

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
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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) <u>P</u>
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 ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TA VANGUARD SMALL-CAP INDEX RET ACCT
1b	Three-digit plan number (PN) ▶ 132
1c	Effective date of plan
2a	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) TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY 6400 C ST SW CEDAR RAPIDS, IA 52404
2b	Employer Identification Number (EIN) 36-6071399
2c	Plan Sponsor's telephone number 319-355-6449
2d	Business code (see instructions)

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

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

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

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

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

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

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

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached _____
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	AUSA GROUP VARIABLE ANNUITY TRUST
b	Name of plan sponsor	DEUTSCHE BANK TRUST COMPANY
c	EIN-PN	13-4941247-001
a	Plan name	AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	AOW CONSTRUCTION LLC
c	EIN-PN	83-2875089-001
a	Plan name	APEX BULK CARRIERS, LLC RETIREMENT PLAN
b	Name of plan sponsor	APEX BULK CARRIERS, LLC
c	EIN-PN	11-3430280-001
a	Plan name	ARGONNE LUMBER & SUPPLY RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ARGONNE LUMBER & SUPPLY, INC.
c	EIN-PN	39-1843557-001
a	Plan name	ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN
b	Name of plan sponsor	ARMER/NORMAN & ASSOCIATES
c	EIN-PN	94-1686016-001
a	Plan name	CHAMPION WIRE AND CABLE 401(K) PLAN
b	Name of plan sponsor	CHAMPION WIRE AND CABLE LLC
c	EIN-PN	11-3253340-001
a	Plan name	CHARLES E. THOMAS COMPANY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CHARLES E. THOMAS COMPANY, INC.
c	EIN-PN	95-2280159-001
a	Plan name	CHEMSYSTEMS 401(K) PLAN
b	Name of plan sponsor	CHEMSYSTEMS, INC.
c	EIN-PN	99-0303797-001
a	Plan name	CHOYCE DISTRIBUTION, INC. 401(K) PLAN
b	Name of plan sponsor	CHOYCE DISTRIBUTION, INC.
c	EIN-PN	46-5738332-001
a	Plan name	CHRISTOPHER J. WOLFE 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CHRISTOPHER J. WOLFE
c	EIN-PN	82-1310367-001
a	Plan name	EATWELL 401(K) PLAN
b	Name of plan sponsor	EATWELL ENTERPRISES LP
c	EIN-PN	13-3944198-001
a	Plan name	ECHO INDUSTRIAL, INC. 401(K) PLAN
b	Name of plan sponsor	ECHO INDUSTRIAL, INC.
c	EIN-PN	73-1686642-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ECHTER'S GREENHOUSES, INC. 401(K) PLAN	
b	Name of plan sponsor	ECHTER'S GREENHOUSES, INC.	c EIN-PN 84-0491743-002
a	Plan name	ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
b	Name of plan sponsor	ECOLOGY SERVICES, INC.	c EIN-PN 52-1633980-001
a	Plan name	FUSION EMPLOYER SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FUSION EMPLOYER SERVICES, LLC	c EIN-PN 13-4337327-001
a	Plan name	GALATOIRE'S RESTAURANT 401(K) PLAN	
b	Name of plan sponsor	NEW ORLEANS EQUITY, LLC	c EIN-PN 27-1326146-001
a	Plan name	GENERAL MICRO SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GENERAL MICRO SYSTEMS	c EIN-PN 95-3668223-003
a	Plan name	JOHN MAYE COMPANY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN MAYE COMPANY INC.	c EIN-PN 46-3255828-001
a	Plan name	JUDY CASEY, INC. 401(K) PLAN	
b	Name of plan sponsor	JUDY CASEY, INC.	c EIN-PN 13-3243377-001
a	Plan name	MOOREFIELD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOOREFIELD CONSTRUCTION, INC.	c EIN-PN 95-3419477-002
a	Plan name	PAOLI LAW FIRM, P.C. 401(K) PLAN	
b	Name of plan sponsor	PAOLI LAW FIRM, P.C.	c EIN-PN 84-1384608-001
a	Plan name	PARKWOOD LANDSCAPE MAINTENANCE, INC. PREVAILING WAGE PLAN	
b	Name of plan sponsor	PARKWOOD LANDSCAPE MAINTENANCE, INC.	c EIN-PN 95-4199872-001
a	Plan name	PEACHTREE PARK PEDIATRICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEACHTREE PARK PEDIATRICS, LLP	c EIN-PN 58-0966853-001
a	Plan name	SHAFERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COONEY, PARRIS & RIEKE CORPORATION	c EIN-PN 91-1862618-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	SHARFI HOLDINGS, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SHARFI HOLDINGS, INC.
c	EIN-PN	82-3806579-001
a	Plan name	TOPAZ SYSTEMS, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	TOPAZ SYSTEMS, INC.
c	EIN-PN	77-0402671-002
a	Plan name	WORLD CLASS PLASTICS, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	WORLD CLASS PLASTICS, INC.
c	EIN-PN	34-1781164-001
a	Plan name	XGS 401(K)
b	Name of plan sponsor	XG SCIENCES INC.
c	EIN-PN	20-4998896-001
a	Plan name	ZAUDERER ASSOCIATES, INC. 401(K) PLAN
b	Name of plan sponsor	ZAUDERER ASSOCIATES, INC.
c	EIN-PN	13-1820511-001
a	Plan name	LAVANTURE PRODUCTS CO. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	LAVANTURE PRODUCTS, CO.
c	EIN-PN	34-1041124-001
a	Plan name	LEVINE REALTY & DESIGN GROUP CORP. RETIREMENT PLAN
b	Name of plan sponsor	LEVINE REALTY & DESIGN GROUP CORP.
c	EIN-PN	11-3840290-001
a	Plan name	401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP
b	Name of plan sponsor	C12 CAPITAL MANAGEMENT US LP
c	EIN-PN	27-0582841-001
a	Plan name	A-Z BUS SALES, INC. 401(K) PLAN
b	Name of plan sponsor	A-Z BUS SALES, INC.
c	EIN-PN	33-0065644-001
a	Plan name	ABC OF IOWA RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ABC OF IOWA
c	EIN-PN	42-1029016-001
a	Plan name	MPRM, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MPRM, LLC
c	EIN-PN	95-4676804-001
a	Plan name	MR ARCHITECTURE & DECOR P.C. 401(K) PLAN
b	Name of plan sponsor	MR ARCHITECTURE & DECOR, P.C.
c	EIN-PN	13-4115412-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	MST FINANCIAL SOLUTIONS 401(K) PLAN
b	Name of plan sponsor	MST FINANCIAL SOLUTIONS, LLC
c	EIN-PN	47-2363345-001
a	Plan name	MUNOZ ENGINEERING 401(K) PLAN
b	Name of plan sponsor	MUNOZ ENGINEERING & LAND SURVEYING, P.C.
c	EIN-PN	13-3241117-001
a	Plan name	ALL-AMERICAN FIRE EQUIPMENT 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	ALL-AMERICAN FIRE EQUIPMENT INC.
c	EIN-PN	31-1381503-001
a	Plan name	ALLERGY ASTHMA & CHEST CLINIC 401(K) PLAN
b	Name of plan sponsor	ABRAHAM CHERIYAN, M.D., P.A.
c	EIN-PN	75-2936387-001
a	Plan name	NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC 401(K) PS PLAN
b	Name of plan sponsor	NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC DBA BARBIER
c	EIN-PN	22-2918632-001
a	Plan name	NEW YORK ACCESSORY GROUP, INC. 401(K) PLAN
b	Name of plan sponsor	NEW YORK ACCESSORY GROUP, INC.
c	EIN-PN	13-4175959-002
a	Plan name	NEWBROOK INSURANCE AGENCY RETIREMENT PLAN
b	Name of plan sponsor	NEWBROOK INSURANCE AGENCY, INC.
c	EIN-PN	11-2718154-001
a	Plan name	ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN
b	Name of plan sponsor	ASSISTANCE LEAGUE OF LOS ANGELES
c	EIN-PN	95-1641960-001
a	Plan name	ASSOCIATION HOUSE OF CHICAGO 401(K) SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	ASSOCIATION HOUSE OF CHICAGO
c	EIN-PN	36-2166961-001
a	Plan name	ASSOCIATIONS OF TEXAS MEP
b	Name of plan sponsor	OMNIFY RETIREMENT LLC
c	EIN-PN	74-1018556-002
a	Plan name	AT DAWN RETIREMENT PLAN
b	Name of plan sponsor	AT DAWN
c	EIN-PN	13-4132349-001
a	Plan name	PERKINS MANUFACTURING NON-UNION 401(K) PLAN
b	Name of plan sponsor	PERKINS MANUFACTURING
c	EIN-PN	36-2809543-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 27-3841580-001
a	Plan name	PETROLEUM MARKETING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACT EQUIPMENT SALES, INC. DBA PETROLEUM MARKETING EQUIPMENT	c EIN-PN 95-4442409-001
a	Plan name	RMD ADVERTISING, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RMD ADVERTISING INC	c EIN-PN 31-1399132-001
a	Plan name	BRAUN RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor	BRAUN RESEARCH	c EIN-PN 22-3408940-001
a	Plan name	BRIDGEMAN ART LIBRARY INTERNATIONAL LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIDGEMAN IMAGES	c EIN-PN 13-3947335-001
a	Plan name	BRIGHTON ESCROW, INC. 401(K) PLAN	
b	Name of plan sponsor	BRIGHTON ESCROW, INC.	c EIN-PN 95-2886413-001
a	Plan name	BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	BRONX CENTER FOR REHABILITATION AND HEALTHCARE	c EIN-PN 13-4021585-001
a	Plan name	BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRYAN CHEVROLET LLC	c EIN-PN 72-0477660-001
a	Plan name	BUILDERS HARDWARE & SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUILDERS HARDWARE & SUPPLY CO., INC.	c EIN-PN 91-0715362-001
a	Plan name	CIVIC ENTERTAINMENT GROUP, LLC 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	CIVIC ENTERTAINMENT GROUP, LLC	c EIN-PN 13-4042407-001
a	Plan name	CLEAR ADVANTAGE DENTAL STUDIO INC. EMPLOYEE SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	CLEAR ADVANTAGE DENTAL STUDIO INC.	c EIN-PN 92-3306665-001
a	Plan name	CLEAR PEO, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CLEAR PEO, LLC	c EIN-PN 35-2535759-333

