

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA PARTNERS HIGH YIELD BOND RET OPT; 1b Three-digit plan number (PN): 434; 1c Effective date of plan; 2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator; Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor; Filed with authorized/valid electronic signature, 08/21/2025, NEIL KOENCK; Signature of DFE, Date, Enter name of individual signing as DFE

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

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

OMB No. 1210-0110

**2024**

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

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

<b>A</b> Name of plan <u>TRANSAMERICA PARTNERS HIGH YIELD BOND RET OPT</u>		<b>B</b> Three-digit plan number (PN) ▶ <u>434</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>

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

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



Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP	<b>c</b> EIN-PN 52-1136273-001
<b>a</b>	Plan name BMD MEDICAL CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor BMD MEDICAL CONSULTING	<b>c</b> EIN-PN 01-0841421-001
<b>a</b>	Plan name CALIFORNIA SIDECAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEISURE PRODUCTS, INC. DBA CALIFORNIA SIDECAR	<b>c</b> EIN-PN 33-0770432-001
<b>a</b>	Plan name CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS	<b>c</b> EIN-PN 94-6252725-001
<b>a</b>	Plan name CAMBRIDGE MOTOR CAR COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAMBRIDGE MOTOR CAR COMPANY, LLC	<b>c</b> EIN-PN 04-3351359-001
<b>a</b>	Plan name CERTEX USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CERTEX USA, INC.	<b>c</b> EIN-PN 20-1211126-001
<b>a</b>	Plan name CHAMPION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAMPION EMPLOYER SERVICES	<b>c</b> EIN-PN 35-2178929-333
<b>a</b>	Plan name COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor COLORADO SURGICAL AFFILIATES, LLC	<b>c</b> EIN-PN 81-3228396-001
<b>a</b>	Plan name CULVER GROUP PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CULVER GROUP	<b>c</b> EIN-PN 33-0789218-001
<b>a</b>	Plan name CUTHBERTSON RESTORATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUTHBERTSON RESTORATION, INC.	<b>c</b> EIN-PN 26-2059511-001
<b>a</b>	Plan name DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DEVINE ORGANICS LLC	<b>c</b> EIN-PN 46-1867921-001
<b>a</b>	Plan name DIAGNOSTIC MRI, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIAGNOSTIC MRI, L.L.C.	<b>c</b> EIN-PN 76-0617060-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name ECHO BAY MARINA, LLC PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ECHO BAY MARINA, LLC	<b>c</b> EIN-PN 06-1385013-001
<b>a</b>	Plan name ECOS ENERGY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECOS ENERGY, LLC	<b>c</b> EIN-PN 26-4332281-001
<b>a</b>	Plan name FALKLAND GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor FALKLAND GROUP, INC.	<b>c</b> EIN-PN 54-2022634-001
<b>a</b>	Plan name FAMILY PET CLINIC OF REDONDO BEACH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KKD PET VET	<b>c</b> EIN-PN 46-1590293-001
<b>a</b>	Plan name FAMILY RESOURCE CENTER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FAMILY RESOURCE CENTER	<b>c</b> EIN-PN 36-3532803-001
<b>a</b>	Plan name FRAME, MATSUMOTO & COELHO, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRAME, MATSUMOTO & COELHO, LLP	<b>c</b> EIN-PN 77-0209411-003
<b>a</b>	Plan name GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor GOOD TIMES RESTAURANTS, INC.	<b>c</b> EIN-PN 84-1133368-001
<b>a</b>	Plan name GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GORMAN INDUSTRIAL SUPPLY	<b>c</b> EIN-PN 74-1064184-001
<b>a</b>	Plan name HAYNES-EAGLIN-WATERS, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAYNES-EAGLIN-WATERS, LLP	<b>c</b> EIN-PN 74-2493879-001
<b>a</b>	Plan name HCA 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOME CARE ADVANTAGE, LLC	<b>c</b> EIN-PN 14-1858113-001
<b>a</b>	Plan name HDD 401(K)-PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HENNIKER DIRECTIONAL DRILLING, LLC	<b>c</b> EIN-PN 02-0526206-001
<b>a</b>	Plan name HUALALAI INVESTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUALALAI INVESTORS, LLC	<b>c</b> EIN-PN 59-3836047-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name J. AMBROGI FOOD DISTRIBUTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor J. AMBROGI FOOD DISTRIBUTION, INC.	<b>c</b> EIN-PN 51-0297646-001
<b>a</b>	Plan name KEENO FARMS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KEENO FARMS CONSTRUCTION, INC.	<b>c</b> EIN-PN 30-0205931-001
<b>a</b>	Plan name KEITH M. KOGA, DDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEITH M. KOGA, DDS	<b>c</b> EIN-PN 99-0297840-001
<b>a</b>	Plan name KENDALL GKIKAS & MITCHELL, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KENDALL GKIKAS & MITCHELL, LLP	<b>c</b> EIN-PN 81-3000482-001
<b>a</b>	Plan name LAWRENCE SEMICONDUCTOR RESEARCH LABORATORIES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LAWRENCE SEMICONDUCTOR RESEARCH LABORATORY, INC.	<b>c</b> EIN-PN 86-0711627-777
<b>a</b>	Plan name MAPP DIGITAL US, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAPP DIGITAL US, LLC	<b>c</b> EIN-PN 33-0901880-001
<b>a</b>	Plan name MARCOS CONSTRUCTION, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor MARCOS CONSTRUCTIONS INC.	<b>c</b> EIN-PN 68-0512537-002
<b>a</b>	Plan name MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MESSAGEBROADCAST.COM, LLC	<b>c</b> EIN-PN 77-0480271-001
<b>a</b>	Plan name MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MONROE URGENT CARE, INC.	<b>c</b> EIN-PN 26-0188188-001
<b>a</b>	Plan name PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PACIFIC HEALTHCARE GROUP LLC	<b>c</b> EIN-PN 88-4181241-777
<b>a</b>	Plan name PACKAGING SPECIALTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor PACKAGING SPECIALTIES, LLC	<b>c</b> EIN-PN 88-2479890-001
<b>a</b>	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 88-0163638-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name REYES & SONS ELECTRIC, INC. PREVAILING WAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor REYES & SONS ELECTRIC, INC.	<b>c</b> EIN-PN 27-0007015-001
<b>a</b>	Plan name REYNOLDS & ROWELLA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor REYNOLDS & ROWELLA, LLP	<b>c</b> EIN-PN 06-1143555-001
<b>a</b>	Plan name SIGNET MILLS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SIGNET MILLS, INC.	<b>c</b> EIN-PN 04-1399385-001
<b>a</b>	Plan name SIMONS BROTHERS COMPANY, INC. 401(K) THRIFT/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SIMONS BROTHERS COMPANY, INC.	<b>c</b> EIN-PN 23-1089910-001
<b>a</b>	Plan name TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC.	<b>c</b> EIN-PN 84-2050914-001
<b>a</b>	Plan name TENANT SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TENANT SERVICES, INC.	<b>c</b> EIN-PN 95-4488234-001
<b>a</b>	Plan name TERRASAT COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TERRASAT COMMUNICATIONS, INC.	<b>c</b> EIN-PN 02-0547267-001
<b>a</b>	Plan name TEXARKANA FUNERAL HOME, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TEXARKANA FUNERAL HOME, INC.	<b>c</b> EIN-PN 75-0601897-001
<b>a</b>	Plan name UNIVERSITY ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY ELECTRIC CO., INC.	<b>c</b> EIN-PN 94-1493225-002
<b>a</b>	Plan name VOSS BELTING & SPECIALTY CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VOSS BELTING & SPECIALTY CO., INC.	<b>c</b> EIN-PN 36-2109945-001
<b>a</b>	Plan name W.S. UNEMORI ENGINEERING, INC. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor WARREN S. UNEMORI ENGINEERING, INC.	<b>c</b> EIN-PN 99-0149848-002
<b>a</b>	Plan name WULCO, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WULCO, INC.	<b>c</b> EIN-PN 61-1171211-222

