

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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.**

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
  - 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 (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>TRANSAMERICA SMALL/MID CAP VALUE RET OPT</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>794</u> <b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>  <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	<b>2b</b> Employer Identification Number (EIN) <u>39-0989781</u> <b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u> <b>2d</b> Business code (see instructions)

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/22/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>TRANSAMERICA SMALL/MID CAP VALUE RET OPT</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>794</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	BALDWIN, BRISCOE, & STEINMETZ, P.C. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BALDWIN, BRISCOE, & STEINMETZ, P.C.	<b>c</b> EIN-PN 52-1564009-001
<b>a</b> Plan name	K & G PETROLEUM, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	K & G PETROLEUM, LLC	<b>c</b> EIN-PN 36-4513700-002
<b>a</b> Plan name	K KOMFORT INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	K KOMFORT INC.	<b>c</b> EIN-PN 26-0821489-001
<b>a</b> Plan name	KATHERINE A. HART WESTPHAL, PLLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	KATHERINE A. HART WESTPHAL, PLLC	<b>c</b> EIN-PN 47-5581728-001
<b>a</b> Plan name	KAUAI NURSERY & LANDSCAPING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	KAUAI NURSERY & LANDSCAPING, INC.	<b>c</b> EIN-PN 99-0183986-001
<b>a</b> Plan name	POLLEY INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	POLLEY INC.	<b>c</b> EIN-PN 46-3722656-001
<b>a</b> Plan name	THE BRUCE LAW FIRM 401(K) PLAN	
<b>b</b> Name of plan sponsor	STEPHEN L. BRUCE, PC DBA STEPHEN BRUCE & ASSOCIATES	<b>c</b> EIN-PN 73-1354482-001
<b>a</b> Plan name	EPCM-RMS, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	EPCM-RMS, INC.	<b>c</b> EIN-PN 46-5263070-001
<b>a</b> Plan name	BETHANY LUTHERAN CHURCH RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	BETHANY LUTHERAN CHURCH	<b>c</b> EIN-PN 84-0528677-001
<b>a</b> Plan name	BETHEL COMMUNITY PET HOSPITAL 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	BETHEL COMMUNITY PET HOSPITAL	<b>c</b> EIN-PN 26-3126168-001
<b>a</b> Plan name	BETTER BUSINESS BUREAU SERVING CENTRAL INDIANA RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	BETTER BUSINESS BUREAU SERVING CENTRAL INDIANA	<b>c</b> EIN-PN 35-0177190-001
<b>a</b> Plan name	BIG HORN WIRELINE 401(K) PLAN	
<b>b</b> Name of plan sponsor	BIG HORN WIRELINE, LLC	<b>c</b> EIN-PN 88-2234263-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BIG JOHN'S MARKET 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRY CREEK VENTURES DBA BIG JOHN'S MARKET	<b>c</b> EIN-PN 91-1790321-002
<b>a</b>	Plan name	KRETETEK INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRETETEK INDUSTRIES, INC.	<b>c</b> EIN-PN 47-5454964-001
<b>a</b>	Plan name	THE TREATMENT SKIN BOUTIQUE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE TREATMENT SKIN BOUTIQUE, INC	<b>c</b> EIN-PN 82-2277610-001
<b>a</b>	Plan name	THERMAL SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THERMAL SOLUTIONS, LLC	<b>c</b> EIN-PN 14-1922983-001
<b>a</b>	Plan name	PSG/TEP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PENTENBURG SEARCH GROUP, INC.	<b>c</b> EIN-PN 26-4202912-001
<b>a</b>	Plan name	PURA VIDA 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PURA VIDA RECOVERY SERVICES	<b>c</b> EIN-PN 81-4823363-001
<b>a</b>	Plan name	BLUE RIDGE SPIRITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUE RIDGE SPIRITS	<b>c</b> EIN-PN 47-4029264-001
<b>a</b>	Plan name	LAVLE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAVLE USA, INC.	<b>c</b> EIN-PN 82-5092203-001
<b>a</b>	Plan name	RED ROCKS COUNTRY CLUB 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RED ROCKS COUNTRY CLUB	<b>c</b> EIN-PN 84-1224150-001
<b>a</b>	Plan name	REDHAWK COILED TUBING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REDHAWK COILED TUBING, LLC	<b>c</b> EIN-PN 87-2997823-001
<b>a</b>	Plan name	TURING SCHOOL OF SOFTWARE & DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TURING SCHOOL OF SOFTWARE & DESIGN	<b>c</b> EIN-PN 46-3635658-001
<b>a</b>	Plan name	TWO BEACONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWO BEACONS LLC	<b>c</b> EIN-PN 20-0139794-002

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	TWS FACILITY SERVICES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	TWS FACILITY SERVICES, INC.
<b>c</b>	EIN-PN	27-5283771-001
<b>a</b>	Plan name	FSY ARCHITECTS 401(K) PLAN
<b>b</b>	Name of plan sponsor	FSY ARCHITECTS
<b>c</b>	EIN-PN	95-4638941-001
<b>a</b>	Plan name	RICHARD ADAMS ENGINEERING 401(K) PLAN
<b>b</b>	Name of plan sponsor	RICHARD ADAMS ENGINEERS & CONSULTANTS, P.A.
<b>c</b>	EIN-PN	59-3182711-001
<b>a</b>	Plan name	UNIVERSAL CUTTING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	UNIVERSAL CUTTING, INC.
<b>c</b>	EIN-PN	68-0582383-001
<b>a</b>	Plan name	UNIVERSAL ELECTRIC OF FLORIDA 401(K) PLAN
<b>b</b>	Name of plan sponsor	UNIVERSAL ELECTRIC OF FLORIDA, INC.
<b>c</b>	EIN-PN	59-1898508-001
<b>a</b>	Plan name	UPTOWN MORTGAGE, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	UPTOWN MORTGAGE, LLC
<b>c</b>	EIN-PN	84-1526896-001
<b>a</b>	Plan name	CAPSTAN SOLUTIONS 401(K) PLAN
<b>b</b>	Name of plan sponsor	CAPSTAN SOLUTIONS, LLC
<b>c</b>	EIN-PN	83-3151416-001
<b>a</b>	Plan name	GEAR MASTER, INC. 401(K) AND PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	GEAR MASTER, INC.
<b>c</b>	EIN-PN	38-3356549-001
<b>a</b>	Plan name	GEN III WOODWORKS 401(K) PLAN
<b>b</b>	Name of plan sponsor	GEN III WOODWORKS, LLC
<b>c</b>	EIN-PN	20-1602635-001
<b>a</b>	Plan name	GENESIS MANUFACTURING, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	GENESIS MANUFACTURING, LLC
<b>c</b>	EIN-PN	46-1157839-001
<b>a</b>	Plan name	MARIETTA AUTO SALES LLC 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	MARIETTA AUTO SALES LLC
<b>c</b>	EIN-PN	45-3981149-001
<b>a</b>	Plan name	MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MARKET LUBBOCK ECONOMIC DEVELOPMENT CORP.
<b>c</b>	EIN-PN	75-2621353-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name MED-CORP MANAGEMENT, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MED-CORP MANAGEMENT, L.L.C.	<b>c</b> EIN-PN 26-0516045-001
<b>a</b>	Plan name MEHAR ACCOUNTING SERVICES, PLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEHAR ACCOUNTING SERVICES, PLC	<b>c</b> EIN-PN 20-2723557-001
<b>a</b>	Plan name CHARLTON CHIROPRACTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHARLTON CHIROPRACTIC & WELLNESS CENTER, LLC	<b>c</b> EIN-PN 34-1960690-001
<b>a</b>	Plan name CHEESMAN INVESTMENTS, INC.401(K) PLAN	
<b>b</b>	Name of plan sponsor CHEESMAN INVESTMENTS, INC.	<b>c</b> EIN-PN 45-3439262-001
<b>a</b>	Plan name CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHEM PRO LABORATORY, INC.	<b>c</b> EIN-PN 95-2297708-001
<b>a</b>	Plan name GOTRUSTID INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GOTRUSTID INC	<b>c</b> EIN-PN 82-5028083-001
<b>a</b>	Plan name GRACE CENTERS OF HOPE 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRACE CENTERS OF HOPE	<b>c</b> EIN-PN 38-6094602-001
<b>a</b>	Plan name ROTH & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ROTH & ASSOCIATES, INC.	<b>c</b> EIN-PN 38-3473903-001
<b>a</b>	Plan name ROWC ENERGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROWC ENERGY SERVICES, LLC	<b>c</b> EIN-PN 81-2841779-001
<b>a</b>	Plan name RPM EXPEDITE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RPM EXPEDITE USA, LLC	<b>c</b> EIN-PN 81-2565532-001
<b>a</b>	Plan name VSS 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VETERINARY SYSTEM SERVICES, INC.	<b>c</b> EIN-PN 46-5078609-001
<b>a</b>	Plan name W & D IMPORTS, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor W & D IMPORTS, INC.	<b>c</b> EIN-PN 22-2148916-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor H.V.A.C. MECHANICAL, INC.	<b>c</b> EIN-PN 33-0842894-001
<b>a</b>	Plan name SALYERS CONCRETE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SALYERS CONCRETE, LLC	<b>c</b> EIN-PN 86-2552282-001
<b>a</b>	Plan name SAPHRAN INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SAPHRAN, INC.	<b>c</b> EIN-PN 20-1443106-001
<b>a</b>	Plan name SHARPE CONTRACTORS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SHARPE CONTRACTORS	<b>c</b> EIN-PN 35-2408310-001
<b>a</b>	Plan name SHAWVER WELL COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHAWVER WELL COMPANY, INC.	<b>c</b> EIN-PN 42-1095739-002
<b>a</b>	Plan name SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	<b>c</b> EIN-PN 20-0048495-001
<b>a</b>	Plan name ACCESS HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCESS HEALTH, INC.	<b>c</b> EIN-PN 38-3481152-001
<b>a</b>	Plan name ACCURATE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCURATE CONSTRUCTION	<b>c</b> EIN-PN 01-0556643-001
<b>a</b>	Plan name ACE FENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor LITTLE JOHNSON INC. DBA ACE FENCE CO.	<b>c</b> EIN-PN 76-0086341-001
<b>a</b>	Plan name YFC-BL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BESTLINK NETWORK INC.	<b>c</b> EIN-PN 20-1050655-001
