

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA LARGE CAP VALUE RET OPT; 1b Three-digit plan number (PN): 792; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>TRANSAMERICA LARGE CAP VALUE RET OPT</u>	B Three-digit plan number (PN) ▶	<u>792</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

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d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PROHEALTH GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor PROHEALTH GROUP, INC.	c EIN-PN 47-5658024-002
a	Plan name LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN	
b	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	c EIN-PN 26-1603445-002
a	Plan name LAVIN NATIONAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAVIN NATIONAL, LLC	c EIN-PN 72-1482691-001
a	Plan name RGS & G 401(K) PLAN	
b	Name of plan sponsor RUBIN, GLICKMAN, STEINBERG AND GIFFORD	c EIN-PN 23-2125472-002
a	Plan name MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARPLES GEARS, INC.	c EIN-PN 95-4226164-001
a	Plan name CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name MILLER ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLER ENVIRONMENTAL, INC.	c EIN-PN 33-0878786-002
a	Plan name WEST WIND DENTAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WEST WIND DENTAL	c EIN-PN 81-4317214-001
a	Plan name WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name WESTON PROPERTIES 401K	
b	Name of plan sponsor WESTON PROPERTIES, LC	c EIN-PN 74-2722024-112
a	Plan name SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001
a	Plan name SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
b	Name of plan sponsor SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	c EIN-PN 20-0048495-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED NETWORK PRODUCTS, INC.	c EIN-PN 23-2316443-001
a	Plan name DAVID HUVAL'S TRUCKING CO. 401(K) PLAN	
b	Name of plan sponsor DAVID HUVAL'S TRUCKING CO., INC.	c EIN-PN 72-1470730-001
a	Plan name SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAMCO PROPERTIES, INC.	c EIN-PN 59-2396906-001
a	Plan name U.S. COMMUNICATION 401 (K) PLAN	
b	Name of plan sponsor U.S. COMMUNICATION INDUSTRIES, INC.	c EIN-PN 36-3138121-001
a	Plan name RYAN & RYAN CONSTRUCTION, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor RYAN & RYAN CONSTRUCTION, INC.	c EIN-PN 20-2312773-001
a	Plan name CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHILDREN'S RECEIVING HOME OF SACRAMENTO	c EIN-PN 94-1322166-001
a	Plan name NLA 401(K) PLAN	
b	Name of plan sponsor NANCY LEDBETTER & ASSOCIATES, INC.	c EIN-PN 75-3059985-001
a	Plan name APARTMENT HOUSE BUILDERS, INC. 401K PLAN	
b	Name of plan sponsor APARTMENT HOUSE BUILDERS, INC.	c EIN-PN 71-0649991-001
a	Plan name FEDERAL DEFENDERS OF MONTANA, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor FEDERAL DEFENDERS OF MONTANA, INC.	c EIN-PN 81-0479512-001
a	Plan name RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIZZETTA & COMPANY, INC.	c EIN-PN 59-3075187-001
a	Plan name STEELTECH BUILDING PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STEELTECH BUILDING PRODUCTS, INC.	c EIN-PN 06-0805933-001
a	Plan name SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
b	Name of plan sponsor MY WAY HOLDINGS, LLC	c EIN-PN 88-0475995-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TECHNOLOGY INSTALL PARTNERS 401(K) PLAN	
b	Name of plan sponsor	TECHNOLOGY INSTALL PARTNERS, LLC	c EIN-PN 46-4786835-001
a	Plan name	TIBRIO LLC 401(K) PLAN	
b	Name of plan sponsor	TIBRIO LLC	c EIN-PN 81-0719473-001
a	Plan name	BLAGER CONCRETE COMPANY 401(K) PLAN	
b	Name of plan sponsor	BLAGER CONCRETE COMPANY	c EIN-PN 20-0634151-001
a	Plan name	HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor	WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-222
a	Plan name	BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAZORIA TELEPHONE COMPANY, INC.	c EIN-PN 74-1179149-002
a	Plan name	COMMUNITIES IN SCHOOLS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	COMMUNITIES IN SCHOOLS OF EL PASO, INC.	c EIN-PN 74-2024715-001
a	Plan name	COMMUNITY MATTERS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY MATTERS, INC.	c EIN-PN 35-2237343-001
a	Plan name	CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	CROSSING BORDERS LANGUAGE CENTER, LLC.	c EIN-PN 45-5111582-001
a	Plan name	CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CROWN SEARCH SERVICES	c EIN-PN 31-1724430-001
a	Plan name	NORTHERN NJ CHAPTER, INC. NECA SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	NORTHERN NJ CHAPTER, INC. NECA	c EIN-PN 22-1455827-002
a	Plan name	SMEED COMMUNICATION SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMEED SOUND SERVICE, INC. DBA SMEED COMMUNICATION SERVICES	c EIN-PN 93-0776324-001
a	Plan name	THE MCHATTIE LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE MCHATTIE LAW FIRM, LLC	c EIN-PN 46-1697425-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name LIFESPAN FINANCIAL STRATEGIES, INC. 401(K) PS PLAN	
b	Name of plan sponsor LIFESPAN FINANCIAL STRATEGIES, INC.	c EIN-PN 65-0741655-001
a	Plan name LINCOLN PARK SCHOOLS 401(K) PLAN	
b	Name of plan sponsor LINCOLN PARK NURSERY SCHOOL, INC.	c EIN-PN 36-3940940-001
a	Plan name TRANSYSTEMS RETIREMENT PLAN	
b	Name of plan sponsor TRANSPORT LEASING COMPANY, LLP DBA TRANSYSTEMS SERVICES	c EIN-PN 81-0359563-001
a	Plan name ALBERTY GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALBERTY GROUP, LLC	c EIN-PN 83-4525061-001
a	Plan name DORIGNAC'S FOOD CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DORIGNAC'S FOOD CENTER, LLC	c EIN-PN 72-0575457-001
a	Plan name GLOBAL WIDGET, LLC 401(K) PLAN	
b	Name of plan sponsor GLOBAL WIDGET, LLC	c EIN-PN 81-2430361-001
a	Plan name THE REALTIME GROUP 401(K) PLAN	
b	Name of plan sponsor RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC	c EIN-PN 46-0876004-001
a	Plan name WORKFORCE SOLUTIONS BORDERPLEX 401(K) PLAN	
b	Name of plan sponsor WORKFORCE SOLUTIONS BORDERPLEX, INC.	c EIN-PN 74-2911834-001
a	Plan name JASPER CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor JASPER CONSTRUCTION SERVICES, INC.	c EIN-PN 39-1870523-001
a	Plan name MEASUREMENT LIMITED, INC. 401(K) PLAN	
b	Name of plan sponsor MEASUREMENT LIMITED, INC.	c EIN-PN 20-4119092-001
a	Plan name BRUNNER FUNERAL HOME 401(K) PLAN	
b	Name of plan sponsor BRUNNER FUNERAL HOME, INC.	c EIN-PN 34-1239396-001
a	Plan name JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LUHRSEN GOLDBERG, LLC 401(K) PLAN	
b	Name of plan sponsor	LUHRSEN GOLDBERG, LLC	c EIN-PN 81-2579736-001
a	Plan name	SALTER HEALY, LLC 401(K) PLAN	
b	Name of plan sponsor	SALTER HEALY, LLC	c EIN-PN 26-1337937-001
a	Plan name	WEST COAST FIRESTOPPING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST COAST FIRESTOPPING, INC.	c EIN-PN 20-8550680-001
a	Plan name	BAKERSFIELD COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	BAKERSFIELD COUNTRY CLUB	c EIN-PN 95-1615940-001
a	Plan name	K & G PETROLEUM, LLC 401(K) PLAN	
b	Name of plan sponsor	K & G PETROLEUM, LLC	c EIN-PN 36-4513700-002
a	Plan name	K KOMFORT INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	K KOMFORT INC.	c EIN-PN 26-0821489-001
a	Plan name	KATHERINE A. HART WESTPHAL, PLLC 401(K) PLAN	
b	Name of plan sponsor	KATHERINE A. HART WESTPHAL, PLLC	c EIN-PN 47-5581728-001
a	Plan name	KAUAI NURSERY & LANDSCAPING, INC. 401(K) PLAN	
b	Name of plan sponsor	KAUAI NURSERY & LANDSCAPING, INC.	c EIN-PN 99-0183986-001
a	Plan name	KAYE SURETY 401(K) PLAN	
b	Name of plan sponsor	KAYE ASSOCIATES LLC DBA KAYE SURETY	c EIN-PN 82-5453294-001
a	Plan name	POLLEY INC. 401(K) PLAN	
b	Name of plan sponsor	POLLEY INC.	c EIN-PN 46-3722656-001
a	Plan name	THE BRUCE LAW FIRM 401(K) PLAN	
b	Name of plan sponsor	STEPHEN L. BRUCE, PC DBA STEPHEN BRUCE & ASSOCIATES	c EIN-PN 73-1354482-001
a	Plan name	EPCM-RMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	EPCM-RMS, INC.	c 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.)		
a	Plan name BETHEL COMMUNITY PET HOSPITAL 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BETHEL COMMUNITY PET HOSPITAL	c EIN-PN 26-3126168-001
a	Plan name BETTER BUSINESS BUREAU SERVING CENTRAL INDIANA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BETTER BUSINESS BUREAU SERVING CENTRAL INDIANA	c EIN-PN 35-0177190-001
a	Plan name BIG JOHN'S MARKET 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRY CREEK VENTURES DBA BIG JOHN'S MARKET	c EIN-PN 91-1790321-002
a	Plan name KRETETEK INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor KRETETEK INDUSTRIES, INC.	c EIN-PN 47-5454964-001
a	Plan name THE TREATMENT SKIN BOUTIQUE INC 401(K) PLAN	
b	Name of plan sponsor THE TREATMENT SKIN BOUTIQUE, INC	c EIN-PN 82-2277610-001
a	Plan name THERMAL SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor THERMAL SOLUTIONS, LLC	c EIN-PN 14-1922983-001
a	Plan name PT-RN CARE INC. 401K PLAN	
b	Name of plan sponsor PT-RN CARE, INC.	c EIN-PN 56-2523027-001
a	Plan name PURA VIDA 401(K) PLAN & TRUST	
b	Name of plan sponsor PURA VIDA RECOVERY SERVICES	c EIN-PN 81-4823363-001
a	Plan name BLUE RIDGE SPIRITS 401(K) PLAN	
b	Name of plan sponsor BLUE RIDGE SPIRITS	c EIN-PN 47-4029264-001
a	Plan name BLUEGRASS COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor BLUEGRASS PRIMARY HEALTH CARE CENTER, INC. DBA BLUEGRASS COMMUNITY H	c EIN-PN 06-1798832-001
a	Plan name LAVLE RETIREMENT PLAN	
b	Name of plan sponsor LAVLE USA, INC.	c EIN-PN 82-5092203-001
a	Plan name TKOR 401(K) PLAN	
b	Name of plan sponsor RESTON CONSTRUCTION, LLC	c EIN-PN 85-3812403-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name RED ROCKS COUNTRY CLUB 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor RED ROCKS COUNTRY CLUB	c EIN-PN 84-1224150-001
a	Plan name REDHAWK COILED TUBING, LLC 401(K) PLAN	
b	Name of plan sponsor REDHAWK COILED TUBING, LLC	c EIN-PN 87-2997823-001
a	Plan name REGINA INTER-PARISH CATHOLIC EDUCATION CENTER 401(K) PLAN	
b	Name of plan sponsor REGINA INTER-PARISH CATHOLIC EDUCATION CENTER	c EIN-PN 42-0957166-001
a	Plan name TURING SCHOOL OF SOFTWARE & DESIGN 401(K) PLAN	
b	Name of plan sponsor TURING SCHOOL OF SOFTWARE & DESIGN	c EIN-PN 46-3635658-001
a	Plan name TWS FACILITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor TWS FACILITY SERVICES, INC.	c EIN-PN 27-5283771-001
a	Plan name M & J PROSPECT ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor M & J PROSPECT ENTERPRISES, LLC	c EIN-PN 81-0703560-002
a	Plan name RETIREMENT READINESS PLAN FOR EMPLOYEES OF ALVORD-POLK, INC.	
