

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 [X] 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

1a Name of plan RIDGEWORTH CEREDX MID-CAP VALUE EQUITY RET OPT
1b Three-digit plan number (PN) 302
1c Effective date of plan
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) TRANSAMERICA LIFE INSURANCE COMPANY
6400 C ST SW CEDAR RAPIDS, IA 52404
2b Employer Identification Number (EIN) 39-0989781
2c Plan Sponsor's telephone number 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RIDGEWORTH CEREDX MID-CAP VALUE EQUITY RET OPT</u>	B Three-digit plan number (PN)	<u>302</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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d Entity code

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BMD MEDICAL CONSULTING 401(K) PLAN	
b	Name of plan sponsor BMD MEDICAL CONSULTING	c EIN-PN 01-0841421-001
a	Plan name CAM CONSTRUCTION & PAINTING 401(K) PLAN & TRUST	
b	Name of plan sponsor CAM CONSTRUCTION & PAINTING INC.	c EIN-PN 45-5255646-001
a	Plan name CAMELBACK PEDIATRIC DENTISTRY & ORTHODONTICS, P.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CAMELBACK PEDIATRIC DENTISTRY & ORTHODONTICS, P.L.C.	c EIN-PN 20-0902280-001
a	Plan name COMCARE, INC. 401(K) PLAN	
b	Name of plan sponsor COMCARE, INC.	c EIN-PN 62-1019649-004
a	Plan name CUEVAS AND VILLA, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CUEVAS AND VILLA, INC.	c EIN-PN 20-0367962-001
a	Plan name CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	c EIN-PN 23-7198801-001
a	Plan name DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEVINE ORGANICS LLC	c EIN-PN 46-1867921-001
a	Plan name DIAMOND EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor DIAMOND EQUIPMENT, INC.	c EIN-PN 35-1161961-001
a	Plan name EDC OF DENVER, LLC 401(K) PLAN	
b	Name of plan sponsor EDC OF DENVER, LLC	c EIN-PN 84-1595162-001
a	Plan name FAMILY PLANNING COUNCIL PENSION PLAN	
b	Name of plan sponsor ACCESSMATTERS	c EIN-PN 23-1878446-002
a	Plan name FAMILY RESOURCE CENTER RETIREMENT PLAN	
b	Name of plan sponsor FAMILY RESOURCE CENTER	c EIN-PN 36-3532803-001
a	Plan name GOLDEN GIANT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOLDEN GIANT, INC.	c EIN-PN 34-1087997-001

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 GOOD FOUNDATIONS ACADEMY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor GOOD FOUNDATIONS ACADEMY	c EIN-PN 36-4664197-001
a	Plan name GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor GOOD TIMES RESTAURANTS, INC.	c EIN-PN 84-1133368-001
a	Plan name GOPATH 401(K) PLAN	
b	Name of plan sponsor GOPATH GLOBAL LLC	c EIN-PN 27-1105704-001
a	Plan name GOSHEN COSMETIC AND FAMILY DENTISTRY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOSHEN COSMETIC AND ADVANCED FAMILY DENTISTRY, P.C.	c EIN-PN 30-0138117-001
a	Plan name HAUCK BROS, INC. 401(K) PLAN	
b	Name of plan sponsor HAUCK BROTHERS, INC.	c EIN-PN 31-0599870-001
a	Plan name HAVIN RED E MIX, LLC 401(K) PLAN	
b	Name of plan sponsor HAVIN RED E MIX, LLC	c EIN-PN 87-3702291-001
a	Plan name HAYNES-EAGLIN-WATERS, LLP 401(K) PLAN	
b	Name of plan sponsor HAYNES-EAGLIN-WATERS, LLP	c EIN-PN 74-2493879-001
a	Plan name HBL GROUP 401(K) PLAN	
b	Name of plan sponsor HBL GROUP, LLC	c EIN-PN 46-0807868-001
a	Plan name HOWARD FINISHING, LLC RETIREMENT PLAN	
b	Name of plan sponsor HOWARD FINISHING, LLC	c EIN-PN 03-0383740-001
a	Plan name HSC 401(K) PLAN	
b	Name of plan sponsor HEALTHCARE STAFFING & CONSULTANTS, L.L.C.	c EIN-PN 22-3789693-001
a	Plan name KENNEDY & HAN, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENNEDY & HAN, P.C.	c EIN-PN 85-0482265-001
a	Plan name MARCOS CONSTRUCTION, INC. CASH BALANCE PLAN	
b	Name of plan sponsor MARCOS CONSTRUCTIONS INC.	c EIN-PN 68-0512537-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MERCER COUNTY ELECTRIC 401(K) PLAN	
b	Name of plan sponsor MERCER COUNTY ELECTRIC, INC.	c EIN-PN 34-1278022-001
a	Plan name PACIFIC DESIGN AND SOURCING 401(K) PLAN	
b	Name of plan sponsor PACIFIC DESIGN AND SOURCING	c EIN-PN 27-2403668-001
a	Plan name PACIFIC MEDICAL 401(K) PLAN	
b	Name of plan sponsor PACIFIC MEDICAL MANAGEMENT SERVICES, INC.	c EIN-PN 56-2321193-001
a	Plan name PHOENIX PRINTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PHOENIX PRINTING GROUP, INC. D/B/A PHOENIX PRINTING	c EIN-PN 26-1995352-001
a	Plan name PROPOINT TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROPOINT TECHNOLOGY, INC	c EIN-PN 20-2925475-001
a	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	c EIN-PN 88-0163638-001
a	Plan name SAGE PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor SAGE PARTNERS, LLC	c EIN-PN 46-3113665-001
a	Plan name SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
b	Name of plan sponsor SIGHT SAVERS OF AMERICA, INC.	c EIN-PN 30-0188234-001
a	Plan name SIGNMEDIA, INC. 401(K) PLAN	
b	Name of plan sponsor SIGNMEDIA, INC.	c EIN-PN 54-1254298-001
a	Plan name STEVENS TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor STEVENS TRANSPORTATION, INC.	c EIN-PN 77-0009655-001
a	Plan name TENNESSEE ASSOCIATED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor TENNESSEE ASSOCIATED ELECTRIC, LLC	c EIN-PN 46-1537499-001
a	Plan name THREAD INFORMATION DESIGN 401(K) PLAN	
b	Name of plan sponsor THREAD INFORMATION DESIGN	c EIN-PN 34-1537882-001

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	UNIVERSITY VILLAGE 401(K) PLAN	
b	Name of plan sponsor	WESTPORT HOLDINGS TAMPA, LP	c EIN-PN 65-1059079-001
a	Plan name	W/S MACHINE & TOOL, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	W/S MACHINE & TOOL, INC.	c EIN-PN 39-1764609-001
a	Plan name	WAGNER OVERHEAD DOOR CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WAGNER OVERHEAD DOOR CO., INC.	c EIN-PN 34-1232496-001
a	Plan name	WTP 401(K) PLAN	
b	Name of plan sponsor	WESTRAN THERMAL PROCESSING	c EIN-PN 81-2963161-001
a	Plan name	1ST LIGHT SALES CORP 401(K) PROFIT SHARING PLAN AND TRUST 3	
b	Name of plan sponsor	1ST LIGHT SALES CORP	c EIN-PN 35-2431013-001
a	Plan name	AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR CLEANING TECHNOLOGIES, INC.	c EIN-PN 54-2003736-001
a	Plan name	AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AIRMAX LLC	c EIN-PN 84-1440204-001
a	Plan name	AZTECS TELECOM, INC. 401(K) PLAN	
b	Name of plan sponsor	AZTECS TELECOM, INC.	c EIN-PN 33-0915556-001
a	Plan name	DIRIGO SLIPFORM 401(K) PLAN	
b	Name of plan sponsor	DIRIGO SLIPFORM	c EIN-PN 04-3366760-001
a	Plan name	EL NIGUEL COUNTRY CLUB RETIREMENT PLAN	
b	Name of plan sponsor	EL NIGUEL COUNTRY CLUB	c EIN-PN 95-3037507-001
a	Plan name	FRAZIER & SABIN, LLP 401(K) PLAN	
b	Name of plan sponsor	FRAZIER & SABIN, LLP	c EIN-PN 37-1137275-001
a	Plan name	FRC 401(K) PLAN	
b	Name of plan sponsor	THE FINANCIAL RESOURCE CENTER, INC.	c EIN-PN 35-1883522-001