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CLEAR VIEW CONVALESCENT CENTER 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	CLEAR VIEW SANITARIUM	c EIN-PN 95-2078230-002
a	Plan name	CLEAR VIEW SANITARIUM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLEAR VIEW SANITARIUM	c EIN-PN 95-2078230-001
a	Plan name	SHEATS & BAILEY, PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SHEATS & BAILEY, PLLC	c EIN-PN 90-0781687-001
a	Plan name	SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHOUT! FACTORY, LLC	c EIN-PN 55-0888696-001
a	Plan name	SHOWALTER CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHOWALTER CONSTRUCTION COMPANY, INC.	c EIN-PN 56-1525236-001
a	Plan name	SIELKEN DAVIS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SIELKEN DAVIS, LLC	c EIN-PN 20-4365146-001
a	Plan name	CONTINENTAL EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTINENTAL EXPRESS, INC	c EIN-PN 34-1434240-001
a	Plan name	CORE 401(K) PLAN	
b	Name of plan sponsor	C & C PROPERTIES GROUP, INC. DBA CORE TRUCKING	c EIN-PN 20-1907597-001
a	Plan name	CORE SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	CORE SOLUTIONS LLC	c EIN-PN 72-1401158-001
a	Plan name	CORTECH, LLC 401(K) PLAN	
b	Name of plan sponsor	CORTECH, LLC	c EIN-PN 58-2449456-001
a	Plan name	COUNTY CORVETTE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	COUNTY CORVETTE SALES, INC.	c EIN-PN 23-2925644-001
a	Plan name	ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C.	c EIN-PN 38-1859612-777

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ST. JOSEPH HOLDINGS, LLC	c EIN-PN 80-0109664-001
a	Plan name	ST. JOSEPH TV, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ST. JOSEPH TV, LLC	c EIN-PN 46-4900496-001
a	Plan name	STEPHEN GUIDONE, D.D.S. 401(K) PLAN	
b	Name of plan sponsor	STEPHEN GUIDONE, D.D.S.	c EIN-PN 95-3672928-001
a	Plan name	STONE INSURANCE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STONE INSURANCE, INC.	c EIN-PN 72-0799511-001
a	Plan name	ELECTRIPACK, INC. 401(K) PLAN	
b	Name of plan sponsor	ELECTRIPACK, INC.	c EIN-PN 37-1440638-001
a	Plan name	ELITE TOOL & MANUFACTURING LLC 401(K) PLAN	
b	Name of plan sponsor	ELITE TOOL & MANUFACTURING LLC	c EIN-PN 83-3913745-001
a	Plan name	ELLENOS 401(K) PLAN	
b	Name of plan sponsor	REAL GREEK LLC	c EIN-PN 45-5592934-001
a	Plan name	EMPLOY SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor	EMPLOY SOURCE, INC.	c EIN-PN 27-0477134-333
a	Plan name	TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor	TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP	c EIN-PN 95-4363145-001
a	Plan name	TRINITY MANAGEMENT GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY MANAGEMENT GROUP, LLC	c EIN-PN 06-1799100-001
a	Plan name	TRIUMPH HOSPITALITY GROUP PLAN	
b	Name of plan sponsor	TRIUMPH HOSPITALITY GROUP, LLC	c EIN-PN 13-4201198-001
a	Plan name	TRUE NORTH HUMAN CAPITAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRUE NORTH HUMAN CAPITAL, LLC	c EIN-PN 47-4797475-777

