

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: PIONEER SELECT MID CAP GROWTH RET OPT
1b Three-digit plan number (PN): 741
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> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

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

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

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

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

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

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

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

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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

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

OMB No. 1210-0110

**2024**

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

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

<b>A</b> Name of plan <u>PIONEER SELECT MID CAP GROWTH RET OPT</u>		<b>B</b> Three-digit plan number (PN) ▶ <u>741</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<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	K KOMFORT INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	K KOMFORT INC.	<b>c</b> EIN-PN 26-0821489-001
<b>a</b>	Plan name	K&R HEATING AND COOLING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K&R HEATING AND COOLING	<b>c</b> EIN-PN 46-3107589-001
<b>a</b>	Plan name	KATHERINE A. HART WESTPHAL, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KATHERINE A. HART WESTPHAL, PLLC	<b>c</b> EIN-PN 47-5581728-001
<b>a</b>	Plan name	KAUAI NURSERY & LANDSCAPING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KAUAI NURSERY & LANDSCAPING, INC.	<b>c</b> EIN-PN 99-0183986-001
<b>a</b>	Plan name	PMSI EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PROPERTY MAINTENANCE SERVICES, INC.	<b>c</b> EIN-PN 31-1417835-001
<b>a</b>	Plan name	POLK COUNTY SCHOOL READINESS COALITION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POLK COUNTY SCHOOL READINESS COALITION, INC.	<b>c</b> EIN-PN 59-3648316-001
<b>a</b>	Plan name	POLLEY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POLLEY INC.	<b>c</b> EIN-PN 46-3722656-001
<b>a</b>	Plan name	THE BOYLAND GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BOYLAND AUTO ORLANDO, LLC	<b>c</b> EIN-PN 05-0546979-777
<b>a</b>	Plan name	THE BRUCE LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEPHEN L. BRUCE, PC DBA STEPHEN BRUCE & ASSOCIATES	<b>c</b> EIN-PN 73-1354482-001
<b>a</b>	Plan name	THE CALIFORNIA CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CALIFORNIA CLUB	<b>c</b> EIN-PN 95-0593940-003
<b>a</b>	Plan name	THE CALIFORNIAN ON WILSHIRE HOA EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CALIFORNIAN ON WILSHIRE HOA, INC.	<b>c</b> EIN-PN 26-0122820-001
<b>a</b>	Plan name	EPCM-RMS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EPCM-RMS, INC.	<b>c</b> EIN-PN 46-5263070-001

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>BETAR DENTAL PC, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BETAR DENTAL PC, INC.</b>	<b>c</b> EIN-PN <b>25-1799034-001</b>
<b>a</b>	Plan name <b>BETHANY LUTHERAN CHURCH RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BETHANY LUTHERAN CHURCH</b>	<b>c</b> EIN-PN <b>84-0528677-001</b>
<b>a</b>	Plan name <b>BETHEL COMMUNITY PET HOSPITAL 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BETHEL COMMUNITY PET HOSPITAL</b>	<b>c</b> EIN-PN <b>26-3126168-001</b>
<b>a</b>	Plan name <b>BETTER BUSINESS BUREAU SERVING CENTRAL INDIANA RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BETTER BUSINESS BUREAU SERVING CENTRAL INDIANA</b>	<b>c</b> EIN-PN <b>35-0177190-001</b>
<b>a</b>	Plan name <b>BIG BEND TIMBER, LLC RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIG BEND TIMBER SERVICES, LLC</b>	<b>c</b> EIN-PN <b>20-0523131-001</b>
<b>a</b>	Plan name <b>BIG D BUILDING CENTER RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAWKINS, INC.</b>	<b>c</b> EIN-PN <b>59-0215620-002</b>
<b>a</b>	Plan name <b>BIG JOHN'S MARKET 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DRY CREEK VENTURES DBA BIG JOHN'S MARKET</b>	<b>c</b> EIN-PN <b>91-1790321-002</b>
<b>a</b>	Plan name <b>KRETETEK INDUSTRIES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KRETETEK INDUSTRIES, INC.</b>	<b>c</b> EIN-PN <b>47-5454964-001</b>
<b>a</b>	Plan name <b>KY PSYCHIATRIC &amp; MENTAL HEALTH SERVICES, PLLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KY PSYCHIATRIC &amp; MENTAL HEALTH SERVICES, PLLC</b>	<b>c</b> EIN-PN <b>27-5197074-001</b>
<b>a</b>	Plan name <b>THE TREATMENT SKIN BOUTIQUE INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE TREATMENT SKIN BOUTIQUE, INC</b>	<b>c</b> EIN-PN <b>82-2277610-001</b>
<b>a</b>	Plan name <b>THE UROLOGY CLINIC PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE UROLOGY CLINIC</b>	<b>c</b> EIN-PN <b>72-0597185-002</b>
<b>a</b>	Plan name <b>THE VISIT NAPA VALLEY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VISIT NAPA VALLEY</b>	<b>c</b> EIN-PN <b>68-0217381-001</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 THERMAL SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THERMAL SOLUTIONS, LLC	<b>c</b> EIN-PN 14-1922983-001
<b>a</b>	Plan name FAMILY DENTAL EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FAMILY DENTAL PRACTICE	<b>c</b> EIN-PN 55-0764474-001
<b>a</b>	Plan name FARMERS BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FARMERS BANK	<b>c</b> EIN-PN 84-1599347-001
<b>a</b>	Plan name PT-RN CARE INC. 401K PLAN	
<b>b</b>	Name of plan sponsor PT-RN CARE, INC.	<b>c</b> EIN-PN 56-2523027-001
<b>a</b>	Plan name PURA VIDA 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor PURA VIDA RECOVERY SERVICES	<b>c</b> EIN-PN 81-4823363-001
<b>a</b>	Plan name BLUE RIDGE SPIRITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUE RIDGE SPIRITS	<b>c</b> EIN-PN 47-4029264-001
<b>a</b>	Plan name LAURAS INTERNATIONAL LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	<b>c</b> EIN-PN 26-1603445-001
<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 LAVLE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAVLE USA, INC.	<b>c</b> EIN-PN 82-5092203-001
<b>a</b>	Plan name RED ROCKS COUNTRY CLUB 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RED ROCKS COUNTRY CLUB	<b>c</b> EIN-PN 84-1224150-001
<b>a</b>	Plan name TURING SCHOOL OF SOFTWARE & DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor TURING SCHOOL OF SOFTWARE & DESIGN	<b>c</b> EIN-PN 46-3635658-001
<b>a</b>	Plan name TWO BEACONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TWO BEACONS LLC	<b>c</b> EIN-PN 20-0139794-002

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 TWS FACILITY SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TWS FACILITY SERVICES, INC.	<b>c</b> EIN-PN 27-5283771-001
<b>a</b>	Plan name M & J PROSPECT ENTERPRISES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor M & J PROSPECT ENTERPRISES, LLC	<b>c</b> EIN-PN 81-0703560-002
<b>a</b>	Plan name M & J PROSPECT ENTERPRISES, LLC DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor M & J PROSPECT ENTERPRISES, LLC	<b>c</b> EIN-PN 81-0703560-001
<b>a</b>	Plan name REYES & SONS ELECTRIC, INC. PREVAILING WAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor REYES & SONS ELECTRIC, INC.	<b>c</b> EIN-PN 27-0007015-001
<b>a</b>	Plan name RICH'S AUTOMOTIVE SPECIALISTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICH'S AUTOMOTIVE SPECIALISTS, LLC	<b>c</b> EIN-PN 56-2429904-001
<b>a</b>	Plan name RICHARD ADAMS ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICHARD ADAMS ENGINEERS & CONSULTANTS, P.A.	<b>c</b> EIN-PN 59-3182711-001
<b>a</b>	Plan name UNIVERSAL CUTTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL CUTTING, INC.	<b>c</b> EIN-PN 68-0582383-001
<b>a</b>	Plan name UNIVERSITY PAIN MEDICINE CENTER LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY PAIN MEDICINE CENTER LLC	<b>c</b> EIN-PN 11-3822342-001
<b>a</b>	Plan name UPSTATE HAND CENTER 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DR. SONYA M. CLARK DBA UPSTATE HAND CENTER	<b>c</b> EIN-PN 46-4120696-002
<b>a</b>	Plan name UPTOWN MORTGAGE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor UPTOWN MORTGAGE, LLC	<b>c</b> EIN-PN 84-1526896-001
<b>a</b>	Plan name CAPSTAN SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAPSTAN SOLUTIONS, LLC	<b>c</b> EIN-PN 83-3151416-001
<b>a</b>	Plan name GEAR MASTER, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GEAR MASTER, INC.	<b>c</b> EIN-PN 38-3356549-001

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 GEN III WOODWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GEN III WOODWORKS, LLC	<b>c</b> EIN-PN 20-1602635-001
<b>a</b>	Plan name GENESIS MANUFACTURING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENESIS MANUFACTURING, LLC	<b>c</b> EIN-PN 46-1157839-001
<b>a</b>	Plan name MARIETTA AUTO SALES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MARIETTA AUTO SALES LLC	<b>c</b> EIN-PN 45-3981149-001
<b>a</b>	Plan name MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP.	<b>c</b> EIN-PN 75-2621353-001
<b>a</b>	Plan name MED-CORP MANAGEMENT, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MED-CORP MANAGEMENT, L.L.C.	<b>c</b> EIN-PN 26-0516045-001
<b>a</b>	Plan name MEDINA MEDIA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEDINA MEDIA INC.	<b>c</b> EIN-PN 46-2582556-001
<b>a</b>	Plan name MEHAR ACCOUNTING SERVICES, PLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEHAR ACCOUNTING SERVICES, PLC	<b>c</b> EIN-PN 20-2723557-001
<b>a</b>	Plan name CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHEM PRO LABORATORY, INC.	<b>c</b> EIN-PN 95-2297708-001
<b>a</b>	Plan name GOTRUSTID INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GOTRUSTID INC	<b>c</b> EIN-PN 82-5028083-001
<b>a</b>	Plan name GRACE CENTERS OF HOPE 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRACE CENTERS OF HOPE	<b>c</b> EIN-PN 38-6094602-001
<b>a</b>	Plan name GRACE INTEGRATED, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GRACE INTEGRATED, INC.	<b>c</b> EIN-PN 81-3178586-001
<b>a</b>	Plan name ROTH & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ROTH & ASSOCIATES, INC.	<b>c</b> EIN-PN 38-3473903-001

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>ROWC ENERGY SERVICES, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROWC ENERGY SERVICES, LLC</b>	<b>c</b> EIN-PN <b>81-2841779-001</b>
<b>a</b>	Plan name <b>RPM EXPEDITE INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RPM EXPEDITE USA, LLC</b>	<b>c</b> EIN-PN <b>81-2565532-001</b>
<b>a</b>	Plan name <b>VMA COMMUNICATIONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VMA COMMUNICATIONS, INC.</b>	<b>c</b> EIN-PN <b>47-0901842-001</b>
<b>a</b>	Plan name <b>VOXTUR ANALYTICS US CORP. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VOXTUR ANALYTICS US CORP.</b>	<b>c</b> EIN-PN <b>87-2071392-001</b>
<b>a</b>	Plan name <b>VSS 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VETERINARY SYSTEM SERVICES, INC.</b>	<b>c</b> EIN-PN <b>46-5078609-001</b>
<b>a</b>	Plan name <b>CKS WHOLESALE DISTRIBUTORS INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CKS WHOLESALE DISTRIBUTORS, INC.</b>	<b>c</b> EIN-PN <b>20-2340261-001</b>
<b>a</b>	Plan name <b>CLARK'S AUTO REPAIR, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLARK'S AUTO REPAIR, LLC</b>	<b>c</b> EIN-PN <b>46-4186489-001</b>
<b>a</b>	Plan name <b>1 SOURCE SOLAR, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>1 SOURCE SOLAR, LLC</b>	<b>c</b> EIN-PN <b>47-3526994-001</b>
<b>a</b>	Plan name <b>MINNEAPOLIS AREA ASSOCIATION OF REALTORS 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MINNEAPOLIS AREA ASSOCIATION OF REALTORS</b>	<b>c</b> EIN-PN <b>41-0415490-003</b>
<b>a</b>	Plan name <b>SAME DAY SERVICE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SAME DAY SERVICE COMPANY, INC.</b>	<b>c</b> EIN-PN <b>06-1366425-001</b>
<b>a</b>	Plan name <b>SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SAMTECH AUTOMOTIVE USA, INC.</b>	<b>c</b> EIN-PN <b>95-4568597-001</b>
<b>a</b>	Plan name <b>SAPHRAN INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SAPHRAN, INC.</b>	<b>c</b> EIN-PN <b>20-1443106-001</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	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.	<b>c</b> EIN-PN 94-2906199-001
<b>a</b>	Plan name	SHARON MIA KIM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHARON MIA KIM	<b>c</b> EIN-PN 27-1418464-001
<b>a</b>	Plan name	SHARPE CONTRACTORS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SHARPE CONTRACTORS	<b>c</b> EIN-PN 35-2408310-001
<b>a</b>	Plan name	ACCESS HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCESS HEALTH, INC.	<b>c</b> EIN-PN 38-3481152-001
<b>a</b>	Plan name	ACCURATE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCURATE CONSTRUCTION	<b>c</b> EIN-PN 01-0556643-001
<b>a</b>	Plan name	ACE FENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LITTLE JOHNSON INC. DBA ACE FENCE CO.	<b>c</b> EIN-PN 76-0086341-001
<b>a</b>	Plan name	CONNELL & ASSOCIATES LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONNELL & ASSOCIATES LTD.	<b>c</b> EIN-PN 26-3776281-001
<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	NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 39-0981304-001
<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	YFC-BL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BESTLINK NETWORK INC.	<b>c</b> EIN-PN 20-1050655-001
<b>a</b>	Plan name	YORK VETERINARY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YORK VETERINARY SERVICES, LLC	<b>c</b> EIN-PN 46-4957807-001

