

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>TRANSAMERICA INTERMEDIATE BOND RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>189</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>82-5217478</u></p> <hr/> <p>2c Plan Sponsor's telephone number</p> <hr/> <p>2d Business code (see instructions)</p>

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>TRANSAMERICA INTERMEDIATE BOND RET OPT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>189</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>82-5217478</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN

d Entity code

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d Entity code

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 10K CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor 10K LLC DBA 10K CONSTRUCTION	c EIN-PN 86-1833942-001
a	Plan name CITY OFFICE REIT 401(K) PLAN	
b	Name of plan sponsor CITY OFFICE REIT OPERATING PARTNERSHIP LP	c EIN-PN 46-4654279-001
a	Plan name CITYWIDE HOME HEALTH SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CITYWIDE HOME HEALTH SERVICES, INC.	c EIN-PN 26-1920951-001
a	Plan name CIVILWORX CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor CIVILWORX CONTRACTING LLC	c EIN-PN 87-4305816-001
a	Plan name CLARK TRANSPORTATION SERVICES 401(K) PLAN	
b	Name of plan sponsor TEXARKANA SUGAR HILL, INC.	c EIN-PN 75-2776645-001
a	Plan name CLEAR GUIDANCE PARTNERS 401(K) PLAN	
b	Name of plan sponsor CLEAR GUIDANCE PARTNERS, LP	c EIN-PN 83-3177675-001
a	Plan name CLEARLY SPEAKING 401(K) PLAN	
b	Name of plan sponsor CLEARLY SPEAKING, L.L.C.	c EIN-PN 45-2988436-001
a	Plan name CLINKSCALES PORTABLE TOILETS LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor CLINKSCALES PORTABLE TOILETS LLC	c EIN-PN 93-1086752-001
a	Plan name COLT NECK LABS, LLC - 401(K)	
b	Name of plan sponsor COLT NECK LABS, LLC	c EIN-PN 83-4534512-001
a	Plan name COLUMBIA MARKING TOOLS, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor COLUMBIA MARKING TOOLS, INC.	c EIN-PN 38-1659935-001
a	Plan name H.F. EPSTEIN HEBREW ACADEMY 401(K) PLAN	
b	Name of plan sponsor H.F. EPSTEIN HEBREW ACADEMY	c EIN-PN 43-6001158-001
a	Plan name HABITAT FOR HUMANITY INLAND VALLEY, INC. 401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor HABITAT FOR HUMANITY INLAND VALLEY, INC.	c EIN-PN 33-0461804-001

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 HABITAT FOR HUMANITY SA 401(K)	
b	Name of plan sponsor HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER APOPKA, FLORIDA,	c EIN-PN 59-3034059-001
a	Plan name HANCOCK FEDERAL CREDIT UNION EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HANCOCK FEDERAL CREDIT UNION	c EIN-PN 34-4430151-002
a	Plan name HANSEN CUSTOM CABINETS 401(K) PLAN	
b	Name of plan sponsor HANSEN CUSTOM CABINETS, INC.	c EIN-PN 36-3657875-001
a	Plan name HARTLEY'S PROFIT SHARING 40L(K) PLAN	
b	Name of plan sponsor HARTLEY'S	c EIN-PN 01-0278553-001
a	Plan name HAWKEYE DENTAL PROSTHETIC STUDIO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAWKEYE DENTAL PROSTHETIC STUDIO	c EIN-PN 83-0958881-001
a	Plan name HEAD TYLER LLP OWNER K 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HEAD TYLER LLP	c EIN-PN 85-1138619-001
a	Plan name HEARING SOLUTIONS OF INDIANA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INNOVATIVE HEARING SOLUTIONS OF INDIANA, INC.	c EIN-PN 83-2099523-001
a	Plan name MORNSTAIR INC. 401(K) PLAN	
b	Name of plan sponsor MORNSTAIR INC.	c EIN-PN 35-2748426-001
a	Plan name MOUNTAIN KIDS LOUISVILLE, LLC 401(K) PLAN	
b	Name of plan sponsor MOUNTAIN KIDS LOUISVILLE, LLC	c EIN-PN 47-2511686-001
a	Plan name MOUNTAIN STATES GLASS LLC 401(K) PLAN	
b	Name of plan sponsor MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001
a	Plan name MSW CORP 401(K) PLAN	
b	Name of plan sponsor MARINE STORES WHOLESALE CORP.	c EIN-PN 45-3934995-001
a	Plan name MYOKINETIX PHYSICAL THERAPY AND PERFORMANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MYOKINETIX PHYSICAL THERAPY AND PERFORMANCE	c EIN-PN 82-3546619-001

