

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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: BLACKROCK MID-CAP GROWTH EQUITY FUND CLASS K SHARES; 1b Three-digit plan number (PN): 099; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 82-5217478; 2c Plan Sponsor's telephone number; 2d Business code

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>BLACKROCK MID-CAP GROWTH EQUITY FUND CLASS K SHARES</u>	<b>B</b> Three-digit plan number (PN)	<u>099</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>82-5217478</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	10K CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	10K LLC DBA 10K CONSTRUCTION	<b>c</b> EIN-PN 86-1833942-001
<b>a</b>	Plan name	20/20 CUSTOM MOLDED PLASTICS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	20/20 CUSTOM MOLDED PLASTICS, LLC	<b>c</b> EIN-PN 34-1945124-001
<b>a</b>	Plan name	CIRCLE MEDICAL CARE OF CALIFORNIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CIRCLE MEDICAL CARE OF CALIFORNIA	<b>c</b> EIN-PN 47-4883537-001
<b>a</b>	Plan name	CITIZEN ACCESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CITIZEN ACCESS RESIDENTIAL RESOURCES	<b>c</b> EIN-PN 03-0440255-001
<b>a</b>	Plan name	CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CKW ADVISORS, LLC	<b>c</b> EIN-PN 81-0584816-001
<b>a</b>	Plan name	CLEAR GUIDANCE PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEAR GUIDANCE PARTNERS, LP	<b>c</b> EIN-PN 83-3177675-001
<b>a</b>	Plan name	CLEARLY SPEAKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEARLY SPEAKING, L.L.C.	<b>c</b> EIN-PN 45-2988436-001
<b>a</b>	Plan name	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY	<b>c</b> EIN-PN 31-1541953-001
<b>a</b>	Plan name	CLIMATE SYSTEMS, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CLIMATE SYSTEMS, INC.	<b>c</b> EIN-PN 46-0377208-001
<b>a</b>	Plan name	COLT NECK LABS, LLC - 401(K)	
<b>b</b>	Name of plan sponsor	COLT NECK LABS, LLC	<b>c</b> EIN-PN 83-4534512-001
<b>a</b>	Plan name	GUSTO DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUSTO DISTRIBUTING	<b>c</b> EIN-PN 81-0295720-001
<b>a</b>	Plan name	HAGER-RICHTER GEOSCIENCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAGER-RICHTER GEOSCIENCE, INC.	<b>c</b> EIN-PN 02-0381614-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name HALLMARK MITIGATION AND CONSTRUCTION LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HALLMARK MITIGATION & CONSTRUCTION LLC	<b>c</b> EIN-PN 81-1421014-001
<b>a</b>	Plan name HAMWI MD PLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor YASER HAMWI, M.D. , PLC	<b>c</b> EIN-PN 42-2506197-001
<b>a</b>	Plan name HARBOR AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARBOR AGENCY, INC.	<b>c</b> EIN-PN 38-2153954-001
<b>a</b>	Plan name HARMONY HEALTHCARE IT 401K PLAN	
<b>b</b>	Name of plan sponsor BUSINESS INTERACTIONS LLC DBA HARMONY HEALTHCARE IT	<b>c</b> EIN-PN 32-0157950-002
<b>a</b>	Plan name HARRISON VETERINARY CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARRISON VETERINARY CLINIC, PLLC	<b>c</b> EIN-PN 61-1272496-001
<b>a</b>	Plan name HAWAII FOODBANK, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor HAWAII FOODBANK, INC.	<b>c</b> EIN-PN 99-0220699-001
<b>a</b>	Plan name HAWKEYE DENTAL PROSTHETIC STUDIO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAWKEYE DENTAL PROSTHETIC STUDIO	<b>c</b> EIN-PN 83-0958881-001
<b>a</b>	Plan name HEART & HANDS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HEART & HANDS MIDWIFERY AND FAMILY HEALTHCARE	<b>c</b> EIN-PN 46-5257926-001
<b>a</b>	Plan name MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MORELAND PLAZA PHARMACY, INC.	<b>c</b> EIN-PN 39-0968183-001
<b>a</b>	Plan name MORNSTAIR INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MORNSTAIR INC.	<b>c</b> EIN-PN 35-2748426-001
<b>a</b>	Plan name MOUNTAIN BORDERS ASSOCIATES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOUNTAIN BORDERS ASSOCIATES INC	<b>c</b> EIN-PN 27-0189681-001
<b>a</b>	Plan name MOUNTAIN KIDS LOUISVILLE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOUNTAIN KIDS LOUISVILLE, LLC	<b>c</b> EIN-PN 47-2511686-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	N.E.P., INC. DBA STONE AGENCY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	N.E.P., INC. DBA STONE AGENCY	<b>c</b> EIN-PN 06-1446107-001
<b>a</b>	Plan name	NADIA YAKOOB & ASSOCIATES 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NADIA YAKOOB & ASSOCIATES	<b>c</b> EIN-PN 47-3377120-001
<b>a</b>	Plan name	NATIONAL HANGER CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL HANGER COMPANY, INC.	<b>c</b> EIN-PN 13-5582609-001
<b>a</b>	Plan name	SERDA'S PLUMBING, INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SERDA'S PLUMBING, INC.	<b>c</b> EIN-PN 46-4386851-001
<b>a</b>	Plan name	SERENITY CARE RESOURCES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SERENITY CARE RESOURCES, LLC	<b>c</b> EIN-PN 81-1594721-001
<b>a</b>	Plan name	SESR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEAST SHELBY COUNTY EMERGENCY MEDICAL RESCUE INC.	<b>c</b> EIN-PN 31-1583285-001
<b>a</b>	Plan name	SGI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SGI	<b>c</b> EIN-PN 93-4216744-001
<b>a</b>	Plan name	SHADOWOBJECTS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHADOWOBJECTS LLC	<b>c</b> EIN-PN 27-0137849-001
<b>a</b>	Plan name	SHERWOOD TAX AND ACCOUNTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRISTEN KEATS CPA, PC DBA. SHERWOOD TAX & ACCOUNTING	<b>c</b> EIN-PN 85-2133474-001
<b>a</b>	Plan name	SHOCO OIL, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHOCO OIL, INC.	<b>c</b> EIN-PN 84-1275009-001
<b>a</b>	Plan name	SHOEMAKER LUMBER CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHOEMAKER LUMBER CO., INC.	<b>c</b> EIN-PN 22-1756787-001
<b>a</b>	Plan name	365 HEALTH SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	365 HEALTH SERVICES, LLC	<b>c</b> EIN-PN 47-1842850-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	A NEW HORIZON COUNSELING & PSYCHOTHERAPY 401K PLAN	
<b>b</b>	Name of plan sponsor	A NEW HORIZON COUNSELING & PSYCHOTHERAPY	<b>c</b> EIN-PN 86-1106322-001
<b>a</b>	Plan name	A PLUS BOOKKEEPING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOT OUR PROBLEM LLC DBA A PLUS BOOKKEEPING & TAX SERVICE	<b>c</b> EIN-PN 93-1497760-001
<b>a</b>	Plan name	A TO Z SPEECH THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A TO Z SPEECH THERAPY	<b>c</b> EIN-PN 81-4796737-001
<b>a</b>	Plan name	A&N ASPHALT 401(K) PROFIT SHARING PLAN + TRUST	
<b>b</b>	Name of plan sponsor	A&N ASPHALT INC.	<b>c</b> EIN-PN 38-3217709-001
<b>a</b>	Plan name	A-WHISCO INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A-WHISCO, INC.	<b>c</b> EIN-PN 52-0979730-001
<b>a</b>	Plan name	A.D. PERKINS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A.D. PERKINS CORP.	<b>c</b> EIN-PN 26-0350579-001
<b>a</b>	Plan name	A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A.W. OAKES & SON, INC.	<b>c</b> EIN-PN 39-0967026-003
<b>a</b>	Plan name	ABC OCCUPATIONAL MEDICAL CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABC HEALTH PROFESSIONALS, INC. DBA ABC OCCUPATIONAL MEDICAL CENTER	<b>c</b> EIN-PN 84-4820165-001
<b>a</b>	Plan name	ABERDEEN CAPTIONING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABERDEEN CAPTIONING, INC.	<b>c</b> EIN-PN 33-0983867-001
<b>a</b>	Plan name	COMMUNITY STAR CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY STAR CREDIT UNION	<b>c</b> EIN-PN 34-0728231-002
<b>a</b>	Plan name	COMPASS RETIREMENT CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMPASS RETIREMENT CONSULTING GROUP, INC.	<b>c</b> EIN-PN 20-4795685-001
<b>a</b>	Plan name	COMPLETE INTERACTIVE TECHNOLOGIES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE INTERACTIVE TECHNOLOGIES INC	<b>c</b> EIN-PN 38-2942737-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COMPOSITE HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMPOSITE HOLDINGS, INC.	<b>c</b> EIN-PN 47-0769139-001
<b>a</b>	Plan name CONNOLLY ELECTRIC & MECHANICAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CHRIS CONNOLLY INC. DBA CONNOLLY ELECTRIC & MECHANICAL	<b>c</b> EIN-PN 86-0892259-001
<b>a</b>	Plan name CONSERVATION FOUNDATION GC PLAN	
<b>b</b>	Name of plan sponsor CONSERVATION FOUNDATION OF THE GULF COAST	<b>c</b> EIN-PN 20-0345249-001
<b>a</b>	Plan name CONSUMER ATTORNEYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONSUMER ATTORNEYS PLC	<b>c</b> EIN-PN 86-3781893-001
<b>a</b>	Plan name CORNETT ROOFING SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CORNETT ROOFING SYSTEMS	<b>c</b> EIN-PN 20-0482602-001
<b>a</b>	Plan name HEARTLAND FINANCIAL RESOURCE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RYAN SWALWELL DBA HEARTLAND FINANCIAL RESOURCE GROUP	<b>c</b> EIN-PN 47-4519658-001
<b>a</b>	Plan name HEIDI'S SWENSENS OF LONG BEACH LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEIDI'S SWENSENS OF LONG BEACH LLC	<b>c</b> EIN-PN 02-0576575-001
