

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [X] a DFE (specify) P
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: TA VANGUARD SMALL-CAP VALUE INDEX RET OPT
1b Three-digit plan number (PN): 108
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

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

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>TA VANGUARD SMALL-CAP VALUE INDEX RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>108</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>BLOCK MEDICAL CENTER 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KPB ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>20-2032251-001</b>
<b>a</b>	Plan name <b>CAM CONSTRUCTION &amp; PAINTING 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CAM CONSTRUCTION &amp; PAINTING INC.</b>	<b>c</b> EIN-PN <b>45-5255646-001</b>
<b>a</b>	Plan name <b>CESAR'S WAY, INC. 401(K) PLAN PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CESAR'S WAY, INC.</b>	<b>c</b> EIN-PN <b>04-3812367-001</b>
<b>a</b>	Plan name <b>CUMBERLAND RIVER BEHAVIORAL HEALTH RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CUMBERLAND RIVER BEHAVIORAL HEALTH, INC.</b>	<b>c</b> EIN-PN <b>23-7313241-001</b>
<b>a</b>	Plan name <b>DEXTER W. WHITE CONSTRUCTION, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DEXTER W. WHITE CONSTRUCTION, LLC</b>	<b>c</b> EIN-PN <b>62-1761678-001</b>
<b>a</b>	Plan name <b>DIAMOND EQUIPMENT, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIAMOND EQUIPMENT, INC.</b>	<b>c</b> EIN-PN <b>35-1161961-001</b>
<b>a</b>	Plan name <b>ECOMARK ENERGY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECOMARK ENERGY, INC.</b>	<b>c</b> EIN-PN <b>47-2681037-001</b>
<b>a</b>	Plan name <b>EDGE 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EDGE PLASTICS, INC.</b>	<b>c</b> EIN-PN <b>33-0397325-001</b>
<b>a</b>	Plan name <b>FAMILY DENTAL EMPLOYEE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FAMILY DENTAL PRACTICE</b>	<b>c</b> EIN-PN <b>55-0764474-001</b>
<b>a</b>	Plan name <b>FAMILY FORD, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FAMILY FORD, INC.</b>	<b>c</b> EIN-PN <b>04-3459007-001</b>
<b>a</b>	Plan name <b>FAMILY RESOURCE CENTER RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FAMILY RESOURCE CENTER</b>	<b>c</b> EIN-PN <b>36-3532803-001</b>
<b>a</b>	Plan name <b>FOUR WHEELS OF TEXAS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FOUR WHEELS OF TEXAS, INC.</b>	<b>c</b> EIN-PN <b>75-2631966-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>FOY &amp; ASSOCIATES, PC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FOY &amp; ASSOCIATES, PC</b>	<b>c</b> EIN-PN <b>38-3687296-001</b>
<b>a</b>	Plan name <b>GOOD FOUNDATIONS ACADEMY 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOOD FOUNDATIONS ACADEMY</b>	<b>c</b> EIN-PN <b>36-4664197-001</b>
<b>a</b>	Plan name <b>HEALTH CARE ASSOCIATION OF MICHIGAN RETIREMENT SAVINGS PROGRAM</b>	
<b>b</b>	Name of plan sponsor <b>HEALTH CARE ASSOCIATION OF MICHIGAN</b>	<b>c</b> EIN-PN <b>38-6091038-001</b>
<b>a</b>	Plan name <b>HEALTH SOLUTIONS, LLC EMPLOYEE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HEALTH SOLUTIONS, LLC</b>	<b>c</b> EIN-PN <b>26-1412288-001</b>
<b>a</b>	Plan name <b>HOWELL BENEFIT SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HOWELL BENEFIT SERVICES, INC.</b>	<b>c</b> EIN-PN <b>23-2658991-001</b>
<b>a</b>	Plan name <b>HRG MANAGEMENT, LLC 401(K) PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HRG MANAGEMENT, LLC</b>	<b>c</b> EIN-PN <b>81-1773216-001</b>
<b>a</b>	Plan name <b>IVANCICH &amp; COSTIS, LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IVANCICH &amp; COSTIS, LLP</b>	<b>c</b> EIN-PN <b>26-2298861-001</b>
<b>a</b>	Plan name <b>J &amp; P PAVING MASONRY &amp; SEALANT RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>J &amp; P PAVING MASONRY &amp; SEALANT, INC.</b>	<b>c</b> EIN-PN <b>31-1121622-001</b>
<b>a</b>	Plan name <b>KENNETH O. KARP, MD, PA 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KENNETH O. KARP, MD, PA</b>	<b>c</b> EIN-PN <b>20-0112151-001</b>
<b>a</b>	Plan name <b>LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAW OFFICES OF ANDREW BLUMER</b>	<b>c</b> EIN-PN <b>41-2145148-777</b>
<b>a</b>	Plan name <b>LAWRENCE SEMICONDUCTOR RESEARCH LABORATORIES, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAWRENCE SEMICONDUCTOR RESEARCH LABORATORY, INC.</b>	<b>c</b> EIN-PN <b>86-0711627-777</b>
<b>a</b>	Plan name <b>MARCHIONDA &amp; FERRER 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARCHIONDA &amp; FERRER, P.A.</b>	<b>c</b> EIN-PN <b>22-3261359-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MARDEK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARDEK ENTERPRISES INC	<b>c</b> EIN-PN 95-3045906-001
<b>a</b>	Plan name	MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOORETOWN RANCHERIA	<b>c</b> EIN-PN 68-0152435-003
<b>a</b>	Plan name	NORTHEAST FLORIDA AIDS NETWORK 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NORTHEAST FLORIDA AIDS NETWORK	<b>c</b> EIN-PN 59-2974694-001
<b>a</b>	Plan name	NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401K PROFIT SHA	<b>c</b> EIN-PN 35-1644182-001
<b>a</b>	Plan name	PACIFIC LOCK & SAFE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL SERVICES, INC. DBA PACIFIC LOCK & SAFE	<b>c</b> EIN-PN 99-0285551-001
<b>a</b>	Plan name	PHILIP CIAMPA SALON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHILIP CIAMPA SALON	<b>c</b> EIN-PN 04-2784425-001
<b>a</b>	Plan name	PHILLIP GALYEN PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHILLIP GALYEN PC DBA BAILEY & GALYEN	<b>c</b> EIN-PN 75-2218748-001
<b>a</b>	Plan name	PHOENIX PRINTING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX PRINTING GROUP, INC. D/B/A PHOENIX PRINTING	<b>c</b> EIN-PN 26-1995352-001
<b>a</b>	Plan name	PROMAN STAFFING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROMAN GROUP, INC	<b>c</b> EIN-PN 82-2540923-001
<b>a</b>	Plan name	PROPOINT TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROPOINT TECHNOLOGY, INC	<b>c</b> EIN-PN 20-2925475-001
<b>a</b>	Plan name	PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROTECTION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 88-0163638-001
<b>a</b>	Plan name	PROTIRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROTIRO, INC.	<b>c</b> EIN-PN 84-1441825-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	RGS & G 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUBIN, GLICKMAN, STEINBERG AND GIFFORD	<b>c</b> EIN-PN 23-2125472-002
<b>a</b>	Plan name	RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIC-MAN INTERNATIONAL, INC.	<b>c</b> EIN-PN 59-2300398-001
<b>a</b>	Plan name	SABOT TECHNOLOGIES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SABOT TECHNOLOGIES, INC.	<b>c</b> EIN-PN 68-0462138-001
<b>a</b>	Plan name	SAINT JOE DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. JOSEPH TOBACCO CO., LLC DBA SAINT JOE DISTRIBUTING	<b>c</b> EIN-PN 44-0565944-001
<b>a</b>	Plan name	SILVER CREEK MODULAR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SILVER CREEK MODULAR LLC	<b>c</b> EIN-PN 92-3730178-001
<b>a</b>	Plan name	SIMON CHANG, MD, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIMON CHANG, MD, LLC	<b>c</b> EIN-PN 80-0112427-001
<b>a</b>	Plan name	TENNESSEE ASSOCIATED ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TENNESSEE ASSOCIATED ELECTRIC, LLC	<b>c</b> EIN-PN 46-1537499-001
<b>a</b>	Plan name	TERRANET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TERRANET, INC.	<b>c</b> EIN-PN 52-1782317-001
<b>a</b>	Plan name	THOMAS TRI QUACH, M.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THOMAS TRI QUACH, M.D., INC.	<b>c</b> EIN-PN 33-0856862-001
<b>a</b>	Plan name	THOMPSON TANK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON TANK, INC.	<b>c</b> EIN-PN 88-0302977-001
<b>a</b>	Plan name	UNIVERSITY ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY ELECTRIC CO., INC.	<b>c</b> EIN-PN 94-1493225-002
<b>a</b>	Plan name	URGENT CARE AT LAKE LUCILLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	URGENT CARE AT LAKE LUCILLE, INC.	<b>c</b> EIN-PN 92-0144617-001

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 UTAH INTERNATIONAL CHARTER SCHOOL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UTAH INTERNATIONAL CHARTER SCHOOL	<b>c</b> EIN-PN 45-4554576-001
<b>a</b>	Plan name VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VULCAN FIRE SYSTEMS, INC.	<b>c</b> EIN-PN 61-1057957-001
<b>a</b>	Plan name WADE'S FOOD CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WADE'S FOOD CENTER, INC.	<b>c</b> EIN-PN 62-0976364-001
<b>a</b>	Plan name YAMIBUY 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRANSOCEAN RESOURCES MANAGEMENT INC.	<b>c</b> EIN-PN 46-1019646-001
<b>a</b>	Plan name AIR MECHANICAL SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AIR MECHANICAL SALES, INC.	<b>c</b> EIN-PN 54-2061425-001
<b>a</b>	Plan name AIRCRAFT SYSTEMS DIVISION OF COM-JET CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AIRCRAFT SYSTEMS DIVISION OF COM-JET CORPORATION	<b>c</b> EIN-PN 59-2051580-001
<b>a</b>	Plan name AIREKO CONSTRUCTION LLC CODA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AIREKO CONSTRUCTION, LLC	<b>c</b> EIN-PN 66-0286068-001
<b>a</b>	Plan name B & B TRADING CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B & B TRADING CORPORATION	<b>c</b> EIN-PN 04-3055768-001
<b>a</b>	Plan name B & P FRUIT COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B & P FRUIT COMPANY	<b>c</b> EIN-PN 77-0313863-002
<b>a</b>	Plan name DIGITAL TOOL & DIE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIGITAL TOOL & DIE, INC.	<b>c</b> EIN-PN 38-2852638-001
<b>a</b>	Plan name DIMENSION HARDWOOD VENEERS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor DIMENSION HARDWOOD VENEERS, INC.	<b>c</b> EIN-PN 20-0164058-001
<b>a</b>	Plan name DIRIGO SLIPFORM 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIRIGO SLIPFORM	<b>c</b> EIN-PN 04-3366760-001

