

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: INVESCO DIVERSIFIED DIVIDEND RET OPT; 1b Three-digit plan number (PN): 579; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 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. Includes entries for employer/plan sponsor and DFE.

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

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

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

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

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

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

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

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

| | | |
|--|--|------------|
| A Name of plan <u>INVESCO DIVERSIFIED DIVIDEND RET OPT</u> | B Three-digit plan number (PN) | <u>579</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> | D Employer Identification Number (EIN) <u>39-0989781</u> | |

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

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

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

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

c EIN-PN

d Entity code

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

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d Entity code

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d Entity code

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d Entity code

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c EIN-PN

d Entity code

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

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | BLAGER CONCRETE COMPANY 401(K) PLAN | |
| b | Name of plan sponsor | BLAGER CONCRETE COMPANY | c EIN-PN 20-0634151-001 |
| a | Plan name | BMD MEDICAL CONSULTING 401(K) PLAN | |
| b | Name of plan sponsor | BMD MEDICAL CONSULTING | c EIN-PN 01-0841421-001 |
| a | Plan name | CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT 401(K) PLAN | |
| b | Name of plan sponsor | CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT | c EIN-PN 45-2648658-001 |
| a | Plan name | CESAR'S WAY, INC. 401(K) PLAN PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CESAR'S WAY, INC. | c EIN-PN 04-3812367-001 |
| a | Plan name | COMCARE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | COMCARE, INC. | c EIN-PN 62-1019649-004 |
| a | Plan name | CUTHBERTSON RESTORATION, INC. 401(K) PLAN | |
| b | Name of plan sponsor | CUTHBERTSON RESTORATION, INC. | c EIN-PN 26-2059511-001 |
| a | Plan name | DEXTER W. WHITE CONSTRUCTION, LLC 401(K) PLAN | |
| b | Name of plan sponsor | DEXTER W. WHITE CONSTRUCTION, LLC | c EIN-PN 62-1761678-001 |
| a | Plan name | DHR MANAGEMENT, LLC 401(K) PLAN | |
| b | Name of plan sponsor | DHR MANAGEMENT, LLC | c EIN-PN 27-2018400-001 |
| a | Plan name | FAMILY DENTAL EMPLOYEE RETIREMENT PLAN | |
| b | Name of plan sponsor | FAMILY DENTAL PRACTICE | c EIN-PN 55-0764474-001 |
| a | Plan name | FAMILY FORD, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | FAMILY FORD, INC. | c EIN-PN 04-3459007-001 |
| a | Plan name | FAMILY PET CLINIC OF REDONDO BEACH 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | KKD PET VET | c EIN-PN 46-1590293-001 |
| a | Plan name | FOUR SEASONS AWNING, LLC SAVINGS PLAN | |
| b | Name of plan sponsor | FOUR SEASONS AWNING, LLC | c EIN-PN 20-3665808-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | FOUR WHEELS OF TEXAS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | FOUR WHEELS OF TEXAS, INC. | c EIN-PN 75-2631966-001 |
| a | Plan name | GODIRECTINC.COM, INC. 401(K) PLAN | |
| b | Name of plan sponsor | GODIRECTINC.COM, INC. | c EIN-PN 26-0155233-001 |
| a | Plan name | GOLDEN GIANT, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GOLDEN GIANT, INC. | c EIN-PN 34-1087997-001 |
| a | Plan name | HAVIN RED E MIX, LLC 401(K) PLAN | |
| b | Name of plan sponsor | HAVIN RED E MIX, LLC | c EIN-PN 87-3702291-001 |
| a | Plan name | HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY 401(K) PLAN | |
| b | Name of plan sponsor | HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY | c EIN-PN 47-2107270-001 |
| a | Plan name | HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA MONEY PURCHASE RETIREMENT PLAN | |
| b | Name of plan sponsor | HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA | c EIN-PN 02-1234567-001 |
| a | Plan name | IVANCICH & COSTIS, LLP 401(K) PLAN | |
| b | Name of plan sponsor | IVANCICH & COSTIS, LLP | c EIN-PN 26-2298861-001 |
| a | Plan name | J GOOD-IN INC. - 401(K) PLAN | |
| b | Name of plan sponsor | J GOOD-IN INC. | c EIN-PN 95-4100491-001 |
| a | Plan name | J. AMBROGI FOOD DISTRIBUTORS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | J. AMBROGI FOOD DISTRIBUTION, INC. | c EIN-PN 51-0297646-001 |
| a | Plan name | KEITH A. COHRS D.D.S., P.C. 401(K) PLAN | |
| b | Name of plan sponsor | KEITH A. COHRS D.D.S., P.C. | c EIN-PN 20-2818829-001 |
| a | Plan name | KELDERMAN MANUFACTURING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | KELDERMAN MANUFACTURING, INC. | c EIN-PN 42-1145969-001 |
| a | Plan name | KENNETH O. KARP, MD, PA 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | KENNETH O. KARP, MD, PA | c EIN-PN 20-0112151-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN | |
| b | Name of plan sponsor LAURAS INTERNATIONAL USA LLP | c EIN-PN 26-1603445-002 |
| a | Plan name MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN | |
| b | Name of plan sponsor MERRITT ISLAND AIR AND HEAT INC. | c EIN-PN 81-0579482-001 |
| a | Plan name NORTHEAST FLORIDA AIDS NETWORK 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor NORTHEAST FLORIDA AIDS NETWORK | c EIN-PN 59-2974694-001 |
| a | Plan name PACIFIC FISHING & SUPPLY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PACIFIC FISHING & SUPPLY, INC. | c EIN-PN 99-0302309-777 |
| a | Plan name PHOENIX PRINTING 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PHOENIX PRINTING GROUP, INC. D/B/A PHOENIX PRINTING | c EIN-PN 26-1995352-001 |
| a | Plan name PROPERTY MANAGEMENT OF ANDOVER, INC. 401(K) PLAN | |
| b | Name of plan sponsor PROPERTY MANAGEMENT OF ANDOVER, INC. | c EIN-PN 04-2978110-001 |
| a | Plan name REYES & SONS ELECTRIC, INC. PREVAILING WAGE RETIREMENT PLAN | |
| b | Name of plan sponsor REYES & SONS ELECTRIC, INC. | c EIN-PN 27-0007015-001 |
| a | Plan name SILVER CREEK MODULAR LLC 401(K) PLAN | |
| b | Name of plan sponsor SILVER CREEK MODULAR LLC | c EIN-PN 92-3730178-001 |
| a | Plan name SIMON CHANG, MD, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SIMON CHANG, MD, LLC | c EIN-PN 80-0112427-001 |
| a | Plan name STERLING SPRING, L.L.C. RETIREMENT PLAN | |
| b | Name of plan sponsor STERLING SPRING | c EIN-PN 36-4119269-001 |
| a | Plan name STEVEN A. VARANO, ESQ. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor STEVEN A. VARANO, ESQ. | c EIN-PN 22-3143496-001 |
| a | Plan name STEVEN G. SAFRAN, MD, PA 401(K) PLAN | |
| b | Name of plan sponsor STEVEN G. SAFRAN, M.D., P.A. | c EIN-PN 22-3282121-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | TENSILE TESTING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | TENSILE TESTING, INC. | c EIN-PN 34-1029460-001 |
| a | Plan name | THOMPSON PHARMACY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | THOMPSON PHARMACY, INC. | c EIN-PN 38-2171852-001 |
| a | Plan name | THREE RIVERS CHRYSLER JEEP DODGE, LLC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | THREE RIVERS CHRYSLER JEEP DODGE | c EIN-PN 84-1670451-001 |
| a | Plan name | THUAN VAN NGUYEN, M.D. DEFINED BENEFIT PENSION PLAN | |
| b | Name of plan sponsor | THUAN VAN NGUYEN, M.D. | c EIN-PN 95-3914970-001 |
| a | Plan name | UNIVERSITY VILLAGE 401(K) PLAN | |
| b | Name of plan sponsor | WESTPORT HOLDINGS TAMPA, LP | c EIN-PN 65-1059079-001 |
| a | Plan name | UP WITH PEOPLE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | UP WITH PEOPLE, INC. | c EIN-PN 95-2563102-001 |
| a | Plan name | VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | VULCAN FIRE SYSTEMS, INC. | c EIN-PN 61-1057957-001 |
| a | Plan name | WADE'S FOOD CENTER, INC. 401(K) PLAN | |
| b | Name of plan sponsor | WADE'S FOOD CENTER, INC. | c EIN-PN 62-0976364-001 |
| a | Plan name | YAMIBUY 401(K) PLAN | |
| b | Name of plan sponsor | TRANSOCEAN RESOURCES MANAGEMENT INC. | c EIN-PN 46-1019646-001 |
| a | Plan name | AIR BROOK LIMOUSINE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | AIR BROOK LIMOUSINE, INC. | c EIN-PN 22-1930499-001 |
| a | Plan name | AXXIOME USA LLC RETIREMENT PLAN | |
| b | Name of plan sponsor | AXXIOME USA LLC | c EIN-PN 90-1017436-001 |
| a | Plan name | B & E PETROLEUM, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | B & E PETROLEUM, INC. | c EIN-PN 99-0215751-002 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name EDUCATIUS GROUP 401(K) PLAN | |
| b | Name of plan sponsor EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL | c EIN-PN 26-4005699-001 |
| a | Plan name FAMILY RESOURCE CENTER RETIREMENT PLAN | |
| b | Name of plan sponsor FAMILY RESOURCE CENTER | c EIN-PN 36-3532803-001 |
| a | Plan name FAMMA GROUP, INC. 401(K) PLAN | |
| b | Name of plan sponsor FAMMA GROUP, INC. | c EIN-PN 45-5002659-001 |
| a | Plan name FARIBORZ RODEF, DDS, INC. 401(K) PLAN | |
| b | Name of plan sponsor FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE | c EIN-PN 32-0012113-001 |
| a | Plan name FARMERS BANK 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor FARMERS BANK | c EIN-PN 84-1599347-001 |
| a | Plan name FRAZER DENTAL CARE 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor FRAZER DENTAL CARE | c EIN-PN 23-3077648-001 |
| a | Plan name GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor GOTEC PLUS SUN, LLC | c EIN-PN 20-4320976-001 |
| a | Plan name GRAND FUNDING GROUP, INC. 401(K) PLAN | |
| b | Name of plan sponsor GRAND FUNDING GROUP, INC. | c EIN-PN 27-3273076-002 |
| a | Plan name HEALTHCARE BUSINESS MEDIA, INC. 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor HEALTHCARE BUSINESS MEDIA, INC. | c EIN-PN 61-1362235-001 |
| a | Plan name KES SYSTEMS, INC. CROSS TESTED 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor KES SYSTEMS, INC. | c EIN-PN 59-3532089-001 |
| a | Plan name KETTER & ASSOCIATES 401(K) PLAN | |
| b | Name of plan sponsor KETTER & ASSOCIATES | c EIN-PN 47-0806233-001 |
| a | Plan name LAWYERS FOR JUSTICE PC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor LAWYERS FOR JUSTICE PC | c EIN-PN 27-4652068-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name LAZAR LANDSCAPE DESIGN & CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor LAZAR LANDSCAPE DESIGN & CONSTRUCTION, INC. | c EIN-PN 30-0160288-001 |
| a | Plan name MARION MANUFACTURING 401(K) PLAN | |
| b | Name of plan sponsor MARION TOOL & DIE, INC. DBA MARION MANUFACTURING | c EIN-PN 35-2010769-001 |
| a | Plan name MARK A. PRICE, DDS, MSD, P.C. 401 (K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MARK A. PRICE, DDS, MSD, P.C. | c EIN-PN 03-0352887-001 |
| a | Plan name MARK D. WOOD, DDS, MS, PC SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor MARK D. WOOD, DDS, MS, PC | c EIN-PN 80-0026824-001 |