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
b	Name of plan sponsor	VALLEY HUNT CLUB	c EIN-PN 95-1325050-002
a	Plan name	VECTOR MEDIA 401(K) PLAN	
b	Name of plan sponsor	VECTOR MEDIA	c EIN-PN 81-4079466-001
a	Plan name	VINERIPE SALES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINERIPE SALES, LLC	c EIN-PN 46-2080161-001
a	Plan name	FABER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	FABER ASSOCIATES, INC.	c EIN-PN 22-1550176-001
a	Plan name	FC 401(K) PLAN	
b	Name of plan sponsor	FORMATION CAPITAL, LLC	c EIN-PN 23-2986268-001
a	Plan name	FCSC/WALTON COUNTY 401(K) PLAN	
b	Name of plan sponsor	FCSC/WALTON COUNTY	c EIN-PN 59-2643266-001
a	Plan name	FETTE FORD 401(K) PLAN	
b	Name of plan sponsor	FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name	GILCHRIST TINGLEY, P.C. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	GILCHRIST TINGLEY, P.C.	c EIN-PN 10-0001062-002
a	Plan name	GLENWOOD ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	GLENWOOD ELECTRIC	c EIN-PN 31-0913270-001
a	Plan name	GLOBAL BROADBAND SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL BROADBAND SOLUTIONS, LLC	c EIN-PN 54-1871592-001
a	Plan name	GMH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	GMH ASSOCIATES, INC.	c EIN-PN 23-2618889-001
a	Plan name	GOLDEN VALLEY INDUSTRIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOLDEN VALLEY INDUSTRIES	c EIN-PN 68-0568637-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	GOURMET SPECIALTY IMPORTS, LLC 401(K) PLAN
b	Name of plan sponsor	GOURMET SPECIALTY IMPORTS, LLC
c	EIN-PN	23-3083089-001
a	Plan name	HUDSON RIVER PEDIATRICS 401(K) PLAN
b	Name of plan sponsor	DAVID ANDRE LEVI MC PEDIATRICS PLLC
c	EIN-PN	45-3952387-001
a	Plan name	HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	HUNT ENTERPRISES, INC.
c	EIN-PN	11-2236013-001
a	Plan name	HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN
b	Name of plan sponsor	HUTCHINSON AUTOMOTIVE, INC.
c	EIN-PN	20-5463282-001
a	Plan name	ILLINOIS INTERNATIONAL TRAVEL, LTD. PROFIT SHARING PLAN
b	Name of plan sponsor	ILLINOIS INTERNATIONAL TRAVEL, LTD.
c	EIN-PN	36-2957959-001
a	Plan name	KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)
b	Name of plan sponsor	KAIKOR CONSTRUCTION GROUP, INC.
c	EIN-PN	99-0242255-001
a	Plan name	KAUFFMANN & SIMS DENTISTRY 401K PLAN
b	Name of plan sponsor	KAUFFMANN AND SIMS DENTISTRY PLLC
c	EIN-PN	85-0670658-001
a	Plan name	KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	KELLIHER/SAMETS, LTD.
c	EIN-PN	03-0270393-001
a	Plan name	KID-U-NOT, INC. RETIREMENT PLAN
b	Name of plan sponsor	KID-U-NOT, INC.
c	EIN-PN	59-2951758-001
a	Plan name	GRAETER'S MANUFACTURING CO. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	GRAETER'S MANUFACTURING CO.
c	EIN-PN	31-0586812-001
a	Plan name	GREAT AMERICAN CAPITAL 401(K) PLAN
b	Name of plan sponsor	GREAT AMERICAN CAPITAL
c	EIN-PN	88-0302449-001
a	Plan name	GREATER DAYTON AREA HOSPITAL A 401(K) PROFIT SHARING PLAN TRUST
b	Name of plan sponsor	GREATER DAYTON AREA HOSPITAL ASSOCIATES
c	EIN-PN	31-1221836-004

