

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: WMC DISCIPLINED US GROWTH RET OPT
1b Three-digit plan number (PN): 101
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

<b>3a</b> Plan administrator's name and address <input 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> <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>WMC DISCIPLINED US GROWTH RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>101</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>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)



<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	AIR THERM COMPANY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIR THERM COMPANY INC.	<b>c</b> EIN-PN 58-1086218-002
<b>a</b>	Plan name	BEACON HILL AT EASTGATE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BEACON HILL AT EASTGATE	<b>c</b> EIN-PN 38-1586704-002
<b>a</b>	Plan name	VETERINARY SURGICAL SPECIALISTS RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	VETERINARY SURGICAL SPECIALISTS	<b>c</b> EIN-PN 36-4893102-001
<b>a</b>	Plan name	PAYNTER REALTY & INVESTMENTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAYNTER REALTY & INVESTMENTS	<b>c</b> EIN-PN 33-0335741-001
<b>a</b>	Plan name	GOLDEN AGE HOME HEALTH, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN AGE HOME HEALTH, INC.	<b>c</b> EIN-PN 73-1462627-001
<b>a</b>	Plan name	LOTDT APC DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF TODD D. THIBODO, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 68-0605735-001
<b>a</b>	Plan name	LUKE DRAILY CONSTRUCTION CO., INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LUKE DRAILY CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 43-1796529-001
<b>a</b>	Plan name	BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BNL INDUSTRIES, INC.	<b>c</b> EIN-PN 06-1226220-001
<b>a</b>	Plan name	CAM CONSTRUCTION & PAINTING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CAM CONSTRUCTION & PAINTING INC.	<b>c</b> EIN-PN 45-5255646-001
<b>a</b>	Plan name	CETEC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CETEC CEREAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 52-1898383-001
<b>a</b>	Plan name	CULVER GROUP PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CULVER GROUP	<b>c</b> EIN-PN 33-0789218-001
<b>a</b>	Plan name	CUTLER ANDERSON ARCHITECTS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CUTLER ANDERSON ARCHITECTS, PLLC	<b>c</b> EIN-PN 91-2017916-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">DIAGNOSTIC MRI, L.L.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIAGNOSTIC MRI, L.L.C.</a>	<b>c</b> EIN-PN <a href="#">76-0617060-001</a>
<b>a</b>	Plan name <a href="#">ECO-FEED, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ECO-FEEDS, INC.</a>	<b>c</b> EIN-PN <a href="#">99-0341808-001</a>
<b>a</b>	Plan name <a href="#">HUALALAI INVESTORS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HUALALAI INVESTORS, LLC</a>	<b>c</b> EIN-PN <a href="#">59-3836047-001</a>
<b>a</b>	Plan name <a href="#">J &amp; J HEATING &amp; AIR CONDITIONING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">J &amp; J HEATING &amp; AIR CONDITIONING, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2488433-001</a>
<b>a</b>	Plan name <a href="#">KENDALL GKIKAS &amp; MITCHELL, LLP 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KENDALL GKIKAS &amp; MITCHELL, LLP</a>	<b>c</b> EIN-PN <a href="#">81-3000482-001</a>
<b>a</b>	Plan name <a href="#">MARC ALAN ASSOCIATES, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARC ALAN ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">22-1801653-003</a>
<b>a</b>	Plan name <a href="#">MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MESSAGEBROADCAST.COM, LLC</a>	<b>c</b> EIN-PN <a href="#">77-0480271-001</a>
<b>a</b>	Plan name <a href="#">PACKAGE MATERIALS CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PACKAGE MATERIALS CORPORATION</a>	<b>c</b> EIN-PN <a href="#">22-1914421-002</a>
<b>a</b>	Plan name <a href="#">PACKAGING SPECIALTIES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PACKAGING SPECIALTIES, LLC</a>	<b>c</b> EIN-PN <a href="#">88-2479890-001</a>
<b>a</b>	Plan name <a href="#">PROJECT MASTERS 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PROJECT MASTERS, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1977262-001</a>
<b>a</b>	Plan name <a href="#">RICHARD BROS. ELECTRIC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RICHARD BROTHERS COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2889819-001</a>
<b>a</b>	Plan name <a href="#">SABIAN, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SABIAN, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2378907-001</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	SAEED ASSOCIATES, CHARTERED PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAEED ASSOCIATES, CHARTERED	<b>c</b> EIN-PN 52-1280199-002
<b>a</b>	Plan name	SIGN INDUSTRIES, INC.	
<b>b</b>	Name of plan sponsor	SIGN INDUSTRIES, INC.	<b>c</b> EIN-PN 95-4660726-001
<b>a</b>	Plan name	TENANT SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TENANT SERVICES, INC.	<b>c</b> EIN-PN 95-4488234-001
<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	THREE RIVERS HOME HEALTH SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THREE RIVERS HOME	<b>c</b> EIN-PN 58-1363273-002
<b>a</b>	Plan name	TIAM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	T.I. ASSET MANAGEMENT, INC.	<b>c</b> EIN-PN 58-2178755-001
<b>a</b>	Plan name	UPHAM OIL & GAS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UPHAM OIL & GAS COMPANY, L. P.	<b>c</b> EIN-PN 75-0960746-001
<b>a</b>	Plan name	VREELAND ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VREELAND ENGINEERS, INCORPORATED	<b>c</b> EIN-PN 62-1480752-001
<b>a</b>	Plan name	W. M. DILLARD & ASSOCIATES, L. P. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	W. M. DILLARD & ASSOCIATES, L. P.	<b>c</b> EIN-PN 76-0175692-001
<b>a</b>	Plan name	W.S. UNEMORI ENGINEERING, INC. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARREN S. UNEMORI ENGINEERING, INC.	<b>c</b> EIN-PN 99-0149848-002
<b>a</b>	Plan name	WACKER PLUMBING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WACKER PLUMBING	<b>c</b> EIN-PN 54-1279697-001
<b>a</b>	Plan name	WWE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WORLDWIDE ENTERPRISES, INC.	<b>c</b> EIN-PN 05-0493007-001

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 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 APPROVED ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor APPROVED ELECTRIC COMPANY OF FLORIDA	<b>c</b> EIN-PN 59-1112865-001
<b>a</b>	Plan name AXXIOME USA LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AXXIOME USA LLC	<b>c</b> EIN-PN 90-1017436-001
<b>a</b>	Plan name AZURE GREEN CONSULTANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AZURE GREEN CONSULTANTS, LLC	<b>c</b> EIN-PN 20-5174912-001
<b>a</b>	Plan name DIPACE-FIORINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIPACE-FIORINO CONSTRUCTION, LLC	<b>c</b> EIN-PN 38-3394090-001
<b>a</b>	Plan name DISHMAN DODGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor M&G INVESTMENTS, INC. DBA DISHMAN DODGE	<b>c</b> EIN-PN 91-0953903-002
<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 FAWLEY & ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DARRELL E. FAWLEY, JR. DBA FAWLEY & ASSOCIATES	<b>c</b> EIN-PN 31-1365446-001
<b>a</b>	Plan name FREDEBAUGH WELL DRILLING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FREDEBAUGH WELL DRILLING COMPANY, INC.	<b>c</b> EIN-PN 34-1080852-001
<b>a</b>	Plan name GRANITE CITY FAMILY & COSMETIC DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRANITE CITY FAMILY & COSMETIC DENTISTRY	<b>c</b> EIN-PN 20-4990679-001
<b>a</b>	Plan name HUESCHEN AND SAGE PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HUESCHEN AND SAGE, PLLC ATTORNEYS AND COUNSELORS	<b>c</b> EIN-PN 38-3574838-001
<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>	
<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	KENSINGTON FINANCIAL SERVICES, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENSINGTON FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 36-3536681-001
<b>a</b>	Plan name	KEOUGH-KIRBY ASSOCIATES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KEOUGH-KIRBY ASSOCIATES, INC.	<b>c</b> EIN-PN 05-0441801-001
<b>a</b>	Plan name	KEY TECHNICAL SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEY TECHNICAL SOLUTIONS INCORPORATED	<b>c</b> EIN-PN 39-1751214-001
<b>a</b>	Plan name	LEADING EDGE GROUP, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEADING EDGE GROUP, INC.	<b>c</b> EIN-PN 36-2679145-001
<b>a</b>	Plan name	MARIAN COLLEGE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MARIAN COLLEGE	<b>c</b> EIN-PN 95-4775118-001
<b>a</b>	Plan name	MARIANS CATERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARIAN HARADA ENTERPRISES, LTD.	<b>c</b> EIN-PN 99-0087304-002
<b>a</b>	Plan name	MARIO SUSI & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARIO SUSI & SON, INC.	<b>c</b> EIN-PN 04-2213066-003
<b>a</b>	Plan name	MARK HANNA	
<b>b</b>	Name of plan sponsor	MARK HANNA	<b>c</b> EIN-PN 74-2800312-001
<b>a</b>	Plan name	METALMASTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METALMASTER, INC.	<b>c</b> EIN-PN 33-0308823-001
<b>a</b>	Plan name	METRO ATLANTA NEUROSURGERY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	METRO ATLANTA NEUROSURGERY, PC	<b>c</b> EIN-PN 58-2501607-001
<b>a</b>	Plan name	METROLIST 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METROLIST, INC.	<b>c</b> EIN-PN 84-0943682-001
<b>a</b>	Plan name	METROPOLITAN GLASS COMPANY, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METROPOLITAN GLASS CO., INC.	<b>c</b> EIN-PN 63-0795468-001