<b>a</b>	Plan name HERZOG ROOFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HERZOG ROOFING, INC.	<b>c</b> EIN-PN 41-1380767-001
<b>a</b>	Plan name HIGHLAND COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIGHLAND COUNTRY CLUB	<b>c</b> EIN-PN 61-0225185-001
<b>a</b>	Plan name NAVITURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NAVITURE, LLC	<b>c</b> EIN-PN 86-2975339-001
<b>a</b>	Plan name NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NEOPART TRANSIT, LLC	<b>c</b> EIN-PN 36-4830017-001
<b>a</b>	Plan name NHVT COMPUTER SERVICES, CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NHVT COMPUTER SERVICES	<b>c</b> EIN-PN 83-2677351-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NICOLE WATSON SOLO(K)	
<b>b</b>	Name of plan sponsor	NICOLE A. WATSON	<b>c</b> EIN-PN 27-0292782-001
<b>a</b>	Plan name	NM STAFFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NM STAFFING	<b>c</b> EIN-PN 26-4200366-001
<b>a</b>	Plan name	SJM ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SJM ELECTRIC LLC	<b>c</b> EIN-PN 87-1716089-001
<b>a</b>	Plan name	SK MANAGEMENT, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SK MANAGEMENT, INC	<b>c</b> EIN-PN 02-0456712-001
<b>a</b>	Plan name	SKY DESSERT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKY DESSERT, LLC	<b>c</b> EIN-PN 81-3848448-001
<b>a</b>	Plan name	SKYLINE MEDICAL PRACTICE 401(K)	
<b>b</b>	Name of plan sponsor	SKYLINE MEDICAL PRACTICE	<b>c</b> EIN-PN 85-1682831-001
<b>a</b>	Plan name	SMDA 401K PLAN	
<b>b</b>	Name of plan sponsor	SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	<b>c</b> EIN-PN 20-4874959-001
<b>a</b>	Plan name	SMI AUTOMOTIVE REPAIR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KH AUTOMOTIVE, LLC	<b>c</b> EIN-PN 84-4729796-001
<b>a</b>	Plan name	SOL DIGITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOL DIGITAL, LLC	<b>c</b> EIN-PN 84-3111821-001
<b>a</b>	Plan name	SOMEWHERE OVER THE SPECTRUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOMEWHERE OVER THE SPECTRUM LLC	<b>c</b> EIN-PN 86-2547628-001
<b>a</b>	Plan name	SONNEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SONNEN, INC.	<b>c</b> EIN-PN 47-3043045-001
<b>a</b>	Plan name	ACCUTROL COMPLETE HOME SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCUTROL COMPLETE HOME SERVICES, LLC	<b>c</b> EIN-PN 86-3952569-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ACCUTURN 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ACCUTURN CORPORATION	<b>c</b> EIN-PN 95-2901000-001
<b>a</b>	Plan name ACT LABORATORIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACT LABORATORIES, INC.	<b>c</b> EIN-PN 30-0857299-001
<b>a</b>	Plan name ACTON MECHANICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACTON MECHANICAL, INC.	<b>c</b> EIN-PN 45-0483488-001
<b>a</b>	Plan name ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADAMS COUNTY LIBRARY SYSTEM	<b>c</b> EIN-PN 23-1352002-002
<b>a</b>	Plan name CORSO VENTURES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORSO VENTURES LLC	<b>c</b> EIN-PN 82-4268298-001
<b>a</b>	Plan name COTTAGE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE COTTAGE COMPANY OF HARBOR SPRINGS, LLC	<b>c</b> EIN-PN 38-3561129-001
<b>a</b>	Plan name COTTAGE COMPANY INTERIORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor COTTAGE COMPANY INTERIORS	<b>c</b> EIN-PN 26-4085946-001
<b>a</b>	Plan name CRISWELL AUTOMOTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRISWELL CHEVROLET INC.	<b>c</b> EIN-PN 52-0950184-001
<b>a</b>	Plan name CRISWELL OF WOODSTOCK 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CRISWELL FORD OF WOODSTOCK, INC.	<b>c</b> EIN-PN 84-4220321-002
<b>a</b>	Plan name CROFT COMPANIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CROFT POWER EQUIPMENT, LLC	<b>c</b> EIN-PN 87-0620719-001
<b>a</b>	Plan name CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	<b>c</b> EIN-PN 48-0666889-001
<b>a</b>	Plan name CSAVC, P.C. DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor CARLISLE SMALL ANIMAL VETERINARY CLINIC, P.C.	<b>c</b> EIN-PN 23-2339055-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CSKS BUDGET BLINDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CSKS CORPORATION DBA BUDGET BLINDS	<b>c</b> EIN-PN 20-4904777-001
<b>a</b>	Plan name	HIX AIR CONDITIONING SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIX AIR CONDITIONING SERVICE, INC.	<b>c</b> EIN-PN 73-1513785-001
<b>a</b>	Plan name	HOLIDAY POOLS OF WEST FLORIDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOLIDAY POOLS OF WEST FLORIDA, INC.	<b>c</b> EIN-PN 65-0546905-001
<b>a</b>	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	<b>c</b> EIN-PN 45-2590810-001
<b>a</b>	Plan name	HOME INSTEAD SENIOR CARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAHOS, INC. DBA HOME INSTEAD SENIOR CARE	<b>c</b> EIN-PN 72-1351629-001
<b>a</b>	Plan name	HOMEVETS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOMEVETS	<b>c</b> EIN-PN 85-1161581-001
<b>a</b>	Plan name	HYPER HOME SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HYPER HOME SOLUTIONS LLC	<b>c</b> EIN-PN 87-3928812-001
<b>a</b>	Plan name	NODDLE SERVICES, LLC SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NODDLE SERVICES, LLC	<b>c</b> EIN-PN 82-5468680-001
<b>a</b>	Plan name	NOMAD GLOBAL COMMUNICATION SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOMAD GLOBAL COMMUNICATION SOLUTIONS	<b>c</b> EIN-PN 35-2182794-777
<b>a</b>	Plan name	NORTH POINT PROPERTY MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH POINT PROPERTY MANAGEMENT LLC	<b>c</b> EIN-PN 26-3020121-002
<b>a</b>	Plan name	NORTHEAST INDIANA WORKS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST INDIANA WORKS INC.	<b>c</b> EIN-PN 27-4700166-001
<b>a</b>	Plan name	NORTHGATE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHGATE	<b>c</b> EIN-PN 38-2503040-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NOVA AMP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOVA ASSOCIATION MANAGEMENT PARTNERS, LLC	<b>c</b> EIN-PN 83-3585159-001
<b>a</b>	Plan name	NUOVO SALON & SPA 401(K)PLAN	
<b>b</b>	Name of plan sponsor	NUOVO SALON GROUP	<b>c</b> EIN-PN 59-2737928-001
<b>a</b>	Plan name	NUTRITION WELLNESS CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NUTRITION WELLNESS CENTER, LLC	<b>c</b> EIN-PN 20-4979886-001
<b>a</b>	Plan name	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA	<b>c</b> EIN-PN 83-3838404-001
<b>a</b>	Plan name	OBRA RAMOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OBRA RAMOS CONSTRUCTION, LLC	<b>c</b> EIN-PN 46-2310284-001
<b>a</b>	Plan name	SOPRIS LIQUOR & WINE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	K&A LLC DBA SOPRIS LIQUOR & WINE	<b>c</b> EIN-PN 46-5124977-001
<b>a</b>	Plan name	SOUND EFFECTS ENTERTAINMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOUND EFFECTS, LLC DBA SOUND EFFECTS ENTERTAINMENT	<b>c</b> EIN-PN 20-8018181-001
<b>a</b>	Plan name	SOUTH POINT COUNSELING SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOUTH POINT COUNSELING SERVICES, LLC	<b>c</b> EIN-PN 45-3866896-001
<b>a</b>	Plan name	SOUTHERN LINE SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN LINE SOLUTIONS, LLC	<b>c</b> EIN-PN 83-1890551-001
<b>a</b>	Plan name	SPHEREGEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPHEREGEN TECHNOLOGIES, LLC	<b>c</b> EIN-PN 47-2610802-001
<b>a</b>	Plan name	SPIRALCOOL COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPIRALCOOL COMPANY INC.	<b>c</b> EIN-PN 34-1229751-001
<b>a</b>	Plan name	SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPRING GROVE CEMETERY	<b>c</b> EIN-PN 31-0235950-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name STEWARDSHIP SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEWARDSHIP SOLUTIONS, INC.	<b>c</b> EIN-PN 46-1656504-001
<b>a</b>	Plan name PLAY IT SAFE PLAYGROUNDS AND PARK EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor PLAY IT SAFE PLAYGROUNDS AND PARK EQUIPMENT, INC.	<b>c</b> EIN-PN 46-0775994-001
<b>a</b>	Plan name POLARIS WEALTH GROUP 401(K)	
<b>b</b>	Name of plan sponsor KEVIN LEE EHLERS DBA POLARIS WEALTH GROUP	<b>c</b> EIN-PN 45-0483308-001
<b>a</b>	Plan name POPE DISTRIBUTING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor POPE DISTRIBUTING CO., INC.	<b>c</b> EIN-PN 73-0672369-001
<b>a</b>	Plan name PORT ELECTRONICS CORPORATION. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PORT ELECTRONICS CORPORATION	<b>c</b> EIN-PN 04-3009664-001
<b>a</b>	Plan name POWELL CONSTRUCTORS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor POWELL CONSTRUCTORS	<b>c</b> EIN-PN 03-0549543-001
<b>a</b>	Plan name POWER HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor POWER HOLDINGS LLC	<b>c</b> EIN-PN 20-0711558-001
<b>a</b>	Plan name PRECISION CONCRETE CONSTRUCTION COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor PRECISION CONCRETE CONSTRUCTION COMPANY	<b>c</b> EIN-PN 52-0851269-001
<b>a</b>	Plan name PRECISION THREADED PRODUCTS INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THOMPSON AEROSPACE, LLC	<b>c</b> EIN-PN 46-5032055-001
