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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                  |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                           |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input checked="" type="checkbox"/> a DFE (specify) C</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                             |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| D                                                                                          | Check box if filing under: <div><div><input type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                   |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                   |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                            |
| 1a      | Name of plan<br>JOHN HANCOCK STABLE VALUE FUND COLLECTIVE INVESTMENT TRUST                                                                                                                                                                                                                                                        |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                |
| 1c      | Effective date of plan<br>01/01/2009                                                                                                                                                                                                                                                                                              |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>GLOBAL TRUST COMPANY<br><br>12 GILL STREET, SUITE 2600<br>WOBURN, MA 01801 |
| 2b      | Employer Identification Number (EIN)<br>80-6136981                                                                                                                                                                                                                                                                                |
| 2c      | Plan Sponsor's telephone number<br>781-970-5021                                                                                                                                                                                                                                                                                   |
| 2d      | Business code (see instructions)<br>523900                                                                                                                                                                                                                                                                                        |

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<br>HERE |                                                   |            |                                                              |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 06/25/2026 | TIM SMITH                                                    |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
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| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>5</b></td> <td style="width: 90%;"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>5</b> |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <td colspan="2"></td> </tr> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="width: 90%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td></td> </tr> </table> |          |  | <b>6a(1)</b> |  | <b>6a(2)</b> |  | <b>6b</b> |  | <b>6c</b> |  | <b>6d</b> |  | <b>6e</b> |  | <b>6f</b> |  | <b>6g(1)</b> |  | <b>6g(2)</b> |  | <b>6h</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>6g(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>7</b></td> <td style="width: 90%;"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |  |              |  |              |  |           |  |           |  |           |  |           |  |           |  |              |  |              |  |           |  |

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

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

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

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

**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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☒ **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.) ..... ☐ Yes ☐ No

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 \_\_\_\_\_

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
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|                                                                                            |                                                      |     |
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| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>JOHN HANCOCK STABLE VALUE FUND COLLECTIVE INVESTMENT TRUST               | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>GLOBAL TRUST COMPANY      | D Employer Identification Number (EIN)<br>80-6136981 |     |

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

|                                         |                                |
|-----------------------------------------|--------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | JH CONSERVATIVE SHORT DURATION |
|-----------------------------------------|--------------------------------|

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| b Name of sponsor of entity listed in (a): | JHTC COLLECTIVE INVESTMENT TRUST |
|--------------------------------------------|----------------------------------|

|                         |                 |                                                                                                        |
|-------------------------|-----------------|--------------------------------------------------------------------------------------------------------|
| c EIN-PN 85-6153745-003 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178027226 |
|-------------------------|-----------------|--------------------------------------------------------------------------------------------------------|

|                                         |                              |
|-----------------------------------------|------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | JH CONSERVATIVE INT DURATION |
|-----------------------------------------|------------------------------|

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| b Name of sponsor of entity listed in (a): | JHTC COLLECTIVE INVESTMENT TRUST |
|--------------------------------------------|----------------------------------|

|                         |                 |                                                                                                        |
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| c EIN-PN 85-6153745-002 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 500452717 |
|-------------------------|-----------------|--------------------------------------------------------------------------------------------------------|

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

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

|          |               |                                                                                              |
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| 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: |  |
|-----------------------------------------|--|