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>NORTHWEST EYE PHYSICIANS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHWEST EYE PHYSICIANS, P.C.</b>	<b>c</b> EIN-PN <b>38-1861527-002</b>
<b>a</b>	Plan name <b>NORWALK COMMUNITY HEALTH CENTER 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORWALK COMMUNITY HEALTH CENTER, INC.</b>	<b>c</b> EIN-PN <b>06-1436620-001</b>
<b>a</b>	Plan name <b>NUOZ CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NUOZ CORPORATION</b>	<b>c</b> EIN-PN <b>91-1927010-001</b>
<b>a</b>	Plan name <b>PALM BEACH AGGREGATES, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PALM BEACH AGGREGATES, LLC</b>	<b>c</b> EIN-PN <b>90-0503744-001</b>
<b>a</b>	Plan name <b>PALMER DISTRIBUTORS, INC. EMPLOYEES 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PALMER DISTRIBUTORS, INC.</b>	<b>c</b> EIN-PN <b>38-1942134-001</b>
<b>a</b>	Plan name <b>PICKERING MANOR HOME 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PICKERING MANOR HOME</b>	<b>c</b> EIN-PN <b>51-0244585-001</b>
<b>a</b>	Plan name <b>PINNACLE ADVISORY GROUP, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PINNACLE ADVISORY GROUP, INC.</b>	<b>c</b> EIN-PN <b>04-3134580-001</b>
<b>a</b>	Plan name <b>PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROVIDENT MANAGEMENT CORPORATION</b>	<b>c</b> EIN-PN <b>59-1870484-001</b>
<b>a</b>	Plan name <b>PSCI 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PACIFIC SPECIALTY CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>91-1599598-001</b>
<b>a</b>	Plan name <b>PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PUTNAM TRUCKING, INC.</b>	<b>c</b> EIN-PN <b>37-1272751-001</b>
<b>a</b>	Plan name <b>RICHARD SHAPIRO, D.D.S. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RICHARD SHAPIRO DDS, C.P.</b>	<b>c</b> EIN-PN <b>22-3464171-001</b>
<b>a</b>	Plan name <b>SKY PAINTING 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SKY PAINTING</b>	<b>c</b> EIN-PN <b>99-0323047-001</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 TEXAS CITY ARMATURE WORKS, INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TEXAS CITY ARMATURE WORKS	<b>c</b> EIN-PN 74-1195929-001
<b>a</b>	Plan name TIC BUSINESS CONSULTANTS LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TIC BUSINESS CONSULTANTS LTD	<b>c</b> EIN-PN 04-3174789-001
<b>a</b>	Plan name WALKER & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALKER & COMPANY, LLP	<b>c</b> EIN-PN 52-1706976-001
<b>a</b>	Plan name YTY LLC DBA INSURANCE PLANNING SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor YTY LLC DBA INSURANCE PLANNING SERVICES	<b>c</b> EIN-PN 46-3641373-001
<b>a</b>	Plan name ZAHARONI INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ZAHARONI INDUSTRIES, INC.	<b>c</b> EIN-PN 95-3768219-001
<b>a</b>	Plan name 3NSOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor 3NSOLUTIONS, INC.	<b>c</b> EIN-PN 76-0732644-001
<b>a</b>	Plan name 5 COUNTY DISTRIBUTING, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 5 COUNTY DISTRIBUTING, INC.	<b>c</b> EIN-PN 34-1472434-001
<b>a</b>	Plan name ALBANY OB-GYN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALBANY OB-GYN	<b>c</b> EIN-PN 58-1971169-001
<b>a</b>	Plan name ALBEMARLE ENT, ASTHMA & ALLERGY ASSOCIATES, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALBEMARLE ENT, ASTHMA & ALLERGY ASSOCIATES	<b>c</b> EIN-PN 56-2091476-001
<b>a</b>	Plan name BAKER & HAZLEWOOD PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BAKER & HAZLEWOOD	<b>c</b> EIN-PN 54-0760483-001
<b>a</b>	Plan name BALEMET EMPLOYEE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor BALEMET RECYCLING METALS, INC.	<b>c</b> EIN-PN 22-2907788-001
<b>a</b>	Plan name BOOK AND LADDER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOOK AND LADDER, LLC	<b>c</b> EIN-PN 85-2381762-001

<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	BOOS & CHAN INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOOS & CHAN, INC.	<b>c</b> EIN-PN 04-3493211-001
<b>a</b>	Plan name	CAPE COD VACUUM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPE COD VACUUM, INC.	<b>c</b> EIN-PN 26-3859488-003
<b>a</b>	Plan name	CAPELLA TECHNOLOGIES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CAPELLA TECHNOLOGIES, INC.	<b>c</b> EIN-PN 04-3616849-001
<b>a</b>	Plan name	CAPESPAN NORTH AMERICA LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CAPESPAN NORTH AMERICA LLC	<b>c</b> EIN-PN 52-2208915-001
<b>a</b>	Plan name	CAPITAL CARGO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL CARGO INCORPORATED	<b>c</b> EIN-PN 58-2164619-001
<b>a</b>	Plan name	CAPITAL MASONRY CORP. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL MASONRY CORP.	<b>c</b> EIN-PN 04-3213778-001
<b>a</b>	Plan name	CAPITAL RESEARCH CENTER 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL RESEARCH CENTER	<b>c</b> EIN-PN 52-1289734-001
<b>a</b>	Plan name	CHARLES R. HUNT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHARLES R. HUNT, ATTY	<b>c</b> EIN-PN 58-2110149-001
<b>a</b>	Plan name	CHARLES RIVER BOAT COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CHARLES RIVER BOAT COMPANY, INC.	<b>c</b> EIN-PN 04-3084148-001
<b>a</b>	Plan name	D & F, LOBO CONSTRUCTION, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	D & F CONSTRUCTION, INC.	<b>c</b> EIN-PN 54-1206616-001
<b>a</b>	Plan name	LERMAN CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LERMAN CORPORATION	<b>c</b> EIN-PN 38-1776786-001
<b>a</b>	Plan name	LESLIE T. HASKINS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LESLIE T. HASKINS DBA HASKINS OLDS, INC.	<b>c</b> EIN-PN 04-1425210-001

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 OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OPEN MRI OF NEW ENGLAND, INC.	<b>c</b> EIN-PN 05-0495348-002
<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 RANDALL INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RANDALL INDUSTRIES, INC.	<b>c</b> EIN-PN 38-3424333-001
<b>a</b>	Plan name RATLIFF ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor RATLIFF ENTERPRISES	<b>c</b> EIN-PN 43-0831684-001
<b>a</b>	Plan name SANTA FE RUBBER PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SANTA FE RUBBER PRODUCTS, INC.	<b>c</b> EIN-PN 95-3864316-001
<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 SOUTHERN METAL PROCESSING COMPANY, INC. 401(K) / PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN METAL PROCESSING COMPANY, INC.	<b>c</b> EIN-PN 63-0644456-002
<b>a</b>	Plan name TROY HOUSING SERVICES CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor TROY HOUSING SERVICES CORPORATION	<b>c</b> EIN-PN 63-0972892-001
<b>a</b>	Plan name A. LOUIS ROSADO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor A. LOUIS ROSADO, INC. C/O HRI	<b>c</b> EIN-PN 04-2517982-001
<b>a</b>	Plan name AMERICAN PAPER CORPORATION CODA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN PAPER CORPORATION	<b>c</b> EIN-PN 66-0392240-001
<b>a</b>	Plan name AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN SOCIETY FOR SURGERY OF THE HAND	<b>c</b> EIN-PN 31-6051199-001
<b>a</b>	Plan name BAN-GAR CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAN-GAR CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 34-1628127-001

<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	BUDGET DRY WATERPROOFING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUDGET DRY WATERPROOFING, INC.	<b>c</b> EIN-PN 20-8805605-001
<b>a</b>	Plan name	BUG MAN EXTERMINATING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUG MAN EXTERMINATING, INC.	<b>c</b> EIN-PN 54-1884547-001
<b>a</b>	Plan name	BUILDERS GROUP CONSTRUCTION CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUILDERS GROUP CONSTRUCTION CORP.	<b>c</b> EIN-PN 45-5107509-001
<b>a</b>	Plan name	CHILDREN'S VILLAGE 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	V.V.P. & ASSOCIATES, INC.	<b>c</b> EIN-PN 33-0500749-001
<b>a</b>	Plan name	CORNERSTONE CLINIC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CORNERSTONE CLINIC, LTD.	<b>c</b> EIN-PN 36-4116386-001
<b>a</b>	Plan name	ENVIRONEERING EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ENVIRONEERING, INC.	<b>c</b> EIN-PN 76-0313462-001
<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	EPOCH.COM SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EPOCH.COM, LLC	<b>c</b> EIN-PN 56-2432338-001
<b>a</b>	Plan name	FUEL SYSTEMS, LLC EMPLOYEES PROFIT SHARING/401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FUEL SYSTEMS, LLC	<b>c</b> EIN-PN 36-4053183-001
<b>a</b>	Plan name	FULGENT CONTRACTING CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FULGENT CONTRACTING CORPORATION	<b>c</b> EIN-PN 52-2116656-001
<b>a</b>	Plan name	FUNG ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FUNG ASSOCIATES	<b>c</b> EIN-PN 45-2778165-001
<b>a</b>	Plan name	GULF COAST VALVE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GULF COAST VALVE, INC.	<b>c</b> EIN-PN 74-1792339-001

<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	GULF SOUTH EYE ASSOCIATES (APMC) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GULF SOUTH EYE ASSOCIATES (APMC)	<b>c</b> EIN-PN 72-1076001-777
<b>a</b>	Plan name	HYPERDIGM RESEARCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HYPERDIGM RESEARCH, LLC	<b>c</b> EIN-PN 55-4173511-001
<b>a</b>	Plan name	HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HYPOTENUSE, INC. DBA SURVEYUSA	<b>c</b> EIN-PN 13-3592138-001
<b>a</b>	Plan name	HYUNDAI DYMOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HYUNDAI DYMOS MICHIGAN, LLC	<b>c</b> EIN-PN 32-0423491-001
<b>a</b>	Plan name	IABA SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTE FOR APPLIED BEHAVIOR ANALYSIS CORPORATION	<b>c</b> EIN-PN 95-3693249-001
<b>a</b>	Plan name	JOHN'S FUEL SERVICE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN'S FUEL SERVICE, INC.	<b>c</b> EIN-PN 04-2743687-001
<b>a</b>	Plan name	A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	A/E GRAPHICS, INC.	<b>c</b> EIN-PN 39-1252452-001
<b>a</b>	Plan name	ABBEVILLE NURSING HOME 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABBEVILLE NURSING HOME, INC.	<b>c</b> EIN-PN 57-0485376-001
<b>a</b>	Plan name	ABC ACADEMY, INC. PLAN	
<b>b</b>	Name of plan sponsor	ABC ACADEMY, INC.	<b>c</b> EIN-PN 38-2498000-001
<b>a</b>	Plan name	AMERICAN TIRE & AUTO 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN TIRE & AUTO CARE, INC.	<b>c</b> EIN-PN 47-5563950-001
<b>a</b>	Plan name	BASSETT & BASSETT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BASSETT & BASSETT, INCORPORATED	<b>c</b> EIN-PN 38-2653541-001
<b>a</b>	Plan name	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS' ASSOCIATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS'	<b>c</b> EIN-PN 41-2153109-001