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 FROST ROOFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FROST ROOFING, INC.	c EIN-PN 34-4493960-001
a	Plan name GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	c EIN-PN 95-4126355-001
a	Plan name HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor HURON VALLEY RESTAURANT EQUIPMENT, INC.	c EIN-PN 38-3072272-001
a	Plan name HUTTMANN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUTTMANN, INC.	c EIN-PN 20-1362691-001
a	Plan name HWC LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HWC LOGISTICS, INC.	c EIN-PN 45-4917341-001
a	Plan name J.M. O'NEILL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J.M. O'NEILL, INC.	c EIN-PN 94-2918101-001
a	Plan name JAE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JEWELL ASSOCIATES ENGINEERS, INC.	c EIN-PN 26-1811972-001
a	Plan name KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor KENTUCKY EDUCATION ASSOCIATION	c EIN-PN 61-0245450-001
a	Plan name KEYROCK ENERGY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEYROCK ENERGY, LLC	c EIN-PN 26-0602410-001
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 MARK D. WOOD, DDS, MS, PC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor MARK D. WOOD, DDS, MS, PC	c EIN-PN 80-0026824-001
a	Plan name MEYLAN DAVITT JAIN AREVIAN & KIM LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEYLAN DAVITT JAIN AREVIAN & KIM LLP	c EIN-PN 46-1854265-777

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	MOUNTAIN WEST HOLDING CO. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MOUNTAIN WEST HOLDING CO.	c EIN-PN 26-4507278-001
a	Plan name	NOVATO CHEVROLET 401(K) PLAN	
b	Name of plan sponsor	VELOCITY PRIME AUTOMOTIVE, INC. DBA NOVATO CHEVROLET	c EIN-PN 47-1726382-001
a	Plan name	NRG MEDIA, LLC 401(K) PLAN	
b	Name of plan sponsor	NRG MEDIA, LLC	c EIN-PN 56-2501807-001
a	Plan name	PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	PIENTA ENTERPRISES, INC.	c EIN-PN 38-2434419-001
a	Plan name	PIONEER PROVISIONS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	PIONEER PROVISIONS, LLC	c EIN-PN 20-1476406-001
a	Plan name	PS3 ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	PS3 ENTERPRISES, INC.	c EIN-PN 26-3852614-001
a	Plan name	PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C.	c EIN-PN 23-2704845-002
a	Plan name	THA ARCHITECTS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	c EIN-PN 38-1561901-002
a	Plan name	TIBRIO LLC 401(K) PLAN	
b	Name of plan sponsor	TIBRIO LLC	c EIN-PN 81-0719473-001
a	Plan name	VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
b	Name of plan sponsor	VACCINE RESEARCH INSTITUTE OF SAN DIEGO	c EIN-PN 33-0903864-001
a	Plan name	VADERSTAD, INC. 401(K) PLAN	
b	Name of plan sponsor	VADERSTAD INC.	c EIN-PN 90-1035412-001
a	Plan name	VALLEY AIR CRAFTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL SCHOENAU DBA VALLEY AIR CRAFTS	c EIN-PN 33-1129677-001

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 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 WAILEA GOLF LLC BU / GA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WAILEA GOLF LLC	c EIN-PN 76-0741485-003
a	Plan name WALEED MARI & ASSOCIATES SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALEED MARI & ASSOCIATES	c EIN-PN 77-0453687-001
a	Plan name 2-20 RECORDS MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor 2-20 RECORDS MANAGEMENT LLC	c EIN-PN 27-3088670-001
a	Plan name 401(K) & PROFIT SHARING PLAN FOR HLP PROFESSIONALS, INC.	
b	Name of plan sponsor HLP PROFESSIONALS, INC.	c EIN-PN 33-0943776-001
a	Plan name 401(K) & PROFIT SHARING PLAN FOR KYLE HUNT & PARTNERS, INC.	
b	Name of plan sponsor KYLE HUNT & PARTNERS, INC.	c EIN-PN 41-1800701-001
a	Plan name A & K EARTH MOVERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor A & K EARTH MOVERS, INC.	c EIN-PN 88-0097157-002
a	Plan name AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001
a	Plan name ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor ARGENT FEDERAL CREDIT UNION	c EIN-PN 54-0623641-002
a	Plan name ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor ARIAS, TOVAR & ASSOCIATES, P.A.	c EIN-PN 65-0971956-001
a	Plan name BACKERWORKS MANUFACTURING, LLC 401(K) PLAN	
b	Name of plan sponsor BACKERWORKS MANUFACTURING, LLC	c EIN-PN 85-0481972-001
a	Plan name BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001

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 BONINFANTE FRICTON INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BONINFANTE FRICTON INC.	c EIN-PN 27-4188636-001
a	Plan name CANYON MEDICAL CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor R. MUTHAIAH, M.D., P.C. DBA CANYON MEDICAL CENTER	c EIN-PN 20-3215319-001
a	Plan name CHANNEL FUSION 401(K) PLAN	
b	Name of plan sponsor CHANNEL FUSION	c EIN-PN 45-4018060-777
a	Plan name COMMUNITY MENTAL HEALTH CENTERS 401(K) PLAN	
b	Name of plan sponsor LEHIGH VALLEY COMMUNITY MENTAL HEALTH CENTERS, INC.	c EIN-PN 23-2835896-001
a	Plan name COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor COMMUNITY STATE BANK	c EIN-PN 26-0620241-001
a	Plan name D & D PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor D & D PLUMBING, LLC	c EIN-PN 88-0164801-001
a	Plan name LEINGANG HOME CENTER 401(K) PLAN	
b	Name of plan sponsor LEINGANG GROUP, INC. D/B/A LEINGANG HOME CENTER	c EIN-PN 46-3955538-001
a	Plan name MCCLAIN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCCLAIN PRINTING COMPANY, INC.	c EIN-PN 55-0421933-002
a	Plan name MCCLELLAND LAW GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCCLELLAND LAW GROUP	c EIN-PN 26-0787424-001
a	Plan name MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor MOXY MANAGEMENT COMPANY, LLC	c EIN-PN 99-0431387-002
a	Plan name MPI ENGINEERED TECHNOLOGIES, LLC 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879993-777
a	Plan name MPI ENGINEERED TECHNOLOGIES, LLC USW INDIANA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879994-002