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 EDUCATIUS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	<b>c</b> EIN-PN 26-4005699-001
<b>a</b>	Plan name EKA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EARLE KINLAW & ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1328598-001
<b>a</b>	Plan name EL DABE / RITTER TRIAL LAWYERS, GP 401(K) PLAN	
<b>b</b>	Name of plan sponsor EL DABE / RITTER TRIAL LAWYERS, GP	<b>c</b> EIN-PN 47-1257720-001
<b>a</b>	Plan name FARIBORZ RODEF, DDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE	<b>c</b> EIN-PN 32-0012113-001
<b>a</b>	Plan name FARMERS BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FARMERS BANK	<b>c</b> EIN-PN 84-1599347-001
<b>a</b>	Plan name FARROW CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor FARROW CORPORATION	<b>c</b> EIN-PN 95-4536736-001
<b>a</b>	Plan name FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FCNB BANK	<b>c</b> EIN-PN 43-0224380-001
<b>a</b>	Plan name FRC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE FINANCIAL RESOURCE CENTER, INC.	<b>c</b> EIN-PN 35-1883522-001
<b>a</b>	Plan name GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GOTEC PLUS SUN, LLC	<b>c</b> EIN-PN 20-4320976-001
<b>a</b>	Plan name HEARTLAND FOOD PRODUCTS GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TC HEARTLAND, LLC DBA HEARTLAND FOOD PRODUCTS GROUP	<b>c</b> EIN-PN 20-1938376-001
<b>a</b>	Plan name HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HURON VALLEY RESTAURANT EQUIPMENT, INC.	<b>c</b> EIN-PN 38-3072272-001
<b>a</b>	Plan name HWO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HWO, INC.	<b>c</b> EIN-PN 83-2185021-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	J.M. O'NEILL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J.M. O'NEILL, INC.	<b>c</b> EIN-PN 94-2918101-001
<b>a</b>	Plan name	J2H PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J2H PARTNERS, LLC	<b>c</b> EIN-PN 47-4314260-001
<b>a</b>	Plan name	JAG, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JAG, INC.	<b>c</b> EIN-PN 20-4383697-001
<b>a</b>	Plan name	KENT AIR CONDITIONING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENT AIR CONDITIONING INC.	<b>c</b> EIN-PN 65-0014964-001
<b>a</b>	Plan name	KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENTUCKY EDUCATION ASSOCIATION	<b>c</b> EIN-PN 61-0245450-001
<b>a</b>	Plan name	KENWOOD FENCE CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENWOOD FENCE CO., INC.	<b>c</b> EIN-PN 68-0423518-001
<b>a</b>	Plan name	KETTER & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KETTER & ASSOCIATES	<b>c</b> EIN-PN 47-0806233-001
<b>a</b>	Plan name	KEYROCK ENERGY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KEYROCK ENERGY, LLC	<b>c</b> EIN-PN 26-0602410-001
<b>a</b>	Plan name	LAWYERS FOR JUSTICE PC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAWYERS FOR JUSTICE PC	<b>c</b> EIN-PN 27-4652068-001
<b>a</b>	Plan name	LEE-SURE POOLS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEE-SURE POOLS, INC.	<b>c</b> EIN-PN 85-0254390-001
<b>a</b>	Plan name	LEEDCO INTERIOR SYSTEMS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LEEDCO INTERIOR SYSTEMS, INC.	<b>c</b> EIN-PN 61-0900219-001
<b>a</b>	Plan name	LEGACY TRUCKING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LEGACY TRUCKING, INC.	<b>c</b> EIN-PN 84-1268710-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MOORETOWN RANCHERIA GOVERNMENTAL SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOORETOWN RANCHERIA	<b>c</b> EIN-PN 68-0152435-002
<b>a</b>	Plan name	MOUNTAIN WEST SURGICAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN WEST SURGICAL	<b>c</b> EIN-PN 88-0418505-001
<b>a</b>	Plan name	MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOXY MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 99-0431387-002
<b>a</b>	Plan name	PIEDMONT CLASSICAL HIGH SCHOOL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PIEDMONT CLASSICAL HIGH SCHOOL	<b>c</b> EIN-PN 46-4228515-001
<b>a</b>	Plan name	PUNCTUAL ABSTRACT CO. INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PUNCTUAL ABSTRACT CO. INC.	<b>c</b> EIN-PN 72-1228652-001
<b>a</b>	Plan name	RICHARD ELSINGER, DMD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHARD ELSINGER, DMD	<b>c</b> EIN-PN 22-3433645-001
<b>a</b>	Plan name	SALTER HEALY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SALTER HEALY, LLC	<b>c</b> EIN-PN 26-1337937-001
<b>a</b>	Plan name	SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SAMTECH AUTOMOTIVE USA, INC.	<b>c</b> EIN-PN 95-4568597-001
<b>a</b>	Plan name	SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKL PRIME SERVICES, LLC	<b>c</b> EIN-PN 01-0551573-001
<b>a</b>	Plan name	SKLO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKLO STUDIO, INC.	<b>c</b> EIN-PN 27-4554699-001
<b>a</b>	Plan name	STONE REAL ESTATE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STONE REAL ESTATE	<b>c</b> EIN-PN 36-4121806-001
<b>a</b>	Plan name	TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor	TFC MANUFACTURING, INC.	<b>c</b> EIN-PN 91-1951857-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THA ARCHITECTS ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	<b>c</b> EIN-PN 38-1561901-002
<b>a</b>	Plan name	THE ARGUS - PRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE ARGUS - PRESS	<b>c</b> EIN-PN 38-0306980-002
<b>a</b>	Plan name	THE ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ART OF MANAGEMENT, LLP	<b>c</b> EIN-PN 47-2620180-001
<b>a</b>	Plan name	TIBRIO LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIBRIO LLC	<b>c</b> EIN-PN 81-0719473-001
<b>a</b>	Plan name	TIMOTHY P. MILLER TRUCKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIMOTHY P. MILLER TRUCKING, INC.	<b>c</b> EIN-PN 20-2756682-001
<b>a</b>	Plan name	TINARI ENTITIES, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TINARI CONTAINER, INC.	<b>c</b> EIN-PN 23-2302499-001
<b>a</b>	Plan name	ZEETO GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZEETO GROUP, LLC	<b>c</b> EIN-PN 83-0490277-001
<b>a</b>	Plan name	AKJOHNSTON GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AKJOHNSTON GROUP, LLC	<b>c</b> EIN-PN 47-4760375-001
<b>a</b>	Plan name	CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHEM PRO LABORATORY, INC.	<b>c</b> EIN-PN 95-2297708-001
<b>a</b>	Plan name	COMMUNITIES IN SCHOOLS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITIES IN SCHOOLS OF EL PASO, INC.	<b>c</b> EIN-PN 74-2024715-001
<b>a</b>	Plan name	COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY STATE BANK	<b>c</b> EIN-PN 26-0620241-001
<b>a</b>	Plan name	COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY TIES OF AMERICA, INC.	<b>c</b> EIN-PN 62-1733882-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CYPRESS POINT CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CYPRESS POINT CLUB	<b>c</b> EIN-PN 94-6008058-002
<b>a</b>	Plan name	LEINGANG HOME CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEINGANG GROUP, INC. D/B/A LEINGANG HOME CENTER	<b>c</b> EIN-PN 46-3955538-001
<b>a</b>	Plan name	ONSTAGE TALENT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONSTAGE TALENT GROUP	<b>c</b> EIN-PN 26-2809059-001
<b>a</b>	Plan name	OPEN UP RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OPEN UP RESOURCES	<b>c</b> EIN-PN 47-3240638-001
<b>a</b>	Plan name	OPHTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OPHTHALMOLOGY CENTER OF ILLINOIS	<b>c</b> EIN-PN 46-3808527-001
<b>a</b>	Plan name	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.	<b>c</b> EIN-PN 95-1685796-002
<b>a</b>	Plan name	PK ELECTRIC 401(K) RETIREMENT SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MAT SERVICES, INC. DBA PK ELECTRIC	<b>c</b> EIN-PN 91-2180582-001
<b>a</b>	Plan name	RAPT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHMOND AUTO PARTS TECHNOLOGY, INC.	<b>c</b> EIN-PN 61-1321586-001
<b>a</b>	Plan name	SARAT FORD SALES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SARAT FORD SALES, INC.	<b>c</b> EIN-PN 04-2385735-001
<b>a</b>	Plan name	SATURN CORPORATION PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SATURN CORPORATION	<b>c</b> EIN-PN 52-1219452-001
<b>a</b>	Plan name	SOUTHSIDE PEDIATRICS OF AIKEN, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUTHSIDE PEDIATRICS OF AIKEN, LLC	<b>c</b> EIN-PN 56-2228905-001
<b>a</b>	Plan name	SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SOUTHWEST 66 CREDIT UNION	<b>c</b> EIN-PN 75-0815084-002

