

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: large;">2024</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BLACKROCK EQUITY DIVIDEND RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>240</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	08/21/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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:

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BLACKROCK EQUITY DIVIDEND RET OPT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>240</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <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)
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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)
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)
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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)

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

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d Entity code

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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.)		
a	Plan name CAM CONSTRUCTION & PAINTING 401(K) PLAN & TRUST	
b	Name of plan sponsor CAM CONSTRUCTION & PAINTING INC.	c EIN-PN 45-5255646-001
a	Plan name COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor COLORADO MEDICAL SOCIETY	c EIN-PN 84-0174440-001
a	Plan name DIAMOND EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor DIAMOND EQUIPMENT, INC.	c EIN-PN 35-1161961-001
a	Plan name ECOS ENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor ECOS ENERGY, LLC	c EIN-PN 26-4332281-001
a	Plan name EDES CUSTOM MEATS, LLC 401(K) PLAN	
b	Name of plan sponsor BOTTOMLAND PRIME, LLC	c EIN-PN 87-3797281-001
a	Plan name EDGE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EDGE PLASTICS, INC.	c EIN-PN 33-0397325-001
a	Plan name FAMILY RESOURCE CENTER RETIREMENT PLAN	
b	Name of plan sponsor FAMILY RESOURCE CENTER	c EIN-PN 36-3532803-001
a	Plan name FRANK C. LAWRENCE DAIRY PROFIT SHARING PLAN	
b	Name of plan sponsor FRANK LAWRENCE DAIRY	c EIN-PN 94-1220748-001
a	Plan name FRANTZ, INC. 401(K) PLAN	
b	Name of plan sponsor FRANTZ, INC.	c EIN-PN 61-0436803-002
a	Plan name GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	c EIN-PN 95-4126355-001
a	Plan name HCA 401(K) PLAN	
b	Name of plan sponsor HOME CARE ADVANTAGE, LLC	c EIN-PN 14-1858113-001
a	Plan name HEALTH SOLUTIONS, LLC EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor HEALTH SOLUTIONS, LLC	c EIN-PN 26-1412288-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HOWARD FINISHING, LLC RETIREMENT PLAN	
b	Name of plan sponsor	HOWARD FINISHING, LLC	c EIN-PN 03-0383740-001
a	Plan name	HSC 401(K) PLAN	
b	Name of plan sponsor	HEALTHCARE STAFFING & CONSULTANTS, L.L.C.	c EIN-PN 22-3789693-001
a	Plan name	KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	KENNEDY AUTOMOTIVE GROUP, INC.	c EIN-PN 23-2545536-001
a	Plan name	LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	LAW OFFICES OF ANDREW BLUMER	c EIN-PN 41-2145148-777
a	Plan name	LAW OFFICES OF CHARLES WEBB, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEBB, CASON, COVICH P.C.	c EIN-PN 74-2387856-001
a	Plan name	LAWRENCE TRACTOR COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAWRENCE TRACTOR COMPANY, INC.	c EIN-PN 94-1713405-001
a	Plan name	MARCHIONDA & FERRER 401(K) PLAN	
b	Name of plan sponsor	MARCHIONDA & FERRER, P.A.	c EIN-PN 22-3261359-001
a	Plan name	METAL CONSTRUCTION MATERIALS, LLC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	METAL CONSTRUCTION MATERIALS, LLC.	c EIN-PN 74-2064793-001
a	Plan name	NORTHWEST ELECTRIC OF VANCOUVER, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST ELECTRIC OF VANCOUVER, INC.	c EIN-PN 20-8108991-001
a	Plan name	PACIFIC LOCK & SAFE 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL SERVICES, INC. DBA PACIFIC LOCK & SAFE	c EIN-PN 99-0285551-001
a	Plan name	PACIFIC MEDICAL 401(K) PLAN	
b	Name of plan sponsor	PACIFIC MEDICAL MANAGEMENT SERVICES, INC.	c EIN-PN 56-2321193-001
a	Plan name	PHILIP CIAMPA SALON 401(K) PLAN	
b	Name of plan sponsor	PHILIP CIAMPA SALON	c EIN-PN 04-2784425-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name PHILLIP GALYEN PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PHILLIP GALYEN PC DBA BAILEY & GALYEN	c EIN-PN 75-2218748-001
a	Plan name PROMAN STAFFING GROUP 401(K) PLAN	
b	Name of plan sponsor PROMAN GROUP, INC	c EIN-PN 82-2540923-001
a	Plan name RFNRCPAS RETIREMENT PLAN	
b	Name of plan sponsor RFNR, LLP	c EIN-PN 95-4664923-001
a	Plan name STEVENS TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor STEVENS TRANSPORTATION, INC.	c EIN-PN 77-0009655-001
a	Plan name TEXAS BANK 401(K) PLAN	
b	Name of plan sponsor TEXAS BANK	c EIN-PN 75-1405029-001
a	Plan name THOMAS TRI QUACH, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMAS TRI QUACH, M.D., INC.	c EIN-PN 33-0856862-001
a	Plan name THREAD INFORMATION DESIGN 401(K) PLAN	
b	Name of plan sponsor THREAD INFORMATION DESIGN	c EIN-PN 34-1537882-001
a	Plan name URGENT CARE AT LAKE LUCILLE, INC. 401(K) PLAN	
b	Name of plan sponsor URGENT CARE AT LAKE LUCILLE, INC.	c EIN-PN 92-0144617-001
a	Plan name WAGNER OVERHEAD DOOR CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WAGNER OVERHEAD DOOR CO., INC.	c EIN-PN 34-1232496-001
a	Plan name WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name XERION ADVANCED BATTERY CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor XERION ADVANCED BATTERY CORP.	c EIN-PN 45-3516563-001
a	Plan name XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor XP SERVICES, INC.	c EIN-PN 80-0316734-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name YARBROUGH ELECTRONICS SALES, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor YARBROUGH ELECTRONICS SALES	c EIN-PN 86-0911466-001
a	Plan name 1ST LIGHT SALES CORP 401(K) PROFIT SHARING PLAN AND TRUST 3	
b	Name of plan sponsor 1ST LIGHT SALES CORP	c EIN-PN 35-2431013-001
a	Plan name AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AIR CLEANING TECHNOLOGIES, INC.	c EIN-PN 54-2003736-001
a	Plan name APS 401(K) PLAN	
b	Name of plan sponsor ADVANCED POWDER SOLUTIONS OF TEXAS	c EIN-PN 20-3150581-001
a	Plan name ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCHITECTURE, INC.	c EIN-PN 54-1371604-001
a	Plan name AYERS & BROWN, P.C. RETIREMENT PLAN	
b	Name of plan sponsor AYERS & BROWN, P.C.	c EIN-PN 86-0541873-001
a	Plan name B & D LAW OFFICES 401(K) PLAN	
b	Name of plan sponsor B & D LAW OFFICES, P.C.	c EIN-PN 87-3361600-001
a	Plan name FARROW CORPORATION 401(K) PLAN	
b	Name of plan sponsor FARROW CORPORATION	c EIN-PN 95-4536736-001
a	Plan name FRC 401(K) PLAN	
b	Name of plan sponsor THE FINANCIAL RESOURCE CENTER, INC.	c EIN-PN 35-1883522-001
a	Plan name GRABER ANIMAL HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRABER ANIMAL HOSPITAL, INC.	c EIN-PN 34-1903123-001
a	Plan name HEART CENTER OF NEVADA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOHAIL ANJUM-DOST WATTOO, M.D.'S, LTD.	c EIN-PN 88-0161856-001
a	Plan name HEARTLIGHT PHARMACY SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCHAAF DRUGS, LLC.	c EIN-PN 20-0329214-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HUFFMAN, KELLEY & BROCK, LLC 401(K) PLAN	
b	Name of plan sponsor HUFFMAN, KELLEY & BROCK, LLC	c EIN-PN 30-0237801-001
a	Plan name J.H. PENCE COMPANY RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor J.H. PENCE COMPANY	c EIN-PN 54-0838544-001
a	Plan name J.R. LENNEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LENNEN CONSTRUCTION	c EIN-PN 94-3399511-001
a	Plan name JAG, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JAG, INC.	c EIN-PN 20-4383697-001
a	Plan name MARIO SUSI & SON, INC. 401(K) PLAN	
b	Name of plan sponsor MARIO SUSI & SON, INC.	c EIN-PN 04-2213066-003
a	Plan name MARK J. REDD DDS, INC. 401(K) PLAN	
b	Name of plan sponsor MARK J. REDD DDS, INC.	c EIN-PN 72-1519503-001
a	Plan name MEYLAN DAVITT JAIN AREVIAN & KIM LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEYLAN DAVITT JAIN AREVIAN & KIM LLP	c EIN-PN 46-1854265-777
a	Plan name NOT-FOR-PROFIT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COMMUNITY LIVING OPTIONS, INC.	c EIN-PN 37-1079626-001
a	Plan name NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NU-TIER BRANDS, INC.	c EIN-PN 90-0541753-001
a	Plan name PIERCE PACKAGING COMPANY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PIERCE PACKAGING COMPANY INC.	c EIN-PN 36-4161206-001
a	Plan name RICHARD ELSINGER, DMD 401(K) PLAN	
b	Name of plan sponsor RICHARD ELSINGER, DMD	c EIN-PN 22-3433645-001
a	Plan name RINEY RONQUILLO SOULE, PLLC 401(K) PLAN	
b	Name of plan sponsor RINEY RONQUILLO SOULE, PLLC	c EIN-PN 20-4072167-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name SIMS TRUCKING & BROKERAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIMS TRUCKING & BROKERAGE, INC.	c EIN-PN 81-2382075-002
a	Plan name SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SKL PRIME SERVICES, LLC	c EIN-PN 01-0551573-001
a	Plan name THA ARCHITECTS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	c EIN-PN 38-1561901-002
a	Plan name THE ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ART OF MANAGEMENT, LLP	c EIN-PN 47-2620180-001
a	Plan name TIM SNELSON'S PUMPING UNIT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TIM SNELSON'S PUMPING UNIT	c EIN-PN 75-2715506-001
a	Plan name VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
b	Name of plan sponsor VACCINE RESEARCH INSTITUTE OF SAN DIEGO	c EIN-PN 33-0903864-001
a	Plan name VALLEY BULK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VALLEY BULK, INC.	c EIN-PN 33-0674207-001
a	Plan name VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	c EIN-PN 22-3220586-001
a	Plan name YEZCO1, INC. 401(K) PLAN	
b	Name of plan sponsor YEZCO1, INC.	c EIN-PN 35-2395294-001
a	Plan name 401(K) & PROFIT SHARING PLAN FOR HLP PROFESSIONALS, INC.	
b	Name of plan sponsor HLP PROFESSIONALS, INC.	c EIN-PN 33-0943776-001
a	Plan name A & K EARTH MOVERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor A & K EARTH MOVERS, INC.	c EIN-PN 88-0097157-002