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GREATER INDIANAPOLIS CHAMBER OF COMMERCE THRIFT AND SAVINGS PLAN	
b	Name of plan sponsor	GREATER INDIANAPOLIS CHAMBER OF COMMERCE	c EIN-PN 35-0412920-002
a	Plan name	GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GROUP MANAGEMENT SERVICES, INC.	c EIN-PN 34-1707723-001
a	Plan name	GUARDHILL FINANCIAL LLC 401(K) PLAN	
b	Name of plan sponsor	GUARDHILL FINANCIAL LLC	c EIN-PN 13-3670961-001
a	Plan name	INTEGRATED LEADERSHIP SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTEGRATED LEADERSHIP SYSTEMS	c EIN-PN 94-3462501-001
a	Plan name	INTELLIZANT, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	INTELLIZANT, LLC	c EIN-PN 26-0672456-002
a	Plan name	ISLAND SURGICAL PROFIT SHARING PLAN	
b	Name of plan sponsor	ISLAND SURGICAL AND VASCULAR GROUP P.C.	c EIN-PN 11-2232585-005
a	Plan name	KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	KINGBRIGHT COMPANY, LLC.	c EIN-PN 46-0987944-001
a	Plan name	KIRT04 PEO RETIREMENT PLAN	
b	Name of plan sponsor	KIRT04, INC.	c EIN-PN 45-1965930-001
a	Plan name	KISTLER VINEYARDS 401(K) PLAN	
b	Name of plan sponsor	KISTLER VINEYARDS L.L.C.	c EIN-PN 26-1679456-001
a	Plan name	LIFARS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LIFARS LLC	c EIN-PN 46-0875969-001
a	Plan name	LOFTIN DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TODD A. LOFTIN DDS A DENTAL CORPORATION, INC.	c EIN-PN 45-5257377-001
a	Plan name	LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LONSTEIN LAW OFFICE, P.C.	c EIN-PN 22-2788008-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	ABO 401(K)
b	Name of plan sponsor	AMERICA'S BACK OFFICE
c	EIN-PN	47-4975107-001
a	Plan name	ACADIA HR MEP
b	Name of plan sponsor	HUDSON VALLEY STAFF, LTD. DBA ACADIA HR
c	EIN-PN	14-1725479-001
a	Plan name	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN
b	Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC
c	EIN-PN	13-3990791-002
a	Plan name	NAPCO OIL HEAT CORP. 401(K) PLAN
b	Name of plan sponsor	NAPCO OIL HEAT CORP.
c	EIN-PN	11-2629891-001
a	Plan name	NARTKER, GRUNEWALD & CO 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NARTKER, GRUNEWALD, ESCHLEMAN AND COOPER, LLC
c	EIN-PN	31-0872466-001
a	Plan name	NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NASSAU SHORES AUTOMOTIVE INC.
c	EIN-PN	11-3146542-001
a	Plan name	NATHAN W. MOGREN, D.M.D., P.C. 401(K) PLAN
b	Name of plan sponsor	NATHAN W. MOGREN, D.M.D., P.C.
c	EIN-PN	27-1009572-001
a	Plan name	ALSAHLANI AND ALBAZAZZ DENTAL, LTD. PROFIT SHARING PLAN
b	Name of plan sponsor	ALSAHLANI AND ALBAZAZZ DENTAL, LTD.
c	EIN-PN	36-3365578-001
a	Plan name	ALTHON MICRO, INC. 401(K) PLAN
b	Name of plan sponsor	ALTHON MICRO INC.
c	EIN-PN	95-4285664-001
a	Plan name	AMADEN GAY AGENCIES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	AMADEN GAY AGENCIES, INC.
c	EIN-PN	11-2206010-003
a	Plan name	AMBASSADOR PERSONNEL, INC. 401(K) PLAN
b	Name of plan sponsor	AMBASSADOR PERSONNEL, INC.
c	EIN-PN	27-4676978-001
a	Plan name	AMENDED AND RESTATED ORAL SURGERY GROUP, P.A. EMPLOYEES' RETIREMENT PLAN
b	Name of plan sponsor	ORAL SURGERY GROUP, P.A.
c	EIN-PN	22-1996401-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NMS PROPERTY SERVICES CORP. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	NMS PROPERTY SERVICES CORPORATION	c EIN-PN 95-4848549-001
a	Plan name	NORTHROCK DENTAL 401(K) PLAN	
b	Name of plan sponsor	NORTHROCK DENTAL, P.A.	c EIN-PN 48-0858037-001
a	Plan name	NORTHSIDE ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	NORTHSIDE ELECTRIC, INC.	c EIN-PN 72-0633686-001
a	Plan name	ATLANTIC CONCRETE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC CONCRETE COMPANY, INC.	c EIN-PN 51-0171445-001
a	Plan name	AVAILABILITY PROFESSIONAL STAFFING, LLC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AVAILABILITY PROFESSIONAL STAFFING, LLC	c EIN-PN 77-0266989-001
a	Plan name	PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PINNACLE EMPLOYEE SERVICES, LLC	c EIN-PN 47-1368882-333
a	Plan name	RUSH ORDER, INC. 401(K) PLAN	
b	Name of plan sponsor	RUSH ORDER, INC.	c EIN-PN 77-0325742-001
a	Plan name	S & S INDUSTRIAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	S & S INDUSTRIAL SUPPLY, INC.	c EIN-PN 38-1914712-001
a	Plan name	BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	c EIN-PN 91-0906923-001
a	Plan name	BYRON PRODUCTS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BYRON PRODUCTS	c EIN-PN 31-1192208-001
a	Plan name	C & M GIANT TIRE, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C & M GIANT TIRE, LLC	c EIN-PN 61-1372158-001
a	Plan name	CADUCEUS HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	CADUCEUS HEALTHCARE	c EIN-PN 26-2585338-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COLBY CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	COLBY CONSTRUCTION COMPANY, INC.	c EIN-PN 39-1418936-001
a	Plan name	COLLINS HARRELL, DMD, INC. RETIREMENT TRUST	
b	Name of plan sponsor	COLLINS HARRELL, DMD, INC.	c EIN-PN 26-3979444-001
a	Plan name	COLUMBUS CITIZENS HOUSE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COLUMBUS CITIZENS HOUSE INC.	c EIN-PN 13-2852037-001
a	Plan name	COMMERCIAL ENERGY 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL ENERGY OF MONTANA, INC.	c EIN-PN 84-1413218-002
a	Plan name	SK USA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SK AMERICAS, INC.	c EIN-PN 13-4187356-777
a	Plan name	SMALL BUSINESS RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	SMALL BUSINESS RETIREMENT PLAN EXCHANGE	c EIN-PN 45-4813650-001
a	Plan name	SOFTGENETICS, LLC 401(K) PLAN	
b	Name of plan sponsor	SOFTGENETICS, LLC	c EIN-PN 25-1899879-001
a	Plan name	CREATE ARCHITECTURE 401(K) PLAN	
b	Name of plan sponsor	CREATE ARCHITECTURE	c EIN-PN 45-4732170-001
a	Plan name	CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CROWN CRAFTS, INC.	c EIN-PN 58-0678148-002
a	Plan name	CUSTOM FINANCIAL SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CUSTOM FINANCIAL SOLUTIONS, INC.	c EIN-PN 72-1433820-001
a	Plan name	CUTTRISS & HAMBLETON 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CUTTRISS & HAMBLETON	c EIN-PN 94-3167262-001
a	Plan name	CVR ASSOCIATES, INC. 401(K)	
b	Name of plan sponsor	CVR ASSOCIATES, INC.	c EIN-PN 04-3273457-777