<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	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 CREEK MODULAR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SILVER CREEK MODULAR LLC	<b>c</b> EIN-PN 92-3730178-001
<b>a</b>	Plan name	SIMIEN & SIMIEN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIMIEN & SIMIEN, LLC	<b>c</b> EIN-PN 72-1229022-001
<b>a</b>	Plan name	SIMPLY TAXES CPA, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIMPLY TAXES CPA, PLLC	<b>c</b> EIN-PN 52-7759464-001
<b>a</b>	Plan name	HMC CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HODGDON MANAGEMENT AND CONSTRUCTION, INC. DBA HMC CONSTRUCTION, INC.	<b>c</b> EIN-PN 56-2467203-002
<b>a</b>	Plan name	ADVANCED FORMLINERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED FORMLINERS, INC.	<b>c</b> EIN-PN 20-4502606-001
<b>a</b>	Plan name	ADVANCED GERIATRICS & PRIMARY CARE, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED GERIATRICS & PRIMARY CARE, L.L.C.	<b>c</b> EIN-PN 46-5767738-001
<b>a</b>	Plan name	ADVANCED HYDROVAC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED HYDROVAC, INC.	<b>c</b> EIN-PN 20-5030859-001
<b>a</b>	Plan name	ADVANCED RESTORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED RESTORATION INC.	<b>c</b> EIN-PN 39-1656165-001
<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	NFI ENTERPRISES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NFI ENTERPRISES, LLC	<b>c</b> EIN-PN 27-2601480-001
<b>a</b>	Plan name	NIELSEN MOTORS SALARY REDUCTION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NIELSEN CAPITAL LLC DBA NIELSEN MOTORS	<b>c</b> EIN-PN 93-2601344-001

<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	ALTON BAY DENTAL, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTON BAY DENTAL, PLLC	<b>c</b> EIN-PN 84-3908898-001
<b>a</b>	Plan name	DAVID J. RUDOLPH DDS INC.	
<b>b</b>	Name of plan sponsor	DAVID J. RUDOLPH DDS INC.	<b>c</b> EIN-PN 20-4738777-001
<b>a</b>	Plan name	DAVID K. WALTON, DDS, MS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAVID K. WALTON, DDS, MS, PC DBA WALTON IMPLANTS AND PERIODONTICS	<b>c</b> EIN-PN 45-4996143-001
<b>a</b>	Plan name	DDP WHOLESale, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DDP WHOLESale, INC.	<b>c</b> EIN-PN 38-3781924-001
<b>a</b>	Plan name	INNOVA ZONES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVA ZONES, LLC	<b>c</b> EIN-PN 46-5111106-001
<b>a</b>	Plan name	OMNIENGINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMNIENGINE, LLC	<b>c</b> EIN-PN 61-1896301-001
<b>a</b>	Plan name	ONBOARD TALENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONBOARD TALENT, LLC	<b>c</b> EIN-PN 81-4580866-001
<b>a</b>	Plan name	ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES	<b>c</b> EIN-PN 45-1500375-001
<b>a</b>	Plan name	SPIKES AUTO CARE AND REPAIR INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPIKES AUTO CARE AND REPAIR, INC.	<b>c</b> EIN-PN 52-2188778-001
<b>a</b>	Plan name	SSL LAW FIRM LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SSL LAW FIRM, LLP	<b>c</b> EIN-PN 94-3397499-001
<b>a</b>	Plan name	SST ENERGY CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SST ENERGY CORPORATION	<b>c</b> EIN-PN 84-1109846-001
<b>a</b>	Plan name	OXFORD GARDEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OXFORD LTD DBA OXFORD GARDEN	<b>c</b> EIN-PN 31-1525511-777

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AMPARO MEDICAL TECHNOLOGIES INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor AMPARO MEDICAL TECHNOLOGIES INC.	<b>c</b> EIN-PN 90-0330098-001
<b>a</b>	Plan name DESIGNHAUS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DESIGNHAUS, LLC	<b>c</b> EIN-PN 83-1336031-001
<b>a</b>	Plan name INTERVENTIONAL PAIN INSTITUTE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTERVENTIONAL PAIN INSTITUTE, LLC	<b>c</b> EIN-PN 45-5634047-001
<b>a</b>	Plan name INTOUCH COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTOUCH COMMUNICATION, INC.	<b>c</b> EIN-PN 38-3428536-001
<b>a</b>	Plan name INVEST CAST INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INVEST CAST INCORPORATED	<b>c</b> EIN-PN 41-1404239-001
<b>a</b>	Plan name IOWA PUMP WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor IOWA PUMP WORKS, INC.	<b>c</b> EIN-PN 27-4537008-001
<b>a</b>	Plan name IOWA WALLS CONCRETE CONSTRUCTION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor IOWA WALLS CONCRETE CONSTRUCTION INC.	<b>c</b> EIN-PN 42-1418150-777
<b>a</b>	Plan name IPG AUTOMOTIVE USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor IPG AUTOMOTIVE USA, INC.	<b>c</b> EIN-PN 36-4813731-001
<b>a</b>	Plan name PCSI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRADEEP CONSULTING SERVICES, INC.	<b>c</b> EIN-PN 45-0988756-001
<b>a</b>	Plan name ASK RESOURCE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASK RESOURCE CENTER	<b>c</b> EIN-PN 42-1489784-001
<b>a</b>	Plan name DR. MICHAEL J. HARMON DDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DR. MICHAEL J. HARMON, DDS, LLC	<b>c</b> EIN-PN 45-2509910-001
<b>a</b>	Plan name DR. PHARM USA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DR. PHARM USA, INC.	<b>c</b> EIN-PN 82-4124670-001

<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	DR. TROY A. HEUER SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DR. TROY A. HEUER	<b>c</b> EIN-PN 23-2724478-001
<b>a</b>	Plan name	DRAFT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAO PRODUCTIONS, LLC	<b>c</b> EIN-PN 26-1392631-001
<b>a</b>	Plan name	DRS. FAIR & NIQUETTE, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST MICHIGAN FAMILY DENTAL, P.C.	<b>c</b> EIN-PN 38-2901263-001
<b>a</b>	Plan name	JENNIFER D. YOUNG INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JENNIFER D. YOUNG INC.	<b>c</b> EIN-PN 76-0816567-001
<b>a</b>	Plan name	JEREH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN JEREH INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 26-1780611-001
<b>a</b>	Plan name	TATE INSURANCE GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TATE INSURANCE GROUP, INC.	<b>c</b> EIN-PN 45-5467885-001
<b>a</b>	Plan name	REHFELD, HERNANDEZ, AND ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REHFELD, HERNANDEZ, & ASSOCIATES, INC. DBA VISITING ANGELS OF GLENDO	<b>c</b> EIN-PN 75-2973602-001
<b>a</b>	Plan name	RENEWABLE LUBRICANTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RENEWABLE LUBRICANTS, INC.	<b>c</b> EIN-PN 34-1749334-001
<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	FX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARCTIC FX GRAPHICS	<b>c</b> EIN-PN 35-2264890-001
<b>a</b>	Plan name	G & H STAFFING COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G & H STAFFING COMPANIES, LLC	<b>c</b> EIN-PN 46-3681610-001
<b>a</b>	Plan name	G&R FABRICATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G&R FABRICATION, LLC	<b>c</b> EIN-PN 27-2404814-001

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>GAGHAN MECHANICAL, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GAGHAN MECHANICAL, INC.</b>	<b>c</b> EIN-PN <b>54-1789937-001</b>
<b>a</b>	Plan name <b>GARY DICKSON 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GARY DICKSON</b>	<b>c</b> EIN-PN <b>46-5219704-001</b>
<b>a</b>	Plan name <b>MAFIAPAPERS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAFIAPAPERS, INC.</b>	<b>c</b> EIN-PN <b>42-1634622-002</b>
<b>a</b>	Plan name <b>RICHLAND COMPANY &amp; ASSOCIATES, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RICHLAND COMPANY &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>34-1342190-001</b>
<b>a</b>	Plan name <b>RIDGE GLOBAL, LLC PROFIT SHARING &amp; 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RIDGE GLOBAL, LLC</b>	<b>c</b> EIN-PN <b>20-4147521-001</b>
<b>a</b>	Plan name <b>GEORGIA'S RESTAURANT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GEORGE &amp; GRETCHEN, INC. DBA GEORGIA'S RESTAURANT</b>	<b>c</b> EIN-PN <b>46-3194222-011</b>
<b>a</b>	Plan name <b>GERALD GRAIN INCENTIVE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GERALD GRAIN CENTER, INC.</b>	<b>c</b> EIN-PN <b>34-1526549-001</b>
<b>a</b>	Plan name <b>CAR CRAFT, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAR CRAFT, INC.</b>	<b>c</b> EIN-PN <b>72-0651590-001</b>
<b>a</b>	Plan name <b>CARDEN ARBOR VIEW SCHOOL 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CARDEN ARBOR VIEW SCHOOL, INC.</b>	<b>c</b> EIN-PN <b>95-3695686-002</b>
<b>a</b>	Plan name <b>V3GATE LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>V3GATE LLC</b>	<b>c</b> EIN-PN <b>26-1601904-001</b>
<b>a</b>	Plan name <b>VALLEY ARMATURE &amp; ELECTRIC CO. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VALLEY ARMATURE &amp; ELECTRIC COMPANY INC.</b>	<b>c</b> EIN-PN <b>74-1915576-002</b>
<b>a</b>	Plan name <b>VALOR, LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VALOR, LLC</b>	<b>c</b> EIN-PN <b>61-1370293-001</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	WALTER'S 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WALTER'S AUTO SALES AND SERVICE, INC.	<b>c</b> EIN-PN 95-2510592-001
<b>a</b>	Plan name	RRR ELECTRIC, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RRR ELECTRIC, INCORPORATED	<b>c</b> EIN-PN 38-2953386-001
<b>a</b>	Plan name	RSC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RSC, LLC	<b>c</b> EIN-PN 23-3050497-001
<b>a</b>	Plan name	CHESTER VALVE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHESTER VALVE CORPORATION	<b>c</b> EIN-PN 81-2645445-001
<b>a</b>	Plan name	CHICK-FIL-A HARVARD PARK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GDDIII LLC	<b>c</b> EIN-PN 47-1853008-001
<b>a</b>	Plan name	CHILD CARE COUNCIL OF KENTUCKY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHILD CARE COUNCIL OF KENTUCKY, INC.	<b>c</b> EIN-PN 31-1102545-001
<b>a</b>	Plan name	CHILD CARE MARKETING SOLUTIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DAY CARE SYSTEMS, LLC	<b>c</b> EIN-PN 26-0492834-001
<b>a</b>	Plan name	CHILDPLACE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHILDPLACE, INC.	<b>c</b> EIN-PN 35-1129180-001
<b>a</b>	Plan name	GRAND FUNDING GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAND FUNDING GROUP, INC.	<b>c</b> EIN-PN 27-3273076-002
<b>a</b>	Plan name	GRASS MONKEY PEST CONTROL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRASS MONKEY PEST CONTROL LLC	<b>c</b> EIN-PN 46-4375103-001
<b>a</b>	Plan name	MERIDIAN REALTY GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERIDIAN REALTY GROUP, LLC	<b>c</b> EIN-PN 26-4724387-001
<b>a</b>	Plan name	SAPPHIRE COMPANIES, 401K PLAN	
<b>b</b>	Name of plan sponsor	SAPPHIRE COMPANIES LLC	<b>c</b> EIN-PN 84-1934348-001

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 WIDLAK AND PETRICHES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WIDLAK AND PETRICHES, P.C.	<b>c</b> EIN-PN 38-3083072-001
<b>a</b>	Plan name WILEY SANDERS TRUCK LINES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WILEY SANDERS TRUCK LINES, INC.	<b>c</b> EIN-PN 63-0630434-001
<b>a</b>	Plan name 310 DUST CONTROL 401(K) PLAN	
<b>b</b>	Name of plan sponsor 310 DUST CONTROL, LLC	<b>c</b> EIN-PN 45-4921800-001
<b>a</b>	Plan name CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CLEVELAND CITY FORGE, INC.	<b>c</b> EIN-PN 34-1972972-001
<b>a</b>	Plan name CLEVELAND COUNCIL ON WORLD AFFAIRS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEVELAND COUNCIL ON WORLD AFFAIRS	<b>c</b> EIN-PN 34-0720549-001
<b>a</b>	Plan name CLINE MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLINE MECHANICAL INC.	<b>c</b> EIN-PN 46-4602299-001
<b>a</b>	Plan name COACTIVE WEALTH STRATEGISTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COACTIVE WEALTH STRATEGISTS, LLC	<b>c</b> EIN-PN 45-3909949-001
<b>a</b>	Plan name HAM BROADCASTING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAM BROADCASTING COMPANY, INC.	<b>c</b> EIN-PN 61-1193671-001
<b>a</b>	Plan name HAMBURG IXL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAMBURG IXL, LLC	<b>c</b> EIN-PN 46-4410379-001
<b>a</b>	Plan name MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MKRS LAW, P.L.	<b>c</b> EIN-PN 20-3879249-001
<b>a</b>	Plan name MOCAVO 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOCAVO, INC.	<b>c</b> EIN-PN 27-5211145-001
<b>a</b>	Plan name HICKEY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HICKEY ELECTRIC, INC.	<b>c</b> EIN-PN 27-0640986-001

