

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: AMERICAN FUNDS NEW PERSPECTIVE RET ACCT
1b Three-digit plan number (PN): 255
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERICAN FUNDS NEW PERSPECTIVE RET ACCT</u>	B Three-digit plan number (PN)	<u>255</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</u>	

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ARCHER SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor	ARCHER SYSTEMS, LLC	c EIN-PN 82-2145883-001
a	Plan name	ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	ARMER/NORMAN & ASSOCIATES	c EIN-PN 94-1686016-001
a	Plan name	ARTHUR T. CANARIO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARTHUR T. CANARIO MD PA	c EIN-PN 22-3482097-003
a	Plan name	BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	c EIN-PN 91-0906923-001
a	Plan name	BURGE MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor	BURGE MANAGEMENT GROUP, INC.	c EIN-PN 27-2829648-001
a	Plan name	BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
b	Name of plan sponsor	BUTLER, FITZGERALD & FIVESON, P.C.	c EIN-PN 20-2841166-001
a	Plan name	CRAMERS' INC EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAMERS' INC	c EIN-PN 34-0671662-001
a	Plan name	CREATIVE FLOORING OHIO 401(K) PLAN	
b	Name of plan sponsor	HOEY ENTERPRISES, INC. DBA CREATIVE FLOORING OHIO	c EIN-PN 31-1313161-001
a	Plan name	CRESCENT CITY SECURITY, INC. 401(K) PLAN	
b	Name of plan sponsor	CRESCENT CITY SECURITY, INC.	c EIN-PN 35-1549160-001
a	Plan name	CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CROWN CRAFTS, INC.	c EIN-PN 58-0678148-002
a	Plan name	CURT PRINGLE & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CURT PRINGLE & ASSOCIATES	c EIN-PN 27-2210026-001
a	Plan name	ETHOS BEHAVIORAL HEALTH GROUP 401(K) PLAN	
b	Name of plan sponsor	ETHOS BEHAVIORAL HEALTH GROUP, LLC	c EIN-PN 84-2484878-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	EVANS-NORDBY FUNERAL HOMES, INC., 401(K) PSP
b	Name of plan sponsor	EVANS-NORDBY FUNERAL HOMES, INC.
c	EIN-PN	41-1671522-001
a	Plan name	GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY 401(K) PLAN
b	Name of plan sponsor	GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY LLC
c	EIN-PN	45-2581371-001
a	Plan name	GLENWOOD ELECTRIC 401(K) PLAN
b	Name of plan sponsor	GLENWOOD ELECTRIC
c	EIN-PN	31-0913270-001
a	Plan name	GOLDSMITH GALLERY JEWELERS, INC. 401(K) PLAN
b	Name of plan sponsor	GOLDSMITH GALLERY JEWELERS, INC.
c	EIN-PN	81-0504056-001
a	Plan name	INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN
b	Name of plan sponsor	NASHEVE, INC.
c	EIN-PN	20-8664693-001
a	Plan name	INTELLIZANT, LLC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	INTELLIZANT, LLC
c	EIN-PN	26-0672456-002
a	Plan name	INTERNAL MED ID ASSOCIATES, LLC RETIREMENT PLAN
b	Name of plan sponsor	INTERNAL MED ID ASSOCIATES, LLC
c	EIN-PN	20-8374419-001
a	Plan name	LIVEWIRE ELECTRICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	LIVEWIRE ELECTRICAL SYSTEMS, INC.
c	EIN-PN	46-1006222-001
a	Plan name	LONG BEACH AREA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN
b	Name of plan sponsor	LONG BEACH AREA CHAMBER OF COMMERCE
c	EIN-PN	95-0944550-001
a	Plan name	NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION MULTIPLE EMPLOYER PLAN
b	Name of plan sponsor	NARFA
c	EIN-PN	04-2279821-001
a	Plan name	NAUTICAL VENTURES GROUP 401(K) PLAN
b	Name of plan sponsor	NAUTICAL VENTURES GROUP, INC.
c	EIN-PN	46-4362332-001
a	Plan name	NCA RETIREMENT PLAN
b	Name of plan sponsor	NEVADA CARDIOLOGY ASSOCIATES
c	EIN-PN	88-0293130-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PETROLEUM EQUIPMENT INSTITUTE 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	PETROLEUM EQUIPMENT INSTITUTE	c EIN-PN 73-0593344-002
a	Plan name	PGS/GS DENTISTRY 401K PLAN	
b	Name of plan sponsor	PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095590-001
a	Plan name	ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
b	Name of plan sponsor	ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	c EIN-PN 99-0222900-001
a	Plan name	ROTTET STUDIO, LLC 401(K) PLAN	
b	Name of plan sponsor	ROTTET STUDIO LLC	c EIN-PN 26-1648926-001
a	Plan name	U.S. HELICOPTERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	US HELICOPTERS, INC.	c EIN-PN 56-1290925-001
a	Plan name	UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor	UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name	UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNISAND INCORPORATED	c EIN-PN 34-1658346-001
a	Plan name	UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNISAND INCORPORATED	c EIN-PN 34-1658346-777
a	Plan name	UNISOURCE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNISOURCE SOLUTIONS, INC.	c EIN-PN 95-4117599-001
a	Plan name	417 ROYAL RESTAURANT, LLC 401 (K) PLAN	
b	Name of plan sponsor	417 ROYAL RESTAURANT, LLC	c EIN-PN 46-3172979-001
a	Plan name	A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A&B ENVIRONMENTAL SERVICES, INC.	c EIN-PN 76-0261001-001
a	Plan name	ARTISTS FIRST, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	ARTISTS FIRST, INC.	c EIN-PN 13-4120908-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	C & S DRAPERIES, INC.	c EIN-PN 77-0072946-001
a	Plan name	CVIN, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CVIN, LLC	c EIN-PN 77-0407563-001
a	Plan name	CW LAW LLP 401(K) PLAN	
b	Name of plan sponsor	CW LAW LLP	c EIN-PN 85-3275179-001
a	Plan name	D & W MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	D & W MANAGEMENT, INC.	c EIN-PN 77-0420267-001
a	Plan name	DALAD REALTY 401(K) PLAN	
b	Name of plan sponsor	DALAD REALTY COMPANY	c EIN-PN 34-1001816-001
a	Plan name	EVOLUTION MECHANICAL LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	EVOLUTION MECHANICAL LLC	c EIN-PN 81-4132663-001
a	Plan name	EVOLVE TREATMENT CENTERS 401(K) PLAN	
b	Name of plan sponsor	EVOLVE GROWTH INITIATIVE, LLC, DBA EVOLVE TREATMENT CENTERS	c EIN-PN 46-5716785-003
a	Plan name	EWI CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	EWI CONSTRUCTION, LLC	c EIN-PN 26-0636307-001
a	Plan name	GPA 401(K) PLAN	
b	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001
a	Plan name	GRAPHIC COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor	PRINTING INDUSTRIES ASSOCIATION, INC. OF SOUTHERN CALIFORNIA	c EIN-PN 95-1501502-001
a	Plan name	ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	ISLAND PALM COMMUNITIES, LLC	c EIN-PN 20-1108750-001
a	Plan name	ISOLVED 401-K PLAN	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-310

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	IVY HAWN 401(K) PLAN	
b	Name of plan sponsor	VOLUSIA CHARTER SCHOOL OF EXCELLENCE	c EIN-PN 30-0600042-001
a	Plan name	LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LONSTEIN LAW OFFICE, P.C.	c EIN-PN 22-2788008-001
a	Plan name	LT ROSE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	LT ROSE MANAGEMENT, LLC	c EIN-PN 85-2823852-001
a	Plan name	M & E, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	M & E, LLC DBA CLEVES AND LONNEMANN	c EIN-PN 81-4622672-002
a	Plan name	NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor	NEVYAS EYE ASSOCIATES, P.C.	c EIN-PN 23-1715581-005
a	Plan name	PK HOUSING 401(K) PLAN	
b	Name of plan sponsor	PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001
a	Plan name	PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name	RPCS, INC. 401(K) PLAN	
b	Name of plan sponsor	RPCS, INC.	c EIN-PN 20-1751783-001
a	Plan name	S.S. WHITE EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	S.S. WHITE TECHNOLOGIES, INC.	c EIN-PN 22-2903476-001
a	Plan name	SAGE HEALTH SERVICES OF INDIANA, INC. 401(K) PLAN	
b	Name of plan sponsor	SAGE HEALTH SERVICES OF INDIANA	c EIN-PN 35-1811450-001
a	Plan name	TBC CPAS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAL, BECKER & CHIARAMONTE, CPAS P.C.	c EIN-PN 14-1624930-001
a	Plan name	UPPER HUDSON VALLEY DERMATOLOGY, PC 401(K) PLAN	
b	Name of plan sponsor	UPPER HUDSON VALLEY DERMATOLOGY, PC	c EIN-PN 14-1818287-004

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	UPSHIFT HR 401(K) PLAN
b	Name of plan sponsor	UPSHIFT HR
c	EIN-PN	87-4055304-001
a	Plan name	FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC.
c	EIN-PN	25-1603610-001
a	Plan name	SMX 401(K) PLAN
b	Name of plan sponsor	SMARTRONIX, LLC
c	EIN-PN	52-1922012-001
a	Plan name	SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN
b	Name of plan sponsor	SOUTH BAY FORD
c	EIN-PN	95-4451497-001
a	Plan name	HALLKEEN MANAGEMENT, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	HALLKEEN MANAGEMENT, INC.
c	EIN-PN	04-3097814-001
a	Plan name	TERESI TRUCKING, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TERESI TRUCKING, LLC
c	EIN-PN	94-1712166-001
a	Plan name	TEXO MEMBERS 401(K) PLAN
b	Name of plan sponsor	TEXO ABC/AGC, INC.
c	EIN-PN	32-0274111-002
a	Plan name	HDR REMODELING 401(K) PLAN & TRUST
b	Name of plan sponsor	HDR REMODELING
c	EIN-PN	94-3204168-001
a	Plan name	THE NAPOLI GROUP, LLC 401(K) PLAN
b	Name of plan sponsor	THE NAPOLI GROUP, LLC
c	EIN-PN	20-0100132-001
a	Plan name	ABIGDESTINATION 401(K) PLAN
b	Name of plan sponsor	ABIGDESTINATION LLC
c	EIN-PN	26-2206411-001
a	Plan name	ACCURATE INGREDIENTS, INC. RETIREMENT PLAN
b	Name of plan sponsor	ACCURATE INGREDIENTS, INC.
c	EIN-PN	11-2571863-001
a	Plan name	J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	J. J. MAUGET COMPANY, INC.
