

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: AMERICAN FUNDS 2040 TARGET DATE RETIREMENT RET OPT
1b Three-digit plan number (PN): 693
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>AMERICAN FUNDS 2040 TARGET DATE RETIREMENT RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>693</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

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

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**d** Entity code

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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>BAHR INSURANCE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAHR INSURANCE AGENCY, INC.</b>	<b>c</b> EIN-PN <b>26-2294914-001</b>
<b>a</b>	Plan name <b>BANDYS FIRE DEPARTMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BANDYS CROSSROADS VOLUNTEER FIRE DEPARTMENT, INCORPORATED</b>	<b>c</b> EIN-PN <b>56-6094194-001</b>
<b>a</b>	Plan name <b>EATON DRILLING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EATON DRILLING CO., INC.</b>	<b>c</b> EIN-PN <b>94-1207118-001</b>
<b>a</b>	Plan name <b>EDMOND MUSIC, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EDMOND MUSIC, INC.</b>	<b>c</b> EIN-PN <b>73-1499074-001</b>
<b>a</b>	Plan name <b>KC ELECTRIC GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KC ELECTRIC GROUP LLC</b>	<b>c</b> EIN-PN <b>92-0909909-001</b>
<b>a</b>	Plan name <b>PLAY IT SAFE PLAYGROUNDS AND PARK EQUIPMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PLAY IT SAFE PLAYGROUNDS AND PARK EQUIPMENT, INC.</b>	<b>c</b> EIN-PN <b>46-0775994-001</b>
<b>a</b>	Plan name <b>PLUMBERS DEPOT, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PLUMBERS DEPOT, INC.</b>	<b>c</b> EIN-PN <b>03-0500254-001</b>
<b>a</b>	Plan name <b>POLLART MILLER, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POLLART MILLER, LLC</b>	<b>c</b> EIN-PN <b>20-0022305-001</b>
<b>a</b>	Plan name <b>THE BLACK HAWK CASINO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SAUK BUSINESS ENTERPRISES</b>	<b>c</b> EIN-PN <b>02-0713814-001</b>
<b>a</b>	Plan name <b>THE BOYLAND GROUP 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOYLAND AUTO ORLANDO, LLC</b>	<b>c</b> EIN-PN <b>05-0546979-777</b>
<b>a</b>	Plan name <b>THE BROWNING GROUP INTERNATIONAL, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE BROWNING GROUP INTERNATIONAL, INC.</b>	<b>c</b> EIN-PN <b>99-9973995-001</b>
<b>a</b>	Plan name <b>THE CALIFORNIA CLUB 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CALIFORNIA CLUB</b>	<b>c</b> EIN-PN <b>95-0593940-003</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ENVISION INTERACTIVE GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ENVISION INTERACTIVE GROUP, LLC	<b>c</b> EIN-PN 03-0449364-001
<b>a</b>	Plan name	ESPRESSO ITALIA & INFUSION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESPRESSO ITALIA LLC	<b>c</b> EIN-PN 86-0964677-001
<b>a</b>	Plan name	PROFESSIONAL AUTOMOTIVE SERVICE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL AUTOMOTIVE SERVICE LLC	<b>c</b> EIN-PN 85-3817843-001
<b>a</b>	Plan name	PROGRESS USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESS USA, INC.	<b>c</b> EIN-PN 01-0682657-001
<b>a</b>	Plan name	PROGRESSIVE AIR SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE AIR SYSTEMS, INC.	<b>c</b> EIN-PN 59-3124591-001
<b>a</b>	Plan name	PROGRESSIVE COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE COMMUNICATIONS, INC.	<b>c</b> EIN-PN 58-2431088-001
<b>a</b>	Plan name	BIG HORN WIRELINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIG HORN WIRELINE, LLC	<b>c</b> EIN-PN 88-2234263-001
<b>a</b>	Plan name	KRC, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KRC, INC.	<b>c</b> EIN-PN 38-2721514-001
<b>a</b>	Plan name	KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRIEGEL HOLDING COMPANY, INC.	<b>c</b> EIN-PN 30-0227844-001
<b>a</b>	Plan name	THE WEBER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WEBER ENTERPRISES, INC.	<b>c</b> EIN-PN 93-0594771-001
<b>a</b>	Plan name	THE ZITA GROUP, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE ZITA GROUP, LLC	<b>c</b> EIN-PN 20-8612123-001
<b>a</b>	Plan name	FAIRWAY ELECTRIC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAIRWAY ELECTRIC INC.	<b>c</b> EIN-PN 83-0658890-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	FAMILY CARE HOME HEALTH & HOSPICE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAMILY CARE HOME HEALTH & HOSPICE LLC	<b>c</b> EIN-PN 81-2802771-001
<b>a</b>	Plan name	FAMMA GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAMMA GROUP, INC.	<b>c</b> EIN-PN 45-5002659-001
<b>a</b>	Plan name	PS3 ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PS3 ENTERPRISES, INC.	<b>c</b> EIN-PN 26-3852614-001
<b>a</b>	Plan name	PUNCTUAL ABSTRACT CO. INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PUNCTUAL ABSTRACT CO. INC.	<b>c</b> EIN-PN 72-1228652-001
<b>a</b>	Plan name	LAUREL EYE CLINIC GROUP RETIREMENT PLAN AND TRUST AGREEMENT	
<b>b</b>	Name of plan sponsor	LAUREL EYE CLINIC GROUP	<b>c</b> EIN-PN 25-1375158-002
<b>a</b>	Plan name	LAUZEN ACCOUNTING 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH D. LAUZEN, INC. DBA LAUZEN ACCOUNTING	<b>c</b> EIN-PN 26-1157436-001
<b>a</b>	Plan name	LAVIN NATIONAL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAVIN NATIONAL, LLC	<b>c</b> EIN-PN 72-1482691-001
<b>a</b>	Plan name	LAW OFFICE OF KEVIN C. FERRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF KEVIN C. FERRY	<b>c</b> EIN-PN 20-0718611-001
<b>a</b>	Plan name	LAW OFFICES OF DANIEL A. PARMELE, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF DANIEL A. PARMELE, P.C.	<b>c</b> EIN-PN 43-1926792-001
<b>a</b>	Plan name	TOBROCO MACHINERY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOBROCO MACHINERY LLC	<b>c</b> EIN-PN 30-0949003-001
<b>a</b>	Plan name	REGULUS 401(K)	
<b>b</b>	Name of plan sponsor	REGULUS GROUP, LLC	<b>c</b> EIN-PN 33-1009928-002
<b>a</b>	Plan name	BUTTERFLY DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JIANYE CHEN DENTAL CORPORATION	<b>c</b> EIN-PN 27-2591884-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name C&G EQUIPMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor C&G EQUIPMENT LLC	<b>c</b> EIN-PN 82-3789023-001
<b>a</b>	Plan name C. CARAMANICO & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C. CARAMANICO & SONS, INC.	<b>c</b> EIN-PN 23-2349249-001
<b>a</b>	Plan name MACADAMIA BEAUTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor MACADAMIA BEAUTY, LLC	<b>c</b> EIN-PN 46-0560479-001
<b>a</b>	Plan name RETIREMENT LIVING MGMT LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RETIREMENT LIVING MGMT., LLC	<b>c</b> EIN-PN 38-3470221-001
<b>a</b>	Plan name RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
<b>b</b>	Name of plan sponsor RAO MANUFACTURING COMPANY	<b>c</b> EIN-PN 41-0494610-002
<b>a</b>	Plan name RHEA COUNTY AMBULANCE SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor RHEA COUNTY AMBULANCE SERVICE INC.	<b>c</b> EIN-PN 62-1153440-001
<b>a</b>	Plan name UP WITH PEOPLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UP WITH PEOPLE, INC.	<b>c</b> EIN-PN 95-2563102-001
<b>a</b>	Plan name CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor CANTEX CONTINUING CARE NETWORK, LLC	<b>c</b> EIN-PN 26-1252206-222
<b>a</b>	Plan name CANTOR BIOCONNECT, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CANTOR BIOCONNECT, LLC	<b>c</b> EIN-PN 37-1837234-001
<b>a</b>	Plan name MARENGO THERAPEUTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARENGO THERAPEUTICS, INC.	<b>c</b> EIN-PN 47-5622851-001
<b>a</b>	Plan name MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MEDALLION MANAGEMENT, INC.	<b>c</b> EIN-PN 38-2033680-001
<b>a</b>	Plan name CHATHAM HABITAT FOR HUMANITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHATHAM HABITAT FOR HUMANITY	<b>c</b> EIN-PN 56-1689599-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CHEROKEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHEROKEE MANUFACTURING, LLC	<b>c</b> EIN-PN 45-2735316-001
<b>a</b>	Plan name	GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOTEC PLUS SUN, LLC	<b>c</b> EIN-PN 20-4320976-001
<b>a</b>	Plan name	VIVILI HOSPITALITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VIVILI HOSPITALITY LLC	<b>c</b> EIN-PN 83-2016187-001
<b>a</b>	Plan name	CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CKW ADVISORS, LLC	<b>c</b> EIN-PN 81-0584816-001
<b>a</b>	Plan name	CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLASSIC CARRIERS, INC.	<b>c</b> EIN-PN 31-1152938-001
<b>a</b>	Plan name	CLEARLY SPEAKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEARLY SPEAKING, L.L.C.	<b>c</b> EIN-PN 45-2988436-001
<b>a</b>	Plan name	GUNGOLL, JACKSON, BOX & DEVOLL, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUNGOLL, JACKSON, BOX & DEVOLL, P.C.	<b>c</b> EIN-PN 73-1278416-001
<b>a</b>	Plan name	GVM LAW, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GVM LAW, LLP	<b>c</b> EIN-PN 47-3015704-001
<b>a</b>	Plan name	H&S FIELD SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	H & S FIELD SERVICES INC.	<b>c</b> EIN-PN 20-3401221-001
<b>a</b>	Plan name	SAN JOAQUIN VALLEY DAIRY ROBOTICS, INC. PROFIT SHARING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SAN JOAQUIN VALLEY DAIRY ROBOTICS, INC.	<b>c</b> EIN-PN 86-3941618-001
<b>a</b>	Plan name	SANARA MEDTECH INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANARA MEDTECH INC.	<b>c</b> EIN-PN 59-2219994-001
<b>a</b>	Plan name	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.	<b>c</b> EIN-PN 95-2673204-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WESTERN EMULSIONS INC.	<b>c</b> EIN-PN 86-0336082-001
<b>a</b>	Plan name	SHAFER COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHAFER REDI-MIX, INC.	<b>c</b> EIN-PN 38-2412059-002
<b>a</b>	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	<b>c</b> EIN-PN 20-0048495-001
<b>a</b>	Plan name	ACCU- LABS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCU- LABS, INC.	<b>c</b> EIN-PN 36-4478006-001
<b>a</b>	Plan name	ACCURATE REGRINDING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAN TUINEN COMPANY DBA ACCURATE REGRINDING SERVICE	<b>c</b> EIN-PN 38-2644484-001
<b>a</b>	Plan name	ACCUTROL COMPLETE HOME SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCUTROL COMPLETE HOME SERVICES, LLC	<b>c</b> EIN-PN 86-3952569-001
<b>a</b>	Plan name	CONNOLLY ELECTRIC & MECHANICAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHRIS CONNOLLY INC. DBA CONNOLLY ELECTRIC & MECHANICAL	<b>c</b> EIN-PN 86-0892259-001
<b>a</b>	Plan name	CONSTA FLOW, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CONSTA FLOW, INC.	<b>c</b> EIN-PN 59-2925149-001
<b>a</b>	Plan name	CONSUMER ATTORNEYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSUMER ATTORNEYS PLC	<b>c</b> EIN-PN 86-3781893-001
<b>a</b>	Plan name	HEC SOFTWARE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEC SOFTWARE, INC. DBA READING HORIZONS	<b>c</b> EIN-PN 86-0495240-001
<b>a</b>	Plan name	HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HECO, INC.	<b>c</b> EIN-PN 38-1817538-001
<b>a</b>	Plan name	HERITAGE AUTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	<b>c</b> EIN-PN 87-0306275-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b>	Plan name	HERITAGE FORD OF VERNAL 401K PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE FORD OF VERNAL	<b>c</b> EIN-PN 83-3589085-001
<b>a</b>	Plan name	HERMA US INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	HERMA US INC.	<b>c</b> EIN-PN 61-1780660-001
<b>a</b>	Plan name	NATIONAL FIELD REPRESENTATIVES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NATIONAL FIELD REPRESENTATIVES, LLC	<b>c</b> EIN-PN 02-0451448-001
<b>a</b>	Plan name	NATURESCAPE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NATURESCAPE	<b>c</b> EIN-PN 03-0448406-001
<b>a</b>	Plan name	YAMIBUY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSOCEAN RESOURCES MANAGEMENT INC.	<b>c</b> EIN-PN 46-1019646-001
<b>a</b>	Plan name	YELLOW BRICK MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YELLOW BRICK MANAGEMENT	<b>c</b> EIN-PN 45-3412408-001
<b>a</b>	Plan name	YOUNG AUDIENCES OF NEW JERSEY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YOUNG AUDIENCES OF NEW JERSEY, INC.	<b>c</b> EIN-PN 23-7384991-001
<b>a</b>	Plan name	SILVER BIRCH LIVING 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SILVER BIRCH SERVICES, LLC	<b>c</b> EIN-PN 82-3479583-001
<b>a</b>	Plan name	SIMPLIFYA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIMPLIFYA HOLDINGS, INC.	<b>c</b> EIN-PN 87-1463596-001
<b>a</b>	Plan name	HITCHCOCK SCRAP YARD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HITCHCOCK SCRAP YARD, INC.	<b>c</b> EIN-PN 37-1156962-001
<b>a</b>	Plan name	ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED NETWORK PRODUCTS, INC.	<b>c</b> EIN-PN 23-2316443-001
<b>a</b>	Plan name	ADVANTAGE FLOORING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANTAGE FLOORING, INC.	<b>c</b> EIN-PN 52-2030808-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CORNERSTONE MASONRY SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE MASONRY SERVICES, INC.	<b>c</b> EIN-PN 02-0675679-777
<b>a</b>	Plan name CORNERSTONE ORAL & MAXILLOFACIAL SURGERY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE ORAL & MAXILLOFACIAL SURGERY, LLC	<b>c</b> EIN-PN 06-1839465-001