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

|          |               |                                                                                              |
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|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
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|                                            |  |
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| b Name of sponsor of entity listed in (a): |  |
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|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| 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) |
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|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
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|                                            |  |
|--------------------------------------------|--|
| 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  
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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)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>a</b> | Plan name 10,000 DEGREES 401(K) PLAN                                                                                                                                                                                  |                                |
| <b>b</b> | Name of plan sponsor 10,000 DEGREES                                                                                                                                                                                   | <b>c</b> EIN-PN 95-3667812-002 |
| <b>a</b> | Plan name 1A AUTO, INC. 401(K) PROFIT SHARING PLAN & TRU                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor 1A AUTO INC                                                                                                                                                                                      | <b>c</b> EIN-PN 04-3502034-001 |
| <b>a</b> | Plan name 401(K) PLAN OF ALLEN TEL PRODUCTS, INC.                                                                                                                                                                     |                                |
| <b>b</b> | Name of plan sponsor ALLEN TEL PRODUCT                                                                                                                                                                                | <b>c</b> EIN-PN 95-2122103-002 |
| <b>a</b> | Plan name A B CONSULTANTS 401(K) PROFIT SHARING PLAN                                                                                                                                                                  |                                |
| <b>b</b> | Name of plan sponsor A B CONSULTANTS                                                                                                                                                                                  | <b>c</b> EIN-PN 52-1838547-001 |
| <b>a</b> | Plan name A. BELLAVANCE & SONS, INC. 401(K) PROFIT                                                                                                                                                                    |                                |
| <b>b</b> | Name of plan sponsor A. BELLAVANCE & SONS                                                                                                                                                                             | <b>c</b> EIN-PN 45-4002868-001 |
| <b>a</b> | Plan name AAC, INC                                                                                                                                                                                                    |                                |
| <b>b</b> | Name of plan sponsor AAC ENTERPRISES CORP.                                                                                                                                                                            | <b>c</b> EIN-PN 85-1075042-001 |
| <b>a</b> | Plan name ACCOUNTABLE HEALTHCARE STAFFING 401(K) PROFIT SHAR                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor ACCOUNTABLE HEALTHCARE STAFFING                                                                                                                                                                  | <b>c</b> EIN-PN 45-2469689-001 |
| <b>a</b> | Plan name ACCURATE HOME CARE, LLC 401(K) PLAN                                                                                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor ACCURATE CARE HOME HEALTH, LLC                                                                                                                                                                   | <b>c</b> EIN-PN 47-2329746-001 |
| <b>a</b> | Plan name ACTIFI, INC 401K & PROFIT SHARING PLAN                                                                                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor ACTIFI, INC.                                                                                                                                                                                     | <b>c</b> EIN-PN 01-0791356-001 |
| <b>a</b> | Plan name ADAMS AIR & HYDRAULICS, INC. 401(K) PLAN                                                                                                                                                                    |                                |
| <b>b</b> | Name of plan sponsor ADAMS AIR & HYDRAULICS, INC.                                                                                                                                                                     | <b>c</b> EIN-PN 59-1010024-001 |
| <b>a</b> | Plan name ADVANTAGE ENGINEERING & IT SOLUTIONS, INC. 401                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor ELECTRICAL ADVANTAGE ENGINEERING                                                                                                                                                                 | <b>c</b> EIN-PN 83-3207768-001 |
| <b>a</b> | Plan name AFL-CIO LOCAL UNION NO. 743 AND NECA PENN-DEL JERS                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor IBEW LOCAL 743                                                                                                                                                                                   | <b>c</b> EIN-PN 23-2177602-002 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)                                                |                                                              |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                                              |                                |
| <b>a</b>                                                                                                                             | Plan name AIKEN MOSER WEALTH MANAGEMENT GROUP 401(K) PLAN    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor AIKEN MOSER                             | <b>c</b> EIN-PN 92-1864405-001 |
| <b>a</b>                                                                                                                             | Plan name AIM 401(K) PLAN                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor APPLIED INFORMATION MANAGEMENT INST.    | <b>c</b> EIN-PN 47-0749200-001 |
| <b>a</b>                                                                                                                             | Plan name ALARM NEW ENGLAND, LLC. SAVINGS AND RETIREMENT PLA |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor ALARM NEW ENGLAND                       | <b>c</b> EIN-PN 61-1648564-001 |
| <b>a</b>                                                                                                                             | Plan name ALBERT B. SABIN VACCINE INSTITUTE 401(K) PROFIT SH |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor SABIN VACCINE INSTITUTE                 | <b>c</b> EIN-PN 06-1389829-001 |
| <b>a</b>                                                                                                                             | Plan name ALCO MANUFACTURING CORPORATION LLC 401(K) RETIREME |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor ALCO MANUFACTURING CORPORATION, LLC     | <b>c</b> EIN-PN 20-4668788-001 |
| <b>a</b>                                                                                                                             | Plan name ALLEN & GERRITSEN, INC. 401(K) RETIREMENT PLAN     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor ALLEN & GERRITSEN, INC.                 | <b>c</b> EIN-PN 04-2961198-001 |
| <b>a</b>                                                                                                                             | Plan name ALLENTOWN, INC. 401(K) PROFIT SHARING PLAN         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor ALLENTOWN LLC                           | <b>c</b> EIN-PN 84-2610739-001 |
| <b>a</b>                                                                                                                             | Plan name ALLIED WORKERS LOCAL 48 ANNUITY PLAN               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor ALLIED WORKERS LOCAL 48                 | <b>c</b> EIN-PN 45-4606516-001 |
| <b>a</b>                                                                                                                             | Plan name ALPHA PRECISION GROUP 401(K) PLAN                  |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor ALPHA PRECISION GROUP                   | <b>c</b> EIN-PN 20-1227773-001 |
| <b>a</b>                                                                                                                             | Plan name ALTERNATIVE PATHS TRAINING SCHOOL 401(K) RETIREMEN |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor ALTERNATIVE PATHS TRAINING SCHOOL       | <b>c</b> EIN-PN 54-2055003-002 |
| <b>a</b>                                                                                                                             | Plan name AM PIERCE & ASSOCIATES 401(K) PLAN                 |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor AM PIERCE & ASSOCIATES, INC.            | <b>c</b> EIN-PN 26-1231257-001 |
| <b>a</b>                                                                                                                             | Plan name AMERICAN HOMESTAR CORPORATION 401(K) RETIREMENT PL |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor AMERICAN HOMESTAR CORP.                 | <b>c</b> EIN-PN 76-0070846-002 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)                                                        |                                |
|----------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name AMERICAN PORTWELL TECHNOLOGY, INC 401(K) PLAN                                                                              |                                |
| <b>b</b> | Name of plan sponsor AMERICAN PORTWELL TECHNOLOGY, INC.                                                                              | <b>c</b> EIN-PN 77-0511706-002 |
| <b>a</b> | Plan name AMERICAN TIRE DISTRIBUTORS, INC. RETIREMENT PLAN                                                                           |                                |
| <b>b</b> | Name of plan sponsor AMERICAN TIRE DISTRIBUTORS, INC.                                                                                | <b>c</b> EIN-PN 56-0754594-001 |
| <b>a</b> | Plan name ASCEND RETIREMENT SAVINGS 401(K) PLAN                                                                                      |                                |
| <b>b</b> | Name of plan sponsor ASCEND LEASING, LLC                                                                                             | <b>c</b> EIN-PN 62-1148454-001 |
| <b>a</b> | Plan name ANNUITY FD OF IUOE LCL UNIONS 15,15A,15B,15C,15D,AFL-CIO                                                                   |                                |
| <b>b</b> | Name of plan sponsor IUOE 15, 15A, 15C, 15D, AFL-CIO                                                                                 | <b>c</b> EIN-PN 13-2899670-001 |
| <b>a</b> | Plan name ANNUITY FUND OF THE IUOE LOCAL UNIONS 15, 15A, 15C                                                                         |                                |
| <b>b</b> | Name of plan sponsor IUOE 15, 15A, 15C                                                                                               | <b>c</b> EIN-PN 13-2899671-001 |
| <b>a</b> | Plan name APEX DENTAL PARTNERS 401(K) PLAN                                                                                           |                                |
| <b>b</b> | Name of plan sponsor APEX DENTAL                                                                                                     | <b>c</b> EIN-PN 47-1208403-001 |
| <b>a</b> | Plan name AQUA-LAWN, INC. 401(K) PLAN                                                                                                |                                |
| <b>b</b> | Name of plan sponsor AQUA LAWN SERVICES                                                                                              | <b>c</b> EIN-PN 06-0887610-002 |
| <b>a</b> | Plan name ARCH-CON 401 (K) PLAN                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor ARCH CON CORPORATION                                                                                            | <b>c</b> EIN-PN 76-0647851-001 |
| <b>a</b> | Plan name ARGANO 401(K) PLAN                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor ARGANO                                                                                                          | <b>c</b> EIN-PN 85-1176161-001 |
| <b>a</b> | Plan name ARLINGTON MOTOR COMPANY INC                                                                                                |                                |
| <b>b</b> | Name of plan sponsor ARLINGTON TOYOTA                                                                                                | <b>c</b> EIN-PN 59-1835181-001 |
| <b>a</b> | Plan name ASAHU INTECC USA. INC. 401(K) PLAN                                                                                         |                                |
| <b>b</b> | Name of plan sponsor ASAHU INTECC USA, INC.                                                                                          | <b>c</b> EIN-PN 51-0514692-001 |
| <b>a</b> | Plan name ASHLAND RAILWAY 401K PLAN                                                                                                  |                                |
| <b>b</b> | Name of plan sponsor ASHLAND RAILWAY INC.                                                                                            | <b>c</b> EIN-PN 34-1497578-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | ASTRA ASSOCIATES, INC. PROFIT SHARING AND 401(K) R                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ASTRA ASSOCIATES                                                              | <b>c</b> EIN-PN 38-2583148-002 |
| <b>a</b>                                                                                                                             | Plan name            | AUDIO TECHNICA U.S., INC. PROFIT SHARING PLAN                                 |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | AUDIO TECHNICA U.S., INC.                                                     | <b>c</b> EIN-PN 59-1954653-001 |
| <b>a</b>                                                                                                                             | Plan name            | AVIS FORD, INCORPORATED                                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | AVIS FORD, INCORPORATED                                                       | <b>c</b> EIN-PN 38-1276849-002 |
| <b>a</b>                                                                                                                             | Plan name            | AXELSON CHIROPRACTIC 401(K) PLAN                                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | AXELSON CHIROPRACTIC                                                          | <b>c</b> EIN-PN 56-2081368-001 |
| <b>a</b>                                                                                                                             | Plan name            | BARRY MCTIERNAN & MOORE LLC 401(K) PROFIT SHAR                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BARRY MCTIERNAN & MOORE LLC                                                   | <b>c</b> EIN-PN 45-4548286-001 |
| <b>a</b>                                                                                                                             | Plan name            | BAY AREA SURGICAL SPECIALISTS CORPORATION #2 401(K)                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BASS MEDICAL GROUP, INC.                                                      | <b>c</b> EIN-PN 45-4548286-001 |
| <b>a</b>                                                                                                                             | Plan name            | BAY AREA SURGICAL SPECIALISTS CORPORATION 401(K) P                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BASS MEDICAL GROUP, INC.                                                      | <b>c</b> EIN-PN 56-2605608-001 |
| <b>a</b>                                                                                                                             | Plan name            | BEHAN BROS., INC RETIREMENT PLAN                                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BEHAN BRO. INC.                                                               | <b>c</b> EIN-PN 05-0385214-001 |
| <b>a</b>                                                                                                                             | Plan name            | BEHAVIORAL HEALTH WORKS, INC. 401(K) RETIREMENT PL                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BHW MANAGEMENT, INC.                                                          | <b>c</b> EIN-PN 45-2748445-001 |
| <b>a</b>                                                                                                                             | Plan name            | BERNATH & ROSENBERG PC 401(K) PROFIT SHARING P                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BERNATH & ROSENBERG, PC                                                       | <b>c</b> EIN-PN 13-3358774-001 |
| <b>a</b>                                                                                                                             | Plan name            | BERNSTEIN ALLERGY GROUP, INC. 401K PLAN                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BERNSTEIN ALLERGY GROUP INC.                                                  | <b>c</b> EIN-PN 31-1280592-001 |
| <b>a</b>                                                                                                                             | Plan name            | BIBLEPROJECT 401(K)                                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BIBLE PROJECT                                                                 | <b>c</b> EIN-PN 46-4277592-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| <b>a</b> | Plan name BIODURO LLC 401(K) PLAN                                                                                                                                                                                     |                                |  |
| <b>b</b> | Name of plan sponsor BIODURO LLC                                                                                                                                                                                      | <b>c</b> EIN-PN 20-3271146-001 |  |
| <b>a</b> | Plan name BIOLOGICAL DYNAMICS, INC. 401(K) PLAN                                                                                                                                                                       |                                |  |
| <b>b</b> | Name of plan sponsor BIOLOGICAL DYNAMICS, INC.                                                                                                                                                                        | <b>c</b> EIN-PN 26-2079601-001 |  |
| <b>a</b> | Plan name BLUERIDGE 401(K) PLAN                                                                                                                                                                                       |                                |  |
| <b>b</b> | Name of plan sponsor BLUERIDGE                                                                                                                                                                                        | <b>c</b> EIN-PN 46-3843739-001 |  |
| <b>a</b> | Plan name BREEZY HILL NURSEY 401(K)                                                                                                                                                                                   |                                |  |
| <b>b</b> | Name of plan sponsor BREEZY HILL NURSERY INC.                                                                                                                                                                         | <b>c</b> EIN-PN 39-1639542-001 |  |
| <b>a</b> | Plan name BRICCO EXCAVATING COMPANY CO., LLC 401(K) PROFIT S                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor BRICCO EXCAVATING CO.                                                                                                                                                                            | <b>c</b> EIN-PN 38-3309155-001 |  |
| <b>a</b> | Plan name BROOKS MANUFACTURING CO 401(K) PLAN                                                                                                                                                                         |                                |  |
| <b>b</b> | Name of plan sponsor BROOKS MANUFACTURING CO.                                                                                                                                                                         | <b>c</b> EIN-PN 91-0701020-001 |  |
| <b>a</b> | Plan name BRUCE H. BRUMM, M.D., P.C. 401(K) PROFIT SHARING P                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor BRUCE H. BRUMM, M.D. P.C.                                                                                                                                                                        | <b>c</b> EIN-PN 47-0672950-001 |  |
| <b>a</b> | Plan name BUILT IN, INC. PLAN                                                                                                                                                                                         |                                |  |
| <b>b</b> | Name of plan sponsor BUILT IN, INC.                                                                                                                                                                                   | <b>c</b> EIN-PN 81-0972948-001 |  |
| <b>a</b> | Plan name BURT CRANE & RIGGING 401(K) PLAN                                                                                                                                                                            |                                |  |
| <b>b</b> | Name of plan sponsor BURT CRANE                                                                                                                                                                                       | <b>c</b> EIN-PN 03-0241299-001 |  |
| <b>a</b> | Plan name CABLE HILL PARTNERS 401(K) RETIREMENT PLAN                                                                                                                                                                  |                                |  |
| <b>b</b> | Name of plan sponsor CABLE HILL PARTNERS                                                                                                                                                                              | <b>c</b> EIN-PN 46-4959656-001 |  |
| <b>a</b> | Plan name CAMBRIDGE MOBILE TELEMATICS 401(K) PLAN                                                                                                                                                                     |                                |  |
| <b>b</b> | Name of plan sponsor CAMBRIDGE MOBILE TELEMATICS, INC.                                                                                                                                                                | <b>c</b> EIN-PN 27-1188433-001 |  |
| <b>a</b> | Plan name CAP CARPET INC. 401K PLAN                                                                                                                                                                                   |                                |  |
| <b>b</b> | Name of plan sponsor CAP CARPET INC.                                                                                                                                                                                  | <b>c</b> EIN-PN 48-0758150-001 |  |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>a</b> | Plan name CAP GROUP 401(K)                                                                                                                                                                                            |                                |
| <b>b</b> | Name of plan sponsor BEDFORD MACHINE & TOOL                                                                                                                                                                           | <b>c</b> EIN-PN 35-1723488-001 |
| <b>a</b> | Plan name CAPITOL DOCUMENT SOLUTIONS EMPLOYEES SAVINGS TRUST                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor CAPITAL DOCUMENT SOLUTIONS                                                                                                                                                                       | <b>c</b> EIN-PN 26-3755218-001 |
| <b>a</b> | Plan name CARBON CARBON ADVANCED TECHNOLOGIES 401K PLAN                                                                                                                                                               |                                |
| <b>b</b> | Name of plan sponsor CARBON-CARBON ADVANCED TECHNOLOGIES.                                                                                                                                                             | <b>c</b> EIN-PN 75-2181484-001 |
| <b>a</b> | Plan name CARR, RIGGS & INGRAM, LLC. 401(K) PLAN AND TRU                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor CARR RIGGS & INGRAM, LLC                                                                                                                                                                         | <b>c</b> EIN-PN 72-1396621-001 |
| <b>a</b> | Plan name CARROLL COUNTY TRUST COMPANY 401(K)                                                                                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor CARROLL COUNTY TRUST COMPANY                                                                                                                                                                     | <b>c</b> EIN-PN 44-0192730-001 |
| <b>a</b> | Plan name CARROLL DISTRIBUTING COMPANY EMPLOYEE BENEFIT PLAN                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor CARROLL DISTRIBUTING COMPANY                                                                                                                                                                     | <b>c</b> EIN-PN 59-3168567-001 |
| <b>a</b> | Plan name CCMSI 401(K) PLAN                                                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor CCMSI HOLDINGS, INC.                                                                                                                                                                             | <b>c</b> EIN-PN 37-1057804-001 |
| <b>a</b> | Plan name CDX DIAGNOSTICS INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                             |                                |
| <b>b</b> | Name of plan sponsor CDX DIAGNOSTICS INC.                                                                                                                                                                             | <b>c</b> EIN-PN 20-8473531-001 |
| <b>a</b> | Plan name CEDAR POINT HEALTH LLC 401 (K) PROFIT SHARING PLAN                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor CEDAR POINT HEALTH                                                                                                                                                                               | <b>c</b> EIN-PN 84-0658993-001 |
| <b>a</b> | Plan name CHANEY ENTERPRISES COMPANIES 401(K) PROFIT SHARING                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor CHANEY ENTERPRISES                                                                                                                                                                               | <b>c</b> EIN-PN 52-1702211-001 |
| <b>a</b> | Plan name CHASBRO INVESTMENTS, INC. 401 (K) PLAN                                                                                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor CHASBRO INVESTMENTS INC.                                                                                                                                                                         | <b>c</b> EIN-PN 04-2807687-001 |
| <b>a</b> | Plan name CHESAPEAKE UROLOGY ASSOCIATES, P.A RETIREMENT PLAN                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor UNITED UROLOGY GROUP RETIREMENT PLAN                                                                                                                                                             | <b>c</b> EIN-PN 52-2146172-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                       |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>a</b> | Plan name <b>CLEANSLATE CENTERS 401(K) PLAN</b>                                                                                                                                                                       |                                       |
| <b>b</b> | Name of plan sponsor <b>CLEANSLATE CENTERS, INC.</b>                                                                                                                                                                  | <b>c</b> EIN-PN <b>46-4372716-001</b> |
| <b>a</b> | Plan name <b>CLEVELAND BAKERS &amp; AFFILIATED UNIONS 401(K) PL</b>                                                                                                                                                   |                                       |
| <b>b</b> | Name of plan sponsor <b>BRDOFTRSTS CLEVELANDBAKERS &amp; AFF UNIONS 401K</b>                                                                                                                                          | <b>c</b> EIN-PN <b>34-0082405-001</b> |
| <b>a</b> | Plan name <b>CLONINGER FORD, INC 401(K) PLAN</b>                                                                                                                                                                      |                                       |
| <b>b</b> | Name of plan sponsor <b>CLONINGER FORD, INC.</b>                                                                                                                                                                      | <b>c</b> EIN-PN <b>56-1465220-001</b> |
| <b>a</b> | Plan name <b>CM GROUP 401(K) PLAN</b>                                                                                                                                                                                 |                                       |
| <b>b</b> | Name of plan sponsor <b>CM GROUP</b>                                                                                                                                                                                  | <b>c</b> EIN-PN <b>04-2703758-002</b> |
| <b>a</b> | Plan name <b>COHN, BIRNBAUM &amp; SHEA P.C. 401 (K) PROFIT SHAR</b>                                                                                                                                                   |                                       |
| <b>b</b> | Name of plan sponsor <b>COHN, BIRNBAUM &amp; SHEA P.C.</b>                                                                                                                                                            | <b>c</b> EIN-PN <b>06-0970450-001</b> |
| <b>a</b> | Plan name <b>COLVILLE/BROOKS RANGE SUPPLY 401(K) PLAN</b>                                                                                                                                                             |                                       |
| <b>b</b> | Name of plan sponsor <b>COLVILLE, INC.</b>                                                                                                                                                                            | <b>c</b> EIN-PN <b>92-0085033-001</b> |
| <b>a</b> | Plan name <b>COMMIT ENTERPRISES, INC &amp; PROFIT SHARING PLA</b>                                                                                                                                                     |                                       |
| <b>b</b> | Name of plan sponsor <b>COMMIT ENTERPRISES</b>                                                                                                                                                                        | <b>c</b> EIN-PN <b>52-2345869-001</b> |
| <b>a</b> | Plan name <b>COMMONWEALTH ASSOCIATES, INC. 401(K) PROFIT SHARIN</b>                                                                                                                                                   |                                       |
| <b>b</b> | Name of plan sponsor <b>COMMONWEALTH ASSOCIATES INC</b>                                                                                                                                                               | <b>c</b> EIN-PN <b>38-2809676-001</b> |
| <b>a</b> | Plan name <b>COMMUNITY HEALTH ASSOCIATION OF SPOKANE 401(K) PLA</b>                                                                                                                                                   |                                       |
| <b>b</b> | Name of plan sponsor <b>COMMUNITY HEALTH ASSOCIATION OF SPOKANE</b>                                                                                                                                                   | <b>c</b> EIN-PN <b>91-1641797-001</b> |
| <b>a</b> | Plan name <b>COMMUNITY RESOURCES FOR JUSTIC 401(K) RETIREMENT P</b>                                                                                                                                                   |                                       |
| <b>b</b> | Name of plan sponsor <b>COMMUNITY RESOURCES FOR JUSTICE, INC.</b>                                                                                                                                                     | <b>c</b> EIN-PN <b>04-3461434-001</b> |
| <b>a</b> | Plan name <b>COMPLETE HOLDINGS GROUP INC., 401(K) PLAN</b>                                                                                                                                                            |                                       |
| <b>b</b> | Name of plan sponsor <b>COMPLETE HOLDINGS GROUP</b>                                                                                                                                                                   | <b>c</b> EIN-PN <b>62-1811667-001</b> |
| <b>a</b> | Plan name <b>CONNECTICUT ON-LINE COMPUTER CENTER 401(K) PLAN</b>                                                                                                                                                      |                                       |
| <b>b</b> | Name of plan sponsor <b>CONNECTICUT ON-LINE COMPUTER CENTER, INC.</b>                                                                                                                                                 | <b>c</b> EIN-PN <b>06-0896418-002</b> |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | CORDELL, NEHER & COMPANY 401(K) PROFIT SHARING                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CORDELL, NEHER & COMPANY, PLLC                                                | <b>c</b> EIN-PN 91-0950793-001 |
| <b>a</b>                                                                                                                             | Plan name            | COUNCIL, BARADEL, KOSMERL & NOLAN, P.A. PROFIT                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | COUNCIL, BARADEL, KOSMERL & NOLAN, P.A.                                       | <b>c</b> EIN-PN 52-1266444-001 |
| <b>a</b>                                                                                                                             | Plan name            | CPANEL, LLC 401K PLAN                                                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CPANEL, LLC.                                                                  | <b>c</b> EIN-PN 27-0973833-001 |
| <b>a</b>                                                                                                                             | Plan name            | CROELL, INC. 401(K) PLAN                                                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CROELL, INC.                                                                  | <b>c</b> EIN-PN 42-1029170-002 |
| <b>a</b>                                                                                                                             | Plan name            | CROSSBORDER TRANSACTIONS LLC DBA CROSSBORDER SOLUT                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CROSSBORDER TRANSS LLC DBA CROSSBORDER SOL                                    | <b>c</b> EIN-PN 38-4051370-001 |
| <b>a</b>                                                                                                                             | Plan name            | CROSSWAY 401(K) PLAN                                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CROSSWAY                                                                      | <b>c</b> EIN-PN 27-3296874-001 |
| <b>a</b>                                                                                                                             | Plan name            | CRUX INFORMATICS, INC. 401(K) PLAN                                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CRUX INFORMATICS                                                              | <b>c</b> EIN-PN 82-2209736-001 |
| <b>a</b>                                                                                                                             | Plan name            | CRYSTAL DOWNS COUNTRY CLUB 401(K) PLAN & TRUST                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CRYSTAL DOWNS COUNTRY CLUB                                                    | <b>c</b> EIN-PN 38-0455585-001 |
| <b>a</b>                                                                                                                             | Plan name            | CYDECOR, INC. 401(K) PLAN                                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CYDECOR, INC                                                                  | <b>c</b> EIN-PN 56-2086307-001 |
| <b>a</b>                                                                                                                             | Plan name            | DAIKIN AMERICA INC 401K SAV & RET PLAN                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DAIKIN AMERICA, INC.                                                          | <b>c</b> EIN-PN 63-1038060-001 |
| <b>a</b>                                                                                                                             | Plan name            | DAN WOOD PLUMBING AND HEATING 401(K) PROFIT SHARIN                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DAN WOOD PLUMBING & HEATING                                                   | <b>c</b> EIN-PN 38-3378927-001 |
| <b>a</b>                                                                                                                             | Plan name            | DCI, INC. 401K PROFIT SHARING PLAN                                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DCI, INC.                                                                     | <b>c</b> EIN-PN 02-0353614-001 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)                                                |                      |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                    |
| <b>a</b>                                                                                                                             | Plan name            | DD HOTELS I, LLC 401(K) PLAN                       |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DD HOTELS I LLC                                    |
| <b>c</b>                                                                                                                             | EIN-PN               | 26-2137353-001                                     |
| <b>a</b>                                                                                                                             | Plan name            | DELAWARE VALLEY VETERINARY HOSPITAL, PC 401(K) PLA |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DELAWARE VALLEY VETERINARY HOSPITAL, PC            |
| <b>c</b>                                                                                                                             | EIN-PN               | 52-1975464-002                                     |
| <b>a</b>                                                                                                                             | Plan name            | DESERT AIR CONDITIONING, INC. PROFIT SHARING PLAN  |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DESERT AIR CONDITIONING, INC.                      |
| <b>c</b>                                                                                                                             | EIN-PN               | 95-2670888-002                                     |
| <b>a</b>                                                                                                                             | Plan name            | DETWILER'S 401K PLAN                               |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DETWILER'S OPERATIONS INC.                         |
| <b>c</b>                                                                                                                             | EIN-PN               | 47-2740643-001                                     |
| <b>a</b>                                                                                                                             | Plan name            | DIGGING & RIGGING 401(K) PROFIT SHARING PLAN       |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DIGGING & RIGGING, INC.                            |
| <b>c</b>                                                                                                                             | EIN-PN               | 52-1210282-002                                     |
| <b>a</b>                                                                                                                             | Plan name            | DISCOVER VISION CENTER 401(K) PLAN                 |
| <b>b</b>                                                                                                                             | Name of plan sponsor | EYE CARE, P.A.                                     |
| <b>c</b>                                                                                                                             | EIN-PN               | 43-1014325-001                                     |
| <b>a</b>                                                                                                                             | Plan name            | DMT, INC 401(K) PROFIT SHARING PLAN                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DMT INC                                            |
| <b>c</b>                                                                                                                             | EIN-PN               | 54-1777436-001                                     |
| <b>a</b>                                                                                                                             | Plan name            | DOHENY'S LLC 401(K) PROFIT SHARING PLAN            |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DOHENY PLUMBING, INC.                              |
| <b>c</b>                                                                                                                             | EIN-PN               | 75-3015780-001                                     |
| <b>a</b>                                                                                                                             | Plan name            | DONALD B. RICE TIRE COMPANY. INC.401(K)PLAN        |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DONALD B RICE TIRE COMPANY                         |
| <b>c</b>                                                                                                                             | EIN-PN               | 52-0710070-003                                     |
| <b>a</b>                                                                                                                             | Plan name            | DULUTH REGIONAL CARE CENTER 401K PROFIT SHARING    |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DULUTH REGIONAL CARE CENTER                        |
| <b>c</b>                                                                                                                             | EIN-PN               | 41-0965828-001                                     |
| <b>a</b>                                                                                                                             | Plan name            | DUNNAGE ENGINEERING INC. EMPLOYEES RETIREMENT PLA  |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DUNNAGE ENGINEERING, INC.                          |
| <b>c</b>                                                                                                                             | EIN-PN               | 38-2478941-001                                     |
| <b>a</b>                                                                                                                             | Plan name            | DUSTIN CONSTRUCTION INC. 401(K) PROFIT SHARING PLA |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DUSTIN CONSTRUCTION, INC.                          |
| <b>c</b>                                                                                                                             | EIN-PN               | 52-0888630-001                                     |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| <b>a</b> | Plan name EAST COAST LUMBER AND SUPPLY COMPANY, INC. PROFIT                                                                                                                                                           |                                |  |
| <b>b</b> | Name of plan sponsor EAST COAST LUMBER AND SUPPLY COMPANY, INC.                                                                                                                                                       | <b>c</b> EIN-PN 59-0228455-001 |  |
| <b>a</b> | Plan name EASTER SEALS OF SOUTHEAST PA DEFINED CONTRIBUTION                                                                                                                                                           |                                |  |
| <b>b</b> | Name of plan sponsor EASTER SEALS OF SOUTHEASTERN PENNSYLVANIA                                                                                                                                                        | <b>c</b> EIN-PN 23-1352293-003 |  |
| <b>a</b> | Plan name ECIGROUP FRINGE BENEFIT PLAN                                                                                                                                                                                |                                |  |
| <b>b</b> | Name of plan sponsor ECI GROUP                                                                                                                                                                                        | <b>c</b> EIN-PN 25-1677700-001 |  |
| <b>a</b> | Plan name EDA STAFFING, INC. 401(K) PLAN                                                                                                                                                                              |                                |  |
| <b>b</b> | Name of plan sponsor ENGINEERING&DESIGN STAFFING INC DBA EDA STAF                                                                                                                                                     | <b>c</b> EIN-PN 04-2618330-001 |  |
| <b>a</b> | Plan name EDGEWATER AUTOMATION 401(K) PLAN                                                                                                                                                                            |                                |  |
| <b>b</b> | Name of plan sponsor EDGEWATER AUTOMATION LLC                                                                                                                                                                         | <b>c</b> EIN-PN 38-3575198-001 |  |
| <b>a</b> | Plan name EGROUPE HOLDING COMPANY 401(K) PLAN                                                                                                                                                                         |                                |  |
| <b>b</b> | Name of plan sponsor EGROUPE HOLDING COMPANY LLC                                                                                                                                                                      | <b>c</b> EIN-PN 46-4020783-001 |  |
| <b>a</b> | Plan name EGS, INC. 401(K) PLAN                                                                                                                                                                                       |                                |  |
| <b>b</b> | Name of plan sponsor EGS INC.                                                                                                                                                                                         | <b>c</b> EIN-PN 56-2302250-001 |  |
| <b>a</b> | Plan name EMPLOYEE BENEFIT PLAN OF CGH TECHNOLOGIES, INC.                                                                                                                                                             |                                |  |
| <b>b</b> | Name of plan sponsor CGH TECHNOLOGIES, INC.                                                                                                                                                                           | <b>c</b> EIN-PN 52-1701132-001 |  |
| <b>a</b> | Plan name EMPLOYEE BENEFIT PLAN OF COASTAL COMMUNITY ACTION,                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor COASTAL COMMUNITY ACTION                                                                                                                                                                         | <b>c</b> EIN-PN 56-6075606-001 |  |
| <b>a</b> | Plan name ENTERPRISE BANK 401(K) PLAN                                                                                                                                                                                 |                                |  |
| <b>b</b> | Name of plan sponsor ENTERPRISE BANK & TRUST COMPANY                                                                                                                                                                  | <b>c</b> EIN-PN 04-2993547-001 |  |
| <b>a</b> | Plan name EPISCOPAL COMMUNITY SERVICES 401(K) PLAN                                                                                                                                                                    |                                |  |
| <b>b</b> | Name of plan sponsor EPISCOPAL COMMUNITY SERVICES                                                                                                                                                                     | <b>c</b> EIN-PN 95-1945256-001 |  |
| <b>a</b> | Plan name EQUILLIUM, INC 401(K) PLAN                                                                                                                                                                                  |                                |  |
| <b>b</b> | Name of plan sponsor EQUILLIUM, INC.                                                                                                                                                                                  | <b>c</b> EIN-PN 82-1554746-001 |  |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>a</b> | Plan name ES INVESTMENTS, LLC PROFIT SHARING/401(K) PLAN                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor ES INVESTMENTS, LLC                                                                                                                                                                              | <b>c</b> EIN-PN 01-0804681-001 |