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STRATEGY/PR CONSULTING, LLC RETIREMENT PLAN	
b	Name of plan sponsor	STRATEGY/PR CONSULTING, LLC	c EIN-PN 45-3144122-001
a	Plan name	STRATFORD CHIROPRACTIC LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STRATFORD CHIROPRACTIC LLC	c EIN-PN 33-0994708-001
a	Plan name	STRATUS.HR RETIREMENT PLAN	
b	Name of plan sponsor	STRATUS.HR	c EIN-PN 45-3548842-333
a	Plan name	SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor	SUBURBAN PSYCHIATRIC ASSOCIATES LLP	c EIN-PN 16-1492077-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	
b	Name of plan sponsor	SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	c EIN-PN 13-4063379-777
a	Plan name	ENGLANDER CONTAINER CO. 401(K) PLAN	
b	Name of plan sponsor	ENGLANDER CONTAINER CORPORATION	c EIN-PN 74-1588088-002
a	Plan name	ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH PROFIT SHARING PLAN	
b	Name of plan sponsor	ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH	c EIN-PN 31-0569979-001
a	Plan name	EO TECHNICAL SOLUTIONS RETIREMENT TRUST	
b	Name of plan sponsor	EO TECHNICAL SOLUTIONS LLC	c EIN-PN 80-0517205-001
a	Plan name	TWIN PEAKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TWIN PEAKS, INC.	c EIN-PN 11-3106466-001
a	Plan name	U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	U.S. TECHNICAL CERAMICS, INC.	c EIN-PN 77-0333972-001
a	Plan name	U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	U3 ADVISORS, INC.	c EIN-PN 46-4252021-001
a	Plan name	VOICES FOR INTERNATIONAL BUSINESS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VOICES FOR INTERNATIONAL BUSINESS AND EDUCATION	c EIN-PN 27-0649868-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	W.A. HAMMOND DRIERITE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	W.A. HAMMOND DRIERITE COMPANY, L.T.D.	c EIN-PN 31-1140535-002
a	Plan name	WALTER'S WEST END SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	WALTER'S WEST END SUPPLY, INC.	c EIN-PN 11-2909455-001
a	Plan name	WATSON ADVENTURES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	WATSON ADVENTURES, LLC	c EIN-PN 52-2186522-001
a	Plan name	FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
b	Name of plan sponsor	FIGLIOZZI & COMPANY, PC	c EIN-PN 11-2924109-001
a	Plan name	FIRST FREIGHT TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor	FIRST FREIGHT TRANSPORT, INC.	c EIN-PN 16-1227272-001
a	Plan name	FISCHER INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	PERPETUATION PARTNERS INC. DBA FISCHER INSURANCE AGENCY	c EIN-PN 81-2008716-001
a	Plan name	AEON NEXUS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AEON NEXUS CORPORATION	c EIN-PN 54-1983534-002
a	Plan name	AGS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	AGS SERVICES, LLC	c EIN-PN 83-2603713-001
a	Plan name	AMERICAN HYDROPONICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUN CIRCLE, INC. DBA AMERICAN HYDROPONICS	c EIN-PN 68-0013191-001
a	Plan name	AMERICAN ONE SOURCE, INC. MEP 401(K) PLAN	
b	Name of plan sponsor	AMERICAN ONE SOURCE, INC.	c EIN-PN 71-0934616-001
a	Plan name	AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor	SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name	AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES	c EIN-PN 88-0159433-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AMIEE LYNN, INC.	c EIN-PN 65-1160566-001
a	Plan name	BALDWINSVILLE VILLAGE HARDWARE INC. 401(K) PLAN	
b	Name of plan sponsor	BALDWINSVILLE VILLAGE HARDWARE INC.	c EIN-PN 16-1185092-001
a	Plan name	BASELINE THEATRICAL LLC 401(K) PLAN	
b	Name of plan sponsor	BASELINE THEATRICAL LLC	c EIN-PN 46-4079204-001
a	Plan name	BEARDOWADAMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEARDOWADAMS, INC.	c EIN-PN 99-0372789-001
a	Plan name	BEN'S WORKSHOP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOREY MOTORWURKS DBA BEN'S WORKSHOP	c EIN-PN 20-8083843-001
a	Plan name	CAM 401(K) PLAN	
b	Name of plan sponsor	C&A MACHINE AND REPAIR SERVICE	c EIN-PN 74-1915871-001
a	Plan name	CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
b	Name of plan sponsor	CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	c EIN-PN 15-0235250-777
a	Plan name	COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC	c EIN-PN 46-5167460-001
a	Plan name	CONNICO, LLC 401(K) PLAN	
b	Name of plan sponsor	CONNICO, LLC	c EIN-PN 87-4308617-001
a	Plan name	DAVIS, BENGTSON & YOUNG, APLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	DAVIS, BENGTSON & YOUNG, APLC	c EIN-PN 27-0646365-001
a	Plan name	DAY SECKLER LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DAY SECKLER LLP	c EIN-PN 26-2310586-001
a	Plan name	DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor	DAYTON ROGERS MANUFACTURING COMPANY	c EIN-PN 41-0844462-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DECON LABORATORIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DECON LABORATORIES, INC.	c EIN-PN 23-2097317-002
a	Plan name	EPOCH SOLUTIONS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EPOCH SOLUTIONS GROUP LLC	c EIN-PN 20-4472485-001
a	Plan name	EVERGREEN INFORMATION TECHNOLOGY SERVICES, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EVERGREEN TECHNOLOGY	c EIN-PN 52-2258038-001
a	Plan name	EWI CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	EWI CONSTRUCTION, LLC	c EIN-PN 26-0636307-001
a	Plan name	FLASH RAISE FUNDING 401(K) PLAN	
b	Name of plan sponsor	FLASH RAISE FUNDING, LLC	c EIN-PN 87-2600294-001
a	Plan name	FLOW-TECHNICS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	FLOW-TECHNICS, INC.	c EIN-PN 36-3590219-001
a	Plan name	FORESIGHT WEST SURVEYING, INC. 401(K) PLAN	
b	Name of plan sponsor	FORESIGHT WEST SURVEYING, INC.	c EIN-PN 84-0945722-001
a	Plan name	GUARDIAN CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GUARDIAN CREDIT UNION	c EIN-PN 39-0334442-002
a	Plan name	HAIGHT LAW GROUP, PC 401(K) PLAN	
b	Name of plan sponsor	HAIGHT LAW GROUP, PC	c EIN-PN 20-8962303-001
a	Plan name	HAND INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	THE MINIMALLY INVASIVE HAND INSTITUTE	c EIN-PN 27-1952351-001
a	Plan name	ISOLVED 401-K PLAN	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-310
a	Plan name	J. MILANO CO., INC. 401(K) PLAN	
b	Name of plan sponsor	J. MILANO CO., INC.	c EIN-PN 94-1653879-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name JANESVILLE TOOL & MANUFACTURING CO. SALARY REDUCTION PLAN		
b	Name of plan sponsor JANESVILLE TOOL & MANUFACTURING, INC	c	EIN-PN 39-0958881-001
a	Plan name KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN		
b	Name of plan sponsor KRAFT & KENNEDY, INC.	c	EIN-PN 80-0610191-001
a	Plan name LAKHANI & JORDAN PC 401(K) PLAN		
b	Name of plan sponsor LAKHANI & JORDAN ENGINEERS, P.C.	c	EIN-PN 13-3695218-003
a	Plan name LANDIVAR 401(K) PLAN		
b	Name of plan sponsor LANDIVAR & ASSOCIATES, LLC	c	EIN-PN 75-3088910-001
a	Plan name LAS VEGAS COLOR GRAPHICS EMPLOYEE 401(K) PLAN		
b	Name of plan sponsor LAS VEGAS COLOR GRAPHICS, INC.	c	EIN-PN 65-0919583-001
a	Plan name LRS ARCHITECTS EMPLOYEE SAVINGS PLAN		
b	Name of plan sponsor LRS ARCHITECTS, INC.	c	EIN-PN 93-1259453-001
a	Plan name LUMONDI, INC. PROFIT SHARING PLAN		
b	Name of plan sponsor LUMONDI, INC.	c	EIN-PN 22-3008871-001
a	Plan name NATIONAL DOMESTIC WORKERS ALLIANCE 401(K) PLAN		
b	Name of plan sponsor NATIONAL DOMESTIC WORKERS ALLIANCE	c	EIN-PN 35-2420942-001
a	Plan name NATIONAL PT OF NEW ENGLAND LLC 401(K) PLAN		
b	Name of plan sponsor NATIONAL PT OF NEW ENGLAND LLC	c	EIN-PN 27-3731724-001
a	Plan name NATIONAL RETIREMENT EXCHANGE PLAN		
b	Name of plan sponsor NATIONAL BENEFIT SERVICES, LLC	c	EIN-PN 20-3886993-001
a	Plan name NATIONAL RETIREMENT PLAN EXCHANGE		
b	Name of plan sponsor NATIONAL RETIREMENT PLAN EXCHANGE	c	EIN-PN 45-4813651-001
a	Plan name NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN		
b	Name of plan sponsor NEVYAS EYE ASSOCIATES, P.C.	c	EIN-PN 23-1715581-005