<b>a</b>	Plan name CORR FLIGHT S, INC. 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor CORR FLIGHT S INC.	<b>c</b> EIN-PN 47-2376307-777
<b>a</b>	Plan name COUNTRY MORNING FARMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COUNTRY MORNING FARMS, INC.	<b>c</b> EIN-PN 91-2036632-001
<b>a</b>	Plan name NEWPARK DENTISTRY, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEWPARK DENTISTRY, PC	<b>c</b> EIN-PN 26-1829124-001
<b>a</b>	Plan name NEXT DOOR SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEXT DOOR FOUNDATION, INC.	<b>c</b> EIN-PN 39-1162969-002
<b>a</b>	Plan name NEXT LEVEL DIRECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEXT LEVEL DIRECT, LLC DBA NEXT LEVEL SIGNS	<b>c</b> EIN-PN 86-1034577-001
<b>a</b>	Plan name NIEHAUS FAMILY DENTISTRY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NIEHAUS FAMILY DENTISTRY LLC	<b>c</b> EIN-PN 82-3863698-001
<b>a</b>	Plan name ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALTAONE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1658623-222
<b>a</b>	Plan name AMBIOPHARM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMBIOPHARM, INC.	<b>c</b> EIN-PN 22-3940281-001
<b>a</b>	Plan name AMBROSE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMBROSE SERVICES, LLC	<b>c</b> EIN-PN 46-3081985-001
<b>a</b>	Plan name DAWN WAREHOUSING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAWN WAREHOUSING, INC.	<b>c</b> EIN-PN 54-1234908-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	DC SHEETMETAL, LLC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DC SHEETMETAL, LLC	<b>c</b> EIN-PN 06-1570038-002
<b>a</b>	Plan name	INNOVA TECHNOLOGIES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INNOVA TECHNOLOGIES INC.	<b>c</b> EIN-PN 56-2323193-001
<b>a</b>	Plan name	INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INSTRUMEDICAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 35-1515768-001
<b>a</b>	Plan name	OMNI MANUFACTURING, INC. PROFIT SHARING AND 401(K) SAVINGS RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	OMNI MANUFACTURING, INC.	<b>c</b> EIN-PN 34-1383211-001
<b>a</b>	Plan name	ON POINT INSTALLATIONS INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ON POINT INSTALLATIONS, INC.	<b>c</b> EIN-PN 27-1738155-001
<b>a</b>	Plan name	SPINA & LAVELLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPINA & LAVELLE, P.C.	<b>c</b> EIN-PN 45-2849454-001
<b>a</b>	Plan name	SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPRING GROVE CEMETERY	<b>c</b> EIN-PN 31-0235950-003
<b>a</b>	Plan name	STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STEVENS CHILDREN'S HOME, INC.	<b>c</b> EIN-PN 04-2105950-002
<b>a</b>	Plan name	P & P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	P & P SEPTIC SERVICE, INC.	<b>c</b> EIN-PN 03-0269006-001
<b>a</b>	Plan name	P & S CONSTRUCTION CO., INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	P. & S. CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 57-0721109-001
<b>a</b>	Plan name	P/A INDUSTRIES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P/A INDUSTRIES INC.	<b>c</b> EIN-PN 06-0862210-001
<b>a</b>	Plan name	PACBLU 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACBLU	<b>c</b> EIN-PN 11-3691833-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AMPLIFIED EVENT STRATEGY, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMPLIFIED EVENT STRATEGY, LLC	<b>c</b> EIN-PN 46-4440236-001
<b>a</b>	Plan name	ANCHORAGE CHRYSLER CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANCHORAGE CHRYSLER CENTER, INC.	<b>c</b> EIN-PN 92-0037629-001
<b>a</b>	Plan name	ANDERSONS GROCERY 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON'S GROCERY	<b>c</b> EIN-PN 91-1807280-001
<b>a</b>	Plan name	DESERT SHORES PEDIATRICS, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DESERT SHORES PEDIATRICS, P.C.	<b>c</b> EIN-PN 20-2851929-002
<b>a</b>	Plan name	INVESTING TOGETHER IN YOUR FUTURE PLAN	
<b>b</b>	Name of plan sponsor	GREEN PEAK INDUSTRIES, LLC	<b>c</b> EIN-PN 81-4533921-001
<b>a</b>	Plan name	PDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREFERRED DRILLING SOLUTIONS, INC	<b>c</b> EIN-PN 59-3757298-001
<b>a</b>	Plan name	PEACHTREE HILLS PLACE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PT HILLS PLACE CLUB, LLC	<b>c</b> EIN-PN 81-2011747-001
<b>a</b>	Plan name	PEAK ALLERGY LTD 401(K)	
<b>b</b>	Name of plan sponsor	PEAK ALLERGY LTD	<b>c</b> EIN-PN 85-3715957-001
<b>a</b>	Plan name	PEARSON LIVESTOCK EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEARSON LIVESTOCK EQUIPMENT, LLC	<b>c</b> EIN-PN 47-0533140-001
<b>a</b>	Plan name	ASCENDANT COMMERCIAL INSURANCE 401K PLAN	
<b>b</b>	Name of plan sponsor	ASCENDANT COMMERCIAL INSURANCE, INC.	<b>c</b> EIN-PN 27-0835494-001
<b>a</b>	Plan name	DRAGON LINE, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRAGON LINE, LLC.	<b>c</b> EIN-PN 81-1828114-001
<b>a</b>	Plan name	DREAM MM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DREAM MANAGEMENT, INC.	<b>c</b> EIN-PN 52-2223274-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name JENKINS PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor JENKINS PLUMBING COMPANY, LLC	<b>c</b> EIN-PN 58-2531468-001
<b>a</b>	Plan name JERRY CHIDESTER MD, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JERRY CHIDESTER MD, PLLC	<b>c</b> EIN-PN 84-4004479-001
<b>a</b>	Plan name JESSUP CELLARS HOLDING COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JESSUP CELLARS HOLDING COMPANY, LLC	<b>c</b> EIN-PN 20-3071245-001
<b>a</b>	Plan name TANIS CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TANIS CONCRETE, INC.	<b>c</b> EIN-PN 22-1567712-001
<b>a</b>	Plan name TARGET ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TARGET ENTERPRISES, INC.	<b>c</b> EIN-PN 06-1158272-001
<b>a</b>	Plan name REPI LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor REPI, LLC	<b>c</b> EIN-PN 54-2101581-001
<b>a</b>	Plan name TYMARK RESTAURANT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor TYMARK, INC.	<b>c</b> EIN-PN 82-1824730-001
<b>a</b>	Plan name TYNAN EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor YALE INDUSTRIAL TRUCKS - TYNAN, INC.	<b>c</b> EIN-PN 35-1147878-001
<b>a</b>	Plan name U.S. PERMA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor U.S. PERMA, INC. DBA CALIFORNIA TILE INSTALLERS	<b>c</b> EIN-PN 94-2910930-001
<b>a</b>	Plan name UFS OF CO LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor UFS OF CO LLC	<b>c</b> EIN-PN 46-1301189-001
<b>a</b>	Plan name UNI-GRIP, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UNI-GRIP, INC.	<b>c</b> EIN-PN 34-1108705-001
<b>a</b>	Plan name C.G. WITVOET & SONS CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C.G. WITVOET & SONS CO.	<b>c</b> EIN-PN 38-2327603-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CABLE MAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CABLE MAN, INC.	<b>c</b> EIN-PN 64-0576514-001
<b>a</b>	Plan name	MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MADDEN ELEVATOR COMPANY	<b>c</b> EIN-PN 27-4404800-001
<b>a</b>	Plan name	MAGELLAN MEDICAL 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MAGELLAN MEDICAL TECHNOLOGY CONSULTANTS, INC.	<b>c</b> EIN-PN 41-1817386-002
<b>a</b>	Plan name	MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAJESTIC INDUSTRY HILLS, LLC	<b>c</b> EIN-PN 95-4795537-001
<b>a</b>	Plan name	GEORGII KOBOLD, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GEORGII KOBOLD LLC	<b>c</b> EIN-PN 27-2415843-001
<b>a</b>	Plan name	GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GERRITY'S SUPERMARKET, INC.	<b>c</b> EIN-PN 23-2150407-777
<b>a</b>	Plan name	MARTIN'S METAL FABRICATION & WELDING, INC.	
<b>b</b>	Name of plan sponsor	MARTIN'S METAL FABRICATION & WELDING, INC.	<b>c</b> EIN-PN 68-0157908-001
<b>a</b>	Plan name	MASH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MID-ATLANTIC ANIMAL SPECIALTY HOSPITAL, LLC	<b>c</b> EIN-PN 01-0714930-001
<b>a</b>	Plan name	UST SERVICES 401(K)	
<b>b</b>	Name of plan sponsor	UST SERVICE CORPORATION	<b>c</b> EIN-PN 52-2237114-001
<b>a</b>	Plan name	VAIL VACATION PROPERTIES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAIL VACATION PROPERTIES LLC	<b>c</b> EIN-PN 45-2923184-001
<b>a</b>	Plan name	VALLEY CENTRAL VETERINARY REFERRAL AND EMERGENCY CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DR. CARLOS HODGES DVM PC DBA VALLEY CENTRAL VETERINARY REFERRAL AND	<b>c</b> EIN-PN 23-2874136-001
<b>a</b>	Plan name	VALLEY WOOD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLEY WOOD, INC.	<b>c</b> EIN-PN 58-1869240-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name VALUERX PHARMACY SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EVINE, LLC DBA VALUERX PHARMACY SERVICES	<b>c</b> EIN-PN 47-3313679-001
<b>a</b>	Plan name WASATCH DISTRIBUTING COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WASATCH DISTRIBUTING COMPANY, INC.	<b>c</b> EIN-PN 87-0206345-001
<b>a</b>	Plan name RUNESTONE EVENTS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RUNESTONE EVENTS LLC	<b>c</b> EIN-PN 92-0355783-001
<b>a</b>	Plan name CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHILDREN'S RECEIVING HOME OF SACRAMENTO	<b>c</b> EIN-PN 94-1322166-001
<b>a</b>	Plan name MERAKI SOCIAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERAKI SOCIAL, LLC	<b>c</b> EIN-PN 81-2114618-001
<b>a</b>	Plan name MERROW MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERROW MANUFACTURING, LLC.	<b>c</b> EIN-PN 82-1734889-001
<b>a</b>	Plan name SAV-MORE DRUG, LLC PHARMACISTS AND MANAGERS PLAN	
<b>b</b>	Name of plan sponsor SAV-MORE DRUG, LLC	<b>c</b> EIN-PN 75-2047264-002
<b>a</b>	Plan name SBAC ANIMAL CLINIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SBAC ANIMAL CLINIC, INC	<b>c</b> EIN-PN 33-4162060-001
<b>a</b>	Plan name WHARTON FUNDING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor WHARTON FUNDING COMPANY	<b>c</b> EIN-PN 20-0408585-001
<b>a</b>	Plan name WHITE PROPERTIES OF WINCHESTER, INC 401K PLAN	
<b>b</b>	Name of plan sponsor WHITE PROPERTIES OF WINCHESTER, INC	<b>c</b> EIN-PN 54-1370300-001
<b>a</b>	Plan name WILDCAT OIL TOOLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILDCAT OIL TOOLS, LLC	<b>c</b> EIN-PN 45-4421709-001
<b>a</b>	Plan name WILDLIFE 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILDLIFE DESIGN, INC.	<b>c</b> EIN-PN 46-3996728-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name WILKERSON ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILKERSON ENTERPRISES	<b>c</b> EIN-PN 32-0046340-001
<b>a</b>	Plan name 2-20 RECORDS MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor 2-20 RECORDS MANAGEMENT LLC	<b>c</b> EIN-PN 27-3088670-001
<b>a</b>	Plan name CLINKSCALES PORTABLE TOILETS LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLINKSCALES PORTABLE TOILETS LLC	<b>c</b> EIN-PN 93-1086752-001
<b>a</b>	Plan name H2R CORP 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor H2R CORP	<b>c</b> EIN-PN 81-2654817-001
<b>a</b>	Plan name HABITAT FOR HUMANITY INLAND VALLEY, INC. 401(K) PROFIT SHARING AND TRUST	
<b>b</b>	Name of plan sponsor HABITAT FOR HUMANITY INLAND VALLEY, INC.	<b>c</b> EIN-PN 33-0461804-001
<b>a</b>	Plan name MITCHELL GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MITCHELL GRAPHICS, INC.	<b>c</b> EIN-PN 38-2084428-001
<b>a</b>	Plan name MMB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 73-1443852-001
<b>a</b>	Plan name MOBILE IMAGES ACQUISITION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOBILE IMAGES ACQUISITION, LLC	<b>c</b> EIN-PN 62-1868089-001
<b>a</b>	Plan name MODERN DISPLAY SERVICES, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MODERN DISPLAY SERVICES, INC.	<b>c</b> EIN-PN 87-0265937-001
<b>a</b>	Plan name CONTAINER STORAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONTAINER STORAGE COMPANY OF HAWAII, LTD	<b>c</b> EIN-PN 99-0223980-001
<b>a</b>	Plan name CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONTROLS & WEIGHING SYSTEMS, INC.	<b>c</b> EIN-PN 59-1588191-001
<b>a</b>	Plan name ACOSTA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACOSTA GROUP	<b>c</b> EIN-PN 74-2183937-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ACSI 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ADVANCED CONTROL SOLUTIONS, INC.	<b>c</b> EIN-PN 34-1711260-001
<b>a</b>	Plan name ACT LABORATORIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACT LABORATORIES, INC.	<b>c</b> EIN-PN 30-0857299-001
<b>a</b>	Plan name NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NEOPART TRANSIT, LLC	<b>c</b> EIN-PN 36-4830017-001
<b>a</b>	Plan name SHIRLEY'S COOKIE CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHIRLEY'S COOKIES CO., INC.	<b>c</b> EIN-PN 25-1892923-001
<b>a</b>	Plan name Z-BEST CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor Z-BEST CONCRETE, INC.	<b>c</b> EIN-PN 33-0777383-001
<b>a</b>	Plan name Z2 MARKETING, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor Z2 MARKETING, LTD	<b>c</b> EIN-PN 20-0581373-001
<b>a</b>	Plan name ZEISS CONSTRUCTION GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ZEISS CONSTRUCTION GROUP, LLC	<b>c</b> EIN-PN 83-2443221-001
<b>a</b>	Plan name NOMAD GLOBAL COMMUNICATION SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NOMAD GLOBAL COMMUNICATION SOLUTIONS	<b>c</b> EIN-PN 35-2182794-777