<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	COSTA BROTHERS MASONRY 401(K)/PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor	COSTA BROTHERS MASONRY, INC.	<b>c</b> EIN-PN 04-3054314-003
<b>a</b>	Plan name	COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COWBOY DODGE, INC.	<b>c</b> EIN-PN 83-0254068-001
<b>a</b>	Plan name	COYLE REPRODUCTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COYLE REPRODUCTIONS, INC.	<b>c</b> EIN-PN 95-2955426-001
<b>a</b>	Plan name	DONG S. KIM M.D. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DONG S. KIM M.D.	<b>c</b> EIN-PN 02-0676565-002
<b>a</b>	Plan name	DOTHAN CHRYSLER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOTHAN CHRYSLER-DODGE, INC.	<b>c</b> EIN-PN 63-0971478-001
<b>a</b>	Plan name	G & W MACHINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G & W MACHINE, INC.	<b>c</b> EIN-PN 61-1312476-001
<b>a</b>	Plan name	G.C.S. SALES & MARKETING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G.C.S. SALES & MARKETING, INC.	<b>c</b> EIN-PN 04-3268496-001
<b>a</b>	Plan name	H & C DBA H & C CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	H & C DBA H & C CORPORATION, INC.	<b>c</b> EIN-PN 57-0785805-777
<b>a</b>	Plan name	H&R OPERATOR SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H&R OPERATOR SERVICES, INC.	<b>c</b> EIN-PN 76-0000842-002
<b>a</b>	Plan name	IFE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL FIRE EQUIPMENT	<b>c</b> EIN-PN 68-0124960-001
<b>a</b>	Plan name	JOHNSON ELECTRIC SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON ELECTRIC SUPPLY, INC.	<b>c</b> EIN-PN 04-3367863-001
<b>a</b>	Plan name	JOHNSON'S MECHANICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON'S MECHANICAL, INC.	<b>c</b> EIN-PN 59-3155826-001

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 LIBERTY GLASS & METAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LIBERTY GLASS & METAL, INC.	<b>c</b> EIN-PN 20-2134457-001
<b>a</b>	Plan name LIBERTY TRANSPORTATION & STORAGE CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LIBERTY TRANSPORTATION & STORAGE CO., INC.	<b>c</b> EIN-PN 22-1067680-001
<b>a</b>	Plan name LIFE STRIDE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LIFE STRIDE, INC.	<b>c</b> EIN-PN 52-1931274-001
<b>a</b>	Plan name MCKEE COURT REPORTING, INC. 401(K) / PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCKEE COURT REPORTING, INC.	<b>c</b> EIN-PN 58-1975623-001
<b>a</b>	Plan name MULHERN BELTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MULHERN BELTING, INC.	<b>c</b> EIN-PN 22-2142028-001
<b>a</b>	Plan name MULTIVIEW CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor MULTIVIEW CORPORATION	<b>c</b> EIN-PN 04-3085671-002
<b>a</b>	Plan name MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MUSKEGON COUNTY MUSEUM	<b>c</b> EIN-PN 38-1367319-001
<b>a</b>	Plan name MUSSEY, SARBER & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MUSSEY, SARBER & ASSOCIATES, P.C.	<b>c</b> EIN-PN 75-3025214-001
<b>a</b>	Plan name OREGON FISH GUYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor OREGON FISH GUYS, INC.	<b>c</b> EIN-PN 20-3065360-001
<b>a</b>	Plan name POR-SHUN, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor POR-SHUN, INC.	<b>c</b> EIN-PN 04-2785537-001
<b>a</b>	Plan name RAY SMITH INSURANCE AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAY SMITH INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 41-1389486-001
<b>a</b>	Plan name RAYO WHOLESALE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RAYO WHOLESALE, INC.	<b>c</b> EIN-PN 33-0764606-001

<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	RCB AND SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RCB AND SONS, INC.	<b>c</b> EIN-PN 95-3175574-001
<b>a</b>	Plan name	REA & ASSOCIATES 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REA & ASSOCIATES LLP	<b>c</b> EIN-PN 77-0164868-001
<b>a</b>	Plan name	REALTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REALTECH CONSTRUCTION CO., LLC	<b>c</b> EIN-PN 95-4709478-001
<b>a</b>	Plan name	SPOLIDORO & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPOLIDORO & SONS, INC.	<b>c</b> EIN-PN 04-2642418-001
<b>a</b>	Plan name	SPRINGFIELD SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCCARTHY LEGAL SERVICES, LLC	<b>c</b> EIN-PN 04-3445519-001
<b>a</b>	Plan name	THE CENTRAL INDUSTRIAL SUPPLY 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL INDUSTRIAL SUPPLY, INC.	<b>c</b> EIN-PN 63-0711103-001
<b>a</b>	Plan name	TRUSTCO, INC. TAX-FAVORED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRUSTCO, INC.	<b>c</b> EIN-PN 87-0295837-001
<b>a</b>	Plan name	TRUTECH, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUTECH, L.L.C.	<b>c</b> EIN-PN 82-0509464-001
<b>a</b>	Plan name	ABESCO DISTRIBUTING PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ABESCO DISTRIBUTING CO. INC.	<b>c</b> EIN-PN 94-2416739-001
<b>a</b>	Plan name	ABLE SALES COMPANY, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	ABLE SALES COMPANY INC.	<b>c</b> EIN-PN 66-0320315-001
<b>a</b>	Plan name	ARIZONA RURAL COMMUNITY HEALTH SERVICES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARIZONA RURAL COMMUNITY HEALTH SERVICES	<b>c</b> EIN-PN 86-0325061-001
<b>a</b>	Plan name	ARLEDGE ELECTRONICS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARLEDGE ELECTRONICS, INC.	<b>c</b> EIN-PN 22-3212861-001

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 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 BEACON TECHNICAL SALES 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEACON TECHNICAL SALES	<b>c</b> EIN-PN 02-0470978-001
<b>a</b>	Plan name CAPITAL SALES CO. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CAPITAL SALES CO	<b>c</b> EIN-PN 34-1955230-001
<b>a</b>	Plan name CIERRA PIPE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CIERRA PIPE, INC.	<b>c</b> EIN-PN 76-0058138-777
<b>a</b>	Plan name CIMC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA INDIAN MANPOWER CONSORTIUM, INC. (CIMC)	<b>c</b> EIN-PN 94-2472564-001
<b>a</b>	Plan name COMPLETE BUSINESS SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPLETE BUSINESS SOLUTIONS	<b>c</b> EIN-PN 65-0807304-001
<b>a</b>	Plan name DADE DISCOUNTS DISTRIBUTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DADE DISCOUNTS DISTRIBUTORS	<b>c</b> EIN-PN 59-1847930-001
<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 DALTON JONES MANAGEMENT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DALTON JONES MANAGEMENT	<b>c</b> EIN-PN 33-0987726-001
<b>a</b>	Plan name DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DOUGHBOY RESTAURANT GROUP, LLC	<b>c</b> EIN-PN 47-2447231-001
<b>a</b>	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOUGLASS INDUSTRIES	<b>c</b> EIN-PN 22-1912538-002
<b>a</b>	Plan name ELDREDGE COMPANIES, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor THE ELDREDGE COMPANIES, INC.	<b>c</b> EIN-PN 23-2372461-001

<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	ELECTRICAL GENERAL CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ELECTRICAL GENERAL CORPORATION	<b>c</b> EIN-PN 52-0739834-001
<b>a</b>	Plan name	FEBCO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEBCO, INC. 401(K) PLAN	<b>c</b> EIN-PN 61-1168468-001
<b>a</b>	Plan name	FELDMAN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FELDMAN & ASSOCIATES, INC.	<b>c</b> EIN-PN 95-4814253-001
<b>a</b>	Plan name	FERBER & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FERBER AND SONS, INC	<b>c</b> EIN-PN 59-1499209-001
<b>a</b>	Plan name	GELBER & ASSOCIATES PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GELBER & ASSOCIATES CORP.	<b>c</b> EIN-PN 76-0572605-001
<b>a</b>	Plan name	GRAVITY BOARDING CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAVITY BOARDING COMPANY INC.	<b>c</b> EIN-PN 33-0722194-001
<b>a</b>	Plan name	HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HENSLEY LAMKIN RACHEL, INC.	<b>c</b> EIN-PN 75-2377361-001
<b>a</b>	Plan name	HERITAGE CUSTOM KITCHENS, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE CUSTOM KITCHENS, INC.	<b>c</b> EIN-PN 38-3220963-001
<b>a</b>	Plan name	IMPACT INDUSTRIES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WORLD OF MOULDING	<b>c</b> EIN-PN 33-0327222-001
<b>a</b>	Plan name	INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDEPENDENT CAPITAL MANAGEMENT LLC	<b>c</b> EIN-PN 26-3029556-001
<b>a</b>	Plan name	JANITORS SUPPLY CO., INC. EMPLOYEES' SAVINGS AND RETIREMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE JANITORS SUPPLY CO., INC.	<b>c</b> EIN-PN 35-0981768-001
<b>a</b>	Plan name	KEYSTONE BRAND MEATS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KEYSTONE BRAND MEATS, INC.	<b>c</b> EIN-PN 34-0938069-001