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	THE BLACK HAWK CASINO 401(K) PLAN
<b>b</b>	Name of plan sponsor	SAUK BUSINESS ENTERPRISES
<b>c</b>	EIN-PN	02-0713814-001
<b>a</b>	Plan name	TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	TRIPLE H FOOD PROCESSORS, LLC.
<b>c</b>	EIN-PN	47-4431714-001
<b>a</b>	Plan name	TRIS PHARMA 401(K) PLAN
<b>b</b>	Name of plan sponsor	TRIS PHARMA, INC.
<b>c</b>	EIN-PN	22-3747409-001
<b>a</b>	Plan name	WARREN F THOMAS PLUMBING CO. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WARREN F. THOMAS PLUMBING CO.
<b>c</b>	EIN-PN	36-4058295-001
<b>a</b>	Plan name	WASSERMAN & ASSOCIATES 401(K) PLAN
<b>b</b>	Name of plan sponsor	WASSERMAN & ASSOCIATES
<b>c</b>	EIN-PN	46-1597804-001
<b>a</b>	Plan name	A-1 ELECTRIC COMPANY, INC. EMPLOYEES' PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	A-1 ELECTRIC COMPANY, INC.
<b>c</b>	EIN-PN	33-6004115-001
<b>a</b>	Plan name	A-1 SERVICE INC. 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	A-1 SERVICE INC.
<b>c</b>	EIN-PN	72-0692706-001
<b>a</b>	Plan name	AMERICAN NATION BANK SAVINGS AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	AMERICAN NATION BANK
<b>c</b>	EIN-PN	73-1258880-001
<b>a</b>	Plan name	AMERICAN PHARMACY SERVICES CORPORATION 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	AMERICAN PHARMACY SERVICES CORPORATION
<b>c</b>	EIN-PN	38-2647024-001
<b>a</b>	Plan name	BARBARA E. WHITWORTH, D.D.S. 401(K) PLAN
<b>b</b>	Name of plan sponsor	BARBARA E. WHITWORTH, D.D.S.
<b>c</b>	EIN-PN	75-2633818-001
<b>a</b>	Plan name	BARLEVI & CO., ACCOUNTANCY CORPORATION 401(K) PSP
<b>b</b>	Name of plan sponsor	BARLEVI & CO., ACCOUNTANCY CORPORATION
<b>c</b>	EIN-PN	54-2081513-001
<b>a</b>	Plan name	CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	CHEROKEE FARM DEVELOPMENT CORPORATION
<b>c</b>	EIN-PN	46-1180603-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHILDREN'S RECEIVING HOME OF SACRAMENTO	<b>c</b> EIN-PN 94-1322166-001
<b>a</b>	Plan name	CORRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORRA	<b>c</b> EIN-PN 04-3819932-001
<b>a</b>	Plan name	DMLOGIC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DMLOGIC	<b>c</b> EIN-PN 27-1024409-001
<b>a</b>	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENVISION TELEPHONY, INC.	<b>c</b> EIN-PN 91-1661458-001
<b>a</b>	Plan name	GUINCO SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUINCO ENTERPRISES CORPORATION	<b>c</b> EIN-PN 46-5256563-001
<b>a</b>	Plan name	GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	<b>c</b> EIN-PN 58-1795694-001
<b>a</b>	Plan name	I-TECH USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	I-TECH USA	<b>c</b> EIN-PN 32-0015143-001
<b>a</b>	Plan name	JOHN A. MITAMURA, M.D. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN A. MITAMURA, M.D.	<b>c</b> EIN-PN 13-3535026-001
<b>a</b>	Plan name	JOHN P. CALCATERA 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN P. CALCATERA DPM PC	<b>c</b> EIN-PN 26-1562402-001
<b>a</b>	Plan name	AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AARON A. ADAOAG, M.D., LTD.	<b>c</b> EIN-PN 26-0880609-001
<b>a</b>	Plan name	AMES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMES, INC.	<b>c</b> EIN-PN 52-1039531-001
<b>a</b>	Plan name	AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC.	<b>c</b> EIN-PN 47-4037872-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	BARNARD MEZZANOTTE PINNIE & SEELAUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARNARD MEZZANOTTE PINNIE & SEELAUS, LLP	<b>c</b> EIN-PN 23-2114178-002
<b>a</b>	Plan name	BULVERDE GLASS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BULVERDE GLASS, INC	<b>c</b> EIN-PN 74-2941775-001
<b>a</b>	Plan name	BURCH COURT DENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BURCH COURT DENTAL	<b>c</b> EIN-PN 61-1338337-001
<b>a</b>	Plan name	CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHILES & SONS-LAMAN, INC.	<b>c</b> EIN-PN 34-4492949-003
<b>a</b>	Plan name	CHINATOWN PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHINATOWN PHARMACY	<b>c</b> EIN-PN 47-5552705-001
<b>a</b>	Plan name	CHOICE CONCRETE CONSTRUCTION, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHOICE CONCRETE CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-3294810-001
<b>a</b>	Plan name	COUNTRYSIDE CULLIGAN 401(K) & INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COUNTRYSIDE MANAGEMENT, INC.	<b>c</b> EIN-PN 41-1813535-001
<b>a</b>	Plan name	EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EQUINE MEDICAL CENTER OF OCALA	<b>c</b> EIN-PN 20-3993544-001
<b>a</b>	Plan name	FYI SYSTEMS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FYI SYSTEMS, INC.	<b>c</b> EIN-PN 22-2562534-001
<b>a</b>	Plan name	ICU PRODUCTIONS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ICU PRODUCTION, INC.	<b>c</b> EIN-PN 41-2252815-002
<b>a</b>	Plan name	ILAPAK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ILAPAK, INC.	<b>c</b> EIN-PN 13-3036089-002
<b>a</b>	Plan name	JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON PRODUCTS, INC.	<b>c</b> EIN-PN 95-3412748-001

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 LIGHHOUSE INSURANCE AGENCY, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LIGHHOUSE INSURANCE AGENCY	<b>c</b> EIN-PN 04-3216220-001
<b>a</b>	Plan name MCDOUGALL & SONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MCDOUGALL & SONS, INC.	<b>c</b> EIN-PN 91-0978839-001
<b>a</b>	Plan name MTS/SFH 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor MULTIPLICITY THERAPEUTIC SERVICES, INC.	<b>c</b> EIN-PN 51-0619590-001
<b>a</b>	Plan name MXD PROCESS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MIXER DIRECT INC., DBA MXD PROCESS	<b>c</b> EIN-PN 27-1855081-001
<b>a</b>	Plan name ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORLANDO SPRING CORP	<b>c</b> EIN-PN 95-1933966-001
<b>a</b>	Plan name POLK COUNTY SCHOOL READINESS COALITION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor POLK COUNTY SCHOOL READINESS COALITION, INC.	<b>c</b> EIN-PN 59-3648316-001
<b>a</b>	Plan name PONDERA ADVISORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PONDERA ADVISORS, LLC	<b>c</b> EIN-PN 20-4885252-001
<b>a</b>	Plan name PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PORTER KIAKONA KOPPER, LLP	<b>c</b> EIN-PN 99-0210947-001
<b>a</b>	Plan name PORTO'S BAKERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PORTO'S BAKERY, INC.	<b>c</b> EIN-PN 95-4610775-777
<b>a</b>	Plan name SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAMCO PROPERTIES, INC.	<b>c</b> EIN-PN 59-2396906-001
<b>a</b>	Plan name THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CLASSIC CATERING PEOPLE, INC.	<b>c</b> EIN-PN 52-1715183-001
<b>a</b>	Plan name TRUTRON CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRUTRON CORPORATION	<b>c</b> EIN-PN 38-1858530-001

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 TRUXAW & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOSEPH C. TRUXAW AND ASSOCIATES, INC.	<b>c</b> EIN-PN 95-2992708-001
<b>a</b>	Plan name ACADEMIC ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACADEMIC ENDOCRINE, METABOLISM & NUTRITION, INC.	<b>c</b> EIN-PN 36-4180316-001
<b>a</b>	Plan name ALI IRANMANESH, DMD. MD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALI IRANMANESH, DMD, MD, INC.	<b>c</b> EIN-PN 20-4791452-001
<b>a</b>	Plan name BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BASSETT SALES CORPORATION	<b>c</b> EIN-PN 95-3666930-001
<b>a</b>	Plan name BC2 ENVIRONMENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor BC2 ENVIRONMENTAL, LLC	<b>c</b> EIN-PN 83-2585853-001
<b>a</b>	Plan name BCP SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BCP SYSTEMS, INC.	<b>c</b> EIN-PN 33-0753105-001
<b>a</b>	Plan name CAPSTONE COMMERCIAL PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAPSTONE COMMERCIAL PROPERTIES, INC.	<b>c</b> EIN-PN 73-1691050-001
<b>a</b>	Plan name CARDEL HOMES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARDEL U.S. MANAGEMENT, LLC	<b>c</b> EIN-PN 84-1846681-001
<b>a</b>	Plan name CARDIOVASCULAR CONSULTANTS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CARDIOVASCULAR CONSULTANTS PA	<b>c</b> EIN-PN 59-1923037-001
<b>a</b>	Plan name CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHRISTOPHER M. PENNISI, DDS, PLLC	<b>c</b> EIN-PN 26-3030636-001
<b>a</b>	Plan name CHSU 401(K) PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA HEALTH SCIENCES UNIVERSITY	<b>c</b> EIN-PN 45-4846058-001
<b>a</b>	Plan name CHURCHLAND ANIMAL CLINIC, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHURCHLAND ANIMAL CLINIC, INC.	<b>c</b> EIN-PN 54-0941437-001