<b>a</b>	Plan name PREFERRED MEATS INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PREFERRED MEATS INC.	<b>c</b> EIN-PN 20-8293251-001
<b>a</b>	Plan name PRINCIPLE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRINCIPLE SERVICES, LLC	<b>c</b> EIN-PN 83-3051083-001
<b>a</b>	Plan name RELEX SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RELEX SOLUTIONS, INC.	<b>c</b> EIN-PN 30-0882152-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	REPI LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REPI, LLC	<b>c</b> EIN-PN 54-2101581-001
<b>a</b>	Plan name	RESIDENCE ARTISTS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RESIDENCE ARTISTS, INC.	<b>c</b> EIN-PN 34-1273217-001
<b>a</b>	Plan name	RESOLVION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESOLVION, GP	<b>c</b> EIN-PN 47-5254939-001
<b>a</b>	Plan name	RETINA CONSULTANTS SAN DIEGO, INC 401 K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RETINA CONSULTANTS SAN DIEGO, INC	<b>c</b> EIN-PN 95-3511595-001
<b>a</b>	Plan name	ADVANCED SHORING & UNDERPINNING 401(K)	
<b>b</b>	Name of plan sponsor	ADVANCED SHORING & UNDERPINNING	<b>c</b> EIN-PN 68-0532733-001
<b>a</b>	Plan name	AERO PRECISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AERO PRECISION ENGINEERING, INC.	<b>c</b> EIN-PN 95-3922726-001
<b>a</b>	Plan name	AFFIRMEDRX PBC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AFFIRMEDRX PBC	<b>c</b> EIN-PN 86-2807587-001
<b>a</b>	Plan name	AGCULTURE MARKETING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGCULTURE MARKETING, LLC	<b>c</b> EIN-PN 81-3881269-001
<b>a</b>	Plan name	AGNIESZKA JAMROZEK, DMD LLC DEFINED BENEFIT PENSION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AGNIESZKA JAMROZEK DMD, LLC	<b>c</b> EIN-PN 81-1106417-001
<b>a</b>	Plan name	AGRICAPTURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGRICAPTURE, INC.	<b>c</b> EIN-PN 86-3882425-001
<b>a</b>	Plan name	AISTHETIKOS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AISTHETIKOS, INC.	<b>c</b> EIN-PN 26-4099842-001
<b>a</b>	Plan name	AKRON DERMATOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AKRON DERMATOLOGY, INC.	<b>c</b> EIN-PN 34-1787891-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	STONE GUYS OF SWFL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STONE GUYS OF SWFL LLC	<b>c</b> EIN-PN 83-3825711-001
<b>a</b>	Plan name	STORIED DEVELOPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STORIED DEVELOPMENT, LLC	<b>c</b> EIN-PN 82-2999814-001
<b>a</b>	Plan name	STRATEGIC ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STRATEGIC ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 04-3553212-002
<b>a</b>	Plan name	STUDIO ONE PHOTOGRAPHY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STUDIO ONE PHOTOGRAPHY, INC.	<b>c</b> EIN-PN 46-5583445-001
<b>a</b>	Plan name	SUNBURY ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUNBURY ANIMAL HOSPITAL	<b>c</b> EIN-PN 20-1018098-001
<b>a</b>	Plan name	SUPERIOR CONTRACTING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR CONTRACTING SERVICES, LLC	<b>c</b> EIN-PN 47-3165305-001
<b>a</b>	Plan name	SYDAPTIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYDAPTIC, INC.	<b>c</b> EIN-PN 74-2898394-001
<b>a</b>	Plan name	SYMONS ADVANCED VALUED EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SYMONS FIRE PROTECTION, INC.	<b>c</b> EIN-PN 03-0378557-001
<b>a</b>	Plan name	SYNDEX CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SYNDEX CORPORATION	<b>c</b> EIN-PN 74-1750316-001
<b>a</b>	Plan name	T J & M SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T J & M SERVICES, INC.	<b>c</b> EIN-PN 26-3380349-001
<b>a</b>	Plan name	T&N RELIABLE NURSING CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T&N RELIABLE NURSING CARE, LLC	<b>c</b> EIN-PN 46-0482657-001
<b>a</b>	Plan name	T&T LIBERTY SAFES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T&T LIBERTY SAFES, INC.	<b>c</b> EIN-PN 32-0255663-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name TACTICAL SPORTS DEPOT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TACTICAL SPORTS DEPOT, INC.	<b>c</b> EIN-PN 83-2481967-001
<b>a</b>	Plan name APPLIED SCIENCE AND ENGINEERING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor APPLIED SCIENCE AND ENGINEERING, LLC	<b>c</b> EIN-PN 99-2214322-001
<b>a</b>	Plan name ARIZONA HOUSING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARIZONA HOUSING, INC.	<b>c</b> EIN-PN 86-0811431-001
<b>a</b>	Plan name ASCEND DENTAL SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASCEND DENTAL SERVICES, LLC	<b>c</b> EIN-PN 83-2589578-001
<b>a</b>	Plan name ATKINSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATKINSON LAW P.A.	<b>c</b> EIN-PN 27-0879090-001
<b>a</b>	Plan name ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTA OFFICE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 47-2600973-001
<b>a</b>	Plan name ATPWC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALL THINGS POSSIBLE	<b>c</b> EIN-PN 47-4673471-001
<b>a</b>	Plan name ATTORNEYS TITLE GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATTORNEYS TITLE GROUP	<b>c</b> EIN-PN 47-4137488-001
<b>a</b>	Plan name THIRTEEN TWENTY-TWO ADVISORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor THIRTEEN TWENTY-TWO ADVISORS	<b>c</b> EIN-PN 45-5609488-001
<b>a</b>	Plan name THOMAS J. BOWER, DMD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THOMAS J. BOWER, D.M.D.	<b>c</b> EIN-PN 04-3246232-001
<b>a</b>	Plan name THREE AMIGOS VENTURE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THREE AMIGOS VENTURE, INC.	<b>c</b> EIN-PN 47-0963732-001
<b>a</b>	Plan name TIMMEL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIMMEL ASSOCIATES LLC	<b>c</b> EIN-PN 27-1928755-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name TOLLEFSEN STEEL & FABRICATION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TOLLEFSEN STEEL & FABRICATION, INC.	<b>c</b> EIN-PN 46-2263667-001
<b>a</b>	Plan name TOM HAAS CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOM HAAS CONSTRUCTION, LLC	<b>c</b> EIN-PN 46-2779717-001
<b>a</b>	Plan name BROADWAY BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROADWAY BUILDERS, INC.	<b>c</b> EIN-PN 42-1522144-001
<b>a</b>	Plan name BROS AUTO GROUP PLAN	
<b>b</b>	Name of plan sponsor ONTARIO VOLKSWAGEN	<b>c</b> EIN-PN 65-1163516-001
<b>a</b>	Plan name BRUSHFIRE TECHNOLOGY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor E-VENT SOFTWARE, INC.	<b>c</b> EIN-PN 42-1611993-001
<b>a</b>	Plan name BSG 401(K) PLAN	
<b>b</b>	Name of plan sponsor BSG 401(K)	<b>c</b> EIN-PN 68-0568326-001
<b>a</b>	Plan name BURNETT TRUCKING, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BURNETT TRUCKING, INC.	<b>c</b> EIN-PN 27-4114851-001
<b>a</b>	Plan name BURNS & HASSMAN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BURNS & HASSMAN, LLC	<b>c</b> EIN-PN 81-2812239-001
<b>a</b>	Plan name C.C. BATTERY CO., INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor C.C. BATTERY CO., INC.	<b>c</b> EIN-PN 74-1871509-002
<b>a</b>	Plan name C.G. WITVOET & SONS CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C.G. WITVOET & SONS CO.	<b>c</b> EIN-PN 38-2327603-002
<b>a</b>	Plan name C3 INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor C3 INNOVATIONS, INC.	<b>c</b> EIN-PN 46-5657940-001
<b>a</b>	Plan name VISUAL WORKPLACE INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor VISUAL WORKPLACE	<b>c</b> EIN-PN 26-4045453-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	VITAL INTERNATIONAL SOLUTIONS INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VITAL INTERNATIONAL SOLUTION INCORPORATED	<b>c</b> EIN-PN 45-4861293-001
<b>a</b>	Plan name	WAKOTA FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAKOTA FEDERAL CREDIT UNION	<b>c</b> EIN-PN 41-0130070-002
<b>a</b>	Plan name	WALLA WALLA OMS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALLA WALLA OMS, LLC	<b>c</b> EIN-PN 45-4061011-001
<b>a</b>	Plan name	WARSHAUER WOODWARD ATKINS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARSHAUER WOODWARD ATKINS, LLC.	<b>c</b> EIN-PN 88-2972581-001
<b>a</b>	Plan name	WATERCENTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WATERCENTRIC, LLC	<b>c</b> EIN-PN 46-4173970-001
<b>a</b>	Plan name	WEAVER MEMORIALS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WEAVER MEMORIALS, INC.	<b>c</b> EIN-PN 23-1714594-001
<b>a</b>	Plan name	WELSH FABRICATION & DESIGN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WELSH FABRICATION & DESIGN, INC.	<b>c</b> EIN-PN 26-3962562-001
<b>a</b>	Plan name	WENTWORTH BUILDERS, INC. SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	WENTWORTH BUILDERS, INC.	<b>c</b> EIN-PN 38-2620809-001
<b>a</b>	Plan name	D A INTERNATIONAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	D A INTERNATIONAL GROUP	<b>c</b> EIN-PN 85-2607348-001
<b>a</b>	Plan name	DACO PRECISION-TOOL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DACO PRECISION, INC.	<b>c</b> EIN-PN 39-1710167-001
<b>a</b>	Plan name	DAKINE SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAKINE SERVICES, INC.	<b>c</b> EIN-PN 81-1390019-001
