

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: ALGER CAPITAL APPRECIATION RET OPT
1b Three-digit plan number (PN): 132
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

|   |   |
|---|---|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN   |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b><br><b>6a(2)</b><br><b>6b</b><br><b>6c</b><br><b>6d</b><br><b>6e</b><br><b>6f</b><br><b>6g(1)</b><br><b>6g(2)</b><br><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)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

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

|   |   |
|---|---|
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(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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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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

|  |  |
|--|--|
| <b>A</b> Name of plan<br><u>ALGER CAPITAL APPRECIATION RET OPT</u>   | <b>B</b> Three-digit plan number (PN) ▶ <u>132</u>                 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TRANSAMERICA LIFE INSURANCE COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>39-0989781</u> |

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

|   |                      |   |
|---|----------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                       |
|----------|--|---------------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                       |
| <b>a</b> | Plan name <b>BLAGER CONCRETE COMPANY 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>BLAGER CONCRETE COMPANY</b>  | <b>c</b> EIN-PN <b>20-0634151-001</b> |
| <b>a</b> | Plan name <b>BLUE Q 401(K) PROFIT SHARING PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>BLUE Q CORPORATION</b>   | <b>c</b> EIN-PN <b>04-3521482-001</b> |
| <b>a</b> | Plan name <b>CAM CONSTRUCTION &amp; PAINTING 401(K) PLAN &amp; TRUST</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>CAM CONSTRUCTION &amp; PAINTING INC.</b>   | <b>c</b> EIN-PN <b>45-5255646-001</b> |
| <b>a</b> | Plan name <b>CERRONE OLDS-GMC TRUCK 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>AL CERRONE'S HARRIS AUTO SALES INC.</b>  | <b>c</b> EIN-PN <b>04-2608042-001</b> |
| <b>a</b> | Plan name <b>CULVER GROUP PROFIT SHARING &amp; 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>THE CULVER GROUP</b>   | <b>c</b> EIN-PN <b>33-0789218-001</b> |
| <b>a</b> | Plan name <b>CUTHBERTSON RESTORATION, INC. 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>CUTHBERTSON RESTORATION, INC.</b>  | <b>c</b> EIN-PN <b>26-2059511-001</b> |
| <b>a</b> | Plan name <b>DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>DEVINE ORGANICS LLC</b>  | <b>c</b> EIN-PN <b>46-1867921-001</b> |
| <b>a</b> | Plan name <b>DEXTER W. WHITE CONSTRUCTION, LLC 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>DEXTER W. WHITE CONSTRUCTION, LLC</b>  | <b>c</b> EIN-PN <b>62-1761678-001</b> |
| <b>a</b> | Plan name <b>DIAMOND EQUIPMENT, INC. 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>DIAMOND EQUIPMENT, INC.</b>  | <b>c</b> EIN-PN <b>35-1161961-001</b> |
| <b>a</b> | Plan name <b>ECLIPSE ENGINEERING, INC. 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>ECLIPSE ENGINEERING, INC.</b>  | <b>c</b> EIN-PN <b>84-1477890-001</b> |
| <b>a</b> | Plan name <b>ECOMARK ENERGY, INC. 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>ECOMARK ENERGY, INC.</b>   | <b>c</b> EIN-PN <b>47-2681037-001</b> |
| <b>a</b> | Plan name <b>FRANK RUGGIERO RETIREMENT PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>FRANK RUGGIERO</b>   | <b>c</b> EIN-PN <b>33-1004813-001</b> |

| <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            | 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            | HEALTH CARE ASSOCIATION OF MICHIGAN RETIREMENT SAVINGS PROGRAM                       |                                |
| <b>b</b>  | Name of plan sponsor | HEALTH CARE ASSOCIATION OF MICHIGAN  | <b>c</b> EIN-PN 38-6091038-001 |
| <b>a</b>  | Plan name            | KELLY PROPERTY MANAGEMENT, INC. 401(K) PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | KELLY PROPERTY MANAGEMENT, INC.  | <b>c</b> EIN-PN 20-2067590-001 |
| <b>a</b>  | Plan name            | LAUREL FOWLER INSURANCE BROKER, INC. 401(K) PLAN                                     |                                |
| <b>b</b>  | Name of plan sponsor | LAUREL FOWLER INSURANCE BROKER INC.  | <b>c</b> EIN-PN 77-0393444-001 |
| <b>a</b>  | Plan name            | LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN                               |                                |
| <b>b</b>  | Name of plan sponsor | LAW OFFICES OF ANDREW BLUMER   | <b>c</b> EIN-PN 41-2145148-777 |
| <b>a</b>  | Plan name            | LAW OFFICES OF CHARLES WEBB, P.C. 401(K) PROFIT SHARING PLAN                         |                                |
| <b>b</b>  | Name of plan sponsor | WEBB, CASON, COVICH P.C.   | <b>c</b> EIN-PN 74-2387856-001 |
| <b>a</b>  | Plan name            | MARC ALAN ASSOCIATES, INC. 401(K) SAVINGS PLAN                                       |                                |
| <b>b</b>  | Name of plan sponsor | MARC ALAN ASSOCIATES, INC.   | <b>c</b> EIN-PN 22-1801653-003 |
| <b>a</b>  | Plan name            | MARCHIONDA & FERRER 401(K) PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | MARCHIONDA & FERRER, P.A.  | <b>c</b> EIN-PN 22-3261359-001 |
| <b>a</b>  | Plan name            | MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN                         |                                |
| <b>b</b>  | Name of plan sponsor | MERRITT ISLAND AIR AND HEAT INC.   | <b>c</b> EIN-PN 81-0579482-001 |
| <b>a</b>  | Plan name            | NORTHERN NEVADA 401(K) PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | FERNLEY NUGGET CORPORATION   | <b>c</b> EIN-PN 26-1620600-002 |
| <b>a</b>  | Plan name            | NORTHERN NJ CHAPTER, INC. NECA SAFE HARBOR 401(K) PLAN                               |                                |
| <b>b</b>  | Name of plan sponsor | NORTHERN NJ CHAPTER, INC. NECA   | <b>c</b> EIN-PN 22-1455827-002 |

| <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            | PACIFIC FISHING & SUPPLY, INC. 401(K) PROFIT SHARING PLAN                            |                                |
| <b>b</b>   | Name of plan sponsor | PACIFIC FISHING & SUPPLY, INC.   | <b>c</b> EIN-PN 99-0302309-777 |
| <b>a</b>   | Plan name            | PACIFIC MEDICAL 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PACIFIC MEDICAL MANAGEMENT SERVICES, INC.  | <b>c</b> EIN-PN 56-2321193-001 |
| <b>a</b>   | Plan name            | PACKAGING SPECIALTIES 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PACKAGING SPECIALTIES, LLC   | <b>c</b> EIN-PN 88-2479890-001 |
| <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 |
| <b>a</b>   | Plan name            | PHOENIX BUSINESS SOLUTIONS, LLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PHOENIX BUSINESS SOLUTIONS, LLC  | <b>c</b> EIN-PN 36-4358996-001 |
| <b>a</b>   | Plan name            | PROTIRO, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PROTIRO, INC.  | <b>c</b> EIN-PN 84-1441825-001 |
| <b>a</b>   | Plan name            | STEVEN A. VARANO, ESQ. 401(K) PROFIT SHARING PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | STEVEN A. VARANO, ESQ.   | <b>c</b> EIN-PN 22-3143496-001 |
| <b>a</b>   | Plan name            | UNIVERSITY ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor | UNIVERSITY ELECTRIC CO., INC.  | <b>c</b> EIN-PN 94-1493225-002 |
| <b>a</b>   | Plan name            | 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            | 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            | AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST  |                                |
| <b>b</b>   | Name of plan sponsor | AIRMAX LLC   | <b>c</b> EIN-PN 84-1440204-001 |
| <b>a</b>   | Plan name            | ARAPAHOE ROOFING & SHEET METAL 401 (K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ARAPAHOE ROOFING & SHEET METAL, INC.   | <b>c</b> EIN-PN 84-0633163-001 |