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 COMMUNITY WHOLESale TIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY WHOLESale TIRE DISTRIBUTING, INC.	<b>c</b> EIN-PN 43-0799202-001
<b>a</b>	Plan name COMPASS HEALTH ADMINISTRATORS 401K PLAN	
<b>b</b>	Name of plan sponsor COMPASS HEALTH ADMINISTRATORS	<b>c</b> EIN-PN 82-2891309-001
<b>a</b>	Plan name COMPREHENSIVE DENTAL SERVICES, LTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMPREHENSIVE DENTAL SERVICES, LTD.	<b>c</b> EIN-PN 39-1154725-001
<b>a</b>	Plan name D. S. ERICKSON & ASSOCIATES, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor D. S. ERICKSON & ASSOCIATES, PLLC	<b>c</b> EIN-PN 20-5957980-001
<b>a</b>	Plan name D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor D.I.J. CONSTRUCTION, INC.	<b>c</b> EIN-PN 74-2291006-001
<b>a</b>	Plan name DAHME HEATING AND AIR CONDITIONING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAHME HEATING AND AIRCONDITIONING, INC.	<b>c</b> EIN-PN 77-0250781-001
<b>a</b>	Plan name DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAIRY-MIX, INC.	<b>c</b> EIN-PN 59-0659640-001
<b>a</b>	Plan name DOUGLAS TELECOMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOUGLAS TELECOMMUNICATIONS, INC.	<b>c</b> EIN-PN 94-3215975-001
<b>a</b>	Plan name EL POLLO LOCO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EL POLLO LOCO, INC.	<b>c</b> EIN-PN 33-0377527-777
<b>a</b>	Plan name ELDER & SPENCER LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELDER & SPENCER LLP	<b>c</b> EIN-PN 46-3485814-001
<b>a</b>	Plan name FEDERAL DEFENDERS OF MONTANA, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor FEDERAL DEFENDERS OF MONTANA, INC.	<b>c</b> EIN-PN 81-0479512-001
<b>a</b>	Plan name GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA ENGINEERING, LLC	<b>c</b> EIN-PN 77-0489033-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>GBCA 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GENERAL BUILDING CONTRACTORS ASSOCIATION, INC.</b>	<b>c</b> EIN-PN <b>23-0847495-003</b>
<b>a</b>	Plan name <b>GRANVILLE HOMES, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRANVILLE HOMES, INC.</b>	<b>c</b> EIN-PN <b>77-0236102-002</b>
<b>a</b>	Plan name <b>GREASE MONKEY INTERNATIONAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREASE MONKEY INTERNATIONAL, INC.</b>	<b>c</b> EIN-PN <b>84-0769552-001</b>
<b>a</b>	Plan name <b>GREAT LAKES PULMONARY AND SLEEP ASSOCIATES S.C. PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREAT LAKES PULMONARY AND SLEEP ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>20-0676469-001</b>
<b>a</b>	Plan name <b>HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HENSLEY LAMKIN RACHEL, INC.</b>	<b>c</b> EIN-PN <b>75-2377361-001</b>
<b>a</b>	Plan name <b>INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INDEPENDENT CAPITAL MANAGEMENT LLC</b>	<b>c</b> EIN-PN <b>26-3029556-001</b>
<b>a</b>	Plan name <b>JAMES E. FULTON &amp; SONS, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JAMES E. FULTON &amp; SONS, INC.</b>	<b>c</b> EIN-PN <b>38-2064280-001</b>
<b>a</b>	Plan name <b>JAMES G. MURPHY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JAMES G. MURPHY, INC.</b>	<b>c</b> EIN-PN <b>91-0901239-002</b>
<b>a</b>	Plan name <b>KIDZ BIZ PEDIATRICS 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KIDZ BIZ PEDIATRICS</b>	<b>c</b> EIN-PN <b>43-1940340-001</b>
<b>a</b>	Plan name <b>LISAC'S, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LISAC'S, INC.</b>	<b>c</b> EIN-PN <b>81-0307699-001</b>
<b>a</b>	Plan name <b>LITHOGRAPHICS, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LITHOGRAPHICS, INC.</b>	<b>c</b> EIN-PN <b>62-0952563-001</b>
<b>a</b>	Plan name <b>LIVONIA DERMATOLOGY, PLLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>LIVONIA DERMATOLOGY PLLC</b>	<b>c</b> EIN-PN <b>85-0486422-001</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 <a href="#">MARLETTE ROOFING &amp; SHEET METAL COMPANY EMPLOYEES' PROFIT SHARING TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARLETTE ROOFING &amp; SHEET METAL COMPANY</a>	<b>c</b> EIN-PN <a href="#">38-2102172-001</a>
<b>a</b>	Plan name <a href="#">MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARPLES GEARS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-4226164-001</a>
<b>a</b>	Plan name <a href="#">MIAMI REGIONAL UNIVERSITY INVEST YOUR FUTURE PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MANAGEMENT RESOURCES, INC. DBA MIAMI REGIONAL UNIVERSITY</a>	<b>c</b> EIN-PN <a href="#">65-0633679-001</a>
<b>a</b>	Plan name <a href="#">MICHIGAN NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MICHIGAN NEUROLOGY ASSOCIATES, P.C.</a>	<b>c</b> EIN-PN <a href="#">38-3258019-001</a>
<b>a</b>	Plan name <a href="#">MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEWBRIDGE SECURITIES CORPORATION</a>	<b>c</b> EIN-PN <a href="#">54-1879031-001</a>
<b>a</b>	Plan name <a href="#">MY OFFICE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MY OFFICE, INC.</a>	<b>c</b> EIN-PN <a href="#">48-1289900-001</a>
<b>a</b>	Plan name <a href="#">NANOSHIFT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NANOSHIFT</a>	<b>c</b> EIN-PN <a href="#">59-3810848-001</a>
<b>a</b>	Plan name <a href="#">NWGE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTHWEST GENERAL ENGINEERING</a>	<b>c</b> EIN-PN <a href="#">68-0454297-001</a>
<b>a</b>	Plan name <a href="#">O2 SOLUTIONS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">O2 SOLUTIONS, LLC</a>	<b>c</b> EIN-PN <a href="#">14-1964996-001</a>
<b>a</b>	Plan name <a href="#">PWA RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PERHATS WENSTROM ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3611103-002</a>
<b>a</b>	Plan name <a href="#">QUALITY ASSURED LABEL, INC. SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">QUALITY ASSURED LABEL, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1492638-002</a>
<b>a</b>	Plan name <a href="#">RISER MOTORS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RISER MOTORS, INC.</a>	<b>c</b> EIN-PN <a href="#">71-0857865-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	RIVERMOOR ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIVERMOOR ENGINEERING, LLC	<b>c</b> EIN-PN 20-0597795-001
<b>a</b>	Plan name	SCHULTZ PROCESS SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHULTZ PROCESS SERVICES, INC.	<b>c</b> EIN-PN 45-4118372-001
<b>a</b>	Plan name	SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHUMANN HANLON LLC	<b>c</b> EIN-PN 20-1967882-001
<b>a</b>	Plan name	SMART, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMART, LLC	<b>c</b> EIN-PN 30-0269003-001
<b>a</b>	Plan name	SMC CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMC CONSTRUCTION CO.	<b>c</b> EIN-PN 88-0319132-001
<b>a</b>	Plan name	THE DYNAMIC CONSTRUCTION, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC CONSTRUCTION, INC.	<b>c</b> EIN-PN 31-1526251-001
<b>a</b>	Plan name	TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	<b>c</b> EIN-PN 47-5068498-002
<b>a</b>	Plan name	VALUERX PHARMACY SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EVINE, LLC DBA VALUERX PHARMACY SERVICES	<b>c</b> EIN-PN 47-3313679-001
<b>a</b>	Plan name	VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
<b>b</b>	Name of plan sponsor	VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	<b>c</b> EIN-PN 38-1917556-001
<b>a</b>	Plan name	WEB2WEB MARKETING, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WEB2WEB MARKETING INC.	<b>c</b> EIN-PN 94-3327028-001
<b>a</b>	Plan name	WELLMAN SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WELLMAN SERVICES, LLC	<b>c</b> EIN-PN 27-1434287-001
<b>a</b>	Plan name	ZEHNDER COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZEHNDER COMMUNICATIONS, INC.	<b>c</b> EIN-PN 72-1324835-001

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 ZOULAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor KRISTINA ZOULAS, DDS, INC.	<b>c</b> EIN-PN 74-1856936-001
<b>a</b>	Plan name FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FLOWMASTER, INC.	<b>c</b> EIN-PN 46-4050504-002
<b>a</b>	Plan name FONTENELLE & GOODREAU INSURANCE, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FONTENELLE & GOODREAU INSURANCE, LLC	<b>c</b> EIN-PN 20-5889299-001
<b>a</b>	Plan name LA-Z-BOY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MGM GALLERIES LLC DBA LA-Z-BOY FURNITURE GALLERIES	<b>c</b> EIN-PN 46-0513963-001
<b>a</b>	Plan name LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAGUNA SOURCE LLC	<b>c</b> EIN-PN 41-2223213-002
<b>a</b>	Plan name PENNY LANE SCHOOL, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PENNY LANE SCHOOL, LTD.	<b>c</b> EIN-PN 36-3864693-001
<b>a</b>	Plan name TASTES ON THE FLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor TASTES ON THE FLY SAN FRANCISCO LLC	<b>c</b> EIN-PN 27-1859310-001
<b>a</b>	Plan name ACCUTRACK SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCUTRACK SERVICES, LLC	<b>c</b> EIN-PN 27-2912487-001
<b>a</b>	Plan name CITRON CLOTHING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CITRON CLOTHING, INC.	<b>c</b> EIN-PN 95-4145110-001
<b>a</b>	Plan name GENERA ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENERA ENERGY, INC.	<b>c</b> EIN-PN 45-4907881-001
<b>a</b>	Plan name GENESEE HEMATOLOGY ONCOLOGY, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GENESEE HEMATOLOGY-ONCOLOGY, P.C.	<b>c</b> EIN-PN 38-2278871-001
<b>a</b>	Plan name LONE WOLF RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LONE WOLF RESOURCES, LLC	<b>c</b> EIN-PN 75-2815928-001

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 LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC.	<b>c</b> EIN-PN 23-7010825-001
<b>a</b>	Plan name PREACHER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PREACHER, LLC	<b>c</b> EIN-PN 46-4405855-001
<b>a</b>	Plan name THE FINANCIAL GROUP OF PHILADELPHIA, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE FINANCIAL GROUP OF PHILADELPHIA, LLC	<b>c</b> EIN-PN 20-2128204-001
<b>a</b>	Plan name ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ADVANCED AUTOMATION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 52-1749594-001
<b>a</b>	Plan name ADVANCED CARGO CORPORATION 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor ADVANCED CARGO CORPORATION	<b>c</b> EIN-PN 41-1663563-001
<b>a</b>	Plan name ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADVANCED NETWORK PRODUCTS, INC.	<b>c</b> EIN-PN 23-2316443-001
<b>a</b>	Plan name GILBERT C. DOLES, ATTORNEY AT LAW, A LAW CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor GILBERT C. DOLES, ATTORNEY AT LAW, A LAW CORPORATION	<b>c</b> EIN-PN 99-0359339-001
<b>a</b>	Plan name GILLIE HYDE FORD LINCOLN, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GILLIE HYDE FORD LINCOLN, INC.	<b>c</b> EIN-PN 61-0700786-002
<b>a</b>	Plan name M.F. HUSEBY COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor M.F. HUSEBY COMPANY, INC.	<b>c</b> EIN-PN 95-1729316-001
<b>a</b>	Plan name MAAS BROTHERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAAS BROTHERS, INC. PROFIT SHARING PLAN	<b>c</b> EIN-PN 91-1907561-001
<b>a</b>	Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1	
<b>b</b>	Name of plan sponsor MAD DOGG ATHLETICS, INC.	<b>c</b> EIN-PN 95-4481055-002
<b>a</b>	Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 2	
<b>b</b>	Name of plan sponsor MAD DOGG ATHLETICS, INC.	<b>c</b> EIN-PN 95-4481055-003