c	EIN-PN	95-1968672-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY	c EIN-PN 26-2257289-001
a	Plan name VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN	
b	Name of plan sponsor VALENTI-HELD CONTRACTOR/DEVELOPER, INC.	c EIN-PN 35-1457294-001
a	Plan name VALLARTA SUPERMARKETS RETIREMENT PLAN	
b	Name of plan sponsor VALLARTA SUPERMARKETS	c EIN-PN 95-4704083-001
a	Plan name ALABAMA GROCERS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor ALABAMA GROCERS ASSOCIATION	c EIN-PN 63-1025911-333
a	Plan name ALCON ENTERTAINMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALCON ENTERTAINMENT	c EIN-PN 62-1674411-001
a	Plan name ALH 401(K) PLAN	
b	Name of plan sponsor ALEXANDER LANKFORD & HIERS, INC.	c EIN-PN 75-1407510-001
a	Plan name KAHUA 401(K) PLAN	
b	Name of plan sponsor KAHUA INC.	c EIN-PN 27-0523308-001
a	Plan name W.L. LOGAN TRUCKING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W.L. LOGAN TRUCKING CO.	c EIN-PN 34-1039888-001
a	Plan name W.L. STATON PLUMBING, HEATING & COOLING, LLC 401(K) PLAN	
b	Name of plan sponsor W.L. STATON PLUMBING, HEATING & COOLING, LLC	c EIN-PN 45-5074350-002
a	Plan name ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC. DISCRETIONARY DEFINED CONTRIBUTION / 401(K) PLAN	
b	Name of plan sponsor ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC.	c EIN-PN 95-4223153-001
a	Plan name ATHERTON & ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor ATHERTON & ASSOCIATES LLP	c EIN-PN 94-1239084-001
a	Plan name ATLAS PAYROLL RESOURCES, INC. 401(K)	
b	Name of plan sponsor ATLAS PAYROLL RESOURCES, INC.	c EIN-PN 45-5180704-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name MANASWIS ORTHOPEDIC & JOINT REPLACEMENT INSTITUTE 401(K) PLAN	
b	Name of plan sponsor MANASWIS ORTHOPEDIC AND JOINT REPLACEMENT INSTITUTE PLLC	c EIN-PN 83-1463534-001
a	Plan name MANNING LUMBER & MARINE, LLC 401(K) PLAN	
b	Name of plan sponsor MANNING LUMBER & MARINE, LLC	c EIN-PN 45-2084718-001
a	Plan name MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	c EIN-PN 47-4609056-001
a	Plan name MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCR DONUTS, INC.	c EIN-PN 06-1432375-001
a	Plan name MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCR DONUTS, INC.	c EIN-PN 06-1432375-777
a	Plan name CAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAL, INC.	c EIN-PN 77-0002188-001
a	Plan name CAMPAIGN INBOX 401(K) PLAN	
b	Name of plan sponsor CAMPAIGN INBOX LLC	c EIN-PN 82-0752905-001
a	Plan name NEWBURY CONTRACTORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEWBURY CONTRACTORS, LLC	c EIN-PN 81-3308303-001
a	Plan name NEWTOWN VETERINARY CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor NEWTOWN VETERINARY CLINIC, INC.	c EIN-PN 99-0210112-002
a	Plan name NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	c EIN-PN 51-0306007-001
a	Plan name ONESOURCE PROS 401(K) PLAN	
b	Name of plan sponsor ONESOURCE PROFESSIONAL SEARCH, LLC	c EIN-PN 13-4301164-001
a	Plan name CHARLES A. EVANS, M.D. 401(K) PLAN	
b	Name of plan sponsor CHARLES A. EVANS, M.D.	c EIN-PN 20-4257821-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name POLLUX SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor POLLUX SYSTEMS, INC.	c EIN-PN 35-1813327-001
a	Plan name DAVID RESTAURANT GROUP PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID RESTAURANT GROUP, INC.	c EIN-PN 47-4444126-001
a	Plan name DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID&GOLIATH, LLC	c EIN-PN 13-4088671-001
a	Plan name DAYTON BEHAVIORAL CARE, LLC 401(K) PLAN	
b	Name of plan sponsor DAYTON BEHAVIORAL CARE, LLC	c EIN-PN 20-0273590-001
a	Plan name DBHMS 401(K) PLAN	
b	Name of plan sponsor NEST BUILDERS, INC D/B/A DBHMS	c EIN-PN 35-2185639-001
a	Plan name DE MATTEI CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DE MATTEI CONSTRUCTION INC.	c EIN-PN 77-0210774-001
a	Plan name PWARE, LLC 401K PLAN	
b	Name of plan sponsor PWARE, LLC	c EIN-PN 83-4410439-001
a	Plan name Q X Q, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor Q X Q, INC.	c EIN-PN 94-3267283-001
a	Plan name QUAD PLUS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor QUAD PLUS LLC	c EIN-PN 20-2033561-001
a	Plan name QUALITY FORMIKA 401(K) PLAN	
b	Name of plan sponsor QUALITY FORMIKA, INC.	c EIN-PN 42-1561005-001
a	Plan name DOGWOOD SITE CONTRACTORS LLC 401(K) PLAN	
b	Name of plan sponsor DOGWOOD SITE CONTRACTORS LLC	c EIN-PN 87-1345377-001
a	Plan name DR. ALEXANDER J. KIM, INC. RETIREMENT PLAN & TRUST	
b	Name of plan sponsor DR. ALEXANDER J. KIM DDS	c EIN-PN 43-2071840-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DU PAGE SWIMMING CENTER 401(K) PLAN	
b	Name of plan sponsor	DU PAGE SWIMMING CENTER, INC.	c EIN-PN 40-3733626-001
a	Plan name	SAUNA360 INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAUNA360 INC.	c EIN-PN 41-1502759-001
a	Plan name	SCHAAP MOVING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHAAP MOVING SYSTEMS, INC.	c EIN-PN 14-1465618-001
a	Plan name	SCHRAM AUTO & TRUCK PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHRAM AUTO & TRUCK PARTS, INC.	c EIN-PN 38-3453628-001
a	Plan name	SCULLY SPORTSWEAR 401(K) PLAN	
b	Name of plan sponsor	SCULLY SPORTSWEAR, INC.	c EIN-PN 95-2240766-001
a	Plan name	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name	AVJET GLOBAL SALES, LLC 401(K) PLAN	
b	Name of plan sponsor	AVJET GLOBAL SALES, LLC	c EIN-PN 81-1570783-001
a	Plan name	MARY ANN HANLON INC. 401(K) PLAN	
b	Name of plan sponsor	MARY ANN HANLON INC.	c EIN-PN 31-1479865-001
a	Plan name	MASSUMI + CONSOLI LLP 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-001
a	Plan name	MASSUMI + CONSOLI LLP EQUITY PARTNERS RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-002
a	Plan name	MASTER SERVICE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	MASTER SERVICE COMPANIES, LLC	c EIN-PN 26-2874958-001
a	Plan name	MASTERLUBE 401(K) PLAN	
b	Name of plan sponsor	SPUR OIL, INC. DBA MASTERLUBE	c EIN-PN 81-0369842-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MASTERY LOGISTICS SYSTEMS, INC. 401K PLAN	
b	Name of plan sponsor	MASTERY LOGISTICS SYSTEMS, INC.	c EIN-PN 83-1185597-001
a	Plan name	MEDICALERT 401(K) PLAN	
b	Name of plan sponsor	MEDICALERT FOUNDATION UNITED STATES, INC.	c EIN-PN 94-1494446-002
a	Plan name	MEDICOM TECHNOLOGIES RETIREMENT PLAN	
b	Name of plan sponsor	MEDICOM TECHNOLOGIES, INC	c EIN-PN 47-5342804-001
a	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002
a	Plan name	MELROSE PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor	MELROSE PHARMACY, INC.	c EIN-PN 41-2019019-001
a	Plan name	MERCER THOMPSON LLC 401(K) PLAN	
b	Name of plan sponsor	MERCER THOMPSON LLC	c EIN-PN 27-0253380-222
a	Plan name	MERCER THOMPSON LLC ATTORNEYS 401(K) PLAN	
b	Name of plan sponsor	MERCER THOMPSON LLC	c EIN-PN 27-0253380-777
a	Plan name	BELLINGER FAMILY, LTD 401(K) PLAN	
b	Name of plan sponsor	BELLINGER DEVELOPMENT, LTD.	c EIN-PN 74-2831468-001
a	Plan name	BENCHMARK WIRELINE PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor	BENCHMARK WIRELINE PRODUCTS, INC.	c EIN-PN 74-2036988-001
a	Plan name	BETMGM 401(K) PLAN	
b	Name of plan sponsor	BETMGM, LLC	c EIN-PN 83-1679867-001
a	Plan name	BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BETTER NEWSPAPERS, INC.	c EIN-PN 37-1300470-001
a	Plan name	BIAERO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIAERO, LLC	c EIN-PN 20-1990837-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NOTKIN HAWAII, INC.	c EIN-PN 99-0237335-001
a	Plan name	NOVA MEDICAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOVA MEDICAL ASSOCIATES, LLC	c EIN-PN 56-2106086-777
a	Plan name	CAPRICORN SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPRICORN SYSTEMS, INC.	c EIN-PN 58-2514176-002
a	Plan name	CARE MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	CARE MANAGEMENT, INC.	c EIN-PN 11-3117425-001
a	Plan name	ORCHESTRA MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ORCHESTRA MANAGEMENT SOLUTIONS	c EIN-PN 22-3737010-001
a	Plan name	OUTBOARD MOTOR SHOP 401(K) PLAN	
b	Name of plan sponsor	OUTBOARD MOTOR SHOP	c EIN-PN 94-3159599-001
a	Plan name	OX ORTHODONTIX, LLC 401(K) PLAN	
b	Name of plan sponsor	OX ORTHODONTIX, LLC	c EIN-PN 52-2150566-001
a	Plan name	CHRISTINE LYNCH, MA, LPC, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRISTINE LYNCH, MA, LPC INC.	c EIN-PN 84-1905388-001
a	Plan name	CIVIC CENTER PHARMACY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CIVIC CENTER PHARMACY	c EIN-PN 86-0824256-001
a	Plan name	PRECISION 2000 401(K) PLAN	
b	Name of plan sponsor	PRECISION 2000, INC.	c EIN-PN 58-2427359-001
a	Plan name	DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	DECKER AND BEEBE, INC	c EIN-PN 06-0628355-001