| 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 & B TRADING CORPORATION 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor B & B TRADING CORPORATION   | <b>c</b> EIN-PN 04-3055768-001 |
| <b>a</b> | Plan name B & E PETROLEUM, INC. 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor B & E PETROLEUM, INC.   | <b>c</b> EIN-PN 99-0215751-002 |
| <b>a</b> | Plan name B & P FRUIT COMPANY 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor B & P FRUIT COMPANY   | <b>c</b> EIN-PN 77-0313863-002 |
| <b>a</b> | Plan name FARMERS BANK 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor FARMERS BANK  | <b>c</b> EIN-PN 84-1599347-001 |
| <b>a</b> | Plan name 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 HUNT INSURANCE AGENCY, INC. EMPLOYEES SALARY SAVINGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor HUNT INSURANCE AGENCY, INC.   | <b>c</b> EIN-PN 36-2730032-001 |
| <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 KENSINGTON FINANCIAL SERVICES, INC. 401(K)/PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor KENSINGTON FINANCIAL SERVICES, INC.   | <b>c</b> EIN-PN 36-3536681-001 |
| <b>a</b> | Plan name 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 MEYLAN DAVITT JAIN AREVIAN & KIM LLP 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor MEYLAN DAVITT JAIN AREVIAN & KIM LLP  | <b>c</b> EIN-PN 46-1854265-777 |
| <b>a</b> | Plan name NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN & TRUST  |                                |
| <b>b</b> | Name of plan sponsor NUHORIZON PROPERTIES, LLC   | <b>c</b> EIN-PN 38-3521185-001 |
| <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 |

| Part II  | Information on Participating Plans (to be completed by 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="#">PIERCE PACKAGING COMPANY INC. 401(K) PROFIT SHARING PLAN AND TRUST</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">PIERCE PACKAGING COMPANY INC.</a>   | <b>c</b> EIN-PN <a href="#">36-4161206-001</a> |
| <b>a</b> | Plan name <a href="#">RICHARD GROUP 401(K) PLAN</a>  |  |
| <b>b</b> | Name of plan sponsor <a href="#">RICHARD GROUP, LLC</a>  | <b>c</b> EIN-PN <a href="#">46-1249708-001</a> |
| <b>a</b> | Plan name <a href="#">SKANES TECHNOLOGY GROUP LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">SKANES TECHNOLOGY GROUP, LLC</a>  | <b>c</b> EIN-PN <a href="#">27-1433006-001</a> |
| <b>a</b> | Plan name <a href="#">THA ARCHITECTS ENGINEERS 401(K) PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS &amp; PLANNERS, INC.</a>                                  | <b>c</b> EIN-PN <a href="#">38-1561901-002</a> |
| <b>a</b> | Plan name <a href="#">TILLERY CHEVROLET/GMC INC. 401(K) PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">TILLERY CHEVROLET/GMC</a>   | <b>c</b> EIN-PN <a href="#">85-0281064-001</a> |
| <b>a</b> | Plan name <a href="#">VALLEY BULK, INC. 401(K) PROFIT SHARING PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">VALLEY BULK, INC.</a>   | <b>c</b> EIN-PN <a href="#">33-0674207-001</a> |
| <b>a</b> | Plan name <a href="#">ARENA EVENT SERVICES SAVINGS PLAN</a>  |  |
| <b>b</b> | Name of plan sponsor <a href="#">ARENA EVENT SERVICES</a>  | <b>c</b> EIN-PN <a href="#">30-0766502-001</a> |
| <b>a</b> | Plan name <a href="#">ARIAS, TOVAR &amp; ASSOCIATES, P.A. 401(K) PLAN</a>  |  |
| <b>b</b> | Name of plan sponsor <a href="#">ARIAS, TOVAR &amp; ASSOCIATES, P.A.</a>   | <b>c</b> EIN-PN <a href="#">65-0971956-001</a> |
| <b>a</b> | Plan name <a href="#">BAD AXE PRODUCTS LLC 401(K) PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">BAD AXE PRODUCTS LLC</a>  | <b>c</b> EIN-PN <a href="#">45-2653251-001</a> |
| <b>a</b> | Plan name <a href="#">CHASE BUILDING 401(K) PROFIT SHARING PLAN</a>  |  |
| <b>b</b> | Name of plan sponsor <a href="#">CHASE BUILDING GROUP, INC.</a>  | <b>c</b> EIN-PN <a href="#">63-1256300-001</a> |
| <b>a</b> | Plan name <a href="#">CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC.</a>  | <b>c</b> EIN-PN <a href="#">85-0210055-002</a> |
| <b>a</b> | Plan name <a href="#">CHEAHA BANK 401(K) PROFIT SHARING PLAN</a>   |  |
| <b>b</b> | Name of plan sponsor <a href="#">CHEAHA BANK</a>   | <b>c</b> EIN-PN <a href="#">63-1251208-001</a> |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | 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            | D & D PLUMBING, LLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | D & D PLUMBING, LLC  | <b>c</b> EIN-PN 88-0164801-001 |
| <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            | MCARDLE LTD. RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | MCARDLE LTD.   | <b>c</b> EIN-PN 36-2949020-333 |
| <b>a</b>   | Plan name            | MCCLAIN PRINTING, INC. 401(K) PROFIT SHARING PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | MCCLAIN PRINTING COMPANY, INC.   | <b>c</b> EIN-PN 55-0421933-002 |
| <b>a</b>   | Plan name            | MCCLELLAND LAW GROUP 401(K) PROFIT SHARING PLAN                                      |                                |
| <b>b</b>   | Name of plan sponsor | MCCLELLAND LAW GROUP   | <b>c</b> EIN-PN 26-0787424-001 |
| <b>a</b>   | Plan name            | PLAY VISIONS 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | PLAY VISIONS, INC.   | <b>c</b> EIN-PN 91-1242563-001 |
| <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            | WARREN F THOMAS PLUMBING CO. 401(K) PROFIT SHARING PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor | WARREN F. THOMAS PLUMBING CO.  | <b>c</b> EIN-PN 36-4058295-001 |
| <b>a</b>   | Plan name            | A WISIALKO AND COMPANY 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | A WISIALKO AND COMPANY LLC   | <b>c</b> EIN-PN 46-1598908-001 |
| <b>a</b>   | Plan name            | AMERICAN PROFICIENCY INSTITUTE 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | AMERICAN PROFICIENCY INSTITUTE, INC.   | <b>c</b> EIN-PN 38-2949312-001 |

