

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: STATE STREET RUSSELL LARGE CAP GROWTH INDEX RET ACCT; 1b Three-digit plan number (PN): 173; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator; Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor; Filed with authorized/valid electronic signature, 08/22/2025, NEIL KOENCK; 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> <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>STATE STREET RUSSELL LARGE CAP GROWTH INDEX RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>173</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>	

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

**c** EIN-PN

**d** Entity code

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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ARCH MANAGEMENT PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOF, LLC	<b>c</b> EIN-PN 47-2674762-001
<b>a</b>	Plan name ARCHER SYSTEMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARCHER SYSTEMS, LLC	<b>c</b> EIN-PN 82-2145883-001
<b>a</b>	Plan name ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE	<b>c</b> EIN-PN 31-1120194-001
<b>a</b>	Plan name BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	<b>c</b> EIN-PN 91-0906923-001
<b>a</b>	Plan name BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUTLER, FITZGERALD & FIVESON, P.C.	<b>c</b> EIN-PN 20-2841166-001
<b>a</b>	Plan name CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CROWN CRAFTS, INC.	<b>c</b> EIN-PN 58-0678148-002
<b>a</b>	Plan name CRSG CORPORATE PLAN	
<b>b</b>	Name of plan sponsor CONSTRUCTION AND REALTY SERVICES GROUP, INC.	<b>c</b> EIN-PN 11-3552134-001
<b>a</b>	Plan name CUNNINGHAM, FOREHAND, MATHEWS & MOORE, ARCHITECTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CUNNINGHAM, FOREHAND, MATTHEWS & MOORE ARCHITECTS, INC.	<b>c</b> EIN-PN 58-0871550-001
<b>a</b>	Plan name ERS PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL SITE SERVICES	<b>c</b> EIN-PN 94-1602345-001
<b>a</b>	Plan name ERT DESIGN GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ERT DESIGN GROUP LLC	<b>c</b> EIN-PN 46-2799256-001
<b>a</b>	Plan name GLOBAL ASR CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLOBAL ASR CONSULTING	<b>c</b> EIN-PN 81-4948693-001
<b>a</b>	Plan name GLOBAL MACHINE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GLOBAL MACHINE BROKERS, LLC	<b>c</b> EIN-PN 20-8173703-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name GLOBAL REPAIR GROUP, LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL REPAIR GROUP, LLC	<b>c</b> EIN-PN 26-3998922-001
<b>a</b>	Plan name GMH ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GMH ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2618889-001
<b>a</b>	Plan name GODLEY, GLAZER, & FUNK PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GODLEY, GLAZER, & FUNK PLLC	<b>c</b> EIN-PN 84-4742362-001
<b>a</b>	Plan name INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NASHEVE, INC.	<b>c</b> EIN-PN 20-8664693-001
<b>a</b>	Plan name INTEGRITY HR MANAGEMENT, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTEGRITY HR MANAGEMENT, LLC	<b>c</b> EIN-PN 82-0860806-001
<b>a</b>	Plan name INTELLIPRO SERVICE MEP	
<b>b</b>	Name of plan sponsor INTELLIPRO SERVICE INC.	<b>c</b> EIN-PN 83-3224197-001
<b>a</b>	Plan name INTERNATIONAL PHOTOGRAPHY SERVICES INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL PHOTOGRAPHY SERVICES INC.	<b>c</b> EIN-PN 13-4052934-001
<b>a</b>	Plan name LINCOLN LAND SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LINCOLN LAND SERVICES, LLC	<b>c</b> EIN-PN 20-5535148-001
<b>a</b>	Plan name LIVEWIRE ELECTRICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor LIVEWIRE ELECTRICAL SYSTEMS, INC.	<b>c</b> EIN-PN 46-1006222-001
<b>a</b>	Plan name LOCAL 360 401(K) AND SEVERANCE PLAN	
<b>b</b>	Name of plan sponsor LOCAL 360	<b>c</b> EIN-PN 22-2450938-009
<b>a</b>	Plan name LONG ISLAND COMPREHENSIVE, PLLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	<b>c</b> EIN-PN 37-1654147-002
<b>a</b>	Plan name NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor NARFA	<b>c</b> EIN-PN 04-2279821-001

<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	NATIONAL WATER SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL WATER SERVICES	<b>c</b> EIN-PN 35-2158046-222
<b>a</b>	Plan name	NCA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEVADA CARDIOLOGY ASSOCIATES	<b>c</b> EIN-PN 88-0293130-001
<b>a</b>	Plan name	PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETE & PETE CONTAINER SERVICE, INC.	<b>c</b> EIN-PN 31-1548571-001
<b>a</b>	Plan name	PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETE & PETE CONTAINER SERVICE, INC.	<b>c</b> EIN-PN 31-1548571-777
<b>a</b>	Plan name	PETROLEUM EQUIPMENT INSTITUTE 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETROLEUM EQUIPMENT INSTITUTE	<b>c</b> EIN-PN 73-0593344-002
<b>a</b>	Plan name	PFLUEGER, INC. SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PFLUEGER, INC.	<b>c</b> EIN-PN 99-0219468-001
<b>a</b>	Plan name	PHILLIP ANDREWS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHILLIP ANDREWS, LLC	<b>c</b> EIN-PN 39-2074269-001
<b>a</b>	Plan name	PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	<b>c</b> EIN-PN 84-1864152-001
<b>a</b>	Plan name	ROCKET COMPOSITES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROCKET COMPOSITES, INC.	<b>c</b> EIN-PN 27-0395707-001
<b>a</b>	Plan name	ROCKY MOUNTAIN BUSINESS SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROCKY MOUNTAIN BUSINESS SYSTEMS, INC.	<b>c</b> EIN-PN 85-0330110-002
<b>a</b>	Plan name	ROMAK IRON WORKS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROMAK IRON WORKS	<b>c</b> EIN-PN 94-1333435-001
<b>a</b>	Plan name	ROY SAKUMA PRODUCTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROY SAKUMA PRODUCTIONS, INC.	<b>c</b> EIN-PN 99-0173485-001

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 TAG GOALPATH SOLUTIONS 401(K) RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874768-001
<b>a</b>	Plan name TAKANO NAKAMURA LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TAKANO NAKAMURA LANDSCAPING, INC.	<b>c</b> EIN-PN 99-0204144-001
<b>a</b>	Plan name TBC CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor TBC CONSTRUCTION INC	<b>c</b> EIN-PN 45-2195554-001
<b>a</b>	Plan name TURNER ENGINEERING CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TURNER ENGINEERING CORPORATION	<b>c</b> EIN-PN 20-3882870-002
<b>a</b>	Plan name UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNISAND INCORPORATED	<b>c</b> EIN-PN 34-1658346-001
<b>a</b>	Plan name UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNISAND INCORPORATED	<b>c</b> EIN-PN 34-1658346-777
<b>a</b>	Plan name A LA CARTE FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor A LA CARTE	<b>c</b> EIN-PN 81-2972833-001
<b>a</b>	Plan name ASBESTOS INSTANT RESPONSE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASBESTOS INSTANT RESPONSE, INC.	<b>c</b> EIN-PN 95-4824758-001
<b>a</b>	Plan name ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSISTANCE LEAGUE OF LOS ANGELES	<b>c</b> EIN-PN 95-1641960-001
<b>a</b>	Plan name BUX-MONT TRANSPORTATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUX-MONT TRANSPORTATION	<b>c</b> EIN-PN 23-1576223-001
<b>a</b>	Plan name C & R CONCRETE CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor C & R CONCRETE CORP	<b>c</b> EIN-PN 90-0585774-001
<b>a</b>	Plan name C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor C & S DRAPERIES, INC.	<b>c</b> EIN-PN 77-0072946-001

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 CADUCEUS HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CADUCEUS HEALTHCARE	<b>c</b> EIN-PN 26-2585338-001
<b>a</b>	Plan name CVIN, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CVIN, LLC	<b>c</b> EIN-PN 77-0407563-001
<b>a</b>	Plan name CW LAW LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CW LAW LLP	<b>c</b> EIN-PN 85-3275179-001
<b>a</b>	Plan name DALAD REALTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DALAD REALTY COMPANY	<b>c</b> EIN-PN 34-1001816-001
<b>a</b>	Plan name DANNIBLE & MCKEE, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DANNIBLE & MCKEE, LLP	<b>c</b> EIN-PN 33-0996661-001
<b>a</b>	Plan name DARRYL BURKE DDS PC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor DARRYL BURKE DDS PC	<b>c</b> EIN-PN 94-3297654-001
<b>a</b>	Plan name EVERT & WEATHERSBY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EVERT & WEATHERSBY, LLC	<b>c</b> EIN-PN 58-1830721-001
<b>a</b>	Plan name EXOTIC FASTENERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor EXOTIC FASTENERS, INC.	<b>c</b> EIN-PN 46-1551899-001
<b>a</b>	Plan name GPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor GALVIN PRESERVATION ASSOCIATES, INC.	<b>c</b> EIN-PN 20-3998866-001
<b>a</b>	Plan name GRAHAM-SEGO CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor GRAHAM-SEGO CORPORATION	<b>c</b> EIN-PN 59-1744449-001
<b>a</b>	Plan name GRAPE EXPECTATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRAPE EXPECTATIONS	<b>c</b> EIN-PN 94-2423490-002
<b>a</b>	Plan name GREAT MOUNTAIN PARTNERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GREAT MOUNTAIN PARTNERS LLC	<b>c</b> EIN-PN 84-3463093-001

<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	ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	ISLAND PALM COMMUNITIES, LLC	<b>c</b> EIN-PN 20-1108750-001
<b>a</b>	Plan name	ISR OF LOUISIANA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISR OF LOUISIANA	<b>c</b> EIN-PN 46-4028718-001
<b>a</b>	Plan name	LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LONSTEIN LAW OFFICE, P.C.	<b>c</b> EIN-PN 22-2788008-001
<b>a</b>	Plan name	LRP MANAGEMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LRP MANAGEMENT NY CORP	<b>c</b> EIN-PN 86-2827816-001
<b>a</b>	Plan name	NELLA MEDIA GROUP, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NELLA MEDIA GROUP, LLC	<b>c</b> EIN-PN 26-2724679-001
<b>a</b>	Plan name	NEST-FILLER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NF BEAUTY GROUP, INC.	<b>c</b> EIN-PN 95-4819694-001
<b>a</b>	Plan name	NEW CLASSIC FURNITURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW CLASSIC FURNITURE	<b>c</b> EIN-PN 33-0976223-001
<b>a</b>	Plan name	PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, LLC	<b>c</b> EIN-PN 22-2116608-002
<b>a</b>	Plan name	PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PLANSOURCE FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 59-3707284-001
<b>a</b>	Plan name	RPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RADIOLOGICAL PHYSICS ASSOCIATES INC.	<b>c</b> EIN-PN 62-1442497-001
<b>a</b>	Plan name	SACCO & FILLAS, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SACCO & FILLAS, LLP	<b>c</b> EIN-PN 16-1706802-001
<b>a</b>	Plan name	TBC CPAS P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEAL, BECKER & CHIARAMONTE, CPAS P.C.	<b>c</b> EIN-PN 14-1624930-001