| a | Plan name METALLIC RECOVERY GROUP, INC. 401(K) PLAN | |
| b | Name of plan sponsor METALLIC RECOVERY GROUP, INC. | c EIN-PN 23-2949661-001 |
| a | Plan name MEYLAN DAVITT JAIN AREVIAN & KIM LLP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MEYLAN DAVITT JAIN AREVIAN & KIM LLP | c EIN-PN 46-1854265-777 |
| a | Plan name MORRIS CERULLO WORLD EVANGELISM 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor MORRIS CERULLO WORLD EVANGELISM | c EIN-PN 95-2372233-001 |
| a | Plan name PALMETTO REHABILITATION SPECIALISTS LLC 401(K) PLAN | |
| b | Name of plan sponsor PALMETTO REHABILITATION SPECIALISTS | c EIN-PN 20-4474119-001 |
| a | Plan name PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY, LLC 401(K) PLAN | |
| b | Name of plan sponsor PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY LLC | c EIN-PN 26-1612259-001 |
| a | Plan name PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C. | c EIN-PN 23-2704845-002 |
| a | Plan name RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor RICHLAND COMPANY & ASSOCIATES, INC. | c EIN-PN 34-1342190-001 |
| a | Plan name RIDGE GLOBAL, LLC PROFIT SHARING & 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor RIDGE GLOBAL, LLC | c EIN-PN 20-4147521-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | SAME DAY SERVICE 401(K) PLAN | |
| b | Name of plan sponsor | SAME DAY SERVICE COMPANY, INC. | c EIN-PN 06-1366425-001 |
| a | Plan name | SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | SAMTECH AUTOMOTIVE USA, INC. | c EIN-PN 95-4568597-001 |
| a | Plan name | SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor | SKL PRIME SERVICES, LLC | c EIN-PN 01-0551573-001 |
| a | Plan name | SKLO 401(K) PLAN | |
| b | Name of plan sponsor | SKLO STUDIO, INC. | c EIN-PN 27-4554699-001 |
| a | Plan name | STRATEGIC MARKETING AND RESEARCH TEAM, INC. 401(K) PLAN | |
| b | Name of plan sponsor | STRATEGIC MARKETING AND RESEARCH TEAM INC. | c EIN-PN 46-1602972-001 |
| a | Plan name | THA ARCHITECTS ENGINEERS 401(K) PLAN | |
| b | Name of plan sponsor | TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC. | c EIN-PN 38-1561901-002 |
| a | Plan name | THE AEROLITE GROUP 401(K) PLAN | |
| b | Name of plan sponsor | AEROLITE EXTRUSION COMPANY | c EIN-PN 82-3731073-001 |
| a | Plan name | VALLEY ARMATURE & ELECTRIC CO. 401(K) PLAN | |
| b | Name of plan sponsor | VALLEY ARMATURE & ELECTRIC COMPANY INC. | c EIN-PN 74-1915576-002 |
| a | Plan name | WAKEMAN EQUIPMENT SALES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | WAKEMAN EQUIPMENT SALES, INC. | c EIN-PN 39-1747018-001 |
| a | Plan name | WALEED MARI & ASSOCIATES SAFE HARBOR 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WALEED MARI & ASSOCIATES | c EIN-PN 77-0453687-001 |
| a | Plan name | 5TZ SERVICES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | 5TZ SERVICES, LLC | c EIN-PN 46-1326300-001 |
| a | Plan name | A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | A BETTER CONTRACTOR, LLC | c EIN-PN 46-4885039-002 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|-------------------------------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a Plan name | ALBRECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b Name of plan sponsor | ALBRECO, INC. | c EIN-PN 31-1638056-001 |
| a Plan name | ARELLANO ASSOCIATES 401(K) PLAN | |
| b Name of plan sponsor | ARELLANO ASSOCIATES, LLC | c EIN-PN 45-4181058-001 |
| a Plan name | BAIN ENTERPRISES SAFE HARBOR 401(K) PLAN | |
| b Name of plan sponsor | BAIN ENTERPRISES LLC | c EIN-PN 02-0770037-001 |
| a Plan name | BONE & JOINT CLINIC OF HAWAII LLC 401(K) RETIREMENT SAVINGS PLAN | |
| b Name of plan sponsor | BONE & JOINT CLINIC OF HAWAII LLC | c EIN-PN 61-1747406-001 |
| a Plan name | BONINFANTE FRICTON INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b Name of plan sponsor | BONINFANTE FRICTON INC. | c EIN-PN 27-4188636-001 |
| a Plan name | BOOK AND LADDER, LLC 401(K) PLAN | |
| b Name of plan sponsor | BOOK AND LADDER, LLC | c EIN-PN 85-2381762-001 |
| a Plan name | CANAM MINERALS, INC. 401(K) PLAN | |
| b Name of plan sponsor | CANAM MINERALS, INC. | c EIN-PN 94-1535782-001 |
| a Plan name | CANIZARO CAWTHON DAVIS, APA PROFIT SHARING & 401(K) PLAN | |
| b Name of plan sponsor | CANIZARO CAWTHON DAVIS, APA | c EIN-PN 64-0651290-001 |
| a Plan name | COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | COMMERCIAL WATERPROOFING, INC. | c EIN-PN 23-2589948-001 |
| a Plan name | COMMUNITIES IN SCHOOLS 401(K) RETIREMENT PLAN | |
| b Name of plan sponsor | COMMUNITIES IN SCHOOLS OF EL PASO, INC. | c EIN-PN 74-2024715-001 |
| a Plan name | COMMUNITY CHEVROLET COMPANY 401(K) PLAN | |
| b Name of plan sponsor | COMMUNITY CHEVROLET COMPANY | c EIN-PN 84-0502030-002 |
| a Plan name | D WUERFEL INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | D WUERFEL INC. | c EIN-PN 20-2121078-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name MCCLAIN PRINTING, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MCCLAIN PRINTING COMPANY, INC. | c EIN-PN 55-0421933-002 |
| a | Plan name ONO ENTERPRISE LTD. 401(K) PROFIT SHARING PLAN (001) | |
| b | Name of plan sponsor ONO ENTERPRISE LTD. | c EIN-PN 99-0090333-001 |
| a | Plan name OPHTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor OPHTHALMOLOGY CENTER OF ILLINOIS | c EIN-PN 46-3808527-001 |
| a | Plan name OPPORTUNITY WORKSHOP OF LEXINGTON, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor OPPORTUNITY WORKSHOP OF LEXINGTON, INC. | c EIN-PN 61-0593023-001 |
| a | Plan name PLENTY CONSULTING, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor PLENTY CONSULTING, INC. | c EIN-PN 46-4085839-001 |
| a | Plan name PMSI EMPLOYEE RETIREMENT PLAN | |
| b | Name of plan sponsor PROPERTY MAINTENANCE SERVICES, INC. | c EIN-PN 31-1417835-001 |
| a | Plan name RATLIFF CPA FIRM, PC. RETIREMENT PLAN | |
| b | Name of plan sponsor RATLIFF CPA FIRM, PC. | c EIN-PN 81-1576496-001 |
| a | Plan name SARAT FORD SALES, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor SARAT FORD SALES, INC. | c EIN-PN 04-2385735-001 |
| a | Plan name SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor SOUTHWEST 66 CREDIT UNION | c EIN-PN 75-0815084-002 |
| a | Plan name SOUTHWEST NEUROSPINE INSTITUTE RETIREMENT TRUST | |
| b | Name of plan sponsor SOUTHWEST NEUROSPINE INSTITUTE, P.A. | c EIN-PN 26-2906915-001 |
| a | Plan name SPARKS COMMERCIAL TIRE 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SPARKS COMMERCIAL TIRE, INC. | c EIN-PN 34-1506914-001 |
| a | Plan name THE BLACK HAWK CASINO 401(K) PLAN | |
| b | Name of plan sponsor SAUK BUSINESS ENTERPRISES | c EIN-PN 02-0713814-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name THE BOYLAND GROUP 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor BOYLAND AUTO ORLANDO, LLC | c EIN-PN 05-0546979-777 |
| a | Plan name TRIPLE CROWN PRODUCTS 401(K) EMPLOYEE SAVINGS AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor TRIPLE CROWN PRODUCTS | c EIN-PN 39-1785048-001 |
| a | Plan name TRIS PHARMA 401(K) PLAN | |
| b | Name of plan sponsor TRIS PHARMA, INC. | c EIN-PN 22-3747409-001 |
| a | Plan name WALTER'S 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor WALTER'S AUTO SALES AND SERVICE, INC. | c EIN-PN 95-2510592-001 |
| a | Plan name WARREN KOZITZA PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor WARREN KOZITZA, INC. | c EIN-PN 46-4265615-001 |
| a | Plan name A-1 SERVICE INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor A-1 SERVICE INC. | c EIN-PN 72-0692706-001 |
| a | Plan name A. N. ABELL CO. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor A. N. ABELL AUCTION CO. | c EIN-PN 95-1872203-001 |
| a | Plan name AMERICAN NATION BANK SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor AMERICAN NATION BANK | c EIN-PN 73-1258880-001 |
| a | Plan name AMERICAN READING COMPANY 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor AMERICAN READING COMPANY DBA 100 BOOK CHALLENGE | c EIN-PN 23-2965253-001 |
| a | Plan name BUILDERS STEEL SERVICE, INC. 401(K) PROFIT SHARING & TRUST | |
| b | Name of plan sponsor BUILDER'S STEEL SERVICE, INC. | c EIN-PN 34-1719798-002 |
| a | Plan name CHEROKEE 401(K) PLAN | |
| b | Name of plan sponsor CHEROKEE MANUFACTURING, LLC | c EIN-PN 45-2735316-001 |
| a | Plan name CHILDPLACE, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor CHILDPLACE, INC. | c EIN-PN 35-1129180-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CHILDREN'S RECEIVING HOME OF SACRAMENTO | c EIN-PN 94-1322166-001 |
| a | Plan name | CORNERSTONE FELLOWSHIP 401(K) PLAN | |
| b | Name of plan sponsor | CORNERSTONE FELLOWSHIP | c EIN-PN 73-1316703-001 |
| a | Plan name | CORNERSTONE MASONRY SERVICES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CORNERSTONE MASONRY SERVICES, INC. | c EIN-PN 02-0675679-777 |
| a | Plan name | CORRA 401(K) PLAN | |
| b | Name of plan sponsor | CORRA | c EIN-PN 04-3819932-001 |
| a | Plan name | DK SYSTEMS 401(K) PLAN | |
| b | Name of plan sponsor | DK SYSTEMS, INC. | c EIN-PN 75-3054397-001 |
| a | Plan name | DMD BUILDERS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | DMD WINDOW AND DOOR, INC. | c EIN-PN 81-4449392-001 |
| a | Plan name | DMLOGIC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | DMLOGIC | c EIN-PN 27-1024409-001 |
| a | Plan name | DOCUFREE CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | DOCUFREE CORPORATION | c EIN-PN 58-2483016-001 |
| a | Plan name | ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE | c EIN-PN 27-0047953-001 |
| a | Plan name | FURRER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | NORTH VALLEY FINANCIAL SERVICES LLC DBA FURRER AND ASSOCIATES | c EIN-PN 87-2736693-001 |
| a | Plan name | GULATI & ASSOCIATES, INC. PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | GULATI & ASSOCIATES, INC. | c EIN-PN 03-0447697-001 |
| a | Plan name | HY-TEST SAFETY SHOE SERVICE, INC. PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | HY-TEST SAFETY SHOE SERVICE, INC. | c EIN-PN 39-1533534-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN | |
| b | Name of plan sponsor HYPOTENUSE, INC. DBA SURVEYUSA | c EIN-PN 13-3592138-001 |
| a | Plan name JOELLE W. LEWIS, D.D.S., P.C. 401(K) PLAN | |
| b | Name of plan sponsor JOELLE W. LEWIS, D.D.S., P.C. | c EIN-PN 38-2182823-002 |
| a | Plan name JOHN R. MADISON, M.D., INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor JOHN R. MADISON, M.D., INC. | c EIN-PN 34-1080310-002 |
| a | Plan name AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC. 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC. | c EIN-PN 47-4037872-001 |
| a | Plan name BASE CONSTRUCTION, INC. 401(K) PLAN | |
| b | Name of plan sponsor BASE CONSTRUCTION, INC. | c EIN-PN 74-3103732-001 |
| a | Plan name BASNEY DEALER GROUP 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor BASNEY IMPORTS, INC. | c EIN-PN 35-1283526-001 |
| a | Plan name BULLDOG RACK COMPANY 401(K) PLAN | |
| b | Name of plan sponsor BULLDOG RACK COMPANY, WEIRTON | c EIN-PN 02-0669159-001 |
| a | Plan name BULLDOG RACK HOLDING COMPANY 401(K) PLAN | |
| b | Name of plan sponsor BULLDOG RACK HOLDING COMPANY | c EIN-PN 46-1606192-001 |