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name YARBROUGH ELECTRONICS SALES, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor YARBROUGH ELECTRONICS SALES	<b>c</b> EIN-PN 86-0911466-001
<b>a</b>	Plan name APPLIED AQUATIC EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor APPLIED AQUATIC MANAGEMENT, INC.	<b>c</b> EIN-PN 59-2100923-001
<b>a</b>	Plan name ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARCHITECTURE, INC.	<b>c</b> EIN-PN 54-1371604-001
<b>a</b>	Plan name AZTECS TELECOM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AZTECS TELECOM, INC.	<b>c</b> EIN-PN 33-0915556-001
<b>a</b>	Plan name AZURE GREEN CONSULTANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AZURE GREEN CONSULTANTS, LLC	<b>c</b> EIN-PN 20-5174912-001
<b>a</b>	Plan name EDUCATIUS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	<b>c</b> EIN-PN 26-4005699-001
<b>a</b>	Plan name EISENBERG & ASSOCIATES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EISENBERG & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-1573412-001
<b>a</b>	Plan name EL NIGUEL COUNTRY CLUB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EL NIGUEL COUNTRY CLUB	<b>c</b> EIN-PN 95-3037507-001
<b>a</b>	Plan name FARMER JOE'S RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FARMER JOE'S MARKETPLACE, INC.	<b>c</b> EIN-PN 94-3316976-001
<b>a</b>	Plan name FASHION CARPETS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FASHION CARPETS, INC.	<b>c</b> EIN-PN 84-0714131-001
<b>a</b>	Plan name FAWLEY & ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DARRELL E. FAWLEY, JR. DBA FAWLEY & ASSOCIATES	<b>c</b> EIN-PN 31-1365446-001
<b>a</b>	Plan name GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	<b>c</b> EIN-PN 95-4126355-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name GRABER ANIMAL HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GRABER ANIMAL HOSPITAL, INC.	<b>c</b> EIN-PN 34-1903123-001
<b>a</b>	Plan name HEALTHCARE VENTURES ALLIANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEALTHCARE VENTURES ALLIANCE	<b>c</b> EIN-PN 23-2877142-001
<b>a</b>	Plan name HEALTHY FUTURES CLINIC, PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HEALTHY FUTURES CLINIC PLLC PENSION PLAN	<b>c</b> EIN-PN 20-0539476-001
<b>a</b>	Plan name HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HURON VALLEY RESTAURANT EQUIPMENT, INC.	<b>c</b> EIN-PN 38-3072272-001
<b>a</b>	Plan name HUTTMANN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HUTTMANN, INC.	<b>c</b> EIN-PN 20-1362691-001
<b>a</b>	Plan name HWA LANDSCAPE ARCHITECTS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HWA LANDSCAPE ARCHITECTS	<b>c</b> EIN-PN 68-0176703-001
<b>a</b>	Plan name J.M. O'NEILL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor J.M. O'NEILL, INC.	<b>c</b> EIN-PN 94-2918101-001
<b>a</b>	Plan name KES SYSTEMS, INC. CROSS TESTED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KES SYSTEMS, INC.	<b>c</b> EIN-PN 59-3532089-001
<b>a</b>	Plan name KETTER & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor KETTER & ASSOCIATES	<b>c</b> EIN-PN 47-0806233-001
<b>a</b>	Plan name LEGACY TRUCKING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LEGACY TRUCKING, INC.	<b>c</b> EIN-PN 84-1268710-001
<b>a</b>	Plan name MARIAN COLLEGE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MARIAN COLLEGE	<b>c</b> EIN-PN 95-4775118-001
<b>a</b>	Plan name MARK HANNA	
<b>b</b>	Name of plan sponsor MARK HANNA	<b>c</b> EIN-PN 74-2800312-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MARK J. REDD DDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARK J. REDD DDS, INC.	<b>c</b> EIN-PN 72-1519503-001
<b>a</b>	Plan name	METROLIST 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METROLIST, INC.	<b>c</b> EIN-PN 84-0943682-001
<b>a</b>	Plan name	MEYLAN DAVITT JAIN AREVIAN & KIM LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEYLAN DAVITT JAIN AREVIAN & KIM LLP	<b>c</b> EIN-PN 46-1854265-777
<b>a</b>	Plan name	MG CONSULTING, INCORPORATED FINANCIAL FREEDOM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MG CONSULTING, INCORPORATED	<b>c</b> EIN-PN 35-2070247-001
<b>a</b>	Plan name	NORTHWEST EYE PHYSICIANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST EYE PHYSICIANS, P.C.	<b>c</b> EIN-PN 38-1861527-002
<b>a</b>	Plan name	NOT-FOR-PROFIT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY LIVING OPTIONS, INC.	<b>c</b> EIN-PN 37-1079626-001
<b>a</b>	Plan name	NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NU-TIER BRANDS, INC.	<b>c</b> EIN-PN 90-0541753-001
<b>a</b>	Plan name	PALM IMAGING INSTITUTE, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PALM IMAGING INSTITUTE, INC. AND EMPIRE ORTHOPEDIC CENTER	<b>c</b> EIN-PN 33-0638761-001
<b>a</b>	Plan name	PANTECH WIRELESS EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PANTECH WIRELESS, INC.	<b>c</b> EIN-PN 04-3629687-001
<b>a</b>	Plan name	PINES PET CEMETERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINES PET CEMETARY, INC.	<b>c</b> EIN-PN 31-1015335-001
<b>a</b>	Plan name	PINNACLE ADVISORY GROUP, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PINNACLE ADVISORY GROUP, INC.	<b>c</b> EIN-PN 04-3134580-001
<b>a</b>	Plan name	PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENT MANAGEMENT CORPORATION	<b>c</b> EIN-PN 59-1870484-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PUEBLO OF ACOMA HOUSING AUTHORITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PUEBLO OF ACOMA HOUSING AUTHORITY	<b>c</b> EIN-PN 65-1303187-001
<b>a</b>	Plan name	PUNCTUAL ABSTRACT CO. INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PUNCTUAL ABSTRACT CO. INC.	<b>c</b> EIN-PN 72-1228652-001
<b>a</b>	Plan name	RICHARD ROWAN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RICHARD ROWAN, DMD	<b>c</b> EIN-PN 94-2861305-001
<b>a</b>	Plan name	RICHARD SHAPIRO, D.D.S. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHARD SHAPIRO DDS, C.P.	<b>c</b> EIN-PN 22-3464171-001
<b>a</b>	Plan name	RINEY RONQUILLO SOULE, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RINEY RONQUILLO SOULE, PLLC	<b>c</b> EIN-PN 20-4072167-001
<b>a</b>	Plan name	SALVATORE ANGELO DMD, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SALVATORE ANGELO II DMD, PC	<b>c</b> EIN-PN 04-3214907-001
<b>a</b>	Plan name	SAN JOSE SHARKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAN JOSE SHARKS, LLC	<b>c</b> EIN-PN 73-1638357-002
<b>a</b>	Plan name	SAN PABLO DEVELOPERS, INC. 1165(E) PLAN	
<b>b</b>	Name of plan sponsor	SAN PABLO DEVELOPERS, INC.	<b>c</b> EIN-PN 66-0493660-001
<b>a</b>	Plan name	SKILLINGS & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKILLINGS & SONS, INC.	<b>c</b> EIN-PN 04-2491037-001
<b>a</b>	Plan name	SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKL PRIME SERVICES, LLC	<b>c</b> EIN-PN 01-0551573-001
<b>a</b>	Plan name	STOCKTON PATHOLOGY MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STOCKTON PATHOLOGY MEDICAL GROUP	<b>c</b> EIN-PN 68-0005184-003
<b>a</b>	Plan name	STONINGTON SERVICES, LLC 401(K) PREVAILING WAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STONINGTON SERVICES, LLC	<b>c</b> EIN-PN 04-3805262-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
<b>b</b> Name of plan sponsor	VACCINE RESEARCH INSTITUTE OF SAN DIEGO	<b>c</b> EIN-PN 33-0903864-001
<b>a</b> Plan name	VALLEY AIR CRAFTS 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MICHAEL SCHOENAU DBA VALLEY AIR CRAFTS	<b>c</b> EIN-PN 33-1129677-001
<b>a</b> Plan name	WAILEA OLD BLUE 401(K) PLAN	
<b>b</b> Name of plan sponsor	WAILEA OLD BLUE, LLC	<b>c</b> EIN-PN 87-0777083-001
<b>a</b> Plan name	WAILEA OLD BLUE NON-UNION 401(K) PLAN	
<b>b</b> Name of plan sponsor	WAILEA OLD BLUE, LLC	<b>c</b> EIN-PN 87-0777083-002
<b>a</b> Plan name	WAIPIO VALLEY TRADING CO. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	WAIPIO VALLEY TRADING CO.	<b>c</b> EIN-PN 99-0317703-001
<b>a</b> Plan name	WALEED MARI & ASSOCIATES SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	WALEED MARI & ASSOCIATES	<b>c</b> EIN-PN 77-0453687-001
<b>a</b> Plan name	YARBROUGH ELECTRONICS SALES, LLC CASH BALANCE PENSION PLAN	
<b>b</b> Name of plan sponsor	YARBROUGH ELECTRONICS SALES	<b>c</b> EIN-PN 86-0911466-002
<b>a</b> Plan name	Z'TEJAS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	Z'TEJAS, INC	<b>c</b> EIN-PN 86-0944995-001
<b>a</b> Plan name	3NSOLUTIONS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	3NSOLUTIONS, INC.	<b>c</b> EIN-PN 76-0732644-001
<b>a</b> Plan name	401(K) & PROFIT SHARING PLAN FOR HLP PROFESSIONALS, INC.	
<b>b</b> Name of plan sponsor	HLP PROFESSIONALS, INC.	<b>c</b> EIN-PN 33-0943776-001
<b>a</b> Plan name	A & K EARTH MOVERS, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	A & K EARTH MOVERS, INC.	<b>c</b> EIN-PN 88-0097157-002
<b>a</b> Plan name	A & L COORS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b> Name of plan sponsor	A & L COORS, INC.	<b>c</b> EIN-PN 84-0534580-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	A & P POWER SYSTEMS, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A & P POWER SYSTEMS, LTD.	<b>c</b> EIN-PN 99-0230243-001
<b>a</b>	Plan name	ALBRECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ALBRECO, INC.	<b>c</b> EIN-PN 31-1638056-001
<b>a</b>	Plan name	ALERT-O-LITE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALERT-O-LITE, INC.	<b>c</b> EIN-PN 94-2752915-001
<b>a</b>	Plan name	AREA AMBULANCE SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AREA AMBULANCE SERVICE	<b>c</b> EIN-PN 20-3693455-001
<b>a</b>	Plan name	ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARIAS, TOVAR & ASSOCIATES, P.A.	<b>c</b> EIN-PN 65-0971956-001
<b>a</b>	Plan name	BAKER & HAZLEWOOD PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BAKER & HAZLEWOOD	<b>c</b> EIN-PN 54-0760483-001
<b>a</b>	Plan name	BALEMET EMPLOYEE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BALEMET RECYCLING METALS, INC.	<b>c</b> EIN-PN 22-2907788-001
<b>a</b>	Plan name	BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BNL INDUSTRIES, INC.	<b>c</b> EIN-PN 06-1226220-001
<b>a</b>	Plan name	BOATMATE TRAILERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOATMATE TRAILERS, LLC	<b>c</b> EIN-PN 20-8965178-001
<b>a</b>	Plan name	CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	CANTEX CONTINUING CARE NETWORK, LLC	<b>c</b> EIN-PN 26-1252206-222
<b>a</b>	Plan name	CAPE COD VACUUM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPE COD VACUUM, INC.	<b>c</b> EIN-PN 26-3859488-003
