

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="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="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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>FIDELITY ADVISOR SMALL CAP RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>258</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	<u>Filed with authorized/valid electronic signature.</u>	<u>08/21/2025</u>	<u>NEIL KOENCK</u>
	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> 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)**

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

A Name of plan <u>FIDELITY ADVISOR SMALL CAP RET OPT</u>		B Three-digit plan number (PN) ▶ <u>258</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)

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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d Entity code

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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)	
<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	K KOMFORT INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	K KOMFORT INC.	c EIN-PN 26-0821489-001
a	Plan name	KATHERINE A. HART WESTPHAL, PLLC 401(K) PLAN	
b	Name of plan sponsor	KATHERINE A. HART WESTPHAL, PLLC	c EIN-PN 47-5581728-001
a	Plan name	KAUAI NURSERY & LANDSCAPING, INC. 401(K) PLAN	
b	Name of plan sponsor	KAUAI NURSERY & LANDSCAPING, INC.	c EIN-PN 99-0183986-001
a	Plan name	POLLEY INC. 401(K) PLAN	
b	Name of plan sponsor	POLLEY INC.	c EIN-PN 46-3722656-001
a	Plan name	THE BRUCE LAW FIRM 401(K) PLAN	
b	Name of plan sponsor	STEPHEN L. BRUCE, PC DBA STEPHEN BRUCE & ASSOCIATES	c EIN-PN 73-1354482-001
a	Plan name	THE CALIFORNIAN ON WILSHIRE HOA EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	THE CALIFORNIAN ON WILSHIRE HOA, INC.	c EIN-PN 26-0122820-001
a	Plan name	EPCM-RMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	EPCM-RMS, INC.	c EIN-PN 46-5263070-001
a	Plan name	BETHEL COMMUNITY PET HOSPITAL 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BETHEL COMMUNITY PET HOSPITAL	c EIN-PN 26-3126168-001
a	Plan name	BETTER BUSINESS BUREAU SERVING CENTRAL INDIANA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BETTER BUSINESS BUREAU SERVING CENTRAL INDIANA	c EIN-PN 35-0177190-001
a	Plan name	BIG JOHN'S MARKET 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DRY CREEK VENTURES DBA BIG JOHN'S MARKET	c EIN-PN 91-1790321-002
a	Plan name	KRETETEK INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	KRETETEK INDUSTRIES, INC.	c EIN-PN 47-5454964-001
a	Plan name	THE TREATMENT SKIN BOUTIQUE INC 401(K) PLAN	
b	Name of plan sponsor	THE TREATMENT SKIN BOUTIQUE, INC	c EIN-PN 82-2277610-001

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	THERMAL SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	THERMAL SOLUTIONS, LLC	c EIN-PN 14-1922983-001
a	Plan name	PURA VIDA 401(K) PLAN & TRUST	
b	Name of plan sponsor	PURA VIDA RECOVERY SERVICES	c EIN-PN 81-4823363-001
a	Plan name	LAVLE RETIREMENT PLAN	
b	Name of plan sponsor	LAVLE USA, INC.	c EIN-PN 82-5092203-001
a	Plan name	RED ROCKS COUNTRY CLUB 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	RED ROCKS COUNTRY CLUB	c EIN-PN 84-1224150-001
a	Plan name	REHFELD, HERNANDEZ, AND ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	REHFELD, HERNANDEZ, & ASSOCIATES, INC. DBA VISITING ANGELS OF GLENDO	c EIN-PN 75-2973602-001
a	Plan name	TURING SCHOOL OF SOFTWARE & DESIGN 401(K) PLAN	
b	Name of plan sponsor	TURING SCHOOL OF SOFTWARE & DESIGN	c EIN-PN 46-3635658-001
a	Plan name	TWO BEACONS LLC 401(K) PLAN	
b	Name of plan sponsor	TWO BEACONS LLC	c EIN-PN 20-0139794-002
a	Plan name	TWS FACILITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	TWS FACILITY SERVICES, INC.	c EIN-PN 27-5283771-001
a	Plan name	M & J PROSPECT ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	M & J PROSPECT ENTERPRISES, LLC	c EIN-PN 81-0703560-002
a	Plan name	M&M TREES LLC 401(K) PLAN	
b	Name of plan sponsor	M&M TREES LLC	c EIN-PN 47-3242584-001
a	Plan name	RICHARD ADAMS ENGINEERING 401(K) PLAN	
b	Name of plan sponsor	RICHARD ADAMS ENGINEERS & CONSULTANTS, P.A.	c EIN-PN 59-3182711-001
a	Plan name	UNIVERSAL CUTTING, INC. 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL CUTTING, INC.	c EIN-PN 68-0582383-001

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 UPTOWN MORTGAGE, LLC 401(K) PLAN	
b	Name of plan sponsor UPTOWN MORTGAGE, LLC	c EIN-PN 84-1526896-001
a	Plan name CAPSTAN SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor CAPSTAN SOLUTIONS, LLC	c EIN-PN 83-3151416-001
a	Plan name GEN III WOODWORKS 401(K) PLAN	
b	Name of plan sponsor GEN III WOODWORKS, LLC	c EIN-PN 20-1602635-001
a	Plan name GENESIS MANUFACTURING, LLC 401(K) PLAN	
b	Name of plan sponsor GENESIS MANUFACTURING, LLC	c EIN-PN 46-1157839-001
a	Plan name MARIETTA AUTO SALES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MARIETTA AUTO SALES LLC	c EIN-PN 45-3981149-001
a	Plan name MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP. 401(K) PLAN	
b	Name of plan sponsor MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP.	c EIN-PN 75-2621353-001
a	Plan name MED-CORP MANAGEMENT, L.L.C. 401(K) PLAN	
b	Name of plan sponsor MED-CORP MANAGEMENT, L.L.C.	c EIN-PN 26-0516045-001
a	Plan name MEHAR ACCOUNTING SERVICES, PLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor MEHAR ACCOUNTING SERVICES, PLC	c EIN-PN 20-2723557-001
a	Plan name CHEESMAN INVESTMENTS, INC.401(K) PLAN	
b	Name of plan sponsor CHEESMAN INVESTMENTS, INC.	c EIN-PN 45-3439262-001
a	Plan name GOTRUSTID INC 401(K) PLAN	
b	Name of plan sponsor GOTRUSTID INC	c EIN-PN 82-5028083-001
a	Plan name GRACE CENTERS OF HOPE 401(K) PLAN	
b	Name of plan sponsor GRACE CENTERS OF HOPE	c EIN-PN 38-6094602-001
a	Plan name GRAND ARMORY BREWING COMPANY RETIREMENT PLAN	
b	Name of plan sponsor GRAND ARMORY BREWING COMPANY	c EIN-PN 47-2371343-001

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 ROTHI & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ROTHI & ASSOCIATES, INC.	c EIN-PN 38-3473903-001
a	Plan name ROWC ENERGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ROWC ENERGY SERVICES, LLC	c EIN-PN 81-2841779-001
a	Plan name RPM EXPEDITE INC 401(K) PLAN	
b	Name of plan sponsor RPM EXPEDITE USA, LLC	c EIN-PN 81-2565532-001
a	Plan name VSS 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor VETERINARY SYSTEM SERVICES, INC.	c EIN-PN 46-5078609-001
a	Plan name CKS WHOLESALE DISTRIBUTORS INC. 401(K) PLAN	
b	Name of plan sponsor CKS WHOLESALE DISTRIBUTORS, INC.	c EIN-PN 20-2340261-001
a	Plan name 1 SOURCE SOLAR, LLC 401(K) PLAN	
b	Name of plan sponsor 1 SOURCE SOLAR, LLC	c EIN-PN 47-3526994-001
a	Plan name SAPHRAN INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAPHRAN, INC.	c EIN-PN 20-1443106-001
a	Plan name SHARPE CONTRACTORS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SHARPE CONTRACTORS	c EIN-PN 35-2408310-001
a	Plan name ACCESS HEALTH 401(K) PLAN	
b	Name of plan sponsor ACCESS HEALTH, INC.	c EIN-PN 38-3481152-001
a	Plan name ACCURATE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor ACCURATE CONSTRUCTION	c EIN-PN 01-0556643-001
a	Plan name ACE FENCE 401(K) PLAN	
b	Name of plan sponsor LITTLE JOHNSON INC. DBA ACE FENCE CO.	c EIN-PN 76-0086341-001
a	Plan name ACE GREASE SERVICE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ACE GREASE SERVICE, INC.	c EIN-PN 36-4775890-001

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 YFC-BL RETIREMENT PLAN	
b	Name of plan sponsor BESTLINK NETWORK INC.	c EIN-PN 20-1050655-001
a	Plan name YORK VETERINARY SERVICES 401(K) PLAN	
b	Name of plan sponsor YORK VETERINARY SERVICES, LLC	c EIN-PN 46-4957807-001
a	Plan name YOUTH & OPPORTUNITY UNITED RETIREMENT PLAN	
b	Name of plan sponsor YOUTH & OPPORTUNITY UNITED	c EIN-PN 36-2734966-001
a	Plan name SINBAD FOODS, LLC 401(K) PLAN	
b	Name of plan sponsor SINBAD FOODS, LLC	c EIN-PN 82-0897252-001
a	Plan name ADVANCED FORMLINERS, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED FORMLINERS, INC.	c EIN-PN 20-4502606-001
a	Plan name ADVANCED GERIATRICS & PRIMARY CARE, L.L.C. 401(K) PLAN	
b	Name of plan sponsor ADVANCED GERIATRICS & PRIMARY CARE, L.L.C.	c EIN-PN 46-5767738-001
a	Plan name ADVANCED HYDROVAC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED HYDROVAC, INC.	c EIN-PN 20-5030859-001
a	Plan name ADVANCED RESTORATION 401(K) PLAN	
b	Name of plan sponsor ADVANCED RESTORATION INC.	c EIN-PN 39-1656165-001
a	Plan name NFI ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor NFI ENTERPRISES, LLC	c EIN-PN 27-2601480-001
a	Plan name ALTON BAY DENTAL, PLLC 401(K) PLAN	
b	Name of plan sponsor ALTON BAY DENTAL, PLLC	c EIN-PN 84-3908898-001
a	Plan name DAVID J. RUDOLPH DDS INC.	
b	Name of plan sponsor DAVID J. RUDOLPH DDS INC.	c EIN-PN 20-4738777-001
a	Plan name OMNIENGINE 401(K) PLAN	
b	Name of plan sponsor OMNIENGINE, LLC	c EIN-PN 61-1896301-001