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NEW CARLTON REHAB & NURSING 401(K) PLAN	
b	Name of plan sponsor	NEW CARLTON REHAB & NURSING CENTER, LLC	c EIN-PN 83-0363137-001
a	Plan name	OCEANWIDE CENTER NY LLC 401(K) PLAN	
b	Name of plan sponsor	OCEANWIDE CENTER NY LLC	c EIN-PN 81-1714900-001
a	Plan name	OFFICE FURNITURE DIRECT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	OFFICE FURNITURE DIRECT, INC.	c EIN-PN 11-3620000-001
a	Plan name	OHIO VALLEY EYE INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	OHIO VALLEY EYE INSTITUTE, P.C.	c EIN-PN 35-1907178-001
a	Plan name	OHMEGA SOLENOID & ZENITH SCREW RETIREMENT PLAN	
b	Name of plan sponsor	OHMEGA SOLENOID	c EIN-PN 95-2498276-001
a	Plan name	POINTENORTH INSURANCE GROUP, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	POINTENORTH INSURANCE GROUP, LLC	c EIN-PN 27-4417003-001
a	Plan name	POLSINELLO FUELS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	POLSINELLO FUELS, INC.	c EIN-PN 14-1495096-002
a	Plan name	POWERBUILD CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	POWERBUILD CONSTRUCTION, LLC	c EIN-PN 81-1737022-001
a	Plan name	SC RETIREMENT PLAN	
b	Name of plan sponsor	SUNLED COMPANY, LLC.	c EIN-PN 46-0992147-001
a	Plan name	SOUTHMINSTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor	SOUTHMINSTER SCHOOL	c EIN-PN 76-0030225-001
a	Plan name	SPECTRUM GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SPECTRUM GROUP MANAGEMENT, LLC	c EIN-PN 13-4060810-001
a	Plan name	SPEECH & VOICE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SPEECH & VOICE SOLUTIONS	c EIN-PN 20-8174445-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	SPJ LIGHTING 401(K) PLAN
b	Name of plan sponsor	SPJ LIGHTING INC.
c	EIN-PN	95-4704234-001
a	Plan name	SY KATZ PRODUCE, INC. 401(K) PLAN
b	Name of plan sponsor	SY KATZ PRODUCE, INC.
c	EIN-PN	59-2069613-002
a	Plan name	T.R. GOLDSMITH & SON, INC. 401(K) PLAN
b	Name of plan sponsor	T.R. GOLDSMITH & SON, INC.
c	EIN-PN	16-0750517-001
a	Plan name	TABNER, RYAN & KENIRY LLP 401(K) PLAN
b	Name of plan sponsor	TABNER, RYAN & KENIRY LLP
c	EIN-PN	14-1402805-001
a	Plan name	UNIQUE EYE OPTIQUE, LLC RETIREMENT PLAN
b	Name of plan sponsor	UNIQUE EYE OPTIQUE, LLC
c	EIN-PN	46-2392633-001
a	Plan name	URSULINE SUPPORT SERVICES 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	URSULINE SUPPORT SERVICES
c	EIN-PN	25-1401610-001
a	Plan name	WELLPOWER U.E. LOCAL #1135 401(K) PLAN
b	Name of plan sponsor	STRYTEN ENERGY COMPONENTS
c	EIN-PN	83-3792375-010
a	Plan name	WELLPOWER UAW LOCAL #2571 401(K) PLAN
b	Name of plan sponsor	STRYTEN ENERGY COMPONENTS
c	EIN-PN	83-3792375-011
a	Plan name	WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN
b	Name of plan sponsor	WEST GEORGIA EYE CARE CENTER
c	EIN-PN	58-1075293-001
a	Plan name	WEST MIDTOWN MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WEST MIDTOWN MANAGEMENT GROUP, INC.
c	EIN-PN	13-3952613-001
a	Plan name	WESTERN INTEGRATED 401(K) PLAN
b	Name of plan sponsor	WESTERN INTEGRATED MATERIALS
c	EIN-PN	26-0852608-003
a	Plan name	WESTERN REGIONS NECA 401(K) PLAN
b	Name of plan sponsor	WESTERN REGIONS NECA
c	EIN-PN	33-0670046-333