<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	TECHNOFLO SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TECHNOFLO SYSTEMS	<b>c</b> EIN-PN 77-0557580-001
<b>a</b>	Plan name	TEE BAR CORPORATION 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TEE BAR CORPORATION	<b>c</b> EIN-PN 14-1437138-001
<b>a</b>	Plan name	TEKSECUTE TECHNOLOGY GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	TEKSECUTE TECHNOLOGY GROUP, LLC	<b>c</b> EIN-PN 01-0548119-001
<b>a</b>	Plan name	UNIVERSAL TANK & FABRICATION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL TANK & FABRICATION INC.	<b>c</b> EIN-PN 94-4428204-001
<b>a</b>	Plan name	UPSHIFT HR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UPSHIFT HR	<b>c</b> EIN-PN 87-4055304-001
<b>a</b>	Plan name	UPSTATE OB/GYN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UPSTATE OB/GYN ASSOCIATES, P.C.	<b>c</b> EIN-PN 14-1600870-001
<b>a</b>	Plan name	URGENT CARE FOR KIDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	URGENT CARE FOR KIDS, LLC	<b>c</b> EIN-PN 45-2438497-001
<b>a</b>	Plan name	FLEET DRIVER SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLEET DRIVER SERVICE, INC.	<b>c</b> EIN-PN 45-3685803-333
<b>a</b>	Plan name	FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC.	<b>c</b> EIN-PN 25-1603610-001
<b>a</b>	Plan name	FORM GRINDING TECH INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FORM GRINDING TECH INC	<b>c</b> EIN-PN 38-3502129-001
<b>a</b>	Plan name	SLR SERVICE 401K PLAN	
<b>b</b>	Name of plan sponsor	SIGMA HEALTH REHAB LLC	<b>c</b> EIN-PN 30-0565417-001
<b>a</b>	Plan name	SMITHTOWN ACUPUNCTURE & WELLNESS, P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	SMITHTOWN ACUPUNCTURE & WELLNESS, P.C.	<b>c</b> EIN-PN 03-0451440-001

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>SOLIDUS 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRECISION EQUIPMENT SYSTEMS, LLC DBA SOLIDUS</b>	<b>c</b> EIN-PN <b>46-5723146-001</b>
<b>a</b>	Plan name <b>GREENWOOD MOTORS 401(K) RETIREMENT PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GREENWOOD MOTORS</b>	<b>c</b> EIN-PN <b>77-0560344-001</b>
<b>a</b>	Plan name <b>GROWING GENERATIONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GROWING GENERATIONS</b>	<b>c</b> EIN-PN <b>95-4619204-001</b>
<b>a</b>	Plan name <b>GUHROO 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EXECUTIVE RESOURCE GROUP LLC DBA GUHROO</b>	<b>c</b> EIN-PN <b>46-4868112-001</b>
<b>a</b>	Plan name <b>HALLKEEN MANAGEMENT, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HALLKEEN MANAGEMENT, INC.</b>	<b>c</b> EIN-PN <b>04-3097814-001</b>
<b>a</b>	Plan name <b>TERESI TRUCKING, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TERESI TRUCKING, LLC</b>	<b>c</b> EIN-PN <b>94-1712166-001</b>
<b>a</b>	Plan name <b>TEXO MEMBERS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEXO ABC/AGC, INC.</b>	<b>c</b> EIN-PN <b>32-0274111-002</b>
<b>a</b>	Plan name <b>THE BERRY MAN, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE BERRY MAN, INC.</b>	<b>c</b> EIN-PN <b>77-0341777-001</b>
<b>a</b>	Plan name <b>HAWAII ONCOLOGY, INC. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAWAII ONCOLOGY, INC.</b>	<b>c</b> EIN-PN <b>81-2343960-001</b>
<b>a</b>	Plan name <b>HAWAII PACIFIC X-RAY CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAWAII PACIFIC X-RAY CORPORATION</b>	<b>c</b> EIN-PN <b>99-0250562-001</b>
<b>a</b>	Plan name <b>HDR REMODELING 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>HDR REMODELING</b>	<b>c</b> EIN-PN <b>94-3204168-001</b>
<b>a</b>	Plan name <b>THE PRICE COMPANIES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE PRICE COMPANIES, INC.</b>	<b>c</b> EIN-PN <b>71-0388495-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE PRISM GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE PRISM GROUP, LLC	<b>c</b> EIN-PN 80-0329401-001
<b>a</b>	Plan name ABC OF DELAWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED BUILDERS AND CONTRACTORS OF DELAWARE	<b>c</b> EIN-PN 51-0101352-333
<b>a</b>	Plan name JAY'S CUSTOM CABINETS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JAY'S CUSTOM CABINETS, INC	<b>c</b> EIN-PN 26-1712172-001
<b>a</b>	Plan name JEFF'S PRESCRIPTION SHOP 401(K) PLAN	
<b>b</b>	Name of plan sponsor JEFF'S PRESCRIPTION SHOP	<b>c</b> EIN-PN 61-1051036-001
<b>a</b>	Plan name ALABAMA GROCERS ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALABAMA GROCERS ASSOCIATION	<b>c</b> EIN-PN 63-1025911-333
<b>a</b>	Plan name ALAN SCHATZBERG & ASSOCIATES RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ALAN SCHATZBERG & ASSOCIATES, INC.	<b>c</b> EIN-PN 22-3529223-001
<b>a</b>	Plan name ALCON ENTERTAINMENT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALCON ENTERTAINMENT	<b>c</b> EIN-PN 62-1674411-001
<b>a</b>	Plan name JR STRUCTURAL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JR STRUCTURAL ENGINEERING, INC.	<b>c</b> EIN-PN 94-3347891-001
<b>a</b>	Plan name JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, PC	<b>c</b> EIN-PN 38-2380905-001
<b>a</b>	Plan name KAHUA 401(K) PLAN	
<b>b</b>	Name of plan sponsor KAHUA INC.	<b>c</b> EIN-PN 27-0523308-001
<b>a</b>	Plan name W.L. LOGAN TRUCKING CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor W.L. LOGAN TRUCKING CO.	<b>c</b> EIN-PN 34-1039888-001
<b>a</b>	Plan name W.L. STATON PLUMBING, HEATING & COOLING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor W.L. STATON PLUMBING, HEATING & COOLING, LLC	<b>c</b> EIN-PN 45-5074350-002

<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	W.M. GRACE CONSTRUCTION, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	W.M. GRACE CONSTRUCTION, INC.	<b>c</b> EIN-PN 43-0894463-002
<b>a</b>	Plan name	AST/ACME, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AST/ACME, INC.	<b>c</b> EIN-PN 61-1278559-001
<b>a</b>	Plan name	ATHERTON & ASSOCIATES LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATHERTON & ASSOCIATES LLP	<b>c</b> EIN-PN 94-1239084-001
<b>a</b>	Plan name	MAPLE LEAF CHEESEMAKERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAPLE LEAF CHEESEMAKERS, INC.	<b>c</b> EIN-PN 39-1895024-001
<b>a</b>	Plan name	MARCUS, WATANABE & DAVE, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARCUS, WATANABE & DAVE, LLP	<b>c</b> EIN-PN 95-4319447-001
<b>a</b>	Plan name	MARIA SCHWARTZ, PC 401(K)	
<b>b</b>	Name of plan sponsor	MARIA SCHWARTZ, PC	<b>c</b> EIN-PN 82-1680509-001
<b>a</b>	Plan name	MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARQUEZ BROTHERS INTERNATIONAL, INC	<b>c</b> EIN-PN 94-2789431-889
<b>a</b>	Plan name	BEACON HOSPITAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEACON HOSPITAL MANAGEMENT, INC.	<b>c</b> EIN-PN 27-3174264-002
<b>a</b>	Plan name	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	<b>c</b> EIN-PN 47-4609056-001
<b>a</b>	Plan name	MCPowell MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCPowell MANAGEMENT INC.	<b>c</b> EIN-PN 27-1410013-001
<b>a</b>	Plan name	MEDICAL SOCIETY OF DELAWARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEDICAL SOCIETY OF DELAWARE	<b>c</b> EIN-PN 51-0061011-333
<b>a</b>	Plan name	CALSOFT SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALSOFT SYSTEMS	<b>c</b> EIN-PN 33-0593327-001

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 CAMAS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAMAS, LLC	<b>c</b> EIN-PN 93-1325105-001
<b>a</b>	Plan name CAMINO FEDERAL CREDIT UNION 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor CAMINO FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1676228-002
<b>a</b>	Plan name CAMPAIGN INBOX 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAMPAIGN INBOX LLC	<b>c</b> EIN-PN 82-0752905-001
<b>a</b>	Plan name CAPITAL AREA TITLE, LLC 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor CAPITAL AREA TITLE, LLC	<b>c</b> EIN-PN 20-4865361-001
<b>a</b>	Plan name NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC DBA BARBIER	<b>c</b> EIN-PN 22-2918632-001
<b>a</b>	Plan name NEWBURY CONTRACTORS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEWBURY CONTRACTORS, LLC	<b>c</b> EIN-PN 81-3308303-001
<b>a</b>	Plan name OLE MEXICAN FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OLE MEXICAN FOODS, INC.	<b>c</b> EIN-PN 58-1847060-001
<b>a</b>	Plan name OM SHIV SAI GURU INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor OM SHIV SAI GURU INC.	<b>c</b> EIN-PN 26-2926035-777
<b>a</b>	Plan name ONEPATH 401(K) GPS	
<b>b</b>	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-007
<b>a</b>	Plan name CHAMPION DISCS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CHAMPION DISCS, INC.	<b>c</b> EIN-PN 95-3894688-001
<b>a</b>	Plan name PLATINUM DENTAL SPECIALTIES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PLATINUM DENTAL SPECIALTIES LLC	<b>c</b> EIN-PN 27-1385150-001
<b>a</b>	Plan name PLUTUS CAPITAL NY INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PLUTUS CAPITAL NY INC.	<b>c</b> EIN-PN 82-2739089-001

<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	DAVIDSON BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVIDSON BROTHERS, INC.	<b>c</b> EIN-PN 25-1488298-002
<b>a</b>	Plan name	DAYTON BEHAVIORAL CARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAYTON BEHAVIORAL CARE, LLC	<b>c</b> EIN-PN 20-0273590-001
<b>a</b>	Plan name	DEALERDNA	
<b>b</b>	Name of plan sponsor	DEALERDNA, INC.	<b>c</b> EIN-PN 46-2762607-001
<b>a</b>	Plan name	PURPLE USA INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PURPLE USA, INC.	<b>c</b> EIN-PN 46-4128782-001
<b>a</b>	Plan name	QUAD CITIES AUTISM CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUAD CITIES AUTISM CENTER	<b>c</b> EIN-PN 20-3768653-001
<b>a</b>	Plan name	DONIGER/BURROUGHS 401(K)	
<b>b</b>	Name of plan sponsor	DONIGER/BURROUGHS	<b>c</b> EIN-PN 27-4329677-001
<b>a</b>	Plan name	DRILLING SUPPLY & MANUFACTURING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRILLING SUPPLY & MANUFACTURING	<b>c</b> EIN-PN 74-1903853-001
<b>a</b>	Plan name	DU PAGE SWIMMING CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DU PAGE SWIMMING CENTER, INC.	<b>c</b> EIN-PN 40-3733626-001
<b>a</b>	Plan name	DYKE NELSON ARCHITECTURE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYKE NELSON ARCHITECTURE LLC	<b>c</b> EIN-PN 45-4214031-001
<b>a</b>	Plan name	SCADA PRODUCTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCADA PRODUCTS, LLC	<b>c</b> EIN-PN 61-1711852-001
<b>a</b>	Plan name	SCHRAM AUTO & TRUCK PARTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHRAM AUTO & TRUCK PARTS, INC.	<b>c</b> EIN-PN 38-3453628-001
<b>a</b>	Plan name	F.W. ASSOCIATES, INC. SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	F.W. ASSOCIATES, INC.	<b>c</b> EIN-PN 94-2841974-001