| 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 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 BAR 20 PENSION PROFIT SHARING - 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor BAR 20 DAIRY LLC  | <b>c</b> EIN-PN 20-2670418-001 |
| <b>a</b> | Plan name BARNARD MANUFACTURING CO., INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor BARNARD MANUFACTURING CO., INC.   | <b>c</b> EIN-PN 38-1842231-001 |
| <b>a</b> | Plan name BUCS ANALYTICS 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor BUCS, LLC DBA BUCS ANALYTICS  | <b>c</b> EIN-PN 68-0641573-001 |
| <b>a</b> | Plan name BUILDERS IRON SAVINGS AND RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor BUILDERS IRON   | <b>c</b> EIN-PN 38-3128186-001 |
| <b>a</b> | Plan name CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor CHEROKEE FARM DEVELOPMENT CORPORATION   | <b>c</b> EIN-PN 46-1180603-001 |
| <b>a</b> | Plan name CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor CHESLER CONSTRUCTION, INC.  | <b>c</b> EIN-PN 68-0378142-002 |
| <b>a</b> | Plan name CHILDREN'S LEARNING ADVENTURE 401(K)   |                                |
| <b>b</b> | Name of plan sponsor CHILDREN'S LEARNING ADVENTURE USA, LLC  | <b>c</b> EIN-PN 20-5808736-001 |
| <b>a</b> | Plan name CORETRUST MANAGEMENT, LP 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor CORETRUST MANAGEMENT, LP  | <b>c</b> EIN-PN 32-0475371-001 |
| <b>a</b> | Plan name DIXON AUTOMATIC TOOL, INC. EMPLOYEES' PROFIT SHARING & 401(K) RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor DIXON AUTOMATIC TOOL, INC.  | <b>c</b> EIN-PN 36-2231217-001 |
| <b>a</b> | Plan name DMA HOLDINGS 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor DMA HOLDINGS, INC.  | <b>c</b> EIN-PN 26-1547833-001 |
| <b>a</b> | Plan name DODDS BODYWORKS, INC. 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor DODDS BODYWORKS, INC.   | <b>c</b> EIN-PN 31-1018566-001 |

| 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 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 FUSION ZONE AUTOMOTIVE, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor FUSION ZONE AUTOMOTIVE, INC.  | <b>c</b> EIN-PN 27-1376889-001 |
| <b>a</b> | Plan name JOHN P. CALCATERA 401(K)/PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor JOHN P. CALCATERA DPM PC  | <b>c</b> EIN-PN 26-1562402-001 |
| <b>a</b> | Plan name A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST  |                                |
| <b>b</b> | Name of plan sponsor A/E GRAPHICS, INC.  | <b>c</b> EIN-PN 39-1252452-001 |
| <b>a</b> | Plan name AMERICAN STEEL TREATING, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor AMERICAN STEEL TREATING, INC.   | <b>c</b> EIN-PN 34-1614413-001 |
| <b>a</b> | Plan name AMERICAN TELEPHONE 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor DESIGN BUSINESS COMMUNICATIONS, INC.  | <b>c</b> EIN-PN 86-0736656-001 |
| <b>a</b> | Plan name CHOICE CONCRETE CONSTRUCTION 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC.  | <b>c</b> EIN-PN 52-1758766-777 |
| <b>a</b> | Plan name DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor DON'S TRUCK SALES, INC.   | <b>c</b> EIN-PN 42-0816951-001 |
| <b>a</b> | Plan name DORIC PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST  |                                |
| <b>b</b> | Name of plan sponsor DORIC PRODUCTS, INC.  | <b>c</b> EIN-PN 35-1391396-003 |
| <b>a</b> | Plan name ESSNER MANUFACTURING, L.P. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor ESSNER MANUFACTURING, L.P.  | <b>c</b> EIN-PN 52-2439789-001 |
| <b>a</b> | Plan name FYI SYSTEMS, INC. 401(K) SAVINGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor FYI SYSTEMS, INC.   | <b>c</b> EIN-PN 22-2562534-001 |
| <b>a</b> | Plan name HAGOOD HOMES, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor HAGOOD HOMES, INC.  | <b>c</b> EIN-PN 56-1965580-001 |

| <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            | IAMUS CONSULTING 401(K) PROFIT SHARING PLAN AND TRUST                                |                                |
| <b>b</b>   | Name of plan sponsor | IAMUS CONSULTING, INC.   | <b>c</b> EIN-PN 47-4130171-001 |
| <b>a</b>   | Plan name            | JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | JOHNSON PRODUCTS, INC.   | <b>c</b> EIN-PN 95-3412748-001 |
| <b>a</b>   | Plan name            | MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN                            |                                |
| <b>b</b>   | Name of plan sponsor | MCDONALDS' DESIGN & BUILD, INC.  | <b>c</b> EIN-PN 34-1313478-001 |
| <b>a</b>   | Plan name            | MUSTO WINE GRAPE CO, LLC 401(K) PROFIT SHARING PLAN                                  |                                |
| <b>b</b>   | Name of plan sponsor | MUSTO WINE GRAPE CO, LLC   | <b>c</b> EIN-PN 26-1316055-001 |
| <b>a</b>   | Plan name            | ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN                                |                                |
| <b>b</b>   | Name of plan sponsor | ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.  | <b>c</b> EIN-PN 95-1685796-002 |
| <b>a</b>   | Plan name            | PONY EXPRESS 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | W.C.W. CORPORATION   | <b>c</b> EIN-PN 88-0206170-001 |
| <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            | TRUTRON CORPORATION PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | TRUTRON CORPORATION  | <b>c</b> EIN-PN 38-1858530-001 |
| <b>a</b>   | Plan name            | WATKINS CONSTRUCTION COMPANY, INC. 401(K) PLAN                                       |                                |
| <b>b</b>   | Name of plan sponsor | WATKINS CONSTRUCTION COMPANY, INC.   | <b>c</b> EIN-PN 95-3084079-001 |
| <b>a</b>   | Plan name            | ALIKA C. GARCIA 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ALIKA C. GARCIA  | <b>c</b> EIN-PN 81-0742572-001 |
| <b>a</b>   | Plan name            | ARROW HOLDINGS, INC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ARROW HOLDINGS, INC  | <b>c</b> EIN-PN 98-0381410-001 |
| <b>a</b>   | Plan name            | BAY TRADERS, INC. 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BAY TRADERS, INC.  | <b>c</b> EIN-PN 92-0140124-002 |

| 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 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 BCA LAW FIRM, LLC -- DB / CASH BALANCE                                |                                |
| <b>b</b>   | Name of plan sponsor BHAVYA CHAUDHARY & ASSOCIATES LAW FIRM, LLC                | <b>c</b> EIN-PN 27-3350933-002 |
| <b>a</b>   | Plan name BORCHARDT, CORONA & FAETH 401(K) PLAN                                 |                                |
| <b>b</b>   | Name of plan sponsor BORCHARDT, CORONA & FAETH                                  | <b>c</b> EIN-PN 77-0144125-001 |
| <b>a</b>   | Plan name BOURN & KOCH MACHINE TOOL CO. PROFIT SHARING & SAVINGS PLAN           |                                |
| <b>b</b>   | Name of plan sponsor BOURN & KOCH MACHINE TOOL CO.                              | <b>c</b> EIN-PN 36-2827595-001 |
| <b>a</b>   | Plan name BOWEN INDUSTRIAL CONTRACTORS, INC. RETIREMENT PLAN                    |                                |
| <b>b</b>   | Name of plan sponsor BOWEN INDUSTRIAL CONTRACTORS, INC.                         | <b>c</b> EIN-PN 74-2326815-222 |
| <b>a</b>   | Plan name CAPSTONE COMMERCIAL PROPERTIES, INC. 401(K) PROFIT SHARING PLAN       |                                |
| <b>b</b>   | Name of plan sponsor CAPSTONE COMMERCIAL PROPERTIES, INC.                       | <b>c</b> EIN-PN 73-1691050-001 |
| <b>a</b>   | Plan name CHRISTIAN HOME SERVICES, INC. 401(K) PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor CHRISTIAN HOME SERVICES, INC.                              | <b>c</b> EIN-PN 38-3369745-001 |
| <b>a</b>   | Plan name CHSU 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor CALIFORNIA HEALTH SCIENCES UNIVERSITY                      | <b>c</b> EIN-PN 45-4846058-001 |
| <b>a</b>   | Plan name D.E.S., INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor DIVERSIFIED ENVIRONMENTAL SERVICES, INC.                   | <b>c</b> EIN-PN 59-3055432-001 |
| <b>a</b>   | Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN                                 |                                |
| <b>b</b>   | Name of plan sponsor DOUGLASS INDUSTRIES  | <b>c</b> EIN-PN 22-1912538-002 |
| <b>a</b>   | Plan name FERGUSON COX ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING & 401(K) PLAN |                                |
| <b>b</b>   | Name of plan sponsor FERGUSON COX ASSOCIATES, INC.                              | <b>c</b> EIN-PN 06-1242231-001 |
| <b>a</b>   | Plan name GRANVILLE HOMES, INC. RETIREMENT PLAN                                 |                                |
| <b>b</b>   | Name of plan sponsor GRANVILLE HOMES, INC.                                      | <b>c</b> EIN-PN 77-0236102-002 |