<b>a</b>	Plan name	DALHART ABSTRACT COMPANY, LP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DALHART ABSTRACT COMPANY, LP	<b>c</b> EIN-PN 75-2814512-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DALLESPORT FOUNDRY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DALLESPORT FOUNDRY, LLC	<b>c</b> EIN-PN 91-1878495-001
<b>a</b>	Plan name	DAVID CUSTOM ROOFING & PAINTING INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DAVIDS CUSTOM ROOFING & PAINTING, INC.	<b>c</b> EIN-PN 99-0314996-001
<b>a</b>	Plan name	DURA PEOPLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DURA SOFTWARE, INC.	<b>c</b> EIN-PN 83-3229458-777
<b>a</b>	Plan name	DWIGHT LEWIS STATE FARM INSURANCE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DWIGHT LEWIS STATE FARM INSURANCE AGENCY	<b>c</b> EIN-PN 47-2834035-001
<b>a</b>	Plan name	E.J. WARD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	E.J. WARD, INC.	<b>c</b> EIN-PN 88-0284475-001
<b>a</b>	Plan name	EAP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ELEGANT ALUMINUM PRODUCTS USA LLC	<b>c</b> EIN-PN 46-3034570-001
<b>a</b>	Plan name	EAST VALLEY UROLOGY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAST VALLEY UROLOGY CENTER, PLC	<b>c</b> EIN-PN 81-3825715-001
<b>a</b>	Plan name	EASTERN CONNECTOR SPECIALTY CORP 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	EASTERN CONNECTOR SPECIALTY CORPORATION	<b>c</b> EIN-PN 06-1384769-001
<b>a</b>	Plan name	FIS GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIS GROUP, LLC	<b>c</b> EIN-PN 83-3475402-001
<b>a</b>	Plan name	FLORIDA COASTAL DERMATOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LISA D. ZACK, MD, PA	<b>c</b> EIN-PN 65-0156881-004
<b>a</b>	Plan name	FLUX POWER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLUX POWER, INC.	<b>c</b> EIN-PN 27-1142066-001
<b>a</b>	Plan name	FOOTHILLS SPEECH & LANGUAGE, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FOOTHILLS SPEECH & LANGUAGE, INC.	<b>c</b> EIN-PN 26-2545594-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FOUNDATIONS FOR CHANGE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOUNDATIONS FOR CHANGE, LLC	<b>c</b> EIN-PN 61-1687546-001
<b>a</b>	Plan name	FRANK W. NEAL & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FRANK W. NEAL & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2208740-001
<b>a</b>	Plan name	FRENCH KANDE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRENCH KANDE, LLC	<b>c</b> EIN-PN 27-1802457-001
<b>a</b>	Plan name	FRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRY ORTHODONTICS, PLLC	<b>c</b> EIN-PN 82-1631981-001
<b>a</b>	Plan name	IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IDEOLOGY PRODUCTIONS, LLC	<b>c</b> EIN-PN 46-4992929-001
<b>a</b>	Plan name	IMPERIAL ELECTRIC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	IMPERIAL ELECTRIC CO, LLC	<b>c</b> EIN-PN 84-1793288-001
<b>a</b>	Plan name	INFINITI CREATIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INFINITI CREATIONS, LLC	<b>c</b> EIN-PN 27-2501647-001
<b>a</b>	Plan name	INNER CITY MISSION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNER CITY MISSION OF SPRINGFIELD, INC.	<b>c</b> EIN-PN 37-1156121-001
<b>a</b>	Plan name	INNOVATIVE HARDWARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE HARDWARE, INC.	<b>c</b> EIN-PN 31-1328642-001
<b>a</b>	Plan name	INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INSTRUMEDICAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 35-1515768-001
<b>a</b>	Plan name	INTERMODAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTERMODAL SERVICES, INC.	<b>c</b> EIN-PN 82-2126201-001
<b>a</b>	Plan name	JONESVILLE HEALTH CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JONESVILLE HEALTH CARE	<b>c</b> EIN-PN 02-0697250-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JOURNEYS INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JOURNEYS INC.	<b>c</b> EIN-PN 46-3936603-001
<b>a</b>	Plan name	JUST FOR KIX RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MINI KIX, INC.	<b>c</b> EIN-PN 41-1426758-001
<b>a</b>	Plan name	KBKC DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KBKC DESIGN	<b>c</b> EIN-PN 99-3478083-001
<b>a</b>	Plan name	KDJ SALES & SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KDJ SALES & SERVICE, INC.	<b>c</b> EIN-PN 37-1131827-001
<b>a</b>	Plan name	KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEAR CIVIL CORPORATION	<b>c</b> EIN-PN 20-8257122-001
<b>a</b>	Plan name	KENECT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KENECT, LLC	<b>c</b> EIN-PN 82-1997153-777
<b>a</b>	Plan name	KEOTA TRANSMISSION & REPAIR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEOTA TRANSMISSION & REPAIR LLC	<b>c</b> EIN-PN 27-1263484-001
<b>a</b>	Plan name	KERN RIVER GOLF COURSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KERN RIVER GOLF COURSE	<b>c</b> EIN-PN 95-3761837-001
<b>a</b>	Plan name	LONGVIEW NOR-JAY, LTD. CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LONGVIEW NOR-JAY, LTD. DBA DIAMOND SHOWCASE	<b>c</b> EIN-PN 91-1294382-001
<b>a</b>	Plan name	LOUISIANA OFFICE PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOUISIANA OFFICE PRODUCTS, INC	<b>c</b> EIN-PN 72-0763449-002
<b>a</b>	Plan name	LUTHERAN SOCIAL SERVICES OF COLORADO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUTHERAN SOCIAL SERVICES OF COLORADO DBA LUTHERAN FAMILY SERVICES RO	<b>c</b> EIN-PN 84-0775550-002
<b>a</b>	Plan name	M & G SOLUTIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAXWELL & GRAVE SOLUTIONS, LLC	<b>c</b> EIN-PN 83-2535568-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name M.G. MCDERMOTT, DDS, MSD, PC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor M. G. MCDERMOTT, DDS, MSD PC	<b>c</b> EIN-PN 41-1426514-001
<b>a</b>	Plan name M2G VENTURES 401(K) PLAN	
<b>b</b>	Name of plan sponsor M2G VENTURES, LLC	<b>c</b> EIN-PN 46-2390264-001
<b>a</b>	Plan name MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MACROMATIC INDUSTRIAL CONTROLS, INC.	<b>c</b> EIN-PN 20-3910631-001
<b>a</b>	Plan name MADDEN LAW GROUP, SC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MADDEN LAW GROUP, SC	<b>c</b> EIN-PN 41-2280038-001
<b>a</b>	Plan name MANHART INSURANCE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor MANHART INSURANCE GROUP, INC.	<b>c</b> EIN-PN 46-4812835-001
<b>a</b>	Plan name MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARC DUTTON IRRIGATION, INC.	<b>c</b> EIN-PN 38-2152186-001
<b>a</b>	Plan name MARENGO THERAPEUTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARENGO THERAPEUTICS, INC.	<b>c</b> EIN-PN 47-5622851-001
<b>a</b>	Plan name OLMM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OLMM CONSULTING ENGINEERS	<b>c</b> EIN-PN 94-3038002-001
<b>a</b>	Plan name OMNI-TECH SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor OMNI-TECH SOLUTIONS, LLC	<b>c</b> EIN-PN 81-4983507-001
<b>a</b>	Plan name OPEN RANGE ENGINEERING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor OPEN RANGE ENGINEERING SERVICES, PLLC	<b>c</b> EIN-PN 20-5674889-001
<b>a</b>	Plan name ORIGIN HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORIGIN HEALTH	<b>c</b> EIN-PN 84-3463861-001
<b>a</b>	Plan name OSHIMA SUSHI, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OSHIMA SUSHI, INC.	<b>c</b> EIN-PN 11-3699786-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name P&S COMPRESSOR & SPRAY EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor P&S COMPRESSOR & SPRAY EQUIPMENT, INC.	<b>c</b> EIN-PN 52-1573686-001
<b>a</b>	Plan name PACIFIC DRIVE-INS LLC 401(K)	
<b>b</b>	Name of plan sponsor PACIFIC DRIVE-INS LLC	<b>c</b> EIN-PN 46-3867535-001
<b>a</b>	Plan name KEY ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEY ENGINEERING, INC.	<b>c</b> EIN-PN 75-3112205-001
<b>a</b>	Plan name KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KINGS COMMUNITY ACTION ORGANIZATION, INC.	<b>c</b> EIN-PN 94-1604455-001
<b>a</b>	Plan name KINGS SALES GROUP 401(K)	
<b>b</b>	Name of plan sponsor KINGS SALES GROUP, LLC	<b>c</b> EIN-PN 82-3721984-001
<b>a</b>	Plan name KIRKWOOD AUTO CENTER, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KIRKWOOD AUTO CENTER, LLC	<b>c</b> EIN-PN 52-2063437-001
<b>a</b>	Plan name KLAR, IZSAK, & STENGER LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KLAR, IZSAK, & STENGER LLC	<b>c</b> EIN-PN 43-1844222-001
<b>a</b>	Plan name KONZEL CONSTRUCTION COMPANY, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KONZEL CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 45-3596434-001
<b>a</b>	Plan name KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor KREATIONS AUTO BODY	<b>c</b> EIN-PN 26-3285845-001
<b>a</b>	Plan name KW CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor KW CORPORATION	<b>c</b> EIN-PN 26-0355410-001
<b>a</b>	Plan name MARLEYS MONSTERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARLEYS MONSTERS, LLC	<b>c</b> EIN-PN 47-4495374-001
<b>a</b>	Plan name MARTIN'S METAL FABRICATION & WELDING, INC.	
