EIN-PN	26-1539332-501
a Plan name	PAUL SHOULDERS BUILDERS CBS BENEFIT PLAN		
b Name of plan sponsor	PAUL SHOULDERS BUILDERS	**c** EIN-PN	20-8363710-501
a Plan name	PAUL TUEMLER LP GAS SALES & SERVICE, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	PAUL TUEMLER LP GAS SALES & SERVICE, INC.	**c** EIN-PN	61-0723810-501
a Plan name	PAXTON & KING PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	PAXTON & KING PLLC	**c** EIN-PN	61-1274767-501
a Plan name	PC EATS CBS BENEFIT PLAN		
b Name of plan sponsor	PC EATS	**c** EIN-PN	46-5214160-501
a Plan name	PC TELECOM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PC TELECOM LLC	**c** EIN-PN	61-1390231-501
a Plan name	PCB HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PCB HOLDINGS LLC	**c** EIN-PN	84-4153126-501
a Plan name	PCK MANUFACTURING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PCK MANUFACTURING, LLC	**c** EIN-PN	81-3194997-501
a Plan name	PCT ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PCT ENTERPRISES LLC	**c** EIN-PN	45-2541159-501
a Plan name	PDA PROPERTIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	PDA PROPERTIES INC	**c** EIN-PN	27-2229896-501
a Plan name	PDJF CBS BENEFIT PLAN		
b Name of plan sponsor	PDJF	**c** EIN-PN	20-5110346-501

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	PDT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PDT LLC	**c** EIN-PN	84-3064699-501
a Plan name	PEACE HOMES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PEACE HOMES LLC	**c** EIN-PN	12-4531806-501
a Plan name	PEACH CONTRACTING & CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	PEACH CONTRACTING & CONSTRUCTION	**c** EIN-PN	61-1241596-501
a Plan name	PEACOCK BOUTIQUE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PEACOCK BOUTIQUE LLC	**c** EIN-PN	26-0786714-501
a Plan name	PEARL GERIATRICS CBS BENEFIT PLAN		
b Name of plan sponsor	PEARL GERIATRICS	**c** EIN-PN	27-1658520-501
a Plan name	PEARSON PAINTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	PEARSON PAINTING INC	**c** EIN-PN	81-3935737-501
a Plan name	PEBCO, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	PEBCO, INC.	**c** EIN-PN	61-0927726-501
a Plan name	PED TECH CBS BENEFIT PLAN		
b Name of plan sponsor	PED TECH	**c** EIN-PN	03-0485760-501
a Plan name	PEDAL POWER BIKE SHOP INC CBS BENEFIT PLAN		
b Name of plan sponsor	PEDAL POWER BIKE SHOP INC	**c** EIN-PN	61-1372281-501
a Plan name	PEDIATRIC & PERINATAL PATHOLOGY ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	PEDIATRIC & PERINATAL PATHOLOGY ASSOCIATES	**c** EIN-PN	61-1197980-501
a Plan name	PEDIATRIC ANAESTHESIA ASSC CBS BENEFIT PLAN		
b Name of plan sponsor	PEDIATRIC ANAESTHESIA ASSC	**c** EIN-PN	61-1136245-501
a Plan name	PEDIATRIC ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	PEDIATRIC ASSOCIATES	**c** EIN-PN	61-1316139-501

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	PEERLESS ELECTRONIC EQUIPMENT COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	PEERLESS ELECTRONIC EQUIPMENT COMPANY	**c** EIN-PN	61-0418777-501
a Plan name	PEGGYS GIFTS & ANTIQUES CBS BENEFIT PLAN		
b Name of plan sponsor	PEGGYS GIFTS & ANTIQUES	**c** EIN-PN	61-1182935-501
a Plan name	PEJ CBS BENEFIT PLAN		
b Name of plan sponsor	PEJ	**c** EIN-PN	58-2533658-501
a Plan name	PELLIES CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PELLIES CONSTRUCTION LLC	**c** EIN-PN	47-2089128-501
a Plan name	PELYCON TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	PELYCON TECHNOLOGIES	**c** EIN-PN	81-2740065-501
a Plan name	PENDENNIS CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	PENDENNIS CLUB	**c** EIN-PN	61-0304950-501
a Plan name	PENNY & PEARL'S BAKE SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	PENNY & PEARLS BAKE SHOP	**c** EIN-PN	84-4743138-501
a Plan name	PENNYRILE RADIOLOGY PSC CBS BENEFIT PLAN		
b Name of plan sponsor	PENNYRILE RADIOLOGY PSC	**c** EIN-PN	61-0873119-501
a Plan name	PENNYRILE VAULT CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	PENNYRILE VAULT CO INC	**c** EIN-PN	61-1349092-501
a Plan name	PEOPLES BANK OF MT WASHINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	PEOPLES BANK OF MT WASHINGTON	**c** EIN-PN	61-0305670-501
a Plan name	PEPLUM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PEPLUM LLC	**c** EIN-PN	81-3653894-501
a Plan name	PERENNIAL WOMENS WELLNESS CBS BENEFIT PLAN		
b Name of plan sponsor	PERENNIAL WOMENS WELLNESS	**c** EIN-PN	45-2668765-501

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	PERFECTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	PERFECTION INC	**c** EIN-PN	61-1194248-501
a Plan name	PERFECTION PETROLEUM SVC CBS BENEFIT PLAN		
b Name of plan sponsor	PERFECTION PETROLEUM SVC	**c** EIN-PN	61-1285174-501
a Plan name	PERFORMANCE HEATING AND AIR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PERFORMANCE HEATING AND AIR LLC	**c** EIN-PN	84-2638502-501
a Plan name	PERFUSION CONCEPTS CBS BENEFIT PLAN		
b Name of plan sponsor	PERFUSION CONCEPTS	**c** EIN-PN	61-1288935-501
a Plan name	PERIOIMPLANT ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	PERIOIMPLANT ASSOCIATES	**c** EIN-PN	61-0914114-501
a Plan name	PERMCO HR INC CBS BENEFIT PLAN		
b Name of plan sponsor	PERMCO HR INC	**c** EIN-PN	61-1053760-501
a Plan name	PERRY AND KAELIN CBS BENEFIT PLAN		
b Name of plan sponsor	PERRY AND KAELIN	**c** EIN-PN	61-1214272-501
a Plan name	PERSIMMON RIDGE GOLF CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	PERSIMMON RIDGE GOLF CLUB	**c** EIN-PN	47-2462142-501
a Plan name	PESLER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PESLER LLC	**c** EIN-PN	84-2160216-501
a Plan name	PET SUPPLIES PLUS CBS BENEFIT PLAN		
b Name of plan sponsor	PET SUPPLIES PLUS	**c** EIN-PN	47-3294707-501
a Plan name	PETER HERBIG INC CBS BENEFIT PLAN		
b Name of plan sponsor	PETER HERBIG INC	**c** EIN-PN	46-3034917-501
a Plan name	PETERS LOGISTICS SOLUTIONS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PETERS LOGISTICS SOLUTIONS, LLC	**c** EIN-PN	84-2022168-501

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	PETERSON FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	PETERSON FARMS	**c** EIN-PN	46-1775898-501
a Plan name	PETITE INC CBS BENEFIT PLAN		
b Name of plan sponsor	PETITE INC	**c** EIN-PN	61-1295226-501
a Plan name	PETREYS CABINET SHOP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PETREYS CABINET SHOP LLC	**c** EIN-PN	45-0551033-501
a Plan name	PEYTONS PHARMACY INC CBS BENEFIT PLAN		
b Name of plan sponsor	PEYTONS PHARMACY INC	**c** EIN-PN	61-0719522-501
a Plan name	PFEIFFER SALES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PFEIFFER SALES LLC	**c** EIN-PN	20-0349605-501
a Plan name	PFERRMAN FLOOR COVERING COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	PFERRMAN FLOOR COVERING COMPANY	**c** EIN-PN	61-0714660-501
a Plan name	PHAMILY INVESTMENTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PHAMILY INVESTMENTS LLC	**c** EIN-PN	27-2164648-501
a Plan name	PHARMACY CENTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	PHARMACY CENTER INC	**c** EIN-PN	61-1014681-501
a Plan name	PHELPS ENERGY & RESOURCES 2, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PHELPS ENERGY & RESOURCES 2, LLC	**c** EIN-PN	93-4727413-501
a Plan name	PHELPS HARDWARE CBS BENEFIT PLAN		
b Name of plan sponsor	PHELPS HARDWARE	**c** EIN-PN	61-1220454-501
a Plan name	PHELPS HEATING & COOLING, INC CBS BENEFIT PLAN		
b Name of plan sponsor	PHELPS HEATING & COOLING, INC	**c** EIN-PN	20-2626600-501
a Plan name	PHIL BROWN INSURANCE AGENCY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	PHIL BROWN INSURANCE AGENCY, INC	**c** EIN-PN	61-1239281-501

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	PHIL LAMBERT FARMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PHIL LAMBERT FARMS LLC	**c** EIN-PN	27-4620064-501
a Plan name	PHILIP AND MARSHA GARNETT FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	PHILIP AND MARSHA GARNETT FARMS	**c** EIN-PN	61-1386483-501
a Plan name	PHILLIPS & SONS CBS BENEFIT PLAN		
b Name of plan sponsor	PHILLIPS & SONS	**c** EIN-PN	45-3501578-501
a Plan name	PHILLIPS FAMILY GROCERY & BUTCHER SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	PHILLIPS FAMILY GROCERY & BUTCHER SHOP	**c** EIN-PN	61-1352027-501
a Plan name	PHILLIPS PARKER ORBERSON & ARNETT PLC CBS BENEFIT PLAN		
b Name of plan sponsor	PHILLIPS PARKER ORBERSON & ARNETT PLC	**c** EIN-PN	61-1349001-501
a Plan name	PHILPOT TIRE CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	PHILPOT TIRE CENTER	**c** EIN-PN	45-5270685-501
a Plan name	PHOENIX BEARINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PHOENIX BEARINGS LLC	**c** EIN-PN	20-1908476-501
a Plan name	PHOENIX PREFERRED CARE CBS BENEFIT PLAN		
b Name of plan sponsor	PHOENIX PREFERRED CARE	**c** EIN-PN	61-1323722-501
a Plan name	PHOENIX PROCESS EQUIPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	PHOENIX PROCESS EQUIPMENT	**c** EIN-PN	59-2365497-501
a Plan name	PHYSICIAN EYE CENTER OF OWENSBORO CBS BENEFIT PLAN		
b Name of plan sponsor	PHYSICIAN EYE CENTER OF OWENSBORO	**c** EIN-PN	61-0964255-502
a Plan name	PI SPORTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PI SPORTS LLC	**c** EIN-PN	82-4130931-501
a Plan name	PIE EMPIRE LEX LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PIE EMPIRE LEX LLC	**c** EIN-PN	87-3398505-501

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	PIERCE HEATING & AIR CBS BENEFIT PLAN		
b Name of plan sponsor	PIERCE HEATING & AIR	**c** EIN-PN	61-1265864-501
a Plan name	PIERCE KELLER AND ASSOCIATES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	PIERCE KELLER AND ASSOCIATES PLLC	**c** EIN-PN	46-3768487-501
a Plan name	PIERCE TECHNOLOGIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	PIERCE TECHNOLOGIES INC	**c** EIN-PN	93-1399605-501
a Plan name	PIGGY EXPRESS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PIGGY EXPRESS LLC	**c** EIN-PN	47-4439196-501
a Plan name	PIKE TECHNICAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	PIKE TECHNICAL SERVICES	**c** EIN-PN	16-1676145-501
a Plan name	PILOT STEEL INC CBS BENEFIT PLAN		
b Name of plan sponsor	PILOT STEEL INC	**c** EIN-PN	61-1400672-501
a Plan name	PINE KNOT FUNERAL HOME CBS BENEFIT PLAN		
b Name of plan sponsor	PINE KNOT FUNERAL HOME	**c** EIN-PN	61-1265814-501
a Plan name	PINE MOUNTAIN MINING CBS BENEFIT PLAN		
b Name of plan sponsor	PINE MOUNTAIN MINING	**c** EIN-PN	93-3677691-501
a Plan name	PINEAPPLE PAISLEY CBS BENEFIT PLAN		
b Name of plan sponsor	PINEAPPLE PAISLEY	**c** EIN-PN	86-3675341-501
a Plan name	PINNACLE SURGICAL COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	PINNACLE SURGICAL COMPANY	**c** EIN-PN	20-1522996-501
a Plan name	PIONEER VOCATIONAL INDUSTRIAL SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	PIONEER VOCATIONAL INDUSTRIAL SERVICES INC	**c** EIN-PN	61-0679108-501
a Plan name	PIPERS SAW SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	PIPERS SAW SHOP	**c** EIN-PN	61-1162065-501

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	PIPING LAYOUT CONSULTANTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	PIPING LAYOUT CONSULTANTS INC	**c** EIN-PN	20-1149530-501
a Plan name	PIRTLE FARMS INC CBS BENEFIT PLAN		
b Name of plan sponsor	PIRTLE FARMS INC	**c** EIN-PN	61-0665286-501
a Plan name	PITMAN CREEK WHOLESALE CBS BENEFIT PLAN		
b Name of plan sponsor	PITMAN CREEK WHOLESALE	**c** EIN-PN	61-1361924-501
a Plan name	PITMAN GREEN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PITMAN GREEN LLC	**c** EIN-PN	81-3269827-501
a Plan name	PITT & FRANK CLOSING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PITT & FRANK CLOSING, LLC	**c** EIN-PN	20-3958205-501
a Plan name	PITTSBURG MARINE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PITTSBURG MARINE LLC	**c** EIN-PN	27-3868366-501
a Plan name	PIVOT REALTY CBS BENEFIT PLAN		
b Name of plan sponsor	PIVOT REALTY	**c** EIN-PN	30-0365637-501
a Plan name	PIZZA BOY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PIZZA BOY LLC	**c** EIN-PN	45-3812937-501
a Plan name	PJ S PRIMARY CARE CBS BENEFIT PLAN		
b Name of plan sponsor	PJ S PRIMARY CARE	**c** EIN-PN	61-1301917-501
a Plan name	PLAN STREET INC CBS BENEFIT PLAN		
b Name of plan sponsor	PLAN STREET INC	**c** EIN-PN	93-3156466-501
a Plan name	PLANT SERVICES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	PLANT SERVICES, INC.	**c** EIN-PN	61-1263717-501
a Plan name	PLASTIC SURGEONS OF LEXINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	PLASTIC SURGEONS OF LEXINGTON	**c** EIN-PN	61-1287961-501

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	PLASTISUD INC CBS BENEFIT PLAN		
b Name of plan sponsor	PLASTISUD INC	**c** EIN-PN	61-1145540-501
a Plan name	PLATING SPECIALISTS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	PLATING SPECIALISTS, INC	**c** EIN-PN	61-1128840-501
a Plan name	PLATINUM APPRAISAL COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	PLATINUM APPRAISAL COMPANY	**c** EIN-PN	93-4481195-501
a Plan name	PLEASANT HILL FARM CBS BENEFIT PLAN		
b Name of plan sponsor	PLEASANT HILL FARM	**c** EIN-PN	61-1297400-501
a Plan name	PLEHNS BAKERY INC CBS BENEFIT PLAN		
b Name of plan sponsor	PLEHNS BAKERY INC	**c** EIN-PN	61-0871489-501
a Plan name	PLOT LANDSCAPING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PLOT LANDSCAPING LLC	**c** EIN-PN	73-1674487-501
a Plan name	PLUMB VITAL SANITATION AND PLUMBING CBS BENEFIT PLAN		
b Name of plan sponsor	PLUMB VITAL SANITATION AND PLUMBING	**c** EIN-PN	93-3035194-501
a Plan name	PLY TECH CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	PLY TECH CORPORATION	**c** EIN-PN	95-4478609-501
a Plan name	PNEU DRAULICS INC CBS BENEFIT PLAN		
b Name of plan sponsor	PNEU DRAULICS INC	**c** EIN-PN	61-1083014-501
a Plan name	POPLAR VENTURES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	POPLAR VENTURES LLC	**c** EIN-PN	37-1542211-501
a Plan name	POP'S CHEVROLET BUICK CADILLAC INC CBS BENEFIT PLAN		
b Name of plan sponsor	POPS CHEVROLET BUICK CADILLAC INC	**c** EIN-PN	61-0516296-501
a Plan name	PORTABLE SOLUTIONS GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	PORTABLE SOLUTIONS GROUP INC	**c** EIN-PN	20-8620733-501

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	PORTER CONCRETE INC CBS BENEFIT PLAN		
b Name of plan sponsor	PORTER CONCRETE INC	**c** EIN-PN	38-3714444-501
a Plan name	POTTER CHILDRENS HOME & FAMILY MINISTRIES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	POTTER CHILDRENS HOME & FAMILY MINISTRIES, INC.	**c** EIN-PN	61-0458379-501
a Plan name	POTTER GENERAL CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	POTTER GENERAL CONTRACTING LLC	**c** EIN-PN	30-0315624-501
a Plan name	POWER ANALYSIS CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	POWER ANALYSIS CO INC	**c** EIN-PN	61-1274786-501
a Plan name	POWER BUILDERS GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	POWER BUILDERS GROUP LLC	**c** EIN-PN	27-4462213-501
a Plan name	POWER COUPLE STRATEGIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	POWER COUPLE STRATEGIES LLC	**c** EIN-PN	83-2838513-501
a Plan name	POWER SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	POWER SERVICES LLC	**c** EIN-PN	38-4225381-501
a Plan name	POWER TRUSS INC CBS BENEFIT PLAN		
b Name of plan sponsor	POWER TRUSS INC	**c** EIN-PN	61-0945293-501
a Plan name	POWERS TRANSIT CBS BENEFIT PLAN		
b Name of plan sponsor	POWERS TRANSIT	**c** EIN-PN	81-3059077-501
a Plan name	POWERTECH WATER CBS BENEFIT PLAN		
b Name of plan sponsor	POWERTECH WATER	**c** EIN-PN	84-1993532-501
a Plan name	PQ INC. CBS BENEFIT PLAN		
b Name of plan sponsor	PQ INC.	**c** EIN-PN	27-4270503-501
a Plan name	PRACTICAL WANDERLUST LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRACTICAL WANDERLUST LLC	**c** EIN-PN	82-2664369-501

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	PRACTICE FOR FOOT AND ANKLE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRACTICE FOR FOOT AND ANKLE LLC	**c** EIN-PN	99-2813295-501
a Plan name	PRATTS AUTOMOTIVE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRATTS AUTOMOTIVE LLC	**c** EIN-PN	61-1363606-501
a Plan name	PRATTS LAWN & LANDSCAPE CBS BENEFIT PLAN		
b Name of plan sponsor	PRATTS LAWN & LANDSCAPE	**c** EIN-PN	61-1278474-501
a Plan name	PRAXEL LINE SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	PRAXEL LINE SERVICES	**c** EIN-PN	85-0992782-501
a Plan name	PRECISION ADAS CALIBRATION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRECISION ADAS CALIBRATION LLC	**c** EIN-PN	88-2138087-501
a Plan name	PRECISION BLASTING CBS BENEFIT PLAN		
b Name of plan sponsor	PRECISION BLASTING	**c** EIN-PN	31-1549076-501
a Plan name	PRECISION DIES BY KOEHLER, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRECISION DIES BY KOEHLER, LLC	**c** EIN-PN	20-8844491-501
a Plan name	PRECISION ENGINEERING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRECISION ENGINEERING LLC	**c** EIN-PN	46-3818403-501
a Plan name	PRECISION EXCAVATING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRECISION EXCAVATING LLC	**c** EIN-PN	87-2636300-501
a Plan name	PRECISION FLOORING INC CBS BENEFIT PLAN		
b Name of plan sponsor	PRECISION FLOORING INC	**c** EIN-PN	46-0846497-501
a Plan name	PRECISION LOGISTICS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRECISION LOGISTICS LLC	**c** EIN-PN	81-3982185-501
a Plan name	PREMIER ADJUSTING SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	PREMIER ADJUSTING SERVICES	**c** EIN-PN	47-4630511-501

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 FABRICATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	PREMIER FABRICATION INC	**c** EIN-PN	30-0739938-501
a Plan name	PREMIER FLEET GRAPHICS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PREMIER FLEET GRAPHICS, LLC	**c** EIN-PN	92-1031465-501
a Plan name	PREMIER MEDICAL GROUP PSC CBS BENEFIT PLAN		
b Name of plan sponsor	PREMIER MEDICAL GROUP PSC	**c** EIN-PN	61-0890594-502
a Plan name	PREMIER OCCUPATIONAL & PHYSICAL THERAPY CBS BENEFIT PLAN		
b Name of plan sponsor	PREMIER OCCUPATIONAL & PHYSICAL THERAPY	**c** EIN-PN	61-0994897-501
a Plan name	PREMIER SVC & INSTALL CBS BENEFIT PLAN		
b Name of plan sponsor	PREMIER SVC & INSTALL	**c** EIN-PN	47-1688840-501
a Plan name	PREMIUM EJUICE CBS BENEFIT PLAN		
b Name of plan sponsor	PREMIUM EJUICE	**c** EIN-PN	46-3913751-501
a Plan name	PRESTIGE AQUATICS CBS BENEFIT PLAN		
b Name of plan sponsor	PRESTIGE AQUATICS	**c** EIN-PN	84-2785801-501
a Plan name	PRESTIGE ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	PRESTIGE ELECTRIC	**c** EIN-PN	61-1895874-501
a Plan name	PRESTON CHIROPRACTIC & REHABILITATION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRESTON CHIROPRACTIC & REHABILITATION LLC	**c** EIN-PN	20-1885273-501
a Plan name	PREWITT & SONS TRUCKING CO CBS BENEFIT PLAN		
b Name of plan sponsor	PREWITT & SONS TRUCKING CO	**c** EIN-PN	20-8067247-501
a Plan name	PRICE POINT INSURANCE SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	PRICE POINT INSURANCE SERVICES	**c** EIN-PN	40-0020300-501
a Plan name	PRICE SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRICE SOLUTIONS LLC	**c** EIN-PN	30-0208885-501

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	PRICHARD LAWNCARE INC CBS BENEFIT PLAN		
b Name of plan sponsor	PRICHARD LAWNCARE INC	**c** EIN-PN	30-0142060-501
a Plan name	PRIDE INDUSTRIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	PRIDE INDUSTRIES INC	**c** EIN-PN	61-0938475-502
a Plan name	PRIDE LIVESTOCK, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRIDE LIVESTOCK, LLC	**c** EIN-PN	46-4938037-501
a Plan name	PRIMA SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	PRIMA SUPPLY	**c** EIN-PN	20-3924247-501
a Plan name	PRIMARY PEDIATRICS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	PRIMARY PEDIATRICS PSC	**c** EIN-PN	31-1511373-501
a Plan name	PRIMARY PURPOSE BEHAVIORAL HEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	PRIMARY PURPOSE BEHAVIORAL HEALTH	**c** EIN-PN	87-4328123-501
a Plan name	PRIMATE RESCUE CENTER, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	PRIMATE RESCUE CENTER, INC.	**c** EIN-PN	61-1325369-501
a Plan name	PRIMROSE OIL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRIMROSE OIL LLC	**c** EIN-PN	81-4214797-501
a Plan name	PRINCIPIUM TECHNOLOGIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRINCIPIUM TECHNOLOGIES LLC	**c** EIN-PN	27-3403660-501
a Plan name	PRINCIPLED WEALTH ADVISORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRINCIPLED WEALTH ADVISORS LLC	**c** EIN-PN	20-1915329-501
a Plan name	PRINTERS FINISHING TOUCH CBS BENEFIT PLAN		
b Name of plan sponsor	PRINTERS FINISHING TOUCH	**c** EIN-PN	61-1198953-501
a Plan name	PRO PHYSICAL THERAPY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRO PHYSICAL THERAPY LLC	**c** EIN-PN	86-2784310-501

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	PRO SECURITY & FIRE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRO SECURITY & FIRE LLC	**c** EIN-PN	61-1389161-501
a Plan name	PRO SERVICE OF KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	PRO SERVICE OF KENTUCKY	**c** EIN-PN	20-3289117-501
a Plan name	PRO TOUCH AUTO DETAILING INC CBS BENEFIT PLAN		
b Name of plan sponsor	PRO TOUCH AUTO DETAILING INC	**c** EIN-PN	61-1199122-501
a Plan name	PROACTIVE THERAPY INC CBS BENEFIT PLAN		
b Name of plan sponsor	PROACTIVE THERAPY INC	**c** EIN-PN	20-3290131-501
a Plan name	PROACTIVE WEALTH MGMT CO CBS BENEFIT PLAN		
b Name of plan sponsor	PROACTIVE WEALTH MGMT CO	**c** EIN-PN	47-4650456-501
a Plan name	PROCEED LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PROCEED LLC	**c** EIN-PN	45-2631348-501
a Plan name	PROCESS EQUIPMENT COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	PROCESS EQUIPMENT COMPANY	**c** EIN-PN	61-0845738-501
a Plan name	PROCESSIO STRATEGIC SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	PROCESSIO STRATEGIC SERVICES	**c** EIN-PN	86-2702045-501
a Plan name	PRODUCTION HEATING SERVICE INC CBS BENEFIT PLAN		
b Name of plan sponsor	PRODUCTION HEATING SERVICE INC	**c** EIN-PN	61-0575478-501
a Plan name	PRODUCTION SIMPLE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PRODUCTION SIMPLE LLC	**c** EIN-PN	30-0289105-501
a Plan name	PROFESSIONAL BENEFIT SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	PROFESSIONAL BENEFIT SERVICES	**c** EIN-PN	30-0035588-501
a Plan name	PROFESSIONAL EXPEDITING, INC CBS BENEFIT PLAN		
b Name of plan sponsor	PROFESSIONAL EXPEDITING, INC	**c** EIN-PN	31-1506764-501

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	PROFESSIONAL INSURANCE AGENTS OF KENTUCKY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	PROFESSIONAL INSURANCE AGENTS OF KENTUCKY, INC	**c** EIN-PN	61-0605692-501
a Plan name	PROFESSIONAL PHARMACY CBS BENEFIT PLAN		
b Name of plan sponsor	PROFESSIONAL PHARMACY	**c** EIN-PN	41-2243879-501
a Plan name	PROFESSIONAL SOLUTIONS PROPERTY MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	PROFESSIONAL SOLUTIONS PROPERTY MANAGEMENT	**c** EIN-PN	83-1416043-501
a Plan name	PROFESSIONAL TAX INC CBS BENEFIT PLAN		
b Name of plan sponsor	PROFESSIONAL TAX INC	**c** EIN-PN	61-1249259-501
a Plan name	PROGRESSIVE EDUCATIONAL PROGRAM INC CBS BENEFIT PLAN		
b Name of plan sponsor	PROGRESSIVE EDUCATIONAL PROGRAM INC	**c** EIN-PN	61-1325746-501
a Plan name	PROGRESSIVE EXCAVATING CBS BENEFIT PLAN		
b Name of plan sponsor	PROGRESSIVE EXCAVATING	**c** EIN-PN	20-8469310-501
a Plan name	PROGRESSIVE PODIATRY CBS BENEFIT PLAN		
b Name of plan sponsor	PROGRESSIVE PODIATRY	**c** EIN-PN	26-4475916-501
a Plan name	PROJECT CAMP CBS BENEFIT PLAN		
b Name of plan sponsor	PROJECT CAMP	**c** EIN-PN	20-1789905-501
a Plan name	PROLIFERATION MARKETING CBS BENEFIT PLAN		
b Name of plan sponsor	PROLIFERATION MARKETING	**c** EIN-PN	81-4813634-501
a Plan name	PROLIFIC DIGITAL CBS BENEFIT PLAN		
b Name of plan sponsor	PROLIFIC DIGITAL	**c** EIN-PN	82-2530701-501
a Plan name	PROMOTIONAL PRODUCTS PLUS CBS BENEFIT PLAN		
b Name of plan sponsor	PROMOTIONAL PRODUCTS PLUS	**c** EIN-PN	14-2011619-501
a Plan name	PROPERTY MANAGEMENT SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	PROPERTY MANAGEMENT SERVICES INC	**c** EIN-PN	61-1207351-501