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 ONBOARD TALENT, LLC 401(K) PLAN	
b	Name of plan sponsor ONBOARD TALENT, LLC	c EIN-PN 81-4580866-001
a	Plan name SPIKES AUTO CARE AND REPAIR INC. 401(K) PLAN	
b	Name of plan sponsor SPIKES AUTO CARE AND REPAIR, INC.	c EIN-PN 52-2188778-001
a	Plan name DESIGNHAUS, LLC 401(K) PLAN	
b	Name of plan sponsor DESIGNHAUS, LLC	c EIN-PN 83-1336031-001
a	Plan name INTOUCH COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor INTOUCH COMMUNICATION, INC.	c EIN-PN 38-3428536-001
a	Plan name IOWA PUMP WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor IOWA PUMP WORKS, INC.	c EIN-PN 27-4537008-001
a	Plan name IOWA WALLS CONCRETE CONSTRUCTION INC. 401(K) PLAN	
b	Name of plan sponsor IOWA WALLS CONCRETE CONSTRUCTION INC.	c EIN-PN 42-1418150-777
a	Plan name IPG AUTOMOTIVE USA, INC. 401(K) PLAN	
b	Name of plan sponsor IPG AUTOMOTIVE USA, INC.	c EIN-PN 36-4813731-001
a	Plan name IQ TECH PROS 401(K) PLAN	
b	Name of plan sponsor IQ TECH PROS	c EIN-PN 03-0377009-001
a	Plan name PCSI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRADEEP CONSULTING SERVICES, INC.	c EIN-PN 45-0988756-001
a	Plan name ASK RESOURCE CENTER 401(K) PLAN	
b	Name of plan sponsor ASK RESOURCE CENTER	c EIN-PN 42-1489784-001
a	Plan name DR. PHARM USA INC. 401(K) PLAN	
b	Name of plan sponsor DR. PHARM USA, INC.	c EIN-PN 82-4124670-001
a	Plan name DRAFT RETIREMENT PLAN	
b	Name of plan sponsor JAO PRODUCTIONS, LLC	c EIN-PN 26-1392631-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
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a	Plan name JENNIFER D. YOUNG INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JENNIFER D. YOUNG INC.	c EIN-PN 76-0816567-001
a	Plan name JENNIFER M. SASADA, D.M.D., LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JENNIFER M. SASADA, D.M.D., LLC	c EIN-PN 90-0426102-222
a	Plan name JEREH 401(K) PLAN	
b	Name of plan sponsor AMERICAN JEREH INTERNATIONAL CORPORATION	c EIN-PN 26-1780611-001
a	Plan name TATE INSURANCE GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor TATE INSURANCE GROUP, INC.	c EIN-PN 45-5467885-001
a	Plan name RENEWABLE LUBRICANTS, INC. 401(K) PLAN	
b	Name of plan sponsor RENEWABLE LUBRICANTS, INC.	c EIN-PN 34-1749334-001
a	Plan name FX 401(K) PLAN	
b	Name of plan sponsor ARCTIC FX GRAPHICS	c EIN-PN 35-2264890-001
a	Plan name G&R FABRICATION, LLC 401(K) PLAN	
b	Name of plan sponsor G&R FABRICATION, LLC	c EIN-PN 27-2404814-001
a	Plan name GAGHAN MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor GAGHAN MECHANICAL, INC.	c EIN-PN 54-1789937-001
a	Plan name GEORGIA'S RESTAURANT 401(K) PLAN	
b	Name of plan sponsor GEORGE & GRETCHEN, INC. DBA GEORGIA'S RESTAURANT	c EIN-PN 46-3194222-011
a	Plan name CAR CRAFT, INC. 401(K) PLAN	
b	Name of plan sponsor CAR CRAFT, INC.	c EIN-PN 72-0651590-001
a	Plan name V3GATE LLC 401(K) PLAN	
b	Name of plan sponsor V3GATE LLC	c EIN-PN 26-1601904-001
a	Plan name CHILD CARE MARKETING SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor DAY CARE SYSTEMS, LLC	c EIN-PN 26-0492834-001

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	CHR EMPLOYEES UNION 401(K) PLAN	
b	Name of plan sponsor	CHR EMPLOYEES, LLC	c EIN-PN 84-3936863-002
a	Plan name	GRASS MONKEY PEST CONTROL LLC 401(K) PLAN	
b	Name of plan sponsor	GRASS MONKEY PEST CONTROL LLC	c EIN-PN 46-4375103-001
a	Plan name	MERIDIAN REALTY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	MERIDIAN REALTY GROUP, LLC	c EIN-PN 26-4724387-001
a	Plan name	SAPPHIRE COMPANIES, 401K PLAN	
b	Name of plan sponsor	SAPPHIRE COMPANIES LLC	c EIN-PN 84-1934348-001
a	Plan name	WHARF RESTAURANT GROUP 401(K) PLAN	
b	Name of plan sponsor	WHARF RESTAURANT GROUP, LLC DBA YOHO RUM AND TACOS	c EIN-PN 83-2296547-001
a	Plan name	WIDLAK AND PETRICHES, P.C. 401(K) PLAN	
b	Name of plan sponsor	WIDLAK AND PETRICHES, P.C.	c EIN-PN 38-3083072-001
a	Plan name	310 DUST CONTROL 401(K) PLAN	
b	Name of plan sponsor	310 DUST CONTROL, LLC	c EIN-PN 45-4921800-001
a	Plan name	401(K) FOR HANKS, HANKS AND ASSOCIATES, LLC	
b	Name of plan sponsor	HANKS, HANKS AND ASSOCIATES, LLC	c EIN-PN 37-1438277-001
a	Plan name	CLEVELAND COUNCIL ON WORLD AFFAIRS 401(K) PLAN	
b	Name of plan sponsor	CLEVELAND COUNCIL ON WORLD AFFAIRS	c EIN-PN 34-0720549-001
a	Plan name	CLINE MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	CLINE MECHANICAL INC.	c EIN-PN 46-4602299-001
a	Plan name	HAMBURG IXL, LLC 401(K) PLAN	
b	Name of plan sponsor	HAMBURG IXL, LLC	c EIN-PN 46-4410379-001
a	Plan name	MJVT GROUP 401(K) PLAN	
b	Name of plan sponsor	MJVT ENTERPRISES INC.	c EIN-PN 20-2811124-001

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	MOCAVO 401(K) PLAN	
b	Name of plan sponsor	MOCAVO, INC.	c EIN-PN 27-5211145-001
a	Plan name	HICKEY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HICKEY ELECTRIC, INC.	c EIN-PN 27-0640986-001
a	Plan name	CONTRACTORS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTRACTORS GROUP, INC.	c EIN-PN 42-1457531-001
a	Plan name	NE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	NE CONSTRUCTION LLC	c EIN-PN 27-0721649-001
a	Plan name	SHIELDS WELLNESS 401(K) PLAN	
b	Name of plan sponsor	SHIELDS THERAPEUTIC HEALTH, INC.	c EIN-PN 45-4267357-001
a	Plan name	SHOALS PEDIATRIC GROUP 401(K) PLAN	
b	Name of plan sponsor	SHOALS PEDIATRIC GROUP	c EIN-PN 63-1053941-001
a	Plan name	Z-TEK CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	Z-TEK CONSTRUCTION, LLC	c EIN-PN 47-2300579-001
a	Plan name	NORRIS PAVING 401K PLAN	
b	Name of plan sponsor	NORRIS PAVING & ASPHALT, INC.	c EIN-PN 72-1371617-001
a	Plan name	AFFORDABLE AUTO REPAIR RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	TRACY'S AFFORDABLE AUTOMOTIVE LTD (DBA AFFORDABLE AUTO REPAIR)	c EIN-PN 81-4817180-001
a	Plan name	COUNTRYWOOD SHOPPING CENTER ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COUNTRYWOOD SHOPPING CENTER ASSOCIATES	c EIN-PN 94-6328342-001
a	Plan name	CRAWFORD EQUIPMENT SUPPLY 401(K) PLAN	
b	Name of plan sponsor	CRAWFORD EQUIPMENT SUPPLY, LLC	c EIN-PN 84-3726969-001
a	Plan name	SK DESIGN BUILD 401(K) PLAN	
b	Name of plan sponsor	SYNTHESIS, INC.	c EIN-PN 20-0210040-001

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	SKIN BOUTIQUE 401(K) PLAN	
b	Name of plan sponsor	SKIN BOUTIQUE INCORPORATED	c EIN-PN 82-1423816-001
a	Plan name	OREV LLC 401(K) PLAN	
b	Name of plan sponsor	OREV, LLC	c EIN-PN 80-0804526-001
a	Plan name	AMERICAN BAITWORKS 401(K) PLAN	
b	Name of plan sponsor	AMERICAN BAITWORKS CO.	c EIN-PN 83-3241860-001
a	Plan name	INSURANCE CONSTRUCTION MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	INSURANCE CONSTRUCTION MANAGEMENT	c EIN-PN 47-3094380-001
a	Plan name	ST. PETE AVIATION SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ST. PETE AVIATION SERVICES, LLC	c EIN-PN 45-2474818-001
a	Plan name	ST. VRAIN BLOCK COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ST. VRAIN BLOCK COMPANY	c EIN-PN 84-0685373-001
a	Plan name	STANNARD STUDDT & TIRONI DENTISTRY, P.C. 401(K) PLAN	
b	Name of plan sponsor	STUDDT & TIRONI DENTISTRY, P.C.	c EIN-PN 20-5898307-001
a	Plan name	PACIFIC TEST AND BALANCE, INC. 401(K) PLAN	
b	Name of plan sponsor	PACIFIC TEST AND BALANCE, INC.	c EIN-PN 26-4334529-001
a	Plan name	PACIFIC THERX, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PACIFIC THERX, INC.	c EIN-PN 94-3322603-001
a	Plan name	PAGENKOPF FUNERAL HOME, INC 401(K) PLAN	
b	Name of plan sponsor	PAGENKOPF FUNERAL HOME, INC	c EIN-PN 39-1089800-001
a	Plan name	ISLAND METAL WORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ISLAND METAL WORKS OF PORT ST. LUCIE, LLC	c EIN-PN 27-0110419-001
a	Plan name	ISLAND STYLE INNOVATIONS LLC 401(K) PLAN	
b	Name of plan sponsor	ISLAND STYLE INNOVATIONS, LLC	c EIN-PN 46-4275892-001