b	Name of plan sponsor ALVORD-POLK, INC.	c EIN-PN 23-2046694-001
a	Plan name RICHARD ADAMS ENGINEERING 401(K) PLAN	
b	Name of plan sponsor RICHARD ADAMS ENGINEERS & CONSULTANTS, P.A.	c EIN-PN 59-3182711-001
a	Plan name UNIVERSAL CUTTING, INC. 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL CUTTING, INC.	c EIN-PN 68-0582383-001
a	Plan name UNIVERSAL NORTH INC. - SH 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL NORTH INC.	c EIN-PN 34-1666673-001
a	Plan name UPTOWN DENTAL 401(K) PLAN	
b	Name of plan sponsor RHONDA R. SAVAGE DDS P.L.L.C. DBA UPTOWN DENTAL	c EIN-PN 46-4323416-001
a	Plan name UPTOWN MORTGAGE, LLC 401(K) PLAN	
b	Name of plan sponsor UPTOWN MORTGAGE, LLC	c EIN-PN 84-1526896-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CAPSTAN SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor CAPSTAN SOLUTIONS, LLC	c EIN-PN 83-3151416-001
a	Plan name CAPTURA GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPTURA GROUP, INC.	c EIN-PN 20-2083614-001
a	Plan name GEAR MASTER, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor GEAR MASTER, INC.	c EIN-PN 38-3356549-001
a	Plan name GEIGER LOGGING 401(K) PLAN	
b	Name of plan sponsor GEIGER LOGGING INC.DBA GEIGER LOGGING	c EIN-PN 59-3436318-001
a	Plan name GEN III WOODWORKS 401(K) PLAN	
b	Name of plan sponsor GEN III WOODWORKS, LLC	c EIN-PN 20-1602635-001
a	Plan name GENESIS MANUFACTURING, LLC 401(K) PLAN	
b	Name of plan sponsor GENESIS MANUFACTURING, LLC	c EIN-PN 46-1157839-001
a	Plan name MARIETTA AUTO SALES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MARIETTA AUTO SALES LLC	c EIN-PN 45-3981149-001
a	Plan name MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP. 401(K) PLAN	
b	Name of plan sponsor MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP.	c EIN-PN 75-2621353-001
a	Plan name MED-CORP MANAGEMENT, L.L.C. 401(K) PLAN	
b	Name of plan sponsor MED-CORP MANAGEMENT, L.L.C.	c EIN-PN 26-0516045-001
a	Plan name MEHAR ACCOUNTING SERVICES, PLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor MEHAR ACCOUNTING SERVICES, PLC	c EIN-PN 20-2723557-001
a	Plan name GOTRUSTID INC 401(K) PLAN	
b	Name of plan sponsor GOTRUSTID INC	c EIN-PN 82-5028083-001
a	Plan name GQ UNLIMITED 401(K) PLAN	
b	Name of plan sponsor GREAT QUALITY UNLIMITED, LLC DBA GQ UNLIMITED, LLC	c EIN-PN 46-1573768-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name GRACE CENTERS OF HOPE 401(K) PLAN	
b	Name of plan sponsor GRACE CENTERS OF HOPE	c EIN-PN 38-6094602-001
a	Plan name GRAND ARMORY BREWING COMPANY RETIREMENT PLAN	
b	Name of plan sponsor GRAND ARMORY BREWING COMPANY	c EIN-PN 47-2371343-001
a	Plan name ROTH & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ROTH & ASSOCIATES, INC.	c EIN-PN 38-3473903-001
a	Plan name ROWC ENERGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ROWC ENERGY SERVICES, LLC	c EIN-PN 81-2841779-001
a	Plan name RPM EXPEDITE INC 401(K) PLAN	
b	Name of plan sponsor RPM EXPEDITE USA, LLC	c EIN-PN 81-2565532-001
a	Plan name VSS 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor VETERINARY SYSTEM SERVICES, INC.	c EIN-PN 46-5078609-001
a	Plan name CKS WHOLESALE DISTRIBUTORS INC. 401(K) PLAN	
b	Name of plan sponsor CKS WHOLESALE DISTRIBUTORS, INC.	c EIN-PN 20-2340261-001
a	Plan name 1 SOURCE SOLAR, LLC 401(K) PLAN	
b	Name of plan sponsor 1 SOURCE SOLAR, LLC	c EIN-PN 47-3526994-001
a	Plan name SALYERS CONCRETE 401(K) PLAN	
b	Name of plan sponsor SALYERS CONCRETE, LLC	c EIN-PN 86-2552282-001
a	Plan name SAPHRAN INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAPHRAN, INC.	c EIN-PN 20-1443106-001
a	Plan name SHARPE CONTRACTORS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SHARPE CONTRACTORS	c EIN-PN 35-2408310-001
a	Plan name ACCESS HEALTH 401(K) PLAN	
b	Name of plan sponsor ACCESS HEALTH, INC.	c EIN-PN 38-3481152-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACCURATE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	ACCURATE CONSTRUCTION	c EIN-PN 01-0556643-001
a	Plan name	ACE FENCE 401(K) PLAN	
b	Name of plan sponsor	LITTLE JOHNSON INC. DBA ACE FENCE CO.	c EIN-PN 76-0086341-001
a	Plan name	YFC-BL RETIREMENT PLAN	
b	Name of plan sponsor	BESTLINK NETWARE INC.	c EIN-PN 20-1050655-001
a	Plan name	SIMPLY TAXES CPA, PLLC 401(K) PLAN	
b	Name of plan sponsor	SIMPLY TAXES CPA, PLLC	c EIN-PN 52-7759464-001
a	Plan name	ADVANCED FORMLINERS, INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCED FORMLINERS, INC.	c EIN-PN 20-4502606-001
a	Plan name	ADVANCED GERIATRICS & PRIMARY CARE, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	ADVANCED GERIATRICS & PRIMARY CARE, L.L.C.	c EIN-PN 46-5767738-001
a	Plan name	ADVANCED HYDROVAC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED HYDROVAC, INC.	c EIN-PN 20-5030859-001
a	Plan name	ADVANCED RESTORATION 401(K) PLAN	
b	Name of plan sponsor	ADVANCED RESTORATION INC.	c EIN-PN 39-1656165-001
a	Plan name	NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEXT DAY DELIVERY SERVICE, INC.	c EIN-PN 81-2485203-001
a	Plan name	NFI ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	NFI ENTERPRISES, LLC	c EIN-PN 27-2601480-001
a	Plan name	ALTON BAY DENTAL, PLLC 401(K) PLAN	
b	Name of plan sponsor	ALTON BAY DENTAL, PLLC	c EIN-PN 84-3908898-001
a	Plan name	DAVID J. RUDOLPH DDS INC.	
b	Name of plan sponsor	DAVID J. RUDOLPH DDS INC.	c EIN-PN 20-4738777-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DAVIES COMMERCIAL MASONRY INC. PROFIT SHARING PLAN	
b	Name of plan sponsor DAVIES COMMERCIAL MASONRY, INC.	c EIN-PN 20-2177259-001
a	Plan name OMNIENGINE 401(K) PLAN	
b	Name of plan sponsor OMNIENGINE, LLC	c EIN-PN 61-1896301-001
a	Plan name ON DISPLAY 401(K) PLAN	
b	Name of plan sponsor ON DISPLAY LTD	c EIN-PN 31-1480546-002
a	Plan name SPIKES AUTO CARE AND REPAIR INC. 401(K) PLAN	
b	Name of plan sponsor SPIKES AUTO CARE AND REPAIR, INC.	c EIN-PN 52-2188778-001
a	Plan name AMPARO MEDICAL TECHNOLOGIES INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AMPARO MEDICAL TECHNOLOGIES INC.	c EIN-PN 90-0330098-001
a	Plan name ANDERSON AUTO SERVICE 401(K)PLAN	
b	Name of plan sponsor ANDERSON AUTO SERVICE	c EIN-PN 33-1130970-001
a	Plan name ANDERSON PIPING COMPANY 401(K) PLAN	
b	Name of plan sponsor ANDERSON PIPING COMPANY, INC.	c EIN-PN 62-1199871-001
a	Plan name DEPENDABLE TUBE BENDING 401(K) PLAN	
b	Name of plan sponsor DEPENDABLE TUBE BENDING	c EIN-PN 20-4351581-001
a	Plan name DESIGNHAUS, LLC 401(K) PLAN	
b	Name of plan sponsor DESIGNHAUS, LLC	c EIN-PN 83-1336031-001
a	Plan name INTOUCH COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor INTOUCH COMMUNICATION, INC.	c EIN-PN 38-3428536-001
a	Plan name INVISION, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INVISION, LLC	c EIN-PN 20-8565615-001
a	Plan name IOWA PUMP WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor IOWA PUMP WORKS, INC.	c EIN-PN 27-4537008-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	IOWA WALLS CONCRETE CONSTRUCTION INC. 401(K) PLAN	
b	Name of plan sponsor	IOWA WALLS CONCRETE CONSTRUCTION INC.	c EIN-PN 42-1418150-777
a	Plan name	IPG AUTOMOTIVE USA, INC. 401(K) PLAN	
b	Name of plan sponsor	IPG AUTOMOTIVE USA, INC.	c EIN-PN 36-4813731-001
a	Plan name	PCSI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRADEEP CONSULTING SERVICES, INC.	c EIN-PN 45-0988756-001
a	Plan name	ASK RESOURCE CENTER 401(K) PLAN	
b	Name of plan sponsor	ASK RESOURCE CENTER	c EIN-PN 42-1489784-001
a	Plan name	DR. MICHAEL J. HARMON DDS 401(K) PLAN	
b	Name of plan sponsor	DR. MICHAEL J. HARMON, DDS, LLC	c EIN-PN 45-2509910-001
a	Plan name	DR. PHARM USA INC. 401(K) PLAN	
b	Name of plan sponsor	DR. PHARM USA, INC.	c EIN-PN 82-4124670-001
a	Plan name	DR. ROBERT H. SMITH, DMD, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. ROBERT H. SMITH, DMD, PLLC	c EIN-PN 48-5532369-001
a	Plan name	DRAFT RETIREMENT PLAN	
b	Name of plan sponsor	JAO PRODUCTIONS, LLC	c EIN-PN 26-1392631-001
a	Plan name	JEREH 401(K) PLAN	
b	Name of plan sponsor	AMERICAN JEREH INTERNATIONAL CORPORATION	c EIN-PN 26-1780611-001
a	Plan name	TALMAN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor	TALMAN CONSULTANTS, LLC	c EIN-PN 81-2709261-001
a	Plan name	TARGET ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TARGET ENTERPRISES, INC.	c EIN-PN 06-1158272-001
a	Plan name	TATE INSURANCE GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	TATE INSURANCE GROUP, INC.	c EIN-PN 45-5467885-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	REHFELD, HERNANDEZ, AND ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	REHFELD, HERNANDEZ, & ASSOCIATES, INC. DBA VISITING ANGELS OF GLEND	c EIN-PN 75-2973602-001
a	Plan name	RENEWABLE LUBRICANTS, INC. 401(K) PLAN	
b	Name of plan sponsor	RENEWABLE LUBRICANTS, INC.	c EIN-PN 34-1749334-001
a	Plan name	FX 401(K) PLAN	
b	Name of plan sponsor	ARCTIC FX GRAPHICS	c EIN-PN 35-2264890-001
a	Plan name	G&R FABRICATION, LLC 401(K) PLAN	
b	Name of plan sponsor	G&R FABRICATION, LLC	c EIN-PN 27-2404814-001
a	Plan name	GAGHAN MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	GAGHAN MECHANICAL, INC.	c EIN-PN 54-1789937-001
a	Plan name	RICHMAN BUSINESS MANAGEMENT RETIREMENT PLAN	
b	Name of plan sponsor	RICHMAN BUSINESS MANAGEMENT, LLC	c EIN-PN 22-3437186-001
a	Plan name	GEORGIA'S RESTAURANT 401(K) PLAN	
b	Name of plan sponsor	GEORGE & GRETCHEN, INC. DBA GEORGIA'S RESTAURANT	c EIN-PN 46-3194222-011
a	Plan name	GERKEN RENT-ALL 401(K) PLAN	
b	Name of plan sponsor	GERKEN RENT-ALL, INC.	c EIN-PN 75-3082715-001
a	Plan name	CAR CRAFT, INC. 401(K) PLAN	
b	Name of plan sponsor	CAR CRAFT, INC.	c EIN-PN 72-0651590-001