<b>b</b>	Name of plan sponsor MARTIN'S METAL FABRICATION & WELDING, INC.	<b>c</b> EIN-PN 68-0157908-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">MAXX/HOA WEST RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOA PARTNERS WEST, LLC</a>	<b>c</b> EIN-PN <a href="#">81-5184683-001</a>
<b>a</b>	Plan name <a href="#">MAYOR'S YOUTH EMPOWERMENT PROGRAM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAYOR'S YOUTH EMPOWERMENT PROGRAM</a>	<b>c</b> EIN-PN <a href="#">42-1444335-001</a>
<b>a</b>	Plan name <a href="#">MAYVILLE STATE BANK PROFIT SHARING AND RETIREMENT TRUST PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAYVILLE STATE BANK</a>	<b>c</b> EIN-PN <a href="#">38-0803180-001</a>
<b>a</b>	Plan name <a href="#">PARAGON PERFORMANCE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARAGON PERFORMANCE</a>	<b>c</b> EIN-PN <a href="#">84-5134367-001</a>
<b>a</b>	Plan name <a href="#">PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARK SIDE FINANCIAL CREDIT UNION</a>	<b>c</b> EIN-PN <a href="#">23-7155544-001</a>
<b>a</b>	Plan name <a href="#">PARKS JOHNSON AGENCY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARKS JOHNSON AGENCY</a>	<b>c</b> EIN-PN <a href="#">85-2713186-001</a>
<b>a</b>	Plan name <a href="#">PATRICK MACDONALD DDS PC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PATRICK MACDONALD DDS PC</a>	<b>c</b> EIN-PN <a href="#">20-1206683-001</a>
<b>a</b>	Plan name <a href="#">PATZOLDT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TALON SANITATION, LLC</a>	<b>c</b> EIN-PN <a href="#">82-2238692-001</a>
<b>a</b>	Plan name <a href="#">PAV 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">PERFORMANCE AUDIO VIDEO, INC.</a>	<b>c</b> EIN-PN <a href="#">43-1988352-001</a>
<b>a</b>	Plan name <a href="#">PAVLIC VENDING SERVICE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PAVLIC VENDING SERVICE, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1143309-001</a>
<b>a</b>	Plan name <a href="#">PC TELECOM GROUP &amp; ASSOCIATES, LLC RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PC TELECOM GROUP &amp; ASSOCIATES, LLC</a>	<b>c</b> EIN-PN <a href="#">61-1390231-001</a>
<b>a</b>	Plan name <a href="#">PRO TIRES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">1835 GGK TEAM INC</a>	<b>c</b> EIN-PN <a href="#">81-0757899-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>PROFESSIONAL AUTOMOTIVE SERVICE LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROFESSIONAL AUTOMOTIVE SERVICE LLC</b>	<b>c</b> EIN-PN <b>85-3817843-001</b>
<b>a</b>	Plan name <b>PROJECT INDEPENDENCE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROJECT INDEPENDENCE</b>	<b>c</b> EIN-PN <b>95-3147421-001</b>
<b>a</b>	Plan name <b>PROOF LOGISTICS INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROOF LOGISTICS INC.</b>	<b>c</b> EIN-PN <b>83-4204713-001</b>
<b>a</b>	Plan name <b>PROPER HOME, INC. 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>PROPER HOME, INC.</b>	<b>c</b> EIN-PN <b>87-1827057-001</b>
<b>a</b>	Plan name <b>PROPERTIES TITLE, LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROPERTIES TITLE, LLC</b>	<b>c</b> EIN-PN <b>82-2623090-001</b>
<b>a</b>	Plan name <b>PROTERIS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROTERIS COMPLIANCE SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>92-1583768-001</b>
<b>a</b>	Plan name <b>REV DRILL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REV DRILL SALES &amp; RENTALS, INC.</b>	<b>c</b> EIN-PN <b>52-2309414-001</b>
<b>a</b>	Plan name <b>REVOLOGY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REVOLOGY, INC.</b>	<b>c</b> EIN-PN <b>87-3441512-001</b>
<b>a</b>	Plan name <b>RICHWOODS ACADEMY, LLC 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RICHWOODS ACADEMY, LLC</b>	<b>c</b> EIN-PN <b>84-4059471-001</b>
<b>a</b>	Plan name <b>RIVIERA IMAGING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RIVIERA IMAGING, INC.</b>	<b>c</b> EIN-PN <b>85-2960270-001</b>
<b>a</b>	Plan name <b>RJ NOLAN &amp; ASSOCIATES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RJ NOLAN &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>39-1090667-001</b>
<b>a</b>	Plan name <b>ROBERTS DITCHING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARROWHEAD LINE LLC</b>	<b>c</b> EIN-PN <b>45-5041435-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ROCK & ROSE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROCK & ROSE, INC.	<b>c</b> EIN-PN 30-0117391-001
<b>a</b>	Plan name	ROCKING R MEDICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RATTAN & ASSOCIATES	<b>c</b> EIN-PN 46-2619332-001
<b>a</b>	Plan name	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	<b>c</b> EIN-PN 76-0117689-001
<b>a</b>	Plan name	ALL ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALL ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 68-0288965-001
<b>a</b>	Plan name	ALL GLASS & WINDOWS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL GLASS & WINDOWS, LLC	<b>c</b> EIN-PN 36-4845255-001
<b>a</b>	Plan name	ALL STAR PLUMBING & HEATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERL D. WARNIMONT DBA ALL STAR PLUMBING & HEATING	<b>c</b> EIN-PN 34-1972332-001
<b>a</b>	Plan name	ALLSTAR PLUMBERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLSTAR PLUMBERS, INC.	<b>c</b> EIN-PN 26-0425473-001
<b>a</b>	Plan name	ALLURE MEDSPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLURE MEDSPA, LLC	<b>c</b> EIN-PN 46-6663339-001
<b>a</b>	Plan name	ALPHA RETIREMENT SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALPHA RETIREMENT SOLUTIONS, LLC	<b>c</b> EIN-PN 47-3848612-001
<b>a</b>	Plan name	ALPHAONE AMBULANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALPHAONE AMBULANCE MEDICAL SERVICES, INC.	<b>c</b> EIN-PN 27-3266402-001
<b>a</b>	Plan name	TAMPA DOWNTOWN PARTNERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAMPA DOWNTOWN PARTNERSHIP, INC.	<b>c</b> EIN-PN 59-2688074-002
<b>a</b>	Plan name	TANERA TRANSPORT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TANERA TRANSPORT, LLC	<b>c</b> EIN-PN 83-2766372-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TDK CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TDK CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 61-1025614-001
<b>a</b>	Plan name	TEAM SAN JOSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEAM SAN JOSE	<b>c</b> EIN-PN 20-0507663-001
<b>a</b>	Plan name	TERRA NATIONAL REAL ESTATE GROUP 401(K) AND PROFIT SHARING	
<b>b</b>	Name of plan sponsor	JBRS REALTY, LLC DBA TERRA NATIONAL REAL ESTATE GROUP	<b>c</b> EIN-PN 01-0554308-001
<b>a</b>	Plan name	THE AME GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE AME GROUP	<b>c</b> EIN-PN 35-1630314-001
<b>a</b>	Plan name	AUTO GLASS SPECIALISTS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUTO GLASS SPECIALISTS INC.	<b>c</b> EIN-PN 03-0392483-001
<b>a</b>	Plan name	AUTOELECTRIC OF AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUTOELECTRIC OF AMERICA, INC.	<b>c</b> EIN-PN 74-2964877-001
<b>a</b>	Plan name	AXIOM INNOVATIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AXIOM INNOVATIONS, LLC	<b>c</b> EIN-PN 82-5288488-001
<b>a</b>	Plan name	B&J'S PIZZA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAKC INC. DBA B&J'S PIZZA	<b>c</b> EIN-PN 74-2468849-001
<b>a</b>	Plan name	B2B RETIREMENT 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	B2B STAFFING SERVICES, INC.	<b>c</b> EIN-PN 20-4404038-001
<b>a</b>	Plan name	B3T 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B3T CONSULTING, LLC	<b>c</b> EIN-PN 83-3470102-001
<b>a</b>	Plan name	BARGAIN SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARGAIN SERVICES, LLC	<b>c</b> EIN-PN 46-3585182-001
<b>a</b>	Plan name	BASCOPHARMACY LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BASCOPHARMACY LLC	<b>c</b> EIN-PN 57-1220246-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BASHARA SCHWARTZ, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BASHARA SCHWARTZ, PLLC	<b>c</b> EIN-PN 86-1275370-001
<b>a</b>	Plan name	BASSETT MIRROR COMPANY, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BASSETT MIRROR COMPANY, INC.	<b>c</b> EIN-PN 54-0478011-002
<b>a</b>	Plan name	TOP SHELF LOGISTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOP SHELF LOGISTICS, LLC	<b>c</b> EIN-PN 26-0272605-001
<b>a</b>	Plan name	TOYS FOR TRUCKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOYS FOR TRUCKS, INC.	<b>c</b> EIN-PN 39-1646646-001
<b>a</b>	Plan name	TQM NORTH AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TQM NORTH AMERICA, INC.	<b>c</b> EIN-PN 35-2615062-001
<b>a</b>	Plan name	TRADER PHD 401(K)	
<b>b</b>	Name of plan sponsor	TRADER PHD, LLC	<b>c</b> EIN-PN 47-4703769-001
<b>a</b>	Plan name	TRADITION GOLF CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRADITION GOLF CLUB	<b>c</b> EIN-PN 26-1808354-001
<b>a</b>	Plan name	TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRANSITIONAL LIVING CENTERS, INC.	<b>c</b> EIN-PN 34-1752737-001
<b>a</b>	Plan name	TRAYER SOLUTIONS, LLC 401(K)	
<b>b</b>	Name of plan sponsor	TRAYER SOLUTIONS, LLC	<b>c</b> EIN-PN 46-4500573-001
<b>a</b>	Plan name	TRI CONSTRUCTION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 04-2786413-001
<b>a</b>	Plan name	TRICERTUS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRICERTUS, LLC	<b>c</b> EIN-PN 82-1328770-001
<b>a</b>	Plan name	CANOPY ROADS ADVISORS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CANOPY ROADS ADVISORS, LLC	<b>c</b> EIN-PN 88-2788599-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CANTRELL CONTRACTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CANTRELL CONTRACTING LLC	<b>c</b> EIN-PN 26-1276066-001
<b>a</b>	Plan name	CARMEX PRECISION TOOLS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARMEX PRECISION TOOLS, LLC	<b>c</b> EIN-PN 11-3730072-001
<b>a</b>	Plan name	WEST DES MOINES OB/GYN ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST DES MOINES OB/GYN ASSOCIATES, P.C.	<b>c</b> EIN-PN 42-1391851-001
<b>a</b>	Plan name	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.	<b>c</b> EIN-PN 95-2673204-001
<b>a</b>	Plan name	WESTOVER BUILDING SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTOVER BUILDING SUPPLY, INC.	<b>c</b> EIN-PN 46-2700779-001
<b>a</b>	Plan name	WILDCAT OIL TOOLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILDCAT OIL TOOLS, LLC	<b>c</b> EIN-PN 45-4421709-001
<b>a</b>	Plan name	WILL CLARK ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILL CLARK ELECTRIC INC.	<b>c</b> EIN-PN 46-0382827-001
<b>a</b>	Plan name	WINDOW TO RECOVERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WINDOW TO RECOVERY	<b>c</b> EIN-PN 82-3124954-001
<b>a</b>	Plan name	WINFREY DENTAL AESTHETICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WINFREY DENTAL AESTHETICS	<b>c</b> EIN-PN 73-1642618-001
<b>a</b>	Plan name	DEMAJE HOLDINGS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DEMAJE HOLDINGS, LLC	<b>c</b> EIN-PN 26-2330844-001
<b>a</b>	Plan name	DENNIS SEAMAN CO., LPA EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DENNIS SEAMAN CO., L.P.A.	<b>c</b> EIN-PN 34-1207750-001
<b>a</b>	Plan name	DENT DEFENSE GROUP 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DENT DEFENSE GROUP	<b>c</b> EIN-PN 68-0533537-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">DESERT SHORES PEDIATRICS, P.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DESERT SHORES PEDIATRICS, P.C.</a>	<b>c</b> EIN-PN <a href="#">20-2851929-002</a>
<b>a</b>	Plan name <a href="#">DESIMONE LOGISTICS, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DESIMONE LOGISTICS, LLC</a>	<b>c</b> EIN-PN <a href="#">84-3096586-001</a>
<b>a</b>	Plan name <a href="#">DEVOL ENGINEERING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DEVOL ENGINEERING, INC.</a>	<b>c</b> EIN-PN <a href="#">52-7255997-001</a>
<b>a</b>	Plan name <a href="#">DGC USA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DGC USA OPCO1 INC.</a>	<b>c</b> EIN-PN <a href="#">35-2753753-001</a>
<b>a</b>	Plan name <a href="#">DIAL-X AUTOMATED EQUIPMENT, INC. 401(K) RETIREMENT PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIAL-X ACQUISITION COMPANY, INC. DBA DIAL-X AUTOMATED EQUIPMENT</a>	<b>c</b> EIN-PN <a href="#">46-4936140-001</a>
<b>a</b>	Plan name <a href="#">DIVISION 7, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIVISION 7, INC.</a>	<b>c</b> EIN-PN <a href="#">84-1573704-001</a>
<b>a</b>	Plan name <a href="#">EDUCE PROSPERITY PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EDUCE SALON</a>	<b>c</b> EIN-PN <a href="#">45-5491594-001</a>
<b>a</b>	Plan name <a href="#">EHS SUPPORT SERVICES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EHS SUPPORT SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">20-0915717-001</a>
<b>a</b>	Plan name <a href="#">EICHELBERGER FARMS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EICHELBERGER FARMS, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1870144-001</a>
<b>a</b>	Plan name <a href="#">EL MOLINO DE ORO INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EL MOLINO DE ORO INC.</a>	<b>c</b> EIN-PN <a href="#">45-3830780-001</a>
<b>a</b>	Plan name <a href="#">EL PRADO STONE LP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EL PRADO STONE LP</a>	<b>c</b> EIN-PN <a href="#">47-2747432-001</a>
<b>a</b>	Plan name <a href="#">EMERALD PROFESSIONAL STAFFING INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMERALD PROFESSIONAL STAFFING INC.</a>	<b>c</b> EIN-PN <a href="#">46-1362080-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name EMERGE ATS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor EMERGE ADVANCED TECHNOLOGY SOLUTIONS, LLC	<b>c</b> EIN-PN 20-8060822-001
<b>a</b>	Plan name EMPLOYEE BENEFIT PLAN OF ARC OF DENVER, INC.	