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.)		
a	Plan name ALERT-O-LITE, INC. 401(K) PLAN	
b	Name of plan sponsor ALERT-O-LITE, INC.	c EIN-PN 94-2752915-001
a	Plan name AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001
a	Plan name ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor ARGENT FEDERAL CREDIT UNION	c EIN-PN 54-0623641-002
a	Plan name BACKERWORKS MANUFACTURING, LLC 401(K) PLAN	
b	Name of plan sponsor BACKERWORKS MANUFACTURING, LLC	c EIN-PN 85-0481972-001
a	Plan name BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001
a	Plan name BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor BOB RIDINGS, INC.	c EIN-PN 37-0994988-001
a	Plan name CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CANNON MEDICAL, INC.	c EIN-PN 94-3251623-001
a	Plan name CANYON MEDICAL CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor R. MUTHAIAH, M.D., P.C. DBA CANYON MEDICAL CENTER	c EIN-PN 20-3215319-001
a	Plan name CHANNEL FUSION 401(K) PLAN	
b	Name of plan sponsor CHANNEL FUSION	c EIN-PN 45-4018060-777
a	Plan name COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor COMMUNITY STATE BANK	c EIN-PN 26-0620241-001
a	Plan name D & D PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor D & D PLUMBING, LLC	c EIN-PN 88-0164801-001
a	Plan name MCARDLE LTD. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MCARDLE LTD.	c EIN-PN 36-2949020-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name MCCON BUILDING CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MCCON BUILDING CORPORATION	c EIN-PN 39-1746210-001
a	Plan name MPI ENGINEERED TECHNOLOGIES, LLC 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879993-777
a	Plan name MPI ENGINEERED TECHNOLOGIES, LLC USW INDIANA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879994-002
a	Plan name MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MS INTERNATIONAL, INC.	c EIN-PN 35-1562013-003
a	Plan name MT SPOKANE 2000 401(K) PLAN	
b	Name of plan sponsor MT SPOKANE 2000	c EIN-PN 91-1553730-001
a	Plan name PLAY VISIONS 401(K) PLAN	
b	Name of plan sponsor PLAY VISIONS, INC.	c EIN-PN 91-1242563-001
a	Plan name SATHER MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SATHER MANAGEMENT CORPORATION	c EIN-PN 27-1461790-001
a	Plan name SAUGUS CONSTRUCTION CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor SAUGUS CONSTRUCTION CORPORATION	c EIN-PN 04-3131744-001
a	Plan name SOUTHSIDE PEDIATRICS OF AIKEN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHSIDE PEDIATRICS OF AIKEN, LLC	c EIN-PN 56-2228905-001
a	Plan name SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor SOUTHWEST 66 CREDIT UNION	c EIN-PN 75-0815084-002
a	Plan name SOUTHWEST NEUROSPINE INSTITUTE RETIREMENT TRUST	
b	Name of plan sponsor SOUTHWEST NEUROSPINE INSTITUTE, P.A.	c EIN-PN 26-2906915-001
a	Plan name THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ART SOURCE, INC.	c EIN-PN 99-0280665-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE CALIFORNIA CLUB 401(K) PLAN	
b	Name of plan sponsor	THE CALIFORNIA CLUB	c EIN-PN 95-0593940-003
a	Plan name	THE CARLTON LAW FIRM 401(K) PLAN	
b	Name of plan sponsor	THE CARLTON LAW FIRM, P.L.L.C.	c EIN-PN 27-5059291-001
a	Plan name	TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY DIRECT, LLC	c EIN-PN 22-3499334-001
a	Plan name	TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIPLE H FOOD PROCESSORS, LLC.	c EIN-PN 47-4431714-001
a	Plan name	WARREN F THOMAS PLUMBING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WARREN F. THOMAS PLUMBING CO.	c EIN-PN 36-4058295-001
a	Plan name	WARREN'S CONCRETE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	WARREN'S CONCRETE SERVICES, INC.	c EIN-PN 65-0102699-001
a	Plan name	A-1 ELECTRIC COMPANY, INC. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	A-1 ELECTRIC COMPANY, INC.	c EIN-PN 33-6004115-001
a	Plan name	BAR 20 PENSION PROFIT SHARING - 401(K) PLAN	
b	Name of plan sponsor	BAR 20 DAIRY LLC	c EIN-PN 20-2670418-001
a	Plan name	BARBARA E. WHITWORTH, D.D.S. 401(K) PLAN	
b	Name of plan sponsor	BARBARA E. WHITWORTH, D.D.S.	c EIN-PN 75-2633818-001
a	Plan name	BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	BUILDERS IRON	c EIN-PN 38-3128186-001
a	Plan name	CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CHEROKEE FARM DEVELOPMENT CORPORATION	c EIN-PN 46-1180603-001
a	Plan name	CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHESLER CONSTRUCTION, INC.	c EIN-PN 68-0378142-002

