

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: TA BLACKROCK LIFEPATH INDEX 2050 RET OPT; 1b Three-digit plan number (PN): 113; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE (NEIL KOENCK, 08/21/2025).

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

Form 5500 (2024) v. 240311

<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>TA BLACKROCK LIFEPATH INDEX 2050 RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>113</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):		
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Part II	Information on Participating Plans (to be completed by 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 CONTRACTORS AND EMPLOYEES RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ASSOCIATED PREVAILING WAGE CONTRACTORS, INC.	<b>c</b> EIN-PN 74-2485508-001
<b>a</b>	Plan name THE CONTRACTORS AND EMPLOYEES RETIREMENT PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor ASSOCIATED PREVAILING WAGE CONTRACTORS, INC.	<b>c</b> EIN-PN 74-2485507-001
<b>a</b>	Plan name BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP	<b>c</b> EIN-PN 52-1136273-001
<b>a</b>	Plan name BLUE Q 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLUE Q CORPORATION	<b>c</b> EIN-PN 04-3521482-001
<b>a</b>	Plan name BLUEMOUND RESTAURANT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUEMOUND RESTAURANT CORPORATION	<b>c</b> EIN-PN 39-1742851-001
<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 CAMBRIDGE MOTOR CAR COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAMBRIDGE MOTOR CAR COMPANY, LLC	<b>c</b> EIN-PN 04-3351359-001
<b>a</b>	Plan name CANAM MINERALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CANAM MINERALS, INC.	<b>c</b> EIN-PN 94-1535782-001
<b>a</b>	Plan name CERRONE OLDS-GMC TRUCK 401(K) PLAN	
<b>b</b>	Name of plan sponsor AL CERRONE'S HARRIS AUTO SALES INC.	<b>c</b> EIN-PN 04-2608042-001
<b>a</b>	Plan name CERTEX USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CERTEX USA, INC.	<b>c</b> EIN-PN 20-1211126-001
<b>a</b>	Plan name CGT U.S. LIMITED / TEXTILEATHER CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CGT U.S. LIMITED / TEXTILEATHER CORPORATION	<b>c</b> EIN-PN 34-1648509-002
<b>a</b>	Plan name CHAHTA HOLDING GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAHTA HOLDING GROUP, INC.	<b>c</b> EIN-PN 26-4761691-001

<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	COMCARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMCARE, INC.	<b>c</b> EIN-PN 62-1019649-004
<b>a</b>	Plan name	COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL WATERPROOFING, INC.	<b>c</b> EIN-PN 23-2589948-001
<b>a</b>	Plan name	CUMBERLAND RIVER BEHAVIORAL HEALTH RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CUMBERLAND RIVER BEHAVIORAL HEALTH, INC.	<b>c</b> EIN-PN 23-7313241-001
<b>a</b>	Plan name	DIABLO COUNTRY CLUB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DIABLO COUNTRY CLUB	<b>c</b> EIN-PN 94-0699700-003
<b>a</b>	Plan name	DIAKON LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIAKON LOGISTICS, INC.	<b>c</b> EIN-PN 20-0446970-001
<b>a</b>	Plan name	DIAMOND EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND EQUIPMENT, INC.	<b>c</b> EIN-PN 35-1161961-001
<b>a</b>	Plan name	ECLIPSE ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECLIPSE ENGINEERING, INC.	<b>c</b> EIN-PN 84-1477890-001
<b>a</b>	Plan name	ECOS ENERGY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECOS ENERGY, LLC	<b>c</b> EIN-PN 26-4332281-001
<b>a</b>	Plan name	EDC OF DENVER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDC OF DENVER, LLC	<b>c</b> EIN-PN 84-1595162-001
<b>a</b>	Plan name	FALCON BRIDGE CAPITAL 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FALCON BRIDGE CAPITAL, LLC	<b>c</b> EIN-PN 32-0206781-001
<b>a</b>	Plan name	FAMILY FORD, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FAMILY FORD, INC.	<b>c</b> EIN-PN 04-3459007-001
<b>a</b>	Plan name	FOUR SEASONS AWNING, LLC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FOUR SEASONS AWNING, LLC	<b>c</b> EIN-PN 20-3665808-001

<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	FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRANK MARTIN SONS, INC.	<b>c</b> EIN-PN 01-0279609-003
<b>a</b>	Plan name	FRANK RUGGIERO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FRANK RUGGIERO	<b>c</b> EIN-PN 33-1004813-001
<b>a</b>	Plan name	FRANTZ, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANTZ, INC.	<b>c</b> EIN-PN 61-0436803-002
<b>a</b>	Plan name	FRAZER DENTAL CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRAZER DENTAL CARE	<b>c</b> EIN-PN 23-3077648-001
<b>a</b>	Plan name	GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	GOOD TIMES RESTAURANTS, INC.	<b>c</b> EIN-PN 84-1133368-001
<b>a</b>	Plan name	GOPATH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOPATH GLOBAL LLC	<b>c</b> EIN-PN 27-1105704-001
<b>a</b>	Plan name	GORILLA CIRCUITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GORILLA CIRCUITS	<b>c</b> EIN-PN 94-1694315-001
<b>a</b>	Plan name	GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GORMAN INDUSTRIAL SUPPLY	<b>c</b> EIN-PN 74-1064184-001
<b>a</b>	Plan name	GOSHEN COSMETIC AND FAMILY DENTISTRY, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOSHEN COSMETIC AND ADVANCED FAMILY DENTISTRY, P.C.	<b>c</b> EIN-PN 30-0138117-001
<b>a</b>	Plan name	HAUCK BROS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAUCK BROTHERS, INC.	<b>c</b> EIN-PN 31-0599870-001
<b>a</b>	Plan name	HAVIN RED E MIX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAVIN RED E MIX, LLC	<b>c</b> EIN-PN 87-3702291-001
<b>a</b>	Plan name	HAYNES-EAGLIN-WATERS, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAYNES-EAGLIN-WATERS, LLP	<b>c</b> EIN-PN 74-2493879-001

<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	HBL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HBL GROUP, LLC	<b>c</b> EIN-PN 46-0807868-001
<b>a</b>	Plan name	HCA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOME CARE ADVANTAGE, LLC	<b>c</b> EIN-PN 14-1858113-001
<b>a</b>	Plan name	HTAA HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HTAA HOLDINGS, LLC	<b>c</b> EIN-PN 46-3375948-001
<b>a</b>	Plan name	HUALALAI INVESTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUALALAI INVESTORS, LLC	<b>c</b> EIN-PN 59-3836047-001
<b>a</b>	Plan name	J & P PAVING MASONRY & SEALANT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	J & P PAVING MASONRY & SEALANT, INC.	<b>c</b> EIN-PN 31-1121622-001
<b>a</b>	Plan name	J. MCLOUGHLIN ENGINEERING CO., INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	J. MCLOUGHLIN ENGINEERING CO., INC.	<b>c</b> EIN-PN 33-0570155-001
<b>a</b>	Plan name	KEITH M. KOGA, DDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KEITH M. KOGA, DDS	<b>c</b> EIN-PN 99-0297840-001
<b>a</b>	Plan name	KENNEDY & HAN, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENNEDY & HAN, P.C.	<b>c</b> EIN-PN 85-0482265-001
<b>a</b>	Plan name	KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENNEDY AUTOMOTIVE GROUP, INC.	<b>c</b> EIN-PN 23-2545536-001
<b>a</b>	Plan name	LAW OFFICES OF VICTOR E. PERRY, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF VICTOR E. PERRY	<b>c</b> EIN-PN 32-0029234-001
<b>a</b>	Plan name	LAWRENCE SEMICONDUCTOR RESEARCH LABORATORIES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LAWRENCE SEMICONDUCTOR RESEARCH LABORATORY, INC.	<b>c</b> EIN-PN 86-0711627-777
<b>a</b>	Plan name	MAPP DIGITAL US, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAPP DIGITAL US, LLC	<b>c</b> EIN-PN 33-0901880-001

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>MARCOS CONSTRUCTION INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARCOS CONSTRUCTIONS INC.</b>	<b>c</b> EIN-PN <b>68-0512537-001</b>
<b>a</b>	Plan name <b>MARGUERITE CONCRETE, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARGUERITE CONCRETE, INC.</b>	<b>c</b> EIN-PN <b>04-3035873-001</b>
<b>a</b>	Plan name <b>MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MONROE URGENT CARE, INC.</b>	<b>c</b> EIN-PN <b>26-0188188-001</b>
<b>a</b>	Plan name <b>MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOODY PRICE, LLC</b>	<b>c</b> EIN-PN <b>72-1044462-003</b>
<b>a</b>	Plan name <b>MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOORETOWN RANCHERIA</b>	<b>c</b> EIN-PN <b>68-0152435-003</b>
<b>a</b>	Plan name <b>PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PACIFIC HEALTHCARE GROUP LLC</b>	<b>c</b> EIN-PN <b>88-4181241-777</b>
<b>a</b>	Plan name <b>PACKAGING SPECIALTIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PACKAGING SPECIALTIES, LLC</b>	<b>c</b> EIN-PN <b>88-2479890-001</b>
<b>a</b>	Plan name <b>PHILIP CIAMPA SALON 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PHILIP CIAMPA SALON</b>	<b>c</b> EIN-PN <b>04-2784425-001</b>
<b>a</b>	Plan name <b>PHILIP HEACOCK BUILDER, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PHILIP HEACOCK BUILDER, INC.</b>	<b>c</b> EIN-PN <b>23-2557871-001</b>
<b>a</b>	Plan name <b>PHILLIP GALYEN PC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PHILLIP GALYEN PC DBA BAILEY &amp; GALYEN</b>	<b>c</b> EIN-PN <b>75-2218748-001</b>
<b>a</b>	Plan name <b>PHOENIX PRINTING 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PHOENIX PRINTING GROUP, INC. D/B/A PHOENIX PRINTING</b>	<b>c</b> EIN-PN <b>26-1995352-001</b>
<b>a</b>	Plan name <b>PHOTON INFOTECH 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PHOTON INFOTECH, INC.</b>	<b>c</b> EIN-PN <b>26-0106960-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIC-MAN INTERNATIONAL, INC.	<b>c</b> EIN-PN 59-2300398-001
<b>a</b>	Plan name	RICARDO BEVERLY HILLS 401(K) SALARY REDUCTION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RICARDO BEVERLY HILLS, INC.	<b>c</b> EIN-PN 95-4446380-001
<b>a</b>	Plan name	SABIAN, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SABIAN, INC.	<b>c</b> EIN-PN 04-2378907-001
<b>a</b>	Plan name	SILVER CREEK MODULAR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SILVER CREEK MODULAR LLC	<b>c</b> EIN-PN 92-3730178-001
<b>a</b>	Plan name	SIMONS BROTHERS COMPANY, INC. 401(K) THRIFT/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIMONS BROTHERS COMPANY, INC.	<b>c</b> EIN-PN 23-1089910-001
<b>a</b>	Plan name	STEVEN G. SAFRAN, MD, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEVEN G. SAFRAN, M.D., P.A.	<b>c</b> EIN-PN 22-3282121-001
<b>a</b>	Plan name	STEVEN NEHMER M.D. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STEVEN NEHMER M.D.	<b>c</b> EIN-PN 26-3804644-001
<b>a</b>	Plan name	STEVENS TRANSPORTATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEVENS TRANSPORTATION, INC.	<b>c</b> EIN-PN 77-0009655-001
<b>a</b>	Plan name	TEXARKANA FUNERAL HOME, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TEXARKANA FUNERAL HOME, INC.	<b>c</b> EIN-PN 75-0601897-001
<b>a</b>	Plan name	THOMPSON CHILD & FAMILY FOCUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON CHILD & FAMILY FOCUS	<b>c</b> EIN-PN 56-0547460-004
<b>a</b>	Plan name	THOMPSON TANK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON TANK, INC.	<b>c</b> EIN-PN 88-0302977-001
<b>a</b>	Plan name	THORACIC & CRITICAL CARE MEDICINE, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THORACIC & CRITICAL CARE MEDICINE, LLC	<b>c</b> EIN-PN 43-1893106-001

<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	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	UNIVERSITY ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY ELECTRIC CO., INC.	<b>c</b> EIN-PN 94-1493225-002
<b>a</b>	Plan name	UNIVERSITY PAIN MEDICINE CENTER LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY PAIN MEDICINE CENTER LLC	<b>c</b> EIN-PN 11-3822342-001
<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	UTAH INTERNATIONAL CHARTER SCHOOL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UTAH INTERNATIONAL CHARTER SCHOOL	<b>c</b> EIN-PN 45-4554576-001
<b>a</b>	Plan name	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	WWE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WORLDWIDE ENTERPRISES, INC.	<b>c</b> EIN-PN 05-0493007-001
<b>a</b>	Plan name	AIR BROOK LIMOUSINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIR BROOK LIMOUSINE, INC.	<b>c</b> EIN-PN 22-1930499-001
<b>a</b>	Plan name	AIR MECHANICAL SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AIR MECHANICAL SALES, INC.	<b>c</b> EIN-PN 54-2061425-001
<b>a</b>	Plan name	APPLIED AQUATIC EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	APPLIED AQUATIC MANAGEMENT, INC.	<b>c</b> EIN-PN 59-2100923-001
<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	ARCADIA NEUROLOGY CENTER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARCADIA NEUROLOGY CENTER, LLC	<b>c</b> EIN-PN 27-3174051-002

<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	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	DIDAX, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIDAX, INC.	<b>c</b> EIN-PN 04-2599602-001
<b>a</b>	Plan name	DIERDRE L. TERLEP, DDS, PLC PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIERDRE L. TERLEP, DDS, PLC	<b>c</b> EIN-PN 83-3289370-003
<b>a</b>	Plan name	DIRECT FLOORING, INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DIRECT FLOORING, INC.	<b>c</b> EIN-PN 27-3853454-001
<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	EDGE ADHESIVES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EDGE ADHESIVES HOLDING, INC.	<b>c</b> EIN-PN 27-1980935-001
<b>a</b>	Plan name	EL NIGUEL COUNTRY CLUB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EL NIGUEL COUNTRY CLUB	<b>c</b> EIN-PN 95-3037507-001
<b>a</b>	Plan name	FASHION CARPETS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FASHION CARPETS, INC.	<b>c</b> EIN-PN 84-0714131-001
<b>a</b>	Plan name	FRC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE FINANCIAL RESOURCE CENTER, INC.	<b>c</b> EIN-PN 35-1883522-001
<b>a</b>	Plan name	FREESTYLES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREESTYLES, LLC	<b>c</b> EIN-PN 51-0357477-001
<b>a</b>	Plan name	GRAEAGLE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAEAGLE CONSTRUCTION	<b>c</b> EIN-PN 88-0499070-001
<b>a</b>	Plan name	GRANITE STATE ACOUSTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRANITE STATE ACOUSTICS, INC.	<b>c</b> EIN-PN 02-0276885-001