| <b>a</b> | Plan name ESSCO RETIREMENT/ SAVINGS PLAN                                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor ENGINE SERVICE & SUPPLY CO.                                                                                                                                                                      | <b>c</b> EIN-PN 75-1580631-001 |
| <b>a</b> | Plan name EXPRESS MANUFACTURING, INC. 401(K) PLAN                                                                                                                                                                     |                                |
| <b>b</b> | Name of plan sponsor EXPRESS MANUFACTURING, INC.                                                                                                                                                                      | <b>c</b> EIN-PN 33-0040032-001 |
| <b>a</b> | Plan name FASTSPRING 401(K) PLAN                                                                                                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor BRIGHT MARKET, LLC DBA FASTSPRING                                                                                                                                                                | <b>c</b> EIN-PN 51-0546893-001 |
| <b>a</b> | Plan name FCC ENVIRONMENTAL SERVICES, LLC 401(K) PROFIT SHAR                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor FCC, INC                                                                                                                                                                                         | <b>c</b> EIN-PN 38-2345364-001 |
| <b>a</b> | Plan name FEDERATION OF PROFESSIONAL ATHLETES RETIREMENT PLA                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION                                                                                                                                                     | <b>c</b> EIN-PN 52-1169809-001 |
| <b>a</b> | Plan name FENCING SUPPLY GROUP 401(K) PLAN                                                                                                                                                                            |                                |
| <b>b</b> | Name of plan sponsor FENCING SUPPLY GROUP ACQUISITION LLC                                                                                                                                                             | <b>c</b> EIN-PN 85-3914086-001 |
| <b>a</b> | Plan name FIRESTOP SOUTHWEST 401(K) PLAN                                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor FIRESTOP SOUTHWEST, INC.                                                                                                                                                                         | <b>c</b> EIN-PN 86-1033300-001 |
| <b>a</b> | Plan name FLORIDA FOOD PRODUCTS LLC 401(K) PROFIT SHARING PL                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor FLORIDA FOOD PRODUCTS LLC                                                                                                                                                                        | <b>c</b> EIN-PN 59-3013598-001 |
| <b>a</b> | Plan name FORMER PLAYER LMCC TRUST RETIREMENT SAVINGS PLAN                                                                                                                                                            |                                |
| <b>b</b> | Name of plan sponsor NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION                                                                                                                                                     | <b>c</b> EIN-PN 81-3595159-003 |
| <b>a</b> | Plan name FOX VALLEY METROLOGY 401K PLAN                                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor FOX VALLEY METROLOGY                                                                                                                                                                             | <b>c</b> EIN-PN 39-1836336-001 |
| <b>a</b> | Plan name FRONTLINE ROAD SAFETY 401(K) PLAN                                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor FRONTLINE ROAD SAFETY LLC                                                                                                                                                                        | <b>c</b> EIN-PN 84-5022544-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                         |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|-------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                         |
| a                                                                                                                                    | Plan name            | GENESIS ENGINEERING, INC. PROFIT SHARING PLAN                                 |                         |
| b                                                                                                                                    | Name of plan sponsor | GENESIS ENGINEERING                                                           | c EIN-PN 31-1173915-001 |
| a                                                                                                                                    | Plan name            | GERMAIN DERMATOLOGY 401(K) PLAN                                               |                         |
| b                                                                                                                                    | Name of plan sponsor | GERMAIN DERMATOLOGY                                                           | c EIN-PN 06-1648745-001 |
| a                                                                                                                                    | Plan name            | GESYSTEMS CORPORATION 401(K) PLAN                                             |                         |
| b                                                                                                                                    | Name of plan sponsor | GESYSTEMS                                                                     | c EIN-PN 95-3565050-001 |
| a                                                                                                                                    | Plan name            | GHT LIMITED 401K PLAN                                                         |                         |
| b                                                                                                                                    | Name of plan sponsor | GHT LIMITED                                                                   | c EIN-PN 54-0939323-001 |
| a                                                                                                                                    | Plan name            | GIBBS TECHNOLOGY COMPANY EMPLO YEEES SAVINGS TRUST                            |                         |
| b                                                                                                                                    | Name of plan sponsor | GIBBS TECHNOLOGY COMPANY                                                      | c EIN-PN 43-1850567-001 |
| a                                                                                                                                    | Plan name            | GLOBAL SUPPORT AND DEVELOPMENT 401(K) PROFIT SHARI                            |                         |
| b                                                                                                                                    | Name of plan sponsor | GLOBAL SUPPORT & DEVELOPMENT                                                  | c EIN-PN 83-2504447-001 |
| a                                                                                                                                    | Plan name            | GOLDBERG, MILLER & RUBIN, P.C. 401(K) PLAN                                    |                         |
| b                                                                                                                                    | Name of plan sponsor | GOLDBERG MILLER & RUBIN PC                                                    | c EIN-PN 23-2668457-002 |
| a                                                                                                                                    | Plan name            | GOSSAMER BIO, INC. 401(K) PLAN                                                |                         |
| b                                                                                                                                    | Name of plan sponsor | GOSSAMER BIO SERVICES, INC.                                                   | c EIN-PN 47-5461609-001 |
| a                                                                                                                                    | Plan name            | GRAND TRAVERSE MACHINE COMPANY 401(K) PROFIT SHARI                            |                         |
| b                                                                                                                                    | Name of plan sponsor | GRAND TRAVERSE MACHINE COMPANY                                                | c EIN-PN 38-1914182-001 |
| a                                                                                                                                    | Plan name            | GREENSLEDGE CAPITAL MARKETS LLC RETIREMENT PLAN                               |                         |
| b                                                                                                                                    | Name of plan sponsor | GREENSLEDGE CAPITAL MARKETS LLC                                               | c EIN-PN 80-0422964-001 |
| a                                                                                                                                    | Plan name            | GREENWAY ENGINEERING INC 401(K) PROFIT SHARING PLA                            |                         |
| b                                                                                                                                    | Name of plan sponsor | GREENWAY ENGINEERING, INC.                                                    | c EIN-PN 20-0060400-001 |
| a                                                                                                                                    | Plan name            | GRIFFIN ALEXANDER, P.C. 401K PLAN                                             |                         |
| b                                                                                                                                    | Name of plan sponsor | GRIFFIN ALEXANDER PC                                                          | c EIN-PN 22-3408464-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>a</b> | Plan name GT MECHANICAL PROJECTS & DESIGN, INC. 401(K) P                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor GT MECHANICAL PROJECTS                                                                                                                                                                           | <b>c</b> EIN-PN 36-4450188-001 |
| <b>a</b> | Plan name GUARDIAN STORAGE DEVELOPMENT INC. 401(K) PROFIT SH                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor GUARDIAN STORAGE                                                                                                                                                                                 | <b>c</b> EIN-PN 23-2928415-001 |
| <b>a</b> | Plan name GULF COPPER & MANUFACTURING CORPORATION PROFIT                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor GULF COPPER & MANUFACTURING CORPORATION                                                                                                                                                          | <b>c</b> EIN-PN 74-2045606-001 |
| <b>a</b> | Plan name GUY C. SUTTON DDS, A PROFESSIONAL CORPORATION 401(K)                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor GUY C SUTTON DDS                                                                                                                                                                                 | <b>c</b> EIN-PN 47-1719927-001 |
| <b>a</b> | Plan name HARMONIA HOLDINGS GROUP, LLC 401K PLAN                                                                                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor HARMONIA HOLDINGS GROUP, LLC                                                                                                                                                                     | <b>c</b> EIN-PN 43-2103421-001 |
| <b>a</b> | Plan name HAROLD BROTHERS MECHANICAL CONTRACTORS, INC. 401(K)                                                                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor HAROLD BROTHERS MECHANICAL CONTRACTORS, INC.                                                                                                                                                     | <b>c</b> EIN-PN 26-3189470-001 |
| <b>a</b> | Plan name HARTMAN-COX ARCHITECTS 401(K) RETIREMENT PLAN                                                                                                                                                               |                                |
| <b>b</b> | Name of plan sponsor HARTMAN-COX ARCHITECTS                                                                                                                                                                           | <b>c</b> EIN-PN 52-0824608-001 |
| <b>a</b> | Plan name HEADS UP TECHNOLOGIES, INC. 401(K) SAVINGS PLAN                                                                                                                                                             |                                |
| <b>b</b> | Name of plan sponsor HEADS UP TECHNOLOGIES                                                                                                                                                                            | <b>c</b> EIN-PN 75-2049606-001 |
| <b>a</b> | Plan name HELIX TRAFFIC SOLUTIONS 401(K) PLAN                                                                                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor HELIX TRAFFIC SOLUTIONS                                                                                                                                                                          | <b>c</b> EIN-PN 82-2510008-001 |
| <b>a</b> | Plan name HENRY ADAMS, LLC 401(K) SAVING PLAN                                                                                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor HENRY ADAMS, LLC                                                                                                                                                                                 | <b>c</b> EIN-PN 20-0060224-001 |
| <b>a</b> | Plan name HOLLY CONSTRUCTION COMPANY 401 (K) PLAN AND TRUST                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor HOLLY CONSTRUCTION COMPANY                                                                                                                                                                       | <b>c</b> EIN-PN 38-2361545-001 |
| <b>a</b> | Plan name HOMEBANK 401(K) PLAN                                                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor HOMEBANK                                                                                                                                                                                         | <b>c</b> EIN-PN 43-0447990-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>a</b> | Plan name HONDA-RC EMPLOYEE SAVINGS PLAN                                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor HONDA RC                                                                                                                                                                                         | <b>c</b> EIN-PN 20-8949800-001 |
| <b>a</b> | Plan name HOPEDALE MEDICAL FOUNDATION 401(K) CASH DEFERRED P                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor HOPEDALE MEDICAL FOUNDATION                                                                                                                                                                      | <b>c</b> EIN-PN 37-0808925-001 |
| <b>a</b> | Plan name HOSS'S STEAK AND SEA HOUSE SAVINGS PLAN                                                                                                                                                                     |                                |
| <b>b</b> | Name of plan sponsor HOSS'S STEAK & SEAHOUSE                                                                                                                                                                          | <b>c</b> EIN-PN 25-1761401-001 |
| <b>a</b> | Plan name HOUSING MANAGEMENT RESOURCES 401(K) SAVINGS PLAN                                                                                                                                                            |                                |
| <b>b</b> | Name of plan sponsor HOUSING MANAGEMENT RESOURCES, INC.                                                                                                                                                               | <b>c</b> EIN-PN 36-4487673-001 |
| <b>a</b> | Plan name HOWARD W. PHILLIPS & CO., INC. 401(K) PROFIT S                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor HOWARD W. PHILLIPS & CO.                                                                                                                                                                         | <b>c</b> EIN-PN 52-0812521-001 |
| <b>a</b> | Plan name HTG ARCHITECTS 401(K) PLAN                                                                                                                                                                                  |                                |
| <b>b</b> | Name of plan sponsor HICKEY, THORSTENSON, GROVER LTD                                                                                                                                                                  | <b>c</b> EIN-PN 41-1269889-001 |
| <b>a</b> | Plan name HTS EMPLOYEES' 401(K) PLAN                                                                                                                                                                                  |                                |
| <b>b</b> | Name of plan sponsor HEAT TREATING SERVICES OF AMERICA                                                                                                                                                                | <b>c</b> EIN-PN 38-2230651-001 |
| <b>a</b> | Plan name HULETT ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor HULETT ENVIRONMENTAL SERVICES INC.                                                                                                                                                               | <b>c</b> EIN-PN 59-2282352-001 |
| <b>a</b> | Plan name HYLIION 401(K) PLAN                                                                                                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor HYLIION INC.                                                                                                                                                                                     | <b>c</b> EIN-PN 81-1230166-001 |
| <b>a</b> | Plan name I. RICE CO., INC. EMPLOYEE PROFIT SHARING PL                                                                                                                                                                |                                |
| <b>b</b> | Name of plan sponsor I. RICE & CO., INC.                                                                                                                                                                              | <b>c</b> EIN-PN 23-1730455-001 |
| <b>a</b> | Plan name I.U.O.E. LOCAL 965 ANNUITY PLAN                                                                                                                                                                             |                                |
| <b>b</b> | Name of plan sponsor BOARD OF TRUSTEES, IUOE LCL 965 ANNUITY PN                                                                                                                                                       | <b>c</b> EIN-PN 46-2696118-001 |
| <b>a</b> | Plan name IAC INDUSTRIES NON-UNION 401(K) PLAN                                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor IAC INDUSTRIES                                                                                                                                                                                   | <b>c</b> EIN-PN 33-0389701-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | ICAFE, INC. 401(K) PROFIT SHARING PLAN AND TRUST                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ICAFE, INC.                                                                   | <b>c</b> EIN-PN 39-1247721-001 |
| <b>a</b>                                                                                                                             | Plan name            | ICCO 401 (K) RETIREMENT PLAN                                                  |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ICCO LLC                                                                      | <b>c</b> EIN-PN 26-3095354-001 |
| <b>a</b>                                                                                                                             | Plan name            | IKAUN 401(K) PROFIT SHARING PLAN                                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | IKAUN                                                                         | <b>c</b> EIN-PN 84-3823246-001 |
| <b>a</b>                                                                                                                             | Plan name            | INDIVIDUAL ACCOUNT PLAN FOR THE OREGON SHEET METAL                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | OREGON SHEET METAL WORKERS MASTER RET TRUST                                   | <b>c</b> EIN-PN 93-6018501-002 |
| <b>a</b>                                                                                                                             | Plan name            | INFINITY BEHAVIORAL HEALTH SERVICES 401(K) PROFIT                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INFINITY BEHAVIORAL HEALTH                                                    | <b>c</b> EIN-PN 27-4836967-001 |
| <b>a</b>                                                                                                                             | Plan name            | INNOVATIVE REFRIGERATION SYSTEMS, INC. 401(K) PLAN                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INNOVATIVE REFRIGERATION SYSTEMS                                              | <b>c</b> EIN-PN 23-2725173-001 |
| <b>a</b>                                                                                                                             | Plan name            | INTERCEPT YOUTH SERVICES, INC. 401(K) PLAN                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INTERCEPT YOUTH SERVICES, INC.                                                | <b>c</b> EIN-PN 54-1816181-001 |
| <b>a</b>                                                                                                                             | Plan name            | INTERMOOR INC. 401(K) PLAN                                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INTERMOOR INC.                                                                | <b>c</b> EIN-PN 20-1780510-001 |
| <b>a</b>                                                                                                                             | Plan name            | INTERNATIONAL FOUNDATION EMPLOYEE'S THRIFT PLA                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INTL FNDTN OF EMPLOYEE BENEFIT PLANS INC                                      | <b>c</b> EIN-PN 39-1034021-002 |
| <b>a</b>                                                                                                                             | Plan name            | INTERNATIONAL TENNIS CORPORATION 401(K) PLAN                                  |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | FRANKLIN ATHLETIC CLUB                                                        | <b>c</b> EIN-PN 38-1893103-002 |
| <b>a</b>                                                                                                                             | Plan name            | INTERNATIONAL UNION OF OPERATI NG ENGINEERS STAFF                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | IUOE STAFF RETIREMENT PLAN                                                    | <b>c</b> EIN-PN 47-7233650-001 |
| <b>a</b>                                                                                                                             | Plan name            | INVESTCLOUD, INC. 401(K) PLAN                                                 |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INVESTCLOUD, INC.                                                             | <b>c</b> EIN-PN 32-0412640-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | IST MANAGEMENT SERVICES, INC. DEFINED CONTRIBUTION                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | IST MANAGEMENT SERVICES, INC.                                                 | <b>c</b> EIN-PN 58-2303739-001 |
| <b>a</b>                                                                                                                             | Plan name            | ITA INTERNATIONAL LLC 401(K) PLAN                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ITA INTERNATIONAL, LLC                                                        | <b>c</b> EIN-PN 54-2015858-001 |
| <b>a</b>                                                                                                                             | Plan name            | IUOE LOCAL 295 AND 295C EMPLOYEES ANNUITY PLAN                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | IUOE LOCAL 295                                                                | <b>c</b> EIN-PN 11-1889503-001 |
| <b>a</b>                                                                                                                             | Plan name            | J.R. FILANC CONSTRUCTION COMPANY, INC. 401(K) PLAN                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | J.R FILANC CONSTRUCTION COMPANY INC.                                          | <b>c</b> EIN-PN 95-1758372-006 |
| <b>a</b>                                                                                                                             | Plan name            | JOHN MARSHALL BANK 401(K)                                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JOHN MARSHALL BANK                                                            | <b>c</b> EIN-PN 74-3125891-001 |
| <b>a</b>                                                                                                                             | Plan name            | JOHN PAUL RICHARD, INC. 401K PLAN                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JOHN PAUL RICHARD, INC.                                                       | <b>c</b> EIN-PN 95-4584078-001 |
| <b>a</b>                                                                                                                             | Plan name            | JOST INTERNATIONAL CORP. 401(K) PLAN                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JOST INTERNATIONAL CORP                                                       | <b>c</b> EIN-PN 38-2347939-001 |
| <b>a</b>                                                                                                                             | Plan name            | JOURNEYMEN & APPRENTICES OF LOCAL # 188 ANNUITY                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JOURNEYMAN AND APPRENTICES OF LOCAL 188                                       | <b>c</b> EIN-PN 27-1116264-001 |
| <b>a</b>                                                                                                                             | Plan name            | JSW STEEL USA INC 401K PROFIT SHARING PLAN & T                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JSW STEEL (USA) INC                                                           | <b>c</b> EIN-PN 61-1539103-001 |
| <b>a</b>                                                                                                                             | Plan name            | JSW STEEL USA OHIO, INC. 401(K) PLAN                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JSW STEEL (USA) INC                                                           | <b>c</b> EIN-PN 81-3308222-001 |
| <b>a</b>                                                                                                                             | Plan name            | JX NIPPON CHEMICAL TEXAS INC. 401(K) PLAN                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | NIPPON CHEMICAL TEXAS INC.                                                    | <b>c</b> EIN-PN 76-0663059-001 |
| <b>a</b>                                                                                                                             | Plan name            | K AND H TECHNOLOGIES, INC. 401(K) PROFIT SHARING P                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | K&H TECHNOLOGIES, INC.                                                        | <b>c</b> EIN-PN 23-2516358-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | KALKASKA MEMORIAL HEALTH CENTER RETIREMENT PLAN                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KALKASKA COUNTY HOSPITAL AUTHORITY                                            | <b>c</b> EIN-PN 38-6032904-001 |
| <b>a</b>                                                                                                                             | Plan name            | KANSAS ORTHOPAEDIC CENTER P.A. 401(K) PLAN                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KANSAS ORTHOPAEDIC CENTER, P.A.                                               | <b>c</b> EIN-PN 48-1098300-001 |
| <b>a</b>                                                                                                                             | Plan name            | KAULIG COMPANIES 401(K) PLAN                                                  |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KAULIG COMPANIES LLC                                                          | <b>c</b> EIN-PN 81-3380680-001 |
| <b>a</b>                                                                                                                             | Plan name            | KECK & WOOD, INC. 401(K) PLAN                                                 |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KECK & WOOD INC.                                                              | <b>c</b> EIN-PN 58-0801754-001 |
| <b>a</b>                                                                                                                             | Plan name            | KENT POWER, INC. 401(K) PROFIT SHARING PLAN                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KENT POWER INC.                                                               | <b>c</b> EIN-PN 45-4035665-001 |
| <b>a</b>                                                                                                                             | Plan name            | KEY TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KEY TECHNOLOGIES INC.                                                         | <b>c</b> EIN-PN 52-2073919-002 |
| <b>a</b>                                                                                                                             | Plan name            | KEYSTONE PROPERTY GROUP, INC. 401(K) PLAN                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KEYSTONE PROPERTY GROUP, INC.                                                 | <b>c</b> EIN-PN 23-3065057-001 |
| <b>a</b>                                                                                                                             | Plan name            | LABORERS' LOCAL 17 ANNUITY FUND PLAN                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LABORERS INTERNATIONAL UNION OF NA LOCAL 17                                   | <b>c</b> EIN-PN 14-1825397-002 |
| <b>a</b>                                                                                                                             | Plan name            | LAKE COUNTY PLASTERERS & CEMENT MASONS RETIREM                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TRUSTEES OF LAKE COUNTY PLASTERS                                              | <b>c</b> EIN-PN 36-3671021-002 |
| <b>a</b>                                                                                                                             | Plan name            | LAKE NORMAN ANESTHESIA ASSOCIATES, P.A. 401(K) PRO                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LAKE NORMAN ANESTHESIA ASSOCIATES, P.A.                                       | <b>c</b> EIN-PN 56-1802491-001 |
| <b>a</b>                                                                                                                             | Plan name            | LANDSCAPE MAINTENANCE PROFESSIONALS INC RETIREMENT                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LANDSCAPE MAINTENANCE PROFESSIONALS, INC.                                     | <b>c</b> EIN-PN 59-3613665-002 |
| <b>a</b>                                                                                                                             | Plan name            | LEASEWEB USA, INC. 401(K) RETIREMENT PLAN                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LEASEWEB USA, INC.                                                            | <b>c</b> EIN-PN 99-0361074-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | LEC/CPI 401(K) AND PROFIT SHARING PLAN                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LAKEWOOD ELECTRIC COMPANY                                                     | <b>c</b> EIN-PN 84-0865224-001 |
| <b>a</b>                                                                                                                             | Plan name            | LEE SULLIVAN SHEA & SMITH LLP 401(K) PLAN                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LEE SULLIVAN SHEA & SMITH LLP                                                 | <b>c</b> EIN-PN 47-2637935-001 |
| <b>a</b>                                                                                                                             | Plan name            | LIGHTWAYS HOSPICE AND SERIOUS ILLNESS CARE 401(K)                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LIGHTWAYS HOSPICE & SERIOUS ILLNESS CARE                                      | <b>c</b> EIN-PN 36-3191281-001 |
| <b>a</b>                                                                                                                             | Plan name            | LINC SYSTEMS, INC., 401(K) PLAN                                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LINC ACQUISITION CO.                                                          | <b>c</b> EIN-PN 35-1962418-001 |
| <b>a</b>                                                                                                                             | Plan name            | LOCAL 138, 138A, 138B & 138C IUOE, AFL-CIO ANN                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INTL UNION OF OPENGNRS LCL138,138A,138B&138C                                  | <b>c</b> EIN-PN 11-2653717-002 |
| <b>a</b>                                                                                                                             | Plan name            | LOCAL 295 FOR ALL CITY METAL 401(K) PLAN                                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | IUOE LOCAL 295 FOR ALL CITY METAL                                             | <b>c</b> EIN-PN 11-3140941-001 |
| <b>a</b>                                                                                                                             | Plan name            | LOCAL 295 IUOE 401(K) PLAN                                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BOARD OF TRUSTEES OF IUOE LOCAL 295 401K PN                                   | <b>c</b> EIN-PN 11-3140941-001 |
| <b>a</b>                                                                                                                             | Plan name            | LOCAL 338 ANNUITY FUND                                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BOARD OF TRUSTEES LOCAL 338 ANNUITY FUND                                      | <b>c</b> EIN-PN 27-1596066-001 |
| <b>a</b>                                                                                                                             | Plan name            | LOCAL 8A-28A 401(K) RETIREMENT PLAN                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LOCAL 8A-28A 401(K) RETIREMENT PLAN                                           | <b>c</b> EIN-PN 13-5652917-001 |
| <b>a</b>                                                                                                                             | Plan name            | LOCH HARBOUR GROUP INC 401(K) PROFIT SHARING PLAN                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LOCH HARBOUR GROUP, INC.                                                      | <b>c</b> EIN-PN 54-1761107-001 |
| <b>a</b>                                                                                                                             | Plan name            | LOS ANGELES DEPENDENCY LAWYERS, INC. 401(K) PLAN                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LOS ANGELES DEPENDENCY LAWYERS, INC.                                          | <b>c</b> EIN-PN 20-5491740-001 |
| <b>a</b>                                                                                                                             | Plan name            | LUZERNE COUNTY HEAD START, INC                                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LUZERNE COUNTY HEAD START INC                                                 | <b>c</b> EIN-PN 23-2038753-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | MAIN STREET GOURMET LLC 401(K) PLAN                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MAIN STREET GOURMET LLC                                                       | <b>c</b> EIN-PN 34-1717150-001 |
| <b>a</b>                                                                                                                             | Plan name            | MAP RETIREMENT SAVINGS AND RETIREMENT PLAN                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MAP RETIREMENT USA LLC                                                        | <b>c</b> EIN-PN 39-1884254-001 |
| <b>a</b>                                                                                                                             | Plan name            | MARKETING PARTNER SERVICES, LLC RETIREMENT PLAN                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MARKETING PARTNER SERVICES LLC                                                | <b>c</b> EIN-PN 82-1989560-001 |
| <b>a</b>                                                                                                                             | Plan name            | MARSHALL STAMPING COMPANY RETI REMENT PLAN                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MARSHALL STAMPING COMPANY                                                     | <b>c</b> EIN-PN 25-1305162-001 |
| <b>a</b>                                                                                                                             | Plan name            | MCCOY LAW GROUP, S.C. 401(K) PROFIT SHARING PLAN                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MCCOY LEAVITT LASKEY, LLC                                                     | <b>c</b> EIN-PN 46-2356960-001 |
| <b>a</b>                                                                                                                             | Plan name            | MCNAMEE, HOSEA, JERNIGAN, KIM, GREENAN & LYNCH                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MCNAMEE,HOSEA,JERNIGAN,KIM,GREENAN&LYNCH, PA                                  | <b>c</b> EIN-PN 52-1263853-001 |
| <b>a</b>                                                                                                                             | Plan name            | MEADOWCREST FAMILY PHYSICIANS PA 401(K) PROFIT SHA                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MEADOWCREST FAMILY PHYSICIANS                                                 | <b>c</b> EIN-PN 20-2932425-001 |
| <b>a</b>                                                                                                                             | Plan name            | MECHANIX WEAR, INC. 401(K) RETIREMENT PLAN                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MECHANIX WEAR                                                                 | <b>c</b> EIN-PN 95-3920385-001 |
| <b>a</b>                                                                                                                             | Plan name            | MERCEDES MEDICAL, INC 401(K) PLANVV                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MERCEDES MEDICAL, INC.                                                        | <b>c</b> EIN-PN 65-0437024-001 |
| <b>a</b>                                                                                                                             | Plan name            | MEYER & DEPEW COMPANY EMPLOYEES' 401(K) PS                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MEYER & DEPEW CO., INC.                                                       | <b>c</b> EIN-PN 22-1535518-001 |
| <b>a</b>                                                                                                                             | Plan name            | MEYER CAPEL 401(K) PLAN                                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MEYER CAPEL, A PROFESSIONAL CORPORATION                                       | <b>c</b> EIN-PN 37-1159433-001 |
| <b>a</b>                                                                                                                             | Plan name            | MICRO ELECTRONICS, INC. 401(K) SAVINGS PLAN                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MICRO ELECTRONICS, INC                                                        | <b>c</b> EIN-PN 31-1251545-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| <b>a</b> | Plan name MID-CONTINENT INSTRUMENT 401(K) PROFIT SHARING PLA                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor MID CONTINENT INSTRUMENTS CO. INC                                                                                                                                                                | <b>c</b> EIN-PN 75-1659238-001 |  |
| <b>a</b> | Plan name MID-SOUTH IRON WORKERS DIRECT CONTRIBUTION FUND                                                                                                                                                             |                                |  |
| <b>b</b> | Name of plan sponsor BRDOFTRSTS MIDSOUTHIRON WRKRS DIRECTCONT FD                                                                                                                                                      | <b>c</b> EIN-PN 72-1303411-001 |  |
| <b>a</b> | Plan name MIDWEST INTEGRATED COMPANIES 401(K) PLAN                                                                                                                                                                    |                                |  |
| <b>b</b> | Name of plan sponsor MIDWEST INTEGRATED COMPANIES                                                                                                                                                                     | <b>c</b> EIN-PN 30-0007854-002 |  |
| <b>a</b> | Plan name MIDWESTERN TEAMSTERS 401(K) PLAN                                                                                                                                                                            |                                |  |
| <b>b</b> | Name of plan sponsor MSTRS,AUTOMOT,PETROL&ALLIEDTRDSLCLUNIONNO50                                                                                                                                                      | <b>c</b> EIN-PN 90-0425188-001 |  |
| <b>a</b> | Plan name MILESTONE ELECTRIC 401(K) PLAN                                                                                                                                                                              |                                |  |
| <b>b</b> | Name of plan sponsor MILESTONE ELECTRIC                                                                                                                                                                               | <b>c</b> EIN-PN 20-2597496-001 |  |
| <b>a</b> | Plan name MILLER BROTHERS CHEVROLET, INC. SAVINGS & PROF                                                                                                                                                              |                                |  |
| <b>b</b> | Name of plan sponsor MILLER BROTHERS CHEVRLOT-CADILLAC INC.                                                                                                                                                           | <b>c</b> EIN-PN 52-1486069-001 |  |
| <b>a</b> | Plan name MMG INSURANCE COMPANY 401(K) RETIREMENT SAVINGS PL                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor MMG INSURANCE COMPANY                                                                                                                                                                            | <b>c</b> EIN-PN 01-0021090-002 |  |
| <b>a</b> | Plan name MMWK MANAGEMENT, INC. 401(K) P/S PLAN                                                                                                                                                                       |                                |  |
| <b>b</b> | Name of plan sponsor MMWK MANAGEMENT, INC.                                                                                                                                                                            | <b>c</b> EIN-PN 27-4062228-001 |  |
| <b>a</b> | Plan name MONARCH PLASTIC SURGERY, P.A. 401(K) PROFIT SHARIN                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor MONARCH PLASTIC SURGERY, P.A.                                                                                                                                                                    | <b>c</b> EIN-PN 48-1164346-001 |  |
| <b>a</b> | Plan name THE MORGAN GROUP, INC. EMPLOYEES' 401(K) PLAN                                                                                                                                                               |                                |  |
| <b>b</b> | Name of plan sponsor THE MORGAN GROUP                                                                                                                                                                                 | <b>c</b> EIN-PN 52-0741857-003 |  |
| <b>a</b> | Plan name MORISON COGEN LLP 401(K) RETIR PLAN                                                                                                                                                                         |                                |  |
| <b>b</b> | Name of plan sponsor MORISON COGEN, LLP                                                                                                                                                                               | <b>c</b> EIN-PN 23-1406493-001 |  |
| <b>a</b> | Plan name MOSAIC LEARNING 401(K) PLAN                                                                                                                                                                                 |                                |  |
| <b>b</b> | Name of plan sponsor MOSAIC LEARNING, INC.                                                                                                                                                                            | <b>c</b> EIN-PN 20-8850218-001 |  |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| <b>a</b> | Plan name MOUNT SAINT CHARLES ACADEMY, INC. 401(K) RETIREMEN                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor MOUNT SAINT CHARLES ACADEMY                                                                                                                                                                      | <b>c</b> EIN-PN 05-0258850-001 |  |
| <b>a</b> | Plan name MPACT INITIATIVES 401(K) PLAN                                                                                                                                                                               |                                |  |
| <b>b</b> | Name of plan sponsor MPACT INITIATIVES LLC                                                                                                                                                                            | <b>c</b> EIN-PN 81-1242690-001 |  |
| <b>a</b> | Plan name MTV FOODS INC 401(K) PROFIT SHARING PLAN AND TRUST                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor MTV FOODS                                                                                                                                                                                        | <b>c</b> EIN-PN 13-3762064-001 |  |
| <b>a</b> | Plan name MWD MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor MWD MANAGEMENT, LLC                                                                                                                                                                              | <b>c</b> EIN-PN 81-3740124-001 |  |
| <b>a</b> | Plan name NAGLE PAVING COMPANY RETIREMENT PLAN                                                                                                                                                                        |                                |  |
| <b>b</b> | Name of plan sponsor NAGLE PAVING COMPANY                                                                                                                                                                             | <b>c</b> EIN-PN 38-1572719-002 |  |
| <b>a</b> | Plan name NATIONAL AIR CARGO 401(K) PLAN                                                                                                                                                                              |                                |  |
| <b>b</b> | Name of plan sponsor NATIONAL AIR CARGO, INC.                                                                                                                                                                         | <b>c</b> EIN-PN 72-1527000-001 |  |
| <b>a</b> | Plan name NCCI PROFIT SHARING 401(K) PLA                                                                                                                                                                              |                                |  |
| <b>b</b> | Name of plan sponsor NATIONAL CREDITORS CONNECTION, INC.                                                                                                                                                              | <b>c</b> EIN-PN 33-0543588-001 |  |
| <b>a</b> | Plan name NCS TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                           |                                |  |
| <b>b</b> | Name of plan sponsor NCS TECHNOLOGIES, INC.                                                                                                                                                                           | <b>c</b> EIN-PN 54-1822366-001 |  |
| <b>a</b> | Plan name ND INDUSTRIES INC 401(K) PROFIT SHARING PLAN AND T                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor ND INDUSTRIES, INC.                                                                                                                                                                              | <b>c</b> EIN-PN 38-6077454-001 |  |
| <b>a</b> | Plan name NEUDESIC, LLC 401(K) PROFIT SHARING PLAN                                                                                                                                                                    |                                |  |
| <b>b</b> | Name of plan sponsor NEUDESIC                                                                                                                                                                                         | <b>c</b> EIN-PN 42-1528382-001 |  |
| <b>a</b> | Plan name NEW ENGLAND AIR SYSTEMS, INC. 4 01(K) SAVINGS PLAN                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor NEW ENGLAND AIR SYSTEMS, LLC.                                                                                                                                                                    | <b>c</b> EIN-PN 33-0543588-002 |  |
| <b>a</b> | Plan name NEW ERA 401(K) PLAN                                                                                                                                                                                         |                                |  |
| <b>b</b> | Name of plan sponsor NEW ERA TECHNOLOGY, INC.                                                                                                                                                                         | <b>c</b> EIN-PN 37-1736628-001 |  |