<b>a</b>	Plan name HINCHEY & OLDENHOFF 401(K) PLAN	
<b>b</b>	Name of plan sponsor HINCHEY & OLDENHOFF, LLP	<b>c</b> EIN-PN 87-3527091-001
<b>a</b>	Plan name ADVANCED FORMLINERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCED FORMLINERS, INC.	<b>c</b> EIN-PN 20-4502606-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>ADVANCED GERIATRICS &amp; PRIMARY CARE, L.L.C. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ADVANCED GERIATRICS &amp; PRIMARY CARE, L.L.C.</b>	<b>c</b> EIN-PN <b>46-5767738-001</b>
<b>a</b>	Plan name <b>ADVANCED HYDROVAC, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ADVANCED HYDROVAC, INC.</b>	<b>c</b> EIN-PN <b>20-5030859-001</b>
<b>a</b>	Plan name <b>ADVANCED RESTORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ADVANCED RESTORATION INC.</b>	<b>c</b> EIN-PN <b>39-1656165-001</b>
<b>a</b>	Plan name <b>NFI ENTERPRISES, LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NFI ENTERPRISES, LLC</b>	<b>c</b> EIN-PN <b>27-2601480-001</b>
<b>a</b>	Plan name <b>NIEHAUS FAMILY DENTISTRY 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NIEHAUS FAMILY DENTISTRY LLC</b>	<b>c</b> EIN-PN <b>82-3863698-001</b>
<b>a</b>	Plan name <b>ALTON BAY DENTAL, PLLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALTON BAY DENTAL, PLLC</b>	<b>c</b> EIN-PN <b>84-3908898-001</b>
<b>a</b>	Plan name <b>DAVID J. RUDOLPH DDS INC.</b>	
<b>b</b>	Name of plan sponsor <b>DAVID J. RUDOLPH DDS INC.</b>	<b>c</b> EIN-PN <b>20-4738777-001</b>
<b>a</b>	Plan name <b>DEBUCK CONSTRUCTION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DEBUCK CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>38-2976630-001</b>
<b>a</b>	Plan name <b>OMNIENGINE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OMNIENGINE, LLC</b>	<b>c</b> EIN-PN <b>61-1896301-001</b>
<b>a</b>	Plan name <b>SPIEGEL &amp; SPIEGEL PA MONEY PURCHASE PENSION PLAN &amp; 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SAMCO PROPERTIES, INC.</b>	<b>c</b> EIN-PN <b>59-2396906-001</b>
<b>a</b>	Plan name <b>SPIKES AUTO CARE AND REPAIR INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPIKES AUTO CARE AND REPAIR, INC.</b>	<b>c</b> EIN-PN <b>52-2188778-001</b>
<b>a</b>	Plan name <b>P &amp; P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>P &amp; P SEPTIC SERVICE, INC.</b>	<b>c</b> EIN-PN <b>03-0269006-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	P&C ENTERPRISES OF OHIO LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P&C ENTERPRISES OF OHIO, LLC	<b>c</b> EIN-PN 82-4358517-001
<b>a</b>	Plan name	AMPARO MEDICAL TECHNOLOGIES INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AMPARO MEDICAL TECHNOLOGIES INC.	<b>c</b> EIN-PN 90-0330098-001
<b>a</b>	Plan name	ANDERSON PIPING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON PIPING COMPANY, INC.	<b>c</b> EIN-PN 62-1199871-001
<b>a</b>	Plan name	DESERT SHORES PEDIATRICS, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DESERT SHORES PEDIATRICS, P.C.	<b>c</b> EIN-PN 20-2851929-002
<b>a</b>	Plan name	DESIGNHAUS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DESIGNHAUS, LLC	<b>c</b> EIN-PN 83-1336031-001
<b>a</b>	Plan name	INTOUCH COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTOUCH COMMUNICATION, INC.	<b>c</b> EIN-PN 38-3428536-001
<b>a</b>	Plan name	INVISION, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INVISION, LLC	<b>c</b> EIN-PN 20-8565615-001
<b>a</b>	Plan name	IOWA PUMP WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IOWA PUMP WORKS, INC.	<b>c</b> EIN-PN 27-4537008-001
<b>a</b>	Plan name	IOWA WALLS CONCRETE CONSTRUCTION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IOWA WALLS CONCRETE CONSTRUCTION INC.	<b>c</b> EIN-PN 42-1418150-777
<b>a</b>	Plan name	IPG AUTOMOTIVE USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IPG AUTOMOTIVE USA, INC.	<b>c</b> EIN-PN 36-4813731-001
<b>a</b>	Plan name	PCSI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRADEEP CONSULTING SERVICES, INC.	<b>c</b> EIN-PN 45-0988756-001
<b>a</b>	Plan name	ASK RESOURCE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASK RESOURCE CENTER	<b>c</b> EIN-PN 42-1489784-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DR. MICHAEL J. HARMON DDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DR. MICHAEL J. HARMON, DDS, LLC	<b>c</b> EIN-PN 45-2509910-001
<b>a</b>	Plan name	DR. PHARM USA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DR. PHARM USA, INC.	<b>c</b> EIN-PN 82-4124670-001
<b>a</b>	Plan name	DR. ROBERT H. SMITH, DMD, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DR. ROBERT H. SMITH, DMD, PLLC	<b>c</b> EIN-PN 48-5532369-001
<b>a</b>	Plan name	DRAFT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAO PRODUCTIONS, LLC	<b>c</b> EIN-PN 26-1392631-001
<b>a</b>	Plan name	DRS. FAIR & NIQUETTE, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST MICHIGAN FAMILY DENTAL, P.C.	<b>c</b> EIN-PN 38-2901263-001
<b>a</b>	Plan name	JENNIFER M. SASADA, D.M.D., LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JENNIFER M. SASADA, D.M.D., LLC	<b>c</b> EIN-PN 90-0426102-001
<b>a</b>	Plan name	JEREH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN JEREH INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 26-1780611-001
<b>a</b>	Plan name	JERRY CHIDESTER MD, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JERRY CHIDESTER MD, PLLC	<b>c</b> EIN-PN 84-4004479-001
<b>a</b>	Plan name	TATE INSURANCE GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TATE INSURANCE GROUP, INC.	<b>c</b> EIN-PN 45-5467885-001
<b>a</b>	Plan name	REHFELD, HERNANDEZ, AND ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REHFELD, HERNANDEZ, & ASSOCIATES, INC. DBA VISITING ANGELS OF GLENDO	<b>c</b> EIN-PN 75-2973602-001
<b>a</b>	Plan name	RENEWABLE LUBRICANTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RENEWABLE LUBRICANTS, INC.	<b>c</b> EIN-PN 34-1749334-001
<b>a</b>	Plan name	FX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARCTIC FX GRAPHICS	<b>c</b> EIN-PN 35-2264890-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	G&R FABRICATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G&R FABRICATION, LLC	<b>c</b> EIN-PN 27-2404814-001
<b>a</b>	Plan name	GAGHAN MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GAGHAN MECHANICAL, INC.	<b>c</b> EIN-PN 54-1789937-001
<b>a</b>	Plan name	RICHMAN BUSINESS MANAGEMENT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RICHMAN BUSINESS MANAGEMENT, LLC	<b>c</b> EIN-PN 22-3437186-001
<b>a</b>	Plan name	RINAUDO ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RINAUDO ENTERPRISES, INC.	<b>c</b> EIN-PN 59-3384145-001
<b>a</b>	Plan name	GEORGIA'S RESTAURANT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GEORGE & GRETCHEN, INC. DBA GEORGIA'S RESTAURANT	<b>c</b> EIN-PN 46-3194222-011
<b>a</b>	Plan name	CAR CRAFT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAR CRAFT, INC.	<b>c</b> EIN-PN 72-0651590-001
<b>a</b>	Plan name	MARTY'S PIZZA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARTY'S BROOKFIELD, INC.	<b>c</b> EIN-PN 39-1647623-001
<b>a</b>	Plan name	V3GATE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	V3GATE LLC	<b>c</b> EIN-PN 26-1601904-001
<b>a</b>	Plan name	WARREN F THOMAS PLUMBING CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WARREN F. THOMAS PLUMBING CO.	<b>c</b> EIN-PN 36-4058295-001
<b>a</b>	Plan name	RRR ELECTRIC, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RRR ELECTRIC, INCORPORATED	<b>c</b> EIN-PN 38-2953386-001
<b>a</b>	Plan name	RUE & ZIFFRA, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUE & ZIFFRA, P.A.	<b>c</b> EIN-PN 59-3154090-001
<b>a</b>	Plan name	CHICK-FIL-A HARVARD PARK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GDDIII LLC	<b>c</b> EIN-PN 47-1853008-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CHILD CARE MARKETING SOLUTIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DAY CARE SYSTEMS, LLC	<b>c</b> EIN-PN 26-0492834-001
<b>a</b>	Plan name GRASS MONKEY PEST CONTROL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRASS MONKEY PEST CONTROL LLC	<b>c</b> EIN-PN 46-4375103-001
<b>a</b>	Plan name MERAKI SOCIAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERAKI SOCIAL, LLC	<b>c</b> EIN-PN 81-2114618-001
<b>a</b>	Plan name MERIDIAN REALTY GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERIDIAN REALTY GROUP, LLC	<b>c</b> EIN-PN 26-4724387-001
<b>a</b>	Plan name SAPPHIRE COMPANIES, 401K PLAN	
<b>b</b>	Name of plan sponsor SAPPHIRE COMPANIES LLC	<b>c</b> EIN-PN 84-1934348-001
<b>a</b>	Plan name WHARF RESTAURANT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor WHARF RESTAURANT GROUP, LLC DBA YOHO RUM AND TACOS	<b>c</b> EIN-PN 83-2296547-001
<b>a</b>	Plan name WIDLAK AND PETRICHES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WIDLAK AND PETRICHES, P.C.	<b>c</b> EIN-PN 38-3083072-001
<b>a</b>	Plan name 310 DUST CONTROL 401(K) PLAN	
<b>b</b>	Name of plan sponsor 310 DUST CONTROL, LLC	<b>c</b> EIN-PN 45-4921800-001
<b>a</b>	Plan name CLEVELAND COUNCIL ON WORLD AFFAIRS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEVELAND COUNCIL ON WORLD AFFAIRS	<b>c</b> EIN-PN 34-0720549-001
<b>a</b>	Plan name CLINE MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLINE MECHANICAL INC.	<b>c</b> EIN-PN 46-4602299-001
<b>a</b>	Plan name HALEIWA FAMILY DENTAL CENTER, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HALEIWA FAMILY DENTAL CENTER, LTD.	<b>c</b> EIN-PN 99-0322411-001