<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	CONTRACTORS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTRACTORS GROUP, INC.	<b>c</b> EIN-PN 42-1457531-001
<b>a</b>	Plan name	ACE GREASE SERVICE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ACE GREASE SERVICE, INC.	<b>c</b> EIN-PN 36-4775890-001
<b>a</b>	Plan name	ACOUSTICAL SURFACES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACOUSTICAL SURFACES, INC.	<b>c</b> EIN-PN 81-0664002-001
<b>a</b>	Plan name	ACT UNDERGROUND, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACT UNDERGROUND, LLC	<b>c</b> EIN-PN 26-0331116-001
<b>a</b>	Plan name	ACTION SALES + MARKETING INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACTION SALES + MARKETING INC.	<b>c</b> EIN-PN 41-1264273-001
<b>a</b>	Plan name	NE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NE CONSTRUCTION LLC	<b>c</b> EIN-PN 27-0721649-001
<b>a</b>	Plan name	SHIELDS WELLNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHIELDS THERAPEUTIC HEALTH, INC.	<b>c</b> EIN-PN 45-4267357-001
<b>a</b>	Plan name	YOUTH & OPPORTUNITY UNITED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	YOUTH & OPPORTUNITY UNITED	<b>c</b> EIN-PN 36-2734966-001
<b>a</b>	Plan name	Z-TEK CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	Z-TEK CONSTRUCTION, LLC	<b>c</b> EIN-PN 47-2300579-001
<b>a</b>	Plan name	NISSIN PRECISION NA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NISSIN PRECISION NORTH AMERICA, INC.	<b>c</b> EIN-PN 31-1279356-001
<b>a</b>	Plan name	NORRIS PAVING 401K PLAN	
<b>b</b>	Name of plan sponsor	NORRIS PAVING & ASPHALT, INC.	<b>c</b> EIN-PN 72-1371617-001
<b>a</b>	Plan name	HOLOCENE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOLOCENE DRILLING	<b>c</b> EIN-PN 88-1200636-001

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 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 AERIES SOFTWARE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AERIES SOFTWARE, INC.	<b>c</b> EIN-PN 33-0427993-001
<b>a</b>	Plan name AFFORDABLE AUTO REPAIR RETIREMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRACY'S AFFORDABLE AUTOMOTIVE LTD (DBA AFFORDABLE AUTO REPAIR)	<b>c</b> EIN-PN 81-4817180-001
<b>a</b>	Plan name COUNTRY ROADS TRUCKING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COUNTRY ROADS TRUCKING SYSTEMS, INC.	<b>c</b> EIN-PN 35-1696225-001
<b>a</b>	Plan name COUNTRYWOOD SHOPPING CENTER ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COUNTRYWOOD SHOPPING CENTER ASSOCIATES	<b>c</b> EIN-PN 94-6328342-001
<b>a</b>	Plan name COVINGTON CIVIL AND ENVIRONMENTAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COVINGTON CIVIL AND ENVIRONMENTAL, LLC	<b>c</b> EIN-PN 26-2819328-001
<b>a</b>	Plan name CPH STRUCTURAL ENGINEERING, INC. 401(K)	
<b>b</b>	Name of plan sponsor CPH STRUCTURAL ENGINEERING, INC.	<b>c</b> EIN-PN 90-0865683-001
<b>a</b>	Plan name CRAWFORD EQUIPMENT SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRAWFORD EQUIPMENT SUPPLY, LLC	<b>c</b> EIN-PN 84-3726969-001
<b>a</b>	Plan name SK DESIGN BUILD 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYNTHESIS, INC.	<b>c</b> EIN-PN 20-0210040-001
<b>a</b>	Plan name SKANES TECHNOLOGY GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SKANES TECHNOLOGY GROUP, LLC	<b>c</b> EIN-PN 27-1433006-001
<b>a</b>	Plan name SKIN BOUTIQUE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SKIN BOUTIQUE INCORPORATED	<b>c</b> EIN-PN 82-1423816-001
<b>a</b>	Plan name OPEN ARMS HOSPICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor OPEN ARMS HOSPICE	<b>c</b> EIN-PN 81-3810580-001

<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	OREV LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OREV, LLC	<b>c</b> EIN-PN 80-0804526-001
<b>a</b>	Plan name	AMERICAN BAITWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN BAITWORKS CO.	<b>c</b> EIN-PN 83-3241860-001
<b>a</b>	Plan name	DEFINITIVE SOLUTIONS COMPANY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DEFINITIVE SOLUTIONS COMPANY, INC.	<b>c</b> EIN-PN 31-1490291-001
<b>a</b>	Plan name	INSURANCE CONSTRUCTION MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSURANCE CONSTRUCTION MANAGEMENT	<b>c</b> EIN-PN 47-3094380-001
<b>a</b>	Plan name	ST. CROIX WALL SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. CROIX WALL SYSTEMS, INC.	<b>c</b> EIN-PN 27-3201271-001
<b>a</b>	Plan name	ST. PETE AVIATION SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. PETE AVIATION SERVICES, LLC	<b>c</b> EIN-PN 45-2474818-001
<b>a</b>	Plan name	ST. VRAIN BLOCK COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ST. VRAIN BLOCK COMPANY	<b>c</b> EIN-PN 84-0685373-001
<b>a</b>	Plan name	STANNARD STUDD & TIRONI DENTISTRY, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STUDD & TIRONI DENTISTRY, P.C.	<b>c</b> EIN-PN 20-5898307-001
<b>a</b>	Plan name	PACIFIC TEST AND BALANCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC TEST AND BALANCE, INC.	<b>c</b> EIN-PN 26-4334529-001
<b>a</b>	Plan name	PACIFIC THERX, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC THERX, INC.	<b>c</b> EIN-PN 94-3322603-001
<b>a</b>	Plan name	PAGENKOPF FUNERAL HOME, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAGENKOPF FUNERAL HOME, INC	<b>c</b> EIN-PN 39-1089800-001
<b>a</b>	Plan name	ANGELL LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANGELL LAW FIRM	<b>c</b> EIN-PN 27-2786787-002

<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	IQ TECH PROS 401(K) PLAN
<b>b</b>	Name of plan sponsor	IQ TECH PROS
<b>c</b>	EIN-PN	03-0377009-001
<b>a</b>	Plan name	ISLAND METAL WORKS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ISLAND METAL WORKS OF PORT ST. LUCIE, LLC
<b>c</b>	EIN-PN	27-0110419-001
<b>a</b>	Plan name	ISLAND STYLE INNOVATIONS LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	ISLAND STYLE INNOVATIONS, LLC
<b>c</b>	EIN-PN	46-4275892-001
<b>a</b>	Plan name	IXL LEARNING CENTER BIRMINGHAM AND NORTHVILLE 401(K) PLAN
<b>b</b>	Name of plan sponsor	IXL BIRMINGHAM AND NORTHVILLE
<b>c</b>	EIN-PN	45-4821302-001
<b>a</b>	Plan name	DRYWALL SYSTEMS PLUS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DRYWALL SYSTEMS PLUS, INC. AND MURRAY LAND AND LEASING, INC.
<b>c</b>	EIN-PN	61-0571444-001
<b>a</b>	Plan name	DUFF QUARRY, INC. PROFIT SHARING TRUST
<b>b</b>	Name of plan sponsor	DUFF QUARRY, INC.
<b>c</b>	EIN-PN	34-0929698-001
<b>a</b>	Plan name	DUN-RITE WINDOW AND DOOR 401(K) PLAN
<b>b</b>	Name of plan sponsor	DUN-RITE WINDOW AND DOOR
<b>c</b>	EIN-PN	25-1779190-001
<b>a</b>	Plan name	JI IN KIM, D.D.S., PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JI IN KIM, D.D.S., PROFESSIONAL CORPORATION
<b>c</b>	EIN-PN	45-2050276-001
<b>a</b>	Plan name	TBG COMPANIES, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	TBG CONSTRUCTION LLC
<b>c</b>	EIN-PN	83-4539773-001
<b>a</b>	Plan name	TCP OF LA 401(K) PLAN
<b>b</b>	Name of plan sponsor	TRAFFIC CONTROL PRODUCTS COMPANY OF LOUISIANA, INCORPORATED
<b>c</b>	EIN-PN	58-1342397-001
<b>a</b>	Plan name	TDP GROUP LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	TDP GROUP LLC
<b>c</b>	EIN-PN	85-0490232-001
<b>a</b>	Plan name	PORT CITY ARCHITECTURAL SIGNAGE LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	PORT CITY ARCHITECTURAL SIGNAGE LLC
<b>c</b>	EIN-PN	20-5381694-001

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>BARDA SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARDA SERVICES, LLC</b>	<b>c</b> EIN-PN <b>27-2629330-001</b>
<b>a</b>	Plan name <b>BASE CONSTRUCTION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BASE CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>74-3103732-001</b>
<b>a</b>	Plan name <b>EDWARD-JAMES SURVEYING, INC. 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EDWARD-JAMES SURVEYING, INC.</b>	<b>c</b> EIN-PN <b>32-0055203-002</b>
<b>a</b>	Plan name <b>EJOULE, INC. 401 (K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EJOULE, INC.</b>	<b>c</b> EIN-PN <b>47-4653062-001</b>
<b>a</b>	Plan name <b>KDH RESEARCH &amp; COMMUNICATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KDH RESEARCH &amp; COMMUNICATION, INC.</b>	<b>c</b> EIN-PN <b>20-5916689-001</b>
<b>a</b>	Plan name <b>KELLY PROPERTY MANAGEMENT, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KELLY PROPERTY MANAGEMENT, INC.</b>	<b>c</b> EIN-PN <b>20-2067590-001</b>
<b>a</b>	Plan name <b>THE CASTLE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>T &amp; M JEWELRY, INC. DBA THE CASTLE</b>	<b>c</b> EIN-PN <b>62-1345081-001</b>
<b>a</b>	Plan name <b>PROLANTHROPY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROLANTHROPY, LLC</b>	<b>c</b> EIN-PN <b>46-4238904-001</b>
<b>a</b>	Plan name <b>PROPERTY MANAGEMENT OF ANDOVER, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROPERTY MANAGEMENT OF ANDOVER, INC.</b>	<b>c</b> EIN-PN <b>04-2978110-001</b>
<b>a</b>	Plan name <b>BIONICA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIONICA DENTAL WELLNESS</b>	<b>c</b> EIN-PN <b>83-1037421-001</b>
<b>a</b>	Plan name <b>BITTNER, LLC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BITTNER, LLC</b>	<b>c</b> EIN-PN <b>61-1372128-001</b>
<b>a</b>	Plan name <b>ETC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MONTESSORI CONNECTIONS, LLC DBA ETC MONTESSORI</b>	<b>c</b> EIN-PN <b>45-2546038-001</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 EVER READY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor EVER READY ELECTRIC, INC.	<b>c</b> EIN-PN 39-1948378-001
<b>a</b>	Plan name LAKELAND GENERAL STORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAKELAND GENERAL STORE	<b>c</b> EIN-PN 82-1103381-001
<b>a</b>	Plan name THOMSON INTERNATIONAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THOMSON INTERNATIONAL, INC.	<b>c</b> EIN-PN 95-3105654-001
<b>a</b>	Plan name THORNE METAL SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THORNE METAL SYSTEMS, INC.	<b>c</b> EIN-PN 56-2372478-001
<b>a</b>	Plan name PYLE'S POOLS RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PYLE POOLS, INC.	<b>c</b> EIN-PN 26-1661425-001
<b>a</b>	Plan name PYLES AND ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor PYLES AND ASSOCIATES	<b>c</b> EIN-PN 36-4417782-001
<b>a</b>	Plan name BONEFIDE PRODUCTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BONEFIDE PRODUCTIONS, LLC	<b>c</b> EIN-PN 26-3348427-001
<b>a</b>	Plan name BOSS ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOSS ELECTRIC, LLC	<b>c</b> EIN-PN 46-4396125-002
<b>a</b>	Plan name BOW CONSTRUCTION MANAGEMENT SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN (001)	
<b>b</b>	Name of plan sponsor BOW CONSTRUCTION MANAGEMENT SERVICE, INC.	<b>c</b> EIN-PN 26-3709796-001
<b>a</b>	Plan name FD SEATTLE CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FD SEATTLE CLINIC INC	<b>c</b> EIN-PN 81-5337098-001
<b>a</b>	Plan name LB9 PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LB9 PARTNERS, INC.	<b>c</b> EIN-PN 47-4198538-001
<b>a</b>	Plan name LEARNINGWORKS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LEARNINGWORKS	<b>c</b> EIN-PN 01-0353682-001

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 TOMIC INSECTICIDE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOMIC INSECTICIDE COMPANY, INC.	<b>c</b> EIN-PN 95-3254758-001
<b>a</b>	Plan name TOP LINE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TOP LINE MATERIAL HANDLING, INC.	<b>c</b> EIN-PN 61-1414631-001
<b>a</b>	Plan name LEGACY INSURANCE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEGACY INSURANCE GROUP, INC.	<b>c</b> EIN-PN 27-0274988-001
<b>a</b>	Plan name MANIFEST SOLUTIONS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MANIFEST SOLUTIONS CORP.	<b>c</b> EIN-PN 31-1422564-002
<b>a</b>	Plan name MAPLE MEDICAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAPLE MEDICAL PARTNERS, INC.	<b>c</b> EIN-PN 85-3760830-001
<b>a</b>	Plan name MASSIE & COMPANY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MASSIE & COMPANY LLC	<b>c</b> EIN-PN 83-2325429-001
<b>a</b>	Plan name MASSIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MED-LIEN SOLUTIONS HOLDING CO, LLC	<b>c</b> EIN-PN 46-1561166-001
<b>a</b>	Plan name MATERIALS TESTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MATERIALS TESTING, INC.	<b>c</b> EIN-PN 06-1321309-001
<b>a</b>	Plan name MATRIX INTERIOR CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MATRIX INTERIOR CONSTRUCTION, INC.	<b>c</b> EIN-PN 26-0473826-001
<b>a</b>	Plan name METALCRAFT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GENESEE WESTER, INC. DBA METALCRAFT	<b>c</b> EIN-PN 84-1214748-001
<b>a</b>	Plan name MIAMI REGIONAL UNIVERSITY INVEST YOUR FUTURE PLAN	
<b>b</b>	Name of plan sponsor MANAGEMENT RESOURCES, INC. DBA MIAMI REGIONAL UNIVERSITY	<b>c</b> EIN-PN 65-0633679-001
<b>a</b>	Plan name MICHAEL DIAZ, M.D. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MICHAEL DIAZ, M.D.	<b>c</b> EIN-PN 90-1121315-001