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	PROSCAPES SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PROSCAPES SERVICES LLC	**c** EIN-PN	81-3186112-501
a Plan name	PROSPECT AVIATION LTD CBS BENEFIT PLAN		
b Name of plan sponsor	PROSPECT AVIATION LTD	**c** EIN-PN	20-4348817-501
a Plan name	PROSPERITY PUBLICATIONS & PROMOTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	PROSPERITY PUBLICATIONS & PROMOTIONS INC	**c** EIN-PN	61-1222901-501
a Plan name	PROVIDENCE ELECTRIC INC. CBS BENEFIT PLAN		
b Name of plan sponsor	PROVIDENCE ELECTRIC INC.	**c** EIN-PN	61-1355050-501
a Plan name	PROVIDENCE MONTESSORI CBS BENEFIT PLAN		
b Name of plan sponsor	PROVIDENCE MONTESSORI	**c** EIN-PN	31-1041787-501
a Plan name	PSI KENTUCKY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PSI KENTUCKY LLC	**c** EIN-PN	45-5510887-501
a Plan name	PSIMER AND ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	PSIMER AND ASSOCIATES	**c** EIN-PN	61-1031393-501
a Plan name	PSST LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PSST LLC	**c** EIN-PN	83-1232747-501
a Plan name	PULASKI CO WATER DISTRICT CBS BENEFIT PLAN		
b Name of plan sponsor	PULASKI CO WATER DISTRICT	**c** EIN-PN	61-0840302-501
a Plan name	PULLEN MOTORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	PULLEN MOTORS LLC	**c** EIN-PN	86-3579828-501
a Plan name	PURCHASE FORD CBS BENEFIT PLAN		
b Name of plan sponsor	PURCHASE FORD	**c** EIN-PN	81-3175588-501
a Plan name	PURE LIFE MINISTRIES CBS BENEFIT PLAN		
b Name of plan sponsor	PURE LIFE MINISTRIES	**c** EIN-PN	68-0095964-501

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	PURYEAR DEVELOPMENT GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	PURYEAR DEVELOPMENT GROUP INC	**c** EIN-PN	61-1315017-501
a Plan name	PUZZLE S ACADEMY CHILD DEVELOPMENT CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	PUZZLE S ACADEMY CHILD DEVELOPMENT CENTER	**c** EIN-PN	26-0386024-501
a Plan name	PYLES EXCAVATING INC CBS BENEFIT PLAN		
b Name of plan sponsor	PYLES EXCAVATING INC	**c** EIN-PN	61-1207793-501
a Plan name	QUALITY CASING CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	QUALITY CASING CO INC	**c** EIN-PN	31-1365171-501
a Plan name	QUALITY COAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	QUALITY COAL LLC	**c** EIN-PN	87-3864577-501
a Plan name	QUALITY CONTRACTING INC CBS BENEFIT PLAN		
b Name of plan sponsor	QUALITY CONTRACTING INC	**c** EIN-PN	90-0387998-501
a Plan name	QUALITY ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	QUALITY ELECTRIC	**c** EIN-PN	61-0714451-502
a Plan name	QUALITY HOME SERVICES, INC CBS BENEFIT PLAN		
b Name of plan sponsor	QUALITY HOME SERVICES, INC	**c** EIN-PN	20-2301637-501
a Plan name	QUALITY LINEWORK, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	QUALITY LINEWORK, LLC	**c** EIN-PN	87-2904326-501
a Plan name	QUALITY ONE STEEL DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	QUALITY ONE STEEL DESIGN	**c** EIN-PN	46-2472450-501
a Plan name	QUALITY STONE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	QUALITY STONE LLC	**c** EIN-PN	04-3839981-502
a Plan name	QUALITY TOOLING INC CBS BENEFIT PLAN		
b Name of plan sponsor	QUALITY TOOLING INC	**c** EIN-PN	61-1252086-501

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	QUALITY WEB PRINTING CBS BENEFIT PLAN		
b Name of plan sponsor	QUALITY WEB PRINTING	**c** EIN-PN	61-1057886-501
a Plan name	QUANTUM INK COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	QUANTUM INK COMPANY	**c** EIN-PN	61-1314928-502
a Plan name	QUARLES SPRING FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	QUARLES SPRING FARMS	**c** EIN-PN	81-1729774-501
a Plan name	QUEST COUNSELING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	QUEST COUNSELING LLC	**c** EIN-PN	81-5097425-501
a Plan name	QUILLS FIREHOUSE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	QUILLS FIREHOUSE LLC	**c** EIN-PN	42-1710706-501
a Plan name	QUINTON CAPITAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	QUINTON CAPITAL INC	**c** EIN-PN	61-1237676-501
a Plan name	R & B TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	R & B TRUCKING LLC	**c** EIN-PN	45-3056964-501
a Plan name	R A ROSS & ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	R A ROSS & ASSOCIATES INC	**c** EIN-PN	61-1135021-501
a Plan name	R L CRAIG COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	R L CRAIG COMPANY INC	**c** EIN-PN	61-0975534-501
a Plan name	R LEE SHANNON PSC CBS BENEFIT PLAN		
b Name of plan sponsor	R LEE SHANNON PSC	**c** EIN-PN	61-1131828-501
a Plan name	R&R DESIGN & MANUFACTURING CBS BENEFIT PLAN		
b Name of plan sponsor	R&R DESIGN & MANUFACTURING	**c** EIN-PN	45-2914797-501
a Plan name	R.E. PURNELL CONSTUCTION, INC CBS BENEFIT PLAN		
b Name of plan sponsor	R.E. PURNELL CONSTUCTION, INC	**c** EIN-PN	61-1142725-501

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	RACHEL E GOLD, DMD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	RACHEL E GOLD, DMD PLLC	**c** EIN-PN	46-4964208-501
a Plan name	RACHEL H NAYLOR DMD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	RACHEL H NAYLOR DMD PLLC	**c** EIN-PN	04-3806803-501
a Plan name	RACK-IT TRUCK RACKS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	RACK-IT TRUCK RACKS, INC	**c** EIN-PN	83-1880052-501
a Plan name	RADCLIFF REALTY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RADCLIFF REALTY LLC	**c** EIN-PN	83-2815353-501
a Plan name	RADIATION ONCOLOGY OF LEXINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	RADIATION ONCOLOGY OF LEXINGTON	**c** EIN-PN	61-1303036-501
a Plan name	RADIO SOUND CBS BENEFIT PLAN		
b Name of plan sponsor	RADIO SOUND	**c** EIN-PN	61-1083666-502
a Plan name	RADIOLEX CBS BENEFIT PLAN		
b Name of plan sponsor	RADIOLEX	**c** EIN-PN	36-4662643-501
a Plan name	RADIUS CONSTRUCTION COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	RADIUS CONSTRUCTION COMPANY	**c** EIN-PN	61-0853686-501
a Plan name	RAFFERTY DEVELOPMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RAFFERTY DEVELOPMENT LLC	**c** EIN-PN	85-2894931-501
a Plan name	RAFTI ADVISORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RAFTI ADVISORS LLC	**c** EIN-PN	40-0012367-501
a Plan name	RAIDER PUMP & MACHINE INC CBS BENEFIT PLAN		
b Name of plan sponsor	RAIDER PUMP & MACHINE INC	**c** EIN-PN	55-0714452-501
a Plan name	RAIL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	RAIL SERVICES	**c** EIN-PN	61-0978447-501

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	RAM HOSPITALITY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	RAM HOSPITALITY, INC	**c** EIN-PN	84-3553948-502
a Plan name	RAMIN KAZEMI DMD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	RAMIN KAZEMI DMD PSC	**c** EIN-PN	61-1351521-501
a Plan name	RAMONA C. LITTLE ATTORNEY AT LAW PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	RAMONA C. LITTLE ATTORNEY AT LAW PLLC	**c** EIN-PN	83-3563543-501
a Plan name	RAMSEY & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	RAMSEY & ASSOCIATES	**c** EIN-PN	61-1197581-501
a Plan name	RAMSEY & RAMSEY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RAMSEY & RAMSEY LLC	**c** EIN-PN	26-1286471-501
a Plan name	RAMSEY DEVELOPMENT GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RAMSEY DEVELOPMENT GROUP LLC	**c** EIN-PN	87-2766427-501
a Plan name	RAMSEY MOBILE HOME CBS BENEFIT PLAN		
b Name of plan sponsor	RAMSEY MOBILE HOME	**c** EIN-PN	61-0700780-501
a Plan name	RAMSEY QUANTITATIVE SYSTEMS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	RAMSEY QUANTITATIVE SYSTEMS, INC	**c** EIN-PN	35-1985750-502
a Plan name	RANDALL H SELLARS CPA CBS BENEFIT PLAN		
b Name of plan sponsor	RANDALL H SELLARS CPA	**c** EIN-PN	47-3798010-501
a Plan name	RANDOLPH-HALE, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	RANDOLPH-HALE, INC.	**c** EIN-PN	61-0721522-501
a Plan name	RANDY KIDD INSURANCE & FINANCIAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	RANDY KIDD INSURANCE & FINANCIAL SERVICES	**c** EIN-PN	46-3919717-501
a Plan name	RANKIN & BAKER PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	RANKIN & BAKER PLLC	**c** EIN-PN	26-2586757-501

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	RANKIN RANKIN & CO CBS BENEFIT PLAN		
b Name of plan sponsor	RANKIN RANKIN & CO	**c** EIN-PN	61-0721782-501
a Plan name	RANSDELL ROACH & ROYCE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	RANSDELL ROACH & ROYCE PLLC	**c** EIN-PN	81-1273788-501
a Plan name	RAPP & ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	RAPP & ASSOCIATES INC	**c** EIN-PN	61-0993070-501
a Plan name	RAQUE PROPERTIES CBS BENEFIT PLAN		
b Name of plan sponsor	RAQUE PROPERTIES	**c** EIN-PN	61-1388379-501
a Plan name	RATH CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RATH CONSTRUCTION LLC	**c** EIN-PN	45-4315810-501
a Plan name	RATHER WASH FRANKFORT CBS BENEFIT PLAN		
b Name of plan sponsor	RATHER WASH FRANKFORT	**c** EIN-PN	81-5093827-501
a Plan name	RATTERMAN & SONS CBS BENEFIT PLAN		
b Name of plan sponsor	RATTERMAN & SONS	**c** EIN-PN	61-0533952-501
a Plan name	RAY BLACK & SON INC CBS BENEFIT PLAN		
b Name of plan sponsor	RAY BLACK & SON INC	**c** EIN-PN	61-0707318-501
a Plan name	RAY DENTAL CERAMICS INC CBS BENEFIT PLAN		
b Name of plan sponsor	RAY DENTAL CERAMICS INC	**c** EIN-PN	31-1520294-501
a Plan name	RAYNOR GARAGE DOORS OF LEXINGTON, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RAYNOR GARAGE DOORS OF LEXINGTON, LLC	**c** EIN-PN	45-5145389-501
a Plan name	RBFO 2023 LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RBFO 2023 LLC	**c** EIN-PN	99-2222534-501
a Plan name	RBS DESIGN GROUP PSC CBS BENEFIT PLAN		
b Name of plan sponsor	RBS DESIGN GROUP PSC	**c** EIN-PN	61-0990883-501

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 LYONS & COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RC LYONS & COMPANY LLC	**c** EIN-PN	61-1374799-501
a Plan name	RD PROPERTY GROUP, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RD PROPERTY GROUP, LLC	**c** EIN-PN	61-1295157-501
a Plan name	RDC BEARINGS INC CBS BENEFIT PLAN		
b Name of plan sponsor	RDC BEARINGS INC	**c** EIN-PN	61-1162992-501
a Plan name	REACH OF LOUISVILLE INC CBS BENEFIT PLAN		
b Name of plan sponsor	REACH OF LOUISVILLE INC	**c** EIN-PN	61-1123801-501
a Plan name	READY ELECTRIC CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	READY ELECTRIC CO INC	**c** EIN-PN	61-0517797-501
a Plan name	READY GRANITE CBS BENEFIT PLAN		
b Name of plan sponsor	READY GRANITE	**c** EIN-PN	20-2843323-501
a Plan name	REALM CONSTRUCTION, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	REALM CONSTRUCTION, INC.	**c** EIN-PN	61-1186502-501
a Plan name	REB ARCHITECT PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	REB ARCHITECT PLLC	**c** EIN-PN	45-4210996-501
a Plan name	REBAR SUPPORT PRODUCTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	REBAR SUPPORT PRODUCTS INC	**c** EIN-PN	61-0981851-501
a Plan name	REBART BOTTLING CBS BENEFIT PLAN		
b Name of plan sponsor	REBART BOTTLING	**c** EIN-PN	81-1800192-501
a Plan name	REBK RENTALS CBS BENEFIT PLAN		
b Name of plan sponsor	REBK RENTALS	**c** EIN-PN	94-4685494-501
a Plan name	REBOUND ORTHOPAEDICS & SPORTS MEDICINE PSC CBS BENEFIT PLAN		
b Name of plan sponsor	REBOUND ORTHOPAEDICS & SPORTS MEDICINE PSC	**c** EIN-PN	61-1012149-501

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	RECBAR CBS BENEFIT PLAN		
b Name of plan sponsor	RECBAR	**c** EIN-PN	47-5635374-501
a Plan name	RECKONING INC CBS BENEFIT PLAN		
b Name of plan sponsor	RECKONING INC	**c** EIN-PN	84-3692296-501
a Plan name	RECTOR EXCAVATING INC CBS BENEFIT PLAN		
b Name of plan sponsor	RECTOR EXCAVATING INC	**c** EIN-PN	61-1381616-501
a Plan name	RED BIRD TRANSPORTATION CBS BENEFIT PLAN		
b Name of plan sponsor	RED BIRD TRANSPORTATION	**c** EIN-PN	31-1036190-502
a Plan name	RED DEERE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RED DEERE LLC	**c** EIN-PN	20-1689577-501
a Plan name	RED HAWK TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	RED HAWK TECHNOLOGIES	**c** EIN-PN	30-0472711-501
a Plan name	RED ROCK HOME CENTER, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RED ROCK HOME CENTER, LLC	**c** EIN-PN	85-2753290-501
a Plan name	RED TEAM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RED TEAM LLC	**c** EIN-PN	83-2017918-501
a Plan name	REDD BROWN & WILLIAMS CBS BENEFIT PLAN		
b Name of plan sponsor	REDD BROWN & WILLIAMS	**c** EIN-PN	27-0357282-501
a Plan name	REECE SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	REECE SERVICE	**c** EIN-PN	20-4267144-501
a Plan name	REED HARDWOOD FLOORING CBS BENEFIT PLAN		
b Name of plan sponsor	REED HARDWOOD FLOORING	**c** EIN-PN	45-5560816-501
a Plan name	REES HARDY INC CBS BENEFIT PLAN		
b Name of plan sponsor	REES HARDY INC	**c** EIN-PN	61-0980665-501

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	REESE DESIGN COLLABORATIVE CBS BENEFIT PLAN		
b Name of plan sponsor	REESE DESIGN COLLABORATIVE	**c** EIN-PN	61-1269624-501
a Plan name	REEVES PROPERTY GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	REEVES PROPERTY GROUP LLC	**c** EIN-PN	45-2816314-501
a Plan name	REFURB NINJA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	REFURB NINJA LLC	**c** EIN-PN	81-3832699-501
a Plan name	REGIONAL ADMINISTRATIVE SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	REGIONAL ADMINISTRATIVE SERVICES	**c** EIN-PN	92-2133867-501
a Plan name	REGIONAL APPRAISAL, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	REGIONAL APPRAISAL, LLC	**c** EIN-PN	27-1900844-501
a Plan name	REGIONAL HEART SPECIALISTS CBS BENEFIT PLAN		
b Name of plan sponsor	REGIONAL HEART SPECIALISTS	**c** EIN-PN	88-4098107-501
a Plan name	REGIONAL LAND TITLE CO CBS BENEFIT PLAN		
b Name of plan sponsor	REGIONAL LAND TITLE CO	**c** EIN-PN	61-1383919-501
a Plan name	REIDS PLUMBING CBS BENEFIT PLAN		
b Name of plan sponsor	REIDS PLUMBING	**c** EIN-PN	61-1385681-501
a Plan name	REINERT MANUFACTURING CBS BENEFIT PLAN		
b Name of plan sponsor	REINERT MANUFACTURING	**c** EIN-PN	31-1212938-501
a Plan name	REINHARTS HEATING & COOLING CBS BENEFIT PLAN		
b Name of plan sponsor	REINHARTS HEATING & COOLING	**c** EIN-PN	45-2299755-501
a Plan name	REIS CONCRETE CBS BENEFIT PLAN		
b Name of plan sponsor	REIS CONCRETE	**c** EIN-PN	61-0872363-501
a Plan name	REISERT AND ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	REISERT AND ASSOCIATES INC	**c** EIN-PN	61-1071014-501

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	REISERT INSURANCE GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	REISERT INSURANCE GROUP	**c** EIN-PN	61-0565942-501
a Plan name	RELAY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RELAY, LLC	**c** EIN-PN	81-4490839-501
a Plan name	RELCO ELECTRIC INC CBS BENEFIT PLAN		
b Name of plan sponsor	RELCO ELECTRIC INC	**c** EIN-PN	61-1029709-501
a Plan name	RELIABLE CONTRACTING GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RELIABLE CONTRACTING GROUP LLC	**c** EIN-PN	04-3742953-502
a Plan name	RELIABLE MEDICAL SUPPLIES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RELIABLE MEDICAL SUPPLIES, LLC	**c** EIN-PN	26-1751880-501
a Plan name	RELIABLE MUNICIPAL ADVISORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RELIABLE MUNICIPAL ADVISORS LLC	**c** EIN-PN	47-5635324-501
a Plan name	RELIABLE OUTDOOR SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RELIABLE OUTDOOR SERVICES LLC	**c** EIN-PN	87-4667914-501
a Plan name	RELIABLE PARTNERS CBS BENEFIT PLAN		
b Name of plan sponsor	RELIABLE PARTNERS	**c** EIN-PN	26-3121794-501
a Plan name	RELIABLE TRUCK SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	RELIABLE TRUCK SERVICE	**c** EIN-PN	82-2545547-501
a Plan name	RELIANT WEALTH PLANNING CBS BENEFIT PLAN		
b Name of plan sponsor	RELIANT WEALTH PLANNING	**c** EIN-PN	81-4966856-501
a Plan name	REM BRANDS INC CBS BENEFIT PLAN		
b Name of plan sponsor	REM BRANDS INC	**c** EIN-PN	45-4520023-501
a Plan name	REM ROSE ELECTRIC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	REM ROSE ELECTRIC LLC	**c** EIN-PN	84-2717311-501

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	REM, INC CBS BENEFIT PLAN		
b Name of plan sponsor	REM, INC	**c** EIN-PN	61-0707180-502
a Plan name	REMAX ELITE REALTY CBS BENEFIT PLAN		
b Name of plan sponsor	REMAX ELITE REALTY	**c** EIN-PN	20-5219340-501
a Plan name	RENAKER CHARITABLE FOUND. CBS BENEFIT PLAN		
b Name of plan sponsor	RENAKER CHARITABLE FOUND.	**c** EIN-PN	61-1336485-501
a Plan name	RES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RES, LLC	**c** EIN-PN	81-4634935-501
a Plan name	RESCUE RANGERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	RESCUE RANGERS INC	**c** EIN-PN	20-1419232-501
a Plan name	RESEARCH PROPERTIES CBS BENEFIT PLAN		
b Name of plan sponsor	RESEARCH PROPERTIES	**c** EIN-PN	61-0987893-501
a Plan name	RESER BICYCLE OUTFITTERS CBS BENEFIT PLAN		
b Name of plan sponsor	RESER BICYCLE OUTFITTERS	**c** EIN-PN	31-1695094-501
a Plan name	RESISTANT ROOFING CBS BENEFIT PLAN		
b Name of plan sponsor	RESISTANT ROOFING	**c** EIN-PN	82-7270160-501
a Plan name	RESTAURANT SERVICE SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	RESTAURANT SERVICE SOLUTIONS	**c** EIN-PN	30-0315843-501
a Plan name	RESURRECTION TREATMENT CENTER, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RESURRECTION TREATMENT CENTER, LLC	**c** EIN-PN	47-5276476-501
a Plan name	RETAIL MARKETS LIMITED PARTNERSHIP CBS BENEFIT PLAN		
b Name of plan sponsor	RETAIL MARKETS LIMITED PARTNERSHIP	**c** EIN-PN	43-1655932-501
a Plan name	RETINA ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	RETINA ASSOCIATES	**c** EIN-PN	61-1061722-501

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	REVOLUTION PHYSICAL THERAPY CORBIN, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	REVOLUTION PHYSICAL THERAPY CORBIN, LLC	**c** EIN-PN	99-2838778-501
a Plan name	REVOLUTION PHYSICAL THERAPY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	REVOLUTION PHYSICAL THERAPY, LLC	**c** EIN-PN	83-2451298-502
a Plan name	REYES HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	REYES HOLDINGS LLC	**c** EIN-PN	88-2314870-501
a Plan name	REYNOLDS INSURANCE AGENCY CBS BENEFIT PLAN		
b Name of plan sponsor	REYNOLDS INSURANCE AGENCY	**c** EIN-PN	61-1281735-501
a Plan name	RFS CBS BENEFIT PLAN		
b Name of plan sponsor	RFS	**c** EIN-PN	84-2224967-501
a Plan name	RH CLARKSON INSURANCE CBS BENEFIT PLAN		
b Name of plan sponsor	RH CLARKSON INSURANCE	**c** EIN-PN	61-1121124-501
a Plan name	RIBBON CHIX INC CBS BENEFIT PLAN		
b Name of plan sponsor	RIBBON CHIX INC	**c** EIN-PN	47-4353689-501
a Plan name	RICHARDS GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	RICHARDS GROUP INC	**c** EIN-PN	61-1219283-501
a Plan name	RICKARD TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	RICKARD TRUCKING	**c** EIN-PN	81-0987364-501
a Plan name	RICKETTS FINANCIAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RICKETTS FINANCIAL LLC	**c** EIN-PN	85-1630921-501
a Plan name	RICKY H. MOORE TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RICKY H. MOORE TRUCKING LLC	**c** EIN-PN	20-2040729-501
a Plan name	RIDERS AUTOMOTIVE CBS BENEFIT PLAN		
b Name of plan sponsor	RIDERS AUTOMOTIVE	**c** EIN-PN	34-2059687-501

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	RIDGELINE COAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RIDGELINE COAL LLC	**c** EIN-PN	20-2774791-501
a Plan name	RIDGEWATER, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RIDGEWATER, LLC	**c** EIN-PN	26-2787794-501
a Plan name	RIGGS MACHINE & FABRICAT CBS BENEFIT PLAN		
b Name of plan sponsor	RIGGS MACHINE & FABRICAT	**c** EIN-PN	61-1050155-501
a Plan name	RIGHT PLACE MEDIA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RIGHT PLACE MEDIA LLC	**c** EIN-PN	61-1380376-501
a Plan name	RILEY ARCHITECT SERVICES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	RILEY ARCHITECT SERVICES PLLC	**c** EIN-PN	02-0769994-501
a Plan name	RINAVINFOTECH LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RINAVINFOTECH LLC	**c** EIN-PN	93-4833307-501
a Plan name	RIT TEK LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RIT TEK LLC	**c** EIN-PN	76-0849894-501
a Plan name	RITE CRETE CONCRETE PRODUCTS CBS BENEFIT PLAN		
b Name of plan sponsor	RITE CRETE CONCRETE PRODUCTS	**c** EIN-PN	93-1943165-501
a Plan name	RITE VALUE PHARMACY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RITE VALUE PHARMACY LLC	**c** EIN-PN	20-2579056-501
a Plan name	RITEWAY AUTO GLASS CBS BENEFIT PLAN		
b Name of plan sponsor	RITEWAY AUTO GLASS	**c** EIN-PN	84-4508348-501
a Plan name	RIVER CITIES BUILDERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	RIVER CITIES BUILDERS INC	**c** EIN-PN	61-1296993-501
a Plan name	RIVER CITY CHILLER MECHANICAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	RIVER CITY CHILLER MECHANICAL INC	**c** EIN-PN	61-1100337-501

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	RIVER CITY DENTAL GROUP PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	RIVER CITY DENTAL GROUP PLLC	**c** EIN-PN	93-4047140-501
a Plan name	RIVER CITY PALLET LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RIVER CITY PALLET LLC	**c** EIN-PN	93-2086837-501
a Plan name	RIVER FIELDS INC CBS BENEFIT PLAN		
b Name of plan sponsor	RIVER FIELDS INC	**c** EIN-PN	61-6032501-501
a Plan name	RIVER ROAD ASSET MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RIVER ROAD ASSET MANAGEMENT LLC	**c** EIN-PN	43-2076925-501
a Plan name	RIVER VALLEY CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	RIVER VALLEY CLUB	**c** EIN-PN	61-0322400-501
a Plan name	RIVER VALLEY EQUINE SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	RIVER VALLEY EQUINE SERVICES	**c** EIN-PN	26-1484480-501
a Plan name	RIW ORNAMENTAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	RIW ORNAMENTAL INC	**c** EIN-PN	26-0111356-501
a Plan name	RJ KETCH EQUINE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	RJ KETCH EQUINE, INC	**c** EIN-PN	61-1186961-501
a Plan name	RJJ INC CBS BENEFIT PLAN		
b Name of plan sponsor	RJJ INC	**c** EIN-PN	01-0756874-501
a Plan name	RJJC MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RJJC MANAGEMENT LLC	**c** EIN-PN	87-3733067-501
a Plan name	RLC WELDING & FABRICATION CBS BENEFIT PLAN		
b Name of plan sponsor	RLC WELDING & FABRICATION	**c** EIN-PN	90-0850754-501
a Plan name	RLM CONSTRUCTION CO. INC. CBS BENEFIT PLAN		
b Name of plan sponsor	RLM CONSTRUCTION CO. INC.	**c** EIN-PN	61-1272036-501

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	RMC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RMC LLC	**c** EIN-PN	61-1252246-501
a Plan name	ROAD DOG INDUSTRIAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROAD DOG INDUSTRIAL LLC	**c** EIN-PN	26-1313702-501
a Plan name	ROARING BROOK LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROARING BROOK LLC	**c** EIN-PN	84-4338804-501
a Plan name	ROARK MACHINING CBS BENEFIT PLAN		
b Name of plan sponsor	ROARK MACHINING	**c** EIN-PN	85-3937857-501
a Plan name	ROBBINS HEATING & AIR CONDITIONING, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	ROBBINS HEATING & AIR CONDITIONING, INC.	**c** EIN-PN	61-0999501-501
a Plan name	ROBERT A PETERSON, INC CBS BENEFIT PLAN		
b Name of plan sponsor	ROBERT A PETERSON, INC	**c** EIN-PN	61-1207159-501
a Plan name	ROBERT B MCDADE DMD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	ROBERT B MCDADE DMD PSC	**c** EIN-PN	04-3840077-501
a Plan name	ROBERT H DEIBEL GREENHOUSES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROBERT H DEIBEL GREENHOUSES LLC	**c** EIN-PN	61-0655410-501
a Plan name	ROBERT J PAUL CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	ROBERT J PAUL CORPORATION	**c** EIN-PN	31-0681788-501
a Plan name	ROBERT MASSEY CO CBS BENEFIT PLAN		
b Name of plan sponsor	ROBERT MASSEY CO	**c** EIN-PN	61-0888395-501
a Plan name	ROBERT W. ADAMS CBS BENEFIT PLAN		
b Name of plan sponsor	ROBERT W. ADAMS	**c** EIN-PN	61-1382580-501
a Plan name	ROBERTS AUTO STEREO, INC CBS BENEFIT PLAN		
b Name of plan sponsor	ROBERTS AUTO STEREO, INC	**c** EIN-PN	61-1162691-501