<b>a</b>	Plan name HAMBURG IXL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAMBURG IXL, LLC	<b>c</b> EIN-PN 46-4410379-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MOCAVO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOCAVO, INC.	<b>c</b> EIN-PN 27-5211145-001
<b>a</b>	Plan name	HICKEY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HICKEY ELECTRIC, INC.	<b>c</b> EIN-PN 27-0640986-001
<b>a</b>	Plan name	ACE GREASE SERVICE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ACE GREASE SERVICE, INC.	<b>c</b> EIN-PN 36-4775890-001
<b>a</b>	Plan name	ACHIEVE FOR THREE DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ACHIEVE FOR THREE LLC	<b>c</b> EIN-PN 87-1356350-001
<b>a</b>	Plan name	ACT UNDERGROUND, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACT UNDERGROUND, LLC	<b>c</b> EIN-PN 26-0331116-001
<b>a</b>	Plan name	NE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NE CONSTRUCTION LLC	<b>c</b> EIN-PN 27-0721649-001
<b>a</b>	Plan name	NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEOPART TRANSIT, LLC	<b>c</b> EIN-PN 36-4830017-001
<b>a</b>	Plan name	SHIELDS WELLNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHIELDS THERAPEUTIC HEALTH, INC.	<b>c</b> EIN-PN 45-4267357-001
<b>a</b>	Plan name	YOUTH & OPPORTUNITY UNITED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	YOUTH & OPPORTUNITY UNITED	<b>c</b> EIN-PN 36-2734966-001
<b>a</b>	Plan name	Z-TEK CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	Z-TEK CONSTRUCTION, LLC	<b>c</b> EIN-PN 47-2300579-001
<b>a</b>	Plan name	NORRIS PAVING 401K PLAN	
<b>b</b>	Name of plan sponsor	NORRIS PAVING & ASPHALT, INC.	<b>c</b> EIN-PN 72-1371617-001
<b>a</b>	Plan name	AFFORDABLE AUTO REPAIR RETIREMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRACY'S AFFORDABLE AUTOMOTIVE LTD (DBA AFFORDABLE AUTO REPAIR)	<b>c</b> EIN-PN 81-4817180-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COUNTRYWOOD SHOPPING CENTER ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COUNTRYWOOD SHOPPING CENTER ASSOCIATES	<b>c</b> EIN-PN 94-6328342-001
<b>a</b>	Plan name CRAWFORD EQUIPMENT SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRAWFORD EQUIPMENT SUPPLY, LLC	<b>c</b> EIN-PN 84-3726969-001
<b>a</b>	Plan name SK DESIGN BUILD 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYNTHESIS, INC.	<b>c</b> EIN-PN 20-0210040-001
<b>a</b>	Plan name OPEN ARMS HOSPICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor OPEN ARMS HOSPICE	<b>c</b> EIN-PN 81-3810580-001
<b>a</b>	Plan name OPEN RANGE ENGINEERING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor OPEN RANGE ENGINEERING SERVICES, PLLC	<b>c</b> EIN-PN 20-5674889-001
<b>a</b>	Plan name OREV LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor OREV, LLC	<b>c</b> EIN-PN 80-0804526-001
<b>a</b>	Plan name AMERICAN BAITWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN BAITWORKS CO.	<b>c</b> EIN-PN 83-3241860-001
<b>a</b>	Plan name AMERICAN BIOTECH LABS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN BIOTECH LABS LLC	<b>c</b> EIN-PN 20-3029677-001
<b>a</b>	Plan name INSURANCE CONSTRUCTION MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSURANCE CONSTRUCTION MANAGEMENT	<b>c</b> EIN-PN 47-3094380-001
<b>a</b>	Plan name ST. PETE AVIATION SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. PETE AVIATION SERVICES, LLC	<b>c</b> EIN-PN 45-2474818-001
<b>a</b>	Plan name ST. VRAIN BLOCK COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ST. VRAIN BLOCK COMPANY	<b>c</b> EIN-PN 84-0685373-001
<b>a</b>	Plan name STANNARD STUDD & TIRONI DENTISTRY, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STUDD & TIRONI DENTISTRY, P.C.	<b>c</b> EIN-PN 20-5898307-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name PACIFIC TEST AND BALANCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PACIFIC TEST AND BALANCE, INC.	<b>c</b> EIN-PN 26-4334529-001
<b>a</b>	Plan name PACIFIC THERX, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PACIFIC THERX, INC.	<b>c</b> EIN-PN 94-3322603-001
<b>a</b>	Plan name PAGENKOPF FUNERAL HOME, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PAGENKOPF FUNERAL HOME, INC	<b>c</b> EIN-PN 39-1089800-001
<b>a</b>	Plan name DIAL-X AUTOMATED EQUIPMENT, INC. 401(K) RETIREMENT PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIAL-X ACQUISITION COMPANY, INC. DBA DIAL-X AUTOMATED EQUIPMENT	<b>c</b> EIN-PN 46-4936140-001
<b>a</b>	Plan name IQ TECH PROS 401(K) PLAN	
<b>b</b>	Name of plan sponsor IQ TECH PROS	<b>c</b> EIN-PN 03-0377009-001
<b>a</b>	Plan name ISLAND METAL WORKS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ISLAND METAL WORKS OF PORT ST. LUCIE, LLC	<b>c</b> EIN-PN 27-0110419-001
<b>a</b>	Plan name ISLAND STYLE INNOVATIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ISLAND STYLE INNOVATIONS, LLC	<b>c</b> EIN-PN 46-4275892-001
<b>a</b>	Plan name IXL LEARNING CENTER BIRMINGHAM AND NORTHVILLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor IXL BIRMINGHAM AND NORTHVILLE	<b>c</b> EIN-PN 45-4821302-001
<b>a</b>	Plan name PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERKINS MOTOR PLEX LLC	<b>c</b> EIN-PN 26-4307208-001
<b>a</b>	Plan name ATLANTIS AIR 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIS AIR CONDITIONING CORP.	<b>c</b> EIN-PN 59-2380821-001
<b>a</b>	Plan name DUN-RITE WINDOW AND DOOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor DUN-RITE WINDOW AND DOOR	<b>c</b> EIN-PN 25-1779190-001
<b>a</b>	Plan name TBG COMPANIES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TBG CONSTRUCTION LLC	<b>c</b> EIN-PN 83-4539773-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TCP OF LA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRAFFIC CONTROL PRODUCTS COMPANY OF LOUISIANA, INCORPORATED	<b>c</b> EIN-PN 58-1342397-001
<b>a</b>	Plan name	TDK CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TDK CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 61-1025614-001
<b>a</b>	Plan name	TDR PLUMBING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TDR PLUMBING, LLC	<b>c</b> EIN-PN 82-2800158-001
<b>a</b>	Plan name	PORT CITY ARCHITECTURAL SIGNAGE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PORT CITY ARCHITECTURAL SIGNAGE LLC	<b>c</b> EIN-PN 20-5381694-001
<b>a</b>	Plan name	BARDA SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARDA SERVICES, LLC	<b>c</b> EIN-PN 27-2629330-001
<b>a</b>	Plan name	EDWARD-JAMES SURVEYING, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	EDWARD-JAMES SURVEYING, INC.	<b>c</b> EIN-PN 32-0055203-002
<b>a</b>	Plan name	EJOULE, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	EJOULE, INC.	<b>c</b> EIN-PN 47-4653062-001
<b>a</b>	Plan name	KDJ SALES & SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KDJ SALES & SERVICE, INC.	<b>c</b> EIN-PN 37-1131827-001
<b>a</b>	Plan name	THE CALIFORNIAN ON WILSHIRE HOA EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CALIFORNIAN ON WILSHIRE HOA, INC.	<b>c</b> EIN-PN 26-0122820-001
<b>a</b>	Plan name	THE CONNECTME 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MODERN HR, INC.	<b>c</b> EIN-PN 81-0741257-002
<b>a</b>	Plan name	PROJEX PACIFIC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROJEX PACIFIC INC	<b>c</b> EIN-PN 51-0470194-001
<b>a</b>	Plan name	PROLANTHROPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROLANTHROPY, LLC	<b>c</b> EIN-PN 46-4238904-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BIONICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIONICA DENTAL WELLNESS	<b>c</b> EIN-PN 83-1037421-001
<b>a</b>	Plan name BITTERSWEET CHOCOLATE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BITTERSWEET CHOCOLATE, INC.	<b>c</b> EIN-PN 20-5415523-001
<b>a</b>	Plan name ETC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONTESSORI CONNECTIONS, LLC DBA ETC MONTESSORI	<b>c</b> EIN-PN 45-2546038-001
<b>a</b>	Plan name LAKELAND GENERAL STORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAKELAND GENERAL STORE	<b>c</b> EIN-PN 82-1103381-001
<b>a</b>	Plan name THOMSON INTERNATIONAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THOMSON INTERNATIONAL, INC.	<b>c</b> EIN-PN 95-3105654-001
<b>a</b>	Plan name THORNE METAL SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THORNE METAL SYSTEMS, INC.	<b>c</b> EIN-PN 56-2372478-001
<b>a</b>	Plan name THREAD 401(K) PLAN	
<b>b</b>	Name of plan sponsor THREAD INTERNATIONAL PBC, INC.	<b>c</b> EIN-PN 32-0466406-001
<b>a</b>	Plan name PYLE'S POOLS RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PYLE POOLS, INC.	<b>c</b> EIN-PN 26-1661425-001
<b>a</b>	Plan name BONEFIDE PRODUCTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BONEFIDE PRODUCTIONS, LLC	<b>c</b> EIN-PN 26-3348427-001
<b>a</b>	Plan name BOSS ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOSS ELECTRIC, LLC	<b>c</b> EIN-PN 46-4396125-002
<b>a</b>	Plan name FAWEUX 32 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor CLAASSEN PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 27-2021325-001
<b>a</b>	Plan name FD SEATTLE CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FD SEATTLE CLINIC INC	<b>c</b> EIN-PN 81-5337098-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LAW OFFICES OF VANCE A. FUNK PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF VANCE A. FUNK PA	<b>c</b> EIN-PN 03-0380002-001
<b>a</b>	Plan name	LB9 PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LB9 PARTNERS, INC.	<b>c</b> EIN-PN 47-4198538-001