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 IXL LEARNING CENTER BIRMINGHAM AND NORTHVILLE 401(K) PLAN	
b	Name of plan sponsor IXL BIRMINGHAM AND NORTHVILLE	c EIN-PN 45-4821302-001
a	Plan name DUPRE MARINE TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor DUPRE MARINE TRANSPORTATION	c EIN-PN 72-1496406-777
a	Plan name TBG COMPANIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TBG CONSTRUCTION LLC	c EIN-PN 83-4539773-001
a	Plan name TCP OF LA 401(K) PLAN	
b	Name of plan sponsor TRAFFIC CONTROL PRODUCTS COMPANY OF LOUISIANA, INCORPORATED	c EIN-PN 58-1342397-001
a	Plan name TDP GROUP LLC 401(K) PLAN	
b	Name of plan sponsor TDP GROUP LLC	c EIN-PN 85-0490232-001
a	Plan name PORT CITY ARCHITECTURAL SIGNAGE LLC 401(K) PLAN	
b	Name of plan sponsor PORT CITY ARCHITECTURAL SIGNAGE LLC	c EIN-PN 20-5381694-001
a	Plan name BARDA SERVICES 401(K) PLAN	
b	Name of plan sponsor BARDA SERVICES, LLC	c EIN-PN 27-2629330-001
a	Plan name EJOULE, INC. 401 (K) PLAN	
b	Name of plan sponsor EJOULE, INC.	c EIN-PN 47-4653062-001
a	Plan name PROLANTHROPY 401(K) PLAN	
b	Name of plan sponsor PROLANTHROPY, LLC	c EIN-PN 46-4238904-001
a	Plan name PROPHET ONE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor PROPHET ONE SOLUTIONS, INC.	c EIN-PN 20-3912011-001
a	Plan name BIONICA 401(K) PLAN	
b	Name of plan sponsor BIONICA DENTAL WELLNESS	c EIN-PN 83-1037421-001
a	Plan name ETC 401(K) PLAN	
b	Name of plan sponsor MONTESSORI CONNECTIONS, LLC DBA ETC MONTESSORI	c EIN-PN 45-2546038-001

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 LAKELAND GENERAL STORE 401(K) PLAN	
b	Name of plan sponsor LAKELAND GENERAL STORE	c EIN-PN 82-1103381-001
a	Plan name THOMSON INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor THOMSON INTERNATIONAL, INC.	c EIN-PN 95-3105654-001
a	Plan name THORNE METAL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor THORNE METAL SYSTEMS, INC.	c EIN-PN 56-2372478-001
a	Plan name PYLE'S POOLS RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor PYLE POOLS, INC.	c EIN-PN 26-1661425-001
a	Plan name BONEFIDE PRODUCTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BONEFIDE PRODUCTIONS, LLC	c EIN-PN 26-3348427-001
a	Plan name FD SEATTLE CLINIC 401(K) PLAN	
b	Name of plan sponsor FD SEATTLE CLINIC INC	c EIN-PN 81-5337098-001
a	Plan name LEARNINGWORKS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LEARNINGWORKS	c EIN-PN 01-0353682-001
a	Plan name TOMIC INSECTICIDE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor TOMIC INSECTICIDE COMPANY, INC.	c EIN-PN 95-3254758-001
a	Plan name TOP LINE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOP LINE MATERIAL HANDLING, INC.	c EIN-PN 61-1414631-001
a	Plan name LEGACY INSURANCE GROUP 401(K) PLAN	
b	Name of plan sponsor LEGACY INSURANCE GROUP, INC.	c EIN-PN 27-0274988-001
a	Plan name LEITCHFIELD VETERINARY CLINIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEITCHFIELD VETERINARY CLINIC, INC.	c EIN-PN 27-5406094-001
a	Plan name MANIFEST SOLUTIONS CORP. 401(K) PLAN	
b	Name of plan sponsor MANIFEST SOLUTIONS CORP.	c EIN-PN 31-1422564-002

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	MAPLE MEDICAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	MAPLE MEDICAL PARTNERS, INC.	c EIN-PN 85-3760830-001
a	Plan name	MASSIE & COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor	MASSIE & COMPANY LLC	c EIN-PN 83-2325429-001
a	Plan name	MASSIVE 401(K) PLAN	
b	Name of plan sponsor	MED-LIEN SOLUTIONS HOLDING CO, LLC	c EIN-PN 46-1561166-001
a	Plan name	MATRIX COMPUTER CONSULTING 401(K) PLAN	
b	Name of plan sponsor	INSIDE SPACE	c EIN-PN 54-1967674-001
a	Plan name	MATRIX INTERIOR CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	MATRIX INTERIOR CONSTRUCTION, INC.	c EIN-PN 26-0473826-001
a	Plan name	METALCRAFT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GENESEE WESTER, INC. DBA METALCRAFT	c EIN-PN 84-1214748-001
a	Plan name	MONTIPOWER AMERICAS 401(K) PLAN	
b	Name of plan sponsor	MONTIPOWER AMERICAS, INC.	c EIN-PN 54-1702201-001
a	Plan name	NEURODEVELOPMENTAL INSTITUTE OF NEW HAMPSHIRE 401(K) PLAN	
b	Name of plan sponsor	NEURODEVELOPMENTAL INSTITUTE OF NH, LLC	c EIN-PN 47-3097930-001
a	Plan name	NEW GEORGIA PROJECT ACTION FUND 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NEW GEORGIA PROJECT ACTION FUND	c EIN-PN 82-0934131-001
a	Plan name	PALMETTO LINE CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	PALMETTO LINE CONTRACTORS, INC.	c EIN-PN 58-2591714-001
a	Plan name	PAPERFILMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PAPERFILMS, INC.	c EIN-PN 20-3744031-001
a	Plan name	PARADISE SOLUTIONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PARADISE SOLUTIONS, INC.	c EIN-PN 20-4673835-001

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	PREAKNESS HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PREAKNESS HOLDINGS, LLC	c EIN-PN 47-2491417-001
a	Plan name	QUALITY DIAMOND TOOLS 401(K) PLAN	
b	Name of plan sponsor	DUNCAN AND DUNCAN, INC.	c EIN-PN 11-3724839-001
a	Plan name	QUANTUM HEALTH SOLUTIONS GROUP 401(K) PLAN	
b	Name of plan sponsor	WHOLE HEALTH INTEGRATED MEDICINE DBA QUANTUM HEALTH SOLUTIONS GROUP	c EIN-PN 45-4931869-001
a	Plan name	RER ENERGY GROUP 401(K) PLAN	
b	Name of plan sponsor	RER ENERGY GROUP	c EIN-PN 27-0924271-001
a	Plan name	RESORT SECURITY SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	RESORT SECURITY SYSTEMS INC.	c EIN-PN 57-0892235-001
a	Plan name	RETINA ASSOCIATES OF HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RETINA ASSOCIATES OF HAWAII, INC.	c EIN-PN 84-4281908-003
a	Plan name	RISK INSURANCE AND REINSURANCE SOLUTIONS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	RISK INSURANCE AND REINSURANCE SOLUTIONS, INC.	c EIN-PN 65-0445340-001
a	Plan name	S & S OIL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	S & S OIL COMPANY, INC.	c EIN-PN 06-1265561-001
a	Plan name	SCENIC INDUSTRIES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCENIC INDUSTRIES LLC	c EIN-PN 84-4090172-002
a	Plan name	SHULLY CATERING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SHULLY CATERING, INC.	c EIN-PN 39-1485107-001
a	Plan name	SLEEP INSTITUTE OF NEW ENGLAND 401(K) PLAN	
b	Name of plan sponsor	SLEEP INSTITUTE OF NEW ENGLAND, PLLC	c EIN-PN 32-0289592-001
a	Plan name	SLS MACHINING GROUP 401(K) PLAN	
b	Name of plan sponsor	SLS MACHINING LLC	c EIN-PN 46-4192298-001

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	STEINBRUNER HILL, INC. 401(K) PLAN	
b	Name of plan sponsor	STEINBRUNER HILL, INC.	c EIN-PN 46-2638405-001
a	Plan name	SUMMIT SAFETY GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUMMIT SAFETY GROUP, LLC	c EIN-PN 46-4404382-001
a	Plan name	TEC EXCAVATION, LLC 401(K) PLAN	
b	Name of plan sponsor	TEC EXCAVATION, LLC	c EIN-PN 20-3227277-001
a	Plan name	TELCO PROS, LLC 401(K)& PROFIT SHARING PLAN	
b	Name of plan sponsor	TELCO PROS, LLC	c EIN-PN 27-1278379-001
a	Plan name	THE EDI PROJECT 401(K) PLAN	
b	Name of plan sponsor	THE EDI PROJECT, INC.	c EIN-PN 45-0493427-001
a	Plan name	TORRES LAW GROUP RETIREMENT PLAN	
b	Name of plan sponsor	ANNA D. TORRES, P.A. DBA TORRES LAW GROUP	c EIN-PN 47-3870637-001
a	Plan name	TOTAL ENVIRONMENTAL & SAFETY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOTAL ENVIRONMENTAL & SAFETY, LLC	c EIN-PN 27-0858848-001
a	Plan name	TOTAL LOGISTICS CORP. 401(K) PLAN	
b	Name of plan sponsor	TOTAL LOGISTICS CORP.	c EIN-PN 41-1785724-001
a	Plan name	UNITED METHODIST VILLAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	UNITED METHODIST VILLAGE, INC.	c EIN-PN 37-0673519-001
a	Plan name	UNITED WAY OF ST. JOHNS COUNTY 401(K) PLAN	
b	Name of plan sponsor	UNITED WAY OF ST. JOHNS COUNTY	c EIN-PN 59-6018986-002
a	Plan name	WATCH US GROW PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor	WATCH US GROW PEDIATRICS P.C.	c EIN-PN 82-1556859-001
a	Plan name	604 MANAGEMENT LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	604 MANAGEMENT LLC	c EIN-PN 27-2863420-001