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 MICHAEL STARS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICHAEL STARS	<b>c</b> EIN-PN 35-3962410-222
<b>a</b>	Plan name MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MOHAWK CONSTRUCTION AND SUPPLY CO., INC.	<b>c</b> EIN-PN 25-1382848-001
<b>a</b>	Plan name MOJO SOLO 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOJO SOLO, INC.	<b>c</b> EIN-PN 20-1101717-001
<b>a</b>	Plan name MONTALVO ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONTALVO ASSOCIATION	<b>c</b> EIN-PN 94-1249283-001
<b>a</b>	Plan name MONTIPOWER AMERICAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONTIPOWER AMERICAS, INC.	<b>c</b> EIN-PN 54-1702201-001
<b>a</b>	Plan name NEURODEVELOPMENTAL INSTITUTE OF NEW HAMPSHIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEURODEVELOPMENTAL INSTITUTE OF NH, LLC	<b>c</b> EIN-PN 47-3097930-001
<b>a</b>	Plan name NEW ENGLAND ORBITAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW ENGLAND ORBITAL SERVICES, INC.	<b>c</b> EIN-PN 02-0508263-001
<b>a</b>	Plan name NEW GEORGIA PROJECT ACTION FUND 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor NEW GEORGIA PROJECT ACTION FUND	<b>c</b> EIN-PN 82-0934131-001
<b>a</b>	Plan name NORTHEAST SUSTAINABLE ENERGY ASSOCIATION 401(K)	
<b>b</b>	Name of plan sponsor NORTHEAST SUSTAINABLE ENERGY ASSOCIATION	<b>c</b> EIN-PN 23-7437161-001
<b>a</b>	Plan name NORTHERN LIGHTS SURVEYING 401(K)	
<b>b</b>	Name of plan sponsor NORTHERN LIGHTS SURVEYING SERVICE, INC	<b>c</b> EIN-PN 83-8159056-001
<b>a</b>	Plan name ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORLANDO SPRING CORP	<b>c</b> EIN-PN 95-1933966-001
<b>a</b>	Plan name OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OUTAGAMIE CO-OP SERVICES, INC.	<b>c</b> EIN-PN 39-1316865-001

<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	PALMETTO LINE CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALMETTO LINE CONTRACTORS, INC.	<b>c</b> EIN-PN 58-2591714-001
<b>a</b>	Plan name	PAPERFILMS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAPERFILMS, INC.	<b>c</b> EIN-PN 20-3744031-001
<b>a</b>	Plan name	PARADIGM PROPERTIES, LLC EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARADIGM PROPERTIES, LLC	<b>c</b> EIN-PN 06-1533601-001
<b>a</b>	Plan name	PARADISE SOLUTIONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARADISE SOLUTIONS, INC.	<b>c</b> EIN-PN 20-4673835-001
<b>a</b>	Plan name	PERSONNEL SPECIALISTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERSONNEL SPECIALISTS, LLC	<b>c</b> EIN-PN 39-1319507-001
<b>a</b>	Plan name	PREAKNESS HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PREAKNESS HOLDINGS, LLC	<b>c</b> EIN-PN 47-2491417-001
<b>a</b>	Plan name	PROPHET ONE SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROPHET ONE SOLUTIONS, INC.	<b>c</b> EIN-PN 20-3912011-001
<b>a</b>	Plan name	PROTIRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROTIRO, INC.	<b>c</b> EIN-PN 84-1441825-001
<b>a</b>	Plan name	PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENT MANAGEMENT CORPORATION	<b>c</b> EIN-PN 59-1870484-001
<b>a</b>	Plan name	QUALITY DIAMOND TOOLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUNCAN AND DUNCAN, INC.	<b>c</b> EIN-PN 11-3724839-001
<b>a</b>	Plan name	QUANTUM HEALTH SOLUTIONS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHOLE HEALTH INTEGRATED MEDICINE DBA QUANTUM HEALTH SOLUTIONS GROUP	<b>c</b> EIN-PN 45-4931869-001
<b>a</b>	Plan name	RER ENERGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RER ENERGY GROUP	<b>c</b> EIN-PN 27-0924271-001

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 RETINA ASSOCIATES OF HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RETINA ASSOCIATES OF HAWAII, INC.	<b>c</b> EIN-PN 84-4281908-003
<b>a</b>	Plan name RISK INSURANCE AND REINSURANCE SOLUTIONS, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RISK INSURANCE AND REINSURANCE SOLUTIONS, INC.	<b>c</b> EIN-PN 65-0445340-001
<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 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 S & S OIL COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor S & S OIL COMPANY, INC.	<b>c</b> EIN-PN 06-1265561-001
<b>a</b>	Plan name SCENIC INDUSTRIES LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCENIC INDUSTRIES LLC	<b>c</b> EIN-PN 84-4090172-002
<b>a</b>	Plan name SCHOOL PORTRAITS BY ADAMS PHOTOGRAPHY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHOOL PORTRAITS BY ADAMS PHOTOGRAPHY, INC.	<b>c</b> EIN-PN 27-2959933-001
<b>a</b>	Plan name SCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYSTEM CONTROLS & INSTRUMENTATION, LTD.	<b>c</b> EIN-PN 46-0638297-001
<b>a</b>	Plan name SHORELINE STEEL SOUTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHORELINE STEEL SOUTH LLC	<b>c</b> EIN-PN 26-1304560-001
<b>a</b>	Plan name SHOREWOOD ENGINEERING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SHOREWOOD ENGINEERING, INC.	<b>c</b> EIN-PN 41-1620361-002
<b>a</b>	Plan name SHORT LINE EXPRESS MARKET 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHORT LINE EXPRESS MARKET	<b>c</b> EIN-PN 88-0296690-001
<b>a</b>	Plan name SHULLY CATERING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SHULLY CATERING, INC.	<b>c</b> EIN-PN 39-1485107-001

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 SIGNATURE DESTINATION MANAGEMENT 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SIGNATURE DESTINATION MANAGEMENT, LLC	<b>c</b> EIN-PN 72-1409387-001
<b>a</b>	Plan name SLEEP INSTITUTE OF NEW ENGLAND 401(K) PLAN	
<b>b</b>	Name of plan sponsor SLEEP INSTITUTE OF NEW ENGLAND, PLLC	<b>c</b> EIN-PN 32-0289592-001
<b>a</b>	Plan name SLS MACHINING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor SLS MACHINING LLC	<b>c</b> EIN-PN 46-4192298-001
<b>a</b>	Plan name SMART, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMART, LLC	<b>c</b> EIN-PN 30-0269003-001
<b>a</b>	Plan name SMARTBILL, LTD. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SMARTBILL, LTD.	<b>c</b> EIN-PN 31-1806543-001
<b>a</b>	Plan name STEELY & SMITH LLC EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STEELY & SMITH LLC	<b>c</b> EIN-PN 20-3383671-001
<b>a</b>	Plan name STEGENGA + PARTNERS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEGENGA + PARTNERS, PC	<b>c</b> EIN-PN 58-2185468-001
<b>a</b>	Plan name STEINBRUNER HILL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEINBRUNER HILL, INC.	<b>c</b> EIN-PN 46-2638405-001
<b>a</b>	Plan name SUMMIT SAFETY GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUMMIT SAFETY GROUP, LLC	<b>c</b> EIN-PN 46-4404382-001
<b>a</b>	Plan name SUMMIT SEALANTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUMMIT SEALANTS AND RESTORATION, INC.	<b>c</b> EIN-PN 20-1375534-001
<b>a</b>	Plan name SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.	<b>c</b> EIN-PN 59-1273247-001
<b>a</b>	Plan name TEC EXCAVATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEC EXCAVATION, LLC	<b>c</b> EIN-PN 20-3227277-001

<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	TELCO PROS, LLC 401(K)& PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	TELCO PROS, LLC
<b>c</b>	EIN-PN	27-1278379-001
<b>a</b>	Plan name	THE DREAM CATCHER FOUNDATION, INC. 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	THE DREAM CATCHER FOUNDATION, INC.
<b>c</b>	EIN-PN	20-4996410-001
<b>a</b>	Plan name	THE EDI PROJECT 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE EDI PROJECT, INC.
<b>c</b>	EIN-PN	45-0493427-001
<b>a</b>	Plan name	THE FISHERMANS CENTER, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE FISHERMAN'S CENTER
<b>c</b>	EIN-PN	65-0055028-001
<b>a</b>	Plan name	TORRES LAW GROUP RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	ANNA D. TORRES, P.A. DBA TORRES LAW GROUP
<b>c</b>	EIN-PN	47-3870637-001
<b>a</b>	Plan name	TOTAL ENVIRONMENTAL & SAFETY, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	TOTAL ENVIRONMENTAL & SAFETY, LLC
<b>c</b>	EIN-PN	27-0858848-001
<b>a</b>	Plan name	TOTAL LOGISTICS CORP. 401(K) PLAN
<b>b</b>	Name of plan sponsor	TOTAL LOGISTICS CORP.
<b>c</b>	EIN-PN	41-1785724-001
<b>a</b>	Plan name	UNION CEMETERY ASSOCIATION EMPLOYEE BENEFIT RETIREMENT PLAN AND TRUST
<b>b</b>	Name of plan sponsor	THE UNION CEMETERY ASSOCIATION
<b>c</b>	EIN-PN	34-0587510-002
<b>a</b>	Plan name	UNITED METHODIST VILLAGE, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	UNITED METHODIST VILLAGE, INC.
<b>c</b>	EIN-PN	37-0673519-001
<b>a</b>	Plan name	UNITED WAY OF ST. JOHNS COUNTY 401(K) PLAN
<b>b</b>	Name of plan sponsor	UNITED WAY OF ST. JOHNS COUNTY
<b>c</b>	EIN-PN	59-6018986-002
<b>a</b>	Plan name	WATCH US GROW PEDIATRICS 401(K) PLAN
<b>b</b>	Name of plan sponsor	WATCH US GROW PEDIATRICS P.C.
<b>c</b>	EIN-PN	82-1556859-001
<b>a</b>	Plan name	WILLIAMS, DECLARK & TUSCHMAN CO., LPA PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WILLIAMS, DECLARK & TUSCHMAN CO., LPA
<b>c</b>	EIN-PN	34-1311244-001

<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	401(K) FOR HANKS, HANKS AND ASSOCIATES, LLC	
<b>b</b>	Name of plan sponsor	HANKS, HANKS AND ASSOCIATES, LLC	<b>c</b> EIN-PN 37-1438277-001
<b>a</b>	Plan name	604 MANAGEMENT LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	604 MANAGEMENT LLC	<b>c</b> EIN-PN 27-2863420-001
<b>a</b>	Plan name	9DOTS MANAGEMENT CORP., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	9DOTS MANAGEMENT CORP., LLC	<b>c</b> EIN-PN 35-2517637-001
<b>a</b>	Plan name	A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A BETTER CONTRACTOR, LLC	<b>c</b> EIN-PN 46-4885039-002
<b>a</b>	Plan name	ZTS TRUCKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZTS TRUCKING	<b>c</b> EIN-PN 41-1897999-001
<b>a</b>	Plan name	ADAPTIVESTACK TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADAPTIVESTACK TECHNOLOGIES, INC.	<b>c</b> EIN-PN 47-2617122-001
<b>a</b>	Plan name	ADDITIVE MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADDITIVE MANUFACTURING, LLC	<b>c</b> EIN-PN 27-1218250-002
<b>a</b>	Plan name	ADOPTION OPTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADOPTION OPTIONS	<b>c</b> EIN-PN 84-0867014-001
<b>a</b>	Plan name	ADVANCED ACCESS CONTROLS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED ACCESS CONTROLS, INC.	<b>c</b> EIN-PN 45-3587888-001
<b>a</b>	Plan name	AGL MACHINE WORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGL MACHINE WORKS, LLC	<b>c</b> EIN-PN 46-2552140-001
<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	AI CORPORATE INTERIORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AI CORPORATE INTERIORS, LLC	<b>c</b> EIN-PN 80-0201551-001

<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	AIAI 401(K) PLAN	
<b>b</b> Name of plan sponsor	ACCESSIBLE INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 27-0749186-001
<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	AMERISIDE 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMERISIDE, INC.	<b>c</b> EIN-PN 46-1863237-001
<b>a</b> Plan name	AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC.	<b>c</b> EIN-PN 47-4037872-001
<b>a</b> Plan name	APEX GENERAL CONTRACTING 401(K) PLAN	
<b>b</b> Name of plan sponsor	APEXTERIORS, INC.	<b>c</b> EIN-PN 20-4500271-001
<b>a</b> Plan name	APG, INC. EMPLOYEES RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	APG OFFICE FURNISHINGS, INC.	<b>c</b> EIN-PN 31-0747489-002
<b>a</b> Plan name	AURORA-LITTLETON UNISERV UNIT RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	AURORA-LITTLETON UNISERV UNIT	<b>c</b> EIN-PN 84-0733292-001
<b>a</b> Plan name	BATTERIES PLUS 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	NUMBER 13, LLC	<b>c</b> EIN-PN 82-0513791-001
<b>a</b> Plan name	BAYSHORE SUPPLY RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	IJK & CO., INC. DBA BAYSHORE SUPPLY	<b>c</b> EIN-PN 94-3148805-001
<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	CALIBER ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CALIBER ASSOCIATES, LLC	<b>c</b> EIN-PN 75-2859318-001
<b>a</b> Plan name	CALIFORNIA REPLACEMENT WINDOWS, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CALIFORNIA REPLACEMENT WINDOWS, INC.	<b>c</b> EIN-PN 26-0342442-001