a	Plan name	MARY KELLY GREEN MD PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MARY KELLY GREEN MD PLLC	c EIN-PN 45-3454581-001
a	Plan name	V3GATE LLC 401(K) PLAN	
b	Name of plan sponsor	V3GATE LLC	c EIN-PN 26-1601904-001
a	Plan name	RRR ELECTRIC, INC 401(K) PLAN	
b	Name of plan sponsor	RRR ELECTRIC, INCORPORATED	c EIN-PN 38-2953386-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	CHICK-FIL-A HARVARD PARK 401(K) PLAN	
b Name of plan sponsor	GDDIII LLC	c EIN-PN 47-1853008-001
a Plan name	CHILD CARE MARKETING SOLUTIONS RETIREMENT PLAN	
b Name of plan sponsor	DAY CARE SYSTEMS, LLC	c EIN-PN 26-0492834-001
a Plan name	CHINATOWN PHARMACY 401(K) PLAN	
b Name of plan sponsor	CHINATOWN PHARMACY	c EIN-PN 47-5552705-001
a Plan name	GRANDVILLE DENTAL HEALTH CENTER P.C. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	GRANDVILLE DENTAL HEALTH CENTER P.C.	c EIN-PN 38-2373825-001
a Plan name	GRASS MONKEY PEST CONTROL LLC 401(K) PLAN	
b Name of plan sponsor	GRASS MONKEY PEST CONTROL LLC	c EIN-PN 46-4375103-001
a Plan name	MERIDIAN REALTY GROUP, LLC 401(K) PLAN	
b Name of plan sponsor	MERIDIAN REALTY GROUP, LLC	c EIN-PN 26-4724387-001
a Plan name	MERRITT, WEBB, WILSON, & CARUSO, PLLC 401(K) PLAN	
b Name of plan sponsor	MERRITT, WEBB, WILSON, & CARUSO, PLLC	c EIN-PN 56-2264802-001
a Plan name	SAPPHIRE COMPANIES, 401K PLAN	
b Name of plan sponsor	SAPPHIRE COMPANIES LLC	c EIN-PN 84-1934348-001
a Plan name	SCE 401(K) PLAN	
b Name of plan sponsor	SNOHOMISH COUNTY EXCAVATING, INC.	c EIN-PN 91-1248332-002
a Plan name	WHITFIELD OIL CO., INC.401(K) PLAN	
b Name of plan sponsor	WHITFIELD OIL CO., INC.	c EIN-PN 58-1275819-002
a Plan name	WIDLAK AND PETRICHES, P.C. 401(K) PLAN	
b Name of plan sponsor	WIDLAK AND PETRICHES, P.C.	c EIN-PN 38-3083072-001
a Plan name	101 CONCEPTS, LLC 401(K) PLAN	
b Name of plan sponsor	101 CONCEPTS, LLC	c EIN-PN 20-2176716-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	24HR BOOKKEEPER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	24HR BOOKKEEPER	c EIN-PN 47-2419043-001
a	Plan name	310 DUST CONTROL 401(K) PLAN	
b	Name of plan sponsor	310 DUST CONTROL, LLC	c EIN-PN 45-4921800-001
a	Plan name	CLEVELAND COUNCIL ON WORLD AFFAIRS 401(K) PLAN	
b	Name of plan sponsor	CLEVELAND COUNCIL ON WORLD AFFAIRS	c EIN-PN 34-0720549-001
a	Plan name	CLINE MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	CLINE MECHANICAL INC.	c EIN-PN 46-4602299-001
a	Plan name	HAMBURG IXL, LLC 401(K) PLAN	
b	Name of plan sponsor	HAMBURG IXL, LLC	c EIN-PN 46-4410379-001
a	Plan name	MOCAVO 401(K) PLAN	
b	Name of plan sponsor	MOCAVO, INC.	c EIN-PN 27-5211145-001
a	Plan name	HICKEY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HICKEY ELECTRIC, INC.	c EIN-PN 27-0640986-001
a	Plan name	CONTRACTORS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTRACTORS GROUP, INC.	c EIN-PN 42-1457531-001
a	Plan name	CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	CONTROLS & WEIGHING SYSTEMS, INC.	c EIN-PN 59-1588191-001
a	Plan name	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND 401(K) PLAN	
b	Name of plan sponsor	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND	c EIN-PN 01-0384674-001
a	Plan name	ACE GREASE SERVICE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ACE GREASE SERVICE, INC.	c EIN-PN 36-4775890-001
a	Plan name	NE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	NE CONSTRUCTION LLC	c EIN-PN 27-0721649-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
b	Name of plan sponsor	NEOPART TRANSIT, LLC	c EIN-PN 36-4830017-001
a	Plan name	NETS NEW ENGLAND LLC 401(K) PLAN	
b	Name of plan sponsor	NETS NEW ENGLAND LLC	c EIN-PN 26-0743519-001
a	Plan name	SHIELDS WELLNESS 401(K) PLAN	
b	Name of plan sponsor	SHIELDS THERAPEUTIC HEALTH, INC.	c EIN-PN 45-4267357-001
a	Plan name	SHIRLEY'S COOKIE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	SHIRLEY'S COOKIES CO., INC.	c EIN-PN 25-1892923-001
a	Plan name	YOUTH & OPPORTUNITY UNITED RETIREMENT PLAN	
b	Name of plan sponsor	YOUTH & OPPORTUNITY UNITED	c EIN-PN 36-2734966-001
a	Plan name	Z-TEK CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	Z-TEK CONSTRUCTION, LLC	c EIN-PN 47-2300579-001
a	Plan name	NIRVANA TECHNOLOGY SOLUTIONS 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	NIRVANA TECHNOLOGY SOLUTIONS	c EIN-PN 46-4199002-001
a	Plan name	NORMSHIELD INC. 401(K) PLAN	
b	Name of plan sponsor	NORMSHIELD INC.	c EIN-PN 81-1561086-001
a	Plan name	NORRIS PAVING 401K PLAN	
b	Name of plan sponsor	NORRIS PAVING & ASPHALT, INC.	c EIN-PN 72-1371617-001
a	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name	AFFORDABLE AUTO REPAIR RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	TRACY'S AFFORDABLE AUTOMOTIVE LTD (DBA AFFORDABLE AUTO REPAIR)	c EIN-PN 81-4817180-001
a	Plan name	COUNTRYWOOD SHOPPING CENTER ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COUNTRYWOOD SHOPPING CENTER ASSOCIATES	c EIN-PN 94-6328342-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COVINGTON CIVIL AND ENVIRONMENTAL LLC 401(K) PLAN	
b	Name of plan sponsor	COVINGTON CIVIL AND ENVIRONMENTAL, LLC	c EIN-PN 26-2819328-001
a	Plan name	CRAWFORD EQUIPMENT SUPPLY 401(K) PLAN	
b	Name of plan sponsor	CRAWFORD EQUIPMENT SUPPLY, LLC	c EIN-PN 84-3726969-001
a	Plan name	SK DESIGN BUILD 401(K) PLAN	
b	Name of plan sponsor	SYNTHESIS, INC.	c EIN-PN 20-0210040-001
a	Plan name	SKIENCE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SKIENCE, LLC	c EIN-PN 54-2058238-001
a	Plan name	OPEN ARMS HOSPICE 401(K) PLAN	
b	Name of plan sponsor	OPEN ARMS HOSPICE	c EIN-PN 81-3810580-001
a	Plan name	OREV LLC 401(K) PLAN	
b	Name of plan sponsor	OREV, LLC	c EIN-PN 80-0804526-001
a	Plan name	AMERICAN BAITWORKS 401(K) PLAN	
b	Name of plan sponsor	AMERICAN BAITWORKS CO.	c EIN-PN 83-3241860-001
a	Plan name	ST. PETE AVIATION SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ST. PETE AVIATION SERVICES, LLC	c EIN-PN 45-2474818-001
a	Plan name	ST. VRAIN BLOCK COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ST. VRAIN BLOCK COMPANY	c EIN-PN 84-0685373-001
a	Plan name	STANNARD STUDDT & TIRONI DENTISTRY, P.C. 401(K) PLAN	
b	Name of plan sponsor	STUDDT & TIRONI DENTISTRY, P.C.	c EIN-PN 20-5898307-001
a	Plan name	PACIFIC TEST AND BALANCE, INC. 401(K) PLAN	
b	Name of plan sponsor	PACIFIC TEST AND BALANCE, INC.	c EIN-PN 26-4334529-001
a	Plan name	PACIFIC THERX, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PACIFIC THERX, INC.	c EIN-PN 94-3322603-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ANGELL LAW FIRM 401(K) PLAN	
b	Name of plan sponsor	ANGELL LAW FIRM	c EIN-PN 27-2786787-002
a	Plan name	IQ TECH PROS 401(K) PLAN	
b	Name of plan sponsor	IQ TECH PROS	c EIN-PN 03-0377009-001
a	Plan name	ISLAND METAL WORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ISLAND METAL WORKS OF PORT ST. LUCIE, LLC	c EIN-PN 27-0110419-001
a	Plan name	ISLAND STYLE INNOVATIONS LLC 401(K) PLAN	
b	Name of plan sponsor	ISLAND STYLE INNOVATIONS, LLC	c EIN-PN 46-4275892-001
a	Plan name	IXL LEARNING CENTER BIRMINGHAM AND NORTHVILLE 401(K) PLAN	
b	Name of plan sponsor	IXL BIRMINGHAM AND NORTHVILLE	c EIN-PN 45-4821302-001
a	Plan name	PEOPLE'S RX 401(K) PLAN	
b	Name of plan sponsor	PEOPLE'S RX, INC. DBA THE PEOPLE'S PHARMACY SHOPPE	c EIN-PN 27-0721068-001
a	Plan name	PERINATAL MEDICAL GROUP, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERINATAL MEDICAL GROUP, INC	c EIN-PN 94-2673505-001
a	Plan name	JHD CORPORATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	JHD CORPORATION, INC.	c EIN-PN 06-0856707-001
a	Plan name	TAYLOR HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	TAYLOR HOLDINGS, INC.	c EIN-PN 61-0680425-001
a	Plan name	TBG COMPANIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TBG CONSTRUCTION LLC	c EIN-PN 83-4539773-001
a	Plan name	TCP OF LA 401(K) PLAN	
b	Name of plan sponsor	TRAFFIC CONTROL PRODUCTS COMPANY OF LOUISIANA, INCORPORATED	c EIN-PN 58-1342397-001
a	Plan name	TDK CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	TDK CONSTRUCTION CO., INC.	c EIN-PN 61-1025614-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TDR PLUMBING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TDR PLUMBING, LLC	c EIN-PN 82-2800158-001
a	Plan name PORT CITY ARCHITECTURAL SIGNAGE LLC 401(K) PLAN	
b	Name of plan sponsor PORT CITY ARCHITECTURAL SIGNAGE LLC	c EIN-PN 20-5381694-001
a	Plan name BARDA SERVICES 401(K) PLAN	
b	Name of plan sponsor BARDA SERVICES, LLC	c EIN-PN 27-2629330-001
a	Plan name EDWARD-JAMES SURVEYING, INC. 401(K) P/S PLAN	
b	Name of plan sponsor EDWARD-JAMES SURVEYING, INC.	c EIN-PN 32-0055203-002
a	Plan name EGF ENERGY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor EGF ENERGY PARTNERS, LLC	c EIN-PN 71-0975243-001
a	Plan name EJOULE, INC. 401 (K) PLAN	
b	Name of plan sponsor EJOULE, INC.	c EIN-PN 47-4653062-001
a	Plan name THE CALIFORNIAN ON WILSHIRE HOA EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor THE CALIFORNIAN ON WILSHIRE HOA, INC.	c EIN-PN 26-0122820-001
a	Plan name PROLANTHROPY 401(K) PLAN	
b	Name of plan sponsor PROLANTHROPY, LLC	c EIN-PN 46-4238904-001
a	Plan name BIONICA 401(K) PLAN	
b	Name of plan sponsor BIONICA DENTAL WELLNESS	c EIN-PN 83-1037421-001
a	Plan name BJB ELECTRIC, LP 401(K) PLAN	
b	Name of plan sponsor BJB ELECTRIC, LP	c EIN-PN 58-2438805-002
a	Plan name ETC 401(K) PLAN	
b	Name of plan sponsor MONTESSORI CONNECTIONS, LLC DBA ETC MONTESSORI	c EIN-PN 45-2546038-001
a	Plan name LAKE POINTE WELLNESS CENTER 401K PLAN	
b	Name of plan sponsor LAKE POINTE WELLNESS CENTER	c EIN-PN 83-3986869-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LAKELAND GENERAL STORE 401(K) PLAN	