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>LITTLE TOTS OF ASBURY PARK 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LITTLE TOTS OF ASBURY PARK A NJ NONPROFIT CORPORATION</b>	<b>c</b> EIN-PN <b>46-3688685-001</b>
<b>a</b>	Plan name <b>MARKETING &amp; RESEARCH RESOURCES 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MARKETING &amp; RESEARCH RESOURCES, LLC</b>	<b>c</b> EIN-PN <b>52-1665278-003</b>
<b>a</b>	Plan name <b>MARTIN'S NURSERY, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARTIN'S NURSERY, INC.</b>	<b>c</b> EIN-PN <b>63-1133490-001</b>
<b>a</b>	Plan name <b>MARTINSVILLE CARDIOVASCULAR CENTER, PC</b>	
<b>b</b>	Name of plan sponsor <b>MARTINSVILLE CARDIOVASCULAR CENTER, PC</b>	<b>c</b> EIN-PN <b>54-1587895-001</b>
<b>a</b>	Plan name <b>MARTY'S PIZZA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARTY'S BROOKFIELD, INC.</b>	<b>c</b> EIN-PN <b>39-1647623-001</b>
<b>a</b>	Plan name <b>MARYLAND PLASTICS UNION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARYLAND PLASTICS, INC.</b>	<b>c</b> EIN-PN <b>52-1636609-003</b>
<b>a</b>	Plan name <b>MICHAEL BATES CHEVROLET, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MICHAEL BATES CHEVROLET, INC.</b>	<b>c</b> EIN-PN <b>82-1909065-001</b>
<b>a</b>	Plan name <b>MICHAEL DIAZ, M.D. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MICHAEL DIAZ, M.D.</b>	<b>c</b> EIN-PN <b>90-1121315-001</b>
<b>a</b>	Plan name <b>MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEWBRIDGE SECURITIES CORPORATION</b>	<b>c</b> EIN-PN <b>54-1879031-001</b>
<b>a</b>	Plan name <b>NAKAE &amp; ASSOCIATES INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NAKAE &amp; ASSOCIATES INC.</b>	<b>c</b> EIN-PN <b>77-0216520-002</b>
<b>a</b>	Plan name <b>PARK INDUSTRIES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PARK PRODUCTIONS INC.</b>	<b>c</b> EIN-PN <b>83-2355487-001</b>
<b>a</b>	Plan name <b>POS TECHNICAL SERVICES INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POS TECHNICAL SERVICES, INC.</b>	<b>c</b> EIN-PN <b>33-0695227-001</b>

<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	QMSI 401(K) PLAN
<b>b</b>	Name of plan sponsor	QMSI
<b>c</b>	EIN-PN	62-1539705-001
<b>a</b>	Plan name	RITCHIE & PARTNERS, L.L.C. MONEY PURCHASE PLAN
<b>b</b>	Name of plan sponsor	RITCHIE & PARTNERS, L.L.C.
<b>c</b>	EIN-PN	76-0624213-001
<b>a</b>	Plan name	SCHRYER/THOMPSON CONSTRUCTION, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SCHRYER/THOMPSON CONSTRUCTION, INC.
<b>c</b>	EIN-PN	68-0487305-001
<b>a</b>	Plan name	SCHULT ENGINEERING & PATTERN CO. SALARY REDUCTION PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ANDREW M. KUSEK, JR. MACHINE & PATTERN WORKS, INC. DBA SCHULT ENGINE
<b>c</b>	EIN-PN	26-3779140-001
<b>a</b>	Plan name	SMC RECYCLING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SMC RECYCLING, INC.
<b>c</b>	EIN-PN	62-1723264-001
<b>a</b>	Plan name	SMEED COMMUNICATION SERVICES 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SMEED SOUND SERVICE, INC. DBA SMEED COMMUNICATION SERVICES
<b>c</b>	EIN-PN	93-0776324-001
<b>a</b>	Plan name	SUBURBAN & TRI-STATE SUBARU 401(K) PLAN
<b>b</b>	Name of plan sponsor	SUBURBAN & TRI-STATE SUBARU, INC.
<b>c</b>	EIN-PN	06-1210980-001
<b>a</b>	Plan name	SULLIVAN COUNTER TOPS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SULLIVAN COUNTER TOPS, INC.
<b>c</b>	EIN-PN	94-3020284-001
<b>a</b>	Plan name	SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC 401(K)/PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC
<b>c</b>	EIN-PN	58-2519444-002
<b>a</b>	Plan name	THE COLONIAL MANOR 401(K) PLAN
<b>b</b>	Name of plan sponsor	COLONIAL MANOR HEALTH CARE CENTER, INC.
<b>c</b>	EIN-PN	31-0868001-001
<b>a</b>	Plan name	VAN DYKE LANDSCAPE ARCHITECTS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	VAN DYKE, LLP
<b>c</b>	EIN-PN	71-0997792-001
<b>a</b>	Plan name	WEGENER WELDING, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WEGENER WELDING, LLC
<b>c</b>	EIN-PN	20-4664586-001

<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	FMF RACING EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FMF RACING	<b>c</b> EIN-PN 33-0667541-001
<b>a</b>	Plan name	FOCUS IMAGING GROUP EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOCUS IMAGING GROUP INC.	<b>c</b> EIN-PN 65-0910156-001
<b>a</b>	Plan name	CDS MECHANICAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CDS MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 20-1407450-001
<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	LAFATA MANAGEMENT, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAFATA MANAGEMENT, INC.	<b>c</b> EIN-PN 20-1965835-001
<b>a</b>	Plan name	LAGESTEE INSURANCE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAGESTEE INSURANCE AGENCY, LTD.	<b>c</b> EIN-PN 62-1081657-001
<b>a</b>	Plan name	PELL MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PELL MANUFACTURING, INC.	<b>c</b> EIN-PN 04-3032603-001
<b>a</b>	Plan name	TAG INTERNATIONAL, L.L.P. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAG INTERNATIONAL, L.L.P.	<b>c</b> EIN-PN 74-2862644-001
<b>a</b>	Plan name	TAPPE ARCHITECTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAPPE ARCHITECTS, INC.	<b>c</b> EIN-PN 04-2721071-001
<b>a</b>	Plan name	TARGET SERVICES PEST CONTROL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TARGET SERVICES PEST CONTROL, INC.	<b>c</b> EIN-PN 58-2072379-001
<b>a</b>	Plan name	ACCU-LINE INVESTIGATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCU-LINE INVESTIGATIONS, INC.	<b>c</b> EIN-PN 52-2034251-001
<b>a</b>	Plan name	ACCURATUS EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCURATUS CORPORATION	<b>c</b> EIN-PN 22-2469468-002

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 ACE DATA STORAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACE DATA STORAGE, INC.	<b>c</b> EIN-PN 64-0826126-001
<b>a</b>	Plan name GENERATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JWALANT K. VADALIA, MD, PC	<b>c</b> EIN-PN 02-0474068-001
<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 LORIO ROSS STERLING ENTERTAINMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor LORIO ROSS STERLING ENTERTAINMENT	<b>c</b> EIN-PN 38-1995713-001
<b>a</b>	Plan name PRECISION DOSE, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PRECISION DOSE, INC.	<b>c</b> EIN-PN 68-0551203-001
<b>a</b>	Plan name PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRECISION INDUSTRIAL CONTRACTORS, INC.	<b>c</b> EIN-PN 91-2139290-001
<b>a</b>	Plan name ADVANCED EXCAVATING, INC. EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ADVANCED ESCAVATING, INC.	<b>c</b> EIN-PN 91-1955729-001
<b>a</b>	Plan name COASTAL BANCSHARES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COASTAL BANCSHARES, INC.	<b>c</b> EIN-PN 76-0421550-001
<b>a</b>	Plan name COD & CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COD & CAPERS SEAFOOD	<b>c</b> EIN-PN 59-2349811-001
<b>a</b>	Plan name GKY DENTAL ARTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GKY DENTAL ARTS INC.	<b>c</b> EIN-PN 88-4323547-001
<b>a</b>	Plan name GLASS EYE PRODUCTIONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GLASS EYE PRODUCTIONS, INC.	<b>c</b> EIN-PN 45-5547932-001
<b>a</b>	Plan name PRINCIPLE PLASTICS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRINCIPLE PLASTICS, INC.	<b>c</b> EIN-PN 95-1578575-001

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>PRIORITY MORTGAGE CORP. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRIORITY MORTGAGE CORP.</b>	<b>c</b> EIN-PN <b>31-1088264-001</b>
<b>a</b>	Plan name <b>THE PRODUCERS GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FREUNDT &amp; ASSOCIATES INSURANCE SERVICES, INC.</b>	<b>c</b> EIN-PN <b>33-0746599-001</b>
<b>a</b>	Plan name <b>THE ROBERTS LAW GROUP, PLLC 401(K)/NEW COMPARABILITY PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE ROBERTS LAW GROUP, PLLC</b>	<b>c</b> EIN-PN <b>06-1701395-001</b>
<b>a</b>	Plan name <b>TOOH DINEH INDUSTRIES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOOH DINEH INDUSTRIES, INCORPORATED</b>	<b>c</b> EIN-PN <b>86-0442648-001</b>
<b>a</b>	Plan name <b>TOTAL TEMPERATURE CONTROL, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOTAL TEMPERATURE CONTROL, INC.</b>	<b>c</b> EIN-PN <b>04-3180967-001</b>
<b>a</b>	Plan name <b>TOWN OF KENNETH CITY A MUNICIPAL CORP PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOWN OF KENNETH CITY</b>	<b>c</b> EIN-PN <b>59-6033546-001</b>
<b>a</b>	Plan name <b>ALLIANCE PEDIATRICS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALLIANCE PRIMARY CARE ASSOCIATES PLLC DBA ALLIANCE PEDIATRICS</b>	<b>c</b> EIN-PN <b>45-3459804-001</b>
<b>a</b>	Plan name <b>ALLIED BUILDING MATERIALS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALLIED BUILDING MATERIALS, INC.</b>	<b>c</b> EIN-PN <b>88-0068520-001</b>
<b>a</b>	Plan name <b>ALLTECH BUSINESS SYSTEMS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALLTECH BUSINESS SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>22-2697496-001</b>
<b>a</b>	Plan name <b>CONNOLLY, SWITAJ, FOGLER &amp; CO. LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONNOLLY, SWITAJ, FOGLER &amp; CO. LLP</b>	<b>c</b> EIN-PN <b>22-2249462-001</b>
<b>a</b>	Plan name <b>GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREAT SOUTHERN CAPITAL CORPORATION</b>	<b>c</b> EIN-PN <b>64-0604860-010</b>
<b>a</b>	Plan name <b>GREBE'S BAKERIES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREBE'S BAKERIES, INC.</b>	<b>c</b> EIN-PN <b>39-0770820-001</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 MASADA HOMES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MASADA HOMES	<b>c</b> EIN-PN 95-2479348-001
<b>a</b>	Plan name MASFAB, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MASFAB, INC. T/A FORMIT STEEL, INC.	<b>c</b> EIN-PN 23-2065665-002
<b>a</b>	Plan name QUALITY CASING & NETTING COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor QUALITY CASING & NETTING COMPANY, INC.	<b>c</b> EIN-PN 31-1365171-001
<b>a</b>	Plan name QUALITY FURNITURE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUALITY FURNITURE COMPANY	<b>c</b> EIN-PN 25-1390936-001
<b>a</b>	Plan name QUANTUM DYNAMICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor QUANTUM DYNAMICS, INC.	<b>c</b> EIN-PN 52-2340609-001
<b>a</b>	Plan name QUIK TRAVEL STAFFING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor QUIK TRAVEL STAFFING, INC.	<b>c</b> EIN-PN 95-4826235-001
<b>a</b>	Plan name QUINCY DONUTS & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUINCY DONUTS, INC	<b>c</b> EIN-PN 04-2664992-001
<b>a</b>	Plan name ANDRE FURNITURE INDUSTRIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ANDRE FURNITURE INDUSTRIES	<b>c</b> EIN-PN 06-0993468-001
<b>a</b>	Plan name ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANDREWS OIL CO. & GAS SERVICES, INC.	<b>c</b> EIN-PN 06-0812862-001
<b>a</b>	Plan name CRAZY HOUSE, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRAZY HOUSE, INC.	<b>c</b> EIN-PN 48-0693849-001
<b>a</b>	Plan name CRB MEDICAL ASSOCIATES SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRB MEDICAL ASSOCIATES	<b>c</b> EIN-PN 75-2804254-001
<b>a</b>	Plan name HAMMOND DRIVES AND EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAMMOND DRIVES AND EQUIPMENT, INC.	<b>c</b> EIN-PN 38-3301733-001