a	Plan name	DELSIGNORE COMPANIES PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	DELSIGNORE BLACKTOP PAVING, INC.	c EIN-PN 14-1657140-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DENALI HR 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	DENALI HR, LLC	c EIN-PN 84-2712883-333
a	Plan name	DENK, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DENK, INC.	c EIN-PN 20-3746033-001
a	Plan name	EARLY SULLIVAN WRIGHT GIZER & MCRAE, LLP 401(K) PLAN	
b	Name of plan sponsor	EARLY SULLIVAN	c EIN-PN 27-2410239-001
a	Plan name	RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RABIN & BERDO, P.C.	c EIN-PN 52-1763604-001
a	Plan name	SDS STORES & SLS BIG BOY 401K PLAN	
b	Name of plan sponsor	SDS STORES & SLS BIG BOY RESTAURANTS	c EIN-PN 20-1759333-001
a	Plan name	SESSUMS LAW GROUP, PA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SESSUMS LAW GROUP, PA	c EIN-PN 26-2276482-001
a	Plan name	SHIMA SEIKI U.S.A., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHIMA SEIKI U.S.A., INC.	c EIN-PN 22-2708902-001
a	Plan name	FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA CONSTRUCTION CO., INC.	c EIN-PN 22-3334957-001
a	Plan name	FERREIRA POWER GROUP, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER GROUP, LLC	c EIN-PN 81-4055817-001
a	Plan name	FORTIN WELDING & MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	FORTIN WELDING & MANUFACTURING, INC.	c EIN-PN 31-0873755-002
a	Plan name	FOX MANAGEMENT REHABILITATION SERVICES LLC, 401(K) PLAN	
b	Name of plan sponsor	FOX MANAGEMENT REHABILITATION SERVICES, LLC	c EIN-PN 22-3729445-001
a	Plan name	HAMOND SAFETY MANAGEMENT LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	HAMOND SAFETY MANAGEMENT, LLC	c EIN-PN 11-3350879-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HARDIN CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	HARDIN CONSTRUCTION COMPANY	c EIN-PN 72-1279212-001
a	Plan name	HERTZ, CHERSON & ROSENTHAL, P.C. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	HERTZ, CHERSON & ROSENTHAL, P.C.	c EIN-PN 11-3138051-004
a	Plan name	HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	HICKAM COMMUNITIES, LLC	c EIN-PN 45-0530100-001
a	Plan name	HINKLEY OPTOMETRIC CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HINKLEY OPTOMETRIC CORPORATION	c EIN-PN 94-2419643-001
a	Plan name	THE TAB GROUP 401(K) PLAN	
b	Name of plan sponsor	THE TAB GROUP	c EIN-PN 22-2054949-001
a	Plan name	THE VET CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE VET CLINIC	c EIN-PN 88-0671082-001
a	Plan name	ACTUM I, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACTUM I, LLC	c EIN-PN 87-2890933-001
a	Plan name	ACUITY SURGICAL DEVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ACUITY SURGICAL DEVICES, LLC	c EIN-PN 46-4569963-001
a	Plan name	ADVANCE VALVE INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCE VALVE INC.	c EIN-PN 43-1040049-002
a	Plan name	ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor	ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC.	c EIN-PN 31-1456649-001
a	Plan name	JENKINS WOODWORKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JENKINS WOODWORKING, INC.	c EIN-PN 05-0419446-001
a	Plan name	JERMAN FAMILY DENTISTRY, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JERMAN FAMILY DENTISTRY, LTD	c EIN-PN 31-1731223-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name JMK CREATIVE, LLC DBA BBKA 401(K) PLAN	
b	Name of plan sponsor JMK CREATIVE, LLC DBA BASE BEAUTY CREATIVE AGENCY	c EIN-PN 27-0632375-001
a	Plan name VALLE MAKOFF LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VALLE MAKOFF LLP	c EIN-PN 27-1587480-001
a	Plan name VAN DE POEL, LEVY, THOMAS LLP 401(K) PLAN	
b	Name of plan sponsor VAN DE POEL	c EIN-PN 68-0485819-001
a	Plan name VANGUARD ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor VANGUARD ENERGY PARTNERS, LLC	c EIN-PN 26-4685348-002
a	Plan name VECTERIS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CMC VENTURES, LLC DBA VECTERIS	c EIN-PN 27-0909494-001
a	Plan name VENTERRA REALTY INC. 401(K) PLAN	
b	Name of plan sponsor VENTERRA REALTY INC.	c EIN-PN 52-2351470-001
a	Plan name VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor VETERINARY PHARMACEUTICALS, INC.	c EIN-PN 94-2185252-001
a	Plan name ALL IN THE FAMILY DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALL IN THE FAMILY DENTAL	c EIN-PN 35-1399233-001
a	Plan name ALLEGEANT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLEGEANT LLC	c EIN-PN 64-0955384-001
a	Plan name ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor ALLEGRO CONSULTANTS, INC.	c EIN-PN 94-2932628-002
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	
b	Name of plan sponsor RETAIL ASSOCIATION OF MAINE	c EIN-PN 01-0165117-334
a	Plan name KELLEHER + HOLLAND GROUP 401(K) PLAN	
b	Name of plan sponsor KELLEHER + HOLLAND, LLC	c EIN-PN 85-2363788-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KENTUCKY MACHINE AND TOOL INC. 401(K) PLAN	
b	Name of plan sponsor	KENTUCKY MACHINE AND TOOL INC.	c EIN-PN 61-0720003-001
a	Plan name	KERN, INC. 401(K) PLAN	
b	Name of plan sponsor	KERN, INC.	c EIN-PN 22-3538481-001
a	Plan name	KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	KETTMANN MACHINING INC.	c EIN-PN 26-4023756-001
a	Plan name	KEVIN J. ROBERTSON, D.D.S., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERTSON FAMILY DENTISTRY, INC.	c EIN-PN 34-1959064-001
a	Plan name	WALSH MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	LEBEL INC. DBA WALSH MECHANICAL	c EIN-PN 04-2997565-001
a	Plan name	WALTON ISAACSON 401(K) PLAN	
b	Name of plan sponsor	WALTON ISAACSON LLC	c EIN-PN 20-3735704-001
a	Plan name	WASCHITZ PAVLOFF CPA 401(K) PLAN	
b	Name of plan sponsor	WASCHITZ PAVLOFF CPA LLP	c EIN-PN 82-2240084-001
a	Plan name	ALTHON MICRO, INC. 401(K) PLAN	
b	Name of plan sponsor	ALTHON MICRO INC.	c EIN-PN 95-4285664-001
a	Plan name	AMER TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	AMER TECHNOLOGY, INC.	c EIN-PN 74-2828249-001
a	Plan name	B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
b	Name of plan sponsor	B&S ELECTRIC SUPPLY CO., INC.	c EIN-PN 58-1278855-001
a	Plan name	BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	BADGER TRUCK & AUTOMOTIVE GROUP	c EIN-PN 39-1044839-002
a	Plan name	BILL RAY NISSAN 401(K) PLAN	
b	Name of plan sponsor	DICK BAIRD, INC. DBA BILL RAY NISSAN	c EIN-PN 59-1197628-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BIOTAP MEDICAL 401K RETIREMENT PLAN	
b	Name of plan sponsor VERRALAB JA, LLC	c EIN-PN 45-4430352-001
a	Plan name BISCO 401K PLAN	
b	Name of plan sponsor BONNEVILLE INDUSTRIAL SUPPLY	c EIN-PN 87-0329139-001
a	Plan name BLUE DARNER GROUP, LTD PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE DARNER GROUP, LTD	c EIN-PN 20-3008356-001
a	Plan name CC ENGINEERING & CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CC ENGINEERING & CONSTRUCTION, INC.	c EIN-PN 99-0229467-002
a	Plan name CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	c EIN-PN 68-0025437-001
a	Plan name COAST DIAMOND, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COAST DIAMOND, INC.	c EIN-PN 94-2551495-002
a	Plan name COASTAL REALTY ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor COASTAL REALTY ADVISORS, LLC	c EIN-PN 86-1887280-001
a	Plan name COASTLINE FACILITIES & MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRS DBA COASTLINE FACILITIES & MAINTENANCE	c EIN-PN 82-4678956-001
a	Plan name DIGESTIVE CARE MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIGESTIVE CARE MEDICAL CENTER, INC.	c EIN-PN 75-3037371-003
a	Plan name DIRECT A/V 401K PLAN	
b	Name of plan sponsor DIRECT A/V	c EIN-PN 95-4735867-003
a	Plan name DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DNJ ENGINE COMPONENTS, INC.	c EIN-PN 95-4637381-001
a	Plan name ECOLOGY SERVICES, INC. (NON-UNION) 401(K) PLAN	
b	Name of plan sponsor ECOLOGY SERVICES, INC.	c EIN-PN 52-1633982-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
b	Name of plan sponsor	ECOLOGY SERVICES, INC.	c EIN-PN 52-1633980-001
a	Plan name	EDERA L3C 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EDERA L3C	c EIN-PN 82-5524927-001
a	Plan name	EDWARD LESKE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EDWARD LESKE COMPANY	c EIN-PN 22-1506426-001
a	Plan name	FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER SOUTH 401(K)	c EIN-PN 88-2909820-001
a	Plan name	FERREIRA POWER WEST, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER WEST LLC	c EIN-PN 83-3211774-001
a	Plan name	FETTE FORD 401(K) PLAN	
b	Name of plan sponsor	FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name	FRESNO M, LLC 401(K) PLAN	
b	Name of plan sponsor	FRESNO M, LLC	c EIN-PN 38-4235861-001
a	Plan name	FUKUDA DENSHI RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FUKUDA DENSHI USA, INC.	c EIN-PN 91-1725100-001