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.)			
a	Plan name	CORRA 401(K) PLAN	
b	Name of plan sponsor	CORRA	c EIN-PN 04-3819932-001
a	Plan name	DIXON AUTOMATIC TOOL, INC. EMPLOYEES' PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DIXON AUTOMATIC TOOL, INC.	c EIN-PN 36-2231217-001
a	Plan name	DODDS BODYWORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DODDS BODYWORKS, INC.	c EIN-PN 31-1018566-001
a	Plan name	FSY ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	FSY ARCHITECTS	c EIN-PN 95-4638941-001
a	Plan name	JOHN A. MITAMURA, M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN A. MITAMURA, M.D.	c EIN-PN 13-3535026-001
a	Plan name	JOHN KENNEDY FORD JENKINTOWN 401(K) PLAN	
b	Name of plan sponsor	HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	c EIN-PN 23-1881816-001
a	Plan name	A1 POLISHING & FINISHING, LLC 401(K) PLAN	
b	Name of plan sponsor	A1 POLISHING & FINISHING, LLC	c EIN-PN 39-1920526-001
a	Plan name	ABCO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ABCO CORPORATION	c EIN-PN 54-0838480-001
a	Plan name	AMERITEC MACHINING, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERITEC MACHINING, INC.	c EIN-PN 42-1393974-001
a	Plan name	AMES, INC. 401(K) PLAN	
b	Name of plan sponsor	AMES, INC.	c EIN-PN 52-1039531-001
a	Plan name	BULTYNCK & CO. 401(K) PLAN	
b	Name of plan sponsor	BULTYNCK & CO., P.L.L.C.	c EIN-PN 20-3920878-777
a	Plan name	BURCH COURT DENTAL RETIREMENT PLAN	
b	Name of plan sponsor	BURCH COURT DENTAL	c EIN-PN 61-1338337-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COUNTRYSIDE CULLIGAN 401(K) & INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	COUNTRYSIDE MANAGEMENT, INC.	c EIN-PN 41-1813535-001
a	Plan name	DODGE CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	DODGE CONSTRUCTION COMPANY, INC.	c EIN-PN 04-2262074-001
a	Plan name	DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DON'S TRUCK SALES, INC.	c EIN-PN 42-0816951-001
a	Plan name	ETNA STAFFING SOLUTIONS (ESS) LLC 401(K) PLAN	
b	Name of plan sponsor	ETNA STAFFING SOLUTIONS (ESS) LLC	c EIN-PN 26-2379410-001
a	Plan name	JOHNSON COUNTY DERMATOLOGY, P. A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JOHNSON COUNTY DERMATOLOGY, P.A.	c EIN-PN 04-3586031-002
a	Plan name	JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
a	Plan name	MCDUGALL & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MCDUGALL & SONS, INC.	c EIN-PN 91-0978839-001
a	Plan name	MCGREGOR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCGREGOR & ASSOCIATES, INC.	c EIN-PN 61-1211399-001
a	Plan name	MUNCIE FAMILY DENTAL CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	MUNCIE FAMILY DENTAL CARE, INC.	c EIN-PN 35-1520023-001
a	Plan name	MUSTO WINE GRAPE CO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MUSTO WINE GRAPE CO, LLC	c EIN-PN 26-1316055-001
a	Plan name	OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
b	Name of plan sponsor	OREGON COLLEGE OF ORIENTAL MEDICINE	c EIN-PN 93-0845182-001
a	Plan name	POLYSHOT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	POLYSHOT CORPORATION	c EIN-PN 16-1384222-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	RAYO WHOLESALE, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	RAYO WHOLESALE, INC.	c EIN-PN 33-0764606-001
a Plan name	RDC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ROCK & DIRT CONSTRUCTION	c EIN-PN 20-0382886-001
a Plan name	SCHAEFFER DOUGLAS TITLE 401(K) PLAN	
b Name of plan sponsor	SCHAEFFER DOUGLAS TITLE	c EIN-PN 20-3601896-001
a Plan name	SPAY 401(K) PLAN	
b Name of plan sponsor	SPAY, INC.	c EIN-PN 47-4011165-777
a Plan name	SPOLIDORO & SONS, INC. 401(K) PLAN	
b Name of plan sponsor	SPOLIDORO & SONS, INC.	c EIN-PN 04-2642418-001
a Plan name	THE CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	THE CELLAR LUMBER COMPANY	c EIN-PN 31-4144745-001
a Plan name	THE CITIZENS BANK EMPLOYEES PROFIT SHARING PLAN	
b Name of plan sponsor	THE CITIZENS BANK	c EIN-PN 61-0156390-002
a Plan name	THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
b Name of plan sponsor	THE CLASSIC CATERING PEOPLE, INC.	c EIN-PN 52-1715183-001
a Plan name	TRUE & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TRUE & ASSOCIATES	c EIN-PN 22-2472821-002
a Plan name	TRUTECH, L.L.C. 401(K) PLAN	
b Name of plan sponsor	TRUTECH, L.L.C.	c EIN-PN 82-0509464-001
a Plan name	WASSERMAN & ASSOCIATES 401(K) PLAN	
b Name of plan sponsor	WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a Plan name	WATTS COPY SYSTEMS, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WATTS COPY SYSTEMS, INC.	c EIN-PN 37-1117989-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WDI COMPANIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WDI COMPANIES, INC.	c EIN-PN 93-0696596-001
a	Plan name	ABEL'S EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor	ABEL'S EXPRESS, INC.	c EIN-PN 23-2245413-001
a	Plan name	ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777
a	Plan name	ALL SEASONS WINDOW & DOOR MFG., INC. 401(K) PLAN	
b	Name of plan sponsor	ALL SEASONS WINDOW & DOOR MFG. INC.	c EIN-PN 75-1868821-001
a	Plan name	ALLEN'S TREE SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLEN'S TREE SERVICE, INC.	c EIN-PN 58-1997275-001
a	Plan name	ARICA CONSULTING & CONTRACTING, LLC 401(K)	
b	Name of plan sponsor	ARICA CONSULTING & CONTRACTING, LLC	c EIN-PN 52-2292509-001
a	Plan name	ARROW HOLDINGS, INC 401(K) PLAN	
b	Name of plan sponsor	ARROW HOLDINGS, INC	c EIN-PN 98-0381410-001
a	Plan name	BCP SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	BCP SYSTEMS, INC.	c EIN-PN 33-0753105-001
a	Plan name	BORCHARDT, CORONA & FAETH 401(K) PLAN	
b	Name of plan sponsor	BORCHARDT, CORONA & FAETH	c EIN-PN 77-0144125-001
a	Plan name	CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTOPHER M. PENNISI, DDS, PLLC	c EIN-PN 26-3030636-001
a	Plan name	CHSU 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA HEALTH SCIENCES UNIVERSITY	c EIN-PN 45-4846058-001
a	Plan name	COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP	c EIN-PN 59-3426104-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name D.E.S., INC. 401(K) PLAN	
b	Name of plan sponsor DIVERSIFIED ENVIRONMENTAL SERVICES, INC.	c EIN-PN 59-3055432-001
a	Plan name FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN	
b	Name of plan sponsor FEDERAL MACHINERY & EQUIPMENT COMPANY	c EIN-PN 34-0811973-001
a	Plan name FELDMAN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FELDMAN & ASSOCIATES, INC.	c EIN-PN 95-4814253-001
a	Plan name GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C.	c EIN-PN 30-0389300-001
a	Plan name GEMINI CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor GEMINI CORP.	c EIN-PN 45-2731123-001
a	Plan name GRANVILLE HOMES, INC. RETIREMENT PLAN	
b	Name of plan sponsor GRANVILLE HOMES, INC.	c EIN-PN 77-0236102-002
a	Plan name GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREAT KIDS, INC.	c EIN-PN 62-1798100-001
a	Plan name HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HENSLEY LAMKIN RACHEL, INC.	c EIN-PN 75-2377361-001
a	Plan name IMPAC SALES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor IMPAC SALES, INC.	c EIN-PN 20-8221129-001
a	Plan name IMPACT LABEL CORPORATION EMPLOYEE'S 401(K) SAVINGS PLAN	
b	Name of plan sponsor IMPACT LABEL CORPORATION	c EIN-PN 38-1746654-002
a	Plan name IMPORT LOGISTICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor IMPORT LOGISTICS, INC.	c EIN-PN 36-3798354-001
a	Plan name INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INDEPENDENCE BANCSHARES, INC.	c EIN-PN 42-1191386-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name <u>INDUSTRIA LECHERA DE PUERTO RICO NON UNION RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>INDUSTRIA LECHERA DE PUERTO RICO</u>	c EIN-PN <u>66-0211588-002</u>
a	Plan name <u>JAMES R. DETTLING M.D. LTD. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>JAMES R. DETTLING, M.D. LTD</u>	c EIN-PN <u>88-0469527-001</u>
a	Plan name <u>JAPAT, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	
b	Name of plan sponsor <u>JAPAT, INC.</u>	c EIN-PN <u>94-2694329-001</u>
a	Plan name <u>KIM & LAVOY, S.C. 401(K) PLAN</u>	
b	Name of plan sponsor <u>KIM & LAVOY, S.C.</u>	c EIN-PN <u>20-0771810-001</u>
a	Plan name <u>LIVE DEAL 401(K) RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>LIVE DEAL, INC.</u>	c EIN-PN <u>85-0206668-001</u>
a	Plan name <u>MIAMI-CAST, INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>MIAMI-CAST, INC.</u>	c EIN-PN <u>31-1379313-001</u>
a	Plan name <u>NADER DAKAK, M.D., P.A. 401(K) PROFIT SHARING PLAN & TRUST</u>	
b	Name of plan sponsor <u>NADER DAKAK, M.D., P.A.</u>	c EIN-PN <u>51-0492533-001</u>
a	Plan name <u>O'BRIEN LAW FIRM, P.C. PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>O'BRIEN LAW FIRM, P.C.</u>	c EIN-PN <u>20-1935235-001</u>
a	Plan name <u>PARAGON SOFTWARE GROUP CORPORATION 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>PARAGON SOFTWARE GROUP CORPORATION</u>	c EIN-PN <u>26-2745098-001</u>
a	Plan name <u>PARK SPRINGS 401(K) PLAN</u>	
b	Name of plan sponsor <u>PARK SPRINGS, LLC</u>	c EIN-PN <u>58-2452928-001</u>
a	Plan name <u>POWER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>POWER SOLUTIONS, LLC.</u>	c EIN-PN <u>52-2100793-222</u>
a	Plan name <u>QUALITY ASSURED LABEL, INC. SAVINGS PLAN</u>	
b	Name of plan sponsor <u>QUALITY ASSURED LABEL, INC.</u>	c EIN-PN <u>41-1492638-002</u>