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 MEALS ON WHEELS, ETC., INC. EMPLOYEE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MEALS ON WHEELS, ETC., INC.	<b>c</b> EIN-PN 59-2977907-001
<b>a</b>	Plan name REICHEL FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor REICHEL FOODS, INC.	<b>c</b> EIN-PN 90-0246502-001
<b>a</b>	Plan name RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	<b>c</b> EIN-PN 95-2846605-001
<b>a</b>	Plan name RJR ENGINEERING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RJR ENGINEERING GROUP	<b>c</b> EIN-PN 35-2344912-001
<b>a</b>	Plan name RLA 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROCKFORD LINEAR ACTUATION, INC.	<b>c</b> EIN-PN 04-3588554-001
<b>a</b>	Plan name ROBERT L. KRASNEY, A PLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROBERT L. KRASNEY, A PLC	<b>c</b> EIN-PN 95-3996418-001
<b>a</b>	Plan name ARTISAN REALTY GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARTISAN REALTY GROUP, INC.	<b>c</b> EIN-PN 81-4631308-001
<b>a</b>	Plan name ARTISTIC TILE PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARTISTIC TILE, INC.	<b>c</b> EIN-PN 22-3247240-001
<b>a</b>	Plan name MIDDLE GEORGIA MEDICAL ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MIDDLE GEORGIA MEDICAL ASSOCIATES	<b>c</b> EIN-PN 58-2319012-001
<b>a</b>	Plan name ATSUMI CAR EQUIPMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ATSUMI CAR EQUIPMENT, INC.	<b>c</b> EIN-PN 54-2044418-001
<b>a</b>	Plan name AUDIO VIDEO DESIGN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUDIO VIDEO DESIGN, INC.	<b>c</b> EIN-PN 03-0460318-001
<b>a</b>	Plan name DEGRUCHY MASONRY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEGRUCHY MASONRY, INC.	<b>c</b> EIN-PN 23-2460052-001

<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	DELAWARE CLAIMS PROCESSING FACILITY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELAWARE CLAIMS PROCESSING FACILITY, LLC	<b>c</b> EIN-PN 20-5453231-001
<b>a</b>	Plan name	HOGE LUMBER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOGE LUMBER COMPANY	<b>c</b> EIN-PN 34-1819246-002
<b>a</b>	Plan name	HOLIDAY FORD LINCOLN-MERCURY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOLIDAY FORD LINCOLN-MERCURY, INC.	<b>c</b> EIN-PN 77-0267771-001
<b>a</b>	Plan name	MISKO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISKO, INC.	<b>c</b> EIN-PN 23-2506409-001
<b>a</b>	Plan name	MISTER COOKIE FACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISTER COOKIE FACE, INC.	<b>c</b> EIN-PN 22-3203732-001
<b>a</b>	Plan name	ROSS ENGINEERING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROSS ENGINEERING COMPANY, INC.	<b>c</b> EIN-PN 04-3006362-001
<b>a</b>	Plan name	VILLAGE OF WOLVERINE LAKE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VILLAGE OF WOLVERINE LAKE	<b>c</b> EIN-PN 38-6024587-003
<b>a</b>	Plan name	VINVISION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINVISION, INC.	<b>c</b> EIN-PN 77-0315550-001
<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	BEAUFORT ENGINEERING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEAUFORT ENGINEERING SERVICES, INC.	<b>c</b> EIN-PN 57-0693958-001
<b>a</b>	Plan name	BEC SYSTEMS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEC SYSTEMS LLC	<b>c</b> EIN-PN 88-1082676-001
<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>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	BEEDE & SONS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOUIS O. BEEDE & SONS, INC.	<b>c</b> EIN-PN 04-2204185-001
<b>a</b>	Plan name	DOWNEY & COMPANY, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOWNEY & COMPANY, LLP	<b>c</b> EIN-PN 04-3106302-001
<b>a</b>	Plan name	DPE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DPE, INC.	<b>c</b> EIN-PN 58-2110906-001
<b>a</b>	Plan name	DR. CRAIG GLICK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CRAIG A. GLICK, D.D.S., INC.	<b>c</b> EIN-PN 95-4629939-001
<b>a</b>	Plan name	INLAND AERIAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INLAND AERIAL, INC.	<b>c</b> EIN-PN 95-2694341-001
<b>a</b>	Plan name	INLAND FIRE BRICK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INLAND FIRE BRICK, LLC	<b>c</b> EIN-PN 36-4287561-001
<b>a</b>	Plan name	SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THE SCIENTIFIC CONSULTING GROUP, INC.	<b>c</b> EIN-PN 52-1719423-001
<b>a</b>	Plan name	SCOOTERWORKS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCOOTERWORKS HOLDINGS LLC	<b>c</b> EIN-PN 45-2033633-001
<b>a</b>	Plan name	SEABOLD GROUP 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SEABOLD CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 93-0876271-001
<b>a</b>	Plan name	SGF MANAGEMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SGF MANAGEMENT, INC.	<b>c</b> EIN-PN 34-1850857-001
<b>a</b>	Plan name	SHACHIHATA INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SHACHIHATA, INC. U.S.A.	<b>c</b> EIN-PN 95-2562497-001
<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>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	DURINGER LAW GROUP, PLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DURINGER LAW GROUP, PLC	<b>c</b> EIN-PN 20-2965686-001
<b>a</b>	Plan name	NEW HAMPSHIRE HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW HAMPSHIRE HYDRAULICS, INC.	<b>c</b> EIN-PN 02-0338098-001
<b>a</b>	Plan name	WILKE CHIROPRACTIC LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WILKE CHIROPRACTIC LLC	<b>c</b> EIN-PN 81-3238618-001
<b>a</b>	Plan name	OCEAN ORAL AND MAXILLOFACIAL SURGERY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OCEAN ORAL & MAXILLOFACIAL SURGERY	<b>c</b> EIN-PN 88-3363283-001
<b>a</b>	Plan name	ODESUS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ODESUS, INC.	<b>c</b> EIN-PN 95-4864544-001
<b>a</b>	Plan name	JAX CAFE, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAX CAFE, INC.	<b>c</b> EIN-PN 41-0887103-001
<b>a</b>	Plan name	BYRD AUTOMOTIVE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BYRD AUTOMOTIVE, INC.	<b>c</b> EIN-PN 76-0296359-001
<b>a</b>	Plan name	ETTLESON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ETTLESON CADILLAC-BUICK-HYUNDAI, INC.	<b>c</b> EIN-PN 36-3420816-002
<b>a</b>	Plan name	EVER-GREEN COMMUNICATIONS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EVER-GREEN COMMUNICATIONS SERVICES, INC.	<b>c</b> EIN-PN 68-0305170-001
<b>a</b>	Plan name	JTI ELECTRICAL INSTRUMENTATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JTI ELECTRICAL & INSTRUMENTATION, LLC	<b>c</b> EIN-PN 80-0927449-001
<b>a</b>	Plan name	CARING ENTERPRISES INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARING ENTERPRISES INCORPORATED	<b>c</b> EIN-PN 42-1461742-001
<b>a</b>	Plan name	CARRANO TRANSPORTATION AND LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARRANO TRANSPORTATION AND LOGISTICS, LLC	<b>c</b> EIN-PN 06-0995395-001

<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	FERRUM GROUP COMPANIES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FERRUM PROCESS SYSTEMS INC.	<b>c</b> EIN-PN 52-2198061-001
<b>a</b>	Plan name	KING CHIROPRACTIC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KING CHIROPRACTIC INSTITUTE	<b>c</b> EIN-PN 52-2210480-001
<b>a</b>	Plan name	KIRLEY MASONRY SUPPLY CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIRLEY MASONRY SUPPLY CO., INC.	<b>c</b> EIN-PN 04-3247031-001
<b>a</b>	Plan name	KJLA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COSTA DE ORO MEDIA, LLC	<b>c</b> EIN-PN 77-0139492-001
<b>a</b>	Plan name	LUCKY CAB CO. OF NEVADA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUCKY CAB CO. OF NEVADA	<b>c</b> EIN-PN 88-0269865-001
<b>a</b>	Plan name	LUCTOR INTERNATIONAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LUCTOR INTERNATIONAL, LLC D/B/A VAN GOGH IMPORTS	<b>c</b> EIN-PN 86-0880585-001
<b>a</b>	Plan name	THE LIFELINK OF PUERTO RICO SUPPLEMENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LIFELINK FOUNDATION, INC. D/B/A LIFELINK OF PUERTO RICO	<b>c</b> EIN-PN 59-2193032-001
<b>a</b>	Plan name	ACME ENGRAVING PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACME ENGRAVING COMPANY, INC.	<b>c</b> EIN-PN 22-2136958-001
<b>a</b>	Plan name	CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
<b>b</b>	Name of plan sponsor	CIVIL DESIGN CONCEPTS PA	<b>c</b> EIN-PN 56-2244957-001
<b>a</b>	Plan name	GENESIS MARINE LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GENESIS MARINE	<b>c</b> EIN-PN 45-2448783-001
<b>a</b>	Plan name	PRECISION PLUS PLUMBING AND HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION PLUS PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 20-4553034-001
<b>a</b>	Plan name	PREMIER PEO, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PREMIER PEO, INC.	<b>c</b> EIN-PN 80-0878405-001