<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	CANAM MINERALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CANAM MINERALS, INC.	<b>c</b> EIN-PN 94-1535782-001
<b>a</b>	Plan name	CHR EMPLOYEES UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHR EMPLOYEES, LLC	<b>c</b> EIN-PN 84-3936863-002
<b>a</b>	Plan name	CHRISTIAN DEAN ARCHITECTURE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHRISTIAN DEAN ARCHITECTURE, LLC	<b>c</b> EIN-PN 46-2412177-001
<b>a</b>	Plan name	CHRISTOPHER BENTON FAMILY AND COSMETIC DENTISTRY, PLLC 401(K) PSP	
<b>b</b>	Name of plan sponsor	CHRISTOPHER BENTON FAMILY AND COSMETIC DENTISTRY, PLLC	<b>c</b> EIN-PN 47-2967144-001
<b>a</b>	Plan name	COBCO ENTERPRISES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COBCO ENTERPRISES, LLC	<b>c</b> EIN-PN 31-1718329-001
<b>a</b>	Plan name	COBITCO INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COBITCO, INC.	<b>c</b> EIN-PN 84-0504239-001
<b>a</b>	Plan name	CODABEARS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CODABEARS, INC.	<b>c</b> EIN-PN 26-2544925-001
<b>a</b>	Plan name	COLLISION CRAFTSMEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLLISION CRAFTSMEN OF MACOMB, INC.	<b>c</b> EIN-PN 38-3228642-001
<b>a</b>	Plan name	COLT RECYCLING SOLUTIONS, LLC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COLT RECYCLING SOLUTIONS, LLC	<b>c</b> EIN-PN 26-3901372-002
<b>a</b>	Plan name	CORE AESTHETICS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CORE AESTHETICS, LLC	<b>c</b> EIN-PN 26-0681863-001
<b>a</b>	Plan name	CORE INSTALLATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORE INSTALLATIONS, LLC	<b>c</b> EIN-PN 26-3602555-001
<b>a</b>	Plan name	CORNERSTONE FELLOWSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORNERSTONE FELLOWSHIP	<b>c</b> EIN-PN 73-1316703-001

<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	CRESCENT MARKETING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRESCENT MARKETING, INC.	<b>c</b> EIN-PN 33-0806686-001
<b>a</b>	Plan name	CRESTVIEW ANIMAL HOSPITAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRESTVIEW ANIMAL HOSPITAL LLC	<b>c</b> EIN-PN 27-1577289-001
<b>a</b>	Plan name	DELTA SYSTEMS & AUTOMATION LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELTA SYSTEMS & AUTOMATION LLC	<b>c</b> EIN-PN 83-2468256-001
<b>a</b>	Plan name	DENBESTE COMPANIES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DENBESTE COMPANIES, INC.	<b>c</b> EIN-PN 93-3878708-001
<b>a</b>	Plan name	DIETZE & LOGAN SPINE SPECIALISTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIETZE & LOGAN SPINE SPECIALISTS, L.C.C.	<b>c</b> EIN-PN 81-5302624-001
<b>a</b>	Plan name	DIRIGO SLIPFORM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIRIGO SLIPFORM	<b>c</b> EIN-PN 04-3366760-001
<b>a</b>	Plan name	DUPRE MARINE TRANSPORTATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUPRE MARINE TRANSPORTATION	<b>c</b> EIN-PN 72-1496406-777
<b>a</b>	Plan name	EL GUAPO'S TACOS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EL GUAPO'S TACOS, LLC	<b>c</b> EIN-PN 45-3252311-001
<b>a</b>	Plan name	ELEMENT WELLNESS & SPORTS REHABILITATION 401(K) PSP	
<b>b</b>	Name of plan sponsor	EASTSIDE WELLNESS CENTER LLC DBA ELEMENT WELLNESS & SPORTS REHABILIT	<b>c</b> EIN-PN 20-3552854-001
<b>a</b>	Plan name	EVT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ENTERPRISE VISION TECHNOLOGIES	<b>c</b> EIN-PN 73-1686616-001
<b>a</b>	Plan name	EXCEL DRYWALL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXCEL DRYWALL, INC.	<b>c</b> EIN-PN 91-1668339-001
<b>a</b>	Plan name	EXECUTIVE BENEFIT PROGRAMS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	EXECUTIVE BENEFIT PROGRAMS, INC.	<b>c</b> EIN-PN 95-3617290-001

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="#">EYE RESEARCH &amp; FOUNDATION INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EYE RESEARCH FOUNDATION INC.</a>	<b>c</b> EIN-PN <a href="#">81-5052515-001</a>
<b>a</b>	Plan name <a href="#">FAIRCOUNT INTERNATIONAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAIRCOUNT, LLC</a>	<b>c</b> EIN-PN <a href="#">59-3566721-001</a>
<b>a</b>	Plan name <a href="#">FERRY CONSTRUCTION SERVICES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FERRY CONSTRUCTION SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">45-3775709-001</a>
<b>a</b>	Plan name <a href="#">FFTT, LLC 401 (K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FFTT, LLC</a>	<b>c</b> EIN-PN <a href="#">81-0860100-001</a>
<b>a</b>	Plan name <a href="#">GASTON ENGINEERING RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GASTON ENGINEERING &amp; SURVEYING, P.C.</a>	<b>c</b> EIN-PN <a href="#">81-0454635-002</a>
<b>a</b>	Plan name <a href="#">GCLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRACE CHRISTIAN LEARNING CENTER, INC.</a>	<b>c</b> EIN-PN <a href="#">38-3003649-001</a>
<b>a</b>	Plan name <a href="#">GIOIA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GIOIA, INC.</a>	<b>c</b> EIN-PN <a href="#">81-4759315-001</a>
<b>a</b>	Plan name <a href="#">GREAT SOUTHERN DEMOLITION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREAT SOUTHERN DEMOLITION</a>	<b>c</b> EIN-PN <a href="#">59-3416417-001</a>
<b>a</b>	Plan name <a href="#">HANCOCK ELECTRIC MOTOR SERVICE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SPT, INC. DBA HANCOCK ELECTRIC MOTOR SERVICE</a>	<b>c</b> EIN-PN <a href="#">46-1620009-001</a>
<b>a</b>	Plan name <a href="#">HANNA BROTHERS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HANNA BROTHERS GEORGIA, LLC</a>	<b>c</b> EIN-PN <a href="#">46-4134248-001</a>
<b>a</b>	Plan name <a href="#">HIGROUP 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE HAWAII GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">27-3129236-001</a>
<b>a</b>	Plan name <a href="#">HOWELL IXL, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOWELL IXL, LLC</a>	<b>c</b> EIN-PN <a href="#">27-2002177-001</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	HRS OPERATING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HRS OPERATING, LLC	<b>c</b> EIN-PN 83-1021498-001
<b>a</b>	Plan name	INTERIORS BY MARILYN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERIORS BY MARILYN, LLC	<b>c</b> EIN-PN 99-5087225-001
<b>a</b>	Plan name	INTERNAL MEDICINE ASSOCIATES OF FRANKFORT, P.S.C. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERNAL MEDICINE ASSOCIATES OF FRANKFORT, P.S.C.	<b>c</b> EIN-PN 61-1098789-001
<b>a</b>	Plan name	INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INTERPRET, LLC	<b>c</b> EIN-PN 20-4554232-002
<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 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERSTATE DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 47-3473668-001
<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.W. SMART CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J.W. SMART CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 33-0915038-001
<b>a</b>	Plan name	JABBA COMMUNICATIONS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JABBA COMMUNICATIONS, INC.	<b>c</b> EIN-PN 26-1562882-001
<b>a</b>	Plan name	JMC ELECTRICAL CONTRACTOR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JMC ELECTRICAL CONTRACTOR LLC	<b>c</b> EIN-PN 27-3290634-001
<b>a</b>	Plan name	KENTON FAMILY EYE CARE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENTON FAMILY EYE CARE, INC.	<b>c</b> EIN-PN 34-1214040-003
<b>a</b>	Plan name	KETTER & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KETTER & ASSOCIATES	<b>c</b> EIN-PN 47-0806233-001

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="#">LANDBRIDGE ECOLOGICAL SAFE HARBOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LANDBRIDGE ECOLOGICAL</a>	<b>c</b> EIN-PN <a href="#">27-2058011-001</a>
<b>a</b>	Plan name <a href="#">LANDLORDLOCKS.COM, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LANDLORDLOCKS.COM, INC.</a>	<b>c</b> EIN-PN <a href="#">32-0004281-001</a>
<b>a</b>	Plan name <a href="#">LARRY KINGS CLUBHOUSE SAFE HARBOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LARRY KING'S CLUBHOUSE</a>	<b>c</b> EIN-PN <a href="#">56-2245187-001</a>
<b>a</b>	Plan name <a href="#">A-TEAM CONSTRUCTION UNLIMITED, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A-TEAM CONSTRUCTION UNLIMITED, INC.</a>	<b>c</b> EIN-PN <a href="#">20-2201891-001</a>
<b>a</b>	Plan name <a href="#">AIR RESOURCES HELICOPTERS INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AIR RESOURCES HELICOPTERS INC</a>	<b>c</b> EIN-PN <a href="#">47-1314819-001</a>
<b>a</b>	Plan name <a href="#">AKIVA GOLDMAN, P.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AKIVA GOLDMAN, P.C.</a>	<b>c</b> EIN-PN <a href="#">38-3616750-001</a>
<b>a</b>	Plan name <a href="#">APS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATLANTIC PIPE SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">81-4515509-001</a>
<b>a</b>	Plan name <a href="#">ARAPAHOE ROOFING &amp; SHEET METAL 401 (K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARAPAHOE ROOFING &amp; SHEET METAL, INC.</a>	<b>c</b> EIN-PN <a href="#">84-0633163-001</a>
<b>a</b>	Plan name <a href="#">ARBOR AND PIA EMPLOYEE RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARBOR INSURANCE GROUP</a>	<b>c</b> EIN-PN <a href="#">23-2669484-001</a>
<b>a</b>	Plan name <a href="#">ARC PACIFIC, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARC PACIFIC, INC.</a>	<b>c</b> EIN-PN <a href="#">47-0965866-001</a>
<b>a</b>	Plan name <a href="#">BCP SYSTEMS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BCP SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0753105-001</a>
<b>a</b>	Plan name <a href="#">BEAUFORT ENGINEERING SERVICES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BEAUFORT ENGINEERING SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">57-0693958-001</a>

<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	BECKWITH LUMBER COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BECKWITH LUMBER COMPANY, INC.	<b>c</b> EIN-PN 55-0525058-001
<b>a</b>	Plan name	BRG HOSPITALITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRG HOSPITALITY GROUP, LLC	<b>c</b> EIN-PN 82-3528225-001
<b>a</b>	Plan name	BRIAN LUEDTKE & ASSOCIATES CONSTRUCTION LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIAN LUEDTKE & ASSOCIATES CONSTRUCTION LLC	<b>c</b> EIN-PN 81-2000303-001
<b>a</b>	Plan name	CATINA DAI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CATINA DAI	<b>c</b> EIN-PN 82-2294465-001
<b>a</b>	Plan name	CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CEDAR VALLEY PEDIATRIC DENTISTRY	<b>c</b> EIN-PN 27-0521322-001
<b>a</b>	Plan name	COMBINED POOL & SPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMBINED POOL & SPA, INC.	<b>c</b> EIN-PN 90-0066428-001
<b>a</b>	Plan name	COMFORT HOME HEALTH CARE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMFORT HOME HEALTH CARE GROUP, INC.	<b>c</b> EIN-PN 41-1447318-001
<b>a</b>	Plan name	COMMUNITIES IN SCHOOLS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITIES IN SCHOOLS OF EL PASO, INC.	<b>c</b> EIN-PN 74-2024715-001
<b>a</b>	Plan name	COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY CHEVROLET COMPANY	<b>c</b> EIN-PN 84-0502030-002
<b>a</b>	Plan name	COMMUNITY MATTERS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY MATTERS, INC.	<b>c</b> EIN-PN 35-2237343-001
<b>a</b>	Plan name	CROSSGATES FAMILY FITNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROSSGATES FAMILY FITNESS	<b>c</b> EIN-PN 72-0854746-001
<b>a</b>	Plan name	CS ADVOCARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CS ADVOCARE, INC.	<b>c</b> EIN-PN 84-1129499-001