<b>a</b>	Plan name HOLOWICKI ENTERPRISES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HOLOWICKI ENTERPRISES DBA MCDONALD'S	<b>c</b> EIN-PN 31-1177272-001
<b>a</b>	Plan name HOME PARAMOUNT PEST CONTROL COMPANY EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HOME PARAMOUNT PEST CONTROL COMPANY	<b>c</b> EIN-PN 54-0762970-001
<b>a</b>	Plan name AERO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AERO CHARTER, INC.	<b>c</b> EIN-PN 43-1133102-002
<b>a</b>	Plan name AFFINITY IT GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ISS OHIO, LLC DBA AFFINITY IT GROUP	<b>c</b> EIN-PN 46-1599792-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	COWART DRUGS 401(K) PLAN	
<b>b</b> Name of plan sponsor	COWART DRUG CO. INC.	<b>c</b> EIN-PN 63-1101235-001
<b>a</b> Plan name	SK MANAGEMENT, INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	SK MANAGEMENT, INC	<b>c</b> EIN-PN 02-0456712-001
<b>a</b> Plan name	SKILLINGS & SONS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SKILLINGS & SONS, INC.	<b>c</b> EIN-PN 04-2491037-001
<b>a</b> Plan name	OOMA, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	OOMA, INC.	<b>c</b> EIN-PN 06-1713274-001
<b>a</b> Plan name	OPEN UP RESOURCES 401(K) PLAN	
<b>b</b> Name of plan sponsor	OPEN UP RESOURCES	<b>c</b> EIN-PN 47-3240638-001
<b>a</b> Plan name	ORIGIN HEALTH 401(K) PLAN	
<b>b</b> Name of plan sponsor	ORIGIN HEALTH	<b>c</b> EIN-PN 84-3463861-001
<b>a</b> Plan name	DEJNO'S, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	DEJNO'S, INC.	<b>c</b> EIN-PN 39-1335924-001
<b>a</b> Plan name	INTEGRATED LABORATORY PROVIDERS 401(K) PLAN	
<b>b</b> Name of plan sponsor	INTEGRATED LABORATORY PROVIDERS	<b>c</b> EIN-PN 82-1971376-001
<b>a</b> Plan name	INTEGRATED TAX ACCOUNTING INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	INTEGRATED TAX ACCOUNTING INC.	<b>c</b> EIN-PN 81-0699291-001
<b>a</b> Plan name	INTEGRIS SOLUTIONS 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	INTEGRIS SOLUTIONS LLC	<b>c</b> EIN-PN 47-1620164-001
<b>a</b> Plan name	INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	INTERFAITH NEIGHBORS, INC.	<b>c</b> EIN-PN 22-2896129-001
<b>a</b> Plan name	STAFFING PLUS 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	STAFFING PLUS, INC.	<b>c</b> EIN-PN 36-4330850-222

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ANGIE'S KINDER CARE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANGIE'S KINDERCARE	<b>c</b> EIN-PN 90-0726397-001
<b>a</b>	Plan name	ANIMAL CLINIC OF HOLLAND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANIMAL CLINIC OF HOLLAND, PLLC	<b>c</b> EIN-PN 38-2300558-001
<b>a</b>	Plan name	ANIMAL NUTRITION SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANIMAL NUTRITION SYSTEMS, LLLP	<b>c</b> EIN-PN 86-0536485-001
<b>a</b>	Plan name	ANN SULLIVAN LEWIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANN M. SULLIVAN INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 57-1142720-001
<b>a</b>	Plan name	APARTMENT HOUSE BUILDERS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	APARTMENT HOUSE BUILDERS, INC.	<b>c</b> EIN-PN 71-0649991-001
<b>a</b>	Plan name	APEX DENTAL LABORATORY, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	APEX DENTAL LABORATORY, LLC	<b>c</b> EIN-PN 86-1408956-001
<b>a</b>	Plan name	DEVELOPMEANT THERAPY CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DEVELOPMEANT THERAPY CENTER, LLC	<b>c</b> EIN-PN 99-3232057-001
<b>a</b>	Plan name	IRON EAGLE WELDING ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IRON EAGLE WELDING ACADEMY	<b>c</b> EIN-PN 85-1505205-001
<b>a</b>	Plan name	J & D SNYDER EXCAVATING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J & D SNYDER EXCAVATING, LLC	<b>c</b> EIN-PN 05-0565093-001
<b>a</b>	Plan name	J AND J INDUSTRIAL CONTRACTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J AND J INDUSTRIAL CONTRACTING	<b>c</b> EIN-PN 30-0867952-001
<b>a</b>	Plan name	STREB CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STREB CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 42-0892646-001
<b>a</b>	Plan name	STRUCTURAL IMAGING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STRUCTURAL IMAGING, LLC	<b>c</b> EIN-PN 91-2076151-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	STURINO FUNERAL HOME 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STURINO FUNERAL HOME	<b>c</b> EIN-PN 39-1251515-001
<b>a</b>	Plan name	PEOPLE RESULTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IRI CONSULTANTS, INC.	<b>c</b> EIN-PN 38-2349424-001
<b>a</b>	Plan name	PEORIA BRICK COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEORIA BRICK COMPANY	<b>c</b> EIN-PN 37-0459180-002
<b>a</b>	Plan name	PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERKINS MOTOR PLEX LLC	<b>c</b> EIN-PN 26-4307208-001
<b>a</b>	Plan name	PERMIAN BASIN PAIN MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCGEHEE MEDICAL PA DBA PERMIAN BASIN PAIN MANAGEMENT	<b>c</b> EIN-PN 27-0950535-001
<b>a</b>	Plan name	PERMIAN INTERNATIONAL ENERGY SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERMIAN INTERNATIONAL ENERGY SERVICES LLC	<b>c</b> EIN-PN 82-1930351-001
<b>a</b>	Plan name	ATLAS DRILLING, LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLAS DRILLING, LLC	<b>c</b> EIN-PN 27-3701741-001
<b>a</b>	Plan name	DSI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DESIGN & SOFTWARE INTERNATIONAL, INC.	<b>c</b> EIN-PN 31-1435015-001
<b>a</b>	Plan name	JHA MANAGEMENT, INC. & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JHA MANAGEMENT, INC.	<b>c</b> EIN-PN 22-2378831-002
<b>a</b>	Plan name	JIM BURKE EXCAVATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JIM BURKE EXCAVATING INC.	<b>c</b> EIN-PN 36-4055755-001
<b>a</b>	Plan name	TCB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TYLER CORRUGATED BOX, INC.	<b>c</b> EIN-PN 75-1707434-001
<b>a</b>	Plan name	TDK CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TDK CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 61-1025614-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	TEAM CONSULTANTS, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TEAM CONSULTANTS, INC.	<b>c</b> EIN-PN 75-2860506-001
<b>a</b> Plan name	POPE DISTRIBUTING CO., INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	POPE DISTRIBUTING CO., INC.	<b>c</b> EIN-PN 73-0672369-001
<b>a</b> Plan name	PORTO'S BAKERY, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	PORTO'S BAKERY, INC.	<b>c</b> EIN-PN 95-4610775-777
<b>a</b> Plan name	BASS RIVER, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BASS RIVER, INC.	<b>c</b> EIN-PN 04-2512466-001
<b>a</b> Plan name	BASSETT MIRROR COMPANY, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	BASSETT MIRROR COMPANY, INC.	<b>c</b> EIN-PN 54-0478011-002
<b>a</b> Plan name	EDWIN R. MUENZNER, CPA LLC, 401(K) PLAN	
<b>b</b> Name of plan sponsor	EDWIN R. MUENZNER, CPA, LLC	<b>c</b> EIN-PN 20-2068936-001
<b>a</b> Plan name	EDYS PAINTING 401K PLAN	
<b>b</b> Name of plan sponsor	EDYS PAINTING, INC.	<b>c</b> EIN-PN 38-4103932-001
<b>a</b> Plan name	EHS SUPPORT SERVICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	EHS SUPPORT SERVICES, LLC	<b>c</b> EIN-PN 20-0915717-001
<b>a</b> Plan name	EICHELBERGER FARMS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	EICHELBERGER FARMS, INC.	<b>c</b> EIN-PN 39-1870144-001
<b>a</b> Plan name	EL CAJON GRADING & ENGINEERING, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	EL CAJON GRADING & ENGINEERING, INC.	<b>c</b> EIN-PN 95-2765405-002
<b>a</b> Plan name	KDJ SALES & SERVICE 401(K) PLAN	
<b>b</b> Name of plan sponsor	KDJ SALES & SERVICE, INC.	<b>c</b> EIN-PN 37-1131827-001
<b>a</b> Plan name	KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
<b>b</b> Name of plan sponsor	KEAR CIVIL CORPORATION	<b>c</b> EIN-PN 20-8257122-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	KEITH'S APPLIANCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEITH'S APPLIANCES	<b>c</b> EIN-PN 06-0973305-001
<b>a</b>	Plan name	THE COLIBRI COLLECTIVE, LLC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE COLIBRI COLLECTIVE, LLC	<b>c</b> EIN-PN 82-1629463-001
<b>a</b>	Plan name	THE COLUMBIA PROPERTY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE COLUMBIA PROPERTY GROUP, INC.	<b>c</b> EIN-PN 27-0013342-001
<b>a</b>	Plan name	BLACKS OUTSOURCING, INC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLACKS OUTSOURCING, INC.	<b>c</b> EIN-PN 20-0333314-001
<b>a</b>	Plan name	BLACKSBURG LAW, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLACKSBURG LAW, PC	<b>c</b> EIN-PN 26-4464445-001
<b>a</b>	Plan name	EUFORA INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EUFORA INTERNATIONAL	<b>c</b> EIN-PN 33-0617396-001
<b>a</b>	Plan name	EVESHAM MORTGAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVESHAM MORTGAGE, LLC	<b>c</b> EIN-PN 26-1234319-001
<b>a</b>	Plan name	LABRASCA PLASTIC SURGERY, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LABRASCA PLASTIC SURGERY, INC.	<b>c</b> EIN-PN 46-4013077-001
<b>a</b>	Plan name	LAKE FOREST COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKE FOREST COUNTRY CLUB, INC.	<b>c</b> EIN-PN 20-0283427-001
<b>a</b>	Plan name	LAKE MANAGEMENT SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAKE MANAGEMENT SERVICES, LP	<b>c</b> EIN-PN 20-5300112-001
<b>a</b>	Plan name	THOMPSON VETERINARY CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON VETERINARY CLINIC	<b>c</b> EIN-PN 38-3184834-001
<b>a</b>	Plan name	PURSUIT CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PURSUIT CONSTRUCTION, LLC	<b>c</b> EIN-PN 61-1899294-001

<b>Part II</b>	<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name QESSENTIAL MEDICAL MARKET RESEARCH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor QESSENTIAL MEDICAL MARKET RESEARCH, LLC	<b>c</b> EIN-PN 87-3863389-001
<b>a</b>	Plan name QRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUALITY REHAB MANAGEMENT, LLC DBA QRM	<b>c</b> EIN-PN 83-1973171-001
<b>a</b>	Plan name BONNET SPRINGS PARK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BONNET SPRINGS PARK, INC.	<b>c</b> EIN-PN 81-1106879-001
<b>a</b>	Plan name BORCHARDT, CORONA & FAETH 401(K) PLAN	
<b>b</b>	Name of plan sponsor BORCHARDT, CORONA & FAETH	<b>c</b> EIN-PN 77-0144125-001
<b>a</b>	Plan name BOYD & COMPANY LOGISTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOYD AND COMPANY LOGISTICS, LLC	<b>c</b> EIN-PN 46-3400509-001
<b>a</b>	Plan name FEDERAL DEFENDERS OF MONTANA, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor FEDERAL DEFENDERS OF MONTANA, INC.	<b>c</b> EIN-PN 81-0479512-001
<b>a</b>	Plan name FEIGHNER INSURANCE, INC. 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor FEIGHNER INSURANCE, INC. DBA INSURANCE MANAGEMENT GROUP	<b>c</b> EIN-PN 35-0943733-002
<b>a</b>	Plan name FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERNANDES & CHAREST, P.C.	<b>c</b> EIN-PN 04-3099857-001
<b>a</b>	Plan name LAW OFFICES OF VANCE A. FUNK PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF VANCE A. FUNK PA	<b>c</b> EIN-PN 03-0380002-001
<b>a</b>	Plan name LEBLANC NETTLES LAW GROUP 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEBLANC NETTLES LAW LLC	<b>c</b> EIN-PN 46-2658554-001
<b>a</b>	Plan name TOLLEFSEN STEEL & FABRICATION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TOLLEFSEN STEEL & FABRICATION, INC.	<b>c</b> EIN-PN 46-2263667-001
<b>a</b>	Plan name LEE KINSTLE CHEVROLET, BUICK, GMC INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEE KINSTLE CHEVROLET, BUICK, GMC INC.	<b>c</b> EIN-PN 34-0904272-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">MANHATTAN MECHANICAL SERVICES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MANHATTAN MECHANICAL SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">27-3969132-001</a>
<b>a</b>	Plan name <a href="#">MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARC DUTTON IRRIGATION, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2152186-001</a>
<b>a</b>	Plan name <a href="#">MATERIALS TESTING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MATERIALS TESTING, INC.</a>	<b>c</b> EIN-PN <a href="#">06-1321309-001</a>
<b>a</b>	Plan name <a href="#">MAUI PARADISE PROPERTIES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAUI PARADISE PROPERTIES</a>	<b>c</b> EIN-PN <a href="#">46-0867014-001</a>
<b>a</b>	Plan name <a href="#">METHODIST HOMES FOR THE AGING 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">METHODIST HOMES FOR THE AGING</a>	<b>c</b> EIN-PN <a href="#">63-0376518-001</a>
<b>a</b>	Plan name <a href="#">MEYERING INSURANCE AGENCY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEYERING INSURANCE AGENCY</a>	<b>c</b> EIN-PN <a href="#">38-2217296-001</a>
<b>a</b>	Plan name <a href="#">MOMENTUM BUILDERS 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">MOMENTUM BUILDERS</a>	<b>c</b> EIN-PN <a href="#">25-1413147-001</a>
<b>a</b>	Plan name <a href="#">NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.</a>	<b>c</b> EIN-PN <a href="#">58-1633173-777</a>
<b>a</b>	Plan name <a href="#">NORTHERN AIR PLUMBING &amp; HEATING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTHERN AIR PLUMBING &amp; HEATING OF GRAND RAPIDS, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1879647-001</a>
<b>a</b>	Plan name <a href="#">NORTHERN CROSSARM COMPANY, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTHERN CROSSARM COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">39-0987381-001</a>