<b>b</b>	Name of plan sponsor ARC OF DENVER, INC.	<b>c</b> EIN-PN 84-0614525-001
<b>a</b>	Plan name ENGINEERED TOOLS EMPLOYEE'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGINEERED TOOLS CORPORATION	<b>c</b> EIN-PN 38-2315702-001
<b>a</b>	Plan name ENGOODEN HEALTH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGOODEN HEALTH, INC.	<b>c</b> EIN-PN 81-4271866-001
<b>a</b>	Plan name ENTHUSIAST ENTERPRISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENTHUSIAST ENTERPRISE	<b>c</b> EIN-PN 46-2378541-001
<b>a</b>	Plan name ENVIROCHEM, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ENVIROCHEM, INC.	<b>c</b> EIN-PN 22-2051993-001
<b>a</b>	Plan name ENVOY LIGHTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENVOY LIGHTING, INC.	<b>c</b> EIN-PN 27-4393479-001
<b>a</b>	Plan name G&Z MEEKER, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor G&Z MEEKER, INC.	<b>c</b> EIN-PN 45-2096735-001
<b>a</b>	Plan name G.O. RODRIGUEZ TRUCKING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor G.O. RODRIGUEZ TRUCKING, INC.	<b>c</b> EIN-PN 26-3449865-001
<b>a</b>	Plan name GATEWAY TO PREVENTION AND RECOVERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GATEWAY TO PREVENTION AND RECOVERY, INC.	<b>c</b> EIN-PN 73-1215510-001
<b>a</b>	Plan name GENTLE FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor GENTLE FAMILY DENTISTRY LLC	<b>c</b> EIN-PN 26-3340419-001
<b>a</b>	Plan name GILSTER-MARY LEE CORPORATION EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor GILSTER-MARY LEE	<b>c</b> EIN-PN 37-0951425-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO	<b>c</b> EIN-PN 52-1139564-001
<b>a</b>	Plan name	J AND J INDUSTRIAL CONTRACTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J AND J INDUSTRIAL CONTRACTING	<b>c</b> EIN-PN 30-0867952-001
<b>a</b>	Plan name	J&M SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J&M SERVICES	<b>c</b> EIN-PN 82-4526041-001
<b>a</b>	Plan name	J. GREG ALLEN BUILDER INC. PROFIT SHARING 401 (K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	J. GREG ALLEN BUILDER, INC.	<b>c</b> EIN-PN 35-1686449-001
<b>a</b>	Plan name	JACOBI, TOOMBS & LANZ, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JACOBI, TOOMBS & LANZ, INC.	<b>c</b> EIN-PN 35-1174896-001
<b>a</b>	Plan name	JACOBS & WALLACE, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JACOBS & WALLACE, PLLC	<b>c</b> EIN-PN 82-2495338-001
<b>a</b>	Plan name	JAY HODGE AUTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAY HODGE CHEVROLET, INC.	<b>c</b> EIN-PN 75-2466263-001
<b>a</b>	Plan name	AMERICA WEST MEDICAL TRANSPORTATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICA WEST MEDICAL TRANSPORTATION, INC.	<b>c</b> EIN-PN 27-4518471-001
<b>a</b>	Plan name	AMERICAN ACE SUPPLY ANAHEIM, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ACE SUPPLY ANAHEIM INC	<b>c</b> EIN-PN 26-0250304-001
<b>a</b>	Plan name	AMERICAN BIOTECH LABS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN BIOTECH LABS LLC	<b>c</b> EIN-PN 20-3029677-001
<b>a</b>	Plan name	AMERICAN HYDROVAC LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN HYDROVAC LLC	<b>c</b> EIN-PN 32-0657536-001
<b>a</b>	Plan name	AMERICAN RELIANCE INDUSTRIES COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN RELIANCE INDUSTRIES COMPANY	<b>c</b> EIN-PN 35-2131825-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ANACORTES PROSTHETICS & ORTHOTICS - 401(K)	
<b>b</b>	Name of plan sponsor ANACORTES PROSTHETICS & ORTHOTICS	<b>c</b> EIN-PN 47-4195495-001
<b>a</b>	Plan name ANN SULLIVAN LEWIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANN M. SULLIVAN INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 57-1142720-001
<b>a</b>	Plan name ANYWEATHER RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GRIFFIN HOLDINGS	<b>c</b> EIN-PN 47-2588912-001
<b>a</b>	Plan name APEX DENTAL LABORATORY, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor APEX DENTAL LABORATORY, LLC	<b>c</b> EIN-PN 86-1408956-001
<b>a</b>	Plan name APPLE VALLEY DIAMONDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor APPLE VALLEY DIAMONDS LLC	<b>c</b> EIN-PN 46-1884796-001
<b>a</b>	Plan name BAY AREA TECH WORKERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BAY AREA TECH WORKERS	<b>c</b> EIN-PN 94-3310364-001
<b>a</b>	Plan name BAY AREA/GENERAL CRANE SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAY AREA/GENERAL CRANE SERVICE, INC.	<b>c</b> EIN-PN 74-1869552-001
<b>a</b>	Plan name BBB AUTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor BBB AUTOMOTIVE	<b>c</b> EIN-PN 85-2848240-001
<b>a</b>	Plan name BDG 401(K) PLAN	
<b>b</b>	Name of plan sponsor BARBARO DENTAL GROUP, LLC	<b>c</b> EIN-PN 38-4060034-001
<b>a</b>	Plan name BEAR RIVER ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEAR RIVER ELECTRIC COMPANY	<b>c</b> EIN-PN 38-3264163-001
<b>a</b>	Plan name BEETS CATERING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEETS CATERING, INC.	<b>c</b> EIN-PN 94-6694661-001
<b>a</b>	Plan name BELMONT HARDWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA	<b>c</b> EIN-PN 94-2724600-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	BERGERT GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERGERT GROUP LTD.	<b>c</b> EIN-PN 81-0777309-001
<b>a</b>	Plan name	BIGSMILE ORTHODONTICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	H SAM TONG DDS PHD INC.	<b>c</b> EIN-PN 90-0288471-001
<b>a</b>	Plan name	BLAIR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLAIR ELECTRA SOUTHWEST, LLC	<b>c</b> EIN-PN 87-1439781-001
<b>a</b>	Plan name	BLEU TANGERINE SALON & DAY SPA 401K	
<b>b</b>	Name of plan sponsor	BLEU TANGERINE SALON & DAY SPA LLC	<b>c</b> EIN-PN 27-0813374-001
<b>a</b>	Plan name	BLUE BLAZER VENTURES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUE BLAZER VENTURES, INC.	<b>c</b> EIN-PN 85-1002874-001
<b>a</b>	Plan name	BLUE CLOUD SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLUE CLOUD SOLUTIONS, INC.	<b>c</b> EIN-PN 85-3966443-001
<b>a</b>	Plan name	CARROLL INSURANCE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARROLL INSURANCE AGENCY, LTD	<b>c</b> EIN-PN 76-0297522-001
<b>a</b>	Plan name	CASSILL MOTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CASSILL MOTORS, INC.	<b>c</b> EIN-PN 42-1375775-001
<b>a</b>	Plan name	CAUDILL, KADO & CO - DERMATOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JENNIFER CAUDILL, MD, PLLC	<b>c</b> EIN-PN 45-2672063-001
<b>a</b>	Plan name	CEDARWOOD LANDSCAPING INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CEDARWOOD LANDSCAPING, INC.	<b>c</b> EIN-PN 22-3659554-001
<b>a</b>	Plan name	CENTERA BIOSCIENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTERA BIOSCIENCE INC.	<b>c</b> EIN-PN 46-3097866-001
<b>a</b>	Plan name	CENTURY BUILDING SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTURY BUILDING SOLUTIONS, INC.	<b>c</b> EIN-PN 46-0631230-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">CET &amp; ASSOCIATES, LLC RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CET &amp; ASSOCIATES, LLC</a>	<b>c</b> EIN-PN <a href="#">80-0660613-001</a>
<b>a</b>	Plan name <a href="#">DR. MICHAEL GUIRGUIS, D.D.S., INC. 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DR. MICHAEL GUIRGUIS, D.D.S., INC.</a>	<b>c</b> EIN-PN <a href="#">27-0800677-001</a>
<b>a</b>	Plan name <a href="#">DRIVEN TO GIVE BACK MEDIA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DRIVEN TO GIVE BACK MEDIA, LLC</a>	<b>c</b> EIN-PN <a href="#">84-3674774-001</a>
<b>a</b>	Plan name <a href="#">EPPRIGHT HOMES LLC 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">EPPRIGHT HOMES LLC</a>	<b>c</b> EIN-PN <a href="#">47-2384404-001</a>
<b>a</b>	Plan name <a href="#">EQUITY INVESTMENT MORTGAGE, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EQUITY INVESTMENT MORTGAGE, LLC</a>	<b>c</b> EIN-PN <a href="#">88-1901818-001</a>
<b>a</b>	Plan name <a href="#">ESS UNIVERSAL USA, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ESS UNIVERSAL USA, LLC</a>	<b>c</b> EIN-PN <a href="#">47-1521024-001</a>