<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	HEFTY SEED COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AGRONOMY SCIENCES, LLC DBA HEFTY SEED COMPANY	<b>c</b> EIN-PN 20-2149647-001
<b>a</b>	Plan name	HUSSEY PAINTING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HUSSEY PAINTING LLC	<b>c</b> EIN-PN 20-0711863-001
<b>a</b>	Plan name	HWC LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HWC LOGISTICS, INC.	<b>c</b> EIN-PN 45-4917341-001
<b>a</b>	Plan name	J.R. LENNEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LENNEN CONSTRUCTION	<b>c</b> EIN-PN 94-3399511-001
<b>a</b>	Plan name	JACOBS & CLEVINGER, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JACOBS AND CLEVINGER, INC.	<b>c</b> EIN-PN 36-3196244-001
<b>a</b>	Plan name	KENTUCKY RIVER REGIONAL JAIL AUTHORITY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENTUCKY RIVER REGIONAL JAIL AUTHORITY	<b>c</b> EIN-PN 84-1683603-001
<b>a</b>	Plan name	KEVIN C. GROWNEY, DDS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEVIN C. GROWNEY, DDS, PC	<b>c</b> EIN-PN 36-4612196-001
<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	LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION	<b>c</b> EIN-PN 95-3308709-001
<b>a</b>	Plan name	LEEDCO INTERIOR SYSTEMS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LEEDCO INTERIOR SYSTEMS, INC.	<b>c</b> EIN-PN 61-0900219-001
<b>a</b>	Plan name	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	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>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	MARK J. REDD DDS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MARK J. REDD DDS, INC.
<b>c</b>	EIN-PN	72-1519503-001
<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	MOORETOWN RANCHERIA GOVERNMENTAL SAVINGS AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MOORETOWN RANCHERIA
<b>c</b>	EIN-PN	68-0152435-002
<b>a</b>	Plan name	MORA, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MORA, INC.
<b>c</b>	EIN-PN	42-1454303-001
<b>a</b>	Plan name	MORRIS CERULLO WORLD EVANGELISM 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	MORRIS CERULLO WORLD EVANGELISM
<b>c</b>	EIN-PN	95-2372233-001
<b>a</b>	Plan name	MOTORMAX OF GR 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MOTORMAX OF GR, LLC
<b>c</b>	EIN-PN	26-4235361-001
<b>a</b>	Plan name	MOUNTAIN WEST HOLDING CO. 401(K) PLAN AND TRUST
<b>b</b>	Name of plan sponsor	MOUNTAIN WEST HOLDING CO.
<b>c</b>	EIN-PN	26-4507278-001
<b>a</b>	Plan name	MOUNTAIN WEST SURGICAL RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MOUNTAIN WEST SURGICAL
<b>c</b>	EIN-PN	88-0418505-001
<b>a</b>	Plan name	NORTHWEST EYE PHYSICIANS 401(K) PLAN
<b>b</b>	Name of plan sponsor	NORTHWEST EYE PHYSICIANS, P.C.
<b>c</b>	EIN-PN	38-1861527-002
<b>a</b>	Plan name	NOT-FOR-PROFIT RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	COMMUNITY LIVING OPTIONS, INC.
<b>c</b>	EIN-PN	37-1079626-001
<b>a</b>	Plan name	NOVATO CHEVROLET 401(K) PLAN
<b>b</b>	Name of plan sponsor	VELOCITY PRIME AUTOMOTIVE, INC. DBA NOVATO CHEVROLET
<b>c</b>	EIN-PN	47-1726382-001
<b>a</b>	Plan name	PALMER DISTRIBUTORS, INC. EMPLOYEES 401(K) PLAN & TRUST
<b>b</b>	Name of plan sponsor	PALMER DISTRIBUTORS, INC.
<b>c</b>	EIN-PN	38-1942134-001

<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	PANTECH WIRELESS EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PANTECH WIRELESS, INC.	<b>c</b> EIN-PN 04-3629687-001
<b>a</b>	Plan name	PARADIGM HEALTH PLANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARADIGM HEALTH PLANS 401(K) PLAN	<b>c</b> EIN-PN 45-3581579-001
<b>a</b>	Plan name	PARADIGM PROPERTIES, LLC EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARADIGM PROPERTIES, LLC	<b>c</b> EIN-PN 06-1533601-001
<b>a</b>	Plan name	PICKERING MANOR HOME 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PICKERING MANOR HOME	<b>c</b> EIN-PN 51-0244585-001
<b>a</b>	Plan name	PIERCE PACKAGING COMPANY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PIERCE PACKAGING COMPANY INC.	<b>c</b> EIN-PN 36-4161206-001
<b>a</b>	Plan name	PINNACLE ADVISORY GROUP, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PINNACLE ADVISORY GROUP, INC.	<b>c</b> EIN-PN 04-3134580-001
<b>a</b>	Plan name	PISGAH MEDICAL CLINIC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PISGAH MEDICAL CLINIC	<b>c</b> EIN-PN 45-4192694-001
<b>a</b>	Plan name	PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENT MANAGEMENT CORPORATION	<b>c</b> EIN-PN 59-1870484-001
<b>a</b>	Plan name	PROVISION REHAB LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PROVISION REHAB. LLC	<b>c</b> EIN-PN 27-3017278-001
<b>a</b>	Plan name	RICHARD ELSINGER, DMD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHARD ELSINGER, DMD	<b>c</b> EIN-PN 22-3433645-001
<b>a</b>	Plan name	RINDERKNECHT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RINDERKNECHT ASSOCIATES, INC.	<b>c</b> EIN-PN 42-0959632-001
<b>a</b>	Plan name	SALON AURA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SALON AURA	<b>c</b> EIN-PN 39-1885637-001

<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	SAN JOSE SHARKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAN JOSE SHARKS, LLC	<b>c</b> EIN-PN 73-1638357-002
<b>a</b>	Plan name	SANDHILLS STATE BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANDHILLS STATE BANK	<b>c</b> EIN-PN 47-0130530-001
<b>a</b>	Plan name	SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIMPSON SPENCE YOUNG	<b>c</b> EIN-PN 13-5395270-001
<b>a</b>	Plan name	STOCKTON PATHOLOGY MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STOCKTON PATHOLOGY MEDICAL GROUP	<b>c</b> EIN-PN 68-0005184-003
<b>a</b>	Plan name	STONE REAL ESTATE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STONE REAL ESTATE	<b>c</b> EIN-PN 36-4121806-001
<b>a</b>	Plan name	STONINGTON SERVICES, LLC 401(K) PREVAILING WAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STONINGTON SERVICES, LLC	<b>c</b> EIN-PN 04-3805262-002
<b>a</b>	Plan name	STORIED MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STORIED MANAGEMENT, LLC	<b>c</b> EIN-PN 82-4913513-001
<b>a</b>	Plan name	STREET FACTORY MEDIA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STREET FACTORY MEDIA, INC.	<b>c</b> EIN-PN 20-8005581-001
<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	TINARI ENTITIES, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TINARI CONTAINER, INC.	<b>c</b> EIN-PN 23-2302499-001
<b>a</b>	Plan name	V & C ELECTRICAL CONTRACTORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	V & C ELECTRICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 62-1143477-001
<b>a</b>	Plan name	VALLEY BULK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLEY BULK, INC.	<b>c</b> EIN-PN 33-0674207-001

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 VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	<b>c</b> EIN-PN 22-3220586-001
<b>a</b>	Plan name WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
<b>b</b>	Name of plan sponsor WAILEA GOLF LLC	<b>c</b> EIN-PN 76-0741485-001
<b>a</b>	Plan name WAILEA GOLF LLC 401(K) PLAN FOR HOURLY BARGAINING EMPLOYEES	
<b>b</b>	Name of plan sponsor WAILEA GOLF LLC	<b>c</b> EIN-PN 76-0741485-002
<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 ZEETO GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ZEETO GROUP, LLC	<b>c</b> EIN-PN 83-0490277-001
<b>a</b>	Plan name ALBRECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ALBRECO, INC.	<b>c</b> EIN-PN 31-1638056-001
<b>a</b>	Plan name ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARGENT FEDERAL CREDIT UNION	<b>c</b> EIN-PN 54-0623641-002
<b>a</b>	Plan name BAAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BUCHANAN ANGELI ALTSCHUL & SULLIVAN LLP	<b>c</b> EIN-PN 26-2173291-001
<b>a</b>	Plan name BOATMATE TRAILERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOATMATE TRAILERS, LLC	<b>c</b> EIN-PN 20-8965178-001
<b>a</b>	Plan name CHANNEL FUSION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHANNEL FUSION	<b>c</b> EIN-PN 45-4018060-777
<b>a</b>	Plan name CHELDAN HOMES 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHELDAN HOMES	<b>c</b> EIN-PN 75-2508204-001
<b>a</b>	Plan name COMMONWEALTH FUND SERVICES, INC., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMONWEALTH FUND SERVICES, INC.	<b>c</b> EIN-PN 54-1420054-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY CHEVROLET COMPANY	<b>c</b> EIN-PN 84-0502030-002
<b>a</b>	Plan name CYPRESS POINT CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CYPRESS POINT CLUB	<b>c</b> EIN-PN 94-6008058-002
<b>a</b>	Plan name D & L GRAIN & FEED CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor D & L GRAIN & FEED CO.	<b>c</b> EIN-PN 31-0948964-001
<b>a</b>	Plan name LEHMAN DAMAN CONSTRUCTION SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEHMAN DAMAN CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 31-1123984-001
<b>a</b>	Plan name LEINGANG HOME CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEINGANG GROUP, INC. D/B/A LEINGANG HOME CENTER	<b>c</b> EIN-PN 46-3955538-001
<b>a</b>	Plan name 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
<b>a</b>	Plan name LESLY KAHN & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor LESLY KAHN & COMPANY	<b>c</b> EIN-PN 95-4820708-001
<b>a</b>	Plan name MBCI TRIBAL GOVERNMENT ENTERPRISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MISSISSIPPI BAND OF CHOCTAW INDIANS	<b>c</b> EIN-PN 64-0345731-002
<b>a</b>	Plan name MBCI TRIBAL GOVERNMENT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MISSISSIPPI BAND OF CHOCTAW INDIANS	<b>c</b> EIN-PN 64-0345731-001
<b>a</b>	Plan name MPI ENGINEERED TECHNOLOGIES, LLC 401(K) PROFIT SHARING & TRUST	
<b>b</b>	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	<b>c</b> EIN-PN 84-3879993-777
<b>a</b>	Plan name MPI ENGINEERED TECHNOLOGIES, LLC USW INDIANA 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	<b>c</b> EIN-PN 84-3879994-002
<b>a</b>	Plan name MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MS INTERNATIONAL, INC.	<b>c</b> EIN-PN 35-1562013-003

<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	MSI, LLC PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MSI, LLC	<b>c</b> EIN-PN 20-4533025-001
<b>a</b>	Plan name	ONEGENERATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONEGENERATION	<b>c</b> EIN-PN 95-4066979-001
<b>a</b>	Plan name	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	RATHBUN ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RATHBUN ASSOCIATES	<b>c</b> EIN-PN 94-1653463-001
<b>a</b>	Plan name	RAVEN RESOURCES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAVEN RESOURCES, LLC	<b>c</b> EIN-PN 36-4618634-001
<b>a</b>	Plan name	SARAT FORD SALES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SARAT FORD SALES, INC.	<b>c</b> EIN-PN 04-2385735-001
<b>a</b>	Plan name	SAUCIER ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAUCIER ENTERPRISES, INC.	<b>c</b> EIN-PN 45-2464513-001
<b>a</b>	Plan name	SAUK-SUIATTLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAUK SUIATTLE INDIAN TRIBE	<b>c</b> EIN-PN 91-0961478-001
<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	SPARC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPARC	<b>c</b> EIN-PN 37-0717761-002
<b>a</b>	Plan name	THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ART SOURCE, INC.	<b>c</b> EIN-PN 99-0280665-001
<b>a</b>	Plan name	THE BAXTER STATE BANK PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BAXTER STATE BANK	<b>c</b> EIN-PN 48-0133900-001

<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	TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRINITY DIRECT, LLC	<b>c</b> EIN-PN 22-3499334-001
<b>a</b>	Plan name	TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRIPLE H FOOD PROCESSORS, LLC.	<b>c</b> EIN-PN 47-4431714-001
<b>a</b>	Plan name	TROPICAL CREATIONS, INC. AND AFFIL. EMPLOYER SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TROPICAL CREATIONS, INC.	<b>c</b> EIN-PN 95-4884511-001
<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	TRUE & ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUE & ASSOCIATES	<b>c</b> EIN-PN 22-2472821-002
<b>a</b>	Plan name	WALLER TRUCK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALLER TRUCK, CO., INC.	<b>c</b> EIN-PN 43-0910271-002
<b>a</b>	Plan name	WALTER'S 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WALTER'S AUTO SALES AND SERVICE, INC.	<b>c</b> EIN-PN 95-2510592-001
<b>a</b>	Plan name	A-1 SERVICE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	A-1 SERVICE INC.	<b>c</b> EIN-PN 72-0692706-001
<b>a</b>	Plan name	AMERICAN 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	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 SECURITY PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN IRONWORKS, INC. DBA AMERICAN SECURITY	<b>c</b> EIN-PN 95-4677496-001
<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

Part II	Information on Participating Plans (to be completed by 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>BARBICH HOOPER KING DILL HOFFMAN LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARBICH HOOPER KING DILL HOFFMAN</b>	<b>c</b> EIN-PN <b>95-3705481-001</b>
<b>a</b>	Plan name <b>BARNARD MANUFACTURING CO., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARNARD MANUFACTURING CO., INC.</b>	<b>c</b> EIN-PN <b>38-1842231-001</b>
<b>a</b>	Plan name <b>BUCK HILL FALLS COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUCK HILL FALLS COMPANY</b>	<b>c</b> EIN-PN <b>24-0536840-001</b>
<b>a</b>	Plan name <b>BUCS ANALYTICS 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUCS, LLC DBA BUCS ANALYTICS</b>	<b>c</b> EIN-PN <b>68-0641573-001</b>
<b>a</b>	Plan name <b>BUG MAN EXTERMINATING, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUG MAN EXTERMINATING, INC.</b>	<b>c</b> EIN-PN <b>54-1884547-001</b>
<b>a</b>	Plan name <b>BUILDERS GROUP CONSTRUCTION CORP. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUILDERS GROUP CONSTRUCTION CORP.</b>	<b>c</b> EIN-PN <b>45-5107509-001</b>
<b>a</b>	Plan name <b>CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHEROKEE FARM DEVELOPMENT CORPORATION</b>	<b>c</b> EIN-PN <b>46-1180603-001</b>
<b>a</b>	Plan name <b>CORPORATE HOLDINGS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CORPORATE HOLDINGS, LP</b>	<b>c</b> EIN-PN <b>06-1720467-001</b>
<b>a</b>	Plan name <b>CORVIRTUS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CORVIRTUS, INC.</b>	<b>c</b> EIN-PN <b>30-1206682-001</b>
<b>a</b>	Plan name <b>DIVERSIFIED SITE WORKS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIVERSIFIED SITE WORKS, LLC</b>	<b>c</b> EIN-PN <b>52-2212873-001</b>
<b>a</b>	Plan name <b>DMA HOLDINGS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DMA HOLDINGS, INC.</b>	<b>c</b> EIN-PN <b>26-1547833-001</b>
<b>a</b>	Plan name <b>ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE</b>	<b>c</b> EIN-PN <b>27-0047953-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ENVIRONMENTAL WATER ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL WATER	<b>c</b> EIN-PN 34-1956432-001
<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	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	FUNAMBOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUNAMBOL	<b>c</b> EIN-PN 42-1606939-001
<b>a</b>	Plan name	FXEXPRESS PUBLICATIONS, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FXEXPRESS PUBLICATIONS, INC.	<b>c</b> EIN-PN 73-1691416-001
<b>a</b>	Plan name	GUINCO SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUINCO ENTERPRISES CORPORATION	<b>c</b> EIN-PN 46-5256563-001
<b>a</b>	Plan name	GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	<b>c</b> EIN-PN 58-1795694-001
<b>a</b>	Plan name	I-TECH USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	I-TECH USA	<b>c</b> EIN-PN 32-0015143-001
<b>a</b>	Plan name	JOHN DEERE CLASSIC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN DEERE CLASSIC	<b>c</b> EIN-PN 93-1332421-001
<b>a</b>	Plan name	JOHN KENNEDY FORD JENKINTOWN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	<b>c</b> EIN-PN 23-1881816-001
<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