<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	FACTORY DIRECT SUPPLY WPB, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FACTORY DIRECT SUPPLY WPB LLC	<b>c</b> EIN-PN 46-2159293-001
<b>a</b>	Plan name	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FALCON TRADING COMPANY, INC.	<b>c</b> EIN-PN 94-2863170-001
<b>a</b>	Plan name	FARM PUMP AND IRRIGATION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FARM PUMP AND IRRIGATION COMPANY, INC.	<b>c</b> EIN-PN 95-3868044-001
<b>a</b>	Plan name	ATTAWAY SERVICES CAROLINA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATTAWAY SERVICE CAROLINA, INC.	<b>c</b> EIN-PN 82-2912532-001
<b>a</b>	Plan name	AUTISM SPECTRUM CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUTISM SPECTRUM CONSULTANTS, INC.	<b>c</b> EIN-PN 20-0401114-001
<b>a</b>	Plan name	MARSHALL RADIO TELEMETRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARSHALL RADIO TELEMETRY INC.	<b>c</b> EIN-PN 84-1377195-001
<b>a</b>	Plan name	MASSUMI + CONSOLI LLP 401(K) RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MASSUMI + CONSOLI LLP	<b>c</b> EIN-PN 47-3294527-001
<b>a</b>	Plan name	MASSUMI + CONSOLI LLP EQUITY PARTNERS RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MASSUMI + CONSOLI LLP	<b>c</b> EIN-PN 47-3294527-002
<b>a</b>	Plan name	MASTER SHEET METAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MASTER SHEET METAL, INC.	<b>c</b> EIN-PN 99-0144725-001
<b>a</b>	Plan name	MASTERY LOGISTICS SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MASTERY LOGISTICS SYSTEMS, INC.	<b>c</b> EIN-PN 83-1185597-001
<b>a</b>	Plan name	MATCHSTICK VENTURES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATCHSTICK VENTURES LLC	<b>c</b> EIN-PN 47-2994395-001
<b>a</b>	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	<b>c</b> EIN-PN 94-2971321-002

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 <u>MERRELL LLC EMPLOYEE 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>MERRELL LLC</u>	<b>c</b> EIN-PN <u>81-2931810-001</u>
<b>a</b>	Plan name <u>BEST CONTRACTING SERVICES, INC. PROFIT SHARING 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>BEST CONTRACTING SERVICES, INC.</u>	<b>c</b> EIN-PN <u>95-3781209-001</u>
<b>a</b>	Plan name <u>BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>BETTER NEWSPAPERS, INC.</u>	<b>c</b> EIN-PN <u>37-1300470-001</u>
<b>a</b>	Plan name <u>NORTHWEST 401(K) BENEFITS GROUP</u>	
<b>b</b>	Name of plan sponsor <u>SOUND FORD, INC</u>	<b>c</b> EIN-PN <u>91-0906207-001</u>
<b>a</b>	Plan name <u>CAPITAL DISTRICT ADVANCED DENTAL ARTS 401(K) PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CAPITAL DISTRICT ADVANCED DENTAL ARTS</u>	<b>c</b> EIN-PN <u>27-1404048-001</u>
<b>a</b>	Plan name <u>CAPRICORN SYSTEMS, INC. 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CAPRICORN SYSTEMS, INC.</u>	<b>c</b> EIN-PN <u>58-2514176-002</u>
<b>a</b>	Plan name <u>CARAVEL 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CARAVEL SOLUTIONS INC.</u>	<b>c</b> EIN-PN <u>27-3222605-001</u>
<b>a</b>	Plan name <u>CARSON &amp; ACASIO DENTAL OFFICE 401K PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CARSON &amp; ACASIO DENTAL PARTNERSHIP</u>	<b>c</b> EIN-PN <u>87-3791350-001</u>
<b>a</b>	Plan name <u>CATARACT STEEL INDUSTRIES 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>COSTANZO'S WELDING INC. DBA CATARACT STEEL INDUSTRIES</u>	<b>c</b> EIN-PN <u>16-1095041-001</u>
<b>a</b>	Plan name <u>OPTIMUM THERAPEUTICS PT &amp; OT PLLC 401(K) PROFIT SHARING PLAN</u>	
<b>b</b>	Name of plan sponsor <u>OPTIMUM THERAPEUTICS PT &amp; OT PLLC</u>	<b>c</b> EIN-PN <u>45-2839564-001</u>
<b>a</b>	Plan name <u>OUTBOARD MOTOR SHOP 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>OUTBOARD MOTOR SHOP</u>	<b>c</b> EIN-PN <u>94-3159599-001</u>
<b>a</b>	Plan name <u>CHRISTINE LYNCH, MA, LPC, INC. 401(K) PLAN</u>	
<b>b</b>	Name of plan sponsor <u>CHRISTINE LYNCH, MA, LPC INC.</u>	<b>c</b> EIN-PN <u>84-1905388-001</u>

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 CLAIMS RESOURCE SERVICES, INC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor CLAIMS RESOURCE SERVICES, INC.	<b>c</b> EIN-PN 94-3241983-001
<b>a</b>	Plan name PRESIDIO EMPLOYEE CO LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRESIDIO EMPLOYEE CO LLC	<b>c</b> EIN-PN 82-5116779-001
<b>a</b>	Plan name PRINT AND GRAPHICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PRINTING INDUSTRIES ALLIANCE	<b>c</b> EIN-PN 16-1037029-001
<b>a</b>	Plan name DECON LABORATORIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DECON LABORATORIES, INC.	<b>c</b> EIN-PN 23-2097317-002
<b>a</b>	Plan name DELTA CONSTRUCTORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DELTA CONSTRUCTORS, LLC	<b>c</b> EIN-PN 37-1552952-001
<b>a</b>	Plan name DYNAMIC RESEARCH, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DYNAMIC RESEARCH	<b>c</b> EIN-PN 95-3385947-001
<b>a</b>	Plan name EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EAR MEDICAL GROUP, P.A.	<b>c</b> EIN-PN 74-2283401-001
<b>a</b>	Plan name EARLY SULLIVAN WRIGHT GIZER & MCRAE, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor EARLY SULLIVAN	<b>c</b> EIN-PN 27-2410239-001
<b>a</b>	Plan name EAST HARTFORD ORTHODONTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EAST HARTFORD ORTHODONTICS, LLC	<b>c</b> EIN-PN 45-3967784-001
<b>a</b>	Plan name EASTCOAST ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EASTCOAST ENTERTAINMENT, INC.	<b>c</b> EIN-PN 54-1024623-001
<b>a</b>	Plan name R&R DIRECT MAIL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor R&R DIRECT MAIL, INC.	<b>c</b> EIN-PN 11-2467943-002
<b>a</b>	Plan name RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RABIN & BERDO, P.C.	<b>c</b> EIN-PN 52-1763604-001

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 RAIDER OUTBOARDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAIDER OUTBOARDS INC.	<b>c</b> EIN-PN 47-3627794-001
<b>a</b>	Plan name SDS STORES & SLS BIG BOY 401K PLAN	
<b>b</b>	Name of plan sponsor SDS STORES & SLS BIG BOY RESTAURANTS	<b>c</b> EIN-PN 20-1759333-001
<b>a</b>	Plan name SECRET CHARM 401(K) PLAN	
<b>b</b>	Name of plan sponsor SECRET CHARM	<b>c</b> EIN-PN 73-1678960-001
<b>a</b>	Plan name SENIOR SOLUTIONS FOR SENIOR CARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SENIOR SOLUTIONS FOR SENIOR CARE, LLC	<b>c</b> EIN-PN 47-2345213-001
<b>a</b>	Plan name SGCP MANAGEMENT CO., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SGCP MANAGEMENT CO., LLC	<b>c</b> EIN-PN 82-4752245-001
<b>a</b>	Plan name SHIMA SEIKI U.S.A., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHIMA SEIKI U.S.A., INC.	<b>c</b> EIN-PN 22-2708902-001
<b>a</b>	Plan name FASHION ANGELS ENTERPRISES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor M&G PARTNERS, LLP DBA FASHION ANGELS ENTERPRISES	<b>c</b> EIN-PN 39-1724800-001
<b>a</b>	Plan name FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERREIRA CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 22-3334957-001
<b>a</b>	Plan name FERREIRA POWER GROUP, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERREIRA POWER GROUP, LLC	<b>c</b> EIN-PN 81-4055817-001
<b>a</b>	Plan name FORRESTALL PLAN	
<b>b</b>	Name of plan sponsor JEFF FORRESTALL CPA PC	<b>c</b> EIN-PN 58-2514091-333
<b>a</b>	Plan name SPALDING HOSIERY SHOPPE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE SOCK SHOPPE, SPALDING HOSIERY SHOPPE, INC.	<b>c</b> EIN-PN 58-0899136-001
<b>a</b>	Plan name SPITZ ELECTRIC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPITZ ELECTRIC INC.	<b>c</b> EIN-PN 20-1947660-001

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 SPOONER RISK CONTROL SERVICES, INC. MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SURETY HR, INC.	<b>c</b> EIN-PN 82-1825780-003
<b>a</b>	Plan name SRC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SRC SERVICES, INC.	<b>c</b> EIN-PN 77-0713955-001
<b>a</b>	Plan name HANKOOK & COMPANY ES AMERICA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HANKOOK & COMPANY ES AMERICA CORP	<b>c</b> EIN-PN 36-4858427-001
<b>a</b>	Plan name HARBOR POINT REALTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARBOR POINT REALTY & INVESTMENTS, LLC	<b>c</b> EIN-PN 54-2064398-001
<b>a</b>	Plan name HARCOURTS PACIFIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARCOURTS PACIFIC, LLC	<b>c</b> EIN-PN 27-2915078-001
<b>a</b>	Plan name HARD SAFARI CORP 401(K)	
<b>b</b>	Name of plan sponsor HARD SAFARI CORP.	<b>c</b> EIN-PN 47-1919954-001
<b>a</b>	Plan name HARDLINE EQUIPMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARDLINE EQUIPMENT LLC	<b>c</b> EIN-PN 27-2085949-001
<b>a</b>	Plan name HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor HICKAM COMMUNITIES, LLC	<b>c</b> EIN-PN 45-0530100-001
<b>a</b>	Plan name HINKLEY OPTOMETRIC CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor HINKLEY OPTOMETRIC CORPORATION	<b>c</b> EIN-PN 94-2419643-001
<b>a</b>	Plan name THE TAB GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE TAB GROUP	<b>c</b> EIN-PN 22-2054949-001
<b>a</b>	Plan name THE WILHELM GROUP RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE WILHELM GROUP RETIREMENT PLAN & TRUST	<b>c</b> EIN-PN 81-5035218-001
<b>a</b>	Plan name THE WORTHE REAL ESTATE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE WORTHE REAL ESTATE GROUP, INC.	<b>c</b> EIN-PN 95-4521084-001