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RIVERMOOR ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIVERMOOR ENGINEERING, LLC	c EIN-PN 20-0597795-001
a	Plan name	SCHMIDT & STACY CONSULTING ENGINEERS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHMIDT & STACY CONSULTING ENGINEERS, INC.	c EIN-PN 75-2410170-001
a	Plan name	SCHOOL MANAGEMENT SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	SCHOOL MANAGEMENT SERVICES, LLC	c EIN-PN 56-2545979-001
a	Plan name	SMC CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMC CONSTRUCTION CO.	c EIN-PN 88-0319132-001
a	Plan name	SUCESION J. SERRALLES, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SUCESION J. SERRALLES, INC.	c EIN-PN 66-0378432-001
a	Plan name	THE COLUMBIA PROPERTY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE COLUMBIA PROPERTY GROUP, INC.	c EIN-PN 27-0013342-001
a	Plan name	THE CREDIT UNION FOR ROBERTSON COUNTY 401(K) PLAN	
b	Name of plan sponsor	THE CREDIT UNION FOR ROBERTSON COUNTY	c EIN-PN 62-6118790-001
a	Plan name	THE DUNCAN COMPANIES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	THE DUNCAN COMPANIES, INC.	c EIN-PN 59-3537237-001
a	Plan name	WELSH-HAGEN 401(K) PLAN	
b	Name of plan sponsor	WELSH HAGEN	c EIN-PN 45-4918589-001
a	Plan name	FONDO FOMENTO INDUSTRIA LECHERA DE P.R. RETIREMENT PLAN	
b	Name of plan sponsor	FONDO FORMENTO INDUSTRIA LECHERA	c EIN-PN 66-0220036-001
a	Plan name	CCEDA 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION	c EIN-PN 94-3080095-001
a	Plan name	CECOS 401(K) PLAN	
b	Name of plan sponsor	CYRIACKS ENVIRONMENTAL CONSULTING SERVICES, INC.	c EIN-PN 90-0106680-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name KYRA TRANG NGUYEN DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KYRA TRANG NGUYEN, D.D.S., INC.	c EIN-PN 03-0588309-001
a	Plan name PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PELION ACTUARIAL SERVICES, INC.	c EIN-PN 45-2927368-001
a	Plan name TAMARA L. HIESTER, D.D.S. 401(K) PLAN	
b	Name of plan sponsor TAMARA L. HIESTER, D.D.S.	c EIN-PN 35-2051065-001
a	Plan name ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001
a	Plan name ACCURATE MACHINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor ACCURATE MACHINE CO., INC.	c EIN-PN 39-1615083-001
a	Plan name CITRON CLOTHING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CITRON CLOTHING, INC.	c EIN-PN 95-4145110-001
a	Plan name GENERA ENERGY 401(K) PLAN	
b	Name of plan sponsor GENERA ENERGY, INC.	c EIN-PN 45-4907881-001
a	Plan name LPT CPA'S + ADVISORS PLLC 401(K) PLAN	
b	Name of plan sponsor LPT CPA'S + ADVISORS PLLC	c EIN-PN 75-2618166-001
a	Plan name PRE-BANC BUSINESS CREDIT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRE-BANC BUSINESS CREDIT, INC.	c EIN-PN 95-4359826-001
a	Plan name PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 91-2139290-001
a	Plan name THE EMF COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE EMF COMPANY, INC.	c EIN-PN 75-1552044-001
a	Plan name THE FARMERS BANK, NICHOLASVILLE EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor THE FARMERS BANK	c EIN-PN 61-0188940-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE FINANCIAL GROUP OF PHILADELPHIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE FINANCIAL GROUP OF PHILADELPHIA, LLC	c EIN-PN 20-2128204-001
a	Plan name THE FLAH 401(K) PLAN	
b	Name of plan sponsor CORPORATE PLAN SERVICES, INC.	c EIN-PN 59-2832682-002
a	Plan name ADROIT USA, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor ADROIT USA, INC.	c EIN-PN 27-2254964-001
a	Plan name ADVANCED CARGO CORPORATION 401(K) P/S PLAN	
b	Name of plan sponsor ADVANCED CARGO CORPORATION	c EIN-PN 41-1663563-001
a	Plan name ADVANCED MACHINING & AUTOMATION, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED MACHINING & AUTOMATION, INC.	c EIN-PN 42-1482013-001
a	Plan name COD & CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor COD & CAPERS SEAFOOD	c EIN-PN 59-2349811-001
a	Plan name GILTON SOLID WASTE MANAGEMENT, INC.	
b	Name of plan sponsor GILTON SOLID WASTE MANAGEMENT, INC.	c EIN-PN 94-2268035-001
a	Plan name GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	c EIN-PN 04-2178889-001
a	Plan name MACOMB NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor MACOMB NEUROLOGY ASSOCIATES, P.C.	c EIN-PN 38-3587490-001
a	Plan name PRINCESS ANNE ENT & ALLERGY, PC 401(K) PLAN	
b	Name of plan sponsor PRINCESS ANNE ENT & ALLERGY, P.C.	c EIN-PN 45-5573995-001
a	Plan name PRIORITY MOTOR GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor PRIORITY MOTOR GROUP, INC.	c EIN-PN 47-2044656-001
a	Plan name PRISM TECH 401(K) PLAN	
b	Name of plan sponsor PRISM TECH, INC.	c EIN-PN 82-3966297-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE PILATES COLLECTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor THE PILATES COLLECTIVE, LLC	c EIN-PN 93-2783048-001
a	Plan name ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
a	Plan name ALLIANCE TRANSPORTATION GROUP 401(K) PLAN	
b	Name of plan sponsor ALLIANCE-TEXAS ENGINEERING COMPANY	c EIN-PN 74-2851432-001
a	Plan name ALLIED UNIVERSAL CBU 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL SERVICES OF AMERICA, LP	c EIN-PN 27-1562945-002
a	Plan name ALPHA CONSULTING ENGINEERS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALPHA CONSULTING ENGINEERS, INC.	c EIN-PN 25-1719838-001
a	Plan name CONCEPT 2001, INC. 401(K) PLAN	
b	Name of plan sponsor CONCEPT 2001, INC. DBA CONCEPT HR	c EIN-PN 58-2453817-001
a	Plan name CONNOLLY, SWITAJ, FOGLER & CO. LLP 401(K) PLAN	
b	Name of plan sponsor CONNOLLY, SWITAJ, FOGLER & CO. LLP	c EIN-PN 22-2249462-001
a	Plan name GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	c EIN-PN 20-2458255-001
a	Plan name GREEN CHARGE ENVIRONMENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREEN CHARGE ENVIRONMENTAL, INC.	c EIN-PN 46-2745824-001
a	Plan name GREEN CHARGE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREEN CHARGE TECHNOLOGIES, INC.	c EIN-PN 81-2651743-001
a	Plan name TTL AUTOMOTIVE ENTERPRISES, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor TTL AUTOMOTIVE ENT. INC.	c EIN-PN 68-0461731-001
a	Plan name TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor TURNBRIDGE CAPITAL MANAGEMENT, LLC	c EIN-PN 47-0963603-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name AMPAC 401(K) PLAN	
b	Name of plan sponsor AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
a	Plan name ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C.	c EIN-PN 57-1122288-001
a	Plan name CRAFT HOUSE PIZZA, LLC 401K SAVINGS PLAN	
b	Name of plan sponsor CRAFT HOUSE PIZZA, LLC	c EIN-PN 27-3274820-001
a	Plan name CRAIG MCMANAMAN, DO, PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor CRAIG MCMANAMAN, DO, PLLC	c EIN-PN 61-1410341-001
a	Plan name HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAL HAYS CONSTRUCTION, INC.	c EIN-PN 54-2084366-001
a	Plan name HAMILTON PARK OPCO 401(K) PLAN	
b	Name of plan sponsor HAMILTON PARK OPCO LLC	c EIN-PN 46-1324162-001