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 HEATING & AIR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROBERTS HEATING & AIR LLC	**c** EIN-PN	83-4301857-501
a Plan name	ROBERTS LAMBERT PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROBERTS LAMBERT PLLC	**c** EIN-PN	93-3565828-501
a Plan name	ROBERTS PHARMACY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROBERTS PHARMACY LLC	**c** EIN-PN	46-1851042-501
a Plan name	ROBERTS WINDOW TINTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROBERTS WINDOW TINTING LLC	**c** EIN-PN	20-3903080-501
a Plan name	ROBIN BROWN INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	ROBIN BROWN INSURANCE AGENCY INC	**c** EIN-PN	32-0002866-501
a Plan name	ROBINSON & HAVENS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	ROBINSON & HAVENS PSC	**c** EIN-PN	26-3057299-501
a Plan name	ROBINSON LAW FIRM PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROBINSON LAW FIRM PLLC	**c** EIN-PN	27-1628071-501
a Plan name	ROCK CREEK RESEARCH AND DEVELOPMENT LABORATORIES CBS BENEFIT PLAN		
b Name of plan sponsor	ROCK CREEK RESEARCH AND DEVELOPMENT LABORATORIES	**c** EIN-PN	31-0904716-501
a Plan name	ROCKHOUSE ON THE RIVER CBS BENEFIT PLAN		
b Name of plan sponsor	ROCKHOUSE ON THE RIVER	**c** EIN-PN	46-2079792-501
a Plan name	ROCKHOUSE PIZZA CBS BENEFIT PLAN		
b Name of plan sponsor	ROCKHOUSE PIZZA	**c** EIN-PN	04-3795369-501
a Plan name	ROCKIN RIDGE CBS BENEFIT PLAN		
b Name of plan sponsor	ROCKIN RIDGE	**c** EIN-PN	40-7900211-501
a Plan name	ROCKSPORT CLIMBING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROCKSPORT CLIMBING LLC	**c** EIN-PN	84-2855298-501

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	ROCKY MOUNTAINS LOGISTICS CBS BENEFIT PLAN		
b Name of plan sponsor	ROCKY MOUNTAINS LOGISTICS	**c** EIN-PN	20-3568428-501
a Plan name	RODNEY TERRY PLUMBING CBS BENEFIT PLAN		
b Name of plan sponsor	RODNEY TERRY PLUMBING	**c** EIN-PN	26-1087411-501
a Plan name	ROES OUTDOOR SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	ROES OUTDOOR SERVICES	**c** EIN-PN	45-4670983-501
a Plan name	ROGERS & ROGERS CBS BENEFIT PLAN		
b Name of plan sponsor	ROGERS & ROGERS	**c** EIN-PN	87-4702426-501
a Plan name	ROGERS HARDWARE AND BUILDING CBS BENEFIT PLAN		
b Name of plan sponsor	ROGERS HARDWARE AND BUILDING	**c** EIN-PN	31-1527175-501
a Plan name	ROGERS MOTORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	ROGERS MOTORS INC	**c** EIN-PN	61-1196992-501
a Plan name	RONALD MCDONALD HOUSE CHARITIES OF KENTUCKIANA CBS BENEFIT PLAN		
b Name of plan sponsor	RONALD MCDONALD HOUSE CHARITIES OF KENTUCKIANA	**c** EIN-PN	31-1053467-501
a Plan name	ROOF RUNNERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROOF RUNNERS LLC	**c** EIN-PN	88-1178438-501
a Plan name	ROOFTECH CBS BENEFIT PLAN		
b Name of plan sponsor	ROOFTECH	**c** EIN-PN	47-3934712-501
a Plan name	ROSEDALE SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ROSEDALE SERVICES INC	**c** EIN-PN	26-1498404-501
a Plan name	ROSEN ARMSTRONG HOLDINGS CBS BENEFIT PLAN		
b Name of plan sponsor	ROSEN ARMSTRONG HOLDINGS	**c** EIN-PN	13-4322284-501
a Plan name	ROSEWOOD GOLF AND COUNTRY CLUB LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROSEWOOD GOLF AND COUNTRY CLUB LLC	**c** EIN-PN	01-0833830-501

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	ROSS MANN LAW PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROSS MANN LAW PLLC	**c** EIN-PN	88-3901431-501
a Plan name	ROSSLEY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROSSLEY LLC	**c** EIN-PN	81-2690103-501
a Plan name	ROTH RIVER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ROTH RIVER LLC	**c** EIN-PN	83-0572394-501
a Plan name	ROUNSAVALL ANESTHESIA CBS BENEFIT PLAN		
b Name of plan sponsor	ROUNSAVALL ANESTHESIA	**c** EIN-PN	85-2710650-501
a Plan name	ROVER VENTURES CBS BENEFIT PLAN		
b Name of plan sponsor	ROVER VENTURES	**c** EIN-PN	81-3406105-501
a Plan name	ROWAN PHARMACIST GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	ROWAN PHARMACIST GROUP INC	**c** EIN-PN	45-3543101-501
a Plan name	ROY E PELFREY ASSOCIATES,INC CBS BENEFIT PLAN		
b Name of plan sponsor	ROY E PELFREY ASSOCIATES,INC	**c** EIN-PN	61-0673802-502
a Plan name	ROYAL ELECTRIC AND DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	ROYAL ELECTRIC AND DESIGN	**c** EIN-PN	81-5320247-501
a Plan name	ROYAL INS AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	ROYAL INS AGENCY INC	**c** EIN-PN	47-1269950-501
a Plan name	ROYAL PAWN INC CBS BENEFIT PLAN		
b Name of plan sponsor	ROYAL PAWN INC	**c** EIN-PN	31-1489085-501
a Plan name	ROYCE PUBLICATIONS CBS BENEFIT PLAN		
b Name of plan sponsor	ROYCE PUBLICATIONS	**c** EIN-PN	31-1494865-501
a Plan name	ROYER SIGN SHOPS INC CBS BENEFIT PLAN		
b Name of plan sponsor	ROYER SIGN SHOPS INC	**c** EIN-PN	61-1192192-501

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	RPS ADVISORY SOLUTIONS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RPS ADVISORY SOLUTIONS, LLC	**c** EIN-PN	85-2688311-501
a Plan name	RRD FINANCIAL CBS BENEFIT PLAN		
b Name of plan sponsor	RRD FINANCIAL	**c** EIN-PN	61-1400477-502
a Plan name	RSA ADVISORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RSA ADVISORS LLC	**c** EIN-PN	85-0667276-501
a Plan name	RSA SOLUTIONS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	RSA SOLUTIONS, INC.	**c** EIN-PN	46-1899098-501
a Plan name	RT INFRASTRUCTURE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RT INFRASTRUCTURE LLC	**c** EIN-PN	82-2250609-501
a Plan name	RTD LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RTD LLC	**c** EIN-PN	83-4582179-501
a Plan name	RUARK PLUMBING & MECHANICAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	RUARK PLUMBING & MECHANICAL INC	**c** EIN-PN	83-1948099-501
a Plan name	RUCKSTRUCKS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RUCKSTRUCKS LLC	**c** EIN-PN	04-3719187-501
a Plan name	RUDLER PSC CBS BENEFIT PLAN		
b Name of plan sponsor	RUDLER PSC	**c** EIN-PN	31-1048275-501
a Plan name	RUDOLPH HARDIN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RUDOLPH HARDIN LLC	**c** EIN-PN	83-4687476-501
a Plan name	RUNNING OX CBS BENEFIT PLAN		
b Name of plan sponsor	RUNNING OX	**c** EIN-PN	87-2089077-501
a Plan name	RUSHING BUILDERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	RUSHING BUILDERS INC	**c** EIN-PN	81-4985611-501

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	RUSKIN STREET LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RUSKIN STREET LLC	**c** EIN-PN	81-4908106-501
a Plan name	RUSSELL CAPITAL MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	RUSSELL CAPITAL MANAGEMENT LLC	**c** EIN-PN	26-3940237-501
a Plan name	RUSSELL SPRINGS PHARMACY CBS BENEFIT PLAN		
b Name of plan sponsor	RUSSELL SPRINGS PHARMACY	**c** EIN-PN	26-4313428-501
a Plan name	RUSSELLVILLE FAMILY DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	RUSSELLVILLE FAMILY DENTISTRY	**c** EIN-PN	61-1391565-501
a Plan name	RWH INC CBS BENEFIT PLAN		
b Name of plan sponsor	RWH INC	**c** EIN-PN	61-1270828-501
a Plan name	RYAN TRUCKING COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	RYAN TRUCKING COMPANY INC	**c** EIN-PN	61-0983555-501
a Plan name	S & S TOOL AND MACHINE CO.INC. CBS BENEFIT PLAN		
b Name of plan sponsor	S & S TOOL AND MACHINE CO.INC.	**c** EIN-PN	61-0929943-501
a Plan name	S AND K SALES AND SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	S AND K SALES AND SERVICE	**c** EIN-PN	61-1293999-501
a Plan name	S AND M DISTRIBUTORS CBS BENEFIT PLAN		
b Name of plan sponsor	S AND M DISTRIBUTORS	**c** EIN-PN	61-0849575-501
a Plan name	S CLARK ELECTRIC, INC CBS BENEFIT PLAN		
b Name of plan sponsor	S CLARK ELECTRIC, INC	**c** EIN-PN	82-2714422-501
a Plan name	S&D WOODSTOVES AND POOLS INC CBS BENEFIT PLAN		
b Name of plan sponsor	S&D WOODSTOVES AND POOLS INC	**c** EIN-PN	61-1132596-501
a Plan name	S&J LIGHTING LENSE SUPPLY INC CBS BENEFIT PLAN		
b Name of plan sponsor	S&J LIGHTING LENSE SUPPLY INC	**c** EIN-PN	61-1338697-501

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&L CONTRACTING CBS BENEFIT PLAN		
b Name of plan sponsor	S&L CONTRACTING	**c** EIN-PN	86-3014477-501
a Plan name	S&S EARTHSCAPES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	S&S EARTHSCAPES LLC	**c** EIN-PN	47-1057092-501
a Plan name	SA VENTURES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SA VENTURES LLC	**c** EIN-PN	61-2248060-501
a Plan name	SAAS N CLOUD TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	SAAS N CLOUD TECHNOLOGIES	**c** EIN-PN	93-1529261-501
a Plan name	SAFETY FIRST FIRE PROTECTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	SAFETY FIRST FIRE PROTECTION INC	**c** EIN-PN	20-8995343-501
a Plan name	SAFFRON PLANNING & EVENTS CBS BENEFIT PLAN		
b Name of plan sponsor	SAFFRON PLANNING & EVENTS	**c** EIN-PN	45-4758570-501
a Plan name	SALAMEH PLASTIC SURGERY CBS BENEFIT PLAN		
b Name of plan sponsor	SALAMEH PLASTIC SURGERY	**c** EIN-PN	81-1162434-501
a Plan name	SALING WEALTH ADVISORS CBS BENEFIT PLAN		
b Name of plan sponsor	SALING WEALTH ADVISORS	**c** EIN-PN	81-1421751-501
a Plan name	SALLI SMITH SLONE MD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	SALLI SMITH SLONE MD PSC	**c** EIN-PN	31-1535360-501
a Plan name	SALSARITAS CBS BENEFIT PLAN		
b Name of plan sponsor	SALSARITAS	**c** EIN-PN	01-0838039-501
a Plan name	SALT RIVER MENTAL HEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	SALT RIVER MENTAL HEALTH	**c** EIN-PN	47-3441799-501
a Plan name	SAM RUSSELL PET PROVISIONS CBS BENEFIT PLAN		
b Name of plan sponsor	SAM RUSSELL PET PROVISIONS	**c** EIN-PN	26-4589157-501

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	SAMAC PAINTING INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SAMAC PAINTING INC.	**c** EIN-PN	61-1057239-501
a Plan name	SAM'S GOLD & PAWN, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SAMS GOLD & PAWN, LLC	**c** EIN-PN	46-1574772-501
a Plan name	SAMSON STEEL CBS BENEFIT PLAN		
b Name of plan sponsor	SAMSON STEEL	**c** EIN-PN	61-0668005-501
a Plan name	SAMUEL G DAVIES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	SAMUEL G DAVIES PLLC	**c** EIN-PN	20-2068286-501
a Plan name	SAMURAI SECURITY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SAMURAI SECURITY, LLC	**c** EIN-PN	87-4759170-501
a Plan name	SANDERS SALES & SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	SANDERS SALES & SERVICE	**c** EIN-PN	61-1344421-501
a Plan name	SANDY ABRAMS LANDSCAPING CO. INC CBS BENEFIT PLAN		
b Name of plan sponsor	SANDY ABRAMS LANDSCAPING CO. INC	**c** EIN-PN	61-1159176-501
a Plan name	SANDY S PET SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	SANDY S PET SHOP	**c** EIN-PN	61-1106406-501
a Plan name	SANGER FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	SANGER FARMS	**c** EIN-PN	61-0610530-501
a Plan name	SAVE RITE DRUGS RADCLIFF CBS BENEFIT PLAN		
b Name of plan sponsor	SAVE RITE DRUGS RADCLIFF	**c** EIN-PN	45-3746154-501
a Plan name	SAVE-A-LOT CBS BENEFIT PLAN		
b Name of plan sponsor	SAVE-A-LOT	**c** EIN-PN	51-0542949-501
a Plan name	SC VENTURES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SC VENTURES, LLC	**c** EIN-PN	86-3766054-501

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	SCARLET HOPE INC CBS BENEFIT PLAN		
b Name of plan sponsor	SCARLET HOPE INC	**c** EIN-PN	27-0804557-501
a Plan name	SCHAEFER GEN CONTRACTING CBS BENEFIT PLAN		
b Name of plan sponsor	SCHAEFER GEN CONTRACTING	**c** EIN-PN	61-0529710-501
a Plan name	SCHELL MANAGEMENT INC CBS BENEFIT PLAN		
b Name of plan sponsor	SCHELL MANAGEMENT INC	**c** EIN-PN	31-1566583-501
a Plan name	SCHELLER AUTOMOTIVE CBS BENEFIT PLAN		
b Name of plan sponsor	SCHELLER AUTOMOTIVE	**c** EIN-PN	27-1508742-501
a Plan name	SCHELLERS FITNESS & CYCLING CBS BENEFIT PLAN		
b Name of plan sponsor	SCHELLERS FITNESS & CYCLING	**c** EIN-PN	20-8052401-501
a Plan name	SCHER DAIRY QUEEN CBS BENEFIT PLAN		
b Name of plan sponsor	SCHER DAIRY QUEEN	**c** EIN-PN	61-1316548-501
a Plan name	SCHLUETERS COLLISION REPAIR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SCHLUETERS COLLISION REPAIR LLC	**c** EIN-PN	93-3766097-501
a Plan name	SCHOOL TRANSPORTATION SYSTEMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SCHOOL TRANSPORTATION SYSTEMS LLC	**c** EIN-PN	82-4863315-501
a Plan name	SCHRECKER SUPPLY CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	SCHRECKER SUPPLY CO INC	**c** EIN-PN	61-0715152-501
a Plan name	SCHROLL LAND SURVEYING CBS BENEFIT PLAN		
b Name of plan sponsor	SCHROLL LAND SURVEYING	**c** EIN-PN	84-1637719-501
a Plan name	SCHULER MACHINE & TOOL CO CBS BENEFIT PLAN		
b Name of plan sponsor	SCHULER MACHINE & TOOL CO	**c** EIN-PN	61-1090564-501
a Plan name	SCHULTE FAMILY DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	SCHULTE FAMILY DENTISTRY	**c** EIN-PN	27-4541135-501

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	SCHWARTZ & ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	SCHWARTZ & ASSOCIATES INC	**c** EIN-PN	61-1021698-501
a Plan name	SCIENCE FITNESS CBS BENEFIT PLAN		
b Name of plan sponsor	SCIENCE FITNESS	**c** EIN-PN	27-2843057-501
a Plan name	SCIENCE HILL MILLING CO CBS BENEFIT PLAN		
b Name of plan sponsor	SCIENCE HILL MILLING CO	**c** EIN-PN	61-1005103-501
a Plan name	SCOOTER MEDIA COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SCOOTER MEDIA COMPANY LLC	**c** EIN-PN	45-5108603-501
a Plan name	SCOTT BROWN PLUMBING & HEATING CBS BENEFIT PLAN		
b Name of plan sponsor	SCOTT BROWN PLUMBING & HEATING	**c** EIN-PN	61-1174477-501
a Plan name	SCOTT COUNTY PT CBS BENEFIT PLAN		
b Name of plan sponsor	SCOTT COUNTY PT	**c** EIN-PN	61-1371899-501
a Plan name	SCOTT COUNTY VET CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	SCOTT COUNTY VET CLINIC	**c** EIN-PN	45-4130036-501
a Plan name	SCOTT J EBERLE DMD MS PSC CBS BENEFIT PLAN		
b Name of plan sponsor	SCOTT J EBERLE DMD MS PSC	**c** EIN-PN	20-4364583-501
a Plan name	SCOTT NALL ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	SCOTT NALL ENTERPRISES	**c** EIN-PN	61-1326183-501
a Plan name	SCOTT PFIEFFER & CO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SCOTT PFIEFFER & CO LLC	**c** EIN-PN	36-4694818-501
a Plan name	SCP LOU LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SCP LOU LLC	**c** EIN-PN	86-2554888-501
a Plan name	SCREECH PROPERTIES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SCREECH PROPERTIES, LLC	**c** EIN-PN	61-1316011-501

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	SDS INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SDS INC.	**c** EIN-PN	61-1179872-501
a Plan name	SE WATER ASSOCIATION CBS BENEFIT PLAN		
b Name of plan sponsor	SE WATER ASSOCIATION	**c** EIN-PN	61-1282354-501
a Plan name	SEA CURE ADVISORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SEA CURE ADVISORS LLC	**c** EIN-PN	46-2977299-501
a Plan name	SEARCY MONUMENT CO CBS BENEFIT PLAN		
b Name of plan sponsor	SEARCY MONUMENT CO	**c** EIN-PN	61-0930953-501
a Plan name	SECAT, INC CBS BENEFIT PLAN		
b Name of plan sponsor	SECAT, INC	**c** EIN-PN	61-1354889-501
a Plan name	SECOND CHANCE GROCERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SECOND CHANCE GROCERS LLC	**c** EIN-PN	20-0362953-501
a Plan name	SECOND NATURE LAWN CARE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SECOND NATURE LAWN CARE LLC	**c** EIN-PN	81-1654414-502
a Plan name	SECURALL SECURITY SYSTEMS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SECURALL SECURITY SYSTEMS LLC	**c** EIN-PN	82-5027300-501
a Plan name	SECURITAS MORTGAGE CBS BENEFIT PLAN		
b Name of plan sponsor	SECURITAS MORTGAGE	**c** EIN-PN	46-1942013-501
a Plan name	SECURIUS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SECURIUS LLC	**c** EIN-PN	85-0732186-501
a Plan name	SEDONA TAPHOUSE CBS BENEFIT PLAN		
b Name of plan sponsor	SEDONA TAPHOUSE	**c** EIN-PN	81-4001291-501
a Plan name	SEHO NORTH AMERICA INC CBS BENEFIT PLAN		
b Name of plan sponsor	SEHO NORTH AMERICA INC	**c** EIN-PN	54-1612667-501

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	SEILLER WATERMAN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SEILLER WATERMAN LLC	**c** EIN-PN	20-3626261-501
a Plan name	SEKI FEEDER, INC CBS BENEFIT PLAN		
b Name of plan sponsor	SEKI FEEDER, INC	**c** EIN-PN	20-8945705-501
a Plan name	SELECT AUTO SALES & LEASING INC CBS BENEFIT PLAN		
b Name of plan sponsor	SELECT AUTO SALES & LEASING INC	**c** EIN-PN	31-1552620-501
a Plan name	SELECT PROPERTY MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SELECT PROPERTY MANAGEMENT LLC	**c** EIN-PN	26-4439698-501
a Plan name	SENIOR GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SENIOR GROUP LLC	**c** EIN-PN	81-0734199-501
a Plan name	SENIOR HEALTH SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	SENIOR HEALTH SERVICES	**c** EIN-PN	46-0670915-501
a Plan name	SENIOR LIVING LOCATORS CBS BENEFIT PLAN		
b Name of plan sponsor	SENIOR LIVING LOCATORS	**c** EIN-PN	84-4027573-501
a Plan name	SENNS BODY & PAINT SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	SENNS BODY & PAINT SHOP	**c** EIN-PN	61-0701383-501
a Plan name	SERAFINI CBS BENEFIT PLAN		
b Name of plan sponsor	SERAFINI	**c** EIN-PN	61-1226431-501
a Plan name	SERVICE RADIATOR CBS BENEFIT PLAN		
b Name of plan sponsor	SERVICE RADIATOR	**c** EIN-PN	61-1011406-501
a Plan name	SETPOINT HEATING & AIR CONDITIONING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SETPOINT HEATING & AIR CONDITIONING LLC	**c** EIN-PN	81-4742144-501
a Plan name	SEVEN SPRINGS AG LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SEVEN SPRINGS AG LLC	**c** EIN-PN	83-4523118-501

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 SPRINGS FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	SEVEN SPRINGS FARMS	**c** EIN-PN	61-1239040-501
a Plan name	SEVENTHPOWER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SEVENTHPOWER LLC	**c** EIN-PN	86-1519517-501
a Plan name	SEXTON BIN BUILDERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SEXTON BIN BUILDERS LLC	**c** EIN-PN	47-3203555-501
a Plan name	SGCI LEXINGTON GLASS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SGCI LEXINGTON GLASS, LLC	**c** EIN-PN	82-0789837-501
a Plan name	SGM MURPHYS EXCAVATING CBS BENEFIT PLAN		
b Name of plan sponsor	SGM MURPHYS EXCAVATING	**c** EIN-PN	61-1414262-501
a Plan name	SHAKER EQUIPMENT SALES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SHAKER EQUIPMENT SALES LLC	**c** EIN-PN	45-4253620-501
a Plan name	SHAMROCK INTERIORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SHAMROCK INTERIORS LLC	**c** EIN-PN	46-0633065-501
a Plan name	SHAMROCK MARKETING CBS BENEFIT PLAN		
b Name of plan sponsor	SHAMROCK MARKETING	**c** EIN-PN	61-1219116-501
a Plan name	SHANNON FUNERAL SERVICE INC CBS BENEFIT PLAN		
b Name of plan sponsor	SHANNON FUNERAL SERVICE INC	**c** EIN-PN	61-0336790-501
a Plan name	SHAUN BRIDGMOHAN INC CBS BENEFIT PLAN		
b Name of plan sponsor	SHAUN BRIDGMOHAN INC	**c** EIN-PN	65-1102628-501
a Plan name	SHAW AMERICAN FINANCIAL CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	SHAW AMERICAN FINANCIAL CORPORATION	**c** EIN-PN	61-1250984-501
a Plan name	SHAW SECURE SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	SHAW SECURE SOLUTIONS	**c** EIN-PN	47-4793833-501

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	SHAWNEE CHRISTIAN HEALTHCARE CENTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	SHAWNEE CHRISTIAN HEALTHCARE CENTER INC	**c** EIN-PN	26-4345390-501
a Plan name	SHEEHAN BARNETT DEAN PENNINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	SHEEHAN BARNETT DEAN PENNINGTON	**c** EIN-PN	61-0714199-501
a Plan name	SHELBYVILLE CHRYSLER PRODUCTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	SHELBYVILLE CHRYSLER PRODUCTS INC	**c** EIN-PN	61-1205349-501
a Plan name	SHELL TECH, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SHELL TECH, LLC	**c** EIN-PN	82-3293733-501
a Plan name	SHELTON, BRANHAM & HALBERT, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	SHELTON, BRANHAM & HALBERT, PLLC	**c** EIN-PN	81-3746850-501
a Plan name	SHEPHERDS HOUSE INC CBS BENEFIT PLAN		
b Name of plan sponsor	SHEPHERDS HOUSE INC	**c** EIN-PN	61-1105573-501
a Plan name	SHERROW MARSHALL SCHRADER PSC CBS BENEFIT PLAN		
b Name of plan sponsor	SHERROW MARSHALL SCHRADER PSC	**c** EIN-PN	05-0585998-501
a Plan name	SHIELD ENVIRONMENTAL ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	SHIELD ENVIRONMENTAL ASSOCIATES INC	**c** EIN-PN	56-1855749-501
a Plan name	SHIELDWORKS CBS BENEFIT PLAN		
b Name of plan sponsor	SHIELDWORKS	**c** EIN-PN	74-3166193-501
a Plan name	SHIVELY AREA MINISTRIES CBS BENEFIT PLAN		
b Name of plan sponsor	SHIVELY AREA MINISTRIES	**c** EIN-PN	61-1134579-501
a Plan name	SHIVMIR HOSPITALITY INC CBS BENEFIT PLAN		
b Name of plan sponsor	SHIVMIR HOSPITALITY INC	**c** EIN-PN	26-3509550-501
a Plan name	SHOE STOP CBS BENEFIT PLAN		
b Name of plan sponsor	SHOE STOP	**c** EIN-PN	61-1343804-501

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	SHOEMAKER CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SHOEMAKER CONSTRUCTION LLC	**c** EIN-PN	81-0898664-501
a Plan name	SHOUSE TRANSPORT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SHOUSE TRANSPORT LLC	**c** EIN-PN	84-3714931-501
a Plan name	SHREE SAI MOTEL CBS BENEFIT PLAN		
b Name of plan sponsor	SHREE SAI MOTEL	**c** EIN-PN	81-3542282-501
a Plan name	SI READY MIX LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SI READY MIX LLC	**c** EIN-PN	87-3532938-501
a Plan name	SIEBERT DESIGN ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	SIEBERT DESIGN ASSOCIATES INC	**c** EIN-PN	31-1275189-501
a Plan name	SIEGEL FOUNDATIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	SIEGEL FOUNDATIONS INC	**c** EIN-PN	90-0160591-501
a Plan name	SIGN MAGIC II INC CBS BENEFIT PLAN		
b Name of plan sponsor	SIGN MAGIC II INC	**c** EIN-PN	61-1316096-501
a Plan name	SIGNDESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	SIGNDESIGN	**c** EIN-PN	61-1204451-501
a Plan name	SIGNET FEDERAL CREDIT UNION CBS BENEFIT PLAN		
b Name of plan sponsor	SIGNET FEDERAL CREDIT UNION	**c** EIN-PN	61-0605730-501
a Plan name	SILENT GUARD SECURITY INC CBS BENEFIT PLAN		
b Name of plan sponsor	SILENT GUARD SECURITY INC	**c** EIN-PN	61-1370823-501
a Plan name	SILVER FERN GROUP SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	SILVER FERN GROUP SERVICES	**c** EIN-PN	84-4712440-501
a Plan name	SILVERLAKE THE FAMILY PLACE CBS BENEFIT PLAN		
b Name of plan sponsor	SILVERLAKE THE FAMILY PLACE	**c** EIN-PN	61-1392906-501