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 9DOTS MANAGEMENT CORP., LLC 401(K) PLAN	
b	Name of plan sponsor 9DOTS MANAGEMENT CORP., LLC	c EIN-PN 35-2517637-001
a	Plan name ADAPTIVESTACK TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ADAPTIVESTACK TECHNOLOGIES, INC.	c EIN-PN 47-2617122-001
a	Plan name ADDITIVE MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADDITIVE MANUFACTURING, LLC	c EIN-PN 27-1218250-002
a	Plan name ADOPTION OPTIONS 401(K) PLAN	
b	Name of plan sponsor ADOPTION OPTIONS	c EIN-PN 84-0867014-001
a	Plan name AI CORPORATE INTERIORS 401(K) PLAN	
b	Name of plan sponsor AI CORPORATE INTERIORS, LLC	c EIN-PN 80-0201551-001
a	Plan name AIAI 401(K) PLAN	
b	Name of plan sponsor ACCESSIBLE INSURANCE AGENCY, INC.	c EIN-PN 27-0749186-001
a	Plan name AMERISIDE 401(K) PLAN	
b	Name of plan sponsor AMERISIDE, INC.	c EIN-PN 46-1863237-001
a	Plan name APEX GENERAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor APEXTERIORS, INC.	c EIN-PN 20-4500271-001
a	Plan name AURORA-LITTLETON UNISERV UNIT RETIREMENT PLAN	
b	Name of plan sponsor AURORA-LITTLETON UNISERV UNIT	c EIN-PN 84-0733292-001
a	Plan name AUTHENTICITY MARKETING GROUP 401(K) PLAN	
b	Name of plan sponsor AUTHENTICITY MARKETING GROUP	c EIN-PN 46-3618836-001
a	Plan name BATTERIES PLUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NUMBER 13, LLC	c EIN-PN 82-0513791-001
a	Plan name BAYSHORE SUPPLY RETIREMENT PLAN	
b	Name of plan sponsor IJK & CO., INC. DBA BAYSHORE SUPPLY	c EIN-PN 94-3148805-001

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 BLUE RIDGE SPIRITS 401(K) PLAN	
b	Name of plan sponsor BLUE RIDGE SPIRITS	c EIN-PN 47-4029264-001
a	Plan name CALIBER ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIBER ASSOCIATES, LLC	c EIN-PN 75-2859318-001
a	Plan name CALIFORNIA REPLACEMENT WINDOWS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA REPLACEMENT WINDOWS, INC.	c EIN-PN 26-0342442-001
a	Plan name CHRISTIAN DEAN ARCHITECTURE RETIREMENT PLAN	
b	Name of plan sponsor CHRISTIAN DEAN ARCHITECTURE, LLC	c EIN-PN 46-2412177-001
a	Plan name CHRISTOPHER BENTON FAMILY AND COSMETIC DENTISTRY, PLLC 401(K) PSP	
b	Name of plan sponsor CHRISTOPHER BENTON FAMILY AND COSMETIC DENTISTRY, PLLC	c EIN-PN 47-2967144-001
a	Plan name CODABEARS, INC. 401(K) PLAN	
b	Name of plan sponsor CODABEARS, INC.	c EIN-PN 26-2544925-001
a	Plan name COLLISION CRAFTSMEN 401(K) PLAN	
b	Name of plan sponsor COLLISION CRAFTSMEN OF MACOMB, INC.	c EIN-PN 38-3228642-001
a	Plan name COOK BUILDING CENTER 401(K) PLAN	
b	Name of plan sponsor BEG INC D.B.A. COOK BUILDING CENTER	c EIN-PN 41-1683076-001
a	Plan name CORE AESTHETICS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CORE AESTHETICS, LLC	c EIN-PN 26-0681863-001
a	Plan name CORE INSTALLATIONS 401(K) PLAN	
b	Name of plan sponsor CORE INSTALLATIONS, LLC	c EIN-PN 26-3602555-001
a	Plan name CRESCENT MARKETING, INC. 401(K) PLAN	
b	Name of plan sponsor CRESCENT MARKETING, INC.	c EIN-PN 33-0806686-001
a	Plan name DIETZE & LOGAN SPINE SPECIALISTS 401(K) PLAN	
b	Name of plan sponsor DIETZE & LOGAN SPINE SPECIALISTS, L.C.C.	c EIN-PN 81-5302624-001

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	EL GUAPO'S TACOS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EL GUAPO'S TACOS, LLC	c EIN-PN 45-3252311-001
a	Plan name	ELEMENT WELLNESS & SPORTS REHABILITATION 401(K) PSP	
b	Name of plan sponsor	EASTSIDE WELLNESS CENTER LLC DBA ELEMENT WELLNESS & SPORTS REHABILIT	c EIN-PN 20-3552854-001
a	Plan name	FERRY CONSTRUCTION SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	FERRY CONSTRUCTION SERVICES, LLC	c EIN-PN 45-3775709-001
a	Plan name	GASTON ENGINEERING RETIREMENT PLAN	
b	Name of plan sponsor	GASTON ENGINEERING & SURVEYING, P.C.	c EIN-PN 81-0454635-002
a	Plan name	GCLC 401(K) PLAN	
b	Name of plan sponsor	GRACE CHRISTIAN LEARNING CENTER, INC.	c EIN-PN 38-3003649-001
a	Plan name	GEAR MASTER, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	GEAR MASTER, INC.	c EIN-PN 38-3356549-001
a	Plan name	GIOIA, INC. 401(K) PLAN	
b	Name of plan sponsor	GIOIA, INC.	c EIN-PN 81-4759315-001
a	Plan name	GREAT LAKES HYPERTENSION & KIDNEY CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES HYPERTENSION & KIDNEY CARE, INC.	c EIN-PN 46-2824264-001
a	Plan name	GREAT SOUTHERN DEMOLITION 401(K) PLAN	
b	Name of plan sponsor	GREAT SOUTHERN DEMOLITION	c EIN-PN 59-3416417-001
a	Plan name	HANNA BROTHERS 401(K) PLAN	
b	Name of plan sponsor	HANNA BROTHERS GEORGIA, LLC	c EIN-PN 46-4134248-001
a	Plan name	HOWELL IXL, LLC 401(K) PLAN	
b	Name of plan sponsor	HOWELL IXL, LLC	c EIN-PN 27-2002177-001
a	Plan name	HRS OPERATING, LLC 401(K) PLAN	
b	Name of plan sponsor	HRS OPERATING, LLC	c EIN-PN 83-1021498-001

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	INTERIORS BY MARILYN 401(K) PLAN	
b	Name of plan sponsor	INTERIORS BY MARILYN, LLC	c EIN-PN 99-5087225-001
a	Plan name	INTERSTATE 401(K) PLAN	
b	Name of plan sponsor	INTERSTATE DEVELOPMENT CORPORATION	c EIN-PN 47-3473668-001
a	Plan name	J.W. SMART CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	J.W. SMART CONSTRUCTION COMPANY, INC.	c EIN-PN 33-0915038-001
a	Plan name	JABBA COMMUNICATIONS 401(K) PLAN & TRUST	
b	Name of plan sponsor	JABBA COMMUNICATIONS, INC.	c EIN-PN 26-1562882-001
a	Plan name	JMC ELECTRICAL CONTRACTOR LLC 401(K) PLAN	
b	Name of plan sponsor	JMC ELECTRICAL CONTRACTOR LLC	c EIN-PN 27-3290634-001
a	Plan name	LANDBRIDGE ECOLOGICAL SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LANDBRIDGE ECOLOGICAL	c EIN-PN 27-2058011-001
a	Plan name	LANDLORDLOCKS.COM, INC. 401(K) PLAN	
b	Name of plan sponsor	LANDLORDLOCKS.COM, INC.	c EIN-PN 32-0004281-001
a	Plan name	A-TEAM CONSTRUCTION UNLIMITED, INC. 401(K) PLAN	
b	Name of plan sponsor	A-TEAM CONSTRUCTION UNLIMITED, INC.	c EIN-PN 20-2201891-001
a	Plan name	AIR RESOURCES HELICOPTERS INC 401(K) PLAN	
b	Name of plan sponsor	AIR RESOURCES HELICOPTERS INC	c EIN-PN 47-1314819-001
a	Plan name	AK RESTAURANTS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	AK RESTAURANTS, INC.	c EIN-PN 46-2821367-001
a	Plan name	AKIVA GOLDMAN, P.C. 401(K) PLAN	
b	Name of plan sponsor	AKIVA GOLDMAN, P.C.	c EIN-PN 38-3616750-001
a	Plan name	APS 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC PIPE SERVICES, LLC	c EIN-PN 81-4515509-001

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 ARC PACIFIC, INC. 401(K) PLAN	
b	Name of plan sponsor ARC PACIFIC, INC.	c EIN-PN 47-0965866-001
a	Plan name ARCADIA ACCOUNTANCY CORP 401(K) PLAN	
b	Name of plan sponsor ARCADIA ACCOUNTANCY CORP	c EIN-PN 27-2116380-001
a	Plan name BRG HOSPITALITY 401(K) PLAN	
b	Name of plan sponsor BRG HOSPITALITY GROUP, LLC	c EIN-PN 82-3528225-001
a	Plan name BRIAN LUEDTKE & ASSOCIATES CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor BRIAN LUEDTKE & ASSOCIATES CONSTRUCTION LLC	c EIN-PN 81-2000303-001
a	Plan name CATINA DAI 401(K) PLAN	
b	Name of plan sponsor CATINA DAI	c EIN-PN 82-2294465-001
a	Plan name COMBINED POOL & SPA 401(K) PLAN	
b	Name of plan sponsor COMBINED POOL & SPA, INC.	c EIN-PN 90-0066428-001
a	Plan name COMFORT HOME HEALTH CARE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor COMFORT HOME HEALTH CARE GROUP, INC.	c EIN-PN 41-1447318-001
a	Plan name CROSSGATES FAMILY FITNESS 401(K) PLAN	
b	Name of plan sponsor CROSSGATES FAMILY FITNESS	c EIN-PN 72-0854746-001
a	Plan name CS ADVOCARE, INC. 401(K) PLAN	
b	Name of plan sponsor CS ADVOCARE, INC.	c EIN-PN 84-1129499-001
a	Plan name DOMAIN DESIGN ARCHITECTURE 401(K) PLAN	
b	Name of plan sponsor DOMAIN DESIGN ARCHITECTURE	c EIN-PN 20-0446118-001
a	Plan name DOMINIC O. FARIELLO, P.A. 401(K) PLAN	
b	Name of plan sponsor DOMINIC O. FARIELLO, P.A.	c EIN-PN 90-0186294-001
a	Plan name ELTOSCH GRAFIX AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor ELTOSCH GRAFIX AMERICA, INC.	c EIN-PN 26-3802412-001