Part II	Information on Participating Plans (to be completed by 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 MAFIAPAPERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAFIAPAPERS, INC.	<b>c</b> EIN-PN 42-1634622-002
<b>a</b>	Plan name THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROUND ROCK BASEBALL CLUB, LP	<b>c</b> EIN-PN 77-0646382-001
<b>a</b>	Plan name ALPHA CONSULTING ENGINEERS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALPHA CONSULTING ENGINEERS, INC.	<b>c</b> EIN-PN 25-1719838-001
<b>a</b>	Plan name CONCEPT 2001, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONCEPT 2001, INC. DBA CONCEPT HR	<b>c</b> EIN-PN 58-2453817-001
<b>a</b>	Plan name CONNOR CONSULTING CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CONNOR CONSULTING CORPORATION	<b>c</b> EIN-PN 46-1950081-001
<b>a</b>	Plan name GREAT LAKES WAREHOUSING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES WAREHOUSING, LLC	<b>c</b> EIN-PN 38-3352246-002
<b>a</b>	Plan name QUALITY LAPEL PINS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUALITY LAPEL PINS, INC.	<b>c</b> EIN-PN 41-2119859-001
<b>a</b>	Plan name TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor TURNBRIDGE CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 47-0963603-001
<b>a</b>	Plan name ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C.	<b>c</b> EIN-PN 57-1122288-001
<b>a</b>	Plan name ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-001
<b>a</b>	Plan name ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN	
<b>b</b>	Name of plan sponsor ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-003
<b>a</b>	Plan name ANDRADE GONZALEZ, LLP CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-002

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 CRAFT HOUSE PIZZA, LLC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CRAFT HOUSE PIZZA, LLC	<b>c</b> EIN-PN 27-3274820-001
<b>a</b>	Plan name CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	<b>c</b> EIN-PN 47-2388058-001
<b>a</b>	Plan name HAMILTON MARTENS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAMILTON MARTENS, LLC	<b>c</b> EIN-PN 20-1343616-001
<b>a</b>	Plan name MED ONE MEDICAL GROUP EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MED ONE FAMILY MEDICAL GROUP, INC.	<b>c</b> EIN-PN 33-0776463-001
<b>a</b>	Plan name DATA PATH, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor DATA PATH, INC.	<b>c</b> EIN-PN 90-0242296-001
<b>a</b>	Plan name HHMT EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor HELPING HANDS MASSAGE THERAPY, INC.	<b>c</b> EIN-PN 92-3745310-001
<b>a</b>	Plan name HI-LINE ELECTRIC CO. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HI-LINE ELECTRIC CO.	<b>c</b> EIN-PN 94-1709994-002
<b>a</b>	Plan name HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HICKORY HILL RETIREMENT COMMUNITY, LLC	<b>c</b> EIN-PN 37-1544274-001
<b>a</b>	Plan name MICHIGAN STATE UTILITY WORKERS COUNCIL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN STATE UTILITY WORKERS COUNCIL	<b>c</b> EIN-PN 38-0830708-001
<b>a</b>	Plan name MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	<b>c</b> EIN-PN 26-1365260-001
<b>a</b>	Plan name ATLAS LABOR ILLINOIS LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ATLAS LABOR ILLINOIS LLC	<b>c</b> EIN-PN 83-3804981-001
<b>a</b>	Plan name AURORA PROJECT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AURORA PROJECT, INC.	<b>c</b> EIN-PN 34-1517827-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	AUS DECKING, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AUS DECKING, INC.	<b>c</b> EIN-PN 20-1259014-001
<b>a</b>	Plan name	DEGRAFFENRIED & COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DEGRAFFENRIED & COMPANY	<b>c</b> EIN-PN 72-1349735-001
<b>a</b>	Plan name	DELL-COMM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELL-COMM, INC.	<b>c</b> EIN-PN 41-1660280-001
<b>a</b>	Plan name	HITV 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HITV OPERATING CO., INC.	<b>c</b> EIN-PN 20-8485379-001
<b>a</b>	Plan name	NATIONAL AUTO LENDERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NATIONAL AUTO LENDERS, INC.	<b>c</b> EIN-PN 65-0660723-001
<b>a</b>	Plan name	BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BEACON TRI-STATE SOLUTIONS, INC.	<b>c</b> EIN-PN 32-0277555-001
<b>a</b>	Plan name	BEAMALLOY TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEAMALLOY TECHNOLOGIES, LLC	<b>c</b> EIN-PN 20-0326509-001
<b>a</b>	Plan name	BECK LEASING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BECK LEASING, INC.	<b>c</b> EIN-PN 26-1793936-001
<b>a</b>	Plan name	BECKWITH LUMBER COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BECKWITH LUMBER COMPANY, INC.	<b>c</b> EIN-PN 55-0525058-001
<b>a</b>	Plan name	INFRONT DEVICES & SYSTEMS, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INFRONT DEVICES & SYSTEMS, LLC	<b>c</b> EIN-PN 73-1646352-001
<b>a</b>	Plan name	INNOVA ZONES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVA ZONES, LLC	<b>c</b> EIN-PN 46-5111106-001
<b>a</b>	Plan name	INNOVATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE STAMPING CORP.	<b>c</b> EIN-PN 95-3018165-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYSTEM CONTROLS & INSTRUMENTATION, LTD.	<b>c</b> EIN-PN 46-0638297-001
<b>a</b>	Plan name	WEST WIND DENTAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WEST WIND DENTAL	<b>c</b> EIN-PN 81-4317214-001
<b>a</b>	Plan name	WESTERN CAMPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN CAMPS, INC.	<b>c</b> EIN-PN 95-2499851-001
<b>a</b>	Plan name	SHANACHIE ENTERTAINMENT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHANACHIE ENTERTAINMENT CORP.	<b>c</b> EIN-PN 13-2986258-001
<b>a</b>	Plan name	INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INTERPRET, LLC	<b>c</b> EIN-PN 20-4554232-002
<b>a</b>	Plan name	INTERPRINT INCORPORATED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTERPRINT, INC.	<b>c</b> EIN-PN 59-0871253-001
<b>a</b>	Plan name	INTREIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTREIS	<b>c</b> EIN-PN 46-0855494-001
<b>a</b>	Plan name	INTRINSYX TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTRINSYX TECHNOLOGIES	<b>c</b> EIN-PN 77-0539893-001
<b>a</b>	Plan name	NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW KNOXVILLE SUPPLY CO. INC.	<b>c</b> EIN-PN 34-4314480-001
<b>a</b>	Plan name	WILLIAM ZALLA CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM ZALLA CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 61-0964984-001
<b>a</b>	Plan name	OCEAN VIEW DENTAL 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUMMER T. WOOD, D.M.D. DBA OCEAN VIEW DENTAL	<b>c</b> EIN-PN 45-3512542-001
<b>a</b>	Plan name	OCEANWIDE PLAZA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEANWIDE PLAZA LLC	<b>c</b> EIN-PN 68-0683629-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	OCEANWIDE RESORT HI LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEANWIDE RESORT HI LLC	<b>c</b> EIN-PN 81-2988222-001
<b>a</b>	Plan name	BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRAZORIA TELEPHONE COMPANY, INC.	<b>c</b> EIN-PN 74-1179149-002
<b>a</b>	Plan name	BREEZWAY THRIFTY GLASS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOJO ENTERPRISES, INC. DBA BREEZWAY THRIFTY GLASS	<b>c</b> EIN-PN 33-0433751-001
<b>a</b>	Plan name	ELITE PT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELITE PT LLC	<b>c</b> EIN-PN 20-8004587-001
<b>a</b>	Plan name	JCL SERVICE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JCL SERVICE COMPANY LLC	<b>c</b> EIN-PN 46-0577895-001
<b>a</b>	Plan name	JD DOGGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JD DOGGY, INC.	<b>c</b> EIN-PN 47-3843337-001
<b>a</b>	Plan name	SMILE FAMILY & COSMETIC DENTISTRY DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SHARON BOWERS MCCRARY, D.M.D., P.A.	<b>c</b> EIN-PN 59-3531551-001
<b>a</b>	Plan name	SMITH & JOHNSON ATTORNEYS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMITH & JOHNSON ATTORNEYS, P.C.	<b>c</b> EIN-PN 38-2067637-001
<b>a</b>	Plan name	OTOGENETICS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OTOGENETICS CORPORATION	<b>c</b> EIN-PN 26-1343895-001
<b>a</b>	Plan name	OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OUR HOME PHARMACY, INC.	<b>c</b> EIN-PN 27-2618187-001
<b>a</b>	Plan name	OVERLAKE GOLF & COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OVERLAKE GOLF & COUNTRY CLUB	<b>c</b> EIN-PN 91-0588580-002
<b>a</b>	Plan name	BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 88-0401243-002