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	SILVERLEAF TRAUMA RECOVERY CBS BENEFIT PLAN		
b Name of plan sponsor	SILVERLEAF TRAUMA RECOVERY	**c** EIN-PN	61-1354945-501
a Plan name	SILVIOS CBS BENEFIT PLAN		
b Name of plan sponsor	SILVIOS	**c** EIN-PN	47-4272791-501
a Plan name	SIMMONS TRANSPORT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SIMMONS TRANSPORT LLC	**c** EIN-PN	45-4131111-501
a Plan name	SIMMONS-MEINTJES,LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SIMMONS-MEINTJES,LLC	**c** EIN-PN	83-1732500-501
a Plan name	SIMPLE INNOVATIONS GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	SIMPLE INNOVATIONS GROUP	**c** EIN-PN	84-4264161-501
a Plan name	SIMPLY THAI CBS BENEFIT PLAN		
b Name of plan sponsor	SIMPLY THAI	**c** EIN-PN	30-0205052-501
a Plan name	SIMPSON & SONS SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	SIMPSON & SONS SERVICE	**c** EIN-PN	61-0999926-501
a Plan name	SIMPSON VETERINARY SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	SIMPSON VETERINARY SERVICES	**c** EIN-PN	45-4517075-501
a Plan name	SINGLE BARREL GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	SINGLE BARREL GROUP	**c** EIN-PN	84-2572769-501
a Plan name	SIOTEK, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SIOTEK, LLC	**c** EIN-PN	82-1167223-501
a Plan name	SITEK INCORPORATED CBS BENEFIT PLAN		
b Name of plan sponsor	SITEK INCORPORATED	**c** EIN-PN	20-4307700-501
a Plan name	SIX MILE CREEK DISTILLERY CBS BENEFIT PLAN		
b Name of plan sponsor	SIX MILE CREEK DISTILLERY	**c** EIN-PN	81-2044761-501

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	SIZEMORE HEATING & COOLING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SIZEMORE HEATING & COOLING LLC	**c** EIN-PN	46-2829005-501
a Plan name	SKILLED UP SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	SKILLED UP SOLUTIONS	**c** EIN-PN	99-2825889-501
a Plan name	SKOPOS CARE CBS BENEFIT PLAN		
b Name of plan sponsor	SKOPOS CARE	**c** EIN-PN	61-1234035-502
a Plan name	SKY FREIGHT SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	SKY FREIGHT SOLUTIONS	**c** EIN-PN	31-1526273-501
a Plan name	SKY IS THE LIMIT INC CBS BENEFIT PLAN		
b Name of plan sponsor	SKY IS THE LIMIT INC	**c** EIN-PN	46-5121607-501
a Plan name	SKYHIGH POWER LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SKYHIGH POWER LLC	**c** EIN-PN	84-2624706-501
a Plan name	SKYLAR ALEXANDER CONTRACTING CBS BENEFIT PLAN		
b Name of plan sponsor	SKYLAR ALEXANDER CONTRACTING	**c** EIN-PN	82-0737791-501
a Plan name	SLANE HILL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SLANE HILL LLC	**c** EIN-PN	86-2074616-501
a Plan name	SLATER BROTHERS ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	SLATER BROTHERS ENTERPRISES INC	**c** EIN-PN	86-1472758-501
a Plan name	SLICK ROLLERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SLICK ROLLERS LLC	**c** EIN-PN	61-1353220-501
a Plan name	SLIGO ROAD PRODUCTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	SLIGO ROAD PRODUCTIONS	**c** EIN-PN	61-1365536-501
a Plan name	SLONE HEATING AND AIR INC CBS BENEFIT PLAN		
b Name of plan sponsor	SLONE HEATING AND AIR INC	**c** EIN-PN	86-3462372-501

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	SLUSHER INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	SLUSHER INSURANCE AGENCY INC	**c** EIN-PN	26-1672586-501
a Plan name	SMART RECYCLING MGMT CBS BENEFIT PLAN		
b Name of plan sponsor	SMART RECYCLING MGMT	**c** EIN-PN	46-2316000-501
a Plan name	SMC ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SMC ENTERPRISES LLC	**c** EIN-PN	35-2667968-501
a Plan name	SMILEY PETE PUBLISHING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SMILEY PETE PUBLISHING LLC	**c** EIN-PN	61-1316980-501
a Plan name	SMITH BROS., LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SMITH BROS., LLC	**c** EIN-PN	86-2002166-501
a Plan name	SMITH BROTHERS TRUCKING, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SMITH BROTHERS TRUCKING, INC.	**c** EIN-PN	61-0982976-501
a Plan name	SMITH CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SMITH CONTRACTING LLC	**c** EIN-PN	43-2046011-501
a Plan name	SMITH GARAGE EQUIP INC CBS BENEFIT PLAN		
b Name of plan sponsor	SMITH GARAGE EQUIP INC	**c** EIN-PN	81-1362535-501
a Plan name	SMITH WELDING & FABRICATION CBS BENEFIT PLAN		
b Name of plan sponsor	SMITH WELDING & FABRICATION	**c** EIN-PN	81-4740167-501
a Plan name	SMITHS HIGH TECH AUTO SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	SMITHS HIGH TECH AUTO SERVICE	**c** EIN-PN	61-1252272-501
a Plan name	SMOKETOWN FAMILY WELLNESS CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	SMOKETOWN FAMILY WELLNESS CENTER	**c** EIN-PN	47-4155748-501
a Plan name	SMR ENVIRONMENTAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	SMR ENVIRONMENTAL SERVICES	**c** EIN-PN	20-1780630-501

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	SNAP-LOK, INC CBS BENEFIT PLAN		
b Name of plan sponsor	SNAP-LOK, INC	**c** EIN-PN	61-1223100-501
a Plan name	SNOWBALL PEST CONTROL CBS BENEFIT PLAN		
b Name of plan sponsor	SNOWBALL PEST CONTROL	**c** EIN-PN	61-1200810-501
a Plan name	SOHO BOUTIQUE CBS BENEFIT PLAN		
b Name of plan sponsor	SOHO BOUTIQUE	**c** EIN-PN	80-0385448-501
a Plan name	SOLID GROUND CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	SOLID GROUND CONSULTING	**c** EIN-PN	46-5639123-501
a Plan name	SOLID LIGHT CBS BENEFIT PLAN		
b Name of plan sponsor	SOLID LIGHT	**c** EIN-PN	14-1939220-502
a Plan name	SOLIS/LITT BLOODSTOCK CBS BENEFIT PLAN		
b Name of plan sponsor	SOLIS/LITT BLOODSTOCK	**c** EIN-PN	84-4228497-501
a Plan name	SOLUTIONS FIRST CBS BENEFIT PLAN		
b Name of plan sponsor	SOLUTIONS FIRST	**c** EIN-PN	27-0710931-501
a Plan name	SOMERPET CBS BENEFIT PLAN		
b Name of plan sponsor	SOMERPET	**c** EIN-PN	33-2880657-501
a Plan name	SOMERSET CBS BENEFIT PLAN		
b Name of plan sponsor	SOMERSET	**c** EIN-PN	77-0702287-501
a Plan name	SOMERSET MECHANICAL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOMERSET MECHANICAL LLC	**c** EIN-PN	88-3248938-501
a Plan name	SONET COVE TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	SONET COVE TECHNOLOGIES	**c** EIN-PN	20-4981817-501
a Plan name	SONIA CLARK CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	SONIA CLARK CONSULTING	**c** EIN-PN	55-3653628-501

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	SONIC ELECTRONIX CBS BENEFIT PLAN		
b Name of plan sponsor	SONIC ELECTRONIX	**c** EIN-PN	82-3765488-501
a Plan name	SORRELL HOME MEDICAL EQUIPMENT, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SORRELL HOME MEDICAL EQUIPMENT, LLC	**c** EIN-PN	30-0132890-501
a Plan name	SORTATION LABS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SORTATION LABS LLC	**c** EIN-PN	93-2748648-501
a Plan name	SORTINO ADVISORY PARTNERS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SORTINO ADVISORY PARTNERS, LLC	**c** EIN-PN	47-1880154-501
a Plan name	SOS INTERNATIONAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	SOS INTERNATIONAL INC	**c** EIN-PN	27-2624272-501
a Plan name	SOURCE INTERNATIONAL CBS BENEFIT PLAN		
b Name of plan sponsor	SOURCE INTERNATIONAL	**c** EIN-PN	27-1065494-501
a Plan name	SOUTH FORK MEDICAL CLINIC,PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTH FORK MEDICAL CLINIC,PLLC	**c** EIN-PN	05-0529907-501
a Plan name	SOUTH MIDWAY SUPPLY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTH MIDWAY SUPPLY, INC	**c** EIN-PN	61-1178910-501
a Plan name	SOUTH POINTE HOLDINGS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTH POINTE HOLDINGS, LLC	**c** EIN-PN	20-1737221-501
a Plan name	SOUTH ROCK WELDING CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTH ROCK WELDING	**c** EIN-PN	40-4960940-501
a Plan name	SOUTHCENTRAL VETERINARY SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHCENTRAL VETERINARY SERVICES	**c** EIN-PN	27-1595646-501
a Plan name	SOUTHEAST APPARATUS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHEAST APPARATUS LLC	**c** EIN-PN	45-4335815-501

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 DME CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHEAST DME	**c** EIN-PN	45-2062935-501
a Plan name	SOUTHEASTERN MEDICAL SUPPLY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHEASTERN MEDICAL SUPPLY LLC	**c** EIN-PN	83-0506651-501
a Plan name	SOUTHERN COALITION FOR HOUSING OPPORTUNITIES INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN COALITION FOR HOUSING OPPORTUNITIES INC.	**c** EIN-PN	54-1947550-501
a Plan name	SOUTHERN COIL MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN COIL MANAGEMENT LLC	**c** EIN-PN	33-4163292-501
a Plan name	SOUTHERN DINING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN DINING, LLC	**c** EIN-PN	87-2311500-501
a Plan name	SOUTHERN EQUINE VETERINARY SERVICS PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN EQUINE VETERINARY SERVICS PLLC	**c** EIN-PN	27-4509984-501
a Plan name	SOUTHERN KENTUCKY ANESTHESIA SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN KENTUCKY ANESTHESIA SERVICES	**c** EIN-PN	99-0966659-501
a Plan name	SOUTHERN KENTUCKY DISTILLERY CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN KENTUCKY DISTILLERY	**c** EIN-PN	82-4038579-501
a Plan name	SOUTHERN KENTUCKY VASCULAR CLINIC PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN KENTUCKY VASCULAR CLINIC PLLC	**c** EIN-PN	88-2241660-501
a Plan name	SOUTHERN KY HEART INSTITU CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN KY HEART INSTITU	**c** EIN-PN	46-3384190-501
a Plan name	SOUTHERN KY INDUSTRIAL EQUIPMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN KY INDUSTRIAL EQUIPMENT LLC	**c** EIN-PN	46-4336506-501
a Plan name	SOUTHERN METAL PRODUCTS CO. INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN METAL PRODUCTS CO. INC.	**c** EIN-PN	61-0969949-501

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 NEST REALTY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN NEST REALTY LLC	**c** EIN-PN	84-4564627-501
a Plan name	SOUTHERN PLUMBING & PIPING INC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN PLUMBING & PIPING INC	**c** EIN-PN	61-0603241-501
a Plan name	SOUTHERN SERVICE STATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN SERVICE STATION INC	**c** EIN-PN	61-0517891-501
a Plan name	SOUTHERN SPORTS & RECREATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN SPORTS & RECREATION INC	**c** EIN-PN	87-1698040-501
a Plan name	SOUTHERN STATES GLASGOW COOPERATIVE INC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN STATES GLASGOW COOPERATIVE INC	**c** EIN-PN	54-0454403-501
a Plan name	SOUTHERN TITLE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN TITLE LLC	**c** EIN-PN	61-1279403-501
a Plan name	SOUTHERN WHOLESALE SUPPLY, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHERN WHOLESALE SUPPLY, INC.	**c** EIN-PN	61-0994985-501
a Plan name	SOUTHSIDE ELECTRIC & LIGHTING CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHSIDE ELECTRIC & LIGHTING	**c** EIN-PN	61-1002199-501
a Plan name	SOUTHSIDE MACHINE SHOP INC CBS BENEFIT PLAN		
b Name of plan sponsor	SOUTHSIDE MACHINE SHOP INC	**c** EIN-PN	61-0963933-501
a Plan name	SOWING SEEDS WITH FAITH CBS BENEFIT PLAN		
b Name of plan sponsor	SOWING SEEDS WITH FAITH	**c** EIN-PN	81-4862518-501
a Plan name	SOZO HEMP CBS BENEFIT PLAN		
b Name of plan sponsor	SOZO HEMP	**c** EIN-PN	83-2493497-501
a Plan name	SPACE TANGO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SPACE TANGO LLC	**c** EIN-PN	84-3437964-501

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	SPACIA CBS BENEFIT PLAN		
b Name of plan sponsor	SPACIA	**c** EIN-PN	61-1242901-501
a Plan name	SPARKS CONTRACTORS INC CBS BENEFIT PLAN		
b Name of plan sponsor	SPARKS CONTRACTORS INC	**c** EIN-PN	61-1123502-501
a Plan name	SPARTAN ROCK PRODUCTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	SPARTAN ROCK PRODUCTS INC	**c** EIN-PN	61-1146653-501
a Plan name	SPATI INDUSTRIES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SPATI INDUSTRIES, INC.	**c** EIN-PN	61-0484398-501
a Plan name	SPATIAL DATA INTEGRATIONS CBS BENEFIT PLAN		
b Name of plan sponsor	SPATIAL DATA INTEGRATIONS	**c** EIN-PN	61-1262947-501
a Plan name	SPEC INC CBS BENEFIT PLAN		
b Name of plan sponsor	SPEC INC	**c** EIN-PN	30-0174063-501
a Plan name	SPECIALTY TRUCK REPAIR, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SPECIALTY TRUCK REPAIR, INC.	**c** EIN-PN	61-1222583-501
a Plan name	SPECIALTY WIRE CBS BENEFIT PLAN		
b Name of plan sponsor	SPECIALTY WIRE	**c** EIN-PN	61-1275167-501
a Plan name	SPECTRUM CARE ACADEMY INC CBS BENEFIT PLAN		
b Name of plan sponsor	SPECTRUM CARE ACADEMY INC	**c** EIN-PN	61-1234035-501
a Plan name	SPECTRUM SIGHT & SOUND CBS BENEFIT PLAN		
b Name of plan sponsor	SPECTRUM SIGHT & SOUND	**c** EIN-PN	61-1675141-501
a Plan name	SPECTRUM TRANSPORTATION CORP CBS BENEFIT PLAN		
b Name of plan sponsor	SPECTRUM TRANSPORTATION CORP	**c** EIN-PN	93-0931854-501
a Plan name	SPENCER BUSINESS SOLUTIONS LLP CBS BENEFIT PLAN		
b Name of plan sponsor	SPENCER BUSINESS SOLUTIONS LLP	**c** EIN-PN	47-1609313-501

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	SPENCER REAL ESTATE GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	SPENCER REAL ESTATE GROUP	**c** EIN-PN	82-3641803-501
a Plan name	SPIFF SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	SPIFF SERVICES INC	**c** EIN-PN	61-1278272-501
a Plan name	SPINDLETOP HALL, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SPINDLETOP HALL, INC.	**c** EIN-PN	61-0669699-501
a Plan name	SPINNAKER INDUSTRIES INTL CBS BENEFIT PLAN		
b Name of plan sponsor	SPINNAKER INDUSTRIES INTL	**c** EIN-PN	61-1329601-501
a Plan name	SPLASH CAR WASH INC CBS BENEFIT PLAN		
b Name of plan sponsor	SPLASH CAR WASH INC	**c** EIN-PN	61-1268052-501
a Plan name	SPRAGUE EXCAVATING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SPRAGUE EXCAVATING LLC	**c** EIN-PN	02-0804538-501
a Plan name	SPRINGDALE TITLE CBS BENEFIT PLAN		
b Name of plan sponsor	SPRINGDALE TITLE	**c** EIN-PN	26-3456135-501
a Plan name	SPRINGFIELD PHYSICAL THERAPY CBS BENEFIT PLAN		
b Name of plan sponsor	SPRINGFIELD PHYSICAL THERAPY	**c** EIN-PN	46-1329324-502
a Plan name	SPRINGFIELD WATER & SEWER COMMISSION CBS BENEFIT PLAN		
b Name of plan sponsor	SPRINGFIELD WATER & SEWER COMMISSION	**c** EIN-PN	61-6000609-502
a Plan name	SPRINGHILL PHARMACY CBS BENEFIT PLAN		
b Name of plan sponsor	SPRINGHILL PHARMACY	**c** EIN-PN	61-1206711-501
a Plan name	SPRINGHOUSE GARDENS CBS BENEFIT PLAN		
b Name of plan sponsor	SPRINGHOUSE GARDENS	**c** EIN-PN	61-1286967-501
a Plan name	SQUARE 5981, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SQUARE 5981, LLC	**c** EIN-PN	86-2022774-501

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	SQUIRE HILL PROPERTIES CBS BENEFIT PLAN		
b Name of plan sponsor	SQUIRE HILL PROPERTIES	**c** EIN-PN	45-5565907-501
a Plan name	SRJ BASK, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SRJ BASK, INC.	**c** EIN-PN	85-3628031-501
a Plan name	SSG INVESTMENTS 1 LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SSG INVESTMENTS 1 LLC	**c** EIN-PN	20-2812266-501
a Plan name	SSG TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	SSG TECHNOLOGIES	**c** EIN-PN	45-2554287-501
a Plan name	ST CHARLES COMMUNITY CBS BENEFIT PLAN		
b Name of plan sponsor	ST CHARLES COMMUNITY	**c** EIN-PN	61-0587819-501
a Plan name	ST MATTHEWS ACE HARDWARE AND PAINT INC CBS BENEFIT PLAN		
b Name of plan sponsor	ST MATTHEWS ACE HARDWARE AND PAINT INC	**c** EIN-PN	85-3993664-501
a Plan name	ST. JOHN & MYERS CBS BENEFIT PLAN		
b Name of plan sponsor	ST. JOHN & MYERS	**c** EIN-PN	26-1342399-501
a Plan name	STAGE ONE FAMILY THEATRE CBS BENEFIT PLAN		
b Name of plan sponsor	STAGE ONE FAMILY THEATRE	**c** EIN-PN	61-0466715-501
a Plan name	STAINLESS STEEL MIDWEST, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STAINLESS STEEL MIDWEST, LLC	**c** EIN-PN	45-4212289-501
a Plan name	STALLARDS PHARMACY INC CBS BENEFIT PLAN		
b Name of plan sponsor	STALLARDS PHARMACY INC	**c** EIN-PN	73-1665810-502
a Plan name	STAMLER MACHINE COMPANY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	STAMLER MACHINE COMPANY, INC	**c** EIN-PN	61-0574162-501
a Plan name	STAND FIRM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STAND FIRM LLC	**c** EIN-PN	87-2171703-501

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	STANDAFER BUILDERS CBS BENEFIT PLAN		
b Name of plan sponsor	STANDAFER BUILDERS	**c** EIN-PN	61-1197328-501
a Plan name	STANDARD BUSINESS MACHINES OF KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	STANDARD BUSINESS MACHINES OF KENTUCKY	**c** EIN-PN	61-0709631-501
a Plan name	STANDARD COUNTRY CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	STANDARD COUNTRY CLUB	**c** EIN-PN	61-0349225-501
a Plan name	STANDARD TOBACCO COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	STANDARD TOBACCO COMPANY INC	**c** EIN-PN	61-0350770-501
a Plan name	STANLEY BROTHERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	STANLEY BROTHERS INC	**c** EIN-PN	61-1082962-501
a Plan name	STANLEY STEEMER OF ELIZABETHTOWN INC CBS BENEFIT PLAN		
b Name of plan sponsor	STANLEY STEEMER OF ELIZABETHTOWN INC	**c** EIN-PN	46-4509966-501
a Plan name	STANTON RACING INC CBS BENEFIT PLAN		
b Name of plan sponsor	STANTON RACING INC	**c** EIN-PN	61-1268740-501
a Plan name	STAR AVIATION, INC CBS BENEFIT PLAN		
b Name of plan sponsor	STAR AVIATION, INC	**c** EIN-PN	61-1287612-501
a Plan name	STAR DRYWALL CBS BENEFIT PLAN		
b Name of plan sponsor	STAR DRYWALL	**c** EIN-PN	61-0712848-501
a Plan name	STARBOARD MARINE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STARBOARD MARINE LLC	**c** EIN-PN	26-2535113-501
a Plan name	STATE BEAUTY SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	STATE BEAUTY SUPPLY	**c** EIN-PN	61-1332808-501
a Plan name	STATE ELECTRIC COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	STATE ELECTRIC COMPANY INC	**c** EIN-PN	61-1238895-501

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	STEADFAST ELECTRIC, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STEADFAST ELECTRIC, LLC	**c** EIN-PN	87-2309619-501
a Plan name	STEADFAST TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STEADFAST TRUCKING LLC	**c** EIN-PN	86-3969910-501
a Plan name	STEEL BY STEVE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STEEL BY STEVE LLC	**c** EIN-PN	84-3501869-501
a Plan name	STEEL CURTAIN ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	STEEL CURTAIN ENTERPRISES	**c** EIN-PN	26-1391615-501
a Plan name	STEEL FACTOR ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STEEL FACTOR ENTERPRISES LLC	**c** EIN-PN	99-3220995-501
a Plan name	STEELE & ALLBRITTEN SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	STEELE & ALLBRITTEN SERVICES	**c** EIN-PN	47-4818569-501
a Plan name	STEGNER INVESTMENT ASSOCIATION CBS BENEFIT PLAN		
b Name of plan sponsor	STEGNER INVESTMENT ASSOCIATION	**c** EIN-PN	61-1253247-501
a Plan name	STEINERT US INC CBS BENEFIT PLAN		
b Name of plan sponsor	STEINERT US INC	**c** EIN-PN	06-1046799-501
a Plan name	STEINROCK ROOFING & SHEET METAL CBS BENEFIT PLAN		
b Name of plan sponsor	STEINROCK ROOFING & SHEET METAL	**c** EIN-PN	61-1135538-501
a Plan name	STEP, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STEP, LLC	**c** EIN-PN	61-1452651-502
a Plan name	STEPHANOS TRATTORIA CBS BENEFIT PLAN		
b Name of plan sponsor	STEPHANOS TRATTORIA	**c** EIN-PN	88-3391548-501
a Plan name	STEPHEN D. PRATER BUILDER CBS BENEFIT PLAN		
b Name of plan sponsor	STEPHEN D. PRATER BUILDER	**c** EIN-PN	61-1285764-501

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	STEPHEN E CRISP CBS BENEFIT PLAN		
b Name of plan sponsor	STEPHEN E CRISP	**c** EIN-PN	46-4344367-501
a Plan name	STEPHEN MATTINGLY DMD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	STEPHEN MATTINGLY DMD PSC	**c** EIN-PN	61-1127295-501
a Plan name	STEPHENS BEHAVIOR CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	STEPHENS BEHAVIOR CONSULTING	**c** EIN-PN	27-1757982-501
a Plan name	STEPHENSON FARMS & CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STEPHENSON FARMS & CONTRACTING LLC	**c** EIN-PN	85-1936810-501
a Plan name	STEVE PLEASANT EXCAVATING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STEVE PLEASANT EXCAVATING LLC	**c** EIN-PN	26-3980848-501
a Plan name	STEWART AIR CONDITIONING & HEATING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STEWART AIR CONDITIONING & HEATING, LLC	**c** EIN-PN	83-1404955-501
a Plan name	STEWART AND ASSOCIATES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	STEWART AND ASSOCIATES, INC.	**c** EIN-PN	35-1287140-501
a Plan name	STEWART HURST ELECTRIC, INC CBS BENEFIT PLAN		
b Name of plan sponsor	STEWART HURST ELECTRIC, INC	**c** EIN-PN	61-1319789-501
a Plan name	STEWART PERRY INSURANCE CBS BENEFIT PLAN		
b Name of plan sponsor	STEWART PERRY INSURANCE	**c** EIN-PN	61-1116700-501
a Plan name	STI MANUFACTURING CBS BENEFIT PLAN		
b Name of plan sponsor	STI MANUFACTURING	**c** EIN-PN	61-1308750-502
a Plan name	STILLWATER DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	STILLWATER DEVELOPMENT	**c** EIN-PN	61-1350026-501
a Plan name	STINNETT TRUCK REPAIR & TOWING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STINNETT TRUCK REPAIR & TOWING, LLC	**c** EIN-PN	90-1117099-501

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	STINSON PLUMBING CBS BENEFIT PLAN		
b Name of plan sponsor	STINSON PLUMBING	**c** EIN-PN	82-2068675-501
a Plan name	STITCHES,INC. CBS BENEFIT PLAN		
b Name of plan sponsor	STITCHES,INC.	**c** EIN-PN	61-0921373-501
a Plan name	STITH FUNERAL HOMES INC CBS BENEFIT PLAN		
b Name of plan sponsor	STITH FUNERAL HOMES INC	**c** EIN-PN	82-0604749-501
a Plan name	STIVERS FLOORING CBS BENEFIT PLAN		
b Name of plan sponsor	STIVERS FLOORING	**c** EIN-PN	92-1975059-501
a Plan name	STOCKWELL AND SMEDLEY PSC CBS BENEFIT PLAN		
b Name of plan sponsor	STOCKWELL AND SMEDLEY PSC	**c** EIN-PN	30-0025686-501
a Plan name	STODDART, INC CBS BENEFIT PLAN		
b Name of plan sponsor	STODDART, INC	**c** EIN-PN	61-1329583-501
a Plan name	STOESS NETHERY & ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	STOESS NETHERY & ASSOCIATES INC	**c** EIN-PN	61-1344677-501
a Plan name	STOLL CONSTRUCTION & PAVING CO., INC. CBS BENEFIT PLAN		
b Name of plan sponsor	STOLL CONSTRUCTION & PAVING CO., INC.	**c** EIN-PN	61-0621304-501
a Plan name	STONE FARM CBS BENEFIT PLAN		
b Name of plan sponsor	STONE FARM	**c** EIN-PN	61-0898927-501
a Plan name	STONEBRIDGE INSURANCE SERVICES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	STONEBRIDGE INSURANCE SERVICES, INC.	**c** EIN-PN	61-1105127-501
a Plan name	STONECROFT HOMES CBS BENEFIT PLAN		
b Name of plan sponsor	STONECROFT HOMES	**c** EIN-PN	32-0062325-502
a Plan name	STONEGATE PROPERTY MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STONEGATE PROPERTY MANAGEMENT LLC	**c** EIN-PN	27-1243647-501

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	STONEMARK GRANITE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STONEMARK GRANITE LLC	**c** EIN-PN	51-0450950-501
a Plan name	STONES DRUGS CBS BENEFIT PLAN		
b Name of plan sponsor	STONES DRUGS	**c** EIN-PN	61-0652878-501
a Plan name	STONY POINT PROPERTIES II LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STONY POINT PROPERTIES II LLC	**c** EIN-PN	81-4794020-501
a Plan name	STOR ALL WINCHESTER RD CBS BENEFIT PLAN		
b Name of plan sponsor	STOR ALL WINCHESTER RD	**c** EIN-PN	61-1037507-501
a Plan name	STORAGE4COMMUNITY CBS BENEFIT PLAN		
b Name of plan sponsor	STORAGE4COMMUNITY	**c** EIN-PN	88-3135602-501
a Plan name	STORY ELECTRICAL SERVICE INC. CBS BENEFIT PLAN		
b Name of plan sponsor	STORY ELECTRICAL SERVICE INC.	**c** EIN-PN	61-1221439-501
a Plan name	STORY REACH MEDIA CBS BENEFIT PLAN		
b Name of plan sponsor	STORY REACH MEDIA	**c** EIN-PN	82-0744899-501
a Plan name	STOTTS CONTRUCTION COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	STOTTS CONTRUCTION COMPANY INC	**c** EIN-PN	61-1170077-501
a Plan name	STOUT PROPERTIES CBS BENEFIT PLAN		
b Name of plan sponsor	STOUT PROPERTIES	**c** EIN-PN	30-0448015-501
a Plan name	STRACK HEATING AND AIR CBS BENEFIT PLAN		
b Name of plan sponsor	STRACK HEATING AND AIR	**c** EIN-PN	61-1176696-501
a Plan name	STRAITH ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STRAITH ENTERPRISES LLC	**c** EIN-PN	33-3780865-501
a Plan name	STRATA GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STRATA GROUP LLC	**c** EIN-PN	83-4575970-501