a	Plan name MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCZ CONSTRUCTION, INC.	c EIN-PN 20-0634943-001
a	Plan name ME N ED'S PIZZA PARLOR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GENOVA MANAGEMENT GROUP, LLC	c EIN-PN 48-1253330-001
a	Plan name ME N ED'S PIZZERIA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MILANO RESTAURANTS INTERNATIONAL CORPORATION	c EIN-PN 77-0426714-001
a	Plan name MED ONE MEDICAL GROUP EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor MED ONE FAMILY MEDICAL GROUP, INC.	c EIN-PN 33-0776463-001
a	Plan name MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MED-FAST PHARMACY, INC.	c EIN-PN 25-1631348-001
a	Plan name REDBARN PET PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REDBARN PET PRODUCTS, LLC	c EIN-PN 80-0554839-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	REFRICENTER 401(K) PLAN	
b	Name of plan sponsor	REFRICENTER OF MIAMI, INC.	c EIN-PN 59-1362709-001
a	Plan name	ROAM ARTISAN BURGERS 401(K) PLAN	
b	Name of plan sponsor	ROAM RESTAURANT GROUP, INC.	c EIN-PN 88-3541442-001
a	Plan name	ROBERT GELINAS, ESQUIRE 401(K) PLAN	
b	Name of plan sponsor	ROBERT GELINAS, ESQUIRE	c EIN-PN 23-2214116-001
a	Plan name	ASCENT CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	ASCENT CONSTRUCTION, INC.	c EIN-PN 87-0645924-002
a	Plan name	DANIEL S. BANDARI, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DANIEL S. BANDARI, M.D., INC.	c EIN-PN 26-3401605-001
a	Plan name	DANNY DAVIS CONTRACTORS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	DANNY DAVIS CONTRACTORS, INC.	c EIN-PN 62-1392604-001
a	Plan name	DATA PATH, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	DATA PATH, INC.	c EIN-PN 90-0242296-001
a	Plan name	HEXADYNE 401(K) PLAN	
b	Name of plan sponsor	HEXADYNE CORPORATION	c EIN-PN 20-2774386-001
a	Plan name	HHMT EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	HELPING HANDS MASSAGE THERAPY, INC.	c EIN-PN 92-3745310-001
a	Plan name	HIGH DESERT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	HIGH DESERT COMMUNICATIONS, INC.	c EIN-PN 86-0879788-001
a	Plan name	MID-SOUTH INDUSTRIES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MID-SOUTH INDUSTRIES, INC.	c EIN-PN 63-0495884-001
a	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	c EIN-PN 26-1365260-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AUGUSTA ONCOLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	AUGUSTA ONCOLOGY ASSOCIATES, P.C.	c EIN-PN 58-1481590-002
a	Plan name	DEL AMO MOTORSPORTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOO FAST INC. DBA DEL AMO MOTORSPORTS OF REDONDO BEACH	c EIN-PN 33-0546509-001
a	Plan name	NATIONAL AUTO LENDERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NATIONAL AUTO LENDERS, INC.	c EIN-PN 65-0660723-001
a	Plan name	NATIONAL WELDING, INC. 401(K) PLAN	
b	Name of plan sponsor	NATIONAL WELDING, INC.	c EIN-PN 56-2396369-001
a	Plan name	BEEF O'BRADY'S HUDSON, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BEEF O'BRADY'S HUDSON, INC.	c EIN-PN 45-1669694-001
a	Plan name	DOYLE & ASSOCIATES, PLLC 401(K) PLAN	
b	Name of plan sponsor	DOYLE & ASSOCIATES, PLLC	c EIN-PN 20-1414332-001
a	Plan name	DOYLE EQUIPMENT MANUFACTURING COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DOYLE EQUIPMENT MANUFACTURING COMPANY	c EIN-PN 37-0806868-001
a	Plan name	DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE	c EIN-PN 74-2497117-001
a	Plan name	INDUSTRIA LECHERA DE PUERTO RICO UNION RETIREMENT PLAN	
b	Name of plan sponsor	INDUSTRIA LECHERA DE PUERTO RICO	c EIN-PN 66-0211588-001
a	Plan name	INNOVATION EDGE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATION EDGE	c EIN-PN 20-8196742-002
a	Plan name	SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001
a	Plan name	SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	PETER EPSTEIN, ASP	c EIN-PN 95-4170738-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name WESTERN 401(K) PLAN	
b	Name of plan sponsor WESTERN ENVIRONMENTAL SOLUTIONS, LLC	c EIN-PN 22-3643528-001
a	Plan name SEWINGMACHINESPLUS.COM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SEWINGMACHINESPLUS.COM, INC.	c EIN-PN 26-4413184-001
a	Plan name SHADOW FINANCIAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor SHADOW FINANCIAL SYSTEMS, INC.	c EIN-PN 22-3564167-001
a	Plan name BESTCO ELECTRIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BESTCO ELECTRIC, INC.	c EIN-PN 94-2212170-002
a	Plan name DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUVALL FORD COMPANY, INC.	c EIN-PN 58-1538949-001
a	Plan name WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC.	c EIN-PN 46-3012973-001
a	Plan name WILLIAM J.T. COULMAN, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DR. BILL COULMAN, D.D.S., INC.	c EIN-PN 31-1643764-001
a	Plan name OCEAN VIEW DENTAL 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUMMER T. WOOD, D.M.D. DBA OCEAN VIEW DENTAL	c EIN-PN 45-3512542-001
a	Plan name BREAKING GROUND EXCAVATION INC. 401(K) PLAN	
b	Name of plan sponsor BREAKING GROUND EXCAVATION INC.	c EIN-PN 91-2118848-001
a	Plan name JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JARMER ELECTRIC, INC.	c EIN-PN 93-0694887-001
a	Plan name JCJ, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JCJ, LLP	c EIN-PN 27-4442059-001
a	Plan name JD SPINE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JD MEDICAL LLC D/B/A JD SPINE	c EIN-PN 27-1574562-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SNRA COMMODITIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SNRA COMMODITIES, INC.	c EIN-PN 46-3031744-001
a	Plan name OUTSOURCING HUB, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor OUTSOURCING HUB, LLC	c EIN-PN 27-0819786-001
a	Plan name OVERLAKE GOLF & COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OVERLAKE GOLF & COUNTRY CLUB	c EIN-PN 91-0588580-002
a	Plan name BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BURROWS WATER PURIFICATION, INC.	c EIN-PN 95-3023432-001
a	Plan name EXCHANGE BANK OF MISSOURI RETIREMENT PLAN	
b	Name of plan sponsor EXCHANGE BANK OF MISSOURI	c EIN-PN 43-0263000-001
a	Plan name SST ENERGY CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor SST ENERGY CORPORATION	c EIN-PN 84-1109846-001
a	Plan name PATHMARK HR, INC. 401(K) PSP	
b	Name of plan sponsor PATHMARK HR, INC.	c EIN-PN 81-4987330-001
a	Plan name PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PATRICK COUNTY FAMILY PRACTICE	c EIN-PN 54-1583691-001
a	Plan name CARLIN SALES CORPORATION 401(K) PLAN	
b	Name of plan sponsor CARLIN SALES CORPORATION	c EIN-PN 39-1171459-001
a	Plan name CARPETS UNLIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPECIALTIES UNLIMITED, INC.	c EIN-PN 43-1986186-001
a	Plan name KJLA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COSTA DE ORO MEDIA, LLC	c EIN-PN 77-0139492-001
a	Plan name SUNBELT GRAPHICS INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SUNBELT GRAPHICS, INC.	c EIN-PN 59-1756030-002