| a | Plan name CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CHILES & SONS-LAMAN, INC. | c EIN-PN 34-4492949-003 |
| a | Plan name CHINATOWN PHARMACY 401(K) PLAN | |
| b | Name of plan sponsor CHINATOWN PHARMACY | c EIN-PN 47-5552705-001 |
| a | Plan name CHIROPRACTIC PLUS OF TRICITIES, P.C. 401(K) PLAN | |
| b | Name of plan sponsor CHIROPRACTIC PLUS OF TRICITIES, P.C. | c EIN-PN 20-3867928-001 |
| a | Plan name CHOICE CONCRETE CONSTRUCTION, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC. | c EIN-PN 38-3294810-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | CHRISSELLE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | CHRISSELLE, INC. | c EIN-PN 27-2841262-001 |
| a | Plan name | ESSNER MANUFACTURING, L.P. 401(K) PLAN | |
| b | Name of plan sponsor | ESSNER MANUFACTURING, L.P. | c EIN-PN 52-2439789-001 |
| a | Plan name | GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | GAINLINE FINANCIAL PARTNERS, LLC | c EIN-PN 87-2523664-001 |
| a | Plan name | GARRY G. GAST, DDS PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | GARRY G. GAST, DDS | c EIN-PN 94-2492853-001 |
| a | Plan name | HAGEN INSURANCE 401(K) PLAN | |
| b | Name of plan sponsor | HO'O ILINA, INC. DBA HAGEN INSURANCE | c EIN-PN 51-0640656-001 |
| a | Plan name | ILAPAK, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ILAPAK, INC. | c EIN-PN 13-3036089-002 |
| a | Plan name | JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | JOHNSON FINANCIAL SOLUTIONS, INC. | c EIN-PN 20-8464483-001 |
| a | Plan name | JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | JOHNSON PRODUCTS, INC. | c EIN-PN 95-3412748-001 |
| a | Plan name | JOHNSON UNITED, INC. 401(K) PLAN | |
| b | Name of plan sponsor | JOHNSON UNITED, INC. | c EIN-PN 77-0401727-001 |
| a | Plan name | JOHNSON-FRANK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | JOHNSON-FRANK & ASSOCIATES, INC. | c EIN-PN 95-3086260-001 |
| a | Plan name | LINCOLN PARK SCHOOLS 401(K) PLAN | |
| b | Name of plan sponsor | LINCOLN PARK NURSERY SCHOOL, INC. | c EIN-PN 36-3940940-001 |
| a | Plan name | MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN | |
| b | Name of plan sponsor | MCDONALDS' DESIGN & BUILD, INC. | c EIN-PN 34-1313478-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | MCGREGOR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MCGREGOR & ASSOCIATES, INC. | c EIN-PN 61-1211399-001 |
| a | Plan name | MUSTO WINE GRAPE CO, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MUSTO WINE GRAPE CO, LLC | c EIN-PN 26-1316055-001 |
| a | Plan name | MWM ARCHITECTS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MWM ARCHITECTS, INC. | c EIN-PN 75-1777368-001 |
| a | Plan name | ORION COMMERCIAL PARTNERS, LLC 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | ORION COMMERCIAL PARTNERS, LLC. | c EIN-PN 27-3247725-001 |
| a | Plan name | ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ORLANDO SPRING CORP | c EIN-PN 95-1933966-001 |
| a | Plan name | PORT PUBLICATIONS, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | PORT PUBLICATIONS, INC. | c EIN-PN 39-1017137-001 |
| a | Plan name | PORTO'S BAKERY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PORTO'S BAKERY, INC. | c EIN-PN 95-4610775-777 |
| a | Plan name | RAZOR, USA, LLC EMPLOYEES' 401(K) PLAN | |
| b | Name of plan sponsor | RAZOR, USA, LLC | c EIN-PN 95-4807765-001 |
| a | Plan name | RDC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ROCK & DIRT CONSTRUCTION | c EIN-PN 20-0382886-001 |
| a | Plan name | SPRING CREEK FAMILY DENTISTRY & ORTHODONTICS 401(K) PLAN | |
| b | Name of plan sponsor | SPRING CREEK FAMILY DENTISTRY & ORTHODONTICS | c EIN-PN 30-0521667-001 |
| a | Plan name | THE CASTLE 401(K) PLAN | |
| b | Name of plan sponsor | T & M JEWELRY, INC. DBA THE CASTLE | c EIN-PN 62-1345081-001 |
| a | Plan name | TRUE GRIT REDI-MIX/TRUE GRIT CONCRETE 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | TRUE GRIT REDI-MIX LTD | c EIN-PN 20-2018457-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name TRUE STONE COFFEE ROASTERS 401(K) PLAN | |
| b | Name of plan sponsor TRUE STONE COFFEE ROASTERS | c EIN-PN 11-3684648-001 |
| a | Plan name TRUTRON CORPORATION PROFIT SHARING PLAN | |
| b | Name of plan sponsor TRUTRON CORPORATION | c EIN-PN 38-1858530-001 |
| a | Plan name AC + CO ARCHITECTURE COMMUNITY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor AC + CO ARCHITECTURE COMMUNITY | c EIN-PN 93-1228023-001 |
| a | Plan name ALEX TATUM CONSTRUCTION CO., INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor ALEX TATUM CONSTRUCTION CO., INC. | c EIN-PN 58-1520046-002 |
| a | Plan name ALI IRANMANESH, DMD. MD, INC. 401(K) PLAN | |
| b | Name of plan sponsor ALI IRANMANESH, DMD, MD, INC. | c EIN-PN 20-4791452-001 |
| a | Plan name ALIKA C. GARCIA 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ALIKA C. GARCIA | c EIN-PN 81-0742572-001 |
| a | Plan name ALL POINTS 401(K) PLAN | |
| b | Name of plan sponsor ALL POINTS PACKAGING | c EIN-PN 58-2174673-001 |
| a | Plan name ALL STATES LIGHTING, INC. 401(K) PLAN | |
| b | Name of plan sponsor ALL STATES LIGHTING, INC. | c EIN-PN 59-3045526-001 |
| a | Plan name ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN | |
| b | Name of plan sponsor ARIAS, TOVAR & ASSOCIATES, P.A. | c EIN-PN 65-0971956-001 |
| a | Plan name BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor BASSETT SALES CORPORATION | c EIN-PN 95-3666930-001 |
| a | Plan name BOULDER HILLS LANDSCAPING RETIREMENT READINESS PLAN | |
| b | Name of plan sponsor BOULDER HILLS LANDSCAPING, INC. | c EIN-PN 45-2747964-001 |
| a | Plan name BOURNE ENTERPRISES, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor BOURNE ENTERPRISES, INC. | c EIN-PN 04-2489300-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name BOW CONSTRUCTION MANAGEMENT SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN (001) | |
| b | Name of plan sponsor BOW CONSTRUCTION MANAGEMENT SERVICE, INC. | c EIN-PN 26-3709796-001 |
| a | Plan name BOWEN INDUSTRIAL CONTRACTORS, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor BOWEN INDUSTRIAL CONTRACTORS, INC. | c EIN-PN 74-2326815-222 |
| a | Plan name CAPSTONE COMMERCIAL PROPERTIES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CAPSTONE COMMERCIAL PROPERTIES, INC. | c EIN-PN 73-1691050-001 |
| a | Plan name CARDIOLOGY & VASCULAR ASSOCIATES, P.C. 401(K) SAFE HARBOR PROFIT SHARING PLAN | |
| b | Name of plan sponsor CARDIOLOGY & VASCULAR ASSOCIATES, P.C. | c EIN-PN 38-3468933-001 |
| a | Plan name COMMUNITY TIES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor COMMUNITY TIES OF AMERICA, INC. | c EIN-PN 62-1733882-001 |
| a | Plan name COMPOSITE LINING SYSTEMS LP 401(K) PLAN | |
| b | Name of plan sponsor COMPOSITE LINING SYSTEMS LP | c EIN-PN 20-2691597-001 |
| a | Plan name D. S. ERICKSON & ASSOCIATES, PLLC 401(K) PLAN | |
| b | Name of plan sponsor D. S. ERICKSON & ASSOCIATES, PLLC | c EIN-PN 20-5957980-001 |
| a | Plan name DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DAIRY-MIX, INC. | c EIN-PN 59-0659640-001 |
| a | Plan name DOUGLAS TELECOMMUNICATIONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor DOUGLAS TELECOMMUNICATIONS, INC. | c EIN-PN 94-3215975-001 |
| a | Plan name DOVER TANK AND PLATE CO. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor THE DOVER TANK & PLATE CO. | c EIN-PN 34-0188810-002 |
| a | Plan name FEIST CABINETS & WOODWORKS, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor FEIST CABINETS & WOODWORKS, INC. | c EIN-PN 68-0130480-001 |
| a | Plan name GBCA 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor GENERAL BUILDING CONTRACTORS ASSOCIATION, INC. | c EIN-PN 23-0847495-003 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name GRAPHIXDIRECT.COM, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor GRAPHIXDIRECT.COM INC. | c EIN-PN 27-1287974-002 |
| a | Plan name GREASE MONKEY INTERNATIONAL 401(K) PLAN | |
| b | Name of plan sponsor GREASE MONKEY INTERNATIONAL, INC. | c EIN-PN 84-0769552-001 |
| a | Plan name GREAT KIDS PEDIATRICS 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor ABEL PAREDES, M.D., P.A. DBA GREAT KIDS PEDIATRICS | c EIN-PN 74-2092637-002 |
| a | Plan name HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor HENSLEY LAMKIN RACHEL, INC. | c EIN-PN 75-2377361-001 |
| a | Plan name JAMES G. MURPHY, INC. 401(K) PLAN | |
| b | Name of plan sponsor JAMES G. MURPHY, INC. | c EIN-PN 91-0901239-002 |
| a | Plan name JAMES W. REILLY 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor JAMES W. REILLY, DDS PC | c EIN-PN 58-2592630-001 |
| a | Plan name JANET H. LEE CASH BALANCE PLAN | |
| b | Name of plan sponsor JANET H. LEE | c EIN-PN 87-0754052-002 |
| a | Plan name JANET H. LEE, D.O., INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor JANET H. LEE | c EIN-PN 87-0754052-001 |
| a | Plan name KEYSTONE SPRING SERVICE, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor KEYSTONE SPRING SERVICE, INC. | c EIN-PN 25-1329257-002 |
| a | Plan name LINNEMAN LAW, LLP PROFIT SHARING PLAN | |
| b | Name of plan sponsor LINNEMAN LAW, LLP | c EIN-PN 94-1165008-001 |
| a | Plan name LISA M. SIMONE, ATTORNEY AT LAW, A PROFESSIONAL CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor LISA M. SIMONE ATTORNEY AT LAW, A PROFESSIONAL CORPORATION | c EIN-PN 87-4041442-001 |
| a | Plan name MARLETTE ROOFING & SHEET METAL COMPANY EMPLOYEES' PROFIT SHARING TRUST | |
| b | Name of plan sponsor MARLETTE ROOFING & SHEET METAL COMPANY | c EIN-PN 38-2102172-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | MIAMI REGIONAL UNIVERSITY INVEST YOUR FUTURE PLAN | |
| b | Name of plan sponsor | MANAGEMENT RESOURCES, INC. DBA MIAMI REGIONAL UNIVERSITY | c EIN-PN 65-0633679-001 |
| a | Plan name | MICHAEL DIAZ, M.D. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | MICHAEL DIAZ, M.D. | c EIN-PN 90-1121315-001 |
| a | Plan name | MY OFFICE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MY OFFICE, INC. | c EIN-PN 48-1289900-001 |
| a | Plan name | NANOSHIFT 401(K) PLAN | |
| b | Name of plan sponsor | NANOSHIFT | c EIN-PN 59-3810848-001 |
| a | Plan name | O SKIN CARE LLC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | O SKIN CARE LLC | c EIN-PN 26-0374403-001 |
| a | Plan name | PARADIGM PROPERTIES, LLC EMPLOYEES RETIREMENT PLAN | |
| b | Name of plan sponsor | PARADIGM PROPERTIES, LLC | c EIN-PN 06-1533601-001 |
| a | Plan name | PARAGON PLUS, INC. DBA PARAGON STEEL 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PARAGON PLUS, INC. DBA PARAGON STEEL | c EIN-PN 33-0300619-001 |
| a | Plan name | PARTNERS SUPPLY COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PARTNERS SUPPLY COMPANY, INC. | c EIN-PN 62-1633017-001 |
| a | Plan name | PASADENA SENIOR CENTER 401(K) PLAN | |
| b | Name of plan sponsor | PASADENA SENIOR CENTER | c EIN-PN 95-2085393-001 |
| a | Plan name | POSITIVEEDGE SOLUTIONS 401(K) PLAN & TRUST | |
| b | Name of plan sponsor | POSITIVEEDGE SOLUTIONS | c EIN-PN 37-1552390-001 |
| a | Plan name | PRACTICE DIAGNOSTIC SYSTEMS, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PRACTICE DIAGNOSTIC SYSTEMS, LLC DBA PRACTICAL DATA SOLUTIONS | c EIN-PN 27-0410486-001 |