<b>a</b>	Plan name <a href="#">EVOLVE FAMILY LAW, LLC 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">EVOLVE FAMILY LAW LLC</a>	<b>c</b> EIN-PN <a href="#">46-2961857-001</a>
<b>a</b>	Plan name <a href="#">EVS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EVANS VETERINARY SERVICES, PLLC</a>	<b>c</b> EIN-PN <a href="#">84-5150912-001</a>
<b>a</b>	Plan name <a href="#">EYEONE, P.L.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EYEONE, P.L.C.</a>	<b>c</b> EIN-PN <a href="#">54-1738160-001</a>
<b>a</b>	Plan name <a href="#">EYEONE, P.L.C. 401(K) PROFIT SHARING PLAN 002</a>	
<b>b</b>	Name of plan sponsor <a href="#">EYEONE, P.L.C.</a>	<b>c</b> EIN-PN <a href="#">54-1738160-002</a>
<b>a</b>	Plan name <a href="#">FAIR LIGHTING AND ELECTRICAL, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAIR LIGHTING AND ELECTRICAL LLC</a>	<b>c</b> EIN-PN <a href="#">46-1226413-001</a>
<b>a</b>	Plan name <a href="#">FAIRWAY ELECTRIC INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAIRWAY ELECTRIC INC.</a>	<b>c</b> EIN-PN <a href="#">83-0658890-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FALLBROOK FAMILY HEALTH CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FALLBROOK FAMILY HEALTH CENTER, LLC	<b>c</b> EIN-PN 45-2548037-001
<b>a</b>	Plan name	GKBK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GAUNTT KOEN BINNEY & KIDD, LLP	<b>c</b> EIN-PN 76-0574603-001
<b>a</b>	Plan name	GLENNWOOD CUSTOM BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLENNWOOD CUSTOM BUILDERS, INC	<b>c</b> EIN-PN 20-2045461-001
<b>a</b>	Plan name	GLOBAL CUSTOM SECURITY, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL CUSTOM SECURITY, INC.	<b>c</b> EIN-PN 95-4445427-001
<b>a</b>	Plan name	GLOBAL K9 PROTECTION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GLOBAL K9 PROTECTION GROUP LLC	<b>c</b> EIN-PN 82-4550904-001
<b>a</b>	Plan name	GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL RESOURCE ENGINEERING, LTD.	<b>c</b> EIN-PN 61-1843495-001
<b>a</b>	Plan name	GOLF CART KING 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GOLF CART KING LLC	<b>c</b> EIN-PN 80-0743217-001
<b>a</b>	Plan name	JE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JE ENGINEERING, INC.	<b>c</b> EIN-PN 20-0849858-001
<b>a</b>	Plan name	JEFFREY A. STOLARZ, DDS, P.C. SAFE HARBOR 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JEFFREY A. STOLARZ, DDS, P.C.	<b>c</b> EIN-PN 35-2111364-001
<b>a</b>	Plan name	JJW SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JJW SERVICES CORPORATION	<b>c</b> EIN-PN 26-2650264-001
<b>a</b>	Plan name	JL LOCAL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JL LOCAL, LLC	<b>c</b> EIN-PN 82-3122671-001
<b>a</b>	Plan name	JOHNSON IRON INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON IRON, INC.	<b>c</b> EIN-PN 20-1832486-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name LADD FAMILY DENTAL 401(K)	
<b>b</b>	Name of plan sponsor LADD FAMILY DENTAL	<b>c</b> EIN-PN 87-2951230-001
<b>a</b>	Plan name LAKE MANAGEMENT SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAKE MANAGEMENT SERVICES, LP	<b>c</b> EIN-PN 20-5300112-001
<b>a</b>	Plan name LANEY LA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LANEY LA, INC.	<b>c</b> EIN-PN 46-5334241-001
<b>a</b>	Plan name LAUZEN ACCOUNTING 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor JOSEPH D. LAUZEN, INC. DBA LAUZEN ACCOUNTING	<b>c</b> EIN-PN 26-1157436-001
<b>a</b>	Plan name MCCOY & SPARKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCCOY & SPARKS, PLLC	<b>c</b> EIN-PN 20-1412812-001
<b>a</b>	Plan name MCLEOD LAND SERVICES 401(K) PLAN 2	
<b>b</b>	Name of plan sponsor MCLEOD LAND & EQUIPMENT, INC.	<b>c</b> EIN-PN 65-0810917-002
<b>a</b>	Plan name MD BEACH CLUB, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MD BEACH CLUB, INC.	<b>c</b> EIN-PN 77-0546972-001
<b>a</b>	Plan name MEAD BROTHERS EXCAVATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEAD BROTHERS EXCAVATING, INC.	<b>c</b> EIN-PN 38-1679273-001
<b>a</b>	Plan name MERAKI SOCIAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERAKI SOCIAL, LLC	<b>c</b> EIN-PN 81-2114618-001
<b>a</b>	Plan name MERRITT, WEBB, WILSON, & CARUSO, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERRITT, WEBB, WILSON, & CARUSO, PLLC	<b>c</b> EIN-PN 56-2264802-001
<b>a</b>	Plan name MEYERING INSURANCE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEYERING INSURANCE AGENCY	<b>c</b> EIN-PN 38-2217296-001
<b>a</b>	Plan name MEYLAN CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEYLAN CONSTRUCTION, INC.	<b>c</b> EIN-PN 68-0300446-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PENNSYLVANIA MEDICAL TRANSPORT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PENNSYLVANIA MEDICAL TRANSPORT, INC.	<b>c</b> EIN-PN 25-1643041-001
<b>a</b>	Plan name	PEOPLE RESULTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IRI CONSULTANTS, INC.	<b>c</b> EIN-PN 38-2349424-001
<b>a</b>	Plan name	PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERKINS MOTOR PLEX LLC	<b>c</b> EIN-PN 26-4307208-001
<b>a</b>	Plan name	PETITBON ALARM COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETITBON ALARM COMPANY, INC.	<b>c</b> EIN-PN 52-1908898-001
<b>a</b>	Plan name	PETOSKEY DENTAL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETOSKEY DENTAL ASSOCIATES	<b>c</b> EIN-PN 83-1942627-001
<b>a</b>	Plan name	PETOSKEY SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETOSKEY SURGEONS, P.C.	<b>c</b> EIN-PN 38-3448511-001
<b>a</b>	Plan name	PGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION GLOBAL SYSTEMS, INC.	<b>c</b> EIN-PN 38-2504223-001
<b>a</b>	Plan name	PIERCE CONSTRUCTION & DEVELOPMENT INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PIERCE CONSTRUCTION & DEVELOPMENT, INC.	<b>c</b> EIN-PN 95-4504099-001
<b>a</b>	Plan name	PLANET SMOOTHIE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANN'S DIVERSIFIED INDUSTRIES, INC. DBA PLANET SMOOTHIE	<b>c</b> EIN-PN 59-3565308-001
<b>a</b>	Plan name	PROVING GROUNDS COFFEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PROVING GROUNDS COFFEE & ICE CREAM	<b>c</b> EIN-PN 30-0970793-001
<b>a</b>	Plan name	PURE ENERGY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PURE ENERGY GROUP, INC.	<b>c</b> EIN-PN 86-2201015-001
<b>a</b>	Plan name	QMETRICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QMETRICS, INC.	<b>c</b> EIN-PN 87-0761590-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	QRM 401(K) PLAN
<b>b</b>	Name of plan sponsor	QUALITY REHAB MANAGEMENT, LLC DBA QRM
<b>c</b>	EIN-PN	83-1973171-001
<b>a</b>	Plan name	QUALITY CARTON AND CONVERTING 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	QUALITY CARTON & CONVERTING, LLC
<b>c</b>	EIN-PN	04-3530095-001
<b>a</b>	Plan name	QUALITY ENVIRONMENTAL SERVICES RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	QUALITY ENVIRONMENTAL SERVICES
<b>c</b>	EIN-PN	31-1372155-001
<b>a</b>	Plan name	QUINTESSA 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	QUINTESSA
<b>c</b>	EIN-PN	27-1561454-002
<b>a</b>	Plan name	RON HAMMES REFRIGERATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	RON HAMMES REFRIGERATION CO., INC.
<b>c</b>	EIN-PN	39-1350539-001
<b>a</b>	Plan name	ROOF MANAGEMENT 401(K) PLAN
<b>b</b>	Name of plan sponsor	ROOF MANAGEMENT
<b>c</b>	EIN-PN	38-3164238-001
<b>a</b>	Plan name	ROSE ORTHODONTICS 401(K) PLAN
<b>b</b>	Name of plan sponsor	ROSE ORTHODONTICS
<b>c</b>	EIN-PN	82-2529653-001
<b>a</b>	Plan name	RSA CORPORATION 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	RSA CORPORATION
<b>c</b>	EIN-PN	65-1201831-001
<b>a</b>	Plan name	RUSSELL PETROLEUM 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	RUSSELL PETROLEUM CORP.
<b>c</b>	EIN-PN	27-1487169-002
<b>a</b>	Plan name	RYLIND CONSTRUCTION COMPANY, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	RYLIND CONSTRUCTION COMPANY, INC.
<b>c</b>	EIN-PN	46-3278537-001
<b>a</b>	Plan name	S&S PACKAGING PRODUCTS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	S&S PACKAGING PRODUCTS, INC.