| Part II                                                                                                                              |                                                                   | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                       |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                                                   |                                                                               |                       |
| a                                                                                                                                    | Plan name NFLPA INC. PROFIT SHARING 401(K) PLAN AND TRUST         |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION | c                                                                             | EIN-PN 52-1169809-003 |
| a                                                                                                                                    | Plan name NFLPA MONEY PURCHASE PLAN AND TRUST                     |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION | c                                                                             | EIN-PN 52-1169809-002 |
| a                                                                                                                                    | Plan name NMGF MANAGEMENT LLC 401K PROFIT SHARING PLAN AND T      |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor NMGF MANAGEMENT LLC                          | c                                                                             | EIN-PN 61-1437871-001 |
| a                                                                                                                                    | Plan name NOLAN & FREUND DENTAL 401(K) P LAN                      |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor NOLAN & FREUND DENTAL PROFESSIONALS          | c                                                                             | EIN-PN 26-3932518-001 |
| a                                                                                                                                    | Plan name NORFOLK TUG COMPANY 401(K) PLAN                         |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor NORFOLK TUG COMPANY                          | c                                                                             | EIN-PN 54-1919409-001 |
| a                                                                                                                                    | Plan name NORRIS INSURANCE RETIREMENT PLAN                        |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor NORRIS INSURANCE AGENCY, INC.                | c                                                                             | EIN-PN 35-1379278-001 |
| a                                                                                                                                    | Plan name NVISIA, LLC EMPLOYEE'S PROFIT SHARING & 401(K)          |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor NVISIA, LLC                                  | c                                                                             | EIN-PN 36-4365668-001 |
| a                                                                                                                                    | Plan name NWL, INC. 401(K) RETIREMENT PLAN                        |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor NWL, INC                                     | c                                                                             | EIN-PN 21-0671000-002 |
| a                                                                                                                                    | Plan name O.P.E.N. AMERICA INC D/B/A OPENWORKS 401K PLAN          |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor O.P.E.N. AMERICA, INC. DBA OPENWORKS         | c                                                                             | EIN-PN 86-0584561-001 |
| a                                                                                                                                    | Plan name O'BRIEN AUTO GROUP 401(K) PLAN                          |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor O'BRIEN AUTO GROUP                           | c                                                                             | EIN-PN 91-1438162-001 |
| a                                                                                                                                    | Plan name OMAHA OBGYN ASSOCIATES P.C. PROFIT SHARING 401(K)       |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor OMAHA OB-GYN ASSOCIATES, PC                  | c                                                                             | EIN-PN 47-0707346-001 |
| a                                                                                                                                    | Plan name OMAHA TRUCK CENTER INC. 401(K) RETIREMENT PLAN          |                                                                               |                       |
| b                                                                                                                                    | Name of plan sponsor OMAHA TRUCK CENTER, INC.                     | c                                                                             | EIN-PN 47-0566062-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | OPERATING ENGINEERS LOCAL 12 DEFINED CONTRIBUTION                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | OPERATING ENGINEERS LOCAL 12                                                  | <b>c</b> EIN-PN 83-0984282-001 |
| <b>a</b>                                                                                                                             | Plan name            | ORANGE COAST WOMEN'S MEDICAL GROUP 401(K) PROF                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ORANGE COAST WOMEN'S MEDICAL GROUP, INC.                                      | <b>c</b> EIN-PN 33-0647421-001 |
| <b>a</b>                                                                                                                             | Plan name            | OREGON SURGICENTER 401(K) PROFIT SHARING PLAN                                 |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | OREGON SURGICENTER LLC                                                        | <b>c</b> EIN-PN 43-1980819-001 |
| <b>a</b>                                                                                                                             | Plan name            | OREGON UROLOGY INSTITUTE P.C. 401(K) PROFIT SHARIN                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | OREGON UROLOGY INSTITUTE P.C.                                                 | <b>c</b> EIN-PN 93-0636837-001 |
| <b>a</b>                                                                                                                             | Plan name            | ORGANOGENESIS, INC. 401(K) SAVINGS PLAN                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ORGANOGENESIS INC.                                                            | <b>c</b> EIN-PN 04-2871690-001 |
| <b>a</b>                                                                                                                             | Plan name            | OTJ ARCHITECTS INC 401(K) PROFIT SHARING PLAN &AMP                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | OTJ ARCHITECTS, INC                                                           | <b>c</b> EIN-PN 52-1698957-001 |
| <b>a</b>                                                                                                                             | Plan name            | OUTLOOK-NEBRASKA, INC. 401(K) PLAN                                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | OUTLOOK - NEBRASKA                                                            | <b>c</b> EIN-PN 36-4348793-001 |
| <b>a</b>                                                                                                                             | Plan name            | OUTSIDE SERVICES 401K RETIREMENT PLAN                                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | OUTSIDE GC LLC                                                                | <b>c</b> EIN-PN 01-0605252-001 |
| <b>a</b>                                                                                                                             | Plan name            | PACIFIC ALLIANCE BANK 401(K) PROFIT SHARING PLAN                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PACIFIC ALLIANCE BANK                                                         | <b>c</b> EIN-PN 56-2600818-001 |
| <b>a</b>                                                                                                                             | Plan name            | PACIFIC ERECTORS 401K PLAN                                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PACIFIC ERECTORS                                                              | <b>c</b> EIN-PN 94-3091348-001 |
| <b>a</b>                                                                                                                             | Plan name            | PANCO MANAGEMENT OF NEW JERSEY, LLC 401(K) PLAN                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PANCO MANAGEMENT OF NEW JERSEY, LLC                                           | <b>c</b> EIN-PN 22-3609589-001 |
| <b>a</b>                                                                                                                             | Plan name            | PARK AVENUE MOTOR CORP. 401(K) SAVINGS PLAN (&QUOT                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PARK AVENUE MOTOR CORP                                                        | <b>c</b> EIN-PN 22-2087339-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | PARTEN OPERATING, INC. 401(K) PLAN                                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PARTEN OPERATONG INC.                                                         | <b>c</b> EIN-PN 76-0414854-001 |
| <b>a</b>                                                                                                                             | Plan name            | PASSEL FARMS 401(K) PLAN                                                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PF SERVICES, LLC                                                              | <b>c</b> EIN-PN 42-1482334-001 |
| <b>a</b>                                                                                                                             | Plan name            | PATRIOT 401(K) PLAN                                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PATRIOT CONSTRUCTION, LLC                                                     | <b>c</b> EIN-PN 26-4053409-001 |
| <b>a</b>                                                                                                                             | Plan name            | PCE, INC. 401(K) PLAN                                                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PCE, INC.                                                                     | <b>c</b> EIN-PN 30-0683634-001 |
| <b>a</b>                                                                                                                             | Plan name            | BALTIMORE COUNTY EMPLOYEES FCU 401(K) PLAN                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BALTIMORE COUNTY EMP FEDERAL CREDIT UNION                                     | <b>c</b> EIN-PN 52-0798315-001 |
| <b>a</b>                                                                                                                             | Plan name            | PEOPLES TRUST COMPANY 401(K) PLAN                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PEOPLES TRUST COMPANY OF ST. ALBANS                                           | <b>c</b> EIN-PN 03-0148320-001 |
| <b>a</b>                                                                                                                             | Plan name            | PERCEPTICS, LLC 401K PROFIT SHARING PLAN                                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PERCEPTICS, LLC                                                               | <b>c</b> EIN-PN 06-1791206-001 |
| <b>a</b>                                                                                                                             | Plan name            | PERFORMANCE ROOFING ASSOCIATES, INC. 401(K) PROFIT                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PERFORMANCE ROOFING ASSOCIATES                                                | <b>c</b> EIN-PN 23-2845284-001 |
| <b>a</b>                                                                                                                             | Plan name            | PETROLEUM COORDINATORS, INC                                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PETROLEUM COORDINATORS INC                                                    | <b>c</b> EIN-PN 72-1009245-001 |
| <b>a</b>                                                                                                                             | Plan name            | PFCU 401(K) SAVING PLAN                                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PCFU                                                                          | <b>c</b> EIN-PN 38-1379433-001 |
| <b>a</b>                                                                                                                             | Plan name            | PHOENIX REALTY GROUP 401K                                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PHOENIX REALTY GROUP                                                          | <b>c</b> EIN-PN 59-3168120-001 |
| <b>a</b>                                                                                                                             | Plan name            | PLAINVIEW HEALTHCARE 401(K) PLAN                                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | EVERVIEW GROUP                                                                | <b>c</b> EIN-PN 87-3667655-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | PLUMBERS & PIPEFITTERS LOCAL 168 RETIREMENT FU                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BRDOFTRSTSPLUMBERS&PIPEFITTERS LCL 168 RET                                    | <b>c</b> EIN-PN 31-1219497-003 |
| <b>a</b>                                                                                                                             | Plan name            | PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 248 ANNU                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PLUMBERS AND STEAMFITTERS LOCAL UNION NO 248                                  | <b>c</b> EIN-PN 47-6290329-002 |
| <b>a</b>                                                                                                                             | Plan name            | PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 557 ANNU                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BRDOFTRSTS PLUMBSTEAMFITTERS LCL NO577 ANN                                    | <b>c</b> EIN-PN 47-6290329-002 |
| <b>a</b>                                                                                                                             | Plan name            | PORT CONSOLIDATED 401(K) SALARY REDUCTION PLAN AND                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PORT CONSOLIDATED                                                             | <b>c</b> EIN-PN 59-1173292-001 |
| <b>a</b>                                                                                                                             | Plan name            | POSEIDA THERAPEUTICS, INC. 401(K) PLAN                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | POSEIDA THERAPEUTICS                                                          | <b>c</b> EIN-PN 47-2846548-001 |
| <b>a</b>                                                                                                                             | Plan name            | POWER COMPONENT SYSTEMS, INC. EMPLOYEE 401(K) PROF                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | POWER COMPONENT SYSTEMS, INC.                                                 | <b>c</b> EIN-PN 52-1197676-001 |
| <b>a</b>                                                                                                                             | Plan name            | PPDS BUYER LLC 401K PLAN                                                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PLANET DDS                                                                    | <b>c</b> EIN-PN 84-2204671-001 |
| <b>a</b>                                                                                                                             | Plan name            | PRECISION PLUS, INC. 401(K) PLAN                                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PRECISION PLUS                                                                | <b>c</b> EIN-PN 39-1621430-001 |
| <b>a</b>                                                                                                                             | Plan name            | PREMIER BANK 401(K) PROFIT SHARING PLAN                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PREMIER BANK                                                                  | <b>c</b> EIN-PN 47-0275330-002 |
| <b>a</b>                                                                                                                             | Plan name            | PREMIER COOPERATIVE EMPLOYEE SAVINGS AND RETIREMEN                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PREMIER COOPERATIVE, INC.                                                     | <b>c</b> EIN-PN 27-0337232-002 |
| <b>a</b>                                                                                                                             | Plan name            | PRISM MARITIME, LLC RETIREMENT TRUST                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PRISM MARITIME, LLC                                                           | <b>c</b> EIN-PN 20-5613822-001 |
| <b>a</b>                                                                                                                             | Plan name            | PRODIGI PUBLIC AFFAIRS, LLC                                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PRODIGI PUBLIC AFFAIRS LLC                                                    | <b>c</b> EIN-PN 87-4342982-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                                    |                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------|
| <b>a</b> | Plan name                                                                                                                                                                                                             | PROFIT SHARING PLAN FOR EMPLOYEES OF THE CARY COMP |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 36-2358931-002 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | PROSOURCE.IT RETIREMENT PLAN                       |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 74-3218662-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | PYRAMID GROUP MANAGEMENT 401K PLAN                 |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 51-0406314-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | QUAKER COLOR 401(K) PROFIT SHA RING PLAN           |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 22-2841122-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | RADIOLOGY OF INDIANA, PC 401(K) PLAN               |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 35-1187380-002 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | RANDOLPH HEALTH 401(K) PLAN                        |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 85-4354835-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | RAY CATENA MOTOR CAR CORP 401(K) PLAN              |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 22-2368198-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | REED AUTOMOTIVE GROUP, INC. 401(K) RETIREMENT PLAN |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 68-0542082-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | THE ROCKPORT COMPANY, LLC 401(K) PLAN              |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 82-5435670-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | REPUBLIC BANK 401(K) PLAN                          |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 23-2479933-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | RESTAURANT 365 401(K) PLAN                         |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 45-2758311-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | RESTAURANT MANAGEMENT COMPANY OF WICHITA, INC. 401 |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 48-1010914-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>a</b> | Plan name RESTORIXHEALTH 401(K) PLAN                                                                                                                                                                                  |                                |
| <b>b</b> | Name of plan sponsor RESTORIXHEALTH                                                                                                                                                                                   | <b>c</b> EIN-PN 22-3583662-001 |
| <b>a</b> | Plan name RETIREMENT PLAN FOR THE EMPLOYEES OF NORTHEAST COU                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor NORTHEAST COUNSELING SERVICES                                                                                                                                                                    | <b>c</b> EIN-PN 23-1877525-001 |
| <b>a</b> | Plan name REYES AUTOMOTIVE GROUP II, LLC & REYES AMTEX A                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor REYES AUTOMOTIVE GROUP II LLC                                                                                                                                                                    | <b>c</b> EIN-PN 20-2951706-001 |
| <b>a</b> | Plan name RICHLAND GLASS COMPANY INC. 401(K) PS PLAN                                                                                                                                                                  |                                |
| <b>b</b> | Name of plan sponsor RICHLAND GLASS CO., INC.                                                                                                                                                                         | <b>c</b> EIN-PN 21-0721833-002 |
| <b>a</b> | Plan name RICHMOND FORD, LLC SALARY DEFERRAL 401 (K) PROFIT                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor RICHMOND FORD, LLC                                                                                                                                                                               | <b>c</b> EIN-PN 32-0046035-001 |
| <b>a</b> | Plan name RKS ASSOCIATES 401(K) PLAN                                                                                                                                                                                  |                                |
| <b>b</b> | Name of plan sponsor RKS ASSOCIATES                                                                                                                                                                                   | <b>c</b> EIN-PN 22-2529877-003 |
| <b>a</b> | Plan name ROTH STAFFING COMPANIES, LP 40 1(K) PLAN                                                                                                                                                                    |                                |
| <b>b</b> | Name of plan sponsor ROTH STAFFING COMPANIES, LP                                                                                                                                                                      | <b>c</b> EIN-PN 33-0633164-001 |
| <b>a</b> | Plan name ROYAL ELECTRIC COMPANY 401(K) PLAN                                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor VELLUTINI CORPORATION                                                                                                                                                                            | <b>c</b> EIN-PN 94-2422340-003 |
| <b>a</b> | Plan name RUBIN AND RUDMAN LLP PROFIT SHARING PLAN                                                                                                                                                                    |                                |
| <b>b</b> | Name of plan sponsor RUBIN AND RUDMAN LLP                                                                                                                                                                             | <b>c</b> EIN-PN 04-2202844-001 |
| <b>a</b> | Plan name SABEL SYSTEMS TECHNOLOGY SOLUTIONS LLC 401(K) PLAN                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor SABEL SYSTEMS TECHNOLOGY SOLUTIONS LLC                                                                                                                                                           | <b>c</b> EIN-PN 54-2047197-001 |
| <b>a</b> | Plan name SAN LEANDRO FORD, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor SAN LEANDRO FORD, INC.                                                                                                                                                                           | <b>c</b> EIN-PN 94-3145105-001 |
| <b>a</b> | Plan name SCENARIO COCKRAM USA INC. 401(K) PLAN                                                                                                                                                                       |                                |
| <b>b</b> | Name of plan sponsor SCENARIO COCKRAM USA INC                                                                                                                                                                         | <b>c</b> EIN-PN 81-1021077-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | SCHULTE BUILDING SYSTEMS, INC. 401K PLAN                                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SCHULTE BUILDING SYSTEMS, INC                                                 | <b>c</b> EIN-PN 20-8246750-001 |
| <b>a</b>                                                                                                                             | Plan name            | SCOTT EQUIPMENT COMPANY EMPLOYEES 401(K) PROFIT SH                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SCOTT EQUIPMENT COMPANY                                                       | <b>c</b> EIN-PN 41-0904660-001 |
| <b>a</b>                                                                                                                             | Plan name            | SEA ENGINEERING, INC. RETIREMENT SAVINGS PLAN                                 |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SEA ENGINEERING, INC.                                                         | <b>c</b> EIN-PN 99-0153637-001 |
| <b>a</b>                                                                                                                             | Plan name            | SEIKO OPTICAL PRODUCTS, INC. RETIREMENT AND INVEST                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | HOYA HOLDINGS, INC.                                                           | <b>c</b> EIN-PN 22-2962132-001 |
| <b>a</b>                                                                                                                             | Plan name            | SELCO COMMUNITY CREDIT UNION RETIREMENT CONTRIBUTI                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SELCO COMMUNITY CREDIT UNION                                                  | <b>c</b> EIN-PN 93-0163693-002 |
| <b>a</b>                                                                                                                             | Plan name            | SENSKE LAWN & TREE CARE, INC. 401(K) PLAN                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SENSKE LAWN & TREE CARE, LLC                                                  | <b>c</b> EIN-PN 91-0910097-001 |
| <b>a</b>                                                                                                                             | Plan name            | SERGEANTS BENEVOLENT ASSOCIATION ANNUITY FUND                                 |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SERGEANTS BENEVOLENT ASSOCIATION                                              | <b>c</b> EIN-PN 13-3704953-001 |
| <b>a</b>                                                                                                                             | Plan name            | SEWELL FAMILY OF COMPANIES, INC. 401(K) PROFIT SHA                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SEWALL FAMILY OF COMPANIES                                                    | <b>c</b> EIN-PN 75-0715754-001 |
| <b>a</b>                                                                                                                             | Plan name            | SHARPS MEDICAL WASTE SERVICES 401(K) PLAN                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SHARPS MEDICAL WASTE SERVICES                                                 | <b>c</b> EIN-PN 85-0802397-001 |
| <b>a</b>                                                                                                                             | Plan name            | SHEET METAL WORKERS LOCAL 218(D) DEFINED CONTRIBUT                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SHEET METAL WORKERS LOCAL 218                                                 | <b>c</b> EIN-PN 36-4048417-002 |
| <b>a</b>                                                                                                                             | Plan name            | SHEET METAL WORKERS LOCAL UNION NO. 80 ANNUITY FUN                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BRDOFTRSTSOFSHEETMETALWRKRS'LCLL NO80 ANN FD                                  | <b>c</b> EIN-PN 38-2941426-002 |
| <b>a</b>                                                                                                                             | Plan name            | SHURWAY MOVING & CARTAGE COMPANY 401(K) RETIRE                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SHUR-WAY MOVING & CARTAGE COMPANY                                             | <b>c</b> EIN-PN 36-3452507-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                                |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|
| <b>a</b> | Plan name <a href="#">SIMITREE HEALTHCARE CONSULTING, LLC 401(K) PLAN</a>                                                                                                                                             |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SIMITREE HEALTHCARE CONSULTING, LLC</a>                                                                                                                                              | <b>c</b> EIN-PN <a href="#">86-3586333-001</a> |  |
| <b>a</b> | Plan name <a href="#">SIMMONDS BRADY &amp; LOI PC 401(K) PLAN</a>                                                                                                                                                     |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SIMMONDS BRADY &amp; LOI PC</a>                                                                                                                                                      | <b>c</b> EIN-PN <a href="#">20-1970498-001</a> |  |
| <b>a</b> | Plan name <a href="#">SIMON HEGELE 401(K) PLAN</a>                                                                                                                                                                    |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SIMON HEGELE HEALTHCARE SOLUTIONS, LLC</a>                                                                                                                                           | <b>c</b> EIN-PN <a href="#">68-0585429-001</a> |  |
| <b>a</b> | Plan name <a href="#">SIMULATIONS PLUS, INC. 401(K) PROFIT SHARING PLAN</a>                                                                                                                                           |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SIMULATIONS PLUS, INC.</a>                                                                                                                                                           | <b>c</b> EIN-PN <a href="#">95-4595609-001</a> |  |
| <b>a</b> | Plan name <a href="#">SIVYER STEEL CORPORATION HOURLY EMPLOYEES 401K PLA</a>                                                                                                                                          |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SIVYER STEEL CASTINGS LLC</a>                                                                                                                                                        | <b>c</b> EIN-PN <a href="#">83-0879341-005</a> |  |
| <b>a</b> | Plan name <a href="#">SIXGEN, INC. 401(K) PLAN</a>                                                                                                                                                                    |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SIXGEN, INC.</a>                                                                                                                                                                     | <b>c</b> EIN-PN <a href="#">82-2826914-001</a> |  |
| <b>a</b> | Plan name <a href="#">SMASA 401(K) RETIREMENT PLAN</a>                                                                                                                                                                |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SPORTS MEDICINE ASSOCIATES OF SAN ANTONIO</a>                                                                                                                                        | <b>c</b> EIN-PN <a href="#">90-0120192-001</a> |  |
| <b>a</b> | Plan name <a href="#">SMT 401(K) PLAN</a>                                                                                                                                                                             |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SPORTSMEDIA TECHNOLOGY CORPORATION</a>                                                                                                                                               | <b>c</b> EIN-PN <a href="#">52-1693107-002</a> |  |
| <b>a</b> | Plan name <a href="#">SOUTHERN AUTO FINANCE COMPANY, LLC 401(K) PLAN</a>                                                                                                                                              |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SOUTHERN AUTO FINANCE COMPANY, LLC</a>                                                                                                                                               | <b>c</b> EIN-PN <a href="#">65-0211437-001</a> |  |
| <b>a</b> | Plan name <a href="#">SOUTHERN METALS RECYCLING 401(K) PLAN</a>                                                                                                                                                       |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SOUTHERN METALS RECYCLING</a>                                                                                                                                                        | <b>c</b> EIN-PN <a href="#">57-1173599-001</a> |  |
| <b>a</b> | Plan name <a href="#">SOUTHERN VETERINARY PARTNERS, LLC 401K PLAN</a>                                                                                                                                                 |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SOUTHERN VETERINARY PARTNERS, LLC</a>                                                                                                                                                | <b>c</b> EIN-PN <a href="#">47-1908537-001</a> |  |
| <b>a</b> | Plan name <a href="#">SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER 401(</a>                                                                                                                                          |                                                |  |
| <b>b</b> | Name of plan sponsor <a href="#">SOUTHWEST AUTISM RESEARCH AND RESOURCE CNTR</a>                                                                                                                                      | <b>c</b> EIN-PN <a href="#">31-1496646-001</a> |  |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                                    |                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------|
| <b>a</b> | Plan name                                                                                                                                                                                                             | SOUTHWEST BUSINESS CORPORATION 401(K) PROFIT SHARI |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 75-1553739-002 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | SPARKCOGNITION 401(K) PLAN                         |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 46-3054618-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | SPRAYFOAM SOUTHWEST 401(K) PLAN                    |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 86-0254394-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | SSP AMERICA, INC. 401(K) SAVINGS PLAN              |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 33-0169494-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | STANDARD PROFIT SHARING PLAN PLUS 401(K)           |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 47-0304895-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | STARGEL OFFICE SYSTEMS 401(K) PLAN                 |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 76-0214949-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | STEVENS COMMUNITY MEDICAL CENTER MONEY PURCHASE PE |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 36-3311936-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | STONE ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PL |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 03-0335427-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | SUPPLY FRAME, INC. 401(K) PLAN                     |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 20-0073122-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | SYNERGENX 401(K) PLAN                              |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 37-1852389-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | SYNERGY BUSINESS INNOVATION 401(K) P/S PLAN        |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 84-1698665-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | T.RAD NORTH AMERICA, INC. SAVINGS PLAN AND TRUST   |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                    | 61-1133164-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | TALLEY INC. CASH OR DEFERRED PROFIT SHARING PLAN                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TALLEY INC.                                                                   | <b>c</b> EIN-PN 95-3872464-002 |
| <b>a</b>                                                                                                                             | Plan name            | TAMPA BAY RADIATION ONCOLOGY P.A. 401(K) PLAN                                 |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TAMPA BAY RADIATION ONCOLOGY, P.A.                                            | <b>c</b> EIN-PN 48-1277993-001 |
| <b>a</b>                                                                                                                             | Plan name            | TAMPA BAY WORKFORCE ALLIANCE, INC. 401K PLAN                                  |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TAMPA BAY WORKFORCE ALLIANCE, INC.                                            | <b>c</b> EIN-PN 59-3655316-001 |
| <b>a</b>                                                                                                                             | Plan name            | TANADGUSIX CORPORATION 401(K) PLAN AND TRUST                                  |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TANAGUSIX CORPORATION                                                         | <b>c</b> EIN-PN 92-0045263-001 |
| <b>a</b>                                                                                                                             | Plan name            | TAPESTRY MANAGEMENT SERVICES 401(K) PROFIT SHARING                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TAPESTRY MANAGEMENT SERVICES                                                  | <b>c</b> EIN-PN 84-4559744-001 |
| <b>a</b>                                                                                                                             | Plan name            | TEAMSTERS LOCAL 500 SEVERANCE TRUST FUND                                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TEAMSTERS LOCAL 500                                                           | <b>c</b> EIN-PN 23-7376385-001 |
| <b>a</b>                                                                                                                             | Plan name            | TEAMSTERS LOCAL 500 SEVERANCE TRUST FUND                                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TEAMSTERS LOCAL 500                                                           | <b>c</b> EIN-PN 23-7376386-001 |
| <b>a</b>                                                                                                                             | Plan name            | TECHNICAL DATA ANALYSIS, INC. 401K PROFIT SHARING                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TECHNICAL DATA ANALYSIS INC.                                                  | <b>c</b> EIN-PN 54-1869259-001 |
| <b>a</b>                                                                                                                             | Plan name            | ALDEN MANAGEMENT SERVICES INC. & AFFILIATES 401K PLAN                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ALDEN MANAGEMENT SERVICES INC.                                                | <b>c</b> EIN-PN 36-3107839-001 |
| <b>a</b>                                                                                                                             | Plan name            | TENTCRAFT, LLC 401(K) PLAN                                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TENT CRAFT LLC                                                                | <b>c</b> EIN-PN 26-3987606-001 |
| <b>a</b>                                                                                                                             | Plan name            | THE ASBESTOS WORKERS SAVINGS PLAN                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BOARD OF TRUSTEES, THE ASBESTOS WRKRS SAV FD                                  | <b>c</b> EIN-PN 74-1069448-102 |
| <b>a</b>                                                                                                                             | Plan name            | THE CAYRE GROUP, LTD. 401(K) SAVINGS PLAN                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | THE CAYRE GROUP, LTD.                                                         | <b>c</b> EIN-PN 13-3556315-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                         |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|-------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                         |
| a                                                                                                                                    | Plan name            | THE COMPUTER MERCHANT, LTD. 401(K) RETIREMENT SAVI                            |                         |
| b                                                                                                                                    | Name of plan sponsor | THE COMPUTER MERCHANT, LTD.                                                   | c EIN-PN 04-2703758-002 |
| a                                                                                                                                    | Plan name            | THE DOT PRINTER INC. 401K PLAN                                                |                         |
| b                                                                                                                                    | Name of plan sponsor | THE DOT PRINTER, INC.                                                         | c EIN-PN 95-3483415-001 |
| a                                                                                                                                    | Plan name            | THE FARMERS BANK 401(K) PLAN                                                  |                         |
| b                                                                                                                                    | Name of plan sponsor | THE FARMERS BANK                                                              | c EIN-PN 35-0302320-003 |
| a                                                                                                                                    | Plan name            | THE GREAT LAKES CONSTRUCTION CO AND RELATED COMPAN                            |                         |
| b                                                                                                                                    | Name of plan sponsor | THE GREAT LAKES CONSTRUCTION CO.                                              | c EIN-PN 04-0689355-002 |
| a                                                                                                                                    | Plan name            | THE HOME BANK S B EMPLOYEES' RETIREMENT SAVING                                |                         |
| b                                                                                                                                    | Name of plan sponsor | HOME BANK S B                                                                 | c EIN-PN 35-0388822-001 |
| a                                                                                                                                    | Plan name            | THE LAW OFFICES OF OLIVER & CHEEK, PLLC 401(K)                                |                         |
| b                                                                                                                                    | Name of plan sponsor | THE LAW OFFICES OF OLIVER & CHEEK PLLC                                        | c EIN-PN 26-4521727-001 |
| a                                                                                                                                    | Plan name            | THE MANDMARBLESTONE GROUP LLC 401(K) PROFIT SHARIN                            |                         |
| b                                                                                                                                    | Name of plan sponsor | THE MANDMARBLESTONE GROUP, LLC                                                | c EIN-PN 20-4780677-001 |
| a                                                                                                                                    | Plan name            | THE MORGAN GROUP, INC. EMPLOYEES' 401(K) PLAN                                 |                         |
| b                                                                                                                                    | Name of plan sponsor | THE MORGAN GROUP                                                              | c EIN-PN 76-0197035-001 |
| a                                                                                                                                    | Plan name            | THE PAIN INSTITUTE 401(K) PROFIT SHARING PLAN                                 |                         |
| b                                                                                                                                    | Name of plan sponsor | THE PAIN INSTITUTE                                                            | c EIN-PN 61-1211762-001 |
| a                                                                                                                                    | Plan name            | THE SULLIVAN UNIVERSITY, INC. 401(K) PLAN                                     |                         |
| b                                                                                                                                    | Name of plan sponsor | THE SULLIVAN UNIVERSITY SYSTEM INC.                                           | c EIN-PN 61-0596564-003 |
| a                                                                                                                                    | Plan name            | THE TRUSTEES OF FLASH GLOBAL LOGISTICS, INC. 401(K)                           |                         |
| b                                                                                                                                    | Name of plan sponsor | FLASH GLOBAL LOGISTICS, INC.                                                  | c EIN-PN 20-8019119-001 |
| a                                                                                                                                    | Plan name            | IUOE LOCAL 339 STAFF TAX DEFERRED SAVINGS PLAN                                |                         |
| b                                                                                                                                    | Name of plan sponsor | BRD OF TRSTS IUOE LCL 339 TAX DEF SAVINGS PN                                  | c EIN-PN 36-1265730-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| <b>a</b> | Plan name IUOE LOCAL 339 DEFERRED COMPENSATION SAVINGS PLAN                                                                                                                                                           |                                |  |
| <b>b</b> | Name of plan sponsor BRD OF TRSTS IUOE LOCAL 339 DEF. COMP PLAN                                                                                                                                                       | <b>c</b> EIN-PN 36-4026691-001 |  |
| <b>a</b> | Plan name THE TRUSTEES OF J & B MECHANICAL CONSTRUCTORS,                                                                                                                                                              |                                |  |
| <b>b</b> | Name of plan sponsor J & B MECHANICAL                                                                                                                                                                                 | <b>c</b> EIN-PN 02-0707614-001 |  |
| <b>a</b> | Plan name THE TRUSTEES OF SEGA OF AMERICA A, INC. 401(K) SAVI                                                                                                                                                         |                                |  |
| <b>b</b> | Name of plan sponsor SEGA OF AMERICA                                                                                                                                                                                  | <b>c</b> EIN-PN 77-0061441-001 |  |
| <b>a</b> | Plan name SPECIFIED AIR SOLUTIONS                                                                                                                                                                                     |                                |  |
| <b>b</b> | Name of plan sponsor SPECIFIED AIR SOLUTIONS                                                                                                                                                                          | <b>c</b> EIN-PN 26-3848102-001 |  |
| <b>a</b> | Plan name THE TRUSTEES OF TEXAS PACIFIC LAND CORPORATION 401                                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor TEXAS PACIFIC LAND CORPORATION                                                                                                                                                                   | <b>c</b> EIN-PN 75-0279735-002 |  |
| <b>a</b> | Plan name THESIS AMERICA, INC. 401K PLAN                                                                                                                                                                              |                                |  |
| <b>b</b> | Name of plan sponsor THESIS AMERICA, INC.                                                                                                                                                                             | <b>c</b> EIN-PN 43-1468368-001 |  |
| <b>a</b> | Plan name THORNTON LAW FIRM, LLP PROFIT SHARING PLAN                                                                                                                                                                  |                                |  |
| <b>b</b> | Name of plan sponsor THORNTON LAW FIRM, LLP                                                                                                                                                                           | <b>c</b> EIN-PN 04-2761223-001 |  |
| <b>a</b> | Plan name TIMONEY KNOX, LLP RETIREMENT PLAN                                                                                                                                                                           |                                |  |
| <b>b</b> | Name of plan sponsor TIMONEY KNOX LLP                                                                                                                                                                                 | <b>c</b> EIN-PN 23-1339676-001 |  |
| <b>a</b> | Plan name TISSUE TECH, INC. 401 (K) PROFIT SHARING PLAN                                                                                                                                                               |                                |  |
| <b>b</b> | Name of plan sponsor TISSUETECH, INC.                                                                                                                                                                                 | <b>c</b> EIN-PN 65-1116071-001 |  |
| <b>a</b> | Plan name TOMY INTERNATIONAL, INC. RETIREMENT SAVINGS PLAN                                                                                                                                                            |                                |  |
| <b>b</b> | Name of plan sponsor TOMY INTERNATIONAL, INC.                                                                                                                                                                         | <b>c</b> EIN-PN 51-0305290-001 |  |
| <b>a</b> | Plan name TORAY 401(K) SAVINGS PLAN                                                                                                                                                                                   |                                |  |
| <b>b</b> | Name of plan sponsor TORAY PLASTICS (AMERICA), INC.                                                                                                                                                                   | <b>c</b> EIN-PN 05-0353346-001 |  |
| <b>a</b> | Plan name TRUSTEES OF ACI 401(K) PROFIT SHARING PLAN                                                                                                                                                                  |                                |  |
| <b>b</b> | Name of plan sponsor AMERICAN CORADIUS INTERNATIONAL LLC                                                                                                                                                              | <b>c</b> EIN-PN 33-1118210-001 |  |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                         |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|-------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                         |
| a                                                                                                                                    | Plan name            | T-SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN                                    |                         |
| b                                                                                                                                    | Name of plan sponsor | T-SOLUTIONS, INC.                                                             | c EIN-PN 02-0554450-001 |
| a                                                                                                                                    | Plan name            | TURNING POINT GLOBAL SOLUTIONS                                                |                         |
| b                                                                                                                                    | Name of plan sponsor | TURNING POINT GLOBAL SOLUTIONS LLC                                            | c EIN-PN 81-0575201-001 |
| a                                                                                                                                    | Plan name            | UFCW LOCAL 1776KS RETIREMENT & SAVINGS PLAN                                   |                         |
| b                                                                                                                                    | Name of plan sponsor | UNITED FOOD AND COMM WORKERS LOCAL 1776KS                                     | c EIN-PN 23-2997353-001 |
| a                                                                                                                                    | Plan name            | UNIT4 401(K) PLAN                                                             |                         |
| b                                                                                                                                    | Name of plan sponsor | UNIT4 BUSINESS SOFTWARE, INC.                                                 | c EIN-PN 04-3461317-001 |
| a                                                                                                                                    | Plan name            | UNITED COMMUNITY ACTION PROGRAM 401(K) PLAN                                   |                         |
| b                                                                                                                                    | Name of plan sponsor | UNITED COMMUNITY ACTION PROGRAM                                               | c EIN-PN 73-0777705-002 |
| a                                                                                                                                    | Plan name            | UNITED CONCRETE PRODUCTS INC. 401(K) PROFIT SHARIN                            |                         |