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>TheraFit Rehab 401(k) Plan</b>	
<b>b</b>	Name of plan sponsor <b>TheraFit Rehab, Inc</b>	<b>c</b> EIN-PN <b>26-2417596-001</b>
<b>a</b>	Plan name <b>Thomas D. Blore Architect PC 401(k) Plan</b>	
<b>b</b>	Name of plan sponsor <b>Thomas D. Blore Architect PC</b>	<b>c</b> EIN-PN <b>20-8781670-001</b>
<b>a</b>	Plan name <b>Acquis Consulting Group, LLC Retirement Plan</b>	
<b>b</b>	Name of plan sponsor <b>Acquis Consulting Group, LLC</b>	<b>c</b> EIN-PN <b>13-3990791-002</b>
<b>a</b>	Plan name <b>ADC LTD NM 401(k) Plan</b>	
<b>b</b>	Name of plan sponsor <b>ADC LTD NM</b>	<b>c</b> EIN-PN <b>85-0464911-001</b>
<b>a</b>	Plan name <b>ADC LTD NM Union 401(k) Plan</b>	
<b>b</b>	Name of plan sponsor <b>ADC LTD NM</b>	<b>c</b> EIN-PN <b>85-0464911-003</b>
<b>a</b>	Plan name <b>Jeffrey A. Weller, D.D.S., PC 401(k) Plan</b>	
<b>b</b>	Name of plan sponsor <b>Jeffrey A. Weller, D.D.S., PC</b>	<b>c</b> EIN-PN <b>36-4052634-777</b>
<b>a</b>	Plan name <b>Jenkins Woodworking, Inc. 401(k) Profit Sharing Plan</b>	
<b>b</b>	Name of plan sponsor <b>Jenkins Woodworking, Inc.</b>	<b>c</b> EIN-PN <b>05-0419446-001</b>
<b>a</b>	Plan name <b>Jerman Family Dentistry, LTD 401(k) Profit Sharing Plan</b>	
<b>b</b>	Name of plan sponsor <b>Jerman Family Dentistry, LTD</b>	<b>c</b> EIN-PN <b>31-1731223-001</b>
<b>a</b>	Plan name <b>JMK Group, Inc. Profit Sharing Plan</b>	
<b>b</b>	Name of plan sponsor <b>JMK Group, Inc. DBA The Agency</b>	<b>c</b> EIN-PN <b>95-4133869-001</b>
<b>a</b>	Plan name <b>Valle Makoff LLP 401(k) Profit Sharing Plan</b>	
<b>b</b>	Name of plan sponsor <b>Valle Makoff LLP</b>	<b>c</b> EIN-PN <b>27-1587480-001</b>
<b>a</b>	Plan name <b>Vanguard Energy Partners 401(k) Plan</b>	
<b>b</b>	Name of plan sponsor <b>Vanguard Energy Partners, LLC</b>	<b>c</b> EIN-PN <b>26-4685348-002</b>
<b>a</b>	Plan name <b>Allegeant LLC 401(k) Profit Sharing Plan</b>	
<b>b</b>	Name of plan sponsor <b>Allegeant LLC</b>	<b>c</b> EIN-PN <b>64-0955384-001</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	ALLPRO CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALLPRO CORPORATION	<b>c</b> EIN-PN 59-3347302-001
<b>a</b>	Plan name	ALLRED METAL PRODUCTS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLRED METAL PRODUCTS	<b>c</b> EIN-PN 86-0648390-001
<b>a</b>	Plan name	KESTREL TELLEVATE LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KESTREL TELLEVATE LLC	<b>c</b> EIN-PN 45-2180090-001
<b>a</b>	Plan name	KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KETTMANN MACHINING INC.	<b>c</b> EIN-PN 26-4023756-001
<b>a</b>	Plan name	WALSH MECHANICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEBEL INC. DBA WALSH MECHANICAL	<b>c</b> EIN-PN 04-2997565-001
<b>a</b>	Plan name	AGILEX BUSINESS SOLUTIONS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AGILEX BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 81-1011017-001
<b>a</b>	Plan name	AIMSUN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIMSUN INC.	<b>c</b> EIN-PN 46-0525028-001
<b>a</b>	Plan name	ALTHON MICRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTHON MICRO INC.	<b>c</b> EIN-PN 95-4285664-001
<b>a</b>	Plan name	ALVIN ARELLANO O. D. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALVIN ARELLANO O. D. INC.	<b>c</b> EIN-PN 26-0037948-001
<b>a</b>	Plan name	AMERICA'S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	R.E. BERLA LIMITED	<b>c</b> EIN-PN 46-0999083-002
<b>a</b>	Plan name	AMERICAN CONCRETE EMPLOYEE'S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CONCRETE, INC.	<b>c</b> EIN-PN 58-2060679-001
<b>a</b>	Plan name	B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B&S ELECTRIC SUPPLY CO., INC.	<b>c</b> EIN-PN 58-1278855-001

<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	B&W PETROLEUM PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B&W PETROLEUM	<b>c</b> EIN-PN 77-0179501-001
<b>a</b>	Plan name	BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BADGER TRUCK & AUTOMOTIVE GROUP	<b>c</b> EIN-PN 39-1044839-002
<b>a</b>	Plan name	BIOTAP MEDICAL 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VERRALAB JA, LLC	<b>c</b> EIN-PN 45-4430352-001
<b>a</b>	Plan name	BLACK OPTICAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLACK OPTICAL LLC	<b>c</b> EIN-PN 86-3692802-001
<b>a</b>	Plan name	BLUE DARNER GROUP, LTD PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLUE DARNER GROUP, LTD	<b>c</b> EIN-PN 20-3008356-001
<b>a</b>	Plan name	BLUE OPS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUE OPS, LLC	<b>c</b> EIN-PN 82-5030716-001
<b>a</b>	Plan name	BLUE RUNNER FOODS, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLUE RUNNER FOODS, INC.	<b>c</b> EIN-PN 72-1238130-001
<b>a</b>	Plan name	CCINTEGRATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CCINTEGRATION, INC.	<b>c</b> EIN-PN 77-0197130-001
<b>a</b>	Plan name	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	<b>c</b> EIN-PN 68-0025437-001
<b>a</b>	Plan name	CLEAR CAR CONCEPTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEAR CAR CONCEPTS, LLC	<b>c</b> EIN-PN 47-2483599-001
<b>a</b>	Plan name	DIRECT A/V 401K PLAN	
<b>b</b>	Name of plan sponsor	DIRECT A/V	<b>c</b> EIN-PN 95-4735867-003
<b>a</b>	Plan name	DISCLOSURE LAW GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DISCLOSURE LAW GROUP	<b>c</b> EIN-PN 81-1103971-001

<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	DISCOVERY KIDS LEARNING CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DISCOVERY KIDS LEARNING CENTER, INC.	<b>c</b> EIN-PN 16-1551791-001
<b>a</b>	Plan name	DISTRIBUTION-PUBLICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DISTRIBUTION-PUBLICATIONS, INC.	<b>c</b> EIN-PN 68-0448262-001
<b>a</b>	Plan name	ECG, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ECG, INC.	<b>c</b> EIN-PN 22-2944262-001
<b>a</b>	Plan name	EDGAR R. BLECKER, M.D., P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLECKER M.D. LLC	<b>c</b> EIN-PN 88-1935646-001
<b>a</b>	Plan name	EGGSHELL LIGHTING COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EGGSHELL LIGHTING COMPANY, INC.	<b>c</b> EIN-PN 99-0284485-001
<b>a</b>	Plan name	EGOODS SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EGOODS SUPPLY, INC.	<b>c</b> EIN-PN 47-3500962-001
<b>a</b>	Plan name	FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FERREIRA POWER SOUTH 401(K)	<b>c</b> EIN-PN 88-2909820-001
<b>a</b>	Plan name	FERREIRA POWER WEST, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FERREIRA POWER WEST LLC	<b>c</b> EIN-PN 83-3211774-001
<b>a</b>	Plan name	FETTE FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FETTE FORD, INC.	<b>c</b> EIN-PN 22-1528045-001
<b>a</b>	Plan name	FINANCE ONE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FINANCE ONE INC.	<b>c</b> EIN-PN 95-4713873-001
<b>a</b>	Plan name	FISHERIES SUPPLY CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FISHERIES SUPPLY CO.	<b>c</b> EIN-PN 91-0222320-001
<b>a</b>	Plan name	FPMA 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA PODIATRIC MEDICAL ASSOCIATION	<b>c</b> EIN-PN 59-3134492-333

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.)	
<b>a</b>	Plan name FREEMAN'S CONSTRUCTION & CUSTOM TRACKHOE SERVICE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FREEMAN'S CONSTRUCTION & CUSTOM TRACKHOE SERVICE, LLC	<b>c</b> EIN-PN 20-5068251-001
<b>a</b>	Plan name FRIST 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILLIAM H. FRIST, MD	<b>c</b> EIN-PN 62-1497827-001
<b>a</b>	Plan name HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor HATTERAS PRESS, INC.	<b>c</b> EIN-PN 22-2491250-001
<b>a</b>	Plan name HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	<b>c</b> EIN-PN 99-0143112-001
<b>a</b>	Plan name HONOLULU BEERWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HONOLULU BEERWORKS LLC	<b>c</b> EIN-PN 46-0821421-001
<b>a</b>	Plan name HOTEL MANAGEMENT OF NEW ORLEANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOTEL MANAGEMENT OF NEW ORLEANS, L.L.C.	<b>c</b> EIN-PN 72-0848974-001
<b>a</b>	Plan name JOHN E. FOX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHN E. FOX, INC.	<b>c</b> EIN-PN 56-1094403-001
<b>a</b>	Plan name JOHN MULLEN & COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN - PLAN A	
<b>b</b>	Name of plan sponsor JOHN MULLEN & COMPANY, INC.	<b>c</b> EIN-PN 99-0109877-001
<b>a</b>	Plan name JOHNSTON FARMS FLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHNSTON FARMS, FLP	<b>c</b> EIN-PN 95-2377683-001
<b>a</b>	Plan name JOLI DIAGNOSTIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOLI DIAGNOSTIC, INC.	<b>c</b> EIN-PN 16-1454895-001
<b>a</b>	Plan name KINGDOM TITLE SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KINGDOM TITLE SOLUTIONS, INC.	<b>c</b> EIN-PN 20-8646472-001
<b>a</b>	Plan name KIVU CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor KIVU CONSULTING, INC.	<b>c</b> EIN-PN 27-1257543-001

<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	KJM DESIGN 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KJM DESIGN	<b>c</b> EIN-PN 82-4415458-001
<b>a</b>	Plan name	KNEGO CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAN KNEGO CONSTRUCTION, INC.	<b>c</b> EIN-PN 27-4440861-001
<b>a</b>	Plan name	KOSHIBA & PRICE, AAL, ALC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KOSHIBA & PRICE, AAL, ALC	<b>c</b> EIN-PN 99-0173346-001
<b>a</b>	Plan name	MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MAUER CHEVROLET	<b>c</b> EIN-PN 26-4600875-777
<b>a</b>	Plan name	MEYBOHM REALTORS, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEYBOHM REALTORS, LLC	<b>c</b> EIN-PN 58-2508705-002
<b>a</b>	Plan name	MIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MALAIS INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 90-0181266-001
<b>a</b>	Plan name	NPE ENTERPRISE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NPE ENTERPRISE, LLC	<b>c</b> EIN-PN 20-8229316-222
<b>a</b>	Plan name	NYFTA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NYFTA INC.	<b>c</b> EIN-PN 81-4187517-001
<b>a</b>	Plan name	OBERTS GALASSO LAW GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OG LAW GROUP	<b>c</b> EIN-PN 99-2233943-001
<b>a</b>	Plan name	ODENKIRK PROVISSIERO CONSOLIDATED, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ODENKIRK PROVISSIERO CONSOLIDATED, LLC	<b>c</b> EIN-PN 27-0674406-002
<b>a</b>	Plan name	OKAHARA AND ASSOCIATES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OKAHARA AND ASSOCIATES, INC.	<b>c</b> EIN-PN 99-0186805-001
<b>a</b>	Plan name	OKLAHOMA HOME BUILDERS MEP 401(K)	
<b>b</b>	Name of plan sponsor	OKLAHOMA HOME BUILDERS ASSOCIATION	<b>c</b> EIN-PN 73-0683222-333

<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	P & I 401(K) AND PENSION PLAN	
<b>b</b>	Name of plan sponsor	PERLITER & INGALSBE	<b>c</b> EIN-PN 95-2124423-003
<b>a</b>	Plan name	PACIFIC AGGREGATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPHERE, LLC DBA PACIFIC AGGREGATE	<b>c</b> EIN-PN 91-1937495-001
<b>a</b>	Plan name	PACIFIC ELECTRONIC ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC ELECTRONIC ENTERPRISES, INC.	<b>c</b> EIN-PN 95-2220026-001
<b>a</b>	Plan name	PACIFIC TRANSPORTATION LINES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC TRANSPORTATION LINES, INC.	<b>c</b> EIN-PN 99-0269857-001
<b>a</b>	Plan name	PAIN MEDICINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAIN MEDICINE, INC.	<b>c</b> EIN-PN 26-2725955-001
<b>a</b>	Plan name	PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PRODUCT DEVELOPMENT ASSOCIATES, INC.	<b>c</b> EIN-PN 41-1791080-001
<b>a</b>	Plan name	PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL EYE ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1148820-001
<b>a</b>	Plan name	PROJECT C.U.R.E., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROJECT C.U.R.E., INC.	<b>c</b> EIN-PN 31-0804358-001
<b>a</b>	Plan name	PROVEN PARTNERS MANUFACTURING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PROVEN PARTNERS MANUFACTURING	<b>c</b> EIN-PN 20-2145505-001
<b>a</b>	Plan name	RAWLINSON ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAWLINSON ELECTRICAL CONSULTANTS	<b>c</b> EIN-PN 45-5383717-001
<b>a</b>	Plan name	RCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	<b>c</b> EIN-PN 72-1285520-777
<b>a</b>	Plan name	RED SKY STUDIOS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RED SKY STUDIOS, LLC	<b>c</b> EIN-PN 46-4530150-001