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	ONEGENERATION 401(K) PLAN	
b	Name of plan sponsor	ONEGENERATION	c EIN-PN 95-4066979-001
a	Plan name	RALPHS - PUGH CO., INC. 401(K) PLAN	
b	Name of plan sponsor	RALPHS - PUGH CO., INC.	c EIN-PN 94-0791950-001
a	Plan name	RAPT 401(K) PLAN	
b	Name of plan sponsor	RICHMOND AUTO PARTS TECHNOLOGY, INC.	c EIN-PN 61-1321586-001
a	Plan name	RATHBUN ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	RATHBUN ASSOCIATES	c EIN-PN 94-1653463-001
a	Plan name	SPARKS COMMERCIAL TIRE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPARKS COMMERCIAL TIRE, INC.	c EIN-PN 34-1506914-001
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	A WISIALKO AND COMPANY 401(K) PLAN	
b	Name of plan sponsor	A WISIALKO AND COMPANY LLC	c EIN-PN 46-1598908-001
a	Plan name	AMERICAN NATION BANK SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN NATION BANK	c EIN-PN 73-1258880-001
a	Plan name	AMERICAN PHARMACY SERVICES CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN PHARMACY SERVICES CORPORATION	c EIN-PN 38-2647024-001
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	BARLEVI & CO., ACCOUNTANCY CORPORATION 401(K) PSP	
b	Name of plan sponsor	BARLEVI & CO., ACCOUNTANCY CORPORATION	c EIN-PN 54-2081513-001
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

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 BUILDERS STEEL SERVICE, INC. 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor BUILDER'S STEEL SERVICE, INC.	c EIN-PN 34-1719798-002
a	Plan name CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor CHEROKEE FARM DEVELOPMENT CORPORATION	c EIN-PN 46-1180603-001
a	Plan name CHILD CARE COUNCIL OF KENTUCKY, INC. 401(K) PLAN	
b	Name of plan sponsor CHILD CARE COUNCIL OF KENTUCKY, INC.	c EIN-PN 31-1102545-001
a	Plan name DIVERSIFIED SITE WORKS, LLC 401(K) PLAN	
b	Name of plan sponsor DIVERSIFIED SITE WORKS, LLC	c EIN-PN 52-2212873-001
a	Plan name FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001
a	Plan name GUYMON MACHINING & FABRICATION, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor GUYMON MACHINING & FABRICATION INC	c EIN-PN 82-0461511-001
a	Plan name I & C ENGINEERING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor I & C ENGINEERING COMPANY, INC.	c EIN-PN 04-3059259-003
a	Plan name JOHN A. MITAMURA, M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN A. MITAMURA, M.D.	c EIN-PN 13-3535026-001
a	Plan name JOHN R. MADISON, M.D., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN R. MADISON, M.D., INC.	c EIN-PN 34-1080310-002
a	Plan name A1 POLISHING & FINISHING, LLC 401(K) PLAN	
b	Name of plan sponsor A1 POLISHING & FINISHING, LLC	c EIN-PN 39-1920526-001
a	Plan name AMERICAN TELEPHONE 401(K) PLAN	
b	Name of plan sponsor DESIGN BUSINESS COMMUNICATIONS, INC.	c EIN-PN 86-0736656-001
a	Plan name BULVERDE GLASS 401(K) PLAN	
b	Name of plan sponsor BULVERDE GLASS, INC	c EIN-PN 74-2941775-001

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	CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILES & SONS-LAMAN, INC.	c EIN-PN 34-4492949-003
a	Plan name	COUNTRY CLUB OF WATERBURY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COUNTRY CLUB OF WATERBURY INC.	c EIN-PN 06-0309310-001
a	Plan name	DODGE CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	DODGE CONSTRUCTION COMPANY, INC.	c EIN-PN 04-2262074-001
a	Plan name	GARDEN CITY EYE CARE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GARDEN CITY EYE CARE, INC.	c EIN-PN 05-0464416-001
a	Plan name	HAGEN INSURANCE 401(K) PLAN	
b	Name of plan sponsor	HO'O ILINA, INC. DBA HAGEN INSURANCE	c EIN-PN 51-0640656-001
a	Plan name	LIBB COMPANY 401(K) PLAN	
b	Name of plan sponsor	LIBB COMPANY, INC.	c EIN-PN 34-1115976-001
a	Plan name	MCCUTCHEON AGENCY LTD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MCCUTCHEON INSURANCE AGENCY LTD	c EIN-PN 36-3087849-001
a	Plan name	MCGREGOR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCGREGOR & ASSOCIATES, INC.	c EIN-PN 61-1211399-001
a	Plan name	MUNCIE FAMILY DENTAL CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	MUNCIE FAMILY DENTAL CARE, INC.	c EIN-PN 35-1520023-001
a	Plan name	MUSTO WINE GRAPE CO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MUSTO WINE GRAPE CO, LLC	c EIN-PN 26-1316055-001
a	Plan name	ORANGE-SOL BLENDING & PACKAGING, INC. 401(K) PLAN	
b	Name of plan sponsor	ORANGE-SOL BLENDING & PACKAGING, INC.	c EIN-PN 86-0772941-001
a	Plan name	OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
b	Name of plan sponsor	OREGON COLLEGE OF ORIENTAL MEDICINE	c EIN-PN 93-0845182-001

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 POE & CRONK 401(K) PLAN AND TRUST	
b	Name of plan sponsor POE & CRONK REAL ESTATE GROUP, INC.	c EIN-PN 54-1212380-002
a	Plan name POINDEXTER NUT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POINDEXTER NUT COMPANY	c EIN-PN 94-2074522-001
a	Plan name POLK COUNTY SCHOOL READINESS COALITION, INC. 401(K) PLAN	
b	Name of plan sponsor POLK COUNTY SCHOOL READINESS COALITION, INC.	c EIN-PN 59-3648316-001
a	Plan name PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PORTER KIAKONA KOPPER, LLP	c EIN-PN 99-0210947-001
a	Plan name RDC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCK & DIRT CONSTRUCTION	c EIN-PN 20-0382886-001
a	Plan name TRUXAW & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JOSEPH C. TRUXAW AND ASSOCIATES, INC.	c EIN-PN 95-2992708-001
a	Plan name WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name WATKINS CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor WATKINS CONSTRUCTION COMPANY, INC.	c EIN-PN 95-3084079-001
a	Plan name WATTS COPY SYSTEMS, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WATTS COPY SYSTEMS, INC.	c EIN-PN 37-1117989-001
a	Plan name WAVE CREST DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WAVE CREST DEVELOPMENT	c EIN-PN 94-2349728-001
a	Plan name WAY HOLDING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WAY HOLDING, LLC	c EIN-PN 76-0207435-001
a	Plan name WDI COMPANIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WDI COMPANIES, INC.	c EIN-PN 93-0696596-001

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 ARICA CONSULTING & CONTRACTING, LLC 401(K)	
b	Name of plan sponsor ARICA CONSULTING & CONTRACTING, LLC	c EIN-PN 52-2292509-001
a	Plan name BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BASSETT SALES CORPORATION	c EIN-PN 95-3666930-001
a	Plan name BORCHARDT, CORONA & FAETH 401(K) PLAN	
b	Name of plan sponsor BORCHARDT, CORONA & FAETH	c EIN-PN 77-0144125-001
a	Plan name BOSWELL & DUNLAP, LLP 401(K) PLAN	
b	Name of plan sponsor BOSWELL & DUNLAP, LLP	c EIN-PN 59-3498279-001
a	Plan name CARDEL HOMES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDEL U.S. MANAGEMENT, LLC	c EIN-PN 84-1846681-001
a	Plan name CARDEN ARBOR VIEW SCHOOL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDEN ARBOR VIEW SCHOOL, INC.	c EIN-PN 95-3695686-002
a	Plan name CARDIOVASCULAR CONSULTANTS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CARDIOVASCULAR CONSULTANTS PA	c EIN-PN 59-1923037-001
a	Plan name CHSU 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA HEALTH SCIENCES UNIVERSITY	c EIN-PN 45-4846058-001
a	Plan name CHULA VISTA, INC. 401(K) PLAN	
b	Name of plan sponsor CHULA VISTA, INC.	c EIN-PN 39-0842365-001
a	Plan name COMPUTHINK, INC. 401(K) PLAN	
b	Name of plan sponsor COMPUTHINK, INC.	c EIN-PN 36-3953691-001
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
a	Plan name DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAIRY-MIX, INC.	c EIN-PN 59-0659640-001