Part II	Information on Participating Plans (to be completed by 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>AACTION RENTS PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRILL BROTHERS PARTNERSHIP DBA AACTION RENTS</b>	<b>c</b> EIN-PN <b>94-2373673-001</b>
<b>a</b>	Plan name <b>AMERICAN TIRE &amp; AUTO 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN TIRE &amp; AUTO CARE, INC.</b>	<b>c</b> EIN-PN <b>47-5563950-001</b>
<b>a</b>	Plan name <b>AMES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMES, INC.</b>	<b>c</b> EIN-PN <b>52-1039531-001</b>
<b>a</b>	Plan name <b>BASIS INTERNATIONAL LTD. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BASIS INTERNATIONAL LTD.</b>	<b>c</b> EIN-PN <b>85-0327924-001</b>
<b>a</b>	Plan name <b>BASNEY DEALER GROUP 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BASNEY IMPORTS, INC.</b>	<b>c</b> EIN-PN <b>35-1283526-001</b>
<b>a</b>	Plan name <b>BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUILDING SYSTEMS TRANSPORTATION CO.</b>	<b>c</b> EIN-PN <b>31-1289790-001</b>
<b>a</b>	Plan name <b>BULA FORGE &amp; MACHINE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BULA FORGE &amp; MACHINE, INC.</b>	<b>c</b> EIN-PN <b>34-1718318-001</b>
<b>a</b>	Plan name <b>CHILES &amp; SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHILES &amp; SONS-LAMAN, INC.</b>	<b>c</b> EIN-PN <b>34-4492949-003</b>
<b>a</b>	Plan name <b>CHIRCO TEAM LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHIRCO TEAM LLC</b>	<b>c</b> EIN-PN <b>26-3741789-001</b>
<b>a</b>	Plan name <b>COSTA BROTHERS DEFINED BENEFIT</b>	
<b>b</b>	Name of plan sponsor <b>COSTA BROTHERS MASONRY, INC.</b>	<b>c</b> EIN-PN <b>04-3054314-002</b>
<b>a</b>	Plan name <b>COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COWBOY DODGE, INC.</b>	<b>c</b> EIN-PN <b>83-0254068-001</b>
<b>a</b>	Plan name <b>COX FRICKE LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COX FRICKE LLP</b>	<b>c</b> EIN-PN <b>45-2707071-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">DOERRE CONSTRUCTION CO., LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOERRE CONSTRUCTION CO., LLC</a>	<b>c</b> EIN-PN <a href="#">56-2177316-001</a>
<b>a</b>	Plan name <a href="#">DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DON'S TRUCK SALES, INC.</a>	<b>c</b> EIN-PN <a href="#">42-0816951-001</a>
<b>a</b>	Plan name <a href="#">DORIC PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DORIC PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">35-1391396-003</a>
<b>a</b>	Plan name <a href="#">DOUBLE M TRUCKING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOUBLE M TRUCKING, INC.</a>	<b>c</b> EIN-PN <a href="#">94-2439968-001</a>
<b>a</b>	Plan name <a href="#">ESPEY HARDWARE &amp; GARDEN SUPPLY, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ESPEY HARDWARE &amp; GARDEN SUPPLY, INC.</a>	<b>c</b> EIN-PN <a href="#">56-1443791-001</a>
<b>a</b>	Plan name <a href="#">FYI SYSTEMS, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FYI SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">22-2562534-001</a>
<b>a</b>	Plan name <a href="#">GARRY L. JOHNSON &amp; ASSOCIATES, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GARRY L. JOHNSON &amp; ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">86-0616252-001</a>
<b>a</b>	Plan name <a href="#">GARVEY'S CARPET &amp; VINYL EMPORIUM 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">GARVEY'S CARPET &amp; VINYL EMPORIUM</a>	<b>c</b> EIN-PN <a href="#">23-2743272-001</a>
<b>a</b>	Plan name <a href="#">GAS FIELD SERVICES RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GAS FIELD SERVICES</a>	<b>c</b> EIN-PN <a href="#">75-3169499-001</a>
<b>a</b>	Plan name <a href="#">H3O, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">H3O, INC.</a>	<b>c</b> EIN-PN <a href="#">26-3221103-001</a>
<b>a</b>	Plan name <a href="#">IABA SALARY SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INSTITUTE FOR APPLIED BEHAVIOR ANALYSIS CORPORATION</a>	<b>c</b> EIN-PN <a href="#">95-3693249-001</a>
<b>a</b>	Plan name <a href="#">IITC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ISLAND INFORMATION TECHNOLOGY CONSULTANTS, INC.</a>	<b>c</b> EIN-PN <a href="#">20-1314597-001</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 <u>ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS RETIREMENT PLAN</u>	
<b>b</b>	Name of plan sponsor <u>ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS</u>	<b>c</b> EIN-PN <u>23-7147401-001</u>
<b>a</b>	Plan name <u>JOHNSON COUNTY DERMATOLOGY, P. A. 401(K) PROFIT SHARING PLAN AND TRUST</u>	
<b>b</b>	Name of plan sponsor <u>JOHNSON COUNTY DERMATOLOGY, P.A.</u>	<b>c</b> EIN-PN <u>04-3586031-002</u>
<b>a</b>	Plan name <u>JOHNSON QUARRIES 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>JOHNSON QUARRIES, INC.</u>	<b>c</b> EIN-PN <u>23-2976143-001</u>
<b>a</b>	Plan name <u>LIBERTY CHEVROLET, INC. 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>LIBERTY CHEVROLET, INC.</u>	<b>c</b> EIN-PN <u>04-3027316-001</u>
<b>a</b>	Plan name <u>LIBERTY GLASS &amp; METAL, INC. 401(K) PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>LIBERTY GLASS &amp; METAL, INC.</u>	<b>c</b> EIN-PN <u>20-2134457-001</u>
<b>a</b>	Plan name <u>LINCOLN FOUNDRY, INC 401(K) RETIREMENT PLAN</u>	
<b>b</b>	Name of plan sponsor <u>LINCOLN FOUNDRY, INC.</u>	<b>c</b> EIN-PN <u>25-1255600-001</u>
<b>a</b>	Plan name <u>MCDUGALL &amp; SONS, INC. RETIREMENT PLAN</u>	
<b>b</b>	Name of plan sponsor <u>MCDUGALL &amp; SONS, INC.</u>	<b>c</b> EIN-PN <u>91-0978839-001</u>
<b>a</b>	Plan name <u>MULHERN BELTING, INC. 401(K) PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>MULHERN BELTING, INC.</u>	<b>c</b> EIN-PN <u>22-2142028-001</u>
<b>a</b>	Plan name <u>MUSTO WINE GRAPE CO, LLC 401(K) PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>MUSTO WINE GRAPE CO, LLC</u>	<b>c</b> EIN-PN <u>26-1316055-001</u>
<b>a</b>	Plan name <u>ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.</u>	<b>c</b> EIN-PN <u>95-1685796-002</u>
<b>a</b>	Plan name <u>OREGON FISH GUYS 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>OREGON FISH GUYS, INC.</u>	<b>c</b> EIN-PN <u>20-3065360-001</u>
<b>a</b>	Plan name <u>PORT PUBLICATIONS, INC. 401(K) SAVINGS PLAN</u>	
<b>b</b>	Name of plan sponsor <u>PORT PUBLICATIONS, INC.</u>	<b>c</b> EIN-PN <u>39-1017137-001</u>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PORTER KIAKONA KOPPER, LLP	<b>c</b> EIN-PN 99-0210947-001
<b>a</b>	Plan name RAY HENSLEY, INC. RET. PLAN	
<b>b</b>	Name of plan sponsor RAY HENSLEY, INC.	<b>c</b> EIN-PN 31-0889689-001
<b>a</b>	Plan name RDC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROCK & DIRT CONSTRUCTION	<b>c</b> EIN-PN 20-0382886-001
<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 SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAVANT SYSTEMS, INC.	<b>c</b> EIN-PN 85-1002349-777
<b>a</b>	Plan name SCG CAPITAL CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SCG CAPITAL CORPORATION	<b>c</b> EIN-PN 06-0961259-005
<b>a</b>	Plan name SCHELL COOLEY LLP CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCHELL COOLEY LLP	<b>c</b> EIN-PN 20-1333042-001
<b>a</b>	Plan name SPAULDING BRICK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPAULDING BRICK CO., INC.	<b>c</b> EIN-PN 04-1203530-001
<b>a</b>	Plan name SPAULDING CLINICAL RESEARCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPAULDING CLINICAL RESEARCH	<b>c</b> EIN-PN 26-0647166-222
<b>a</b>	Plan name SPECIALTY ELECTRICS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SPECIALTY ELECTRICS, INC.	<b>c</b> EIN-PN 83-0327089-001
<b>a</b>	Plan name THE CASTLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor T & M JEWELRY, INC. DBA THE CASTLE	<b>c</b> EIN-PN 62-1345081-001
<b>a</b>	Plan name THE CEDAR RAPIDS DENTAL CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE CEDAR RAPIDS DENTAL CENTER	<b>c</b> EIN-PN 42-1012892-002

<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	THE CENTER FOR LEARNING UNLIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CENTER FOR LEARNING UNLIMITED	<b>c</b> EIN-PN 33-0960142-001
<b>a</b>	Plan name	THE CITIZENS BANK EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE CITIZENS BANK	<b>c</b> EIN-PN 61-0156390-002
<b>a</b>	Plan name	TRUE LINE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUE LINE, INC.	<b>c</b> EIN-PN 55-0651663-001
<b>a</b>	Plan name	TRUE STONE COFFEE ROASTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUE STONE COFFEE ROASTERS	<b>c</b> EIN-PN 11-3684648-001
<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	WATER WORKS INDUSTRIAL SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WATER WORKS INDUSTRIAL SERVICES, LLC	<b>c</b> EIN-PN 72-1399822-001
<b>a</b>	Plan name	WATTS COPY SYSTEMS, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WATTS COPY SYSTEMS, INC.	<b>c</b> EIN-PN 37-1117989-001
<b>a</b>	Plan name	WAY HOLDING, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WAY HOLDING, LLC	<b>c</b> EIN-PN 76-0207435-001
<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	ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE BUSINESS SOLUTIONS CORPORATION	<b>c</b> EIN-PN 54-2061431-777
<b>a</b>	Plan name	AC + CO ARCHITECTURE COMMUNITY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AC + CO ARCHITECTURE COMMUNITY	<b>c</b> EIN-PN 93-1228023-001
<b>a</b>	Plan name	ALL AIR MECHANICAL CONTRACTOR INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ALL AIR MECHANICAL CONTRACTOR, INC.	<b>c</b> EIN-PN 20-5664372-001

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 ALL MOTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALL MOTION	<b>c</b> EIN-PN 42-1587107-001
<b>a</b>	Plan name ALLENS PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALLENS PLUMBING, INC.	<b>c</b> EIN-PN 99-0241127-001
<b>a</b>	Plan name ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARRASMITH, JUDD, RAPP, CHOVAN INC.	<b>c</b> EIN-PN 16-1627907-001
<b>a</b>	Plan name ARROW TRAILER AND EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARROW TRAILER AND EQUIPMENT CO.	<b>c</b> EIN-PN 37-0755336-001
<b>a</b>	Plan name ARTERIOCYTE 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ARTERIOCYTE, INC.	<b>c</b> EIN-PN 26-1272740-001
<b>a</b>	Plan name BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BASSETT SALES CORPORATION	<b>c</b> EIN-PN 95-3666930-001
<b>a</b>	Plan name BAYSIC FOODS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BAYSIC FOODS, INC.	<b>c</b> EIN-PN 32-0057009-001
<b>a</b>	Plan name BC2 ENVIRONMENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor BC2 ENVIRONMENTAL, LLC	<b>c</b> EIN-PN 83-2585853-001
<b>a</b>	Plan name BCA LAW FIRM, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BHAVYA CHAUDHARY & ASSOCIATES LAW FIRM, LLC	<b>c</b> EIN-PN 27-3350933-001
<b>a</b>	Plan name BCP SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BCP SYSTEMS, INC.	<b>c</b> EIN-PN 33-0753105-001
<b>a</b>	Plan name BOOTHWYN PHARMACY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BPI HOLDINGS, LLC	<b>c</b> EIN-PN 23-2774727-001
<b>a</b>	Plan name BOURNE ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BOURNE ENTERPRISES, INC.	<b>c</b> EIN-PN 04-2489300-001

<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	BOYESEN, INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	BOYESEN, INC.	<b>c</b> EIN-PN 23-2749409-001
<b>a</b> Plan name	CAPRI HOLDINGS LIMITED PUERTO RICO 401(K) PLAN	
<b>b</b> Name of plan sponsor	CAPRI HOLDINGS LIMITED	<b>c</b> EIN-PN 42-1529385-001
<b>a</b> Plan name	CARDEN ARBOR VIEW SCHOOL 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CARDEN ARBOR VIEW SCHOOL, INC.	<b>c</b> EIN-PN 95-3695686-002
<b>a</b> Plan name	CHSU 401(K) PLAN	
<b>b</b> Name of plan sponsor	CALIFORNIA HEALTH SCIENCES UNIVERSITY	<b>c</b> EIN-PN 45-4846058-001
<b>a</b> Plan name	CHULA VISTA, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CHULA VISTA, INC.	<b>c</b> EIN-PN 39-0842365-001
<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	COMPOSITE LINING SYSTEMS LP 401(K) PLAN	
<b>b</b> Name of plan sponsor	COMPOSITE LINING SYSTEMS LP	<b>c</b> EIN-PN 20-2691597-001
<b>a</b> Plan name	COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP	<b>c</b> EIN-PN 59-3426104-001
<b>a</b> Plan name	COMPUTHINK, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	COMPUTHINK, INC.	<b>c</b> EIN-PN 36-3953691-001
<b>a</b> Plan name	DOWN RIVER OBSTETRICS AND GYNECOLOGY PLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	DOWN RIVER OBSTETRICS AND GYNECOLOGY, PLC	<b>c</b> EIN-PN 51-0417353-001
<b>a</b> Plan name	EL POLLO LOCO, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	EL POLLO LOCO, INC.	<b>c</b> EIN-PN 33-0377527-777
<b>a</b> Plan name	ELCO LIGHTING PROFIT SHARING 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMP PLUS, INC. DBA ELCO LIGHTING	<b>c</b> EIN-PN 95-4309236-001

<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	ELDER & SPENCER LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELDER & SPENCER LLP	<b>c</b> EIN-PN 46-3485814-001
<b>a</b>	Plan name	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>a</b>	Plan name	FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FCNB BANK	<b>c</b> EIN-PN 43-0224380-001
<b>a</b>	Plan name	FENWEST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FENWEST, INC.	<b>c</b> EIN-PN 02-0523632-001
<b>a</b>	Plan name	GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA ENGINEERING, LLC	<b>c</b> EIN-PN 77-0489033-001
<b>a</b>	Plan name	GBCA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GENERAL BUILDING CONTRACTORS ASSOCIATION, INC.	<b>c</b> EIN-PN 23-0847495-003
<b>a</b>	Plan name	GEMI TRUCKING, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GEMI TRUCKING	<b>c</b> EIN-PN 58-1734350-001
<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 ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDUCATION SERVICES DBA HERITAGE ACADEMY	<b>c</b> EIN-PN 57-1002951-001
<b>a</b>	Plan name	ILLINOIS EXPRESS VISION CENTER MATTOON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ILLINOIS EXPRESS VISION CENTER, INC.	<b>c</b> EIN-PN 36-3790912-001
<b>a</b>	Plan name	IMPORT LOGISTICS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IMPORT LOGISTICS, INC.	<b>c</b> EIN-PN 36-3798354-001
<b>a</b>	Plan name	KIA OF LAGRANGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIA OF LAGRANGE	<b>c</b> EIN-PN 27-0980531-001