a	Plan name	HARVEY 401(K) PLAN	
b	Name of plan sponsor	HARVEY & MADDING, INC. DBA DUBLIN HONDA	c EIN-PN 94-2435867-003
a	Plan name	HAT CREEK CONSTRUCTION & MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor	HAT CREEK CONSTRUCTION & MATERIALS, INC.	c EIN-PN 68-0203789-001
a	Plan name	HINSHAW, MARSH, STILL & HINSHAW, LLP PROFIT SHARING AND TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	HINSHAW, MARSH, STILL & HINSHAW, LLP	c EIN-PN 35-2447620-001
a	Plan name	JOHN E. FOX, INC. 401(K) PLAN	
b	Name of plan sponsor	JOHN E. FOX, INC.	c EIN-PN 56-1094403-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name JOHNSON MOTOR CO. OF GEORGIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON MOTOR COMPANY OF GEORGIA	c EIN-PN 58-6015890-001
a	Plan name JOHNSTON FARMS FLP 401(K) PLAN	
b	Name of plan sponsor JOHNSTON FARMS, FLP	c EIN-PN 95-2377683-001
a	Plan name KINGDOM TITLE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor KINGDOM TITLE SOLUTIONS, INC.	c EIN-PN 20-8646472-001
a	Plan name MATTRESS DIRECT 401(K) PLAN	
b	Name of plan sponsor MATTRESS DIRECT, LLC	c EIN-PN 72-1502440-001
a	Plan name MAVERICK MIDWEST 401(K) PLAN	
b	Name of plan sponsor MAVERICK MIDWEST LLC	c EIN-PN 82-2181672-001
a	Plan name MICHEL & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MICHEL & ASSOCIATES, A PROFESSIONAL CORPORATION	c EIN-PN 27-0313611-001
a	Plan name MICHELL ENTERPRISES, LLC 401K PLAN	
b	Name of plan sponsor MICHELL ENTERPRISES, LLC	c EIN-PN 20-0354910-001
a	Plan name P & I 401(K) AND PENSION PLAN	
b	Name of plan sponsor PERLITER & INGALSBE	c EIN-PN 95-2124423-003
a	Plan name PAKLAB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PAKLAB	c EIN-PN 95-4109799-001
a	Plan name PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROFESSIONAL EYE ASSOCIATES, INC.	c EIN-PN 58-1148820-001
a	Plan name PROFILE RACING INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor PROFILE RACING, INC.	c EIN-PN 22-1921633-001
a	Plan name PROVEN PARTNERS MANUFACTURING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PROVEN PARTNERS MANUFACTURING	c EIN-PN 20-2145505-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RALPH BRENNAN RESTAURANT GROUP, L.L.C.	c EIN-PN 72-1350467-001
a	Plan name RAPTOR PETROLEUM 401(K) PLAN	
b	Name of plan sponsor RAPTOR PETROLEUM	c EIN-PN 20-5877086-001
a	Plan name SHIPMAN DIXON & LIVINGSTON CO. LPA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHIPMAN DIXON & LIVINGSTON	c EIN-PN 31-1434412-601
a	Plan name SHRIKANT TAMHANE DO INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHRIKANT TAMHANE DO INC	c EIN-PN 81-4413278-001
a	Plan name SITE SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor SITE SUPPLY, INC.	c EIN-PN 31-1350146-001
a	Plan name SJB GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor SJB GROUP, INC.	c EIN-PN 20-1963915-001
a	Plan name STEPHENS FUNERAL HOME INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STEPHENS FUNERAL HOME INC	c EIN-PN 23-2157394-001
a	Plan name STEVEN R. PETERSON DDS SC 401(K) PSP	
b	Name of plan sponsor STEVEN R. PETERSON, DDS	c EIN-PN 27-2651784-001
a	Plan name THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOE N. GUY COMPANY, INCORPORATED	c EIN-PN 58-1048254-001
a	Plan name THE KENWOOD 401(K) PLAN	
b	Name of plan sponsor THE KENWOOD CONGREGATE ASSOCIATES	c EIN-PN 36-3382337-001
a	Plan name THE KING & SOMMER, PLLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor KING & SOMMER, PLLC	c EIN-PN 26-0673255-001
a	Plan name THE MASTER WALL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MASTER WALL, INC.	c EIN-PN 58-1777823-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON & HARVEY BAY AREA, LLC	c EIN-PN 27-1531650-001
a	Plan name THRESHER ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor THRESHER ENERGY, INC.	c EIN-PN 84-4801657-001
a	Plan name THRIVE BY 5 401(K) PLAN	
b	Name of plan sponsor TB5 MANAGEMENT, LLC	c EIN-PN 92-0493249-001
a	Plan name THRIVE PEO 401(K) PLAN	
b	Name of plan sponsor THRIVE	c EIN-PN 84-4818583-001
a	Plan name VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor VICKERS & NOLAN ENTERPRISES, LLC	c EIN-PN 20-0759070-002
a	Plan name VINEBURG LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VINEBURG LLC	c EIN-PN 68-0466361-001
a	Plan name VIP COMMUNITY MENTAL HEALTH CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VIP COMMUNITY MENTAL HEALTH CENTER, INC.	c EIN-PN 30-0017808-001
a	Plan name VOLO'S AUTO SUPPLY 401(K) PLAN	
b	Name of plan sponsor VOLOS AUTO SUPPLY	c EIN-PN 20-1529129-001
a	Plan name WASHER HILL LIPSCOMB CABANISS ARCHITECTURE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WASHER HILL LIPSCOMB CABANISS ARCHITECTURE LLC	c EIN-PN 86-1091681-001
a	Plan name WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor WEST GEORGIA EYE CARE CENTER	c EIN-PN 58-1075293-001
a	Plan name AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN PILE AND FOUNDATION, LLC	c EIN-PN 32-0400145-001
a	Plan name AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor AMERICAN TEXTILE MAINTENANCE COMPANY	c EIN-PN 95-2076802-004
a	Plan name BLUFOX MOBILE 401(K) PLAN PROFIT SHARING PLAN	
b	Name of plan sponsor BLUFOX MOBILE	c EIN-PN 82-1471419-001
a	Plan name BOARDMAN, LLC 401(K) PLAN	
b	Name of plan sponsor BOARDMAN, LLC	c EIN-PN 73-1470937-003
a	Plan name BOGHOSIAN RAISIN PACKING COMPANY, INC. 401(K)	
b	Name of plan sponsor BOGHOSIAN RAISIN PACKING COMPANY, INC.	c EIN-PN 94-2175344-002
a	Plan name COLUMBIA RIVER FLOOR COVERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COLUMBIA RIVER FLOOR COVERING, INC.	c EIN-PN 91-0839015-002
a	Plan name COMMUNICATION ELECTRONIC SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNICATIONS ELECTRONIC SYSTEMS, INC.	c EIN-PN 99-2126159-001
a	Plan name GACE 401(K) PLAN	
b	Name of plan sponsor GACE CONSULTING ENGINEERS, P.C.	c EIN-PN 20-5995207-001
a	Plan name KTX - AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor KTX - AMERICA, INC.	c EIN-PN 30-0031143-001
a	Plan name KUSTOM 401(K) PLAN	
b	Name of plan sponsor KUSTOMSCAPES & POOLS, LLC	c EIN-PN 84-2103194-001
a	Plan name LA MADE CREATIVE 401(K) PLAN	
b	Name of plan sponsor LA MADE CREATIVE, INC.	c EIN-PN 47-1699482-001
a	Plan name MISSISSIPPI MARINE CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MISSISSIPPI MARINE CORPORATION	c EIN-PN 64-0524327-001
a	Plan name MLA 401(K) PLAN	
b	Name of plan sponsor MIKE LOVE & ASSOCIATES, LLC	c EIN-PN 46-5678839-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MOCERI MANAGEMENT CO. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MOCERI MANAGEMENT CO	c EIN-PN 38-6175411-001
a	Plan name	MOJO RISING 401(K) PLAN	
b	Name of plan sponsor	MOJO RISING DE, LLC	c EIN-PN 36-4903386-001
a	Plan name	MONARCH SALES 401(K) PLAN	
b	Name of plan sponsor	MONARCH SALES, LTD., INC.	c EIN-PN 65-0011355-001
a	Plan name	PARRAID 401(K) PLAN	
b	Name of plan sponsor	PARRAID, LLC	c EIN-PN 84-3537759-001
a	Plan name	REINTJES & HITER CO., INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	REINTJES & HITER CO., INC.	c EIN-PN 48-0762809-001
a	Plan name	RESA POWER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RESA POWER, LLC	c EIN-PN 45-2810331-001
a	Plan name	RESOLUTE INDEPENDENT ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor	RESOLUTE INDEPENDENT ADVISORS, LLC	c EIN-PN 82-1263122-001
a	Plan name	STONE INSURANCE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STONE INSURANCE, INC.	c EIN-PN 72-0799511-001
a	Plan name	STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STORMS DWORAK, LLC	c EIN-PN 46-2104644-001
a	Plan name	SUMMERSET AND DURATEK BOAT LIFTS 401(K) PLAN	
b	Name of plan sponsor	SUMMERSET AND DURATEK BOAT LIFTS	c EIN-PN 86-3812777-001
a	Plan name	TOPCO SALES 401(K) PLAN	
b	Name of plan sponsor	TOPCO SALES	c EIN-PN 45-5582989-001
a	Plan name	TOTAL SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	TTL SOLUTIONS, INC. DBA TOTAL SOLUTIONS	c EIN-PN 47-1345914-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name WILD, CARTER AND TIPTON A PROFESSIONAL CORP 401(K) PLAN	
b	Name of plan sponsor WILD, CARTER AND TIPTON A PROFESSIONAL CORP	c EIN-PN 94-2589967-002
a	Plan name WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor WILLE ELECTRIC SUPPLY CO., INC.	c EIN-PN 94-1433043-001
a	Plan name WILLIS SPANGLER STARLING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIS SPANGLER STARLING, LTD	c EIN-PN 46-4230982-001
a	Plan name WILLOWBROOK FORD, INC. 401(K) PLAN	
b	Name of plan sponsor WILLOWBROOK FORD, INC.	c EIN-PN 36-3063579-001
a	Plan name WINDES, INC. RETIREMENT TRUST	
b	Name of plan sponsor WINDES, INC.	c EIN-PN 95-3001179-016