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 PASO HEART CENTER PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	EL PASO HEART CENTER, P.A.	c EIN-PN 45-0508485-002
a	Plan name	EL POLLO LOCO, INC. 401(K) PLAN	
b	Name of plan sponsor	EL POLLO LOCO, INC.	c EIN-PN 33-0377527-777
a	Plan name	FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	FCNB BANK	c EIN-PN 43-0224380-001
a	Plan name	GBCA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GENERAL BUILDING CONTRACTORS ASSOCIATION, INC.	c EIN-PN 23-0847495-003
a	Plan name	GEMINI CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor	GEMINI CORP.	c EIN-PN 45-2731123-001
a	Plan name	GRANVILLE HOMES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GRANVILLE HOMES, INC.	c EIN-PN 77-0236102-002
a	Plan name	HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	HENNESSEY ENGINEERS, INC.	c EIN-PN 38-2047389-004
a	Plan name	INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INDEPENDENCE BANCSHARES, INC.	c EIN-PN 42-1191386-001
a	Plan name	JAPAT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JAPAT, INC.	c EIN-PN 94-2694329-001
a	Plan name	KIA OF LAGRANGE 401(K) PLAN	
b	Name of plan sponsor	KIA OF LAGRANGE	c EIN-PN 27-0980531-001
a	Plan name	KILLION COMMUNICATIONS CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KILLION COMMUNICATIONS CONSULTANTS, INC.	c EIN-PN 37-1367165-001
a	Plan name	LINNEMAN LAW, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	LINNEMAN LAW, LLP	c EIN-PN 94-1165008-001

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	LIVE DEAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LIVE DEAL, INC.	c EIN-PN 85-0206668-001
a	Plan name	MICHAEL L. FITZGERALD INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL L. FITZGERALD INSURANCE SERVICES, INC.	c EIN-PN 20-2103543-001
a	Plan name	MXD PROCESS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MIXER DIRECT INC., DBA MXD PROCESS	c EIN-PN 27-1855081-001
a	Plan name	NWGE 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST GENERAL ENGINEERING	c EIN-PN 68-0454297-001
a	Plan name	O'BRIEN BROS. BUSINESS FORMS, INC. 401(K) PLAN	
b	Name of plan sponsor	O'BRIEN BROS. BUSINESS FORMS, INC.	c EIN-PN 36-2796459-001
a	Plan name	POWER DELIVERY CONSULTANTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	POWER DELIVERY CONSULTANTS, INC.	c EIN-PN 14-1749813-001
a	Plan name	POWER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POWER SOLUTIONS, LLC.	c EIN-PN 52-2100793-222
a	Plan name	POWERSCREEN OF FLORIDA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POWERSCREEN OF FLORIDA, INC.	c EIN-PN 59-2316750-001
a	Plan name	PR MANAGEMENT, CORP. RETIREMENT PLAN	
b	Name of plan sponsor	PR MANAGEMENT, CORP.	c EIN-PN 01-0757637-001
a	Plan name	PRACTICE DIAGNOSTIC SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRACTICE DIAGNOSTIC SYSTEMS, LLC DBA PRACTICAL DATA SOLUTIONS	c EIN-PN 27-0410486-001
a	Plan name	Q3 TECHNOLOGIES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	Q3 TECHNOLOGIES LLC	c EIN-PN 20-4855347-001
a	Plan name	QUALITY ASSURED LABEL, INC. SAVINGS PLAN	
b	Name of plan sponsor	QUALITY ASSURED LABEL, INC.	c EIN-PN 41-1492638-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RISER MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	RISER MOTORS, INC.	c EIN-PN 71-0857865-001
a	Plan name	RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	RIVERHILLS HEALTHCARE, INC.	c EIN-PN 31-1412447-002
a	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLIM CHICKENS	c EIN-PN 45-3985800-001
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	SULLIVANS USA, INC. 401(K) PLAN	
b	Name of plan sponsor	SULLIVANS USA, INC. 401(K) PLAN	c EIN-PN 36-3815229-001
a	Plan name	THE DYNAMIC CONSTRUCTION, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DYNAMIC CONSTRUCTION, INC.	c EIN-PN 31-1526251-001
a	Plan name	TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	c EIN-PN 47-5068498-002
a	Plan name	FLORIDA BUSINESS TECHNOLOGIES LLC 401(K) PLAN	
b	Name of plan sponsor	FLORIDA BUSINESS TECHNOLOGIES LLC	c EIN-PN 26-0000350-001
a	Plan name	FLORIDA LEISURE COMMUNITIES 401(K) PLAN	
b	Name of plan sponsor	FLORIDA LEISURE COMMUNITIES CORPORATION	c EIN-PN 59-3040840-001
a	Plan name	LA-Z-BOY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MGM GALLERIES LLC DBA LA-Z-BOY FURNITURE GALLERIES	c EIN-PN 46-0513963-001
a	Plan name	PEAK PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEAK PEDIATRICS, PLLC	c EIN-PN 84-1567538-001
a	Plan name	PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PELION ACTUARIAL SERVICES, INC.	c EIN-PN 45-2927368-001

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	TAPLIN HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	TAPLIN HOLDINGS, LLC	c EIN-PN 35-2561482-001
a	Plan name	ACC-U-SET 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ACC-U-SET CONSTRUCTION	c EIN-PN 91-2101492-001
a	Plan name	ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor	ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001
a	Plan name	GENERA ENERGY 401(K) PLAN	
b	Name of plan sponsor	GENERA ENERGY, INC.	c EIN-PN 45-4907881-001
a	Plan name	LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC. 401(K) PLAN	
b	Name of plan sponsor	LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC.	c EIN-PN 23-7010825-001
a	Plan name	PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION CABLE ASSEMBLIES, INC.	c EIN-PN 39-1787647-002
a	Plan name	THE EMF COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE EMF COMPANY, INC.	c EIN-PN 75-1552044-001
a	Plan name	THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST TRUST HOLDINGS, INC.	c EIN-PN 37-1307139-222
a	Plan name	THE FLAH 401(K) PLAN	
b	Name of plan sponsor	CORPORATE PLAN SERVICES, INC.	c EIN-PN 59-2832682-002
a	Plan name	ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ADVANCED AUTOMATION TECHNOLOGIES, INC.	c EIN-PN 52-1749594-001
a	Plan name	COACTIVE WEALTH STRATEGISTS, LLC 401(K) PLAN	
b	Name of plan sponsor	COACTIVE WEALTH STRATEGISTS, LLC	c EIN-PN 45-3909949-001
a	Plan name	COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN	
b	Name of plan sponsor	COASTAL BEND WORKFORCE DEVELOPMENT BOARD	c EIN-PN 74-2424633-001