b	Name of plan sponsor	LAKELAND GENERAL STORE	c EIN-PN 82-1103381-001
a	Plan name	THOMSON INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	THOMSON INTERNATIONAL, INC.	c EIN-PN 95-3105654-001
a	Plan name	THORNE METAL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	THORNE METAL SYSTEMS, INC.	c EIN-PN 56-2372478-001
a	Plan name	PYLE'S POOLS RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	PYLE POOLS, INC.	c EIN-PN 26-1661425-001
a	Plan name	PYLES AND ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	PYLES AND ASSOCIATES	c EIN-PN 36-4417782-001
a	Plan name	BONEFIDE PRODUCTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BONEFIDE PRODUCTIONS, LLC	c EIN-PN 26-3348427-001
a	Plan name	FAWEUX 32 401(K) PLAN & TRUST	
b	Name of plan sponsor	CLAASSEN PROFESSIONAL CORPORATION	c EIN-PN 27-2021325-001
a	Plan name	FD SEATTLE CLINIC 401(K) PLAN	
b	Name of plan sponsor	FD SEATTLE CLINIC INC	c EIN-PN 81-5337098-001
a	Plan name	LEARNINGWORKS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LEARNINGWORKS	c EIN-PN 01-0353682-001
a	Plan name	TOMIC INSECTICIDE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	TOMIC INSECTICIDE COMPANY, INC.	c EIN-PN 95-3254758-001
a	Plan name	TOP LINE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOP LINE MATERIAL HANDLING, INC.	c EIN-PN 61-1414631-001
a	Plan name	LEBLANC NETTLES LAW GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	LEBLANC NETTLES LAW LLC	c EIN-PN 46-2658554-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name LEE RIDDICK PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor LEE RIDDICK PLUMBING & HEATING INC.	c EIN-PN 46-4276258-001
a	Plan name LEGACY INSURANCE GROUP 401(K) PLAN	
b	Name of plan sponsor LEGACY INSURANCE GROUP, INC.	c EIN-PN 27-0274988-001
a	Plan name MANIFEST SOLUTIONS CORP. 401(K) PLAN	
b	Name of plan sponsor MANIFEST SOLUTIONS CORP.	c EIN-PN 31-1422564-002
a	Plan name MAPLE MEDICAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor MAPLE MEDICAL PARTNERS, INC.	c EIN-PN 85-3760830-001
a	Plan name MASSIE & COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor MASSIE & COMPANY LLC	c EIN-PN 83-2325429-001
a	Plan name MASSIVE 401(K) PLAN	
b	Name of plan sponsor MED-LIEN SOLUTIONS HOLDING CO, LLC	c EIN-PN 46-1561166-001
a	Plan name MATRIX INTERIOR CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor MATRIX INTERIOR CONSTRUCTION, INC.	c EIN-PN 26-0473826-001
a	Plan name METALCRAFT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GENESEE WESTER, INC. DBA METALCRAFT	c EIN-PN 84-1214748-001
a	Plan name METHODIST HOMES FOR THE AGING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor METHODIST HOMES FOR THE AGING	c EIN-PN 63-0376518-001
a	Plan name MONTIPOWER AMERICAS 401(K) PLAN	
b	Name of plan sponsor MONTIPOWER AMERICAS, INC.	c EIN-PN 54-1702201-001
a	Plan name MOODY RESTAURANT GROUP INC 401(K) PLAN	
b	Name of plan sponsor MOODY RESTAURANT GROUP INC	c EIN-PN 81-2620344-001
a	Plan name NEURODEVELOPMENTAL INSTITUTE OF NEW HAMPSHIRE 401(K) PLAN	
b	Name of plan sponsor NEURODEVELOPMENTAL INSTITUTE OF NH, LLC	c EIN-PN 47-3097930-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NEW DIMENSIONS FEDERAL CREDIT UNION PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NEW DIMENSIONS FEDERAL CREDIT UNION	c EIN-PN 01-0244585-001
a	Plan name NEW GEORGIA PROJECT ACTION FUND 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NEW GEORGIA PROJECT ACTION FUND	c EIN-PN 82-0934131-001
a	Plan name PALMETTO LINE CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor PALMETTO LINE CONTRACTORS, INC.	c EIN-PN 58-2591714-001
a	Plan name PAPERFILMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PAPERFILMS, INC.	c EIN-PN 20-3744031-001
a	Plan name PARADYME MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor PARADYME MANAGEMENT, INC.	c EIN-PN 13-4271306-004
a	Plan name PPT FLORIDA 401(K) PLAN	
b	Name of plan sponsor PRODUCTION & PROCESS TECHNOLOGIES FLORIDA, INC.	c EIN-PN 59-3428824-002
a	Plan name BREAKNESS HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BREAKNESS HOLDINGS, LLC	c EIN-PN 47-2491417-001
a	Plan name PROPHET ONE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor PROPHET ONE SOLUTIONS, INC.	c EIN-PN 20-3912011-001
a	Plan name QUALITY DIAMOND TOOLS 401(K) PLAN	
b	Name of plan sponsor DUNCAN AND DUNCAN, INC.	c EIN-PN 11-3724839-001
a	Plan name QUANTUM HEALTH SOLUTIONS GROUP 401(K) PLAN	
b	Name of plan sponsor WHOLE HEALTH INTEGRATED MEDICINE DBA QUANTUM HEALTH SOLUTIONS GROUP	c EIN-PN 45-4931869-001
a	Plan name RER ENERGY GROUP 401(K) PLAN	
b	Name of plan sponsor RER ENERGY GROUP	c EIN-PN 27-0924271-001
a	Plan name RESOLVION 401(K) PLAN	
b	Name of plan sponsor RESOLVION, GP	c EIN-PN 47-5254939-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RESORT SECURITY SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	RESORT SECURITY SYSTEMS INC.	c EIN-PN 57-0892235-001
a	Plan name	RETINA ASSOCIATES OF HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RETINA ASSOCIATES OF HAWAII, INC.	c EIN-PN 84-4281908-003
a	Plan name	RISK INSURANCE AND REINSURANCE SOLUTIONS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	RISK INSURANCE AND REINSURANCE SOLUTIONS, INC.	c EIN-PN 65-0445340-001
a	Plan name	S & S OIL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	S & S OIL COMPANY, INC.	c EIN-PN 06-1265561-001
a	Plan name	S JACOBS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	S JACOBS DBA ANNE BARGE	c EIN-PN 46-5423797-001
a	Plan name	SCENIC INDUSTRIES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCENIC INDUSTRIES LLC	c EIN-PN 84-4090172-002
a	Plan name	SCMC 401(K) PLAN	
b	Name of plan sponsor	SONOMA COUNTY MEAT CO.	c EIN-PN 32-0412753-001
a	Plan name	SHORELINE PRIVATE WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	BOSTON LEDGE, LLC	c EIN-PN 87-3066674-001
a	Plan name	SHULLY CATERING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SHULLY CATERING, INC.	c EIN-PN 39-1485107-001
a	Plan name	SIGNATURE LANDSCAPE L.L.C. 401(K) PLAN & TRUST	
b	Name of plan sponsor	SIGNATURE LANDSCAPE L.L.C.	c EIN-PN 11-3652968-001
a	Plan name	SKIN BOUTIQUE 401(K) PLAN	
b	Name of plan sponsor	SKIN BOUTIQUE INCORPORATED	c EIN-PN 82-1423816-001
a	Plan name	SLEEP INSTITUTE OF NEW ENGLAND 401(K) PLAN	
b	Name of plan sponsor	SLEEP INSTITUTE OF NEW ENGLAND, PLLC	c EIN-PN 32-0289592-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SLS MACHINING GROUP 401(K) PLAN	
b	Name of plan sponsor	SLS MACHINING LLC	c EIN-PN 46-4192298-001
a	Plan name	STEINBRUNER HILL, INC. 401(K) PLAN	
b	Name of plan sponsor	STEINBRUNER HILL, INC.	c EIN-PN 46-2638405-001
a	Plan name	STEPPING STONES PEDIATRIC THERAPY 401(K) PLAN	
b	Name of plan sponsor	STEPPING STONES PEDIATRIC THERAPY, PLLC	c EIN-PN 27-1777939-001
a	Plan name	SUMMIT SAFETY GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUMMIT SAFETY GROUP, LLC	c EIN-PN 46-4404382-001
a	Plan name	TEC EXCAVATION, LLC 401(K) PLAN	
b	Name of plan sponsor	TEC EXCAVATION, LLC	c EIN-PN 20-3227277-001
a	Plan name	TELCO PROS, LLC 401(K)& PROFIT SHARING PLAN	
b	Name of plan sponsor	TELCO PROS, LLC	c EIN-PN 27-1278379-001
a	Plan name	THE EDI PROJECT 401(K) PLAN	
b	Name of plan sponsor	THE EDI PROJECT, INC.	c EIN-PN 45-0493427-001
a	Plan name	THUREN FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor	THUREN FABRICATION, INC.	c EIN-PN 20-5081862-001
a	Plan name	TORRES LAW GROUP RETIREMENT PLAN	
b	Name of plan sponsor	ANNA D. TORRES, P.A. DBA TORRES LAW GROUP	c EIN-PN 47-3870637-001
a	Plan name	TOTAL LOGISTICS CORP. 401(K) PLAN	
b	Name of plan sponsor	TOTAL LOGISTICS CORP.	c EIN-PN 41-1785724-001
a	Plan name	UNITED METHODIST VILLAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	UNITED METHODIST VILLAGE, INC.	c EIN-PN 37-0673519-001
a	Plan name	UNITED WAY OF ST. JOHNS COUNTY 401(K) PLAN	
b	Name of plan sponsor	UNITED WAY OF ST. JOHNS COUNTY	c EIN-PN 59-6018986-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name VANQUISH WORLDWIDE, LLC FORT LEE 401(K) PLAN	
b	Name of plan sponsor VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-004
a	Plan name WATCH US GROW PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor WATCH US GROW PEDIATRICS P.C.	c EIN-PN 82-1556859-001
a	Plan name WATER WELL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor WATER WELL INVESTMENTS, LLC	c EIN-PN 85-2736894-001
a	Plan name WILLIAMS INSTITUTIONAL FOODS 401(K) PLAN	
b	Name of plan sponsor WILLIAMS INSTITUTIONAL FOODS	c EIN-PN 58-1148285-001
a	Plan name 401(K) FOR HANKS, HANKS AND ASSOCIATES, LLC	
b	Name of plan sponsor HANKS, HANKS AND ASSOCIATES, LLC	c EIN-PN 37-1438277-001
a	Plan name 604 MANAGEMENT LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor 604 MANAGEMENT LLC	c EIN-PN 27-2863420-001
a	Plan name 9DOTS MANAGEMENT CORP., LLC 401(K) PLAN	
b	Name of plan sponsor 9DOTS MANAGEMENT CORP., LLC	c EIN-PN 35-2517637-001
a	Plan name ZTS TRUCKING 401(K) PLAN	
b	Name of plan sponsor ZTS TRUCKING	c EIN-PN 41-1897999-001
a	Plan name ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name ADDITIVE MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADDITIVE MANUFACTURING, LLC	c EIN-PN 27-1218250-002
a	Plan name ADOPTION OPTIONS 401(K) PLAN	
b	Name of plan sponsor ADOPTION OPTIONS	c EIN-PN 84-0867014-001
a	Plan name AI CORPORATE INTERIORS 401(K) PLAN	
b	Name of plan sponsor AI CORPORATE INTERIORS, LLC	c EIN-PN 80-0201551-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	AIAI 401(K) PLAN
b	Name of plan sponsor	ACCESSIBLE INSURANCE AGENCY, INC.