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 KIDZ BIZ PEDIATRICS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KIDZ BIZ PEDIATRICS	<b>c</b> EIN-PN 43-1940340-001
<b>a</b>	Plan name KILLION COMMUNICATIONS CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KILLION COMMUNICATIONS CONSULTANTS, INC.	<b>c</b> EIN-PN 37-1367165-001
<b>a</b>	Plan name LISAC'S, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LISAC'S, INC.	<b>c</b> EIN-PN 81-0307699-001
<b>a</b>	Plan name LISTON & TSANTILIS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LISTON & TSANTILIS, P.C.	<b>c</b> EIN-PN 37-1754330-001
<b>a</b>	Plan name LIVE DEAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LIVE DEAL, INC.	<b>c</b> EIN-PN 85-0206668-001
<b>a</b>	Plan name MARKETING & RESEARCH RESOURCES 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MARKETING & RESEARCH RESOURCES, LLC	<b>c</b> EIN-PN 52-1665278-003
<b>a</b>	Plan name MARKETING SOLUTIONS INC. & DESIGN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARKETING SOLUTIONS INC. & DESIGN	<b>c</b> EIN-PN 46-5300350-001
<b>a</b>	Plan name MHS LIFT HOLDINGS INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MHS LIFT HOLDINGS INC.	<b>c</b> EIN-PN 23-1738019-001
<b>a</b>	Plan name MIAMI REGIONAL UNIVERSITY INVEST YOUR FUTURE PLAN	
<b>b</b>	Name of plan sponsor MANAGEMENT RESOURCES, INC. DBA MIAMI REGIONAL UNIVERSITY	<b>c</b> EIN-PN 65-0633679-001
<b>a</b>	Plan name MICHAEL L. FITZGERALD INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MICHAEL L. FITZGERALD INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 20-2103543-001
<b>a</b>	Plan name NANCY ADAMS PERSONNEL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NANCY ADAMS PERSONNEL OF COLUMBIA	<b>c</b> EIN-PN 52-1477652-001
<b>a</b>	Plan name NAOS DESIGN GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NAOS DESIGN GROUP, LLC	<b>c</b> EIN-PN 27-2293424-001

<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	NWGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST GENERAL ENGINEERING	<b>c</b> EIN-PN 68-0454297-001
<b>a</b>	Plan name	O'BRIEN BROS. BUSINESS FORMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	O'BRIEN BROS. BUSINESS FORMS, INC.	<b>c</b> EIN-PN 36-2796459-001
<b>a</b>	Plan name	O'BRIEN LAW FIRM, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	O'BRIEN LAW FIRM, P.C.	<b>c</b> EIN-PN 20-1935235-001
<b>a</b>	Plan name	O'HARA WARD & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	O'HARA WARD & ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2706776-001
<b>a</b>	Plan name	PARTNERS SUPPLY COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARTNERS SUPPLY COMPANY, INC.	<b>c</b> EIN-PN 62-1633017-001
<b>a</b>	Plan name	POWER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POWER SOLUTIONS, LLC.	<b>c</b> EIN-PN 52-2100793-222
<b>a</b>	Plan name	PR MANAGEMENT, CORP. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PR MANAGEMENT, CORP.	<b>c</b> EIN-PN 01-0757637-001
<b>a</b>	Plan name	PRACTICE DIAGNOSTIC SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRACTICE DIAGNOSTIC SYSTEMS, LLC DBA PRACTICAL DATA SOLUTIONS	<b>c</b> EIN-PN 27-0410486-001
<b>a</b>	Plan name	Q3 TECHNOLOGIES 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	Q3 TECHNOLOGIES LLC	<b>c</b> EIN-PN 20-4855347-001
<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	QUALITY ASSURED LABEL, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	QUALITY ASSURED LABEL, INC.	<b>c</b> EIN-PN 41-1492638-002
<b>a</b>	Plan name	RIPLEY INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIPLEY INDUSTRIES, INC.	<b>c</b> EIN-PN 62-0606312-001

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 RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RIVERHILLS HEALTHCARE, INC.	<b>c</b> EIN-PN 31-1412447-002
<b>a</b>	Plan name RIVERMOOR ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVERMOOR ENGINEERING, LLC	<b>c</b> EIN-PN 20-0597795-001
<b>a</b>	Plan name SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C.	<b>c</b> EIN-PN 39-1317185-001
<b>a</b>	Plan name SCHOOL MANAGEMENT SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SCHOOL MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 56-2545979-001
<b>a</b>	Plan name SKY ROAD LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor SKY ROAD LLC	<b>c</b> EIN-PN 03-0571884-001
<b>a</b>	Plan name SLADE GLASS CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor IMMACULATE GLASS, LLC	<b>c</b> EIN-PN 87-3806033-001
<b>a</b>	Plan name SMART, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMART, LLC	<b>c</b> EIN-PN 30-0269003-001
<b>a</b>	Plan name SMC 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 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 SUBURBAN MATERIALS COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUBURBAN MATERIALS COMPANY	<b>c</b> EIN-PN 23-1683256-001
<b>a</b>	Plan name SUCESION J. SERRALLES, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor SUCESION J. SERRALLES, INC.	<b>c</b> EIN-PN 66-0378432-001
<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>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	THE CONNECTME 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MODERN HR, INC.	<b>c</b> EIN-PN 81-0741257-002
<b>a</b>	Plan name	THE DELIVERY PEOPLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CANUCK, INC.	<b>c</b> EIN-PN 20-5131428-001
<b>a</b>	Plan name	TITAN CONSTRUCTION GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TITAN CONSTRUCTION GROUP, INC.	<b>c</b> EIN-PN 65-0421953-001
<b>a</b>	Plan name	TLG DEFINED CONTRIBUTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TINGLEY LAW GROUP, PC	<b>c</b> EIN-PN 46-2705875-001
<b>a</b>	Plan name	TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	<b>c</b> EIN-PN 47-5068498-002
<b>a</b>	Plan name	TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOM AHL CHRYSLER-BUICK, INC.	<b>c</b> EIN-PN 34-1151496-001
<b>a</b>	Plan name	TOM MALLOY CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOM MALLOY CORPORATION	<b>c</b> EIN-PN 95-2674327-004
<b>a</b>	Plan name	VALLEY INSTRUMENT CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLEY INSTRUMENT CO., INC.	<b>c</b> EIN-PN 23-1913777-001
<b>a</b>	Plan name	VAN UNEN/MIERSMA PROPANE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAN UNEN/MIERSMA PROPANE INC	<b>c</b> EIN-PN 68-0291244-001
<b>a</b>	Plan name	VANDERFORD & RUIZ, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANDERFORD & RUIZ, LLP	<b>c</b> EIN-PN 56-2531267-001
<b>a</b>	Plan name	WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN	
<b>b</b>	Name of plan sponsor	WEATHER ENGINEERS, INC.	<b>c</b> EIN-PN 59-3076169-004
<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>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	FOLEY EXCAVATING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOLEY EXCAVATING, INC.	<b>c</b> EIN-PN 25-1810597-001
<b>a</b>	Plan name	FOOD 4 LESS SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PAQ, INC. DBA FOOD 4 LESS	<b>c</b> EIN-PN 68-0363934-002
<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	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	PEAK PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEAK PEDIATRICS, PLLC	<b>c</b> EIN-PN 84-1567538-001
<b>a</b>	Plan name	PELEMAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PELEMAN INDUSTRIES, INC.	<b>c</b> EIN-PN 58-2412784-003
<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	TAPLIN HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAPLIN HOLDINGS, LLC	<b>c</b> EIN-PN 35-2561482-001
<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	TASTES ON THE FLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TASTES ON THE FLY SAN FRANCISCO LLC	<b>c</b> EIN-PN 27-1859310-001
<b>a</b>	Plan name	ACC-U-SET 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACC-U-SET CONSTRUCTION	<b>c</b> EIN-PN 91-2101492-001
<b>a</b>	Plan name	ACCESS TO INDEPENDENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCESS TO INDEPENDENCE	<b>c</b> EIN-PN 34-1389369-001

<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	ACCURATE MACHINE CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCURATE MACHINE CO., INC.	<b>c</b> EIN-PN 39-1615083-001
<b>a</b>	Plan name	CISCO SYSTEMS, INC. PUERTO RICO - SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	CISCO SYSTEMS, INC.	<b>c</b> EIN-PN 77-0473719-001
<b>a</b>	Plan name	CITIZENS INN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CITIZENS INN, INC.	<b>c</b> EIN-PN 22-2540856-001
<b>a</b>	Plan name	CITY OF GIRARD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF GIRARD ILLINOIS	<b>c</b> EIN-PN 37-6001364-001
<b>a</b>	Plan name	CITY TILE & FLOOR COVERING CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CITY TILE AND FLOOR COVERING CO., LLC	<b>c</b> EIN-PN 62-1039371-001
<b>a</b>	Plan name	CITY WELDING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY WELDING & FABRICATION, INC.	<b>c</b> EIN-PN 04-2990922-001
<b>a</b>	Plan name	GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GENERAL TRANSERVICE, INC.	<b>c</b> EIN-PN 23-1717902-001
<b>a</b>	Plan name	LOMMA CONSTRUCTION CORP. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOMMA CONSTRUCTION CORP.	<b>c</b> EIN-PN 11-2435487-001
<b>a</b>	Plan name	LOPATOFSKY AND BENSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEBRA A. LOPATOFSKY DMD & BRUCE BENSE DMD PC	<b>c</b> EIN-PN 23-2411626-001
<b>a</b>	Plan name	LOS ANGELES ENGINEERING, INC. ESOP PREVAILING WAGE COMPONENT	
<b>b</b>	Name of plan sponsor	LOS ANGELES ENGINEERING, INC.	<b>c</b> EIN-PN 95-4143653-001
<b>a</b>	Plan name	LPM ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LPM ELECTRIC, INC	<b>c</b> EIN-PN 03-0396161-001
<b>a</b>	Plan name	PRAIRIEFIRE COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRAIRIEFIRE COMMUNICATIONS, INC.	<b>c</b> EIN-PN 26-1885084-001

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      PRECIOUS MOMENTS FOUNDATION EMPLOYEES 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor      PRECIOUS MOMENTS FOUNDATION	<b>c</b> EIN-PN      31-1721271-001
<b>a</b>	Plan name      THE EMF COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor      THE EMF COMPANY, INC.	<b>c</b> EIN-PN      75-1552044-001
<b>a</b>	Plan name      THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor      FIRST TRUST HOLDINGS, INC.	<b>c</b> EIN-PN      37-1307139-222
<b>a</b>	Plan name      THE FRATE GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor      THE FRATE GROUP	<b>c</b> EIN-PN      20-5168941-001
<b>a</b>	Plan name      ADVANCED MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor      ADVANCED MECHANICAL, INC.	<b>c</b> EIN-PN      93-1321840-001
<b>a</b>	Plan name      CNJ, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor      CNJ, INC.	<b>c</b> EIN-PN      20-4459124-001
<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      GILTON SOLID WASTE MANAGEMENT, INC.	
<b>b</b>	Name of plan sponsor      GILTON SOLID WASTE MANAGEMENT, INC.	<b>c</b> EIN-PN      94-2268035-001
<b>a</b>	Plan name      GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor      GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	<b>c</b> EIN-PN      04-2178889-001
<b>a</b>	Plan name      MAAS BROTHERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor      MAAS BROTHERS, INC. PROFIT SHARING PLAN	<b>c</b> EIN-PN      91-1907561-001
<b>a</b>	Plan name      MACOMB NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor      MACOMB NEUROLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN      38-3587490-001
<b>a</b>	Plan name      PRIMO MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor      PRIMO MEDICAL GROUP, INC.	<b>c</b> EIN-PN      04-2224896-002

<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	PRINCESS ANNE ENT & ALLERGY, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRINCESS ANNE ENT & ALLERGY, P.C.	<b>c</b> EIN-PN 45-5573995-001
<b>a</b>	Plan name	PRIORITY MOTOR GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIORITY MOTOR GROUP, INC.	<b>c</b> EIN-PN 47-2044656-001
<b>a</b>	Plan name	THE PRODUCERS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREUNDT & ASSOCIATES INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 33-0746599-001
<b>a</b>	Plan name	THE RESEARCH FOUNDATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE RESEARCH FOUNDATION	<b>c</b> EIN-PN 43-1349021-001
<b>a</b>	Plan name	TORRES CONSTRUCTION CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TORRES CONSTRUCTION CORPORATION	<b>c</b> EIN-PN 95-4869961-001
<b>a</b>	Plan name	TOTAL NETWORK MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOTAL NETWORK MANUFACTURING	<b>c</b> EIN-PN 33-2644359-001
<b>a</b>	Plan name	TOTAL TEMPERATURE CONTROL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOTAL TEMPERATURE CONTROL, INC.	<b>c</b> EIN-PN 04-3180967-001
<b>a</b>	Plan name	TOWERS CONSTRUCTION SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOWERS CONSTRUCTION SERVICES	<b>c</b> EIN-PN 33-1062576-001
<b>a</b>	Plan name	ALPHA CONSULTING ENGINEERS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALPHA CONSULTING ENGINEERS, INC.	<b>c</b> EIN-PN 25-1719838-001
<b>a</b>	Plan name	CONCEPT 2001, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONCEPT 2001, INC. DBA CONCEPT HR	<b>c</b> EIN-PN 58-2453817-001
<b>a</b>	Plan name	CONCEPT GROUP INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONCEPT GROUP, INC.	<b>c</b> EIN-PN 41-1334328-001
<b>a</b>	Plan name	CONNECTICUT GASTROENTEROLOGY ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONNECTICUT GASTROENTEROLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 06-1150705-002

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 CONNECTICUT PROCESS SERVING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CONNECTICUT PROCESS SERVING, LLC	<b>c</b> EIN-PN 90-0965707-001
<b>a</b>	Plan name CONNERY CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CONNERY CONSTRUCTION, INC.	<b>c</b> EIN-PN 39-1845420-001
<b>a</b>	Plan name GREAT LAKES WAREHOUSING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES WAREHOUSING, LLC	<b>c</b> EIN-PN 38-3352246-002
<b>a</b>	Plan name GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GREEN HILLS MEMORIAL PARK	<b>c</b> EIN-PN 95-1955721-001
<b>a</b>	Plan name MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MARYLAND PORTABLE CONCRETE, INC.	<b>c</b> EIN-PN 52-1207242-002
<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 AUTO BODY 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUALITY AUTO BODY	<b>c</b> EIN-PN 22-2130034-001
<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 TTI LOGISTICS, LLC PROFIT SHARING 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TTI LOGISTICS, LLC	<b>c</b> EIN-PN 22-3461921-002
<b>a</b>	Plan name TUFF INDUSTRIES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TUFF INDUSTRIES	<b>c</b> EIN-PN 95-3428913-001

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 HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HAL HAYS CONSTRUCTION, INC.	<b>c</b> EIN-PN 54-2084366-001
<b>a</b>	Plan name MED-ESSENTIALS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MED-ESSENTIALS, LLC	<b>c</b> EIN-PN 20-1980613-001
<b>a</b>	Plan name RED ARROW INDUSTRIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RED ARROW INDUSTRIES, LLC	<b>c</b> EIN-PN 20-8584431-001
<b>a</b>	Plan name RED JACKET CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RED JACKET CONSTRUCTION, LLC	<b>c</b> EIN-PN 47-2488961-001
<b>a</b>	Plan name RED POINTE ROOFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor RED POINTE ROOFING, LP	<b>c</b> EIN-PN 90-0957014-001
<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 RK DIVERSIFIED ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor RK DIVERSIFIED ENTERTAINMENT, INC.	<b>c</b> EIN-PN 95-4346665-001
<b>a</b>	Plan name ROAM ARTISAN BURGERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROAM RESTAURANT GROUP, INC.	<b>c</b> EIN-PN 88-3541442-001
<b>a</b>	Plan name ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 94-3295212-002
<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 ASSEMI GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ASSEMI GROUP, INC.	<b>c</b> EIN-PN 20-2464845-001
<b>a</b>	Plan name DASTON CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor DASTON CORPORATION	<b>c</b> EIN-PN 54-1638058-001