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	COD & CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN
b	Name of plan sponsor	COD & CAPERS SEAFOOD
c	EIN-PN	59-2349811-001
a	Plan name	GILTON SOLID WASTE MANAGEMENT, INC.
b	Name of plan sponsor	GILTON SOLID WASTE MANAGEMENT, INC.
c	EIN-PN	94-2268035-001
a	Plan name	M & J LOAN, LLC PROFIT SHARING PLAN
b	Name of plan sponsor	M & J LOAN, LLC/DBA GRIFFIN CAPITAL FUNDING
c	EIN-PN	87-0708717-001
a	Plan name	PRIORITY MORTGAGE CORP. 401(K) PLAN
b	Name of plan sponsor	PRIORITY MORTGAGE CORP.
c	EIN-PN	31-1088264-001
a	Plan name	PRIORITY MOTOR GROUP, INC. 401(K) PLAN
b	Name of plan sponsor	PRIORITY MOTOR GROUP, INC.
c	EIN-PN	47-2044656-001
a	Plan name	THE PRESTWICK GROUP, INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	PRESTWICK GROUP, INC.
c	EIN-PN	39-1888813-222
a	Plan name	TORBOT GROUP, INC. 401(K) PLAN
b	Name of plan sponsor	TORBOT GROUP, INC.
c	EIN-PN	05-0390138-001
a	Plan name	TOWER CORPORATE CENTER 401(K) PLAN
b	Name of plan sponsor	TOWER CORPORATE CENTER
c	EIN-PN	95-4415249-002
a	Plan name	TOWN OF BETHANY, CT DEFINED CONTRIBUTION RETIREMENT PLAN
b	Name of plan sponsor	TOWN OF BETHANY
c	EIN-PN	06-6001960-001
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	GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN
b	Name of plan sponsor	SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON
c	EIN-PN	20-2458255-001
a	Plan name	GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	GREEN FRONT FURNITURE COMPANY, INC.
c	EIN-PN	54-0837729-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name 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 QUIKKILL PEST ELIMINATORS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor QUIKKILL PEST ELIMINATORS, INC.	c EIN-PN 36-2840496-001
a	Plan name TSM VENTURES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TSM VENTURES, INC.	c EIN-PN 37-0809985-001
a	Plan name TTL AUTOMOTIVE ENTERPRISES, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor TTL AUTOMOTIVE ENT. INC.	c EIN-PN 68-0461731-001
a	Plan name AMTECH PROFIT SHARING PLAN	
b	Name of plan sponsor AUTOMATED MACHINE & TECHNOLOGY, INC.	c EIN-PN 54-1104196-001
a	Plan name HALL COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor HALL COMMUNICATIONS, INC.	c EIN-PN 06-0843728-001
a	Plan name HAMILTON MARTENS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAMILTON MARTENS, LLC	c EIN-PN 20-1343616-001
a	Plan name MCR SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor MCR SERVICES LLC	c EIN-PN 39-1969575-002
a	Plan name MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCZ CONSTRUCTION, INC.	c EIN-PN 20-0634943-001
a	Plan name MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MED-FAST PHARMACY, INC.	c EIN-PN 25-1631348-001
a	Plan name RED ARROW INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor RED ARROW INDUSTRIES, LLC	c EIN-PN 20-8584431-001
a	Plan name RED POINTE ROOFING 401(K) PLAN	
b	Name of plan sponsor RED POINTE ROOFING, LP	c EIN-PN 90-0957014-001

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 RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIZZETTA & COMPANY, INC.	c EIN-PN 59-3075187-001
a	Plan name ROBERT L. KRASNEY, A PLC PROFIT SHARING PLAN	
b	Name of plan sponsor ROBERT L. KRASNEY, A PLC	c EIN-PN 95-3996418-001
a	Plan name ARTERIOCYTE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ARTERIOCYTE, INC.	c EIN-PN 26-1272740-001
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 DANIEL S. BANDARI, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DANIEL S. BANDARI, M.D., INC.	c EIN-PN 26-3401605-001
a	Plan name DATA PATH, INC. 401(K) P/S PLAN	
b	Name of plan sponsor DATA PATH, INC.	c EIN-PN 90-0242296-001
a	Plan name HEXADYNE 401(K) PLAN	
b	Name of plan sponsor HEXADYNE CORPORATION	c EIN-PN 20-2774386-001
a	Plan name MICHIGAN NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor MICHIGAN NEUROLOGY ASSOCIATES, P.C.	c EIN-PN 38-3258019-001
a	Plan name MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	c EIN-PN 26-1365260-001
a	Plan name VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor VANDERVART CONCRETE PRODUCTS, LLC	c EIN-PN 46-5469386-001
a	Plan name VARSITY STRIPING & CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VARSITY STRIPING & CONSTRUCTION, CO.	c EIN-PN 37-1094788-002
a	Plan name AUS DECKING, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor AUS DECKING, INC.	c EIN-PN 20-1259014-001

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 DEL AMO MOTORSPORTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOO FAST INC. DBA DEL AMO MOTORSPORTS OF REDONDO BEACH	c EIN-PN 33-0546509-001
a	Plan name HMC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor HODGDON MANAGEMENT AND CONSTRUCTION, INC. DBA HMC CONSTRUCTION, INC.	c EIN-PN 56-2467203-002
a	Plan name MISTLIN MOTORS 401(K) PLAN	
b	Name of plan sponsor MISTLIN MOTORS	c EIN-PN 94-2540043-001
a	Plan name VICTOR EMANUEL NATURE TOURS 401(K) PLAN	
b	Name of plan sponsor VICTOR EMANUEL NATURE TOURS, INC.	c EIN-PN 74-1942295-001
a	Plan name VINCENT GREENE ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VINCENT GREENE ARCHITECTS	c EIN-PN 52-2066377-002
a	Plan name NAOS DESIGN GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor NAOS DESIGN GROUP, LLC	c EIN-PN 27-2293424-001
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 SCOTT A. FISHMAN, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCOTT A. FISHMAN, D.D.S., INC. DBA PEDIATRIC DENTAL ARTS	c EIN-PN 27-1598713-001
a	Plan name WESTERN 401(K) PLAN	
b	Name of plan sponsor WESTERN ENVIRONMENTAL SOLUTIONS, LLC	c EIN-PN 22-3643528-001
a	Plan name BERICH MASONRY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BERICH MASONRY, INC.	c EIN-PN 20-2612940-001
a	Plan name BHP MANAGEMENT 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BHP MANAGEMENT CORP.	c EIN-PN 26-1404372-001
a	Plan name BI-QEM INC. 401(K) PLAN	
b	Name of plan sponsor BI-QEM INC.	c EIN-PN 04-2783625-001

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	DYNAMIC PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC PLASTICS, INC.	c EIN-PN 38-3094135-001
a	Plan name	INTERPRINT INCORPORATED SAVINGS PLAN	
b	Name of plan sponsor	INTERPRINT, INC.	c EIN-PN 59-0871253-001
a	Plan name	NEW ENGLAND ORBITAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	NEW ENGLAND ORBITAL SERVICES, INC.	c EIN-PN 02-0508263-001
a	Plan name	NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW KNOXVILLE SUPPLY CO. INC.	c EIN-PN 34-4314480-001
a	Plan name	NEW TITLE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	NEW TITLE SERVICES	c EIN-PN 20-0337649-001
a	Plan name	WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC.	c EIN-PN 46-3012973-001
a	Plan name	WILBURN HOLDING COMPANY, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	WILBURN HOLDING COMPANY, INC.	c EIN-PN 46-1294150-002
a	Plan name	OASYS 401(K) PLAN	
b	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	c EIN-PN 52-1747644-001
a	Plan name	BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF BELLEVUE	c EIN-PN 91-0776451-002
a	Plan name	BRASSFIELD ESTATE WINERY 401(K) PLAN	
b	Name of plan sponsor	BRASSFIELD ESTATE WINERY, LLC	c EIN-PN 41-2103926-001
a	Plan name	JD DOGGY, INC. 401(K) PLAN	
b	Name of plan sponsor	JD DOGGY, INC.	c EIN-PN 47-3843337-001
a	Plan name	OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC 401(K) PLAN	
b	Name of plan sponsor	OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC	c EIN-PN 11-3800210-001