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	SENTINEL CONTRACTORS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SENTINEL CONTRACTORS, LLC	c EIN-PN 88-1828953-001
a	Plan name	SERCOM 401(K) PLAN	
b	Name of plan sponsor	SCIENTIFIC EQUIPMENT REPAIR COMPANY	c EIN-PN 84-1469712-001
a	Plan name	SES ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor	SES ENVIRONMENTAL	c EIN-PN 62-1378603-002
a	Plan name	SESR 401(K) PLAN	
b	Name of plan sponsor	SOUTHEAST SHELBY COUNTY EMERGENCY MEDICAL RESCUE INC.	c EIN-PN 31-1583285-001
a	Plan name	SHERWOOD TAX AND ACCOUNTING 401(K) PLAN	
b	Name of plan sponsor	KRISTEN KEATS CPA, PC DBA. SHERWOOD TAX & ACCOUNTING	c EIN-PN 85-2133474-001
a	Plan name	SIGMON FAMILY INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SIGMON FAMILY INVESTMENTS, INC.	c EIN-PN 20-3200494-001
a	Plan name	2XE 401(K)	
b	Name of plan sponsor	2XE, LLC	c EIN-PN 85-0511624-001
a	Plan name	365 HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor	365 HEALTH SERVICES, LLC	c EIN-PN 47-1842850-001
a	Plan name	A CENTER FOR MENTAL WELLNESS, INC. 401(K) PLAN	
b	Name of plan sponsor	A CENTER FOR MENTAL WELLNESS, INC.	c EIN-PN 26-3087268-001
a	Plan name	A GREATER LOVE FOSTER FAMILY AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	A GREATER LOVEFOSTER FAMILY AGENCY, INC.	c EIN-PN 82-3295704-001
a	Plan name	A PLUS BOOKKEEPING 401(K) PLAN	
b	Name of plan sponsor	NOT OUR PROBLEM LLC DBA A PLUS BOOKKEEPING & TAX SERVICE	c EIN-PN 93-1497760-001
a	Plan name	A TO Z SPEECH THERAPY 401(K) PLAN	
b	Name of plan sponsor	A TO Z SPEECH THERAPY	c EIN-PN 81-4796737-001

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	A&B MARKET, LLC 401(K) PLAN	
b	Name of plan sponsor	A&B MARKET, LLC	c EIN-PN 47-2479032-001
a	Plan name	A&N ASPHALT 401(K) PROFIT SHARING PLAN + TRUST	
b	Name of plan sponsor	A&N ASPHALT INC.	c EIN-PN 38-3217709-001
a	Plan name	A.D. PERKINS 401(K) PLAN	
b	Name of plan sponsor	A.D. PERKINS CORP.	c EIN-PN 26-0350579-001
a	Plan name	A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A.W. OAKES & SON, INC.	c EIN-PN 39-0967026-003
a	Plan name	ABLEMKR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ABLEMKR, LLC	c EIN-PN 85-0890736-001
a	Plan name	COMMUNITY SUPPORTS NETWORK LLC 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY SUPPORTS NETWORK LLC	c EIN-PN 82-1093213-001
a	Plan name	COMPLETE AGRI SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	COMPLETE AGRI SERVICES	c EIN-PN 46-2836066-001
a	Plan name	COMPLETE INTERACTIVE TECHNOLOGIES INC 401(K) PLAN	
b	Name of plan sponsor	COMPLETE INTERACTIVE TECHNOLOGIES INC	c EIN-PN 38-2942737-001
a	Plan name	CONNOLLY ELECTRIC & MECHANICAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHRIS CONNOLLY INC. DBA CONNOLLY ELECTRIC & MECHANICAL	c EIN-PN 86-0892259-001
a	Plan name	CONSCIOUS MINDS 401(K) PLAN	
b	Name of plan sponsor	CONSCIOUS MINDS PRODUCTION LLC	c EIN-PN 80-0255443-001
a	Plan name	CONSUMER ATTORNEYS 401(K) PLAN	
b	Name of plan sponsor	CONSUMER ATTORNEYS PLC	c EIN-PN 86-3781893-001
a	Plan name	COR 401(K) PLAN	
b	Name of plan sponsor	COR CONSTRUCTION SERVICES, INC.	c EIN-PN 11-3742607-001

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 CORNEILLE LAW GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor CORNEILLE LAW GROUP, LLC	c EIN-PN 39-1927889-001
a	Plan name CORNERSTONE FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor LEONARD FINANCIAL LLC	c EIN-PN 83-1863378-001
a	Plan name CORNERSTONE PARKING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor CORNERSTONE PARKING GROUP, INC.	c EIN-PN 20-5195370-001
a	Plan name HEARTLAND FINANCIAL RESOURCE GROUP 401(K) PLAN	
b	Name of plan sponsor RYAN SWALWELL DBA HEARTLAND FINANCIAL RESOURCE GROUP	c EIN-PN 47-4519658-001
a	Plan name HERMA US INC. 401K PLAN	
b	Name of plan sponsor HERMA US INC.	c EIN-PN 61-1780660-001
a	Plan name HERSHMAN & FORMAN, P.C. 401(K)	
b	Name of plan sponsor HERSHMAN & FORMAN, P.C.	c EIN-PN 86-1822868-001
a	Plan name HI5.AGENCY 401(K) PLAN	
b	Name of plan sponsor HI5.AGENCY, LLC	c EIN-PN 83-2888505-001
a	Plan name HIGH PLAINS ENGINEERING & CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIGH PLAINS ENGINEERING & CONSULTING, LLC	c EIN-PN 87-2706193-002
a	Plan name HIGHLIGHT HEALTH 401(K) PLAN	
b	Name of plan sponsor HLH HOLDINGS, LLC	c EIN-PN 85-0802402-001
a	Plan name HINCHEY & OLDENHOFF 401(K) PLAN	
b	Name of plan sponsor HINCHEY & OLDENHOFF, LLP	c EIN-PN 87-3527091-001
a	Plan name NEARLY NEW TOWN 401(K) PLAN	
b	Name of plan sponsor NEARLY NEW TOWN	c EIN-PN 82-5293249-001
a	Plan name NEFSP 401(K) PLAN	
b	Name of plan sponsor NEFSP HOLDINGS LLC	c EIN-PN 87-4240278-001