<b>a</b>	Plan name	CHARLES RIVER BOAT COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CHARLES RIVER BOAT COMPANY, INC.	<b>c</b> EIN-PN 04-3084148-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC.	<b>c</b> EIN-PN 85-0210055-002
<b>a</b>	Plan name COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY STATE BANK	<b>c</b> EIN-PN 26-0620241-001
<b>a</b>	Plan name CYPRESS POINT CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CYPRESS POINT CLUB	<b>c</b> EIN-PN 94-6008058-002
<b>a</b>	Plan name LESLIE T. HASKINS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LESLIE T. HASKINS DBA HASKINS OLDS, INC.	<b>c</b> EIN-PN 04-1425210-001
<b>a</b>	Plan name MBPIA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION	<b>c</b> EIN-PN 38-1956049-002
<b>a</b>	Plan name MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOXY MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 99-0431387-002
<b>a</b>	Plan name OPAL SOFT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OPALSOFT, INC.	<b>c</b> EIN-PN 94-3280543-001
<b>a</b>	Plan name PK ELECTRIC 401(K) RETIREMENT SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor MAT SERVICES, INC. DBA PK ELECTRIC	<b>c</b> EIN-PN 91-2180582-001
<b>a</b>	Plan name PLAY VISIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PLAY VISIONS, INC.	<b>c</b> EIN-PN 91-1242563-001
<b>a</b>	Plan name PLENTY CONSULTING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PLENTY CONSULTING, INC.	<b>c</b> EIN-PN 46-4085839-001
<b>a</b>	Plan name PNG 401(K) PROFIT SHARING SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PNG ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 93-1203951-001
<b>a</b>	Plan name RALPHS - PUGH CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RALPHS - PUGH CO., INC.	<b>c</b> EIN-PN 94-0791950-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SANDHILLS STATE BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor SANDHILLS STATE BANK	<b>c</b> EIN-PN 47-0130530-001
<b>a</b>	Plan name SOUTHERN MACHINE AND FABRICATION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN MACHINE AND FABRICATION COMPANY, INC.	<b>c</b> EIN-PN 58-1329156-002
<b>a</b>	Plan name SOUTHERN PAINT & SUPPLY COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN PAINT & SUPPLY COMPANY	<b>c</b> EIN-PN 59-0719579-001
<b>a</b>	Plan name SOUTHWEST NEUROSPINE INSTITUTE RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor SOUTHWEST NEUROSPINE INSTITUTE, P.A.	<b>c</b> EIN-PN 26-2906915-001
<b>a</b>	Plan name SOUTHWEST NEUROSPINE INSTITUTE, P.A. PENSION PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST NEUROSPINE INSTITUTE, P.A.	<b>c</b> EIN-PN 26-2906915-002
<b>a</b>	Plan name SPARKS COMMERCIAL TIRE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPARKS COMMERCIAL TIRE, INC.	<b>c</b> EIN-PN 34-1506914-001
<b>a</b>	Plan name THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE ART SOURCE, INC.	<b>c</b> EIN-PN 99-0280665-001
<b>a</b>	Plan name THE CARING CENTER 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE CARING CENTER, INC.	<b>c</b> EIN-PN 23-2623819-001
<b>a</b>	Plan name WALKER & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALKER & COMPANY, LLP	<b>c</b> EIN-PN 52-1706976-001
<b>a</b>	Plan name WARREN'S CONCRETE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WARREN'S CONCRETE SERVICES, INC.	<b>c</b> EIN-PN 65-0102699-001
<b>a</b>	Plan name A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor A CENTER FOR VISIONCARE	<b>c</b> EIN-PN 95-4435884-001
<b>a</b>	Plan name AMERICAN PAPER CORPORATION CODA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN PAPER CORPORATION	<b>c</b> EIN-PN 66-0392240-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BUCK HILL FALLS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUCK HILL FALLS COMPANY	<b>c</b> EIN-PN 24-0536840-001
<b>a</b>	Plan name	DISHMAN DODGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	M&G INVESTMENTS, INC. DBA DISHMAN DODGE	<b>c</b> EIN-PN 91-0953903-002
<b>a</b>	Plan name	ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	<b>c</b> EIN-PN 27-0047953-001
<b>a</b>	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENVISION TELEPHONY, INC.	<b>c</b> EIN-PN 91-1661458-001
<b>a</b>	Plan name	FULGENT CONTRACTING CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FULGENT CONTRACTING CORPORATION	<b>c</b> EIN-PN 52-2116656-001
<b>a</b>	Plan name	GULF SOUTH EYE ASSOCIATES (APMC) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GULF SOUTH EYE ASSOCIATES (APMC)	<b>c</b> EIN-PN 72-1076001-777
<b>a</b>	Plan name	HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HYPOTENUSE, INC. DBA SURVEYUSA	<b>c</b> EIN-PN 13-3592138-001
<b>a</b>	Plan name	HYUNDAI DYMOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HYUNDAI DYMOS MICHIGAN, LLC	<b>c</b> EIN-PN 32-0423491-001
<b>a</b>	Plan name	AAA MODERN AIR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AAA MODERN AIR INC.	<b>c</b> EIN-PN 59-2300160-001
<b>a</b>	Plan name	AACTION RENTS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRILL BROTHERS PARTNERSHIP DBA AACTION RENTS	<b>c</b> EIN-PN 94-2373673-001
<b>a</b>	Plan name	ABC ACADEMY, INC. PLAN	
<b>b</b>	Name of plan sponsor	ABC ACADEMY, INC.	<b>c</b> EIN-PN 38-2498000-001
<b>a</b>	Plan name	AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN SOCIETY FOR SURGERY OF THE HAND	<b>c</b> EIN-PN 31-6051199-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	AMES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMES, INC.	<b>c</b> EIN-PN 52-1039531-001
<b>a</b> Plan name	BASIS INTERNATIONAL LTD. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BASIS INTERNATIONAL LTD.	<b>c</b> EIN-PN 85-0327924-001
<b>a</b> Plan name	BASSETT & BASSETT RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	BASSETT & BASSETT, INCORPORATED	<b>c</b> EIN-PN 38-2653541-001
<b>a</b> Plan name	BULA FORGE & MACHINE, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BULA FORGE & MACHINE, INC.	<b>c</b> EIN-PN 34-1718318-001
<b>a</b> Plan name	CHINH V HUYNH MD INC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CHINH V HUYNH MD INC	<b>c</b> EIN-PN 47-2892267-002
<b>a</b> Plan name	CHIRCO TEAM LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	CHIRCO TEAM LLC	<b>c</b> EIN-PN 26-3741789-001
<b>a</b> Plan name	CHRIST HEALTH PRIMARY CARE CLINIC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CHRIST HEALTH PRIMARY CARE CLINIC	<b>c</b> EIN-PN 71-0844008-001
<b>a</b> Plan name	COSTA BROTHERS MASONRY 401(K)/PREVAILING WAGE PLAN	
<b>b</b> Name of plan sponsor	COSTA BROTHERS MASONRY, INC.	<b>c</b> EIN-PN 04-3054314-003
<b>a</b> Plan name	COUNTY HEATING AND AIR CONDITIONING 401(K) PLAN	
<b>b</b> Name of plan sponsor	COUNTY HEATING AND AIR CONDITIONING, INC.	<b>c</b> EIN-PN 95-3513835-001
<b>a</b> Plan name	COUNTY OF BERKS EMPLOYEE THRIFT PLAN	
<b>b</b> Name of plan sponsor	COUNTY OF BERKS	<b>c</b> EIN-PN 23-6003049-001
<b>a</b> Plan name	COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	COWBOY DODGE, INC.	<b>c</b> EIN-PN 83-0254068-001
<b>a</b> Plan name	COX FRICKE LLP 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	COX FRICKE LLP	<b>c</b> EIN-PN 45-2707071-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	DONG S. KIM M.D. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DONG S. KIM M.D.	<b>c</b> EIN-PN 02-0676565-002
<b>a</b>	Plan name	DOUBLE M TRUCKING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOUBLE M TRUCKING, INC.	<b>c</b> EIN-PN 94-2439968-001
<b>a</b>	Plan name	ERMAN RETIREMENT ADVISORY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ERMAN RETIREMENT ADVISORY	<b>c</b> EIN-PN 95-3677994-001
<b>a</b>	Plan name	ETNA STAFFING SOLUTIONS (ESS) LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ETNA STAFFING SOLUTIONS (ESS) LLC	<b>c</b> EIN-PN 26-2379410-001
<b>a</b>	Plan name	G.C.S. SALES & MARKETING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G.C.S. SALES & MARKETING, INC.	<b>c</b> EIN-PN 04-3268496-001
<b>a</b>	Plan name	GAMBI DISPOSAL, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GAMBI DISPOSAL, INC.	<b>c</b> EIN-PN 68-0137750-002
<b>a</b>	Plan name	GARDEN STATE FOOD GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GARDEN STATE FOOD GROUP ENTERPRISES DBA THE HUNT ROOM	<b>c</b> EIN-PN 20-5654166-001
<b>a</b>	Plan name	GARVEY'S CARPET & VINYL EMPORIUM 401(K)	
<b>b</b>	Name of plan sponsor	GARVEY'S CARPET & VINYL EMPORIUM	<b>c</b> EIN-PN 23-2743272-001
<b>a</b>	Plan name	HAAG TRANSPORT, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HAAG TRANSPORT, INC.	<b>c</b> EIN-PN 35-1369387-001
<b>a</b>	Plan name	HAGEN INSURANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HO'O ILINA, INC. DBA HAGEN INSURANCE	<b>c</b> EIN-PN 51-0640656-001
<b>a</b>	Plan name	IABA SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTE FOR APPLIED BEHAVIOR ANALYSIS CORPORATION	<b>c</b> EIN-PN 95-3693249-001
<b>a</b>	Plan name	IITC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISLAND INFORMATION TECHNOLOGY CONSULTANTS, INC.	<b>c</b> EIN-PN 20-1314597-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHNSON FINANCIAL SOLUTIONS, INC.	<b>c</b> EIN-PN 20-8464483-001
<b>a</b>	Plan name LIBERTY CHEVROLET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIBERTY CHEVROLET, INC.	<b>c</b> EIN-PN 04-3027316-001
<b>a</b>	Plan name LIBERTY TRANSPORTATION & STORAGE CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LIBERTY TRANSPORTATION & STORAGE CO., INC.	<b>c</b> EIN-PN 22-1067680-001
<b>a</b>	Plan name MCDONALD LIQUOR INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCDONALD LIQUOR INC.	<b>c</b> EIN-PN 41-1833330-001
<b>a</b>	Plan name MCDUGALL & SONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MCDUGALL & SONS, INC.	<b>c</b> EIN-PN 91-0978839-001
<b>a</b>	Plan name MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MUSKEGON COUNTY MUSEUM	<b>c</b> EIN-PN 38-1367319-001
<b>a</b>	Plan name ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.	<b>c</b> EIN-PN 95-1685796-002
<b>a</b>	Plan name OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor OREGON COLLEGE OF ORIENTAL MEDICINE	<b>c</b> EIN-PN 93-0845182-001
<b>a</b>	Plan name OREGON FISH GUYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor OREGON FISH GUYS, INC.	<b>c</b> EIN-PN 20-3065360-001
<b>a</b>	Plan name POINDEXTER NUT COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor POINDEXTER NUT COMPANY	<b>c</b> EIN-PN 94-2074522-001
<b>a</b>	Plan name RDC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROCK & DIRT CONSTRUCTION	<b>c</b> EIN-PN 20-0382886-001
<b>a</b>	Plan name SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAVANT SYSTEMS, INC.	<b>c</b> EIN-PN 85-1002349-777