| a | Plan name | QUALEX MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | QUALEX MANUFACTURING, LLC | c EIN-PN 61-1273995-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name SCHOOL PORTRAITS BY ADAMS PHOTOGRAPHY, INC. 401(K) PLAN | |
| b | Name of plan sponsor SCHOOL PORTRAITS BY ADAMS PHOTOGRAPHY, INC. | c EIN-PN 27-2959933-001 |
| a | Plan name SLEEP SOLUTIONS SERVICES, LLC 401(K) PLAN | |
| b | Name of plan sponsor SLEEP SOLUTIONS SERVICES, LLC | c EIN-PN 43-2067227-001 |
| a | Plan name SLIM CHICKENS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SLIM CHICKENS | c EIN-PN 45-3985800-001 |
| a | Plan name SMART, LLC 401(K) PLAN | |
| b | Name of plan sponsor SMART, LLC | c EIN-PN 30-0269003-001 |
| a | Plan name SMARTBILL, LTD. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor SMARTBILL, LTD. | c EIN-PN 31-1806543-001 |
| a | Plan name THE CONNECTME 401(K) PLAN | |
| b | Name of plan sponsor MODERN HR, INC. | c EIN-PN 81-0741257-002 |
| a | Plan name THE DREAM CATCHER FOUNDATION, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor THE DREAM CATCHER FOUNDATION, INC. | c EIN-PN 20-4996410-001 |
| a | Plan name TOIGO FOUNDATION RETIREMENT PLAN | |
| b | Name of plan sponsor THE ROBERT A. TOIGO FOUNDATION | c EIN-PN 13-3565426-001 |
| a | Plan name TOM MALLOY CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor TOM MALLOY CORPORATION | c EIN-PN 95-2674327-004 |
| a | Plan name WELL GO USA, INC. 401(K) PLAN | |
| b | Name of plan sponsor WELL GO USA, INC. | c EIN-PN 75-2542366-001 |
| a | Plan name FLORIDA BUSINESS TECHNOLOGIES LLC 401(K) PLAN | |
| b | Name of plan sponsor FLORIDA BUSINESS TECHNOLOGIES LLC | c EIN-PN 26-0000350-001 |
| a | Plan name FLOYD AND HOWERTON PLUMBING, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor FLOYD AND HOWERTON PLUMBING, INC. | c EIN-PN 95-2779968-003 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name CECOS 401(K) PLAN | |
| b | Name of plan sponsor CYRIACKS ENVIRONMENTAL CONSULTING SERVICES, INC. | c EIN-PN 90-0106680-001 |
| a | Plan name CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN | |
| b | Name of plan sponsor CEDAR VALLEY PEDIATRIC DENTISTRY | c EIN-PN 27-0521322-001 |
| a | Plan name LABORATORY CERTIFICATION SERVICES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor LABORATORY CERTIFICATION SERVICES, INC. | c EIN-PN 31-1187082-001 |
| a | Plan name PEDIATRIC MINDS MEDICAL CENTER 401(K) | |
| b | Name of plan sponsor PEDIATRIC MINDS MEDICAL CENTER, INC. | c EIN-PN 27-3044815-001 |
| a | Plan name TACO ALOHA, INC. 401(K) PLAN | |
| b | Name of plan sponsor TACO ALOHA, INC. | c EIN-PN 99-0171500-002 |
| a | Plan name TANIS CONCRETE, INC. 401(K) PLAN | |
| b | Name of plan sponsor TANIS CONCRETE, INC. | c EIN-PN 22-1567712-001 |
| a | Plan name ACADEMIC ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ACADEMIC ENDOCRINE, METABOLISM & NUTRITION, INC. | c EIN-PN 36-4180316-001 |
| a | Plan name ACADEMY WEST INVESTMENTS 401(K) PLAN | |
| b | Name of plan sponsor ACADEMY WEST INVESTMENTS | c EIN-PN 82-4195113-001 |
| a | Plan name ACCURATE CONSTRUCTION COMPANY 401(K) PLAN | |
| b | Name of plan sponsor ACCURATE CONSTRUCTION COMPANY, INC. | c EIN-PN 35-2243037-001 |
| a | Plan name CITY OF METTER RETIREMENT PLAN | |
| b | Name of plan sponsor CITY OF METTER | c EIN-PN 58-6000621-001 |
| a | Plan name GENERAL PLASTICS, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor GENERAL PLASTICS, INC. | c EIN-PN 39-1593017-001 |
| a | Plan name LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor LOMONT MOLDING, LLC | c EIN-PN 47-1306587-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC. 401(K) PLAN | |
| b | Name of plan sponsor LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC. | c EIN-PN 23-7010825-001 |
| a | Plan name LPM ELECTRIC 401(K) PLAN | |
| b | Name of plan sponsor LPM ELECTRIC, INC | c EIN-PN 03-0396161-001 |
| a | Plan name PRATT & ASSOCIATES, LLC 401(K) PLAN | |
| b | Name of plan sponsor PRATT & ASSOCIATES, LLC | c EIN-PN 62-1725882-001 |
| a | Plan name ADVANCED ACCESS CONTROLS, INC. 401(K) PLAN | |
| b | Name of plan sponsor ADVANCED ACCESS CONTROLS, INC. | c EIN-PN 45-3587888-001 |
| a | Plan name ADVANCED MECHANICAL, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ADVANCED MECHANICAL, INC. | c EIN-PN 93-1321840-001 |
| a | Plan name COBCO ENTERPRISES, LLC 401(K) PLAN | |
| b | Name of plan sponsor COBCO ENTERPRISES, LLC | c EIN-PN 31-1718329-001 |
| a | Plan name COBITCO INC 401(K) PLAN | |
| b | Name of plan sponsor COBITCO, INC. | c EIN-PN 84-0504239-001 |
| a | Plan name COBRA MOTO LLC 401(K) PLAN | |
| b | Name of plan sponsor COBRA MOTO, LLC | c EIN-PN 27-1784830-001 |
| a | Plan name GILBERT C. DOLES, ATTORNEY AT LAW, A LAW CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor GILBERT C. DOLES, ATTORNEY AT LAW, A LAW CORPORATION | c EIN-PN 99-0359339-001 |
| a | Plan name M & J LOAN, LLC PROFIT SHARING PLAN | |
| b | Name of plan sponsor M & J LOAN, LLC/DBA GRIFFIN CAPITAL FUNDING | c EIN-PN 87-0708717-001 |
| a | Plan name M & J PROSPECT ENTERPRISES, LLC DEFINED BENEFIT PLAN | |
| b | Name of plan sponsor M & J PROSPECT ENTERPRISES, LLC | c EIN-PN 81-0703560-001 |
| a | Plan name M.F. HUSEBY COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor M.F. HUSEBY COMPANY, INC. | c EIN-PN 95-1729316-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor MADDEN ELEVATOR COMPANY | c EIN-PN 27-4404800-001 |
| a | Plan name MAFIAPAPERS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MAFIAPAPERS, INC. | c EIN-PN 42-1634622-002 |
| a | Plan name PRIMO MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PRIMO MEDICAL GROUP, INC. | c EIN-PN 04-2224896-002 |
| a | Plan name THE REALTIME GROUP 401(K) PLAN | |
| b | Name of plan sponsor RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC | c EIN-PN 46-0876004-001 |
| a | Plan name THE RICE PARTNERSHIP, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor THE RICE PARTNERSHIP, LLC | c EIN-PN 81-0671115-001 |
| a | Plan name TOMROSE CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor TOMROSE CONSTRUCTION, INC. | c EIN-PN 81-4771309-001 |
| a | Plan name TOTAL NETWORK MANUFACTURING 401(K) PLAN | |
| b | Name of plan sponsor TOTAL NETWORK MANUFACTURING | c EIN-PN 35-2644359-001 |
| a | Plan name ALLIANCE PEDIATRICS 401(K) PLAN | |
| b | Name of plan sponsor ALLIANCE PRIMARY CARE ASSOCIATES PLLC DBA ALLIANCE PEDIATRICS | c EIN-PN 45-3459804-001 |
| a | Plan name ALOHA HABILITATION SERVICES, INC. 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor ALOHA HABILITATION SERVICES, INC. | c EIN-PN 99-0356254-001 |
| a | Plan name ALPHA CONSULTING ENGINEERS, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor ALPHA CONSULTING ENGINEERS, INC. | c EIN-PN 25-1719838-001 |
| a | Plan name CONFERENCE SOURCE 401(K) PLAN | |
| b | Name of plan sponsor CONFERENCE SOURCE, LLC | c EIN-PN 47-0938189-001 |
| a | Plan name CONNECTICUT GASTROENTEROLOGY ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CONNECTICUT GASTROENTEROLOGY ASSOCIATES, P.C. | c EIN-PN 06-1150705-002 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name CONNELL & ASSOCIATES LTD. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CONNELL & ASSOCIATES LTD. | c EIN-PN 26-3776281-001 |
| a | Plan name GREAT LAKES PULMONARY AND SLEEP ASSOCIATES S.C. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor GREAT LAKES PULMONARY AND SLEEP ASSOCIATES, INC. | c EIN-PN 20-0676469-001 |
| a | Plan name QUALITY AUTO BODY 401(K) PLAN | |
| b | Name of plan sponsor QUALITY AUTO BODY | c EIN-PN 22-2130034-001 |
| a | Plan name QUIKILL PEST ELIMINATORS, INC. 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor QUIKILL PEST ELIMINATORS, INC. | c EIN-PN 36-2840496-001 |
| a | Plan name TSM VENTURES, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor TSM VENTURES, INC. | c EIN-PN 37-0809985-001 |
| a | Plan name TUCKER, ALBIN & ASSOCIATES 401(K) PLAN | |
| b | Name of plan sponsor TUCKER, ALBIN & ASSOCIATES | c EIN-PN 32-0386771-001 |
| a | Plan name TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN | |
| b | Name of plan sponsor TURNBRIDGE CAPITAL MANAGEMENT, LLC | c EIN-PN 47-0963603-001 |
| a | Plan name AMPLIFIED BY DESIGN 401(K) PLAN | |
| b | Name of plan sponsor AMPLIFIED BY DESIGN, INC. | c EIN-PN 73-1648552-001 |
| a | Plan name AMTECH PROFIT SHARING PLAN | |
| b | Name of plan sponsor AUTOMATED MACHINE & TECHNOLOGY, INC. | c EIN-PN 54-1104196-001 |
| a | Plan name ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ANDRADE GONZALEZ LLP | c EIN-PN 46-2892257-001 |
| a | Plan name ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN | |
| b | Name of plan sponsor ANDRADE GONZALEZ LLP | c EIN-PN 46-2892257-003 |
| a | Plan name CRAZY CAT CYCLERY 401(K) PLAN | |
| b | Name of plan sponsor CRAZY CAT CYCLERY, LLC | c EIN-PN 46-1509105-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | HAGOOD HOMES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | HAGOOD HOMES, INC. | c EIN-PN 56-1965580-001 |
| a | Plan name | HAM BROADCASTING COMPANY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HAM BROADCASTING COMPANY, INC. | c EIN-PN 61-1193671-001 |
| a | Plan name | HAMILTON MARTENS, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HAMILTON MARTENS, LLC | c EIN-PN 20-1343616-001 |
| a | Plan name | HANGMAN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HANGMAN PRODUCTS, INC. | c EIN-PN 95-4749074-001 |
| a | Plan name | REGAL ELECTRONICS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | REGAL ELECTRONICS, INC. | c EIN-PN 77-0297406-001 |
| a | Plan name | REICH INSTALLATION SERVICES RETIREMENT PLAN | |
| b | Name of plan sponsor | REICH INSTALLATION SERVICES, INC. | c EIN-PN 39-1727024-001 |
| a | Plan name | REIF LAW GROUP, P.C. 401(K) PLAN | |
| b | Name of plan sponsor | REIF LAW GROUP, P.C. | c EIN-PN 26-4085758-001 |
| a | Plan name | RJ WRIGHT & SONS 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor | RJ WRIGHT & SONS, LTD | c EIN-PN 34-1693478-001 |
| a | Plan name | RNB & K 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | RIPES NELSON BAGGOT & KALOBRATSOS P.C. | c EIN-PN 36-4233711-001 |
| a | Plan name | RNR CONTRACTORS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | RNR CONTRACTORS, INC. | c EIN-PN 22-3177714-001 |
| a | Plan name | ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC. | c EIN-PN 94-3295212-002 |
| a | Plan name | DANHAUER DRUG COMPANY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | DANHAUER DRUG, INC. | c EIN-PN 61-0992161-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name DASTON CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor DASTON CORPORATION | c EIN-PN 54-1638058-001 |
| a | Plan name HICKORY GROVE VENTURES, LLC 401(K) PLAN | |
| b | Name of plan sponsor TIGHE-ZEMAN EQUIPMENT LLC | c EIN-PN 75-3093043-001 |
| a | Plan name MICHIGAN NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN | |
| b | Name of plan sponsor MICHIGAN NEUROLOGY ASSOCIATES, P.C. | c EIN-PN 38-3258019-001 |
| a | Plan name MICROFIRST, INC. 401(K) PLAN | |
| b | Name of plan sponsor MICROFIRST, INC. | c EIN-PN 22-2783590-001 |
| a | Plan name DELAWARE CLAIMS PROCESSING FACILITY, LLC 401(K) PLAN | |
| b | Name of plan sponsor DELAWARE CLAIMS PROCESSING FACILITY, LLC | c EIN-PN 20-5453231-001 |