<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	HESS SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HESS SERVICES, INC.	<b>c</b> EIN-PN 48-1160099-001
<b>a</b>	Plan name	HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HI-TECH LABELS, INC.	<b>c</b> EIN-PN 95-3836900-001
<b>a</b>	Plan name	HIGH DESERT COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGH DESERT COMMUNICATIONS, INC.	<b>c</b> EIN-PN 86-0879788-001
<b>a</b>	Plan name	MID-SOUTH INDUSTRIES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MID-SOUTH INDUSTRIES, INC.	<b>c</b> EIN-PN 63-0495884-001
<b>a</b>	Plan name	VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VANDERVART CONCRETE PRODUCTS, LLC	<b>c</b> EIN-PN 46-5469386-001
<b>a</b>	Plan name	VARGAS OLSON ENTERPRISES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VARGAS OLSON ENTERPRISES, INC.	<b>c</b> EIN-PN 95-4183845-001
<b>a</b>	Plan name	VARSITY STRIPING & CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VARSITY STRIPING & CONSTRUCTION, CO.	<b>c</b> EIN-PN 37-1094788-002
<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	AUBURN CONSTRUCTORS, INC. 401(K)/PW PLAN	
<b>b</b>	Name of plan sponsor	AUBURN CONSTRUCTORS, INC.	<b>c</b> EIN-PN 68-0230575-002
<b>a</b>	Plan name	DEG CONSTRUCTION CO., INC, 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEG CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 86-0640575-001
<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	DELL-COMM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELL-COMM, INC.	<b>c</b> EIN-PN 41-1660280-001

<b>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	HITV 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HITV OPERATING CO., INC.	<b>c</b> EIN-PN 20-8485379-001
<b>a</b>	Plan name	HIX & SNEDEKER COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIX SNEDEKER COMPANIES, LLC	<b>c</b> EIN-PN 27-1982876-001
<b>a</b>	Plan name	HM MEDICAL CONSULTANTS PROFESS 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	HM MEDICAL CONSULTANTS PROFESS	<b>c</b> EIN-PN 84-1440532-001
<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	MIXER SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIXER SYSTEMS, INC.	<b>c</b> EIN-PN 39-1322266-222
<b>a</b>	Plan name	ROTEK INSTRUMENT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROTEK INSTRUMENT CORP.	<b>c</b> EIN-PN 04-2468423-001
<b>a</b>	Plan name	RSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RECYCLING SYSTEMS, INC.	<b>c</b> EIN-PN 36-4343734-001
<b>a</b>	Plan name	VILLAGE GREEN LANDSCAPES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VILLAGE GREEN LAWN MAINTENANCE & LANDSCAPING, INC.	<b>c</b> EIN-PN 41-1933240-001
<b>a</b>	Plan name	VINCENT GREENE ARCHITECTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINCENT GREENE ARCHITECTS	<b>c</b> EIN-PN 52-2066377-002
<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	NATHANIEL LEEDY, DMD, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATHANIEL LEEDY, DMD, PA	<b>c</b> EIN-PN 84-3728355-001
<b>a</b>	Plan name	NATIONAL AUTO LENDERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NATIONAL AUTO LENDERS, INC.	<b>c</b> EIN-PN 65-0660723-001

Part II	Information on Participating Plans (to be completed by 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 NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA	<b>c</b> EIN-PN 36-6001991-001
<b>a</b>	Plan name NATURAL CARE WELLNESS CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATURAL CARE WELLNESS CENTER	<b>c</b> EIN-PN 20-5364037-001
<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 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>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 DOYLE EQUIPMENT MANUFACTURING COMPANY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DOYLE EQUIPMENT MANUFACTURING COMPANY	<b>c</b> EIN-PN 37-0806868-001
<b>a</b>	Plan name DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE	<b>c</b> EIN-PN 74-2497117-001
<b>a</b>	Plan name DR. LAURIE A. MULKA, DDS P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DR. LAURIE A. MULKA, DDS P.C.	<b>c</b> EIN-PN 38-3434258-001
<b>a</b>	Plan name INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	<b>c</b> EIN-PN 59-1745402-001
<b>a</b>	Plan name SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHUMANN HANLON LLC	<b>c</b> EIN-PN 20-1967882-001
<b>a</b>	Plan name 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>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	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	WEST JERSEY AC & HEATING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WEST JERSEY AC & HEATING COMPANY	<b>c</b> EIN-PN 26-0003283-001
<b>a</b>	Plan name	WESTBRIDGE FINANCIAL & INSURANCE SERVICES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTBRIDGE FINANCIAL & INSURANCE SERVICES	<b>c</b> EIN-PN 95-4760919-001
<b>a</b>	Plan name	WESTERN CAMPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN CAMPS, INC.	<b>c</b> EIN-PN 95-2499851-001
<b>a</b>	Plan name	SERVICE TRACKING SYSTEMS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SERVICE TRACKING SYSTEMS	<b>c</b> EIN-PN 20-8077674-001
<b>a</b>	Plan name	SHADOW FINANCIAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHADOW FINANCIAL SYSTEMS, INC.	<b>c</b> EIN-PN 22-3564167-001
<b>a</b>	Plan name	BERGMAN, WALLS & ASSOCIATES, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERGMAN, WALLS & ASSOCIATES, LTD.	<b>c</b> EIN-PN 88-0318867-002
<b>a</b>	Plan name	BHP MANAGEMENT 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BHP MANAGEMENT CORP.	<b>c</b> EIN-PN 26-1404372-001
<b>a</b>	Plan name	INTERNATIONAL TANK SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL TANK SERVICE, INC.	<b>c</b> EIN-PN 34-1277387-001
<b>a</b>	Plan name	INTRINSYX TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTRINSYX TECHNOLOGIES	<b>c</b> EIN-PN 77-0539893-001
<b>a</b>	Plan name	NEW ENGLAND ORBITAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND ORBITAL SERVICES, INC.	<b>c</b> EIN-PN 02-0508263-001
<b>a</b>	Plan name	NEWS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEWS	<b>c</b> EIN-PN 94-2745889-001

<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	WILEY SANDERS TRUCK LINES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILEY SANDERS TRUCK LINES, INC.	<b>c</b> EIN-PN 63-0630434-001
<b>a</b>	Plan name	WILLIAM ZALLA CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM ZALLA CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 61-0964984-001
<b>a</b>	Plan name	WILLOW ST INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILLOW ST INC.	<b>c</b> EIN-PN 22-3242365-001
<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	BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOYS & GIRLS CLUB OF BELLEVUE	<b>c</b> EIN-PN 91-0776451-002
<b>a</b>	Plan name	BRETON VILLAGE TRAVEL SERVICES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRETON VILLAGE TRAVEL SERVICES INC.	<b>c</b> EIN-PN 38-2017934-001
<b>a</b>	Plan name	ELECTRO-TECH, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELECTRO-TECH, INC.	<b>c</b> EIN-PN 06-1107977-001
<b>a</b>	Plan name	ELECTRONIC CHROME CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELECTRONIC CHROME & GRINDING COMPANY, INC.	<b>c</b> EIN-PN 95-2489408-001
<b>a</b>	Plan name	ELEVATE GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ELEVATE GROUP, LLC	<b>c</b> EIN-PN 26-4319131-001
<b>a</b>	Plan name	ELITE AIR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELITE AIR, INC.	<b>c</b> EIN-PN 59-3715986-001
<b>a</b>	Plan name	ELKHORN CREEK CO., LLC DBA DARBY DAN FARM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELKHORN CREEK CO., LLC DBA DARBY DAN FARM	<b>c</b> EIN-PN 31-1529369-001
<b>a</b>	Plan name	JCFA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JCFA	<b>c</b> EIN-PN 27-1822983-001

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 JCJ, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JCJ, LLP	<b>c</b> EIN-PN 27-4442059-001
<b>a</b>	Plan name JCL SERVICE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor JCL SERVICE COMPANY LLC	<b>c</b> EIN-PN 46-0577895-001
<b>a</b>	Plan name JDM TECHNOLOGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPUTER GUIDANCE	<b>c</b> EIN-PN 46-4707871-001
<b>a</b>	Plan name SMILE FAMILY & COSMETIC DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHARON BOWERS MCCRARY, D.M.D., P.A.	<b>c</b> EIN-PN 59-3531550-001
<b>a</b>	Plan name SMITH & JOHNSON ATTORNEYS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SMITH & JOHNSON ATTORNEYS, P.C	<b>c</b> EIN-PN 38-2067637-001
<b>a</b>	Plan name SMOLAR ENTERPRISES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMOLAR ENTERPRISES, LLC	<b>c</b> EIN-PN 52-2226180-001
<b>a</b>	Plan name OSAMU CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OSAMU CORPORATION	<b>c</b> EIN-PN 95-4529389-001
<b>a</b>	Plan name BURLEY IRONWORKS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BURLEY IRONWORKS, LLC	<b>c</b> EIN-PN 52-2364005-001
<b>a</b>	Plan name C & C INSULATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C & C INSULATION, INC.	<b>c</b> EIN-PN 23-2110326-001
<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 EVERGREEN CEMETERY COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor EVERGREEN CEMETERY COMPANY	<b>c</b> EIN-PN 61-0186990-001
<b>a</b>	Plan name EXCHANGE BANK OF MISSOURI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EXCHANGE BANK OF MISSOURI	<b>c</b> EIN-PN 43-0263000-001

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 JONG MEE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JONG MEE CORPORATION	<b>c</b> EIN-PN 99-0349005-001
<b>a</b>	Plan name JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO.	<b>c</b> EIN-PN 04-2679773-001
<b>a</b>	Plan name JOSEPH PEDOTT ADVERTISING & MARKETING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOSEPH PEDOTT ADVERTISING & MARKETING, INC.	<b>c</b> EIN-PN 94-2346172-001
<b>a</b>	Plan name JPM DONUTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JPM DONUTS, INC.	<b>c</b> EIN-PN 02-0523315-001
<b>a</b>	Plan name ST. FRANCIS SCHOOL SAVINGS AND INVESTMENT PENSION PLAN	
<b>b</b>	Name of plan sponsor ST. FRANCIS SCHOOL	<b>c</b> EIN-PN 66-0327985-001
<b>a</b>	Plan name ST. MARY'S PHARMACY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. MARY'S PHARMACY, INC.	<b>c</b> EIN-PN 25-1211032-001
<b>a</b>	Plan name PATEL, GREENE & ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PATEL, GREENE & ASSOCIATES, LLC	<b>c</b> EIN-PN 45-2209743-001
<b>a</b>	Plan name PATHMARK HR, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor PATHMARK HR, INC.	<b>c</b> EIN-PN 81-4987330-001
<b>a</b>	Plan name PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PATRICK COUNTY FAMILY PRACTICE	<b>c</b> EIN-PN 54-1583691-001
<b>a</b>	Plan name CARLIN SALES CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CARLIN SALES CORPORATION	<b>c</b> EIN-PN 39-1171459-001
<b>a</b>	Plan name CARNEVALE & LOHR, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARNEVALE & LOHR, INC.	<b>c</b> EIN-PN 95-1988768-003
<b>a</b>	Plan name CARR TOOL COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CARR TOOL COMPANY	<b>c</b> EIN-PN 31-0578372-002

<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	FIBERPLUS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FIBERPLUS, INC.	<b>c</b> EIN-PN 52-1762520-001
<b>a</b>	Plan name	FIDELIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIDELIS CYBERSECURITY, INC.	<b>c</b> EIN-PN 32-0013542-002
<b>a</b>	Plan name	KING SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KING SYSTEMS, LLC	<b>c</b> EIN-PN 81-0553940-001
<b>a</b>	Plan name	KLEIN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KLEIN PRODUCTS, INC.	<b>c</b> EIN-PN 95-2105141-001
<b>a</b>	Plan name	SUN CHLORELLA USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUN CHLORELLA USA	<b>c</b> EIN-PN 95-3807726-001
<b>a</b>	Plan name	LTC SUPPORT SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LTC SUPPORT SERVICES, LLC	<b>c</b> EIN-PN 20-8401158-001
<b>a</b>	Plan name	LUCAS PLUMBING & HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUCAS PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 34-0967099-005
<b>a</b>	Plan name	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	LUDEMAN INSULATION & SUPPLY, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUDEMAN INSULATION & SUPPLY, INC.	<b>c</b> EIN-PN 48-1041397-001
<b>a</b>	Plan name	THE JIM O'NEAL FORD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JIM O'NEAL FORD	<b>c</b> EIN-PN 35-1091372-001
<b>a</b>	Plan name	THE LAW OFFICES OF ROBERT G. BERNHOFT PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF ROBERT G. BERNHOLFT	<b>c</b> EIN-PN 72-1539134-001
<b>a</b>	Plan name	ACME LIFT COMPANY CO. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ACME LIFT COMPANY LLC	<b>c</b> EIN-PN 86-0900122-001

<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	ACON LABORATORIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACON LABORATORIES, INC.	<b>c</b> EIN-PN 22-3642050-001
<b>a</b>	Plan name	ACOUSTIC CEILING & PARTITION CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACOUSTIC CEILING & PARTITION CO., INC.	<b>c</b> EIN-PN 38-2627627-006
<b>a</b>	Plan name	CLARITY TELECOM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLARITY TELECOM LLC DBA BLUEPEAK	<b>c</b> EIN-PN 46-2667900-001
<b>a</b>	Plan name	CLARKE PACKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLARKE PACKING & CRATING COMPANY	<b>c</b> EIN-PN 36-3828267-001
<b>a</b>	Plan name	GEORGE M BAILEY DDS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEORGE M BAILEY DDS INC	<b>c</b> EIN-PN 43-1988378-001
<b>a</b>	Plan name	PRECISION OF NEW HAMPTON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION OF NEW HAMPTON, INC.	<b>c</b> EIN-PN 42-1294107-222
<b>a</b>	Plan name	PREMIER FLOOR CARE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PREMIER FLOOR CARE, INC..	<b>c</b> EIN-PN 88-0480004-002
<b>a</b>	Plan name	MAGIC MAINTENANCE, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MAGIC MAINTENANCE, INC.	<b>c</b> EIN-PN 23-2366583-002
<b>a</b>	Plan name	ADVANCED SPINE & SPORTS CARE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED SPINE & SPORTS CARE	<b>c</b> EIN-PN 36-4426097-001
<b>a</b>	Plan name	ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVERTISING CONSULTANTS, INC.	<b>c</b> EIN-PN 95-2465409-001
<b>a</b>	Plan name	ADVIT CONSULTING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVIT CONSULTING, INC.	<b>c</b> EIN-PN 36-4402278-001
<b>a</b>	Plan name	AEIFS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEIFS INC.	<b>c</b> EIN-PN 54-2087640-001