<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	SIGNALS AUDIO VIDEO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIGNALS AUDIO VIDEO, INC.	<b>c</b> EIN-PN 95-4602729-001
<b>a</b>	Plan name	SITE SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SITE SUPPLY, INC.	<b>c</b> EIN-PN 31-1350146-001
<b>a</b>	Plan name	SKINPATH SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SKINPATH SOLUTIONS, INC.	<b>c</b> EIN-PN 27-2341992-001
<b>a</b>	Plan name	SKYVIEW CHOICE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKYVIEW CHOICE, LLC	<b>c</b> EIN-PN 82-3517647-001
<b>a</b>	Plan name	STACK VETERINARY HOSPITAL PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STACK VETERINARY HOSPITAL, PLLC	<b>c</b> EIN-PN 30-0773499-777
<b>a</b>	Plan name	STAG INDUSTRIAL MANAGEMENT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STAG INDUSTRIAL MANAGEMENT LLC	<b>c</b> EIN-PN 27-3647617-001
<b>a</b>	Plan name	STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STANGENES INDUSTRIES, INC.	<b>c</b> EIN-PN 94-2247016-001
<b>a</b>	Plan name	STARR, DARCY, AND STARR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STARR, DARCY, AND STARR, P.C, CPA'S	<b>c</b> EIN-PN 22-2775971-001
<b>a</b>	Plan name	STERLING HEALTHCARE LOGISTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STERLING HEALTHCARE LOGISTICS, LLC	<b>c</b> EIN-PN 46-1843222-001
<b>a</b>	Plan name	STEUBER CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STEUBER CORPORATION	<b>c</b> EIN-PN 33-0436736-001
<b>a</b>	Plan name	THE HOYT ORGANIZATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE HOYT ORGANIZATION, INC.	<b>c</b> EIN-PN 33-0414128-001
<b>a</b>	Plan name	THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOE N. GUY COMPANY, INCORPORATED	<b>c</b> EIN-PN 58-1048254-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE LITTLE PLUMBER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REDLANDS PLUMBING, HEATING & AIR CONDITIONING	<b>c</b> EIN-PN 95-0828993-001
<b>a</b>	Plan name	THE LOUDERMILK COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE LOUDERMILK COMPANIES, LLC	<b>c</b> EIN-PN 45-4095096-001
<b>a</b>	Plan name	THE MASTER WALL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MASTER WALL, INC.	<b>c</b> EIN-PN 58-1777823-002
<b>a</b>	Plan name	TITUS PRECISION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TITUS PRECISION COMPANY	<b>c</b> EIN-PN 87-3842552-222
<b>a</b>	Plan name	VIKING ROOFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VIKING ROOFING, INC.	<b>c</b> EIN-PN 02-0525250-001
<b>a</b>	Plan name	VINTNERS DISTRIBUTORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINTNERS DISTRIBUTORS, INC.	<b>c</b> EIN-PN 94-3023379-005
<b>a</b>	Plan name	VN HOME HEALTH CARE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VN HOME HEALTH CARE	<b>c</b> EIN-PN 47-0921521-001
<b>a</b>	Plan name	WATERHOUSE, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WATERHOUSE, INC.	<b>c</b> EIN-PN 99-0078238-003
<b>a</b>	Plan name	WEST VALLEY PLATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST VALLEY PLATING, INC.	<b>c</b> EIN-PN 95-4850881-001
<b>a</b>	Plan name	WILD, CARTER AND TIPTON A PROFESSIONAL CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILD, CARTER AND TIPTON A PROFESSIONAL CORP	<b>c</b> EIN-PN 94-2589967-002
<b>a</b>	Plan name	AMERICAN MARINE SERVICES GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN WORKBOATS, INC.	<b>c</b> EIN-PN 99-0164323-001
<b>a</b>	Plan name	AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN PILE AND FOUNDATION, LLC	<b>c</b> EIN-PN 32-0400145-001

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 AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICAN TEXTILE MAINTENANCE COMPANY	<b>c</b> EIN-PN 95-2076802-004
<b>a</b>	Plan name AMERICAS HEALTHCARE EMPLOYEE RETIREMENT PEP	
<b>b</b>	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-005
<b>a</b>	Plan name BLUEBERRY BLVD., LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLUEBERRY BLVD., LLC	<b>c</b> EIN-PN 11-3559983-001
<b>a</b>	Plan name BLUFOX MOBILE 401(K) PLAN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLUFOX MOBILE	<b>c</b> EIN-PN 82-1471419-001
<b>a</b>	Plan name BLUSH MED SPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUSH CT, LLC	<b>c</b> EIN-PN 83-2891621-001
<b>a</b>	Plan name BMR PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BMR PARTNERS, INC.	<b>c</b> EIN-PN 47-3763181-222
<b>a</b>	Plan name BOGHOSIAN RAISIN PACKING COMPANY, INC. 401(K)	
<b>b</b>	Name of plan sponsor BOGHOSIAN RAISIN PACKING COMPANY, INC.	<b>c</b> EIN-PN 94-2175344-002
<b>a</b>	Plan name COLLINSON LAW, A PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COLLINSON LAW, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 26-2250142-001
<b>a</b>	Plan name COLUMBUS PACIFIC DEVELOPMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLUMBUS PACIFIC DEVELOPMENT LLC	<b>c</b> EIN-PN 81-3151427-001
<b>a</b>	Plan name COLUMBUS PACIFIC PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COLUMBUS PACIFIC PROPERTIES, INC.	<b>c</b> EIN-PN 31-1480429-003
<b>a</b>	Plan name EISINGER LAW 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor EISINGER, BROWN, LEWIS, FRANKEL & CHAIET	<b>c</b> EIN-PN 65-0642390-001
<b>a</b>	Plan name ELEMENT DESIGN GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDC, INC.	<b>c</b> EIN-PN 03-0546249-001

<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	ELEVATED SOLAR PERFORMANCE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ELEVATED SOLAR PERFORMANCE, INC.	<b>c</b> EIN-PN 81-3830390-001
<b>a</b>	Plan name	FURMAN & HAUSWIRTH 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	FURMAN & HAUSWIRTH CPAS	<b>c</b> EIN-PN 11-3134883-001
<b>a</b>	Plan name	GAHCC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREATER AUSTIN HISPANIC CHAMBER OF COMMERCE	<b>c</b> EIN-PN 74-0492475-001
<b>a</b>	Plan name	HR PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HR PARTNERS, INC.	<b>c</b> EIN-PN 58-2394083-333
<b>a</b>	Plan name	HUDDLE HOUSE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUDDLE HOUSE, INC.	<b>c</b> EIN-PN 58-0916623-003
<b>a</b>	Plan name	HUDSON COMMUNITY ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUDSON COMMUNITY ENTERPRISES, INC.	<b>c</b> EIN-PN 22-1629147-001
<b>a</b>	Plan name	HYPERION MUNITIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HYPERION MUNITIONS	<b>c</b> EIN-PN 47-3885728-001
<b>a</b>	Plan name	IAI AMERICA, INC. 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	IAI AMERICA, INC.	<b>c</b> EIN-PN 33-0337859-001
<b>a</b>	Plan name	KTX - AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KTX - AMERICA, INC.	<b>c</b> EIN-PN 30-0031143-001
<b>a</b>	Plan name	KUHANA ASSOCIATES, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KUHANA ASSOCIATES, LLC	<b>c</b> EIN-PN 99-0335219-001
<b>a</b>	Plan name	LAKE COUNTRY EYE CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKE COUNTRY EYE CARE, LLC	<b>c</b> EIN-PN 47-2254444-001
<b>a</b>	Plan name	LAKE HILL DENTAL CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKE HILL DENTAL CARE P.C.	<b>c</b> EIN-PN 83-1908844-001

<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	MINDFUL CHILD & FAMILY THERAPY 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MINDFUL CHILD & FAMILY THERAPY	<b>c</b> EIN-PN 83-2946180-001
<b>a</b>	Plan name	MOCERI MANAGEMENT CO. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MOCERI MANAGEMENT CO	<b>c</b> EIN-PN 38-6175411-001
<b>a</b>	Plan name	MOJO RISING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOJO RISING DE, LLC	<b>c</b> EIN-PN 36-4903386-001
<b>a</b>	Plan name	MOM & POP MUSIC CO. LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOM & POP MUSIC CO. LLC	<b>c</b> EIN-PN 26-2920997-001
<b>a</b>	Plan name	MONARCH SALES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONARCH SALES, LTD., INC.	<b>c</b> EIN-PN 65-0011355-001
<b>a</b>	Plan name	PARKSIDE EQUITIES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARKSIDE EQUITIES, LLC	<b>c</b> EIN-PN 81-2783964-001
<b>a</b>	Plan name	PASADENA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHAMBER OF COMMERCE AND CIVIC ASSOCIATION OF PASADENA	<b>c</b> EIN-PN 95-0616125-002
<b>a</b>	Plan name	PASCO SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PASCO SOLUTIONS, INC.	<b>c</b> EIN-PN 83-3733664-001
<b>a</b>	Plan name	REINTJES & HITER CO., INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REINTJES & HITER CO., INC.	<b>c</b> EIN-PN 48-0762809-001
<b>a</b>	Plan name	STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STORMS DWORAK, LLC	<b>c</b> EIN-PN 46-2104644-001
<b>a</b>	Plan name	STRATA SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STRATA SYSTEMS, LLC	<b>c</b> EIN-PN 92-1336363-001
<b>a</b>	Plan name	STRUCTURE VENTURES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STRUCTURE VENTURES LLC	<b>c</b> EIN-PN 47-2665838-001

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 SUMMERTOWN METALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUMMERTOWN METALS, LLC.	<b>c</b> EIN-PN 84-1705951-001
<b>a</b>	Plan name TOP HAT UNIFORM 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOP HAT UNIFORM, INC.	<b>c</b> EIN-PN 11-1979505-001
<b>a</b>	Plan name TOSA PEDIATRICS, S.C. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TOSA PEDIATRICS, S.C.	<b>c</b> EIN-PN 39-1387768-001
<b>a</b>	Plan name TOTAL RETIREMENT SOLUTIONS POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-315
<b>a</b>	Plan name WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILLE ELECTRIC SUPPLY CO., INC.	<b>c</b> EIN-PN 94-1433043-001
<b>a</b>	Plan name WILLIS SPANGLER STARLING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WILLIS SPANGLER STARLING, LTD	<b>c</b> EIN-PN 46-4230982-001
<b>a</b>	Plan name WILLITS & NEWCOMB 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHNSTON NURSERIES, FLP, DBA WILLITS & NEWCOMB	<b>c</b> EIN-PN 47-2188570-001
<b>a</b>	Plan name WINDES, INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor WINDES, INC.	<b>c</b> EIN-PN 95-3001179-016
<b>a</b>	Plan name BONDY-HANEY SERVICE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BONDY-HANEY SERVICE, INC.	<b>c</b> EIN-PN 95-2391151-002
<b>a</b>	Plan name BOS ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOS ENTERTAINMENT, INC. DBA THE EXCHANGE	<b>c</b> EIN-PN 45-1962530-001
<b>a</b>	Plan name BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOSS COMMUNICATION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 99-0259632-001
<b>a</b>	Plan name BRADFORD INDEPENDENT INSURANCE AGENCIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRADFORD INDEPENDENT INSURANCE AGENCIES, INC.	<b>c</b> EIN-PN 11-2817906-001