<b>a</b>	Plan name <a href="#">ORION PROTECTIVE SERVICES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ORION PROTECTIVE SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">27-2623687-001</a>
<b>a</b>	Plan name <a href="#">OWATONNA COUNTRY CLUB 401(K) AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">OWATONNA COUNTRY CLUB</a>	<b>c</b> EIN-PN <a href="#">26-0010665-001</a>



<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RITTER MAHER ARCHITECTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RITTER MAHER ARCHITECTS, LLC	<b>c</b> EIN-PN 03-0497336-001
<b>a</b>	Plan name	RIVCRETE READY MIX LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVCRETE READY MIX LLC	<b>c</b> EIN-PN 81-3593378-001
<b>a</b>	Plan name	RIVER DENTAL CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIVER DENTAL CARE	<b>c</b> EIN-PN 92-0862580-001
<b>a</b>	Plan name	RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIZZETTA & COMPANY, INC.	<b>c</b> EIN-PN 59-3075187-001
<b>a</b>	Plan name	RYAN SMITH LANDSCAPING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RYAN SMITH LANDSCAPING, L.C.C.	<b>c</b> EIN-PN 02-0815221-001
<b>a</b>	Plan name	S&S PACKAGING PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S&S PACKAGING PRODUCTS, INC.	<b>c</b> EIN-PN 23-2940069-001
<b>a</b>	Plan name	SCHMIDT & STACY CONSULTING ENGINEERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHMIDT & STACY CONSULTING ENGINEERS, INC.	<b>c</b> EIN-PN 75-2410170-001
<b>a</b>	Plan name	SCHOEN FAMILY DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHOEN FAMILY DENTISTRY	<b>c</b> EIN-PN 41-1940634-001
<b>a</b>	Plan name	SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THE SCIENTIFIC CONSULTING GROUP, INC.	<b>c</b> EIN-PN 52-1719423-001
<b>a</b>	Plan name	SIGNATURE PAYMENTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CKC HOLDINGS, INC.	<b>c</b> EIN-PN 61-2013413-001
<b>a</b>	Plan name	SKYLINE ROOFING & SHEET METAL CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKYLINE ROOFING & SHEET METAL CO., INC.	<b>c</b> EIN-PN 35-1897566-001
<b>a</b>	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SLIM CHICKENS	<b>c</b> EIN-PN 45-3985800-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SLOANE DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor 12 SOUTH DENTAL PLLC	<b>c</b> EIN-PN 46-1289540-001
<b>a</b>	Plan name SMARTLY HOME LOANS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SMARTLY HOME LOANS, INC	<b>c</b> EIN-PN 47-5162210-001
<b>a</b>	Plan name SUMMIT PHYSICAL THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUMMIT PHYSICAL THERAPY	<b>c</b> EIN-PN 75-3207857-001
<b>a</b>	Plan name SUN COAST PAIN MANAGEMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUN COAST PAIN MANAGEMENT, P.A.	<b>c</b> EIN-PN 64-0888705-001
<b>a</b>	Plan name SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor MY WAY HOLDINGS, LLC	<b>c</b> EIN-PN 88-0475995-001
<b>a</b>	Plan name TEAM SHARIF SELLS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEAM SHARIF SELLS, LLC	<b>c</b> EIN-PN 87-2463065-001
<b>a</b>	Plan name TELCO COMMUNICATIONS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TCI INTERNATIONAL, INC.	<b>c</b> EIN-PN 05-0380899-001
<b>a</b>	Plan name THE DELTA PATHOLOGY GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE DELTA PATHOLOGY GROUP, LLC	<b>c</b> EIN-PN 72-0933293-001
<b>a</b>	Plan name THE DYNAMIC CONSTRUCTION, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DYNAMIC CONSTRUCTION, INC.	<b>c</b> EIN-PN 31-1526251-001
<b>a</b>	Plan name THE FARMERS BANK, NICHOLASVILLE EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE FARMERS BANK	<b>c</b> EIN-PN 61-0188940-001
<b>a</b>	Plan name THE FUTURE GROUP, AMERICA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE FUTURE GROUP, AMERICA INC.	<b>c</b> EIN-PN 82-2223848-001
<b>a</b>	Plan name THE HARBINGER GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HARBINGER GROUP	<b>c</b> EIN-PN 61-1452906-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TIGER SANITATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIGER SANITATION, LLC	<b>c</b> EIN-PN 71-0885851-001
<b>a</b>	Plan name	TIMMEL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIMMEL ASSOCIATES LLC	<b>c</b> EIN-PN 27-1928755-001
<b>a</b>	Plan name	TORBOT GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TORBOT GROUP, INC.	<b>c</b> EIN-PN 05-0390138-001
<b>a</b>	Plan name	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	<b>c</b> EIN-PN 56-1970120-001
<b>a</b>	Plan name	UNIQUE FABRICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIQUE FABRICATIONS	<b>c</b> EIN-PN 26-1649705-001
<b>a</b>	Plan name	UNIVERSAL ATM NETWORK, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL ATM NETWORK, INC.	<b>c</b> EIN-PN 68-0351929-001
<b>a</b>	Plan name	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	<b>c</b> EIN-PN 38-3424306-001
<b>a</b>	Plan name	VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
<b>b</b>	Name of plan sponsor	VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	<b>c</b> EIN-PN 38-1917556-001
<b>a</b>	Plan name	VANGUARD CLINICAL INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANGUARD CLINICAL INC.	<b>c</b> EIN-PN 81-2699127-001
<b>a</b>	Plan name	VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VANS DELIVERY SERVICE, INC.	<b>c</b> EIN-PN 38-2487912-001
<b>a</b>	Plan name	WAYNE PREPARATORY ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAYNE PREPARATORY ACADEMY, LP	<b>c</b> EIN-PN 30-0826240-001
<b>a</b>	Plan name	WILLIAM L. FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM L FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES	<b>c</b> EIN-PN 34-1760741-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name WINCO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BMS HOLDINGS, INC.	<b>c</b> EIN-PN 43-0634395-003
<b>a</b>	Plan name 429 ELECTRICAL CONTRACTORS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 429 ELECTRICAL CONTRACTORS LLC	<b>c</b> EIN-PN 81-4805405-001
<b>a</b>	Plan name A NEW HORIZON COUNSELING & PSYCHOTHERAPY 401K PLAN	
<b>b</b>	Name of plan sponsor A NEW HORIZON COUNSELING & PSYCHOTHERAPY	<b>c</b> EIN-PN 86-1106322-001
<b>a</b>	Plan name ADELMAN MAINTENANCE CORP. OF MILWAUKEE PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor ADELMAN MAINTENANCE CORP. OF MILWAUKEE	<b>c</b> EIN-PN 39-1471511-001
<b>a</b>	Plan name ADITYA CHHIBBER BDS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADITYA CHHIBBER BDS LLC DBA AC ORTHODONTICS	<b>c</b> EIN-PN 81-1939042-002
<b>a</b>	Plan name AFTERMAN SOFTWARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AFTERMAN SOFTWARE, LLC	<b>c</b> EIN-PN 81-2910848-001
<b>a</b>	Plan name AHB TOOLING & MACHINERY 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor AHB TOOLING & MACHINERY, LLC	<b>c</b> EIN-PN 83-3280314-001
<b>a</b>	Plan name AHWATUKEE SPORTS & SPINE, PLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AHWATUKEE SPORTS & SPINE, PLC	<b>c</b> EIN-PN 86-1002624-001
<b>a</b>	Plan name AMERICAN COATINGS CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN COATINGS CORP.	<b>c</b> EIN-PN 31-1581806-001
<b>a</b>	Plan name AMERICAN READING COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN READING COMPANY DBA 100 BOOK CHALLENGE	<b>c</b> EIN-PN 23-2965253-001
<b>a</b>	Plan name APEX TRAILER 401(K) PLAN	
<b>b</b>	Name of plan sponsor APEX TRAILER SALES AND RENTALS, INC.	<b>c</b> EIN-PN 61-1020316-001
<b>a</b>	Plan name API RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ARCHITECTURAL PRECAST INNOVATIONS, INC.	<b>c</b> EIN-PN 47-3898467-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	APOSTOLIC CHRISTIAN HOME 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APOSTOLIC CHRISTIAN HOME	<b>c</b> EIN-PN 37-1366082-001
<b>a</b>	Plan name	APPLE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPLE ELECTRICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 75-2529492-001
<b>a</b>	Plan name	AUSTERE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARE ADVOCATE INC.	<b>c</b> EIN-PN 36-4567027-001
<b>a</b>	Plan name	AUTOELECTRIC OF AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUTOELECTRIC OF AMERICA, INC.	<b>c</b> EIN-PN 74-2964877-001
<b>a</b>	Plan name	AUTOMATED GIVING SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUTOMATED GIVING SOLUTIONS, LLC.	<b>c</b> EIN-PN 90-0284345-333
<b>a</b>	Plan name	AUTOMOTIVE TRANSPORT UNION PLAN	
<b>b</b>	Name of plan sponsor	VALIANT MANAGEMENT, LLC UNION PLAN	<b>c</b> EIN-PN 20-4853723-001
<b>a</b>	Plan name	AUTOMOTIVE TRANSPORTATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RCS TRANSPORTATION, LLC	<b>c</b> EIN-PN 20-2646999-001
<b>a</b>	Plan name	BAYSIDE AUTO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BAYSIDE AUTO GROUP	<b>c</b> EIN-PN 52-1664217-001
<b>a</b>	Plan name	BLAGER CONCRETE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLAGER CONCRETE COMPANY	<b>c</b> EIN-PN 20-0634151-001
<b>a</b>	Plan name	BLAIR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLAIR ELECTRA SOUTHWEST, LLC	<b>c</b> EIN-PN 87-1439781-001
<b>a</b>	Plan name	BLAZE PIZZA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAMM FINE PIZZA DBA BLAZE PIZZA	<b>c</b> EIN-PN 47-1820665-001
<b>a</b>	Plan name	BOYS & GIRLS CLUB OF GREATER NEW HAVEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOYS & GIRLS CLUBS OF GREATER NEW HAVEN	<b>c</b> EIN-PN 06-0646935-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BOYS & GIRLS CLUB OF HAWTHORNE 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BOYS & GIRLS CLUB OF HAWTHORNE	<b>c</b> EIN-PN 23-7112349-001
<b>a</b>	Plan name CALCIUM PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CALCIUM PRODUCTS, INC.	<b>c</b> EIN-PN 42-1300275-001
<b>a</b>	Plan name CAMRETT COMPANIES 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAMRETT LOGISTICS, INC.	<b>c</b> EIN-PN 54-1747281-001
<b>a</b>	Plan name CANCER HOPE NETWORK INC. 401(K)	
<b>b</b>	Name of plan sponsor CANCER HOPE NETWORK INC.	<b>c</b> EIN-PN 22-2647316-001
<b>a</b>	Plan name CASSILL MOTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CASSILL MOTORS, INC.	<b>c</b> EIN-PN 42-1375775-001
<b>a</b>	Plan name CHURCHLAND ANIMAL CLINIC, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHURCHLAND ANIMAL CLINIC, INC.	<b>c</b> EIN-PN 54-0941437-001
<b>a</b>	Plan name CHUZE FITNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor RACHAS, INC. DBA CHUZE FITNESS	<b>c</b> EIN-PN 26-2396678-001
<b>a</b>	Plan name COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COCHRANE SUPPLY ENGINEERING, INC.	<b>c</b> EIN-PN 38-1854848-001
<b>a</b>	Plan name COLONIAL GENERAL INSURANCE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLONIAL GENERAL INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 31-1125848-001
<b>a</b>	Plan name COLORADO PHYSICIAN PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLORADO PHYSICIAN PARTNERS	<b>c</b> EIN-PN 90-0995056-001
<b>a</b>	Plan name CREEKSIDE ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JACKSON-POLEN ANIMAL HOSPITAL PC DBA CREEKSIDE ANIMAL HOSPITAL	<b>c</b> EIN-PN 26-2580271-001
<b>a</b>	Plan name CRIMSON CARE NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRIMSON CARE NETWORK	<b>c</b> EIN-PN 82-2820387-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CROFT COMPANIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CROFT POWER EQUIPMENT, LLC	<b>c</b> EIN-PN 87-0620719-001
<b>a</b>	Plan name DENT DEFENSE GROUP 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor DENT DEFENSE GROUP	<b>c</b> EIN-PN 68-0533537-001
<b>a</b>	Plan name DIEFFENBACH'S POTATO CHIPS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIEFFENBACH'S POTATO CHIPS, INC.	<b>c</b> EIN-PN 23-3044270-001
<b>a</b>	Plan name DIGITAL TOOL & DIE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIGITAL TOOL & DIE, INC.	<b>c</b> EIN-PN 38-2852638-001
<b>a</b>	Plan name DVDC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DELAWARE VALLEY DEVELOPMENT COMPANY, LLC	<b>c</b> EIN-PN 52-2198963-001
<b>a</b>	Plan name DWIGHT LEWIS STATE FARM INSURANCE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DWIGHT LEWIS STATE FARM INSURANCE AGENCY	<b>c</b> EIN-PN 47-2834035-001
<b>a</b>	Plan name EL MANDADO 401(K) PLAN	
<b>b</b>	Name of plan sponsor EL MANDADO LATIN INTERNATIONAL PRODUCTS, INC.	<b>c</b> EIN-PN 56-2067801-001
<b>a</b>	Plan name ELDRIDGE LUMBER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELDRIDGE LUMBER COMPANY	<b>c</b> EIN-PN 88-2366980-001
<b>a</b>	Plan name ELECTRICAL WORKS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELECTRICAL WORKS, LLC	<b>c</b> EIN-PN 59-3666692-001
<b>a</b>	Plan name ELECTRONIC DESIGN TO MARKET, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELECTRONIC DESIGN TO MARKET, INC.	<b>c</b> EIN-PN 34-1752024-001
<b>a</b>	Plan name EXECUTIVE PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EXECUTIVE PROPERTY MANAGEMENT	<b>c</b> EIN-PN 22-2398215-001
<b>a</b>	Plan name EXPOTEL HOSPITALITY SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor EXPOTEL HOSPITALITY SERVICES, INC.	<b>c</b> EIN-PN 72-1456101-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	EYNCON 401(K) PLAN
<b>b</b>	Name of plan sponsor	EYNCON, LLC
<b>c</b>	EIN-PN	47-2720798-001
<b>a</b>	Plan name	FESSEL CHIROPRACTIC INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FESSEL CHIROPRACTIC, INC.