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 MAIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MINORITY ADVANCEMENT IN CORPORATIONS, INC.	<b>c</b> EIN-PN 52-2060991-001
<b>a</b>	Plan name ADVANTAGE PEST RELATED SERVICES, INC. RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor ADVANTAGE PEST RELATED SERVICES, INC.	<b>c</b> EIN-PN 65-0380484-001
<b>a</b>	Plan name AEDIFICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor AEDIFICE ARCHITECTURAL	<b>c</b> EIN-PN 33-0903178-001
<b>a</b>	Plan name COLEGIO DEL SAGRADO CORAZON DE JESUS 1165(E) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COLEGIO SAGRADO CORAZON	<b>c</b> EIN-PN 66-0214426-001
<b>a</b>	Plan name COLEGIO PUERTORRIQUENO DE NINAS SAVING PLAN	
<b>b</b>	Name of plan sponsor COLEGIO PUERTORRIQUENO DE NINAS	<b>c</b> EIN-PN 66-0204435-001
<b>a</b>	Plan name GLEN P. MOREHEAD, MD, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLEN P. MOREHEAD, MD, PC	<b>c</b> EIN-PN 58-2295975-002
<b>a</b>	Plan name GLENN MERCER & ASSOCIATES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLENN MERCER AND ASSOCIATES	<b>c</b> EIN-PN 24-8843365-001
<b>a</b>	Plan name AM-TREE 401(K) PLAN	
<b>b</b>	Name of plan sponsor AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC.	<b>c</b> EIN-PN 22-2761331-222
<b>a</b>	Plan name MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MATIKON AMERICA INC.	<b>c</b> EIN-PN 38-3498737-002
<b>a</b>	Plan name CONROE GREENHOUSE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONROE GREENHOUSE, INC.	<b>c</b> EIN-PN 74-1982448-001
<b>a</b>	Plan name CONSER HOMES, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CONSER HOMES, INC.	<b>c</b> EIN-PN 93-0670347-001
<b>a</b>	Plan name GREEN SPOT PACKAGING, INC. TAX-FAVORED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GREEN SPOT PACKAGING	<b>c</b> EIN-PN 95-3750837-001

<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	R.E. SMITH CONTRACTOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R.E. SMITH CONTRACTOR, INC.	<b>c</b> EIN-PN 20-3343461-001
<b>a</b>	Plan name	TOWN OF NEWINGTON, CT VOLUNTEER FIREFIGHTERS PENSION PLAN	
<b>b</b>	Name of plan sponsor	TOWN OF NEWINGTON, CT	<b>c</b> EIN-PN 06-6002047-001
<b>a</b>	Plan name	TRAEGER BROTHERS & ASSOCIATES, INC. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	TRAEGER BROTHERS & ASSOCIATES, INC.	<b>c</b> EIN-PN 59-0642249-001
<b>a</b>	Plan name	TRAFFIC BUILDERS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRAFFIC BUILDERS, INC.	<b>c</b> EIN-PN 04-3264448-001
<b>a</b>	Plan name	TRANSPORTATION SOLUTIONS, INC. 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRANSPORTATION SOLUTIONS, INC.	<b>c</b> EIN-PN 58-2160437-001
<b>a</b>	Plan name	TRAVELERS RENTAL CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARK SHUTTLE & FLY, INC.	<b>c</b> EIN-PN 04-2628087-001
<b>a</b>	Plan name	MEDIA STAGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEDIA STAGE, INC.	<b>c</b> EIN-PN 65-0221317-001
<b>a</b>	Plan name	MEDIASPIKE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDIASPIKE, INC.	<b>c</b> EIN-PN 61-1448533-001
<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 JEWELRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANNAPOLIS JEWELRY & LOAN, INC.	<b>c</b> EIN-PN 52-2319988-001
<b>a</b>	Plan name	ANNIE B. JONES COMMUNITY SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANNIE B. JONES CIVIC ARTS CENTER	<b>c</b> EIN-PN 36-3883523-001
<b>a</b>	Plan name	ANTELOPE VALLEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANTELOPE VALLEY 401(K) PLAN	<b>c</b> EIN-PN 95-4056336-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>CREATIVE MARKETING GRAPHICS, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CMGWT, INC.</b>	<b>c</b> EIN-PN <b>91-2039059-001</b>
<b>a</b>	Plan name <b>HANSFORD PHARMACY SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HANSFORD PHARMACY SERVICES, LLC</b>	<b>c</b> EIN-PN <b>20-0564615-001</b>
<b>a</b>	Plan name <b>REINDL BINDERY CO., INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REINDL BINDERY CO., INC.</b>	<b>c</b> EIN-PN <b>39-1290695-001</b>
<b>a</b>	Plan name <b>RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RELIABLE INDUSTRIES INC. OF NEW ORLEANS</b>	<b>c</b> EIN-PN <b>72-0936490-001</b>
<b>a</b>	Plan name <b>UAW LOCAL 652 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>UAW LOCAL 652</b>	<b>c</b> EIN-PN <b>38-0893147-001</b>
<b>a</b>	Plan name <b>UCOPB, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>UNDERWOOD CHEVROLET OLDS PONTIAC BUICK</b>	<b>c</b> EIN-PN <b>38-1887779-001</b>
<b>a</b>	Plan name <b>ASSIGN CORP. EMPLOYEE RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASSIGN CORP.</b>	<b>c</b> EIN-PN <b>95-4664862-001</b>
<b>a</b>	Plan name <b>ASSOCIATION RESEARCH, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASSOCIATION RESEARCH, INC.</b>	<b>c</b> EIN-PN <b>52-1327256-001</b>
<b>a</b>	Plan name <b>AST SPORTS SCIENCE, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AST SPORTS SCIENCE, INC.</b>	<b>c</b> EIN-PN <b>64-0823871-001</b>
<b>a</b>	Plan name <b>DAVET ROOFING'S 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVET ROOFING INC.</b>	<b>c</b> EIN-PN <b>80-0012440-001</b>
<b>a</b>	Plan name <b>DAVID M. VIGDER, M.D., S.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVID M. VIGDER, M.D., S.C.</b>	<b>c</b> EIN-PN <b>36-4442594-001</b>
<b>a</b>	Plan name <b>HIGHGATE RETIREMENT LIVING 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BURON, INC.</b>	<b>c</b> EIN-PN <b>91-1644879-001</b>

<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	HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN
<b>b</b>	Name of plan sponsor	HIGHPOINT SOLUTIONS, INC.
<b>c</b>	EIN-PN	22-3462774-002
<b>a</b>	Plan name	HILLMAN SECURITY 401(K) PLAN
<b>b</b>	Name of plan sponsor	HILLMAN SECURITY & FIRE TECHNOLOGIES
<b>c</b>	EIN-PN	23-1996146-001
<b>a</b>	Plan name	MIJA INDUSTRIES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MIJA INDUSTRIES, INC.
<b>c</b>	EIN-PN	04-2496402-001
<b>a</b>	Plan name	VELTEC, INC. THRIFT PLAN
<b>b</b>	Name of plan sponsor	VELTEC, INC.
<b>c</b>	EIN-PN	51-0308236-001
<b>a</b>	Plan name	DELUCA HOMES, LP PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	DELUCA HOMES, LP
<b>c</b>	EIN-PN	23-1892084-001
<b>a</b>	Plan name	DEMAIO'S INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DEMAIO'S INC.
<b>c</b>	EIN-PN	22-3038197-001
<b>a</b>	Plan name	HOLMDEL FINANCIAL SERVICES, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	HOLMDEL FINANCIAL SERVICES, INC.
<b>c</b>	EIN-PN	20-0793991-001
<b>a</b>	Plan name	MODERN DAIRY, INC. PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	MODERN DAIRY, INC.
<b>c</b>	EIN-PN	77-0499501-001
<b>a</b>	Plan name	VITAL RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	VITAL VENTURES
<b>c</b>	EIN-PN	81-0972460-001
<b>a</b>	Plan name	NEARTERM CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	NEARTERM CORPORATION
<b>c</b>	EIN-PN	76-0531760-001
<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>a</b>	Plan name	NEESE 401(K)
<b>b</b>	Name of plan sponsor	NEESE HEATING & AIR CONDITIONING INC.
<b>c</b>	EIN-PN	58-2005554-001

<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	NELSON AND FROMER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NELSON AND FROMER	<b>c</b> EIN-PN 22-2907384-002
<b>a</b>	Plan name	DR. PRICE DDS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DANIEL J. PRICE DDS, P.C.	<b>c</b> EIN-PN 38-2600561-001
<b>a</b>	Plan name	DRISCOLL & GIBSON PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRISCOLL & GIBSON ATTORNEYS AT LAW	<b>c</b> EIN-PN 04-3171623-001
<b>a</b>	Plan name	DRS. HARPER AND GILMORE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRS. HARPER AND GILMORE, INC.	<b>c</b> EIN-PN 34-1399603-001
<b>a</b>	Plan name	INSTITUTE OF INFORMATION TECHNOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTE OF INFORMATION TECHNOLOGY, INC.	<b>c</b> EIN-PN 90-0014215-001
<b>a</b>	Plan name	SELECT MANAGEMENT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SELECT MANAGEMENT, INC.	<b>c</b> EIN-PN 30-0013644-333
<b>a</b>	Plan name	WESTERN PENNSYLVANIA EYE PHYSICIANS & SURGEONS 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTERN PENNSYLVANIA EYE PHYSICIANS & SURGEONS, INC.	<b>c</b> EIN-PN 25-1343837-002
<b>a</b>	Plan name	BILCO TOOLS, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BILCO TOOLS, INC.	<b>c</b> EIN-PN 72-0828604-001
<b>a</b>	Plan name	BILLET & ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BILLET & ASSOCIATES, LLC	<b>c</b> EIN-PN 23-2637057-001
<b>a</b>	Plan name	BIO MEDIC CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARYLAND PLASTICS, INC.	<b>c</b> EIN-PN 52-1636609-002
<b>a</b>	Plan name	BIRCKHEAD ELECTRIC, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BIRCKHEAD ELECTRIC, INC.	<b>c</b> EIN-PN 52-1614154-001
<b>a</b>	Plan name	E.M.B., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANDSCAPER'S DEPOT, INC.	<b>c</b> EIN-PN 02-0419465-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	NHC-I L.L.C. 401(K) PLAN	
<b>b</b> Name of plan sponsor	NHC-I L.L.C.	<b>c</b> EIN-PN 55-0759617-001
<b>a</b> Plan name	SHAY WATER COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SHAY WATER COMPANY, INC.	<b>c</b> EIN-PN 38-2835041-001
<b>a</b> Plan name	WINDFALL ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	WINDFALL ASSOCIATES, INC.	<b>c</b> EIN-PN 04-3474966-001
<b>a</b> Plan name	WINNERS ONLY INC. SALARY SAVINGS PLAN	
<b>b</b> Name of plan sponsor	WINNERS ONLY INC.	<b>c</b> EIN-PN 33-0223017-001
<b>a</b> Plan name	WM RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	WIREMASTERS, INCORPORATED	<b>c</b> EIN-PN 36-2083604-003
<b>a</b> Plan name	BRIGHT SERVICES RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	BRIGHT PERSONNEL & BUSINESS CONSULTANTS, INC.	<b>c</b> EIN-PN 54-1189236-001
<b>a</b> Plan name	BRISTOL BROADCASTING CO. INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BRISTOL BROADCASTING CO., INC.	<b>c</b> EIN-PN 54-0491651-001
<b>a</b> Plan name	BRITTON INDUSTRIES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BRITTON INDUSTRIES, INC.	<b>c</b> EIN-PN 22-3769860-001
<b>a</b> Plan name	JENKINS AUTOMOTIVE, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	JENKINS AUTOMOTIVE, INC.	<b>c</b> EIN-PN 52-1205731-001
<b>a</b> Plan name	JENKINS CONSTRUCTION RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	JENKINS CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2894052-002
<b>a</b> Plan name	JENKINS PLUMBING 401(K) PLAN	
<b>b</b> Name of plan sponsor	JENKINS PLUMBING COMPANY, LLC	<b>c</b> EIN-PN 58-2531468-001
<b>a</b> Plan name	JENNIE G. BYRD, M.D. 401(K) PLAN	
<b>b</b> Name of plan sponsor	JENNIE G. BYRD, M.D.	<b>c</b> EIN-PN 68-0145096-001