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SCARBROUGH MEDLIN & ASSOCIATES RETIREMENT & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCARBROUGH MEDLIN & ASSOCIATES	<b>c</b> EIN-PN 75-1787225-001
<b>a</b>	Plan name SCG CAPITAL CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SCG CAPITAL CORPORATION	<b>c</b> EIN-PN 06-0961259-005
<b>a</b>	Plan name SPAULDING BRICK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPAULDING BRICK CO., INC.	<b>c</b> EIN-PN 04-1203530-001
<b>a</b>	Plan name SPRAY POLYURETHANE FOAM ALLIANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPRAY POLYURETHANE FOAM ALLIANCE	<b>c</b> EIN-PN 20-0374296-001
<b>a</b>	Plan name WASSERMAN & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor WASSERMAN & ASSOCIATES	<b>c</b> EIN-PN 46-1597804-001
<b>a</b>	Plan name AC CRANE & SIGN SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AC CRANE & SIGN SERVICE, INC.	<b>c</b> EIN-PN 52-1914457-001
<b>a</b>	Plan name ACADEMIC ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACADEMIC ENDOCRINE, METABOLISM & NUTRITION, INC.	<b>c</b> EIN-PN 36-4180316-001
<b>a</b>	Plan name ALI IRANMANESH, DMD. MD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALI IRANMANESH, DMD, MD, INC.	<b>c</b> EIN-PN 20-4791452-001
<b>a</b>	Plan name ALL AIR MECHANICAL CONTRACTOR INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor ALL AIR MECHANICAL CONTRACTOR, INC.	<b>c</b> EIN-PN 20-5664372-001
<b>a</b>	Plan name ALL STATES LIGHTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALL STATES LIGHTING, INC.	<b>c</b> EIN-PN 59-3045526-001
<b>a</b>	Plan name ALLENS PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALLENS PLUMBING, INC.	<b>c</b> EIN-PN 99-0241127-001
<b>a</b>	Plan name ARISE HIGH SCHOOL 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ARISE HIGH SCHOOL	<b>c</b> EIN-PN 20-8887944-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ARNOLD TOOL & DIE CO. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARNOLD TOOL & DIE CO.	<b>c</b> EIN-PN 38-2004956-001
<b>a</b>	Plan name	BAY TRADERS, INC. CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	BAY TRADERS INC.	<b>c</b> EIN-PN 92-0140123-002
<b>a</b>	Plan name	BC2 ENVIRONMENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BC2 ENVIRONMENTAL, LLC	<b>c</b> EIN-PN 83-2585853-001
<b>a</b>	Plan name	BEACON TECHNICAL SALES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEACON TECHNICAL SALES	<b>c</b> EIN-PN 02-0470978-001
<b>a</b>	Plan name	BOWEN INDUSTRIAL CONTRACTORS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOWEN INDUSTRIAL CONTRACTORS, INC.	<b>c</b> EIN-PN 74-2326815-222
<b>a</b>	Plan name	CAPPARELL DENTISTRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAPPARELL DENTISTRY	<b>c</b> EIN-PN 23-2862957-001
<b>a</b>	Plan name	CAR-X AUTO SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAR-X AUTO SERVICE	<b>c</b> EIN-PN 74-3022523-001
<b>a</b>	Plan name	CHURCHLAND ANIMAL CLINIC, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHURCHLAND ANIMAL CLINIC, INC.	<b>c</b> EIN-PN 54-0941437-001
<b>a</b>	Plan name	COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY TIES OF AMERICA, INC.	<b>c</b> EIN-PN 62-1733882-001
<b>a</b>	Plan name	COMPLETE BUSINESS SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE BUSINESS SOLUTIONS	<b>c</b> EIN-PN 65-0807304-001
<b>a</b>	Plan name	COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP	<b>c</b> EIN-PN 59-3426104-001
<b>a</b>	Plan name	DAHME HEATING AND AIR CONDITIONING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAHME HEATING AND AIRCONDITIONING, INC.	<b>c</b> EIN-PN 77-0250781-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	DOUGHBOY RESTAURANT GROUP, LLC
<b>c</b>	EIN-PN	47-2447231-001
<b>a</b>	Plan name	DOUGLAS MACHINES CORP 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	DOUGLAS MACHINES CORP
<b>c</b>	EIN-PN	59-1906520-001
<b>a</b>	Plan name	DOUGLASS INDUSTRIES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DOUGLASS INDUSTRIES
<b>c</b>	EIN-PN	22-1912538-002
<b>a</b>	Plan name	ELATERAL INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ELATERAL INC. DBA BRANDGILITY
<b>c</b>	EIN-PN	51-0396708-001
<b>a</b>	Plan name	ELCO LIGHTING PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	AMP PLUS, INC. DBA ELCO LIGHTING
<b>c</b>	EIN-PN	95-4309236-001
<b>a</b>	Plan name	ELDREDGE COMPANIES, INC. 401(K) SALARY SAVINGS PLAN AND TRUST
<b>b</b>	Name of plan sponsor	THE ELDREDGE COMPANIES, INC.
<b>c</b>	EIN-PN	23-2372461-001
<b>a</b>	Plan name	FERBER & SONS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	FERBER AND SONS, INC
<b>c</b>	EIN-PN	59-1499209-001
<b>a</b>	Plan name	GAS FIELD SERVICES RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GAS FIELD SERVICES
<b>c</b>	EIN-PN	75-3169499-001
<b>a</b>	Plan name	GBCA 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	GENERAL BUILDING CONTRACTORS ASSOCIATION, INC.
<b>c</b>	EIN-PN	23-0847495-003
<b>a</b>	Plan name	GEMI TRUCKING, INC. 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	GEMI TRUCKING
<b>c</b>	EIN-PN	58-1734350-001
<b>a</b>	Plan name	GEMINI CORP. 401(K) PLAN & TRUST
<b>b</b>	Name of plan sponsor	GEMINI CORP.
<b>c</b>	EIN-PN	45-2731123-001
<b>a</b>	Plan name	GRAY SERVICES, LLC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GRAY SERVICES, LLC
<b>c</b>	EIN-PN	27-0480631-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HELIX CONSTRUCTION SERVICES, INC.</b>	<b>c</b> EIN-PN <b>52-1889574-001</b>
<b>a</b>	Plan name <b>HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HENSLEY LAMKIN RACHEL, INC.</b>	<b>c</b> EIN-PN <b>75-2377361-001</b>
<b>a</b>	Plan name <b>INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INDEPENDENCE BANCSHARES, INC.</b>	<b>c</b> EIN-PN <b>42-1191386-001</b>
<b>a</b>	Plan name <b>JAMES L. GRAVES CONSTRUCTION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JAMES L. GRAVES CONSTRUCTION</b>	<b>c</b> EIN-PN <b>26-4072884-001</b>
<b>a</b>	Plan name <b>JAMES R. DETTLING M.D. LTD. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JAMES R. DETTLING, M.D. LTD</b>	<b>c</b> EIN-PN <b>88-0469527-001</b>
<b>a</b>	Plan name <b>JAMES R. DETTLING, MD. LTD. CASH BALANCE PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JAMES R. DETTLING, M.D. LTD</b>	<b>c</b> EIN-PN <b>88-0469527-002</b>
<b>a</b>	Plan name <b>LINNEMAN LAW, LLP PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LINNEMAN LAW, LLP</b>	<b>c</b> EIN-PN <b>94-1165008-001</b>
<b>a</b>	Plan name <b>MARLETTE ROOFING &amp; SHEET METAL COMPANY EMPLOYEES' PROFIT SHARING TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MARLETTE ROOFING &amp; SHEET METAL COMPANY</b>	<b>c</b> EIN-PN <b>38-2102172-001</b>
<b>a</b>	Plan name <b>MHS LIFT HOLDINGS INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MHS LIFT HOLDINGS INC.</b>	<b>c</b> EIN-PN <b>23-1738019-001</b>
<b>a</b>	Plan name <b>MIAMI-CAST, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIAMI-CAST, INC.</b>	<b>c</b> EIN-PN <b>31-1379313-001</b>
<b>a</b>	Plan name <b>MICHAEL L. FITZGERALD INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MICHAEL L. FITZGERALD INSURANCE SERVICES, INC.</b>	<b>c</b> EIN-PN <b>20-2103543-001</b>
<b>a</b>	Plan name <b>MICHAEL STARS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MICHAEL STARS</b>	<b>c</b> EIN-PN <b>35-3962410-222</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEWBRIDGE SECURITIES CORPORATION	<b>c</b> EIN-PN 54-1879031-001
<b>a</b>	Plan name	MY OFFICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MY OFFICE, INC.	<b>c</b> EIN-PN 48-1289900-001
<b>a</b>	Plan name	NAKAE & ASSOCIATES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAKAE & ASSOCIATES INC.	<b>c</b> EIN-PN 77-0216520-002
<b>a</b>	Plan name	NANCY ADAMS PERSONNEL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NANCY ADAMS PERSONNEL OF COLUMBIA	<b>c</b> EIN-PN 52-1477652-001
<b>a</b>	Plan name	NANOSHIFT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NANOSHIFT	<b>c</b> EIN-PN 59-3810848-001
<b>a</b>	Plan name	NWGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST GENERAL ENGINEERING	<b>c</b> EIN-PN 68-0454297-001
<b>a</b>	Plan name	O'BRIEN LAW FIRM, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	O'BRIEN LAW FIRM, P.C.	<b>c</b> EIN-PN 20-1935235-001
<b>a</b>	Plan name	PARK INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARK PRODUCTIONS INC.	<b>c</b> EIN-PN 83-2355487-001
<b>a</b>	Plan name	PARTNERS SUPPLY COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARTNERS SUPPLY COMPANY, INC.	<b>c</b> EIN-PN 62-1633017-001
<b>a</b>	Plan name	POS TECHNICAL SERVICES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POS TECHNICAL SERVICES, INC.	<b>c</b> EIN-PN 33-0695227-001
<b>a</b>	Plan name	POSITIVEEDGE SOLUTIONS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	POSITIVEEDGE SOLUTIONS	<b>c</b> EIN-PN 37-1552390-001
<b>a</b>	Plan name	POTTER VALLEY INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POTTER VALLEY INVESTMENTS, INC.	<b>c</b> EIN-PN 68-0176327-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PRACTICE DIAGNOSTIC SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRACTICE DIAGNOSTIC SYSTEMS, LLC DBA PRACTICAL DATA SOLUTIONS	<b>c</b> EIN-PN 27-0410486-001
<b>a</b>	Plan name	QMSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QMSI	<b>c</b> EIN-PN 62-1539705-001
<b>a</b>	Plan name	SCHOOL MANAGEMENT SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SCHOOL MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 56-2545979-001
<b>a</b>	Plan name	SLADE GLASS CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMMACULATE GLASS, LLC	<b>c</b> EIN-PN 87-3806033-001
<b>a</b>	Plan name	SUBURBAN & TRI-STATE SUBARU 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUBURBAN & TRI-STATE SUBARU, INC.	<b>c</b> EIN-PN 06-1210980-001
<b>a</b>	Plan name	THE COLONIAL MANOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLONIAL MANOR HEALTH CARE CENTER, INC.	<b>c</b> EIN-PN 31-0868001-001
<b>a</b>	Plan name	THE CREDIT UNION FOR ROBERTSON COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CREDIT UNION FOR ROBERTSON COUNTY	<b>c</b> EIN-PN 62-6118790-001
<b>a</b>	Plan name	THE DELIVERY PEOPLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CANUCK, INC.	<b>c</b> EIN-PN 20-5131428-001
<b>a</b>	Plan name	THE DUNCAN COMPANIES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE DUNCAN COMPANIES, INC.	<b>c</b> EIN-PN 59-3537237-001
<b>a</b>	Plan name	TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOM AHL CHRYSLER-BUICK, INC.	<b>c</b> EIN-PN 34-1151496-001
<b>a</b>	Plan name	VAN DYKE LANDSCAPE ARCHITECTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VAN DYKE, LLP	<b>c</b> EIN-PN 71-0997792-001
<b>a</b>	Plan name	WEB2WEB MARKETING, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WEB2WEB MARKETING INC.	<b>c</b> EIN-PN 94-3327028-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WECKWORTH-LANGDON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WECKWORTH MANUFACTURING, INC.	<b>c</b> EIN-PN 48-1137303-001
<b>a</b>	Plan name	ZIMMER FAMILY LAW, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ZIMMER FAMILY LAW, LLC	<b>c</b> EIN-PN 93-1242574-001
<b>a</b>	Plan name	FOLEY EXCAVATING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOLEY EXCAVATING, INC.	<b>c</b> EIN-PN 25-1810597-001
<b>a</b>	Plan name	FONTENELLE & GOODREAU INSURANCE, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FONTENELLE & GOODREAU INSURANCE, LLC	<b>c</b> EIN-PN 20-5889299-001
<b>a</b>	Plan name	CBW AUTOMATION, INC. 401(K) PROFIT SHARING PLAN AND RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	MULLER TECHNOLOGY COLORADO	<b>c</b> EIN-PN 48-0775210-001
<b>a</b>	Plan name	CDS MECHANICAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CDS MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 20-1407450-001
<b>a</b>	Plan name	CDSS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CENTER FOR DISEASES & SURGERY OF THE SPINE	<b>c</b> EIN-PN 88-0340195-001
<b>a</b>	Plan name	CEAR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA ELECTRONIC ASSET RECOVERY	<b>c</b> EIN-PN 68-0443725-001
<b>a</b>	Plan name	CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CEDAR VALLEY PEDIATRIC DENTISTRY	<b>c</b> EIN-PN 27-0521322-001