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	ELYSIAN TECHNOLOGY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ELYSIAN TECHNOLOGY
c	EIN-PN	47-3755672-001
a	Plan name	FINANCIAL TRAINING INC. 401(K) PLAN
b	Name of plan sponsor	FINANCIAL TRAINING INC.
c	EIN-PN	45-2613149-001
a	Plan name	FINMC 401(K) PLAN
b	Name of plan sponsor	DYNAMIC WEB SERVICES, INC.
c	EIN-PN	20-5185854-001
a	Plan name	GLASSEN TECHNOLOGY SERVICES 401(K) PLAN
b	Name of plan sponsor	GLASSEN TECHNOLOGY SERVICES
c	EIN-PN	82-3781057-001
a	Plan name	JADE SHANK TRUCKING, LLC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	JADE SHANK TRUCKING, LLC
c	EIN-PN	20-1922253-001
a	Plan name	LIBERTY TURNED COMPONENTS, LLC 401(K) PLAN
b	Name of plan sponsor	LIBERTY TURNED COMPONENTS, LLC
c	EIN-PN	46-4301896-001
a	Plan name	MORGAN & MORGAN CPA'S, P.C. 401(K) PLAN
b	Name of plan sponsor	MORGAN & MORGAN CPA'S, P.C.
c	EIN-PN	26-4625247-001
a	Plan name	PRECISION DIAGNOSTICS 401(K) PLAN
b	Name of plan sponsor	PRECISION DIAGNOSTICS
c	EIN-PN	83-4585434-001
a	Plan name	PRECISION ENVIRONMENTAL 401K PLAN
b	Name of plan sponsor	PRECISION WORKS, INC. DBA PRECISION ENVIRONMENTAL
c	EIN-PN	77-0078511-001
a	Plan name	R & A ENTERPRISES OF CENTRAL COLORADO 401(K) PLAN
b	Name of plan sponsor	R & A ENTERPRISES OF CARBONDALE, INC.
c	EIN-PN	84-1496407-777
a	Plan name	R&A ENTERPRISES OF WESTERN CO 401(K) PLAN
b	Name of plan sponsor	R&A ENTERPRISES OF WESTERN CO, INC
c	EIN-PN	84-1378396-222
a	Plan name	R.C. IOSSI CO., LLC 401(K)
b	Name of plan sponsor	R.C. IOSSI CO., LLC
c	EIN-PN	27-2084291-001

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	RMHC 401(K) PLAN	
b	Name of plan sponsor	RONALD MCDONALD HOUSE CHARITIES OF CORPUS CHRISTI, INC.	c EIN-PN 74-2378671-001
a	Plan name	SCUBA DUBA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SCUBA DUBA CORPORATION	c EIN-PN 95-2594224-001
a	Plan name	SEATTLE IMPLANT AND PROSTHETIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	SEATTLE IMPLANT AND PROSTHETIC DENTISTRY	c EIN-PN 81-3162708-001
a	Plan name	SEEDMASTERS, INC. S/H 401(K) P/S PLAN	
b	Name of plan sponsor	SEEDMASTERS, INC.	c EIN-PN 54-2167158-001
a	Plan name	SEIBER KEAST LEHNER, INC. 401(K) PLAN	
b	Name of plan sponsor	SEIBER KEAST LEHNER, INC.	c EIN-PN 38-1957958-001
a	Plan name	SWANSON HULLING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	SWANSON HULLING, INC.	c EIN-PN 77-0277360-001
a	Plan name	THE KRK 401(K) PLAN	
b	Name of plan sponsor	CHILDREN'S BUSINESS SERVICES	c EIN-PN 20-5369006-001
a	Plan name	VANTAGE POINT PHOTOGRAPHY INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	VANTAGE POINT PHOTOGRAPHY INC.	c EIN-PN 77-0583434-001
a	Plan name	WIRTZ QUALITY INSTALLATIONS, INC. 401(K) PREVAILING WAGE PLAN	
b	Name of plan sponsor	WIRTZ QUALITY INTALLATIONS, INC.	c EIN-PN 20-1992177-001
a	Plan name	HAYLIE POMROY GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAYLIE POMROY GROUP, INC.	c EIN-PN 46-0597976-001
a	Plan name	IBUSINESS SOLUTION 401(K) PLAN	
b	Name of plan sponsor	IBUSINESS SOLUTION, LLC	c EIN-PN 25-1752472-001
a	Plan name	JAMES W. REHM DMD LLC 401(K) PLAN	
b	Name of plan sponsor	JAMES W. REHM DMD LLC	c EIN-PN 47-2427511-001

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 LIFESTYLE EYE CENTER 401(K) PLAN	
b	Name of plan sponsor BLUE MOUNTAIN EYE, PLLC DBA LIFESTYLE EYE CENTER	c EIN-PN 27-3774591-001
a	Plan name LITTLE RIVER TRANSPORTATION, LLC 401(K) PLAN	
b	Name of plan sponsor LITTLE RIVER TRANSPORTATION, LLC	c EIN-PN 47-2280526-001
a	Plan name MCFSA 401(K) PLAN	
b	Name of plan sponsor MORROW COUNTY FIREFIGHTERS & SQUADSMEN ASSOCIATION	c EIN-PN 31-0865984-001
a	Plan name MR. CARLOS POOLS & CONSTRUCTION, INC. 401K PLAN	
b	Name of plan sponsor MR. CARLOS POOLS & CONSTRUCTION, INC.	c EIN-PN 26-4654659-001
a	Plan name MTI EVENTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MTI EVENTS	c EIN-PN 48-1021453-001
a	Plan name MU'S GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor MU'S GROUP INC.	c EIN-PN 26-1417677-001
a	Plan name NORWALK DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor KYNA DENTAL, P.C.	c EIN-PN 83-2180071-001
a	Plan name NTEGRATED CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor NTEGRATED CONSULTING, LLC	c EIN-PN 73-1693449-001
a	Plan name PREMIER TOOL GRINDING 401(K) PLAN	
b	Name of plan sponsor PREMIER TOOL GRINDING, INC.	c EIN-PN 86-0820076-001
a	Plan name PRESERVATION ARTS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor PRESERVATION ARTS, LLC	c EIN-PN 46-3890911-001
a	Plan name PRINCIPE AMERICA LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRINCIPE AMERICA LLC	c EIN-PN 47-5312927-001
a	Plan name RALSTON MECHANICAL SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RALSTON MECHANICAL SYSTEMS, INC.	c EIN-PN 23-2911140-001

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	RAMSEY & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	RAMSEY & SON, INC.	c EIN-PN 88-0223072-001
a	Plan name	SELECT 401(K) PLAN	
b	Name of plan sponsor	KICK IT USA, INC.	c EIN-PN 26-4051097-001
a	Plan name	SELECTIVE STONE LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SELECTIVE STONE LLC	c EIN-PN 99-0343988-001
a	Plan name	THE MOTHERHOOD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE MOTHERHOOD, INC.	c EIN-PN 20-5218915-001
a	Plan name	THE NEAL LAW GROUP RETIREMENT PLAN	
b	Name of plan sponsor	THE NEAL LAW GROUP, PLLC	c EIN-PN 86-3590456-001
a	Plan name	THE ORIGINAL SWIMWEAR COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor	THE ORIGINAL SWIMWEAR COMPANY LLC	c EIN-PN 47-2048125-001
a	Plan name	TRANSISTOR LLC 401(K) PLAN	
b	Name of plan sponsor	TRANSISTOR LLC	c EIN-PN 81-1358661-001
a	Plan name	WOODGROVE SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	WOODGROVE SOLUTIONS, LLC	c EIN-PN 47-2173558-001
a	Plan name	A.V.M. ENTERPRISES, INC. 401K	
b	Name of plan sponsor	A.V.M. ENTERPRISES, INC.	c EIN-PN 62-1556734-001
a	Plan name	ABA THERAPY, LLC 401(K) PLAN	
b	Name of plan sponsor	ABA THERAPY, LLC	c EIN-PN 83-4320445-001
a	Plan name	ABC FIRE & BURGLAR ALARM LLC 401(K) PLAN	
b	Name of plan sponsor	ABC FIRE & BURGLAR ALARM LLC	c EIN-PN 46-1663065-001
a	Plan name	ALFEL RESOURCES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ALFEL RESOURCES, INC.	c EIN-PN 35-2288638-001

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 ARIEL FOX DESIGN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARIEL FOX DESIGN, INC.	c EIN-PN 47-2919495-001
a	Plan name ARLINGTON HEIGHTS ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor COWTOWN PET CARE, PLLC DBA ARLINGTON HEIGHTS ANIMAL HOSPITAL	c EIN-PN 47-5044388-001
a	Plan name BEL AIR AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor BEL AIR AUTO SERVICE LLC	c EIN-PN 82-5465240-001
a	Plan name BEN'S SOFT PRETZELS 401(K) PLAN	
b	Name of plan sponsor BEN'S SOFT PRETZELS LLC	c EIN-PN 26-1911401-001
a	Plan name BENCHMARK DENTAL OF COLORADO, PC 401(K) PLAN	
b	Name of plan sponsor BENCHMARK DENTAL OF COLORADO, PC	c EIN-PN 80-0715149-001
a	Plan name BRISHELL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRISHELL, LLC	c EIN-PN 82-4118432-001
a	Plan name CULVER'S CORYDON EMPLOYEES 401K PLAN	
b	Name of plan sponsor COCIN SERVICES, INC.	c EIN-PN 27-0035982-001
a	Plan name CURRENT RE 401(K) PLAN	
b	Name of plan sponsor CURRENT RENEWABLE EFFICIENCIES	c EIN-PN 45-3135391-001
a	Plan name CWPS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CITY WIDE PROTECTION SERVICES, INC.	c EIN-PN 80-0843345-001
a	Plan name DOSTIE HOMES 401(K) PLAN	
b	Name of plan sponsor DOSTIE HOMES, LLC	c EIN-PN 27-5108332-001
a	Plan name DOUG DE LEO WELDING, INC. 401(K) PLAN	
b	Name of plan sponsor DOUG DE LEO WELDING, INC.	c EIN-PN 20-0257890-001
a	Plan name FIRST STEP STAFFING 401(K) PLAN	
b	Name of plan sponsor FIRST STEP STAFFING	c EIN-PN 20-8038859-001