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	OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OUR HOME PHARMACY, INC.	c EIN-PN 27-2618187-001
a	Plan name	OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OUTAGAMIE CO-OP SERVICES, INC.	c EIN-PN 39-1316865-001
a	Plan name	OUTDOOR LIGHTING PERSPECTIVES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	OUTDOOR LIGHTING PERSPECTIVES, L.L.C.	c EIN-PN 62-1766403-001
a	Plan name	BURCH COURT DENTAL RETIREMENT PLAN	
b	Name of plan sponsor	BURCH COURT DENTAL	c EIN-PN 61-1338337-001
a	Plan name	BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BURROWS WATER PURIFICATION, INC.	c EIN-PN 95-3023432-001
a	Plan name	C & C INSULATION, INC. 401(K) PLAN	
b	Name of plan sponsor	C & C INSULATION, INC.	c EIN-PN 23-2110326-001
a	Plan name	ETTLESON 401(K) PLAN	
b	Name of plan sponsor	ETTLESON CADILLAC-BUICK-HYUNDAI, INC.	c EIN-PN 36-3420816-002
a	Plan name	EVT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ENTERPRISE VISION TECHNOLOGIES	c EIN-PN 73-1686616-001
a	Plan name	EXCHANGE BANK OF MISSOURI RETIREMENT PLAN	
b	Name of plan sponsor	EXCHANGE BANK OF MISSOURI	c EIN-PN 43-0263000-001
a	Plan name	SPRINGFIELD TRACTOR & TRAILER SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	SPRINGFIELD TRACTOR & TRAILER SALES, INC.	c EIN-PN 37-1013499-003
a	Plan name	SST ENERGY CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor	SST ENERGY CORPORATION	c EIN-PN 84-1109846-001
a	Plan name	PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PATRICK COUNTY FAMILY PRACTICE	c EIN-PN 54-1583691-001

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	CARDIOVASCULAR SOLUTIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	CARDIOVASCULAR SOLUTIONS, LLC	c EIN-PN 26-0170867-001
a	Plan name	CARPETS UNLIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPECIALTIES UNLIMITED, INC.	c EIN-PN 43-1986186-001
a	Plan name	FIBERPLUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FIBERPLUS, INC.	c EIN-PN 52-1762520-001
a	Plan name	FIKES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIKES PUGET SOUND, INC	c EIN-PN 72-1572875-001
a	Plan name	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a	Plan name	SUPERMAX HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	SUPERMAX HEALTHCARE INC.	c EIN-PN 27-2105941-001
a	Plan name	THE IMPERIAL HAWAII VACATION CLUB 401(K) PLAN	
b	Name of plan sponsor	THE IMPERIAL HAWAII VACATION CLUB	c EIN-PN 99-0206158-001
a	Plan name	THE 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	ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
a	Plan name	CLARITY TELECOM, LLC 401(K) PLAN	
b	Name of plan sponsor	CLARITY TELECOM LLC DBA BLUEPEAK	c EIN-PN 46-2667900-001
a	Plan name	GEORGIA SPECIALTY CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	GEORGIA SPECIALTY CONSTRUCTORS, INC.	c EIN-PN 58-1505420-002
a	Plan name	PRECISION SMALL ENGINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION SMALL ENGINE CO., INC.	c EIN-PN 59-1985940-001

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 COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
b	Name of plan sponsor COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	c EIN-PN 47-1612263-222
a	Plan name GLEN CARBIDE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GLEN CARBIDE, INC.	c EIN-PN 25-1065069-004
a	Plan name PROFESSIONAL BROKERAGE WEST, INC. 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL BROKERAGE WEST, INC.	c EIN-PN 88-0222304-001
a	Plan name THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor ROUND ROCK BASEBALL CLUB, LP	c EIN-PN 77-0646382-001
a	Plan name THE SPAULDING FOUNDATION 401(K) PLAN	
b	Name of plan sponsor THE SPAULDING FOUNDATION	c EIN-PN 31-1096254-001
a	Plan name THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MATICH CORPORATION	c EIN-PN 95-1810911-002
a	Plan name MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
a	Plan name CONNOR CONSULTING CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CONNOR CONSULTING CORPORATION	c EIN-PN 46-1950081-001
a	Plan name CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED CONSTRUCTION CO., INC.	c EIN-PN 20-5220958-001
a	Plan name ANNAPOLIS ACCOUNTING SERVICES 401(K) PLAN	
b	Name of plan sponsor CJ BATTISTA, P.C. D/B/A ANNAPOLIS ACCOUNTING SERVICES	c EIN-PN 52-2248341-001
a	Plan name CREATIVE PACKAGING 401(K) PLAN	
b	Name of plan sponsor CREATIVE PACKAGING, LLC	c EIN-PN 31-1682777-001

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 CREW ONE PRODUCTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CREW ONE PRODUCTIONS, INC.	c EIN-PN 58-1991864-001
a	Plan name CROSSCOM NATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor CROSSCOM NATIONAL, LLC	c EIN-PN 20-1721299-777
a	Plan name ULTIMA DESIGN OF SOUTH FLORIDA, INC. RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor ULTIMA DESIGN OF SOUTH FLORIDA, INC.	c EIN-PN 65-0407058-001
a	Plan name ASSURANCE LABS RETIREMENT READINESS PLAN	
b	Name of plan sponsor ASSURANCE DRUG TESTING LABORATORIES, LLC	c EIN-PN 20-4013455-001
a	Plan name DAVID HUVAL'S TRUCKING CO. 401(K) PLAN	
b	Name of plan sponsor DAVID HUVAL'S TRUCKING CO., INC.	c EIN-PN 72-1470730-001
a	Plan name ROBERT W. JANSEN, DDS & ASSOCIATES, P.C. RETIREMENT PLAN	
b	Name of plan sponsor ROBERT W. JANSEN, DDS & ASSOCIATES, P.C.	c EIN-PN 38-2712051-001
a	Plan name AUTOMOTIVE TRANSPORT UNION PLAN	
b	Name of plan sponsor VALIANT MANAGEMENT, LLC UNION PLAN	c EIN-PN 20-4853723-001
a	Plan name AUTOMOTIVE TRANSPORTATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RCS TRANSPORTATION, LLC	c EIN-PN 20-2646999-001
a	Plan name AVD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALTA VISTA DERMATOLOGY	c EIN-PN 27-1067307-001
a	Plan name AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AVENTURO, INC.	c EIN-PN 27-2417155-001
a	Plan name DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	c EIN-PN 34-1117652-001
a	Plan name HOLLY TREE COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor HOLLY TREE COUNTRY CLUB	c EIN-PN 57-0863116-001