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ANCHORS, SMITH, AND GRIMSLEY, P.A. 401(K) PLAN	
b	Name of plan sponsor	ANCHORS, SMITH AND GRIMSLEY, P.A.	c EIN-PN 59-1219936-001
a	Plan name	ANCHORSGORDON, P.A., 401(K) PLAN	
b	Name of plan sponsor	ANCHORSGORDON, P.A.	c EIN-PN 20-4084916-001
a	Plan name	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	c EIN-PN 95-4887678-001
a	Plan name	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	c EIN-PN 94-2744760-002
a	Plan name	CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CHAMPION SOLUTIONS GROUP, INC.	c EIN-PN 59-2347579-001
a	Plan name	DINO PUBLISHING 401(K) PLAN	
b	Name of plan sponsor	DINO PUBLISHING	c EIN-PN 36-4353767-001
a	Plan name	DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIPONIO CONTRACTING, INC.	c EIN-PN 20-8039399-001
a	Plan name	DIXON A.C. & R. CORPORATION 401(K) PLAN	
b	Name of plan sponsor	DIXON A.C. & R. CORPORATION	c EIN-PN 24-0830389-001
a	Plan name	DOI & ASSOCIATES CPAS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DOI & ASSOCIATES CPAS, LLC	c EIN-PN 46-5649356-001
a	Plan name	DOLLAR DRUG 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JGS PHARMACIES, INC. DBA DOLLAR DRUG	c EIN-PN 02-0544166-001
a	Plan name	FORM GRINDING TECH INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FORM GRINDING TECH INC	c EIN-PN 38-3502129-001
a	Plan name	FORTRON/SOURCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FORTRON/SOURCE CORPORATION	c EIN-PN 94-2912689-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FORTUNA ACE HARDWARE & GARDEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FORTUNA ACE HARDWARE & GARDEN, INC.	c EIN-PN 20-2925828-001
a	Plan name	FOUR POINT HR SAVINGS PLAN	
b	Name of plan sponsor	FOUR POINT HR	c EIN-PN 26-3070913-001
a	Plan name	FRANK EVANS CO. 401(K) PLAN	
b	Name of plan sponsor	FRANK EVANS COMPANY, INC.	c EIN-PN 04-2422078-001
a	Plan name	JIM BOWDEN, D.D.S., P.A. 401(K) PLAN	
b	Name of plan sponsor	JIM BOWDEN, D.D.S., P.A.	c EIN-PN 74-2603277-001
a	Plan name	OVERVIEW BUSINESS HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	WILLET DAIRY, LLC	c EIN-PN 16-1453541-002
a	Plan name	PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	PALADIN REALTY PARTNERS, LLC	c EIN-PN 13-4303956-001
a	Plan name	SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION	c EIN-PN 99-0268773-001
a	Plan name	SEIU HEALTHCARE MICHIGAN RETIREMENT PLAN	
b	Name of plan sponsor	SEIU HEALTHCARE MICHIGAN	c EIN-PN 01-0897469-001
a	Plan name	THE CHATTERJEE MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE CHATTERJEE MANAGEMENT COMPANY	c EIN-PN 22-3004767-001
a	Plan name	THE COUVILLION GROUP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE COUVILLION GROUP	c EIN-PN 20-2983099-001
a	Plan name	THE EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	CORPORATE SOLUTIONS, INC.	c EIN-PN 74-2817774-333
a	Plan name	THE GEHR GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE GEHR GROUP, INC.	c EIN-PN 80-0822974-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WILFRED A. MIYASAKI, D.M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILFRED A. MIYASAKI, D.M.D., INC.	c EIN-PN 99-0201445-004
a	Plan name	WILLIAM W. LYONS, DDS, P.C., 401(K) PLAN	
b	Name of plan sponsor	WILLIAM W. LYONS, DDS, P.C.	c EIN-PN 26-3126437-001
a	Plan name	WINCO DEVELOPMENT 401(K)PLAN	
b	Name of plan sponsor	WINCO DEVELOPMENT, LLC	c EIN-PN 27-4131501-001
a	Plan name	WKTV, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WKTV, LLC	c EIN-PN 46-4283848-001
a	Plan name	BERLI'S BODY & FINE AUTO FINISHES 401(K) PLAN	
b	Name of plan sponsor	BERLI'S BODY & FINE AUTO FINISHES	c EIN-PN 93-1259386-001
a	Plan name	DELTA METALS, INC. 401(K) PLAN	
b	Name of plan sponsor	DELTA METALS, INC.	c EIN-PN 58-0812732-001
a	Plan name	DELTA ZETA SORORITY SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor	DELTA ZETA SORORITY	c EIN-PN 35-0267676-001
a	Plan name	DIABLO GENERAL ENGINEERING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUCREW, INC. DBA DIABLO GENERAL ENGINEERING CO.	c EIN-PN 47-0874153-001
a	Plan name	HARDIN CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	HARDIN CONSTRUCTION COMPANY	c EIN-PN 72-1279212-001
a	Plan name	HARRY WARREN OF GEORGIA 401(K) PLAN	
b	Name of plan sponsor	MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	c EIN-PN 65-1179808-001
a	Plan name	HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	HARRY WARREN, INC.	c EIN-PN 59-1523664-001
a	Plan name	HAWAII ANALYTICAL LABORATORY LLC 401(K) PLAN	
b	Name of plan sponsor	HAWAII ANALYTICAL LABORATORY LLC	c EIN-PN 47-5082201-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name HELPSIDE INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor HELPSIDE INC.	c EIN-PN 87-0476353-333	
a Plan name MACRI CONCRETE, INC. 401(K) PLAN		
b Name of plan sponsor MACRI CONCRETE, INC.	c EIN-PN 25-1823760-001	
a Plan name MANNHEIMER SWARTLING 401(K) AND RETIREMENT PLAN		
b Name of plan sponsor MANNHEIMER SWARTLING	c EIN-PN 13-3593468-777	
a Plan name PREMIER HOUSING MANAGEMENT 401(K) PLAN		
b Name of plan sponsor PREMIER HOUSING MANAGEMENT, LLC	c EIN-PN 27-3531707-001	
a Plan name PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor PROFESSIONAL EYE ASSOCIATES, INC.	c EIN-PN 58-1148820-001	
a Plan name PROGRESSIVE ARCHITECTURE & CONSTRUCTION, INC. DBA G&D CONSTRUCTION 401(K) PLAN		
b Name of plan sponsor PROGRESSIVE ARCHITECTURE & CONSTRUCTION, INC. DBA G&D CONSTRUCTION	c EIN-PN 92-0180624-001	
a Plan name PROVIDENCE CATHOLIC SCHOOL 401(K) PLAN		
b Name of plan sponsor PROVIDENCE CATHOLIC SCHOOL, INC.	c EIN-PN 74-1222275-001	
a Plan name TECH VALLEY TALENT LLC 401(K) PLAN		
b Name of plan sponsor TECH VALLEY TALENT LLC	c EIN-PN 26-2582540-001	
a Plan name TECHNOFLO SYSTEMS 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor TECHNOFLO SYSTEMS	c EIN-PN 77-0557580-001	
a Plan name TEXO MEMBERS 401(K) PLAN		
b Name of plan sponsor TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002	
a Plan name THE ARGENT WEALTH PEP		
b Name of plan sponsor ASSOCIATED GENERAL CONTRACTORS OF MISSISSIPPI	c EIN-PN 64-0324725-001	
a Plan name THE BENNETT GROUP 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor BENNETT CHRYSLER, DODGE, JEEP LLC	c EIN-PN 58-2366187-001	