| a | Plan name HMC CONSTRUCTION, INC. 401(K) PLAN | |
| b | Name of plan sponsor HODGDON MANAGEMENT AND CONSTRUCTION, INC. DBA HMC CONSTRUCTION, INC. | c EIN-PN 56-2467203-002 |
| a | Plan name MISTLIN MOTORS 401(K) PLAN | |
| b | Name of plan sponsor MISTLIN MOTORS | c EIN-PN 94-2540043-001 |
| a | Plan name RSC, LLC 401(K) PLAN | |
| b | Name of plan sponsor RSC, LLC | c EIN-PN 23-3050497-001 |
| a | Plan name NAOS DESIGN GROUP, LLC 401(K) PLAN | |
| b | Name of plan sponsor NAOS DESIGN GROUP, LLC | c EIN-PN 27-2293424-001 |
| a | Plan name BECK COMPANIES INC. 401(K) PLAN & TRUST | |
| b | Name of plan sponsor BECK READYMIX CONCRETE COMPANY, INC. | c EIN-PN 74-2341756-001 |
| a | Plan name BECKWITH LUMBER COMPANY, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor BECKWITH LUMBER COMPANY, INC. | c EIN-PN 55-0525058-001 |
| a | Plan name BEEF O'BRADY'S HUDSON, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor BEEF O'BRADY'S HUDSON, INC. | c EIN-PN 45-1669694-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | INDUSTRIAL COMPONENTS, INC. SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor | INDUSTRIAL COMPONENTS SALES, INC. | c EIN-PN 39-2001134-001 |
| a | Plan name | INFRONT DEVICES & SYSTEMS, LLC 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | INFRONT DEVICES & SYSTEMS, LLC | c EIN-PN 73-1646352-001 |
| a | Plan name | INNOVA ZONES 401(K) PLAN | |
| b | Name of plan sponsor | INNOVA ZONES, LLC | c EIN-PN 46-5111106-001 |
| a | Plan name | WENCO MANAGEMENT, LLC 401(K) PLAN | |
| b | Name of plan sponsor | WENCO MANAGEMENT, LLC | c EIN-PN 81-0971670-003 |
| a | Plan name | WENER & SONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | WENER & SONS, INC. | c EIN-PN 84-1172087-001 |
| a | Plan name | SERVICE TRACKING SYSTEMS 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | SERVICE TRACKING SYSTEMS | c EIN-PN 20-8077674-001 |
| a | Plan name | SHADOW FINANCIAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SHADOW FINANCIAL SYSTEMS, INC. | c EIN-PN 22-3564167-001 |
| a | Plan name | BERGER & JEN KIN DDS, INC. 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BERGER & JEN KIN DDS, INC. | c EIN-PN 95-4666002-001 |
| a | Plan name | BERICH MASONRY, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | BERICH MASONRY, INC. | c EIN-PN 20-2612940-001 |
| a | Plan name | BETAR DENTAL PC, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BETAR DENTAL PC, INC. | c EIN-PN 25-1799034-001 |
| a | Plan name | DWELLINGS ON MADISON 401(K) PLAN | |
| b | Name of plan sponsor | DWELLINGS ON MADISON | c EIN-PN 45-4310435-001 |
| a | Plan name | DYNAMIC DOWNHOLE SERVICES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | DYNAMIC DOWNHOLE SERVICES, LLC | c EIN-PN 26-2612443-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor INTERPRET, LLC | c EIN-PN 20-4554232-002 |
| a | Plan name INTERPRINT INCORPORATED SAVINGS PLAN | |
| b | Name of plan sponsor INTERPRINT, INC. | c EIN-PN 59-0871253-001 |
| a | Plan name INTERVENTIONAL PAIN CONSULTANTS, LLC 401(K) PLAN | |
| b | Name of plan sponsor INTERVENTIONAL PAIN CONSULTANTS LLC | c EIN-PN 83-0901793-001 |
| a | Plan name NEW STAR FRESH FOODS, LLC 401(K) PLAN | |
| b | Name of plan sponsor NEWSTAR FRESH FOODS, LLC | c EIN-PN 77-0442617-001 |
| a | Plan name WILDLIFE 401(K) PLAN | |
| b | Name of plan sponsor WILDLIFE DESIGN, INC. | c EIN-PN 46-3996728-001 |
| a | Plan name OASIS AIR AND SOLAR 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor OASIS AIR AND SOLAR | c EIN-PN 95-2865840-001 |
| a | Plan name OC AUTO TEAM 401(K) PLAN | |
| b | Name of plan sponsor PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI | c EIN-PN 16-1690678-002 |
| a | Plan name OCEANWIDE PLAZA LLC 401(K) PLAN | |
| b | Name of plan sponsor OCEANWIDE PLAZA LLC | c EIN-PN 68-0683629-001 |
| a | Plan name OCEANWIDE RESORT HI LLC 401(K) PLAN | |
| b | Name of plan sponsor OCEANWIDE RESORT HI LLC | c EIN-PN 81-2988222-001 |
| a | Plan name BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC. | c EIN-PN 74-1179149-002 |
| a | Plan name BREEZWAY THRIFTY GLASS 401(K) PLAN | |
| b | Name of plan sponsor JOJO ENTERPRISES, INC. DBA BREEZWAY THRIFTY GLASS | c EIN-PN 33-0433751-001 |
| a | Plan name ELITE AIR, INC. 401(K) PLAN | |
| b | Name of plan sponsor ELITE AIR, INC. | c EIN-PN 59-3715986-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | ELITE PT LLC 401(K) PLAN | |
| b | Name of plan sponsor | ELITE PT LLC | c EIN-PN 20-8004587-001 |
| a | Plan name | JCFA 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | JCFA | c EIN-PN 27-1822983-001 |
| a | Plan name | JD DOGGY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | JD DOGGY, INC. | c EIN-PN 47-3843337-001 |
| a | Plan name | SMILE FAMILY & COSMETIC DENTISTRY DEFINED BENEFIT PLAN | |
| b | Name of plan sponsor | SHARON BOWERS MCCRARY, D.M.D., P.A. | c EIN-PN 59-3531551-001 |
| a | Plan name | SMP 401(K) PLAN | |
| b | Name of plan sponsor | SCOTT MCLEOD PLUMBING, INC. | c EIN-PN 32-0067594-001 |
| a | Plan name | SNRA COMMODITIES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SNRA COMMODITIES, INC. | c EIN-PN 46-3031744-001 |
| a | Plan name | OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | OUR HOME PHARMACY, INC. | c EIN-PN 27-2618187-001 |
| a | Plan name | BURGESS CONCRETE CONSTRUCTION PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BURGESS CONCRETE CONSTRUCTION, INC. | c EIN-PN 38-2694249-001 |
| a | Plan name | BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN | c EIN-PN 88-0401243-002 |
| a | Plan name | BUTTER BUILDING & DEVELOPMENT 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BUTTER BUILDING & DEVELOPMENT, INC. | c EIN-PN 88-0404611-001 |
| a | Plan name | EVER READY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | EVER READY ELECTRIC, INC. | c EIN-PN 39-1948378-001 |
| a | Plan name | EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN | |
| b | Name of plan sponsor | EVERGREEN AVIATION & SPACE MUSEUM | c EIN-PN 93-1069203-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | EXCEL PAYROLL SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | EXCEL PAYROLL SERVICES, INC. | c EIN-PN 26-1943089-001 |
| a | Plan name | JOLLEY'S COMPOUNDING PHARMACY INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | JOLLEY'S COMPOUNDING PHARMACY INC. | c EIN-PN 20-0513036-001 |
| a | Plan name | SSL LAW FIRM LLP RETIREMENT PLAN | |
| b | Name of plan sponsor | SSL LAW FIRM, LLP | c EIN-PN 94-3397499-001 |
| a | Plan name | PATEL, GREENE & ASSOCIATES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | PATEL, GREENE & ASSOCIATES, LLC | c EIN-PN 45-2209743-001 |
| a | Plan name | CARDIOVASCULAR SOLUTIONS, LLC PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CARDIOVASCULAR SOLUTIONS, LLC | c EIN-PN 26-0170867-001 |
| a | Plan name | CARNEY, ALEXANDER, MAROLD, & CO. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | CARNEY, ALEXANDER, MAROLD, & CO. | c EIN-PN 42-0728423-001 |
| a | Plan name | FFTT, LLC 401 (K) PLAN | |
| b | Name of plan sponsor | FFTT, LLC | c EIN-PN 81-0860100-001 |
| a | Plan name | FINANCIAL BALANCE GROUP, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | FINANCIAL BALANCE GROUP, LLC | c EIN-PN 26-2990407-001 |
| a | Plan name | KING SYSTEMS 401(K) PLAN | |
| b | Name of plan sponsor | KING SYSTEMS, LLC | c EIN-PN 81-0553940-001 |
| a | Plan name | KJLA 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | COSTA DE ORO MEDIA, LLC | c EIN-PN 77-0139492-001 |
| a | Plan name | KLEIN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | KLEIN PRODUCTS, INC. | c EIN-PN 95-2105141-001 |
| a | Plan name | SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A. | c EIN-PN 59-1273247-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|---|---------------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN | |
| b | Name of plan sponsor MY WAY HOLDINGS, LLC | c EIN-PN 88-0475995-001 |
| a | Plan name SUPERIOR DENTAL LABORATORY INC. 401(K) PLAN | |
| b | Name of plan sponsor SUPERIOR DENTAL LABORATORY INC. | c EIN-PN 88-0238763-002 |
| a | Plan name THE LIFE ASSOCIATES, INC. & BLANKENSHIP 401(K) PLAN | |
| b | Name of plan sponsor THE LIFE ASSOCIATES, INC. | c EIN-PN 61-1150917-001 |
| a | Plan name ACOUSTICAL SURFACES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ACOUSTICAL SURFACES, INC. | c EIN-PN 81-0664002-001 |
| a | Plan name CIVIL SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor CIVIL SERVICES, INC. | c EIN-PN 59-2975137-001 |
| a | Plan name CJ15 LLC 401(K) PLAN | |
| b | Name of plan sponsor CJ15 LLC | c EIN-PN 47-4824628-001 |
| a | Plan name CLARITY TELECOM, LLC 401(K) PLAN | |
| b | Name of plan sponsor CLARITY TELECOM LLC DBA BLUEPEAK | c EIN-PN 46-2667900-001 |
| a | Plan name CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN | |
| b | Name of plan sponsor CLASSIC CARRIERS, INC. | c EIN-PN 31-1152938-001 |
| a | Plan name GERALD GRAIN INCENTIVE SAVINGS PLAN | |
| b | Name of plan sponsor GERALD GRAIN CENTER, INC. | c EIN-PN 34-1526549-001 |
| a | Plan name PRECISION ROADWAY SERVICES, LLC 401(K) PLAN | |
| b | Name of plan sponsor PRECISION ROADWAY SERVICES, LLC | c EIN-PN 27-2553193-001 |
| a | Plan name PRECISION SMALL ENGINE CO., INC. 401(K) PLAN | |
| b | Name of plan sponsor PRECISION SMALL ENGINE CO., INC. | c EIN-PN 59-1985940-001 |
| a | Plan name MAGELLAN MEDICAL 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor MAGELLAN MEDICAL TECHNOLOGY CONSULTANTS, INC. | c EIN-PN 41-1817386-002 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ADVANCED NETWORK PRODUCTS, INC. | c EIN-PN 23-2316443-001 |
| a | Plan name ADVANCED REPRODUCTIVE CENTER OF HAWAII 401(K) PLAN | |
| b | Name of plan sponsor CHRISTOPHER T.F. HUANG, M.D., INC | c EIN-PN 01-0674989-001 |
| a | Plan name ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ADVERTISING CONSULTANTS, INC. | c EIN-PN 95-2465409-001 |
| a | Plan name PRO-SAFETY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PRO-SAFETY, INC. | c EIN-PN 39-1570779-001 |
| a | Plan name PROCESSES BY MARTIN, INC. 401(K) PLAN | |
| b | Name of plan sponsor PROCESSES BY MARTIN, INC. | c EIN-PN 95-4434945-001 |
| a | Plan name PROFESSIONAL BROKERAGE WEST, INC. 401(K) PLAN | |
| b | Name of plan sponsor PROFESSIONAL BROKERAGE WEST, INC. | c EIN-PN 88-0222304-001 |
| a | Plan name THE UROLOGY CLINIC PROFIT SHARING PLAN | |
| b | Name of plan sponsor THE UROLOGY CLINIC | c EIN-PN 72-0597185-002 |
| a | Plan name MATICH CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MATICH CORPORATION | c EIN-PN 95-1810911-002 |
| a | Plan name MATRIX MANUFACTURING, INC. 401(K) PLAN | |
| b | Name of plan sponsor MATRIX MANUFACTURING, INC. | c EIN-PN 38-3622804-001 |
| a | Plan name MATTHEW L. BRIDGES DDS SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor MATTHEW L. BRIDGES DDS PLLC | c EIN-PN 82-1972625-001 |
| a | Plan name QUIVX 401(K) PLAN & TRUST | |
| b | Name of plan sponsor QUIVX | c EIN-PN 26-4736334-001 |
| a | Plan name R & M EQUIPMENT COMPANY 401(K) PLAN | |
| b | Name of plan sponsor TRIBMS, LLC DBA R & M EQUIPMENT COMPANY | c EIN-PN 23-3084608-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | TOYOBO KUREHA AMERICA CO., LTD. 401(K) PLAN | |