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 ODYSSEY TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ODYSSEY TECHNOLOGIES, INC.	<b>c</b> EIN-PN 52-2055201-001
<b>a</b>	Plan name OIL PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OIL PRODUCTS, INC.	<b>c</b> EIN-PN 93-0578278-001
<b>a</b>	Plan name C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor C.C. CONSTRUCTION, INC.	<b>c</b> EIN-PN 04-2903497-222
<b>a</b>	Plan name C.J.M. LIGHTING SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C.J.M ELECTRIC & LIGHTING SERVICE, INC.	<b>c</b> EIN-PN 33-0393497-001
<b>a</b>	Plan name C.K.'S LOCKSHOP & SECURITY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor C.K.'S LOCKSHOP & SECURITY CENTER	<b>c</b> EIN-PN 65-0306864-001
<b>a</b>	Plan name EXECUTIVE DESTINATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EXECUTIVE DESTINATIONS, INC.	<b>c</b> EIN-PN 04-3407170-001
<b>a</b>	Plan name K & K STAMPING COMPANY 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor K & K STAMPING COMPANY	<b>c</b> EIN-PN 38-2117903-001
<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 STAR ELECTRIC, LLC 401(K) SALARY REDUCTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor STAR ELECTRIC, LLC	<b>c</b> EIN-PN 46-4073312-001
<b>a</b>	Plan name STARKE MACHINE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor STARKE MACHINE COMPANY	<b>c</b> EIN-PN 75-1710418-001
<b>a</b>	Plan name CARVER FINANCIAL CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CARVER FINANCIAL CORPORATION	<b>c</b> EIN-PN 20-0397876-001
<b>a</b>	Plan name KNOWLOGY GOLDMINE	
<b>b</b>	Name of plan sponsor KNOWLOGY CORPORATION	<b>c</b> EIN-PN 13-3848008-001

<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	KOBBER/HANSSEN/MITCHELL ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KOBBER/HANSSEN/MITCHELL ARCHITECTS	<b>c</b> EIN-PN 99-0237714-001
<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	KONISHI DENTAL LABORATORY, INC. RETIREMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KONISHI DENTAL LABORATORY, INC.	<b>c</b> EIN-PN 95-3962089-003
<b>a</b>	Plan name	SURVEYING CONSULTANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SURVEYING CONSULTANTS OF HILTON HEAD ISLAND, INC.	<b>c</b> EIN-PN 57-0756824-001
<b>a</b>	Plan name	CEN PAC PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CEN PAC PROPERTIES, INC.	<b>c</b> EIN-PN 99-0112223-001
<b>a</b>	Plan name	CENTENNIAL TECHNOLOGIES, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CENTENNIAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 38-2164329-001
<b>a</b>	Plan name	LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAKOTA CONTRACTING, INC.	<b>c</b> EIN-PN 26-0060538-001
<b>a</b>	Plan name	PERFORMANCE TECHNOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERFORMANCE TECHNOLOGY ASSOCIATES, INC.	<b>c</b> EIN-PN 45-4858320-001
<b>a</b>	Plan name	TEAM REHAB, INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TEAM REHAB, INC.	<b>c</b> EIN-PN 33-0272547-002
<b>a</b>	Plan name	TECHNICAL CHEMICAL COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TECHNICAL CHEMICAL COMPANY	<b>c</b> EIN-PN 75-1002472-001
<b>a</b>	Plan name	WHATCOM SKAGIT HOUSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHATCOM SKAGIT HOUSING	<b>c</b> EIN-PN 91-1005103-001
<b>a</b>	Plan name	AXXIOME AMERICAS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AXXIOME AMERICAS, INC.	<b>c</b> EIN-PN 74-3213150-001

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>WORLDWIDE PRODUCTION AGENCY LLC 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WORLDWIDE PRODUCTION AGENCY LLC</b>	<b>c</b> EIN-PN <b>46-4735048-001</b>
<b>a</b>	Plan name <b>WRITTEN DEPOSITION SERVICE, LLC PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WRITTEN DEPOSITION SERVICE, LLC</b>	<b>c</b> EIN-PN <b>73-1497732-001</b>
<b>a</b>	Plan name <b>BERG &amp; ASSOCIATES, INC. 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BERG &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>33-0075557-001</b>
<b>a</b>	Plan name <b>BLACK DOG SALVAGE 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BDS HOLDINGS, INC.</b>	<b>c</b> EIN-PN <b>54-1968963-001</b>
<b>a</b>	Plan name <b>BSB RETIREMENT READINESS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE BIPPUS STATE BANK</b>	<b>c</b> EIN-PN <b>35-0180140-001</b>
<b>a</b>	Plan name <b>CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CALICO BUILDING SERVICES, INC.</b>	<b>c</b> EIN-PN <b>33-0493568-001</b>
<b>a</b>	Plan name <b>CATALYST RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CATALYST COMMUNICATIONS NETWORK LLC</b>	<b>c</b> EIN-PN <b>92-1890010-001</b>
<b>a</b>	Plan name <b>CLEAR CREEK SKIING CORP., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLEAR CREEK SKIING CORPORATION, INC.</b>	<b>c</b> EIN-PN <b>84-0619358-001</b>
<b>a</b>	Plan name <b>CNC INVESTMENTS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CNC INVESTMENTS, INC.</b>	<b>c</b> EIN-PN <b>76-0391556-001</b>
<b>a</b>	Plan name <b>COOLING &amp; HERBERS PROFIT SHARING &amp; 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COOLING &amp; HERBERS, P.C.</b>	<b>c</b> EIN-PN <b>43-1093669-001</b>
<b>a</b>	Plan name <b>DAVIS HOMES, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVIS HOMES, LLC</b>	<b>c</b> EIN-PN <b>26-2767353-001</b>
<b>a</b>	Plan name <b>DAVIS HOMES, LLC CASH BALANCE PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVIS HOMES, LLC - DB</b>	<b>c</b> EIN-PN <b>26-2767352-002</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">DERMATOLOGY ALLERGY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DERMATOLOGY ALLERGY GENERAL PHYSICIANS OF OHIO, INC.</a>	<b>c</b> EIN-PN <a href="#">31-1027818-001</a>
<b>a</b>	Plan name <a href="#">DSP RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAVE SOLTWISCH PLUMBING, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3485159-001</a>
<b>a</b>	Plan name <a href="#">DUBOIS COUNTY BLOCK &amp; BRICK, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUBOIS COUNTY BLOCK &amp; BRICK, INC.</a>	<b>c</b> EIN-PN <a href="#">35-2083897-001</a>
<b>a</b>	Plan name <a href="#">DUCT &amp; VENT CLEANING OF AMERICA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUCT &amp; VENT CLEANING OF AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">04-3175810-001</a>
<b>a</b>	Plan name <a href="#">EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EASTERN WAREHOUSE DISTRIBUTORS, LLC</a>	<b>c</b> EIN-PN <a href="#">23-2566520-001</a>
<b>a</b>	Plan name <a href="#">ENGINEERED SYSTEMS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ENGINEERED SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">04-3194781-001</a>
<b>a</b>	Plan name <a href="#">FITZPATRICK ELECTRIC, LLC PENSION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FITZPATRICK ELECTRIC, LLC</a>	<b>c</b> EIN-PN <a href="#">06-1357689-001</a>
<b>a</b>	Plan name <a href="#">FOSTER THOMAS RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOSTER THOMAS, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1826441-001</a>
<b>a</b>	Plan name <a href="#">GIBSON OVERSEAS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GIBSON OVERSEAS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-3393699-002</a>
<b>a</b>	Plan name <a href="#">GLOBALEDGE TECHNOLOGIES, INC. SECTION 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLOBALEDGE TECHNOLOGIES, INC.</a>	<b>c</b> EIN-PN <a href="#">20-0264454-001</a>
<b>a</b>	Plan name <a href="#">GMT, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GMT, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3348706-001</a>
<b>a</b>	Plan name <a href="#">GROUP CTI 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GROUP CTI</a>	<b>c</b> EIN-PN <a href="#">54-1960500-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name HARWELL'S GREEN THUMB NURSERY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HARWELL'S GREEN THUMB NURSERY, INC.	<b>c</b> EIN-PN 63-0659707-001
<b>a</b>	Plan name HASTY TASTY FOOD SERVICE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HASTY TASTY FOOD SERVICE	<b>c</b> EIN-PN 36-3490914-001
<b>a</b>	Plan name HILLWIG-GOODROW, LLC, 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HILLWIG-GOODROW, INC.	<b>c</b> EIN-PN 26-3921976-001
<b>a</b>	Plan name HOPKINTON FORESTRY & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOPKINTON FORESTRY & LAND CLEARING, INC.	<b>c</b> EIN-PN 02-0439552-001
<b>a</b>	Plan name HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOSTAR MARINE TRANSPORT SYSTEMS, INC.	<b>c</b> EIN-PN 04-2910283-001
<b>a</b>	Plan name INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTERFAITH NEIGHBORS, INC.	<b>c</b> EIN-PN 22-2896129-001
<b>a</b>	Plan name INTERNATIONAL PARKING DESIGN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL PARKING DESIGN, INC.	<b>c</b> EIN-PN 95-2696753-003
<b>a</b>	Plan name IPR INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor IPR INTERNATIONAL, LLC	<b>c</b> EIN-PN 01-0658620-001
<b>a</b>	Plan name IROQUOIS BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor IROQUOIS BUILDERS, INC.	<b>c</b> EIN-PN 36-4390501-001
<b>a</b>	Plan name ISPACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ISPACE, INC.	<b>c</b> EIN-PN 95-4833855-001
<b>a</b>	Plan name KAPOOR ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KAPOOR ENTERPRISES, INC.	<b>c</b> EIN-PN 77-0374359-001
<b>a</b>	Plan name KPT PHYSICAL THERAPY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KPT PHYSICAL THERAPY	<b>c</b> EIN-PN 52-1796165-001