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	STRATEGIC ADVISERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STRATEGIC ADVISERS LLC	**c** EIN-PN	27-0892275-501
a Plan name	STRATEGIC ADVISORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STRATEGIC ADVISORS LLC	**c** EIN-PN	90-0495529-501
a Plan name	STRATHMOOR-HOGE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	STRATHMOOR-HOGE, INC	**c** EIN-PN	61-0929060-501
a Plan name	STRATIFIED LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STRATIFIED LLC	**c** EIN-PN	85-4191665-501
a Plan name	STREAM CASH LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STREAM CASH LLC	**c** EIN-PN	38-3790270-501
a Plan name	STREAM RESTORATION SPECIALISTS CBS BENEFIT PLAN		
b Name of plan sponsor	STREAM RESTORATION SPECIALISTS	**c** EIN-PN	45-4655895-501
a Plan name	STREET SCENE CBS BENEFIT PLAN		
b Name of plan sponsor	STREET SCENE	**c** EIN-PN	26-1506310-501
a Plan name	STREET SMART TRAFFIC CONTROL CBS BENEFIT PLAN		
b Name of plan sponsor	STREET SMART TRAFFIC CONTROL	**c** EIN-PN	93-1874807-501
a Plan name	STRETCH BOWLING GREEN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STRETCH BOWLING GREEN LLC	**c** EIN-PN	88-3288031-501
a Plan name	STRIKE A BARGAIN LIQUIDATION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STRIKE A BARGAIN LIQUIDATION LLC	**c** EIN-PN	83-2579177-501
a Plan name	STRONG INVESTMENTS DURHAM LLC CBS BENEFIT PLAN		
b Name of plan sponsor	STRONG INVESTMENTS DURHAM LLC	**c** EIN-PN	82-4466121-501
a Plan name	STRUCKHOFF AND BRITT ORTHODONTICS CBS BENEFIT PLAN		
b Name of plan sponsor	STRUCKHOFF AND BRITT ORTHODONTICS	**c** EIN-PN	92-3864923-501

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	STRUCTURED INC CBS BENEFIT PLAN		
b Name of plan sponsor	STRUCTURED INC	**c** EIN-PN	84-2092450-501
a Plan name	STUART GOLDSBOROUGH JR. CPA PSC CBS BENEFIT PLAN		
b Name of plan sponsor	STUART GOLDSBOROUGH JR. CPA PSC	**c** EIN-PN	01-0813795-501
a Plan name	STUDER RESIDENTIAL DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	STUDER RESIDENTIAL DESIGN	**c** EIN-PN	61-0936631-501
a Plan name	STUDIO 360 CBS BENEFIT PLAN		
b Name of plan sponsor	STUDIO 360	**c** EIN-PN	27-3065294-501
a Plan name	STUDIO ARCHON CBS BENEFIT PLAN		
b Name of plan sponsor	STUDIO ARCHON	**c** EIN-PN	92-3021150-501
a Plan name	STULTZ PHARMACY CBS BENEFIT PLAN		
b Name of plan sponsor	STULTZ PHARMACY	**c** EIN-PN	61-0959028-501
a Plan name	STURLEY INVESTMENTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	STURLEY INVESTMENTS INC	**c** EIN-PN	61-1245139-501
a Plan name	STURM INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	STURM INSURANCE AGENCY INC	**c** EIN-PN	61-0995750-501
a Plan name	STURONS CORP CBS BENEFIT PLAN		
b Name of plan sponsor	STURONS CORP	**c** EIN-PN	61-0719182-501
a Plan name	SUBLIME MEDIA GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SUBLIME MEDIA GROUP LLC	**c** EIN-PN	45-3131883-501
a Plan name	SUBZERO REFRIGERATION LCC CBS BENEFIT PLAN		
b Name of plan sponsor	SUBZERO REFRIGERATION LCC	**c** EIN-PN	88-2179067-501
a Plan name	SUFFS FURNITURE CBS BENEFIT PLAN		
b Name of plan sponsor	SUFFS FURNITURE	**c** EIN-PN	26-2866064-501

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 HARDWOOD FLOORING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SULLIVAN HARDWOOD FLOORING LLC	**c** EIN-PN	61-1294660-501
a Plan name	SULLIVAN MOUNTJOY PSC CBS BENEFIT PLAN		
b Name of plan sponsor	SULLIVAN MOUNTJOY PSC	**c** EIN-PN	61-0673590-501
a Plan name	SUMME ORTHODONTICS CBS BENEFIT PLAN		
b Name of plan sponsor	SUMME ORTHODONTICS	**c** EIN-PN	20-1944457-501
a Plan name	SUMMER CLASSICS CBS BENEFIT PLAN		
b Name of plan sponsor	SUMMER CLASSICS	**c** EIN-PN	61-1380349-501
a Plan name	SUMMIT ENGINEERING INC CBS BENEFIT PLAN		
b Name of plan sponsor	SUMMIT ENGINEERING INC	**c** EIN-PN	61-0991104-501
a Plan name	SUMMIT ENVIRONMENTAL SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	SUMMIT ENVIRONMENTAL SERVICE	**c** EIN-PN	61-1265789-501
a Plan name	SUMMIT HEALTHCARE CBS BENEFIT PLAN		
b Name of plan sponsor	SUMMIT HEALTHCARE	**c** EIN-PN	87-3487057-501
a Plan name	SUMMIT HILLS COUNTRY CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	SUMMIT HILLS COUNTRY CLUB	**c** EIN-PN	61-0397825-501
a Plan name	SUMMIT PERFORMANCE THERAPY CBS BENEFIT PLAN		
b Name of plan sponsor	SUMMIT PERFORMANCE THERAPY	**c** EIN-PN	83-2624866-501
a Plan name	SUMMITT PROPERTIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SUMMITT PROPERTIES LLC	**c** EIN-PN	40-0962891-501
a Plan name	SUMNER HOLDING COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	SUMNER HOLDING COMPANY	**c** EIN-PN	33-1705817-501
a Plan name	SUN POOLS INC CBS BENEFIT PLAN		
b Name of plan sponsor	SUN POOLS INC	**c** EIN-PN	20-8171192-501

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	SUN PROPERTIES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SUN PROPERTIES, LLC	**c** EIN-PN	61-1366088-501
a Plan name	SUNERGOS COFFEE CBS BENEFIT PLAN		
b Name of plan sponsor	SUNERGOS COFFEE	**c** EIN-PN	61-1454808-501
a Plan name	SUNRISE TOOL AND DIE INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SUNRISE TOOL AND DIE INC.	**c** EIN-PN	61-1171257-501
a Plan name	SUNSHINE GROW SHOPS CBS BENEFIT PLAN		
b Name of plan sponsor	SUNSHINE GROW SHOPS	**c** EIN-PN	31-1537160-501
a Plan name	SUNSHINE INDUSTRIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SUNSHINE INDUSTRIES LLC	**c** EIN-PN	86-2732017-501
a Plan name	SUNSHINE PEDIATRICS OF LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	SUNSHINE PEDIATRICS OF LOUISVILLE	**c** EIN-PN	47-4122714-501
a Plan name	SUNTEC INDUSTRIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	SUNTEC INDUSTRIES INC	**c** EIN-PN	36-3294941-501
a Plan name	SUPER SLANT 3 INC. CBS BENEFIT PLAN		
b Name of plan sponsor	SUPER SLANT 3 INC.	**c** EIN-PN	61-1309427-501
a Plan name	SUPERIOR CAR WASH SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	SUPERIOR CAR WASH SYSTEMS	**c** EIN-PN	20-2017103-501
a Plan name	SUPERIOR FENCE AND RAIL OF GREATER LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	SUPERIOR FENCE AND RAIL OF GREATER LOUISVILLE	**c** EIN-PN	99-2452127-501
a Plan name	SUPERIOR FENCE SYSTEMS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	SUPERIOR FENCE SYSTEMS, INC	**c** EIN-PN	61-1107371-501
a Plan name	SUPERIOR INDUSTRIAL SALES CBS BENEFIT PLAN		
b Name of plan sponsor	SUPERIOR INDUSTRIAL SALES	**c** EIN-PN	85-1026720-501

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	SUPERIOR SAFETY AND SUSTAINABILITY SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	SUPERIOR SAFETY AND SUSTAINABILITY SOLUTIONS	**c** EIN-PN	81-5190190-501
a Plan name	SUPERIOR SOLUTIONS PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	SUPERIOR SOLUTIONS PLLC	**c** EIN-PN	47-3872735-501
a Plan name	SUPERIOR TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	SUPERIOR TECHNOLOGIES	**c** EIN-PN	45-5278956-501
a Plan name	SUPREME HEATING AND COOLING CBS BENEFIT PLAN		
b Name of plan sponsor	SUPREME HEATING AND COOLING	**c** EIN-PN	82-4531846-501
a Plan name	SURAN SYSTEMS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	SURAN SYSTEMS, INC	**c** EIN-PN	61-1131201-501
a Plan name	SURELOCK MCGILL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SURELOCK MCGILL LLC	**c** EIN-PN	35-2504673-501
a Plan name	SURGE PROMOTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	SURGE PROMOTIONS INC	**c** EIN-PN	26-0849738-501
a Plan name	SURGICAL ASSOCIATES OF LEXINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	SURGICAL ASSOCIATES OF LEXINGTON	**c** EIN-PN	87-1364050-501
a Plan name	SUSAN B TATE MD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	SUSAN B TATE MD PSC	**c** EIN-PN	90-0970756-501
a Plan name	SUSAN JONES LAW LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SUSAN JONES LAW LLC	**c** EIN-PN	92-2713732-501
a Plan name	SUSAN M.KING, DMD & ASSOC.PSC CBS BENEFIT PLAN		
b Name of plan sponsor	SUSAN M.KING, DMD & ASSOC.PSC	**c** EIN-PN	61-1386553-501
a Plan name	SUTHERLAND CHEVROLET INC CBS BENEFIT PLAN		
b Name of plan sponsor	SUTHERLAND CHEVROLET INC	**c** EIN-PN	61-1115849-501

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	SUTTON HOMES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SUTTON HOMES LLC	**c** EIN-PN	93-1491656-501
a Plan name	SWAGS SPORT SHOES CBS BENEFIT PLAN		
b Name of plan sponsor	SWAGS SPORT SHOES	**c** EIN-PN	31-1551311-501
a Plan name	SWEENEY PROPERTIES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SWEENEY PROPERTIES, LLC	**c** EIN-PN	27-0636511-501
a Plan name	SWEET EVENING BREEZE INC CBS BENEFIT PLAN		
b Name of plan sponsor	SWEET EVENING BREEZE INC	**c** EIN-PN	83-4047022-501
a Plan name	SWEET SURRENDER DESSERT CAFE CBS BENEFIT PLAN		
b Name of plan sponsor	SWEET SURRENDER DESSERT CAFE	**c** EIN-PN	20-4061656-501
a Plan name	SWEETBRIER FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	SWEETBRIER FARMS	**c** EIN-PN	31-1610982-501
a Plan name	SWIFT CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	SWIFT CONSTRUCTION	**c** EIN-PN	84-1843045-501
a Plan name	SWOPE DESIGN GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	SWOPE DESIGN GROUP	**c** EIN-PN	61-1262681-501
a Plan name	SYERS BROWNING, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	SYERS BROWNING, LLC	**c** EIN-PN	84-4262347-501
a Plan name	SYNERGY ANESTHESIA CBS BENEFIT PLAN		
b Name of plan sponsor	SYNERGY ANESTHESIA	**c** EIN-PN	93-1774504-501
a Plan name	SYPHER TECHNOLOGY INC CBS BENEFIT PLAN		
b Name of plan sponsor	SYPHER TECHNOLOGY INC	**c** EIN-PN	03-0500008-501
a Plan name	SYSTEM SUPPORT ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	SYSTEM SUPPORT ASSOCIATES	**c** EIN-PN	61-1336036-501

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 & T DRUGS INC CBS BENEFIT PLAN		
b Name of plan sponsor	T & T DRUGS INC	**c** EIN-PN	61-0663306-501
a Plan name	T GERALD ODANIEL PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	T GERALD ODANIEL PLLC	**c** EIN-PN	61-1401315-501
a Plan name	T R AKRIDGE & SON INC CBS BENEFIT PLAN		
b Name of plan sponsor	T R AKRIDGE & SON INC	**c** EIN-PN	61-0675773-501
a Plan name	T SMITH ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	T SMITH ENTERPRISES LLC	**c** EIN-PN	27-3138370-501
a Plan name	T&C OPERATING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	T&C OPERATING LLC	**c** EIN-PN	20-8596793-501
a Plan name	T&M DRILLING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	T&M DRILLING LLC	**c** EIN-PN	92-0835389-501
a Plan name	T&W TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	T&W TRUCKING LLC	**c** EIN-PN	61-1754950-501
a Plan name	T. BARRETT & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	T. BARRETT & ASSOCIATES	**c** EIN-PN	26-4385816-501
a Plan name	TACHYON PERFORMANCE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TACHYON PERFORMANCE LLC	**c** EIN-PN	61-1386638-501
a Plan name	TACKETT CREEK MINING INC. CBS BENEFIT PLAN		
b Name of plan sponsor	TACKETT CREEK MINING INC.	**c** EIN-PN	27-0242674-501
a Plan name	TAKE IT FOR GRANITE INC CBS BENEFIT PLAN		
b Name of plan sponsor	TAKE IT FOR GRANITE INC	**c** EIN-PN	20-3113786-501
a Plan name	TAKING CARE OF HOME LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TAKING CARE OF HOME LLC	**c** EIN-PN	85-3618156-501

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	TALLENT & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	TALLENT & ASSOCIATES	**c** EIN-PN	46-5458294-501
a Plan name	TALON INC CBS BENEFIT PLAN		
b Name of plan sponsor	TALON INC	**c** EIN-PN	61-1356283-501
a Plan name	TAMMY DEVORE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TAMMY DEVORE LLC	**c** EIN-PN	27-1971444-501
a Plan name	TANA RESTAURANT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TANA RESTAURANT LLC	**c** EIN-PN	99-1292339-501
a Plan name	TANDEM PUBLIC RELATIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TANDEM PUBLIC RELATIONS LLC	**c** EIN-PN	20-3447469-501
a Plan name	TANLANE MORTGAGE CBS BENEFIT PLAN		
b Name of plan sponsor	TANLANE MORTGAGE	**c** EIN-PN	45-5038827-501
a Plan name	TANTUS TOBACCO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TANTUS TOBACCO LLC	**c** EIN-PN	36-4523883-501
a Plan name	TAPER ROLLER BEARINGS CBS BENEFIT PLAN		
b Name of plan sponsor	TAPER ROLLER BEARINGS	**c** EIN-PN	20-8627768-501
a Plan name	TASHA SCOTT SCHAFFNER PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	TASHA SCOTT SCHAFFNER PLLC	**c** EIN-PN	26-0328659-501
a Plan name	TATE HILL JACOBS ARCHITECTS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	TATE HILL JACOBS ARCHITECTS, INC.	**c** EIN-PN	61-1129778-501
a Plan name	TATYANAS CASE MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	TATYANAS CASE MANAGEMENT	**c** EIN-PN	81-3995232-501
a Plan name	TAYLOR BROS. INC. CBS BENEFIT PLAN		
b Name of plan sponsor	TAYLOR BROS. INC.	**c** EIN-PN	31-1488936-501

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	TAYLOR DRYWALL CBS BENEFIT PLAN		
b Name of plan sponsor	TAYLOR DRYWALL	**c** EIN-PN	87-3941735-501
a Plan name	TAYLOR FAMILY DENTAL PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	TAYLOR FAMILY DENTAL PLLC	**c** EIN-PN	27-1516018-501
a Plan name	TAYLOR MAINTENANCE CBS BENEFIT PLAN		
b Name of plan sponsor	TAYLOR MAINTENANCE	**c** EIN-PN	61-1350701-501
a Plan name	TAYLOR MOTORS INC. CBS BENEFIT PLAN		
b Name of plan sponsor	TAYLOR MOTORS INC.	**c** EIN-PN	61-0533067-501
a Plan name	TAYLOR ORTHODONTICS CBS BENEFIT PLAN		
b Name of plan sponsor	TAYLOR ORTHODONTICS	**c** EIN-PN	74-3077029-501
a Plan name	TAYLOR POISON & CO CPAS CBS BENEFIT PLAN		
b Name of plan sponsor	TAYLOR POISON & CO CPAS	**c** EIN-PN	61-1305816-501
a Plan name	TAYLOR SIEFKER WILLIAMS DESIGN GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	TAYLOR SIEFKER WILLIAMS DESIGN GROUP	**c** EIN-PN	45-2640167-501
a Plan name	TAYLORS CONCRETE CUTTING CBS BENEFIT PLAN		
b Name of plan sponsor	TAYLORS CONCRETE CUTTING	**c** EIN-PN	20-2562656-501
a Plan name	TB MILLER SIGNS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TB MILLER SIGNS LLC	**c** EIN-PN	81-3881631-501
a Plan name	TBD DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	TBD DESIGN	**c** EIN-PN	74-3173193-501
a Plan name	TBF MORTGAGE CBS BENEFIT PLAN		
b Name of plan sponsor	TBF MORTGAGE	**c** EIN-PN	84-3738795-501
a Plan name	TCB ACQUISITION COMPANY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TCB ACQUISITION COMPANY, LLC	**c** EIN-PN	88-1216201-501

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	TEAM BOONE CBS BENEFIT PLAN		
b Name of plan sponsor	TEAM BOONE	**c** EIN-PN	42-1594704-501
a Plan name	TECHNOLOGY PLUS CBS BENEFIT PLAN		
b Name of plan sponsor	TECHNOLOGY PLUS	**c** EIN-PN	61-1299265-501
a Plan name	TECH-TUNE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	TECH-TUNE, INC	**c** EIN-PN	61-1186100-501
a Plan name	TEH CUSTOM SOLUTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	TEH CUSTOM SOLUTIONS INC	**c** EIN-PN	83-0611933-501
a Plan name	TEKTEL, INC CBS BENEFIT PLAN		
b Name of plan sponsor	TEKTEL, INC	**c** EIN-PN	61-1339011-501
a Plan name	TEKTON CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TEKTON CONSTRUCTION LLC	**c** EIN-PN	93-2245527-501
a Plan name	TELECOM DECISION MAKERS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	TELECOM DECISION MAKERS, INC.	**c** EIN-PN	61-1350390-501
a Plan name	TEMERITY VENTURES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TEMERITY VENTURES LLC	**c** EIN-PN	82-2292322-501
a Plan name	TERRANOVA, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TERRANOVA, LLC	**c** EIN-PN	84-2033947-501
a Plan name	TH WELDING & HYDRAULICS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TH WELDING & HYDRAULICS LLC	**c** EIN-PN	26-4222427-501
a Plan name	THAI SMILE CBS BENEFIT PLAN		
b Name of plan sponsor	THAI SMILE	**c** EIN-PN	61-1359024-501
a Plan name	THAT SHOULD BE A THING CBS BENEFIT PLAN		
b Name of plan sponsor	THAT SHOULD BE A THING	**c** EIN-PN	83-1272038-501

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 10TH PLANET LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE 10TH PLANET LLC	**c** EIN-PN	61-1430667-501
a Plan name	THE 3 J GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	THE 3 J GROUP	**c** EIN-PN	82-4420935-501
a Plan name	THE AGENCY LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	THE AGENCY LOUISVILLE	**c** EIN-PN	20-2228872-501
a Plan name	THE ANTIQUE AUTO SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	THE ANTIQUE AUTO SHOP	**c** EIN-PN	82-5091561-501
a Plan name	THE ARK CHILDCARE CENTERS CBS BENEFIT PLAN		
b Name of plan sponsor	THE ARK CHILDCARE CENTERS	**c** EIN-PN	81-5100854-501
a Plan name	THE BAR AT WILLETT CBS BENEFIT PLAN		
b Name of plan sponsor	THE BAR AT WILLETT	**c** EIN-PN	83-4027209-501
a Plan name	THE BLACKSTONE GRILLE CBS BENEFIT PLAN		
b Name of plan sponsor	THE BLACKSTONE GRILLE	**c** EIN-PN	26-2304572-501
a Plan name	THE BLINDS MAN INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE BLINDS MAN INC	**c** EIN-PN	02-0717868-501
a Plan name	THE BOLD COMPANY OF KENTUCKY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE BOLD COMPANY OF KENTUCKY LLC	**c** EIN-PN	27-4294088-501
a Plan name	THE BOYLE COUNTY SENIOR CITIZENS INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE BOYLE COUNTY SENIOR CITIZENS INC	**c** EIN-PN	61-0888740-501
a Plan name	THE BRECHER COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	THE BRECHER COMPANY	**c** EIN-PN	61-0140845-501
a Plan name	THE BRIDGE TO RECOVERY CBS BENEFIT PLAN		
b Name of plan sponsor	THE BRIDGE TO RECOVERY	**c** EIN-PN	23-7428389-501

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 BYERS LAW FIRM CBS BENEFIT PLAN		
b Name of plan sponsor	THE BYERS LAW FIRM	**c** EIN-PN	47-5643822-501
a Plan name	THE CAMEL CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	THE CAMEL CLUB	**c** EIN-PN	92-0790864-501
a Plan name	THE CHATTER BOX CBS BENEFIT PLAN		
b Name of plan sponsor	THE CHATTER BOX	**c** EIN-PN	20-2397192-501
a Plan name	THE CLEVELAND HOME CBS BENEFIT PLAN		
b Name of plan sponsor	THE CLEVELAND HOME	**c** EIN-PN	61-0461733-502
a Plan name	THE CLUB AT OLDE STONE CBS BENEFIT PLAN		
b Name of plan sponsor	THE CLUB AT OLDE STONE	**c** EIN-PN	20-1360593-501
a Plan name	THE CMOOR GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	THE CMOOR GROUP	**c** EIN-PN	61-1408339-501
a Plan name	THE COUCH IMMEDIATE MENTAL HEALTH CARE CBS BENEFIT PLAN		
b Name of plan sponsor	THE COUCH IMMEDIATE MENTAL HEALTH CARE	**c** EIN-PN	46-4373452-501
a Plan name	THE CUMBERLAND GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	THE CUMBERLAND GROUP	**c** EIN-PN	38-4258574-501
a Plan name	THE EXCHANGE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE EXCHANGE LLC	**c** EIN-PN	32-0498258-501
a Plan name	THE FOOD LITERACY PROJECT CBS BENEFIT PLAN		
b Name of plan sponsor	THE FOOD LITERACY PROJECT	**c** EIN-PN	20-5014424-501
a Plan name	THE FRANKFORT CHRISTIAN ACADEMY CBS BENEFIT PLAN		
b Name of plan sponsor	THE FRANKFORT CHRISTIAN ACADEMY	**c** EIN-PN	61-1285285-501
a Plan name	THE GAMING CO CBS BENEFIT PLAN		
b Name of plan sponsor	THE GAMING CO	**c** EIN-PN	82-1089904-501

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 GIBSON COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	THE GIBSON COMPANY	**c** EIN-PN	61-1210054-501
a Plan name	THE GOLF EXCHANGE INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE GOLF EXCHANGE INC	**c** EIN-PN	20-5882974-501
a Plan name	THE GOODSPROUT COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE GOODSPROUT COMPANY LLC	**c** EIN-PN	87-1491078-501
a Plan name	THE GREATER LOUISVILLE WORKFORCE INV BD CBS BENEFIT PLAN		
b Name of plan sponsor	THE GREATER LOUISVILLE WORKFORCE INV BD	**c** EIN-PN	46-4856936-501
a Plan name	THE GREENERY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE GREENERY LLC	**c** EIN-PN	99-3799718-501
a Plan name	THE HARPER COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	THE HARPER COMPANY	**c** EIN-PN	31-0533105-501
a Plan name	THE HAYDEN GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE HAYDEN GROUP INC	**c** EIN-PN	47-2843356-501
a Plan name	THE HEIRLOOM RESTAURANT INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE HEIRLOOM RESTAURANT INC	**c** EIN-PN	87-0768544-501
a Plan name	THE HOCKENSMITH AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE HOCKENSMITH AGENCY INC	**c** EIN-PN	61-0997778-501
a Plan name	THE HOFFNER GROUP INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE HOFFNER GROUP INC	**c** EIN-PN	47-2116877-501
a Plan name	THE HOUSING DEVELOPMENT ALLIANCE CBS BENEFIT PLAN		
b Name of plan sponsor	THE HOUSING DEVELOPMENT ALLIANCE	**c** EIN-PN	61-1253346-501
a Plan name	THE IDEAL PRINT SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	THE IDEAL PRINT SHOP	**c** EIN-PN	61-1202721-501

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 INSURANCE ARTIST LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE INSURANCE ARTIST LLC	**c** EIN-PN	85-1657938-501
a Plan name	THE JCC ACCOUNTING SOLUTIONS LLP CBS BENEFIT PLAN		
b Name of plan sponsor	THE JCC ACCOUNTING SOLUTIONS LLP	**c** EIN-PN	81-3665360-501
a Plan name	THE JONES BROTHERS GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE JONES BROTHERS GROUP LLC	**c** EIN-PN	82-4985190-501
a Plan name	THE KARNEE COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	THE KARNEE COMPANY	**c** EIN-PN	84-1631915-501
a Plan name	THE KENTUCKY SCIENCE CENTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE KENTUCKY SCIENCE CENTER INC	**c** EIN-PN	31-1005850-501
a Plan name	THE KENTUCKY WHISKEY COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	THE KENTUCKY WHISKEY COMPANY	**c** EIN-PN	88-0687247-501
a Plan name	THE LANE REPORT INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE LANE REPORT INC	**c** EIN-PN	84-4739760-501
a Plan name	THE LAW OFFICE OF M ERIN WILKINS CBS BENEFIT PLAN		
b Name of plan sponsor	THE LAW OFFICE OF M ERIN WILKINS	**c** EIN-PN	27-5166508-501
a Plan name	THE LAW OFFICE OF RUTH B JACKSON CBS BENEFIT PLAN		
b Name of plan sponsor	THE LAW OFFICE OF RUTH B JACKSON	**c** EIN-PN	04-3626986-501
a Plan name	THE LAW OFFICES OF W. BRECKINRIDGE NORMENT III CBS BENEFIT PLAN		
b Name of plan sponsor	THE LAW OFFICES OF W. BRECKINRIDGE NORMENT III	**c** EIN-PN	81-1212193-501
a Plan name	THE LAWN PRO CBS BENEFIT PLAN		
b Name of plan sponsor	THE LAWN PRO	**c** EIN-PN	61-1266156-501
a Plan name	THE LAWRENCE FIRM PSC CBS BENEFIT PLAN		
b Name of plan sponsor	THE LAWRENCE FIRM PSC	**c** EIN-PN	31-0971974-501

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 LIBRARY FOUNDATION CBS BENEFIT PLAN		
b Name of plan sponsor	THE LIBRARY FOUNDATION	**c** EIN-PN	61-0969361-501
a Plan name	THE LOU TATE FOUNDATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE LOU TATE FOUNDATION INC	**c** EIN-PN	61-0961553-501
a Plan name	THE MAINTENANCE GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	THE MAINTENANCE GROUP	**c** EIN-PN	84-4979987-501
a Plan name	THE MALICOTES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE MALICOTES, LLC	**c** EIN-PN	83-3152762-501
a Plan name	THE MEDICINE SHOPPE OF SOMERSET INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE MEDICINE SHOPPE OF SOMERSET INC	**c** EIN-PN	61-1085613-501
a Plan name	THE MORTON CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	THE MORTON CENTER	**c** EIN-PN	31-1068020-501
a Plan name	THE MOWER SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	THE MOWER SHOP	**c** EIN-PN	61-0936967-502
a Plan name	THE NATIONAL SALES GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	THE NATIONAL SALES GROUP	**c** EIN-PN	20-8165015-501
a Plan name	THE OAKS BEHAVIORAL HEALTH CBS BENEFIT PLAN		
b Name of plan sponsor	THE OAKS BEHAVIORAL HEALTH	**c** EIN-PN	83-3137076-501
a Plan name	THE PAIN INSTITUTE CBS BENEFIT PLAN		
b Name of plan sponsor	THE PAIN INSTITUTE	**c** EIN-PN	61-1211762-501
a Plan name	THE PATARY INC. CBS BENEFIT PLAN		
b Name of plan sponsor	THE PATARY INC.	**c** EIN-PN	61-1176018-501
a Plan name	THE PEARL OF GERMANTOWN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE PEARL OF GERMANTOWN LLC	**c** EIN-PN	81-1488889-501