c	EIN-PN	27-0749186-001
a	Plan name	AMERISIDE 401(K) PLAN
b	Name of plan sponsor	AMERISIDE, INC.
c	EIN-PN	46-1863237-001
a	Plan name	APEX GENERAL CONTRACTING 401(K) PLAN
b	Name of plan sponsor	APEXTERIORS, INC.
c	EIN-PN	20-4500271-001
a	Plan name	AURORA-LITTLETON UNISERV UNIT RETIREMENT PLAN
b	Name of plan sponsor	AURORA-LITTLETON UNISERV UNIT
c	EIN-PN	84-0733292-001
a	Plan name	BATTERIES PLUS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NUMBER 13, LLC
c	EIN-PN	82-0513791-001
a	Plan name	BAYSHORE SUPPLY RETIREMENT PLAN
b	Name of plan sponsor	IJK & CO., INC. DBA BAYSHORE SUPPLY
c	EIN-PN	94-3148805-001
a	Plan name	BLUE COMMERCE INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BLUE COMMERCE INC.
c	EIN-PN	47-4494129-001
a	Plan name	CALIBER ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CALIBER ASSOCIATES, LLC
c	EIN-PN	75-2859318-001
a	Plan name	CALIFORNIA REPLACEMENT WINDOWS, INC. 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	CALIFORNIA REPLACEMENT WINDOWS, INC.
c	EIN-PN	26-0342442-001
a	Plan name	CANDACE SILVERS STUDIOS 401K
b	Name of plan sponsor	CANDACE SILVERS STUDIOS, LLC
c	EIN-PN	88-3921225-001
a	Plan name	CARPENTER, INGRAM & MOSHOLDER, LLP 401(K) PLAN
b	Name of plan sponsor	CARPENTER, INGRAM & MOSHOLDER, LLP
c	EIN-PN	95-4896034-001
a	Plan name	CHR EMPLOYEES UNION 401(K) PLAN
b	Name of plan sponsor	CHR EMPLOYEES, LLC
c	EIN-PN	84-3936863-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CHRISTIAN DEAN ARCHITECTURE RETIREMENT PLAN	
b	Name of plan sponsor	CHRISTIAN DEAN ARCHITECTURE, LLC	c EIN-PN 46-2412177-001
a	Plan name	CHRISTOPHER BENTON FAMILY AND COSMETIC DENTISTRY, PLLC 401(K) PSP	
b	Name of plan sponsor	CHRISTOPHER BENTON FAMILY AND COSMETIC DENTISTRY, PLLC	c EIN-PN 47-2967144-001
a	Plan name	CODABEARS, INC. 401(K) PLAN	
b	Name of plan sponsor	CODABEARS, INC.	c EIN-PN 26-2544925-001
a	Plan name	COLLISION CRAFTSMEN 401(K) PLAN	
b	Name of plan sponsor	COLLISION CRAFTSMEN OF MACOMB, INC.	c EIN-PN 38-3228642-001
a	Plan name	CORE AESTHETICS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CORE AESTHETICS, LLC	c EIN-PN 26-0681863-001
a	Plan name	CORE INSTALLATIONS 401(K) PLAN	
b	Name of plan sponsor	CORE INSTALLATIONS, LLC	c EIN-PN 26-3602555-001
a	Plan name	CRESCENT MARKETING, INC. 401(K) PLAN	
b	Name of plan sponsor	CRESCENT MARKETING, INC.	c EIN-PN 33-0806686-001
a	Plan name	CRESTVIEW ANIMAL HOSPITAL LLC 401(K) PLAN	
b	Name of plan sponsor	CRESTVIEW ANIMAL HOSPITAL LLC	c EIN-PN 27-1577289-001
a	Plan name	CRIMSON VISTA 401(K) PLAN	
b	Name of plan sponsor	CRIMSON VISTA, INC.	c EIN-PN 81-1640781-001
a	Plan name	DIETZE & LOGAN SPINE SPECIALISTS 401(K) PLAN	
b	Name of plan sponsor	DIETZE & LOGAN SPINE SPECIALISTS, L.C.C.	c EIN-PN 81-5302624-001
a	Plan name	DILS ROOFING 401(K) PLAN	
b	Name of plan sponsor	TRUPRO, INC. DBA DILS ROOFING	c EIN-PN 33-0492050-001
a	Plan name	DUPRE MARINE TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor	DUPRE MARINE TRANSPORTATION	c EIN-PN 72-1496406-777

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EL GUAPO'S TACOS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EL GUAPO'S TACOS, LLC	c EIN-PN 45-3252311-001
a	Plan name	ELEMENT WELLNESS & SPORTS REHABILITATION 401(K) PSP	
b	Name of plan sponsor	EASTSIDE WELLNESS CENTER LLC DBA ELEMENT WELLNESS & SPORTS REHABILIT	c EIN-PN 20-3552854-001
a	Plan name	FERRY CONSTRUCTION SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	FERRY CONSTRUCTION SERVICES, LLC	c EIN-PN 45-3775709-001
a	Plan name	GASTON ENGINEERING RETIREMENT PLAN	
b	Name of plan sponsor	GASTON ENGINEERING & SURVEYING, P.C.	c EIN-PN 81-0454635-002
a	Plan name	GCLC 401(K) PLAN	
b	Name of plan sponsor	GRACE CHRISTIAN LEARNING CENTER, INC.	c EIN-PN 38-3003649-001
a	Plan name	GIENAPP ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	GIENAPP ARCHITECTS, LLC	c EIN-PN 87-0759464-001
a	Plan name	GIOIA, INC. 401(K) PLAN	
b	Name of plan sponsor	GIOIA, INC.	c EIN-PN 81-4759315-001
a	Plan name	GREAT SOUTHERN DEMOLITION 401(K) PLAN	
b	Name of plan sponsor	GREAT SOUTHERN DEMOLITION	c EIN-PN 59-3416417-001
a	Plan name	HANNA BROTHERS 401(K) PLAN	
b	Name of plan sponsor	HANNA BROTHERS GEORGIA, LLC	c EIN-PN 46-4134248-001
a	Plan name	HOWELL IXL, LLC 401(K) PLAN	
b	Name of plan sponsor	HOWELL IXL, LLC	c EIN-PN 27-2002177-001
a	Plan name	HRS OPERATING, LLC 401(K) PLAN	
b	Name of plan sponsor	HRS OPERATING, LLC	c EIN-PN 83-1021498-001
a	Plan name	INTERIORS BY MARILYN 401(K) PLAN	
b	Name of plan sponsor	INTERIORS BY MARILYN, LLC	c EIN-PN 99-5087225-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INTERSTATE 401(K) PLAN	
b	Name of plan sponsor	INTERSTATE DEVELOPMENT CORPORATION	c EIN-PN 47-3473668-001
a	Plan name	J.W. SMART CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	J.W. SMART CONSTRUCTION COMPANY, INC.	c EIN-PN 33-0915038-001
a	Plan name	JMC ELECTRICAL CONTRACTOR LLC 401(K) PLAN	
b	Name of plan sponsor	JMC ELECTRICAL CONTRACTOR LLC	c EIN-PN 27-3290634-001
a	Plan name	KENNELMASTER FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor	KENNELMASTER FOODS, INC.	c EIN-PN 45-5144457-001
a	Plan name	LANDBRIDGE ECOLOGICAL SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LANDBRIDGE ECOLOGICAL	c EIN-PN 27-2058011-001
a	Plan name	LANDLORDLOCKS.COM, INC. 401(K) PLAN	
b	Name of plan sponsor	LANDLORDLOCKS.COM, INC.	c EIN-PN 32-0004281-001
a	Plan name	LATZEL DRILLING 401(K) PLAN	
b	Name of plan sponsor	LATZEL DRILLING	c EIN-PN 75-2729004-001
a	Plan name	A-TEAM CONSTRUCTION UNLIMITED, INC. 401(K) PLAN	
b	Name of plan sponsor	A-TEAM CONSTRUCTION UNLIMITED, INC.	c EIN-PN 20-2201891-001
a	Plan name	AIR RESOURCES HELICOPTERS INC 401(K) PLAN	
b	Name of plan sponsor	AIR RESOURCES HELICOPTERS INC	c EIN-PN 47-1314819-001
a	Plan name	AK RESTAURANTS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	AK RESTAURANTS, INC.	c EIN-PN 46-2821367-001
a	Plan name	AKIVA GOLDMAN, P.C. 401(K) PLAN	
b	Name of plan sponsor	AKIVA GOLDMAN, P.C.	c EIN-PN 38-3616750-001
a	Plan name	APS 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC PIPE SERVICES, LLC	c EIN-PN 81-4515509-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AQUA POWER, INC. 401(K) PLAN	
b	Name of plan sponsor	AQUA POWER	c EIN-PN 61-1592855-001
a	Plan name	ARC PACIFIC, INC. 401(K) PLAN	
b	Name of plan sponsor	ARC PACIFIC, INC.	c EIN-PN 47-0965866-001
a	Plan name	ARCHAMBAULT CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHAMBAULT CONSTRUCTION, INC.	c EIN-PN 04-3574452-001
a	Plan name	BRET STEEL CORP 401(K) PLAN	
b	Name of plan sponsor	BRET STEEL CORP	c EIN-PN 02-0493597-001
a	Plan name	BRG HOSPITALITY 401(K) PLAN	
b	Name of plan sponsor	BRG HOSPITALITY GROUP, LLC	c EIN-PN 82-3528225-001
a	Plan name	BRIAN LUEDTKE & ASSOCIATES CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor	BRIAN LUEDTKE & ASSOCIATES CONSTRUCTION LLC	c EIN-PN 81-2000303-001
a	Plan name	CATHOLIC CHARITIES 401(K) PLAN	
b	Name of plan sponsor	CATHOLIC CHARITIES	c EIN-PN 85-0110070-001
a	Plan name	COMBINED POOL & SPA 401(K) PLAN	
b	Name of plan sponsor	COMBINED POOL & SPA, INC.	c EIN-PN 90-0066428-001
a	Plan name	COMFORT HOME HEALTH CARE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	COMFORT HOME HEALTH CARE GROUP, INC.	c EIN-PN 41-1447318-001
a	Plan name	COMMONWEALTH TRUST COMPANY 401(K) PLAN	
b	Name of plan sponsor	COMMONWEALTH TRUST COMPANY	c EIN-PN 51-0009125-001
a	Plan name	CROSSGATES FAMILY FITNESS 401(K) PLAN	
b	Name of plan sponsor	CROSSGATES FAMILY FITNESS	c EIN-PN 72-0854746-001
a	Plan name	CS ADVOCARE, INC. 401(K) PLAN	
b	Name of plan sponsor	CS ADVOCARE, INC.	c EIN-PN 84-1129499-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DOMAIN DESIGN ARCHITECTURE 401(K) PLAN	
b	Name of plan sponsor	DOMAIN DESIGN ARCHITECTURE	c EIN-PN 20-0446118-001
a	Plan name	ELTOSCH GRAFIX AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	ELTOSCH GRAFIX AMERICA, INC.	c EIN-PN 26-3802412-001