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	PS 260, INC. RETIREMENT PLAN
b	Name of plan sponsor	PS 260, INC.
c	EIN-PN	13-3413729-777
a	Plan name	RAPTOR PETROLEUM 401(K) PLAN
b	Name of plan sponsor	RAPTOR PETROLEUM
c	EIN-PN	20-5877086-001
a	Plan name	THE MASTER WALL, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	MASTER WALL, INC.
c	EIN-PN	58-1777823-002
a	Plan name	THE MCLEOD COMPANIES 401(K) PLAN
b	Name of plan sponsor	MCLEOD EXPRESS, LLC
c	EIN-PN	35-2156793-222
a	Plan name	THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL EMPLOYEES SAVINGS TRUST
b	Name of plan sponsor	THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL
c	EIN-PN	37-0154973-002
a	Plan name	THE ONE CLUB FOR CREATIVITY INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	THE ONE CLUB FOR CREATIVITY INC.
c	EIN-PN	13-2643358-002
a	Plan name	THE PEDIATRIC OFFICE, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	THE PEDIATRIC OFFICE, LLC
c	EIN-PN	58-2646129-001
a	Plan name	THE QUINLAN LAW FIRM, LLC 401(K) PLAN
b	Name of plan sponsor	THE QUINLAN LAW FIRM, LLC
c	EIN-PN	13-4347801-001
a	Plan name	BHK OF AMERICA 401(K) PLAN
b	Name of plan sponsor	BHK OF AMERICA
c	EIN-PN	22-2114939-001
a	Plan name	BIG ISLAND TREE SERVICE, INC, 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BIG ISLAND TREE SERVICE, INC.
c	EIN-PN	20-3228783-001
a	Plan name	BILL'S BOOKKEEPING SERVICES 401(K) PLAN
b	Name of plan sponsor	BILL'S BOOKKEEPING SERVICES, LLC
c	EIN-PN	27-0420780-001
a	Plan name	DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	DOXON, LLC
c	EIN-PN	20-8038249-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name DUKE MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor LS INVESTMENT GROUP LLC DBA DUKE MANUFACTURING	c EIN-PN 20-5110012-002
a	Plan name DUNCAN OIL CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUNCAN OIL CO.	c EIN-PN 31-0925929-002
a	Plan name EARL A. HASEGAWA, D.D.S., M.S., INC. 401(K) PLAN	
b	Name of plan sponsor EARL A. HASEGAWA, D.D.S., M.S., INC.	c EIN-PN 99-0321177-001
a	Plan name HERITAGE PROPERTIES 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND'S HERITAGE PROPERTIES, INC.	c EIN-PN 04-3585188-001
a	Plan name HIGH TECHNOLOGY VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIGH TECHNOLOGY VIDEO, INC.	c EIN-PN 95-4518898-001
a	Plan name HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SONGY HIGHROADS, LLC	c EIN-PN 45-4485594-001
a	Plan name HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor HISTORICAL RESEARCH ASSOCIATES, INC.	c EIN-PN 81-0373761-001
a	Plan name HOFFMAN CABINETS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HOFFMAN CABINETS, INC.	c EIN-PN 75-1454441-001
a	Plan name MICHAEL'S / MFH, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MICHAEL'S / MFH, INC.	c EIN-PN 31-1117594-001
a	Plan name BLUSTEIN, SHAPIRO, FRANK & BARONE, LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BLUSTEIN, SHAPIRO, FRANK & BARONE, LLP	c EIN-PN 13-4065219-001
a	Plan name BMW FRESNO 401(K) PLAN	
b	Name of plan sponsor WEBER MOTORS FRESNO, INC.	c EIN-PN 94-2519844-001
a	Plan name BRAHMAN CAPITAL EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor BRAHMAN CAPITAL	c EIN-PN 13-3542470-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	EAST COAST TILE IMPORTS, INC	c EIN-PN 04-2730786-001
a	Plan name	EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EASTERN ARMORED SERVICES, INC.	c EIN-PN 22-3193394-001
a	Plan name	EASYCARE 401(K) PLAN	
b	Name of plan sponsor	MCGRAYEL COMPANY INC.	c EIN-PN 77-0380138-001
a	Plan name	HOME CARE SENIOR SERVICES 401(K) PLAN	
b	Name of plan sponsor	HOME CARE SENIOR SERVICES	c EIN-PN 27-2041025-001
a	Plan name	HOUSTON MEDICAL CONSULTANTS PC 401(K) PLAN	
b	Name of plan sponsor	HOUSTON MEDICAL CONSULTANTS PC	c EIN-PN 46-0754581-001
a	Plan name	HR, INC. DBA SIMPLE HR 401(K) PLAN	
b	Name of plan sponsor	HR, INC. DBA SIMPLE HR	c EIN-PN 81-0583874-333
a	Plan name	HRBENEFIX 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE MMGK HOLDING GROUP LLC DBA HR BENEFIX	c EIN-PN 27-4391628-001
a	Plan name	HS1 MEDICAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	HS1 MEDICAL MANAGEMENT, INC.	c EIN-PN 65-0622851-001
a	Plan name	MILESTONE PRESENTATIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MILESTONE PRESENTATION, LLC	c EIN-PN 84-1350240-001
a	Plan name	MINIMAL ACCESS SURGERY, INC. 401(K) PLAN	
b	Name of plan sponsor	MINIMAL ACCESS SURGERY, INC.	c EIN-PN 45-0521250-001
a	Plan name	REISCHLING PRESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	REISCHLING PRESS, INC.	c EIN-PN 91-1013222-001
a	Plan name	RICHIE & GUERINGER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RICHIE & GUERINGER, P.C.	c EIN-PN 74-2744788-777

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

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

a Plan name THE ROYSTER GROUP, INC. 401(K) PLAN**b** Name of plan sponsor THE ROYSTER GROUP, INC.**c** EIN-PN 58-2639075-001**a** Plan name THOMAS LAVIN, INC. 401(K) PROFIT SHARING PLAN**b** Name of plan sponsor THOMAS LAVIN, INC.**c** EIN-PN 95-4789663-001**a** Plan name THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN**b** Name of plan sponsor THOMPSON & HARVEY BAY AREA, LLC**c** EIN-PN 27-1531650-001**a** Plan name THOMPSON TECHNOLOGIES, INC. 401(K) PLAN**b** Name of plan sponsor THOMPSON TECHNOLOGIES, INC.**c** EIN-PN 58-2161727-001**a** Plan name THOROUGHbred SOFTWARE INTERNATIONAL, INC. 401(K) SAVINGS PLAN**b** Name of plan sponsor THOROUGHbred SOFTWARE INTERNATIONAL, INC.**c** EIN-PN 22-2427223-401**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan TA VANGUARD SMALL-CAP INDEX RET ACCT	B Three-digit plan number (PN) ▶ 132
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38517761	34718835
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	38517761	34718835
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	38517761	34718835

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(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)	4815130	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4815130

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4815130
l Transfers of assets:			
(1) To this plan	2l(1)		5813993
(2) From this plan	2l(2)		14428049

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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