| b | Name of plan sponsor | TOYOBO KUREHA AMERICA CO., LTD. | c EIN-PN 31-1414533-001 |
| a | Plan name | TOYOTA OF RIDGECREST 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | TOYOTA OF RIDGECREST | c EIN-PN 95-1774180-001 |
| a | Plan name | MEDIA WATCH, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | MEDIA WATCH, INC. | c EIN-PN 43-1587643-001 |
| a | Plan name | MEDICORE, LLC 401(K) PLAN | |
| b | Name of plan sponsor | MEDICORE, LLC | c EIN-PN 30-0852928-001 |
| a | Plan name | MEDINA LAW GROUP PA 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | MEDINA LAW GROUP PA | c EIN-PN 59-3666180-001 |
| a | Plan name | ANTIQUE SILVER 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | ANTIQUE SILVER OF WAUKESHA, INC. | c EIN-PN 39-2044240-001 |
| a | Plan name | CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN | c EIN-PN 47-2388058-001 |
| a | Plan name | HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN | |
| b | Name of plan sponsor | HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA | c EIN-PN 34-1165089-001 |
| a | Plan name | HARPER OPERATING COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | HARPER OPERATING COMPANY, INC. | c EIN-PN 31-0855493-001 |
| a | Plan name | U.S. COMMUNICATION 401 (K) PLAN | |
| b | Name of plan sponsor | U.S. COMMUNICATION INDUSTRIES, INC. | c EIN-PN 36-3138121-001 |
| a | Plan name | UBORA ENGINEERING & PLANNING RETIREMENT PLAN | |
| b | Name of plan sponsor | UBORA ENGINEERING & PLANNING, INC | c EIN-PN 20-2459818-001 |
| a | Plan name | ULTIMA DESIGN OF SOUTH FLORIDA, INC. RETIREMENT PLAN AND TRUST | |
| b | Name of plan sponsor | ULTIMA DESIGN OF SOUTH FLORIDA, INC. | c EIN-PN 65-0407058-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ASSOCIATED COMPONENTS TECHNOLOGY, INC. | c EIN-PN 33-0439579-001 |
| a | Plan name ASSOCIATED SOILS ENGINEERING, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ASSOCIATED SOILS ENGINEERING, INC. | c EIN-PN 95-2896496-001 |
| a | Plan name DAVID FELKER, MD, P.A. 401(K) SAFE HARBOR PLAN | |
| b | Name of plan sponsor DAVID FELKER, MD, P.A. | c EIN-PN 65-0932108-001 |
| a | Plan name DAVID HUVAL'S TRUCKING CO. 401(K) PLAN | |
| b | Name of plan sponsor DAVID HUVAL'S TRUCKING CO., INC. | c EIN-PN 72-1470730-001 |
| a | Plan name MIDWESCO MECHANICAL AND ENERGY , LLC 401(K) | |
| b | Name of plan sponsor MIDWESCO MECHANICAL AND ENERGY , LLC | c EIN-PN 46-2867688-001 |
| a | Plan name ROCKFORD ORTHOPEDIC APPLIANCE COMPANY RETIREMENT PLAN | |
| b | Name of plan sponsor ROCKFORD ORTHOPEDIC APPLIANCE COMPANY | c EIN-PN 36-2933840-001 |
| a | Plan name VAUGHN A. VICTORINO 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor VAUGHN A. VICTORINO | c EIN-PN 81-0866840-001 |
| a | Plan name VEEX 401(K) PLAN | |
| b | Name of plan sponsor VEEX, INC. | c EIN-PN 20-4527700-001 |
| a | Plan name VEGAS OPTICS, LLC 401(K) PLAN | |
| b | Name of plan sponsor VEGAS OPTICS, LLC | c EIN-PN 55-0896350-001 |
| a | Plan name DELTA SYSTEMS & AUTOMATION LLC 401(K) PLAN | |
| b | Name of plan sponsor DELTA SYSTEMS & AUTOMATION LLC | c EIN-PN 83-2468256-001 |
| a | Plan name DENBESTE COMPANIES, INC. 401(K) PLAN & TRUST | |
| b | Name of plan sponsor DENBESTE COMPANIES, INC. | c EIN-PN 93-3878708-001 |
| a | Plan name DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN | c EIN-PN 34-1117652-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | HOLOCENE RETIREMENT PLAN | |
| b | Name of plan sponsor | HOLOCENE DRILLING | c EIN-PN 88-1200636-001 |
| a | Plan name | HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HOME GUARD INDUSTRIES, INC. | c EIN-PN 35-1568735-001 |
| a | Plan name | RUBY JANE SIA, M.D., INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | RUBY JANE SIA, M.D., INC. | c EIN-PN 03-0510778-001 |
| a | Plan name | RYAN & RYAN CONSTRUCTION, INC. 401(K) PLAN & TRUST | |
| b | Name of plan sponsor | RYAN & RYAN CONSTRUCTION, INC. | c EIN-PN 20-2312773-001 |
| a | Plan name | VISTA BEHAVIORAL HEALTH, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | VISTA BEHAVIORAL HEALTH, INC. | c EIN-PN 45-2979166-001 |
| a | Plan name | VITALS INTERNATIONAL INC. DEFINED BENEFIT PENSION PLAN | |
| b | Name of plan sponsor | VITALS INTERNATIONAL INC. | c EIN-PN 45-4069698-001 |
| a | Plan name | NATURE DESIGNS LANDSCAPE 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ESCONDIDO LANDSCAPE, INC. | c EIN-PN 33-0348276-001 |
| a | Plan name | DR. TROY A. HEUER SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor | DR. TROY A. HEUER | c EIN-PN 23-2724478-001 |
| a | Plan name | DR. TUNGS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | DR. TUNG'S PRODUCTS, INC | c EIN-PN 94-3269880-001 |
| a | Plan name | DRABIK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | DRABIK MANUFACTURING, INC. | c EIN-PN 34-1503007-001 |
| a | Plan name | DREXELBROOK ASSOCIATES 401(K) PLAN | |
| b | Name of plan sponsor | DREXELBROOK ASSOCIATES | c EIN-PN 23-1552101-001 |
| a | Plan name | INNOVATIVE 401(K) PLAN | |
| b | Name of plan sponsor | INNOVATIVE STAMPING CORP. | c EIN-PN 95-3018165-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name INSPIRE MEDICAL, INC. 401(K) PLAN | |
| b | Name of plan sponsor INSPIRE MEDICAL, INC. | c EIN-PN 62-1691089-001 |
| a | Plan name INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN | |
| b | Name of plan sponsor INSTITUTIONAL CASEWORK, INC. | c EIN-PN 20-4225695-001 |
| a | Plan name INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor INTEGRI, LLC | c EIN-PN 20-2613358-001 |
| a | Plan name SEACOAST SUPPLY 401(K) PLAN | |
| b | Name of plan sponsor SEACOAST SUPPLY | c EIN-PN 20-2086169-001 |
| a | Plan name SEER TEAM RETIREMENT PLAN | |
| b | Name of plan sponsor THE NEW EQUATION LIMITED LIABILITY COMPANY DBA SEER INTERACTIVE | c EIN-PN 03-0512205-001 |
| a | Plan name SEMO ALLIANCE FOR DISABILITY INDEPENDENCE INC. 401(K) PLAN | |
| b | Name of plan sponsor SEMO ALLIANCE FOR DISABILITY INDEPENDENCE INC. | c EIN-PN 43-1645037-001 |
| a | Plan name WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor WESTERN PACIFIC PULP & PAPER, INC. | c EIN-PN 94-2906199-001 |
| a | Plan name WESTON PROPERTIES 401K | |
| b | Name of plan sponsor WESTON PROPERTIES, LC | c EIN-PN 74-2722024-112 |
| a | Plan name BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN | |
| b | Name of plan sponsor BIO-MED BEHAVIORAL HEALTH CARE, P.C. | c EIN-PN 38-3469611-001 |
| a | Plan name BIRD LADDER & EQUIPMENT CO. INC. 401(K) PLAN | |
| b | Name of plan sponsor BIRD LADDER & EQUIPMENT CO. INC. | c EIN-PN 39-1227787-001 |
| a | Plan name EARTHLITE 401(K) PLAN | |
| b | Name of plan sponsor EARTHLITE ACQUISITION, INC. | c EIN-PN 33-0493452-001 |
| a | Plan name EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN | |
| b | Name of plan sponsor EASLEY HEAD & NECK SURGERY, P.A. | c EIN-PN 57-0752346-002 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | INTRINSYX TECHNOLOGIES 401(K) PLAN | |
| b | Name of plan sponsor | INTRINSYX TECHNOLOGIES | c EIN-PN 77-0539893-001 |
| a | Plan name | INVEST CAST INCORPORATED 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | INVEST CAST INCORPORATED | c EIN-PN 41-1404239-001 |
| a | Plan name | NIELSEN MOTORS SALARY REDUCTION PROFIT SHARING PLAN | |
| b | Name of plan sponsor | NIELSEN CAPITAL LLC DBA NIELSEN MOTORS | c EIN-PN 93-2601344-001 |
| a | Plan name | NISBET ENTERPRISES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | NISBET ENTERPRISES, INC. | c EIN-PN 65-0685929-001 |
| a | Plan name | SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST | |
| b | Name of plan sponsor | SHAW'S COVE ORTHOPAEDICS, LLC | c EIN-PN 56-2397586-001 |
| a | Plan name | SHAWNEE COUNTRY CLUB 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SHAWNEE COUNTRY CLUB | c EIN-PN 34-4353200-001 |
| a | Plan name | SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN | |
| b | Name of plan sponsor | SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C. | c EIN-PN 20-0048495-001 |
| a | Plan name | WINTERGREEN CONSTRUCTION SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor | WINTERGREEN CONSTRUCTION SERVICES, INC. | c EIN-PN 59-3034069-001 |
| a | Plan name | WISCONSIN WOMEN'S HEALTH FOUNDATION 401(K) PLAN | |
| b | Name of plan sponsor | WISCONSIN WOMEN'S HEALTH FOUNDATION | c EIN-PN 39-1900678-001 |
| a | Plan name | BRETT HILL CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BRETT HILL CONSTRUCTION, INC. | c EIN-PN 99-0345851-001 |
| a | Plan name | EMG, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | EMG, INC. | c EIN-PN 94-2903016-001 |
| a | Plan name | OHIO READY MIX, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | OHIO READY MIX, INC. | c EIN-PN 34-1086697-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name OKMULGEE PEDIATRICS 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor OKMULGEE PEDIATRICS | c EIN-PN 73-1473375-001 |
| a | Plan name OLDHAM HARDWOODS 401(K) PLAN | |
| b | Name of plan sponsor OLDHAM HARDWOODS, LLC | c EIN-PN 88-2687277-001 |
| a | Plan name SOLARCRAFT SERVICES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SOLARCRAFT SERVICES, INC. | c EIN-PN 68-0106478-001 |
| a | Plan name SOURCE ONE TECHNICAL SOLUTIONS 401(K) PLAN | |
| b | Name of plan sponsor SOURCE ONE TECHNICAL SOLUTIONS, LLC | c EIN-PN 13-4224406-777 |
| a | Plan name C. CARAMANICO & SONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor C. CARAMANICO & SONS, INC. | c EIN-PN 23-2349249-001 |
| a | Plan name CABLE MAN, INC. 401(K) PLAN | |
| b | Name of plan sponsor CABLE MAN, INC. | c EIN-PN 64-0576514-001 |
| a | Plan name EXECUTIVE BENEFIT PROGRAMS, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor EXECUTIVE BENEFIT PROGRAMS, INC. | c EIN-PN 95-3617290-001 |
| a | Plan name EXPOTEL HOSPITALITY SERVICES 401K PLAN | |
| b | Name of plan sponsor EXPOTEL HOSPITALITY SERVICES, INC. | c EIN-PN 72-1456101-001 |
| a | Plan name EYE CARE OF MAINE PROFIT SHARING PLAN | |
| b | Name of plan sponsor EYE CARE OF MAINE, P.A. | c EIN-PN 01-0316462-004 |
| a | Plan name EYE RESEARCH & FOUNDATION INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor EYE RESEARCH FOUNDATION INC. | c EIN-PN 81-5052515-001 |
| a | Plan name JULIAN ELECTRIC, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor JULIAN ELECTRIC, INC. | c EIN-PN 36-2592808-001 |
| a | Plan name JULIE A. GUM, DMD P.C. 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor JULIE A. GUM, DMD P.C. | c EIN-PN 81-4299360-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | K KERN PAINTING LLC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | K KERN PAINTING LLC | c EIN-PN 54-2101884-001 |
| a | Plan name | K&S ASSOCIATES, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | K&S ASSOCIATES, INC. | c EIN-PN 43-0986235-001 |
| a | Plan name | OXFORD GARDEN 401(K) PLAN | |
| b | Name of plan sponsor | OXFORD LTD DBA OXFORD GARDEN | c EIN-PN 31-1525511-777 |
| a | Plan name | STANDARD BUILDERS 401(K) PLAN | |
| b | Name of plan sponsor | STANDARD BUILDERS, INC. | c EIN-PN 20-4989039-001 |
| a | Plan name | STANDARD MAINTENANCE COMPANY 401(K) PLAN | |
| b | Name of plan sponsor | STANDARD MAINTENANCE COMPANY, LLC | c EIN-PN 62-1741930-001 |