a	Plan name	ELYSIAN TECHNOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELYSIAN TECHNOLOGY	c EIN-PN 47-3755672-001
a	Plan name	FINANCIAL TRAINING INC. 401(K) PLAN	
b	Name of plan sponsor	FINANCIAL TRAINING INC.	c EIN-PN 45-2613149-001
a	Plan name	FINMC 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC WEB SERVICES, INC.	c EIN-PN 20-5185854-001
a	Plan name	GLASSEN TECHNOLOGY SERVICES 401(K) PLAN	
b	Name of plan sponsor	GLASSEN TECHNOLOGY SERVICES	c EIN-PN 82-3781057-001
a	Plan name	HUTKER ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor	HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001
a	Plan name	LEITCHFIELD VETERINARY CLINIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEITCHFIELD VETERINARY CLINIC, INC.	c EIN-PN 27-5406094-001
a	Plan name	LIBERTY TURNED COMPONENTS, LLC 401(K) PLAN	
b	Name of plan sponsor	LIBERTY TURNED COMPONENTS, LLC	c EIN-PN 46-4301896-001
a	Plan name	MCBRIDE QUALITY CARE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	MCBRIDE QUALITY CARE SERVICES, INC.	c EIN-PN 38-2905688-002
a	Plan name	MORGAN & MORGAN CPA'S, P.C. 401(K) PLAN	
b	Name of plan sponsor	MORGAN & MORGAN CPA'S, P.C.	c EIN-PN 26-4625247-001
a	Plan name	MOUNTAIN BORDERS ASSOCIATES INC 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN BORDERS ASSOCIATES INC	c EIN-PN 27-0189681-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name PRECISION DIAGNOSTICS 401(K) PLAN	
b	Name of plan sponsor PRECISION DIAGNOSTICS	c EIN-PN 83-4585434-001
a	Plan name PRECISION ENVIRONMENTAL 401K PLAN	
b	Name of plan sponsor PRECISION WORKS, INC. DBA PRECISION ENVIRONMENTAL	c EIN-PN 77-0078511-001
a	Plan name R & A ENTERPRISES OF CENTRAL COLORADO 401(K) PLAN	
b	Name of plan sponsor R & A ENTERPRISES OF CARBONDALE, INC.	c EIN-PN 84-1496407-777
a	Plan name R&A ENTERPRISES OF WESTERN CO 401(K) PLAN	
b	Name of plan sponsor R&A ENTERPRISES OF WESTERN CO, INC	c EIN-PN 84-1378396-222
a	Plan name R.C. IOSSI CO., LLC 401(K)	
b	Name of plan sponsor R.C. IOSSI CO., LLC	c EIN-PN 27-2084291-001
a	Plan name SCUBA DUBA CORPORATION 401(K) PLAN	
b	Name of plan sponsor SCUBA DUBA CORPORATION	c EIN-PN 95-2594224-001
a	Plan name SEATTLE IMPLANT AND PROSTHETIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor SEATTLE IMPLANT AND PROSTHETIC DENTISTRY	c EIN-PN 81-3162708-001
a	Plan name SEEDMASTERS, INC. S/H 401(K) P/S PLAN	
b	Name of plan sponsor SEEDMASTERS, INC.	c EIN-PN 54-2167158-001
a	Plan name SEER TEAM RETIREMENT PLAN	
b	Name of plan sponsor THE NEW EQUATION LIMITED LIABILITY COMPANY DBA SEER INTERACTIVE	c EIN-PN 03-0512205-001
a	Plan name SWANSON HULLING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor SWANSON HULLING, INC.	c EIN-PN 77-0277360-001
a	Plan name THE KRK 401(K) PLAN	
b	Name of plan sponsor CHILDREN'S BUSINESS SERVICES	c EIN-PN 20-5369006-001
a	Plan name WINDOW ENERGY FILM, INC. / SOLAR TINT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WINDOW ENERGY FILM, INC. / SOLAR TINT	c EIN-PN 03-0381876-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name WIRTZ QUALITY INSTALLATIONS, INC. 401(K) PREVAILING WAGE PLAN	
b	Name of plan sponsor WIRTZ QUALITY INTALLATIONS, INC.	c EIN-PN 20-1992177-001
a	Plan name HAYLIE POMROY GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAYLIE POMROY GROUP, INC.	c EIN-PN 46-0597976-001
a	Plan name IBUSINESS SOLUTION 401(K) PLAN	
b	Name of plan sponsor IBUSINESS SOLUTION, LLC	c EIN-PN 25-1752472-001
a	Plan name JADE SHANK TRUCKING, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JADE SHANK TRUCKING, LLC	c EIN-PN 20-1922253-001
a	Plan name JAINDL PROPERTIES LLC RETIREMENT PLAN	
b	Name of plan sponsor JAINDL PROPERTIES LLC	c EIN-PN 20-1690137-001
a	Plan name JAMES W. REHM DMD LLC 401(K) PLAN	
b	Name of plan sponsor JAMES W. REHM DMD LLC	c EIN-PN 47-2427511-001
a	Plan name JAMES W. REILLY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JAMES W. REILLY, DDS PC	c EIN-PN 58-2592630-001
a	Plan name KLIEWER PACKING 401(K) PLAN	
b	Name of plan sponsor KLIEWER PACKING DBA JERRY D. KLIEWER	c EIN-PN 77-0473110-001
a	Plan name LIFESTYLE EYE CENTER 401(K) PLAN	
b	Name of plan sponsor BLUE MOUNTAIN EYE, PLLC DBA LIFESTYLE EYE CENTER	c EIN-PN 27-3774591-001
a	Plan name LITTLE RIVER TRANSPORTATION, LLC 401(K) PLAN	
b	Name of plan sponsor LITTLE RIVER TRANSPORATION, LLC	c EIN-PN 47-2280526-001
a	Plan name LIVA EYE CENTER 401(K) PLAN	
b	Name of plan sponsor LIVA EYE CENTER, LLC	c EIN-PN 20-0466607-002
a	Plan name MCFSA 401(K) PLAN	
b	Name of plan sponsor MORROW COUNTY FIREFIGHTERS & SQUADSMEN ASSOCIATION	c EIN-PN 31-0865984-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name MR. CARLOS POOLS & CONSTRUCTION, INC. 401K PLAN	
b	Name of plan sponsor MR. CARLOS POOLS & CONSTRUCTION, INC.	c EIN-PN 26-4654659-001
a	Plan name MTI EVENTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MTI EVENTS	c EIN-PN 48-1021453-001
a	Plan name NORWALK DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor KYNA DENTAL, P.C.	c EIN-PN 83-2180071-001
a	Plan name NTEGRATED CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor NTEGRATED CONSULTING, LLC	c EIN-PN 73-1693449-001
a	Plan name PASCO PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor PASCO PRODUCTS, INC	c EIN-PN 62-0928745-001
a	Plan name PREMIER TOOL GRINDING 401(K) PLAN	
b	Name of plan sponsor PREMIER TOOL GRINDING, INC.	c EIN-PN 86-0820076-001
a	Plan name PRESERVATION ARTS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor PRESERVATION ARTS, LLC	c EIN-PN 46-3890911-001
a	Plan name PRINCIPE AMERICA LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRINCIPE AMERICA LLC	c EIN-PN 47-5312927-001
a	Plan name RALSTON MECHANICAL SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RALSTON MECHANICAL SYSTEMS, INC.	c EIN-PN 23-2911140-001
a	Plan name RAMSEY & SON, INC. 401(K) PLAN	
b	Name of plan sponsor RAMSEY & SON, INC.	c EIN-PN 88-0223072-001
a	Plan name ROBERTO BELLEGARRIGUE, DMD, PA 401(K) PLAN	
b	Name of plan sponsor ROBERTO BELLEGARRIGUE, DMD, PA	c EIN-PN 26-3023363-001
a	Plan name SEIBER KEAST LEHNER, INC. 401(K) PLAN	
b	Name of plan sponsor SEIBER KEAST LEHNER, INC.	c EIN-PN 38-1957958-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SELECT 401(K) PLAN	
b	Name of plan sponsor	KICK IT USA, INC.	c EIN-PN 26-4051097-001
a	Plan name	SELECTIVE STONE LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SELECTIVE STONE LLC	c EIN-PN 99-0343988-001
a	Plan name	SONSHINE FAMILY TELEVISION CORP 401(K) PLAN	
b	Name of plan sponsor	SONSHINE FAMILY TELEVISION CORP	c EIN-PN 22-2672541-001
a	Plan name	THE MOTHERHOOD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE MOTHERHOOD, INC.	c EIN-PN 20-5218915-001
a	Plan name	THE ORIGINAL SWIMWEAR COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor	THE ORIGINAL SWIMWEAR COMPANY LLC	c EIN-PN 47-2048125-001
a	Plan name	TRANSISTOR LLC 401(K) PLAN	
b	Name of plan sponsor	TRANSISTOR LLC	c EIN-PN 81-1358661-001
a	Plan name	WOODGROVE SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	WOODGROVE SOLUTIONS, LLC	c EIN-PN 47-2173558-001
a	Plan name	A.V.M. ENTERPRISES, INC. 401K	
b	Name of plan sponsor	A.V.M. ENTERPRISES, INC.	c EIN-PN 62-1556734-001
a	Plan name	ABA THERAPY, LLC 401(K) PLAN	
b	Name of plan sponsor	ABA THERAPY, LLC	c EIN-PN 83-4320445-001
a	Plan name	ABC FIRE & BURGLAR ALARM LLC 401(K) PLAN	
b	Name of plan sponsor	ABC FIRE & BURGLAR ALARM LLC	c EIN-PN 46-1663065-001
a	Plan name	ALABAMA COLON & RECTAL INSTITUTE, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALABAMA COLON & RECTAL INSTITUTE, PC	c EIN-PN 63-0795136-001
a	Plan name	ALFEL RESOURCES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ALFEL RESOURCES, INC.	c EIN-PN 35-2288638-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	ARIEL FOX DESIGN, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ARIEL FOX DESIGN, INC.