a	Plan name ANDERSON TRANSPORTATION COMPANY, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor ANDERSON TRANSPORTATION COMPANY, INC.	c EIN-PN 36-3606920-001
a	Plan name ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
b	Name of plan sponsor ANDERSON, JULIAN & HULL, LLP	c EIN-PN 82-0504369-001
a	Plan name ANDREW BRONSTEIN, M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor ANDREW BRONSTEIN, M.D., P.C.	c EIN-PN 88-0343249-001
a	Plan name ANGELINA SURGICAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor ANGELINA SURGICAL ASSOCIATES	c EIN-PN 75-2895810-001
a	Plan name ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	c EIN-PN 95-4887678-001
a	Plan name BOO-KER OIL & GAS CORP. SECTION 401 (K) PLAN	
b	Name of plan sponsor BOO-KER OIL & GAS CORP.	c EIN-PN 72-0750276-001
a	Plan name BOS ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BOS ENTERTAINMENT, INC. DBA THE EXCHANGE	c EIN-PN 45-1962530-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BOSS COMMUNICATION TECHNOLOGIES, INC.	c EIN-PN 99-0259632-001
a	Plan name BRAD PEASLEY TRUCKING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BRAD PEASLEY TRUCKING LLC	c EIN-PN 20-3853328-001
a	Plan name COMPTON CONSTRUCTION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor COMPTON CONSTRUCTION	c EIN-PN 27-5155259-001
a	Plan name CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED EMPLOYER SERVICES, INC.	c EIN-PN 47-2468992-001
a	Plan name CONSTRUCTION-CAD SOLUTIONS, INC. 401K PLAN	
b	Name of plan sponsor CONSTRUCTION-CAD SOLUTIONS, INC.	c EIN-PN 36-4253943-002
a	Plan name ELK GROVE RANCH, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELK GROVE RANCH, LLC	c EIN-PN 95-2733525-001
a	Plan name ELM MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ELM MANAGEMENT SERVICES, LLC	c EIN-PN 82-2104879-001
a	Plan name EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ONONDAGA LEASING SERVICES	c EIN-PN 16-1254312-001
a	Plan name GARZA PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GARZA INDUSTRIES, INC.	c EIN-PN 33-0505475-001
a	Plan name IAMIC MEMBERSHIP RETIREMENT OPTION	
b	Name of plan sponsor ILLINOIS ASSOCIATION OF MUTUAL INSURANCE COMPANIES	c EIN-PN 36-1252847-002
a	Plan name INCLUSIVE HOUSING RESOURCES 401(K) PLAN	
b	Name of plan sponsor INCLUSIVE HOUSING RESOURCES	c EIN-PN 84-3657368-001
a	Plan name INFINITI HR RETIREMENT PLAN	
b	Name of plan sponsor INFINITI HR	c EIN-PN 26-2399761-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LAUGHING OUT LOUD, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	LAUGHING OUT LOUD, LLC	c EIN-PN 46-1324384-221
a	Plan name	MONTANA HEALTH NETWORK 401(K) PLAN	
b	Name of plan sponsor	MONTANA HEALTH NETWORK	c EIN-PN 81-0440728-002
a	Plan name	PBM, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PBM, LLC	c EIN-PN 26-3885918-004
a	Plan name	RFC RETIREMENT PLAN	
b	Name of plan sponsor	ROMANOFF FLOOR COVERING, INC.	c EIN-PN 58-1349072-001
a	Plan name	RICHARDSON WAYLAND FERREIRA 401(K) PLAN	
b	Name of plan sponsor	RICHARDSON-WAYLAND FERREIRA, LLC	c EIN-PN 93-4818877-001
a	Plan name	SUPERIOR STEEL PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUPERIOR STEEL PRODUCTS, INC.	c EIN-PN 82-0484250-001
a	Plan name	TOYOTA BOSHOKU AKI USA, LLC 401(K) PLAN	
b	Name of plan sponsor	TOYOTA BOSHOKU AKI USA, LLC	c EIN-PN 84-2857865-001
a	Plan name	TOYOTA TSUSHO AMERICA, INC. ENTERPRISE MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	TOYOTA TSUSHO AMERICA, INC.	c EIN-PN 13-1943519-001
a	Plan name	WINTER PARK IMPORTS, INC. 401K PLAN	
b	Name of plan sponsor	WINTER PARK IMPORTS, INC.	c EIN-PN 59-2955009-001
a	Plan name	WITMER'S, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WITMER'S, INC.	c EIN-PN 34-1016582-001
a	Plan name	WOLF'S RIDGE BREWING 401(K)	
b	Name of plan sponsor	WOLF'S RIDGE BREWING	c EIN-PN 45-4011666-001
a	Plan name	WORKCENTRIC RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	WORKCENTRIC, LLC	c EIN-PN 84-3894931-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MPRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MPRM, LLC	c EIN-PN 95-4676804-001
a	Plan name NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor NAMDHARI USAGRISEEDS, INC.	c EIN-PN 26-4558159-001
a	Plan name NATIONAL AUTO CARE 401(K) PLAN	
b	Name of plan sponsor NATIONAL AUTO CARE CORP.	c EIN-PN 31-1115893-001
a	Plan name PDCA PROFIT SHARING PLAN	
b	Name of plan sponsor PERITONEAL DIALYSIS CENTER OF AMERICA	c EIN-PN 95-4430908-001
a	Plan name PEDIATRIC PARTNERS OF NORTHERN KENTUCKY PSC 401(K) PLAN	
b	Name of plan sponsor PEDIATRIC PARTNERS OF NORTHERN KENTUCKY, PSC	c EIN-PN 20-1127554-001
a	Plan name PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	c EIN-PN 72-0885035-001
a	Plan name RIVER OAKS OB/GYN ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor RIVER OAKS OB/GYN ASSOCIATES, P.C.	c EIN-PN 35-1162606-001
a	Plan name RJ HEALTHCARE SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RJ HEALTHCARE SERVICES, LLC	c EIN-PN 22-3755890-001
a	Plan name RJL RESOURCES, INC. INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor RJL RESOURCES, INC.	c EIN-PN 13-4199316-001
a	Plan name RKPL, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RKPL INC.	c EIN-PN 34-1728279-001
a	Plan name SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C SYSTEMS, LLC	c EIN-PN 20-1820942-001
a	Plan name TRIUNITY ENGINEERING AND MANAGEMENT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TRIUNITY ENGINEERING AND MANAGEMENT INC.	c EIN-PN 76-0747545-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TRUE NORTH LAW 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TRUE NORTH LAW LLC	c EIN-PN 83-2936553-001
a	Plan name	TRUSTED MEDICAL, LLC 401(K) PLAN	
b	Name of plan sponsor	TRUSTED MEDICAL, LLC	c EIN-PN 87-2670313-001
a	Plan name	ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANIMAL & BIRD HOSPITAL, INC.	c EIN-PN 33-0078013-001
a	Plan name	AR BROTHERS CONSTRUCTION SERVICES 401(K) PLAN	
b	Name of plan sponsor	AR BROTHERS CONSTRUCTION SERVICES, INC.	c EIN-PN 75-2833603-001
a	Plan name	BRONX PARK REHABILITATION AND NURSING CENTER 401(K) PLAN	
b	Name of plan sponsor	WHITE PLAINS NURSING HOME INC. D/B/A BRONX PARK	c EIN-PN 13-3992987-001
a	Plan name	CONTECH INSTRUMENTATION, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTECH INSTRUMENTATION, INC.	c EIN-PN 22-3226840-001
a	Plan name	CORE SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	CORE SOLUTIONS LLC	c EIN-PN 72-1401158-001
a	Plan name	EMPLOYEES' 401(K) AND HEALTH/DISABILITY PLAN OF CALLISTER, BROBERG & BECKER, A LAW CORPORATION	
b	Name of plan sponsor	CALLISTER, BROBERG & BECKER A LAW CORPORATION	c EIN-PN 82-1680303-001
a	Plan name	EMPLOYERS RESOURCE 401(K) PLAN	
b	Name of plan sponsor	EMPLOYERS RESOURCE	c EIN-PN 33-0688056-002
a	Plan name	EMPOWER HR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EMPOWER HR	c EIN-PN 36-4115383-333
a	Plan name	ENDURANCE BUILDING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	ENDURANCE BUILDING SYSTEMS, INC.	c EIN-PN 92-3467996-001
a	Plan name	ENERGY MANAGEMENT COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	ENERGY MANAGEMENT COLLABORATIVE, LLC	c EIN-PN 20-0029039-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	ENGINEERING DESIGN TECHNOLOGIES, INC. 401(K) PLAN
b	Name of plan sponsor	ENGINEERING DESIGN TECHNOLOGIES, INC.
c	EIN-PN	58-2034541-001
a	Plan name	GATOR HOME TECH 401K PLAN
b	Name of plan sponsor	GATOR TECH INTEGRATION, INC.
c	EIN-PN	54-2077009-002
a	Plan name	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC. MULTIPLE EMPLOYER 401(K) PLAN
b	Name of plan sponsor	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC.
c	EIN-PN	36-2512922-001
a	Plan name	INNOVATIVE WATER CONSULTANTS PROFIT SHARING AND 401(K) PLAN
b	Name of plan sponsor	INNOVATIVE WATER CONSULTANTS
c	EIN-PN	81-4303138-001
a	Plan name	INSPIRING HEALTHCARE RESOURCES 401(K) PLAN
b	Name of plan sponsor	INSPIRING HEALTHCARE RESOURCES, LLC
c	EIN-PN	45-0663989-001
a	Plan name	INSTITUTE FOR EDUCATIONAL ACHIEVEMENT 401(K) PLAN
b	Name of plan sponsor	INSTITUTE FOR EDUCATIONAL ACHIEVEMENT
c	EIN-PN	22-3391706-001
a	Plan name	LEGON FODIMAN & SUDDUTH, P.A. PROFIT SHARING PLAN
b	Name of plan sponsor	LEGON FODIMAN & SUDDUTH, P.A.
c	EIN-PN	65-0520887-001
a	Plan name	LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN
b	Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE
c	EIN-PN	36-3584029-002
a	Plan name	365 HEALTHCARE 401(K) PLAN
b	Name of plan sponsor	365 HEALTHCARE STAFFING SERVICES, INC.
c	EIN-PN	27-1213953-001
a	Plan name	AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	AOW CONSTRUCTION LLC
c	EIN-PN	83-2875089-001
a	Plan name	ARGONNE LUMBER & SUPPLY RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ARGONNE LUMBER & SUPPLY, INC.