<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	BRBC I, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRBC I, LLC	<b>c</b> EIN-PN 13-4246539-001
<b>a</b>	Plan name	CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIDATED EMPLOYER SERVICES, INC.	<b>c</b> EIN-PN 47-2468992-001
<b>a</b>	Plan name	CONSTRUCTION INDUSTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUILDERS EXCHANGE OF SOUTHERN TIER, INC.	<b>c</b> EIN-PN 16-0820649-333
<b>a</b>	Plan name	ELK GROVE RANCH, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELK GROVE RANCH, LLC	<b>c</b> EIN-PN 95-2733525-001
<b>a</b>	Plan name	ELM MANAGEMENT SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELM MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 82-2104879-001
<b>a</b>	Plan name	EMERALD ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EMERALD ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 34-1765185-001
<b>a</b>	Plan name	GASKINS LECRAW 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOVEREIGNS ENGINEERING & SURVEYING HOLDINGS INC DBA GASKINS LECRAW	<b>c</b> EIN-PN 58-1500550-002
<b>a</b>	Plan name	ICON SIGN COMPANY 401(K)	
<b>b</b>	Name of plan sponsor	ICON ACQUISTIONS, LLC DBA ICON SIGN COMPANY	<b>c</b> EIN-PN 82-1771476-001
<b>a</b>	Plan name	INCLUSIVE HOUSING RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INCLUSIVE HOUSING RESOURCES	<b>c</b> EIN-PN 84-3657368-001
<b>a</b>	Plan name	LANDIVAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANDIVAR & ASSOCIATES, LLC	<b>c</b> EIN-PN 75-3088910-001
<b>a</b>	Plan name	LAW OFFICES OF FRED C COHEN PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF FRED C. COHEN P.A.	<b>c</b> EIN-PN 65-0219025-001
<b>a</b>	Plan name	MONROVIA CHAMBER MEMBER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONROVIA CHAMBER OF COMMERCE	<b>c</b> EIN-PN 95-1019540-001

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 MOONDANCE ADVENTURES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOONDANCE ADVENTURES, INC.	<b>c</b> EIN-PN 58-2208578-001
<b>a</b>	Plan name PAUL ANDERSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor PAUL ANDERSON YOUTH HOME, INC.	<b>c</b> EIN-PN 58-6041868-001
<b>a</b>	Plan name RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TAG RESOURCES, LLC	<b>c</b> EIN-PN 62-1874774-013
<b>a</b>	Plan name RFC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ROMANOFF FLOOR COVERING, INC.	<b>c</b> EIN-PN 58-1349072-001
<b>a</b>	Plan name RICHARDSON WAYLAND FERREIRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICHARDSON-WAYLAND FERREIRA, LLC	<b>c</b> EIN-PN 93-4818877-001
<b>a</b>	Plan name SUNMIGHT USA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUNMIGHT USA CORP.	<b>c</b> EIN-PN 20-4626532-001
<b>a</b>	Plan name SUPERIOR AUTO BODY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SGS HOLDINGS DBA SUPERIOR AUTO BODY	<b>c</b> EIN-PN 20-3365670-001
<b>a</b>	Plan name SUPERIOR STEEL PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR STEEL PRODUCTS, INC.	<b>c</b> EIN-PN 82-0484250-001
<b>a</b>	Plan name SURGICAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SURGICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 99-0287995-002
<b>a</b>	Plan name SYOSSET ANIMAL HOSPITAL EMPLOYEES 401(K)/PSP	
<b>b</b>	Name of plan sponsor JONATHAN W GREENFIELD DVM PC DBA SYOSSET ANIMAL HOSPITAL	<b>c</b> EIN-PN 11-2346531-001
<b>a</b>	Plan name TOURON LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRANCISCO TOURON III, LLC DBA TOURON LAW	<b>c</b> EIN-PN 26-3442183-001
<b>a</b>	Plan name WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor LLOYD A WISE MOTOR INC	<b>c</b> EIN-PN 26-2658328-001

<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	WORKCENTRIC RETIREMENT SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	WORKCENTRIC, LLC	<b>c</b> EIN-PN 84-3894931-333
<b>a</b>	Plan name	MPRM, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MPRM, LLC	<b>c</b> EIN-PN 95-4676804-001
<b>a</b>	Plan name	MRC CREATIONS, LLC 401(K)	
<b>b</b>	Name of plan sponsor	MRC CREATIONS, LLC	<b>c</b> EIN-PN 46-4236344-002
<b>a</b>	Plan name	NATIONAL AUTO CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL AUTO CARE CORP.	<b>c</b> EIN-PN 31-1115893-001
<b>a</b>	Plan name	PDCA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERITONEAL DIALYSIS CENTER OF AMERICA	<b>c</b> EIN-PN 95-4430908-001
<b>a</b>	Plan name	PENA AND BROMBERG, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PENA AND BROMBERG PC	<b>c</b> EIN-PN 38-3852466-001
<b>a</b>	Plan name	RJL RESOURCES, INC. INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RJL RESOURCES, INC.	<b>c</b> EIN-PN 13-4199316-001
<b>a</b>	Plan name	T & D MACHINE HANDLING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	T & D MACHINE HANDLING, INC.	<b>c</b> EIN-PN 58-1630426-001
<b>a</b>	Plan name	TAB SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAB SERVICES	<b>c</b> EIN-PN 58-2655930-001
<b>a</b>	Plan name	TAG GOALPATH SOLUTIONS 1 401(K) RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	TAG RESOURCES, LLC	<b>c</b> EIN-PN 62-1874767-001
<b>a</b>	Plan name	TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUE NORTH CUSTOM PUBLISHING, LLC.	<b>c</b> EIN-PN 62-1764489-001
<b>a</b>	Plan name	TURN-KEY TUNNELING, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TURN-KEY TUNNELING, INC.	<b>c</b> EIN-PN 05-0620667-002

<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	ZIEHL-ABEGG, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZIEHL-ABEGG, INC.	<b>c</b> EIN-PN 20-0338305-001
<b>a</b>	Plan name	ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANIMAL & BIRD HOSPITAL, INC.	<b>c</b> EIN-PN 33-0078013-001
<b>a</b>	Plan name	ANTEZANA & ANTEZANA LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANTEZANA & ANTEZANA LLC	<b>c</b> EIN-PN 52-2318393-001
<b>a</b>	Plan name	ANTIOCHIAN ORTHODOX CHRISTIAN ARCHDIOCESE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANTIOCHIAN ORTHODOX ARCHDIOCESE	<b>c</b> EIN-PN 11-6007930-001
<b>a</b>	Plan name	BREVARD FAMILY WALK-IN CLINIC, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BREVARD FAMILY WALK-IN CLINIC, LLC	<b>c</b> EIN-PN 20-4661281-001
<b>a</b>	Plan name	BROADWAY SMILES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROADWAY SMILES	<b>c</b> EIN-PN 84-1525882-777
<b>a</b>	Plan name	BUDGET HEATING, COOLING & PLUMBING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUDGET AIR CONDITIONING, HEATING AND PLUMBING, LLC	<b>c</b> EIN-PN 26-4617777-001
<b>a</b>	Plan name	BUFFALO RIVER HEALTH CARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUFFALO RIVER HEALTH CARE, LLC	<b>c</b> EIN-PN 47-0896423-001
<b>a</b>	Plan name	EMPLOYER FLEXIBLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYER FLEXIBLE HR, LLC	<b>c</b> EIN-PN 27-4406361-333
<b>a</b>	Plan name	ENGINEERING DESIGN TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERING DESIGN TECHNOLOGIES, INC.	<b>c</b> EIN-PN 58-2034541-001
<b>a</b>	Plan name	GATEWAY DEMO/CIVIL CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GATEWAY DEMO/CIVIL CORP.	<b>c</b> EIN-PN 13-2873389-001
<b>a</b>	Plan name	GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEAUGA MECHANICAL COMPANY, INC.	<b>c</b> EIN-PN 34-1296480-001

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 GENERAL WHOLESALE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GENERAL WHOLESALE COMPANY, INC.	<b>c</b> EIN-PN 58-0525744-001
<b>a</b>	Plan name GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC. MULTIPLE EMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC.	<b>c</b> EIN-PN 36-2512922-001
<b>a</b>	Plan name INSPIRING HEALTHCARE RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSPIRING HEALTHCARE RESOURCES, LLC	<b>c</b> EIN-PN 45-0663989-001
<b>a</b>	Plan name INSURANCE DATA PROCESSING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSURANCE DATA PROCESSING, INC.	<b>c</b> EIN-PN 23-2382776-002
<b>a</b>	Plan name INTEGRATED CONTROL SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTEGRATED CONTROL SYSTEMS	<b>c</b> EIN-PN 62-1538849-002
<b>a</b>	Plan name LEGON FODIMAN & SUDDUTH, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEGON FODIMAN & SUDDUTH, P.A.	<b>c</b> EIN-PN 65-0520887-001
<b>a</b>	Plan name LETTS PLUMBING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LETTS PLUMBING	<b>c</b> EIN-PN 80-8780287-001
<b>a</b>	Plan name LIBERTY RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-777
<b>a</b>	Plan name LIEBERMAN LEBOVIT, PLLC INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LIEBERMAN LEBOVIT, PLLC	<b>c</b> EIN-PN 84-2449886-001
<b>a</b>	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AOW CONSTRUCTION LLC	<b>c</b> EIN-PN 83-2875089-001
<b>a</b>	Plan name CHARLES E. THOMAS COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHARLES E. THOMAS COMPANY, INC.	<b>c</b> EIN-PN 95-2280159-001
<b>a</b>	Plan name CHOYCE DISTRIBUTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHOYCE DISTRIBUTION, INC.	<b>c</b> EIN-PN 46-5738332-001

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 ECHTER'S GREENHOUSES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECHTER'S GREENHOUSES, INC.	<b>c</b> EIN-PN 84-0491743-002
<b>a</b>	Plan name EDISON MEDIA RESEARCH, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor EDISON MEDIA RESEARCH, INC.	<b>c</b> EIN-PN 22-3305873-001
<b>a</b>	Plan name JOE TANNER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JOE TANNER & ASSOCIATES, INC.	<b>c</b> EIN-PN 58-2339665-001
<b>a</b>	Plan name PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	<b>c</b> EIN-PN 72-0885035-001
<b>a</b>	Plan name PEREGRINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor PEREGRINE GLOBAL SERVICES CORPORATION	<b>c</b> EIN-PN 84-4298312-001
<b>a</b>	Plan name TIME STRIPING, INC. 401K	
<b>b</b>	Name of plan sponsor TIME STRIPING, INC.	<b>c</b> EIN-PN 71-0669392-333
<b>a</b>	Plan name ABC OF IOWA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ABC OF IOWA	<b>c</b> EIN-PN 42-1029016-001
<b>a</b>	Plan name ABILITIES FIRST, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ABILITIES FIRST, INC.	<b>c</b> EIN-PN 14-1467427-002
<b>a</b>	Plan name ABILITIES FIRST, INC. UNION 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor ABILITIES FIRST, INC.	<b>c</b> EIN-PN 14-1467427-004
<b>a</b>	Plan name MURPHY & HARTELIUS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MURPHY & HARTELIUS UNIFORMS	<b>c</b> EIN-PN 94-1712886-002
<b>a</b>	Plan name MY HR PROS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MY HR PROS	<b>c</b> EIN-PN 71-0772119-333
<b>a</b>	Plan name AIR TREK, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor AIR TREK, INC.	<b>c</b> EIN-PN 59-9999998-889