c	EIN-PN	47-2919495-001
a	Plan name	ARLINGTON HEIGHTS ANIMAL HOSPITAL 401(K) PLAN
b	Name of plan sponsor	COWTOWN PET CARE, PLLC DBA ARLINGTON HEIGHTS ANIMAL HOSPITAL
c	EIN-PN	47-5044388-001
a	Plan name	BEL AIR AUTO SERVICE 401(K) PLAN
b	Name of plan sponsor	BEL AIR AUTO SERVICE LLC
c	EIN-PN	82-5465240-001
a	Plan name	BEN'S SOFT PRETZELS 401(K) PLAN
b	Name of plan sponsor	BEN'S SOFT PRETZELS LLC
c	EIN-PN	26-1911401-001
a	Plan name	BENCHMARK DENTAL OF COLORADO, PC 401(K) PLAN
b	Name of plan sponsor	BENCHMARK DENTAL OF COLORADO, PC
c	EIN-PN	80-0715149-001
a	Plan name	CULVER'S CORYDON EMPLOYEES 401K PLAN
b	Name of plan sponsor	COCIN SERVICES, INC.
c	EIN-PN	27-0035982-001
a	Plan name	CURRENT RE 401(K) PLAN
b	Name of plan sponsor	CURRENT RENEWABLE EFFICIENCIES
c	EIN-PN	45-3135391-001
a	Plan name	DOMINIC O. FARIELLO, P.A. 401(K) PLAN
b	Name of plan sponsor	DOMINIC O. FARIELLO, P.A.
c	EIN-PN	90-0186294-001
a	Plan name	DOSTIE HOMES 401(K) PLAN
b	Name of plan sponsor	DOSTIE HOMES, LLC
c	EIN-PN	27-5108332-001
a	Plan name	DOUBLE H LLC CASH BALANCE PENSION PLAN
b	Name of plan sponsor	DOUBLE H, LLC
c	EIN-PN	01-0930386-001
a	Plan name	DOUG DE LEO WELDING, INC. 401(K) PLAN
b	Name of plan sponsor	DOUG DE LEO WELDING, INC.
c	EIN-PN	20-0257890-001
a	Plan name	ENERGY SERVICES OF COLORADO, INC. 401(K) PLAN
b	Name of plan sponsor	ENERGY SERVICES OF COLORADO, INC.
c	EIN-PN	68-0577024-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FIRST STEP STAFFING 401(K) PLAN	
b	Name of plan sponsor	FIRST STEP STAFFING	c EIN-PN 20-8038859-001
a	Plan name	GMB, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GMB, INC.	c EIN-PN 35-2508603-001
a	Plan name	GO EAT CONCEPTS 401(K) PLAN	
b	Name of plan sponsor	K&F RESTAURANT HOLDINGS, LTD	c EIN-PN 80-0826679-001
a	Plan name	MYERS-ANDERSON ARCHITECTS PLLC 401(K) PLAN	
b	Name of plan sponsor	MYERS-ANDERSON ARCHITECTS PLLC	c EIN-PN 20-2132322-001
a	Plan name	O.B. BUILDERS FLORIDA, INC. 401(K) PLAN	
b	Name of plan sponsor	O.B. BUILDERS FLORIDA, INC.	c EIN-PN 85-2457513-001
a	Plan name	PAULK FUNERAL HOME OF GEORGIA, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAULK FUNERAL HOME OF GEORGIA, LTD.	c EIN-PN 58-1748650-001
a	Plan name	PAYROLL PAYROLL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAYROLL PAYROLL, INC.	c EIN-PN 20-3891662-001
a	Plan name	PCD, INC. 401(K) PLAN	
b	Name of plan sponsor	PCD, INC.	c EIN-PN 27-3563771-001
a	Plan name	PRO SAFETY & RESCUE, INC. 401(K) PLAN	
b	Name of plan sponsor	PRO SAFETY & RESCUE, INC.	c EIN-PN 46-4617132-001
a	Plan name	RANGECRAFT 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RANGECRAFT	c EIN-PN 22-3330263-001
a	Plan name	RAY'S ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	RAY'S ELECTRIC AND GENERAL CONTRACTING, INC.	c EIN-PN 02-0305343-001
a	Plan name	ROGERS COUNTY HOSPITALITY LLC 401(K) PLAN	
b	Name of plan sponsor	ROGERS COUNTY HOSPITALITY LLC	c EIN-PN 20-8882157-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SERVICEMASTER QUALITY CLEAN 401(K) PLAN	
b	Name of plan sponsor	D.R. DUCKS, INC. DBA SERVICEMASTER QUALITY CLEAN	c EIN-PN 74-3084010-001
a	Plan name	SOUTH ARK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	SOUTH ARK ELECTRIC, LLC	c EIN-PN 84-3106947-001
a	Plan name	SOUTHERN BUILDING GROUP 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN BUILDING GROUP, INC.	c EIN-PN 35-2523934-001
a	Plan name	THE SALT LICK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SEA SALT EATERY	c EIN-PN 20-2333126-001
a	Plan name	TREY SUCHER LAW PLC 401(K) PLAN	
b	Name of plan sponsor	TREY SUCHER LAW PLC	c EIN-PN 46-0748012-001
a	Plan name	VINEYARD ENGINEERING & ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINEYARD ENGINEERING & ENVIRONMENTAL SERVICES, INC.	c EIN-PN 14-1966734-001
a	Plan name	VIRANI, UY & ARANDA ACCOUNTANCY CORPORATION SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	VIRANI, UY & ARANDA ACCOUNTANCY CORPORATION	c EIN-PN 95-3695224-001
a	Plan name	VISAL NGA D.O. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VISAL NGA D.O. INC.	c EIN-PN 38-3882672-001
a	Plan name	WORKFORCE SOLUTIONS FOR NORTH CENTRAL PENNSYLVANIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WORKFORCE SOLUTIONS FOR NORTH CENTRAL PENNSYLVANIA	c EIN-PN 81-4257698-001
a	Plan name	WRAY RETIREMENT PLAN	
b	Name of plan sponsor	WRAY SHEET METAL INC.	c EIN-PN 84-1121341-001
a	Plan name	WUHOOVER 401(K) PLAN	
b	Name of plan sponsor	WUHOOVER & CO., LLP	c EIN-PN 27-2481245-001
a	Plan name	ABEL SCHILLINGER, LLP 401(K) PLAN	
b	Name of plan sponsor	ABEL SCHILLINGER, LLP	c EIN-PN 27-4813054-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ALIQAM FINANCIAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ALIQAM FINANCIAL SERVICES, LLC	c EIN-PN 45-3729173-222
a	Plan name	ARTHURS AND COMPANY CPA, LLC 401(K) PLAN	
b	Name of plan sponsor	ARTHURS AND COMPANY CPA, LLC	c EIN-PN 47-2006900-001
a	Plan name	BENSON SEARCH GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BENSON SEARCH GROUP, LLC	c EIN-PN 83-1148187-001
a	Plan name	BROTHER'S FLOORING, INC 401(K) PLAN	
b	Name of plan sponsor	BROTHER'S FLOORING, INC	c EIN-PN 27-0039571-001
a	Plan name	BROUGHMAN BUILDERS 401(K) PLAN	
b	Name of plan sponsor	BROUGHMAN BUILDERS, INC.	c EIN-PN 01-0436114-001
a	Plan name	CHARLAND LLC 401(K) PLAN	
b	Name of plan sponsor	CHARLAND LLC	c EIN-PN 47-1853795-001
a	Plan name	COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor	BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name	COMPUGROUP 401(K) PLAN	
b	Name of plan sponsor	COMPUGROUP TECHNOLOGIES, LLC	c EIN-PN 27-0178481-001
a	Plan name	CONNECTED OFFICE TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONNECTED OFFICE TECHNOLOGIES, LLC	c EIN-PN 81-3775972-001
a	Plan name	DADS AUTO BODY & PAINT, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DADS AUTO BODY & PAINT, INC.	c EIN-PN 45-2164502-001
a	Plan name	DOWNTOWN RESOURCE GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOWNTOWN RESOURCE GROUP, LLC	c EIN-PN 41-2181943-001
a	Plan name	ENSING'S WATER CARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ENSING'S WATER CARE, INC	c EIN-PN 38-2839376-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ENTERPRISE CREEK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	ENTERPRISE CREEK ELECTRIC LLC	c EIN-PN 20-2542861-001
a	Plan name	FLEETWOOD HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor	FLEETWOOD HEATING, INC.	c EIN-PN 46-1584949-001
a	Plan name	GO UTES! 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PREMIER FOOT & ANKLE, LLC	c EIN-PN 35-2210138-001
a	Plan name	HAYWARD COMMUNITY CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	HAYWARD COMMUNITY CREDIT UNION	c EIN-PN 39-0860430-001
a	Plan name	HEART-N-HAND, INC. 401 (K) PLAN	
b	Name of plan sponsor	HEART-N-HAND, INC.	c EIN-PN 38-3218436-001
a	Plan name	IFIVE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IFIVE, INC.	c EIN-PN 83-0850885-001
a	Plan name	KOWA RETIREMENT PLAN	
b	Name of plan sponsor	KOWA KENTUCKY, INC.	c EIN-PN 46-5718593-001
a	Plan name	LONE STAR RECREATION OF TEXAS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONE STAR RECREATION OF TEXAS, LLC	c EIN-PN 82-4403884-001
a	Plan name	ALLCOR STAFFING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	ALLCOR STAFFING SERVICES, INC.	c EIN-PN 27-3137244-001
a	Plan name	AVANTS OPERATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	AVANTS OPERATIONS, LLC	c EIN-PN 81-4997570-001
a	Plan name	B & A CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	B & A CONSTRUCTION, INC.	c EIN-PN 86-0387275-001
a	Plan name	CIMTECH 401(K) PLAN	
b	Name of plan sponsor	YOUNG CIMTECH LLC DBA CIMTECH, INC.	c EIN-PN 82-5483672-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CIRCLE OF LIFE HOSPICE EMPLOYEE SAVINGS TRUST	
b	Name of plan sponsor	CIRCLE OF LIFE HOSPICE	c EIN-PN 88-0440951-001
a	Plan name	DYNICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DYNICS, INC.	c EIN-PN 38-3563648-001
a	Plan name	E.J. WARD, INC. 401(K) PLAN	
b	Name of plan sponsor	E.J. WARD, INC.	c EIN-PN 88-0284475-001
a	Plan name	GREEN HORIZON, INC. 401(K) PLAN	
b	Name of plan sponsor	GREEN HORIZON, INC.	c EIN-PN 20-4013433-001
a	Plan name	GREENVILLE ENDODONTICS 401(K) PLAN	
b	Name of plan sponsor	GREENVILLE ENDODONTICS, LLC	c EIN-PN 82-3388235-001
a	Plan name	INCIDENTCLEAR LLC 401(K) PLAN	
b	Name of plan sponsor	INCIDENTCLEAR LLC	c EIN-PN 46-5536890-001
a	Plan name	JORGE A. ENRIQUEZ, M.D., FACS INC. 401(K) PLAN	
b	Name of plan sponsor	JORGE A. ENRIQUEZ, M.D., INC.	c EIN-PN 75-3097644-002