| b                                                                                                                                    | Name of plan sponsor | UNITED CONCRETE PRODUCTS, INC.                                                | c EIN-PN 06-0992327-001 |
| a                                                                                                                                    | Plan name            | ALLURE HEALTHCARE MANAGEMENT 401(K) PLAN                                      |                         |
| b                                                                                                                                    | Name of plan sponsor | ALLURE HEALTHCARE MANAGEMENT                                                  | c EIN-PN 83-1560777-001 |
| a                                                                                                                                    | Plan name            | URGENT CARE CENTERS OF NEW ENGLAND 401(K) PROFIT S                            |                         |
| b                                                                                                                                    | Name of plan sponsor | URGENT CARE CENTERS OF NEW ENGLAND                                            | c EIN-PN 45-4840644-001 |
| a                                                                                                                                    | Plan name            | VACATION INNOVATIONS LLC 401(K) PLAN                                          |                         |
| b                                                                                                                                    | Name of plan sponsor | VACATION INNOVATIONS LLC                                                      | c EIN-PN 26-3834623-001 |
| a                                                                                                                                    | Plan name            | VALOR HOSPITALITY PARTNERS                                                    |                         |
| b                                                                                                                                    | Name of plan sponsor | VALOR HOSPITALITY PARTNERS, LLC                                               | c EIN-PN 46-0931469-001 |
| a                                                                                                                                    | Plan name            | VALUE DEMONSTRATION MANAGEMENT, INC. RETIREMENT PL                            |                         |
| b                                                                                                                                    | Name of plan sponsor | VALUE DEMONSTRATION MANAGEMENT, INC.                                          | c EIN-PN 84-4706053-001 |
| a                                                                                                                                    | Plan name            | VELOCITY COMMUNITY FEDERAL CREDIT UNION 401(K) PRO                            |                         |
| b                                                                                                                                    | Name of plan sponsor | VELOCITY COMMUNITY FEDERAL CREDIT UNION                                       | c EIN-PN 59-0857963-003 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>a</b> | Plan name VERANEX 401K PLAN                                                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor VERANEX, INC.                                                                                                                                                                                    | <b>c</b> EIN-PN 86-3497638-001 |
| <b>a</b> | Plan name VERITY ACCOUNTANCY, PC 401(K) PROFIT SHARING PLAN                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor VERITY ACCOUNTANCY, PC                                                                                                                                                                           | <b>c</b> EIN-PN 26-0043046-001 |
| <b>a</b> | Plan name VISION III ARCHITECTS 401(K) RETIREMENT PLAN                                                                                                                                                                |                                |
| <b>b</b> | Name of plan sponsor VISION 3 ARCHITECTS                                                                                                                                                                              | <b>c</b> EIN-PN 06-1470854-001 |
| <b>a</b> | Plan name VITALITY LIVING 401(K) PLAN                                                                                                                                                                                 |                                |
| <b>b</b> | Name of plan sponsor VSL EMPLOYEES CO. LLC                                                                                                                                                                            | <b>c</b> EIN-PN 83-2304977-001 |
| <b>a</b> | Plan name WATTS EQUIPMENT CO., INC. 401K PROFIT SHARING PLAN                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor WATTS EQUIPMENT CO. LLC                                                                                                                                                                          | <b>c</b> EIN-PN 94-1648016-001 |
| <b>a</b> | Plan name WEBORG FEEDING COMPANY, LLC 401(K) PLAN                                                                                                                                                                     |                                |
| <b>b</b> | Name of plan sponsor WEBORG FEEDING COMPANY, LLC                                                                                                                                                                      | <b>c</b> EIN-PN 47-0613561-001 |
| <b>a</b> | Plan name WEEKLEY ASPHALT PAVING, INC. 401(K) PLAN                                                                                                                                                                    |                                |
| <b>b</b> | Name of plan sponsor WEEKLEY ASPHALT PAVING INC                                                                                                                                                                       | <b>c</b> EIN-PN 59-0753039-001 |
| <b>a</b> | Plan name WEL COMPANIES, INC. 401(K) SAVINGS PLAN                                                                                                                                                                     |                                |
| <b>b</b> | Name of plan sponsor WEL COMPANIES, INC.                                                                                                                                                                              | <b>c</b> EIN-PN 39-1277617-001 |
| <b>a</b> | Plan name WEST HARBOR HEALTHCARE 401(K) PLAN                                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor WEST HARBOR HEALTHCARE LLC                                                                                                                                                                       | <b>c</b> EIN-PN 81-3033798-001 |
| <b>a</b> | Plan name WESTMORELAND EMERGENCY MEDICINE SPECIALISTS, P.C.                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor WESTERMORLAND EMERGENCY MEDICAL SPECIALISTS                                                                                                                                                      | <b>c</b> EIN-PN 25-1655176-001 |
| <b>a</b> | Plan name WILLIAMS HART & BOUNDAS, LLP 401(K) PLAN                                                                                                                                                                    |                                |
| <b>b</b> | Name of plan sponsor WILLIAMS HART & BOUNDAS LLP                                                                                                                                                                      | <b>c</b> EIN-PN 76-0397414-001 |
| <b>a</b> | Plan name WINDOVER CONSTRUCTION, INC. 40 PROFIT SHARING PLAN                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor WINDOVER CONSTRUCTION INC.                                                                                                                                                                       | <b>c</b> EIN-PN 20-8135911-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>a</b> | Plan name WINTHROP CAPITAL ADVISORS LLC 401(K) PLAN (P)                                                                                                                                                               |                                |
| <b>b</b> | Name of plan sponsor WINTHROP CAPITAL ADVISORS LLC                                                                                                                                                                    | <b>c</b> EIN-PN 81-4158512-002 |
| <b>a</b> | Plan name WINTON IRELAND INSURANCE AGENC Y, INC. 401K PLAN P                                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor WINTON IRELAND INSURANCE AGENC Y INC.                                                                                                                                                            | <b>c</b> EIN-PN 94-2667917-001 |
| <b>a</b> | Plan name WOODSON BOZEMAN, INC. RETIREMENT PLAN                                                                                                                                                                       |                                |
| <b>b</b> | Name of plan sponsor WOODSON & BOZEMAN INC.                                                                                                                                                                           | <b>c</b> EIN-PN 62-0413640-003 |
| <b>a</b> | Plan name WRIGHT PRINTING CO. 401(K) PLAN                                                                                                                                                                             |                                |
| <b>b</b> | Name of plan sponsor WRIGHT PRINTING CO                                                                                                                                                                               | <b>c</b> EIN-PN 47-0259260-001 |
| <b>a</b> | Plan name WYOMING SUGAR COMPANY 401(K) PLAN                                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor WYOMING SUGAR COMPANY                                                                                                                                                                            | <b>c</b> EIN-PN 27-0779546-001 |
| <b>a</b> | Plan name XCEEDANCE INC 401(K) RETIREMENT PLAN                                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor XCEEDANCE, INC.                                                                                                                                                                                  | <b>c</b> EIN-PN 47-2037577-001 |
| <b>a</b> | Plan name XL PARTS 401(K) PLAN                                                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor XL PARTS LLC                                                                                                                                                                                     | <b>c</b> EIN-PN 36-4823231-001 |
| <b>a</b> | Plan name XYLEM 401(K) PLAN                                                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor XYLEM, INC.                                                                                                                                                                                      | <b>c</b> EIN-PN 27-2183056-001 |
| <b>a</b> | Plan name Z SUPPLY LLC 401K PLAN                                                                                                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor Z SUPPLY                                                                                                                                                                                         | <b>c</b> EIN-PN 90-0709975-001 |
| <b>a</b> | Plan name CHARLES E GREEN & SON INC. 401(K) PROFIT SHARING PLAN & TRUST                                                                                                                                               |                                |
| <b>b</b> | Name of plan sponsor CHARLES GREEN & SON INC.                                                                                                                                                                         | <b>c</b> EIN-PN 22-1453438-001 |
| <b>a</b> | Plan name RUBIN TURNBULL & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                |                                |
| <b>b</b> | Name of plan sponsor THE RUBIN GROUP                                                                                                                                                                                  | <b>c</b> EIN-PN 65-0334633-001 |
| <b>a</b> | Plan name SAM GALLOWAY FORD INC. EMPLOYEE 401K PROFIT SHARING                                                                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor SAM GALLOWAY FORD INC                                                                                                                                                                            | <b>c</b> EIN-PN 59-0329880-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | MATRIX SCIENCES INTERNATIONAL INC. 401(K) PLAN                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MATRIX SCIENCES INC.                                                          | <b>c</b> EIN-PN 82-0960665-001 |
| <b>a</b>                                                                                                                             | Plan name            | QUALITY MANAGEMENT ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | QUALITY MANAGEMENT ASSOCIATES                                                 | <b>c</b> EIN-PN 23-2714911-001 |
| <b>a</b>                                                                                                                             | Plan name            | SRCO 401K                                                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SHELL RETAIL AND CONVIENENCE OPERAITONS                                       | <b>c</b> EIN-PN 83-1044314-001 |
| <b>a</b>                                                                                                                             | Plan name            | TEXAS PETROLEUM GROUP, LLC 401(K) PLAN                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | EQUILON ENTERPRISES LLC                                                       | <b>c</b> EIN-PN 52-2074528-001 |
| <b>a</b>                                                                                                                             | Plan name            | VITESSE SYSTEMS 401(K) PLAN                                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | VITESSE SYSTEMS PARENT LLC                                                    | <b>c</b> EIN-PN 87-4001495-001 |
| <b>a</b>                                                                                                                             | Plan name            | CONLIN SUPPLY COMPANY INC 401(K) PLAN                                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CONLIN SUPPLY COMPNANY INC.                                                   | <b>c</b> EIN-PN 47-0868300-001 |
| <b>a</b>                                                                                                                             | Plan name            | ZISSER CUSTOMS LAW GROUP P.C. 401(K) PLAN                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ZISSER CUSTOMS LAW GROUP                                                      | <b>c</b> EIN-PN 33-0946421-002 |
| <b>a</b>                                                                                                                             | Plan name            | SPEEDY CONCRETE CUTTING INC 401(K) PROFIT SHARING PLAN & TRUST                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SPEEDY CONCRETE CUTTING INC                                                   | <b>c</b> EIN-PN 59-2806796-002 |
| <b>a</b>                                                                                                                             | Plan name            | NUCRAFT DENTAL ARTS, INC. 401(K) PROFIT SHARING PLAN                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | NUCRAFT DENTAL ARTS, INC.                                                     | <b>c</b> EIN-PN 58-1461065-001 |
| <b>a</b>                                                                                                                             | Plan name            | AMCO PROPERTY MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | AMCO PROPERTY MANAGEMENT, LLC                                                 | <b>c</b> EIN-PN 65-0860399-001 |
| <b>a</b>                                                                                                                             | Plan name            | COMPONENT CONCEPTS 401(K) PLAN                                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | COMPONENT CONCEPTS                                                            | <b>c</b> EIN-PN 33-0788379-001 |
| <b>a</b>                                                                                                                             | Plan name            | KEY BISCAYNE YACHT CLUB, INC. 401(K) PLAN                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KEY BISCAYNE YACHT CLUB, INC.                                                 | <b>c</b> EIN-PN 59-0798689-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                                                 |                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------|
| <b>a</b> | Plan name                                                                                                                                                                                                             | SO CAL MSC 401(K) PLAN                                          |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 82-2552585-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | BCT PARTNERS, LLC 401(K) PROFIT SHARING PLAN                    |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 22-3665630-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | MERITRONICS, INC. RETIREMENT PLAN                               |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 94-3237693-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | THREE BEARS ALASKA 401(K) PLAN                                  |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 92-0081221-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | INDRA USA INC 401(K) PROFIT SHARING PLAN & TRUST                |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 30-0384697-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | DEXTERA CORPORATION 401(K) PROFIT SHARING PLAN                  |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 51-0547437-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | GUERRERA CONSTRUCTION COMPANY, INC. RETIREMENT PLAN             |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 06-1074455-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | SPOTCO, INC. 401(K) PLAN                                        |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 13-3941857-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | SUPER CARE, INC. 401(K) PROFIT SHARING PLAN & TRUST             |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 95-4021787-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | EYE CARE PHYSICIANS AND SURGEONS OF NJ 401K PROFIT SHARING PLAN |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 93-0611638-002 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | DRIV-LOK, INC. 401(K) PLAN                                      |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 36-1010273-001 |
| <b>a</b> | Plan name                                                                                                                                                                                                             | FSC BANCSHARES, INC. 401(K) PROFIT SHARING PLAN                 |                |
| <b>b</b> | Name of plan sponsor                                                                                                                                                                                                  | <b>c</b> EIN-PN                                                 | 43-1309057-003 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>a</b> | Plan name GRAND RAPIDS CONTROLS CO., LLC EMPLOYEE 401(K) PLAN                                                                                                                                                         |                                |
| <b>b</b> | Name of plan sponsor GRAND RAPIDS CONTROLS CO. LLC                                                                                                                                                                    | <b>c</b> EIN-PN 20-0951372-001 |
| <b>a</b> | Plan name SANDAIR CORPORATION 401(K) PROFIT SHARING PLAN                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor SANDAIR CORPORATION                                                                                                                                                                              | <b>c</b> EIN-PN 68-0235645-001 |
| <b>a</b> | Plan name IMEG 401(K) PLAN                                                                                                                                                                                            |                                |
| <b>b</b> | Name of plan sponsor IMEG CORP.                                                                                                                                                                                       | <b>c</b> EIN-PN 47-5145628-001 |
| <b>a</b> | Plan name PHOENIX MANAGEMENT SOLUTIONS, LLC 401K PROFIT SHARING PLAN & TRUST                                                                                                                                          |                                |
| <b>b</b> | Name of plan sponsor PHOENIX MANAGEMENT SOLUTIONS, LL                                                                                                                                                                 | <b>c</b> EIN-PN 84-4250550-001 |
| <b>a</b> | Plan name THE RIBEIRO COMPANIES 401(K) PLAN                                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor THE RIBEIRO COMPANIES                                                                                                                                                                            | <b>c</b> EIN-PN 88-0428135-001 |
| <b>a</b> | Plan name JVR INGRASCI IMPACT WINDOWS AND DOORS 401(K) PLAN                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor JVR INGRASCI IMPACT WINDOWS AND DOORS, INC.                                                                                                                                                      | <b>c</b> EIN-PN 20-5502485-001 |
| <b>a</b> | Plan name QUANT16 401(K) & PROFIT SHARING PLAN                                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor ELECTRONIC KNOWLEDGE INTERCHANGE COMPANY                                                                                                                                                         | <b>c</b> EIN-PN 36-4069683-001 |
| <b>a</b> | Plan name GULF PACKAGING, INC. 401(K) PLAN                                                                                                                                                                            |                                |
| <b>b</b> | Name of plan sponsor GULF PACKAGING INC.                                                                                                                                                                              | <b>c</b> EIN-PN 77-0622338-001 |
| <b>a</b> | Plan name ALKU 401(K) PLAN                                                                                                                                                                                            |                                |
| <b>b</b> | Name of plan sponsor AKLU LLC                                                                                                                                                                                         | <b>c</b> EIN-PN 26-1250834-001 |
| <b>a</b> | Plan name BOOMI LP 401K                                                                                                                                                                                               |                                |
| <b>b</b> | Name of plan sponsor BOOMI LP                                                                                                                                                                                         | <b>c</b> EIN-PN 23-3016018-001 |
| <b>a</b> | Plan name BOSTON LYRIC OPERA COMPANY INC                                                                                                                                                                              |                                |
| <b>b</b> | Name of plan sponsor BOSTON LYRIC OPERA COMPANY                                                                                                                                                                       | <b>c</b> EIN-PN 04-2469627-001 |
| <b>a</b> | Plan name CAKEBREAD CELLARS INC. 401K PLAN                                                                                                                                                                            |                                |
| <b>b</b> | Name of plan sponsor CAKEBREAD CELLARS, INC.                                                                                                                                                                          | <b>c</b> EIN-PN 94-2666697-004 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | CAVENDER'S BOOT CITY 401(K) RETIREMENT PLAN                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CAVENDER STORES, LTD.                                                         | <b>c</b> EIN-PN 74-2648471-002 |
| <b>a</b>                                                                                                                             | Plan name            | FOUR SEASONS ENVIRONMENTAL INC. RETIREMENT PLAN                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | FOUR SEASONS ENVIRONMENTAL, INC.                                              | <b>c</b> EIN-PN 31-1087929-005 |
| <b>a</b>                                                                                                                             | Plan name            | VYSUS GROUP                                                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | VYSUS MODUSPEC INC.                                                           | <b>c</b> EIN-PN 74-3045968-001 |
| <b>a</b>                                                                                                                             | Plan name            | CAL PRIVATE BANK 401K                                                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CAL PRIVATE BANK                                                              | <b>c</b> EIN-PN 75-3215795-001 |
| <b>a</b>                                                                                                                             | Plan name            | WORKING SOLUTIONS                                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | WSOL LLC                                                                      | <b>c</b> EIN-PN 47-0803449-002 |
| <b>a</b>                                                                                                                             | Plan name            | I & A EXCAVATING 401K                                                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | I&A EXCAVATING                                                                | <b>c</b> EIN-PN 36-3535610-001 |
| <b>a</b>                                                                                                                             | Plan name            | SOUTHEAST MECHANICAL                                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SOUTHEAST MECHANICAL LLC                                                      | <b>c</b> EIN-PN 27-0884971-001 |
| <b>a</b>                                                                                                                             | Plan name            | CNW COURIER NETWORK                                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | COURIER NETWORK INC.                                                          | <b>c</b> EIN-PN 13-3354022-003 |
| <b>a</b>                                                                                                                             | Plan name            | JANUS RESEARCH                                                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JANUS RESEARCH GROUP                                                          | <b>c</b> EIN-PN 52-2043501-001 |
| <b>a</b>                                                                                                                             | Plan name            | MIDSTATE BANCORP INC.                                                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MID STATE BANCORP                                                             | <b>c</b> EIN-PN 73-0736860-002 |
| <b>a</b>                                                                                                                             | Plan name            | PANGIAM HOLDINGS                                                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PANGIAM HOLDINGS LLC                                                          | <b>c</b> EIN-PN 85-3278969-001 |
| <b>a</b>                                                                                                                             | Plan name            | TALENT NEURON                                                                 |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TALENT ACQUISITION COMPANY LLC                                                | <b>c</b> EIN-PN 92-1138110-001 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)                                                |                      |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                     |
| <b>a</b>                                                                                                                             | Plan name            | CORNICK, GARBER & SA                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CORNICK GARBER & SANDLER LLP        |
| <b>c</b>                                                                                                                             | EIN-PN               | 13-2620561-001                      |
| <b>a</b>                                                                                                                             | Plan name            | KEVIN J KELLEY P.C.                 |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KEVIN J KELLEY PC                   |
| <b>c</b>                                                                                                                             | EIN-PN               | 54-1285080-001                      |
| <b>a</b>                                                                                                                             | Plan name            | BURO HAPPOLD                        |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BURO HAPPOLD CONSULTING ENGINEERS   |
| <b>c</b>                                                                                                                             | EIN-PN               | 13-4039627-001                      |
| <b>a</b>                                                                                                                             | Plan name            | U BANK RETIREMENT PLAN              |
| <b>b</b>                                                                                                                             | Name of plan sponsor | U BANK                              |
| <b>c</b>                                                                                                                             | EIN-PN               | 75-1058562-002                      |
| <b>a</b>                                                                                                                             | Plan name            | GRAVEL & SHEA                       |
| <b>b</b>                                                                                                                             | Name of plan sponsor | GRAVEL & SHEA PC                    |
| <b>c</b>                                                                                                                             | EIN-PN               | 03-0270412-001                      |
| <b>a</b>                                                                                                                             | Plan name            | YALE CORDAGE                        |
| <b>b</b>                                                                                                                             | Name of plan sponsor | YALE CORDAGE INC.                   |
| <b>c</b>                                                                                                                             | EIN-PN               | 01-0411986-001                      |
| <b>a</b>                                                                                                                             | Plan name            | MARK NELSON ADVISORY                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MARK NELSON ADVISORY LLC            |
| <b>c</b>                                                                                                                             | EIN-PN               | 48-1238645-001                      |
| <b>a</b>                                                                                                                             | Plan name            | INTELLIFORCE IT                     |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INTELLIFORCE IT SOLUTIONS GROUP LLC |
| <b>c</b>                                                                                                                             | EIN-PN               | 27-4542182-001                      |
| <b>a</b>                                                                                                                             | Plan name            | KAISER TOOL COMPANY INC             |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KAISER TOOL COMPANY                 |
| <b>c</b>                                                                                                                             | EIN-PN               | 35-1466270-001                      |
| <b>a</b>                                                                                                                             | Plan name            | ROW MANAGEMENT                      |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ROW MANAGEMENT LTD.                 |
| <b>c</b>                                                                                                                             | EIN-PN               | 98-0519460-001                      |
| <b>a</b>                                                                                                                             | Plan name            | AMEREX GROUP LLC RE                 |
| <b>b</b>                                                                                                                             | Name of plan sponsor | AMEREX GROUP, LLC                   |
| <b>c</b>                                                                                                                             | EIN-PN               | 20-3945351-001                      |
| <b>a</b>                                                                                                                             | Plan name            | DINE DEVELOPMENT CO                 |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DINE DEVELOPMENT CORPORATION        |
| <b>c</b>                                                                                                                             | EIN-PN               | 77-0651649-001                      |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | KRONENBERGER & SONS                                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KRONENBERGER & SONS RESTORATION, LLC                                          | <b>c</b> EIN-PN 06-1250670-002 |
| <b>a</b>                                                                                                                             | Plan name            | MOXA AMERICAS INC.                                                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MOXA AMERICAS INC.                                                            | <b>c</b> EIN-PN 36-4516881-001 |
| <b>a</b>                                                                                                                             | Plan name            | ORCA, INC.                                                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ORCA, INC.                                                                    | <b>c</b> EIN-PN 06-1286435-001 |
| <b>a</b>                                                                                                                             | Plan name            | AMERICAN COMMUNICATION                                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | AMERICAN COMMUNICATIONS SOLUTIONS, LLC                                        | <b>c</b> EIN-PN 82-2004371-001 |
| <b>a</b>                                                                                                                             | Plan name            | AUTOMOTIVE RACING PR                                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | AUTOMOTIVE RACING PRODUCTS, INC.                                              | <b>c</b> EIN-PN 95-2989549-001 |
| <b>a</b>                                                                                                                             | Plan name            | CAMP MATAPONI, INC.                                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CAMP MATAPONI, INC.                                                           | <b>c</b> EIN-PN 22-3721755-001 |
| <b>a</b>                                                                                                                             | Plan name            | EL US 401(K) PLAN 1                                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ESSILORLUXOTTICA USA INC.                                                     | <b>c</b> EIN-PN 86-3625314-001 |
| <b>a</b>                                                                                                                             | Plan name            | ENERGYRE SERVICES, LLC                                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ENERGYRE SERVICES                                                             | <b>c</b> EIN-PN 92-0974230-001 |
| <b>a</b>                                                                                                                             | Plan name            | HEMOSONICS, LLC                                                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | HEMOSONICS, LLC                                                               | <b>c</b> EIN-PN 20-4483346-001 |
| <b>a</b>                                                                                                                             | Plan name            | INRCORE                                                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INRCORE, LLC                                                                  | <b>c</b> EIN-PN 82-4563386-002 |
| <b>a</b>                                                                                                                             | Plan name            | ITCI                                                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ITI, INC.                                                                     | <b>c</b> EIN-PN 30-0074620-001 |
| <b>a</b>                                                                                                                             | Plan name            | J.D. NEUHAUS, L.P. R                                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | J.D. NEUHAUS, L.P.                                                            | <b>c</b> EIN-PN 52-2087005-001 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)                                                |                      |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                          |
| <b>a</b>                                                                                                                             | Plan name            | JTC USA 401(K) PLAN                      |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JTC USA HOLDINGS, INC.                   |
| <b>c</b>                                                                                                                             | EIN-PN               | 85-0802397-001                           |
| <b>a</b>                                                                                                                             | Plan name            | KODIAK GAS SERVICES                      |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KODIAK GAS SERVICES                      |
| <b>c</b>                                                                                                                             | EIN-PN               | 45-2397126-001                           |
| <b>a</b>                                                                                                                             | Plan name            | L & L HOLDING CO                         |
| <b>b</b>                                                                                                                             | Name of plan sponsor | L & L HOLDING COMPANY, LLC               |
| <b>c</b>                                                                                                                             | EIN-PN               | 20-2866132-001                           |
| <b>a</b>                                                                                                                             | Plan name            | NAVITAS SYSTEM INTEG                     |
| <b>b</b>                                                                                                                             | Name of plan sponsor | NAVITAS SYSTEM INTEGRATION, LLC          |
| <b>c</b>                                                                                                                             | EIN-PN               | 26-2890444-001                           |
| <b>a</b>                                                                                                                             | Plan name            | OMNI SYSTEMS, INC. R                     |
| <b>b</b>                                                                                                                             | Name of plan sponsor | OMNI SYSTEMS, INC.                       |
| <b>c</b>                                                                                                                             | EIN-PN               | 34-1646871-001                           |
| <b>a</b>                                                                                                                             | Plan name            | PAIN MANAGEMENT GROU                     |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PAIN MANAGEMENT GROUP, LLC.              |
| <b>c</b>                                                                                                                             | EIN-PN               | 27-3473237-001                           |
| <b>a</b>                                                                                                                             | Plan name            | PLASMINE TECHNOLOGY                      |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PLASMINE TECHNOLOGY, INC.                |
| <b>c</b>                                                                                                                             | EIN-PN               | 59-2982267-001                           |
| <b>a</b>                                                                                                                             | Plan name            | PRITCHARD AUTO GRP                       |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PRITCHARD AUTO COMPANY, LLC              |
| <b>c</b>                                                                                                                             | EIN-PN               | 42-0646250-002                           |
| <b>a</b>                                                                                                                             | Plan name            | PROFIT RECOVERY                          |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PROFIT RECOVERY PARTNERS, LLC            |
| <b>c</b>                                                                                                                             | EIN-PN               | 33-0785531-001                           |
| <b>a</b>                                                                                                                             | Plan name            | RYERSON SAVINGS PLAN                     |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JOSEPH T. RYERSON & SON, INC.            |
| <b>c</b>                                                                                                                             | EIN-PN               | 36-1717960-001                           |
| <b>a</b>                                                                                                                             | Plan name            | SBW 401K                                 |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SHAPIRO, BLASI, WASSERMAN & HERMANN, P.A |
| <b>c</b>                                                                                                                             | EIN-PN               | 65-0376849-001                           |
| <b>a</b>                                                                                                                             | Plan name            | SG BUSINESS SERVICES                     |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SG BUSINESS SERVICES, LTD.               |
| <b>c</b>                                                                                                                             | EIN-PN               | 76-0589794-001                           |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | VINEYARD OFFSHORE                                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | VINEYARD OFFSHORE, LLC                                                        | <b>c</b> EIN-PN 35-2638233-001 |
| <b>a</b>                                                                                                                             | Plan name            | YANKEE DEVELOPMENT C                                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | YANKEE DEVELOPMENT CORP. AND RELATED AFF                                      | <b>c</b> EIN-PN 05-0390430-001 |
| <b>a</b>                                                                                                                             | Plan name            | POLAR BEVERAGES RETIREMENT PLAN                                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | POLAR CORP.                                                                   | <b>c</b> EIN-PN 04-3026575-002 |
| <b>a</b>                                                                                                                             | Plan name            | STAGGEMEYER STAVE CO INC. PS PTAN                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | STAGGEMEYER STAVE CO INC.                                                     | <b>c</b> EIN-PN 41-0913993-001 |
| <b>a</b>                                                                                                                             | Plan name            | SHARKNINJA MANAGEMENT CO. EMPLOYEES SAVINGS PLAN                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SHARKNINJA MANAGEMENT CO.                                                     | <b>c</b> EIN-PN 38-3685665-001 |
| <b>a</b>                                                                                                                             | Plan name            | IMA NORTH AMERICA, INC. 401K RETIREMENT PLAN                                  |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | IMA NORTH AMERICA INC.                                                        | <b>c</b> EIN-PN 06-1062686-001 |
| <b>a</b>                                                                                                                             | Plan name            | API INTERNATIONAL, INC. 401(K) PLAN                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | API INTERNATIONAL, INC.                                                       | <b>c</b> EIN-PN 93-0769877-001 |
| <b>a</b>                                                                                                                             | Plan name            | WDP POOLED EMPL PLAN ADOPTED BY VK KNOWLTON CONSTR & UTILITIES INC            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | V.K. KNOWLTON CONSTRUCTION & UTILITIES, INC.                                  | <b>c</b> EIN-PN 74-1716421-001 |
| <b>a</b>                                                                                                                             | Plan name            | LOTSPEICH CO. OF FLORIDA. INC. 401(K) PROFIT SHARING PLAN                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LOTSPEICH CO. OF FL, INC.                                                     | <b>c</b> EIN-PN 59-1171393-001 |
| <b>a</b>                                                                                                                             | Plan name            | PTH & AB STAFFING 401(K) PLAN                                                 |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PRIME TIME HEALTHCARE, LLC                                                    | <b>c</b> EIN-PN 45-4687406-001 |
| <b>a</b>                                                                                                                             | Plan name            | SOITEC USA 401K                                                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SOITEC USA LLC                                                                | <b>c</b> EIN-PN 04-3174239-001 |
| <b>a</b>                                                                                                                             | Plan name            | LALLO & FELDMAN CO., L.P.A. 401(K) PROFIT SHARING PLAN                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LALLO & FELDMAN CO., L.P.A.                                                   | <b>c</b> EIN-PN 34-1666599-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| <b>a</b> | Plan name SPIRAL BRUSHES, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                             |                                |  |
| <b>b</b> | Name of plan sponsor SPIRAL BRUSHES, INC.                                                                                                                                                                             | <b>c</b> EIN-PN 31-1507017-001 |  |
| <b>a</b> | Plan name C. JACKSON INVESTIGATIONS INC 401(K) PROFIT SHARING PLAN AND TRUST                                                                                                                                          |                                |  |
| <b>b</b> | Name of plan sponsor C JACKSON INVESTIGATIONS INC.                                                                                                                                                                    | <b>c</b> EIN-PN 20-5180389-001 |  |
| <b>a</b> | Plan name HOLLAND RESIDENTIAL LLC                                                                                                                                                                                     |                                |  |
| <b>b</b> | Name of plan sponsor HOLLAND PARTNER GROUP OPERATIONS                                                                                                                                                                 | <b>c</b> EIN-PN 05-0551632-001 |  |
| <b>a</b> | Plan name MIDWEST VETERINARY PARTNERS                                                                                                                                                                                 |                                |  |
| <b>b</b> | Name of plan sponsor MIDWEST VETERINARY PARTNERS LLC                                                                                                                                                                  | <b>c</b> EIN-PN 32-0541312-001 |  |
| <b>a</b> | Plan name DEE HOLDINGS INC. 401(K)                                                                                                                                                                                    |                                |  |
| <b>b</b> | Name of plan sponsor DEE HOLDINGS INC.                                                                                                                                                                                | <b>c</b> EIN-PN 20-0572514-005 |  |
| <b>a</b> | Plan name KBP INVESTMENTS LLC                                                                                                                                                                                         |                                |  |
| <b>b</b> | Name of plan sponsor KPB BRANDS LLC                                                                                                                                                                                   | <b>c</b> EIN-PN 82-5400542-001 |  |
| <b>a</b> | Plan name LONG LEWIS FORD OF THE SHOALS 401K PSP                                                                                                                                                                      |                                |  |
| <b>b</b> | Name of plan sponsor LONG LEWIS FORD OF THE SHOALS                                                                                                                                                                    | <b>c</b> EIN-PN 63-1171028-001 |  |
| <b>a</b> | Plan name BRODY WILKINSON P.C. PROFIT SHARING PLAN                                                                                                                                                                    |                                |  |
| <b>b</b> | Name of plan sponsor BRODY WILKINSON PC                                                                                                                                                                               | <b>c</b> EIN-PN 06-1118463-002 |  |
| <b>a</b> | Plan name NLR CONSTRUCTION                                                                                                                                                                                            |                                |  |
| <b>b</b> | Name of plan sponsor NLR CONSTRUCITON CORP.                                                                                                                                                                           | <b>c</b> EIN-PN 11-2479838-002 |  |
| <b>a</b> | Plan name ABRASIVES, INC. 401(K) PLAN                                                                                                                                                                                 |                                |  |
| <b>b</b> | Name of plan sponsor ABRASIVES, INC.                                                                                                                                                                                  | <b>c</b> EIN-PN 45-0416381-001 |  |
| <b>a</b> | Plan name AGRI INSURANCE                                                                                                                                                                                              |                                |  |
| <b>b</b> | Name of plan sponsor AGRI INSURANCE                                                                                                                                                                                   | <b>c</b> EIN-PN 45-0448805-001 |  |
| <b>a</b> | Plan name CITY CENTER 401(A) PLAN                                                                                                                                                                                     |                                |  |
| <b>b</b> | Name of plan sponsor CITY OF CENTER                                                                                                                                                                                   | <b>c</b> EIN-PN 45-6004957-001 |  |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | BARANKO BROTHERS, INC 401(K) PROFIT SHARING PLAN                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BARANKO BROTHERS, INC.                                                        | <b>c</b> EIN-PN 45-0353397-001 |
| <b>a</b>                                                                                                                             | Plan name            | BASIN WELL SERVICE, INC. 401(K) PLAN                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BASIN WELL SERVICE, INC.                                                      | <b>c</b> EIN-PN 46-5094724-001 |
| <b>a</b>                                                                                                                             | Plan name            | DACOTAH FOUNDATION RETIREMENT PLAN                                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DACOTAH FOUNDATION                                                            | <b>c</b> EIN-PN 23-7115398-001 |