<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	NEW YORK ACCESSORY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK ACCESSORY GROUP, INC.	<b>c</b> EIN-PN 13-4175959-002
<b>a</b>	Plan name	NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEWBROOK INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 11-2718154-001
<b>a</b>	Plan name	ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSISTANCE LEAGUE OF LOS ANGELES	<b>c</b> EIN-PN 95-1641960-001
<b>a</b>	Plan name	ASSOCIATIONS OF TEXAS MEP	
<b>b</b>	Name of plan sponsor	OMNIFY RETIREMENT LLC	<b>c</b> EIN-PN 74-1018556-002
<b>a</b>	Plan name	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	<b>c</b> EIN-PN 27-3841580-001
<b>a</b>	Plan name	PETROLEUM MARKETING EQUIPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACT EQUIPMENT SALES, INC. DBA PETROLEUM MARKETING EQUIPMENT	<b>c</b> EIN-PN 95-4442409-001
<b>a</b>	Plan name	RICHLINE GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RICHLINE GROUP, INC.	<b>c</b> EIN-PN 26-0232774-001
<b>a</b>	Plan name	RIVIERA FINANCE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVIERA FINANCE, LLC	<b>c</b> EIN-PN 95-4572313-001
<b>a</b>	Plan name	ROCKY MOUNTAIN HEALTH CENTERS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROCKY MOUNTAIN HEALTH CENTERS PEDIATRICS, PC	<b>c</b> EIN-PN 68-0545497-001
<b>a</b>	Plan name	BRIGHTON ESCROW, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIGHTON ESCROW, INC.	<b>c</b> EIN-PN 95-2886413-001
<b>a</b>	Plan name	CLEAR VIEW CONVALESCENT CENTER 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLEAR VIEW SANITARIUM	<b>c</b> EIN-PN 95-2078230-002
<b>a</b>	Plan name	SHEATS & BAILEY, PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SHEATS & BAILEY, PLLC	<b>c</b> EIN-PN 90-0781687-001

<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	SHOWALTER CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHOWALTER CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 56-1525236-001
<b>a</b>	Plan name	SQUARE ENIX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SQUARE ENIX, INC.	<b>c</b> EIN-PN 91-1442488-001
<b>a</b>	Plan name	ELLENOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REAL GREEK LLC	<b>c</b> EIN-PN 45-5592934-001
<b>a</b>	Plan name	EMPLOY SOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPLOY SOURCE, INC.	<b>c</b> EIN-PN 27-0477134-333
<b>a</b>	Plan name	TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP	<b>c</b> EIN-PN 95-4363145-001
<b>a</b>	Plan name	TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUE NORTH CUSTOM PUBLISHING, LLC.	<b>c</b> EIN-PN 62-1764489-001
<b>a</b>	Plan name	VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	VALLEY HUNT CLUB	<b>c</b> EIN-PN 95-1325050-002
<b>a</b>	Plan name	GEORGIA PAIN MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA PAIN MANAGEMENT	<b>c</b> EIN-PN 30-0008411-001
<b>a</b>	Plan name	HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUTCHINSON AUTOMOTIVE, INC.	<b>c</b> EIN-PN 20-5463282-001
<b>a</b>	Plan name	INFORMATION TECHNOLOGY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INFORMATION TECHNOLOGY PARTNERS	<b>c</b> EIN-PN 39-1737556-001
<b>a</b>	Plan name	KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)	
<b>b</b>	Name of plan sponsor	KAIKOR CONSTRUCTION GROUP, INC.	<b>c</b> EIN-PN 99-0242255-001
<b>a</b>	Plan name	KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KELLIHER/SAMETS, LTD.	<b>c</b> EIN-PN 03-0270393-001

<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	GRAPE EXPECTATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAPE EXPECTATIONS	<b>c</b> EIN-PN 94-2423490-002
<b>a</b>	Plan name	GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GROUP MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 34-1707723-001
<b>a</b>	Plan name	ISHR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISHR, LLC.	<b>c</b> EIN-PN 26-1160348-333
<b>a</b>	Plan name	LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILLENNIUM ADVISORS, INC. DBA LIVING CARE LIFESTYLES	<b>c</b> EIN-PN 91-1644545-001
<b>a</b>	Plan name	LOFTIN DENTAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TODD A. LOFTIN DDS A DENTAL CORPORATION, INC.	<b>c</b> EIN-PN 45-5257377-001
<b>a</b>	Plan name	LONG, TUMINELLO, BESSO, SELIGMAN, WERNER & SULLIVAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LONG, TUMINELLO, BESSO, SELIGMAN, WERNER & SULLIVAN, LLP	<b>c</b> EIN-PN 11-2476602-001
<b>a</b>	Plan name	LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LONSTEIN LAW OFFICE, P.C.	<b>c</b> EIN-PN 22-2788008-001
<b>a</b>	Plan name	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC	<b>c</b> EIN-PN 13-3990791-002
<b>a</b>	Plan name	NARTKER, GRUNEWALD & CO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NARTKER, GRUNEWALD, ESCHLEMAN AND COOPER, LLC	<b>c</b> EIN-PN 31-0872466-001
<b>a</b>	Plan name	NOTTHOFF ENGINEERING L.A., INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NOTTHOFF ENGINEERING L.A., INC.	<b>c</b> EIN-PN 26-4530407-001
<b>a</b>	Plan name	PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PINNACLE EMPLOYEE SERVICES, LLC	<b>c</b> EIN-PN 47-1368882-333
<b>a</b>	Plan name	PINNACLE WALL SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINNACLE WALL SYSTEMS, INC.	<b>c</b> EIN-PN 26-4353827-001

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 PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, LLC	<b>c</b> EIN-PN 22-2116608-002
<b>a</b>	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 59-3707284-001
<b>a</b>	Plan name S & S INDUSTRIAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor S & S INDUSTRIAL SUPPLY, INC.	<b>c</b> EIN-PN 38-1914712-001
<b>a</b>	Plan name BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	<b>c</b> EIN-PN 91-0906923-001
<b>a</b>	Plan name BYRON PRODUCTS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor BYRON PRODUCTS	<b>c</b> EIN-PN 31-1192208-001
<b>a</b>	Plan name C.F. POEPELMAN, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor C.F. POEPELMAN, INC.	<b>c</b> EIN-PN 31-0955223-001
<b>a</b>	Plan name SK USA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SK AMERICAS, INC.	<b>c</b> EIN-PN 13-4187356-777
<b>a</b>	Plan name SMALL BUSINESS RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor SMALL BUSINESS RETIREMENT PLAN EXCHANGE	<b>c</b> EIN-PN 45-4813650-001
<b>a</b>	Plan name CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CROWN CRAFTS, INC.	<b>c</b> EIN-PN 58-0678148-002
<b>a</b>	Plan name CRUICKSHANK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CRUICKSHANK, INC.	<b>c</b> EIN-PN 58-1409679-001
<b>a</b>	Plan name STRATEGY CORPS, LLC 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor STRATEGY CORPS	<b>c</b> EIN-PN 62-1872845-001
<b>a</b>	Plan name EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EPIC HEALTHCARE MANAGEMENT, LLC	<b>c</b> EIN-PN 27-4757579-001

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	U.S. SMALL BUSINESS EXCHANGE 401(K) PLAN
<b>b</b>	Name of plan sponsor	OMNIFY RETIREMENT LLC
<b>c</b>	EIN-PN	82-2083836-333
<b>a</b>	Plan name	U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	U3 ADVISORS, INC.
<b>c</b>	EIN-PN	46-4252021-001
<b>a</b>	Plan name	VISIONARY PAYROLL SOLUTIONS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	VISIONARY PAYROLL SOLUTIONS, LLC
<b>c</b>	EIN-PN	45-4077661-001
<b>a</b>	Plan name	W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	W. BRUCE CLARK, M.D., P.C.
<b>c</b>	EIN-PN	14-1659231-002
<b>a</b>	Plan name	W.A. HAMMOND DRIERITE COMPANY 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	W.A. HAMMOND DRIERITE COMPANY, L.T.D.
<b>c</b>	EIN-PN	31-1140535-002
<b>a</b>	Plan name	FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FIGLIOZZI & COMPANY, PC
<b>c</b>	EIN-PN	11-2924109-001
<b>a</b>	Plan name	FIRST FREIGHT TRANSPORT, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	FIRST FREIGHT TRANSPORT, INC.
<b>c</b>	EIN-PN	16-1227272-001
<b>a</b>	Plan name	FISCHER INSURANCE AGENCY 401(K) PLAN
<b>b</b>	Name of plan sponsor	PERPETUATION PARTNERS INC. DBA FISCHER INSURANCE AGENCY
<b>c</b>	EIN-PN	81-2008716-001
<b>a</b>	Plan name	AGC SELECT 401(K)
<b>b</b>	Name of plan sponsor	AGC SELECT 401(K)
<b>c</b>	EIN-PN	74-0490820-002
<b>a</b>	Plan name	AMERICAN HYDROPONICS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SUN CIRCLE, INC. DBA AMERICAN HYDROPONICS
<b>c</b>	EIN-PN	68-0013191-001
<b>a</b>	Plan name	B.E.R. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	B.E.R. REFRIGERATION, HEATING & COOLING, INC.
<b>c</b>	EIN-PN	38-2862985-001
<b>a</b>	Plan name	BALDWINVILLE VILLAGE HARDWARE INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	BALDWINVILLE VILLAGE HARDWARE INC.
<b>c</b>	EIN-PN	16-1185092-001