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 HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HOME GUARD INDUSTRIES, INC.	c EIN-PN 35-1568735-001
a	Plan name MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MKRS LAW, P.L.	c EIN-PN 20-3879249-001
a	Plan name MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOBILE SYSTEMS WIRELESS INC.	c EIN-PN 91-1879582-001
a	Plan name RULE CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RULE CONSTRUCTION, LTD.	c EIN-PN 39-1708690-001
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 VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE 401(K) PLAN	
b	Name of plan sponsor VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE	c EIN-PN 76-0804445-001
a	Plan name VITAL RETIREMENT PLAN	
b	Name of plan sponsor VITAL VENTURES	c EIN-PN 81-0972460-001
a	Plan name NEANY, INC. 401(K) PLAN	
b	Name of plan sponsor NEANY, INC.	c EIN-PN 23-2792310-001
a	Plan name BEHAVIORAL INTERVENTION GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BEHAVIORAL INTERVENTION GROUP	c EIN-PN 20-5450870-001
a	Plan name BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELGRADE STATE BANK	c EIN-PN 43-0177195-001
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 INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN	
b	Name of plan sponsor INSTITUTIONAL CASEWORK, INC.	c EIN-PN 20-4225695-001

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	SEMILAB USA 401(K) PLAN	
b Name of plan sponsor	SEMILAB USA LLC	c EIN-PN 27-0347663-001
a Plan name	SEMO ALLIANCE FOR DISABILITY INDEPENDENCE INC. 401(K) PLAN	
b Name of plan sponsor	SEMO ALLIANCE FOR DISABILITY INDEPENDENCE INC.	c EIN-PN 43-1645037-001
a Plan name	WESTMINSTER CAPITAL, INC. 401(K) PLAN	
b Name of plan sponsor	WESTMINSTER CAPITAL, INC.	c EIN-PN 95-2157201-001
a Plan name	WESTPAC HOLDING COMPANY, INC. 401(K) PLAN	
b Name of plan sponsor	WESTPAC HOLDING COMPANY, INC.	c EIN-PN 20-5722172-003
a Plan name	BIG PINE PAIUTE TRIBE 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	BIG PINE PAIUTE TRIBE	c EIN-PN 95-3059258-001
a Plan name	BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN	
b Name of plan sponsor	BIO-MED BEHAVIORAL HEALTH CARE, P.C.	c EIN-PN 38-3469611-001
a Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
b Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	c EIN-PN 20-0048495-001
a Plan name	WILLOW ST INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WILLOW ST INC.	c EIN-PN 22-3242365-001
a Plan name	EMG, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	EMG, INC.	c EIN-PN 94-2903016-001
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	OHANA NUI MANAGEMENT, INC. 401(K) PLAN	
b Name of plan sponsor	OHANA NUI MANAGEMENT, INC.	c EIN-PN 33-1091808-001
a Plan name	F.A. PEINADO, LLC 401(K) PLAN	
b Name of plan sponsor	F.A. PEINADO, LLC	c EIN-PN 77-0647820-001

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	FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FINANCIAL NETWORK FID WEST, LLC	c EIN-PN 26-2039224-001
a	Plan name	CARROLL FULMER LOGISTICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CARROLL FULMER LOGISTICS CORPORATION	c EIN-PN 01-0664729-001
a	Plan name	CARSON CORPORATION RETIREMENT PLAN FOR LOCAL 55	
b	Name of plan sponsor	CARSON CORPORATION	c EIN-PN 22-2852356-003
a	Plan name	KMS 401(K) PLAN	
b	Name of plan sponsor	KINETICS MECHANICAL SERVICES, INC.	c EIN-PN 77-0476369-001
a	Plan name	KO STONE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KO STONE, INC.	c EIN-PN 46-2842689-001
a	Plan name	PAUL MILLER FORD AND ASSOCIATES RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	PAUL MILLER FORD, INC.	c EIN-PN 61-0481346-001
a	Plan name	SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SURGEONS CHOICE MEDICAL CENTER	c EIN-PN 38-3162435-001
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	FOREMOST GRAPHICS GROUP 401(K) PLAN	
b	Name of plan sponsor	FOREMOST GRAPHICS, L.L.C.	c EIN-PN 38-3213304-001
a	Plan name	CELINA ANIMAL HOSPITAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CELINA ANIMAL HOSPITAL, INC.	c EIN-PN 34-1339371-001
a	Plan name	LAKELAND ECONOMIC DEVELOPMENT COUNCIL 401(K) PLAN	
b	Name of plan sponsor	LAKELAND ECONOMIC DEVELOPMENT COUNCIL	c EIN-PN 45-4919549-001
a	Plan name	LANDSTONE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	LANDSTONE COMPANIES, LLC	c EIN-PN 27-0392043-001

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	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	TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001
a	Plan name	WHISNANT & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHISNANT & COMPANY, LLC	c EIN-PN 56-1084523-001
a	Plan name	WHITE BRENNER LLP 401(K) PLAN	
b	Name of plan sponsor	WHITE BRENNER LLP	c EIN-PN 46-1799572-001
a	Plan name	WHITEFAB, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WHITEFAB, INC.	c EIN-PN 63-0856879-001
a	Plan name	AVKARE, LLC 401(K) PLAN	
b	Name of plan sponsor	AVKARE, LLC	c EIN-PN 20-8622803-001
a	Plan name	AVMEDICAL, LLC 401(K) PLAN	
b	Name of plan sponsor	AVMEDICAL, LLC	c EIN-PN 83-2573744-001
a	Plan name	WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor	WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name	WOMENFIRST, LLC 401(K) PLAN	
b	Name of plan sponsor	WOMENFIRST, LLC	c EIN-PN 41-2192392-001
a	Plan name	WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WONDERLAND TIRE COMPANY, INC.	c EIN-PN 38-2264378-001
a	Plan name	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOOD AG MANAGEMENT, INC.	c EIN-PN 81-4829814-001
a	Plan name	BL AGRISERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	BL AGRISERVICE, INC.	c EIN-PN 39-1485813-001

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 BRUCE S. HEATER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRUCE S. HEATER, DDS, LLC	c EIN-PN 86-1138955-002
a	Plan name CAHFC 401(K) PLAN	
b	Name of plan sponsor CAPITAL AREA HOUSING FINANCE CORPORATION	c EIN-PN 42-1550637-001
a	Plan name CALIBER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS	c EIN-PN 26-4751651-001
a	Plan name CENTERPOINTE DENTAL GROUP, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTERPOINTE DENTAL GROUP, P.A.	c EIN-PN 41-1821880-001
a	Plan name CLINT PHARMACEUTICALS 401(K) PLAN	
b	Name of plan sponsor CLINT PHARMACEUTICALS, INC.	c EIN-PN 62-1322467-001
a	Plan name COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor COLLEGIUM HOLDINGS, INC.	c EIN-PN 22-3221879-001
a	Plan name COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL	c EIN-PN 71-0577085-004
a	Plan name COLLINS & HYING LLC RETIREMENT PLAN	
b	Name of plan sponsor COLLINS & HYING LLC	c EIN-PN 82-0712958-001
a	Plan name COLONIAL GENERAL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor COLONIAL GENERAL INSURANCE AGENCY, INC.	c EIN-PN 31-1125848-001
a	Plan name COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor COLONIAL HEIGHTS VETERINARY HOSPITAL	c EIN-PN 54-2031691-001
a	Plan name 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 DE LA GUARDIA VICTORIA ARCHITECTS AND URBANISTS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor DE LA GUARDIA VICTORIA ARCHITECTS AND URBANISTS, INC	c EIN-PN 54-2099947-001