<b>a</b>	Plan name	LAFATA MANAGEMENT, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAFATA MANAGEMENT, INC.	<b>c</b> EIN-PN 20-1965835-001
<b>a</b>	Plan name	PELL MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PELL MANUFACTURING, INC.	<b>c</b> EIN-PN 04-3032603-001
<b>a</b>	Plan name	TAG INTERNATIONAL, L.L.P. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAG INTERNATIONAL, L.L.P.	<b>c</b> EIN-PN 74-2862644-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TAPPE ARCHITECTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAPPE ARCHITECTS, INC.	<b>c</b> EIN-PN 04-2721071-001
<b>a</b>	Plan name	CISCO SYSTEMS, INC. PUERTO RICO - SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	CISCO SYSTEMS, INC.	<b>c</b> EIN-PN 77-0473719-001
<b>a</b>	Plan name	PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION INDUSTRIAL CONTRACTORS, INC.	<b>c</b> EIN-PN 91-2139290-001
<b>a</b>	Plan name	THE EMF COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE EMF COMPANY, INC.	<b>c</b> EIN-PN 75-1552044-001
<b>a</b>	Plan name	THE FRATE GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE FRATE GROUP	<b>c</b> EIN-PN 20-5168941-001
<b>a</b>	Plan name	ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED MANUFACTURING TECHNOLOGY	<b>c</b> EIN-PN 84-1390588-001
<b>a</b>	Plan name	ADVANCED MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED MECHANICAL, INC.	<b>c</b> EIN-PN 93-1321840-001
<b>a</b>	Plan name	COBRA MOTO LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COBRA MOTO, LLC	<b>c</b> EIN-PN 27-1784830-001
<b>a</b>	Plan name	GKY DENTAL ARTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GKY DENTAL ARTS INC.	<b>c</b> EIN-PN 88-4323547-001
<b>a</b>	Plan name	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	<b>c</b> EIN-PN 04-2178889-001
<b>a</b>	Plan name	MACIA AND MARIN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MACIA AND MARIN	<b>c</b> EIN-PN 65-0920438-001
<b>a</b>	Plan name	MAETZOLD HOMES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAETZOLD HOMES, INC.	<b>c</b> EIN-PN 41-2009271-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>PRIORITY MOTOR GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRIORITY MOTOR GROUP, INC.</b>	<b>c</b> EIN-PN <b>47-2044656-001</b>
<b>a</b>	Plan name <b>THE RESEARCH FOUNDATION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE RESEARCH FOUNDATION</b>	<b>c</b> EIN-PN <b>43-1349021-001</b>
<b>a</b>	Plan name <b>THE ROBERTS LAW GROUP, PLLC 401(K)/NEW COMPARABILITY PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE ROBERTS LAW GROUP, PLLC</b>	<b>c</b> EIN-PN <b>06-1701395-001</b>
<b>a</b>	Plan name <b>TORRES CONSTRUCTION CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TORRES CONSTRUCTION CORPORATION</b>	<b>c</b> EIN-PN <b>95-4869961-001</b>
<b>a</b>	Plan name <b>TOWN OF BETHANY, CT DEFINED CONTRIBUTION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOWN OF BETHANY</b>	<b>c</b> EIN-PN <b>06-6001960-001</b>
<b>a</b>	Plan name <b>TOWN OF KENNETH CITY A MUNICIPAL CORP PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOWN OF KENNETH CITY</b>	<b>c</b> EIN-PN <b>59-6033546-001</b>
<b>a</b>	Plan name <b>ALLIED UNIVERSAL CBU 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>UNIVERSAL SERVICES OF AMERICA, LP</b>	<b>c</b> EIN-PN <b>27-1562945-002</b>
<b>a</b>	Plan name <b>ALPHA CONSULTING ENGINEERS, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALPHA CONSULTING ENGINEERS, INC.</b>	<b>c</b> EIN-PN <b>25-1719838-001</b>
<b>a</b>	Plan name <b>GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON</b>	<b>c</b> EIN-PN <b>20-2458255-001</b>
<b>a</b>	Plan name <b>MASADA HOMES RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MASADA HOMES</b>	<b>c</b> EIN-PN <b>95-2479348-001</b>
<b>a</b>	Plan name <b>QUALITY LAPEL PINS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUALITY LAPEL PINS, INC.</b>	<b>c</b> EIN-PN <b>41-2119859-001</b>
<b>a</b>	Plan name <b>QUANTUM DYNAMICS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUANTUM DYNAMICS, INC.</b>	<b>c</b> EIN-PN <b>52-2340609-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	QUIK TRAVEL STAFFING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUIK TRAVEL STAFFING, INC.	<b>c</b> EIN-PN 95-4826235-001
<b>a</b>	Plan name	COYLE REPRODUCTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COYLE REPRODUCTIONS, INC.	<b>c</b> EIN-PN 95-2955426-001
<b>a</b>	Plan name	CPS SACRAMENTO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAWRENCE B. LONG INSURANCE SERVICES, INC. DBA CPS SACRAMENTO	<b>c</b> EIN-PN 68-0046629-001
<b>a</b>	Plan name	CRB MEDICAL ASSOCIATES SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRB MEDICAL ASSOCIATES	<b>c</b> EIN-PN 75-2804254-001
<b>a</b>	Plan name	HAMMOND DRIVES AND EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAMMOND DRIVES AND EQUIPMENT, INC.	<b>c</b> EIN-PN 38-3301733-001
<b>a</b>	Plan name	MED-ESSENTIALS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MED-ESSENTIALS, LLC	<b>c</b> EIN-PN 20-1980613-001
<b>a</b>	Plan name	REALTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REALTECH CONSTRUCTION CO., LLC	<b>c</b> EIN-PN 95-4709478-001
<b>a</b>	Plan name	REICHEL FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REICHEL FOODS, INC.	<b>c</b> EIN-PN 90-0246502-001
<b>a</b>	Plan name	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	<b>c</b> EIN-PN 95-2846605-001
<b>a</b>	Plan name	ROAM ARTISAN BURGERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROAM RESTAURANT GROUP, INC.	<b>c</b> EIN-PN 88-3541442-001
<b>a</b>	Plan name	ROBERT GELINAS, ESQUIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT GELINAS, ESQUIRE	<b>c</b> EIN-PN 23-2214116-001
<b>a</b>	Plan name	ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 94-3295212-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ARTISAN REALTY GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARTISAN REALTY GROUP, INC.	<b>c</b> EIN-PN 81-4631308-001
<b>a</b>	Plan name ARTISTIC TILE PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARTISTIC TILE, INC.	<b>c</b> EIN-PN 22-3247240-001
<b>a</b>	Plan name ASC PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASC PARTNERS, LLC	<b>c</b> EIN-PN 71-0974497-001
<b>a</b>	Plan name DATA PATH, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor DATA PATH, INC.	<b>c</b> EIN-PN 90-0242296-001
<b>a</b>	Plan name HEWITT INDUSTRIES OF L.A. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEWITT INDUSTRIES OF L.A.	<b>c</b> EIN-PN 59-2672542-003
<b>a</b>	Plan name HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HICKORY HILL RETIREMENT COMMUNITY, LLC	<b>c</b> EIN-PN 37-1544274-001
<b>a</b>	Plan name MID-ATLANTIC NEUROSURGICAL ASSOC., P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MID-ATLANTIC NEUROSURGICAL ASSOC., P.A.	<b>c</b> EIN-PN 52-1982174-001
<b>a</b>	Plan name MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	<b>c</b> EIN-PN 26-1365260-001
<b>a</b>	Plan name VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VANDERVART CONCRETE PRODUCTS, LLC	<b>c</b> EIN-PN 46-5469386-001
<b>a</b>	Plan name AUBURN CONSTRUCTORS, INC. 401(K)/PW PLAN	
<b>b</b>	Name of plan sponsor AUBURN CONSTRUCTORS, INC.	<b>c</b> EIN-PN 68-0230575-002
<b>a</b>	Plan name AUDIO VIDEO DESIGN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUDIO VIDEO DESIGN, INC.	<b>c</b> EIN-PN 03-0460318-001
<b>a</b>	Plan name AUGUSTA ONCOLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUGUSTA ONCOLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 58-1481590-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DEG CONSTRUCTION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEG CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 86-0640575-001
<b>a</b>	Plan name	DEGRUCHY MASONRY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEGRUCHY MASONRY, INC.	<b>c</b> EIN-PN 23-2460052-001
<b>a</b>	Plan name	DEJNO'S, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEJNO'S, INC.	<b>c</b> EIN-PN 39-1335924-001
<b>a</b>	Plan name	MISKO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISKO, INC.	<b>c</b> EIN-PN 23-2506409-001
<b>a</b>	Plan name	MISTER COOKIE FACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISTER COOKIE FACE, INC.	<b>c</b> EIN-PN 22-3203732-001
<b>a</b>	Plan name	MISTLIN MOTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISTLIN MOTORS	<b>c</b> EIN-PN 94-2540043-001
<b>a</b>	Plan name	RPB, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RPB PLUMBING, INC.	<b>c</b> EIN-PN 01-0550125-001
<b>a</b>	Plan name	VILLAGE OF WOLVERINE LAKE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VILLAGE OF WOLVERINE LAKE	<b>c</b> EIN-PN 38-6024587-003
<b>a</b>	Plan name	VINCENT GREENE ARCHITECTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINCENT GREENE ARCHITECTS	<b>c</b> EIN-PN 52-2066377-002
<b>a</b>	Plan name	VINVISION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINVISION, INC.	<b>c</b> EIN-PN 77-0315550-001
<b>a</b>	Plan name	NATIONAL PORTFOLIO NETWORK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL PORTFOLIO NETWORK	<b>c</b> EIN-PN 33-0288775-001
<b>a</b>	Plan name	BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BEACON TRI-STATE SOLUTIONS, INC.	<b>c</b> EIN-PN 32-0277555-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>BEC SYSTEMS LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEC SYSTEMS LLC</b>	<b>c</b> EIN-PN <b>88-1082676-001</b>
<b>a</b>	Plan name <b>BECK LEASING, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BECK LEASING, INC.</b>	<b>c</b> EIN-PN <b>26-1793936-001</b>
<b>a</b>	Plan name <b>DOWNEY &amp; COMPANY, LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DOWNEY &amp; COMPANY, LLP</b>	<b>c</b> EIN-PN <b>04-3106302-001</b>
<b>a</b>	Plan name <b>DPE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DPE, INC.</b>	<b>c</b> EIN-PN <b>58-2110906-001</b>
<b>a</b>	Plan name <b>DR. CRAIG GLICK 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CRAIG A. GLICK, D.D.S., INC.</b>	<b>c</b> EIN-PN <b>95-4629939-001</b>
<b>a</b>	Plan name <b>SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SCHUMANN HANLON LLC</b>	<b>c</b> EIN-PN <b>20-1967882-001</b>
<b>a</b>	Plan name <b>SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>THE SCIENTIFIC CONSULTING GROUP, INC.</b>	<b>c</b> EIN-PN <b>52-1719423-001</b>
<b>a</b>	Plan name <b>WEST SIDE MARKET SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROMEO'S INC. DBA WEST SIDE MARKET</b>	<b>c</b> EIN-PN <b>06-1026857-001</b>
<b>a</b>	Plan name <b>SERVICE TRACKING SYSTEMS 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>SERVICE TRACKING SYSTEMS</b>	<b>c</b> EIN-PN <b>20-8077674-001</b>
<b>a</b>	Plan name <b>SGA DESIGN GROUP 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SGA DESIGN GROUP, P.C.</b>	<b>c</b> EIN-PN <b>73-1466773-001</b>
<b>a</b>	Plan name <b>SHADOW FINANCIAL SYSTEMS, INC. 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SHADOW FINANCIAL SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>22-3564167-001</b>
<b>a</b>	Plan name <b>BETHANY LUTHERAN CHURCH RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BETHANY LUTHERAN CHURCH</b>	<b>c</b> EIN-PN <b>84-0528677-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BHP MANAGEMENT 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BHP MANAGEMENT CORP.	<b>c</b> EIN-PN 26-1404372-001
<b>a</b>	Plan name	DURABOOK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DURABOOK AMERICAS INC.	<b>c</b> EIN-PN 22-2820772-001
<b>a</b>	Plan name	DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUVALL FORD COMPANY, INC.	<b>c</b> EIN-PN 58-1538949-001
<b>a</b>	Plan name	DYNAMIC AIR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC AIR, INC.	<b>c</b> EIN-PN 99-0322399-001
<b>a</b>	Plan name	INTERNATIONAL TANK SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL TANK SERVICE, INC.	<b>c</b> EIN-PN 34-1277387-001
<b>a</b>	Plan name	NEW ENGLAND METALFORM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND METALFORM, INC.	<b>c</b> EIN-PN 04-3100110-002
<b>a</b>	Plan name	NEW ENGLAND METALFORM, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND METALFORM, INC.	<b>c</b> EIN-PN 04-3100110-003
<b>a</b>	Plan name	NEW HAMPSHIRE HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW HAMPSHIRE HYDRAULICS, INC.	<b>c</b> EIN-PN 02-0338098-001