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 PEREGRINE COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	THE PEREGRINE COMPANY	**c** EIN-PN	61-1261766-501
a Plan name	THE PERKINS COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE PERKINS COMPANY LLC	**c** EIN-PN	26-3738620-501
a Plan name	THE PETE FOUNDATION CBS BENEFIT PLAN		
b Name of plan sponsor	THE PETE FOUNDATION	**c** EIN-PN	81-4667398-501
a Plan name	THE POINT DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	THE POINT DEVELOPMENT	**c** EIN-PN	27-2109240-501
a Plan name	THE POST, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE POST, LLC	**c** EIN-PN	46-5319434-501
a Plan name	THE POTTERS WHEEL CBS BENEFIT PLAN		
b Name of plan sponsor	THE POTTERS WHEEL	**c** EIN-PN	22-2270171-501
a Plan name	THE PRICE GROUP GREATER LOUISVILLE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE PRICE GROUP GREATER LOUISVILLE LLC	**c** EIN-PN	81-3982845-501
a Plan name	THE PRIME GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE PRIME GROUP LLC	**c** EIN-PN	61-1302908-501
a Plan name	THE Q GROUP, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE Q GROUP, LLC	**c** EIN-PN	83-1046855-501
a Plan name	THE RAMAGE COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE RAMAGE COMPANY LLC	**c** EIN-PN	04-3804542-501
a Plan name	THE REGENERATIVE CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	THE REGENERATIVE CENTER	**c** EIN-PN	93-2591917-501
a Plan name	THE RESEARCH GROUP OF LEXINGTON LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE RESEARCH GROUP OF LEXINGTON LLC	**c** EIN-PN	20-1192474-501

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 ROBERTS GROUP PSC CBS BENEFIT PLAN		
b Name of plan sponsor	THE ROBERTS GROUP PSC	**c** EIN-PN	61-1168297-501
a Plan name	THE ROBERTSON MECHANICAL & ELECTRICAL COMPANY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	THE ROBERTSON MECHANICAL & ELECTRICAL COMPANY, INC	**c** EIN-PN	61-1244209-501
a Plan name	THE SENTERS GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	THE SENTERS GROUP	**c** EIN-PN	46-1298477-501
a Plan name	THE SKIN GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE SKIN GROUP LLC	**c** EIN-PN	26-0057785-501
a Plan name	THE SLS GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE SLS GROUP LLC	**c** EIN-PN	84-2238963-501
a Plan name	THE SOUND FACTORY CBS BENEFIT PLAN		
b Name of plan sponsor	THE SOUND FACTORY	**c** EIN-PN	82-3195383-501
a Plan name	THE STEVENSON COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	THE STEVENSON COMPANY	**c** EIN-PN	61-1272460-501
a Plan name	THE VANGUARD ACADEMY CBS BENEFIT PLAN		
b Name of plan sponsor	THE VANGUARD ACADEMY	**c** EIN-PN	20-8608463-502
a Plan name	THE VILLAGE MARKET & CAFE CBS BENEFIT PLAN		
b Name of plan sponsor	THE VILLAGE MARKET & CAFE	**c** EIN-PN	47-1329533-501
a Plan name	THE W1974 COLLECTIVE CBS BENEFIT PLAN		
b Name of plan sponsor	THE W1974 COLLECTIVE	**c** EIN-PN	93-2383247-501
a Plan name	THE WADE AGENCY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE WADE AGENCY LLC	**c** EIN-PN	90-1256769-501
a Plan name	THE WAY MAKER GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	THE WAY MAKER GROUP	**c** EIN-PN	82-1889310-501

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 WELDON GROUP INC. CBS BENEFIT PLAN		
b Name of plan sponsor	THE WELDON GROUP INC.	**c** EIN-PN	85-1311927-501
a Plan name	THE WHEELDON COMPANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THE WHEELDON COMPANY LLC	**c** EIN-PN	27-0059535-501
a Plan name	THE WIN CREW CBS BENEFIT PLAN		
b Name of plan sponsor	THE WIN CREW	**c** EIN-PN	47-5531529-501
a Plan name	THE WOODFORD CLUB CBS BENEFIT PLAN		
b Name of plan sponsor	THE WOODFORD CLUB	**c** EIN-PN	83-4086399-501
a Plan name	THE WOODLANDS OF LEXINGTON COUNCIL OF CO-OWNERS CBS BENEFIT PLAN		
b Name of plan sponsor	THE WOODLANDS OF LEXINGTON COUNCIL OF CO-OWNERS	**c** EIN-PN	61-1069392-501
a Plan name	THE WRIGHT STUFF CBS BENEFIT PLAN		
b Name of plan sponsor	THE WRIGHT STUFF	**c** EIN-PN	40-0984252-501
a Plan name	THEISS WOODWORKING & REMOD CBS BENEFIT PLAN		
b Name of plan sponsor	THEISS WOODWORKING & REMOD	**c** EIN-PN	61-1198596-501
a Plan name	THERAPEUTIC INTERVENTION SERVICES PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	THERAPEUTIC INTERVENTION SERVICES PLLC	**c** EIN-PN	45-3971695-501
a Plan name	THERMAL BALANCE CBS BENEFIT PLAN		
b Name of plan sponsor	THERMAL BALANCE	**c** EIN-PN	61-0672289-501
a Plan name	THERMDEX ENGINEERING INC CBS BENEFIT PLAN		
b Name of plan sponsor	THERMDEX ENGINEERING INC	**c** EIN-PN	47-1494057-501
a Plan name	THERMEX THERMATRON SYSTEMS CBS BENEFIT PLAN		
b Name of plan sponsor	THERMEX THERMATRON SYSTEMS	**c** EIN-PN	84-1805720-501
a Plan name	THINK TANK MARKETING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THINK TANK MARKETING LLC	**c** EIN-PN	45-3072012-501

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	THOMAS J FINNEGAN CO CBS BENEFIT PLAN		
b Name of plan sponsor	THOMAS J FINNEGAN CO	**c** EIN-PN	31-0913064-501
a Plan name	THOMAS LANDSCAPING AND CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	THOMAS LANDSCAPING AND CONSTRUCTION INC	**c** EIN-PN	43-2019695-501
a Plan name	THOMAS LONNEMANN CPA INC CBS BENEFIT PLAN		
b Name of plan sponsor	THOMAS LONNEMANN CPA INC	**c** EIN-PN	61-1375708-501
a Plan name	THOMAS M FUCHS DDS CBS BENEFIT PLAN		
b Name of plan sponsor	THOMAS M FUCHS DDS	**c** EIN-PN	20-2087611-501
a Plan name	THOMAS MECHANICAL HEATING AND COOLING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THOMAS MECHANICAL HEATING AND COOLING LLC	**c** EIN-PN	46-5382943-501
a Plan name	THOMAS PAVLIK CPA PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	THOMAS PAVLIK CPA PLLC	**c** EIN-PN	92-0941381-501
a Plan name	THOMAS QUALITY CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	THOMAS QUALITY CONSTRUCTION	**c** EIN-PN	30-0602270-501
a Plan name	THOMAS S WIGGER DMD LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THOMAS S WIGGER DMD LLC	**c** EIN-PN	84-3535148-501
a Plan name	THOMASON HOLDINGS INC CBS BENEFIT PLAN		
b Name of plan sponsor	THOMASON HOLDINGS INC	**c** EIN-PN	47-2158992-501
a Plan name	THOMPSON & PETTY ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	THOMPSON & PETTY ELECTRIC	**c** EIN-PN	20-5118630-501
a Plan name	THOMPSON DISCOUNT DRUG INC CBS BENEFIT PLAN		
b Name of plan sponsor	THOMPSON DISCOUNT DRUG INC	**c** EIN-PN	61-1089193-502
a Plan name	THOMPSON HEATING & AIR CBS BENEFIT PLAN		
b Name of plan sponsor	THOMPSON HEATING & AIR	**c** EIN-PN	20-0509647-502

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	THOMPSON LEE AND CHALOTHORN PSC CBS BENEFIT PLAN		
b Name of plan sponsor	THOMPSON LEE AND CHALOTHORN PSC	**c** EIN-PN	61-1189715-502
a Plan name	THOMPSON MILLER & SIMPSON PLC CBS BENEFIT PLAN		
b Name of plan sponsor	THOMPSON MILLER & SIMPSON PLC	**c** EIN-PN	61-1334725-502
a Plan name	THOMPSON RESTORATION CBS BENEFIT PLAN		
b Name of plan sponsor	THOMPSON RESTORATION	**c** EIN-PN	46-2963364-501
a Plan name	THORNTON CAPITAL CBS BENEFIT PLAN		
b Name of plan sponsor	THORNTON CAPITAL	**c** EIN-PN	84-4666837-501
a Plan name	THORNTON TILE & MARBLE CBS BENEFIT PLAN		
b Name of plan sponsor	THORNTON TILE & MARBLE	**c** EIN-PN	61-0981029-501
a Plan name	THOROUGHBRED AVIATION MAINT CBS BENEFIT PLAN		
b Name of plan sponsor	THOROUGHBRED AVIATION MAINT	**c** EIN-PN	81-2310477-501
a Plan name	THOROUGHBRED EQUIPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	THOROUGHBRED EQUIPMENT	**c** EIN-PN	84-3726945-501
a Plan name	THOROUGHBRED EXPRESS AUTO WASH, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THOROUGHBRED EXPRESS AUTO WASH, LLC	**c** EIN-PN	92-2866503-501
a Plan name	THOROUGHBRED PLUMBING INC CBS BENEFIT PLAN		
b Name of plan sponsor	THOROUGHBRED PLUMBING INC	**c** EIN-PN	92-2134162-501
a Plan name	THOROUGHBRED TRANSPORTATION CBS BENEFIT PLAN		
b Name of plan sponsor	THOROUGHBRED TRANSPORTATION	**c** EIN-PN	61-1162722-501
a Plan name	THREE POND FARM CBS BENEFIT PLAN		
b Name of plan sponsor	THREE POND FARM	**c** EIN-PN	86-1910661-501
a Plan name	THREE SPRINGS HOSPITALITY CBS BENEFIT PLAN		
b Name of plan sponsor	THREE SPRINGS HOSPITALITY	**c** EIN-PN	82-5460839-501

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	THRIVE CFO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THRIVE CFO LLC	**c** EIN-PN	33-1284094-501
a Plan name	THRIVERN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	THRIVERN LLC	**c** EIN-PN	93-3063130-501
a Plan name	THROUGH THE DECADES SPORTS CARDS CBS BENEFIT PLAN		
b Name of plan sponsor	THROUGH THE DECADES SPORTS CARDS	**c** EIN-PN	45-4649194-501
a Plan name	TIGER FENCING CO LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TIGER FENCING CO LLC	**c** EIN-PN	84-2506452-502
a Plan name	TILFORD DOBBINS & SCHMIDT PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	TILFORD DOBBINS & SCHMIDT PLLC	**c** EIN-PN	61-1184666-501
a Plan name	TIMESHARE CLEARINGHOUSE CBS BENEFIT PLAN		
b Name of plan sponsor	TIMESHARE CLEARINGHOUSE	**c** EIN-PN	20-3304398-501
a Plan name	TIMOTHY LONG MD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	TIMOTHY LONG MD PSC	**c** EIN-PN	37-1420890-501
a Plan name	TIMOTHY MONTGOMERY INC CBS BENEFIT PLAN		
b Name of plan sponsor	TIMOTHY MONTGOMERY INC	**c** EIN-PN	61-1210034-501
a Plan name	TIMOTHY S ALLEN MD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	TIMOTHY S ALLEN MD PLLC	**c** EIN-PN	35-2477458-501
a Plan name	TIP IT FORWARD INC CBS BENEFIT PLAN		
b Name of plan sponsor	TIP IT FORWARD INC	**c** EIN-PN	82-5289590-501
a Plan name	TIPTON TRUCKING KY INC CBS BENEFIT PLAN		
b Name of plan sponsor	TIPTON TRUCKING KY INC	**c** EIN-PN	35-2402389-501
a Plan name	TITAN FREIGHT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TITAN FREIGHT LLC	**c** EIN-PN	88-2436355-501

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 HEATING AND AIR, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TITAN HEATING AND AIR, LLC	**c** EIN-PN	61-1849984-501
a Plan name	TJAK GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TJAK GROUP LLC	**c** EIN-PN	84-3464474-501
a Plan name	TJWJ LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TJWJ LLC	**c** EIN-PN	46-4727612-501
a Plan name	TK ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	TK ENTERPRISES INC	**c** EIN-PN	61-1295402-501
a Plan name	TK MARINE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TK MARINE LLC	**c** EIN-PN	83-3930929-501
a Plan name	TKC HOSPITALITY GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TKC HOSPITALITY GROUP LLC	**c** EIN-PN	92-3345790-501
a Plan name	TL ASHFORD & ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	TL ASHFORD & ASSOCIATES INC	**c** EIN-PN	31-1068917-502
a Plan name	TL PACKAGING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TL PACKAGING LLC	**c** EIN-PN	82-1824682-501
a Plan name	TLC REAL ESTATE CBS BENEFIT PLAN		
b Name of plan sponsor	TLC REAL ESTATE	**c** EIN-PN	55-7454189-501
a Plan name	TMJJW LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TMJJW LLC	**c** EIN-PN	84-2386482-501
a Plan name	TMS THERAPY PARTNERS CBS BENEFIT PLAN		
b Name of plan sponsor	TMS THERAPY PARTNERS	**c** EIN-PN	84-2315653-501
a Plan name	TMW CONSTRUCTION CO., LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TMW CONSTRUCTION CO., LLC	**c** EIN-PN	61-1234232-501

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	T-N-T BOAT & RV STORAGE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	T-N-T BOAT & RV STORAGE LLC	**c** EIN-PN	92-2703228-501
a Plan name	TNT CONCRETE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TNT CONCRETE LLC	**c** EIN-PN	87-1675479-501
a Plan name	TNT CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	TNT CONSTRUCTION INC	**c** EIN-PN	61-1388310-501
a Plan name	TNT ERECTORS LTD CBS BENEFIT PLAN		
b Name of plan sponsor	TNT ERECTORS LTD	**c** EIN-PN	61-1045862-501
a Plan name	TNT SECURITY INC CBS BENEFIT PLAN		
b Name of plan sponsor	TNT SECURITY INC	**c** EIN-PN	61-1359365-501
a Plan name	TO THE MARKET SURVIVOR MADE GOODS CBS BENEFIT PLAN		
b Name of plan sponsor	TO THE MARKET SURVIVOR MADE GOODS	**c** EIN-PN	81-5250213-501
a Plan name	TOADVINE ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	TOADVINE ENTERPRISES	**c** EIN-PN	61-0977722-501
a Plan name	TOBACCO COUNTRY INC CBS BENEFIT PLAN		
b Name of plan sponsor	TOBACCO COUNTRY INC	**c** EIN-PN	31-1496302-501
a Plan name	TODD ASSET MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	TODD ASSET MANAGEMENT	**c** EIN-PN	61-1350302-501
a Plan name	TODD CASE TRUCKING INC CBS BENEFIT PLAN		
b Name of plan sponsor	TODD CASE TRUCKING INC	**c** EIN-PN	61-1296893-501
a Plan name	TODD HARGETT CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TODD HARGETT CONSTRUCTION LLC	**c** EIN-PN	02-0696355-501
a Plan name	TODD MANOR LP CBS BENEFIT PLAN		
b Name of plan sponsor	TODD MANOR LP	**c** EIN-PN	37-1900440-501

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	TODD TILLER INSURANCE INC KY FARM BUREAU CBS BENEFIT PLAN		
b Name of plan sponsor	TODD TILLER INSURANCE INC KY FARM BUREAU	**c** EIN-PN	61-1120191-501
a Plan name	TODD TRUSS CBS BENEFIT PLAN		
b Name of plan sponsor	TODD TRUSS	**c** EIN-PN	26-3936972-501
a Plan name	TOEBBEN COMPANIES CBS BENEFIT PLAN		
b Name of plan sponsor	TOEBBEN COMPANIES	**c** EIN-PN	61-1116753-502
a Plan name	TOLER PEST CONTROL LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TOLER PEST CONTROL LLC	**c** EIN-PN	82-1898707-501
a Plan name	TOMMY BRAMER & SON CBS BENEFIT PLAN		
b Name of plan sponsor	TOMMY BRAMER & SON	**c** EIN-PN	61-0989461-501
a Plan name	TOMMY WELLS CONSTRUCTION, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	TOMMY WELLS CONSTRUCTION, INC.	**c** EIN-PN	20-2062907-501
a Plan name	TOMPKINS HAULING & EXCAVATING CBS BENEFIT PLAN		
b Name of plan sponsor	TOMPKINS HAULING & EXCAVATING	**c** EIN-PN	77-0716390-501
a Plan name	TONY BROWN CHEVROLET CBS BENEFIT PLAN		
b Name of plan sponsor	TONY BROWN CHEVROLET	**c** EIN-PN	61-0946276-501
a Plan name	TONYS WRECKER CBS BENEFIT PLAN		
b Name of plan sponsor	TONYS WRECKER	**c** EIN-PN	61-0571383-501
a Plan name	TOOLCRAFT CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	TOOLCRAFT CO INC	**c** EIN-PN	61-0901830-501
a Plan name	TOOLE & ROSE SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	TOOLE & ROSE SUPPLY	**c** EIN-PN	26-3896198-501
a Plan name	TOP FLIGHT GYMNASTICS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	TOP FLIGHT GYMNASTICS, INC	**c** EIN-PN	61-1152312-501

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	TOP SERVICE GROUP, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TOP SERVICE GROUP, LLC	**c** EIN-PN	84-2424940-501
a Plan name	TOP SHELF LOBBY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TOP SHELF LOBBY LLC	**c** EIN-PN	47-2531686-501
a Plan name	TORCO TESTING SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	TORCO TESTING SERVICES INC	**c** EIN-PN	99-4318907-501
a Plan name	TOTAL FITNESS CONNECTION CBS BENEFIT PLAN		
b Name of plan sponsor	TOTAL FITNESS CONNECTION	**c** EIN-PN	61-1392532-501
a Plan name	TOTAL LIFE CARE CBS BENEFIT PLAN		
b Name of plan sponsor	TOTAL LIFE CARE	**c** EIN-PN	61-1359095-501
a Plan name	TOTAL PERFORMANCE SOLUTIONS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TOTAL PERFORMANCE SOLUTIONS, LLC	**c** EIN-PN	20-8174867-501
a Plan name	TOTAL POWER ELECTRICAL SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TOTAL POWER ELECTRICAL SERVICES LLC	**c** EIN-PN	82-2789745-501
a Plan name	TOTAL TECH SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TOTAL TECH SOLUTIONS LLC	**c** EIN-PN	82-1993343-501
a Plan name	TOUCH OF BRASS CBS BENEFIT PLAN		
b Name of plan sponsor	TOUCH OF BRASS	**c** EIN-PN	61-1181864-501
a Plan name	TOWN & COUNTRY VETERINARY SERVICE, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	TOWN & COUNTRY VETERINARY SERVICE, INC.	**c** EIN-PN	61-1254214-501
a Plan name	TPC-KY, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	TPC-KY, INC.	**c** EIN-PN	14-1978691-501
a Plan name	TRACE MAYER ANTIQUES INC CBS BENEFIT PLAN		
b Name of plan sponsor	TRACE MAYER ANTIQUES INC	**c** EIN-PN	31-1495617-501

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	TRACK TECH INC CBS BENEFIT PLAN		
b Name of plan sponsor	TRACK TECH INC	**c** EIN-PN	61-1257331-501
a Plan name	TRACY BLAIR HAUS INSURANCE AGENCY CBS BENEFIT PLAN		
b Name of plan sponsor	TRACY BLAIR HAUS INSURANCE AGENCY	**c** EIN-PN	20-0909181-501
a Plan name	TRADEMARK APPRAISAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	TRADEMARK APPRAISAL SERVICES	**c** EIN-PN	61-1384077-501
a Plan name	TRADEMARK EXCAVATING CBS BENEFIT PLAN		
b Name of plan sponsor	TRADEMARK EXCAVATING	**c** EIN-PN	81-4790977-501
a Plan name	TRADEMARK MANAGEMENT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRADEMARK MANAGEMENT LLC	**c** EIN-PN	33-3165029-501
a Plan name	TRADEWINDS CBS BENEFIT PLAN		
b Name of plan sponsor	TRADEWINDS	**c** EIN-PN	61-1104868-501
a Plan name	TRAILPATHS INC CBS BENEFIT PLAN		
b Name of plan sponsor	TRAILPATHS INC	**c** EIN-PN	92-1755129-501
a Plan name	TRAITS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRAITS LLC	**c** EIN-PN	61-1299461-501
a Plan name	TRAM CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	TRAM CONSTRUCTION INC	**c** EIN-PN	61-1030518-501
a Plan name	TRANSITIONS LIFT & ELEVATOR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRANSITIONS LIFT & ELEVATOR LLC	**c** EIN-PN	26-4225126-501
a Plan name	TRANSMISSION SPECIALISTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	TRANSMISSION SPECIALISTS INC	**c** EIN-PN	88-2773419-501
a Plan name	TRANSPARENT AUTO SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRANSPARENT AUTO SERVICES LLC	**c** EIN-PN	93-4233450-501

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	TRAUD ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	TRAUD ELECTRIC	**c** EIN-PN	62-1739319-501
a Plan name	TRAUGHBER PRIVATE WEALTH LAW CBS BENEFIT PLAN		
b Name of plan sponsor	TRAUGHBER PRIVATE WEALTH LAW	**c** EIN-PN	83-2169887-501
a Plan name	TRAVIS HERBERT & STEMPIEN CBS BENEFIT PLAN		
b Name of plan sponsor	TRAVIS HERBERT & STEMPIEN	**c** EIN-PN	20-1743933-501
a Plan name	TRAVIS TODD TOOL SALES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRAVIS TODD TOOL SALES, LLC	**c** EIN-PN	46-5554424-501
a Plan name	TREES LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	TREES LOUISVILLE	**c** EIN-PN	47-3739295-501
a Plan name	TREES N TRENDS INC CBS BENEFIT PLAN		
b Name of plan sponsor	TREES N TRENDS INC	**c** EIN-PN	61-1001008-501
a Plan name	TRENDING UPWARD LIMITED LIABILITY CBS BENEFIT PLAN		
b Name of plan sponsor	TRENDING UPWARD LIMITED LIABILITY	**c** EIN-PN	81-4335532-501
a Plan name	TRES COMMUNICATIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRES COMMUNICATIONS LLC	**c** EIN-PN	47-1110586-502
a Plan name	TRI COUNTY EQUINE CBS BENEFIT PLAN		
b Name of plan sponsor	TRI COUNTY EQUINE	**c** EIN-PN	85-2735486-501
a Plan name	TRI COUNTY MARINE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRI COUNTY MARINE LLC	**c** EIN-PN	82-4605115-501
a Plan name	TRI POINT VETERINARY CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	TRI POINT VETERINARY CLINIC	**c** EIN-PN	87-3714177-501
a Plan name	TRI STATE WILDLIFE MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	TRI STATE WILDLIFE MANAGEMENT	**c** EIN-PN	47-1718067-501

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	TRI-A SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRI-A SOLUTIONS LLC	**c** EIN-PN	83-2296445-501
a Plan name	TRI-COUNTY ECONOMIC DEVELOPMENT CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	TRI-COUNTY ECONOMIC DEVELOPMENT CORPORATION	**c** EIN-PN	61-1125577-501
a Plan name	TRIFECTA DESIGN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRIFECTA DESIGN LLC	**c** EIN-PN	38-4214203-501
a Plan name	TRINITY ANALYTICS INC CBS BENEFIT PLAN		
b Name of plan sponsor	TRINITY ANALYTICS INC	**c** EIN-PN	88-1910064-501
a Plan name	TRINITY BUSINESS SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRINITY BUSINESS SERVICES LLC	**c** EIN-PN	88-4354432-501
a Plan name	TRINITY DYNAMICS INC CBS BENEFIT PLAN		
b Name of plan sponsor	TRINITY DYNAMICS INC	**c** EIN-PN	61-1364596-502
a Plan name	TRIPLE A EXTERIORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRIPLE A EXTERIORS LLC	**c** EIN-PN	88-0721024-501
a Plan name	TRIPLE AC AWARDS INC CBS BENEFIT PLAN		
b Name of plan sponsor	TRIPLE AC AWARDS INC	**c** EIN-PN	61-1395185-501
a Plan name	TRIPLE B CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	TRIPLE B CONSTRUCTION	**c** EIN-PN	46-5386705-501
a Plan name	TRIPLE C SERVICE & TOWING CBS BENEFIT PLAN		
b Name of plan sponsor	TRIPLE C SERVICE & TOWING	**c** EIN-PN	81-4930558-501
a Plan name	TRIPLE CUTS LAWN CARE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRIPLE CUTS LAWN CARE LLC	**c** EIN-PN	81-3130335-501
a Plan name	TRIPLE OAKS FARMS CBS BENEFIT PLAN		
b Name of plan sponsor	TRIPLE OAKS FARMS	**c** EIN-PN	61-1098385-501

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	TRIPLE S TRANSPORT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRIPLE S TRANSPORT LLC	**c** EIN-PN	82-4990341-501
a Plan name	TRI-STATE CABLING & CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TRI-STATE CABLING & CONSTRUCTION LLC	**c** EIN-PN	86-1767651-501
a Plan name	TRI-STATE DIGESTIVE DISEASE ASSOCIATES PSC CBS BENEFIT PLAN		
b Name of plan sponsor	TRI-STATE DIGESTIVE DISEASE ASSOCIATES PSC	**c** EIN-PN	61-1205340-501
a Plan name	TRI-STATE HEALTHCARE LAUNDRY INC CBS BENEFIT PLAN		
b Name of plan sponsor	TRI-STATE HEALTHCARE LAUNDRY INC	**c** EIN-PN	61-1161146-501
a Plan name	TROPHY AWARDS CBS BENEFIT PLAN		
b Name of plan sponsor	TROPHY AWARDS	**c** EIN-PN	61-0993537-501
a Plan name	TROUBLE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TROUBLE LLC	**c** EIN-PN	83-3394698-501
a Plan name	TROUTMANS DRY GOODS CBS BENEFIT PLAN		
b Name of plan sponsor	TROUTMANS DRY GOODS	**c** EIN-PN	45-4103203-502
a Plan name	TROWBRIDGE FUNERAL HOME CBS BENEFIT PLAN		
b Name of plan sponsor	TROWBRIDGE FUNERAL HOME	**c** EIN-PN	83-3780195-501
a Plan name	TROWER PROPERTIES CBS BENEFIT PLAN		
b Name of plan sponsor	TROWER PROPERTIES	**c** EIN-PN	47-4371606-501
a Plan name	TROY S AUTO SERVICE CBS BENEFIT PLAN		
b Name of plan sponsor	TROY S AUTO SERVICE	**c** EIN-PN	61-1220242-501
a Plan name	TRUCK PARTS & SERVICE INC CBS BENEFIT PLAN		
b Name of plan sponsor	TRUCK PARTS & SERVICE INC	**c** EIN-PN	61-1079055-501
a Plan name	TRUE NORTH TREATMENT CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	TRUE NORTH TREATMENT CENTER	**c** EIN-PN	83-2945368-502