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	GMB, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GMB, INC.	c EIN-PN 35-2508603-001
a	Plan name	GO EAT CONCEPTS 401(K) PLAN	
b	Name of plan sponsor	K&F RESTAURANT HOLDINGS, LTD	c EIN-PN 80-0826679-001
a	Plan name	MYERS-ANDERSON ARCHITECTS PLLC 401(K) PLAN	
b	Name of plan sponsor	MYERS-ANDERSON ARCHITECTS PLLC	c EIN-PN 20-2132322-001
a	Plan name	MYMD SELECT 401(K) PLAN	
b	Name of plan sponsor	CLINT CARTER, M.D., P.A., DBA MYMD SELECT	c EIN-PN 64-0962981-001
a	Plan name	O.B. BUILDERS FLORIDA, INC. 401(K) PLAN	
b	Name of plan sponsor	O.B. BUILDERS FLORIDA, INC.	c EIN-PN 85-2457513-001
a	Plan name	PAULK FUNERAL HOME OF GEORGIA, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAULK FUNERAL HOME OF GEORGIA, LTD.	c EIN-PN 58-1748650-001
a	Plan name	PAYROLL PAYROLL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAYROLL PAYROLL, INC.	c EIN-PN 20-3891662-001
a	Plan name	PRO SAFETY & RESCUE, INC. 401(K) PLAN	
b	Name of plan sponsor	PRO SAFETY & RESCUE, INC.	c EIN-PN 46-4617132-001
a	Plan name	RAY'S ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	RAY'S ELECTRIC AND GENERAL CONTRACTING, INC.	c EIN-PN 02-0305343-001
a	Plan name	ROGERS COUNTY HOSPITALITY LLC 401(K) PLAN	
b	Name of plan sponsor	ROGERS COUNTY HOSPITALITY LLC	c EIN-PN 20-8882157-001
a	Plan name	SERVICEMASTER QUALITY CLEAN 401(K) PLAN	
b	Name of plan sponsor	D.R. DUCKS, INC. DBA SERVICEMASTER QUALITY CLEAN	c EIN-PN 74-3084010-001
a	Plan name	SOUND DESIGNS, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUND DESIGNS, INC.	c EIN-PN 39-1902085-001

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 SOUTH ARK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor SOUTH ARK ELECTRIC, LLC	c EIN-PN 84-3106947-001
a	Plan name SOUTHERN BUILDING GROUP 401(K) PLAN	
b	Name of plan sponsor SOUTHERN BUILDING GROUP, INC.	c EIN-PN 35-2523934-001
a	Plan name THE SALT LICK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SEA SALT EATERY	c EIN-PN 20-2333126-001
a	Plan name TREY SUCHER LAW PLC 401(K) PLAN	
b	Name of plan sponsor TREY SUCHER LAW PLC	c EIN-PN 46-0748012-001
a	Plan name VINEYARD ENGINEERING & ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VINEYARD ENGINEERING & ENVIRONMENTAL SERVICES, INC.	c EIN-PN 14-1966734-001
a	Plan name VIRANI, UY & ARANDA ACCOUNTANCY CORPORATION SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor VIRANI, UY & ARANDA ACCOUNTANCY CORPORATION	c EIN-PN 95-3695224-001
a	Plan name WORKFORCE SOLUTIONS FOR NORTH CENTRAL PENNSYLVANIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WORKFORCE SOLUTIONS FOR NORTH CENTRAL PENNSYLVANIA	c EIN-PN 81-4257698-001
a	Plan name WRAY RETIREMENT PLAN	
b	Name of plan sponsor WRAY SHEET METAL INC.	c EIN-PN 84-1121341-001
a	Plan name WUHOOVER 401(K) PLAN	
b	Name of plan sponsor WUHOOVER & CO., LLP	c EIN-PN 27-2481245-001
a	Plan name ALINE ARCHITECTURE CONCEPTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALINE ARCHITECTURE CONCEPTS, LLC	c EIN-PN 27-2365207-777
a	Plan name ALIQUAM FINANCIAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ALIQUAM FINANCIAL SERVICES, LLC	c EIN-PN 45-3729173-222
a	Plan name BENSON SEARCH GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BENSON SEARCH GROUP, LLC	c EIN-PN 83-1148187-001

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	BROTHER'S FLOORING, INC 401(K) PLAN	
b	Name of plan sponsor	BROTHER'S FLOORING, INC	c EIN-PN 27-0039571-001
a	Plan name	BROUGHMAN BUILDERS 401(K) PLAN	
b	Name of plan sponsor	BROUGHMAN BUILDERS, INC.	c EIN-PN 01-0436114-001
a	Plan name	CHARLAND LLC 401(K) PLAN	
b	Name of plan sponsor	CHARLAND LLC	c EIN-PN 47-1853795-001
a	Plan name	COMPUGROUP 401(K) PLAN	
b	Name of plan sponsor	COMPUGROUP TECHNOLOGIES, LLC	c EIN-PN 27-0178481-001
a	Plan name	CONAWAY & CONAWAY 401(K) PLAN	
b	Name of plan sponsor	CONAWAY & CONAWAY, INC.	c EIN-PN 26-3991570-001
a	Plan name	CONNECTED OFFICE TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONNECTED OFFICE TECHNOLOGIES, LLC	c EIN-PN 81-3775972-001
a	Plan name	DADS AUTO BODY & PAINT, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DADS AUTO BODY & PAINT, INC.	c EIN-PN 45-2164502-001
a	Plan name	DOVE MEDICAL 401(K) PLAN	
b	Name of plan sponsor	JOHN DANIEL M.D. P.S. INC	c EIN-PN 91-2196223-001
a	Plan name	DOWNTOWN RESOURCE GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOWNTOWN RESOURCE GROUP, LLC	c EIN-PN 41-2181943-001
a	Plan name	DR. MICHAEL J. HARMON DDS 401(K) PLAN	
b	Name of plan sponsor	DR. MICHAEL J. HARMON, DDS, LLC	c EIN-PN 45-2509910-001
a	Plan name	ENSING'S WATER CARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ENSING'S WATER CARE, INC	c EIN-PN 38-2839376-001
a	Plan name	ENTERPRISE CREEK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	ENTERPRISE CREEK ELECTRIC LLC	c EIN-PN 20-2542861-001

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	GO UTES! 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PREMIER FOOT & ANKLE, LLC	c EIN-PN 35-2210138-001
a	Plan name	GOLDEN RULE HOSPICE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GOLDEN RULE HOSPICE, INC.	c EIN-PN 47-2938518-001
a	Plan name	HAYWARD COMMUNITY CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	HAYWARD COMMUNITY CREDIT UNION	c EIN-PN 39-0860430-001
a	Plan name	HEART-N-HAND, INC. 401 (K) PLAN	
b	Name of plan sponsor	HEART-N-HAND, INC.	c EIN-PN 38-3218436-001
a	Plan name	IFIVE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IFIVE, INC.	c EIN-PN 83-0850885-001
a	Plan name	JDK CONSTRUCTION & DRYWALL 401(K) PLAN	
b	Name of plan sponsor	JDK CONSTRUCTION & DRYWALL LLC	c EIN-PN 27-1020907-001
a	Plan name	KOWA RETIREMENT PLAN	
b	Name of plan sponsor	KOWA KENTUCKY, INC.	c EIN-PN 46-5718593-001
a	Plan name	LONE STAR RECREATION OF TEXAS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONE STAR RECREATION OF TEXAS, LLC	c EIN-PN 82-4403884-001
a	Plan name	MDS ELECTRONIC INC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MDS ELECTRIC INC	c EIN-PN 38-4009800-001
a	Plan name	ALLCOR STAFFING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	ALLCOR STAFFING SERVICES, INC.	c EIN-PN 27-3137244-001
a	Plan name	B & A CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	B & A CONSTRUCTION, INC.	c EIN-PN 86-0387275-001
a	Plan name	CIMTECH 401(K) PLAN	
b	Name of plan sponsor	YOUNG CIMTECH LLC DBA CIMTECH, INC.	c EIN-PN 82-5483672-001

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 CIRCLE OF LIFE HOSPICE EMPLOYEE SAVINGS TRUST	
b	Name of plan sponsor CIRCLE OF LIFE HOSPICE	c EIN-PN 88-0440951-001
a	Plan name DYNICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DYNICS, INC.	c EIN-PN 38-3563648-001
a	Plan name GREEN HORIZON, INC. 401(K) PLAN	
b	Name of plan sponsor GREEN HORIZON, INC.	c EIN-PN 20-4013433-001
a	Plan name GREEN MEADOW SUSTAINABLE SOLUTIONS 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor GREENWAY ENVIRONMENTAL SERVICES OPERATIONS, LLC	c EIN-PN 85-3214149-001
a	Plan name INCIDENTCLEAR LLC 401(K) PLAN	
b	Name of plan sponsor INCIDENTCLEAR LLC	c EIN-PN 46-5536890-001
a	Plan name INDEPENDENT HANDS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor INDEPENDENT HANDS GROUP, INC.	c EIN-PN 26-2782523-001
a	Plan name JORGE A. ENRIQUEZ, M.D., FACS INC. 401(K) PLAN	
b	Name of plan sponsor JORGE A. ENRIQUEZ, M.D., INC.	c EIN-PN 75-3097644-002
a	Plan name LOS ANGELES POLICE RELIEF ASSOCIATION, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LOS ANGELES POLICE RELIEF ASSOCIATION, INC.	c EIN-PN 95-1660854-002
a	Plan name MICHIGAN EXTRUDED ALUMINUM UNION ONLY 401(K) PLAN	
b	Name of plan sponsor MICHIGAN EXTRUDED ALUMINUM	c EIN-PN 38-2696585-001
a	Plan name OCINET 401(K) PLAN	
b	Name of plan sponsor OCINET, INC. DBA ARIRANG FOODS	c EIN-PN 95-4876037-001
a	Plan name OGGI PROFESSIONAL SERVICES 401(K) PLAN	
b	Name of plan sponsor OGGI PROFESSIONAL SERVICES, LLC	c EIN-PN 27-1465773-001
a	Plan name PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor PHARMACEUTICALS, INC.	c EIN-PN 72-1017076-001