c	EIN-PN	39-1843557-001
a	Plan name	CHRISTOPHER J. WOLFE 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CHRISTOPHER J. WOLFE
c	EIN-PN	82-1310367-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ECHO INDUSTRIAL, INC. 401(K) PLAN	
b	Name of plan sponsor ECHO INDUSTRIAL, INC.	c EIN-PN 73-1686642-001
a	Plan name ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
b	Name of plan sponsor ECOLOGY SERVICES, INC.	c EIN-PN 52-1633980-001
a	Plan name FSP POWERTEK, INC. 401(K) PLAN	
b	Name of plan sponsor FSP POWERTEK, INC.	c EIN-PN 45-4614696-001
a	Plan name FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor FULL SERVICE CONTRACTING, INC.	c EIN-PN 11-2601825-001
a	Plan name GALATOIRE'S RESTAURANT 401(K) PLAN	
b	Name of plan sponsor NEW ORLEANS EQUITY, LLC	c EIN-PN 27-1326146-001
a	Plan name JOE TANNER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor JOE TANNER & ASSOCIATES, INC.	c EIN-PN 58-2339665-001
a	Plan name K.A. HAMILTON & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor K.A. HAMILTON & ASSOCIATES	c EIN-PN 25-1552792-001
a	Plan name MOBILITY CENTERS HOLDINGS 401(K) PLAN	
b	Name of plan sponsor MOBILITY CENTERS HOLDINGS, LLC	c EIN-PN 82-2534661-001
a	Plan name MOORE & JACKSON, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MOORE & JACKSON, LLC	c EIN-PN 52-2336032-001
a	Plan name PATCH HAWAII 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PATCH HAWAII	c EIN-PN 99-0167464-001
a	Plan name PBC INDUSTRIAL SUPPLIES, INC. 401(K) PLAN	
b	Name of plan sponsor PBC INDUSTRIAL SUPPLIES, INC.	c EIN-PN 72-0833717-001
a	Plan name SHAFERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COONEY, PARRIS & RIEKE CORPORATION	c EIN-PN 91-1862618-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THUNDERBIRD SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THUNDERBIRD SUPPLY COMPANY	c EIN-PN 85-0227746-002
a	Plan name TOPAZ SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TOPAZ SYSTEMS, INC.	c EIN-PN 77-0402671-002
a	Plan name WWL INDUSTRIES, INC. EMPLOYER PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WWL INDUSTRIES, INC.	c EIN-PN 75-2236153-001
a	Plan name ZAUDERER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor ZAUDERER ASSOCIATES, INC.	c EIN-PN 13-1820511-001
a	Plan name LEGON FODIMAN & SUDDUTH, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor LEGON FODIMAN & SUDDUTH, P.A.	c EIN-PN 65-0520887-001
a	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEVITT & BOCCIO, LLP	c EIN-PN 47-2210945-001
a	Plan name A-Z BUS SALES, INC. 401(K) PLAN	
b	Name of plan sponsor A-Z BUS SALES, INC.	c EIN-PN 33-0065644-001
a	Plan name ABC OF IOWA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ABC OF IOWA	c EIN-PN 42-1029016-001
a	Plan name AIR SYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor AIR SYSTEMS LLC	c EIN-PN 61-1497192-001
a	Plan name ALLERGY ASTHMA & CHEST CLINIC 401(K) PLAN	
b	Name of plan sponsor ABRAHAM CHERIYAN, M.D., P.A.	c EIN-PN 75-2936387-001
a	Plan name ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALLEVITY, INC.	c EIN-PN 94-2264491-001
a	Plan name NEW YORK ACCESSORY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor NEW YORK ACCESSORY GROUP, INC.	c EIN-PN 13-4175959-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	NEWBROOK INSURANCE AGENCY RETIREMENT PLAN
b	Name of plan sponsor	NEWBROOK INSURANCE AGENCY, INC.
c	EIN-PN	11-2718154-001
a	Plan name	ATLANTIC BINGO SUPPLY, INC. 401(K) PLAN
b	Name of plan sponsor	ATLANTIC BINGO SUPPLY, INC.
c	EIN-PN	52-1552308-001
a	Plan name	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN
b	Name of plan sponsor	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN
c	EIN-PN	27-3841580-001
a	Plan name	PHI RETIREMENT PLAN
b	Name of plan sponsor	PARAPROFESSIONAL HEALTHCARE INSTITUTE
c	EIN-PN	13-3575492-001
a	Plan name	ROBINSON-BROWN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ROBINSON-BROWN & ASSOCIATES, INC.
c	EIN-PN	34-1664427-001
a	Plan name	ROCKY MOUNTAIN HEALTH CENTERS PROFIT SHARING PLAN
b	Name of plan sponsor	ROCKY MOUNTAIN HEALTH CENTERS PEDIATRICS, PC
c	EIN-PN	68-0545497-001
a	Plan name	ROGERS & TENBROOK, INC. 401(K) PLAN
b	Name of plan sponsor	ROGERS & TENBROOK, INC.
c	EIN-PN	16-1246036-001
a	Plan name	BRIDGEMAN ART LIBRARY INTERNATIONAL LTD. PROFIT SHARING PLAN
b	Name of plan sponsor	BRIDGEMAN IMAGES
c	EIN-PN	13-3947335-001
a	Plan name	BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN
b	Name of plan sponsor	BRONX CENTER FOR REHABILITATION AND HEALTHCARE
c	EIN-PN	13-4021585-001
a	Plan name	CLEAR VIEW CONVALESCENT CENTER 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	CLEAR VIEW SANITARIUM
c	EIN-PN	95-2078230-002
a	Plan name	SHEATS & BAILEY, PLLC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	SHEATS & BAILEY, PLLC
c	EIN-PN	90-0781687-001
a	Plan name	SHIP & SHORE ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SHIP & SHORE ENVIRONMENTAL, INC.
c	EIN-PN	88-0475384-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHOUT! FACTORY, LLC	c EIN-PN 55-0888696-001
a	Plan name SHULMAN & MILLER PEDIATRIC DENTISTRY & ORTHODONTICS, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHULMAN & MILLER PEDIATRIC DENTISTRY & ORTHODONTICS, PC	c EIN-PN 11-3555475-001
a	Plan name SILC-NAKFOOR RETIREMENT PLAN & TRUST	
b	Name of plan sponsor JENNIFER T. SILC DDS MS, LTD.	c EIN-PN 85-1209970-001
a	Plan name CORE 401(K) PLAN	
b	Name of plan sponsor C & C PROPERTIES GROUP, INC. DBA CORE TRUCKING	c EIN-PN 20-1907597-001
a	Plan name CORTECH, LLC 401(K) PLAN	
b	Name of plan sponsor CORTECH, LLC	c EIN-PN 58-2449456-001
a	Plan name ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C.	c EIN-PN 38-1859612-777
a	Plan name ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor ST. JOSEPH HOLDINGS, LLC	c EIN-PN 80-0109664-001
a	Plan name STEVEN R. PETERSON DDS SC 401(K) PSP	
b	Name of plan sponsor STEVEN R. PETERSON, DDS	c EIN-PN 27-2651784-001
a	Plan name ELLENOS 401(K) PLAN	
b	Name of plan sponsor REAL GREEK LLC	c EIN-PN 45-5592934-001
a	Plan name EMPIRE CONTROL ABATEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor OPPENHEIMER & CO., INC.	c EIN-PN 11-2945779-001
a	Plan name EMPLOY SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor EMPLOY SOURCE, INC.	c EIN-PN 27-0477134-333
a	Plan name TOPCO SALES 401(K) PLAN	
b	Name of plan sponsor TOPCO SALES	c EIN-PN 45-5582989-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TOWER ENGINEERING SOLUTIONS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOWER ENGINEERING SOLUTIONS, LLC.	c EIN-PN 46-2297448-001
a	Plan name TRINITY MANAGEMENT GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRINITY MANAGEMENT GROUP, LLC	c EIN-PN 06-1799100-001
a	Plan name TURBO EXCHANGE 401(K) SAVINGS PLAN	
b	Name of plan sponsor TURBO EXCHANGE	c EIN-PN 75-1842998-001
a	Plan name VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
b	Name of plan sponsor VALLEY HUNT CLUB	c EIN-PN 95-1325050-002
a	Plan name VENPRO COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor VENTILATION SPECIALTIES GROUP, INC. DBA VENPRO COMPANY	c EIN-PN 01-0817395-001
a	Plan name VINERIPE SALES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VINERIPE SALES, LLC	c EIN-PN 46-2080161-001
a	Plan name FASTENERS ETC., INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FASTENERS ETC., INC.	c EIN-PN 37-1362137-001
a	Plan name FEDERAL MANAGEMENT SOLUTIONS PREVAILING WAGE MEP 401(K) PLAN	
b	Name of plan sponsor FEDERAL MANAGEMENT SOLUTIONS, LLC	c EIN-PN 80-8591566-001
a	Plan name HUDSON RIVER PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor DAVID ANDRE LEVI MC PEDIATRICS PLLC	c EIN-PN 45-3952387-001
a	Plan name HUGO HIGA, M.D., LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HUGO HIGA, M.D., LLC	c EIN-PN 20-1158895-001
a	Plan name INFORMATION TECHNOLOGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor INFORMATION TECHNOLOGY PARTNERS	c EIN-PN 39-1737556-001
a	Plan name KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)	
b	Name of plan sponsor KAIKOR CONSTRUCTION GROUP, INC.	c EIN-PN 99-0242255-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name KAUFFMANN & SIMS DENTISTRY 401K PLAN	
b	Name of plan sponsor KAUFFMANN AND SIMS DENTISTRY PLLC	c EIN-PN 85-0670658-001
a	Plan name KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KELLIHER/SAMETS, LTD.	c EIN-PN 03-0270393-001
a	Plan name KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor KETTMANN MACHINING INC.	c EIN-PN 26-4023756-001
a	Plan name KID-U-NOT, INC. RETIREMENT PLAN	
b	Name of plan sponsor KID-U-NOT, INC.	c EIN-PN 59-2951758-001
a	Plan name GREAT AMERICAN TITLE COMPANY 401(K) PLAN	
b	Name of plan sponsor GREAT AMERICAN TITLE OF HOUSTON, LLC DBA GREAT AMERICAN TITLE COMPAN	c EIN-PN 20-5228476-001
a	Plan name GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GROUP MANAGEMENT SERVICES, INC.	c EIN-PN 34-1707723-001
a	Plan name INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor NASHEVE, INC.	c EIN-PN 20-8664693-001
a	Plan name INTELLIZANT, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor INTELLIZANT, LLC	c EIN-PN 26-0672456-002
a	Plan name ISHR 401(K) PLAN	
b	Name of plan sponsor ISHR, LLC.	c EIN-PN 26-1160348-333
a	Plan name ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor ISLAND PALM COMMUNITIES, LLC	c EIN-PN 20-1108750-001
a	Plan name KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor KINGBRIGHT COMPANY, LLC.	c EIN-PN 46-0987944-001
a	Plan name KNIGHTS PUMPING AND PORTABLE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KNIGHT'S SITE SERVICES, INC. DBA KNIGHT'S PUMPING & PORTABLE SERVICE	c EIN-PN 77-0538076-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name KOVACS SECURITY SYSTEMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor KOVACS SECURITY SYSTEMS INC	c EIN-PN 11-2806156-001
a	Plan name LIFARS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LIFARS LLC	c EIN-PN 46-0875969-001
a	Plan name LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	c EIN-PN 36-3584029-002