<b>a</b>	Plan name	LEARNINGWORKS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LEARNINGWORKS	<b>c</b> EIN-PN 01-0353682-001
<b>a</b>	Plan name	TODD HOLMES INSURANCE AGENCY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TODD HOLMES INSURANCE AGENCY INC.	<b>c</b> EIN-PN 27-1340002-001
<b>a</b>	Plan name	TOMIC INSECTICIDE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOMIC INSECTICIDE COMPANY, INC.	<b>c</b> EIN-PN 95-3254758-001
<b>a</b>	Plan name	TOP LINE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOP LINE MATERIAL HANDLING, INC.	<b>c</b> EIN-PN 61-1414631-001
<b>a</b>	Plan name	LEGACY INSURANCE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEGACY INSURANCE GROUP, INC.	<b>c</b> EIN-PN 27-0274988-001
<b>a</b>	Plan name	MANIFEST SOLUTIONS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANIFEST SOLUTIONS CORP.	<b>c</b> EIN-PN 31-1422564-002
<b>a</b>	Plan name	MAPLE MEDICAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAPLE MEDICAL PARTNERS, INC.	<b>c</b> EIN-PN 85-3760830-001
<b>a</b>	Plan name	MASSIE & COMPANY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASSIE & COMPANY LLC	<b>c</b> EIN-PN 83-2325429-001
<b>a</b>	Plan name	MASSIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MED-LIEN SOLUTIONS HOLDING CO, LLC	<b>c</b> EIN-PN 46-1561166-001
<b>a</b>	Plan name	MATRIX INTERIOR CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATRIX INTERIOR CONSTRUCTION, INC.	<b>c</b> EIN-PN 26-0473826-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	METALCRAFT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GENESEE WESTER, INC. DBA METALCRAFT	<b>c</b> EIN-PN 84-1214748-001
<b>a</b>	Plan name	METHODIST HOMES FOR THE AGING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METHODIST HOMES FOR THE AGING	<b>c</b> EIN-PN 63-0376518-001
<b>a</b>	Plan name	MOMENTUM BUILDERS 401(K)	
<b>b</b>	Name of plan sponsor	MOMENTUM BUILDERS	<b>c</b> EIN-PN 25-1413147-001
<b>a</b>	Plan name	MONTIPOWER AMERICAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONTIPOWER AMERICAS, INC.	<b>c</b> EIN-PN 54-1702201-001
<b>a</b>	Plan name	NEURODEVELOPMENTAL INSTITUTE OF NEW HAMPSHIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEURODEVELOPMENTAL INSTITUTE OF NH, LLC	<b>c</b> EIN-PN 47-3097930-001
<b>a</b>	Plan name	NEW GEORGIA PROJECT ACTION FUND 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NEW GEORGIA PROJECT ACTION FUND	<b>c</b> EIN-PN 82-0934131-001
<b>a</b>	Plan name	NORTHERN LIGHTS SURVEYING 401(K)	
<b>b</b>	Name of plan sponsor	NORTHERN LIGHTS SURVEYING SERVICE, INC	<b>c</b> EIN-PN 83-8159056-001
<b>a</b>	Plan name	PALMETTO LINE CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALMETTO LINE CONTRACTORS, INC.	<b>c</b> EIN-PN 58-2591714-001
<b>a</b>	Plan name	PAPERFILMS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAPERFILMS, INC.	<b>c</b> EIN-PN 20-3744031-001
<b>a</b>	Plan name	BREAKNESS HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BREAKNESS HOLDINGS, LLC	<b>c</b> EIN-PN 47-2491417-001
<b>a</b>	Plan name	PROPHET ONE SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROPHET ONE SOLUTIONS, INC.	<b>c</b> EIN-PN 20-3912011-001
<b>a</b>	Plan name	QUALITY DIAMOND TOOLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUNCAN AND DUNCAN, INC.	<b>c</b> EIN-PN 11-3724839-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">QUANTUM HEALTH SOLUTIONS GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WHOLE HEALTH INTEGRATED MEDICINE DBA QUANTUM HEALTH SOLUTIONS GROUP</a>	<b>c</b> EIN-PN <a href="#">45-4931869-001</a>
<b>a</b>	Plan name <a href="#">RER ENERGY GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RER ENERGY GROUP</a>	<b>c</b> EIN-PN <a href="#">27-0924271-001</a>
<b>a</b>	Plan name <a href="#">RESOLVION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RESOLVION, GP</a>	<b>c</b> EIN-PN <a href="#">47-5254939-001</a>
<b>a</b>	Plan name <a href="#">RESORT SECURITY SYSTEMS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RESORT SECURITY SYSTEMS INC.</a>	<b>c</b> EIN-PN <a href="#">57-0892235-001</a>
<b>a</b>	Plan name <a href="#">RETINA ASSOCIATES OF HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RETINA ASSOCIATES OF HAWAII, INC.</a>	<b>c</b> EIN-PN <a href="#">84-4281908-003</a>
<b>a</b>	Plan name <a href="#">RISK INSURANCE AND REINSURANCE SOLUTIONS, INC. 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RISK INSURANCE AND REINSURANCE SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">65-0445340-001</a>
<b>a</b>	Plan name <a href="#">RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RIVERHILLS HEALTHCARE, INC.</a>	<b>c</b> EIN-PN <a href="#">31-1412447-002</a>
<b>a</b>	Plan name <a href="#">S &amp; S OIL COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">S &amp; S OIL COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">06-1265561-001</a>
<b>a</b>	Plan name <a href="#">SCENIC INDUSTRIES LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCENIC INDUSTRIES LLC</a>	<b>c</b> EIN-PN <a href="#">84-4090172-002</a>
<b>a</b>	Plan name <a href="#">SCHER-CASH, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCHER-CASH, INC.</a>	<b>c</b> EIN-PN <a href="#">03-0466795-001</a>
<b>a</b>	Plan name <a href="#">SHORELINE PRIVATE WEALTH MANAGEMENT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOSTON LEDGE, LLC</a>	<b>c</b> EIN-PN <a href="#">87-3066674-001</a>
<b>a</b>	Plan name <a href="#">SHULLY CATERING, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHULLY CATERING, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1485107-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SIGMON FAMILY INVESTMENTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIGMON FAMILY INVESTMENTS, INC.	<b>c</b> EIN-PN 20-3200494-001
<b>a</b>	Plan name	SKIN BOUTIQUE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKIN BOUTIQUE INCORPORATED	<b>c</b> EIN-PN 82-1423816-001
<b>a</b>	Plan name	SLEEP INSTITUTE OF NEW ENGLAND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SLEEP INSTITUTE OF NEW ENGLAND, PLLC	<b>c</b> EIN-PN 32-0289592-001
<b>a</b>	Plan name	SLS MACHINING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SLS MACHINING LLC	<b>c</b> EIN-PN 46-4192298-001
<b>a</b>	Plan name	STEGENGA + PARTNERS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEGENGA + PARTNERS, PC	<b>c</b> EIN-PN 58-2185468-001
<b>a</b>	Plan name	STEINBRUNER HILL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEINBRUNER HILL, INC.	<b>c</b> EIN-PN 46-2638405-001
<b>a</b>	Plan name	SUMMIT SAFETY GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT SAFETY GROUP, LLC	<b>c</b> EIN-PN 46-4404382-001
<b>a</b>	Plan name	TEC EXCAVATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEC EXCAVATION, LLC	<b>c</b> EIN-PN 20-3227277-001
<b>a</b>	Plan name	TELCO PROS, LLC 401(K)& PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TELCO PROS, LLC	<b>c</b> EIN-PN 27-1278379-001
<b>a</b>	Plan name	THE EDI PROJECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE EDI PROJECT, INC.	<b>c</b> EIN-PN 45-0493427-001
<b>a</b>	Plan name	THUNDER HEART PERFORMANCE CORP. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THUNDER HEART PERFORMANCE CORP	<b>c</b> EIN-PN 62-1630064-001
<b>a</b>	Plan name	TORRES LAW GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANNA D. TORRES, P.A. DBA TORRES LAW GROUP	<b>c</b> EIN-PN 47-3870637-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name TOTAL LOGISTICS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOTAL LOGISTICS CORP.	<b>c</b> EIN-PN 41-1785724-001
<b>a</b>	Plan name TOWN & COUNTRY ANIMAL HOSPITAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOWN AND COUNTRY ANIMAL HOSPITAL, INC.	<b>c</b> EIN-PN 55-0777030-001
<b>a</b>	Plan name UNITED METHODIST VILLAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED METHODIST VILLAGE, INC.	<b>c</b> EIN-PN 37-0673519-001
<b>a</b>	Plan name UNITED WAY OF ST. JOHNS COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED WAY OF ST. JOHNS COUNTY	<b>c</b> EIN-PN 59-6018986-002
<b>a</b>	Plan name UNITY MANUFACTURING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNITY MANUFACTURING COMPANY	<b>c</b> EIN-PN 36-1899680-001
<b>a</b>	Plan name WATCH US GROW PEDIATRICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor WATCH US GROW PEDIATRICS P.C.	<b>c</b> EIN-PN 82-1556859-001
<b>a</b>	Plan name 401(K) FOR HANKS, HANKS AND ASSOCIATES, LLC	
<b>b</b>	Name of plan sponsor HANKS, HANKS AND ASSOCIATES, LLC	<b>c</b> EIN-PN 37-1438277-001
<b>a</b>	Plan name 604 MANAGEMENT LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor 604 MANAGEMENT LLC	<b>c</b> EIN-PN 27-2863420-001
<b>a</b>	Plan name 9DOTS MANAGEMENT CORP., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor 9DOTS MANAGEMENT CORP., LLC	<b>c</b> EIN-PN 35-2517637-001
<b>a</b>	Plan name ZTS TRUCKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ZTS TRUCKING	<b>c</b> EIN-PN 41-1897999-001
<b>a</b>	Plan name ADAPTIVESTACK TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADAPTIVESTACK TECHNOLOGIES, INC.	<b>c</b> EIN-PN 47-2617122-001
<b>a</b>	Plan name ADDITIVE MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADDITIVE MANUFACTURING, LLC	<b>c</b> EIN-PN 27-1218250-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ADOPTION OPTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADOPTION OPTIONS	<b>c</b> EIN-PN 84-0867014-001
<b>a</b>	Plan name AGI ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AGI ELECTRIC, LLC	<b>c</b> EIN-PN 45-4266773-001