| <b>a</b>                                                                                                                             | Plan name            | DAKOTA DENTAL CENTER 401K PLAN                                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DAKOTA DENTAL CENTER P.L.L.C.                                                 | <b>c</b> EIN-PN 82-3948514-001 |
| <b>a</b>                                                                                                                             | Plan name            | DEI 401(K) PLAN                                                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DE INC.                                                                       | <b>c</b> EIN-PN 45-0422171-001 |
| <b>a</b>                                                                                                                             | Plan name            | DHC, INC. 401(K) PLAN                                                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DAKOTA HOME CARE, INC.                                                        | <b>c</b> EIN-PN 46-0706154-001 |
| <b>a</b>                                                                                                                             | Plan name            | FARMERS UNION OIL COMPANY OF MOORHEAD 401(K) PLAN                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | FARMERS UNION OIL COMPANY                                                     | <b>c</b> EIN-PN 41-0251105-001 |
| <b>a</b>                                                                                                                             | Plan name            | FISHER PROFIT SHARING AND PREVAILING WAGE PLAN                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | FISHER SAND & GRAVEL CO                                                       | <b>c</b> EIN-PN 45-0308561-003 |
| <b>a</b>                                                                                                                             | Plan name            | HEARTVIEW FOUNDATION 401(K) PROFIT SHARING PLAN                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | HEARTVIEW FOUNDATION                                                          | <b>c</b> EIN-PN 45-0282159-002 |
| <b>a</b>                                                                                                                             | Plan name            | IRONWORKERS RETIREMENT PLAN                                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | IRON WORKS WELDING                                                            | <b>c</b> EIN-PN 27-2065609-001 |
| <b>a</b>                                                                                                                             | Plan name            | KALIX RETIREMENT PLAN                                                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MINOT VOCATIONAL ADJUSTMENT WORKSHOPDBAKALIX                                  | <b>c</b> EIN-PN 45-0313122-001 |
| <b>a</b>                                                                                                                             | Plan name            | KELLEY'S LTD. SAFE HARBOR 401(K) PROFIT SHARING PLAN                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KELLEY'S LTD.                                                                 | <b>c</b> EIN-PN 45-0334483-001 |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
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| <b>a</b>                                                                                                                             | Plan name            | KINDERKIDZ RETIREMENT PLAN                                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KINDERKIDZ, LLC                                                               | <b>c</b> EIN-PN 71-0949179-001 |
| <b>a</b>                                                                                                                             | Plan name            | LINTON HOSPITAL 401(K) PLAN                                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LINTON REGIONAL MEDICAL CENTER                                                | <b>c</b> EIN-PN 45-0253272-001 |
| <b>a</b>                                                                                                                             | Plan name            | LUND OIL, INC. 401(K) PLAN                                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LUND OIL, INC.                                                                | <b>c</b> EIN-PN 45-0363418-001 |
| <b>a</b>                                                                                                                             | Plan name            | MHA SYSTEMS, INC. 401(K) PLAN                                                 |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MHA SYSTEMS, INC.                                                             | <b>c</b> EIN-PN 38-3661196-001 |
| <b>a</b>                                                                                                                             | Plan name            | ND ENERGY SERVICES 401(K) PLAN                                                |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ND ENERGY SERVICES                                                            | <b>c</b> EIN-PN 81-3677004-001 |
| <b>a</b>                                                                                                                             | Plan name            | NORTH DAKOTA INSURANCE RESERVE FUND 457(B) DEFERREDCOMPPLAN                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | NORTH DAKOTA INSURANCE RESERVE FUND                                           | <b>c</b> EIN-PN 45-0397016-001 |
| <b>a</b>                                                                                                                             | Plan name            | NORTH DAKOTA INSURANCE RESERVE FUND RETIREMENT PLAN                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | NORTH DAKOTA INSURANCE RESERVE FUND                                           | <b>c</b> EIN-PN 45-0397016-001 |
| <b>a</b>                                                                                                                             | Plan name            | PRAIRIE VIEW LANDSCAPING 401(K) PLAN                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PRAIRIE VIEW LANDSCAPING                                                      | <b>c</b> EIN-PN 72-1593591-001 |
| <b>a</b>                                                                                                                             | Plan name            | PRIDE, INC. 401(K) PROFIT SHARING PLAN                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PRIDE, INC.                                                                   | <b>c</b> EIN-PN 45-0332197-002 |
| <b>a</b>                                                                                                                             | Plan name            | SITTING BULL COLLEGE 401(K) PLAN                                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SITTING BULL COLLEGE                                                          | <b>c</b> EIN-PN 23-7373765-003 |
| <b>a</b>                                                                                                                             | Plan name            | TEK ENERGY 401(K) PLAN                                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TEK ENERGY                                                                    | <b>c</b> EIN-PN 45-3267778-001 |
| <b>a</b>                                                                                                                             | Plan name            | TMI 401(K) PROFIT SHARING TRUST                                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TMI 401(K) PROFIT SHARING TRUST                                               | <b>c</b> EIN-PN 86-4365841-002 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                       |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>a</b> | Plan name <b>WAVE PETROLEUM OPERATING LLC 401(K) PLAN</b>                                                                                                                                                             |                                       |
| <b>b</b> | Name of plan sponsor <b>WAVE PETROLEUM OPERATING</b>                                                                                                                                                                  | <b>c</b> EIN-PN <b>47-1210300-001</b> |
| <b>a</b> | Plan name <b>WOODY'S RETIREMENT PLAN</b>                                                                                                                                                                              |                                       |
| <b>b</b> | Name of plan sponsor <b>WOODY'S RETIREMENT PLAN</b>                                                                                                                                                                   | <b>c</b> EIN-PN <b>83-2708072-001</b> |
| <b>a</b> | Plan name <b>OLSON &amp; BURNS PC 401K PSP</b>                                                                                                                                                                        |                                       |
| <b>b</b> | Name of plan sponsor <b>OLSON &amp; BURNS PC</b>                                                                                                                                                                      | <b>c</b> EIN-PN <b>45-0391585-001</b> |
| <b>a</b> | Plan name <b>CAPITAL CITIES LEASING</b>                                                                                                                                                                               |                                       |
| <b>b</b> | Name of plan sponsor <b>CAPITAL CITIES LEASING CORPORATION</b>                                                                                                                                                        | <b>c</b> EIN-PN <b>14-1504271-001</b> |
| <b>a</b> | Plan name <b>FARDEN CONSTRUCTION INC. 401K PLAN</b>                                                                                                                                                                   |                                       |
| <b>b</b> | Name of plan sponsor <b>FARDEN CONSTRUCTION INC</b>                                                                                                                                                                   | <b>c</b> EIN-PN <b>45-0448738-001</b> |
| <b>a</b> | Plan name <b>BAKKEN TRANSLOAD LLC 401K</b>                                                                                                                                                                            |                                       |
| <b>b</b> | Name of plan sponsor <b>BAKKEN TRANSLOAD LLC</b>                                                                                                                                                                      | <b>c</b> EIN-PN <b>26-4432377-001</b> |
| <b>a</b> | Plan name <b>NORTHWEST CONTRACTING INC. 401K</b>                                                                                                                                                                      |                                       |
| <b>b</b> | Name of plan sponsor <b>NORTHWEST CONTRACTING INC.</b>                                                                                                                                                                | <b>c</b> EIN-PN <b>45-0426751-001</b> |
| <b>a</b> | Plan name <b>NORTH DAKOTA SAFETY COUNCIL 401K RETIREMENT PLAN</b>                                                                                                                                                     |                                       |
| <b>b</b> | Name of plan sponsor <b>NORTH DAKOTA SAFETY COUNCIL 401K RET PLAN</b>                                                                                                                                                 | <b>c</b> EIN-PN <b>45-0353009-001</b> |
| <b>a</b> | Plan name <b>CURTIS RUDD OIL CORP 401K PLAN</b>                                                                                                                                                                       |                                       |
| <b>b</b> | Name of plan sponsor <b>CURTIS RUD OIL CORP.</b>                                                                                                                                                                      | <b>c</b> EIN-PN <b>20-4209115-001</b> |
| <b>a</b> | Plan name <b>BISMARCK MOTOR COMPANY</b>                                                                                                                                                                               |                                       |
| <b>b</b> | Name of plan sponsor <b>BISMARCK MOTOR COMPANY</b>                                                                                                                                                                    | <b>c</b> EIN-PN <b>27-5012653-002</b> |
| <b>a</b> | Plan name <b>BMC MARINE LLC 401K PLAN</b>                                                                                                                                                                             |                                       |
| <b>b</b> | Name of plan sponsor <b>BMC MARINE LLC, DBA MORITZ SPORT &amp; MARINE</b>                                                                                                                                             | <b>c</b> EIN-PN <b>84-4025071-001</b> |
| <b>a</b> | Plan name <b>FETTINGS FROZEN FOODS LLC 401K PLAN</b>                                                                                                                                                                  |                                       |
| <b>b</b> | Name of plan sponsor <b>FETTING'S FROZEN FOODS, LLC</b>                                                                                                                                                               | <b>c</b> EIN-PN <b>81-2269098-001</b> |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | COAL COUNTRY COMMUNITY HEALTH CENTERS                                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | COAL COUNTRY COMMUNITY HEALTH CENTERS                                         | <b>c</b> EIN-PN 11-3086120-001 |
| <b>a</b>                                                                                                                             | Plan name            | RADIOLOGY ALLIANCE OF MAINE                                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | RADIOLOGY ALLIANCE OF MAINE LLC                                               | <b>c</b> EIN-PN 46-3166765-001 |
| <b>a</b>                                                                                                                             | Plan name            | TEAM BONDING 401K PLAN                                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TEAM BONDING INC                                                              | <b>c</b> EIN-PN 04-3355740-001 |
| <b>a</b>                                                                                                                             | Plan name            | MODERN MACHINE WORKS                                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MODERN MACHINE WORKS, LNC.                                                    | <b>c</b> EIN-PN 45-0167310-001 |
| <b>a</b>                                                                                                                             | Plan name            | LOCAL 338 ANNUITY FUND                                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BOARD OF TRUSTEES LOCAL 338 ANNUITY FUND                                      | <b>c</b> EIN-PN 27-1596066-001 |
| <b>a</b>                                                                                                                             | Plan name            | BADLANDS DENTAL PC SAFE HARBOR 401K PSP                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BADLANDS DENTAL, P.C.                                                         | <b>c</b> EIN-PN 27-4347948-001 |
| <b>a</b>                                                                                                                             | Plan name            | BOSCH LUMBER COMPANY PSP                                                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BOSCH LUMBER COMPANY                                                          | <b>c</b> EIN-PN 45-0310699-001 |
| <b>a</b>                                                                                                                             | Plan name            | BRAVERA HOLDINGS CORP 401K PLAN                                               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BRAVERA HOLDINGS CORP.                                                        | <b>c</b> EIN-PN 45-0386653-001 |
| <b>a</b>                                                                                                                             | Plan name            | CHUPPE CLINIC SAFE HARBOR 401K PLAN                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CHUPPE CHIROPRACTIC CLINIC P.C.                                               | <b>c</b> EIN-PN 45-0412672-001 |
| <b>a</b>                                                                                                                             | Plan name            | CITY OF BISMARCK EMPLOYEE PENSION PLAN                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CITY OF BISMARCK                                                              | <b>c</b> EIN-PN 45-6002036-001 |
| <b>a</b>                                                                                                                             | Plan name            | CITY OF DICKINSON 457B DEFERRED COMPENSATION PLAN                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CITY OF DICKINSON                                                             | <b>c</b> EIN-PN 45-6002055-001 |
| <b>a</b>                                                                                                                             | Plan name            | CITY OF DICKINSON RETIREMENT SAVINGS PLAN                                     |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CITY OF DICKINSON                                                             | <b>c</b> EIN-PN 45-6002055-001 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)                                                |                                                              |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                                              |                                |
| <b>a</b>                                                                                                                             | Plan name DAN PORTER MOTORS 401K PLAN                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor DAN PORTER MOTORS, INC.                 | <b>c</b> EIN-PN 45-0335564-001 |
| <b>a</b>                                                                                                                             | Plan name DIOCESE OF BISMARCK RETIREMENT SAVINGS PLAN        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor DIOCESE OF BISMARCK                     | <b>c</b> EIN-PN 45-0214929-001 |
| <b>a</b>                                                                                                                             | Plan name DVORAK MOTORS INC. 401K PSP                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor DVORAK MOTORS, INC.                     | <b>c</b> EIN-PN 38-3754476-001 |
| <b>a</b>                                                                                                                             | Plan name EBELTOFT SICKLER LAWYERS PSP & TRUST               |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor EBELTOFT . SICKLER . LAWYERS PLLC       | <b>c</b> EIN-PN 26-3938332-001 |
| <b>a</b>                                                                                                                             | Plan name HERINGER DDS LLC                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor HERINGER DENTISTRY, LLC                 | <b>c</b> EIN-PN 81-5171463-001 |
| <b>a</b>                                                                                                                             | Plan name CAREGIVER 2 INC DBA UNIFIED CARE GROUP COMPANIES   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor UNIFIED CARE GROUP COMPANIES            | <b>c</b> EIN-PN 47-4573950-001 |
| <b>a</b>                                                                                                                             | Plan name HIGHLANDS ENGINEERING & SURVEYING RETIREMENT PLAN  |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor HIGHLANDS ENGINEERING & SURVEYING, PLLC | <b>c</b> EIN-PN 20-8691732-001 |
| <b>a</b>                                                                                                                             | Plan name INDUSTRIAL ELECTRIC SERVICE PSP                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor INDUSTRIAL ELECTRIC SERVICE, INC.       | <b>c</b> EIN-PN 45-0330984-001 |
| <b>a</b>                                                                                                                             | Plan name IRSFIELD PHARMACY PC 401K PSP                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor IRSFELD PHARMACY, P.C.                  | <b>c</b> EIN-PN 45-0438397-001 |
| <b>a</b>                                                                                                                             | Plan name JUNIPER LLC SAFE HARBOR 401K PSP                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor JUNIPER, LLC                            | <b>c</b> EIN-PN 30-0513316-001 |
| <b>a</b>                                                                                                                             | Plan name KILLDEER MOUNTAIN MFG. INC.                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor KILLDEER MOUNTAIN MANUFACTURING, INC.   | <b>c</b> EIN-PN 45-0402475-001 |
| <b>a</b>                                                                                                                             | Plan name KOVASH & DASOVICK PC PSP                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor KOVASH & DASOVICK, P.C.                 | <b>c</b> EIN-PN 45-0414850-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| <b>a</b> | Plan name J & J OPERATING LLC RETIREMENT PLAN                                                                                                                                                                         |                                |  |
| <b>b</b> | Name of plan sponsor J AND J OPERATING, LLC                                                                                                                                                                           | <b>c</b> EIN-PN 45-2530383-001 |  |
| <b>a</b> | Plan name MORTIN COUNTRY COUNCIL ON AGING 401K                                                                                                                                                                        |                                |  |
| <b>b</b> | Name of plan sponsor MORTON COUNTY COUNCIL ON AGING, INC.                                                                                                                                                             | <b>c</b> EIN-PN 45-0308081-003 |  |
| <b>a</b> | Plan name MARTIN CONSTRUCTION PREVAILING WAGE RETIREMENT PLAN                                                                                                                                                         |                                |  |
| <b>b</b> | Name of plan sponsor MARTIN CONSTRUCTION INC                                                                                                                                                                          | <b>c</b> EIN-PN 45-0440806-001 |  |
| <b>a</b> | Plan name TRUCOMMUNITY BANK 401K PROFIT SHARING PLAN                                                                                                                                                                  |                                |  |
| <b>b</b> | Name of plan sponsor MCLEAN BANK HOLDING COMPANY                                                                                                                                                                      | <b>c</b> EIN-PN 45-0364629-007 |  |
| <b>a</b> | Plan name MEYERS INDUSTRIES LLC RETIREMENT PLAN                                                                                                                                                                       |                                |  |
| <b>b</b> | Name of plan sponsor MEYER INDUSTRIES, LLC                                                                                                                                                                            | <b>c</b> EIN-PN 26-1664160-001 |  |
| <b>a</b> | Plan name MTI INC 401K PLAN                                                                                                                                                                                           |                                |  |
| <b>b</b> | Name of plan sponsor MIDWEST TELEMAR INTERNATIONAL,                                                                                                                                                                   | <b>c</b> EIN-PN 47-0740551-001 |  |
| <b>a</b> | Plan name ND PHARAMCY INC 401K PROFIT SHARING PLAN                                                                                                                                                                    |                                |  |
| <b>b</b> | Name of plan sponsor ND PHARMACY, INC.                                                                                                                                                                                | <b>c</b> EIN-PN 45-0369650-001 |  |
| <b>a</b> | Plan name ND PERS SECTION 457 DEFERRED COMPENSATION PLAN                                                                                                                                                              |                                |  |
| <b>b</b> | Name of plan sponsor NORTH DAKOTA DEFERRED COMPENSATION                                                                                                                                                               | <b>c</b> EIN-PN 45-0282090-001 |  |
| <b>a</b> | Plan name VEKSTCO LLC 401(K) PROFIT SHARING PLAN                                                                                                                                                                      |                                |  |
| <b>b</b> | Name of plan sponsor VEKSTCO LLC                                                                                                                                                                                      | <b>c</b> EIN-PN 86-2667515-001 |  |
| <b>a</b> | Plan name NORTHWEST TIRE INC PSP                                                                                                                                                                                      |                                |  |
| <b>b</b> | Name of plan sponsor NORTHWEST TIRE INC                                                                                                                                                                               | <b>c</b> EIN-PN 45-0339586-004 |  |
| <b>a</b> | Plan name MODERN SMILES 401K PLAN                                                                                                                                                                                     |                                |  |
| <b>b</b> | Name of plan sponsor HEIDI NICHOLS-JOHNSON P.C. DBA MODERN SMILES                                                                                                                                                     | <b>c</b> EIN-PN 20-3459794-001 |  |
| <b>a</b> | Plan name HAZEN MEMORIAL HOSPITAL ASSOC. 401K PLAN                                                                                                                                                                    |                                |  |
| <b>b</b> | Name of plan sponsor SAKAKAWA MEDICAL CENTER                                                                                                                                                                          | <b>c</b> EIN-PN 45-0308379-001 |  |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>a</b> | Plan name THE TITLE TEAM 401K PROFIT SHARING PLAN                                                                                                                                                                     |                                |
| <b>b</b> | Name of plan sponsor THE TITLE TEAM                                                                                                                                                                                   | <b>c</b> EIN-PN 45-0249312-001 |
| <b>a</b> | Plan name PEARCE DURICK PLLC 401K RETIREMENT PLAN                                                                                                                                                                     |                                |
| <b>b</b> | Name of plan sponsor PEARCE DURICK PLLC                                                                                                                                                                               | <b>c</b> EIN-PN 47-5317956-001 |
| <b>a</b> | Plan name PERFORMANCE TRUCK CENTER 401K                                                                                                                                                                               |                                |
| <b>b</b> | Name of plan sponsor PERFORMANCE TRUCK CENTER, CO.                                                                                                                                                                    | <b>c</b> EIN-PN 45-0461668-001 |
| <b>a</b> | Plan name PETROLEUM EXPERIENCE INC PROFIT SHARING                                                                                                                                                                     |                                |
| <b>b</b> | Name of plan sponsor PETROLEUM EXPERIENCE, INC.                                                                                                                                                                       | <b>c</b> EIN-PN 45-0348856-001 |
| <b>a</b> | Plan name ROLETTE COMMUNITY CARE CENTER 401K PLAN                                                                                                                                                                     |                                |
| <b>b</b> | Name of plan sponsor ROLETTE COMMUNITY CARE CENTER                                                                                                                                                                    | <b>c</b> EIN-PN 20-5330283-001 |
| <b>a</b> | Plan name ROUGHRIDER RVS INC PROFIT SHARING PLAN                                                                                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor ROUGHRIDER RV'S, INC                                                                                                                                                                             | <b>c</b> EIN-PN 45-0339047-001 |
| <b>a</b> | Plan name SACKMAN ELECTRIC & CONTROLS INC 401K                                                                                                                                                                        |                                |
| <b>b</b> | Name of plan sponsor SACKMAN ELECTRIC & CONTROLS, INC.                                                                                                                                                                | <b>c</b> EIN-PN 20-8205559-001 |
| <b>a</b> | Plan name SAX MOTOR CO. 401K PROFIT SHARING PLAN                                                                                                                                                                      |                                |
| <b>b</b> | Name of plan sponsor SAX MOTOR CO                                                                                                                                                                                     | <b>c</b> EIN-PN 45-0191270-001 |
| <b>a</b> | Plan name SCRANTON EQUITY EXCHANGE 401K PROFIT SHARING PLAN                                                                                                                                                           |                                |
| <b>b</b> | Name of plan sponsor SCRANTON EQUITY EXCHANGE                                                                                                                                                                         | <b>c</b> EIN-PN 45-0192460-002 |
| <b>a</b> | Plan name ST. LUKE'S HOME 401K PLAN                                                                                                                                                                                   |                                |
| <b>b</b> | Name of plan sponsor ST LUKES HOME                                                                                                                                                                                    | <b>c</b> EIN-PN 45-0347147-002 |
| <b>a</b> | Plan name STANDING ROCK SCHOOL 401K RETIREMENT PLAN                                                                                                                                                                   |                                |
| <b>b</b> | Name of plan sponsor STANDING ROCK COMMUNITY GRANT SCHOOL                                                                                                                                                             | <b>c</b> EIN-PN 45-0407044-001 |
| <b>a</b> | Plan name STEFFES EMPLOYEES' 401(K) PROFIT SHARING PLAN                                                                                                                                                               |                                |
| <b>b</b> | Name of plan sponsor STEFFES LLC                                                                                                                                                                                      | <b>c</b> EIN-PN 45-0320555-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)<br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| <b>a</b> | Plan name STOCKMEN'S LIVESTOCK EXCHANGE, INC. PROFIT SHARING PLAN                                                                                                                                                     |                                |  |
| <b>b</b> | Name of plan sponsor STOCKMENS LIVESTOCK EXCHANGE INC                                                                                                                                                                 | <b>c</b> EIN-PN 45-0338319-001 |  |
| <b>a</b> | Plan name TEMP-RIGHT SERVICE INC 401(K) PROFIT SHARING PLAN                                                                                                                                                           |                                |  |
| <b>b</b> | Name of plan sponsor TEMP-RIGHT SERVICE, INC.                                                                                                                                                                         | <b>c</b> EIN-PN 45-0409060-001 |  |
| <b>a</b> | Plan name THE BONE & JOINT CENTER, P.C. 401(K) PROFIT SHARING PLAN                                                                                                                                                    |                                |  |
| <b>b</b> | Name of plan sponsor THE BONE AND JOINT CENTER PC                                                                                                                                                                     | <b>c</b> EIN-PN 45-0321538-004 |  |
| <b>a</b> | Plan name THE UNION BANK 401(K) PROFIT SHARING PLAN                                                                                                                                                                   |                                |  |
| <b>b</b> | Name of plan sponsor THE UNION BANK                                                                                                                                                                                   | <b>c</b> EIN-PN 45-0204870-002 |  |
| <b>a</b> | Plan name VALLEY DEVELOPMENT GROUP 401(K) PROFIT SHARING PLAN                                                                                                                                                         |                                |  |
| <b>b</b> | Name of plan sponsor VALLEY REALTY, INC.                                                                                                                                                                              | <b>c</b> EIN-PN 90-0531000-001 |  |
| <b>a</b> | Plan name WELLPRO, INC. 401(K) PLAN                                                                                                                                                                                   |                                |  |
| <b>b</b> | Name of plan sponsor WELL PRO INC                                                                                                                                                                                     | <b>c</b> EIN-PN 45-0341345-002 |  |
| <b>a</b> | Plan name MAMMOTH RETIREMENT PLAN                                                                                                                                                                                     |                                |  |
| <b>b</b> | Name of plan sponsor TITAN ENERGY SERVICES                                                                                                                                                                            | <b>c</b> EIN-PN 27-4832465-001 |  |
| <b>a</b> | Plan name SM FENCING & ENERGY SERVICES, INC.RETIREMENT PLAN                                                                                                                                                           |                                |  |
| <b>b</b> | Name of plan sponsor SM FENCING & ENERGY SERVICES                                                                                                                                                                     | <b>c</b> EIN-PN 26-1999687-001 |  |
| <b>a</b> | Plan name CHROMA TECHNOLOGY COPORATION RETIREMENT PLAN                                                                                                                                                                |                                |  |
| <b>b</b> | Name of plan sponsor CHROMA TECHNOLOGY CORP.                                                                                                                                                                          | <b>c</b> EIN-PN 03-0329705-001 |  |
| <b>a</b> | Plan name RUNYON DESIGN LLC                                                                                                                                                                                           |                                |  |
| <b>b</b> | Name of plan sponsor RUNYON DESIGN LLC                                                                                                                                                                                | <b>c</b> EIN-PN 47-4128055-002 |  |
| <b>a</b> | Plan name QARIK GROUP 401K PLAN                                                                                                                                                                                       |                                |  |
| <b>b</b> | Name of plan sponsor QARIK GROUP LLC                                                                                                                                                                                  | <b>c</b> EIN-PN 83-4589464-001 |  |
| <b>a</b> | Plan name NORTHERN LIGHTS DENTAL 401K PLAN                                                                                                                                                                            |                                |  |
| <b>b</b> | Name of plan sponsor NORTHERN LIGHTS DENTAL                                                                                                                                                                           | <b>c</b> EIN-PN 82-2349745-001 |  |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)                                                |                      |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                          |
| <b>a</b>                                                                                                                             | Plan name            | BIOVIEW 401K PLAN                        |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BIOVIEW LLC                              |
| <b>c</b>                                                                                                                             | EIN-PN               | 03-0425185-001                           |
| <b>a</b>                                                                                                                             | Plan name            | INLAND PAPER 401K PLAN                   |
| <b>b</b>                                                                                                                             | Name of plan sponsor | INLAND PAPER COMPANY                     |
| <b>c</b>                                                                                                                             | EIN-PN               | 95-3546900-001                           |
| <b>a</b>                                                                                                                             | Plan name            | AUSCOM ENGINEERING, INC. 401(K) P/S PLAN |
| <b>b</b>                                                                                                                             | Name of plan sponsor | AUSCOM                                   |
| <b>c</b>                                                                                                                             | EIN-PN               | 26-3621248-001                           |
| <b>a</b>                                                                                                                             | Plan name            | ICONMOBILE, INC. 401K PLAN               |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ICON MOBILE                              |
| <b>c</b>                                                                                                                             | EIN-PN               | 20-2409562-001                           |
| <b>a</b>                                                                                                                             | Plan name            | PROSOURCE.IT RETIREMENT PLAN             |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PRO SOURCE IT                            |
| <b>c</b>                                                                                                                             | EIN-PN               | 74-3218662-001                           |
| <b>a</b>                                                                                                                             | Plan name            | BISMARCK TITLE COMPANY SH 401(K)         |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BISMARK TITLE COMPANY                    |
| <b>c</b>                                                                                                                             | EIN-PN               | 45-0403332-001                           |
| <b>a</b>                                                                                                                             | Plan name            | BRENT J SELLE, DDS RETIREMENT PLAN       |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SELLE FAMILY DENTAL, PC                  |
| <b>c</b>                                                                                                                             | EIN-PN               | 20-4008402-001                           |
| <b>a</b>                                                                                                                             | Plan name            | CHUPPE CLINIC SH 401(K) PLAN             |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CHUPPE CHIROPRACTIC CLINIC PC            |
| <b>c</b>                                                                                                                             | EIN-PN               | 45-0412672-001                           |
| <b>a</b>                                                                                                                             | Plan name            | DTN STAFFING, INC. 401(K) PLAN           |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DTN STAFFING, INC.                       |
| <b>c</b>                                                                                                                             | EIN-PN               | 26-1167494-001                           |
| <b>a</b>                                                                                                                             | Plan name            | FUSION RETIREMENT PLAN                   |
| <b>b</b>                                                                                                                             | Name of plan sponsor | FUSION INC.                              |
| <b>c</b>                                                                                                                             | EIN-PN               | 42-1183035-001                           |
| <b>a</b>                                                                                                                             | Plan name            | LINTON HOSPITAL 401(K) PLAN              |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LINTON REGIONAL MEDICAL CENTER           |
| <b>c</b>                                                                                                                             | EIN-PN               | 45-0253272-001                           |
| <b>a</b>                                                                                                                             | Plan name            | SOMERSET-MINOT, LLC 401K                 |
| <b>b</b>                                                                                                                             | Name of plan sponsor | VISION MANAGEMENT, LLC                   |
| <b>c</b>                                                                                                                             | EIN-PN               | 45-0454355-001                           |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | SWCP RETIREMENT PLAN                                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SOUTHWEST CONCRETE PAVING COMPANY                                             | <b>c</b> EIN-PN 26-1943906-001 |
| <b>a</b>                                                                                                                             | Plan name            | THE HUB RETIREMENT PLAN                                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | THE HUB CONVENIENCE STORES, INC.                                              | <b>c</b> EIN-PN 46-4117618-001 |
| <b>a</b>                                                                                                                             | Plan name            | TRILOGY LLC 401K PLAN                                                         |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TRILOGY LLC                                                                   | <b>c</b> EIN-PN 81-3397760-001 |
| <b>a</b>                                                                                                                             | Plan name            | VALLEY MARINE INC. 401K PLAN                                                  |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | VALLEY MARINE INC                                                             | <b>c</b> EIN-PN 45-0398535-001 |
| <b>a</b>                                                                                                                             | Plan name            | WYOMING CASING 401K PLAN                                                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | WYOMING CASING SERVICES                                                       | <b>c</b> EIN-PN 83-0234932-001 |
| <b>a</b>                                                                                                                             | Plan name            | CLAIR GLOBAL CORPORATION                                                      |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CLAIR GLOBAL CORPORATION                                                      | <b>c</b> EIN-PN 23-3060180-001 |
| <b>a</b>                                                                                                                             | Plan name            | GREENWOOD KING PROPERTIES II INC                                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | GREENWOOD KING PROPERTIES INC.                                                | <b>c</b> EIN-PN 76-0321611-001 |
| <b>a</b>                                                                                                                             | Plan name            | KRUGER'S 401(K) PLAN                                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JUSTIN DAVID RAMIREZ/LYNE LEBEL/J GAGNER                                      | <b>c</b> EIN-PN 02-0260404-006 |
| <b>a</b>                                                                                                                             | Plan name            | LILLY DA VID 401(K) PROFIT SHARING PLAN                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BETH KUHS                                                                     | <b>c</b> EIN-PN 23-2255189-001 |
| <b>a</b>                                                                                                                             | Plan name            | QUAD CITY HUMAN RESOURCES, INC 401(K) PLAN                                    |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | KATHRYN PLEIN                                                                 | <b>c</b> EIN-PN 36-3953282-001 |
| <b>a</b>                                                                                                                             | Plan name            | S. DAVID & CO., INC. 401(K) PLAN                                              |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | REBECCA STINCHFIELD                                                           | <b>c</b> EIN-PN 59-1973891-001 |
| <b>a</b>                                                                                                                             | Plan name            | CHARLES E. SHOEMAKER, INC. 401(K) PLAN                                        |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | RICHARD STONEBACK                                                             | <b>c</b> EIN-PN 23-1663118-001 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)                                                |                      |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                       |
| <b>a</b>                                                                                                                             | Plan name            | LOVELL MANUFACTURING INC P/S                          |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JAMES E LOVELL                                        |
| <b>c</b>                                                                                                                             | EIN-PN               | 39-1190733-002                                        |
| <b>a</b>                                                                                                                             | Plan name            | AMERICAN SPRINKLER CO., INC 401(K) PLAN               |
| <b>b</b>                                                                                                                             | Name of plan sponsor | TERRI ROBINSON                                        |
| <b>c</b>                                                                                                                             | EIN-PN               | 72-0635636-001                                        |
| <b>a</b>                                                                                                                             | Plan name            | PT BANK NEGARA INDONESIA 401(K) PLAN                  |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CAMILLE HADDAD                                        |
| <b>c</b>                                                                                                                             | EIN-PN               | 13-2701210-001                                        |
| <b>a</b>                                                                                                                             | Plan name            | EGELSTON TOWNSHIP GROUP PENSION PLAN                  |
| <b>b</b>                                                                                                                             | Name of plan sponsor | NANCY CHUPP                                           |
| <b>c</b>                                                                                                                             | EIN-PN               | 38-6024445-001                                        |
| <b>a</b>                                                                                                                             | Plan name            | NATIONAL PAVING 401(K) PLAN                           |
| <b>b</b>                                                                                                                             | Name of plan sponsor | RICHARD LINDHOLM/L F. SPICHER/E WHITEMORE             |
| <b>c</b>                                                                                                                             | EIN-PN               | 33-0273014-001                                        |
| <b>a</b>                                                                                                                             | Plan name            | AGR LLC 401(K) PLAN                                   |
| <b>b</b>                                                                                                                             | Name of plan sponsor | AGR LLC                                               |
| <b>c</b>                                                                                                                             | EIN-PN               | 46-3681406-001                                        |
| <b>a</b>                                                                                                                             | Plan name            | ALPLA 401(K) RETIREMENT PLAN                          |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ALPLA                                                 |
| <b>c</b>                                                                                                                             | EIN-PN               | 58-2611718-001                                        |
| <b>a</b>                                                                                                                             | Plan name            | ANESTHESIA SERVICES OF KENTUCKY, PLLC                 |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ANESTHESIA SERVICES OF KENTUCKY, PLLC                 |
| <b>c</b>                                                                                                                             | EIN-PN               | 20-2332112-001                                        |
| <b>a</b>                                                                                                                             | Plan name            | ASSOCIATED SPACE DESIGN, INC. RETIREMENT SAVINGS PLAN |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ASSOCIATED SPACE DESIGN, INC.                         |
| <b>c</b>                                                                                                                             | EIN-PN               | 58-0915437-001                                        |
| <b>a</b>                                                                                                                             | Plan name            | ATD NEWCO RETIREMENT PLAN                             |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ATD NEWCO                                             |
| <b>c</b>                                                                                                                             | EIN-PN               | 22-3109370-001                                        |
| <b>a</b>                                                                                                                             | Plan name            | BI-RITE MANAGEMENT SERVICES, LLC                      |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BI-RITE MANAGEMENT SERVICES, LLC                      |
| <b>c</b>                                                                                                                             | EIN-PN               | 82-3361014-001                                        |
| <b>a</b>                                                                                                                             | Plan name            | BVT NATIONAL CAPITAL PARTNERS INC.                    |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BVT NATIONAL CAPITAL PARTNERS INC.                    |
| <b>c</b>                                                                                                                             | EIN-PN               | 58-2531962-001                                        |