a	Plan name LOFTIN DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TODD A. LOFTIN DDS A DENTAL CORPORATION, INC.	c EIN-PN 45-5257377-001
a	Plan name LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor LONSTEIN LAW OFFICE, P.C.	c EIN-PN 22-2788008-001
a	Plan name LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor LOVEJOY CONTROLS CORPORATION	c EIN-PN 39-1297009-001
a	Plan name AMADEN GAY AGENCIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMADEN GAY AGENCIES, INC.	c EIN-PN 11-2206010-003
a	Plan name AMENDED AND RESTATED ORAL SURGERY GROUP, P.A. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor ORAL SURGERY GROUP, P.A.	c EIN-PN 22-1996401-001
a	Plan name NMS PROPERTY SERVICES CORP. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor NMS PROPERTY SERVICES CORPORATION	c EIN-PN 95-4848549-001
a	Plan name NOLL-FISHER, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor NOLL-FISHER, INC.	c EIN-PN 31-1098448-001
a	Plan name AVANTE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor AVANTE GROUP, INC.	c EIN-PN 65-1033707-001
a	Plan name AVEX FUNDING, INC. 401(K) PLAN	
b	Name of plan sponsor AVEX FUNDING	c EIN-PN 87-0691651-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PINNACLE EMPLOYEE SERVICES, LLC	c EIN-PN 47-1368882-333
a	Plan name PK HOUSING 401(K) PLAN	
b	Name of plan sponsor PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001
a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC.	c EIN-PN 27-2479460-001
a	Plan name ROSINA FOOD PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor ROSINA FOOD PRODUCTS, INC.	c EIN-PN 16-0876738-002
a	Plan name S & S INDUSTRIAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor S & S INDUSTRIAL SUPPLY, INC.	c EIN-PN 38-1914712-001
a	Plan name SAGE HEALTH SERVICES OF INDIANA, INC. 401(K) PLAN	
b	Name of plan sponsor SAGE HEALTH SERVICES OF INDIANA	c EIN-PN 35-1811450-001
a	Plan name BUTTONWILLOW WAREHOUSE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUTTONWILLOW WAREHOUSE COMPANY, INC.	c EIN-PN 95-1582925-001
a	Plan name C.F. POEPELMAN, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C.F. POEPELMAN, INC.	c EIN-PN 31-0955223-001
a	Plan name C2RL, INC. ENGINEERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C2RL, INC. ENGINEERS	c EIN-PN 62-1838912-001
a	Plan name CLEAR VIEW SANITARIUM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLEAR VIEW SANITARIUM	c EIN-PN 95-2078230-001
a	Plan name CLEARPATH WORKFORCE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CLEARPATH WORKFORCE MANAGEMENT, INC.	c EIN-PN 94-3374899-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COLDEN ENTERPRISES INC. 401(K) PLAN	
b	Name of plan sponsor	COLDEN ENTERPRISES INC.	c EIN-PN 16-1094409-001
a	Plan name	COLUMBUS CITIZENS HOUSE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COLUMBUS CITIZENS HOUSE INC.	c EIN-PN 13-2852037-001
a	Plan name	COMMERCIAL ENERGY 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL ENERGY OF MONTANA, INC.	c EIN-PN 84-1413218-002
a	Plan name	SOURCEPOINTEHR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SOURCEPOINTEHR, LLC	c EIN-PN 26-3800519-001
a	Plan name	CRUICKSHANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRUICKSHANK, INC.	c EIN-PN 58-1409679-001
a	Plan name	CUSTOM FINANCIAL SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CUSTOM FINANCIAL SOLUTIONS, INC.	c EIN-PN 72-1433820-001
a	Plan name	STRATEGY CORPS, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	STRATEGY CORPS	c EIN-PN 62-1872845-001
a	Plan name	STRATEGY/PR CONSULTING, LLC RETIREMENT PLAN	
b	Name of plan sponsor	STRATEGY/PR CONSULTING, LLC	c EIN-PN 45-3144122-001
a	Plan name	SUBURBAN CARDIOLOGY, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	SUBURBAN CARDIOLOGY, PC	c EIN-PN 16-1545899-001
a	Plan name	SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor	SUBURBAN PSYCHIATRIC ASSOCIATES LLP	c EIN-PN 16-1492077-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	
b	Name of plan sponsor	SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	c EIN-PN 13-4063379-777
a	Plan name	EMPLOYERS RESOURCE 401(K) PLAN	
b	Name of plan sponsor	EMPLOYERS RESOURCE	c EIN-PN 33-0688056-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor EPIC HEALTHCARE MANAGEMENT, LLC	c EIN-PN 27-4757579-001
a	Plan name TWEEZERMAN INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor TWEEZERMAN INTERNATIONAL, LLC	c EIN-PN 20-1872710-001
a	Plan name UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W. BRUCE CLARK, M.D., P.C.	c EIN-PN 14-1659231-002
a	Plan name W.A. HAMMOND DRIERITE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor W.A. HAMMOND DRIERITE COMPANY, L.T.D.	c EIN-PN 31-1140535-002
a	Plan name FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
b	Name of plan sponsor FIGLIOZZI & COMPANY, PC	c EIN-PN 11-2924109-001
a	Plan name FIRST FREIGHT TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor FIRST FREIGHT TRANSPORT, INC.	c EIN-PN 16-1227272-001
a	Plan name FISCHER INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor PERPETUATION PARTNERS INC. DBA FISCHER INSURANCE AGENCY	c EIN-PN 81-2008716-001
a	Plan name ADVANCED HEALTH INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED HEALTH INC.	c EIN-PN 82-4473439-001
a	Plan name AEON NEXUS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AEON NEXUS CORPORATION	c EIN-PN 54-1983534-002
a	Plan name AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES	c EIN-PN 88-0159433-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	COMMUNITY FOUNDATION OF TAMPA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	COMMUNITY FOUNDATION OF TAMPA	c EIN-PN 59-3001853-777
a	Plan name	CONSENSUS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONSENSUS INC.	c EIN-PN 95-4236230-001
a	Plan name	DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor	DAYTON ROGERS MANUFACTURING COMPANY	c EIN-PN 41-0844462-002
a	Plan name	DEBRINO CAULKING ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	DEBRINO CAULKING ASSOCIATES, INC.	c EIN-PN 14-1588127-001
a	Plan name	EVERGREEN INFORMATION TECHNOLOGY SERVICES, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EVERGREEN TECHNOLOGY	c EIN-PN 52-2258038-001
a	Plan name	EWI CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	EWI CONSTRUCTION, LLC	c EIN-PN 26-0636307-001
a	Plan name	FLASH RAISE FUNDING 401(K) PLAN	
b	Name of plan sponsor	FLASH RAISE FUNDING, LLC	c EIN-PN 87-2600294-001
a	Plan name	FLOW-FX PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	c EIN-PN 37-1650185-001
a	Plan name	HABITAT FOR HUMANITY NEW CASTLE COUNTY 401(K) PLAN	
b	Name of plan sponsor	HABITAT FOR HUMANITY NEW CASTLE COUNTY	c EIN-PN 51-0294138-001
a	Plan name	HALVORSEN DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	HALVORSEN DEVELOPMENT CORPORATION	c EIN-PN 65-0445337-001
a	Plan name	HAND INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	THE MINIMALLY INVASIVE HAND INSTITUTE	c EIN-PN 27-1952351-001
a	Plan name	JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY	c EIN-PN 26-2257289-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name JAY KNIGHT, DDS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor JAY KNIGHT DDS, PLC	c EIN-PN 05-0539009-001
a	Plan name KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KRAFT & KENNEDY, INC.	c EIN-PN 80-0610191-001
a	Plan name LAS VEGAS COLOR GRAPHICS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor LAS VEGAS COLOR GRAPHICS, INC.	c EIN-PN 65-0919583-001
a	Plan name LUMONDI, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor LUMONDI, INC.	c EIN-PN 22-3008871-001
a	Plan name M&J ELECTRICAL CONTRACTORS CORP. 401(K) PLAN	
b	Name of plan sponsor M&J ELECTRICAL CONTRACTORS CORP.	c EIN-PN 11-3128856-001
a	Plan name NATHAN W. MOGREN, D.M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor NATHAN W. MOGREN, D.M.D., P.C.	c EIN-PN 27-1009572-001
a	Plan name NEFI	
b	Name of plan sponsor THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION	c EIN-PN 04-2078321-001
a	Plan name NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor NEVYAS EYE ASSOCIATES, P.C.	c EIN-PN 23-1715581-005
a	Plan name NOVA AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOVA AUTOMOTIVE INC.	c EIN-PN 26-0025508-002
a	Plan name OCEANWIDE CENTER NY LLC 401(K) PLAN	
b	Name of plan sponsor OCEANWIDE CENTER NY LLC	c EIN-PN 81-1714900-001
a	Plan name OHIO VALLEY EYE INSTITUTE 401(K) PLAN	
b	Name of plan sponsor OHIO VALLEY EYE INSTITUTE, P.C.	c EIN-PN 35-1907178-001
a	Plan name OLAN LAW CORP. 401(K) PLAN	
b	Name of plan sponsor OLAN LAW CORP.	c EIN-PN 95-4690783-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PNB REMITTANCE CENTERS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PNB REMITTANCE CENTERS INC.	c EIN-PN 94-3136317-001
a	Plan name	POLSINELLO FUELS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	POLSINELLO FUELS, INC.	c EIN-PN 14-1495096-002
a	Plan name	POQUET AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	POQUET AUTO SALES, INC.	c EIN-PN 41-1888983-001
a	Plan name	PORT 401(K) PLAN	
b	Name of plan sponsor	THE PORT GROUP	c EIN-PN 11-2145400-001
a	Plan name	POWERBUILD CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	POWERBUILD CONSTRUCTION, LLC	c EIN-PN 81-1737022-001
a	Plan name	PPHP RETIREMENT PLAN	
b	Name of plan sponsor	PLANNED PARENTHOOD HUDSON PECONIC, INC.	c EIN-PN 11-2454790-003
a	Plan name	SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SALINAS MANAGEMENT, LLC	c EIN-PN 45-4187623-001
a	Plan name	SARATOGA CLINICAL RESEARCH, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	SARATOGA CLINICAL RESEARCH, LLC	c EIN-PN 54-2194372-001
a	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SBARRO, INC.	c EIN-PN 11-2501939-001
a	Plan name	SC RETIREMENT PLAN	
b	Name of plan sponsor	SUNLED COMPANY, LLC.	c EIN-PN 46-0992147-001
a	Plan name	SPEECH & VOICE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SPEECH & VOICE SOLUTIONS	c EIN-PN 20-8174445-001
a	Plan name	SPJ LIGHTING 401(K) PLAN	