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.)			
a	Plan name	SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor	SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-222
a	Plan name	SUPERIOR PAINT SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUPERIOR PAINT SUPPLY, INC.	c EIN-PN 87-0241620-001
a	Plan name	LTC SUPPORT SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LTC SUPPORT SERVICES, LLC	c EIN-PN 20-8401158-001
a	Plan name	THE IMPERIAL HAWAII VACATION CLUB 401(K) PLAN	
b	Name of plan sponsor	THE IMPERIAL HAWAII VACATION CLUB	c EIN-PN 99-0206158-001
a	Plan name	THE LAW OFFICES OF ROBERT G. BERNHOFT PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICE OF ROBERT G. BERNHOLFT	c EIN-PN 72-1539134-001
a	Plan name	ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
a	Plan name	CITY WELDING RETIREMENT PLAN	
b	Name of plan sponsor	CITY WELDING & FABRICATION, INC.	c EIN-PN 04-2990922-001
a	Plan name	CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN	
b	Name of plan sponsor	CLASSIC CARRIERS, INC.	c EIN-PN 31-1152938-001
a	Plan name	GENTILOZZI REAL ESTATE, INC. 401(K) PLAN	
b	Name of plan sponsor	GENTILOZZI REAL ESTATE, INC.	c EIN-PN 38-2361521-001
a	Plan name	GEORGIA SPECIALTY CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	GEORGIA SPECIALTY CONSTRUCTORS, INC.	c EIN-PN 58-1505420-002
a	Plan name	PREMIER DENTAL ASSOCIATES, PLLC SAFE HARBOR 401(K) PSP	
b	Name of plan sponsor	PREMIER DENTAL ASSOCIATES, PLLC	c EIN-PN 20-2051976-001
a	Plan name	MAKETEWAH COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAKETEWAH COUNTRY CLUB	c EIN-PN 31-0308478-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name ADVENTURE DENTAL 401(K) PLAN	
b	Name of plan sponsor NEIL, HILLYARD AND HEATON, PLLC DBA ADVENTURE DENTAL	c EIN-PN 26-2659646-001
a	Plan name COLEMAN FROST LLP 401(K) PLAN	
b	Name of plan sponsor COLEMAN FROST LLP	c EIN-PN 20-0807972-001
a	Plan name COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
b	Name of plan sponsor COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	c EIN-PN 47-1612263-222
a	Plan name GLAZE 'N' SEAL PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLAZE 'N' SEAL PRODUCTS, INC.	c EIN-PN 45-3147432-001
a	Plan name GLEN CARBIDE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GLEN CARBIDE, INC.	c EIN-PN 25-1065069-004
a	Plan name PROACTIVE WEST 401(K) PLAN	
b	Name of plan sponsor PROACTIVE ENGINEERING CONSULTANTS WEST, INC.	c EIN-PN 45-1479995-001
a	Plan name PRODUCE WORLD INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRODUCE WORLD INCORPORATED	c EIN-PN 36-3787658-001
a	Plan name PROFESSIONAL BROKERAGE WEST, INC. 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL BROKERAGE WEST, INC.	c EIN-PN 88-0222304-001
a	Plan name THE SHELTERING ARMS SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE SHELTERING ARMS	c EIN-PN 58-0566236-777
a	Plan name THE THOROUGHbred CLUB OF AMERICA, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE THOROUGHbred CLUB OF AMERICA, INC.	c EIN-PN 61-0488425-001
a	Plan name THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name ALWAYS A PLEASURE 401(K) PLAN	
b	Name of plan sponsor ALWAYS A PLEASURE, INC.	c EIN-PN 26-1101887-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
a	Plan name	GRINDSTONE PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRINDSTONE PARTNERS, LLC	c EIN-PN 31-1758301-001
a	Plan name	R.F.M.S., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	R.F.M.S., INC.	c EIN-PN 36-3114893-001
a	Plan name	TRADITIONAL BANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRADITIONAL BANK, INC.	c EIN-PN 61-0284535-003
a	Plan name	TRANSTAR NATIONAL TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSTAR NATIONAL TITLE	c EIN-PN 75-2948848-001
a	Plan name	HARBOR AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	HARBOR AGENCY, INC.	c EIN-PN 38-2153954-001
a	Plan name	HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001
a	Plan name	RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor	RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
a	Plan name	MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
a	Plan name	MIDWEST WELL & PUMP 401(K) PLAN	
b	Name of plan sponsor	MIDWEST WELL & PUMP, INC.	c EIN-PN 74-2819991-001
a	Plan name	ROCKY'S HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor	ROCKY'S HARDWARE, INC.	c EIN-PN 04-2373758-001
a	Plan name	VELOCITY STAFF 401(K) PLAN	
b	Name of plan sponsor	VELOCITY STAFF, INC.	c EIN-PN 20-1745461-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AVENTURO, INC.	c EIN-PN 27-2417155-001
a	Plan name DENALI CONSTRUCTION SERVICES 401(K) PLAN	
b	Name of plan sponsor DENALI CONSTRUCTION SERVICES, LP DBA THERMAL DYNAMIN, DENALI COMFORT	c EIN-PN 20-1036081-001
a	Plan name DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	c EIN-PN 34-1117652-001
a	Plan name HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HOME GUARD INDUSTRIES, INC.	c EIN-PN 35-1568735-001
a	Plan name MIXER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor MIXER SYSTEMS, INC.	c EIN-PN 39-1322266-222
a	Plan name MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MKRS LAW, P.L.	c EIN-PN 20-3879249-001
a	Plan name MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOBILE SYSTEMS WIRELESS INC.	c EIN-PN 91-1879582-001
a	Plan name MODERN DAIRY, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MODERN DAIRY, INC.	c EIN-PN 77-0499501-001
a	Plan name RUPP SEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor RUPP SEEDS, INC.	c EIN-PN 34-1384132-001
a	Plan name RUSSELL S. KELLY M.D. LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RUSSELL S. KELLY, M.D. LLC	c EIN-PN 20-5215599-001
a	Plan name VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE 401(K) PLAN	
b	Name of plan sponsor VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE	c EIN-PN 76-0804445-001
a	Plan name VITAL RETIREMENT PLAN	
b	Name of plan sponsor VITAL VENTURES	c EIN-PN 81-0972460-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BEHAVIORAL INTERVENTION GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BEHAVIORAL INTERVENTION GROUP	c EIN-PN 20-5450870-001