<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	DMLOGIC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DMLOGIC	<b>c</b> EIN-PN 27-1024409-001
<b>a</b>	Plan name	DOCUFREE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOCUFREE CORPORATION	<b>c</b> EIN-PN 58-2483016-001
<b>a</b>	Plan name	ELIZABETH W. BINGHAM, DMD. INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ELIZABETH W BINGHAM	<b>c</b> EIN-PN 84-4995848-001
<b>a</b>	Plan name	ELKHORN CREEK CO., LLC DBA DARBY DAN FARM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELKHORN CREEK CO., LLC DBA DARBY DAN FARM	<b>c</b> EIN-PN 31-1529369-001
<b>a</b>	Plan name	ELTOSCH GRAFIX AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELTOSCH GRAFIX AMERICA, INC.	<b>c</b> EIN-PN 26-3802412-001
<b>a</b>	Plan name	ELYSIAN TECHNOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELYSIAN TECHNOLOGY	<b>c</b> EIN-PN 47-3755672-001
<b>a</b>	Plan name	FINANCIAL TRAINING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FINANCIAL TRAINING INC.	<b>c</b> EIN-PN 45-2613149-001
<b>a</b>	Plan name	FINMC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC WEB SERVICES, INC.	<b>c</b> EIN-PN 20-5185854-001
<b>a</b>	Plan name	GLASSEN TECHNOLOGY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLASSEN TECHNOLOGY SERVICES	<b>c</b> EIN-PN 82-3781057-001
<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	HARPER OPERATING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARPER OPERATING COMPANY, INC.	<b>c</b> EIN-PN 31-0855493-001
<b>a</b>	Plan name	HARROD & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARROD & ASSOCIATES, PSC	<b>c</b> EIN-PN 61-1291670-001

<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	JADE SHANK TRUCKING, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JADE SHANK TRUCKING, LLC	<b>c</b> EIN-PN 20-1922253-001
<b>a</b>	Plan name	KGA STUDIO ARCHITECTS, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KGA STUDIO ARCHITECTS P.C.	<b>c</b> EIN-PN 84-0808019-001
<b>a</b>	Plan name	LEITCHFIELD VETERINARY CLINIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEITCHFIELD VETERINARY CLINIC, INC.	<b>c</b> EIN-PN 27-5406094-001
<b>a</b>	Plan name	LESSITER PUBLICATIONS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LESSITER PUBLICATIONS INC.	<b>c</b> EIN-PN 39-1169768-222
<b>a</b>	Plan name	LIBERTY TURNED COMPONENTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY TURNED COMPONENTS, LLC	<b>c</b> EIN-PN 46-4301896-001
<b>a</b>	Plan name	MORGAN & MORGAN CPA'S, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORGAN & MORGAN CPA'S, P.C.	<b>c</b> EIN-PN 26-4625247-001
<b>a</b>	Plan name	NORTHLAND AUTO SERVICE OF VIRGINIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHLAND AUTO SERVICE OF VIRGINIA, INC.	<b>c</b> EIN-PN 41-1489095-001
<b>a</b>	Plan name	PARKWAY/GDENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARKWAY DENTAL, S.C.	<b>c</b> EIN-PN 39-1224750-001
<b>a</b>	Plan name	PRECISION DIAGNOSTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION DIAGNOSTICS	<b>c</b> EIN-PN 83-4585434-001
<b>a</b>	Plan name	PRECISION ENVIRONMENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	PRECISION WORKS, INC. DBA PRECISION ENVIRONMENTAL	<b>c</b> EIN-PN 77-0078511-001
<b>a</b>	Plan name	PREMIER GOLF, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER GOLF, LLC	<b>c</b> EIN-PN 84-4534811-001
<b>a</b>	Plan name	R & A ENTERPRISES OF CENTRAL COLORADO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R & A ENTERPRISES OF CARBONDALE, INC.	<b>c</b> EIN-PN 84-1496407-777

<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	R&A ENTERPRISES OF WESTERN CO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R&A ENTERPRISES OF WESTERN CO, INC	<b>c</b> EIN-PN 84-1378396-222
<b>a</b>	Plan name	R.C. FINE FOODS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	R.C. FINE FOODS, INC.	<b>c</b> EIN-PN 22-2136686-002
<b>a</b>	Plan name	R.C. IOSSI CO., LLC 401(K)	
<b>b</b>	Name of plan sponsor	R.C. IOSSI CO., LLC	<b>c</b> EIN-PN 27-2084291-001
<b>a</b>	Plan name	RMHC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RONALD MCDONALD HOUSE CHARITIES OF CORPUS CHRISTI, INC.	<b>c</b> EIN-PN 74-2378671-001
<b>a</b>	Plan name	RNR CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RNR CONTRACTORS, INC.	<b>c</b> EIN-PN 22-3177714-001
<b>a</b>	Plan name	SCUBA DUBA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCUBA DUBA CORPORATION	<b>c</b> EIN-PN 95-2594224-001
<b>a</b>	Plan name	SEACOAST SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEACOAST SUPPLY	<b>c</b> EIN-PN 20-2086169-001
<b>a</b>	Plan name	SEATTLE IMPLANT AND PROSTHETIC DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEATTLE IMPLANT AND PROSTHETIC DENTISTRY	<b>c</b> EIN-PN 81-3162708-001
<b>a</b>	Plan name	SEEDMASTERS, INC. S/H 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	SEEDMASTERS, INC.	<b>c</b> EIN-PN 54-2167158-001
<b>a</b>	Plan name	SEER TEAM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE NEW EQUATION LIMITED LIABILITY COMPANY DBA SEER INTERACTIVE	<b>c</b> EIN-PN 03-0512205-001
<b>a</b>	Plan name	SMP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCOTT MCLEOD PLUMBING, INC.	<b>c</b> EIN-PN 32-0067594-001
<b>a</b>	Plan name	SUPERIOR DENTAL LABORATORY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR DENTAL LABORATORY INC.	<b>c</b> EIN-PN 88-0238763-002

<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	SUPRACOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPRACOR, INC.	<b>c</b> EIN-PN 94-2792545-001
<b>a</b>	Plan name	SWANSON HULLING, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWANSON HULLING, INC.	<b>c</b> EIN-PN 77-0277360-001
<b>a</b>	Plan name	THE KRK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHILDREN'S BUSINESS SERVICES	<b>c</b> EIN-PN 20-5369006-001
<b>a</b>	Plan name	THE LAW OFFICE OF JODI R. LAZAR, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE LAW OFFICE OF JODI R. LAZAR, P.C.	<b>c</b> EIN-PN 27-1652922-001
<b>a</b>	Plan name	TPG MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TPG MANAGEMENT LLC	<b>c</b> EIN-PN 47-3240002-001
<b>a</b>	Plan name	VEEX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VEEX, INC.	<b>c</b> EIN-PN 20-4527700-001
<b>a</b>	Plan name	WIRTZ QUALITY INSTALLATIONS, INC. 401(K) PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor	WIRTZ QUALITY INTALLATIONS, INC.	<b>c</b> EIN-PN 20-1992177-001
<b>a</b>	Plan name	WISCONSIN WOMEN'S HEALTH FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN WOMEN'S HEALTH FOUNDATION	<b>c</b> EIN-PN 39-1900678-001
<b>a</b>	Plan name	HAYLIE POMROY GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HAYLIE POMROY GROUP, INC.	<b>c</b> EIN-PN 46-0597976-001
<b>a</b>	Plan name	IBUSINESS SOLUTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IBUSINESS SOLUTION, LLC	<b>c</b> EIN-PN 25-1752472-001
<b>a</b>	Plan name	IC BIKE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IC BIKE COMPANY DBA THE FAT TIRE FARM	<b>c</b> EIN-PN 91-1861798-002
<b>a</b>	Plan name	JAMES W. REHM DMD LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAMES W. REHM DMD LLC	<b>c</b> EIN-PN 47-2427511-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name LIFESTYLE EYE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUE MOUNTAIN EYE, PLLC DBA LIFESTYLE EYE CENTER	<b>c</b> EIN-PN 27-3774591-001
<b>a</b>	Plan name LITTLE RIVER TRANSPORTATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LITTLE RIVER TRANSPORTATION, LLC	<b>c</b> EIN-PN 47-2280526-001
<b>a</b>	Plan name MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MCDONALDS' DESIGN & BUILD, INC.	<b>c</b> EIN-PN 34-1313478-001
<b>a</b>	Plan name MCFSA 401(K) PLAN	
<b>b</b>	Name of plan sponsor MORROW COUNTY FIREFIGHTERS & SQUADSMEN ASSOCIATION	<b>c</b> EIN-PN 31-0865984-001
<b>a</b>	Plan name MP GROUP 401(K)	
<b>b</b>	Name of plan sponsor MP GROUP	<b>c</b> EIN-PN 46-4891962-001
<b>a</b>	Plan name MR. CARLOS POOLS & CONSTRUCTION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor MR. CARLOS POOLS & CONSTRUCTION, INC.	<b>c</b> EIN-PN 26-4654659-001
<b>a</b>	Plan name MTI EVENTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MTI EVENTS	<b>c</b> EIN-PN 48-1021453-001
<b>a</b>	Plan name NORWALK DENTAL CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor KYNA DENTAL, P.C.	<b>c</b> EIN-PN 83-2180071-001
<b>a</b>	Plan name NTEGRATED CONSULTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NTEGRATED CONSULTING, LLC	<b>c</b> EIN-PN 73-1693449-001
<b>a</b>	Plan name PATTIS PRESCHOOL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PATTIS PRESCHOOL, INC.	<b>c</b> EIN-PN 30-0143660-001
<b>a</b>	Plan name PREMIER TOOL GRINDING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PREMIER TOOL GRINDING, INC.	<b>c</b> EIN-PN 86-0820076-001
<b>a</b>	Plan name PRESERVATION ARTS, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor PRESERVATION ARTS, LLC	<b>c</b> EIN-PN 46-3890911-001

<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	PRESTIGE WOMEN'S HEALTH CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE WOMEN'S HEALTH CARE	<b>c</b> EIN-PN 27-0665184-001
<b>a</b>	Plan name	PRINCIPE AMERICA LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRINCIPE AMERICA LLC	<b>c</b> EIN-PN 47-5312927-001
<b>a</b>	Plan name	RACK N ROAD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CWC INDUSTRIES LLC DBA RACK N ROAD	<b>c</b> EIN-PN 81-0816755-001
<b>a</b>	Plan name	RALSTON MECHANICAL SYSTEMS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RALSTON MECHANICAL SYSTEMS, INC.	<b>c</b> EIN-PN 23-2911140-001
<b>a</b>	Plan name	RAMSEY & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAMSEY & SON, INC.	<b>c</b> EIN-PN 88-0223072-001
<b>a</b>	Plan name	SEIBER KEAST LEHNER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEIBER KEAST LEHNER, INC.	<b>c</b> EIN-PN 38-1957958-001
<b>a</b>	Plan name	SELECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KICK IT USA, INC.	<b>c</b> EIN-PN 26-4051097-001
<b>a</b>	Plan name	SELECTIVE STONE LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SELECTIVE STONE LLC	<b>c</b> EIN-PN 99-0343988-001
<b>a</b>	Plan name	SEMSA 401(K) PLAN FOR UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor	SIERRA MEDICAL SERVICES ALLIANCE	<b>c</b> EIN-PN 68-0459931-003
<b>a</b>	Plan name	SEMSA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIERRA MEDICAL SERVICES ALLIANCE	<b>c</b> EIN-PN 68-0459931-001
<b>a</b>	Plan name	THE MOSTERT GROUP LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE MOSTERT GROUP, LLC	<b>c</b> EIN-PN 20-0349381-001
<b>a</b>	Plan name	THE MOTHERHOOD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE MOTHERHOOD, INC.	<b>c</b> EIN-PN 20-5218915-001