<b>a</b>	Plan name	NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW KNOXVILLE SUPPLY CO. INC.	<b>c</b> EIN-PN 34-4314480-001
<b>a</b>	Plan name	NEWS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEWS	<b>c</b> EIN-PN 94-2745889-001
<b>a</b>	Plan name	OASYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	<b>c</b> EIN-PN 52-1747644-001
<b>a</b>	Plan name	OCEAN ORAL AND MAXILLOFACIAL SURGERY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OCEAN ORAL & MAXILLOFACIAL SURGERY	<b>c</b> EIN-PN 88-3363283-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>BOYESEN, INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOYESEN, INC.</b>	<b>c</b> EIN-PN <b>23-2749409-001</b>
<b>a</b>	Plan name <b>BOYS &amp; GIRLS CLUB OF BELLEVUE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOYS &amp; GIRLS CLUB OF BELLEVUE</b>	<b>c</b> EIN-PN <b>91-0776451-002</b>
<b>a</b>	Plan name <b>SMP SERVICES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SMP SERVICES, INC.</b>	<b>c</b> EIN-PN <b>20-2816544-001</b>
<b>a</b>	Plan name <b>SNRA COMMODITIES CASH BALANCE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SNRA COMMODITIES, INC.</b>	<b>c</b> EIN-PN <b>46-3031744-002</b>
<b>a</b>	Plan name <b>SNRA COMMODITIES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SNRA COMMODITIES, INC.</b>	<b>c</b> EIN-PN <b>46-3031744-001</b>
<b>a</b>	Plan name <b>OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OUTAGAMIE CO-OP SERVICES, INC.</b>	<b>c</b> EIN-PN <b>39-1316865-001</b>
<b>a</b>	Plan name <b>BURGESS CONCRETE CONSTRUCTION PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BURGESS CONCRETE CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>38-2694249-001</b>
<b>a</b>	Plan name <b>BURNETTE LAW FIRM PENSION &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUSAN L. BURNETTE, P.C.</b>	<b>c</b> EIN-PN <b>02-0625716-001</b>
<b>a</b>	Plan name <b>SPRINGFIELD SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCCARTHY LEGAL SERVICES, LLC</b>	<b>c</b> EIN-PN <b>04-3445519-001</b>
<b>a</b>	Plan name <b>STAFFING PLUS 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STAFFING PLUS, INC.</b>	<b>c</b> EIN-PN <b>36-4330850-222</b>
<b>a</b>	Plan name <b>PASTERKAMP HEATING &amp; AIR CONDITIONING COMPANY 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>PASTERKAMP HEATING &amp; AIR CONDITIONING</b>	<b>c</b> EIN-PN <b>84-0568191-001</b>
<b>a</b>	Plan name <b>PATHMARK HR, INC. 401(K) PSP</b>	
<b>b</b>	Name of plan sponsor <b>PATHMARK HR, INC.</b>	<b>c</b> EIN-PN <b>81-4987330-001</b>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	FIDELIS 401(K) PLAN
<b>b</b>	Name of plan sponsor	FIDELIS CYBERSECURITY, INC.
<b>c</b>	EIN-PN	32-0013542-002
<b>a</b>	Plan name	KING CHIROPRACTIC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	KING CHIROPRACTIC INSTITUTE
<b>c</b>	EIN-PN	52-2210480-001
<b>a</b>	Plan name	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.
<b>c</b>	EIN-PN	59-1273247-001
<b>a</b>	Plan name	LTC SUPPORT SERVICES, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	LTC SUPPORT SERVICES, LLC
<b>c</b>	EIN-PN	20-8401158-001
<b>a</b>	Plan name	LUBY PUBLISHING, INC. PROFIT SHARING & 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	LUBY PUBLISHING, INC.
<b>c</b>	EIN-PN	36-1521240-002
<b>a</b>	Plan name	LUCKY CAB CO. OF NEVADA 401(K) PLAN
<b>b</b>	Name of plan sponsor	LUCKY CAB CO. OF NEVADA
<b>c</b>	EIN-PN	88-0269865-001
<b>a</b>	Plan name	THE INFORMATION CENTER, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE INFORMATION CENTER, INC.
<b>c</b>	EIN-PN	51-0136113-001
<b>a</b>	Plan name	THE LEIGH AGENCY SAFE HARBOR 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE IDARUTH CORPORATION T/A THE LEIGH AGENCY
<b>c</b>	EIN-PN	22-3020365-001
<b>a</b>	Plan name	ACME ENGRAVING PROFIT SHARING AND 401(K) PLAN
<b>b</b>	Name of plan sponsor	ACME ENGRAVING COMPANY, INC.
<b>c</b>	EIN-PN	22-2136958-001
<b>a</b>	Plan name	ACON LABORATORIES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ACON LABORATORIES, INC.
<b>c</b>	EIN-PN	22-3642050-001
<b>a</b>	Plan name	ACOUSTIC CEILING & PARTITION CO., INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ACOUSTIC CEILING & PARTITION CO., INC.
<b>c</b>	EIN-PN	38-2627627-006
<b>a</b>	Plan name	CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN
<b>b</b>	Name of plan sponsor	CIVIL DESIGN CONCEPTS PA
<b>c</b>	EIN-PN	56-2244957-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CIVIL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CIVIL SERVICES, INC.	<b>c</b> EIN-PN 59-2975137-001
<b>a</b>	Plan name GEORGIA CAREER INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HMS EDUCATIONAL SERVICES, INC. DBA GEORGIA CAREER INSTITUTE	<b>c</b> EIN-PN 58-1838344-001
<b>a</b>	Plan name PRECISION PLUS PLUMBING AND HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRECISION PLUS PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 20-4553034-001
<b>a</b>	Plan name PREMIER FLOOR CARE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PREMIER FLOOR CARE, INC..	<b>c</b> EIN-PN 88-0480004-002
<b>a</b>	Plan name MAIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MINORITY ADVANCEMENT IN CORPORATIONS, INC.	<b>c</b> EIN-PN 52-2060991-001
<b>a</b>	Plan name ADVANCED SPINE & SPORTS CARE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ADVANCED SPINE & SPORTS CARE	<b>c</b> EIN-PN 36-4426097-001
<b>a</b>	Plan name ADVANTAGE PEST RELATED SERVICES, INC. RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor ADVANTAGE PEST RELATED SERVICES, INC.	<b>c</b> EIN-PN 65-0380484-001
<b>a</b>	Plan name ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADVERTISING CONSULTANTS, INC.	<b>c</b> EIN-PN 95-2465409-001
<b>a</b>	Plan name ADVIT CONSULTING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADVIT CONSULTING, INC.	<b>c</b> EIN-PN 36-4402278-001
<b>a</b>	Plan name COD & CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COD & CAPERS SEAFOOD	<b>c</b> EIN-PN 59-2349811-001
<b>a</b>	Plan name COHN RESTAURANT GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COHN RESTAURANT GROUP, INC.	<b>c</b> EIN-PN 33-0709920-777
<b>a</b>	Plan name GLEN P. MOREHEAD, MD, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLEN P. MOREHEAD, MD, PC	<b>c</b> EIN-PN 58-2295975-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GLENDALE OPTOMETRIC CENTER PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLENDALE OPTOMETRIC CENTER	<b>c</b> EIN-PN 20-8922957-001
<b>a</b>	Plan name	GLENWOOD HOT SPRINGS LODGE AND POOL SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLENWOOD HOT SPRINGS LODGE AND POOL, INC.	<b>c</b> EIN-PN 84-0457400-001
<b>a</b>	Plan name	PRO WINE, INC. DBA JULIO'S LIQUORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRO WINE, INC. DBA JULIO'S LIQUORS	<b>c</b> EIN-PN 64-3526205-001
<b>a</b>	Plan name	ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTAONE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1658623-222
<b>a</b>	Plan name	ALTERNA-CARE EMPLOYEE'S PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALTERNA-CARE, INC	<b>c</b> EIN-PN 37-1162589-001
<b>a</b>	Plan name	MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MATICH CORPORATION	<b>c</b> EIN-PN 95-1810911-002
<b>a</b>	Plan name	MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MATIKON AMERICA INC.	<b>c</b> EIN-PN 38-3498737-002
<b>a</b>	Plan name	CONSOLIDATED MANAGEMENT AGENCY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIDATED MANAGEMENT AGENCY, INC.	<b>c</b> EIN-PN 20-1176567-001
<b>a</b>	Plan name	GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREEN HILLS MEMORIAL PARK	<b>c</b> EIN-PN 95-1955721-001
<b>a</b>	Plan name	GREENFIELD GROUP, INC. PROFIT SHARING & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE GREENFIELD GROUP, INC.	<b>c</b> EIN-PN 65-0347678-001
<b>a</b>	Plan name	GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREENSBORO FARMER'S CO-OP	<b>c</b> EIN-PN 63-0645197-001
<b>a</b>	Plan name	R.E. SMITH CONTRACTOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R.E. SMITH CONTRACTOR, INC.	<b>c</b> EIN-PN 20-3343461-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TRADITIONAL BANK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRADITIONAL BANK, INC.	<b>c</b> EIN-PN 61-0284535-003
<b>a</b>	Plan name	MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MEDALLION MANAGEMENT, INC.	<b>c</b> EIN-PN 38-2033680-001
<b>a</b>	Plan name	MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MEDI-WEIGHT LOSS CLINICS, LLC	<b>c</b> EIN-PN 20-3753744-001
<b>a</b>	Plan name	MEDIASPIKE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDIASPIKE, INC.	<b>c</b> EIN-PN 61-1448533-001
<b>a</b>	Plan name	MEDINA LAW GROUP PA 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MEDINA LAW GROUP PA	<b>c</b> EIN-PN 59-3666180-001
<b>a</b>	Plan name	HANSFORD PHARMACY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HANSFORD PHARMACY SERVICES, LLC	<b>c</b> EIN-PN 20-0564615-001
<b>a</b>	Plan name	RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RELIABLE INDUSTRIES INC. OF NEW ORLEANS	<b>c</b> EIN-PN 72-0936490-001
<b>a</b>	Plan name	RELIANT HEATING AND AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RELIANT HEATING AND AIR CONDITIONING, INC.	<b>c</b> EIN-PN 75-2227744-001
<b>a</b>	Plan name	ASSURED CARE HOME HEALTH SERVICES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ASSURED CARE HOME HEALTH SERVICES, INC.	<b>c</b> EIN-PN 38-3362477-001
<b>a</b>	Plan name	DAVE SCHMITT CONSTRUCTION COMPANY, INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVE SCHMITT CONSTRUCTION COMPANY, INC	<b>c</b> EIN-PN 42-0889038-001
<b>a</b>	Plan name	DAVID M. VIGDER, M.D., S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVID M. VIGDER, M.D., S.C.	<b>c</b> EIN-PN 36-4442594-001
<b>a</b>	Plan name	HILL STREET VETERINARY HOSPITAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HILL STREET VETERINARY HOSPITAL	<b>c</b> EIN-PN 23-2415464-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HILLMAN SECURITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HILLMAN SECURITY & FIRE TECHNOLOGIES	<b>c</b> EIN-PN 23-1996146-001
<b>a</b>	Plan name	MIKE COUNCIL PLUMBING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIKE COUNCIL PLUMBING, INC.	<b>c</b> EIN-PN 77-0547651-001
<b>a</b>	Plan name	ROCKY'S HARDWARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKY'S HARDWARE, INC.	<b>c</b> EIN-PN 04-2373758-001
<b>a</b>	Plan name	VELTEC, INC. THRIFT PLAN	
<b>b</b>	Name of plan sponsor	VELTEC, INC.	<b>c</b> EIN-PN 51-0308236-001
<b>a</b>	Plan name	VENTURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VM SERVICES, INC.	<b>c</b> EIN-PN 77-0459829-222
<b>a</b>	Plan name	AUSTIN FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	AUSTIN FEDERAL CREDIT UNION	<b>c</b> EIN-PN 74-1593594-001
<b>a</b>	Plan name	AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVENTURO, INC.	<b>c</b> EIN-PN 27-2417155-001
<b>a</b>	Plan name	DELTA TEE INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELTA TEE INTERNATIONAL, INC.	<b>c</b> EIN-PN 36-4532605-001
<b>a</b>	Plan name	DENTISTRY FOR KIDS AND ADULTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GINA DORFMAN, DDS, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 51-0501356-001
<b>a</b>	Plan name	HOLMAN'S OF NEVADA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOLMAN'S OF NEVADA	<b>c</b> EIN-PN 88-0142663-001
<b>a</b>	Plan name	HOME PARAMOUNT PEST CONTROL COMPANY EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HOME PARAMOUNT PEST CONTROL COMPANY	<b>c</b> EIN-PN 54-0762970-001
<b>a</b>	Plan name	MODERN DAIRY, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MODERN DAIRY, INC.	<b>c</b> EIN-PN 77-0499501-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name RUNNING AWAY INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor RUNNING AWAY INCORPORATED DBA JOHN'S RUN WALK SHOP	<b>c</b> EIN-PN 61-0950094-001
<b>a</b>	Plan name NATURE DESIGNS LANDSCAPE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ESCONDIDO LANDSCAPE, INC.	<b>c</b> EIN-PN 33-0348276-001
<b>a</b>	Plan name NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor NAUTILUS INTERNATIONAL HOLDING CORPORATION	<b>c</b> EIN-PN 20-1833642-003