<b>c</b>	EIN-PN	86-3804745-001
<b>a</b>	Plan name	FG HOLDINGS COMPANY, LLC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	FG HOLDINGS, LLC
<b>c</b>	EIN-PN	87-4171809-001
<b>a</b>	Plan name	GARZOR INSURANCE, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	GARZOR INSURANCE, LLC
<b>c</b>	EIN-PN	26-2951778-001
<b>a</b>	Plan name	GATEWAY TO PREVENTION AND RECOVERY, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	GATEWAY TO PREVENTION AND RECOVERY, INC.
<b>c</b>	EIN-PN	73-1215510-001
<b>a</b>	Plan name	GATTON & ASSOCIATES, P.C. 401(K) PLAN
<b>b</b>	Name of plan sponsor	GATTON & ASSOCIATES, P.C.
<b>c</b>	EIN-PN	85-0471754-001
<b>a</b>	Plan name	GILLIE HYDE FORD LINCOLN, INC. 401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	GILLIE HYDE FORD LINCOLN, INC.
<b>c</b>	EIN-PN	61-0700786-002
<b>a</b>	Plan name	GILSTER-MARY LEE CORPORATION EMPLOYEES' 401(K) PLAN
<b>b</b>	Name of plan sponsor	GILSTER-MARY LEE
<b>c</b>	EIN-PN	37-0951425-002
<b>a</b>	Plan name	GKBK 401(K) PLAN
<b>b</b>	Name of plan sponsor	GAUNTT KOEN BINNEY & KIDD, LLP
<b>c</b>	EIN-PN	76-0574603-001
<b>a</b>	Plan name	GKC 401(K) PLAN
<b>b</b>	Name of plan sponsor	GERDING, KORTE, & CHITWOOD PC
<b>c</b>	EIN-PN	43-1260512-001
<b>a</b>	Plan name	GREAT KIDS PEDIATRICS 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	ABEL PAREDES, M.D., P.A. DBA GREAT KIDS PEDIATRICS
<b>c</b>	EIN-PN	74-2092637-002
<b>a</b>	Plan name	GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN
<b>b</b>	Name of plan sponsor	GREAT SOUTHERN CAPITAL CORPORATION
<b>c</b>	EIN-PN	64-0604860-010

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GREBE'S BAKERIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREBE'S BAKERIES, INC.	<b>c</b> EIN-PN 39-0770820-001
<b>a</b>	Plan name	HANCOCK FEDERAL CREDIT UNION EMPLOYEES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HANCOCK FEDERAL CREDIT UNION	<b>c</b> EIN-PN 34-4430151-002
<b>a</b>	Plan name	HIGHROAD HUMAN SERVICES, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HIGHROAD HUMAN SERVICES, INC.	<b>c</b> EIN-PN 82-0524519-001
<b>a</b>	Plan name	HIGHWAY INN, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HIGHWAY INN, INC.	<b>c</b> EIN-PN 99-0249967-222
<b>a</b>	Plan name	HIGROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE HAWAII GROUP, INC.	<b>c</b> EIN-PN 27-3129236-001
<b>a</b>	Plan name	HONOR CONTRACTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HONOR CONTRACTING LLC	<b>c</b> EIN-PN 81-4244688-001
<b>a</b>	Plan name	INTERNATIONAL AEROSPACE COATINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL AEROSPACE COATINGS, INC.	<b>c</b> EIN-PN 91-1517966-002
<b>a</b>	Plan name	INTERPRINT INCORPORATED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTERPRINT, INC.	<b>c</b> EIN-PN 59-0871253-001
<b>a</b>	Plan name	INTERSTATE COMMERCIAL GLASS & DOOR, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INTERSTATE COMMERCIAL GLASS & DOOR, INC.	<b>c</b> EIN-PN 38-2822716-001
<b>a</b>	Plan name	INTERVENTIONAL PAIN CONSULTANTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERVENTIONAL PAIN CONSULTANTS LLC	<b>c</b> EIN-PN 83-0901793-001
<b>a</b>	Plan name	J. L. RAYMAAKERS & SONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	J.L. RAYMAAKERS & SONS, INC.	<b>c</b> EIN-PN 26-1632270-001
<b>a</b>	Plan name	J2H PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J2H PARTNERS, LLC	<b>c</b> EIN-PN 47-4314260-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JACK MILLIKIN INC.	<b>c</b> EIN-PN 38-1852235-002
<b>a</b>	Plan name	JLD ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JLD ENTERPRISES LLC	<b>c</b> EIN-PN 26-1987304-001
<b>a</b>	Plan name	KERN RIVER GOLF COURSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KERN RIVER GOLF COURSE	<b>c</b> EIN-PN 95-3761837-001
<b>a</b>	Plan name	LAND LIFE COMPANY USA, PBC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAND LIFE COMPANY USA, PBC	<b>c</b> EIN-PN 83-1925466-001
<b>a</b>	Plan name	LANSING ICE AND FUEL COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LANSING ICE AND FUEL	<b>c</b> EIN-PN 38-0745480-001
<b>a</b>	Plan name	A&G PIPING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A&G PIPING, INC.	<b>c</b> EIN-PN 75-1972619-001
<b>a</b>	Plan name	A&N ASPHALT 401(K) PROFIT SHARING PLAN + TRUST	
<b>b</b>	Name of plan sponsor	A&N ASPHALT INC.	<b>c</b> EIN-PN 38-3217709-001
<b>a</b>	Plan name	A-OK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A-OK SANITARY & GARBAGE SERVICE, INC.	<b>c</b> EIN-PN 46-0416889-001
<b>a</b>	Plan name	A.K.O. INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A.K.O. INC.	<b>c</b> EIN-PN 06-0249990-001
<b>a</b>	Plan name	AIR COMPRESSOR SOLUTIONS, INC. EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIR COMPRESSOR SOLUTIONS, INC.	<b>c</b> EIN-PN 27-0017675-001
<b>a</b>	Plan name	AIR GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AIR GROUP, LLC	<b>c</b> EIN-PN 22-3620908-001
<b>a</b>	Plan name	APPLIED COATINGS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APPLIED COATINGS, INC.	<b>c</b> EIN-PN 35-1755339-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARCHITECTURE, INC.	<b>c</b> EIN-PN 54-1371604-001
<b>a</b>	Plan name BCI, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BCI, INC.	<b>c</b> EIN-PN 06-1308260-002
<b>a</b>	Plan name CBD INDUSTRIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CBD INDUSTRIES, LLC	<b>c</b> EIN-PN 83-2775806-001
<b>a</b>	Plan name CBG SURVEYING TEXAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CBG SURVEYING TEXAS, LLC	<b>c</b> EIN-PN 30-0991600-001
<b>a</b>	Plan name CC POOL BUILDERS & SERVICE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CC POOL BUILDERS & SERVICE	<b>c</b> EIN-PN 27-4975870-001
<b>a</b>	Plan name COMMERCE DISTRIBUTION CENTER, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COMMERCE DISTRIBUTION CENTER, INC.	<b>c</b> EIN-PN 38-2684078-001
<b>a</b>	Plan name COMMERCIAL DOOR AND HARDWARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL DOOR AND HARDWARE, INC.	<b>c</b> EIN-PN 61-1169293-001
<b>a</b>	Plan name COMMERCIAL SEWING, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL SEWING, INC.	<b>c</b> EIN-PN 06-0863890-001
<b>a</b>	Plan name COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL WATERPROOFING, INC.	<b>c</b> EIN-PN 23-2589948-001
<b>a</b>	Plan name CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	<b>c</b> EIN-PN 48-0666889-001
<b>a</b>	Plan name CROWN HILL DENTISTRY RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRITTANY D. GOODING, D.D.S., P.C.	<b>c</b> EIN-PN 45-4069228-001
<b>a</b>	Plan name CTCO BENEFIT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CTCO BENEFIT SERVICES, LLC	<b>c</b> EIN-PN 30-0515404-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DIVISION 7, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIVISION 7, INC.	<b>c</b> EIN-PN 84-1573704-001
<b>a</b>	Plan name	DMA HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DMA HOLDINGS, INC.	<b>c</b> EIN-PN 26-1547833-001
<b>a</b>	Plan name	DMD BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DMD WINDOW AND DOOR, INC.	<b>c</b> EIN-PN 81-4449392-001
<b>a</b>	Plan name	DMT ELECTRIC LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DMT ELECTRIC LLC	<b>c</b> EIN-PN 46-0774639-001
<b>a</b>	Plan name	ELMBROOK FAMILY DENTAL PARTNERS, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELMBROOK FAMILY DENTAL PARTNERS, S.C.	<b>c</b> EIN-PN 27-0556470-001
<b>a</b>	Plan name	ELMER SCHULTZ SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELMER SCHULTZ SERVICES, INC.	<b>c</b> EIN-PN 23-1937880-001
<b>a</b>	Plan name	FIFE LUNEAU, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIFE LUNEAU, P.C.	<b>c</b> EIN-PN 84-1380071-001
<b>a</b>	Plan name	FIMG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREEDOM INVESTMENT MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 27-3693949-001
<b>a</b>	Plan name	GLENNWOOD CUSTOM BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLENNWOOD CUSTOM BUILDERS, INC	<b>c</b> EIN-PN 20-2045461-001
<b>a</b>	Plan name	GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLESSNER & ASSOCIATES, PLLC	<b>c</b> EIN-PN 55-0761731-001
<b>a</b>	Plan name	GLOBAL K9 PROTECTION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GLOBAL K9 PROTECTION GROUP LLC	<b>c</b> EIN-PN 82-4550904-001
<b>a</b>	Plan name	GLOBAL MEDICAL FACILITATORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL MEDICAL FACILITATORS, INC.	<b>c</b> EIN-PN 83-3023644-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name GLOBAL WIDGET, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL WIDGET, LLC	<b>c</b> EIN-PN 81-2430361-001
<b>a</b>	Plan name HARKER HEATING & COOLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARKER HEATING & COOLING, INC.	<b>c</b> EIN-PN 39-1634801-001
<b>a</b>	Plan name HARMSEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HARMSEN CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2720081-001
<b>a</b>	Plan name HARTSHORNE HEALTH SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HARTSHORNE HEALTH SERVICES, LLC	<b>c</b> EIN-PN 20-1718450-001
<b>a</b>	Plan name HURTIS HEATING & AIR CONDITIONING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HURTIS HEATING & AIR CONDITIONING, INC.	<b>c</b> EIN-PN 45-3676136-001
<b>a</b>	Plan name HY-ROCK EXCAVATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HY-ROCK EXCAVATION, LLC	<b>c</b> EIN-PN 20-3242534-001
<b>a</b>	Plan name KEY DATA DASHBOARD, INC. DBA KEY DATA 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEY DATA DASHBOARD, INC. DBA KEY DATA	<b>c</b> EIN-PN 87-3648034-002
<b>a</b>	Plan name KINA'OLE FAMILY OF COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor KINA'OLE FAMILY OF COMPANIES	<b>c</b> EIN-PN 27-0287605-001
<b>a</b>	Plan name LEO TECH, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LEO TECH, LLC	<b>c</b> EIN-PN 47-4538892-001
<b>a</b>	Plan name LEVIN LEGAL GROUP, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEVIN LEGAL GROUP, P.C.	<b>c</b> EIN-PN 23-2830283-001
<b>a</b>	Plan name LIBERTY BUSINESS ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIBERTY BUSINESS ASSOCIATES, LLC	<b>c</b> EIN-PN 30-0079001-001
<b>a</b>	Plan name MAYFAIR PLASTICS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAYFAIR PLASTICS, INC.	<b>c</b> EIN-PN 38-2704694-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MAYHEW STEEL/DEERFIELD PACKAGING RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MAYHEW STEEL PRODUCTS, INC.	<b>c</b> EIN-PN 04-1595240-777
<b>a</b>	Plan name	MAYOR'S YOUTH EMPOWERMENT PROGRAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAYOR'S YOUTH EMPOWERMENT PROGRAM	<b>c</b> EIN-PN 42-1444335-001
<b>a</b>	Plan name	MAYVILLE STATE BANK PROFIT SHARING AND RETIREMENT TRUST PLAN	
<b>b</b>	Name of plan sponsor	MAYVILLE STATE BANK	<b>c</b> EIN-PN 38-0803180-001
<b>a</b>	Plan name	MCARDLE LTD. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MCARDLE LTD.	<b>c</b> EIN-PN 36-2949020-333
<b>a</b>	Plan name	MOUNTAIN HEART CENTER PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN HEART CENTER PSC	<b>c</b> EIN-PN 31-1556537-001
<b>a</b>	Plan name	NORTHGATE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHGATE	<b>c</b> EIN-PN 38-2503040-001
<b>a</b>	Plan name	NORTHPOINT CONSTRUCTION MANAGEMENT, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHPOINT CONSTRUCTION MANAGEMENT, LLC	<b>c</b> EIN-PN 20-2902599-001