b	Name of plan sponsor	SPJ LIGHTING INC.	c EIN-PN 95-4704234-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SY KATZ PRODUCE, INC. 401(K) PLAN	
b	Name of plan sponsor SY KATZ PRODUCE, INC.	c EIN-PN 59-2069613-002
a	Plan name TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor TARBELL MANAGEMENT GROUP, LLC	c EIN-PN 27-3567818-002
a	Plan name UNITED TECH 401(K) SAVINGS PLAN	
b	Name of plan sponsor UNITED TECH EMPLOYEE MANAGEMENT, INC.	c EIN-PN 47-3252875-333
a	Plan name URSULINE SUPPORT SERVICES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor URSULINE SUPPORT SERVICES	c EIN-PN 25-1401610-001
a	Plan name WEST COAST CONSULTING 401(K) PLAN	
b	Name of plan sponsor WEST COAST CONSULTING, LLC	c EIN-PN 33-0838176-001
a	Plan name WEST MIDTOWN MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEST MIDTOWN MANAGEMENT GROUP, INC.	c EIN-PN 13-3952613-001
a	Plan name ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANAN FAIDI MD, INC.	c EIN-PN 68-0285302-001
a	Plan name ANCHORS, SMITH, AND GRIMSLEY, P.A. 401(K) PLAN	
b	Name of plan sponsor ANCHORS, SMITH AND GRIMSLEY, P.A.	c EIN-PN 59-1219936-001
a	Plan name ANCHORSGORDON, P.A., 401(K) PLAN	
b	Name of plan sponsor ANCHORSGORDON, P.A.	c EIN-PN 20-4084916-001
a	Plan name ANGELINA COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor THE ANGELINA GROUP, LP	c EIN-PN 20-4299819-001
a	Plan name ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	c EIN-PN 95-4887678-001
a	Plan name ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANIMAL & BIRD HOSPITAL, INC.	c EIN-PN 33-0078013-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name AOMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A-O-M-S PLLC	c EIN-PN 81-4839752-001
a	Plan name CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor CENTRAL VALLEY CONCRETE, INC.	c EIN-PN 94-2744760-002
a	Plan name CES GROUP 401(K) PLAN	
b	Name of plan sponsor CES GROUP DBA CES, ERG AND NOVACOM	c EIN-PN 52-2356815-001
a	Plan name CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor CHAMPION SOLUTIONS GROUP, INC.	c EIN-PN 59-2347579-001
a	Plan name DIABLO GENERAL ENGINEERING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRUCREW, INC. DBA DIABLO GENERAL ENGINEERING CO.	c EIN-PN 47-0874153-001
a	Plan name DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIPONIO CONTRACTING, INC.	c EIN-PN 20-8039399-001
a	Plan name DIXON A.C. & R. CORPORATION 401(K) PLAN	
b	Name of plan sponsor DIXON A.C. & R. CORPORATION	c EIN-PN 24-0830389-001
a	Plan name FORMING SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FORMINGS SYSTEMS, INC.	c EIN-PN 32-0009832-001
a	Plan name FORTRON/SOURCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORTRON/SOURCE CORPORATION	c EIN-PN 94-2912689-001
a	Plan name FORTUNA ACE HARDWARE & GARDEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORTUNA ACE HARDWARE & GARDEN, INC.	c EIN-PN 20-2925828-001
a	Plan name FOSTER/PREMIER, INC. 401(K) PLAN	
b	Name of plan sponsor FOSTER/PREMIER, INC.	c EIN-PN 36-4139399-001
a	Plan name FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor FOUTZ & BURSUM CONSTRUCTION CO., INC.	c EIN-PN 85-0115169-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	FREYENHAGEN CONSTRUCTION INC. 401(K) PLAN	
b	Name of plan sponsor	FREYENHAGEN CONSTRUCTION INC.	c EIN-PN 81-0540738-001
a	Plan name	FSC ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FSC ARCHITECTS, LLC	c EIN-PN 27-2031552-001
a	Plan name	JERRY'S GM, LLC 401(K) PLAN	
b	Name of plan sponsor	JERRY'S GM, LLC	c EIN-PN 36-4623085-001
a	Plan name	JMARK BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	JMARK BUSINESS SOLUTIONS, INC.	c EIN-PN 43-1918976-001
a	Plan name	MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	MARQUEZ BROTHERS INTERNATIONAL, INC	c EIN-PN 94-2789431-889
a	Plan name	MCKINSEY STEEL 401(K) PLAN	
b	Name of plan sponsor	MCKINSEY STEEL & SUPPLY OF FLORIDA, INC.	c EIN-PN 59-2293118-001
a	Plan name	PAKLAB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAKLAB	c EIN-PN 95-4109799-001
a	Plan name	PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	PALADIN REALTY PARTNERS, LLC	c EIN-PN 13-4303956-001
a	Plan name	PALPILOT 401(K) PLAN	
b	Name of plan sponsor	PALPILOT INTERNATIONAL CORP.	c EIN-PN 77-0320008-001
a	Plan name	SCHULTZ FORD LINCOLN MERCURY INC. & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	SCHULTZ FORD LINCOLN MERCURY INC.	c EIN-PN 13-1730338-001
a	Plan name	THE CHATTERJEE MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE CHATTERJEE MANAGEMENT COMPANY	c EIN-PN 22-3004767-001
a	Plan name	THE ECRM CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	c EIN-PN 34-1752681-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE GEHR GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE GEHR GROUP, INC.	c EIN-PN 80-0822974-001
a	Plan name WILDER AUTO RETIREMENT PLAN	
b	Name of plan sponsor WILDER AUTO GROUP, INC. DBA WILDER TOYOTA	c EIN-PN 91-1130065-001
a	Plan name WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor WILLE ELECTRIC SUPPLY CO., INC.	c EIN-PN 94-1433043-001
a	Plan name WILLIAM A. SMITH & SON, INC. 401(K) PLAN	
b	Name of plan sponsor WILLIAM A. SMITH & SON, INC.	c EIN-PN 14-1433702-002
a	Plan name WINCO DEVELOPMENT 401(K)PLAN	
b	Name of plan sponsor WINCO DEVELOPMENT, LLC	c EIN-PN 27-4131501-001
a	Plan name BENCHMARK ENGINEERING, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor BENCHMARK ENGINEERING, INC.	c EIN-PN 41-1752356-001
a	Plan name BEVERLY HILLS SPORTS COUNCIL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEVERLY HILLS SPORTS COUNCIL, INC	c EIN-PN 95-4282114-001
a	Plan name DELTA ZETA SORORITY SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor DELTA ZETA SORORITY	c EIN-PN 35-0267676-001
a	Plan name DENNY MACHINE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor DENNY MACHINE, LLC	c EIN-PN 92-1449880-003
a	Plan name HARDMAN CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor HARDMAN CONSTRUCTION, INC.	c EIN-PN 38-2236416-001
a	Plan name HEADLINE MEDIA MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor HEADLINE MEDIA MANAGEMENT, LLC	c EIN-PN 05-0592046-001
a	Plan name HEALTHCARE GEORGIA FOUNDATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HEALTHCARE GEORGIA FOUNDATION INC.	c EIN-PN 58-2418091-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	HELPSIDE INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	HELPSIDE INC.
c	EIN-PN	87-0476353-333
a	Plan name	MACRI CONCRETE, INC. 401(K) PLAN
b	Name of plan sponsor	MACRI CONCRETE, INC.
c	EIN-PN	25-1823760-001
a	Plan name	PRO WIRELINE INC. 401(K) PLAN
b	Name of plan sponsor	PRO WIRELINE INC.
c	EIN-PN	04-3682361-001
a	Plan name	PROGRESSIVE ARCHITECTURE & CONSTRUCTION, INC. DBA G&D CONSTRUCTION 401(K) PLAN
b	Name of plan sponsor	PROGRESSIVE ARCHITECTURE & CONSTRUCTION, INC. DBA G&D CONSTRUCTION
c	EIN-PN	92-0180624-001
a	Plan name	TEMPTED APPAREL CORP. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TEMPTED APPAREL CORP.
c	EIN-PN	95-4561017-001
a	Plan name	TEXO MEMBERS 401(K) PLAN
b	Name of plan sponsor	TEXO ABC/AGC, INC.
c	EIN-PN	32-0274111-002
a	Plan name	THE ARGENT WEALTH PEP
b	Name of plan sponsor	ASSOCIATED GENERAL CONTRACTORS OF MISSISSIPPI
c	EIN-PN	64-0324725-001
a	Plan name	PS 260, INC. RETIREMENT PLAN
b	Name of plan sponsor	PS 260, INC.
c	EIN-PN	13-3413729-777
a	Plan name	PURPLE ONION 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	PURPLE ONION
c	EIN-PN	39-1649217-001
a	Plan name	RACK/T&R WELDING 401(K) RETIREMENT PLAN
b	Name of plan sponsor	RACK PROCESSING COMPANY
c	EIN-PN	31-0535048-002
a	Plan name	THE LEADER GROUP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP
c	EIN-PN	16-1597759-001
a	Plan name	THE MCLEOD COMPANIES 401(K) PLAN
b	Name of plan sponsor	MCLEOD EXPRESS, LLC
c	EIN-PN	35-2156793-222

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	THE QUINLAN LAW FIRM, LLC 401(K) PLAN	
b Name of plan sponsor	THE QUINLAN LAW FIRM, LLC	c EIN-PN 13-4347801-001
a Plan name	BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	BK MILL & FIXTURES	c EIN-PN 94-2366234-001
a Plan name	DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	DOXON, LLC	c EIN-PN 20-8038249-001
a Plan name	DUKE MANUFACTURING 401(K) PLAN	
b Name of plan sponsor	LS INVESTMENT GROUP LLC DBA DUKE MANUFACTURING	c EIN-PN 20-5110012-002
a Plan name	DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	DURHAM CONSTRUCTION COMPANY, INC.	c EIN-PN 02-0642097-001
a Plan name	HOFFMAN FORDLAND 401(K) SAVINGS PLAN	
b Name of plan sponsor	HOFFMAN FORD SALES, INC.	c EIN-PN 23-1477451-003
a Plan name	MEDICALERT 401(K) PLAN	
b Name of plan sponsor	MEDICALERT FOUNDATION UNITED STATES, INC.	c EIN-PN 94-1494446-002
a Plan name	MELROSE PHARMACY, INC. 401(K) PLAN	
b Name of plan sponsor	MELROSE PHARMACY, INC.	c EIN-PN 41-2019019-001
a Plan name	BOSTER, KOBAYASHI 401(K) PLAN	
b Name of plan sponsor	BOSTER, KOBAYASHI & ASSOCIATES	c EIN-PN 94-2746874-001
a Plan name	HOME CARE SENIOR SERVICES 401(K) PLAN	
b Name of plan sponsor	HOME CARE SENIOR SERVICES	c EIN-PN 27-2041025-001
a Plan name	HR, INC. DBA SIMPLE HR 401(K) PLAN	
b Name of plan sponsor	HR, INC. DBA SIMPLE HR	c EIN-PN 81-0583874-333
a Plan name	RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	RENOWN TAG AND LABEL, INC.	c EIN-PN 11-2530597-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN FUNDS NEW PERSPECTIVE RET ACCT	B Three-digit plan number (PN) ▶ 255
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	84777053
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	85679868
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	84777053	85679868
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	84777053	85679868

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	13799139	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		13799139

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13799139
l Transfers of assets:			
(1) To this plan	2l(1)		11513725
(2) From this plan	2l(2)		24410049

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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