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 COHN RESTAURANT GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COHN RESTAURANT GROUP, INC.	<b>c</b> EIN-PN 33-0709920-777
<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 MARISTA MONEY PURCHASE THRIFT PLAN	
<b>b</b>	Name of plan sponsor COLEGIO MARISTA	<b>c</b> EIN-PN 66-0263752-001
<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 COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	<b>c</b> EIN-PN 47-1612263-222
<b>a</b>	Plan name COLLAGE ARCHITECTS LLC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COLLAGE ARCHITECTS LLC	<b>c</b> EIN-PN 26-3215943-001
<b>a</b>	Plan name GLENDALE OPTOMETRIC CENTER PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLENDALE OPTOMETRIC CENTER	<b>c</b> EIN-PN 20-8922957-001
<b>a</b>	Plan name GLENN B. STAPLES & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLENN B. STAPLES & ASSOCIATES, INC.	<b>c</b> EIN-PN 52-1847612-001
<b>a</b>	Plan name GLENWOOD HOT SPRINGS LODGE AND POOL SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GLENWOOD HOT SPRINGS LODGE AND POOL, INC.	<b>c</b> EIN-PN 84-0457400-001
<b>a</b>	Plan name PRO COM ROOFING CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRO COM ROOFING CORPORATION	<b>c</b> EIN-PN 23-2906707-001
<b>a</b>	Plan name PRO WINE, INC. DBA JULIO'S LIQUORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRO WINE, INC. DBA JULIO'S LIQUORS	<b>c</b> EIN-PN 64-3526205-001
<b>a</b>	Plan name PRO-TEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRO-TEK MANUFACTURING, INC.	<b>c</b> EIN-PN 94-2862885-002

<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	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES	<b>c</b> EIN-PN 23-7433927-001
<b>a</b>	Plan name	THE VISIT NAPA VALLEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISIT NAPA VALLEY	<b>c</b> EIN-PN 68-0217381-001
<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	MATOSANTOS COMMERCIAL CORP. CODA PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MATOSANTOS COMMERCIAL CORPORATION	<b>c</b> EIN-PN 66-0206888-001
<b>a</b>	Plan name	MAUI CHARTERS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAUI CHARTERS, LLC	<b>c</b> EIN-PN 20-2140883-001
<b>a</b>	Plan name	GREENFIELD GROUP, INC. PROFIT SHARING & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE GREENFIELD GROUP, INC.	<b>c</b> EIN-PN 65-0347678-001
<b>a</b>	Plan name	GREENWAY GROUP ASSOCIATES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREENWAY GROUP ASSOCIATES LLC	<b>c</b> EIN-PN 54-1899754-001
<b>a</b>	Plan name	GROKHALOV FAMILY VENTURES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GROKHALOV FAMILY VENTURES, INC.	<b>c</b> EIN-PN 46-3224549-001
<b>a</b>	Plan name	QUIPT HOME MEDICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUIPT HOME MEDICAL, INC.	<b>c</b> EIN-PN 27-1139562-001
<b>a</b>	Plan name	R M THORNTON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R M THORNTON, INC.	<b>c</b> EIN-PN 53-0218734-001
<b>a</b>	Plan name	R.F.M.S., INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	R.F.M.S., INC.	<b>c</b> EIN-PN 36-3114893-001
<b>a</b>	Plan name	TRADITIONAL BANK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRADITIONAL BANK, INC.	<b>c</b> EIN-PN 61-0284535-003

<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	MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MEDI-WEIGHT LOSS CLINICS, LLC	<b>c</b> EIN-PN 20-3753744-001
<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	MEDIATAVERN 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEDIATAVERN, LLC	<b>c</b> EIN-PN 65-1168031-001
<b>a</b>	Plan name	ANGERMEIER & ROGERS LAW OFFICES SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANGERMEIER & ROGERS LAW OFFICES	<b>c</b> EIN-PN 39-1315157-001
<b>a</b>	Plan name	CREATIVE PACKAGING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE PACKAGING, LLC	<b>c</b> EIN-PN 31-1682777-001
<b>a</b>	Plan name	CRIGHTON PLASTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRIGHTON PLASTICS, INC.	<b>c</b> EIN-PN 20-8109310-001
<b>a</b>	Plan name	CROSBY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CROSBY ENERGY SERVICES	<b>c</b> EIN-PN 72-1232473-001
<b>a</b>	Plan name	CROSSCOM NATIONAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROSSCOM NATIONAL, LLC	<b>c</b> EIN-PN 20-1721299-777
<b>a</b>	Plan name	RENHILL STAFFING SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RENHILL STAFFING SERVICE	<b>c</b> EIN-PN 74-2982537-001
<b>a</b>	Plan name	U.S. COMMUNICATION 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	U.S. COMMUNICATION INDUSTRIES, INC.	<b>c</b> EIN-PN 36-3138121-001
<b>a</b>	Plan name	U.S. HI-TECH INDUSTRIES CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	U.S. HI-TECH INDUSTRIES CORPORATION	<b>c</b> EIN-PN 33-0377739-001
<b>a</b>	Plan name	ASSIGN CORP. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ASSIGN CORP.	<b>c</b> EIN-PN 95-4664862-001

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 ASSOCIATED ENGINEERING CONSULTANTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED ENGINEERING CONSULTANTS, INC.	<b>c</b> EIN-PN 23-2837113-001
<b>a</b>	Plan name DAVE SCHMITT CONSTRUCTION COMPANY, INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVE SCHMITT CONSTRUCTION COMPANY, INC	<b>c</b> EIN-PN 42-0889038-001
<b>a</b>	Plan name DAVID R. KOEHLER, CPA, SOLE PROPRIETOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAVID R. KOEHLER, CPA, SOLE PROPRIETOR	<b>c</b> EIN-PN 77-0420020-001
<b>a</b>	Plan name HIGH GROUND INSURANCE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIGH GROUND INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 20-8202870-001
<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 MIDICI GROUP, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MIDICI GROUP, LLC	<b>c</b> EIN-PN 47-1810714-001
<b>a</b>	Plan name MIDWESCO MECHANICAL AND ENERGY , LLC 401(K)	
<b>b</b>	Name of plan sponsor MIDWESCO MECHANICAL AND ENERGY , LLC	<b>c</b> EIN-PN 46-2867688-001
<b>a</b>	Plan name MIKE HALE COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIKE HALE ACURA INC.	<b>c</b> EIN-PN 87-0430929-001
<b>a</b>	Plan name ROCHESTER HARLEY DAVIDSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROCHESTER HARLEY DAVIDSON, INC.	<b>c</b> EIN-PN 41-0990467-001
<b>a</b>	Plan name ROCKY'S HARDWARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROCKY'S HARDWARE, INC.	<b>c</b> EIN-PN 04-2373758-001
<b>a</b>	Plan name AUSTIN FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor AUSTIN FEDERAL CREDIT UNION	<b>c</b> EIN-PN 74-1593594-001
<b>a</b>	Plan name AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AVENTURO, INC.	<b>c</b> EIN-PN 27-2417155-001

<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	DELTA TEE INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELTA TEE INTERNATIONAL, INC.	<b>c</b> EIN-PN 36-4532605-001
<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	DENTISTRY FOR KIDS AND ADULTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GINA DORFMAN, DDS, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 51-0501356-001
<b>a</b>	Plan name	HOLLY TREE COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOLLY TREE COUNTRY CLUB	<b>c</b> EIN-PN 57-0863116-001
<b>a</b>	Plan name	HOLTORF MEDICAL GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOLTORF MEDICAL GROUP, INC.	<b>c</b> EIN-PN 52-2401779-002
<b>a</b>	Plan name	MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MKRS LAW, P.L.	<b>c</b> EIN-PN 20-3879249-001
<b>a</b>	Plan name	MODERN 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	RUNNING AWAY INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUNNING AWAY INCORPORATED DBA JOHN'S RUN WALK SHOP	<b>c</b> EIN-PN 61-0950094-001
<b>a</b>	Plan name	RUSCHES TRUCKING INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RUSCHE'S TRUCKING, INC.	<b>c</b> EIN-PN 38-1913633-001
<b>a</b>	Plan name	RUSSELL S. KELLY M.D. LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RUSSELL S. KELLY, M.D. LLC	<b>c</b> EIN-PN 20-5215599-001
<b>a</b>	Plan name	RYAN MORTON & IMMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RYAN MORTON & IMMS LLC	<b>c</b> EIN-PN 27-2949914-001

<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	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE	<b>c</b> EIN-PN 76-0804445-001
<b>a</b>	Plan name	VIRTUAL OFFICEWARE (DE), LLC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VIRTUAL OFFICEWARE (DE), LLC.	<b>c</b> EIN-PN 38-3892710-001
<b>a</b>	Plan name	VITECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZUKEN VITECH, INC.	<b>c</b> EIN-PN 54-1636539-001
<b>a</b>	Plan name	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	NELSON PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NELSON PHARMACY CONSULTING SERVICES, PLC	<b>c</b> EIN-PN 01-0667577-001
<b>a</b>	Plan name	BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEHRMANN MEAT & PROCESSING, INC	<b>c</b> EIN-PN 37-0920912-001
<b>a</b>	Plan name	DR. TRAN MEDICAL OFFICE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DR. TRAN MEDICAL OFFICE, INC.	<b>c</b> EIN-PN 46-1545377-001
<b>a</b>	Plan name	DREXELBROOK ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DREXELBROOK ASSOCIATES	<b>c</b> EIN-PN 23-1552101-001
<b>a</b>	Plan name	DRI-VIEW 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DRI-VIEW MANUFACTURING CO.	<b>c</b> EIN-PN 61-0702002-001
<b>a</b>	Plan name	INNOVATIVE TURNAROUND CONTROLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE TURNAROUND CONTROLS	<b>c</b> EIN-PN 20-2435857-001
<b>a</b>	Plan name	INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTIONAL CASEWORK, INC.	<b>c</b> EIN-PN 20-4225695-001
<b>a</b>	Plan name	SECURITYMETRICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SECURITYMETRICS, INC.	<b>c</b> EIN-PN 87-0670276-001

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 SEMILAB USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEMILAB USA LLC	<b>c</b> EIN-PN 27-0347663-001
<b>a</b>	Plan name WESTERN FILAMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WESTERN FILAMENT, INC.	<b>c</b> EIN-PN 95-3672588-001
<b>a</b>	Plan name WESTMINSTER CAPITAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WESTMINSTER CAPITAL, INC.	<b>c</b> EIN-PN 95-2157201-001
<b>a</b>	Plan name WESTPAC HOLDING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WESTPAC HOLDING COMPANY, INC.	<b>c</b> EIN-PN 20-5722172-003
<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 E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor E.S. EVANS & COMPANY	<b>c</b> EIN-PN 34-1717857-001
<b>a</b>	Plan name EAGLE FUNERAL SERVICE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EAGLE FUNERAL SERVICE	<b>c</b> EIN-PN 84-3598744-002
<b>a</b>	Plan name EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EARLEY & ASSOCIATES, INC.	<b>c</b> EIN-PN 38-3480813-001
<b>a</b>	Plan name EARTHLITE 401(K) PLAN	
<b>b</b>	Name of plan sponsor EARTHLITE ACQUISITION, INC.	<b>c</b> EIN-PN 33-0493452-001
<b>a</b>	Plan name INVENA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor INVENA CORPORATION	<b>c</b> EIN-PN 48-1233142-001
<b>a</b>	Plan name INVESTMENT CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor INVESTMENT CENTER	<b>c</b> EIN-PN 42-1485034-001
<b>a</b>	Plan name IOWA CANCER SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor IOWA CANCER SPECIALISTS, P.C.	<b>c</b> EIN-PN 06-1666841-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name NISBET ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NISBET ENTERPRISES, INC.	<b>c</b> EIN-PN 65-0685929-001
<b>a</b>	Plan name SHANNON CHEMICAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHANNON CHEMICAL CORPORATION	<b>c</b> EIN-PN 23-1856793-001
<b>a</b>	Plan name SHAWNEE COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHAWNEE COUNTRY CLUB	<b>c</b> EIN-PN 34-4353200-001
<b>a</b>	Plan name SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SHEPHERD DATA SERVICES, INC.	<b>c</b> EIN-PN 46-0469044-001
<b>a</b>	Plan name WILSON DERMATOLOGY & SKIN CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WILSON DERMATOLOGY & SKIN CARE INC.	<b>c</b> EIN-PN 46-3759136-001
<b>a</b>	Plan name WINCUBIC.COM, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WINCUBIC.COM, INC.	<b>c</b> EIN-PN 99-0341892-001
<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 BRETT HILL CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRETT HILL CONSTRUCTION, INC.	<b>c</b> EIN-PN 99-0345851-001
<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 ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELLEFSON TRANSPORTATION GROUP, INC.	<b>c</b> EIN-PN 58-1654796-001
<b>a</b>	Plan name EMERGENCY GROUPS' OFFICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor EGO, INC. DBA BRAULT	<b>c</b> EIN-PN 95-4278964-001

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>EMOTIVE EXPERIENTIAL PERFORMANCE 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>EMOTIVE EXPERIENTIAL PERFORMANCE, INC.</b>	<b>c</b> EIN-PN <b>87-0787478-001</b>
<b>a</b>	Plan name <b>JEFF'S WELDING &amp; MACHINE COMPANY 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JEFF'S WELDING &amp; MACHINE COMPANY</b>	<b>c</b> EIN-PN <b>20-1029521-001</b>
<b>a</b>	Plan name <b>OFFICE &amp; ERGONOMIC SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OFFICE &amp; ERGONOMIC SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>56-2393966-001</b>
<b>a</b>	Plan name <b>OLDHAM HARDWOODS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OLDHAM HARDWOODS, LLC</b>	<b>c</b> EIN-PN <b>88-2687277-001</b>
<b>a</b>	Plan name <b>OLIVERA SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OLIVERA EGG RANCH LLC</b>	<b>c</b> EIN-PN <b>77-0467975-001</b>
<b>a</b>	Plan name <b>SOFTCRYLIC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOFTCRYLIC, LLC</b>	<b>c</b> EIN-PN <b>13-4137658-001</b>
<b>a</b>	Plan name <b>SONOMA GRAPHIC PRODUCTS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SONOMA GRAPHIC PRODUCTS</b>	<b>c</b> EIN-PN <b>68-0441691-001</b>
<b>a</b>	Plan name <b>SOUND &amp; SECURE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUND &amp; SECURE, INC.</b>	<b>c</b> EIN-PN <b>88-0354066-001</b>
<b>a</b>	Plan name <b>C. CARAMANICO &amp; SONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>C. CARAMANICO &amp; SONS, INC.</b>	<b>c</b> EIN-PN <b>23-2349249-001</b>
<b>a</b>	Plan name <b>CAFE EXPRESS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CE ACQUISITION, LLC</b>	<b>c</b> EIN-PN <b>81-1640096-001</b>
<b>a</b>	Plan name <b>EYE CARE OF MAINE PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EYE CARE OF MAINE, P.A.</b>	<b>c</b> EIN-PN <b>01-0316462-004</b>
<b>a</b>	Plan name <b>JTI ELECTRICAL INSTRUMENTATION 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JTI ELECTRICAL &amp; INSTRUMENTATION, LLC</b>	<b>c</b> EIN-PN <b>80-0927449-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JULIAN ELECTRIC, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JULIAN ELECTRIC, INC.	<b>c</b> EIN-PN 36-2592808-001
<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	K4 SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K4 SOLUTIONS, INC.	<b>c</b> EIN-PN 54-2041084-001
<b>a</b>	Plan name	OXFORD ECONOMICS USA, INC. AND TOURISM ECONOMICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OXFORD ECONOMICS USA, INC.	<b>c</b> EIN-PN 23-2620656-001
<b>a</b>	Plan name	OXFORD GARDEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OXFORD LTD DBA OXFORD GARDEN	<b>c</b> EIN-PN 31-1525511-777
<b>a</b>	Plan name	P. AGNES, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P. AGNES, INC.	<b>c</b> EIN-PN 23-1583648-888
<b>a</b>	Plan name	P.J. ALBERT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P.J. ALBERT, INC.	<b>c</b> EIN-PN 04-2787609-001
<b>a</b>	Plan name	P.L.P.S. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P.L.P.S. INC.	<b>c</b> EIN-PN 76-0471058-001
<b>a</b>	Plan name	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	STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA	<b>c</b> EIN-PN 58-1575076-001
<b>a</b>	Plan name	STEEL - FAB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEEL-FAB, INC.	<b>c</b> EIN-PN 04-2396722-004