<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	THE NEAL LAW GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE NEAL LAW GROUP, PLLC	<b>c</b> EIN-PN 86-3590456-001
<b>a</b>	Plan name	THE OLD COUNTRY STORE & MUSEUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE OLD COUNTRY STORE & MUSEUM	<b>c</b> EIN-PN 02-0452652-001
<b>a</b>	Plan name	THE ORIGINAL SWIMWEAR COMPANY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE ORIGINAL SWIMWEAR COMPANY LLC	<b>c</b> EIN-PN 47-2048125-001
<b>a</b>	Plan name	TRANSISTOR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSISTOR LLC	<b>c</b> EIN-PN 81-1358661-001
<b>a</b>	Plan name	WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOLVERINE POWER SUPPLY COOPERATIVE, INC.	<b>c</b> EIN-PN 38-1326766-002
<b>a</b>	Plan name	WOODGROVE SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOODGROVE SOLUTIONS, LLC	<b>c</b> EIN-PN 47-2173558-001
<b>a</b>	Plan name	A.V.M. ENTERPRISES, INC. 401K	
<b>b</b>	Name of plan sponsor	A.V.M. ENTERPRISES, INC.	<b>c</b> EIN-PN 62-1556734-001
<b>a</b>	Plan name	ABA THERAPY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABA THERAPY, LLC	<b>c</b> EIN-PN 83-4320445-001
<b>a</b>	Plan name	ABC FIRE & BURGLAR ALARM LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABC FIRE & BURGLAR ALARM LLC	<b>c</b> EIN-PN 46-1663065-001
<b>a</b>	Plan name	ALBERTELLI LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAMES E. ALBERTELLI, P.A.	<b>c</b> EIN-PN 26-0659686-001
<b>a</b>	Plan name	ALEX TATUM CONSTRUCTION CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALEX TATUM CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 58-1520046-002
<b>a</b>	Plan name	ALFEL RESOURCES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALFEL RESOURCES, INC.	<b>c</b> EIN-PN 35-2288638-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>ARIEL FOX DESIGN, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARIEL FOX DESIGN, INC.</b>	<b>c</b> EIN-PN <b>47-2919495-001</b>
<b>a</b>	Plan name <b>ARLINGTON HEIGHTS ANIMAL HOSPITAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COWTOWN PET CARE, PLLC DBA ARLINGTON HEIGHTS ANIMAL HOSPITAL</b>	<b>c</b> EIN-PN <b>47-5044388-001</b>
<b>a</b>	Plan name <b>BEL AIR AUTO SERVICE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEL AIR AUTO SERVICE LLC</b>	<b>c</b> EIN-PN <b>82-5465240-001</b>
<b>a</b>	Plan name <b>BEN'S SOFT PRETZELS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEN'S SOFT PRETZELS LLC</b>	<b>c</b> EIN-PN <b>26-1911401-001</b>
<b>a</b>	Plan name <b>BENCHMARK DENTAL OF COLORADO, PC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BENCHMARK DENTAL OF COLORADO, PC</b>	<b>c</b> EIN-PN <b>80-0715149-001</b>
<b>a</b>	Plan name <b>CELINA ANIMAL HOSPITAL, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CELINA ANIMAL HOSPITAL, INC.</b>	<b>c</b> EIN-PN <b>34-1339371-001</b>
<b>a</b>	Plan name <b>CUCINA, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CUCINA, INC.</b>	<b>c</b> EIN-PN <b>46-4435501-001</b>
<b>a</b>	Plan name <b>CULVER'S CORYDON EMPLOYEES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COCIN SERVICES, INC.</b>	<b>c</b> EIN-PN <b>27-0035982-001</b>
<b>a</b>	Plan name <b>CURRENT RE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CURRENT RENEWABLE EFFICIENCIES</b>	<b>c</b> EIN-PN <b>45-3135391-001</b>
<b>a</b>	Plan name <b>CWPS RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CITY WIDE PROTECTION SERVICES, INC.</b>	<b>c</b> EIN-PN <b>80-0843345-001</b>
<b>a</b>	Plan name <b>DOMINIC O. FARIELLO, P.A. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DOMINIC O. FARIELLO, P.A.</b>	<b>c</b> EIN-PN <b>90-0186294-001</b>
<b>a</b>	Plan name <b>DORIGNAC'S FOOD CENTER, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DORIGNAC'S FOOD CENTER, LLC</b>	<b>c</b> EIN-PN <b>72-0575457-001</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	DOSTIE HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOSTIE HOMES, LLC	<b>c</b> EIN-PN 27-5108332-001
<b>a</b>	Plan name	DOUG DE LEO WELDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOUG DE LEO WELDING, INC.	<b>c</b> EIN-PN 20-0257890-001
<b>a</b>	Plan name	EMPLOYEES' 401(K) RETIREMENT TRUST FOR ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	
<b>b</b>	Name of plan sponsor	ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 95-3084651-015
<b>a</b>	Plan name	FIRST STEP STAFFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRST STEP STAFFING	<b>c</b> EIN-PN 20-8038859-001
<b>a</b>	Plan name	GLOBALTEK COMPONENTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBALTEK COMPONENTS, LLC	<b>c</b> EIN-PN 11-3777016-001
<b>a</b>	Plan name	GMB, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GMB, INC.	<b>c</b> EIN-PN 35-2508603-001
<b>a</b>	Plan name	GO EAT CONCEPTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K&F RESTAURANT HOLDINGS, LTD	<b>c</b> EIN-PN 80-0826679-001
<b>a</b>	Plan name	MUSSEY, SARBER & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUSSEY, SARBER & ASSOCIATES, P.C.	<b>c</b> EIN-PN 75-3025214-001
<b>a</b>	Plan name	MWM ARCHITECTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MWM ARCHITECTS, INC.	<b>c</b> EIN-PN 75-1777368-001
<b>a</b>	Plan name	MYERS-ANDERSON ARCHITECTS PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MYERS-ANDERSON ARCHITECTS PLLC	<b>c</b> EIN-PN 20-2132322-001
<b>a</b>	Plan name	O SKIN CARE LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	O SKIN CARE LLC	<b>c</b> EIN-PN 26-0374403-001
<b>a</b>	Plan name	O.B. BUILDERS FLORIDA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	O.B. BUILDERS FLORIDA, INC.	<b>c</b> EIN-PN 85-2457513-001

<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	PAULK FUNERAL HOME OF GEORGIA, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAULK FUNERAL HOME OF GEORGIA, LTD.	<b>c</b> EIN-PN 58-1748650-001
<b>a</b>	Plan name	PBD 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THREE PIRATES, LLC DBA POINT BLANK DISTRIBUTING	<b>c</b> EIN-PN 76-0736584-001
<b>a</b>	Plan name	PRO SAFETY & RESCUE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRO SAFETY & RESCUE, INC.	<b>c</b> EIN-PN 46-4617132-001
<b>a</b>	Plan name	RANGE FURNACE CLEANING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RANGE FURNACE CLEANING, INC.	<b>c</b> EIN-PN 14-1974870-001
<b>a</b>	Plan name	RAY'S ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAY'S ELECTRIC AND GENERAL CONTRACTING, INC.	<b>c</b> EIN-PN 02-0305343-001
<b>a</b>	Plan name	ROGERS COUNTY HOSPITALITY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROGERS COUNTY HOSPITALITY LLC	<b>c</b> EIN-PN 20-8882157-001
<b>a</b>	Plan name	SERRA COMMUNITY MEDICAL CLINIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SERRA COMMUNITY MEDICAL CLINIC, INC.	<b>c</b> EIN-PN 95-4786125-001
<b>a</b>	Plan name	SERVICEMASTER QUALITY CLEAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D.R. DUCKS, INC. DBA SERVICEMASTER QUALITY CLEAN	<b>c</b> EIN-PN 74-3084010-001
<b>a</b>	Plan name	SFL ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SFL ASSOCIATES, INC.	<b>c</b> EIN-PN 27-3426090-001
<b>a</b>	Plan name	SOUND DESIGNS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUND DESIGNS, INC.	<b>c</b> EIN-PN 39-1902085-001
<b>a</b>	Plan name	SOUTH ARK ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH ARK ELECTRIC, LLC	<b>c</b> EIN-PN 84-3106947-001
<b>a</b>	Plan name	SOUTHEAST CHEROKEE CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEAST CHEROKEE CONSTRUCTION, INC.	<b>c</b> EIN-PN 63-0859575-001

<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	SOUTHERN BUILDING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN BUILDING GROUP, INC.	<b>c</b> EIN-PN 35-2523934-001
<b>a</b>	Plan name	TACOS CALAFIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AZ TORRES, LLC	<b>c</b> EIN-PN 82-1842251-001
<b>a</b>	Plan name	THE PRESTWICK GROUP, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PRESTWICK GROUP, INC.	<b>c</b> EIN-PN 39-1888813-222
<b>a</b>	Plan name	THE SALT LICK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SEA SALT EATERY	<b>c</b> EIN-PN 20-2333126-001
<b>a</b>	Plan name	TREY SUCHER LAW PLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TREY SUCHER LAW PLC	<b>c</b> EIN-PN 46-0748012-001
<b>a</b>	Plan name	VINEYARD ENGINEERING & ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINEYARD ENGINEERING & ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 14-1966734-001
<b>a</b>	Plan name	VIRANI, UY & ARANDA ACCOUNTANCY CORPORATION SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VIRANI, UY & ARANDA ACCOUNTANCY CORPORATION	<b>c</b> EIN-PN 95-3695224-001
<b>a</b>	Plan name	VISAL NGA D.O. INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VISAL NGA D.O. INC.	<b>c</b> EIN-PN 38-3882672-001
<b>a</b>	Plan name	VISITORS COVERAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISITORS COVERAGE, INC.	<b>c</b> EIN-PN 20-1794511-002
<b>a</b>	Plan name	VISSER & CO LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISSER & CO LTD DBA BRIDAL GALLERY	<b>c</b> EIN-PN 26-1604769-001
<b>a</b>	Plan name	WORKFORCE SOLUTIONS FOR NORTH CENTRAL PENNSYLVANIA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WORKFORCE SOLUTIONS FOR NORTH CENTRAL PENNSYLVANIA	<b>c</b> EIN-PN 81-4257698-001
<b>a</b>	Plan name	WRAY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WRAY SHEET METAL INC.	<b>c</b> EIN-PN 84-1121341-001

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 WUHOOVER 401(K) PLAN	
<b>b</b>	Name of plan sponsor WUHOOVER & CO., LLP	<b>c</b> EIN-PN 27-2481245-001
<b>a</b>	Plan name ACADEMIC ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACADEMIC ENDOCRINE, METABOLISM & NUTRITION, INC.	<b>c</b> EIN-PN 36-4180316-001
<b>a</b>	Plan name ALIQUAM FINANCIAL SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALIQUAM FINANCIAL SERVICES, LLC	<b>c</b> EIN-PN 45-3729173-222
<b>a</b>	Plan name ALL POINTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALL POINTS PACKAGING	<b>c</b> EIN-PN 58-2174673-001
<b>a</b>	Plan name BENSON SEARCH GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BENSON SEARCH GROUP, LLC	<b>c</b> EIN-PN 83-1148187-001
<b>a</b>	Plan name BROTHER'S FLOORING, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROTHER'S FLOORING, INC	<b>c</b> EIN-PN 27-0039571-001
<b>a</b>	Plan name BROUGHMAN BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROUGHMAN BUILDERS, INC.	<b>c</b> EIN-PN 01-0436114-001
<b>a</b>	Plan name CERTIFIED WELDING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CERTIFIED WELDING, LLC	<b>c</b> EIN-PN 82-2109373-001
<b>a</b>	Plan name CHARLAND LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHARLAND LLC	<b>c</b> EIN-PN 47-1853795-001
<b>a</b>	Plan name COMPUGROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPUGROUP TECHNOLOGIES, LLC	<b>c</b> EIN-PN 27-0178481-001
<b>a</b>	Plan name COMSTOCK JOHNSON ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMSTOCK JOHNSON ARCHITECTS, INC.	<b>c</b> EIN-PN 68-0039251-003
<b>a</b>	Plan name CONNECTED OFFICE TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONNECTED OFFICE TECHNOLOGIES, LLC	<b>c</b> EIN-PN 81-3775972-001

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>D. S. ERICKSON &amp; ASSOCIATES, PLLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D. S. ERICKSON &amp; ASSOCIATES, PLLC</b>	<b>c</b> EIN-PN <b>20-5957980-001</b>
<b>a</b>	Plan name <b>DADS AUTO BODY &amp; PAINT, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DADS AUTO BODY &amp; PAINT, INC.</b>	<b>c</b> EIN-PN <b>45-2164502-001</b>
<b>a</b>	Plan name <b>DOVER TANK AND PLATE CO. 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>THE DOVER TANK &amp; PLATE CO.</b>	<b>c</b> EIN-PN <b>34-0188810-002</b>
<b>a</b>	Plan name <b>DOWNTOWN RESOURCE GROUP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DOWNTOWN RESOURCE GROUP, LLC</b>	<b>c</b> EIN-PN <b>41-2181943-001</b>
<b>a</b>	Plan name <b>GO UTES! 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PREMIER FOOT &amp; ANKLE, LLC</b>	<b>c</b> EIN-PN <b>35-2210138-001</b>
<b>a</b>	Plan name <b>GODIRECTINC.COM, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GODIRECTINC.COM, INC.</b>	<b>c</b> EIN-PN <b>26-0155233-001</b>
<b>a</b>	Plan name <b>GOLDEN RULE HOSPICE 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOLDEN RULE HOSPICE, INC.</b>	<b>c</b> EIN-PN <b>47-2938518-001</b>
<b>a</b>	Plan name <b>GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS &amp; INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOOD TIMES RESTAURANTS, INC.</b>	<b>c</b> EIN-PN <b>84-1133368-001</b>
<b>a</b>	Plan name <b>HAYWARD COMMUNITY CREDIT UNION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAYWARD COMMUNITY CREDIT UNION</b>	<b>c</b> EIN-PN <b>39-0860430-001</b>
<b>a</b>	Plan name <b>HEALTHCARE BUSINESS MEDIA, INC. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HEALTHCARE BUSINESS MEDIA, INC.</b>	<b>c</b> EIN-PN <b>61-1362235-001</b>
<b>a</b>	Plan name <b>HEART-N-HAND, INC. 401 (K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HEART-N-HAND, INC.</b>	<b>c</b> EIN-PN <b>38-3218436-001</b>
<b>a</b>	Plan name <b>IFIVE, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IFIVE, INC.</b>	<b>c</b> EIN-PN <b>83-0850885-001</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	ILAPAK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ILAPAK, INC.	<b>c</b> EIN-PN 13-3036089-002
<b>a</b>	Plan name	JASPER CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JASPER CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 39-1870523-001
<b>a</b>	Plan name	JD DOGGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JD DOGGY, INC.	<b>c</b> EIN-PN 47-3843337-001
<b>a</b>	Plan name	JDK CONSTRUCTION & DRYWALL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JDK CONSTRUCTION & DRYWALL LLC	<b>c</b> EIN-PN 27-1020907-001
<b>a</b>	Plan name	KOWA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KOWA KENTUCKY, INC.	<b>c</b> EIN-PN 46-5718593-001
<b>a</b>	Plan name	LONE STAR RECREATION OF TEXAS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LONE STAR RECREATION OF TEXAS, LLC	<b>c</b> EIN-PN 82-4403884-001
<b>a</b>	Plan name	MDH AUTOMATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MDH AUTOMATION, INC.	<b>c</b> EIN-PN 47-3389834-001
<b>a</b>	Plan name	ALL STATES LIGHTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL STATES LIGHTING, INC.	<b>c</b> EIN-PN 59-3045526-001
<b>a</b>	Plan name	ALLCOR STAFFING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLCOR STAFFING SERVICES, INC.	<b>c</b> EIN-PN 27-3137244-001
<b>a</b>	Plan name	ALLIANCE CONSOLIDATED GROUP OF COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE CONSOLIDATED GROUP OF COMPANIES, LLC	<b>c</b> EIN-PN 45-1580523-001
<b>a</b>	Plan name	AXAR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AXAR PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 68-0665617-001
<b>a</b>	Plan name	B & A CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B & A CONSTRUCTION, INC.	<b>c</b> EIN-PN 86-0387275-001