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 C T LEWIS ENTERPRISES LP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor C T LEWIS ENTERPRISES LP	<b>c</b> EIN-PN 51-0663685-001
<b>a</b>	Plan name EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC	<b>c</b> EIN-PN 20-4457765-001
<b>a</b>	Plan name JOSEPH PEDOTT ADVERTISING & MARKETING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOSEPH PEDOTT ADVERTISING & MARKETING, INC.	<b>c</b> EIN-PN 94-2346172-001
<b>a</b>	Plan name SSL LAW FIRM LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SSL LAW FIRM, LLP	<b>c</b> EIN-PN 94-3397499-001
<b>a</b>	Plan name PATTIS PRESCHOOL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PATTIS PRESCHOOL, INC.	<b>c</b> EIN-PN 30-0143660-001
<b>a</b>	Plan name FILOLI CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor FILOLI CENTER	<b>c</b> EIN-PN 95-2996648-001
<b>a</b>	Plan name KINETIC MARKETING COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor KINETIC MARKETING COMMUNICATIONS LLC	<b>c</b> EIN-PN 20-0778734-001
<b>a</b>	Plan name KING SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor KING SYSTEMS, LLC	<b>c</b> EIN-PN 81-0553940-001
<b>a</b>	Plan name KLEAN KANTEEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KLEAN KANTEEN	<b>c</b> EIN-PN 94-2537951-002
<b>a</b>	Plan name SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor MY WAY HOLDINGS, LLC	<b>c</b> EIN-PN 88-0475995-001
<b>a</b>	Plan name SUPERIOR DENTAL LABORATORY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR DENTAL LABORATORY INC.	<b>c</b> EIN-PN 88-0238763-002
<b>a</b>	Plan name SUPERMAX HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUPERMAX HEALTHCARE INC.	<b>c</b> EIN-PN 27-2105941-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LUANA GABRIELA BADEA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUANA GABRIELA BADEA	<b>c</b> EIN-PN 92-3209762-001
<b>a</b>	Plan name	LUCAS PLUMBING & HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUCAS PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 34-0967099-005
<b>a</b>	Plan name	THE LAW OFFICES OF ROBERT G. BERNHOFT PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF ROBERT G. BERNHOLFT	<b>c</b> EIN-PN 72-1539134-001
<b>a</b>	Plan name	ACME PALLET, INC. EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACME PALLET, INC.	<b>c</b> EIN-PN 38-1710471-001
<b>a</b>	Plan name	CIVIL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CIVIL SERVICES, INC.	<b>c</b> EIN-PN 59-2975137-001
<b>a</b>	Plan name	PRECISION SMALL ENGINE CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION SMALL ENGINE CO., INC.	<b>c</b> EIN-PN 59-1985940-001
<b>a</b>	Plan name	ADVANCED REPRODUCTIVE CENTER OF HAWAII 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHRISTOPHER T.F. HUANG, M.D., INC	<b>c</b> EIN-PN 01-0674989-001
<b>a</b>	Plan name	ADVENTURE DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEIL, HILLYARD AND HEATON, PLLC DBA ADVENTURE DENTAL	<b>c</b> EIN-PN 26-2659646-001
<b>a</b>	Plan name	COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	<b>c</b> EIN-PN 47-1612263-222
<b>a</b>	Plan name	COLLAGE ARCHITECTS LLC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COLLAGE ARCHITECTS LLC	<b>c</b> EIN-PN 26-3215943-001
<b>a</b>	Plan name	GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLESSNER & ASSOCIATES, PLLC	<b>c</b> EIN-PN 55-0761731-001
<b>a</b>	Plan name	ALTA PROFESSIONAL INSURANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALTA PROFESSIONAL INSURANCE SERVICES AGENCY, LLC	<b>c</b> EIN-PN 20-1151904-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ALWAYS A PLEASURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALWAYS A PLEASURE, INC.	<b>c</b> EIN-PN 26-1101887-001
<b>a</b>	Plan name	MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MATICH CORPORATION	<b>c</b> EIN-PN 95-1810911-002
<b>a</b>	Plan name	MATRIX VISUAL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	<b>c</b> EIN-PN 33-0773727-001
<b>a</b>	Plan name	CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIDATED CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 20-5220958-001
<b>a</b>	Plan name	CONTACTUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTACTUS,LLC	<b>c</b> EIN-PN 45-4001073-001
<b>a</b>	Plan name	GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREENSBORO FARMER'S CO-OP	<b>c</b> EIN-PN 63-0645197-001
<b>a</b>	Plan name	R & L INSURANCE AGENCY LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	R & L INSURANCE AGENCY, LLC	<b>c</b> EIN-PN 30-0119097-001
<b>a</b>	Plan name	R&F, INC. EMPLOYEES BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	R&F, INC.	<b>c</b> EIN-PN 34-1016464-001
<b>a</b>	Plan name	TRANSYSTEMS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRANSPORT LEASING COMPANY, LLP DBA TRANSYSTEMS SERVICES	<b>c</b> EIN-PN 81-0359563-001
<b>a</b>	Plan name	MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MEDALLION MANAGEMENT, INC.	<b>c</b> EIN-PN 38-2033680-001
<b>a</b>	Plan name	ANGEL CITY DATA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANGEL CITY DATA, INC.	<b>c</b> EIN-PN 80-0674775-001
<b>a</b>	Plan name	ANNAPOLIS ACCOUNTING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CJ BATTISTA, P.C. D/B/A ANNAPOLIS ACCOUNTING SERVICES	<b>c</b> EIN-PN 52-2248341-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TYNAN EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YALE INDUSTRIAL TRUCKS - TYNAN, INC.	<b>c</b> EIN-PN 35-1147878-001
<b>a</b>	Plan name	ULTIMA DESIGN OF SOUTH FLORIDA, INC. RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ULTIMA DESIGN OF SOUTH FLORIDA, INC.	<b>c</b> EIN-PN 65-0407058-001
<b>a</b>	Plan name	UNICOI SYSTEMS, INC. AND WAHSEGA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNICOI SYSTEMS, INC.	<b>c</b> EIN-PN 58-2590945-001
<b>a</b>	Plan name	ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED COMPONENTS TECHNOLOGY, INC.	<b>c</b> EIN-PN 33-0439579-001
<b>a</b>	Plan name	DAVID HUVAL'S TRUCKING CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAVID HUVAL'S TRUCKING CO., INC.	<b>c</b> EIN-PN 72-1470730-001
<b>a</b>	Plan name	DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C.	<b>c</b> EIN-PN 27-0631471-001
<b>a</b>	Plan name	MIDWEST WELL & PUMP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST WELL & PUMP, INC.	<b>c</b> EIN-PN 74-2819991-001
<b>a</b>	Plan name	MILILANI PHYSICAL THERAPY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILILANI PHYSICAL THERAPY, LLC	<b>c</b> EIN-PN 91-6551087-001
<b>a</b>	Plan name	ROCKY'S HARDWARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKY'S HARDWARE, INC.	<b>c</b> EIN-PN 04-2373758-001
<b>a</b>	Plan name	VENTURA PACIFIC COMPANY 401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VENTURA PACIFIC COMPANY	<b>c</b> EIN-PN 95-3057749-001
<b>a</b>	Plan name	AUSTIN FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	AUSTIN FEDERAL CREDIT UNION	<b>c</b> EIN-PN 74-1593594-001
<b>a</b>	Plan name	AUTOBODY EXPRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA WHOLESALE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 59-2714320-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AUTOMOTIVE TRANSPORT UNION PLAN	
<b>b</b>	Name of plan sponsor	VALIANT MANAGEMENT, LLC UNION PLAN	<b>c</b> EIN-PN 20-4853723-001
<b>a</b>	Plan name	AUTOMOTIVE TRANSPORTATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RCS TRANSPORTATION, LLC	<b>c</b> EIN-PN 20-2646999-001
<b>a</b>	Plan name	DELTA SYSTEMS & AUTOMATION LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELTA SYSTEMS & AUTOMATION LLC	<b>c</b> EIN-PN 83-2468256-001
<b>a</b>	Plan name	HOLOWICKI ENTERPRISES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOLOWICKI ENTERPRISES DBA MCDONALD'S	<b>c</b> EIN-PN 31-1177272-001
<b>a</b>	Plan name	MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MJD TRUCKING, INC.	<b>c</b> EIN-PN 65-0831291-001
<b>a</b>	Plan name	MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MKRS LAW, P.L.	<b>c</b> EIN-PN 20-3879249-001
<b>a</b>	Plan name	MODERN DISPLAY SERVICES, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MODERN DISPLAY SERVICES, INC.	<b>c</b> EIN-PN 87-0265937-001
<b>a</b>	Plan name	RUSSELL J. S. TOM, D.D.S. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RUSSELL J. S. TOM, D.D.S.	<b>c</b> EIN-PN 99-0261249-001
<b>a</b>	Plan name	VISTA BEHAVIORAL HEALTH, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VISTA BEHAVIORAL HEALTH, INC.	<b>c</b> EIN-PN 45-2979166-001
<b>a</b>	Plan name	VITECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZUKEN VITECH, INC.	<b>c</b> EIN-PN 54-1636539-001
<b>a</b>	Plan name	NATURE DESIGNS LANDSCAPE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ESCONDIDO LANDSCAPE, INC.	<b>c</b> EIN-PN 33-0348276-001
<b>a</b>	Plan name	NECA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL ENTERTAINMENT COLLECTIBLES ASSOCIATION, INC.	<b>c</b> EIN-PN 22-3479934-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	BEHRMANN MEAT & PROCESSING, INC
<b>c</b>	EIN-PN	37-0920912-001
<b>a</b>	Plan name	DR. TODD S. LARSEN DMD PC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	DR. TODD S. LARSEN, DMD, PC
<b>c</b>	EIN-PN	87-0632806-001
<b>a</b>	Plan name	INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN
<b>b</b>	Name of plan sponsor	INSTITUTIONAL CASEWORK, INC.
<b>c</b>	EIN-PN	20-4225695-001
<b>a</b>	Plan name	SEER TEAM RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	THE NEW EQUATION LIMITED LIABILITY COMPANY DBA SEER INTERACTIVE
<b>c</b>	EIN-PN	03-0512205-001
<b>a</b>	Plan name	SEMILAB USA 401(K) PLAN
<b>b</b>	Name of plan sponsor	SEMILAB USA LLC
<b>c</b>	EIN-PN	27-0347663-001
<b>a</b>	Plan name	SEMSA 401(K) PLAN FOR UNION EMPLOYEES
<b>b</b>	Name of plan sponsor	SIERRA MEDICAL SERVICES ALLIANCE
<b>c</b>	EIN-PN	68-0459931-003
<b>a</b>	Plan name	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.
<b>c</b>	EIN-PN	94-2906199-001
<b>a</b>	Plan name	WESTERN SHEET METAL, INC. EMPLOYEE PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WESTERN SHEET METAL, INC.
<b>c</b>	EIN-PN	87-0296587-001
<b>a</b>	Plan name	WESTMINSTER CAPITAL, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	WESTMINSTER CAPITAL, INC.
<b>c</b>	EIN-PN	95-2157201-001
<b>a</b>	Plan name	BIOEX CONSULTING, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	BIOEX CONSULTING, LLC
<b>c</b>	EIN-PN	26-3459118-001
<b>a</b>	Plan name	INVESQUE HOLDINGS LP FINANCIAL FREEDOM 401(K) PLAN
<b>b</b>	Name of plan sponsor	INVESQUE HOLDINGS LP
<b>c</b>	EIN-PN	47-5355397-001
<b>a</b>	Plan name	NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NEXT DAY DELIVERY SERVICE, INC.
<b>c</b>	EIN-PN	81-2485203-001