<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	FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FINANCIAL NETWORK FID WEST, LLC	<b>c</b> EIN-PN 26-2039224-001
<b>a</b>	Plan name	FIRST CITIZENS BANK PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRST CITIZENS BANK	<b>c</b> EIN-PN 63-0789504-001
<b>a</b>	Plan name	CARS DAWYDIAK, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARS DAWYDIAK, INC.	<b>c</b> EIN-PN 94-3065583-001
<b>a</b>	Plan name	CARSON CORPORATION NON-UNION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARSON CORPORATION	<b>c</b> EIN-PN 22-2852356-001
<b>a</b>	Plan name	CARSON CORPORATION RETIREMENT PLAN FOR LOCAL 55	
<b>b</b>	Name of plan sponsor	CARSON CORPORATION	<b>c</b> EIN-PN 22-2852356-003
<b>a</b>	Plan name	CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CARTER STREET CORPORATION	<b>c</b> EIN-PN 62-1125122-001
<b>a</b>	Plan name	KNS INTERNATIONAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KNS INTERNATIONAL	<b>c</b> EIN-PN 42-1539365-001
<b>a</b>	Plan name	KOMET USA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOMET USA, LLC	<b>c</b> EIN-PN 84-1719571-001
<b>a</b>	Plan name	PAUL'S AUTO REPAIR, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAUL'S AUTO REPAIR, LLC	<b>c</b> EIN-PN 27-2538433-001
<b>a</b>	Plan name	PAXTON VAN LINES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAXTON VAN LINES, INC.	<b>c</b> EIN-PN 54-0585256-001
<b>a</b>	Plan name	PAYROLL EXPRESS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAYROLL EXPRESS, LLC	<b>c</b> EIN-PN 45-3517823-001
<b>a</b>	Plan name	SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SURGEONS CHOICE MEDICAL CENTER	<b>c</b> EIN-PN 38-3162435-001

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="#">SUTTON SWIM SCHOOL INC. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUTTON SWIM SCHOOL, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0624364-001</a>
<b>a</b>	Plan name <a href="#">SWAN USA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SWAN ANALYTICAL USA</a>	<b>c</b> EIN-PN <a href="#">30-0516534-001</a>
<b>a</b>	Plan name <a href="#">FOREMAN TOOL AND MOLD 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOREMAN TOOL AND MOLD</a>	<b>c</b> EIN-PN <a href="#">82-3225815-001</a>
<b>a</b>	Plan name <a href="#">FOREMOST GRAPHICS GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOREMOST GRAPHICS, L.L.C.</a>	<b>c</b> EIN-PN <a href="#">38-3213304-001</a>
<b>a</b>	Plan name <a href="#">FORREST GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARAGON CONTRACTORS, LLC</a>	<b>c</b> EIN-PN <a href="#">20-1749126-001</a>
<b>a</b>	Plan name <a href="#">FORT DEARBORN PARTNERS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FORT DEARBORN PARTNERS</a>	<b>c</b> EIN-PN <a href="#">36-3745996-001</a>
<b>a</b>	Plan name <a href="#">CELINA COMPANY EMPLOYEES RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CELINA TENT, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1894249-001</a>
<b>a</b>	Plan name <a href="#">CEM COLLEGE RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTRO DE EDUCACION MULTIDISCIPLINARIA, INC. DBA CEM COLLEGE</a>	<b>c</b> EIN-PN <a href="#">66-0377342-001</a>
<b>a</b>	Plan name <a href="#">CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC</a>	<b>c</b> EIN-PN <a href="#">06-1485324-001</a>
<b>a</b>	Plan name <a href="#">LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAKOTA CONTRACTING, INC.</a>	<b>c</b> EIN-PN <a href="#">26-0060538-001</a>
<b>a</b>	Plan name <a href="#">PENNY LANE SCHOOL, LTD. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PENNY LANE SCHOOL, LTD.</a>	<b>c</b> EIN-PN <a href="#">36-3864693-001</a>
<b>a</b>	Plan name <a href="#">TCB MMC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TCB MMC, INC.</a>	<b>c</b> EIN-PN <a href="#">26-3151099-001</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 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 TECHNOALPIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor TECHNOALPIN USA, INC.	<b>c</b> EIN-PN 22-3857446-001
<b>a</b>	Plan name 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 WHEELING COIN, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WHEELING COIN, LLC	<b>c</b> EIN-PN 55-0772531-001
<b>a</b>	Plan name WHITE EYE ASSOCIATES, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WHITE EYE ASSOCIATES, P.A.	<b>c</b> EIN-PN 56-1341154-001
<b>a</b>	Plan name WHITLOCK PLUMBING AND HEATING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WHITLOCK PLUMBING AND HEATING, INC.	<b>c</b> EIN-PN 54-1282116-001
<b>a</b>	Plan name AVKARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AVKARE, LLC	<b>c</b> EIN-PN 20-8622803-001
<b>a</b>	Plan name AXAR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AXAR PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 68-0665617-001
<b>a</b>	Plan name AXIS FABRICATION & MACHINE CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AXIS FABRICATION & MACHINE COMPANY, LLC	<b>c</b> EIN-PN 26-3961265-001
<b>a</b>	Plan name AXIUM HEALTHCARE DE PUERTO RICO 1165(E) PLAN	
<b>b</b>	Name of plan sponsor FARMACIA DORAL, INC. DBA AXIUM HEALTHCARE DE PUERTO RICO	<b>c</b> EIN-PN 66-0616318-001
<b>a</b>	Plan name WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor WOLVERINE POWER SUPPLY COOPERATIVE, INC.	<b>c</b> EIN-PN 38-1326766-002
<b>a</b>	Plan name WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor WONDERLAND TIRE COMPANY, INC.	<b>c</b> EIN-PN 38-2264378-001

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 WRITTEN DEPOSITION SERVICE, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WRITTEN DEPOSITION SERVICE, LLC	<b>c</b> EIN-PN 73-1497732-001
<b>a</b>	Plan name BELL COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor Q VEST, INC.	<b>c</b> EIN-PN 76-0622763-001
<b>a</b>	Plan name BELL FORK LIFT, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BELL FORK LIFT, INC.	<b>c</b> EIN-PN 38-2094639-001
<b>a</b>	Plan name BEMEL, ROSS & AVEDON, LLP, 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEMEL, ROSS & AVEDON, LLP	<b>c</b> EIN-PN 82-3833377-001
<b>a</b>	Plan name BENETRENDS, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BENETRENDS, INC.	<b>c</b> EIN-PN 35-2519056-002
<b>a</b>	Plan name BISBEE PLUMBING & HEATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROADSIDE DEVELOPERS, INC. DBA BISBEE PLUMBING & HEATING	<b>c</b> EIN-PN 41-0915726-001
<b>a</b>	Plan name BITTNER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BITTNER, LLC	<b>c</b> EIN-PN 61-1372128-001
<b>a</b>	Plan name BIZLINK GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIZLINK TECHNOLOGY, INC.	<b>c</b> EIN-PN 94-3355611-001
<b>a</b>	Plan name BLACK DOG SALVAGE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BDS HOLDINGS, INC.	<b>c</b> EIN-PN 54-1968963-001
<b>a</b>	Plan name BUCHHOLZ TRANSPORT 401(K) & PSP	
<b>b</b>	Name of plan sponsor BUCHHOLZ TRANSPORT INC.	<b>c</b> EIN-PN 38-2497552-001
<b>a</b>	Plan name CALIFORNIA BOX COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA BOX COMPANY	<b>c</b> EIN-PN 95-3901917-002
<b>a</b>	Plan name CENTRA SOTA COOPERATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTRA SOTA COOPERATIVE	<b>c</b> EIN-PN 41-0488480-001

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 CLEAR CREEK SKIING CORP., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEAR CREEK SKIING CORPORATION, INC.	<b>c</b> EIN-PN 84-0619358-001
<b>a</b>	Plan name CLINT PHARMACEUTICALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLINT PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 62-1322467-001
<b>a</b>	Plan name COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL	<b>c</b> EIN-PN 71-0577085-004
<b>a</b>	Plan name CONTROL ASSOCIATES OF PUERTO RICO, LLC 1165(E) PLAN	
<b>b</b>	Name of plan sponsor CONTROL ASSOCIATES OF PUERTO RICO, LLC	<b>c</b> EIN-PN 66-0711769-001
<b>a</b>	Plan name COPLOY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COPLOY, INC.	<b>c</b> EIN-PN 45-5000939-001
<b>a</b>	Plan name CSD TRANSPORT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CSD TRANSPORT LLC	<b>c</b> EIN-PN 46-0868373-001
<b>a</b>	Plan name DB SALES & SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERTZ ENTERPRISES, INC, DBA DB SALES & SERVICE	<b>c</b> EIN-PN 90-0627040-001
<b>a</b>	Plan name DDSI 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DDSI	<b>c</b> EIN-PN 35-1771016-001
<b>a</b>	Plan name DE LA GUARDIA VICTORIA ARCHITECTS AND URBANISTS, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DE LA GUARDIA VICTORIA ARCHITECTS AND URBANISTS, INC	<b>c</b> EIN-PN 54-2099947-001
<b>a</b>	Plan name DERMATOLOGY ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DERMATOLOGY ASSOCIATES, PC	<b>c</b> EIN-PN 39-1896149-002
<b>a</b>	Plan name DUCT & VENT CLEANING OF AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DUCT & VENT CLEANING OF AMERICA, INC.	<b>c</b> EIN-PN 04-3175810-001
<b>a</b>	Plan name DUCTCO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DUCTCO, LLC	<b>c</b> EIN-PN 46-2763056-002

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 EAST MAIN DENTAL CENTER, LLP 401(K) DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor EAST MAIN DENTAL CENTER, LLP	<b>c</b> EIN-PN 93-0679201-001
<b>a</b>	Plan name EASTERN RADIOLOGY ASSOCIATES PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EASTERN RADIOLOGY ASSOCIATES PC	<b>c</b> EIN-PN 81-0306627-001
<b>a</b>	Plan name EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EASTERN WAREHOUSE DISTRIBUTORS, LLC	<b>c</b> EIN-PN 23-2566520-001
<b>a</b>	Plan name EMPIRE HYUNDAI, INC. EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor EMPIRE HYUNDAI, INC.	<b>c</b> EIN-PN 04-3498129-001
<b>a</b>	Plan name EMPLOYEES OF FARRUGGIO'S AND ABLE RENTALS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FARRUGGIO'S BRISTOL & PHILADELPHIA AUTO EXPRESS, INC.	<b>c</b> EIN-PN 23-1922473-001
<b>a</b>	Plan name ENGINEERED METAL PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGINEERED METAL PRODUCTS, LLC	<b>c</b> EIN-PN 20-1958314-001
<b>a</b>	Plan name ENGINEERED SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGINEERED SYSTEMS, INC.	<b>c</b> EIN-PN 04-3194781-001
<b>a</b>	Plan name F.H. DAILEY CHEVROLET 401(K) PLAN	
<b>b</b>	Name of plan sponsor INFINITE VELOCITY AUTOMOTIVE, INC. DBA F.H. DAILEY CHEVROLET	<b>c</b> EIN-PN 45-3126103-001
<b>a</b>	Plan name F.N. CUTHBERT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor F. N. CUTHBERT, INC.	<b>c</b> EIN-PN 34-4412513-001
<b>a</b>	Plan name FAIRMONT DESIGNS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CAMBIUM BUSINESS GROUP, INC. DBA FAIRMONT DESIGNS	<b>c</b> EIN-PN 94-2930113-001
<b>a</b>	Plan name FAIRWAY MARKET III 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FAIRWAY MARKET III	<b>c</b> EIN-PN 77-0084733-001
<b>a</b>	Plan name FIRST-LIGHT USA, LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FIRST-LIGHT USA, LLC	<b>c</b> EIN-PN 20-1665358-001

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 FISCHER CUNNANE & ASSOCIATES LTD. TAX FAVORED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FISCHER CUNNANE & ASSOCIATES LTD.	<b>c</b> EIN-PN 23-3060583-001
<b>a</b>	Plan name FORT MITCHELL COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor FORT MITCHELL COUNTRY CLUB	<b>c</b> EIN-PN 61-0195230-001
<b>a</b>	Plan name FOSTER THOMAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOSTER THOMAS, INC.	<b>c</b> EIN-PN 52-1826441-001
<b>a</b>	Plan name FOUNDATION FOR INTERNATIONAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOUNDATION FOR INTERNATIONAL SERVICES, INC.	<b>c</b> EIN-PN 91-1300363-001
<b>a</b>	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	<b>c</b> EIN-PN 95-4467199-001
<b>a</b>	Plan name GERRALD'S MECHANICAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GERRALD'S MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 58-2047712-001
<b>a</b>	Plan name GIBSON & ANDERSON CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GIBSON & ANDERSON CONSTRUCTION, INC.	<b>c</b> EIN-PN 63-0725405-001
<b>a</b>	Plan name GIBSON & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIBSON & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2057660-001
<b>a</b>	Plan name GIBSON OVERSEAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIBSON OVERSEAS, INC.	<b>c</b> EIN-PN 95-3393699-002
<b>a</b>	Plan name GLOBAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor GHG HOLDINGS, INC.	<b>c</b> EIN-PN 46-4331213-001
<b>a</b>	Plan name GLOBAL DISPLAY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLOBAL DISPLAY SOLUTIONS, INC.	<b>c</b> EIN-PN 34-1907707-001
<b>a</b>	Plan name GLOBALTEK COMPONENTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBALTEK COMPONENTS, LLC	<b>c</b> EIN-PN 11-3777016-001

<b>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	GLYMED PLUS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLYMED PLUS LLC	<b>c</b> EIN-PN 80-0112220-001
<b>a</b>	Plan name	GTXCEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GTXCEL, INC.	<b>c</b> EIN-PN 04-3177056-001
<b>a</b>	Plan name	HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HARRISS & HARTMAN LAW FIRM, P.C.	<b>c</b> EIN-PN 58-1385781-001
<b>a</b>	Plan name	HARRY MILLER CORP. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HARRY MILLER CORP.	<b>c</b> EIN-PN 23-0663030-001
<b>a</b>	Plan name	HISTORIC FAMILY PHYSICIANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HISTORIC FAMILY PHYSICIANS, P.C.	<b>c</b> EIN-PN 27-0357836-777
<b>a</b>	Plan name	HOMESTAR COMPANIES SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOMESTAR COMPANIES, LLC.	<b>c</b> EIN-PN 26-2775069-001
<b>a</b>	Plan name	INTELLETRACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTELLETRACE, INC.	<b>c</b> EIN-PN 37-1514242-001
<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	IRONWOOD INDUSTRIES, INC. 401(K) RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IRONWOOD INDUSTRIES, INC.	<b>c</b> EIN-PN 36-2590290-001
<b>a</b>	Plan name	ISOVOLTA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISOVOLTA, INC.	<b>c</b> EIN-PN 13-4263768-001
<b>a</b>	Plan name	ITC INFOTECH USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ITC INFOTECH USA, INC.	<b>c</b> EIN-PN 22-3239723-001
<b>a</b>	Plan name	JEPSEN ELECTRIC INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JEPSEN ELECTRIC, INC.	<b>c</b> EIN-PN 94-3393816-001