<b>a</b>	Plan name AGNIESZKA JAMROZEK, DMD LLC DEFINED BENEFIT PENSION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AGNIESZKA JAMROZEK DMD, LLC	<b>c</b> EIN-PN 81-1106417-001
<b>a</b>	Plan name AI CORPORATE INTERIORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AI CORPORATE INTERIORS, LLC	<b>c</b> EIN-PN 80-0201551-001
<b>a</b>	Plan name AIAI 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCESSIBLE INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 27-0749186-001
<b>a</b>	Plan name AMERICAN RELIANCE INDUSTRIES COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN RELIANCE INDUSTRIES COMPANY	<b>c</b> EIN-PN 35-2131825-001
<b>a</b>	Plan name AMERISIDE 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERISIDE, INC.	<b>c</b> EIN-PN 46-1863237-001
<b>a</b>	Plan name APEX GENERAL CONTRACTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor APEXTERIORS, INC.	<b>c</b> EIN-PN 20-4500271-001
<b>a</b>	Plan name AURORA-LITTLETON UNISERV UNIT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AURORA-LITTLETON UNISERV UNIT	<b>c</b> EIN-PN 84-0733292-001
<b>a</b>	Plan name BATTERIES PLUS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NUMBER 13, LLC	<b>c</b> EIN-PN 82-0513791-001
<b>a</b>	Plan name BAYSHORE SUPPLY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor IJK & CO., INC. DBA BAYSHORE SUPPLY	<b>c</b> EIN-PN 94-3148805-001
<b>a</b>	Plan name BOYS & GIRLS CLUB OF GREATER NEW HAVEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOYS & GIRLS CLUBS OF GREATER NEW HAVEN	<b>c</b> EIN-PN 06-0646935-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CALIBER ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALIBER ASSOCIATES, LLC	<b>c</b> EIN-PN 75-2859318-001
<b>a</b>	Plan name	CALIFORNIA REPLACEMENT WINDOWS, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA REPLACEMENT WINDOWS, INC.	<b>c</b> EIN-PN 26-0342442-001
<b>a</b>	Plan name	CHR EMPLOYEES UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHR EMPLOYEES, LLC	<b>c</b> EIN-PN 84-3936863-002
<b>a</b>	Plan name	CHRISTIAN DEAN ARCHITECTURE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHRISTIAN DEAN ARCHITECTURE, LLC	<b>c</b> EIN-PN 46-2412177-001
<b>a</b>	Plan name	CHRISTOPHER BENTON FAMILY AND COSMETIC DENTISTRY, PLLC 401(K) PSP	
<b>b</b>	Name of plan sponsor	CHRISTOPHER BENTON FAMILY AND COSMETIC DENTISTRY, PLLC	<b>c</b> EIN-PN 47-2967144-001
<b>a</b>	Plan name	CODABEARS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CODABEARS, INC.	<b>c</b> EIN-PN 26-2544925-001
<b>a</b>	Plan name	COLLISION CRAFTSMEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLLISION CRAFTSMEN OF MACOMB, INC.	<b>c</b> EIN-PN 38-3228642-001
<b>a</b>	Plan name	COOK BUILDING CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEG INC D.B.A. COOK BUILDING CENTER	<b>c</b> EIN-PN 41-1683076-001
<b>a</b>	Plan name	CORE AESTHETICS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CORE AESTHETICS, LLC	<b>c</b> EIN-PN 26-0681863-001
<b>a</b>	Plan name	CORE INSTALLATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORE INSTALLATIONS, LLC	<b>c</b> EIN-PN 26-3602555-001
<b>a</b>	Plan name	CRESCENT MARKETING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRESCENT MARKETING, INC.	<b>c</b> EIN-PN 33-0806686-001
<b>a</b>	Plan name	DIETZE & LOGAN SPINE SPECIALISTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIETZE & LOGAN SPINE SPECIALISTS, L.C.C.	<b>c</b> EIN-PN 81-5302624-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">DUPRE MARINE TRANSPORTATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUPRE MARINE TRANSPORTATION</a>	<b>c</b> EIN-PN <a href="#">72-1496406-777</a>
<b>a</b>	Plan name <a href="#">EL GUAPO'S TACOS RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EL GUAPO'S TACOS, LLC</a>	<b>c</b> EIN-PN <a href="#">45-3252311-001</a>
<b>a</b>	Plan name <a href="#">ELEMENT WELLNESS &amp; SPORTS REHABILITATION 401(K) PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">EASTSIDE WELLNESS CENTER LLC DBA ELEMENT WELLNESS &amp; SPORTS REHABILIT</a>	<b>c</b> EIN-PN <a href="#">20-3552854-001</a>
<b>a</b>	Plan name <a href="#">FERRY CONSTRUCTION SERVICES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FERRY CONSTRUCTION SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">45-3775709-001</a>
<b>a</b>	Plan name <a href="#">GASTON ENGINEERING RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GASTON ENGINEERING &amp; SURVEYING, P.C.</a>	<b>c</b> EIN-PN <a href="#">81-0454635-002</a>
<b>a</b>	Plan name <a href="#">GCLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRACE CHRISTIAN LEARNING CENTER, INC.</a>	<b>c</b> EIN-PN <a href="#">38-3003649-001</a>
<b>a</b>	Plan name <a href="#">GIOIA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GIOIA, INC.</a>	<b>c</b> EIN-PN <a href="#">81-4759315-001</a>
<b>a</b>	Plan name <a href="#">GREAT SOUTHERN DEMOLITION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREAT SOUTHERN DEMOLITION</a>	<b>c</b> EIN-PN <a href="#">59-3416417-001</a>
<b>a</b>	Plan name <a href="#">HANNA BROTHERS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HANNA BROTHERS GEORGIA, LLC</a>	<b>c</b> EIN-PN <a href="#">46-4134248-001</a>
<b>a</b>	Plan name <a href="#">HOWELL IXL, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOWELL IXL, LLC</a>	<b>c</b> EIN-PN <a href="#">27-2002177-001</a>
<b>a</b>	Plan name <a href="#">HRS OPERATING, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HRS OPERATING, LLC</a>	<b>c</b> EIN-PN <a href="#">83-1021498-001</a>
<b>a</b>	Plan name <a href="#">INTERIORS BY MARILYN 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INTERIORS BY MARILYN, LLC</a>	<b>c</b> EIN-PN <a href="#">99-5087225-001</a>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	INTERPRINT INCORPORATED SAVINGS PLAN
<b>b</b>	Name of plan sponsor	INTERPRINT, INC.
<b>c</b>	EIN-PN	59-0871253-001
<b>a</b>	Plan name	INTERSTATE 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTERSTATE DEVELOPMENT CORPORATION
<b>c</b>	EIN-PN	47-3473668-001
<b>a</b>	Plan name	INTERSTATE COMMERCIAL GLASS & DOOR, INC. 401(K) SALARY REDUCTION PLAN AND TRUST
<b>b</b>	Name of plan sponsor	INTERSTATE COMMERCIAL GLASS & DOOR, INC.
<b>c</b>	EIN-PN	38-2822716-001
<b>a</b>	Plan name	J.W. SMART CONSTRUCTION COMPANY, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	J.W. SMART CONSTRUCTION COMPANY, INC.
<b>c</b>	EIN-PN	33-0915038-001
<b>a</b>	Plan name	JABBA COMMUNICATIONS 401(K) PLAN & TRUST
<b>b</b>	Name of plan sponsor	JABBA COMMUNICATIONS, INC.
<b>c</b>	EIN-PN	26-1562882-001
<b>a</b>	Plan name	JM FUNDING GROUP, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JM FUNDING GROUP, INC.
<b>c</b>	EIN-PN	26-2524403-001
<b>a</b>	Plan name	JMC ELECTRICAL CONTRACTOR LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	JMC ELECTRICAL CONTRACTOR LLC
<b>c</b>	EIN-PN	27-3290634-001
<b>a</b>	Plan name	KENNELMASTER FOODS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	KENNELMASTER FOODS, INC.
<b>c</b>	EIN-PN	45-5144457-001
<b>a</b>	Plan name	LANDBRIDGE ECOLOGICAL SAFE HARBOR 401(K) PLAN
<b>b</b>	Name of plan sponsor	LANDBRIDGE ECOLOGICAL
<b>c</b>	EIN-PN	27-2058011-001
<b>a</b>	Plan name	A-TEAM CONSTRUCTION UNLIMITED, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	A-TEAM CONSTRUCTION UNLIMITED, INC.
<b>c</b>	EIN-PN	20-2201891-001
<b>a</b>	Plan name	A-WHISCO INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	A-WHISCO, INC.
<b>c</b>	EIN-PN	52-0979730-001
<b>a</b>	Plan name	AIR RESOURCES HELICOPTERS INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	AIR RESOURCES HELICOPTERS INC
<b>c</b>	EIN-PN	47-1314819-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	AK RESTAURANTS, INC. 401(K) & PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	AK RESTAURANTS, INC.
<b>c</b>	EIN-PN	46-2821367-001
<b>a</b>	Plan name	AKIVA GOLDMAN, P.C. 401(K) PLAN
<b>b</b>	Name of plan sponsor	AKIVA GOLDMAN, P.C.
<b>c</b>	EIN-PN	38-3616750-001
<b>a</b>	Plan name	AKJOHNSTON GROUP, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	AKJOHNSTON GROUP, LLC
<b>c</b>	EIN-PN	47-4760375-001
<b>a</b>	Plan name	APS 401(K) PLAN
<b>b</b>	Name of plan sponsor	ATLANTIC PIPE SERVICES, LLC
<b>c</b>	EIN-PN	81-4515509-001
<b>a</b>	Plan name	ARC PACIFIC, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ARC PACIFIC, INC.
<b>c</b>	EIN-PN	47-0965866-001
<b>a</b>	Plan name	BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BRAZORIA TELEPHONE COMPANY, INC.
<b>c</b>	EIN-PN	74-1179149-002
<b>a</b>	Plan name	BRG HOSPITALITY 401(K) PLAN
<b>b</b>	Name of plan sponsor	BRG HOSPITALITY GROUP, LLC
<b>c</b>	EIN-PN	82-3528225-001
<b>a</b>	Plan name	BRIAN LUEDTKE & ASSOCIATES CONSTRUCTION LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	BRIAN LUEDTKE & ASSOCIATES CONSTRUCTION LLC
<b>c</b>	EIN-PN	81-2000303-001
<b>a</b>	Plan name	COMBINED POOL & SPA 401(K) PLAN
<b>b</b>	Name of plan sponsor	COMBINED POOL & SPA, INC.
<b>c</b>	EIN-PN	90-0066428-001
<b>a</b>	Plan name	COMFORT HOME HEALTH CARE GROUP, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	COMFORT HOME HEALTH CARE GROUP, INC.
<b>c</b>	EIN-PN	41-1447318-001
<b>a</b>	Plan name	COMMONWEALTH TRUST COMPANY 401(K) PLAN
<b>b</b>	Name of plan sponsor	COMMONWEALTH TRUST COMPANY
<b>c</b>	EIN-PN	51-0009125-001
<b>a</b>	Plan name	COMMUNITY MATTERS, INC. SAFE HARBOR 401(K) PLAN
<b>b</b>	Name of plan sponsor	COMMUNITY MATTERS, INC.