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 SHARPRINT SILKSCREEN AND GRAPHICS, INC. 401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SHARPRINT SILKSCREEN AND GRAPHICS, INC.	<b>c</b> EIN-PN 36-3931487-001
<b>a</b>	Plan name SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SHEPHERD DATA SERVICES, INC.	<b>c</b> EIN-PN 46-0469044-001
<b>a</b>	Plan name WINTERGREEN CONSTRUCTION SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WINTERGREEN CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 59-3034069-001
<b>a</b>	Plan name WISCONSIN WOMEN'S HEALTH FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor WISCONSIN WOMEN'S HEALTH FOUNDATION	<b>c</b> EIN-PN 39-1900678-001
<b>a</b>	Plan name BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRIDGEWAY, INC.	<b>c</b> EIN-PN 37-0984175-001
<b>a</b>	Plan name ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELLEFSON TRANSPORTATION GROUP, INC.	<b>c</b> EIN-PN 58-1654796-001
<b>a</b>	Plan name ELMER SCHULTZ SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELMER SCHULTZ SERVICES, INC.	<b>c</b> EIN-PN 23-1937880-001
<b>a</b>	Plan name JENNIFER M. SASADA, D.M.D., LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JENNIFER M. SASADA, D.M.D., LLC	<b>c</b> EIN-PN 90-0426102-001
<b>a</b>	Plan name OKMULGEE PEDIATRICS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OKMULGEE PEDIATRICS	<b>c</b> EIN-PN 73-1473375-001
<b>a</b>	Plan name OLIVEIRA WEALTH PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor OLIVEIRA WEALTH	<b>c</b> EIN-PN 77-0514829-001
<b>a</b>	Plan name SONOMA GRAPHIC PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SONOMA GRAPHIC PRODUCTS	<b>c</b> EIN-PN 68-0441691-001
<b>a</b>	Plan name SOUND HEALTH IMAGING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUND HEALTH IMAGING, INC.	<b>c</b> EIN-PN 81-0489518-002

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 C. CARAMANICO & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C. CARAMANICO & SONS, INC.	<b>c</b> EIN-PN 23-2349249-001
<b>a</b>	Plan name C. NICK DETURE, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor C. NICK DETURE, P.A.	<b>c</b> EIN-PN 65-1077330-001
<b>a</b>	Plan name EYE RESEARCH & FOUNDATION INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EYE RESEARCH FOUNDATION INC.	<b>c</b> EIN-PN 81-5052515-001
<b>a</b>	Plan name K & H CONCRETE CUTTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor K&H CONCRETE CUTTING, INC.	<b>c</b> EIN-PN 38-2421612-001
<b>a</b>	Plan name P. AGNES, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor P. AGNES, INC.	<b>c</b> EIN-PN 23-1583648-888
<b>a</b>	Plan name P.L.P.S. 401(K) PLAN	
<b>b</b>	Name of plan sponsor P.L.P.S. INC.	<b>c</b> EIN-PN 76-0471058-001
<b>a</b>	Plan name STANDARD BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor STANDARD BUILDERS, INC.	<b>c</b> EIN-PN 20-4989039-001
<b>a</b>	Plan name STANDARD MAINTENANCE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor STANDARD MAINTENANCE COMPANY, LLC	<b>c</b> EIN-PN 62-1741930-001
<b>a</b>	Plan name STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC.	<b>c</b> EIN-PN 94-2178221-003
<b>a</b>	Plan name STARDUST CELEBRATIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STARDUST CELEBRATIONS, LLC	<b>c</b> EIN-PN 75-2839427-001
<b>a</b>	Plan name FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FINANCIAL NETWORK FID WEST, LLC	<b>c</b> EIN-PN 26-2039224-001
<b>a</b>	Plan name CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CARTER STREET CORPORATION	<b>c</b> EIN-PN 62-1125122-001

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	KOMET USA, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	KOMET USA, LLC	<b>c</b> EIN-PN 84-1719571-001
<b>a</b> Plan name	KOMOROUS-TOWEY 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KOMOROUS-TOWEY ARCHITECTS	<b>c</b> EIN-PN 94-3384004-001
<b>a</b> Plan name	SUPRACOR, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SUPRACOR, INC.	<b>c</b> EIN-PN 94-2792545-001
<b>a</b> Plan name	SW EXCURSION & EDUCATIONAL TOURS, INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	SW EXCURSION & EDUCATIONAL TOURS, INC	<b>c</b> EIN-PN 20-0128920-001
<b>a</b> Plan name	SWAN USA 401(K) PLAN	
<b>b</b> Name of plan sponsor	SWAN ANALYTICAL USA	<b>c</b> EIN-PN 30-0516534-001
<b>a</b> Plan name	FORT MITCHELL COUNTRY CLUB 401(K) PLAN	
<b>b</b> Name of plan sponsor	FORT MITCHELL COUNTRY CLUB	<b>c</b> EIN-PN 61-0195230-001
<b>a</b> Plan name	CELTIC CONSTRUCTION, INC. PREVAILING WAGE PLAN	
<b>b</b> Name of plan sponsor	CELTIC CONSTRUCTION, INC.	<b>c</b> EIN-PN 20-1247860-001
<b>a</b> Plan name	LAKES TENNIS 401(K) PLAN	
<b>b</b> Name of plan sponsor	KICK SERVICE, LTD. DBA LAKES TENNIS ACADEMY	<b>c</b> EIN-PN 20-1885263-001
<b>a</b> Plan name	TATE WILSON JOHNSON MEYER CHERRY PLLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	TATE WILSON JOHNSON MEYER CHERRY PLLC	<b>c</b> EIN-PN 20-5974889-001
<b>a</b> Plan name	TECHNOALPIN 401(K) PLAN	
<b>b</b> Name of plan sponsor	TECHNOALPIN USA, INC.	<b>c</b> EIN-PN 22-3857446-001
<b>a</b> Plan name	WHITEHEAD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	WHITEHEAD & ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1096001-001
<b>a</b> Plan name	AXAR RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	AXAR PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 68-0665617-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>AXIS FABRICATION &amp; MACHINE CO. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AXIS FABRICATION &amp; MACHINE COMPANY, LLC</b>	<b>c</b> EIN-PN <b>26-3961265-001</b>
<b>a</b>	Plan name <b>WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WOLVERINE POWER SUPPLY COOPERATIVE, INC.</b>	<b>c</b> EIN-PN <b>38-1326766-002</b>
<b>a</b>	Plan name <b>WOMER AND ASSOCIATES, INC.401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WOMER AND ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>91-1570424-001</b>
<b>a</b>	Plan name <b>WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WONDERLAND TIRE COMPANY, INC.</b>	<b>c</b> EIN-PN <b>38-2264378-001</b>
<b>a</b>	Plan name <b>BIRMINGHAM PODIATRY, P.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIRMINGHAM PODIATRY, P.C.</b>	<b>c</b> EIN-PN <b>63-0826296-002</b>
<b>a</b>	Plan name <b>BIZLINK GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIZLINK TECHNOLOGY, INC.</b>	<b>c</b> EIN-PN <b>94-3355611-001</b>
<b>a</b>	Plan name <b>BLACK LUMBER COMPANY, INC. SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLACK LUMBER COMPANY, INC.</b>	<b>c</b> EIN-PN <b>35-0902347-001</b>
<b>a</b>	Plan name <b>BLACKBURN'S FABRICATION, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLACKBURN'S FABRICATION, INC.</b>	<b>c</b> EIN-PN <b>31-1446789-001</b>
<b>a</b>	Plan name <b>BRUCE C. WINTERSTEEN, D.D.S. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRUCE C. WINTERSTEEN, D.D.S.</b>	<b>c</b> EIN-PN <b>37-1209635-002</b>
<b>a</b>	Plan name <b>CAL-MED 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CALIFORNIA MEDICAL PHARMACY</b>	<b>c</b> EIN-PN <b>95-2320679-001</b>
<b>a</b>	Plan name <b>CASTOR ENGINEERING, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ABL AERO, LLC</b>	<b>c</b> EIN-PN <b>83-4503603-001</b>
<b>a</b>	Plan name <b>CENTRAL DISTRIBUTING RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN CENTRAL DISTRIBUTING, INC. DBA CENTRAL DISTRIBUTING</b>	<b>c</b> EIN-PN <b>77-0135542-001</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 <a href="#">CLICK2BIND INSURANCE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLICK2BIND INSURANCE SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">81-3280949-001</a>
<b>a</b>	Plan name <a href="#">CN TIRE &amp; WHEELS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CN TIRE &amp; WHEELS CORPORATION</a>	<b>c</b> EIN-PN <a href="#">47-3067418-001</a>
<b>a</b>	Plan name <a href="#">COLLEGIUM HOLDINGS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLLEGIUM HOLDINGS, INC.</a>	<b>c</b> EIN-PN <a href="#">22-3221879-001</a>
<b>a</b>	Plan name <a href="#">COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLONIAL HEIGHTS VETERINARY HOSPITAL</a>	<b>c</b> EIN-PN <a href="#">54-2031691-001</a>
<b>a</b>	Plan name <a href="#">COOPER CONSULTING COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COOPER CONSULTING COMPANY</a>	<b>c</b> EIN-PN <a href="#">74-2723942-001</a>
<b>a</b>	Plan name <a href="#">COPLOY, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COPLOY, INC.</a>	<b>c</b> EIN-PN <a href="#">45-5000939-001</a>
<b>a</b>	Plan name <a href="#">CROWN HILL DENTISTRY RETIREMENT READINESS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRITTANY D. GOODING, D.D.S., P.C.</a>	<b>c</b> EIN-PN <a href="#">45-4069228-001</a>
<b>a</b>	Plan name <a href="#">DAWN INDUSTRIES RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAWN INDUSTRIES, INC.</a>	<b>c</b> EIN-PN <a href="#">84-0798733-001</a>
<b>a</b>	Plan name <a href="#">DB SALES &amp; SERVICE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERTZ ENTERPRISES, INC, DBA DB SALES &amp; SERVICE</a>	<b>c</b> EIN-PN <a href="#">90-0627040-001</a>
<b>a</b>	Plan name <a href="#">DDSI 401(K)/PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DDSI</a>	<b>c</b> EIN-PN <a href="#">35-1771016-001</a>
<b>a</b>	Plan name <a href="#">DERMATOLOGY CENTER OF THE ROCKIES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DERMATOLOGY CENTER OF THE ROCKIES, P.C.</a>	<b>c</b> EIN-PN <a href="#">45-3008919-002</a>
<b>a</b>	Plan name <a href="#">DESIGN SPACE INPHARMATICS, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRODUCTLIFE GROUP US, LLC</a>	<b>c</b> EIN-PN <a href="#">36-4982515-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EASTON ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTON ENTERPRISES, INC.	<b>c</b> EIN-PN 38-3653577-001
<b>a</b>	Plan name	EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C.	<b>c</b> EIN-PN 58-2642240-001
<b>a</b>	Plan name	ENCORE GLASS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENCORE GLASS	<b>c</b> EIN-PN 45-4333619-001
<b>a</b>	Plan name	ENGELHARDT DAIRY OF WISCONSIN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGELHARDT DAIRY OF WISCONSIN, LLC	<b>c</b> EIN-PN 45-2174947-001
<b>a</b>	Plan name	ENGINEERED METAL PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERED METAL PRODUCTS, LLC	<b>c</b> EIN-PN 20-1958314-001
<b>a</b>	Plan name	FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FISHER DESIGN, INC.	<b>c</b> EIN-PN 31-0601808-001
<b>a</b>	Plan name	FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	<b>c</b> EIN-PN 95-4467199-001
<b>a</b>	Plan name	GIBSON OVERSEAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GIBSON OVERSEAS, INC.	<b>c</b> EIN-PN 95-3393699-002
<b>a</b>	Plan name	GLOBAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GHG HOLDINGS, INC.	<b>c</b> EIN-PN 46-4331213-001
<b>a</b>	Plan name	GLOBAL WIDGET, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL WIDGET, LLC	<b>c</b> EIN-PN 81-2430361-001
<b>a</b>	Plan name	GLOBALTEK COMPONENTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBALTEK COMPONENTS, LLC	<b>c</b> EIN-PN 11-3777016-001
<b>a</b>	Plan name	GODIRECTINC.COM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GODIRECTINC.COM, INC.	<b>c</b> EIN-PN 26-0155233-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GUIDE WEALTH PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUIDE WEALTH PARTNERS, INC.	<b>c</b> EIN-PN 42-1350912-001
<b>a</b>	Plan name	HISENSE PHOTONICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HISENSE PHOTONICS, INC.	<b>c</b> EIN-PN 33-0939548-001
<b>a</b>	Plan name	HORAN BUILDING COMPANY 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HORAN BUILDING CO., INC.	<b>c</b> EIN-PN 05-0466821-001
<b>a</b>	Plan name	JESSICA R. BENTOSKI, DDS 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JESSICA R. BENTOSKI, DDS PLLC	<b>c</b> EIN-PN 46-4379759-001
<b>a</b>	Plan name	KAWAILOA DEVELOPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAWAILOA DEVELOPMENT	<b>c</b> EIN-PN 99-0313071-001
<b>a</b>	Plan name	KAWANA & GONG, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAWANA & GONG, LLP	<b>c</b> EIN-PN 20-0427747-001
<b>a</b>	Plan name	KUNCAI AMERICAS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KUNCAI AMERICAS LLC	<b>c</b> EIN-PN 47-5443652-001
<b>a</b>	Plan name	LARRY KINGS CLUBHOUSE SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LARRY KING'S CLUBHOUSE	<b>c</b> EIN-PN 56-2245187-001
<b>a</b>	Plan name	LUHRSEN GOLDBERG, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUHRSEN GOLDBERG, LLC	<b>c</b> EIN-PN 81-2579736-001
<b>a</b>	Plan name	MANNING LUMBER & MARINE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANNING LUMBER & MARINE, LLC	<b>c</b> EIN-PN 46-2084718-001
<b>a</b>	Plan name	MANSKE COMPANIES 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MANSKE MACHINERY INC.	<b>c</b> EIN-PN 39-1644408-001
<b>a</b>	Plan name	MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAUNALANI NURSING AND REHABILITATION CENTER	<b>c</b> EIN-PN 99-0249327-222