| <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            | GRAY SERVICES, LLC RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | GRAY SERVICES, LLC   | <b>c</b> EIN-PN 27-0480631-001 |
| <b>a</b>   | Plan name            | HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN                            |                                |
| <b>b</b>   | Name of plan sponsor | HELIX CONSTRUCTION SERVICES, INC.  | <b>c</b> EIN-PN 52-1889574-001 |
| <b>a</b>   | Plan name            | HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST                                      |                                |
| <b>b</b>   | Name of plan sponsor | HENNESSEY ENGINEERS, INC.  | <b>c</b> EIN-PN 38-2047389-004 |
| <b>a</b>   | Plan name            | KIM & LAVOY, S.C. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | KIM & LAVOY, S.C.  | <b>c</b> EIN-PN 20-0771810-001 |
| <b>a</b>   | Plan name            | LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN                                   |                                |
| <b>b</b>   | Name of plan sponsor | LINGLE DESIGN GROUP  | <b>c</b> EIN-PN 36-4398800-001 |
| <b>a</b>   | Plan name            | MICHAEL STARS, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | MICHAEL STARS  | <b>c</b> EIN-PN 35-3962410-222 |
| <b>a</b>   | Plan name            | MICHIGAN NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor | MICHIGAN NEUROLOGY ASSOCIATES, P.C.  | <b>c</b> EIN-PN 38-3258019-001 |
| <b>a</b>   | Plan name            | NADER DAKAK, M.D., P.A. 401(K) PROFIT SHARING PLAN & TRUST                           |                                |
| <b>b</b>   | Name of plan sponsor | NADER DAKAK, M.D., P.A.  | <b>c</b> EIN-PN 51-0492533-001 |
| <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            | 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            | 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            | RISER MOTORS, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | RISER MOTORS, INC.   | <b>c</b> EIN-PN 71-0857865-001 |

| <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            | SCHIMP FAMILY DENTISTRY SAFE HARBOR 401(K) PLAN                                      |                                |
| <b>b</b>   | Name of plan sponsor | SCHIMP FAMILY DENTISTRY  | <b>c</b> EIN-PN 30-0024715-001 |
| <b>a</b>   | Plan name            | VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN                                       |                                |
| <b>b</b>   | Name of plan sponsor | VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY  | <b>c</b> EIN-PN 38-1917556-001 |
| <b>a</b>   | Plan name            | 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            | ZEHNDER COMMUNICATIONS, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ZEHNDER COMMUNICATIONS, INC.   | <b>c</b> EIN-PN 72-1324835-001 |
| <b>a</b>   | Plan name            | FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST                                |                                |
| <b>b</b>   | Name of plan sponsor | FLOWMASTER, INC.   | <b>c</b> EIN-PN 46-4050504-002 |
| <b>a</b>   | Plan name            | 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            | PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN                           |                                |
| <b>b</b>   | Name of plan sponsor | PELION ACTUARIAL SERVICES, INC.  | <b>c</b> EIN-PN 45-2927368-001 |
| <b>a</b>   | Plan name            | PENNSYLVANIA CENTRE FOR PLASTIC SURGERY, PC 401(K) PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor | PENNSYLVANIA CENTRE FOR PLASTIC SURGERY, PC  | <b>c</b> EIN-PN 23-2851398-001 |
| <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            | GENERA ENERGY 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | GENERA ENERGY, INC.  | <b>c</b> EIN-PN 45-4907881-001 |
| <b>a</b>   | Plan name            | LONE WOLF RESOURCES 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | LONE WOLF RESOURCES, LLC   | <b>c</b> EIN-PN 75-2815928-001 |
| <b>a</b>   | Plan name            | PRATT & ASSOCIATES, LLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PRATT & ASSOCIATES, LLC  | <b>c</b> EIN-PN 62-1725882-001 |

| <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            | PREACHER, LLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PREACHER, LLC  | <b>c</b> EIN-PN 46-4405855-001 |
| <b>a</b>   | Plan name            | ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST            |                                |
| <b>b</b>   | Name of plan sponsor | ADVANCED AUTOMATION TECHNOLOGIES, INC.   | <b>c</b> EIN-PN 52-1749594-001 |
| <b>a</b>   | Plan name            | ADVANCED MACHINING & AUTOMATION, INC. 401(K) PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | ADVANCED MACHINING & AUTOMATION, INC.  | <b>c</b> EIN-PN 42-1482013-001 |
| <b>a</b>   | Plan name            | COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN                                 |                                |
| <b>b</b>   | Name of plan sponsor | COASTAL BEND WORKFORCE DEVELOPMENT BOARD   | <b>c</b> EIN-PN 74-2424633-001 |
| <b>a</b>   | Plan name            | MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1                                |                                |
| <b>b</b>   | Name of plan sponsor | MAD DOGG ATHLETICS, INC.   | <b>c</b> EIN-PN 95-4481055-002 |
| <b>a</b>   | Plan name            | MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 2                                |                                |
| <b>b</b>   | Name of plan sponsor | MAD DOGG ATHLETICS, INC.   | <b>c</b> EIN-PN 95-4481055-003 |
| <b>a</b>   | Plan name            | THE REALTIME GROUP 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC                                       | <b>c</b> EIN-PN 46-0876004-001 |
| <b>a</b>   | Plan name            | TOUCHTURNS, LLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | TOUCHTURNS, LLC  | <b>c</b> EIN-PN 45-2688671-001 |
| <b>a</b>   | Plan name            | ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | ALLIED GOVERNMENT SOLUTIONS, INC.  | <b>c</b> EIN-PN 27-4329708-001 |
| <b>a</b>   | Plan name            | ALOHA HABILITATION SERVICES, INC. 401(K) PLAN AND TRUST                              |                                |
| <b>b</b>   | Name of plan sponsor | ALOHA HABILITATION SERVICES, INC.  | <b>c</b> EIN-PN 99-0356254-001 |
| <b>a</b>   | Plan name            | COMSTOCK JOHNSON ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN                         |                                |
| <b>b</b>   | Name of plan sponsor | COMSTOCK JOHNSON ARCHITECTS, INC.  | <b>c</b> EIN-PN 68-0039251-003 |
| <b>a</b>   | Plan name            | CONNOLLY, SWITAJ, FOGLER & CO. LLP 401(K) PLAN                                       |                                |
| <b>b</b>   | Name of plan sponsor | CONNOLLY, SWITAJ, FOGLER & CO. LLP   | <b>c</b> EIN-PN 22-2249462-001 |