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	TTC LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TTC LLC	**c** EIN-PN	82-1188917-501
a Plan name	TUBEMASTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	TUBEMASTER INC	**c** EIN-PN	61-1397996-501
a Plan name	TUCKER BUILDING COMPANY, INC CBS BENEFIT PLAN		
b Name of plan sponsor	TUCKER BUILDING COMPANY, INC	**c** EIN-PN	30-0145057-501
a Plan name	TUDER FT USA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TUDER FT USA LLC	**c** EIN-PN	61-1986543-502
a Plan name	TUNER INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	TUNER INSURANCE AGENCY INC	**c** EIN-PN	61-1252434-501
a Plan name	TUNNEL HILL AUTO SALES INC CBS BENEFIT PLAN		
b Name of plan sponsor	TUNNEL HILL AUTO SALES INC	**c** EIN-PN	61-1292307-501
a Plan name	TURF TENDERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TURF TENDERS LLC	**c** EIN-PN	84-4418282-501
a Plan name	TURN KEY TITLE & ESCROW LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TURN KEY TITLE & ESCROW LLC	**c** EIN-PN	84-4093461-501
a Plan name	TURNER COMMONS CBS BENEFIT PLAN		
b Name of plan sponsor	TURNER COMMONS	**c** EIN-PN	20-5597608-501
a Plan name	TURNER DEVELOPMENT CBS BENEFIT PLAN		
b Name of plan sponsor	TURNER DEVELOPMENT	**c** EIN-PN	35-2465587-501
a Plan name	TURNER KEAL AND BUTTON PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	TURNER KEAL AND BUTTON PLLC	**c** EIN-PN	37-1480127-501
a Plan name	TURNER LABELS & SHIPPING SUPPLIES CBS BENEFIT PLAN		
b Name of plan sponsor	TURNER LABELS & SHIPPING SUPPLIES	**c** EIN-PN	61-1011193-501

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	TUSCAN HILLS COFFEE CBS BENEFIT PLAN		
b Name of plan sponsor	TUSCAN HILLS COFFEE	**c** EIN-PN	93-4227314-501
a Plan name	TUSCANY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TUSCANY LLC	**c** EIN-PN	90-0342855-501
a Plan name	TWF INC CBS BENEFIT PLAN		
b Name of plan sponsor	TWF INC	**c** EIN-PN	61-1301499-501
a Plan name	TWIN CREEKS FARM, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TWIN CREEKS FARM, LLC	**c** EIN-PN	26-0788442-501
a Plan name	TWIN LAKES PLUMBING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	TWIN LAKES PLUMBING LLC	**c** EIN-PN	20-5468233-501
a Plan name	TWO STONE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	TWO STONE, INC	**c** EIN-PN	26-0524222-501
a Plan name	TYME-IT TRANSPORTATION CBS BENEFIT PLAN		
b Name of plan sponsor	TYME-IT TRANSPORTATION	**c** EIN-PN	61-1071796-501
a Plan name	UDECOR CBS BENEFIT PLAN		
b Name of plan sponsor	UDECOR	**c** EIN-PN	90-0851415-501
a Plan name	ULRICH MEDICAL CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	ULRICH MEDICAL CLINIC	**c** EIN-PN	52-2144858-501
a Plan name	UMC FOOD MINISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	UMC FOOD MINISTRY	**c** EIN-PN	47-2388629-501
a Plan name	UNASHAMED AUTO REPAIR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	UNASHAMED AUTO REPAIR LLC	**c** EIN-PN	87-3762344-501
a Plan name	UNBOUND LIFE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	UNBOUND LIFE LLC	**c** EIN-PN	84-3965358-501

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	UNBRIDLED LIVING CBS BENEFIT PLAN		
b Name of plan sponsor	UNBRIDLED LIVING	**c** EIN-PN	93-2515606-501
a Plan name	UNDERHILL ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	UNDERHILL ASSOCIATES	**c** EIN-PN	61-1161919-501
a Plan name	UNE AGENCE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	UNE AGENCE LLC	**c** EIN-PN	92-0263011-501
a Plan name	UNICOMP GA,LLC CBS BENEFIT PLAN		
b Name of plan sponsor	UNICOMP GA,LLC	**c** EIN-PN	82-3429074-501
a Plan name	UNICOR NORTH AMERICA INC CBS BENEFIT PLAN		
b Name of plan sponsor	UNICOR NORTH AMERICA INC	**c** EIN-PN	36-4836243-501
a Plan name	UNIFIED HEALTHCARE CBS BENEFIT PLAN		
b Name of plan sponsor	UNIFIED HEALTHCARE	**c** EIN-PN	20-2775340-501
a Plan name	UNIFIED SIGN AND DESIGN CBS BENEFIT PLAN		
b Name of plan sponsor	UNIFIED SIGN AND DESIGN	**c** EIN-PN	84-4042571-501
a Plan name	UNION PEDIATRIC DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	UNION PEDIATRIC DENTISTRY	**c** EIN-PN	77-0704766-502
a Plan name	UNIQUE HARDSCAPES CBS BENEFIT PLAN		
b Name of plan sponsor	UNIQUE HARDSCAPES	**c** EIN-PN	35-2311769-501
a Plan name	UNITED INDUSTRIAL SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	UNITED INDUSTRIAL SERVICES	**c** EIN-PN	34-2049204-501
a Plan name	UNITED MECHANICAL INC CBS BENEFIT PLAN		
b Name of plan sponsor	UNITED MECHANICAL INC	**c** EIN-PN	61-1357868-501
a Plan name	UNITED PROPANE GAS CBS BENEFIT PLAN		
b Name of plan sponsor	UNITED PROPANE GAS	**c** EIN-PN	31-1488510-501

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	UNITED RESIDENTIAL MORTGAGE CBS BENEFIT PLAN		
b Name of plan sponsor	UNITED RESIDENTIAL MORTGAGE	**c** EIN-PN	47-3532775-501
a Plan name	UNITED STATES DRESSAGE FEDERATION, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	UNITED STATES DRESSAGE FEDERATION, INC.	**c** EIN-PN	23-7373705-501
a Plan name	UNITED WAREHOUSING CBS BENEFIT PLAN		
b Name of plan sponsor	UNITED WAREHOUSING	**c** EIN-PN	47-1199230-501
a Plan name	UNITED WAY OF KENTUCKY IN CBS BENEFIT PLAN		
b Name of plan sponsor	UNITED WAY OF KENTUCKY IN	**c** EIN-PN	31-1106795-501
a Plan name	UNITED WAY OF SOUTHERN KENTUCKY INC CBS BENEFIT PLAN		
b Name of plan sponsor	UNITED WAY OF SOUTHERN KENTUCKY INC	**c** EIN-PN	61-0590564-501
a Plan name	UNIVERSAL FIRESTOP SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	UNIVERSAL FIRESTOP SERVICES	**c** EIN-PN	46-4284058-501
a Plan name	UNLIMITED MARINE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	UNLIMITED MARINE, INC	**c** EIN-PN	38-3671889-501
a Plan name	UPSTREM HOLDINGS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	UPSTREM HOLDINGS LLC	**c** EIN-PN	87-4360482-501
a Plan name	UPTECH KY INC CBS BENEFIT PLAN		
b Name of plan sponsor	UPTECH KY INC	**c** EIN-PN	47-3476045-501
a Plan name	US INDUSTRIAL FLUIDS CBS BENEFIT PLAN		
b Name of plan sponsor	US INDUSTRIAL FLUIDS	**c** EIN-PN	32-0087068-501
a Plan name	US PLUMBING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	US PLUMBING LLC	**c** EIN-PN	46-3946864-501
a Plan name	USA IMAGE TECHNOLOGIES CBS BENEFIT PLAN		
b Name of plan sponsor	USA IMAGE TECHNOLOGIES	**c** EIN-PN	61-1269139-502

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	USELLIS MAYER & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	USELLIS MAYER & ASSOCIATES	**c** EIN-PN	33-1006277-501
a Plan name	USHER INC CBS BENEFIT PLAN		
b Name of plan sponsor	USHER INC	**c** EIN-PN	62-1834918-501
a Plan name	UTILICOMM COMMUNICATIONS CBS BENEFIT PLAN		
b Name of plan sponsor	UTILICOMM COMMUNICATIONS	**c** EIN-PN	85-2474495-501
a Plan name	UTILITY SERVICE ALLIANCE CBS BENEFIT PLAN		
b Name of plan sponsor	UTILITY SERVICE ALLIANCE	**c** EIN-PN	85-0903203-501
a Plan name	UTZ PLUMBING CBS BENEFIT PLAN		
b Name of plan sponsor	UTZ PLUMBING	**c** EIN-PN	61-1283157-501
a Plan name	V C VETERANS CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	V C VETERANS CONTRACTING LLC	**c** EIN-PN	45-3976170-501
a Plan name	V CARE HEALTH SOLUTIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	V CARE HEALTH SOLUTIONS LLC	**c** EIN-PN	47-2623336-501
a Plan name	VAC2GO, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VAC2GO, LLC	**c** EIN-PN	80-0771071-501
a Plan name	VACUFLO OF KY CBS BENEFIT PLAN		
b Name of plan sponsor	VACUFLO OF KY	**c** EIN-PN	61-0991406-501
a Plan name	VALAIR VALET PARKING CBS BENEFIT PLAN		
b Name of plan sponsor	VALAIR VALET PARKING	**c** EIN-PN	31-0744746-501
a Plan name	VALET PLUS PARKING INC CBS BENEFIT PLAN		
b Name of plan sponsor	VALET PLUS PARKING INC	**c** EIN-PN	61-1234388-501
a Plan name	VALHALLA GOLF PARTNERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VALHALLA GOLF PARTNERS LLC	**c** EIN-PN	88-1543549-501

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	VALIIDUN CBS BENEFIT PLAN		
b Name of plan sponsor	VALIIDUN	**c** EIN-PN	88-2524064-501
a Plan name	VALUE HVAC SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	VALUE HVAC SERVICES	**c** EIN-PN	83-3247785-501
a Plan name	VAN HOOK HARDWARE INC CBS BENEFIT PLAN		
b Name of plan sponsor	VAN HOOK HARDWARE INC	**c** EIN-PN	61-1391129-501
a Plan name	VAN METER & SLAVEY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VAN METER & SLAVEY LLC	**c** EIN-PN	27-2949266-501
a Plan name	VAN ZANT FAMILY DENTISTRY CBS BENEFIT PLAN		
b Name of plan sponsor	VAN ZANT FAMILY DENTISTRY	**c** EIN-PN	88-3225241-501
a Plan name	VANARSDALE TECHNICAL SERVICE, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VANARSDALE TECHNICAL SERVICE, LLC	**c** EIN-PN	46-2540381-501
a Plan name	VANCE HEATING AND AIR LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VANCE HEATING AND AIR LLC	**c** EIN-PN	32-0100000-501
a Plan name	VANGUARD MORTGAGE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VANGUARD MORTGAGE LLC	**c** EIN-PN	86-1199393-501
a Plan name	VE WARD AND SON LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VE WARD AND SON LLC	**c** EIN-PN	46-0604713-501
a Plan name	VEGA DISTRIBUTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VEGA DISTRIBUTION LLC	**c** EIN-PN	45-5394533-501
a Plan name	VELO-VENTURES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VELO-VENTURES LLC	**c** EIN-PN	84-3900000-501
a Plan name	VENNINGS AND ASSOCIATES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VENNINGS AND ASSOCIATES LLC	**c** EIN-PN	84-2476140-501

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	VENTURE 43 LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VENTURE 43 LLC	**c** EIN-PN	26-4642229-501
a Plan name	VERICORP, INC CBS BENEFIT PLAN		
b Name of plan sponsor	VERICORP, INC	**c** EIN-PN	61-1296398-501
a Plan name	VERIDOCS INC CBS BENEFIT PLAN		
b Name of plan sponsor	VERIDOCS INC	**c** EIN-PN	20-8395352-501
a Plan name	VERITAS INVESTIGATION PROS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VERITAS INVESTIGATION PROS LLC	**c** EIN-PN	84-2439910-501
a Plan name	VERSAILLES BREWING COMPANY RESTAURANT LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VERSAILLES BREWING COMPANY RESTAURANT LLC	**c** EIN-PN	82-2297152-501
a Plan name	VERSAILLES MONTESSORI CBS BENEFIT PLAN		
b Name of plan sponsor	VERSAILLES MONTESSORI	**c** EIN-PN	61-1262888-501
a Plan name	VERTEX PROFESSIONAL GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	VERTEX PROFESSIONAL GROUP	**c** EIN-PN	45-3550202-501
a Plan name	VESCIOS SPORTSFIELDS CBS BENEFIT PLAN		
b Name of plan sponsor	VESCIOS SPORTSFIELDS	**c** EIN-PN	61-1092843-501
a Plan name	VESSELS PLUMBING AND SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	VESSELS PLUMBING AND SERVICES	**c** EIN-PN	61-1462480-501
a Plan name	VETTE CITY ANTIQUE MALL CBS BENEFIT PLAN		
b Name of plan sponsor	VETTE CITY ANTIQUE MALL	**c** EIN-PN	47-2755723-501
a Plan name	VICE COX & TOWNSEND PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	VICE COX & TOWNSEND PLLC	**c** EIN-PN	47-3664318-501
a Plan name	VICKERS FARM CBS BENEFIT PLAN		
b Name of plan sponsor	VICKERS FARM	**c** EIN-PN	45-3416840-501

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	VICKIE RICHARDSON CPA PSC CBS BENEFIT PLAN		
b Name of plan sponsor	VICKIE RICHARDSON CPA PSC	**c** EIN-PN	32-0039165-501
a Plan name	VICTORY FOODS, PBC CBS BENEFIT PLAN		
b Name of plan sponsor	VICTORY FOODS, PBC	**c** EIN-PN	82-3952559-501
a Plan name	VID MONSTER PRODUCTIONS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VID MONSTER PRODUCTIONS, LLC	**c** EIN-PN	81-3515502-501
a Plan name	VIDEO EDITING SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	VIDEO EDITING SERVICES INC	**c** EIN-PN	61-1151606-501
a Plan name	VIET HOA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VIET HOA LLC	**c** EIN-PN	26-1337872-501
a Plan name	VINAIGRETTE SALAD KITCHEN CBS BENEFIT PLAN		
b Name of plan sponsor	VINAIGRETTE SALAD KITCHEN	**c** EIN-PN	36-4760280-501
a Plan name	VINCENT GROUP CBS BENEFIT PLAN		
b Name of plan sponsor	VINCENT GROUP	**c** EIN-PN	26-3429143-501
a Plan name	VINTAGE FARM OPERATIONS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VINTAGE FARM OPERATIONS LLC	**c** EIN-PN	87-4432549-501
a Plan name	VINTAGE PRINTING & DISTRIBUTION CBS BENEFIT PLAN		
b Name of plan sponsor	VINTAGE PRINTING & DISTRIBUTION	**c** EIN-PN	61-1007166-501
a Plan name	VIP IMAGING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VIP IMAGING LLC	**c** EIN-PN	20-4121285-501
a Plan name	VIRGIE CLINIC PHARMACY CBS BENEFIT PLAN		
b Name of plan sponsor	VIRGIE CLINIC PHARMACY	**c** EIN-PN	61-0891836-501
a Plan name	VISION BUILDERS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VISION BUILDERS, LLC	**c** EIN-PN	45-3932504-501

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 CABINET SOURCE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VISION CABINET SOURCE LLC	**c** EIN-PN	27-1798660-501
a Plan name	VISION ENGINEERING CBS BENEFIT PLAN		
b Name of plan sponsor	VISION ENGINEERING	**c** EIN-PN	20-0005215-501
a Plan name	VISUMATIC INDUSTRIAL PRODUCTS CBS BENEFIT PLAN		
b Name of plan sponsor	VISUMATIC INDUSTRIAL PRODUCTS	**c** EIN-PN	61-1085265-501
a Plan name	VIVIDCHARTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	VIVIDCHARTS INC	**c** EIN-PN	82-2971660-501
a Plan name	VIVORTE CBS BENEFIT PLAN		
b Name of plan sponsor	VIVORTE	**c** EIN-PN	27-4329229-501
a Plan name	VIZION MORTGAGE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VIZION MORTGAGE LLC	**c** EIN-PN	92-1708626-501
a Plan name	VOCARS OF KENTUCKY LLC CBS BENEFIT PLAN		
b Name of plan sponsor	VOCARS OF KENTUCKY LLC	**c** EIN-PN	82-3938926-501
a Plan name	VOGT VAULT CO., INC CBS BENEFIT PLAN		
b Name of plan sponsor	VOGT VAULT CO., INC	**c** EIN-PN	61-0576816-501
a Plan name	W & W VETERINARY SERVICES CBS BENEFIT PLAN		
b Name of plan sponsor	W & W VETERINARY SERVICES	**c** EIN-PN	47-3827578-501
a Plan name	W SPENCER SHIPLEY DMD PSC CBS BENEFIT PLAN		
b Name of plan sponsor	W SPENCER SHIPLEY DMD PSC	**c** EIN-PN	61-1371981-501
a Plan name	W3 PROPERTIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	W3 PROPERTIES LLC	**c** EIN-PN	47-3295911-501
a Plan name	W3 PROPERTIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	W3 PROPERTIES LLC	**c** EIN-PN	47-3295911-502

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	WADE FLOWERS INSURANCE AGENCY INC CBS BENEFIT PLAN		
b Name of plan sponsor	WADE FLOWERS INSURANCE AGENCY INC	**c** EIN-PN	41-2186786-501
a Plan name	WAGNER WHOLESALE CBS BENEFIT PLAN		
b Name of plan sponsor	WAGNER WHOLESALE	**c** EIN-PN	31-1532713-501
a Plan name	WAIBEL TRANSPORTATION GROUP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WAIBEL TRANSPORTATION GROUP LLC	**c** EIN-PN	46-3156688-501
a Plan name	WAINWRIGHT LAVENTIS CBS BENEFIT PLAN		
b Name of plan sponsor	WAINWRIGHT LAVENTIS	**c** EIN-PN	46-1992031-501
a Plan name	WALBERT TRUCKING INC CBS BENEFIT PLAN		
b Name of plan sponsor	WALBERT TRUCKING INC	**c** EIN-PN	61-0719735-502
a Plan name	WALKER ELECTRIC CBS BENEFIT PLAN		
b Name of plan sponsor	WALKER ELECTRIC	**c** EIN-PN	61-0906112-501
a Plan name	WALKER MECHANICAL CONTRACTORS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	WALKER MECHANICAL CONTRACTORS, INC	**c** EIN-PN	61-1366991-501
a Plan name	WALKER TOWING CBS BENEFIT PLAN		
b Name of plan sponsor	WALKER TOWING	**c** EIN-PN	61-1294958-501
a Plan name	WALKERS PAINT & BODY CBS BENEFIT PLAN		
b Name of plan sponsor	WALKERS PAINT & BODY	**c** EIN-PN	61-1319184-501
a Plan name	WALLITSCH NURSERY AND LANDSCAPING CBS BENEFIT PLAN		
b Name of plan sponsor	WALLITSCH NURSERY AND LANDSCAPING	**c** EIN-PN	61-0946369-501
a Plan name	WALNUT GROVE TEAM SERVICES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	WALNUT GROVE TEAM SERVICES, INC.	**c** EIN-PN	84-3788989-501
a Plan name	WALNUT HALL LTD CBS BENEFIT PLAN		
b Name of plan sponsor	WALNUT HALL LTD	**c** EIN-PN	61-1232684-501

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	WALNUT STREET BAPTIST CHURCH CBS BENEFIT PLAN		
b Name of plan sponsor	WALNUT STREET BAPTIST CHURCH	**c** EIN-PN	61-0444832-501
a Plan name	WALTERS FAMILY PHARMACY CBS BENEFIT PLAN		
b Name of plan sponsor	WALTERS FAMILY PHARMACY	**c** EIN-PN	33-2628716-501
a Plan name	WALTHER, GAY & MACK, PLC CBS BENEFIT PLAN		
b Name of plan sponsor	WALTHER, GAY & MACK, PLC	**c** EIN-PN	61-1267183-501
a Plan name	WAMA STRATEGIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WAMA STRATEGIES LLC	**c** EIN-PN	92-2146749-501
a Plan name	WAMORE INC CBS BENEFIT PLAN		
b Name of plan sponsor	WAMORE INC	**c** EIN-PN	61-1565326-501
a Plan name	WANAMAKERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WANAMAKERS LLC	**c** EIN-PN	84-3640555-501
a Plan name	WANNER MEDICAL CBS BENEFIT PLAN		
b Name of plan sponsor	WANNER MEDICAL	**c** EIN-PN	93-1743944-501
a Plan name	WARD LUCAS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WARD LUCAS LLC	**c** EIN-PN	84-2826806-501
a Plan name	WARDRIP PLUMBING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WARDRIP PLUMBING LLC	**c** EIN-PN	40-1297031-501
a Plan name	WARE TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	WARE TRUCKING	**c** EIN-PN	45-5430132-501
a Plan name	WARM RECOVERY CBS BENEFIT PLAN		
b Name of plan sponsor	WARM RECOVERY	**c** EIN-PN	20-8194866-501
a Plan name	WARNERS PRINTING SERVICES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WARNERS PRINTING SERVICES LLC	**c** EIN-PN	61-1343824-501

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	WARREN TECHNOLOGY INC CBS BENEFIT PLAN		
b Name of plan sponsor	WARREN TECHNOLOGY INC	**c** EIN-PN	61-1243972-501
a Plan name	WARRENDALE SALES INC CBS BENEFIT PLAN		
b Name of plan sponsor	WARRENDALE SALES INC	**c** EIN-PN	61-1359568-501
a Plan name	WASHINGTON CO LIVESTOCK CBS BENEFIT PLAN		
b Name of plan sponsor	WASHINGTON CO LIVESTOCK	**c** EIN-PN	61-0864797-501
a Plan name	WASTE NOW RESTROOMS & DUMPSTER CBS BENEFIT PLAN		
b Name of plan sponsor	WASTE NOW RESTROOMS & DUMPSTER	**c** EIN-PN	46-1790976-501
a Plan name	WASTE PATH SANITARY LANDFILL, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WASTE PATH SANITARY LANDFILL, LLC	**c** EIN-PN	20-0702537-501
a Plan name	WATCH, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	WATCH, INC.	**c** EIN-PN	61-0719760-501
a Plan name	WATCHANDWAGER.COM,LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WATCHANDWAGER.COM,LLC	**c** EIN-PN	27-3620631-501
a Plan name	WATER WARRIORS, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	WATER WARRIORS, INC.	**c** EIN-PN	86-1764285-501
a Plan name	WATSON AND CLAYTON HEATING & COOLING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WATSON AND CLAYTON HEATING & COOLING LLC	**c** EIN-PN	40-7215294-501
a Plan name	WAVERLY HILLS HISTORICAL SOCIETY, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	WAVERLY HILLS HISTORICAL SOCIETY, INC.	**c** EIN-PN	33-1070721-501
a Plan name	WAYNE CORPORATION CBS BENEFIT PLAN		
b Name of plan sponsor	WAYNE CORPORATION	**c** EIN-PN	61-1129889-501
a Plan name	WAYS TO GO TRANSPORTATION CBS BENEFIT PLAN		
b Name of plan sponsor	WAYS TO GO TRANSPORTATION	**c** EIN-PN	92-2432135-501

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	WB JONES SPRING CBS BENEFIT PLAN		
b Name of plan sponsor	WB JONES SPRING	**c** EIN-PN	31-0645841-501
a Plan name	WBW ENGINEERING, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	WBW ENGINEERING, INC.	**c** EIN-PN	61-0595051-501
a Plan name	WCC PRO SHOP CBS BENEFIT PLAN		
b Name of plan sponsor	WCC PRO SHOP	**c** EIN-PN	84-3354097-501
a Plan name	WE CARE CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	WE CARE CLINIC	**c** EIN-PN	81-2803975-501
a Plan name	WEALTH COACH OF KENTUCKY CBS BENEFIT PLAN		
b Name of plan sponsor	WEALTH COACH OF KENTUCKY	**c** EIN-PN	61-1393998-501
a Plan name	WEALTH MANAGEMENT ADVISORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WEALTH MANAGEMENT ADVISORS LLC	**c** EIN-PN	47-2155408-501
a Plan name	WEATHERIZATION PLUS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WEATHERIZATION PLUS LLC	**c** EIN-PN	27-3576036-501
a Plan name	WEAVER CONTRACTING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WEAVER CONTRACTING LLC	**c** EIN-PN	46-3545529-501
a Plan name	WEBB & ASSOCIATES FAMILY EYECARE PLC CBS BENEFIT PLAN		
b Name of plan sponsor	WEBB & ASSOCIATES FAMILY EYECARE PLC	**c** EIN-PN	46-5219507-501
a Plan name	WEBB EXCAVATING CBS BENEFIT PLAN		
b Name of plan sponsor	WEBB EXCAVATING	**c** EIN-PN	85-2794226-501
a Plan name	WEBER WINDOWS CBS BENEFIT PLAN		
b Name of plan sponsor	WEBER WINDOWS	**c** EIN-PN	61-0869735-501
a Plan name	WEDDING ENTERPRISES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WEDDING ENTERPRISES LLC	**c** EIN-PN	87-1696841-501

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	WEDDING THOMPSON ORTHODONTIC PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	WEDDING THOMPSON ORTHODONTIC PLLC	**c** EIN-PN	93-3489410-501
a Plan name	WELCH PRINTING CBS BENEFIT PLAN		
b Name of plan sponsor	WELCH PRINTING	**c** EIN-PN	61-0491865-502
a Plan name	WELLS AND COMPANY, PSC. CBS BENEFIT PLAN		
b Name of plan sponsor	WELLS AND COMPANY, PSC.	**c** EIN-PN	61-0729996-501
a Plan name	WELLS PLASTIC SURGERY & SKIN CARE CBS BENEFIT PLAN		
b Name of plan sponsor	WELLS PLASTIC SURGERY & SKIN CARE	**c** EIN-PN	61-1353005-501
a Plan name	WELLSPRINGS WELLNESS CBS BENEFIT PLAN		
b Name of plan sponsor	WELLSPRINGS WELLNESS	**c** EIN-PN	83-3288719-501
a Plan name	WENDY K HUMPHREY DMD PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	WENDY K HUMPHREY DMD PLLC	**c** EIN-PN	26-2882156-501
a Plan name	WESCOTT CONSTRUCTION LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WESCOTT CONSTRUCTION LLC	**c** EIN-PN	81-4156796-501
a Plan name	WESLEY HOUSE COMMUNITY CBS BENEFIT PLAN		
b Name of plan sponsor	WESLEY HOUSE COMMUNITY	**c** EIN-PN	61-0449663-501
a Plan name	WEST END IMAGING CBS BENEFIT PLAN		
b Name of plan sponsor	WEST END IMAGING	**c** EIN-PN	86-2932007-501
a Plan name	WEST LIBERTY VET CLINIC CBS BENEFIT PLAN		
b Name of plan sponsor	WEST LIBERTY VET CLINIC	**c** EIN-PN	27-2238706-501
a Plan name	WEST POINT ENGINEERS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WEST POINT ENGINEERS LLC	**c** EIN-PN	13-4339514-501
a Plan name	WEST POINT LUMBER COMPANY CBS BENEFIT PLAN		
b Name of plan sponsor	WEST POINT LUMBER COMPANY	**c** EIN-PN	61-0378950-501