<b>a</b>	Plan name	NORTHSHORE COMMUNITY FOUNDATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHSHORE COMMUNITY FOUNDATION	<b>c</b> EIN-PN 61-1517784-001
<b>a</b>	Plan name	NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST CHRISTIAN SCHOOL	<b>c</b> EIN-PN 86-0445016-001
<b>a</b>	Plan name	NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST EYE CENTER S.C.	<b>c</b> EIN-PN 36-3145951-002
<b>a</b>	Plan name	NORTHWEST GLASS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST GLASS, INC.	<b>c</b> EIN-PN 81-0447938-001
<b>a</b>	Plan name	PARIS MOUNTAIN HOSPITALITY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARIS MOUNTAIN HOSPITALITY, LLC	<b>c</b> EIN-PN 47-1819250-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PARK SIDE FINANCIAL CREDIT UNION	<b>c</b> EIN-PN 23-7155544-001
<b>a</b>	Plan name	PARK SPRINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARK SPRINGS, LLC	<b>c</b> EIN-PN 58-2452928-001
<b>a</b>	Plan name	PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION CABLE ASSEMBLIES, INC.	<b>c</b> EIN-PN 39-1787647-002
<b>a</b>	Plan name	PRECISION ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION ELECTRIC, INC.	<b>c</b> EIN-PN 88-0203624-001
<b>a</b>	Plan name	PREFERRED CLIMATE SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREFERRED CLIMATE SOLUTIONS, LLC	<b>c</b> EIN-PN 82-1816954-001
<b>a</b>	Plan name	R&F, INC. EMPLOYEES BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	R&F, INC.	<b>c</b> EIN-PN 34-1016464-001
<b>a</b>	Plan name	R&R BROADBAND, LLC SAFE HARBOR 401(K) PLAN & PSP	
<b>b</b>	Name of plan sponsor	R&R BROADBAND, LLC	<b>c</b> EIN-PN 20-5537023-001
<b>a</b>	Plan name	RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RJ NOLAN & ASSOCIATES, INC.	<b>c</b> EIN-PN 39-1090667-001
<b>a</b>	Plan name	ROADRUNNER GLASS COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROADRUNNER GLASS COMPANY, INC.	<b>c</b> EIN-PN 86-0713467-001
<b>a</b>	Plan name	SCOGGIN DICKEY CHEVROLET 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCOGGIN DICKEY CHEVROLET BUICK, INC.	<b>c</b> EIN-PN 75-0744374-001
<b>a</b>	Plan name	SECON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECIFIED ELECTRICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 86-0839690-002
<b>a</b>	Plan name	SMILES BY DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SBD DENTAL PLLC DBA SMILES BY DESIGN	<b>c</b> EIN-PN 99-4270841-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>SUNRISE NATURAL FOODS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VITA SUN!</b>	<b>c</b> EIN-PN <b>94-2906033-001</b>
<b>a</b>	Plan name <b>SUPERIOR DENTAL LABORATORY INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUPERIOR DENTAL LABORATORY INC.</b>	<b>c</b> EIN-PN <b>88-0238763-002</b>
<b>a</b>	Plan name <b>SUPERIOR PAINT SUPPLY, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUPERIOR PAINT SUPPLY, INC.</b>	<b>c</b> EIN-PN <b>87-0241620-001</b>
<b>a</b>	Plan name <b>THE IMMIGRATION LAW OFFICE OF DAVID N. SIMMONS 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>THE IMMIGRATION LAW OFFICE OF DAVID N. SIMMONS, LLC</b>	<b>c</b> EIN-PN <b>84-1484411-001</b>
<b>a</b>	Plan name <b>TOYS FOR TRUCKS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOYS FOR TRUCKS, INC.</b>	<b>c</b> EIN-PN <b>39-1646646-001</b>
<b>a</b>	Plan name <b>TQM NORTH AMERICA, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TQM NORTH AMERICA, INC.</b>	<b>c</b> EIN-PN <b>35-2615062-001</b>
<b>a</b>	Plan name <b>VAUGHN WATER COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VAUGHN WATER COMPANY</b>	<b>c</b> EIN-PN <b>95-1600230-002</b>
<b>a</b>	Plan name <b>VELOCITY COMMERCIAL CAPITAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VELOCITY COMMERCIAL CAPITAL, LLC</b>	<b>c</b> EIN-PN <b>20-1193192-001</b>
<b>a</b>	Plan name <b>VENTURE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VM SERVICES, INC.</b>	<b>c</b> EIN-PN <b>77-0459829-222</b>
<b>a</b>	Plan name <b>WINTERS, LLP. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WINTERS, LLP</b>	<b>c</b> EIN-PN <b>37-1366508-001</b>
<b>a</b>	Plan name <b>HATTERAS PRINTING 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HATTERAS PRINTING, INC.</b>	<b>c</b> EIN-PN <b>38-2168116-001</b>
<b>a</b>	Plan name <b>HAUCK BROS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAUCK BROTHERS, INC.</b>	<b>c</b> EIN-PN <b>31-0599870-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>IBEW LOCAL UNION NO. 444 PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTERNATIONAL BROTHERHOOD OF ELECTRICAL UNION WORKERS LOCAL UNION 44</b>	<b>c</b> EIN-PN <b>73-6153191-001</b>
<b>a</b>	Plan name <b>ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ICONERGY LTD</b>	<b>c</b> EIN-PN <b>27-2414344-001</b>
<b>a</b>	Plan name <b>IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IDAHO ASPHALT SUPPLY, INC.</b>	<b>c</b> EIN-PN <b>82-0325664-001</b>
<b>a</b>	Plan name <b>JANITORS SUPPLY CO., INC. EMPLOYEES' SAVINGS AND RETIREMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE JANITORS SUPPLY CO., INC.</b>	<b>c</b> EIN-PN <b>35-0981768-001</b>
<b>a</b>	Plan name <b>KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KINGS COMMUNITY ACTION ORGANIZATION, INC.</b>	<b>c</b> EIN-PN <b>94-1604455-001</b>
<b>a</b>	Plan name <b>KMW 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KELLER, MELCHIORRE AND WALSH, PLLC</b>	<b>c</b> EIN-PN <b>83-2864534-001</b>
<b>a</b>	Plan name <b>LIGHTHOUSE INSURANCE AGENCY, LTD. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LIGHTHOUSE INSURANCE AGENCY</b>	<b>c</b> EIN-PN <b>04-3216220-001</b>
<b>a</b>	Plan name <b>LINCOLN PARK SCHOOLS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LINCOLN PARK NURSERY SCHOOL, INC.</b>	<b>c</b> EIN-PN <b>36-3940940-001</b>
<b>a</b>	Plan name <b>LINDAR 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LINDAR CORPORATION</b>	<b>c</b> EIN-PN <b>41-1752658-001</b>
<b>a</b>	Plan name <b>LISA M. SIMONE, ATTORNEY AT LAW, A PROFESSIONAL CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LISA M. SIMONE ATTORNEY AT LAW, A PROFESSIONAL CORPORATION</b>	<b>c</b> EIN-PN <b>87-4041442-001</b>
<b>a</b>	Plan name <b>MCCOLLOUGH SCHOLTEN 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCCOLLOUGH SCHOLTEN CONSTRUCTION</b>	<b>c</b> EIN-PN <b>35-1685271-001</b>
<b>a</b>	Plan name <b>MCCOURT EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCCOURT EQUIPMENT, INC.</b>	<b>c</b> EIN-PN <b>74-2913583-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MCKELVIE, MCKELVIE, YEE & EPACS, P.C. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MCKELVIE, MCKELVIE, YEE & EPACS, P.C.	<b>c</b> EIN-PN 81-5441353-001
<b>a</b>	Plan name	MTS/SFH 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	MULTIPLICITY THERAPEUTIC SERVICES, INC.	<b>c</b> EIN-PN 51-0619590-001
<b>a</b>	Plan name	NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NUHORIZON PROPERTIES, LLC	<b>c</b> EIN-PN 38-3521185-001
<b>a</b>	Plan name	PREMIER PHYSICAL THERAPY AND SPORTS MEDICINE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER PHYSICAL THERAPY AND SPORTS MEDICINE INC.	<b>c</b> EIN-PN 65-1147823-001
<b>a</b>	Plan name	PRINCIPLE CHOICE SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRINCIPLE CHOICE SOLUTIONS LLC	<b>c</b> EIN-PN 47-2275889-001
<b>a</b>	Plan name	RABB WATER SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RABB WATER SYSTEMS, INC.	<b>c</b> EIN-PN 35-1750694-001
<b>a</b>	Plan name	RAJIPO HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAJIPO HOLDINGS, INC.	<b>c</b> EIN-PN 87-4010536-001
<b>a</b>	Plan name	ROCK & ROSE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROCK & ROSE, INC.	<b>c</b> EIN-PN 30-0117391-001
<b>a</b>	Plan name	SEITZ, THE FRESHER CO., INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEITZ, THE FRESHER CO., INC.	<b>c</b> EIN-PN 56-2079560-001
<b>a</b>	Plan name	SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY	<b>c</b> EIN-PN 23-1659451-002
<b>a</b>	Plan name	SYDAPTIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYDAPTIC, INC.	<b>c</b> EIN-PN 74-2898394-001
<b>a</b>	Plan name	SYMONS ADVANCED VALUED EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SYMONS FIRE PROTECTION, INC.	<b>c</b> EIN-PN 03-0378557-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRANSITIONAL LIVING CENTERS, INC.	<b>c</b> EIN-PN 34-1752737-001
<b>a</b>	Plan name	TRANSYSTEMS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRANSPORT LEASING COMPANY, LLP DBA TRANSYSTEMS SERVICES	<b>c</b> EIN-PN 81-0359563-001
<b>a</b>	Plan name	TRAVERTINE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRAVERTINE, INC.	<b>c</b> EIN-PN 73-1616445-001
<b>a</b>	Plan name	WM. TRENT GILLESPIE, DMD, MPH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WM. TRENT GILLESPIE, DMD, MPH, LLC	<b>c</b> EIN-PN 20-4863407-001
<b>a</b>	Plan name	WOODLANDS HEART AND VASCULAR INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOODLANDS HEART AND VASCULAR INSTITUTE PLLC	<b>c</b> EIN-PN 27-0733049-001
<b>a</b>	Plan name	A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A.W. OAKES & SON, INC.	<b>c</b> EIN-PN 39-0967026-003
<b>a</b>	Plan name	AL TERRY PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AL TERRY PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 02-0344810-002
<b>a</b>	Plan name	ALABAMA COLON & RECTAL INSTITUTE, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALABAMA COLON & RECTAL INSTITUTE, PC	<b>c</b> EIN-PN 63-0795136-001
<b>a</b>	Plan name	ALBERTY GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALBERTY GROUP, LLC	<b>c</b> EIN-PN 83-4525061-001
<b>a</b>	Plan name	ARGO MANAGEMENT 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARGO MANAGEMENT INC.	<b>c</b> EIN-PN 65-1046532-001
<b>a</b>	Plan name	ARIZONA HOUSING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARIZONA HOUSING, INC.	<b>c</b> EIN-PN 86-0811431-001
<b>a</b>	Plan name	ARMSTRONG CARPET & LINOLEUM CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARMSTRONG CARPET & LINOLEUM COMPANY	<b>c</b> EIN-PN 94-1509072-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	BELAIR DENTAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BELAIR DENTAL ASSOCIATES LLC	<b>c</b> EIN-PN 58-2381161-001
<b>a</b>	Plan name	BRIDGEVIEW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIDGEVIEW MULTIFAMILY LLC	<b>c</b> EIN-PN 46-5043301-001
<b>a</b>	Plan name	BROADMOOR DRUG CENTER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BROADMOOR DRUG CENTER, INC.	<b>c</b> EIN-PN 72-0754023-001
<b>a</b>	Plan name	CENTERA BIOSCIENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTERA BIOSCIENCE INC.	<b>c</b> EIN-PN 46-3097866-001
<b>a</b>	Plan name	CENTERPOINT FELLOWSHIP CHURCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTERPOINT FELLOWSHIP CHURCH	<b>c</b> EIN-PN 27-1489622-001
<b>a</b>	Plan name	CENTRA SOTA COOPERATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRA SOTA COOPERATIVE	<b>c</b> EIN-PN 41-0488480-001
<b>a</b>	Plan name	CENTRAL DISTRIBUTING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN CENTRAL DISTRIBUTING, INC. DBA CENTRAL DISTRIBUTING	<b>c</b> EIN-PN 77-0135542-001
<b>a</b>	Plan name	COMMUNITY STAR CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY STAR CREDIT UNION	<b>c</b> EIN-PN 34-0728231-002
<b>a</b>	Plan name	COMMUNITY WHOLESALE TIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY WHOLESALE TIRE DISTRIBUTING, INC.	<b>c</b> EIN-PN 43-0799202-001