| a | Plan name | FIRST MISSOURI CREDIT UNION 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | FIRST MISSOURI CREDIT UNION | c EIN-PN 43-0492167-001 |
| a | Plan name | CARSON CORPORATION NON-UNION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CARSON CORPORATION | c EIN-PN 22-2852356-001 |
| a | Plan name | CARSON CORPORATION RETIREMENT PLAN FOR LOCAL 55 | |
| b | Name of plan sponsor | CARSON CORPORATION | c EIN-PN 22-2852356-003 |
| a | Plan name | PATTIS PRESCHOOL, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PATTIS PRESCHOOL, INC. | c EIN-PN 30-0143660-001 |
| a | Plan name | PAYROLL EXPRESS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | PAYROLL EXPRESS, LLC | c EIN-PN 45-3517823-001 |
| a | Plan name | SUPRACOR, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SUPRACOR, INC. | c EIN-PN 94-2792545-001 |
| a | Plan name | SW EXCURSION & EDUCATIONAL TOURS, INC 401(K) PLAN | |
| b | Name of plan sponsor | SW EXCURSION & EDUCATIONAL TOURS, INC | c EIN-PN 20-0128920-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | FOREMAN TOOL AND MOLD 401(K) PLAN | |
| b | Name of plan sponsor | FOREMAN TOOL AND MOLD | c EIN-PN 82-3225815-001 |
| a | Plan name | FORGE TECH, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | FORGE TECH, INC. | c EIN-PN 22-3721848-001 |
| a | Plan name | CELINA COMPANY EMPLOYEES RETIREMENT PLAN | |
| b | Name of plan sponsor | CELINA TENT, INC. | c EIN-PN 34-1894249-001 |
| a | Plan name | CENTER POINT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CENTER POINT FAMILY DENTISTRY, PLLC | c EIN-PN 27-4512893-002 |
| a | Plan name | LAGUNA SOURCE SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor | LAGUNA SOURCE LLC | c EIN-PN 41-2223213-002 |
| a | Plan name | LAKELAND ECONOMIC DEVELOPMENT COUNCIL 401(K) PLAN | |
| b | Name of plan sponsor | LAKELAND ECONOMIC DEVELOPMENT COUNCIL | c EIN-PN 45-4919549-001 |
| a | Plan name | LANDWORKS 401(K) PLAN | |
| b | Name of plan sponsor | LANDWORKS, LLC | c EIN-PN 39-1913555-001 |
| a | Plan name | PEREGRINE FALCON CORP. SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor | PEREGRINE FALCON CORPORATION | c EIN-PN 94-3209312-001 |
| a | Plan name | PERSONNEL SPECIALISTS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | PERSONNEL SPECIALISTS, LLC | c EIN-PN 39-1319507-001 |
| a | Plan name | TATE WILSON JOHNSON MEYER CHERRY PLLC 401(K) PLAN | |
| b | Name of plan sponsor | TATE WILSON JOHNSON MEYER CHERRY PLLC | c EIN-PN 20-5974889-001 |
| a | Plan name | TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA | c EIN-PN 81-4118651-001 |
| a | Plan name | TECHNOALPIN 401(K) PLAN | |
| b | Name of plan sponsor | TECHNOALPIN USA, INC. | c EIN-PN 22-3857446-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | WHISNANT & COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WHISNANT & COMPANY, LLC | c EIN-PN 56-1084523-001 |
| a | Plan name | AXAR RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | AXAR PHARMACEUTICALS, INC. | c EIN-PN 68-0665617-001 |
| a | Plan name | AXIS FABRICATION & MACHINE CO. 401(K) PLAN | |
| b | Name of plan sponsor | AXIS FABRICATION & MACHINE COMPANY, LLC | c EIN-PN 26-3961265-001 |
| a | Plan name | AXSUN, CORP. 401(K) PLAN | |
| b | Name of plan sponsor | AXSUN, CORP. | c EIN-PN 99-0376382-001 |
| a | Plan name | WOMENFIRST, LLC 401(K) PLAN | |
| b | Name of plan sponsor | WOMENFIRST, LLC | c EIN-PN 41-2192392-001 |
| a | Plan name | BELL COMPANIES 401(K) PLAN | |
| b | Name of plan sponsor | Q VEST, INC. | c EIN-PN 76-0622763-001 |
| a | Plan name | BITTNER, LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | BITTNER, LLC | c EIN-PN 61-1372128-001 |
| a | Plan name | BROWNLEE EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor | BROWNLEE LUMBER COMPANY | c EIN-PN 25-1542521-001 |
| a | Plan name | BRUCE S. HEATER 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BRUCE S. HEATER, DDS, LLC | c EIN-PN 86-1138955-002 |
| a | Plan name | CAIN THOMAS ASSOCIATES RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | CAIN THOMAS ASSOCIATES, INC. | c EIN-PN 41-1453222-001 |
| a | Plan name | CALCIUM PRODUCTS, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | CALCIUM PRODUCTS, INC. | c EIN-PN 42-1300275-001 |
| a | Plan name | CATALYST RETIREMENT PLAN | |
| b | Name of plan sponsor | CATALYST COMMUNICATIONS NETWORK LLC | c EIN-PN 92-1890010-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|---------------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name CENTRA SOTA COOPERATIVE 401(K) PLAN | |
| b | Name of plan sponsor CENTRA SOTA COOPERATIVE | c EIN-PN 41-0488480-001 |
| a | Plan name CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor CLEVELAND CITY FORGE, INC. | c EIN-PN 34-1972972-001 |
| a | Plan name CLINT PHARMACEUTICALS 401(K) PLAN | |
| b | Name of plan sponsor CLINT PHARMACEUTICALS, INC. | c EIN-PN 62-1322467-001 |
| a | Plan name COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL | c EIN-PN 71-0577085-004 |
| a | Plan name CONTAINER STORAGE 401(K) PLAN | |
| b | Name of plan sponsor CONTAINER STORAGE COMPANY OF HAWAII, LTD | c EIN-PN 99-0223980-001 |
| a | Plan name CONTRACT SOURCE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CONTRACT SOURCE, INC. | c EIN-PN 34-1605726-001 |
| a | Plan name DEANS PLACE 401(K) PLAN | |
| b | Name of plan sponsor DEANS PLACE LLC | c EIN-PN 26-3738079-001 |
| a | Plan name DESMOND WELL DRILLING, INC. 401(K) PLAN | |
| b | Name of plan sponsor DESMOND WELL DRILLING, INC. | c EIN-PN 04-2987656-001 |
| a | Plan name DESSER TIRE & RUBBER CO., LLC 401(K) PLAN | |
| b | Name of plan sponsor DESSER TIRE & RUBBER CO., LLC | c EIN-PN 47-1440306-001 |
| a | Plan name DEUMITE CONSTRUCTION, LLC 401(K) PLAN | |
| b | Name of plan sponsor DEUMITE CONSTRUCTION, LLC | c EIN-PN 01-0825625-001 |
| a | Plan name DRYWALL SYSTEMS PLUS, INC. 401(K) PLAN | |
| b | Name of plan sponsor DRYWALL SYSTEMS PLUS, INC. AND MURRAY LAND AND LEASING, INC. | c EIN-PN 61-0571444-001 |
| a | Plan name DUFF QUARRY, INC. PROFIT SHARING TRUST | |
| b | Name of plan sponsor DUFF QUARRY, INC. | c EIN-PN 34-0929698-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | EAST WEST MARTIAL ARTS LLC RETIREMENT PLAN | |
| b | Name of plan sponsor | EAST WEST MARTIAL ARTS | c EIN-PN 91-2063355-001 |
| a | Plan name | EASTERN RADIOLOGY ASSOCIATES PC 401(K) PLAN | |
| b | Name of plan sponsor | EASTERN RADIOLOGY ASSOCIATES PC | c EIN-PN 81-0306627-001 |
| a | Plan name | EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. PROFIT SHARING/401(K) PLAN | |
| b | Name of plan sponsor | EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. | c EIN-PN 58-2642240-001 |
| a | Plan name | EMPLOYEES' 401(K) RETIREMENT TRUST FOR ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION | |
| b | Name of plan sponsor | ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION | c EIN-PN 95-3084651-015 |
| a | Plan name | ENCORE GLASS 401(K) PLAN | |
| b | Name of plan sponsor | ENCORE GLASS | c EIN-PN 45-4333619-001 |
| a | Plan name | FAIRCOUNT INTERNATIONAL 401(K) PLAN | |
| b | Name of plan sponsor | FAIRCOUNT, LLC | c EIN-PN 59-3566721-001 |
| a | Plan name | FIRST STOP URGENT CARE 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | FIRST STOP URGENT CARE | c EIN-PN 84-1649267-001 |
| a | Plan name | FISHMAN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ROSS H. FISHMAN, D.M.D., M.S., P.A. | c EIN-PN 45-5429730-001 |
| a | Plan name | FITZPATRICK, ZIMMERMAN & ROSE CO. LPA 401(K) PLAN | |
| b | Name of plan sponsor | FITZPATRICK, ZIMMERMAN & ROSE CO. LPA | c EIN-PN 34-1094182-001 |
| a | Plan name | FLO-LINE TECHNOLOGY 401(K) PLAN | |
| b | Name of plan sponsor | FLO-LINE TECHNOLOGY | c EIN-PN 20-4032669-001 |
| a | Plan name | HARROD & ASSOCIATES 401(K) PLAN | |
| b | Name of plan sponsor | HARROD & ASSOCIATES, PSC | c EIN-PN 61-1291670-001 |
| a | Plan name | HARRY DAVIS, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HARRY DAVIS, LLC | c EIN-PN 26-4098911-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | HARVEST SUPERMARKETS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | HARVEST SUPERMARKETS, INC. | c EIN-PN 35-1439567-002 |
| a | Plan name | HATTERAS PRINTING 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HATTERAS PRINTING, INC. | c EIN-PN 38-2168116-001 |
| a | Plan name | HILLYER COMPANIES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HILLYERS MID-CITY FORD, INC. | c EIN-PN 93-1118673-001 |
| a | Plan name | HOME REWARDS GROUP INC., 401(K) PLAN | |
| b | Name of plan sponsor | HOME REWARDS GROUP INC. | c EIN-PN 81-5201340-001 |
| a | Plan name | INTELLISTREETS, INC. EMPLOYEES' PROFIT SHARING TRUST | |
| b | Name of plan sponsor | INTELLISTREETS, INC. | c EIN-PN 38-2424013-002 |
| a | Plan name | IUVENESCO, INC. CASH BALANCE PLAN | |
| b | Name of plan sponsor | IUVENESCO, INC. | c EIN-PN 81-4076935-001 |
| a | Plan name | JERRY WAGNER PLUMBING INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | JERRY WAGNER INC. | c EIN-PN 23-2635299-001 |
| a | Plan name | JI IN KIM, D.D.S., PROFESSIONAL CORPORATION 401(K) PORIFT SHARING PLAN | |
| b | Name of plan sponsor | JI IN KIM, D.D.S., PROFESSIONAL CORPORATION | c EIN-PN 45-2050276-001 |
| a | Plan name | KAANAPALI OPERATIONS ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | KAANAPALI OPERATIONS ASSOCIATION, INC. | c EIN-PN 99-0323901-001 |
| a | Plan name | KAZI FOODS 401(K) PLAN | |
| b | Name of plan sponsor | KAZI FOODS, INC. | c EIN-PN 98-4287911-001 |
| a | Plan name | KOPPENHEFFER & SON TRUCKING COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | KOPPENHEFFER & SON TRUCKING CO., INC. | c EIN-PN 23-2224832-001 |
| a | Plan name | KORBER PHARMA PACKAGING MATERIALS LLC 401(K) PLAN | |
| b | Name of plan sponsor | KORBER PHARMA PACKAGING MATERIALS LLC | c EIN-PN 47-5593447-001 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs) | | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name | KUNCAI AMERICAS, LLC 401(K) PLAN |
| b | Name of plan sponsor | KUNCAI AMERICAS LLC |
| c | EIN-PN | 47-5443652-001 |
| a | Plan name | LANDWORKS 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | LANDWORKS, LLC |
| c | EIN-PN | 39-1913554-001 |
| a | Plan name | LARICHE CHEVROLET CADILLAC RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | LARICHE CHEVROLET CADILLAC, INC. |
| c | EIN-PN | 34-1352811-001 |
| a | Plan name | LARRY KINGS CLUBHOUSE SAFE HARBOR 401(K) PLAN |
| b | Name of plan sponsor | LARRY KING'S CLUBHOUSE |
| c | EIN-PN | 56-2245187-001 |
| a | Plan name | LASER TECH USA, INC 401(K) PLAN |
| b | Name of plan sponsor | LASER TECH USA, INC |
| c | EIN-PN | 42-1459197-001 |
| a | Plan name | LAURAS INTERNATIONAL LLP 401(K) PLAN |
| b | Name of plan sponsor | LAURAS INTERNATIONAL USA LLP |
| c | EIN-PN | 26-1603445-001 |
| a | Plan name | LUSONIA, INC 401(K) PLAN |
| b | Name of plan sponsor | LUSONIA, INC. |
| c | EIN-PN | 81-2059728-001 |
| a | Plan name | MANAGED HEALTHCARE UNLIMITED, INC. 401(K) PLAN |
| b | Name of plan sponsor | MANAGED HEALTHCARE UNLIMITED, INC. |
| c | EIN-PN | 95-4587291-001 |
| a | Plan name | MEDINA MEDIA INC. 401(K) PLAN |
| b | Name of plan sponsor | MEDINA MEDIA INC. |
| c | EIN-PN | 46-2582556-001 |