a	Plan name BELINDA S. GRANADA DDS CASH BALANCE	
b	Name of plan sponsor BELINDA S. GRANADA DDS PC	c EIN-PN 47-1502317-002
a	Plan name BELINDA S. GRANADA DDS PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELINDA S. GRANADA DDS PC	c EIN-PN 47-1502317-001
a	Plan name DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRILLING & PRODUCTION CO.	c EIN-PN 95-0803480-001
a	Plan name INNOVATIVE TURNAROUND CONTROLS 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE TURNAROUND CONTROLS	c EIN-PN 20-2435857-001
a	Plan name SEACOAST COIN, INC. MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor PETER EPSTEIN, ASP	c EIN-PN 95-4170738-002
a	Plan name WESTMINSTER CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor WESTMINSTER CAPITAL, INC.	c EIN-PN 95-2157201-001
a	Plan name BIG PINE PAIUTE TRIBE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BIG PINE PAIUTE TRIBE	c EIN-PN 95-3059258-001
a	Plan name BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN	
b	Name of plan sponsor BIO-MED BEHAVIORAL HEALTH CARE, P.C.	c EIN-PN 38-3469611-001
a	Plan name E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor E.S. EVANS & COMPANY	c EIN-PN 34-1717857-001
a	Plan name WOLTCOM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOLTCOM, INC.	c EIN-PN 94-1690542-001
a	Plan name SOUND & SECURE, INC. 401(K) PLAN	
b	Name of plan sponsor SOUND & SECURE, INC.	c EIN-PN 88-0354066-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CACTUS ROSE CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CACTUS ROSE CONSTRUCTION, INC.	c EIN-PN 86-0979336-001
a	Plan name F.A. PEINADO, LLC 401(K) PLAN	
b	Name of plan sponsor F.A. PEINADO, LLC	c EIN-PN 77-0647820-001
a	Plan name K KERN PAINTING LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor K KERN PAINTING LLC	c EIN-PN 54-2101884-001
a	Plan name K-PLUS ENGINEERING, LLC, 401(K) PLAN	
b	Name of plan sponsor K-PLUS ENGINEERING, LLC	c EIN-PN 27-1417338-001
a	Plan name FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
b	Name of plan sponsor FINANCIAL NETWORK FID WEST, LLC	c EIN-PN 26-2039224-001
a	Plan name FIRST COAST SECURITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FIRST COAST SECURITY SERVICES, INC.	c EIN-PN 59-3647971-001
a	Plan name FIRST MISSOURI CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor FIRST MISSOURI CREDIT UNION	c EIN-PN 43-0492167-001
a	Plan name KNS INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor KNS INTERNATIONAL	c EIN-PN 42-1539365-001
a	Plan name KO STONE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KO STONE, INC.	c EIN-PN 46-2842689-001
a	Plan name KOMET USA, LLC 401(K) PLAN	
b	Name of plan sponsor KOMET USA, LLC	c EIN-PN 84-1719571-001
a	Plan name PAUL HEATH AUDIO, LTD. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PAUL HEATH AUDIO, LTD.	c EIN-PN 36-2838514-003
a	Plan name SURPRISE ENDODONTICS, P.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor SURPRISE ENDODONTICS, P.L.C.	c EIN-PN 20-4574483-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FOREMOST GRAPHICS GROUP 401(K) PLAN	
b	Name of plan sponsor FOREMOST GRAPHICS, L.L.C.	c EIN-PN 38-3213304-001
a	Plan name LAKES TENNIS 401(K) PLAN	
b	Name of plan sponsor KICK SERVICE, LTD. DBA LAKES TENNIS ACADEMY	c EIN-PN 20-1885263-001
a	Plan name LAMONI LIVESTOCK AUCTION MARKET, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor LAMONI LIVESTOCK AUCTION MARKET, LLC	c EIN-PN 83-1452702-001
a	Plan name LANDSTONE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor LANDSTONE COMPANIES, LLC	c EIN-PN 27-0392043-001
a	Plan name PENNY LANE SCHOOL, LTD. 401(K) PLAN	
b	Name of plan sponsor PENNY LANE SCHOOL, LTD.	c EIN-PN 36-3864693-001
a	Plan name PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN	
b	Name of plan sponsor PERM MACHINE & TOOL CO., INC.	c EIN-PN 36-2817667-001
a	Plan name TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001
a	Plan name WHITE BRENNER LLP 401(K) PLAN	
b	Name of plan sponsor WHITE BRENNER LLP	c EIN-PN 46-1799572-001
a	Plan name WOMER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOMER AND ASSOCIATES, INC.	c EIN-PN 91-1570424-001
a	Plan name BRUCE C. WINTERSTEEN, D.D.S. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRUCE C. WINTERSTEEN, D.D.S.	c EIN-PN 37-1209635-002
a	Plan name BRUCE S. HEATER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRUCE S. HEATER, DDS, LLC	c EIN-PN 86-1138955-002
a	Plan name CAHFC 401(K) PLAN	
b	Name of plan sponsor CAPITAL AREA HOUSING FINANCE CORPORATION	c EIN-PN 42-1550637-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CALIBER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS	c EIN-PN 26-4751651-001
a	Plan name	CATALYST RETIREMENT PLAN	
b	Name of plan sponsor	CATALYST COMMUNICATIONS NETWORK LLC	c EIN-PN 92-1890010-001
a	Plan name	CENTRAL ARIZONA SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL ARIZONA SUPPLY, INC.	c EIN-PN 86-0215440-002
a	Plan name	CENTROSOLAR AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTROSOLAR AMERICA, INC.	c EIN-PN 20-8781598-001
a	Plan name	CLAYTON PHARMACY SERVICES 401(K) PLAN	
b	Name of plan sponsor	CLAYTON PHARMACY SERVICES	c EIN-PN 45-4098818-001
a	Plan name	COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	COLLEGIUM HOLDINGS, INC.	c EIN-PN 22-3221879-001
a	Plan name	COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	COLONIAL HEIGHTS VETERINARY HOSPITAL	c EIN-PN 54-2031691-001
a	Plan name	COOPER CONSULTING COMPANY 401(K) PLAN	
b	Name of plan sponsor	COOPER CONSULTING COMPANY	c EIN-PN 74-2723942-001
a	Plan name	CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CROWN SEARCH SERVICES	c EIN-PN 31-1724430-001
a	Plan name	CROY CONTRACTING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CROY CONTRACTING, INC.	c EIN-PN 54-1616963-001
a	Plan name	DB SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor	MERTZ ENTERPRISES, INC, DBA DB SALES & SERVICE	c EIN-PN 90-0627040-001
a	Plan name	DERMATOLOGY ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DERMATOLOGY ASSOCIATES, PC	c EIN-PN 39-1896149-002