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 DESIGN SPACE INPHARMATICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRODUCTLIFE GROUP US, LLC	c EIN-PN 36-4982515-001
a	Plan name EAST MAIN DENTAL CENTER, LLP 401(K) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor EAST MAIN DENTAL CENTER, LLP	c EIN-PN 93-0679201-001
a	Plan name ENGINEERED METAL PRODUCTS 401(K) PLAN	
b	Name of plan sponsor ENGINEERED METAL PRODUCTS, LLC	c EIN-PN 20-1958314-001
a	Plan name F.H. DAILEY CHEVROLET 401(K) PLAN	
b	Name of plan sponsor INFINITE VELOCITY AUTOMOTIVE, INC. DBA F.H. DAILEY CHEVROLET	c EIN-PN 45-3126103-001
a	Plan name FITZPATRICK, ZIMMERMAN & ROSE CO. LPA 401(K) PLAN	
b	Name of plan sponsor FITZPATRICK, ZIMMERMAN & ROSE CO. LPA	c EIN-PN 34-1094182-001
a	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001
a	Plan name GROVE HEALTH DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GROVE HEALTH DENTAL	c EIN-PN 26-0281244-001
a	Plan name GRZECA LAW GROUP, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRZECA LAW GROUP, S.C.	c EIN-PN 39-1822885-001
a	Plan name HARTWIG PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor HARTWIG PLUMBING & HEATING, INC.	c EIN-PN 36-3618206-001
a	Plan name HARWELL'S GREEN THUMB NURSERY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HARWELL'S GREEN THUMB NURSERY, INC.	c EIN-PN 63-0659707-001
a	Plan name HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001
a	Plan name HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001

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 IRONWOOD INDUSTRIES, INC. 401(K) RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor IRONWOOD INDUSTRIES, INC.	c EIN-PN 36-2590290-001
a	Plan name KAWAIOLOA DEVELOPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KAWAIOLOA DEVELOPMENT	c EIN-PN 99-0313071-001
a	Plan name KURTZ, ANDERSON & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KURTZ, ANDERSON & ASSOCIATES	c EIN-PN 33-0320621-001
a	Plan name LARICHE CHEVROLET CADILLAC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LARICHE CHEVROLET CADILLAC, INC.	c EIN-PN 34-1352811-001
a	Plan name LYONS GROUP 401(K) PLAN	
b	Name of plan sponsor LYONS GROUP	c EIN-PN 04-2707878-001
a	Plan name MANAGEMENT BENCH ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor MANAGEMENT BENCH ADVISORS, LLC	c EIN-PN 85-2876498-001
a	Plan name MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor MANAGEMENT MATERIALS INC.	c EIN-PN 38-2412976-001
a	Plan name MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MANTUCKET CAPITAL MANAGEMENT CORPORATION	c EIN-PN 47-0880782-001
a	Plan name MAX A. SASS & SONS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MAX A. SASS & SONS, INC.	c EIN-PN 39-1129503-001
a	Plan name MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MINING EQUIPMENT, LTD.	c EIN-PN 16-1646623-222
a	Plan name MOJO SOLO 401(K) PLAN	
b	Name of plan sponsor MOJO SOLO, INC.	c EIN-PN 20-1101717-001
a	Plan name MONFORT MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONFORT MANAGEMENT, INC.	c EIN-PN 77-0012053-001

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 MONROE INDUSTRIAL MACHINE SHOP, LLC 401(K) PLAN	
b	Name of plan sponsor MONROE INDUSTRIAL MACHINE SHOP, LLC	c EIN-PN 20-1041002-001
a	Plan name NORTH AMERICAN MONTESSORI CHILD CARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTH AMERICAN MONTESSORI CHILD CARE INC.	c EIN-PN 43-1296220-001
a	Plan name NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.	c EIN-PN 58-1633173-777
a	Plan name P/A INDUSTRIES INC. 401(K) PLAN	
b	Name of plan sponsor P/A INDUSTRIES INC.	c EIN-PN 06-0862210-001
a	Plan name PACE ANALYTICAL, INC. DEL CARIBE RETIREMENTS SAVINGS PLAN	
b	Name of plan sponsor PACE ANALYTICAL, INC.	c EIN-PN 66-0629797-001
a	Plan name PREWITT MECHANICAL CONTRACTORS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PREWITT MECHANICAL CONTRACTORS, INC.	c EIN-PN 61-0851976-001
a	Plan name PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM RETIREMENT PLAN	
b	Name of plan sponsor PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM	c EIN-PN 13-3140621-001
a	Plan name REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REPRODUCTIVE MEDICINE INSTITUTE, LLC	c EIN-PN 27-1248611-001
a	Plan name REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor REPUBLICAN ATTORNEYS GENERAL ASSOCIATION	c EIN-PN 46-4501717-001
a	Plan name RESEARCH FOR BETTER TEACHING 401(K) PLAN	
b	Name of plan sponsor RESEARCH FOR BETTER TEACHING	c EIN-PN 04-3145000-003
a	Plan name SENSOR MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor SENSOR MANUFACTURING COMPANY	c EIN-PN 38-2140109-001
a	Plan name SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SHEPHERD DATA SERVICES, INC.	c EIN-PN 46-0469044-001

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	SOUTHERN AUTOBODY SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN AUTOBODY SUPPLY, INC.	c EIN-PN 62-1592592-001
a	Plan name	STEELTECH BUILDING PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STEELTECH BUILDING PRODUCTS, INC.	c EIN-PN 06-0805933-001
a	Plan name	STELMATIC INDUSTRIES, INC. 401(K)	
b	Name of plan sponsor	STELMATIC INDUSTRIES, INC.	c EIN-PN 38-1802127-001
a	Plan name	SYRBERUS, INC. 401(K) PLAN	
b	Name of plan sponsor	SYRBERUS, INC.	c EIN-PN 20-4850238-001
a	Plan name	THE ORR FELT COMPANY SALARIED EMPLOYEES 401(K) PLAN & TRUST	
b	Name of plan sponsor	THE ORR FELT COMPANY	c EIN-PN 31-0683592-001
a	Plan name	THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name	AH FACILITIES 401(K) PLAN	
b	Name of plan sponsor	ADVANTAGE REHABILITATION SERVICES, LLC	c EIN-PN 22-3789700-001
a	Plan name	TRAVIS POINTE COUNTRY CLUB 401(K) PLAN AND TRUST	
b	Name of plan sponsor	TRAVIS POINTE COUNTRY CLUB	c EIN-PN 38-2037327-001
a	Plan name	UNITED ENERGY WORKERS HEALTHCARE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	UNITED ENERGY WORKERS HEALTHCARE	c EIN-PN 88-2242746-001
a	Plan name	AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN	
b	Name of plan sponsor	AON RISK SOLUTIONS OF PUERTO RICO, INC.	c EIN-PN 66-0274215-002
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RIDGEWORTH CEREDX MID-CAP VALUE EQUITY RET OPT	B Three-digit plan number (PN) ▶ 302
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)	76
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)	32173280
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	27682359
(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	32173356	27682359
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	32173356	27682358

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)	283272	
(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)	891205	
(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)		1786212
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2960689

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)	88971	
(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)		88971
j Total expenses. Add all expense amounts in column (b) and enter total	2j		88971

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2871718
l Transfers of assets:			
(1) To this plan	2l(1)		2359072
(2) From this plan	2l(2)		9721788

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 _____.