| Part II                                                                                                                              |                      | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                                                               |                                |
| <b>a</b>                                                                                                                             | Plan name            | CANTALOUPE, INC. 401(K) PLAN                                                  |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | CANTALOUPE, INC.                                                              | <b>c</b> EIN-PN 47-0896885-001 |
| <b>a</b>                                                                                                                             | Plan name            | ENEOS USA 401K PLAN                                                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ENEOS USA                                                                     | <b>c</b> EIN-PN 76-0289823-001 |
| <b>a</b>                                                                                                                             | Plan name            | HAHN EQUIPMENT CO., INC. 401(K) PLAN                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | HAHN EQUIPMENT CO., INC.                                                      | <b>c</b> EIN-PN 74-1698089-001 |
| <b>a</b>                                                                                                                             | Plan name            | JC FOODSERVICE, INC. 401(K)                                                   |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JC FOODSERVICE, INC.                                                          | <b>c</b> EIN-PN 95-4655620-001 |
| <b>a</b>                                                                                                                             | Plan name            | SECRETARIAT ADVISORS LLC 401(K) PROFIT SHARING PLAN                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SECRETARIAT ADVISORS LLC                                                      | <b>c</b> EIN-PN 82-4596089-001 |
| <b>a</b>                                                                                                                             | Plan name            | JEWETT AUTOMATION LLC 401(K) PLAN                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | JEWETT AUTOMATION LLC                                                         | <b>c</b> EIN-PN 92-1167053-001 |
| <b>a</b>                                                                                                                             | Plan name            | PRIMERO GAMES, LLC 401(K) PROFIT SHARING PLAN TRUST                           |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PRIMERO GAMES, LLC                                                            | <b>c</b> EIN-PN 26-3991207-001 |
| <b>a</b>                                                                                                                             | Plan name            | BALACIANO GROUP RETI                                                          |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | BALACIANO GROUP                                                               | <b>c</b> EIN-PN 95-4509924-001 |
| <b>a</b>                                                                                                                             | Plan name            | CHEFMAN RETIREMENT                                                            |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | RJ BRANDS, LLC D/B/A CHEFMAN                                                  | <b>c</b> EIN-PN 27-0758076-001 |
| <b>a</b>                                                                                                                             | Plan name            | DANIELS TIRE PLAN                                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | DANIELS TIRE SERVICE, INC.                                                    | <b>c</b> EIN-PN 95-2548015-001 |
| <b>a</b>                                                                                                                             | Plan name            | GEON TECHNOLOGIES                                                             |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | GEON TECHNOLOGIES, LLC                                                        | <b>c</b> EIN-PN 45-1751481-001 |
| <b>a</b>                                                                                                                             | Plan name            | HAMMOND POWER SOLUTIONS                                                       |                                |
| <b>b</b>                                                                                                                             | Name of plan sponsor | HAMMOND POWER SOLUTIONS, INC.                                                 | <b>c</b> EIN-PN 39-1239958-001 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)                                                |                      |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |                                       |
| <b>a</b>                                                                                                                             | Plan name            | HIGH TECH LENDING                     |
| <b>b</b>                                                                                                                             | Name of plan sponsor | HIGHTECHLENDING INC.                  |
| <b>c</b>                                                                                                                             | EIN-PN               | 20-5238443-001                        |
| <b>a</b>                                                                                                                             | Plan name            | HOUSTON ZOO                           |
| <b>b</b>                                                                                                                             | Name of plan sponsor | HOUSTON ZOO, INC.                     |
| <b>c</b>                                                                                                                             | EIN-PN               | 74-1590271-001                        |
| <b>a</b>                                                                                                                             | Plan name            | LENNOX 401(K)                         |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LENNOX INTERNATIONAL INC.             |
| <b>c</b>                                                                                                                             | EIN-PN               | 42-0991521-001                        |
| <b>a</b>                                                                                                                             | Plan name            | LOST PLANET EDITORIAL                 |
| <b>b</b>                                                                                                                             | Name of plan sponsor | LOST PLANET EDITORIAL, INC.           |
| <b>c</b>                                                                                                                             | EIN-PN               | 13-3483313-001                        |
| <b>a</b>                                                                                                                             | Plan name            | MR GROUP AMERICAS                     |
| <b>b</b>                                                                                                                             | Name of plan sponsor | MR GROUP AMERICAS INC.                |
| <b>c</b>                                                                                                                             | EIN-PN               | 32-0555286-001                        |
| <b>a</b>                                                                                                                             | Plan name            | PROFESSIONAL SALES ASSOCIATES, INC.   |
| <b>b</b>                                                                                                                             | Name of plan sponsor | PROFESSIONAL SALES ASSOCIATES, INC.   |
| <b>c</b>                                                                                                                             | EIN-PN               | 33-0101701-001                        |
| <b>a</b>                                                                                                                             | Plan name            | ROCKPORT ADMINISTRATIVE SERVICES, LLC |
| <b>b</b>                                                                                                                             | Name of plan sponsor | ROCKPORT ADMINISTRATIVE SERVICES, LLC |
| <b>c</b>                                                                                                                             | EIN-PN               | 27-2831270-001                        |
| <b>a</b>                                                                                                                             | Plan name            | SHARPLINE CONVERTING                  |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SHARPLINE CONVERTING, INC.            |
| <b>c</b>                                                                                                                             | EIN-PN               | 48-0838432-001                        |
| <b>a</b>                                                                                                                             | Plan name            | SILVEREDGE                            |
| <b>b</b>                                                                                                                             | Name of plan sponsor | SILVEREDGE GOVERNMENT SOLUTIONS, LLC  |
| <b>c</b>                                                                                                                             | EIN-PN               | 87-3447081-001                        |
| <b>a</b>                                                                                                                             | Plan name            |                                       |
| <b>b</b>                                                                                                                             | Name of plan sponsor |                                       |
| <b>c</b>                                                                                                                             | EIN-PN               |                                       |
| <b>a</b>                                                                                                                             | Plan name            |                                       |
| <b>b</b>                                                                                                                             | Name of plan sponsor |                                       |
| <b>c</b>                                                                                                                             | EIN-PN               |                                       |
| <b>a</b>                                                                                                                             | Plan name            |                                       |
| <b>b</b>                                                                                                                             | Name of plan sponsor |                                       |
| <b>c</b>                                                                                                                             | EIN-PN               |                                       |