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	PHV 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROGRESSIVE HOUSING VENTURES, LLC	c EIN-PN 23-3083062-001
a	Plan name	RAZI LAW GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RAZI LAW GROUP	c EIN-PN 46-4549358-001
a	Plan name	RBZ VINEYARDS, LLC 401(K) PLAN	
b	Name of plan sponsor	RBZ VINEYARDS, LLC	c EIN-PN 20-2912680-001
a	Plan name	RCC PRODUCTS, INC. DBA POLAR PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	RCC PRODUCTS, INC. DBA POLAR PRODUCTS	c EIN-PN 46-2356039-001
a	Plan name	RCI ENGINEERING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RCI ENGINEERING, LLC	c EIN-PN 20-0787992-001
a	Plan name	SAFESOURCE DIRECT 401(K) PLAN	
b	Name of plan sponsor	SAFESOURCE DIRECT, LLC	c EIN-PN 86-1303090-001
a	Plan name	SAFFIRE 401(K) PLAN	
b	Name of plan sponsor	SAFFIRE, LLC	c EIN-PN 47-4041091-001
a	Plan name	TEN X TEN LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TEN X TEN LLC	c EIN-PN 47-3522886-001
a	Plan name	TENNESSEE REPRODUCTIVE MEDICINE 401(K) PLAN	
b	Name of plan sponsor	TENNESSEE REPRODUCTIVE MEDICINE, PLLC	c EIN-PN 26-2004059-001
a	Plan name	TENNESSEE VALLEY MEDICAL SOLUTIONS, LLC 401(K)	
b	Name of plan sponsor	TENNESSEE VALLEY MEDICAL SOLUTIONS, LLC	c EIN-PN 83-3295489-001
a	Plan name	TENX ADVENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor	TENX ADVENTURES, LLC	c EIN-PN 47-3146735-001
a	Plan name	BABCOCK NEIGHBORHOOD SCHOOL 401(K) PLAN	
b	Name of plan sponsor	BABCOCK NEIGHBORHOOD SCHOOL, INC.	c EIN-PN 37-1842600-001

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 BUILD-TEK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUILD-TEK, INC.	c EIN-PN 94-2464329-003
a	Plan name BUILDING BLOCK INTERIORS 401(K) PLAN & TRUST	
b	Name of plan sponsor BUILDING BLOCK INTERIORS, INC.	c EIN-PN 46-1571465-001
a	Plan name BUILDING BRIDGES 401(K) PLAN	
b	Name of plan sponsor BUILDING BRIDGES, LLC	c EIN-PN 20-5458633-001
a	Plan name CJ PHYSICAL THERAPY AND WELLNESS LLC 401(K) PLAN	
b	Name of plan sponsor CJ PHYSICAL THERAPY AND WELLNESS, LLC	c EIN-PN 47-1686527-001
a	Plan name DASHER LAWLESS, INC. 401(K) PLAN	
b	Name of plan sponsor DASHER LAWLESS, INC.	c EIN-PN 30-0264376-001
a	Plan name DAVID CONNER AND ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor DAVID CONNER AND ASSOCIATES, INC.	c EIN-PN 59-3421586-001
a	Plan name EAST TEXAS SEALS 401(K) PLAN	
b	Name of plan sponsor EAST TEXAS SEALS LLC	c EIN-PN 45-4391881-001
a	Plan name EASTERN IOWA GEOTHERMAL, INC. 401(K) PLAN	
b	Name of plan sponsor EASTERN IOWA GEOTHERMAL, INC.	c EIN-PN 27-0735919-001
a	Plan name FOUNDATION SERVICES 401(K) PLAN	
b	Name of plan sponsor FOUNDATION SERVICES OF CENTRAL FL, INC.	c EIN-PN 59-3069253-001
a	Plan name GROVELAND DENTAL 401(K) PLAN	
b	Name of plan sponsor GROVELAND DENTAL	c EIN-PN 20-2903765-001
a	Plan name GROW THROUGH LIFE COUNSELING INC. 401(K) PLAN	
b	Name of plan sponsor GROW THROUGH LIFE COUNSELING INC.	c EIN-PN 47-3457354-001
a	Plan name GUDEMAN & ASSOCIATES, PC 401(K) PLAN	
b	Name of plan sponsor GUDEMAN & ASSOCIATES, PC	c EIN-PN 26-4205131-001

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	INDUSTRIAL RELIABILITY & ALIGNMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL RELIABILITY & ALIGNMENT, LLC	c EIN-PN 71-0990793-001
a	Plan name	JRP CHILDREN'S SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	JRP CHILDRENS SERVICES, INC.	c EIN-PN 20-5138005-001
a	Plan name	JUDY T. OKIMURA, M.D., LLC 401(K) PLAN	
b	Name of plan sponsor	JUDY T. OKIMURA, M.D., LLC	c EIN-PN 47-4761943-001
a	Plan name	JVA 401(K) PLAN	
b	Name of plan sponsor	JVA 401(K) PLAN	c EIN-PN 27-2628827-001
a	Plan name	MIDWESTERN BAG & SUPPLY 401(K) PLAN	
b	Name of plan sponsor	MIDWESTERN BAG & SUPPLY	c EIN-PN 27-0748657-001
a	Plan name	MILESTONE CONSTRUCTION SERVICES 401(K) PLAN	
b	Name of plan sponsor	MILESTONE CONSTRUCTION SERVICES, LLC	c EIN-PN 27-2798822-001
a	Plan name	OKAMURA 401(K) PLAN	
b	Name of plan sponsor	OKAMURA CORPORATION	c EIN-PN 52-2068035-001
a	Plan name	OLD MISSION ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	OLD MISSION ASSOCIATES, LLC	c EIN-PN 52-2444216-001
a	Plan name	PIONEER SEARCH GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PIONEER SEARCH GROUP, LLC	c EIN-PN 26-2753998-001
a	Plan name	RECOVERY SERVICES OF DEKALB COUNTY, INC. 401(K) PLAN	
b	Name of plan sponsor	RECOVERY SERVICES OF DEKALB COUNTY, INC.	c EIN-PN 72-1381825-001
a	Plan name	SAGINAW PSYCHOLOGICAL SERVICES 401K PLAN	
b	Name of plan sponsor	SAGINAW PSYCHOLOGICAL SERVICES	c EIN-PN 38-2143740-001
a	Plan name	SAINSTORE, INC. 401(K) PLAN	
b	Name of plan sponsor	SAINSTORE, INC.	c EIN-PN 27-2707458-001

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 SALYERS CONCRETE 401(K) PLAN	
b	Name of plan sponsor SALYERS CONCRETE, LLC	c EIN-PN 86-2552282-001
a	Plan name SPECIALTY EYE CARE & BRAND SURGERY CENTER 401(K) PLAN	
b	Name of plan sponsor SPECIALTY EYE CARE MEDICAL CENTER INC.	c EIN-PN 95-4788639-002
a	Plan name TFC CONCRETE 401(K) PLAN	
b	Name of plan sponsor TFC CONSTRUCTION, INC.	c EIN-PN 38-2997350-001
a	Plan name TRUE NORTH SOLUTIONS LP 401(K) PLAN	
b	Name of plan sponsor TRUE NORTH SOLUTIONS LP	c EIN-PN 82-1097325-001
a	Plan name WELLS PROPANE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WELLS PROPANE, INC.	c EIN-PN 47-1500348-001
a	Plan name WENDELLA SIGHTSEEING COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor WENDELLA SIGHTSEEING CO., INC.	c EIN-PN 36-2206096-002
a	Plan name WEST END HARDWARE RETIREMENT PLAN	
b	Name of plan sponsor WEST END HARDWARE, LLC	c EIN-PN 25-1735136-001
a	Plan name CALVARY CHRISTIAN SCHOOL 401(K) PLAN	
b	Name of plan sponsor CALVARY CHRISTIAN SCHOOL	c EIN-PN 58-1259865-001
a	Plan name PHELAN MANAGEMENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor PHELAN MANAGEMENT SERVICES, INC.	c EIN-PN 20-0647101-001
a	Plan name PHOTON INFOTECH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PHOTON INFOTECH, INC.	c EIN-PN 26-0106960-001
a	Plan name PROJEX PACIFIC INC. 401(K) PLAN	
b	Name of plan sponsor PROJEX PACIFIC INC	c EIN-PN 51-0470194-001
a	Plan name SIGNMEDIA, INC. 401(K) PLAN	
b	Name of plan sponsor SIGNMEDIA, INC.	c EIN-PN 54-1254298-001

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	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	EDWARD-JAMES SURVEYING, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	EDWARD-JAMES SURVEYING, INC.	c EIN-PN 32-0055203-002
a	Plan name	FAMMA GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	FAMMA GROUP, INC.	c EIN-PN 45-5002659-001
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	LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION	c EIN-PN 95-3308709-001
a	Plan name	PAKOIL COMPANY EMPLOYEES' PROFIT-SHARING TRUST	
b	Name of plan sponsor	PAKOIL COMPANY	c EIN-PN 23-1940681-002
a	Plan name	RICHARD GROUP 401(K) PLAN	
b	Name of plan sponsor	RICHARD GROUP, LLC	c EIN-PN 46-1249708-001
a	Plan name	SAME DAY SERVICE 401(K) PLAN	
b	Name of plan sponsor	SAME DAY SERVICE COMPANY, INC.	c EIN-PN 06-1366425-001
a	Plan name	STRATEGIC CONTRACTING SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor	STRATEGIC CONTRACTING SERVICES INC.	c EIN-PN 20-8612710-001
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	WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
b	Name of plan sponsor	WAILEA GOLF LLC	c EIN-PN 76-0741485-001
a	Plan name	YC RUBBER CO. (NORTH AMERICA) LLC 401(K) PLAN	
b	Name of plan sponsor	YC RUBBER CO. (NORTH AMERICA) LLC	c EIN-PN 47-2227720-001