a	Plan name	LOS ANGELES POLICE RELIEF ASSOCIATION, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LOS ANGELES POLICE RELIEF ASSOCIATION, INC.	c EIN-PN 95-1660854-002
a	Plan name	MICHIGAN EXTRUDED ALUMINUM UNION ONLY 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN EXTRUDED ALUMINUM	c EIN-PN 38-2696585-001
a	Plan name	OCINET 401(K) PLAN	
b	Name of plan sponsor	OCINET, INC. DBA ARIRANG FOODS	c EIN-PN 95-4876037-001
a	Plan name	OGGI PROFESSIONAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	OGGI PROFESSIONAL SERVICES, LLC	c EIN-PN 27-1465773-001
a	Plan name	PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	PHARMACEUTICALS, INC.	c EIN-PN 72-1017076-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PHV 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROGRESSIVE HOUSING VENTURES, LLC	c EIN-PN 23-3083062-001
a	Plan name RAZI LAW GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RAZI LAW GROUP	c EIN-PN 46-4549358-001
a	Plan name RBZ VINEYARDS, LLC 401(K) PLAN	
b	Name of plan sponsor RBZ VINEYARDS, LLC	c EIN-PN 20-2912680-001
a	Plan name RCC PRODUCTS, INC. DBA POLAR PRODUCTS 401(K) PLAN	
b	Name of plan sponsor RCC PRODUCTS, INC. DBA POLAR PRODUCTS	c EIN-PN 46-2356039-001
a	Plan name SAFESOURCE DIRECT 401(K) PLAN	
b	Name of plan sponsor SAFESOURCE DIRECT, LLC	c EIN-PN 86-1303090-001
a	Plan name SAFFIRE 401(K) PLAN	
b	Name of plan sponsor SAFFIRE, LLC	c EIN-PN 47-4041091-001
a	Plan name SOUTHWEST EMERGENCY PHYSICIANS, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHWEST EMERGENCY PHYSICIANS, L.L.C.	c EIN-PN 87-0545902-001
a	Plan name TEN X TEN LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TEN X TEN LLC	c EIN-PN 47-3522886-001
a	Plan name TENNESSEE REPRODUCTIVE MEDICINE 401(K) PLAN	
b	Name of plan sponsor TENNESSEE REPRODUCTIVE MEDICINE, PLLC	c EIN-PN 26-2004059-001
a	Plan name TENNESSEE VALLEY MEDICAL SOLUTIONS, LLC 401(K)	
b	Name of plan sponsor TENNESSEE VALLEY MEDICAL SOLUTIONS, LLC	c EIN-PN 83-3295489-001
a	Plan name TENX ADVENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor TENX ADVENTURES, LLC	c EIN-PN 47-3146735-001
a	Plan name B&F CONTRACTING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor B&F CONTRACTING, INC.	c EIN-PN 86-0677300-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	B&J SUPPLY, INC. 401(K) PLAN	
b Name of plan sponsor	B&J SUPPLY, INC.	c EIN-PN 61-1109479-001
a Plan name	BABCOCK NEIGHBORHOOD SCHOOL 401(K) PLAN	
b Name of plan sponsor	BABCOCK NEIGHBORHOOD SCHOOL, INC.	c EIN-PN 37-1842600-001
a Plan name	BUILD-TEK, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	BUILD-TEK, INC.	c EIN-PN 94-2464329-003
a Plan name	BUILDING BLOCK INTERIORS 401(K) PLAN & TRUST	
b Name of plan sponsor	BUILDING BLOCK INTERIORS, INC.	c EIN-PN 46-1571465-001
a Plan name	BUILDING BRIDGES 401(K) PLAN	
b Name of plan sponsor	BUILDING BRIDGES, LLC	c EIN-PN 20-5458633-001
a Plan name	CJ PHYSICAL THERAPY AND WELLNESS LLC 401(K) PLAN	
b Name of plan sponsor	CJ PHYSICAL THERAPY AND WELLNESS, LLC	c EIN-PN 47-1686527-001
a Plan name	CKS MASONRY & CONCRETE, INC 401(K) PLAN	
b Name of plan sponsor	CKS MASONRY & CONCRETE, INC	c EIN-PN 59-3368456-002
a Plan name	DASHER LAWLESS, INC. 401(K) PLAN	
b Name of plan sponsor	DASHER LAWLESS, INC.	c EIN-PN 30-0264376-001
a Plan name	DAVID CONNER AND ASSOCIATES, INC. 401(K) PLAN	
b Name of plan sponsor	DAVID CONNER AND ASSOCIATES, INC.	c EIN-PN 59-3421586-001
a Plan name	EAST COAST RECOVERY LLC 401(K) PLAN	
b Name of plan sponsor	EAST COAST RECOVERY LLC	c EIN-PN 47-2225497-001
a Plan name	EAST TEXAS SEALS 401(K) PLAN	
b Name of plan sponsor	EAST TEXAS SEALS LLC	c EIN-PN 45-4391881-001
a Plan name	EASTERN IOWA GEOTHERMAL, INC. 401(K) PLAN	
b Name of plan sponsor	EASTERN IOWA GEOTHERMAL, INC.	c EIN-PN 27-0735919-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FOUNDATION SERVICES 401(K) PLAN	
b	Name of plan sponsor	FOUNDATION SERVICES OF CENTRAL FL, INC.	c EIN-PN 59-3069253-001
a	Plan name	GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	c EIN-PN 92-0185518-001
a	Plan name	GROVELAND DENTAL 401(K) PLAN	
b	Name of plan sponsor	GROVELAND DENTAL	c EIN-PN 20-2903765-001
a	Plan name	GROW THROUGH LIFE COUNSELING INC. 401(K) PLAN	
b	Name of plan sponsor	GROW THROUGH LIFE COUNSELING INC.	c EIN-PN 47-3457354-001
a	Plan name	GUDEMAN & ASSOCIATES, PC 401(K) PLAN	
b	Name of plan sponsor	GUDEMAN & ASSOCIATES, PC	c EIN-PN 26-4205131-001
a	Plan name	INDEPENDENT HANDS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	INDEPENDENT HANDS GROUP, INC.	c EIN-PN 26-2782523-001
a	Plan name	INDUSTRIAL RELIABILITY & ALIGNMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL RELIABILITY & ALIGNMENT, LLC	c EIN-PN 71-0990793-001
a	Plan name	JRP CHILDREN'S SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	JRP CHILDRENS SERVICES, INC.	c EIN-PN 20-5138005-001
a	Plan name	JUDY T. OKIMURA, M.D., LLC 401(K) PLAN	
b	Name of plan sponsor	JUDY T. OKIMURA, M.D., LLC	c EIN-PN 47-4761943-001
a	Plan name	JVA 401(K) PLAN	
b	Name of plan sponsor	JVA 401(K) PLAN	c EIN-PN 27-2628827-001
a	Plan name	LUCERO POOL PLASTER INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LUCERO POOL PLASTER INC.	c EIN-PN 26-2050980-001
a	Plan name	MIDWESTERN BAG & SUPPLY 401(K) PLAN	
b	Name of plan sponsor	MIDWESTERN BAG & SUPPLY	c EIN-PN 27-0748657-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MILESTONE CONSTRUCTION SERVICES 401(K) PLAN	
b	Name of plan sponsor MILESTONE CONSTRUCTION SERVICES, LLC	c EIN-PN 27-2798822-001
a	Plan name OKAMURA 401(K) PLAN	
b	Name of plan sponsor OKAMURA CORPORATION	c EIN-PN 52-2068035-001
a	Plan name RCI ENGINEERING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RCI ENGINEERING, LLC	c EIN-PN 20-0787992-001
a	Plan name RECLAIM 401(K) PLAN	
b	Name of plan sponsor RECLAIM	c EIN-PN 80-0829665-001
a	Plan name RECOVERY SERVICES OF DEKALB COUNTY, INC. 401(K) PLAN	
b	Name of plan sponsor RECOVERY SERVICES OF DEKALB COUNTY, INC.	c EIN-PN 72-1381825-001
a	Plan name RECYCLING 401(K)	
b	Name of plan sponsor ISLAND RECYCLING, INC.	c EIN-PN 99-0229666-001
a	Plan name SAGINAW PSYCHOLOGICAL SERVICES 401K PLAN	
b	Name of plan sponsor SAGINAW PSYCHOLOGICAL SERVICES	c EIN-PN 38-2143740-001
a	Plan name SAINSTORE, INC. 401(K) PLAN	
b	Name of plan sponsor SAINSTORE, INC.	c EIN-PN 27-2707458-001
a	Plan name SPARKMAN INDUSTRIES, INC. AND SPARKMAN MANAGEMENT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor SPARKMAN INDUSTRIES, INC.	c EIN-PN 74-1874129-002
a	Plan name SPECIALTY EYE CARE & BRAND SURGERY CENTER 401(K) PLAN	
b	Name of plan sponsor SPECIALTY EYE CARE MEDICAL CENTER INC.	c EIN-PN 95-4788639-002
a	Plan name TEXAS HUMANE HEROES 401(K) PLAN	
b	Name of plan sponsor TEXAS HUMANE HEROES, INC.	c EIN-PN 74-2069592-001
a	Plan name TFC CONCRETE 401(K) PLAN	
b	Name of plan sponsor TFC CONSTRUCTION, INC.	c EIN-PN 38-2997350-001

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

a Plan name	TRUE NORTH SOLUTIONS LP 401(K) PLAN	
b Name of plan sponsor	TRUE NORTH SOLUTIONS LP	c EIN-PN 82-1097325-001

a Plan name	WELLS PROPANE, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WELLS PROPANE, INC.	c EIN-PN 47-1500348-001

a Plan name	WENDELLA SIGHTSEEING COMPANY, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	WENDELLA SIGHTSEEING CO., INC.	c EIN-PN 36-2206096-002

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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b Name of plan sponsor		c EIN-PN

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a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TRANSAMERICA LARGE CAP VALUE RET OPT	B Three-digit plan number (PN) ▶ 792
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14500129
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	46209639
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	14500129	46209639
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14500129	46209639

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	560337	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	5081718	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		834928
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6476983

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	126364	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		126364
j Total expenses. Add all expense amounts in column (b) and enter total	2j		126364

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6350619
l Transfers of assets:			
(1) To this plan	2l(1)		46548552
(2) From this plan	2l(2)		21189661

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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