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.)		
a	Plan name DESIGN SPACE INPHARMATICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRODUCTLIFE GROUP US, LLC	c EIN-PN 36-4982515-001
a	Plan name EAST MAIN DENTAL CENTER, LLP 401(K) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor EAST MAIN DENTAL CENTER, LLP	c EIN-PN 93-0679201-001
a	Plan name EAST TENNESSEE NEPHROLOGY, P.C. 401(K) PLAN	
b	Name of plan sponsor EAST TENNESSEE NEPHROLOGY, P.C.	c EIN-PN 62-1835816-001
a	Plan name EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
b	Name of plan sponsor EASTERN WAREHOUSE DISTRIBUTORS, LLC	c EIN-PN 23-2566520-001
a	Plan name EMPLOYEES' 401(K) RETIREMENT TRUST FOR ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	
b	Name of plan sponsor ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	c EIN-PN 95-3084651-015
a	Plan name FAIRGROUNDS TRANSPORTATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor FAIRGROUNDS TRANSPORTATION	c EIN-PN 26-1692517-001
a	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001
a	Plan name GIBSON OVERSEAS, INC. 401(K) PLAN	
b	Name of plan sponsor GIBSON OVERSEAS, INC.	c EIN-PN 95-3393699-002
a	Plan name GIBSON WINE COMPANY EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor GIBSON WINE COMPANY	c EIN-PN 94-0840555-002
a	Plan name GIBSON WINE COMPANY EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor GIBSON WINE COMPANY	c EIN-PN 94-0840555-003
a	Plan name GLOBAL WIDGET, LLC 401(K) PLAN	
b	Name of plan sponsor GLOBAL WIDGET, LLC	c EIN-PN 81-2430361-001
a	Plan name GLYMED PLUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLYMED PLUS LLC	c EIN-PN 80-0112220-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GROSOUTH 401(K) PLAN	
b	Name of plan sponsor	GROSOUTH OF ALABAMA, INC.	c EIN-PN 63-0464231-001
a	Plan name	GROVE HEALTH DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GROVE HEALTH DENTAL	c EIN-PN 26-0281244-001
a	Plan name	HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	HARRISS & HARTMAN LAW FIRM, P.C.	c EIN-PN 58-1385781-001
a	Plan name	HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001
a	Plan name	HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001
a	Plan name	HOSKINS EQUIPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	HOSKINS EQUIPMENT, LLC	c EIN-PN 95-3547273-001
a	Plan name	INTERNAL MEDICINE PRIMARY CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	INTERNAL MEDICINE PRIMARY CARE, INC.	c EIN-PN 34-1712938-001
a	Plan name	KANO TRUCKING 401(K) RETIREMENT SAVINGS PLAN (001)	
b	Name of plan sponsor	THEOPHYLLUS, INC. DBA KANO TRUCKING SERVICE	c EIN-PN 99-0283834-001
a	Plan name	KURTZ, ANDERSON & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KURTZ, ANDERSON & ASSOCIATES	c EIN-PN 33-0320621-001
a	Plan name	LUX GLOBAL LABEL PR LLC 1081.01(D) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	LUX GLOBAL LABEL PR LLC	c EIN-PN 66-0881458-001
a	Plan name	LYNXSPRING, INC. 401(K) PLAN	
b	Name of plan sponsor	LYNXSPRING, INC.	c EIN-PN 47-0867589-001
a	Plan name	MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MANUFACTURING SOLUTIONS, INC.	c EIN-PN 48-1180359-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MAYHEW & ASSOCIATES, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	MAYHEW & ASSOCIATES, INC.	c EIN-PN 95-3396046-002
a	Plan name	MEL LANZER COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	MEL LANZER COMPANY	c EIN-PN 34-0965107-001
a	Plan name	MEMBERS 1ST CREDIT UNION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	MEMBERS 1ST CREDIT UNION	c EIN-PN 43-6032141-033
a	Plan name	MILLER LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLER LUMBER COMPANY	c EIN-PN 34-1312270-001
a	Plan name	MOLECULAR PATHOLOGY LABORATORY NETWORK, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MOLECULAR PATHOLOGY LABORATORY NETWORK, INC.	c EIN-PN 81-0587881-001
a	Plan name	MONFORT MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MONFORT MANAGEMENT, INC.	c EIN-PN 77-0012053-001
a	Plan name	NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTANT 401(K) PLAN	
b	Name of plan sponsor	NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTAN	c EIN-PN 20-3988984-001
a	Plan name	NORTH POINT HEALTH & WELLNESS CENTER CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTH POINT HEALTH & WELLNESS CENTER	c EIN-PN 45-4030204-001
a	Plan name	ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor	ONE SOURCE INDUSTRIES, LLC	c EIN-PN 33-0835151-001
a	Plan name	PACE ANALYTICAL, INC. DEL CARIBE RETIREMENTS SAVINGS PLAN	
b	Name of plan sponsor	PACE ANALYTICAL, INC.	c EIN-PN 66-0629797-001
a	Plan name	PEACHTREE HILLS PLACE 401(K) PLAN	
b	Name of plan sponsor	PT HILLS PLACE CLUB, LLC	c EIN-PN 81-2011747-001
a	Plan name	PRESIDIUM PROPERTY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	CENTAURUS PROPERTY MANAGEMENT, LLC DBA PRESIDIUM PROPERTY MANAGEMENT	c EIN-PN 26-0536884-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE RESIDENTIAL CONSTRUCTION	c EIN-PN 91-1366230-001
a	Plan name	PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM RETIREMENT PLAN	
b	Name of plan sponsor	PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM	c EIN-PN 13-3140621-001
a	Plan name	PROGRESSIVE PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROGRESSIVE PACKAGING, INC.	c EIN-PN 41-1701839-001
a	Plan name	RESEARCH FOR BETTER TEACHING 401(K) PLAN	
b	Name of plan sponsor	RESEARCH FOR BETTER TEACHING	c EIN-PN 04-3145000-003
a	Plan name	RETIREMENT PLAN SERVICES PROGRAM FOR PINNACLE CONSTRUCTORS	
b	Name of plan sponsor	PINNACLE CONSTRUCTORS & SPECIALTIES, INC.	c EIN-PN 84-0864519-001
a	Plan name	S&S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	S&S MANAGEMENT, INC.	c EIN-PN 31-1493783-001
a	Plan name	SENECA PETROLEUM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SENECA PETROLEUM COMPANY, INC.	c EIN-PN 36-1755250-002
a	Plan name	SENSOR MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor	SENSOR MANUFACTURING COMPANY	c EIN-PN 38-2140109-001
a	Plan name	STELLAR VETERINARY SERVICES 401(K) PLAN	
b	Name of plan sponsor	STELLAR VETERINARY SERVICES, LLC	c EIN-PN 47-2964550-001
a	Plan name	STERLING ENERGY OPERATIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	STERLING ENERGY OPERATIONS, LLC	c EIN-PN 33-0969595-001
a	Plan name	SWAN USA 401(K) PLAN	
b	Name of plan sponsor	SWAN ANALYTICAL USA	c EIN-PN 30-0516534-001
a	Plan name	SYSLOGIC, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	SYSLOGIC, INC.	c EIN-PN 39-1832556-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor	SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name	T K GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T K GROUP, INC.	c EIN-PN 36-3489575-001
a	Plan name	TEKTEAM 401(K) PLAN	
b	Name of plan sponsor	TECHTEAM, LLC DBA TEKTEAM	c EIN-PN 94-3335438-001
a	Plan name	TELECOMMUNICATIONS LAW PROFESSIONALS PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TELECOMMUNICATIONS LAW PROFESSIONALS PLLC	c EIN-PN 45-2585545-001
a	Plan name	THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name	AH FACILITIES 401(K) PLAN	
b	Name of plan sponsor	ADVANTAGE REHABILITATION SERVICES, LLC	c EIN-PN 22-3789700-001
a	Plan name	AMERICAN GALVANO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN GALVANO, INC.	c EIN-PN 20-0161792-001
a	Plan name	UNISA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNISA, INC.	c EIN-PN 84-1235301-001
a	Plan name	AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN	
b	Name of plan sponsor	AON RISK SOLUTIONS OF PUERTO RICO, INC.	c EIN-PN 66-0274215-002
a	Plan name	VERMILION ENERGY, USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VERMILION ENERGY USA INC.	c EIN-PN 47-1769898-001
a	Plan name	VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	c EIN-PN 39-1085074-002
a	Plan name	VIBRATION MOUNTINGS & CONTROLS, INC. PENSION PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-003

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	ASV SURGICAL MANAGEMENT 401(K) PLAN	
b Name of plan sponsor	ASV SURGICAL MANAGEMENT	c EIN-PN 03-0536140-001

a Plan name	VON'S JEWELRY, INC. 401(K) PLAN	
b Name of plan sponsor	VON'S JEWELRY, INC.	c EIN-PN 34-1162214-001

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

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

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

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

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b Name of plan sponsor		c EIN-PN

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BLACKROCK EQUITY DIVIDEND RET OPT	B Three-digit plan number (PN) ▶ 240
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	89823596 79718019
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	89823596	79718020
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	89823596	79718020

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2038933	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2038933
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-247926	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6809342
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8600349

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	508251	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		508251
j Total expenses. Add all expense amounts in column (b) and enter total	2j		508251

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8092098
l Transfers of assets:			
(1) To this plan	2l(1)		7506064
(2) From this plan	2l(2)		25703738

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
a 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 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.)			
c 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.)			
d 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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g 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?			
h 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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j 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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 _____.