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	WESTERN CRANE SERVICE INC CBS BENEFIT PLAN		
b Name of plan sponsor	WESTERN CRANE SERVICE INC	**c** EIN-PN	61-1125092-501
a Plan name	WESTERN KENTUCKY DOOR INC CBS BENEFIT PLAN		
b Name of plan sponsor	WESTERN KENTUCKY DOOR INC	**c** EIN-PN	32-0025423-501
a Plan name	WESTERN KENTUCKY HEART & LUNG CBS BENEFIT PLAN		
b Name of plan sponsor	WESTERN KENTUCKY HEART & LUNG	**c** EIN-PN	61-1400757-501
a Plan name	WESTERN KENTUCKY KIDNEY SPECIALIST CBS BENEFIT PLAN		
b Name of plan sponsor	WESTERN KENTUCKY KIDNEY SPECIALIST	**c** EIN-PN	83-1141225-501
a Plan name	WESTERN KENTUCKY MINERALS CBS BENEFIT PLAN		
b Name of plan sponsor	WESTERN KENTUCKY MINERALS	**c** EIN-PN	35-2260533-501
a Plan name	WESTERN KENTUCKY REGIONAL BLOOD CENTER CBS BENEFIT PLAN		
b Name of plan sponsor	WESTERN KENTUCKY REGIONAL BLOOD CENTER	**c** EIN-PN	61-0930633-502
a Plan name	WESTERN KY REFUGEE MUTUAL ASSISTANCE SOCIETY, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	WESTERN KY REFUGEE MUTUAL ASSISTANCE SOCIETY, INC.	**c** EIN-PN	61-0994341-501
a Plan name	WF MORGAN COMPANY, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WF MORGAN COMPANY, LLC	**c** EIN-PN	88-0893065-501
a Plan name	WG&T BUILDERS INC CBS BENEFIT PLAN		
b Name of plan sponsor	WG&T BUILDERS INC	**c** EIN-PN	61-1398566-501
a Plan name	WHEATLEY AUTOMOTIVE, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WHEATLEY AUTOMOTIVE, LLC	**c** EIN-PN	61-1387238-501
a Plan name	WHISKEY AMBITIONS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WHISKEY AMBITIONS, LLC	**c** EIN-PN	82-4960125-501
a Plan name	WHISKEY THIEF DISTILLING CO CBS BENEFIT PLAN		
b Name of plan sponsor	WHISKEY THIEF DISTILLING CO	**c** EIN-PN	45-2395509-501

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	WHITAKERS FOOD STORES CBS BENEFIT PLAN		
b Name of plan sponsor	WHITAKERS FOOD STORES	**c** EIN-PN	61-1309675-501
a Plan name	WHITE & ELDEMIRE PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	WHITE & ELDEMIRE PLLC	**c** EIN-PN	99-2164244-501
a Plan name	WHITE BARN TRUCKING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WHITE BARN TRUCKING LLC	**c** EIN-PN	88-0868636-501
a Plan name	WHITE CLAY CONSULTING, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	WHITE CLAY CONSULTING, INC.	**c** EIN-PN	20-4830598-501
a Plan name	WHITE COVE SALES CBS BENEFIT PLAN		
b Name of plan sponsor	WHITE COVE SALES	**c** EIN-PN	61-1174085-501
a Plan name	WHITE OAK GENERAL CONTRACTORS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WHITE OAK GENERAL CONTRACTORS, LLC	**c** EIN-PN	82-2753880-501
a Plan name	WHITFILL MACHINE & WELDING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WHITFILL MACHINE & WELDING LLC	**c** EIN-PN	45-2301360-501
a Plan name	WHITLEY GAHM & RAYBURN CPA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WHITLEY GAHM & RAYBURN CPA LLC	**c** EIN-PN	02-0643101-501
a Plan name	WHITLOW, HOUSTON, ROBERTS & STRAUB CBS BENEFIT PLAN		
b Name of plan sponsor	WHITLOW, HOUSTON, ROBERTS & STRAUB	**c** EIN-PN	61-0405812-501
a Plan name	WHITTAKER GUN SHOP LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WHITTAKER GUN SHOP LLC	**c** EIN-PN	32-0413605-501
a Plan name	WHITTINGTON ASSOCIATES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WHITTINGTON ASSOCIATES LLC	**c** EIN-PN	47-5341574-501
a Plan name	WHOLESALE DIRECT/INTERNATIONAL CBS BENEFIT PLAN		
b Name of plan sponsor	WHOLESALE DIRECT/INTERNATIONAL	**c** EIN-PN	61-1254173-501

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	WHOLESALE ELECTRIC SUPPLY CBS BENEFIT PLAN		
b Name of plan sponsor	WHOLESALE ELECTRIC SUPPLY	**c** EIN-PN	61-0426358-501
a Plan name	WHOS PROPERTIES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WHOS PROPERTIES LLC	**c** EIN-PN	92-1170729-501
a Plan name	WICKS PIZZA PARLOR & PUB CBS BENEFIT PLAN		
b Name of plan sponsor	WICKS PIZZA PARLOR & PUB	**c** EIN-PN	61-1288782-501
a Plan name	WILA USA LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WILA USA LLC	**c** EIN-PN	52-2145584-501
a Plan name	WILDCAT MATTRESS DISTRIBUTIONS INC CBS BENEFIT PLAN		
b Name of plan sponsor	WILDCAT MATTRESS DISTRIBUTIONS INC	**c** EIN-PN	46-1295785-501
a Plan name	WILDER ENTERPRISES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	WILDER ENTERPRISES, INC.	**c** EIN-PN	61-1196520-501
a Plan name	WILDER IRONWORKS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WILDER IRONWORKS LLC	**c** EIN-PN	61-1379931-501
a Plan name	WILDWOOD COUNTRY CLUB INC CBS BENEFIT PLAN		
b Name of plan sponsor	WILDWOOD COUNTRY CLUB INC	**c** EIN-PN	61-0477854-501
a Plan name	WILL KEATH PLUMBING INC CBS BENEFIT PLAN		
b Name of plan sponsor	WILL KEATH PLUMBING INC	**c** EIN-PN	26-4179508-501
a Plan name	WILLARD MILLING INC CBS BENEFIT PLAN		
b Name of plan sponsor	WILLARD MILLING INC	**c** EIN-PN	61-1101896-501
a Plan name	WILLIAM E KEMPER DMD CBS BENEFIT PLAN		
b Name of plan sponsor	WILLIAM E KEMPER DMD	**c** EIN-PN	61-1103354-501
a Plan name	WILLIAM MILES ARVIN CBS BENEFIT PLAN		
b Name of plan sponsor	WILLIAM MILES ARVIN	**c** EIN-PN	61-0653941-501

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	WILLIAM R JOHNSON DMD INC CBS BENEFIT PLAN		
b Name of plan sponsor	WILLIAM R JOHNSON DMD INC	**c** EIN-PN	62-1697759-501
a Plan name	WILLIAM S. WETTERER & CO., PSC CBS BENEFIT PLAN		
b Name of plan sponsor	WILLIAM S. WETTERER & CO., PSC	**c** EIN-PN	61-1036216-501
a Plan name	WILLIAMS ADVERTISING,LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WILLIAMS ADVERTISING,LLC	**c** EIN-PN	83-1221696-501
a Plan name	WILLIAMS HEATING AND AIR INC CBS BENEFIT PLAN		
b Name of plan sponsor	WILLIAMS HEATING AND AIR INC	**c** EIN-PN	81-4303225-501
a Plan name	WILLOWHAVEN LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WILLOWHAVEN LLC	**c** EIN-PN	83-3426297-501
a Plan name	WILSON & ROY CONSTRUCTION CBS BENEFIT PLAN		
b Name of plan sponsor	WILSON & ROY CONSTRUCTION	**c** EIN-PN	61-0721540-501
a Plan name	WILSON & TOOMBS, PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	WILSON & TOOMBS, PLLC	**c** EIN-PN	92-1022813-501
a Plan name	WILSON MEDICAL STAFFING PLLC CBS BENEFIT PLAN		
b Name of plan sponsor	WILSON MEDICAL STAFFING PLLC	**c** EIN-PN	84-3133298-501
a Plan name	WILT & ASSOCIATES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WILT & ASSOCIATES LLC	**c** EIN-PN	45-3810412-501
a Plan name	WIMSATT MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	WIMSATT MANAGEMENT	**c** EIN-PN	26-0722322-501
a Plan name	WINCHESTER CEMETERY COMPANY INC CBS BENEFIT PLAN		
b Name of plan sponsor	WINCHESTER CEMETERY COMPANY INC	**c** EIN-PN	61-0385430-501
a Plan name	WINCHESTER RETIREMENT PLACE CBS BENEFIT PLAN		
b Name of plan sponsor	WINCHESTER RETIREMENT PLACE	**c** EIN-PN	61-1370614-501

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	WINDSOME HOLDINGS II CBS BENEFIT PLAN		
b Name of plan sponsor	WINDSOME HOLDINGS II	**c** EIN-PN	86-3089008-501
a Plan name	WINEBRENNER CAPITAL MANAGEMENT CBS BENEFIT PLAN		
b Name of plan sponsor	WINEBRENNER CAPITAL MANAGEMENT	**c** EIN-PN	27-3137338-501
a Plan name	WINEGARDNER HARDWARE CBS BENEFIT PLAN		
b Name of plan sponsor	WINEGARDNER HARDWARE	**c** EIN-PN	20-3279089-501
a Plan name	WINGFIELD PROP MGMT CBS BENEFIT PLAN		
b Name of plan sponsor	WINGFIELD PROP MGMT	**c** EIN-PN	81-3845384-501
a Plan name	WINGSPAN CBS BENEFIT PLAN		
b Name of plan sponsor	WINGSPAN	**c** EIN-PN	27-0555360-501
a Plan name	WIRING FOR INDUSTRIAL CONTROLS CBS BENEFIT PLAN		
b Name of plan sponsor	WIRING FOR INDUSTRIAL CONTROLS	**c** EIN-PN	61-1223734-501
a Plan name	WISSING CONTRACTING CO INC CBS BENEFIT PLAN		
b Name of plan sponsor	WISSING CONTRACTING CO INC	**c** EIN-PN	20-0160574-501
a Plan name	WISSMANN BROS INC CBS BENEFIT PLAN		
b Name of plan sponsor	WISSMANN BROS INC	**c** EIN-PN	61-0964186-501
a Plan name	WITHENIWE STAYS & MAINSTAYS CBS BENEFIT PLAN		
b Name of plan sponsor	WITHENIWE STAYS & MAINSTAYS	**c** EIN-PN	86-2928889-501
a Plan name	WITHERS GEOTHERMAL DRILLING INC CBS BENEFIT PLAN		
b Name of plan sponsor	WITHERS GEOTHERMAL DRILLING INC	**c** EIN-PN	36-4583902-501
a Plan name	WITHERS INDUSTRIAL SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	WITHERS INDUSTRIAL SERVICES INC	**c** EIN-PN	87-2842917-501
a Plan name	WJ ANDRIOTS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WJ ANDRIOTS LLC	**c** EIN-PN	61-1489653-501

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	WJCR 90.1 FM CBS BENEFIT PLAN		
b Name of plan sponsor	WJCR 90.1 FM	**c** EIN-PN	61-1104323-501
a Plan name	WKO LAW CBS BENEFIT PLAN		
b Name of plan sponsor	WKO LAW	**c** EIN-PN	84-4188356-501
a Plan name	WKY CLAIMS SERVICE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WKY CLAIMS SERVICE LLC	**c** EIN-PN	92-2108625-501
a Plan name	WM G BARRON ENTERPRISES CBS BENEFIT PLAN		
b Name of plan sponsor	WM G BARRON ENTERPRISES	**c** EIN-PN	61-0572933-501
a Plan name	WOLTER CHIROPRACTIC CBS BENEFIT PLAN		
b Name of plan sponsor	WOLTER CHIROPRACTIC	**c** EIN-PN	45-4323010-501
a Plan name	WOMACK LAW OFFICE LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WOMACK LAW OFFICE LLC	**c** EIN-PN	45-4095060-501
a Plan name	WOOD CONCEPTS INC CBS BENEFIT PLAN		
b Name of plan sponsor	WOOD CONCEPTS INC	**c** EIN-PN	61-1064655-501
a Plan name	WOODCHUCK HOLDINGS, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WOODCHUCK HOLDINGS, LLC	**c** EIN-PN	86-3134260-501
a Plan name	WOODFORD PHYSICAL THERAPY CBS BENEFIT PLAN		
b Name of plan sponsor	WOODFORD PHYSICAL THERAPY	**c** EIN-PN	61-1096565-501
a Plan name	WOODHAVEN COUNTRY CLUB INC CBS BENEFIT PLAN		
b Name of plan sponsor	WOODHAVEN COUNTRY CLUB INC	**c** EIN-PN	61-0528566-503
a Plan name	WOODHEAD INC CBS BENEFIT PLAN		
b Name of plan sponsor	WOODHEAD INC	**c** EIN-PN	61-0917287-501
a Plan name	WOODRUFF SUPPLY CO CBS BENEFIT PLAN		
b Name of plan sponsor	WOODRUFF SUPPLY CO	**c** EIN-PN	61-0723193-501

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	WOODSON BEND POA, INC CBS BENEFIT PLAN		
b Name of plan sponsor	WOODSON BEND POA, INC	**c** EIN-PN	61-0917226-501
a Plan name	WOODSTOCK ANIMAL FOUNDATION INC CBS BENEFIT PLAN		
b Name of plan sponsor	WOODSTOCK ANIMAL FOUNDATION INC	**c** EIN-PN	36-3857844-501
a Plan name	WORD OF GOD CHRISTIAN RESOURCES LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WORD OF GOD CHRISTIAN RESOURCES LLC	**c** EIN-PN	81-5192357-501
a Plan name	WORK A HAULIX CBS BENEFIT PLAN		
b Name of plan sponsor	WORK A HAULIX	**c** EIN-PN	20-0882979-502
a Plan name	WORKMAN CONSULTING CBS BENEFIT PLAN		
b Name of plan sponsor	WORKMAN CONSULTING	**c** EIN-PN	45-4119973-501
a Plan name	WORKWELL INDUSTRIES INC CBS BENEFIT PLAN		
b Name of plan sponsor	WORKWELL INDUSTRIES INC	**c** EIN-PN	61-0956156-501
a Plan name	WORLD OF PETS, INC CBS BENEFIT PLAN		
b Name of plan sponsor	WORLD OF PETS, INC	**c** EIN-PN	61-1034169-501
a Plan name	WORLDWIDE LOGISTICS ASSOCIATES INC. CBS BENEFIT PLAN		
b Name of plan sponsor	WORLDWIDE LOGISTICS ASSOCIATES INC.	**c** EIN-PN	31-1627441-502
a Plan name	WPD PROPERTIEIS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	WPD PROPERTIEIS LLC	**c** EIN-PN	86-2158117-501
a Plan name	WR COLE AND ASSOCIATES INC CBS BENEFIT PLAN		
b Name of plan sponsor	WR COLE AND ASSOCIATES INC	**c** EIN-PN	61-0940946-501
a Plan name	WR CONSTRUCTION INC CBS BENEFIT PLAN		
b Name of plan sponsor	WR CONSTRUCTION INC	**c** EIN-PN	46-2548897-501
a Plan name	WRC INC CBS BENEFIT PLAN		
b Name of plan sponsor	WRC INC	**c** EIN-PN	04-3762096-501

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 CONTRACTING SERVICES, INC. CBS BENEFIT PLAN		
b Name of plan sponsor	WRIGHT CONTRACTING SERVICES, INC.	**c** EIN-PN	31-1565480-501
a Plan name	WRIGHT MECHANICAL SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	WRIGHT MECHANICAL SERVICES INC	**c** EIN-PN	46-4627630-501
a Plan name	WW SEEDS INC CBS BENEFIT PLAN		
b Name of plan sponsor	WW SEEDS INC	**c** EIN-PN	36-4517023-501
a Plan name	WWW INTERNET SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	WWW INTERNET SOLUTIONS	**c** EIN-PN	31-1467821-501
a Plan name	WYNN SALES & SERVICES INC CBS BENEFIT PLAN		
b Name of plan sponsor	WYNN SALES & SERVICES INC	**c** EIN-PN	61-0567194-501
a Plan name	WYNNCO, INC CBS BENEFIT PLAN		
b Name of plan sponsor	WYNNCO, INC	**c** EIN-PN	61-1320925-501
a Plan name	X-RAY ASSOCIATES OF LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	X-RAY ASSOCIATES OF LOUISVILLE	**c** EIN-PN	61-0981548-502
a Plan name	XTREME COATING SOLUTIONS CBS BENEFIT PLAN		
b Name of plan sponsor	XTREME COATING SOLUTIONS	**c** EIN-PN	27-5282744-501
a Plan name	XTREME FABRICATION CBS BENEFIT PLAN		
b Name of plan sponsor	XTREME FABRICATION	**c** EIN-PN	82-4699852-501
a Plan name	YEISER STRUCTURAL ENGINEERING LLC CBS BENEFIT PLAN		
b Name of plan sponsor	YEISER STRUCTURAL ENGINEERING LLC	**c** EIN-PN	81-3866782-501
a Plan name	YESTERYEAR FLOORS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	YESTERYEAR FLOORS LLC	**c** EIN-PN	82-5264655-501
a Plan name	YEW DELL GARDENS CBS BENEFIT PLAN		
b Name of plan sponsor	YEW DELL GARDENS	**c** EIN-PN	61-1390688-501

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	YMCA OF HOPKINS COUNTY CBS BENEFIT PLAN		
b Name of plan sponsor	YMCA OF HOPKINS COUNTY	**c** EIN-PN	61-0904719-501
a Plan name	YOBUNGA VENTURES CBS BENEFIT PLAN		
b Name of plan sponsor	YOBUNGA VENTURES	**c** EIN-PN	01-6701216-501
a Plan name	YOGI11 INC CBS BENEFIT PLAN		
b Name of plan sponsor	YOGI11 INC	**c** EIN-PN	47-2188439-501
a Plan name	YORK NEEL & ASSOCIATES CBS BENEFIT PLAN		
b Name of plan sponsor	YORK NEEL & ASSOCIATES	**c** EIN-PN	81-2718635-501
a Plan name	YOUNG & WADLINGTON CBS BENEFIT PLAN		
b Name of plan sponsor	YOUNG & WADLINGTON	**c** EIN-PN	46-4187261-501
a Plan name	YOUNG BOOKKEEPING CBS BENEFIT PLAN		
b Name of plan sponsor	YOUNG BOOKKEEPING	**c** EIN-PN	40-2088569-501
a Plan name	YOUNG BROTHERS PLUMBING CBS BENEFIT PLAN		
b Name of plan sponsor	YOUNG BROTHERS PLUMBING	**c** EIN-PN	26-4572866-501
a Plan name	YOUNG SIGNS CBS BENEFIT PLAN		
b Name of plan sponsor	YOUNG SIGNS	**c** EIN-PN	61-1062791-501
a Plan name	YOUNG TRUCKING CBS BENEFIT PLAN		
b Name of plan sponsor	YOUNG TRUCKING	**c** EIN-PN	45-3482371-501
a Plan name	YOUNGBLOODS RV CENTER INC CBS BENEFIT PLAN		
b Name of plan sponsor	YOUNGBLOODS RV CENTER INC	**c** EIN-PN	61-1033804-501
a Plan name	YOUNGS AUTO CBS BENEFIT PLAN		
b Name of plan sponsor	YOUNGS AUTO	**c** EIN-PN	61-0959008-501
a Plan name	YOUNGS ELECTRICAL HEATING & COOLING INC KYCC CBS BENEFIT PLAN		
b Name of plan sponsor	YOUNGS ELECTRICAL HEATING & COOLING INC KYCC	**c** EIN-PN	61-1194310-501

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	YOUTHBUILD LOUISVILLE CBS BENEFIT PLAN		
b Name of plan sponsor	YOUTHBUILD LOUISVILLE	**c** EIN-PN	61-1374470-501
a Plan name	YPG LLC CBS BENEFIT PLAN		
b Name of plan sponsor	YPG LLC	**c** EIN-PN	47-4405912-501
a Plan name	Z PROPERTIES, LLC CBS BENEFIT PLAN		
b Name of plan sponsor	Z PROPERTIES, LLC	**c** EIN-PN	27-0771777-501
a Plan name	ZAAR CONSULTANTS CBS BENEFIT PLAN		
b Name of plan sponsor	ZAAR CONSULTANTS	**c** EIN-PN	27-3652132-501
a Plan name	ZAGATA ENTERPRISES INC CBS BENEFIT PLAN		
b Name of plan sponsor	ZAGATA ENTERPRISES INC	**c** EIN-PN	32-0117599-501
a Plan name	ZEBRA GRAPHICS CBS BENEFIT PLAN		
b Name of plan sponsor	ZEBRA GRAPHICS	**c** EIN-PN	62-1709711-502
a Plan name	ZEBULON MACHINE SHOP INC CBS BENEFIT PLAN		
b Name of plan sponsor	ZEBULON MACHINE SHOP INC	**c** EIN-PN	61-1153610-501
a Plan name	ZEROED LABS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ZEROED LABS LLC	**c** EIN-PN	86-3651489-501
a Plan name	ZINSER BENEFIT SERVICE, INC CBS BENEFIT PLAN		
b Name of plan sponsor	ZINSER BENEFIT SERVICE, INC	**c** EIN-PN	61-1294345-501
a Plan name	ZIPLIENS LLC CBS BENEFIT PLAN		
b Name of plan sponsor	ZIPLIENS LLC	**c** EIN-PN	83-2015681-501
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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan
CHAMBER BUSINESS SOLUTIONS TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
CHAMBER BUSINESS SOLUTIONS TRUST

D Employer Identification Number (EIN)
84-6429706

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	25000	25000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	93965	85604
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	25845472	30569508
(2) U.S. Government securities	1c(2)	9898266	10053149
(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)	290117	1154925

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	36152820	41888186
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1567303	1731228
i Acquisition indebtedness	1i		
j Other liabilities	1j	25596395	26780364
k Total liabilities (add all amounts in lines 1g through1j)	1k	27163698	28511592
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8989122	13376594

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)	1459567	
(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)		1459567
(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)	118177	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		118177

		(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		1577744
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)	8434590	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	76288	
(5) Investment advisory and investment management fees	2i(5)	45352	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	18547	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3110877	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		11685654
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11685654
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-10107910
l Transfers of assets:			
(1) To this plan	2l(1)		332561523
(2) From this plan	2l(2)		318066141

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) [X] 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)** [X] 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.)	**4a**			
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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	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.)	**4j**			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 _____.

CHAMBER BUSINESS SOLUTIONS TRUST

FINANCIAL REPORT

MAY 31, 2025 and 2024



CHAMBER BUSINESS SOLUTIONS TRUST

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MALONEY + NOVOTNY LLC

+ 1111 Superior Avenue, Suite 700, Cleveland, Ohio 44114
+ p 216.363.0100 | f 216.363.0500
+ www.maloneynovotny.com

Independent Auditors' Report

To the Board of Trustees of
Chamber Business Solutions Trust
Frankfort, Kentucky

Opinion

We have audited the financial statements of the Chamber Business Solutions Trust (the "Trust"), which comprise the statements of net assets as of May 31, 2025 and 2024, and the related statement of changes in net assets for the year ended May 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 May 31, 2025 and 2024, and the changes in its net assets for the year ended May 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 financials 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 May 31, 2025 and the schedule of assets (held at end of year) as of May 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 May 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 May 31, 2025, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure 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 of the schedule of assets (held at end of year) is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Cleveland, Ohio
March 13, 2026

CHAMBER BUSINESS SOLUTIONS TRUST

STATEMENTS OF NET ASSETS

May 31, 2025 and 2024

	2025	2024
ASSETS		
Cash	$ 25,000	$ 25,000
Investments, at fair value:		
Interest-bearing cash	90,775	290,468
Money market fund	30,478,733	25,555,004
U.S. Government securities	10,053,149	9,898,266
Total investments, at fair value	40,622,657	35,743,738
Investment income receivable	85,604	93,965
Prepaid expenses	1,154,925	290,117
Total assets	41,888,186	36,152,820
LIABILITIES		
Accounts payable	1,731,228	1,567,303
Net reinsurance payable	26,780,364	25,596,395
Total liabilities	28,511,592	27,163,698
NET ASSETS	$13,376,594	$ 8,989,122

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

CHAMBER BUSINESS SOLUTIONS TRUST

STATEMENT OF CHANGES IN NET ASSETS

Year Ended May 31, 2025

ADDITIONS	
Contributions from participating plans	$332,561,523
Net appreciation in the fair value of investments	118,177
Interest income	1,459,567
Total additions	334,139,267
DEDUCTIONS	
Distributions to participating plans for benefit claims paid, net of reinsurance recoveries	27,920,463
Distributions to participating plans for premiums paid for the provision of benefits, net of ceding allowances	290,145,678
Total distributions to participating plans	318,066,141
Operating expenses	11,685,654
Total deductions	329,751,795
INCREASE IN NET ASSETS	4,387,472
NET ASSETS	
BEGINNING OF YEAR	8,989,122
END OF YEAR	$ 13,376,594

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

Note 1. Description of the Trust

The following description of the Chamber Business Solutions 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 purpose of the Trust is to hold Plan assets of a non-plan multiple employer welfare arrangement ("MEWA") as described in Kentucky Revised Statute 304.17A-800 to 304-17A-844 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 Kentucky Chamber of Commerce.

Contributions:

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

Distributions:

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

Operating Expenses:

All administrative fees are paid by the Trust or the 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.

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. Management has estimated an allowance of $-0- for past due accounts for contributions receivable from the Plans as of May 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 Benefits:

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

Risks and Uncertainties:

The Trust holds various investment options in combinations of investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets.

Subsequent Events:

The Trust has evaluated subsequent events through March 13, 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.

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:

- 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. These securities are classified as Level 2 investments.

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 May 31, 2025 and 2024 at fair value and indicates the level of valuation techniques utilized by the Plan:

		May 31,	
	Level	2025	2024
Interest-bearing cash	1	$ 90,775	$ 290,468
Money market fund	1	30,478,733	25,555,004
U.S. Government securities	2	10,053,149	9,898,266

Note 5. Reinsurance

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

Note 5. Reinsurance (Continued)

During the year ended May 31, 2025, the Plans were subject to a stop loss reinsurance agreement with Anthem Insurance Companies, Inc. d/b/a Anthem Blue Cross and Blue Shield 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 $400,000. The total amount of reinsurance recovered due to stop loss was $5,217,984 for the year ended May 31, 2025.

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

The Trust has entered into an administrative services contract with Anthem Kentucky, whereby Anthem Kentucky collects premiums and administers payments of hospital charges, medical/surgical claims and prescription coverage on behalf of the Plans. The Trust also has an agreement that compensates Anthem Kentucky for quoting, servicing and renewing employers of the Plans. These transactions qualify as party-in-interest. Total fees paid from the Trust to Anthem Kentucky for these services amounted to $916,202 for 2025.

The Trust has appointed Consoliplex-Kentucky, LLC to act as plan manager of the Plans and Trust. Fees paid to Consoliplex-Kentucky, LLC for the year ended May 31, 2025 were $2,771,526.

Note 7. Tax Status

The Trust is a taxable trust. Investment income, less attributable deductions, is subject to federal income tax. For the year ended May 31, 2025, the Trust had a tax recovery of $(532,193) 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 May 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 Plans and the Trust are required to operate in conformity with the Internal Revenue Code ("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 the related Trust is tax-exempt.

Note 8. Plan and Trust Termination

The Trust may only be terminated by the Kentucky 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.

Sponsors of the Plans 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

CHAMBER BUSINESS SOLUTIONS TRUST

SCHEDULE OF OPERATING EXPENSES

Year Ended May 31, 2025

Outsourced services	$ 8,434,590
Regulatory fees	2,980,134
Professional services	94,835
Insurance expense	130,743
Investment fees	45,352
Total operating expenses	$11,685,654

CHAMBER BUSINESS SOLUTIONS TRUST

EMPLOYER NO. 81-6429706
PLAN NO. 501

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

May 31, 2025

(a)	(b) Identity of Party	(c) Description of Investments	(d) Cost	Current (e) Value
		Interest-bearing cash		
	Huntington Bank	Cash	$ 90,775	$ 90,775
		Money market fund		
	Federated Hermes	Government Obligations Fund - PRM	30,478,733	30,478,733
		U.S. Government securities		
	U.S. Treasury	U.S. Treasury Note 3.000% 10/31/2025	1,687,221	1,690,570
	U.S. Treasury	U.S. Treasury Note 4.500% 11/15/2025	1,800,000	1,800,774
	U.S. Treasury	U.S. Treasury Note 4.625% 11/15/2026	3,106,995	3,125,430
	U.S. Treasury	U.S. Treasury Note 4.125% 11/15/2027	1,597,688	1,608,812
	U.S. Treasury	U.S. Treasury Note 4.375% 11/30/2028	1,805,998	1,827,563
			9,997,902	10,053,149
			$40,567,410	$40,622,657