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   | 2025                                   |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

|                                                                                |                                                      |
|--------------------------------------------------------------------------------|------------------------------------------------------|
| A Name of plan<br>JOHN HANCOCK STABLE VALUE FUND COLLECTIVE INVESTMENT TRUST   | B Three-digit plan number (PN) ▶<br>001              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GLOBAL TRUST COMPANY | D Employer Identification Number (EIN)<br>80-6136981 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 6919310               | 16753746        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 748402577             | 678479943       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 1434789058            | 1240959218      |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 0                     | 100287275       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 516056551             | 409899169       |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                      | <b>1d(2)</b> |                       |                 |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 2706167496            | 2446379351      |

**Liabilities**

|                                                                            |           |         |          |
|----------------------------------------------------------------------------|-----------|---------|----------|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> |         |          |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> |         |          |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> |         |          |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> | 9383921 | 18911004 |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 9383921 | 18911004 |

**Net Assets**

|                                                            |           |            |            |
|------------------------------------------------------------|-----------|------------|------------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2696783575 | 2427468347 |
|------------------------------------------------------------|-----------|------------|------------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 79192260   |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 79192260  |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 863977785  |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 863977785  |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 2664632   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 81856892  |

**Expenses**

|                                                                                             |               |         |          |
|---------------------------------------------------------------------------------------------|---------------|---------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  |         |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         |          |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |          |
| <b>i</b> Administrative expenses:                                                           |               |         |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |         |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |         |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |         |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 9706455 |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |         |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |         |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 680496  |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 10386951 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 10386951 |

**Net Income and Reconciliation**

|                                                                               |              |  |           |
|-------------------------------------------------------------------------------|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 71469941  |
| <b>l</b> Transfers of assets:                                                 |              |  |           |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 528173451 |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 868958620 |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☒ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     |    |        |
| <b>4a</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.