| a | Plan name | MEDINA MEDIA, INC. CASH BALANCE PLAN |
| b | Name of plan sponsor | MEDINA MEDIA INC. |
| c | EIN-PN | 46-2582556-002 |
| a | Plan name | MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN |
| b | Name of plan sponsor | MEDIX SPECIALTY VEHICLES, LLC |
| c | EIN-PN | 54-2028306-001 |
| a | Plan name | MEMORIAL CARDIOLOGY MEDICAL GROUP, INC. EMPLOYEES' PROFIT SHARING PLAN II |
| b | Name of plan sponsor | MEMORIAL CARDIOLOGY MEDICAL GROUP |
| c | EIN-PN | 95-2884933-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | MILILANI PHYSICAL THERAPY, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MILILANI PHYSICAL THERAPY, LLC | c EIN-PN 91-6551087-001 |
| a | Plan name | MINING EQUIPMENT 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MINING EQUIPMENT, LTD. | c EIN-PN 16-1646623-222 |
| a | Plan name | MINNEAPOLIS AREA ASSOCIATION OF REALTORS 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | MINNEAPOLIS AREA ASSOCIATION OF REALTORS | c EIN-PN 41-0415490-003 |
| a | Plan name | MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | MOHAWK CONSTRUCTION AND SUPPLY CO., INC. | c EIN-PN 25-1382848-001 |
| a | Plan name | MOHRFELD ELECTRIC 401(K) PLAN | |
| b | Name of plan sponsor | MOHRFELD ELECTRIC | c EIN-PN 27-1617896-001 |
| a | Plan name | MOJO SOLO 401(K) PLAN | |
| b | Name of plan sponsor | MOJO SOLO, INC. | c EIN-PN 20-1101717-001 |
| a | Plan name | MONARCH HOLDINGS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | MONARCH HOLDINGS, LLC | c EIN-PN 26-1687351-001 |
| a | Plan name | NELSON PHARMACY 401(K) PLAN | |
| b | Name of plan sponsor | NELSON PHARMACY CONSULTING SERVICES, PLC | c EIN-PN 01-0667577-001 |
| a | Plan name | NEW CLASSIC FURNITURE 401(K) PLAN | |
| b | Name of plan sponsor | NEW CLASSIC FURNITURE | c EIN-PN 33-0976223-222 |
| a | Plan name | NORTH AMERICAN MONTESSORI CHILD CARE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | NORTH AMERICAN MONTESSORI CHILD CARE INC. | c EIN-PN 43-1296220-001 |
| a | Plan name | NORTH SHORE MANUFACTURING CORP. RETIREMENT PLAN | |
| b | Name of plan sponsor | NORTH SHORE MANUFACTURING CORPORATION | c EIN-PN 38-1885372-001 |
| a | Plan name | OLYMPIATECH 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | OLYMPIATECH ELECTRICAL CONTRACTOR, INC. | c EIN-PN 41-0919848-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES RETIREMENT TRUST | |
| b | Name of plan sponsor ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES | c EIN-PN 45-1500375-001 |
| a | Plan name ONE SEMICONDUCTOR 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ONE SEMICONDUCTOR, LLC | c EIN-PN 45-2992076-001 |
| a | Plan name PBD 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor THREE PIRATES, LLC DBA POINT BLANK DISTRIBUTING | c EIN-PN 76-0736584-001 |
| a | Plan name PDMA CORPORATION SAVINGS PLAN | |
| b | Name of plan sponsor PDMA CORPORATION | c EIN-PN 59-3191224-001 |
| a | Plan name PHCM 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor PROVIDENCE HEALTHCARE MANAGEMENT, INC. | c EIN-PN 01-0919235-001 |
| a | Plan name PRESTIGE WOMEN'S HEALTH CARE 401(K) PLAN | |
| b | Name of plan sponsor PRESTIGE WOMEN'S HEALTH CARE | c EIN-PN 27-0665184-001 |
| a | Plan name PRIEST AMISTADI PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor PRIEST AMISTADI | c EIN-PN 94-2507389-001 |
| a | Plan name REPCO SALES LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor REPCO SALES LLC | c EIN-PN 99-3976601-001 |
| a | Plan name REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 401(K) PLAN | |
| b | Name of plan sponsor REPUBLICAN ATTORNEYS GENERAL ASSOCIATION | c EIN-PN 46-4501717-001 |
| a | Plan name RETIREMENT READINESS PLAN FOR EMPLOYEES OF ALVORD-POLK, INC. | |
| b | Name of plan sponsor ALVORD-POLK, INC. | c EIN-PN 23-2046694-001 |
| a | Plan name ROGERS WINDOWS 401(K) PLAN | |
| b | Name of plan sponsor ROGERS WINDOWS, INC. | c EIN-PN 61-0565897-001 |
| a | Plan name ROONEY'S WELDING & FABRICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor ROONEY'S WELDING & FABRICATION, INC. | c EIN-PN 02-0514973-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | ROPE CORP 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | ROPE CORP | c EIN-PN 59-3585714-001 |
| a | Plan name | ROSH INVESTMENTS, INC. 401(K) PLAN & TRUST | |
| b | Name of plan sponsor | ROSH INVESTMENTS, INC. | c EIN-PN 94-3347148-001 |
| a | Plan name | S.B.S. TRUST DEED NETWORK 401(K) PLAN | |
| b | Name of plan sponsor | S.B.S. TRUST DEED NETWORK | c EIN-PN 95-3783564-002 |
| a | Plan name | S4, INC. 401(K) PLAN | |
| b | Name of plan sponsor | S4 INC. | c EIN-PN 04-3309384-001 |
| a | Plan name | SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN | |
| b | Name of plan sponsor | SEQUEL CONTRACTORS, INC. | c EIN-PN 95-4301424-002 |
| a | Plan name | SHOREWOOD ENGINEERING, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | SHOREWOOD ENGINEERING, INC. | c EIN-PN 41-1620361-002 |
| a | Plan name | SHORT LINE EXPRESS MARKET 401(K) PLAN | |
| b | Name of plan sponsor | SHORT LINE EXPRESS MARKET | c EIN-PN 88-0296690-001 |
| a | Plan name | SIERRA WEST CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SIERRA WEST CONSTRUCTION, INC. | c EIN-PN 68-0153330-002 |
| a | Plan name | SOUTH BAY PLASTIC SURGEONS 401(K) PLAN | |
| b | Name of plan sponsor | SOUTH BAY PLASTIC SURGEONS | c EIN-PN 47-1903749-001 |
| a | Plan name | SOUTH SHORE HEARING CENTER, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SOUTH SHORE HEARING CENTER, LLC | c EIN-PN 47-4480052-001 |
| a | Plan name | SOUTHEAST CHEROKEE CONSTRUCTION, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SOUTHEAST CHEROKEE CONSTRUCTION, INC. | c EIN-PN 63-0859575-001 |
| a | Plan name | SOUTHERN AUTOBODY SUPPLY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SOUTHERN AUTOBODY SUPPLY, INC. | c EIN-PN 62-1592592-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name SOUTHERN ICE DISTRIBUTORS, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor SOUTHERN ICE EQUIPMENT DISTRIBUTORS, INC. | c EIN-PN 72-0997710-001 |
| a | Plan name STEEL - FAB, INC. 401(K) PLAN | |
| b | Name of plan sponsor STEEL-FAB, INC. | c EIN-PN 04-2396722-004 |
| a | Plan name STEELTECH BUILDING PRODUCTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor STEELTECH BUILDING PRODUCTS, INC. | c EIN-PN 06-0805933-001 |
| a | Plan name STEELY & SMITH LLC EMPLOYEE PROFIT SHARING PLAN | |
| b | Name of plan sponsor STEELY & SMITH LLC | c EIN-PN 20-3383671-001 |
| a | Plan name STELLAR VETERINARY SERVICES 401(K) PLAN | |
| b | Name of plan sponsor STELLAR VETERINARY SERVICES, LLC | c EIN-PN 47-2964550-001 |
| a | Plan name SYRBERUS, INC. 401(K) PLAN | |
| b | Name of plan sponsor SYRBERUS, INC. | c EIN-PN 20-4850238-001 |
| a | Plan name T-G ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor T-G ENTERPRISES, INC. | c EIN-PN 61-0864715-001 |
| a | Plan name THE MOSTERT GROUP LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor THE MOSTERT GROUP, LLC | c EIN-PN 20-0349381-001 |
| a | Plan name THE NURSE SOURCE, LTD. 401(K) PLAN | |
| b | Name of plan sponsor THE NURSE SOURCE, LTD. | c EIN-PN 36-3687686-001 |
| a | Plan name THE PADRE PIO FOUNDATION OF AMERICA, INC. 401(K) PLAN | |
| b | Name of plan sponsor THE PADRE PIO FOUNDATION OF AMERICA, INC. | c EIN-PN 06-1023010-001 |
| a | Plan name ACTION SALES + MARKETING INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor ACTION SALES + MARKETING INC. | c EIN-PN 41-1264273-001 |
| a | Plan name ACW GROUP LLC 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor ACW GROUP LLC | c EIN-PN 26-3799681-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name ADM WELDING & FABRICATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ADM WELDING & FABRICATION | c EIN-PN 25-1514853-001 |
| a | Plan name THERAPEUTIC HEALTHCARE CONCEPTS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor THERAPEUTIC HEALTHCARE CONCEPTS LLC DBA JOURNEY REHAB | c EIN-PN 27-1555728-001 |
| a | Plan name AERIES SOFTWARE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor AERIES SOFTWARE, INC. | c EIN-PN 33-0427993-001 |
| a | Plan name AGGRESSIVE CONCEPTS LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor AGGRESSIVE CONCEPTS | c EIN-PN 30-0801925-001 |
| a | Plan name AHWATUKEE SPORTS & SPINE, PLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor AHWATUKEE SPORTS & SPINE, PLC | c EIN-PN 86-1002624-001 |
| a | Plan name TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor TRIBLER ORPETT & MEYER, P.C. | c EIN-PN 36-3317353-001 |
| a | Plan name AMERICAN HEAVY MOVING AND RIGGING, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor AMERICAN HEAVY MOVING AND RIGGING, INC. | c EIN-PN 95-3622763-001 |
| a | Plan name UNICOI SYSTEMS, INC. AND WAHSEGA, INC. 401(K) PLAN | |
| b | Name of plan sponsor UNICOI SYSTEMS, INC. | c EIN-PN 58-2590945-001 |
| a | Plan name UNION CEMETERY ASSOCIATION EMPLOYEE BENEFIT RETIREMENT PLAN AND TRUST | |
| b | Name of plan sponsor THE UNION CEMETERY ASSOCIATION | c EIN-PN 34-0587510-002 |
| a | Plan name APARTMENT HOUSE BUILDERS, INC. 401K PLAN | |
| b | Name of plan sponsor APARTMENT HOUSE BUILDERS, INC. | c EIN-PN 71-0649991-001 |
| a | Plan name VERSITY INVESTMENTS, LLC 401(K) PLAN | |
| b | Name of plan sponsor VERSITY INVESTMENTS, LLC | c EIN-PN 82-5315389-001 |
| a | Plan name VITL PENSION PLAN | |
| b | Name of plan sponsor VERMONT INFORMATION TECHNOLOGY LEADERS | c EIN-PN 20-3131747-001 |

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

a Plan name VMA COMMUNICATIONS, INC. 401(K) PLAN

b Name of plan sponsor VMA COMMUNICATIONS, INC. **c** EIN-PN 47-0901842-001

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan INVESCO DIVERSIFIED DIVIDEND RET OPT | B Three-digit plan number (PN) ▶ 579 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY | D Employer Identification Number (EIN) 39-0989781 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| Assets | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | 1 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 92882020 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | |
| (15) Other..... | 1c(15) | 99074442 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 99074443 | 92882021 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | | |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 99074443 | 92882021 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 1768483 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 1770190 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 8900752 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 12439425 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 462660 | |
| (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) | | 462660 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 462660 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 11976765 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 10304676 |
| (2) From this plan | 2l(2) | | 28473863 |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|------------------------------|---------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

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

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