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 JESSICA R. BENTOSKI, DDS 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JESSICA R. BENTOSKI, DDS PLLC	<b>c</b> EIN-PN 46-4379759-001
<b>a</b>	Plan name JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JIM CRAWFORD CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 77-0072198-001
<b>a</b>	Plan name JODY L. KELLY, M.D. & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor JODY L. KELLY, M.D. & ASSOCIATES, LLC	<b>c</b> EIN-PN 20-0882318-001
<b>a</b>	Plan name KORBER PHARMA PACKAGING MATERIALS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KORBER PHARMA PACKAGING MATERIALS LLC	<b>c</b> EIN-PN 47-5593447-001
<b>a</b>	Plan name LASKEY'S DISCOUNT FURNITURE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LASKEY'S DISCOUNT FURNITURE	<b>c</b> EIN-PN 25-1450031-001
<b>a</b>	Plan name LATITUDE 33 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LATITUDE 33 PLANNING & ENGINEERING	<b>c</b> EIN-PN 33-0582561-001
<b>a</b>	Plan name LATITUDE 33 PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LATITUDE 33 PLANNING & ENGINEERING	<b>c</b> EIN-PN 33-0582561-002
<b>a</b>	Plan name LUSO FEDERAL CREDIT UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LUSO FEDERAL CREDIT UNION	<b>c</b> EIN-PN 04-6279799-001
<b>a</b>	Plan name LYNXSPRING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LYNXSPRING, INC.	<b>c</b> EIN-PN 47-0867589-001
<b>a</b>	Plan name LYONS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor LYONS GROUP	<b>c</b> EIN-PN 04-2707878-001
<b>a</b>	Plan name MANAGEMENT BENCH ADVISORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MANAGEMENT BENCH ADVISORS, LLC	<b>c</b> EIN-PN 85-2876498-001
<b>a</b>	Plan name MANSKE COMPANIES 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MANSKE MACHINERY INC.	<b>c</b> EIN-PN 39-1644408-001

<b>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	MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MANUFACTURING SOLUTIONS, INC.	<b>c</b> EIN-PN 48-1180359-001
<b>a</b>	Plan name	MAURER HEATING & COOLING CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAURER HEATING & COOLING CO.	<b>c</b> EIN-PN 38-1869455-002
<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	MENCHIE'S GLOBAL HEADQUARTERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MENCHIE'S GLOBAL HEADQUARTERS	<b>c</b> EIN-PN 26-1658984-777
<b>a</b>	Plan name	MILILANI PHYSICAL THERAPY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILILANI PHYSICAL THERAPY, LLC	<b>c</b> EIN-PN 91-6551087-001
<b>a</b>	Plan name	MILLER BARONDESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLER BARONDESS, LLP	<b>c</b> EIN-PN 20-4939800-222
<b>a</b>	Plan name	MILLER LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILLER LUMBER COMPANY	<b>c</b> EIN-PN 34-1312270-001
<b>a</b>	Plan name	MINNEAPOLIS AREA ASSOCIATION OF REALTORS 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MINNEAPOLIS AREA ASSOCIATION OF REALTORS	<b>c</b> EIN-PN 41-0415490-003
<b>a</b>	Plan name	MOHRFELD ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOHRFELD ELECTRIC	<b>c</b> EIN-PN 27-1617896-001
<b>a</b>	Plan name	MOJO SOLO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOJO SOLO, INC.	<b>c</b> EIN-PN 20-1101717-001
<b>a</b>	Plan name	MONARCH HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONARCH HOLDINGS, LLC	<b>c</b> EIN-PN 26-1687351-001
<b>a</b>	Plan name	NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEUMANN MONSON, INC.	<b>c</b> EIN-PN 42-1242646-222

<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	NEUSOFT AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEUSOFT AMERICA, INC.	<b>c</b> EIN-PN 20-5601470-001
<b>a</b>	Plan name	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	NORTH SHORE MANUFACTURING CORP. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTH SHORE MANUFACTURING CORPORATION	<b>c</b> EIN-PN 38-1885372-001
<b>a</b>	Plan name	OMNIPATH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMNIPATH, INC.	<b>c</b> EIN-PN 31-1639546-002
<b>a</b>	Plan name	P.S. GREETINGS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	P.S. GREETINGS, INC.	<b>c</b> EIN-PN 36-2995710-001
<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
<b>a</b>	Plan name	PBHM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERSPECTIVE BEHAVIORAL HEALTH MANAGEMENT, LLC	<b>c</b> EIN-PN 33-1048513-001
<b>a</b>	Plan name	PC CONTROLS 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PC CONTROLS	<b>c</b> EIN-PN 75-2830816-001
<b>a</b>	Plan name	PETROVAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETROVAL, INC.	<b>c</b> EIN-PN 72-1559851-001
<b>a</b>	Plan name	PHELAN MANAGEMENT SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHELAN MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 20-0647101-001

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>PRESIDIUM PROPERTY MANAGEMENT, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTAURUS PROPERTY MANAGEMENT, LLC DBA PRESIDIUM PROPERTY MANAGEMENT</b>	<b>c</b> EIN-PN <b>26-0536884-001</b>
<b>a</b>	Plan name <b>PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRESTIGE RESIDENTIAL CONSTRUCTION</b>	<b>c</b> EIN-PN <b>91-1366230-001</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>PROHEALTH GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROHEALTH GROUP, INC.</b>	<b>c</b> EIN-PN <b>47-5658024-002</b>
<b>a</b>	Plan name <b>R.W. PARKINSON, MD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RICHARD W. PARKINSON MD</b>	<b>c</b> EIN-PN <b>87-0468611-001</b>
<b>a</b>	Plan name <b>RADIO SOUND, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RADIO SOUND, INC.</b>	<b>c</b> EIN-PN <b>61-1083666-001</b>
<b>a</b>	Plan name <b>RADWELL INTERNATIONAL LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RADWELL INTERNATIONAL LLC</b>	<b>c</b> EIN-PN <b>23-2106278-001</b>
<b>a</b>	Plan name <b>RAFIH AUTO GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RAFIH AUTO GROUP, INC.</b>	<b>c</b> EIN-PN <b>68-0676945-001</b>
<b>a</b>	Plan name <b>RALPHS - PUGH CO., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RALPHS - PUGH CO., INC.</b>	<b>c</b> EIN-PN <b>94-0791950-001</b>
<b>a</b>	Plan name <b>REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>REPRODUCTIVE MEDICINE INSTITUTE, LLC</b>	<b>c</b> EIN-PN <b>27-1248611-001</b>
<b>a</b>	Plan name <b>RESTWELL MATTRESS COMPANY 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RESTWELL MATTRESS COMPANY</b>	<b>c</b> EIN-PN <b>41-1672945-002</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="#">RODMAN &amp; RODMAN 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RODMAN &amp; RODMAN, LLC</a>	<b>c</b> EIN-PN <a href="#">84-1098791-001</a>
<b>a</b>	Plan name <a href="#">ROGERS MANTESE &amp; ASSOCIATES, PC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROGERS MANTESE &amp; ASSOCIATES, PC</a>	<b>c</b> EIN-PN <a href="#">20-4445973-001</a>
<b>a</b>	Plan name <a href="#">ROSCOE BROWN, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROSCOE BROWN, INC.</a>	<b>c</b> EIN-PN <a href="#">62-0810017-001</a>
<b>a</b>	Plan name <a href="#">RYAN O.Y. DUNG, DDS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RYAN O.Y. DUNG, INC. 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">94-3272022-001</a>
<b>a</b>	Plan name <a href="#">S&amp;S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">S&amp;S MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">31-1493783-001</a>
<b>a</b>	Plan name <a href="#">S.C. ROSSI &amp; COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">S. C. ROSSI &amp; COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">54-1151999-001</a>
<b>a</b>	Plan name <a href="#">S4, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">S4 INC.</a>	<b>c</b> EIN-PN <a href="#">04-3309384-001</a>
<b>a</b>	Plan name <a href="#">SENSOR MANUFACTURING COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SENSOR MANUFACTURING COMPANY</a>	<b>c</b> EIN-PN <a href="#">38-2140109-001</a>
<b>a</b>	Plan name <a href="#">SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEQUEL CONTRACTORS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-4301424-002</a>
<b>a</b>	Plan name <a href="#">SERRA COMMUNITY MEDICAL CLINIC, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SERRA COMMUNITY MEDICAL CLINIC, INC.</a>	<b>c</b> EIN-PN <a href="#">95-4786125-001</a>
<b>a</b>	Plan name <a href="#">SHOREWOOD ENGINEERING, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHOREWOOD ENGINEERING, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1620361-002</a>
<b>a</b>	Plan name <a href="#">SHORT LINE EXPRESS MARKET 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHORT LINE EXPRESS MARKET</a>	<b>c</b> EIN-PN <a href="#">88-0296690-001</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 <b>SID GRINKER RESTORATION, INC. EMPLOYEES' FLEXIBLE PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SID GRINKER RESTORATION, INC.</b>	<b>c</b> EIN-PN <b>39-0983766-005</b>
<b>a</b>	Plan name <b>SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTH TEXAS COMMUNITY LIVING CORPORATION</b>	<b>c</b> EIN-PN <b>76-0364678-001</b>
<b>a</b>	Plan name <b>SOUTHEAST PET 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SEACO NATIONAL CORP DBA SOUTHEAST PET</b>	<b>c</b> EIN-PN <b>58-1478160-001</b>
<b>a</b>	Plan name <b>SOUTHERN AUTOBODY SUPPLY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHERN AUTOBODY SUPPLY, INC.</b>	<b>c</b> EIN-PN <b>62-1592592-001</b>
<b>a</b>	Plan name <b>SOUTHERN MACHINE AND FABRICATION CO., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHERN MACHINE AND FABRICATION COMPANY, INC.</b>	<b>c</b> EIN-PN <b>58-1329156-002</b>
<b>a</b>	Plan name <b>STERLING BV, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STERLING BV, INC.</b>	<b>c</b> EIN-PN <b>81-1791939-001</b>
<b>a</b>	Plan name <b>STERLING ENERGY OPERATIONS, LLC PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STERLING ENERGY OPERATIONS, LLC</b>	<b>c</b> EIN-PN <b>33-0969595-001</b>
<b>a</b>	Plan name <b>TEKTEAM 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TECHTEAM, LLC DBA TEKTEAM</b>	<b>c</b> EIN-PN <b>94-3335438-001</b>
<b>a</b>	Plan name <b>TELECOMMUNICATIONS LAW PROFESSIONALS PLLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TELECOMMUNICATIONS LAW PROFESSIONALS PLLC</b>	<b>c</b> EIN-PN <b>45-2585545-001</b>
<b>a</b>	Plan name <b>TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>77-0000356-001</b>
<b>a</b>	Plan name <b>TEMPLETON &amp; ASSOCIATES EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEMPLETON &amp; ASSOCIATES EQUIPMENT SALES, INC.</b>	<b>c</b> EIN-PN <b>84-2050914-001</b>
<b>a</b>	Plan name <b>THE MOSTERT GROUP LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE MOSTERT GROUP, LLC</b>	<b>c</b> EIN-PN <b>20-0349381-001</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 THE ORTHOPAEDIC NETWORK, INC. PS & 401(K) PLAN - CONS ORTHO	
<b>b</b>	Name of plan sponsor THE ORTHOPAEDIC NETWORK, INC.	<b>c</b> EIN-PN 34-1927193-002
<b>a</b>	Plan name THE PARK HOME DBA THE MEADOWS PERSONAL CARE COMMUNITY 401(K)	
<b>b</b>	Name of plan sponsor THE PARK HOME DBA THE MEADOWS PERSONAL CARE COMMUNITY	<b>c</b> EIN-PN 24-0522575-001
<b>a</b>	Plan name ADJ OF STAMFORD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADJ OF STAMFORD, INC.	<b>c</b> EIN-PN 13-7562991-004
<b>a</b>	Plan name THE VMC GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE VMC GROUP	<b>c</b> EIN-PN 20-2305737-002
<b>a</b>	Plan name THERAPEUTIC HEALTHCARE CONCEPTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THERAPEUTIC HEALTHCARE CONCEPTS LLC DBA JOURNEY REHAB	<b>c</b> EIN-PN 27-1555728-001
<b>a</b>	Plan name THLA 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEXAS HOTEL & LODGING ASSOCIATION	<b>c</b> EIN-PN 74-0940600-001
<b>a</b>	Plan name 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 TRAVIS POINTE COUNTRY CLUB 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TRAVIS POINTE COUNTRY CLUB	<b>c</b> EIN-PN 38-2037327-001
<b>a</b>	Plan name TRB + ASSOCIATES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor TRB + ASSOCIATES, INC.	<b>c</b> EIN-PN 20-5865052-001
<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 TRF ENERGY SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRF ENERGY SOLUTIONS, LLC	<b>c</b> EIN-PN 46-1063306-001
<b>a</b>	Plan name TRINITY CHANGE, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor TRINITY CHANGE, INC.	<b>c</b> EIN-PN 04-3728752-001

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 AMANI ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMANI ENGINEERING, INC.	<b>c</b> EIN-PN 76-0614439-001
<b>a</b>	Plan name AMERICAN HEAVY MOVING AND RIGGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN HEAVY MOVING AND RIGGING, INC.	<b>c</b> EIN-PN 95-3622763-001
<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
<b>a</b>	Plan name APEX ENDODONTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SANG YUN RO, DDS, PC	<b>c</b> EIN-PN 05-0577077-001
<b>a</b>	Plan name APPALACHIAN BOILER AND FAB,LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor APPALACHIAN BOILER AND FAB, LLC	<b>c</b> EIN-PN 46-0911627-001
<b>a</b>	Plan name VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 1165(E) PLAN	
<b>b</b>	Name of plan sponsor VEOLIA ES TECHNICAL SOLUTIONS, L.L.C	<b>c</b> EIN-PN 36-4287998-001
<b>a</b>	Plan name ATLANTA HEADACHE SPECIALIST 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTA HEADACHE SPECIALISTS	<b>c</b> EIN-PN 26-3517084-001
<b>a</b>	Plan name ATLANTIC AND PACIFIC FREIGHTWAYS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC AND PACIFIC FREIGHTWAYS, INC.	<b>c</b> EIN-PN 93-0984994-001
<b>a</b>	Plan name ATLANTIC MANAGEMENT CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC MANAGEMENT CENTER, INC.	<b>c</b> EIN-PN 54-1260528-001
<b>a</b>	Plan name VITL PENSION PLAN	
<b>b</b>	Name of plan sponsor VERMONT INFORMATION TECHNOLOGY LEADERS	<b>c</b> EIN-PN 20-3131747-001
<b>a</b>	Plan name VMA COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VMA COMMUNICATIONS, INC.	<b>c</b> EIN-PN 47-0901842-001
<b>a</b>	Plan name VOLAC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VOLAC, INC.	<b>c</b> EIN-PN 51-0375769-001

**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	VOLENTE INSURANCE PARTNERS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	VOLENTE INSURANCE PARTNERS, LLC	<b>c</b> EIN-PN 75-3204608-001

<b>a</b> Plan name	VORTOX AIR TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	VORTOX AIR TECHNOLOGY, INC.	<b>c</b> EIN-PN 27-1402284-001

<b>a</b> Plan name	VOSS BELTING & SPECIALTY CO., INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	VOSS BELTING & SPECIALTY CO., INC.	<b>c</b> EIN-PN 36-2109945-001

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TA BLACKROCK LIFEPATH INDEX 2050 RET OPT</b>	<b>B</b> Three-digit plan number (PN) <b>113</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions	<b>1b(1)</b>	
<b>(2)</b> Participant contributions	<b>1b(2)</b>	
<b>(3)</b> Other	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit)	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred	<b>1c(3)(A)</b>	
<b>(B)</b> All other	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred	<b>1c(4)(A)</b>	
<b>(B)</b> Common	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property)	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants)	<b>1c(7)</b>	
<b>(8)</b> Participant loans	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds)	<b>1c(13)</b>	198034056
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)	<b>1c(14)</b>	193301231
<b>(15)</b> Other	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	198034056	193301231
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	198034056	193301231

**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: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	29430565	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		29430565

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1612980	
(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>		1612980
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1612980

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		27817585
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		33782598
(2) From this plan .....	<b>2l(2)</b>		66333008

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