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="#">BASELINE THEATRICAL LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BASELINE THEATRICAL LLC</a>	<b>c</b> EIN-PN <a href="#">46-4079204-001</a>
<b>a</b>	Plan name <a href="#">CANTEEN 401(K) RETIREMENT PROGRAM</a>	
<b>b</b>	Name of plan sponsor <a href="#">CANTEEN FOOD &amp; VENDING OF COASTAL CA, INC.</a>	<b>c</b> EIN-PN <a href="#">95-3084005-001</a>
<b>a</b>	Plan name <a href="#">COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC</a>	<b>c</b> EIN-PN <a href="#">46-5167460-001</a>
<b>a</b>	Plan name <a href="#">COMSTOCK, CROSSER &amp; ASSOCIATES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMSTOCK, CROSSER &amp; ASSOCIATES DEVELOPMENT COMPANY, LLC</a>	<b>c</b> EIN-PN <a href="#">95-4665584-001</a>
<b>a</b>	Plan name <a href="#">CONNICO, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CONNICO, LLC</a>	<b>c</b> EIN-PN <a href="#">87-4308617-001</a>
<b>a</b>	Plan name <a href="#">DAVE ARBOGAST GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAVE ARBOGAST GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">31-1409301-001</a>
<b>a</b>	Plan name <a href="#">DAY SECKLER LLP 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAY SECKLER LLP</a>	<b>c</b> EIN-PN <a href="#">26-2310586-001</a>
<b>a</b>	Plan name <a href="#">EVENTS.COM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EVENTS.COM</a>	<b>c</b> EIN-PN <a href="#">80-0488603-001</a>
<b>a</b>	Plan name <a href="#">EXAKTIME INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EXAKTIME INNOVATIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">01-0552589-001</a>
<b>a</b>	Plan name <a href="#">FLASH RAISE FUNDING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLASH RAISE FUNDING, LLC</a>	<b>c</b> EIN-PN <a href="#">87-2600294-001</a>
<b>a</b>	Plan name <a href="#">GUARDIAN CREDIT UNION 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">GUARDIAN CREDIT UNION</a>	<b>c</b> EIN-PN <a href="#">39-0334442-002</a>
<b>a</b>	Plan name <a href="#">HAIGHT LAW GROUP, PC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HAIGHT LAW GROUP, PC</a>	<b>c</b> EIN-PN <a href="#">20-8962303-001</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	JAGRO CUSTOM BROKERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAGRO CUSTOM BROKERS & INTERNATIONAL FREIGHT FORWARDERS, INC.	<b>c</b> EIN-PN 13-3009245-002
<b>a</b>	Plan name	JAY KNIGHT, DDS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JAY KNIGHT DDS, PLC	<b>c</b> EIN-PN 05-0539009-001
<b>a</b>	Plan name	KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KRAFT & KENNEDY, INC.	<b>c</b> EIN-PN 80-0610191-001
<b>a</b>	Plan name	LAKHANI & JORDAN PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKHANI & JORDAN ENGINEERS, P.C.	<b>c</b> EIN-PN 13-3695218-003
<b>a</b>	Plan name	M&W DISTRIBUTION SERVICES, INC. TAX-FAVORED SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	M&W DISTRIBUTION SERVICES, INC.	<b>c</b> EIN-PN 58-1164068-001
<b>a</b>	Plan name	NATIONAL RETIREMENT EXCHANGE PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL BENEFIT SERVICES, LLC	<b>c</b> EIN-PN 20-3886993-001
<b>a</b>	Plan name	NATIONAL RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	NATIONAL RETIREMENT PLAN EXCHANGE	<b>c</b> EIN-PN 45-4813651-001
<b>a</b>	Plan name	NEW ENGLAND WOODCRAFT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND WOODCRAFT, INC.	<b>c</b> EIN-PN 03-0265306-001
<b>a</b>	Plan name	OCEAN ELECTRIC CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEAN ELECTRIC CORPORATION	<b>c</b> EIN-PN 11-3172942-001
<b>a</b>	Plan name	OCEANWIDE CENTER NY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEANWIDE CENTER NY LLC	<b>c</b> EIN-PN 81-1714900-001
<b>a</b>	Plan name	OHIO CONTRACTORS ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OHIO CONTRACTORS ASSOCIATION	<b>c</b> EIN-PN 31-4269300-002
<b>a</b>	Plan name	PNB REMITTANCE CENTERS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PNB REMITTANCE CENTERS INC.	<b>c</b> EIN-PN 94-3136317-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	POINTENORTH INSURANCE GROUP, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	POINTENORTH INSURANCE GROUP, LLC	<b>c</b> EIN-PN 27-4417003-001
<b>a</b> Plan name	PPHP RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	PLANNED PARENTHOOD HUDSON PECONIC, INC.	<b>c</b> EIN-PN 11-2454790-003
<b>a</b> Plan name	SPECIALIZED ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SPECIALIZED ENGINEERING, LLC.	<b>c</b> EIN-PN 68-0454280-001
<b>a</b> Plan name	SPECTRUM GROUP, LLC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	SPECTRUM GROUP MANAGEMENT, LLC	<b>c</b> EIN-PN 13-4060810-001
<b>a</b> Plan name	SPEECH & VOICE SOLUTIONS 401(K) PLAN	
<b>b</b> Name of plan sponsor	SPEECH & VOICE SOLUTIONS	<b>c</b> EIN-PN 20-8174445-001
<b>a</b> Plan name	SPORTIME RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	SPORTIME CLUBS, LLC	<b>c</b> EIN-PN 11-3224021-222
<b>a</b> Plan name	SUCCESS ADVERTISING, INC. 401 (K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SUCCESS ADVERTISING, INC.	<b>c</b> EIN-PN 22-1919260-001
<b>a</b> Plan name	SWOPE, RODANTE P.A. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SWOPE, RODANTE P.A.	<b>c</b> EIN-PN 59-2275153-001
<b>a</b> Plan name	TECH TRADING PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TECH TRADING OF NEW YORK, INC.	<b>c</b> EIN-PN 14-1734227-001
<b>a</b> Plan name	US POLYCHEMICAL CORPORATION SAVINGS AND INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	US POLYCHEMICAL CORPORATION	<b>c</b> EIN-PN 14-1424538-001
<b>a</b> Plan name	WATSON ADVENTURES, LLC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	WATSON ADVENTURES, LLC	<b>c</b> EIN-PN 52-2186522-001
<b>a</b> Plan name	WESTERN INTEGRATED 401(K) PLAN	
<b>b</b> Name of plan sponsor	WESTERN INTEGRATED MATERIALS	<b>c</b> EIN-PN 26-0852608-003

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 ANN M. HASHITATE, D.D.S., INC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ANN HASHITATE, D.D.S. INC.	<b>c</b> EIN-PN 20-3665963-001
<b>a</b>	Plan name CH INSURANCE BROKERAGE SERVICES CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CH INSURANCE BROKERAGE SERVICES CO., INC.	<b>c</b> EIN-PN 16-1363572-001
<b>a</b>	Plan name DIABLO GENERAL ENGINEERING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRUCREW, INC. DBA DIABLO GENERAL ENGINEERING CO.	<b>c</b> EIN-PN 47-0874153-001
<b>a</b>	Plan name DINO PUBLISHING 401(K) PLAN	
<b>b</b>	Name of plan sponsor DINO PUBLISHING	<b>c</b> EIN-PN 36-4353767-001
<b>a</b>	Plan name DIXON A.C. & R. CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIXON A.C. & R. CORPORATION	<b>c</b> EIN-PN 24-0830389-001
<b>a</b>	Plan name JEFF WILSON POOL SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JEFF WILSON POOL SERVICE, INC.	<b>c</b> EIN-PN 59-2596150-001
<b>a</b>	Plan name JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JETSON TV & APPLIANCE CENTERS, INC.	<b>c</b> EIN-PN 59-1508381-001
<b>a</b>	Plan name MCCLAIN LABORATORIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCCLAIN LABORATORIES, LLC	<b>c</b> EIN-PN 42-1600554-001
<b>a</b>	Plan name PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PALADIN REALTY PARTNERS, LLC	<b>c</b> EIN-PN 13-4303956-001
<b>a</b>	Plan name SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION	<b>c</b> EIN-PN 99-0268773-001
<b>a</b>	Plan name THE BROWNSTONE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROWNSTONE AGENCY, INC.	<b>c</b> EIN-PN 13-2766983-001
<b>a</b>	Plan name THE EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORPORATE SOLUTIONS, INC.	<b>c</b> EIN-PN 74-2817774-333

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE GEHR GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE GEHR GROUP, INC.	<b>c</b> EIN-PN 80-0822974-001
<b>a</b>	Plan name	WILLIAM A. SMITH & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM A. SMITH & SON, INC.	<b>c</b> EIN-PN 14-1433702-002
<b>a</b>	Plan name	BENCHMARK TECHNOLOGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BENCHMARK TECHNOLOGY GROUP, INC.	<b>c</b> EIN-PN 58-1639110-001
<b>a</b>	Plan name	BENSING AVIATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BENSING AVIATION, INC.	<b>c</b> EIN-PN 38-3774345-001
<b>a</b>	Plan name	BEVERLY HILLS SPORTS COUNCIL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEVERLY HILLS SPORTS COUNCIL, INC	<b>c</b> EIN-PN 95-4282114-001
<b>a</b>	Plan name	DELAWARE ENGINEERING, D.P.C. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DELAWARE ENGINEERING, D.P.C.	<b>c</b> EIN-PN 16-1370126-001
<b>a</b>	Plan name	DELTA METALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELTA METALS, INC.	<b>c</b> EIN-PN 58-0812732-001
<b>a</b>	Plan name	DELTA ZETA SORORITY SAVINGS INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor	DELTA ZETA SORORITY	<b>c</b> EIN-PN 35-0267676-001
<b>a</b>	Plan name	DEVELOPMENT COUNSELLORS INTERNATIONAL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DEVELOPMENT COUNSELLORS INTERNATIONAL	<b>c</b> EIN-PN 13-1945303-005
<b>a</b>	Plan name	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	<b>c</b> EIN-PN 99-0143112-001
<b>a</b>	Plan name	HELPSIDE INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HELPSIDE INC.	<b>c</b> EIN-PN 87-0476353-333
<b>a</b>	Plan name	MADISON AVENUE PHYSICIANS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MADISON AVENUE PHYSICIANS, P.C.	<b>c</b> EIN-PN 13-4177864-001

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>PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRODUCT DEVELOPMENT ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>41-1791080-001</b>
<b>a</b>	Plan name <b>TECHNICOM SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TECHNICOM SERVICES, INC. DBA INTERBAY TECHNOLOGIES</b>	<b>c</b> EIN-PN <b>36-4412325-001</b>
<b>a</b>	Plan name <b>TEXO MEMBERS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEXO ABC/AGC, INC.</b>	<b>c</b> EIN-PN <b>32-0274111-002</b>
<b>a</b>	Plan name <b>THE MCLEOD COMPANIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCLEOD EXPRESS, LLC</b>	<b>c</b> EIN-PN <b>35-2156793-222</b>
<b>a</b>	Plan name <b>THE PEDIATRIC OFFICE, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE PEDIATRIC OFFICE, LLC</b>	<b>c</b> EIN-PN <b>58-2646129-001</b>
<b>a</b>	Plan name <b>BHK OF AMERICA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BHK OF AMERICA</b>	<b>c</b> EIN-PN <b>22-2114939-001</b>
<b>a</b>	Plan name <b>BILL'S BOOKKEEPING SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BILL'S BOOKKEEPING SERVICES, LLC</b>	<b>c</b> EIN-PN <b>27-0420780-001</b>
<b>a</b>	Plan name <b>BK MILL &amp; FIXTURE, INC. PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BK MILL &amp; FIXTURES</b>	<b>c</b> EIN-PN <b>94-2366234-001</b>
<b>a</b>	Plan name <b>DUKE MANUFACTURING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LS INVESTMENT GROUP LLC DBA DUKE MANUFACTURING</b>	<b>c</b> EIN-PN <b>20-5110012-002</b>
<b>a</b>	Plan name <b>EARL A. HASEGAWA, D.D.S., M.S., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EARL A. HASEGAWA, D.D.S., M.S., INC.</b>	<b>c</b> EIN-PN <b>99-0321177-001</b>
<b>a</b>	Plan name <b>HERITAGE PROPERTIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEW ENGLAND'S HERITAGE PROPERTIES, INC.</b>	<b>c</b> EIN-PN <b>04-3585188-001</b>
<b>a</b>	Plan name <b>HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SONGY HIGHROADS, LLC</b>	<b>c</b> EIN-PN <b>45-4485594-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name MEYBOHM REALTORS, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEYBOHM REALTORS, LLC	<b>c</b> EIN-PN 58-2508705-002
<b>a</b>	Plan name MIDDLE GEORGIA HEART & VASCULAR CENTER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MIDDLE GEORGIA HEART & VASCULAR CENTER, LLC	<b>c</b> EIN-PN 45-2591774-001
<b>a</b>	Plan name BOURQUE MECHANICAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOURQUE MECHANICAL SYSTEMS, INC.	<b>c</b> EIN-PN 14-1788006-002
<b>a</b>	Plan name EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EAST COAST TILE IMPORTS, INC	<b>c</b> EIN-PN 04-2730786-001
<b>a</b>	Plan name HOFMEYER PLUMBING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOFMEYER PLUMBING COMPANY	<b>c</b> EIN-PN 31-0724144-001
<b>a</b>	Plan name HS1 MEDICAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HS1 MEDICAL MANAGEMENT, INC.	<b>c</b> EIN-PN 65-0622851-001
<b>a</b>	Plan name MILAN INSTITUTE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMARILLO COLLEGE OF HAIRDRESSING DBA MILAN INSTITUTE	<b>c</b> EIN-PN 75-1640547-001
<b>a</b>	Plan name MILESTONE PRESENTATIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MILESTONE PRESENTATION, LLC	<b>c</b> EIN-PN 84-1350240-001
<b>a</b>	Plan name MINIMAL ACCESS SURGERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MINIMAL ACCESS SURGERY, INC.	<b>c</b> EIN-PN 45-0521250-001
<b>a</b>	Plan name MMR RESEARCH WORLD WIDE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MMR RESEARCH WORLD WIDE INC.	<b>c</b> EIN-PN 01-0788273-001
<b>a</b>	Plan name REPEAT BUSINESS SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor REPEAT BUSINESS SYSTEMS, INC.	<b>c</b> EIN-PN 14-1718228-001
<b>a</b>	Plan name RICE FINANCIAL PRODUCTS L.P. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RICE DERIVATIVE HOLDINGS, L.P.	<b>c</b> EIN-PN 13-3750267-001



<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>STATE STREET RUSSELL LARGE CAP GROWTH INDEX RET ACCT</b>	<b>B</b> Three-digit plan number (PN) <b>173</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</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.

Assets	(a) Beginning of Year	(b) End of Year
<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>	180890023
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	237824252
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	180890023	237824252
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	180890023	237824252

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	58688876	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		58688876

**Expenses**

<b>e</b> 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)		
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> 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)		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		58688876
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		37422961
(2) From this plan .....	2l(2)		39177608

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