<b>a</b>	Plan name	COMPASS COMMERCIAL CONSTRUCTION GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPASS COMMERCIAL CONSTRUCTION GROUP	<b>c</b> EIN-PN 27-3042323-777
<b>a</b>	Plan name	COMPASS RETIREMENT CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMPASS RETIREMENT CONSULTING GROUP, INC.	<b>c</b> EIN-PN 20-4795685-001
<b>a</b>	Plan name	COMPASS STUDIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JP COMPASS CONSULTING AND CONSTRUCTION, INC. DBA COMPASS STUDIO	<b>c</b> EIN-PN 20-5387398-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name COMPLETE AGRI SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPLETE AGRI SERVICES	<b>c</b> EIN-PN 46-2836066-001
<b>a</b>	Plan name COMPLETE INTERACTIVE TECHNOLOGIES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPLETE INTERACTIVE TECHNOLOGIES INC	<b>c</b> EIN-PN 38-2942737-001
<b>a</b>	Plan name DOORWAY HOME LOANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL CITY MORTGAGE, INC.	<b>c</b> EIN-PN 33-0231744-001
<b>a</b>	Plan name DORIGNAC'S FOOD CENTER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DORIGNAC'S FOOD CENTER, LLC	<b>c</b> EIN-PN 72-0575457-001
<b>a</b>	Plan name EMERALD PROFESSIONAL STAFFING INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EMERALD PROFESSIONAL STAFFING INC.	<b>c</b> EIN-PN 46-1362080-001
<b>a</b>	Plan name FIRST CUT 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FIRST CUT SAWING AND BREAKING, INC.	<b>c</b> EIN-PN 86-0881313-333
<b>a</b>	Plan name FIRST ILLINOIS BANCORP., INC. PROFIT SHARING 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FIRST ILLINOIS BANCORP., INC.	<b>c</b> EIN-PN 37-1057402-001
<b>a</b>	Plan name FIRST STATE BANK, CLUTE EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FIRST STATE BANK, CLUTE	<b>c</b> EIN-PN 74-1131733-001
<b>a</b>	Plan name GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.	<b>c</b> EIN-PN 57-1093357-001
<b>a</b>	Plan name GMS MINE REPAIR & MAINTENANCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GMS MINE REPAIR & MAINTENANCE, INC.	<b>c</b> EIN-PN 52-1908118-001
<b>a</b>	Plan name N.E.P., INC. DBA STONE AGENCY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor N.E.P., INC. DBA STONE AGENCY	<b>c</b> EIN-PN 06-1446107-001
<b>a</b>	Plan name NA MAKANA ALOHA GROUP, INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NA MAKANA ALOHA GROUP, INC.	<b>c</b> EIN-PN 83-3967421-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NANIA ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NANIA ENERGY	<b>c</b> EIN-PN 36-4273465-001
<b>a</b>	Plan name	NUMBER NERD BOOKKEEPING SOLUTIONS 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NUMBER NERD BOOKKEEPING SOLUTIONS	<b>c</b> EIN-PN 82-3342856-001
<b>a</b>	Plan name	NUTRITION WELLNESS CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NUTRITION WELLNESS CENTER, LLC	<b>c</b> EIN-PN 20-4979886-001
<b>a</b>	Plan name	O'CONNELL LANDSCAPE MAINTENANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	O'CONNELL LANDSCAPE MAINTENANCE INC.	<b>c</b> EIN-PN 95-3141443-002
<b>a</b>	Plan name	PAV 401(K)	
<b>b</b>	Name of plan sponsor	PERFORMANCE AUDIO VIDEO, INC.	<b>c</b> EIN-PN 43-1988352-001
<b>a</b>	Plan name	RANGER DIE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RANGER DIE, INC.	<b>c</b> EIN-PN 38-1858884-001
<b>a</b>	Plan name	RAPID TRUCK LINES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RAPID TRUCK LINES, INC.	<b>c</b> EIN-PN 90-0658441-001
<b>a</b>	Plan name	ROCKY MOUNTAIN RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RMR INDUSTRIALS, INC. DBA ROCKY MOUNTAIN RESOURCES, INC.	<b>c</b> EIN-PN 46-0750094-001
<b>a</b>	Plan name	ROCKY MOUNTAIN SCIENTIFIC LABORATORY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKY MOUNTAIN SCIENTIFIC LABORATORY	<b>c</b> EIN-PN 27-0395718-001
<b>a</b>	Plan name	ROGERS TEAM LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROGERS TEAM LLC	<b>c</b> EIN-PN 45-3971423-001
<b>a</b>	Plan name	ROME ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROME ENTERPRISES, INC. D/B/A/ ROME BATH REMODELING	<b>c</b> EIN-PN 23-2651135-001
<b>a</b>	Plan name	SERVICE TRANSPORT GROUP, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor	SERVICE TRANSPORT GROUP, INC.	<b>c</b> EIN-PN 23-2981850-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SES ENVIRONMENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SES ENVIRONMENTAL	<b>c</b> EIN-PN 62-1378603-002
<b>a</b>	Plan name	SGI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SGI	<b>c</b> EIN-PN 93-4216744-001
<b>a</b>	Plan name	SOUND EFFECTS ENTERTAINMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOUND EFFECTS, LLC DBA SOUND EFFECTS ENTERTAINMENT	<b>c</b> EIN-PN 20-8018181-001
<b>a</b>	Plan name	SOURCE ONE TECHNICAL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOURCE ONE TECHNICAL SOLUTIONS, LLC	<b>c</b> EIN-PN 13-4224406-777
<b>a</b>	Plan name	SOUTHEASTERN MACHINE WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEASTERN MACHINE WORKS, INC.	<b>c</b> EIN-PN 65-0940872-001
<b>a</b>	Plan name	T K CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T K CONCRETE, INC.	<b>c</b> EIN-PN 39-1898532-001
<b>a</b>	Plan name	TAG MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAG MANUFACTURING, INC.	<b>c</b> EIN-PN 72-1578630-001
<b>a</b>	Plan name	THE TM GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE TM GROUP, INC.	<b>c</b> EIN-PN 38-3156552-777
<b>a</b>	Plan name	TRESTLEWOOD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CANNON STRUCTURES, INC. DBA TRESTLEWOOD	<b>c</b> EIN-PN 34-1112308-001
<b>a</b>	Plan name	TRI-RIVERS HEALTHCARE, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRI-RIVERS HEALTHCARE, PLLC	<b>c</b> EIN-PN 61-1357247-001
<b>a</b>	Plan name	VISKOTEERPAK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISKOTEERPAK, LLC	<b>c</b> EIN-PN 20-1267287-001
<b>a</b>	Plan name	VISUAL WORKPLACE INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VISUAL WORKPLACE	<b>c</b> EIN-PN 26-4045453-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name ABOVE ALL CAULKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABOVE ALL CAULKING & WATERPROOFING, INC.	<b>c</b> EIN-PN 59-3790848-001
<b>a</b>	Plan name ACADEMY MANAGEMENT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACADEMY MANAGEMENT COMPANY	<b>c</b> EIN-PN 45-2344235-001
<b>a</b>	Plan name ACADIA DERMATOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACADIA DERMATOLOGY	<b>c</b> EIN-PN 84-4302481-001
<b>a</b>	Plan name ALL ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALL ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 68-0288965-001
<b>a</b>	Plan name ASCEND DENTAL SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASCEND DENTAL SERVICES, LLC	<b>c</b> EIN-PN 83-2589578-001
<b>a</b>	Plan name BEST CLEANERS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BEST CLEANERS, INC.	<b>c</b> EIN-PN 06-1333413-001
<b>a</b>	Plan name CFS PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CFS PRODUCTS, INC.	<b>c</b> EIN-PN 20-0692929-001
<b>a</b>	Plan name CHADE FASHIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHADE FASHIONS, INC.	<b>c</b> EIN-PN 36-3203528-001
<b>a</b>	Plan name CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONCRETE POLISHING & RESTORATION ACQUISITION, LLC	<b>c</b> EIN-PN 82-1776313-001
<b>a</b>	Plan name CYPRESS RISK MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CYPRESS RISK MANAGEMENT	<b>c</b> EIN-PN 45-3934402-001
<b>a</b>	Plan name DOUGLAS MACHINES CORP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DOUGLAS MACHINES CORP	<b>c</b> EIN-PN 59-1906520-001
<b>a</b>	Plan name DOUGLAS TELECOMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOUGLAS TELECOMMUNICATIONS, INC.	<b>c</b> EIN-PN 94-3215975-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name DR. JEFFREY P. LEWIS & ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DR. JEFFREY P. LEWIS & ASSOCIATES, LLC	<b>c</b> EIN-PN 86-1017710-001
<b>a</b>	Plan name DR. MICHAEL GUIRGUIS, D.D.S., INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DR. MICHAEL GUIRGUIS, D.D.S., INC.	<b>c</b> EIN-PN 27-0800677-001
<b>a</b>	Plan name ENGELHARDT DAIRY OF WISCONSIN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGELHARDT DAIRY OF WISCONSIN, LLC	<b>c</b> EIN-PN 45-2174947-001
<b>a</b>	Plan name ENVIRONMENTAL PROJECTS, INC. 401(K) SHARING PLAN	
<b>b</b>	Name of plan sponsor ENVIRONMENTAL PROJECTS, INC.	<b>c</b> EIN-PN 01-0525847-001
<b>a</b>	Plan name GOOD FOUNDATIONS ACADEMY 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GOOD FOUNDATIONS ACADEMY	<b>c</b> EIN-PN 36-4664197-001
<b>a</b>	Plan name HEARING SOLUTIONS OF INDIANA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INNOVATIVE HEARING SOLUTIONS OF INDIANA, INC.	<b>c</b> EIN-PN 83-2099523-001
<b>a</b>	Plan name HEARTLAND FOOD PRODUCTS GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TC HEARTLAND, LLC DBA HEARTLAND FOOD PRODUCTS GROUP	<b>c</b> EIN-PN 20-1938376-001
<b>a</b>	Plan name IES COMPANIES, INC 401(K)	
<b>b</b>	Name of plan sponsor I.E.S. INCORPORATED	<b>c</b> EIN-PN 04-2920789-001
<b>a</b>	Plan name IKE HEAPHY, D.D.S., P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor IKE HEAPHY, D.D.S., P.C.	<b>c</b> EIN-PN 90-0074728-001
<b>a</b>	Plan name ILLUMINATI LABS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ILLUMINATI LABS, LLC	<b>c</b> EIN-PN 46-5236544-001
<b>a</b>	Plan name JAY HODGE AUTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor JAY HODGE CHEVROLET, INC.	<b>c</b> EIN-PN 75-2466263-001
<b>a</b>	Plan name JEANS' EXTRUSIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JEANS' EXTRUSIONS, INC.	<b>c</b> EIN-PN 35-1540242-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	JEFF COLEMAN INSURANCE AGENCY 401(K) PLAN
<b>b</b>	Name of plan sponsor	JEFF COLEMAN INSURANCE AGENCY INC.
<b>c</b>	EIN-PN	74-2992077-001
<b>a</b>	Plan name	KNOX CONCRETE 401(K) PLAN
<b>b</b>	Name of plan sponsor	KNOX CONCRETE, INC.
<b>c</b>	EIN-PN	20-8658855-001
<b>a</b>	Plan name	LIVING INDEPENDENT IS FOR EVERYONE, INC. 401(K) PLAN AND TRUST
<b>b</b>	Name of plan sponsor	LIVING INDEPENDENT IS FOR EVERYONE, INC.
<b>c</b>	EIN-PN	27-4619816-001
<b>a</b>	Plan name	LKN CAPITAL MORTGAGE 401(K) PLAN
<b>b</b>	Name of plan sponsor	LKN MORTGAGE, INC.
<b>c</b>	EIN-PN	85-1308374-001
<b>a</b>	Plan name	LOH TAX GROUP 401(K) PLAN
<b>b</b>	Name of plan sponsor	LOH TAX GROUP
<b>c</b>	EIN-PN	26-2679374-001
<b>a</b>	Plan name	LONG TERM CARE SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	LONG TERM CARE SPECIALISTS, INC.
<b>c</b>	EIN-PN	73-1202515-001
<b>a</b>	Plan name	MCLEOD LAND SERVICES 401(K) PLAN 1
<b>b</b>	Name of plan sponsor	MCLEOD LAND & EQUIPMENT, INC.
<b>c</b>	EIN-PN	65-0810917-001
<b>a</b>	Plan name	ME N ED'S PIZZERIA 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MILANO RESTAURANTS INTERNATIONAL CORPORATION
<b>c</b>	EIN-PN	77-0426714-001
<b>a</b>	Plan name	MECHANICAL SPECIALTIES, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	MECHANICAL SPECIALTIES, LLC
<b>c</b>	EIN-PN	37-1489883-001
<b>a</b>	Plan name	ALL STAR PLUMBING & HEATING 401(K) PLAN
<b>b</b>	Name of plan sponsor	VERL D. WARNIMONT DBA ALL STAR PLUMBING & HEATING
<b>c</b>	EIN-PN	34-1972332-001
<b>a</b>	Plan name	ALLEGHENY MILLWORK 401(K) PLAN
<b>b</b>	Name of plan sponsor	ALLEGHENY MILLWORK
<b>c</b>	EIN-PN	25-1369567-002
<b>a</b>	Plan name	ALLERGY & ASTHMA SPECIALISTS OF NORTH FLORIDA, P.A. 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	ALLERGY & ASTHMA SPECIALISTS OF NORTH FLORIDA, P.A.