| <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            | 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            | TUCKER, ALBIN & ASSOCIATES 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | TUCKER, ALBIN & ASSOCIATES   | <b>c</b> EIN-PN 32-0386771-001 |
| <b>a</b>   | Plan name            | TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | TURNBRIDGE CAPITAL MANAGEMENT, LLC   | <b>c</b> EIN-PN 47-0963603-001 |
| <b>a</b>   | Plan name            | AMPAC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | AEROSPACE MASS PROPERTIES ANALYSIS, INC.   | <b>c</b> EIN-PN 23-1949127-001 |
| <b>a</b>   | Plan name            | MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | MCZ CONSTRUCTION, INC.   | <b>c</b> EIN-PN 20-0634943-001 |
| <b>a</b>   | Plan name            | DANIEL S. BANDARI, M.D., INC. 401(K) PROFIT SHARING PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor | DANIEL S. BANDARI, M.D., INC.  | <b>c</b> EIN-PN 26-3401605-001 |
| <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>a</b>   | Plan name            | MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN           |                                |
| <b>b</b>   | Name of plan sponsor | MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.                                      | <b>c</b> EIN-PN 26-1365260-001 |
| <b>a</b>   | Plan name            | VAS, LTD. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | VAS, LTD.  | <b>c</b> EIN-PN 20-2822777-001 |
| <b>a</b>   | Plan name            | AURORA PROJECT, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | AURORA PROJECT, INC.   | <b>c</b> EIN-PN 34-1517827-001 |
| <b>a</b>   | Plan name            | AUSSIE PET MOBILE, INC. 401(K)/PROFIT SHARING PLAN                                   |                                |
| <b>b</b>   | Name of plan sponsor | AUSSIE PET MOBILE, INC.  | <b>c</b> EIN-PN 33-0861292-001 |
| <b>a</b>   | Plan name            | HOGE LUMBER COMPANY 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | HOGE LUMBER COMPANY  | <b>c</b> EIN-PN 34-1819246-002 |

| <b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>  |                      |   |
|---|----------------------|---|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |   |
| <b>a</b>  | Plan name            | MITCHELL CONSTRUCTION CO., INC. SALARY SAVINGS PLAN     |
| <b>b</b>  | Name of plan sponsor | MITCHELL CONSTRUCTION CO., INC.                         |
| <b>c</b>  | EIN-PN               | 57-0521961-001  |
| <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            | ROTO-ROOTER 401(K) PLAN                                 |
| <b>b</b>  | Name of plan sponsor | ROOTER SEWER CLEANERS, INC.                             |
| <b>c</b>  | EIN-PN               | 39-0989392-222  |
| <b>a</b>  | Plan name            | VICTOR EMANUEL NATURE TOURS 401(K) PLAN                 |
| <b>b</b>  | Name of plan sponsor | VICTOR EMANUEL NATURE TOURS, INC.                       |
| <b>c</b>  | EIN-PN               | 74-1942295-001  |
| <b>a</b>  | Plan name            | NATIONAL WELDING, INC. 401(K) PLAN                      |
| <b>b</b>  | Name of plan sponsor | NATIONAL WELDING, INC.                                  |
| <b>c</b>  | EIN-PN               | 56-2396369-001  |
| <b>a</b>  | Plan name            | BEAMALLOY TECHNOLOGIES, LLC 401(K) PLAN                 |
| <b>b</b>  | Name of plan sponsor | BEAMALLOY TECHNOLOGIES, LLC                             |
| <b>c</b>  | EIN-PN               | 20-0326509-001  |
| <b>a</b>  | Plan name            | BECK COMPANIES INC. 401(K) PLAN & TRUST                 |
| <b>b</b>  | Name of plan sponsor | BECK READYMIX CONCRETE COMPANY, INC.                    |
| <b>c</b>  | EIN-PN               | 74-2341756-001  |
| <b>a</b>  | Plan name            | DR. ASHRAF W. SEDHOM BDS, MD, PC DEFINED BENEFIT        |
| <b>b</b>  | Name of plan sponsor | DR. ASHRAF W. SEDHOM - BDS MD PC                        |
| <b>c</b>  | EIN-PN               | 84-1594826-002  |
| <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            | 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            | SERVICE TRANSPORT GROUP, INC. 401(K) PSP                |
| <b>b</b>  | Name of plan sponsor | SERVICE TRANSPORT GROUP, INC.                           |
| <b>c</b>  | EIN-PN               | 23-2981850-001  |
| <b>a</b>  | Plan name            | SEWINGMACHINESPLUS.COM, INC. 401(K) PROFIT SHARING PLAN |
| <b>b</b>  | Name of plan sponsor | SEWINGMACHINESPLUS.COM, INC.                            |
| <b>c</b>  | EIN-PN               | 26-4413184-001  |

| 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 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 WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC. RETIREMENT PLAN        |                                |
| <b>b</b>   | Name of plan sponsor WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC.             | <b>c</b> EIN-PN 46-3012973-001 |
| <b>a</b>   | Plan name WILDLIFE 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor WILDLIFE DESIGN, INC.                                    | <b>c</b> EIN-PN 46-3996728-001 |
| <b>a</b>   | Plan name WILLIAMS, DECLARK & TUSCHMAN CO., LPA PROFIT SHARING PLAN           |                                |
| <b>b</b>   | Name of plan sponsor WILLIAMS, DECLARK & TUSCHMAN CO., LPA                    | <b>c</b> EIN-PN 34-1311244-001 |
| <b>a</b>   | Plan name OCEAN VIEW DENTAL 401(K) RETIREMENT SAVINGS PLAN                    |                                |
| <b>b</b>   | Name of plan sponsor SUMMER T. WOOD, D.M.D. DBA OCEAN VIEW DENTAL             | <b>c</b> EIN-PN 45-3512542-001 |
| <b>a</b>   | Plan name BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN                |                                |
| <b>b</b>   | Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC.                         | <b>c</b> EIN-PN 74-1179149-002 |
| <b>a</b>   | Plan name JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN                    |                                |
| <b>b</b>   | Name of plan sponsor JARMER ELECTRIC, INC.                                    | <b>c</b> EIN-PN 93-0694887-001 |
| <b>a</b>   | Plan name JD SPINE 401(K) PROFIT SHARING PLAN                                 |                                |
| <b>b</b>   | Name of plan sponsor JD MEDICAL LLC D/B/A JD SPINE                            | <b>c</b> EIN-PN 27-1574562-001 |
| <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 OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN                  |                                |
| <b>b</b>   | Name of plan sponsor OUR HOME PHARMACY, INC.                                  | <b>c</b> EIN-PN 27-2618187-001 |
| <b>a</b>   | Plan name OUTDOOR LIGHTING PERSPECTIVES 401(K) RETIREMENT PLAN                |                                |
| <b>b</b>   | Name of plan sponsor OUTDOOR LIGHTING PERSPECTIVES, L.L.C.                    | <b>c</b> EIN-PN 62-1766403-001 |
| <b>a</b>   | Plan name EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN                       |                                |
| <b>b</b>   | Name of plan sponsor EVERGREEN AVIATION & SPACE MUSEUM                        | <b>c</b> EIN-PN 93-1069203-001 |

| <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            | FFTT, LLC 401 (K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | FFTT, LLC  | <b>c</b> EIN-PN 81-0860100-001 |
| <b>a</b>   | Plan name            | FIDELITY BUILDERS SUPPLY INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | FIDELITY BUILDERS SUPPLY INC.  | <b>c</b> EIN-PN 34-4477025-001 |
| <b>a</b>   | Plan name            | KINGFISHER CHARTERS & LODGE 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | KINGFISHER CHARTERS & LODGE, LLC   | <b>c</b> EIN-PN 71-0874903-001 |
| <b>a</b>   | Plan name            | SUPERIOR PAINT SUPPLY, INC. 401(K) PROFIT SHARING PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor | SUPERIOR PAINT SUPPLY, INC.  | <b>c</b> EIN-PN 87-0241620-001 |
| <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            | MAISON LOUIS MARIE LLC DEFINED BENEFIT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | MAISON LOUIS MARIE LLC   | <b>c</b> EIN-PN 47-4176521-002 |
| <b>a</b>   | Plan name            | MAKETEWAH COUNTRY CLUB 401(K) PROFIT SHARING PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | MAKETEWAH COUNTRY CLUB   | <b>c</b> EIN-PN 31-0308478-001 |
| <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            | GLEN CARBIDE, INC. RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | GLEN CARBIDE, INC.   | <b>c</b> EIN-PN 25-1065069-004 |
| <b>a</b>   | Plan name            | PROCESSES BY MARTIN, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PROCESSES BY MARTIN, INC.  | <b>c</b> EIN-PN 95-4434945-001 |
| <b>a</b>   | Plan name            | ALTAONE FEDERAL CREDIT UNION 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ALTAONE FEDERAL CREDIT UNION   | <b>c</b> EIN-PN 95-1658623-222 |
| <b>a</b>   | Plan name            | MATICH CORPORATION 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | MATICH CORPORATION   | <b>c</b> EIN-PN 95-1810911-002 |