<b>c</b>	EIN-PN	35-2237343-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CROSSGATES FAMILY FITNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROSSGATES FAMILY FITNESS	<b>c</b> EIN-PN 72-0854746-001
<b>a</b>	Plan name	CS ADVOCARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CS ADVOCARE, INC.	<b>c</b> EIN-PN 84-1129499-001
<b>a</b>	Plan name	DOMAIN DESIGN ARCHITECTURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOMAIN DESIGN ARCHITECTURE	<b>c</b> EIN-PN 20-0446118-001
<b>a</b>	Plan name	ELTOSCH GRAFIX AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELTOSCH GRAFIX AMERICA, INC.	<b>c</b> EIN-PN 26-3802412-001
<b>a</b>	Plan name	ELYSIAN TECHNOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELYSIAN TECHNOLOGY	<b>c</b> EIN-PN 47-3755672-001
<b>a</b>	Plan name	FINANCIAL TRAINING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FINANCIAL TRAINING INC.	<b>c</b> EIN-PN 45-2613149-001
<b>a</b>	Plan name	FINMC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC WEB SERVICES, INC.	<b>c</b> EIN-PN 20-5185854-001
<b>a</b>	Plan name	GLASSEN TECHNOLOGY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLASSEN TECHNOLOGY SERVICES	<b>c</b> EIN-PN 82-3781057-001
<b>a</b>	Plan name	GLESSNER WHARTON & ANDREWS INSURANCE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLESSNER WHARTON & ANDREWS INSURANCE, LLC	<b>c</b> EIN-PN 27-0746759-001
<b>a</b>	Plan name	HARRY DAVIS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HARRY DAVIS, LLC	<b>c</b> EIN-PN 26-4098911-001
<b>a</b>	Plan name	LEITCHFIELD VETERINARY CLINIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEITCHFIELD VETERINARY CLINIC, INC.	<b>c</b> EIN-PN 27-5406094-001
<b>a</b>	Plan name	LIBERTY TURNED COMPONENTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY TURNED COMPONENTS, LLC	<b>c</b> EIN-PN 46-4301896-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name LIBERTY UCC MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LIBERTY UCC MANAGEMENT, LLC	<b>c</b> EIN-PN 81-3126287-001
<b>a</b>	Plan name MORGAN & MORGAN CPA'S, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MORGAN & MORGAN CPA'S, P.C.	<b>c</b> EIN-PN 26-4625247-001
<b>a</b>	Plan name PRECISION DIAGNOSTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRECISION DIAGNOSTICS	<b>c</b> EIN-PN 83-4585434-001
<b>a</b>	Plan name PRECISION ENVIRONMENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor PRECISION WORKS, INC. DBA PRECISION ENVIRONMENTAL	<b>c</b> EIN-PN 77-0078511-001
<b>a</b>	Plan name R & A ENTERPRISES OF CENTRAL COLORADO 401(K) PLAN	
<b>b</b>	Name of plan sponsor R & A ENTERPRISES OF CARBONDALE, INC.	<b>c</b> EIN-PN 84-1496407-777
<b>a</b>	Plan name R&A ENTERPRISES OF WESTERN CO 401(K) PLAN	
<b>b</b>	Name of plan sponsor R&A ENTERPRISES OF WESTERN CO, INC	<b>c</b> EIN-PN 84-1378396-222
<b>a</b>	Plan name R.C. IOSSI CO., LLC 401(K)	
<b>b</b>	Name of plan sponsor R.C. IOSSI CO., LLC	<b>c</b> EIN-PN 27-2084291-001
<b>a</b>	Plan name SCUBA DUBA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCUBA DUBA CORPORATION	<b>c</b> EIN-PN 95-2594224-001
<b>a</b>	Plan name SEATTLE IMPLANT AND PROSTHETIC DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEATTLE IMPLANT AND PROSTHETIC DENTISTRY	<b>c</b> EIN-PN 81-3162708-001
<b>a</b>	Plan name SEEDMASTERS, INC. S/H 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor SEEDMASTERS, INC.	<b>c</b> EIN-PN 54-2167158-001
<b>a</b>	Plan name SUPRACOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUPRACOR, INC.	<b>c</b> EIN-PN 94-2792545-001
<b>a</b>	Plan name SWANSON HULLING, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor SWANSON HULLING, INC.	<b>c</b> EIN-PN 77-0277360-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE INCEPTION COMPANY LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE INCEPTION COMPANY LLC	<b>c</b> EIN-PN 20-1885148-001
<b>a</b>	Plan name THE KRK 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHILDREN'S BUSINESS SERVICES	<b>c</b> EIN-PN 20-5369006-001
<b>a</b>	Plan name THE LAW OFFICE OF JODI R. LAZAR, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE LAW OFFICE OF JODI R. LAZAR, P.C.	<b>c</b> EIN-PN 27-1652922-001
<b>a</b>	Plan name WIRTZ QUALITY INSTALLATIONS, INC. 401(K) PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor WIRTZ QUALITY INTALLATIONS, INC.	<b>c</b> EIN-PN 20-1992177-001
<b>a</b>	Plan name HAYLIE POMROY GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAYLIE POMROY GROUP, INC.	<b>c</b> EIN-PN 46-0597976-001
<b>a</b>	Plan name IBUSINESS SOLUTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor IBUSINESS SOLUTION, LLC	<b>c</b> EIN-PN 25-1752472-001
<b>a</b>	Plan name ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ICONERGY LTD	<b>c</b> EIN-PN 27-2414344-001
<b>a</b>	Plan name JADE SHANK TRUCKING, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor JADE SHANK TRUCKING, LLC	<b>c</b> EIN-PN 20-1922253-001
<b>a</b>	Plan name JADT FOOD GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JADT FOOD GROUP, LLC	<b>c</b> EIN-PN 41-1891521-001
<b>a</b>	Plan name JAMES W. REHM DMD LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JAMES W. REHM DMD LLC	<b>c</b> EIN-PN 47-2427511-001
<b>a</b>	Plan name JANET'S ENTERPRISE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JANET'S ENTERPRISE, INC.	<b>c</b> EIN-PN 84-2889332-002
<b>a</b>	Plan name KLIEWER PACKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor KLIEWER PACKING DBA JERRY D. KLIEWER	<b>c</b> EIN-PN 77-0473110-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name LIFESTYLE EYE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUE MOUNTAIN EYE, PLLC DBA LIFESTYLE EYE CENTER	<b>c</b> EIN-PN 27-3774591-001
<b>a</b>	Plan name LITTLE RIVER TRANSPORTATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LITTLE RIVER TRANSPORATION, LLC	<b>c</b> EIN-PN 47-2280526-001
<b>a</b>	Plan name MCFSA 401(K) PLAN	
<b>b</b>	Name of plan sponsor MORROW COUNTY FIREFIGHTERS & SQUADSMEN ASSOCIATION	<b>c</b> EIN-PN 31-0865984-001
<b>a</b>	Plan name MP GROUP 401(K)	
<b>b</b>	Name of plan sponsor MP GROUP	<b>c</b> EIN-PN 46-4891962-001
<b>a</b>	Plan name MR. CARLOS POOLS & CONSTRUCTION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor MR. CARLOS POOLS & CONSTRUCTION, INC.	<b>c</b> EIN-PN 26-4654659-001
<b>a</b>	Plan name MTI EVENTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MTI EVENTS	<b>c</b> EIN-PN 48-1021453-001
<b>a</b>	Plan name MU'S GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MU'S GROUP INC.	<b>c</b> EIN-PN 26-1417677-001
<b>a</b>	Plan name NORWALK DENTAL CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor KYNA DENTAL, P.C.	<b>c</b> EIN-PN 83-2180071-001
<b>a</b>	Plan name NOVATO CHEVROLET 401(K) PLAN	
<b>b</b>	Name of plan sponsor VELOCITY PRIME AUTOMOTIVE, INC. DBA NOVATO CHEVROLET	<b>c</b> EIN-PN 47-1726382-001
<b>a</b>	Plan name NOVONIX ANODE MATERIALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NOVONIX ANODE MATERIALS LLC	<b>c</b> EIN-PN 82-0771516-001
<b>a</b>	Plan name NTEGRATED CONSULTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NTEGRATED CONSULTING, LLC	<b>c</b> EIN-PN 73-1693449-001
<b>a</b>	Plan name PASCO PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PASCO PRODUCTS, INC	<b>c</b> EIN-PN 62-0928745-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PREMIER TOOL GRINDING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER TOOL GRINDING, INC.	<b>c</b> EIN-PN 86-0820076-001
<b>a</b>	Plan name	PRESERVATION ARTS, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PRESERVATION ARTS, LLC	<b>c</b> EIN-PN 46-3890911-001
<b>a</b>	Plan name	PRESIDENT THAI CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRESIDENT THAI CORPORATION	<b>c</b> EIN-PN 26-0777015-002
<b>a</b>	Plan name	PRINCIPE AMERICA LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRINCIPE AMERICA LLC	<b>c</b> EIN-PN 47-5312927-001
<b>a</b>	Plan name	RALSTON MECHANICAL SYSTEMS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RALSTON MECHANICAL SYSTEMS, INC.	<b>c</b> EIN-PN 23-2911140-001
<b>a</b>	Plan name	RAMSEY & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAMSEY & SON, INC.	<b>c</b> EIN-PN 88-0223072-001
<b>a</b>	Plan name	ROBIN L LIPSKI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DR. ROBIN LIPSKI DO PC	<b>c</b> EIN-PN 82-4694070-001
<b>a</b>	Plan name	SEIBER KEAST LEHNER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEIBER KEAST LEHNER, INC.	<b>c</b> EIN-PN 38-1957958-001
<b>a</b>	Plan name	SELECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KICK IT USA, INC.	<b>c</b> EIN-PN 26-4051097-001
<b>a</b>	Plan name	SELECTIVE STONE LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SELECTIVE STONE LLC	<b>c</b> EIN-PN 99-0343988-001
<b>a</b>	Plan name	THE MOTHERHOOD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE MOTHERHOOD, INC.	<b>c</b> EIN-PN 20-5218915-001
<b>a</b>	Plan name	THE ORIGINAL SWIMWEAR COMPANY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE ORIGINAL SWIMWEAR COMPANY LLC	<b>c</b> EIN-PN 47-2048125-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TRANSISTOR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSISTOR LLC	<b>c</b> EIN-PN 81-1358661-001
<b>a</b>	Plan name	WOODGROVE SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOODGROVE SOLUTIONS, LLC	<b>c</b> EIN-PN 47-2173558-001
<b>a</b>	Plan name	WOODS AIR MOVEMENT LIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOODS AIR MOVEMENT LIMITED	<b>c</b> EIN-PN 36-4946974-001
<b>a</b>	Plan name	A.V.M. ENTERPRISES, INC. 401K	
<b>b</b>	Name of plan sponsor	A.V.M. ENTERPRISES, INC.	<b>c</b> EIN-PN 62-1556734-001
<b>a</b>	Plan name	A1 POLISHING & FINISHING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A1 POLISHING & FINISHING, LLC	<b>c</b> EIN-PN 39-1920526-001
<b>a</b>	Plan name	ABA THERAPY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABA THERAPY, LLC	<b>c</b> EIN-PN 83-4320445-001
<b>a</b>	Plan name	ABC FIRE & BURGLAR ALARM LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABC FIRE & BURGLAR ALARM LLC	<b>c</b> EIN-PN 46-1663065-001
<b>a</b>	Plan name	ALFEL RESOURCES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALFEL RESOURCES, INC.	<b>c</b> EIN-PN 35-2288638-001
<b>a</b>	Plan name	ARICA CONSULTING & CONTRACTING, LLC 401(K)	
<b>b</b>	Name of plan sponsor	ARICA CONSULTING & CONTRACTING, LLC	<b>c</b> EIN-PN 52-2292509-001
<b>a</b>	Plan name	ARIEL FOX DESIGN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARIEL FOX DESIGN, INC.	<b>c</b> EIN-PN 47-2919495-001
<b>a</b>	Plan name	ARLINGTON HEIGHTS ANIMAL HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COWTOWN PET CARE, PLLC DBA ARLINGTON HEIGHTS ANIMAL HOSPITAL	<b>c</b> EIN-PN 47-5044388-001