<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	KRYSTAL INFINITY LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	KRYSTAL INFINITY LLC
<b>c</b>	EIN-PN	27-3983269-001
<b>a</b>	Plan name	LAURA V. KWIATKOWSKI RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	LAURA V. KWIATKOWSKI, ATTORNEY AT LAW
<b>c</b>	EIN-PN	33-0572642-001
<b>a</b>	Plan name	MANDERFIELD PLUMBING, HEATING & ELECTRICAL, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MANDERFIELD PLUMBING, HEATING & ELECTRICAL, INC.
<b>c</b>	EIN-PN	20-3920592-003
<b>a</b>	Plan name	MAX STAF, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MAX STAF, INC.
<b>c</b>	EIN-PN	72-1342485-333
<b>a</b>	Plan name	MELTON, ESPY & WILLIAMS P.C. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MELTON, ESPY & WILLIAMS P.C.
<b>c</b>	EIN-PN	63-0720022-001
<b>a</b>	Plan name	NOBLE BANK 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NOBLE BANK & TRUST
<b>c</b>	EIN-PN	20-3340543-001
<b>a</b>	Plan name	NORTH AMERICAN FOOD PROFIT SHARING/401(K) PLAN
<b>b</b>	Name of plan sponsor	NORTH AMERICAN FOOD DISTRIBUTING CO., INC.
<b>c</b>	EIN-PN	94-1717567-001
<b>a</b>	Plan name	NORTH AMERICAN WARHORSE 401(K) PLAN
<b>b</b>	Name of plan sponsor	NORTH AMERICAN WARHORSE, INC.
<b>c</b>	EIN-PN	23-3047289-001
<b>a</b>	Plan name	OMNI BUSINESS SYSTEMS-FAX PLUS INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	OMNI BUSINESS SYSTEMS-FAX PLUS INC
<b>c</b>	EIN-PN	52-1568684-002
<b>a</b>	Plan name	ON TIME & RIGHT, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ON TIME & RIGHT, INC.
<b>c</b>	EIN-PN	02-0585740-001
<b>a</b>	Plan name	PACIFIC BRIDGE INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PACIFIC BRIDGE INSURANCE SERVICES, INC.
<b>c</b>	EIN-PN	95-4618495-001
<b>a</b>	Plan name	PBHK, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PBHK, INC.
<b>c</b>	EIN-PN	99-0306811-001

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>PC CONTROLS 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PC CONTROLS</b>	<b>c</b> EIN-PN <b>75-2830816-001</b>
<b>a</b>	Plan name <b>PFDA ARCHITECTS, INC. EMPLOYEES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PFDA ARCHITECTS, INC.</b>	<b>c</b> EIN-PN <b>36-2929057-002</b>
<b>a</b>	Plan name <b>PRIME IMAGE, INC. 401(K) / PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRIME IMAGE DELAWARE, INC. D/B/A PRIME IMAGE</b>	<b>c</b> EIN-PN <b>77-0078386-001</b>
<b>a</b>	Plan name <b>PROFESSIONAL EMPLOYMENT SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROFESSIONAL EMPLOYMENT SERVICES, INC.</b>	<b>c</b> EIN-PN <b>54-1747161-001</b>
<b>a</b>	Plan name <b>PROGRESSIVE TECHNOLOGY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROGRESSIVE TECHNOLOGY, INC.</b>	<b>c</b> EIN-PN <b>68-0229180-001</b>
<b>a</b>	Plan name <b>RAFAEL BENITEZ CARRILLO, INC. CODA PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RAFAEL BENITEZ CARRILLO, INC.</b>	<b>c</b> EIN-PN <b>66-0213972-002</b>
<b>a</b>	Plan name <b>RAGGIO, CAPPEL, CHOZEN &amp; BERNIARD PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RAGGIO, CAPPEL, CHOZEN &amp; BERNIARD</b>	<b>c</b> EIN-PN <b>72-0390548-001</b>
<b>a</b>	Plan name <b>RON WILLIAMS CONSTRUCTION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RON WILLIAMS CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>72-1296459-001</b>
<b>a</b>	Plan name <b>S4, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>S4 INC.</b>	<b>c</b> EIN-PN <b>04-3309384-001</b>
<b>a</b>	Plan name <b>SENIOR CITIZENS NURSING HOME 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SENIOR CITIZENS NURSING HOME, INC.</b>	<b>c</b> EIN-PN <b>56-0929049-001</b>
<b>a</b>	Plan name <b>SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SEQUEL CONTRACTORS, INC.</b>	<b>c</b> EIN-PN <b>95-4301424-002</b>
<b>a</b>	Plan name <b>SHNA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DKSH NORTH AMERICA, INC.</b>	<b>c</b> EIN-PN <b>52-1985590-001</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 SOUTHERN MACHINE AND FABRICATION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN MACHINE AND FABRICATION COMPANY, INC.	<b>c</b> EIN-PN 58-1329156-002
<b>a</b>	Plan name STEFURA ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STEFURA ASSOCIATES, INC.	<b>c</b> EIN-PN 04-3544620-001
<b>a</b>	Plan name TEJAS MANAGEMENT SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEJAS MANAGEMENT SYSTEMS, INC.	<b>c</b> EIN-PN 74-2375569-001
<b>a</b>	Plan name THE NURSE SOURCE, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE NURSE SOURCE, LTD.	<b>c</b> EIN-PN 36-3687686-001
<b>a</b>	Plan name THE ORR FELT COMPANY SALARIED EMPLOYEES 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE ORR FELT COMPANY	<b>c</b> EIN-PN 31-0683592-001
<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 THINK TWICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor THINK TWICE, INC.	<b>c</b> EIN-PN 94-3246206-001
<b>a</b>	Plan name AGUA CALIENTE BAND OF CAHUILLA INDIANS/SPA HOTEL & CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor AGUA CALIENTE BAND OF CAHUILLA INDIANS	<b>c</b> EIN-PN 95-2549724-001
<b>a</b>	Plan name TREE OF LIFE NURSERY PROFIT SHARING 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TREE OF LIFE NURSERY	<b>c</b> EIN-PN 33-0940948-002
<b>a</b>	Plan name AMERICAN HXSYSTEMS LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN HXSYSTEMS LLC	<b>c</b> EIN-PN 93-4817220-001
<b>a</b>	Plan name UNITED BLACK FUND 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED BLACK FUND OF GREATER CLEVELAND, INC.	<b>c</b> EIN-PN 34-1366892-001
<b>a</b>	Plan name UNITY MANUFACTURING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNITY MANUFACTURING COMPANY	<b>c</b> EIN-PN 36-1899680-001

**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	APANTEC, LLC 401(K) PLAN	<b>c</b>	EIN-PN	20-2119506-001
<b>b</b>	Name of plan sponsor	APANTEC, LLC			
<b>a</b>	Plan name	APEX GLOBAL LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	94-3343037-001
<b>b</b>	Name of plan sponsor	APEX GLOBAL LOGISTICS, INC.			
<b>a</b>	Plan name	APEX PLUMBING, HEATING & PIPING, INC. 401(K) RETIREMENT PLAN	<b>c</b>	EIN-PN	73-1132059-001
<b>b</b>	Name of plan sponsor	APEX PLUMBING, HEATING & PIPING, INC.			
<b>a</b>	Plan name	VERMONT AEROSPACE 401(K) PLAN	<b>c</b>	EIN-PN	03-3582117-001
<b>b</b>	Name of plan sponsor	VERMONT AEROSPACE INDUSTRIES, LLC			
<b>a</b>	Plan name	ATLANTIC CHEVROLET 401(K) RETIREMENT PLAN	<b>c</b>	EIN-PN	56-2114117-001
<b>b</b>	Name of plan sponsor	ATLANTIC CHEVROLET			
<b>a</b>	Plan name	VIVIAN O. RODRIGUEZ, M.D. RETIREMENT SAVINGS PLAN	<b>c</b>	EIN-PN	76-0674431-001
<b>b</b>	Name of plan sponsor	VIVIAN O. RODRIGUEZ, M.D. PA			
<b>a</b>	Plan name	VOLAC, INC. 401(K) PLAN	<b>c</b>	EIN-PN	51-0375769-001
<b>b</b>	Name of plan sponsor	VOLAC, INC.			
<b>a</b>	Plan name	VOSS BELTING & SPECIALTY CO., INC. 401(K) PLAN	<b>c</b>	EIN-PN	36-2109945-001
<b>b</b>	Name of plan sponsor	VOSS BELTING & SPECIALTY CO., INC.			
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor				
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor				
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor				
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor				

<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>WMC DISCIPLINED US GROWTH RET OPT</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>101</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>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>	26440      15130
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	201629      1049867
<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>	106704191      128468010
<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>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

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	106932260	129533007
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	178298	39783
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	178298	39783
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	106753962	129493224

**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)	611419	
(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)	12652718	
(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)	20389649	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		33653786

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	1314201	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1314201
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1314201

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		32339585
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		6884428
(2) From this plan .....	<b>2l(2)</b>		16484751

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