<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	CIMTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUNG CIMTECH LLC DBA CIMTECH, INC.	<b>c</b> EIN-PN 82-5483672-001
<b>a</b>	Plan name	CIRCLE OF LIFE HOSPICE EMPLOYEE SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	CIRCLE OF LIFE HOSPICE	<b>c</b> EIN-PN 88-0440951-001
<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	DYNICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DYNICS, INC.	<b>c</b> EIN-PN 38-3563648-001
<b>a</b>	Plan name	FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FLOWMASTER, INC.	<b>c</b> EIN-PN 46-4050504-002
<b>a</b>	Plan name	GREEN HORIZON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREEN HORIZON, INC.	<b>c</b> EIN-PN 20-4013433-001
<b>a</b>	Plan name	INCIDENTCLEAR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INCIDENTCLEAR LLC	<b>c</b> EIN-PN 46-5536890-001
<b>a</b>	Plan name	JORGE A. ENRIQUEZ, M.D., FACS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JORGE A. ENRIQUEZ, M.D., INC.	<b>c</b> EIN-PN 75-3097644-002
<b>a</b>	Plan name	LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC.	<b>c</b> EIN-PN 23-7010825-001
<b>a</b>	Plan name	LOS ANGELES POLICE RELIEF ASSOCIATION, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LOS ANGELES POLICE RELIEF ASSOCIATION, INC.	<b>c</b> EIN-PN 95-1660854-002
<b>a</b>	Plan name	MICHIGAN EXTRUDED ALUMINUM UNION ONLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICHIGAN EXTRUDED ALUMINUM	<b>c</b> EIN-PN 38-2696585-001
<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>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	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	OCINET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCINET, INC. DBA ARIRANG FOODS	<b>c</b> EIN-PN 95-4876037-001
<b>a</b>	Plan name	OGGI PROFESSIONAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OGGI PROFESSIONAL SERVICES, LLC	<b>c</b> EIN-PN 27-1465773-001
<b>a</b>	Plan name	OHIO READY MIX, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OHIO READY MIX, INC.	<b>c</b> EIN-PN 34-1086697-001
<b>a</b>	Plan name	PHARMACEUTICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 72-1017076-001
<b>a</b>	Plan name	RAZI LAW GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RAZI LAW GROUP	<b>c</b> EIN-PN 46-4549358-001
<b>a</b>	Plan name	RBZ VINEYARDS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RBZ VINEYARDS, LLC	<b>c</b> EIN-PN 20-2912680-001
<b>a</b>	Plan name	RCC PRODUCTS, INC. DBA POLAR PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RCC PRODUCTS, INC. DBA POLAR PRODUCTS	<b>c</b> EIN-PN 46-2356039-001
<b>a</b>	Plan name	RCI ENGINEERING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RCI ENGINEERING, LLC	<b>c</b> EIN-PN 20-0787992-001
<b>a</b>	Plan name	SAFESOURCE DIRECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAFESOURCE DIRECT, LLC	<b>c</b> EIN-PN 86-1303090-001
<b>a</b>	Plan name	SAFFIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAFFIRE, LLC	<b>c</b> EIN-PN 47-4041091-001
<b>a</b>	Plan name	SOUTHERN ICE DISTRIBUTORS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN ICE EQUIPMENT DISTRIBUTORS, INC.	<b>c</b> EIN-PN 72-0997710-001

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="#">TEN X TEN LLC RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEN X TEN LLC</a>	<b>c</b> EIN-PN <a href="#">47-3522886-001</a>
<b>a</b>	Plan name <a href="#">TENNESSEE REPRODUCTIVE MEDICINE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TENNESSEE REPRODUCTIVE MEDICINE, PLLC</a>	<b>c</b> EIN-PN <a href="#">26-2004059-001</a>
<b>a</b>	Plan name <a href="#">TENNESSEE VALLEY MEDICAL SOLUTIONS, LLC 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">TENNESSEE VALLEY MEDICAL SOLUTIONS, LLC</a>	<b>c</b> EIN-PN <a href="#">83-3295489-001</a>
<b>a</b>	Plan name <a href="#">TENX ADVENTURES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TENX ADVENTURES, LLC</a>	<b>c</b> EIN-PN <a href="#">47-3146735-001</a>
<b>a</b>	Plan name <a href="#">TRIPLE CROWN PRODUCTS 401(K) EMPLOYEE SAVINGS AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRIPLE CROWN PRODUCTS</a>	<b>c</b> EIN-PN <a href="#">39-1785048-001</a>
<b>a</b>	Plan name <a href="#">BABCOCK CONSULTING GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BABCOCK CONSULTING GROUP</a>	<b>c</b> EIN-PN <a href="#">72-1385871-001</a>
<b>a</b>	Plan name <a href="#">BABCOCK NEIGHBORHOOD SCHOOL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BABCOCK NEIGHBORHOOD SCHOOL, INC.</a>	<b>c</b> EIN-PN <a href="#">37-1842600-001</a>
<b>a</b>	Plan name <a href="#">BUDGET DRY WATERPROOFING INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUDGET DRY WATERPROOFING, INC.</a>	<b>c</b> EIN-PN <a href="#">20-8805605-001</a>
<b>a</b>	Plan name <a href="#">BUILD-TEK, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUILD-TEK, INC.</a>	<b>c</b> EIN-PN <a href="#">94-2464329-003</a>
<b>a</b>	Plan name <a href="#">BUILDING BLOCK INTERIORS 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUILDING BLOCK INTERIORS, INC.</a>	<b>c</b> EIN-PN <a href="#">46-1571465-001</a>
<b>a</b>	Plan name <a href="#">BUILDING BRIDGES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUILDING BRIDGES, LLC</a>	<b>c</b> EIN-PN <a href="#">20-5458633-001</a>
<b>a</b>	Plan name <a href="#">BULLINGTON ASSOCIATES INC 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BULLINGTON ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">62-0880010-001</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	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	CJ PHYSICAL THERAPY AND WELLNESS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CJ PHYSICAL THERAPY AND WELLNESS, LLC	<b>c</b> EIN-PN 47-1686527-001
<b>a</b>	Plan name	CKS MASONRY & CONCRETE, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CKS MASONRY & CONCRETE, INC	<b>c</b> EIN-PN 59-3368456-002
<b>a</b>	Plan name	DASHER LAWLESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DASHER LAWLESS, INC.	<b>c</b> EIN-PN 30-0264376-001
<b>a</b>	Plan name	DAVID CONNER AND ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAVID CONNER AND ASSOCIATES, INC.	<b>c</b> EIN-PN 59-3421586-001
<b>a</b>	Plan name	EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	EASLEY HEAD & NECK SURGERY, P.A.	<b>c</b> EIN-PN 57-0752346-002
<b>a</b>	Plan name	EAST TEXAS SEALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAST TEXAS SEALS LLC	<b>c</b> EIN-PN 45-4391881-001
<b>a</b>	Plan name	EAST WEST MARTIAL ARTS LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EAST WEST MARTIAL ARTS	<b>c</b> EIN-PN 91-2063355-001
<b>a</b>	Plan name	EASTERN IOWA GEOTHERMAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTERN IOWA GEOTHERMAL, INC.	<b>c</b> EIN-PN 27-0735919-001
<b>a</b>	Plan name	EASTON ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTON ENTERPRISES, INC.	<b>c</b> EIN-PN 38-3653577-001
<b>a</b>	Plan name	FOUNDATION SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOUNDATION SERVICES OF CENTRAL FL, INC.	<b>c</b> EIN-PN 59-3069253-001

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>FOUR FEATHERS COUNSELING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FOUR FEATHERS COUNSELING, INC.</b>	<b>c</b> EIN-PN <b>20-8667755-001</b>
<b>a</b>	Plan name <b>GROVELAND DENTAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GROVELAND DENTAL</b>	<b>c</b> EIN-PN <b>20-2903765-001</b>
<b>a</b>	Plan name <b>GROW THROUGH LIFE COUNSELING INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GROW THROUGH LIFE COUNSELING INC.</b>	<b>c</b> EIN-PN <b>47-3457354-001</b>
<b>a</b>	Plan name <b>GUDEMAN &amp; ASSOCIATES, PC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GUDEMAN &amp; ASSOCIATES, PC</b>	<b>c</b> EIN-PN <b>26-4205131-001</b>
<b>a</b>	Plan name <b>GULATI &amp; ASSOCIATES, INC. PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GULATI &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>03-0447697-001</b>
<b>a</b>	Plan name <b>INDEPENDENT HANDS GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INDEPENDENT HANDS GROUP, INC.</b>	<b>c</b> EIN-PN <b>26-2782523-001</b>
<b>a</b>	Plan name <b>INDUSTRIAL RELIABILITY &amp; ALIGNMENT, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INDUSTRIAL RELIABILITY &amp; ALIGNMENT, LLC</b>	<b>c</b> EIN-PN <b>71-0990793-001</b>
<b>a</b>	Plan name <b>JRP CHILDREN'S SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JRP CHILDRENS SERVICES, INC.</b>	<b>c</b> EIN-PN <b>20-5138005-001</b>
<b>a</b>	Plan name <b>JUDY T. OKIMURA, M.D., LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JUDY T. OKIMURA, M.D., LLC</b>	<b>c</b> EIN-PN <b>47-4761943-001</b>
<b>a</b>	Plan name <b>JULIE A. GUM, DMD P.C. 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JULIE A. GUM, DMD P.C.</b>	<b>c</b> EIN-PN <b>81-4299360-001</b>
<b>a</b>	Plan name <b>JVA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JVA 401(K) PLAN</b>	<b>c</b> EIN-PN <b>27-2628827-001</b>
<b>a</b>	Plan name <b>MIDWEST WELL &amp; PUMP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDWEST WELL &amp; PUMP, INC.</b>	<b>c</b> EIN-PN <b>74-2819991-001</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>MIDWESTERN BAG &amp; SUPPLY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDWESTERN BAG &amp; SUPPLY</b>	<b>c</b> EIN-PN <b>27-0748657-001</b>
<b>a</b>	Plan name <b>MILESTONE CONSTRUCTION SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MILESTONE CONSTRUCTION SERVICES, LLC</b>	<b>c</b> EIN-PN <b>27-2798822-001</b>
<b>a</b>	Plan name <b>OKAMURA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OKAMURA CORPORATION</b>	<b>c</b> EIN-PN <b>52-2068035-001</b>
<b>a</b>	Plan name <b>OLD MISSION ASSOCIATES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OLD MISSION ASSOCIATES, LLC</b>	<b>c</b> EIN-PN <b>52-2444216-001</b>
<b>a</b>	Plan name <b>PIGCO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PIGCO PRECISION MAINTENANCE LLC DBA INTEGRITY SITE MAINTENANCE LLC</b>	<b>c</b> EIN-PN <b>47-1271141-001</b>
<b>a</b>	Plan name <b>PINERO PREVENTIVE MEDICAL CARE 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PINERO PREVENTIVE MEDICAL CARE</b>	<b>c</b> EIN-PN <b>20-4098320-001</b>
<b>a</b>	Plan name <b>RECLAIM 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RECLAIM</b>	<b>c</b> EIN-PN <b>80-0829665-001</b>
<b>a</b>	Plan name <b>RECOVERY SERVICES OF DEKALB COUNTY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RECOVERY SERVICES OF DEKALB COUNTY, INC.</b>	<b>c</b> EIN-PN <b>72-1381825-001</b>
<b>a</b>	Plan name <b>RECYCLING 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>ISLAND RECYCLING, INC.</b>	<b>c</b> EIN-PN <b>99-0229666-001</b>
<b>a</b>	Plan name <b>SAGINAW PSYCHOLOGICAL SERVICES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SAGINAW PSYCHOLOGICAL SERVICES</b>	<b>c</b> EIN-PN <b>38-2143740-001</b>
<b>a</b>	Plan name <b>SAINSTORE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SAINSTORE, INC.</b>	<b>c</b> EIN-PN <b>27-2707458-001</b>
<b>a</b>	Plan name <b>SALYERS CONCRETE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SALYERS CONCRETE, LLC</b>	<b>c</b> EIN-PN <b>86-2552282-001</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	SPECIALTY EYE CARE & BRAND SURGERY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECIALTY EYE CARE MEDICAL CENTER INC.	<b>c</b> EIN-PN 95-4788639-002
<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	TFC CONCRETE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TFC CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2997350-001
<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	THE AEROLITE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROLITE EXTRUSION COMPANY	<b>c</b> EIN-PN 82-3731073-001
<b>a</b>	Plan name	TRUE NORTH SOLUTIONS LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUE NORTH SOLUTIONS LP	<b>c</b> EIN-PN 82-1097325-001
<b>a</b>	Plan name	TRUE STONE COFFEE ROASTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUE STONE COFFEE ROASTERS	<b>c</b> EIN-PN 11-3684648-001
<b>a</b>	Plan name	WELLS PROPANE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WELLS PROPANE, INC.	<b>c</b> EIN-PN 47-1500348-001
<b>a</b>	Plan name	WENDELLA SIGHTSEEING COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WENDELLA SIGHTSEEING CO., INC.	<b>c</b> EIN-PN 36-2206096-002
<b>a</b>	Plan name	WEST END HARDWARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WEST END HARDWARE, LLC	<b>c</b> EIN-PN 25-1735136-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<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>PIONEER SELECT MID CAP GROWTH RET OPT</b>	<b>B</b> Three-digit plan number (PN) <b>741</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>	26388789
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	17602684
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</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>	26388789	17602684
<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>	5	5
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	5	5
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	26388784	17602679

**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>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends: (A) Preferred stock.....</b>	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3) Rents.....</b>	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....</b>	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....</b>	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	3327191	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		3327191

		(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>		1855098
<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>		5182289

**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>	144303	
(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>		144303
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		144303

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5037986
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		2576389
(2) From this plan .....	<b>2l(2)</b>		16400480

**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 \_\_\_\_\_.