<b>a</b>	Plan name	BEL AIR AUTO SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEL AIR AUTO SERVICE LLC	<b>c</b> EIN-PN 82-5465240-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BEN'S SOFT PRETZELS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEN'S SOFT PRETZELS LLC	<b>c</b> EIN-PN 26-1911401-001
<b>a</b>	Plan name	BENCHMARK DENTAL OF COLORADO, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BENCHMARK DENTAL OF COLORADO, PC	<b>c</b> EIN-PN 80-0715149-001
<b>a</b>	Plan name	CUCINA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CUCINA, INC.	<b>c</b> EIN-PN 46-4435501-001
<b>a</b>	Plan name	CULVER'S CORYDON EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	COCIN SERVICES, INC.	<b>c</b> EIN-PN 27-0035982-001
<b>a</b>	Plan name	CURRENT RE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CURRENT RENEWABLE EFFICIENCIES	<b>c</b> EIN-PN 45-3135391-001
<b>a</b>	Plan name	DOMINIC O. FARIELLO, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOMINIC O. FARIELLO, P.A.	<b>c</b> EIN-PN 90-0186294-001
<b>a</b>	Plan name	DORIGNAC'S FOOD CENTER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DORIGNAC'S FOOD CENTER, LLC	<b>c</b> EIN-PN 72-0575457-001
<b>a</b>	Plan name	DOSTIE HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOSTIE HOMES, LLC	<b>c</b> EIN-PN 27-5108332-001
<b>a</b>	Plan name	DOUG DE LEO WELDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOUG DE LEO WELDING, INC.	<b>c</b> EIN-PN 20-0257890-001
<b>a</b>	Plan name	FIRST STEP STAFFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRST STEP STAFFING	<b>c</b> EIN-PN 20-8038859-001
<b>a</b>	Plan name	GLOBAL WIDGET, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL WIDGET, LLC	<b>c</b> EIN-PN 81-2430361-001
<b>a</b>	Plan name	GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.	<b>c</b> EIN-PN 57-1093357-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GMB, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GMB, INC.	<b>c</b> EIN-PN 35-2508603-001
<b>a</b>	Plan name	MYERS-ANDERSON ARCHITECTS PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MYERS-ANDERSON ARCHITECTS PLLC	<b>c</b> EIN-PN 20-2132322-001
<b>a</b>	Plan name	O'BRIEN'S RENT-ALL & SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	O'BRIEN'S RENT-ALL & SALES, INC.	<b>c</b> EIN-PN 55-0587710-001
<b>a</b>	Plan name	O.B. BUILDERS FLORIDA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	O.B. BUILDERS FLORIDA, INC.	<b>c</b> EIN-PN 85-2457513-001
<b>a</b>	Plan name	PAULK FUNERAL HOME OF GEORGIA, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAULK FUNERAL HOME OF GEORGIA, LTD.	<b>c</b> EIN-PN 58-1748650-001
<b>a</b>	Plan name	PRO SAFETY & RESCUE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRO SAFETY & RESCUE, INC.	<b>c</b> EIN-PN 46-4617132-001
<b>a</b>	Plan name	RAY'S ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAY'S ELECTRIC AND GENERAL CONTRACTING, INC.	<b>c</b> EIN-PN 02-0305343-001
<b>a</b>	Plan name	ROGERS COUNTY HOSPITALITY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROGERS COUNTY HOSPITALITY LLC	<b>c</b> EIN-PN 20-8882157-001
<b>a</b>	Plan name	SERVICEMASTER QUALITY CLEAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D.R. DUCKS, INC. DBA SERVICEMASTER QUALITY CLEAN	<b>c</b> EIN-PN 74-3084010-001
<b>a</b>	Plan name	SGI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SGI	<b>c</b> EIN-PN 93-4216744-001
<b>a</b>	Plan name	SOUND DESIGNS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUND DESIGNS, INC.	<b>c</b> EIN-PN 39-1902085-001
<b>a</b>	Plan name	SOUTH ARK ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH ARK ELECTRIC, LLC	<b>c</b> EIN-PN 84-3106947-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SOUTHERN BUILDING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN BUILDING GROUP, INC.	<b>c</b> EIN-PN 35-2523934-001
<b>a</b>	Plan name	T K CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T K CONCRETE, INC.	<b>c</b> EIN-PN 39-1898532-001
<b>a</b>	Plan name	TACOS CALAFIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AZ TORRES, LLC	<b>c</b> EIN-PN 82-1842251-001
<b>a</b>	Plan name	THE SALT LICK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SEA SALT EATERY	<b>c</b> EIN-PN 20-2333126-001
<b>a</b>	Plan name	TREY SUCHER LAW PLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TREY SUCHER LAW PLC	<b>c</b> EIN-PN 46-0748012-001
<b>a</b>	Plan name	VINEYARD ENGINEERING & ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINEYARD ENGINEERING & ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 14-1966734-001
<b>a</b>	Plan name	VISITORS COVERAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISITORS COVERAGE, INC.	<b>c</b> EIN-PN 20-1794511-002
<b>a</b>	Plan name	WORKFORCE SOLUTIONS FOR NORTH CENTRAL PENNSYLVANIA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WORKFORCE SOLUTIONS FOR NORTH CENTRAL PENNSYLVANIA	<b>c</b> EIN-PN 81-4257698-001
<b>a</b>	Plan name	WRAY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WRAY SHEET METAL INC.	<b>c</b> EIN-PN 84-1121341-001
<b>a</b>	Plan name	WSA USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WSA USA	<b>c</b> EIN-PN 27-4503720-001
<b>a</b>	Plan name	WUHOOVER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WUHOOVER & CO., LLP	<b>c</b> EIN-PN 27-2481245-001
<b>a</b>	Plan name	ALINE ARCHITECTURE CONCEPTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALINE ARCHITECTURE CONCEPTS, LLC	<b>c</b> EIN-PN 27-2365207-777

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BENJAMIN DEL VENTO, P.A.	<b>c</b> EIN-PN 22-1943968-001
<b>a</b>	Plan name BENSON SEARCH GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BENSON SEARCH GROUP, LLC	<b>c</b> EIN-PN 83-1148187-001
<b>a</b>	Plan name BROTHER'S FLOORING, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROTHER'S FLOORING, INC	<b>c</b> EIN-PN 27-0039571-001
<b>a</b>	Plan name BROUGHMAN BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROUGHMAN BUILDERS, INC.	<b>c</b> EIN-PN 01-0436114-001
<b>a</b>	Plan name CENTURY BUILDING SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTURY BUILDING SOLUTIONS, INC.	<b>c</b> EIN-PN 46-0631230-001
<b>a</b>	Plan name CHARLAND LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHARLAND LLC	<b>c</b> EIN-PN 47-1853795-001
<b>a</b>	Plan name COMPUGROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPUGROUP TECHNOLOGIES, LLC	<b>c</b> EIN-PN 27-0178481-001
<b>a</b>	Plan name CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONCRETE POLISHING & RESTORATION ACQUISITION, LLC	<b>c</b> EIN-PN 82-1776313-001
<b>a</b>	Plan name CONNECTED OFFICE TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONNECTED OFFICE TECHNOLOGIES, LLC	<b>c</b> EIN-PN 81-3775972-001
<b>a</b>	Plan name DADS AUTO BODY & PAINT, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DADS AUTO BODY & PAINT, INC.	<b>c</b> EIN-PN 45-2164502-001
<b>a</b>	Plan name DOWNTOWN RESOURCE GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DOWNTOWN RESOURCE GROUP, LLC	<b>c</b> EIN-PN 41-2181943-001
<b>a</b>	Plan name ENSING'S WATER CARE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ENSING'S WATER CARE, INC	<b>c</b> 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.)	
<b>a</b>	Plan name FLO-LINE TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLO-LINE TECHNOLOGY	<b>c</b> EIN-PN 20-4032669-001
<b>a</b>	Plan name GO EAT CONCEPTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor K&F RESTAURANT HOLDINGS, LTD	<b>c</b> EIN-PN 80-0826679-001
<b>a</b>	Plan name GO UTES! 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PREMIER FOOT & ANKLE, LLC	<b>c</b> EIN-PN 35-2210138-001
<b>a</b>	Plan name GOGICK TECHNOLOGY CONSULTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GOGICK TECHNOLOGY CONSULTING, LLC	<b>c</b> EIN-PN 82-3068700-001
<b>a</b>	Plan name GOLDEN RULE HOSPICE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GOLDEN RULE HOSPICE, INC.	<b>c</b> EIN-PN 47-2938518-001
<b>a</b>	Plan name HAYWARD COMMUNITY CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAYWARD COMMUNITY CREDIT UNION	<b>c</b> EIN-PN 39-0860430-001
<b>a</b>	Plan name HEART-N-HAND, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor HEART-N-HAND, INC.	<b>c</b> EIN-PN 38-3218436-001
<b>a</b>	Plan name IFIVE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor IFIVE, INC.	<b>c</b> EIN-PN 83-0850885-001
<b>a</b>	Plan name JASPER CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor JASPER CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 39-1870523-001
<b>a</b>	Plan name JDK CONSTRUCTION & DRYWALL 401(K) PLAN	
<b>b</b>	Name of plan sponsor JDK CONSTRUCTION & DRYWALL LLC	<b>c</b> EIN-PN 27-1020907-001
<b>a</b>	Plan name JEFFREY A. STOLARZ, DDS, P.C. SAFE HARBOR 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JEFFREY A. STOLARZ, DDS, P.C.	<b>c</b> EIN-PN 35-2111364-001
<b>a</b>	Plan name KOWA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KOWA KENTUCKY, INC.	<b>c</b> EIN-PN 46-5718593-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name LONE STAR RECREATION OF TEXAS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LONE STAR RECREATION OF TEXAS, LLC	<b>c</b> EIN-PN 82-4403884-001
<b>a</b>	Plan name MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCZ CONSTRUCTION, INC.	<b>c</b> EIN-PN 20-0634943-001
<b>a</b>	Plan name MDSAVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MDSAVE, INC.	<b>c</b> EIN-PN 45-4596654-001
<b>a</b>	Plan name MEASUREMENT LIMITED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEASUREMENT LIMITED, INC.	<b>c</b> EIN-PN 20-4119092-001
<b>a</b>	Plan name ALLCOR STAFFING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLCOR STAFFING SERVICES, INC.	<b>c</b> EIN-PN 27-3137244-001
<b>a</b>	Plan name B & A CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B & A CONSTRUCTION, INC.	<b>c</b> EIN-PN 86-0387275-001
<b>a</b>	Plan name CIMTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor YOUNG CIMTECH LLC DBA CIMTECH, INC.	<b>c</b> EIN-PN 82-5483672-001
<b>a</b>	Plan name CIRCLE OF LIFE HOSPICE EMPLOYEE SAVINGS TRUST	
<b>b</b>	Name of plan sponsor CIRCLE OF LIFE HOSPICE	<b>c</b> EIN-PN 88-0440951-001
<b>a</b>	Plan name DYNICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DYNICS, INC.	<b>c</b> EIN-PN 38-3563648-001
<b>a</b>	Plan name E.J. WARD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor E.J. WARD, INC.	<b>c</b> EIN-PN 88-0284475-001
<b>a</b>	Plan name GREEN HORIZON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREEN HORIZON, INC.	<b>c</b> EIN-PN 20-4013433-001
<b>a</b>	Plan name INCIDENTCLEAR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INCIDENTCLEAR LLC	<b>c</b> EIN-PN 46-5536890-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name JORGE A. ENRIQUEZ, M.D., FACS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JORGE A. ENRIQUEZ, M.D., INC.	<b>c</b> EIN-PN 75-3097644-002