| <b>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            | GREENS OPERATIONS, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | GREENS OPERATIONS, INC   | <b>c</b> EIN-PN 47-3688571-001 |
| <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            | CREATIVE RETIREMENT SYSTEMS, INC. PROFIT SHARING PLAN                                |                                |
| <b>b</b>   | Name of plan sponsor | CREATIVE RETIREMENT SYSTEMS, INC.  | <b>c</b> EIN-PN 31-1299207-001 |
| <b>a</b>   | Plan name            | HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST                          |                                |
| <b>b</b>   | Name of plan sponsor | HARPREET SAINI DDS, INC.   | <b>c</b> EIN-PN 27-4236646-001 |
| <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            | MIKE COUNCIL PLUMBING, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | MIKE COUNCIL PLUMBING, INC.  | <b>c</b> EIN-PN 77-0547651-001 |
| <b>a</b>   | Plan name            | VAUGHN A. VICTORINO 401(K) PROFIT SHARING PLAN                                       |                                |
| <b>b</b>   | Name of plan sponsor | VAUGHN A. VICTORINO  | <b>c</b> EIN-PN 81-0866840-001 |
| <b>a</b>   | Plan name            | VEHICLE ACCESSORIES RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | VEHICLE ACCESSORIES  | <b>c</b> EIN-PN 38-3553465-001 |
| <b>a</b>   | Plan name            | VELOCITY STAFF 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | VELOCITY STAFF, INC.   | <b>c</b> EIN-PN 20-1745461-001 |
| <b>a</b>   | Plan name            | AVERA & SMITH LLP 401K PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | AVERA & SMITH LLP  | <b>c</b> EIN-PN 54-2118084-001 |
| <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            | MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | MJD TRUCKING, INC.   | <b>c</b> EIN-PN 65-0831291-001 |

| <b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>  |                      |   |
|---|----------------------|---|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |   |
| <b>a</b>  | Plan name            | MLP MFG., INC. 401(K) PLAN  |
| <b>b</b>  | Name of plan sponsor | MLP MFG., INC.  |
| <b>c</b>  | EIN-PN               | 38-2753483-001  |
| <b>a</b>  | Plan name            | VISTA BEHAVIORAL HEALTH, INC. 401(K) PROFIT SHARING PLAN              |
| <b>b</b>  | Name of plan sponsor | VISTA BEHAVIORAL HEALTH, INC.   |
| <b>c</b>  | EIN-PN               | 45-2979166-001  |
| <b>a</b>  | Plan name            | VITAL RETIREMENT PLAN   |
| <b>b</b>  | Name of plan sponsor | VITAL VENTURES  |
| <b>c</b>  | EIN-PN               | 81-0972460-001  |
| <b>a</b>  | Plan name            | VITECH 401(K) PLAN  |
| <b>b</b>  | Name of plan sponsor | ZUKEN VITECH, INC.  |
| <b>c</b>  | EIN-PN               | 54-1636539-001  |
| <b>a</b>  | Plan name            | NATURE DESIGNS LANDSCAPE 401(K) PROFIT SHARING PLAN                   |
| <b>b</b>  | Name of plan sponsor | ESCONDIDO LANDSCAPE, INC.   |
| <b>c</b>  | EIN-PN               | 33-0348276-001  |
| <b>a</b>  | Plan name            | 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            | EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN                       |
| <b>b</b>  | Name of plan sponsor | EASLEY HEAD & NECK SURGERY, P.A.                                      |
| <b>c</b>  | EIN-PN               | 57-0752346-002  |
| <b>a</b>  | Plan name            | NICHOLSON, INC. SAVINGS AND PROFIT SHARING PLAN                       |
| <b>b</b>  | Name of plan sponsor | NICHOLSON, INC.   |
| <b>c</b>  | EIN-PN               | 61-1415527-001  |
| <b>a</b>  | Plan name            | SHARPRINT SILKSCREEN AND GRAPHICS, INC. 401(K) SAVINGS PLAN AND TRUST |
| <b>b</b>  | Name of plan sponsor | SHARPRINT SILKSCREEN AND GRAPHICS, INC.                               |
| <b>c</b>  | EIN-PN               | 36-3931487-001  |
| <b>a</b>  | Plan name            | SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST                     |
| <b>b</b>  | Name of plan sponsor | SHAW'S COVE ORTHOPAEDICS, LLC   |
| <b>c</b>  | EIN-PN               | 56-2397586-001  |
| <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            | WISCONSIN LIFTING SPECIALISTS 401(K) PLAN                             |
| <b>b</b>  | Name of plan sponsor | WISCONSIN LIFTING SPECIALISTS, INC.                                   |
| <b>c</b>  | EIN-PN               | 39-1130436-001  |

| 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 BRICK CITY PRIMARY CARE PLLC 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor BRICK CITY PRIMARY CARE   | <b>c</b> EIN-PN 26-4778038-001 |
| <b>a</b> | Plan name ELM HEATING AND COOLING, INC. PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor ELM HEATING & COOLING, INC.   | <b>c</b> EIN-PN 36-4021033-001 |
| <b>a</b> | Plan name EMG, INC. PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor EMG, INC.   | <b>c</b> EIN-PN 94-2903016-001 |
| <b>a</b> | Plan name OHIO COUNCIL OF RETAIL MERCHANTS 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor OHIO COUNCIL OF RETAIL MERCHANTS  | <b>c</b> EIN-PN 31-4269320-002 |
| <b>a</b> | Plan name SOCIETY, INC. RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor SOCIETY, INC. DBA THE ACADEMY   | <b>c</b> EIN-PN 80-0231640-001 |
| <b>a</b> | Plan name SOUND & SECURE, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor SOUND & SECURE, INC.  | <b>c</b> EIN-PN 88-0354066-001 |
| <b>a</b> | Plan name SOUND HEALTH IMAGING, INC. RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor SOUND HEALTH IMAGING, INC.  | <b>c</b> EIN-PN 81-0489518-002 |
| <b>a</b> | Plan name CABERY FERTILIZER, INC. PROFIT SHARING PLAN AND TRUST  |                                |
| <b>b</b> | Name of plan sponsor CABERY FERTILIZER, INC.   | <b>c</b> EIN-PN 37-0909029-001 |
| <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 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 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 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 |