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 YEZCO1, INC. 401(K) PLAN	
b	Name of plan sponsor YEZCO1, INC.	c EIN-PN 35-2395294-001
a	Plan name BAIN ENTERPRISES SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BAIN ENTERPRISES LLC	c EIN-PN 02-0770037-001
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 COMMUNITY MATTERS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor COMMUNITY MATTERS, INC.	c EIN-PN 35-2237343-001
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 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 BARBICH HOOPER KING DILL HOFFMAN LLP 401(K) PLAN	
b	Name of plan sponsor BARBICH HOOPER KING DILL HOFFMAN	c EIN-PN 95-3705481-001
a	Plan name BUDGET DRY WATERPROOFING INC. 401(K) PLAN	
b	Name of plan sponsor BUDGET DRY WATERPROOFING, INC.	c EIN-PN 20-8805605-001
a	Plan name BUG MAN EXTERMINATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUG MAN EXTERMINATING, INC.	c EIN-PN 54-1884547-001
a	Plan name BUILDERS GROUP CONSTRUCTION CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor BUILDERS GROUP CONSTRUCTION CORP.	c EIN-PN 45-5107509-001
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 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

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	I-TECH USA 401(K) PLAN	
b	Name of plan sponsor	I-TECH USA	c EIN-PN 32-0015143-001
a	Plan name	BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BUILDING SYSTEMS TRANSPORTATION CO.	c EIN-PN 31-1289790-001
a	Plan name	DORIGNAC'S FOOD CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DORIGNAC'S FOOD CENTER, LLC	c EIN-PN 72-0575457-001
a	Plan name	ILAPAK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ILAPAK, INC.	c EIN-PN 13-3036089-002
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	ORLANDO MEDICAL CENTER, P. L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ORLANDO MEDICAL CENTER, P. L.	c EIN-PN 81-0736230-001
a	Plan name	THE CENTER FOR LEARNING UNLIMITED 401(K) PLAN	
b	Name of plan sponsor	THE CENTER FOR LEARNING UNLIMITED	c EIN-PN 33-0960142-001
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	WATER WORKS INDUSTRIAL SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WATER WORKS INDUSTRIAL SERVICES, LLC	c EIN-PN 72-1399822-001
a	Plan name	ALL AIR MECHANICAL CONTRACTOR INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	ALL AIR MECHANICAL CONTRACTOR, INC.	c EIN-PN 20-5664372-001
a	Plan name	ARROW TRAILER AND EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	ARROW TRAILER AND EQUIPMENT CO.	c EIN-PN 37-0755336-001
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

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	GEMINI SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	GEMINI SERVICES, LLC	c EIN-PN 35-2212355-001
a	Plan name	MY OFFICE, INC. 401(K) PLAN	
b	Name of plan sponsor	MY OFFICE, INC.	c EIN-PN 48-1289900-001
a	Plan name	PARANET CORPORATION SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PARANET CORPORATION SERVICES, INC.	c EIN-PN 58-2032457-001
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	SUBURBAN MATERIALS COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	SUBURBAN MATERIALS COMPANY	c EIN-PN 23-1683256-001
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	CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	CEDAR VALLEY PEDIATRIC DENTISTRY	c EIN-PN 27-0521322-001
a	Plan name	L.E.C. SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	L.E.C. SERVICE, INC.	c EIN-PN 95-2891617-001
a	Plan name	CITY OF GIRARD RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF GIRARD ILLINOIS	c EIN-PN 37-6001364-001
a	Plan name	LIVONIA DERMATOLOGY, PLLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LIVONIA DERMATOLOGY PLLC	c EIN-PN 85-0486422-001
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

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	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	M.F. HUSEBY COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	M.F. HUSEBY COMPANY, INC.	c EIN-PN 95-1729316-001
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	PRIMECARE HOME CARE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	PRIMECARE HOME CARE SERVICES, INC.	c EIN-PN 65-1317901-001
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	GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	GREEN HILLS MEMORIAL PARK	c EIN-PN 95-1955721-001
a	Plan name	ARTHUR Y. MORI & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARTHUR Y. MORI & ASSOCIATES, INC.	c EIN-PN 99-0112411-001
a	Plan name	HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	HICKORY HILL RETIREMENT COMMUNITY, LLC	c EIN-PN 37-1544274-001
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	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	JASPER CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	JASPER CONSTRUCTION SERVICES, INC.	c EIN-PN 39-1870523-001
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	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	THE JIM O'NEAL FORD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JIM O'NEAL FORD	c EIN-PN 35-1091372-001
a	Plan name	GENESIS MARINE LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GENESIS MARINE	c EIN-PN 45-2448783-001
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	PREMIER FLOOR CARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PREMIER FLOOR CARE, INC..	c EIN-PN 88-0480004-002
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	ALTA PROFESSIONAL INSURANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALTA PROFESSIONAL INSURANCE SERVICES AGENCY, LLC	c EIN-PN 20-1151904-001
a	Plan name	ALTERNA-CARE EMPLOYEE'S PROFIT SHARING PLAN	
b	Name of plan sponsor	ALTERNA-CARE, INC	c EIN-PN 37-1162589-001
a	Plan name	GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor	GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
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	DELTA SYSTEMS & AUTOMATION LLC 401(K) PLAN	
b	Name of plan sponsor	DELTA SYSTEMS & AUTOMATION LLC	c EIN-PN 83-2468256-001

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	HOLLY TREE COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	HOLLY TREE COUNTRY CLUB	c EIN-PN 57-0863116-001
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	RUNNING AWAY INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	RUNNING AWAY INCORPORATED DBA JOHN'S RUN WALK SHOP	c EIN-PN 61-0950094-001
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	EARTHLITE 401(K) PLAN	
b	Name of plan sponsor	EARTHLITE ACQUISITION, INC.	c EIN-PN 33-0493452-001
a	Plan name	JDM TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor	COMPUTER GUIDANCE	c EIN-PN 46-4707871-001
a	Plan name	OHIO COUNCIL OF RETAIL MERCHANTS 401(K) PLAN	
b	Name of plan sponsor	OHIO COUNCIL OF RETAIL MERCHANTS	c EIN-PN 31-4269320-002
a	Plan name	OHIO READY MIX, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OHIO READY MIX, INC.	c EIN-PN 34-1086697-001
a	Plan name	CABLE MAN, INC. 401(K) PLAN	
b	Name of plan sponsor	CABLE MAN, INC.	c EIN-PN 64-0576514-001
a	Plan name	FIRST QUALITY HOME CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	FIRST QUALITY HOME CARE, INC	c EIN-PN 65-0478803-001
a	Plan name	CARROLL ACE HARDWARE 401(K) PLAN	
b	Name of plan sponsor	CARROLL ACE HARDWARE	c EIN-PN 42-1461838-001

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	KNS INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor	KNS INTERNATIONAL	c EIN-PN 42-1539365-001
a	Plan name	SUPERSTORE 401(K) PLAN	
b	Name of plan sponsor	FURNITURE SUPERSTORE LLC	c EIN-PN 87-0698757-001
a	Plan name	SUTTON SWIM SCHOOL INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SUTTON SWIM SCHOOL, INC.	c EIN-PN 77-0624364-001
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	AXIUM HEALTHCARE DE PUERTO RICO 1165(E) PLAN	
b	Name of plan sponsor	FARMACIA DORAL, INC. DBA AXIUM HEALTHCARE DE PUERTO RICO	c EIN-PN 66-0616318-001
a	Plan name	BLACK DOG SALVAGE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BDS HOLDINGS, INC.	c EIN-PN 54-1968963-001
a	Plan name	CENTRAL OHIO BEHAVIORAL MEDICINE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTRAL OHIO BEHAVIORAL MEDICINE, INC.	c EIN-PN 31-1532806-001
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	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	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	FAIRGROUNDS TRANSPORTATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FAIRGROUNDS TRANSPORTATION	c EIN-PN 26-1692517-001
a	Plan name	FIRST-LIGHT USA, LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIRST-LIGHT USA, LLC	c EIN-PN 20-1665358-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
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	GROSOUTH 401(K) PLAN	
b	Name of plan sponsor	GROSOUTH OF ALABAMA, INC.	c EIN-PN 63-0464231-001
a	Plan name	JESSICA R. BENTOSKI, DDS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	JESSICA R. BENTOSKI, DDS PLLC	c EIN-PN 46-4379759-001
a	Plan name	JODESIGN, LLC 401(K) PLAN	
b	Name of plan sponsor	JODESIGN, LLC	c EIN-PN 68-0671125-001
a	Plan name	JODY L. KELLY, M.D. & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	JODY L. KELLY, M.D. & ASSOCIATES, LLC	c EIN-PN 20-0882318-001
a	Plan name	KAZI FOODS 401(K) PLAN	
b	Name of plan sponsor	KAZI FOODS, INC.	c EIN-PN 98-4287911-001
a	Plan name	MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MAUNALANI NURSING AND REHABILITATION CENTER	c EIN-PN 99-0249327-222
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	NORKING/MATRIX 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MATRIX METAL PRODUCTS/ THE NORKING COMPANY	c EIN-PN 04-2855070-001
a	Plan name	PETROVAL, INC. 401(K) PLAN	
b	Name of plan sponsor	PETROVAL, INC.	c EIN-PN 72-1559851-001
a	Plan name	PREMIERE BUILDING MAINTENANCE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PREMIERE BUILDING MAINTENANCE CORPORATION	c EIN-PN 62-1643357-001

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 FIDELITY ADVISOR SMALL CAP RET OPT	B Three-digit plan number (PN) ▶ 258
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.

	(a) Beginning of Year	(b) End of Year
Assets		
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)	
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)	7807486
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7363909
(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	7807486	7363909
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	7807486	7363909

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)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	504990	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		504990

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)	90883	
(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)		90883
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		90883

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		414107
l Transfers of assets:			
(1) To this plan.....	2l(1)		1025006
(2) From this plan	2l(2)		1882690

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 _____.