<b>a</b>	Plan name LOS ANGELES POLICE RELIEF ASSOCIATION, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LOS ANGELES POLICE RELIEF ASSOCIATION, INC.	<b>c</b> EIN-PN 95-1660854-002
<b>a</b>	Plan name MICHIGAN EXTRUDED ALUMINUM UNION ONLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN EXTRUDED ALUMINUM	<b>c</b> EIN-PN 38-2696585-001
<b>a</b>	Plan name OCINET 401(K) PLAN	
<b>b</b>	Name of plan sponsor OCINET, INC. DBA ARIRANG FOODS	<b>c</b> EIN-PN 95-4876037-001
<b>a</b>	Plan name OGGI PROFESSIONAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor OGGI PROFESSIONAL SERVICES, LLC	<b>c</b> EIN-PN 27-1465773-001
<b>a</b>	Plan name PHARMACEUTICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 72-1017076-001
<b>a</b>	Plan name RAYNOR OVERHEAD DOORS AND GATE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAYNOR OVERHEAD DOORS AND GATE INC	<b>c</b> EIN-PN 47-2927611-001
<b>a</b>	Plan name RAZI LAW GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RAZI LAW GROUP	<b>c</b> EIN-PN 46-4549358-001
<b>a</b>	Plan name RBZ VINEYARDS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RBZ VINEYARDS, LLC	<b>c</b> EIN-PN 20-2912680-001
<b>a</b>	Plan name RCC PRODUCTS, INC. DBA POLAR PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor RCC PRODUCTS, INC. DBA POLAR PRODUCTS	<b>c</b> EIN-PN 46-2356039-001
<b>a</b>	Plan name SAARMAN CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SAARMAN CONSTRUCTION, LTD.	<b>c</b> EIN-PN 94-2929210-001
<b>a</b>	Plan name SAFESOURCE DIRECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAFESOURCE DIRECT, LLC	<b>c</b> EIN-PN 86-1303090-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SAFFIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAFFIRE, LLC	<b>c</b> EIN-PN 47-4041091-001
<b>a</b>	Plan name	TEN X TEN LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TEN X TEN LLC	<b>c</b> EIN-PN 47-3522886-001
<b>a</b>	Plan name	TENNESSEE REPRODUCTIVE MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TENNESSEE REPRODUCTIVE MEDICINE, PLLC	<b>c</b> EIN-PN 26-2004059-001
<b>a</b>	Plan name	TENNESSEE VALLEY MEDICAL SOLUTIONS, LLC 401(K)	
<b>b</b>	Name of plan sponsor	TENNESSEE VALLEY MEDICAL SOLUTIONS, LLC	<b>c</b> EIN-PN 83-3295489-001
<b>a</b>	Plan name	TENX ADVENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TENX ADVENTURES, LLC	<b>c</b> EIN-PN 47-3146735-001
<b>a</b>	Plan name	ALLSTAR PLUMBERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLSTAR PLUMBERS, INC.	<b>c</b> EIN-PN 26-0425473-001
<b>a</b>	Plan name	B&J SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B&J SUPPLY, INC.	<b>c</b> EIN-PN 61-1109479-001
<b>a</b>	Plan name	B3T 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B3T CONSULTING, LLC	<b>c</b> EIN-PN 83-3470102-001
<b>a</b>	Plan name	BABCOCK NEIGHBORHOOD SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BABCOCK NEIGHBORHOOD SCHOOL, INC.	<b>c</b> EIN-PN 37-1842600-001
<b>a</b>	Plan name	BUILD-TEK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUILD-TEK, INC.	<b>c</b> EIN-PN 94-2464329-003
<b>a</b>	Plan name	BUILDING BLOCK INTERIORS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BUILDING BLOCK INTERIORS, INC.	<b>c</b> EIN-PN 46-1571465-001
<b>a</b>	Plan name	BUILDING BRIDGES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUILDING BRIDGES, LLC	<b>c</b> EIN-PN 20-5458633-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>BULLDOG RACK HOLDING COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BULLDOG RACK HOLDING COMPANY</b>	<b>c</b> EIN-PN <b>46-1606192-001</b>
<b>a</b>	Plan name <b>CJ PHYSICAL THERAPY AND WELLNESS LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CJ PHYSICAL THERAPY AND WELLNESS, LLC</b>	<b>c</b> EIN-PN <b>47-1686527-001</b>
<b>a</b>	Plan name <b>CKS MASONRY &amp; CONCRETE, INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CKS MASONRY &amp; CONCRETE, INC</b>	<b>c</b> EIN-PN <b>59-3368456-002</b>
<b>a</b>	Plan name <b>DASHER LAWLESS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DASHER LAWLESS, INC.</b>	<b>c</b> EIN-PN <b>30-0264376-001</b>
<b>a</b>	Plan name <b>DAVID CONNER AND ASSOCIATES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVID CONNER AND ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>59-3421586-001</b>
<b>a</b>	Plan name <b>DAVID DAVIS ENTERPRISE, INC. T/A DAVIS ACURA 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVID DAVIS ENTERPRISE, INC.</b>	<b>c</b> EIN-PN <b>23-2439385-001</b>
<b>a</b>	Plan name <b>EAST COAST RECOVERY LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAST COAST RECOVERY LLC</b>	<b>c</b> EIN-PN <b>47-2225497-001</b>
<b>a</b>	Plan name <b>EAST TEXAS SEALS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAST TEXAS SEALS LLC</b>	<b>c</b> EIN-PN <b>45-4391881-001</b>
<b>a</b>	Plan name <b>EASTERN IOWA GEOTHERMAL, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EASTERN IOWA GEOTHERMAL, INC.</b>	<b>c</b> EIN-PN <b>27-0735919-001</b>
<b>a</b>	Plan name <b>FOUNDATION SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FOUNDATION SERVICES OF CENTRAL FL, INC.</b>	<b>c</b> EIN-PN <b>59-3069253-001</b>
<b>a</b>	Plan name <b>GROVELAND DENTAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GROVELAND DENTAL</b>	<b>c</b> EIN-PN <b>20-2903765-001</b>
<b>a</b>	Plan name <b>GROW THROUGH LIFE COUNSELING INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GROW THROUGH LIFE COUNSELING INC.</b>	<b>c</b> EIN-PN <b>47-3457354-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GUDEMAN & ASSOCIATES, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUDEMAN & ASSOCIATES, PC	<b>c</b> EIN-PN 26-4205131-001
<b>a</b>	Plan name	INDEPENDENT HANDS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDEPENDENT HANDS GROUP, INC.	<b>c</b> EIN-PN 26-2782523-001
<b>a</b>	Plan name	INDUSTRIAL RELIABILITY & ALIGNMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL RELIABILITY & ALIGNMENT, LLC	<b>c</b> EIN-PN 71-0990793-001
<b>a</b>	Plan name	JRP CHILDREN'S SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JRP CHILDRENS SERVICES, INC.	<b>c</b> EIN-PN 20-5138005-001
<b>a</b>	Plan name	JUDY T. OKIMURA, M.D., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JUDY T. OKIMURA, M.D., LLC	<b>c</b> EIN-PN 47-4761943-001
<b>a</b>	Plan name	JVA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JVA 401(K) PLAN	<b>c</b> EIN-PN 27-2628827-001
<b>a</b>	Plan name	LS CABLE SYSTEMS AMERICA INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LS CABLE AMERICA	<b>c</b> EIN-PN 84-3788245-001
<b>a</b>	Plan name	MIDWESTERN BAG & SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDWESTERN BAG & SUPPLY	<b>c</b> EIN-PN 27-0748657-001
<b>a</b>	Plan name	MILESTONE CONSTRUCTION SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILESTONE CONSTRUCTION SERVICES, LLC	<b>c</b> EIN-PN 27-2798822-001
<b>a</b>	Plan name	OKAMURA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OKAMURA CORPORATION	<b>c</b> EIN-PN 52-2068035-001
<b>a</b>	Plan name	OLE SOUTH PROPERTIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OLE SOUTH PROPERTIES, INC.	<b>c</b> EIN-PN 62-1336679-001
<b>a</b>	Plan name	FIGCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIGCO PRECISION MAINTENANCE LLC DBA INTEGRITY SITE MAINTENANCE LLC	<b>c</b> EIN-PN 47-1271141-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RCI ENGINEERING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RCI ENGINEERING, LLC	<b>c</b> EIN-PN 20-0787992-001
<b>a</b>	Plan name	RECLAIM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RECLAIM	<b>c</b> EIN-PN 80-0829665-001
<b>a</b>	Plan name	RECOVERY SERVICES OF DEKALB COUNTY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RECOVERY SERVICES OF DEKALB COUNTY, INC.	<b>c</b> EIN-PN 72-1381825-001
<b>a</b>	Plan name	RECYCLING 401(K)	
<b>b</b>	Name of plan sponsor	ISLAND RECYCLING, INC.	<b>c</b> EIN-PN 99-0229666-001
<b>a</b>	Plan name	SAGINAW PSYCHOLOGICAL SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	SAGINAW PSYCHOLOGICAL SERVICES	<b>c</b> EIN-PN 38-2143740-001
<b>a</b>	Plan name	SAINSTORE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAINSTORE, INC.	<b>c</b> EIN-PN 27-2707458-001
<b>a</b>	Plan name	SPECIALTY EYE CARE & BRAND SURGERY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECIALTY EYE CARE MEDICAL CENTER INC.	<b>c</b> EIN-PN 95-4788639-002
<b>a</b>	Plan name	TEXAS SAFFIRE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEXAS SAFFIRE, LLC	<b>c</b> EIN-PN 27-5482729-001
<b>a</b>	Plan name	TFC CONCRETE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TFC CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2997350-001
<b>a</b>	Plan name	TRUE NORTH SOLUTIONS LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUE NORTH SOLUTIONS LP	<b>c</b> EIN-PN 82-1097325-001
<b>a</b>	Plan name	TRUENORTH COMPANIES, L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUENORTH COMPANIES, L.C.	<b>c</b> EIN-PN 42-1513015-001
<b>a</b>	Plan name	WELLS PROPANE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WELLS PROPANE, INC.	<b>c</b> EIN-PN 47-1500348-001

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

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

<b>a</b> Plan name	WEST END HARDWARE RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	WEST END HARDWARE, LLC	<b>c</b> EIN-PN 25-1735136-001

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TRANSAMERICA SMALL/MID CAP VALUE RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>794</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	24162070
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	23540219
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	24162070	23540219
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	24162070	23540219

**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
<b>a Contributions:</b>			
(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>b Earnings on investments:</b>			
(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)	258741	
(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)	-535774	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2329721
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2052688

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	162511	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		162511
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		162511

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1890177
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		2500026
(2) From this plan .....	<b>2l(2)</b>		5012054

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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