| Part II  | Information on Participating Plans (to be completed by 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 PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN |                                |
| <b>b</b>   | Name of plan sponsor PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.                 | <b>c</b> EIN-PN 74-2459387-001 |
| <b>a</b>   | Plan name FOOT AND ANKLE CENTER'S 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor FOOT AND ANKLE CENTER LLC, WASKIN                               | <b>c</b> EIN-PN 20-1334520-001 |
| <b>a</b>   | Plan name FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN                            |                                |
| <b>b</b>   | Name of plan sponsor FOREWAY TRANSPORTATION, INC.                                    | <b>c</b> EIN-PN 38-2165402-001 |
| <b>a</b>   | Plan name FORMOSA CONTAINER LINE INC. PROFIT SHARING 401(K) PLAN                     |                                |
| <b>b</b>   | Name of plan sponsor FORMOSA CONTAINER LINE INC.                                     | <b>c</b> EIN-PN 33-0252605-001 |
| <b>a</b>   | Plan name CELTIC CONSTRUCTION, INC. PREVAILING WAGE PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor CELTIC CONSTRUCTION, INC.                                       | <b>c</b> EIN-PN 20-1247860-001 |
| <b>a</b>   | Plan name LANCE INDUSTRIES, INC. 401(K) PLAN AND TRUST                               |                                |
| <b>b</b>   | Name of plan sponsor LANCE INDUSTRIES, INC.  | <b>c</b> EIN-PN 90-0613621-001 |
| <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 WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN                        |                                |
| <b>b</b>   | Name of plan sponsor WOOD AG MANAGEMENT, INC.  | <b>c</b> EIN-PN 81-4829814-001 |
| <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 BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor BENJAMIN DEL VENTO, P.A.  | <b>c</b> EIN-PN 22-1943968-001 |
| <b>a</b>   | Plan name BERGER & JEN KIN DDS, INC. 401K PROFIT SHARING PLAN                        |                                |
| <b>b</b>   | Name of plan sponsor BERGER & JEN KIN DDS, INC.                                      | <b>c</b> EIN-PN 95-4666002-001 |
| <b>a</b>   | Plan name BRUCE S. HEATER 401(K) PROFIT SHARING PLAN                                 |                                |
| <b>b</b>   | Name of plan sponsor BRUCE S. HEATER, DDS, LLC                                       | <b>c</b> EIN-PN 86-1138955-002 |

| <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            | CAHFC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CAPITAL AREA HOUSING FINANCE CORPORATION   | <b>c</b> EIN-PN 42-1550637-001 |
| <b>a</b>   | Plan name            | CALIBER SOLUTIONS 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS                                   | <b>c</b> EIN-PN 26-4751651-001 |
| <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 |
| <b>a</b>   | Plan name            | CENTRAL ARIZONA SUPPLY, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | CENTRAL ARIZONA SUPPLY, INC.   | <b>c</b> EIN-PN 86-0215440-002 |
| <b>a</b>   | Plan name            | CENTRAL OHIO BEHAVIORAL MEDICINE, INC. 401(K) PROFIT SHARING PLAN                    |                                |
| <b>b</b>   | Name of plan sponsor | CENTRAL OHIO BEHAVIORAL MEDICINE, INC.   | <b>c</b> EIN-PN 31-1532806-001 |
| <b>a</b>   | Plan name            | CENTROSOLAR AMERICA, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CENTROSOLAR AMERICA, INC.  | <b>c</b> EIN-PN 20-8781598-001 |
| <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            | CLEARBROOK, LLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CLEARBROOK LLC   | <b>c</b> EIN-PN 63-1209080-001 |
| <b>a</b>   | Plan name            | CLEARWATER CONSULTING 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CLEARWATER CONSULTING, LLC   | <b>c</b> EIN-PN 20-8661154-001 |
| <b>a</b>   | Plan name            | COLLEGIUM HOLDINGS, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | COLLEGIUM HOLDINGS, INC.   | <b>c</b> EIN-PN 22-3221879-001 |
| <b>a</b>   | Plan name            | COLONIAL GENERAL INSURANCE AGENCY 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | COLONIAL GENERAL INSURANCE AGENCY, INC.  | <b>c</b> EIN-PN 31-1125848-001 |
| <b>a</b>   | Plan name            | COOPER CONSULTING COMPANY 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | COOPER CONSULTING COMPANY  | <b>c</b> EIN-PN 74-2723942-001 |

| 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 CROY CONTRACTING, INC.401(K) RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor CROY CONTRACTING, INC.  | <b>c</b> EIN-PN 54-1616963-001 |
| <b>a</b> | Plan name DENVER METRO ASSOCIATION OF REALTORS 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor DENVER METRO ASSOCIATION OF REALTORS  | <b>c</b> EIN-PN 84-0188045-002 |
| <b>a</b> | Plan name EMPLOYEES' 401(K) RETIREMENT TRUST FOR ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION                                |                                |
| <b>b</b> | Name of plan sponsor ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION  | <b>c</b> EIN-PN 95-3084651-015 |
| <b>a</b> | Plan name ENGELHARDT DAIRY OF WISCONSIN, LLC 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor ENGELHARDT DAIRY OF WISCONSIN, LLC  | <b>c</b> EIN-PN 45-2174947-001 |
| <b>a</b> | Plan name 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 FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor FISHER DESIGN, INC.   | <b>c</b> EIN-PN 31-0601808-001 |
| <b>a</b> | Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY   | <b>c</b> EIN-PN 95-4467199-001 |
| <b>a</b> | Plan name GH GROUP, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor GH GROUP, INC.  | <b>c</b> EIN-PN 68-1040851-001 |
| <b>a</b> | Plan name GIBSON WINE COMPANY EMPLOYEE SAVINGS & RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor GIBSON WINE COMPANY   | <b>c</b> EIN-PN 94-0840555-002 |
| <b>a</b> | Plan name HISENSE PHOTONICS, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor HISENSE PHOTONICS, INC.   | <b>c</b> EIN-PN 33-0939548-001 |
| <b>a</b> | Plan name 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 ISOVOLTA, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor ISOVOLTA, INC.  | <b>c</b> EIN-PN 13-4263768-001 |