<b>a</b>	Plan name NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor NAUTILUS INTERNATIONAL HOLDING CORPORATION	<b>c</b> EIN-PN 20-1833642-002
<b>a</b>	Plan name NECA 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL ENTERTAINMENT COLLECTIBLES ASSOCIATION, INC.	<b>c</b> EIN-PN 22-3479934-001
<b>a</b>	Plan name NELSON AND FROMER 401(K) PLAN	
<b>b</b>	Name of plan sponsor NELSON AND FROMER	<b>c</b> EIN-PN 22-2907384-002
<b>a</b>	Plan name DRAGON LINE, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DRAGON LINE, LLC.	<b>c</b> EIN-PN 81-1828114-001
<b>a</b>	Plan name INNOVATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor INNOVATIVE STAMPING CORP.	<b>c</b> EIN-PN 95-3018165-001
<b>a</b>	Plan name INSPIRE MEDICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSPIRE MEDICAL, INC.	<b>c</b> EIN-PN 62-1691089-001
<b>a</b>	Plan name INSTITUTE OF INFORMATION TECHNOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSTITUTE OF INFORMATION TECHNOLOGY, INC.	<b>c</b> EIN-PN 90-0014215-001
<b>a</b>	Plan name INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSTITUTIONAL CASEWORK, INC.	<b>c</b> EIN-PN 20-4225695-001
<b>a</b>	Plan name E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor E.S. EVANS & COMPANY	<b>c</b> EIN-PN 34-1717857-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EARTHLITE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EARTHLITE ACQUISITION, INC.	<b>c</b> EIN-PN 33-0493452-001
<b>a</b>	Plan name	INVENA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INVENA CORPORATION	<b>c</b> EIN-PN 48-1233142-001
<b>a</b>	Plan name	NIHC UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METROPOLITAN STEVEDORE I.A.M.	<b>c</b> EIN-PN 95-1002286-004
<b>a</b>	Plan name	WINCUBIC.COM, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WINCUBIC.COM, INC.	<b>c</b> EIN-PN 99-0341892-001
<b>a</b>	Plan name	WINTERGREEN CONSTRUCTION SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WINTERGREEN CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 59-3034069-001
<b>a</b>	Plan name	WMX LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WMX LOGISTICS	<b>c</b> EIN-PN 82-0570015-001
<b>a</b>	Plan name	WOLFE TECH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WOLFE TECH DEVELOPMENT CORPORATION II	<b>c</b> EIN-PN 33-0940914-001
<b>a</b>	Plan name	BRIGHT SERVICES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRIGHT PERSONNEL & BUSINESS CONSULTANTS, INC.	<b>c</b> EIN-PN 54-1189236-001
<b>a</b>	Plan name	BRITTON INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRITTON INDUSTRIES, INC.	<b>c</b> EIN-PN 22-3769860-001
<b>a</b>	Plan name	EMERGENCY GROUPS' OFFICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EGO, INC. DBA BRAULT	<b>c</b> EIN-PN 95-4278964-001
<b>a</b>	Plan name	EMOTIVE EXPERIENTIAL PERFORMANCE 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	EMOTIVE EXPERIENTIAL PERFORMANCE, INC.	<b>c</b> EIN-PN 87-0787478-001
<b>a</b>	Plan name	JENKINS AUTOMOTIVE, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JENKINS AUTOMOTIVE, INC.	<b>c</b> EIN-PN 52-1205731-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ODESUS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ODESUS, INC.	<b>c</b> EIN-PN 95-4864544-001
<b>a</b>	Plan name	OHANA NUI MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OHANA NUI MANAGEMENT, INC.	<b>c</b> EIN-PN 33-1091808-001
<b>a</b>	Plan name	SOMERVILLE ACQUISITION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOMERVILLE ACQUISITIONS	<b>c</b> EIN-PN 22-2950305-001
<b>a</b>	Plan name	C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor	C.C. CONSTRUCTION, INC.	<b>c</b> EIN-PN 04-2903497-222
<b>a</b>	Plan name	EYE CARE OF MAINE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EYE CARE OF MAINE, P.A.	<b>c</b> EIN-PN 01-0316462-004
<b>a</b>	Plan name	F & K DELVOTEC INDIVIDUAL PENSION PLAN 401(K)	
<b>b</b>	Name of plan sponsor	F & K DELVOTEC, INC.	<b>c</b> EIN-PN 33-0605091-001
<b>a</b>	Plan name	JULIAN ELECTRIC, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JULIAN ELECTRIC, INC.	<b>c</b> EIN-PN 36-2592808-001
<b>a</b>	Plan name	K4 SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K4 SOLUTIONS, INC.	<b>c</b> EIN-PN 54-2041084-001
<b>a</b>	Plan name	OVERLAKE GOLF & COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OVERLAKE GOLF & COUNTRY CLUB	<b>c</b> EIN-PN 91-0588580-002
<b>a</b>	Plan name	STARDUST CELEBRATIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STARDUST CELEBRATIONS, LLC	<b>c</b> EIN-PN 75-2839427-001
<b>a</b>	Plan name	FIRST MISSOURI CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FIRST MISSOURI CREDIT UNION	<b>c</b> EIN-PN 43-0492167-001
<b>a</b>	Plan name	CARRION, LAFFITTE & CASELLAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARRION, LAFFITTE & CASELLAS, INC.	<b>c</b> EIN-PN 66-0635623-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CARROLL ACE HARDWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARROLL ACE HARDWARE	<b>c</b> EIN-PN 42-1461838-001
<b>a</b>	Plan name	CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CARTER STREET CORPORATION	<b>c</b> EIN-PN 62-1125122-001
<b>a</b>	Plan name	KOBBER/HANSEN/MITCHELL ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KOBBER/HANSEN/MITCHELL ARCHITECTS	<b>c</b> EIN-PN 99-0237714-001
<b>a</b>	Plan name	KOMOROUS-TOWEY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KOMOROUS-TOWEY ARCHITECTS	<b>c</b> EIN-PN 94-3384004-001
<b>a</b>	Plan name	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.	<b>c</b> EIN-PN 74-2459387-001
<b>a</b>	Plan name	SUTTON SWIM SCHOOL INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUTTON SWIM SCHOOL, INC.	<b>c</b> EIN-PN 77-0624364-001
<b>a</b>	Plan name	FOOD 4 LESS SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PAQ, INC. DBA FOOD 4 LESS	<b>c</b> EIN-PN 68-0363934-002
<b>a</b>	Plan name	CEM COLLEGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CENTRO DE EDUCACION MULTIDISCIPLINARIA, INC. DBA CEM COLLEGE	<b>c</b> EIN-PN 66-0377342-001
<b>a</b>	Plan name	GEN PAC PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEN PAC PROPERTIES, INC.	<b>c</b> EIN-PN 99-0112223-001
<b>a</b>	Plan name	CENTENNIAL TECHNOLOGIES, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CENTENNIAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 38-2164329-001
<b>a</b>	Plan name	LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAKOTA CONTRACTING, INC.	<b>c</b> EIN-PN 26-0060538-001
<b>a</b>	Plan name	LAMONI LIVESTOCK AUCTION MARKET, LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAMONI LIVESTOCK AUCTION MARKET, LLC	<b>c</b> EIN-PN 83-1452702-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	TATE WILSON JOHNSON MEYER CHERRY PLLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	TATE WILSON JOHNSON MEYER CHERRY PLLC
<b>c</b>	EIN-PN	20-5974889-001
<b>a</b>	Plan name	TEC ELECTRICAL CONTRACTING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	TEC ELECTRICAL CONTRACTING, INC
<b>c</b>	EIN-PN	46-0761832-001
<b>a</b>	Plan name	TECHNICAL CHEMICAL COMPANY 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	TECHNICAL CHEMICAL COMPANY
<b>c</b>	EIN-PN	75-1002472-001
<b>a</b>	Plan name	AXIS FABRICATION & MACHINE CO. 401(K) PLAN
<b>b</b>	Name of plan sponsor	AXIS FABRICATION & MACHINE COMPANY, LLC
<b>c</b>	EIN-PN	26-3961265-001
<b>a</b>	Plan name	WOMENFIRST, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WOMENFIRST, LLC
<b>c</b>	EIN-PN	41-2192392-001
<b>a</b>	Plan name	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WOOD AG MANAGEMENT, INC.
<b>c</b>	EIN-PN	81-4829814-001
<b>a</b>	Plan name	BROWARD HOUSE 401(K) PLAN
<b>b</b>	Name of plan sponsor	BROWARD HOUSE, INC.
<b>c</b>	EIN-PN	59-2913416-001
<b>a</b>	Plan name	BROWNLEE EMPLOYEE SAVINGS PLAN
<b>b</b>	Name of plan sponsor	BROWNLEE LUMBER COMPANY
<b>c</b>	EIN-PN	25-1542521-001
<b>a</b>	Plan name	BRUCE S. HEATER 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BRUCE S. HEATER, DDS, LLC
<b>c</b>	EIN-PN	86-1138955-002
<b>a</b>	Plan name	BRUCE THORNTON A/C, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	BRUCE THORNTON A/C, INC.
<b>c</b>	EIN-PN	75-1636013-001
<b>a</b>	Plan name	CAFE EXPRESS 401(K) PLAN
<b>b</b>	Name of plan sponsor	CE ACQUISITION, LLC
<b>c</b>	EIN-PN	81-1640096-001
<b>a</b>	Plan name	CARVER FINANCIAL CORPORATION 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CARVER FINANCIAL CORPORATION
<b>c</b>	EIN-PN	20-0397876-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>CASTOR ENGINEERING, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ABL AERO, LLC</b>	<b>c</b> EIN-PN <b>83-4503603-001</b>
<b>a</b>	Plan name <b>CASTOR GROUP, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CASTOR GROUP, LLC</b>	<b>c</b> EIN-PN <b>20-0785510-001</b>
<b>a</b>	Plan name <b>CBI REHABILITATION SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CBI REHABILITATION SERVICES, INC.</b>	<b>c</b> EIN-PN <b>26-0894212-001</b>
<b>a</b>	Plan name <b>CENTERPOINTE DENTAL GROUP, P.A. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTERPOINTE DENTAL GROUP, P.A.</b>	<b>c</b> EIN-PN <b>41-1821880-001</b>
<b>a</b>	Plan name <b>CENTRAL SHEET METAL FABRICATORS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTRAL SHEET METAL FABRICATORS</b>	<b>c</b> EIN-PN <b>22-2688946-002</b>
<b>a</b>	Plan name <b>CLAYTON PHARMACY SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLAYTON PHARMACY SERVICES</b>	<b>c</b> EIN-PN <b>45-4098818-001</b>
<b>a</b>	Plan name <b>COLLEGIUM HOLDINGS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COLLEGIUM HOLDINGS, INC.</b>	<b>c</b> EIN-PN <b>22-3221879-001</b>
<b>a</b>	Plan name <b>COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL</b>	<b>c</b> EIN-PN <b>71-0577085-004</b>
<b>a</b>	Plan name <b>CONTRACT TRANSPORT, INC. 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CONTRACT TRANSPORT, INC.</b>	<b>c</b> EIN-PN <b>42-0981821-002</b>
<b>a</b>	Plan name <b>COOLING &amp; HERBERS PROFIT SHARING &amp; 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COOLING &amp; HERBERS, P.C.</b>	<b>c</b> EIN-PN <b>43-1093669-001</b>
<b>a</b>	Plan name <b>CROSSWAY ENTERPRISES, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CROSSWAY ENTERPRISES, LLC</b>	<b>c</b> EIN-PN <b>20-2024197-001</b>
<b>a</b>	Plan name <b>CRYSTALASER PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CRYSTALASER</b>	<b>c</b> EIN-PN <b>86-0889160-002</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CTS PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor CTS, INC.	<b>c</b> EIN-PN 36-4198749-001
<b>a</b>	Plan name DE LA GUARDIA VICTORIA ARCHITECTS AND URBANISTS, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DE LA GUARDIA VICTORIA ARCHITECTS AND URBANISTS, INC	<b>c</b> EIN-PN 54-2099947-001
<b>a</b>	Plan name DERMATOLOGY ALLERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DERMATOLOGY ALLERGY GENERAL PHYSICIANS OF OHIO, INC.	<b>c</b> EIN-PN 31-1027818-001
<b>a</b>	Plan name DERMATOLOGY CENTER OF THE ROCKIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor DERMATOLOGY CENTER OF THE ROCKIES, P.C.	<b>c</b> EIN-PN 45-3008919-002
<b>a</b>	Plan name DUCT & VENT CLEANING OF AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DUCT & VENT CLEANING OF AMERICA, INC.	<b>c</b> EIN-PN 04-3175810-001
<b>a</b>	Plan name EASTERN COLORADO BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE EASTERN COLORADO BANK	<b>c</b> EIN-PN 84-0361004-001
<b>a</b>	Plan name EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EASTERN WAREHOUSE DISTRIBUTORS, LLC	<b>c</b> EIN-PN 23-2566520-001
<b>a</b>	Plan name ENGINEERED METAL PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGINEERED METAL PRODUCTS, LLC	<b>c</b> EIN-PN 20-1958314-001
<b>a</b>	Plan name F.A. PEINADO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor F.A. PEINADO, LLC	<b>c</b> EIN-PN 77-0647820-001
<b>a</b>	Plan name F.H. DAILEY CHEVROLET 401(K) PLAN	
<b>b</b>	Name of plan sponsor INFINITE VELOCITY AUTOMOTIVE, INC. DBA F.H. DAILEY CHEVROLET	<b>c</b> EIN-PN 45-3126103-001
<b>a</b>	Plan name FAIRMONT DESIGNS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CAMBIUM BUSINESS GROUP, INC. DBA FAIRMONT DESIGNS	<b>c</b> EIN-PN 94-2930113-001