<b>c</b>	EIN-PN	23-2940069-001
<b>a</b>	Plan name	S.C. SWIDERSKI MANAGEMENT, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	S.C. SWIDERSKI MANAGEMENT, INC.
<b>c</b>	EIN-PN	47-2837847-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.	
<b>b</b>	Name of plan sponsor	THE GUIDANCE CENTER, INC.	<b>c</b> EIN-PN 86-0223720-001
<b>a</b>	Plan name	THE COUNTRY CLUB OF MARYLAND, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE COUNTRY CLUB OF MARYLAND, INC.	<b>c</b> EIN-PN 52-2185200-001
<b>a</b>	Plan name	THE DOVE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE DOVE AGENCY, LLC	<b>c</b> EIN-PN 82-2809327-001
<b>a</b>	Plan name	THE NORTHRIDGE HEALTH CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTERCARE, INC DBA NORTHRIDGE HEALTH CENTER	<b>c</b> EIN-PN 34-1400803-001
<b>a</b>	Plan name	TRIFECTA NETWORKS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIFECTA NETWORKS, LLC	<b>c</b> EIN-PN 82-3534139-001
<b>a</b>	Plan name	TURBONETICS ENGINEERING & SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TURBONETICS ENGINEERING & SERVICES, INC.	<b>c</b> EIN-PN 74-2999395-001
<b>a</b>	Plan name	TURKEL, CUVA, BARRIOS, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TURKEL, CUVA, BARRIOS, P.A.	<b>c</b> EIN-PN 86-3329581-001
<b>a</b>	Plan name	U.S. GOT PEOPLE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DILLIGAS CORP. DBA U.S. GOT PEOPLE	<b>c</b> EIN-PN 26-2968177-001
<b>a</b>	Plan name	WORKABLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WORKABLE, INC.	<b>c</b> EIN-PN 61-1747677-002
<b>a</b>	Plan name	WRA ARCHITECTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WRA ARCHITECTS, INC	<b>c</b> EIN-PN 75-1084671-001
<b>a</b>	Plan name	Y SADEK DDS INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	Y. SADEK DDS INC	<b>c</b> EIN-PN 86-6729222-001
<b>a</b>	Plan name	Z-BEST CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	Z-BEST CONCRETE, INC.	<b>c</b> EIN-PN 33-0777383-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ZAGAR INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ZAGAR INC.	<b>c</b> EIN-PN 34-0634856-001
<b>a</b>	Plan name	BLUE TOP STEERING GEARS, INC. 401K	
<b>b</b>	Name of plan sponsor	BLUE TOP STEERING GEARS, INC.	<b>c</b> EIN-PN 80-0336991-001
<b>a</b>	Plan name	BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHCOAST CYCLES, LLC DBA BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND	<b>c</b> EIN-PN 47-0911536-001
<b>a</b>	Plan name	BOOT RANCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOOT RANCH HR, LLC	<b>c</b> EIN-PN 47-4784683-001
<b>a</b>	Plan name	BRAZOS VALLEY CONTRACTING CO. EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRAZOS VALLEY CONTRACTING CO.	<b>c</b> EIN-PN 74-2578579-001
<b>a</b>	Plan name	BREAK IT DOWN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BREAK IT DOWN, LLC	<b>c</b> EIN-PN 27-1788791-001
<b>a</b>	Plan name	BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BREVARD MEDICAL DERMATOLOGY	<b>c</b> EIN-PN 36-4796769-001
<b>a</b>	Plan name	BRIGHTCOVERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSLUCENT LLC DBA BRIGHTCOVERS	<b>c</b> EIN-PN 84-1999442-001
<b>a</b>	Plan name	BRIGHTINSIGHT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRIGHTINSIGHT, INC.	<b>c</b> EIN-PN 82-2242267-001
<b>a</b>	Plan name	BRIQUETTES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIQUETTES	<b>c</b> EIN-PN 46-1353447-001
<b>a</b>	Plan name	FEDVEL CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEDVEL CONSTRUCTION, INC.	<b>c</b> EIN-PN 82-2603538-001
<b>a</b>	Plan name	FG HOLDINGS COMPANY, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FG HOLDINGS, LLC	<b>c</b> EIN-PN 87-4171809-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FIFTH WHEEL FREIGHT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B&L SYSTEMS LLC DBA FIFTH WHEEL FREIGHT	<b>c</b> EIN-PN 46-1122501-001
<b>a</b>	Plan name	FINANCIAL FREEDOM GROUP LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FINANCIAL FREEDOM GROUP LLC	<b>c</b> EIN-PN 83-2567551-001
<b>a</b>	Plan name	FINK & FINK, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FINK & FINK, PLLC	<b>c</b> EIN-PN 26-1687698-001
<b>a</b>	Plan name	FIRETROL, INC. 401(K)	
<b>b</b>	Name of plan sponsor	FIRETROL, INC.	<b>c</b> EIN-PN 61-1931408-001
<b>a</b>	Plan name	LAW OFFICES OF VANCE A. FUNK PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF VANCE A. FUNK PA	<b>c</b> EIN-PN 03-0380002-001
<b>a</b>	Plan name	LEAN TECHNIQUES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEAN TECHNIQUES, INC.	<b>c</b> EIN-PN 38-3836804-001
<b>a</b>	Plan name	LIMBWALKER TREE SERVICE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LIMBWALKER TREE SERVICE INC.	<b>c</b> EIN-PN 20-2001838-001
<b>a</b>	Plan name	LOH TAX GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOH TAX GROUP	<b>c</b> EIN-PN 26-2679374-001
<b>a</b>	Plan name	RADD COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RADD CAPITAL, LLC	<b>c</b> EIN-PN 82-2026337-001
<b>a</b>	Plan name	RAREMOON CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SR CONSULTING DBA RAREMOON CONSULTING, INC.	<b>c</b> EIN-PN 81-1906652-001
<b>a</b>	Plan name	REALEFLOW, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REALEFLOW, LLC	<b>c</b> EIN-PN 20-8679477-001
<b>a</b>	Plan name	VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VANS DELIVERY SERVICE, INC.	<b>c</b> EIN-PN 38-2487912-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name VICKY RANGSUEBSIN RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VICKY RANGSUEBSIN	<b>c</b> EIN-PN 35-2229085-001
<b>a</b>	Plan name CHAHAL & ASSOCIATES, INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CHAHAL & ASSOCIATES, INC	<b>c</b> EIN-PN 20-8145988-001
<b>a</b>	Plan name CHILDRENS SPECIALIZED ABA 401K PLAN	
<b>b</b>	Name of plan sponsor BLUE BALLOON LLC	<b>c</b> EIN-PN 85-4302391-001
<b>a</b>	Plan name CHOICE COMPANIES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHOICE COMPANIES INC.	<b>c</b> EIN-PN 52-1318848-001
<b>a</b>	Plan name CHROMA MODERN EYEWEAR EYECARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MATTHEW G BARBER, OD PA	<b>c</b> EIN-PN 20-2038982-001
<b>a</b>	Plan name CIPM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CUSTOM INTERVENTIONAL PAIN MANAGEMENT, LLC	<b>c</b> EIN-PN 27-2527059-001
<b>a</b>	Plan name CIRCLE COMPUTER RESOURCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CIRCLE COMPUTER RESOURCES, INC.	<b>c</b> EIN-PN 42-1404024-001
<b>a</b>	Plan name GRC DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GRC DEVELOPMENT, INC.	<b>c</b> EIN-PN 27-1135741-001
<b>a</b>	Plan name GREAT OUTDOORS FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT OUTDOORS FOUNDATION	<b>c</b> EIN-PN 42-1441098-001
<b>a</b>	Plan name GREENFIELD DYNAMICS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GREENFIELD DYNAMICS, LLC	<b>c</b> EIN-PN 26-0597299-001
<b>a</b>	Plan name GUARDIAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GUARDIAN PROFESSIONAL CONTRACTING SERVICES, INC.	<b>c</b> EIN-PN 45-2501714-001
<b>a</b>	Plan name GUNGOLL, JACKSON, BOX & DEVOLL, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GUNGOLL, JACKSON, BOX & DEVOLL, P.C.	<b>c</b> EIN-PN 73-1278416-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MIKE-TELL-CHAR, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIKE-TELL-CHAR, INC. DBA BASSETTS MARKET	<b>c</b> EIN-PN 34-1489585-001
<b>a</b>	Plan name	MILK SOURCE COMPANIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MILK SOURCE, LLC	<b>c</b> EIN-PN 39-1954636-001
<b>a</b>	Plan name	MILKMAID GOODS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILKMAID GOODS	<b>c</b> EIN-PN 47-4478047-001
<b>a</b>	Plan name	MILLER VALVE & CONTROLS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLER VALVE & CONTROLS, LLC	<b>c</b> EIN-PN 85-4352454-001
<b>a</b>	Plan name	MILLS ANIMAL HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLS VETERINARY SERVICES DBA MILLS ANIMAL HOSPITAL	<b>c</b> EIN-PN 81-1149328-001
<b>a</b>	Plan name	MISSION CITY REBAR, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MISSION CITY REBAR, INC.	<b>c</b> EIN-PN 94-2146294-004
<b>a</b>	Plan name	MITCHELL GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MITCHELL GRAPHICS, INC.	<b>c</b> EIN-PN 38-2084428-001
<b>a</b>	Plan name	MMB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 73-1443852-001
<b>a</b>	Plan name	MODERNO CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MODERNO CONSTRUCTION, INC.	<b>c</b> EIN-PN 83-0412313-001
<b>a</b>	Plan name	MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE	<b>c</b> EIN-PN 38-2536891-001
<b>a</b>	Plan name	SCOBELL COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SCOBELL COMPANY INC	<b>c</b> EIN-PN 25-0929359-001
<b>a</b>	Plan name	SCOGGIN DICKEY CHEVROLET 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCOGGIN DICKEY CHEVROLET BUICK, INC.	<b>c</b> EIN-PN 75-0744374-001

**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 SENIOR MARKET TEAM LLC 401(K) PLAN

**b** Name of plan sponsor SENIOR MARKET TEAM LLC **c** EIN-PN 46-5533414-001

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

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**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BLACKROCK MID-CAP GROWTH EQUITY FUND CLASS K SHARES</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>099</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>82-5217478</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	43528045	43408681
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	43528045	43408681
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	43528045	43408681

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	5009219	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		5009219

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5009219
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		7060349
(2) From this plan .....	<b>2l(2)</b>		12188932

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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