Part II	Information on Participating Plans (to be completed by 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 MAYHEW & ASSOCIATES, INC. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor MAYHEW & ASSOCIATES, INC.	<b>c</b> EIN-PN 95-3396046-002
<b>a</b>	Plan name MEL'S COUNTRY CAFE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MEL'S COUNTRY CAFE	<b>c</b> EIN-PN 76-0557980-001
<b>a</b>	Plan name NEUSOFT AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEUSOFT AMERICA, INC.	<b>c</b> EIN-PN 20-5601470-001
<b>a</b>	Plan name NORKING/MATRIX 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MATRIX METAL PRODUCTS/ THE NORKING COMPANY	<b>c</b> EIN-PN 04-2855070-001
<b>a</b>	Plan name NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.	<b>c</b> EIN-PN 58-1633173-777
<b>a</b>	Plan name OLYMPIATECH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	<b>c</b> EIN-PN 41-0919848-001
<b>a</b>	Plan name ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES	<b>c</b> EIN-PN 45-1500375-001
<b>a</b>	Plan name ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONE SOURCE INDUSTRIES, LLC	<b>c</b> EIN-PN 33-0835151-001
<b>a</b>	Plan name ONEGENERATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONEGENERATION	<b>c</b> EIN-PN 95-4066979-001
<b>a</b>	Plan name PACIFIC CONCRETE SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PACIFIC CONCRETE CUTTING & CORING, INC.	<b>c</b> EIN-PN 99-0356925-001
<b>a</b>	Plan name PDMA CORPORATION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PDMA CORPORATION	<b>c</b> EIN-PN 59-3191224-001
<b>a</b>	Plan name PETROLEUM INSTALLATION SPECIALISTS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PETROLEUM INSTALLATION SPECIALISTS, LLC	<b>c</b> EIN-PN 87-0647114-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PHCM 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE HEALTHCARE MANAGEMENT, INC.	<b>c</b> EIN-PN 01-0919235-001
<b>a</b>	Plan name	PRESTIGE WOMEN'S HEALTH CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE WOMEN'S HEALTH CARE	<b>c</b> EIN-PN 27-0665184-001
<b>a</b>	Plan name	PROGRESSIVE PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE PACKAGING, INC.	<b>c</b> EIN-PN 41-1701839-001
<b>a</b>	Plan name	PROHEALTH GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROHEALTH GROUP, INC.	<b>c</b> EIN-PN 47-5658024-002
<b>a</b>	Plan name	RADIO SOUND, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RADIO SOUND, INC.	<b>c</b> EIN-PN 61-1083666-001
<b>a</b>	Plan name	RADWELL INTERNATIONAL LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RADWELL INTERNATIONAL LLC	<b>c</b> EIN-PN 23-2106278-001
<b>a</b>	Plan name	RESEARCH FOR BETTER TEACHING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESEARCH FOR BETTER TEACHING	<b>c</b> EIN-PN 04-3145000-003
<b>a</b>	Plan name	ROI DNA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROI DNA	<b>c</b> EIN-PN 27-1203715-001
<b>a</b>	Plan name	ROONEY'S WELDING & FABRICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ROONEY'S WELDING & FABRICATION, INC.	<b>c</b> EIN-PN 02-0514973-001
<b>a</b>	Plan name	ROSHER ELECTRIC COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROSHER ELECTRIC COMPANY, INC.	<b>c</b> EIN-PN 63-0626370-001
<b>a</b>	Plan name	S4, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S4 INC.	<b>c</b> EIN-PN 04-3309384-001
<b>a</b>	Plan name	SEMSA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIERRA MEDICAL SERVICES ALLIANCE	<b>c</b> EIN-PN 68-0459931-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SIAGEL PRODUCTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIAGEL PRODUCTIONS, INC.	<b>c</b> EIN-PN 04-2999213-001
<b>a</b>	Plan name	SIERRA WEST CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIERRA WEST CONSTRUCTION, INC.	<b>c</b> EIN-PN 68-0153330-002
<b>a</b>	Plan name	SOUTH SHORE HEARING CENTER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUTH SHORE HEARING CENTER, LLC	<b>c</b> EIN-PN 47-4480052-001
<b>a</b>	Plan name	SOUTHEAST PET 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEACO NATIONAL CORP DBA SOUTHEAST PET	<b>c</b> EIN-PN 58-1478160-001
<b>a</b>	Plan name	SOUTHERN AUTOBODY SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN AUTOBODY SUPPLY, INC.	<b>c</b> EIN-PN 62-1592592-001
<b>a</b>	Plan name	STERLING ENERGY OPERATIONS, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STERLING ENERGY OPERATIONS, LLC	<b>c</b> EIN-PN 33-0969595-001
<b>a</b>	Plan name	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	<b>c</b> EIN-PN 77-0000356-001
<b>a</b>	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE OHIO ART COMPANY	<b>c</b> EIN-PN 34-4319140-004
<b>a</b>	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	THE OHIO ART COMPANY	<b>c</b> EIN-PN 34-4319140-005
<b>a</b>	Plan name	THE PADRE PIO FOUNDATION OF AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PADRE PIO FOUNDATION OF AMERICA, INC.	<b>c</b> EIN-PN 06-1023010-001
<b>a</b>	Plan name	ACSI 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED CONTROL SOLUTIONS, INC.	<b>c</b> EIN-PN 34-1711260-001
<b>a</b>	Plan name	ACTION SALES + MARKETING INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACTION SALES + MARKETING INC.	<b>c</b> EIN-PN 41-1264273-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THLA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEXAS HOTEL & LODGING ASSOCIATION	<b>c</b> EIN-PN 74-0940600-001
<b>a</b>	Plan name	AHWATUKEE SPORTS & SPINE, PLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AHWATUKEE SPORTS & SPINE, PLC	<b>c</b> EIN-PN 86-1002624-001
<b>a</b>	Plan name	TRIDENT EDGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRIDENT EDGE, INC.	<b>c</b> EIN-PN 26-0813587-001
<b>a</b>	Plan name	AMANI ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMANI ENGINEERING, INC.	<b>c</b> EIN-PN 76-0614439-001
<b>a</b>	Plan name	UNION CEMETERY ASSOCIATION EMPLOYEE BENEFIT RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THE UNION CEMETERY ASSOCIATION	<b>c</b> EIN-PN 34-0587510-002
<b>a</b>	Plan name	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	<b>c</b> EIN-PN 38-3424306-001
<b>a</b>	Plan name	APEX TRAILER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APEX TRAILER SALES AND RENTALS, INC.	<b>c</b> EIN-PN 61-1020316-001
<b>a</b>	Plan name	VENTURE COMMERCIAL MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VENTURE COMMERCIAL MANAGEMENT, LLC	<b>c</b> EIN-PN 75-2947910-001
<b>a</b>	Plan name	VERTICAL SYSTEMS, LLC 401(K) / PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VERTICAL SYSTEMS, LLC	<b>c</b> EIN-PN 20-0215495-001
<b>a</b>	Plan name	ASV SURGICAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASV SURGICAL MANAGEMENT	<b>c</b> EIN-PN 03-0536140-001
<b>a</b>	Plan name	ATLANTA HEADACHE SPECIALIST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTA HEADACHE SPECIALISTS	<b>c</b> EIN-PN 26-3517084-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TA VANGUARD SMALL-CAP VALUE INDEX RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>108</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<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>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	36038699
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	36914957
<b>(15)</b> Other.....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	36038699	36914957
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	36038699	36914957

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	754486	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3629651	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		4384137

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	294471	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		294471
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		294471

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		4089666
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		4262062
(2) From this plan .....	2l(2)		7475470

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.