<b>c</b>	EIN-PN	20-3722480-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name ALLIANCE CASTINGS COMPANY, LLC 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALLIANCE CASTINGS COMPANY, LLC	<b>c</b> EIN-PN 20-0254788-001
<b>a</b>	Plan name AVANTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor SELF GROUP USA, LLC	<b>c</b> EIN-PN 92-3663081-001
<b>a</b>	Plan name AVANTS OPERATIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AVANTS OPERATIONS, LLC	<b>c</b> EIN-PN 81-4997570-001
<b>a</b>	Plan name AVERA & SMITH LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AVERA & SMITH LLP	<b>c</b> EIN-PN 54-2118084-001
<b>a</b>	Plan name AZH MANAGEMENT LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AZH MANAGEMENT, LLC	<b>c</b> EIN-PN 87-1039988-001
<b>a</b>	Plan name B & B EXTERMINATING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor B & B EXTERMINATING CO., INC.	<b>c</b> EIN-PN 59-3485789-001
<b>a</b>	Plan name BSB RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE BIPPUS STATE BANK	<b>c</b> EIN-PN 35-0180140-001
<b>a</b>	Plan name CIRCLE COMPUTER RESOURCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CIRCLE COMPUTER RESOURCES, INC.	<b>c</b> EIN-PN 42-1404024-001
<b>a</b>	Plan name DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAIRY-MIX, INC.	<b>c</b> EIN-PN 59-0659640-001
<b>a</b>	Plan name DAMM FINE CHICKEN LLC DBA DAVE'S HOT CHICKEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAMM FINE CHICKEN LLC DBA DAVE'S HOT CHICKEN	<b>c</b> EIN-PN 86-1240965-002
<b>a</b>	Plan name E&F PAVING CO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor E&F PAVING CO, LLC	<b>c</b> EIN-PN 20-8741401-001
<b>a</b>	Plan name E-T-M ENTERPRISES I, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor E-T-M ENTERPRISES I, INC.	<b>c</b> EIN-PN 38-3457372-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	E.M.B., INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	LANDSCAPER'S DEPOT, INC.
<b>c</b>	EIN-PN	02-0419465-001
<b>a</b>	Plan name	EAGLE ELECTRIC SERVICES, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	EAGLE ELECTRIC SERVICES, LLC
<b>c</b>	EIN-PN	06-1537747-001
<b>a</b>	Plan name	FLORIDA SPINE 401(K) PLAN
<b>b</b>	Name of plan sponsor	FLORIDA SPINE ASSOCIATES, LLC
<b>c</b>	EIN-PN	82-0835183-001
<b>a</b>	Plan name	FLOW-LINE CONSTRUCTION, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	FLOW-LINE CONSTRUCTION
<b>c</b>	EIN-PN	46-0730116-001
<b>a</b>	Plan name	FOOTHILL ENTERPRISES LP 401(K) PLAN
<b>b</b>	Name of plan sponsor	FOOTHILL ENTERPRISES LIMITED PARTNERSHIP
<b>c</b>	EIN-PN	95-4836232-001
<b>a</b>	Plan name	GREENS OPERATIONS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	GREENS OPERATIONS, INC
<b>c</b>	EIN-PN	47-3688571-001
<b>a</b>	Plan name	IMPERIUM UTILITY SERVICES 401(K) PLAN
<b>b</b>	Name of plan sponsor	IMPERIUM UTILITY SERVICES, LLC
<b>c</b>	EIN-PN	82-3004992-001
<b>a</b>	Plan name	INCAB AMERICA, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	INCAB AMERICA, LLC
<b>c</b>	EIN-PN	82-0671947-001
<b>a</b>	Plan name	JOHN P. FRANGIE, M.D., P.C. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	JOHN P. FRANGIE, M.D., P.C.
<b>c</b>	EIN-PN	46-0538578-001
<b>a</b>	Plan name	JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JOHNSON PRODUCTS, INC.
<b>c</b>	EIN-PN	95-3412748-001
<b>a</b>	Plan name	JONCAS FAMILY DENTISTRY PC 401(K) PLAN
<b>b</b>	Name of plan sponsor	JONCAS FAMILY DENTISTRY PC
<b>c</b>	EIN-PN	46-4817343-001
<b>a</b>	Plan name	JONESVILLE TOOL AND MANUFACTURING 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	JONESVILLE TOOL AND MANUFACTURING, INC.
<b>c</b>	EIN-PN	84-2214379-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LOOMIS INTERNATIONAL, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOOMIS INTERNATIONAL, LTD	<b>c</b> EIN-PN 36-3361456-001
<b>a</b>	Plan name	MICHIGAN FENCE CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICHIGAN FENCE CO., INC.	<b>c</b> EIN-PN 38-2266859-001
<b>a</b>	Plan name	MID-CITIES MOTOR FREIGHT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MID-CITIES MOTOR FREIGHT, INC.	<b>c</b> EIN-PN 43-1119604-001
<b>a</b>	Plan name	OBRA RAMOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OBRA RAMOS CONSTRUCTION, LLC	<b>c</b> EIN-PN 46-2310284-001
<b>a</b>	Plan name	OCEANWIDE PLAZA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEANWIDE PLAZA LLC	<b>c</b> EIN-PN 68-0683629-001
<b>a</b>	Plan name	OCEANWIDE RESORT HI LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEANWIDE RESORT HI LLC	<b>c</b> EIN-PN 81-2988222-001
<b>a</b>	Plan name	OHANA NUI MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OHANA NUI MANAGEMENT, INC.	<b>c</b> EIN-PN 33-1091808-001
<b>a</b>	Plan name	PHOENIX BUSINESS SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 36-4358996-001
<b>a</b>	Plan name	PHOENIX CIVIL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX CIVIL ENGINEERING, INC.	<b>c</b> EIN-PN 27-2975162-001
<b>a</b>	Plan name	PHOENIX LAND SURVEYING INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX LAND SURVEYING INC	<b>c</b> EIN-PN 46-1932523-001
<b>a</b>	Plan name	PIEDMONT CLASSICAL HIGH SCHOOL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PIEDMONT CLASSICAL HIGH SCHOOL	<b>c</b> EIN-PN 46-4228515-001
<b>a</b>	Plan name	PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	PIENTA ENTERPRISES, INC.	<b>c</b> EIN-PN 38-2434419-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name RAZOR, USA, LLC EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAZOR, USA, LLC	<b>c</b> EIN-PN 95-4807765-001
<b>a</b>	Plan name RC FURNITURE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RC FURNITURE, INC.	<b>c</b> EIN-PN 95-4033862-001
<b>a</b>	Plan name RCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROTOLO CONSULTANTS, INC.	<b>c</b> EIN-PN 72-1285520-001
<b>a</b>	Plan name SABOT TECHNOLOGIES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor SABOT TECHNOLOGIES, INC.	<b>c</b> EIN-PN 68-0462138-001
<b>a</b>	Plan name SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.	
<b>b</b>	Name of plan sponsor THE GUIDANCE CENTER, INC.	<b>c</b> EIN-PN 86-0223720-001
<b>a</b>	Plan name SOUTHERN PACKAGING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SOUTHERN PACKAGING LLC	<b>c</b> EIN-PN 72-1233979-001
<b>a</b>	Plan name SOUTHWEST BUILDING RESOURCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST BUILDING RESOURCE, LLC	<b>c</b> EIN-PN 47-3852420-001
<b>a</b>	Plan name SPA 401(K)	
<b>b</b>	Name of plan sponsor SEAFOOD PRODUCTS ASSOCIATION	<b>c</b> EIN-PN 20-8459653-001
<b>a</b>	Plan name TELETRONICS SERVICES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TELETRONIC SERVICES, INC.	<b>c</b> EIN-PN 34-1317163-001
<b>a</b>	Plan name TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS	<b>c</b> EIN-PN 85-3687743-237
<b>a</b>	Plan name TERRAGREEN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TERRAGREEN LLC	<b>c</b> EIN-PN 26-4401221-001
<b>a</b>	Plan name TRINITY TELECOM LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRINITY TELECOM LLC	<b>c</b> EIN-PN 46-1635666-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WELL GO USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WELL GO USA, INC.	<b>c</b> EIN-PN 75-2542366-001
<b>a</b>	Plan name	ALLSAINTS USA LIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLSAINTS USA LIMITED	<b>c</b> EIN-PN 98-0621566-001
<b>a</b>	Plan name	B & B TRUCKING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B & B TRUCKING, INC.	<b>c</b> EIN-PN 38-2003867-002
<b>a</b>	Plan name	BULTYNCK & CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BULTYNCK & CO., P.L.L.C.	<b>c</b> EIN-PN 20-3920878-777
<b>a</b>	Plan name	CITY CLUB APARTMENTS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY CLUB APARTMENTS, LLC	<b>c</b> EIN-PN 81-1284363-001
<b>a</b>	Plan name	CITYWIDE HOME HEALTH SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CITYWIDE HOME HEALTH SERVICES, INC.	<b>c</b> EIN-PN 26-1920951-001
<b>a</b>	Plan name	DANSCO ENGINEERING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DANSCO ENGINEERING LLC	<b>c</b> EIN-PN 04-3788074-001
<b>a</b>	Plan name	DAVE'S ELECTRIC, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVE'S ELECTRIC, INC.	<b>c</b> EIN-PN 39-1380712-001
<b>a</b>	Plan name	EAP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ELEGANT ALUMINUM PRODUCTS USA LLC	<b>c</b> EIN-PN 46-3034570-001
<b>a</b>	Plan name	EAST VALLEY UROLOGY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAST VALLEY UROLOGY CENTER, PLC	<b>c</b> EIN-PN 81-3825715-001
<b>a</b>	Plan name	FRANK W. NEAL & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FRANK W. NEAL & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2208740-001
<b>a</b>	Plan name	GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	<b>c</b> EIN-PN 92-0185518-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name GUERRA GUTIERREZ MORTUARY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GUERRA GUTIERREZ MORTUARY, INC.	<b>c</b> EIN-PN 95-2748697-001
<b>a</b>	Plan name INDEPENDENT WORX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INDEPENDENT WORX, LLC	<b>c</b> EIN-PN 46-0946563-001
<b>a</b>	Plan name INDUSTRIAL INSULATIONS, INCORPORATED 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor INDUSTRIAL INSULATIONS, INC.	<b>c</b> EIN-PN 95-1697850-001
<b>a</b>	Plan name JOURNEYS INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JOURNEYS INC.	<b>c</b> EIN-PN 46-3936603-001
<b>a</b>	Plan name JT&I HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor JT&I CUSTOM HOMES LLC	<b>c</b> EIN-PN 81-4594659-001
<b>a</b>	Plan name LUBOVICH EXCAVATING, INC. RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LUBOVICH EXCAVATING, INC.	<b>c</b> EIN-PN 35-1972657-001
<b>a</b>	Plan name LUMBRA HARDWOODS INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LUMBRA HARDWOODS INC.	<b>c</b> EIN-PN 01-0284202-001
<b>a</b>	Plan name LUNA HOME CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor LUNA HOME CARE LLC	<b>c</b> EIN-PN 83-1685194-001
<b>a</b>	Plan name MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, P.S.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, PSC	<b>c</b> EIN-PN 20-4753970-001
<b>a</b>	Plan name MILK SOURCE COMPANIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MILK SOURCE, LLC	<b>c</b> EIN-PN 39-1954636-001
<b>a</b>	Plan name PIMMEX CONTRACTING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PIMMEX CONTRACTING CORPORATION	<b>c</b> EIN-PN 26-4017964-001
<b>a</b>	Plan name PINNACLE BEHAVIORAL HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor PINNACLE BEHAVIORAL HEALTH	<b>c</b> EIN-PN 20-3036602-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PITMAN, KALKHOFF & SICULA, S.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PITMAN, KALKHOFF & SICULA, S.C.	<b>c</b> EIN-PN 39-1475000-001
<b>a</b>	Plan name	PIVOTAL HOUSING PARTNERS LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PIVOTAL HOUSING PARTNERS LLC	<b>c</b> EIN-PN 81-4615424-001
<b>a</b>	Plan name	REA & ASSOCIATES 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REA & ASSOCIATES LLP	<b>c</b> EIN-PN 77-0164868-001
<b>a</b>	Plan name	REALEFLOW, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REALEFLOW, LLC	<b>c</b> EIN-PN 20-8679477-001
<b>a</b>	Plan name	REASON CONSULTING CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REASON CONSULTING CORPORATION	<b>c</b> EIN-PN 87-3746346-001
<b>a</b>	Plan name	SAINT JOE DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. JOSEPH TOBACCO CO., LLC DBA SAINT JOE DISTRIBUTING	<b>c</b> EIN-PN 44-0565944-001
<b>a</b>	Plan name	SALTER HEALY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SALTER HEALY, LLC	<b>c</b> EIN-PN 26-1337937-001
<b>a</b>	Plan name	SPECTRUM LOGISTICS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECTRUM LOGISTICS INC.	<b>c</b> EIN-PN 81-5106145-001
<b>a</b>	Plan name	SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAMCO PROPERTIES, INC.	<b>c</b> EIN-PN 59-2396906-001
<b>a</b>	Plan name	TEXAS COASTAL BEND PULMONARY & CRITICAL CARE ASSOCIATES PLLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	TEXAS COASTAL BEND PULMONARY & CRITICAL CARE ASSOCIATES PLLC	<b>c</b> EIN-PN 82-2315152-001
<b>a</b>	Plan name	TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor	TFC MANUFACTURING, INC.	<b>c</b> EIN-PN 91-1951857-001
<b>a</b>	Plan name	THA ARCHITECTS ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	<b>c</b> EIN-PN 38-1561901-002



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AMERICAN FUNDS 2040 TARGET DATE RETIREMENT RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>693</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	155504894	188055393
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	155504894	188055393
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	155504894	188055393

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	<b>2a(1)(A)</b>		
(B) Participants.....	<b>2a(1)(B)</b>		
(C) Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
(B) U.S. Government securities.....	<b>2b(1)(B)</b>		
(C) Corporate debt instruments.....	<b>2b(1)(C)</b>		
(D) Loans (other than to participants).....	<b>2b(1)(D)</b>		
(E) Participant loans.....	<b>2b(1)(E)</b>		
(F) Other.....	<b>2b(1)(F)</b>		
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
(A) Preferred stock.....	<b>2b(2)(A)</b>		
(B) Common stock.....	<b>2b(2)(B)</b>		
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
(A) Aggregate proceeds.....	<b>2b(4)(A)</b>		
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
(A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other.....	<b>2b(5)(B)</b>	24587407	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		24587407

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	455968	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		455968
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		455968

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		24131439
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		48972925
(2) From this plan .....	<b>2l(2)</b>		40553865

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.