| 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>KANO TRUCKING 401(K) RETIREMENT SAVINGS PLAN (001)</b>                              |                                       |
| <b>b</b>   | Name of plan sponsor <b>THEOPHYLLUS, INC. DBA KANO TRUCKING SERVICE</b>                          | <b>c</b> EIN-PN <b>99-0283834-001</b> |
| <b>a</b>   | Plan name <b>KAWANA &amp; GONG, LLP 401(K) PROFIT SHARING PLAN</b>                               |                                       |
| <b>b</b>   | Name of plan sponsor <b>KAWANA &amp; GONG, LLP</b>   | <b>c</b> EIN-PN <b>20-0427747-001</b> |
| <b>a</b>   | Plan name <b>LAURAS INTERNATIONAL LLP 401(K) PLAN</b>  |                                       |
| <b>b</b>   | Name of plan sponsor <b>LAURAS INTERNATIONAL USA LLP</b>   | <b>c</b> EIN-PN <b>26-1603445-001</b> |
| <b>a</b>   | Plan name <b>LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN</b>                                   |                                       |
| <b>b</b>   | Name of plan sponsor <b>LAURAS INTERNATIONAL USA LLP</b>   | <b>c</b> EIN-PN <b>26-1603445-002</b> |
| <b>a</b>   | Plan name <b>LUSO FEDERAL CREDIT UNION RETIREMENT PLAN</b>                                       |                                       |
| <b>b</b>   | Name of plan sponsor <b>LUSO FEDERAL CREDIT UNION</b>  | <b>c</b> EIN-PN <b>04-6279799-001</b> |
| <b>a</b>   | Plan name <b>LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC. 401(K) PLAN</b>                 |                                       |
| <b>b</b>   | Name of plan sponsor <b>LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC.</b>                  | <b>c</b> EIN-PN <b>36-4594126-001</b> |
| <b>a</b>   | Plan name <b>LYONS GROUP 401(K) PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>LYONS GROUP</b>  | <b>c</b> EIN-PN <b>04-2707878-001</b> |
| <b>a</b>   | Plan name <b>MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN &amp; TRUST</b> |                                       |
| <b>b</b>   | Name of plan sponsor <b>MANTUCKET CAPITAL MANAGEMENT CORPORATION</b>                             | <b>c</b> EIN-PN <b>47-0880782-001</b> |
| <b>a</b>   | Plan name <b>MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</b>                        |                                       |
| <b>b</b>   | Name of plan sponsor <b>MANUFACTURING SOLUTIONS, INC.</b>  | <b>c</b> EIN-PN <b>48-1180359-001</b> |
| <b>a</b>   | Plan name <b>MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN</b>                                 |                                       |
| <b>b</b>   | Name of plan sponsor <b>MEDIX SPECIALTY VEHICLES, LLC</b>  | <b>c</b> EIN-PN <b>54-2028306-001</b> |
| <b>a</b>   | Plan name <b>MILLER BARONDESS 401(K) PLAN</b>  |                                       |
| <b>b</b>   | Name of plan sponsor <b>MILLER BARONDESS, LLP</b>  | <b>c</b> EIN-PN <b>20-4939800-222</b> |
| <b>a</b>   | Plan name <b>MINING EQUIPMENT 401(K) PROFIT SHARING PLAN</b>                                     |                                       |
| <b>b</b>   | Name of plan sponsor <b>MINING EQUIPMENT, LTD.</b>   | <b>c</b> EIN-PN <b>16-1646623-222</b> |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                       |
|----------|--|---------------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                       |
| <b>a</b> | Plan name <b>NEW CLASSIC FURNITURE 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>NEW CLASSIC FURNITURE</b>  | <b>c</b> EIN-PN <b>33-0976223-222</b> |
| <b>a</b> | Plan name <b>NORTH SHORE MANUFACTURING CORP. RETIREMENT PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>NORTH SHORE MANUFACTURING CORPORATION</b>  | <b>c</b> EIN-PN <b>38-1885372-001</b> |
| <b>a</b> | Plan name <b>OMNIPATH, INC. 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>OMNIPATH, INC.</b>   | <b>c</b> EIN-PN <b>31-1639546-002</b> |
| <b>a</b> | Plan name <b>ONE SOURCE INDUSTRIES, LLC 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>ONE SOURCE INDUSTRIES, LLC</b>   | <b>c</b> EIN-PN <b>33-0835151-001</b> |
| <b>a</b> | Plan name <b>PACE ANALYTICAL, INC. DEL CARIBE RETIREMENTS SAVINGS PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>PACE ANALYTICAL, INC.</b>  | <b>c</b> EIN-PN <b>66-0629797-001</b> |
| <b>a</b> | Plan name <b>PETROLEUM INSTALLATION SPECIALISTS, LLC 401(K) RETIREMENT PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>PETROLEUM INSTALLATION SPECIALISTS, LLC</b>  | <b>c</b> EIN-PN <b>87-0647114-001</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 MAINTENANCE OF COLUMBUS, INC. 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>PROFESSIONAL MAINTENANCE OF COLUMBUS, INC.</b>   | <b>c</b> EIN-PN <b>31-0624825-001</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>REPCO SALES LLC 401(K) PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>REPCO SALES LLC</b>  | <b>c</b> EIN-PN <b>99-3976601-001</b> |
| <b>a</b> | Plan name <b>ROSCOE BROWN, INC. PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>ROSCOE BROWN, INC.</b>   | <b>c</b> EIN-PN <b>62-0810017-001</b> |
| <b>a</b> | Plan name <b>SENECA PETROLEUM COMPANY, INC. 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>SENECA PETROLEUM COMPANY, INC.</b>   | <b>c</b> EIN-PN <b>36-1755250-002</b> |

| <b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>  |                      |   |
|---|----------------------|---|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |   |
| <b>a</b>  | Plan name            | SOUTH SHORE HEARING CENTER, LLC 401(K) PROFIT SHARING PLAN              |
| <b>b</b>  | Name of plan sponsor | SOUTH SHORE HEARING CENTER, LLC   |
| <b>c</b>  | EIN-PN               | 47-4480052-001  |
| <b>a</b>  | Plan name            | SOUTHEAST CHEROKEE CONSTRUCTION, INC. 401(K) PLAN                       |
| <b>b</b>  | Name of plan sponsor | SOUTHEAST CHEROKEE CONSTRUCTION, INC.                                   |
| <b>c</b>  | EIN-PN               | 63-0859575-001  |
| <b>a</b>  | Plan name            | SWAN USA 401(K) PLAN  |
| <b>b</b>  | Name of plan sponsor | SWAN ANALYTICAL USA   |
| <b>c</b>  | EIN-PN               | 30-0516534-001  |
| <b>a</b>  | Plan name            | SYSTEM 22, INC. 401(K) PLAN   |
| <b>b</b>  | Name of plan sponsor | SYSTEM 22, INC.   |
| <b>c</b>  | EIN-PN               | 23-2734281-001  |
| <b>a</b>  | Plan name            | TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN |
| <b>b</b>  | Name of plan sponsor | TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC.                            |
| <b>c</b>  | EIN-PN               | 84-2050914-001  |
| <b>a</b>  | Plan name            | ADDED DIMENSIONS, INC. 401(K) PLAN                                      |
| <b>b</b>  | Name of plan sponsor | ADDED DIMENSIONS, INC.  |
| <b>c</b>  | EIN-PN               | 94-3257729-001  |
| <b>a</b>  | Plan name            | AMERICAN GALVANO, INC. 401(K) PROFIT SHARING PLAN                       |
| <b>b</b>  | Name of plan sponsor | AMERICAN GALVANO, INC.  |
| <b>c</b>  | EIN-PN               | 20-0161792-001  |
| <b>a</b>  | Plan name            | UNITED CONSTRUCTION PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST |
| <b>b</b>  | Name of plan sponsor | UNITED CONSTRUCTION PRODUCTS, INC.                                      |
| <b>c</b>  | EIN-PN               | 31-1725730-001  |
| <b>a</b>  | Plan name            | AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN                 |
| <b>b</b>  | Name of plan sponsor | AON RISK SOLUTIONS OF PUERTO RICO, INC.                                 |
| <b>c</b>  | EIN-PN               | 66-0274215-002  |
| <b>a</b>  | Plan name            | VERMILION ENERGY, USA RETIREMENT SAVINGS PLAN                           |
| <b>b</b>  | Name of plan sponsor | VERMILION ENERGY USA INC.   |
| <b>c</b>  | EIN-PN               | 47-1769898-001  |
| <b>a</b>  | Plan name            | VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN              |
| <b>b</b>  | Name of plan sponsor | VERSA TOOL & DIE MACHINING & ENGINEERING, INC.                          |
| <b>c</b>  | EIN-PN               | 39-1085074-002  |
| <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>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|   |  |
|---|--|
| 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<br><b>ALGER CAPITAL APPRECIATION RET OPT</b>  | <b>B</b> Three-digit plan number (PN) ▶ <b>132</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRANSAMERICA LIFE INSURANCE COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>39-0989781</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets   | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| <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>         | 68294228        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>         | 66502791        |
| <b>(15)</b> Other .....  | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                                  |              | <b>(a)</b> Beginning of Year | <b>(b)</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>    | 68294228                     | 66502791               |
| <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>    | 4                            | 4                      |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 4                            | 4                      |
| <b>Net Assets</b>  |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 68294224                     | 66502787               |

**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>  |                 | <b>(a)</b> Amount | <b>(b)</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: (A) Preferred stock.....</b>   | <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) Rents.....</b>  | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....</b>                                  | <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: (A) Real estate.....</b>                          | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 21958809          |                  |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |                   | 21958809         |

|   |               | (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>     |            | 21958809  |

**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>  | 519662 |        |
| (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> |        | 519662 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |        | 519662 |

**Net Income and Reconciliation**

|   |              |  |          |
|---|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 21439147 |
| <b>l</b> Transfers of assets:   |              |  |          |
| (1) To this plan.....   | <b>2l(1)</b> |  | 5199130  |
| (2) From this plan .....  | <b>2l(2)</b> |  | 28429714 |

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