<b>a</b>	Plan name FOSTER THOMAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOSTER THOMAS, INC.	<b>c</b> EIN-PN 52-1826441-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	<b>c</b> EIN-PN 95-4467199-001
<b>a</b>	Plan name GIBSON & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIBSON & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2057660-001
<b>a</b>	Plan name GIBSON OVERSEAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIBSON OVERSEAS, INC.	<b>c</b> EIN-PN 95-3393699-002
<b>a</b>	Plan name GLYMED PLUS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLYMED PLUS LLC	<b>c</b> EIN-PN 80-0112220-001
<b>a</b>	Plan name GROUP CTI 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GROUP CTI	<b>c</b> EIN-PN 54-1960500-001
<b>a</b>	Plan name GSI CORPORATION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor GSI CORPORATION	<b>c</b> EIN-PN 52-0809975-001
<b>a</b>	Plan name HARTWIG PLUMBING & HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARTWIG PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 36-3618206-001
<b>a</b>	Plan name HILLYER COMPANIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HILLYERS MID-CITY FORD, INC.	<b>c</b> EIN-PN 93-1118673-001
<b>a</b>	Plan name HISENSE PHOTONICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HISENSE PHOTONICS, INC.	<b>c</b> EIN-PN 33-0939548-001
<b>a</b>	Plan name HISTORIC FAMILY PHYSICIANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HISTORIC FAMILY PHYSICIANS, P.C.	<b>c</b> EIN-PN 27-0357836-777
<b>a</b>	Plan name HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HIT PRODUCTS CORPORATION	<b>c</b> EIN-PN 94-2823123-001
<b>a</b>	Plan name HOMESTAR COMPANIES SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOMESTAR COMPANIES, LLC.	<b>c</b> EIN-PN 26-2775069-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY AUTOMOTIVE GROUP	<b>c</b> EIN-PN 34-1725656-001
<b>a</b>	Plan name	INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTERFAITH NEIGHBORS, INC.	<b>c</b> EIN-PN 22-2896129-001
<b>a</b>	Plan name	IPR INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IPR INTERNATIONAL, LLC	<b>c</b> EIN-PN 01-0658620-001
<b>a</b>	Plan name	IROQUOIS BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IROQUOIS BUILDERS, INC.	<b>c</b> EIN-PN 36-4390501-001
<b>a</b>	Plan name	JESSICA R. BENTOSKI, DDS 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JESSICA R. BENTOSKI, DDS PLLC	<b>c</b> EIN-PN 46-4379759-001
<b>a</b>	Plan name	JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JIM CRAWFORD CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 77-0072198-001
<b>a</b>	Plan name	JODESIGN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JODESIGN, LLC	<b>c</b> EIN-PN 68-0671125-001
<b>a</b>	Plan name	JODY L. KELLY, M.D. & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JODY L. KELLY, M.D. & ASSOCIATES, LLC	<b>c</b> EIN-PN 20-0882318-001
<b>a</b>	Plan name	JOE HURLEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOE HURLEY, INC.	<b>c</b> EIN-PN 22-3237676-001
<b>a</b>	Plan name	KAPOOR ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KAPOOR ENTERPRISES, INC.	<b>c</b> EIN-PN 77-0374359-001
<b>a</b>	Plan name	KEEL ENTERPRISES OF LA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEEL ENTERPRISES OF LA LLC	<b>c</b> EIN-PN 72-1158560-001
<b>a</b>	Plan name	KPT PHYSICAL THERAPY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KPT PHYSICAL THERAPY	<b>c</b> EIN-PN 52-1796165-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LATITUDE 33 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LATITUDE 33 PLANNING & ENGINEERING	<b>c</b> EIN-PN 33-0582561-001
<b>a</b>	Plan name	LUX GLOBAL LABEL PR LLC 1081.01(D) RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LUX GLOBAL LABEL PR LLC	<b>c</b> EIN-PN 66-0881458-001
<b>a</b>	Plan name	MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANAGEMENT MATERIALS INC.	<b>c</b> EIN-PN 38-2412976-001
<b>a</b>	Plan name	MAX A. SASS & SONS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAX A. SASS & SONS, INC.	<b>c</b> EIN-PN 39-1129503-001
<b>a</b>	Plan name	MAYS OCHOA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAYS CHEMICAL COMPANY OF PUERTO RICO, INC.	<b>c</b> EIN-PN 98-0215646-001
<b>a</b>	Plan name	MEMBERS 1ST CREDIT UNION CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	MEMBERS 1ST CREDIT UNION	<b>c</b> EIN-PN 43-6032141-033
<b>a</b>	Plan name	MINNEAPOLIS AREA ASSOCIATION OF REALTORS 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MINNEAPOLIS AREA ASSOCIATION OF REALTORS	<b>c</b> EIN-PN 41-0415490-003
<b>a</b>	Plan name	MOLECULAR PATHOLOGY LABORATORY NETWORK, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOLECULAR PATHOLOGY LABORATORY NETWORK, INC.	<b>c</b> EIN-PN 81-0587881-001
<b>a</b>	Plan name	MONROE INDUSTRIAL MACHINE SHOP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONROE INDUSTRIAL MACHINE SHOP, LLC	<b>c</b> EIN-PN 20-1041002-001
<b>a</b>	Plan name	NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEUMANN MONSON, INC.	<b>c</b> EIN-PN 42-1242646-222
<b>a</b>	Plan name	NEUSOFT AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEUSOFT AMERICA, INC.	<b>c</b> EIN-PN 20-5601470-001
<b>a</b>	Plan name	NORTH AMERICAN WARHORSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH AMERICAN WARHORSE, INC.	<b>c</b> EIN-PN 23-3047289-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name PACIFIC BRIDGE INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PACIFIC BRIDGE INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 95-4618495-001
<b>a</b>	Plan name PFDA ARCHITECTS, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor PFDA ARCHITECTS, INC.	<b>c</b> EIN-PN 36-2929057-002
<b>a</b>	Plan name PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRESTIGE RESIDENTIAL CONSTRUCTION	<b>c</b> EIN-PN 91-1366230-001
<b>a</b>	Plan name PROGRAM PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROGRAM PARTNERS, INC.	<b>c</b> EIN-PN 43-2037515-001
<b>a</b>	Plan name R.F.M.S., INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor R.F.M.S., INC.	<b>c</b> EIN-PN 36-3114893-001
<b>a</b>	Plan name RETIREMENT PLAN SERVICES PROGRAM FOR PINNACLE CONSTRUCTORS	
<b>b</b>	Name of plan sponsor PINNACLE CONSTRUCTORS & SPECIALTIES, INC.	<b>c</b> EIN-PN 84-0864519-001
<b>a</b>	Plan name ROGERS MANTESE & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROGERS MANTESE & ASSOCIATES, PC	<b>c</b> EIN-PN 20-4445973-001
<b>a</b>	Plan name ROMAR & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROMAR & ASSOCIATES	<b>c</b> EIN-PN 74-1565181-002
<b>a</b>	Plan name ROSH INVESTMENTS, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor ROSH INVESTMENTS, INC.	<b>c</b> EIN-PN 94-3347148-001
<b>a</b>	Plan name S.C. ROSSI & COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor S. C. ROSSI & COMPANY, INC.	<b>c</b> EIN-PN 54-1151999-001
<b>a</b>	Plan name S4, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor S4 INC.	<b>c</b> EIN-PN 04-3309384-001
<b>a</b>	Plan name SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY	<b>c</b> EIN-PN 23-1659451-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">SENSOR MANUFACTURING COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SENSOR MANUFACTURING COMPANY</a>	<b>c</b> EIN-PN <a href="#">38-2140109-001</a>
<b>a</b>	Plan name <a href="#">SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEQUEL CONTRACTORS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-4301424-002</a>
<b>a</b>	Plan name <a href="#">SHNA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DKSH NORTH AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1985590-001</a>
<b>a</b>	Plan name <a href="#">SIERRA WEST CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SIERRA WEST CONSTRUCTION, INC.</a>	<b>c</b> EIN-PN <a href="#">68-0153330-002</a>
<b>a</b>	Plan name <a href="#">SOUTHERN AUTOBODY SUPPLY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTHERN AUTOBODY SUPPLY, INC.</a>	<b>c</b> EIN-PN <a href="#">62-1592592-001</a>
<b>a</b>	Plan name <a href="#">STELLAR VETERINARY SERVICES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STELLAR VETERINARY SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">47-2964550-001</a>
<b>a</b>	Plan name <a href="#">STERLING BV, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STERLING BV, INC.</a>	<b>c</b> EIN-PN <a href="#">81-1791939-001</a>
<b>a</b>	Plan name <a href="#">TECO, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TECO, INC.</a>	<b>c</b> EIN-PN <a href="#">52-2038001-001</a>
<b>a</b>	Plan name <a href="#">TELCO COMMUNICATIONS, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TCI INTERNATIONAL, INC.</a>	<b>c</b> EIN-PN <a href="#">05-0380899-001</a>
<b>a</b>	Plan name <a href="#">TELECOMMUNICATIONS LAW PROFESSIONALS PLLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TELECOMMUNICATIONS LAW PROFESSIONALS PLLC</a>	<b>c</b> EIN-PN <a href="#">45-2585545-001</a>
<b>a</b>	Plan name <a href="#">THE MOSTERT GROUP LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE MOSTERT GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">20-0349381-001</a>
<b>a</b>	Plan name <a href="#">ADAX MACHINE CO., INC. 401(K) / PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADAX MACHINE CO., INC.</a>	<b>c</b> EIN-PN <a href="#">04-3138263-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ADJ OF STAMFORD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADJ OF STAMFORD, INC.	<b>c</b> EIN-PN 13-7562991-004
<b>a</b>	Plan name	THE VISIT NAPA VALLEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISIT NAPA VALLEY	<b>c</b> EIN-PN 68-0217381-001
<b>a</b>	Plan name	THE WOOD GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE WOOD GROUP, LLC	<b>c</b> EIN-PN 31-1504201-001
<b>a</b>	Plan name	AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROSPACE & MARINE INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 77-0280581-001
<b>a</b>	Plan name	AGUA CALIENTE BAND OF CAHUILLA INDIANS/SPA HOTEL & CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGUA CALIENTE BAND OF CAHUILLA INDIANS	<b>c</b> EIN-PN 95-2549724-001
<b>a</b>	Plan name	TRAVELERS RENTAL CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARK SHUTTLE & FLY, INC.	<b>c</b> EIN-PN 04-2628087-001
<b>a</b>	Plan name	TRAVIS POINTE COUNTRY CLUB 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TRAVIS POINTE COUNTRY CLUB	<b>c</b> EIN-PN 38-2037327-001
<b>a</b>	Plan name	TRI-AGG, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRI-AGG, INC.	<b>c</b> EIN-PN 93-0896445-001
<b>a</b>	Plan name	TRINITY CHANGE, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TRINITY CHANGE, INC.	<b>c</b> EIN-PN 04-3728752-001
<b>a</b>	Plan name	AM-TREE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC.	<b>c</b> EIN-PN 22-2761331-222
<b>a</b>	Plan name	AMERICAN ANALYTICAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ANALYTICAL SERVICES, INC.	<b>c</b> EIN-PN 20-0935911-001
<b>a</b>	Plan name	UNICORN HRO LLC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNICORN HRO LLC	<b>c</b> EIN-PN 27-1441892-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TRANSAMERICA PARTNERS HIGH YIELD BOND RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>434</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	<b>52386057</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	<b>48265247</b>
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	52386057	48265247
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		1
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		1
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	52386057	48265246

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	4001547	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		4001547

**Expenses**

<b>e</b> 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)		
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> 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)	552566	
(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)		552566
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		552566

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		3448981
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		5772542
(2) From this plan .....	2l(2)		13342334

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.