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 NEMO, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND MECHANICAL OVERLAY, INC.	c EIN-PN 76-0794575-001
a	Plan name NEPTUNE SHIPPING LIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEPTUNE SHIPPING LIMITED	c EIN-PN 26-0630492-001
a	Plan name NETMAKER COMMUNICATIONS LLC 401(K) PLAN	
b	Name of plan sponsor NETMAKER COMMUNICATIONS, LLC	c EIN-PN 46-3834054-001
a	Plan name NOBILITY HEALTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOBILITY HEALTH	c EIN-PN 81-0701839-001
a	Plan name SK MANAGEMENT, INC 401(K) PLAN	
b	Name of plan sponsor SK MANAGEMENT, INC	c EIN-PN 02-0456712-001
a	Plan name SKY DESSERT 401(K) PLAN	
b	Name of plan sponsor SKY DESSERT, LLC	c EIN-PN 81-3848448-001
a	Plan name SKY'S THE LIMIT CAR CARE 401(K) PLAN	
b	Name of plan sponsor SKY'S THE LIMIT CAR CARE	c EIN-PN 45-3438558-001
a	Plan name SKYLINE MEDICAL PRACTICE 401(K)	
b	Name of plan sponsor SKYLINE MEDICAL PRACTICE	c EIN-PN 85-1682831-001
a	Plan name SLOANE DENTAL 401(K) PLAN	
b	Name of plan sponsor 12 SOUTH DENTAL PLLC	c EIN-PN 46-1289540-001
a	Plan name SMP 401(K) PLAN	
b	Name of plan sponsor SUPERIOR MACHINED PRODUCTS, INC.	c EIN-PN 47-4533352-001
a	Plan name SNIDER INC 401(K) PLAN	
b	Name of plan sponsor SNIDER INC	c EIN-PN 56-1649710-001
a	Plan name SOL DIGITAL 401(K) PLAN	
b	Name of plan sponsor SOL DIGITAL, LLC	c EIN-PN 84-3111821-001

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 ABOVE ALL CAULKING 401(K) PLAN	
b	Name of plan sponsor ABOVE ALL CAULKING & WATERPROOFING, INC.	c EIN-PN 59-3790848-001
a	Plan name ABRAMS PLUMBING AND HEATING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABRAMS PLUMBING AND HEATING LLC	c EIN-PN 87-3493856-001
a	Plan name ABSOLUTE QUALITY CARE FAMILY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor ABSOLUTE QUALITY CARE FAMILY DENTISTRY	c EIN-PN 72-1498951-001
a	Plan name ACADIA DERMATOLOGY 401(K) PLAN	
b	Name of plan sponsor ACADIA DERMATOLOGY	c EIN-PN 84-4302481-001
a	Plan name ACCUTROL COMPLETE HOME SERVICES 401(K) PLAN	
b	Name of plan sponsor ACCUTROL COMPLETE HOME SERVICES, LLC	c EIN-PN 86-3952569-001
a	Plan name ACES MECHANICAL 401(K) PLAN	
b	Name of plan sponsor ACES MECHANICAL,LLC	c EIN-PN 45-3008172-001
a	Plan name AD VICE MARKETING 401(K) PLAN	
b	Name of plan sponsor AD VICE MARKETING	c EIN-PN 81-4826017-001
a	Plan name ADA 401(K)	
b	Name of plan sponsor AMELIA REID AVIATION, LLC DBA AERODYNAMIC AVIATION	c EIN-PN 20-2571173-001
a	Plan name CORRIDOR MEDIA GROUP 401(K) PLAN	
b	Name of plan sponsor CORRIDOR MEDIA GROUP	c EIN-PN 76-0758768-001
a	Plan name COTTAGE COMPANY 401(K) PLAN	
b	Name of plan sponsor THE COTTAGE COMPANY OF HARBOR SPRINGS, LLC	c EIN-PN 38-3561129-001
a	Plan name COUNTRY LIFE NATURAL FOODS RETIREMENT PLAN	
b	Name of plan sponsor COUNTRY LIFE NATURAL FOODS, INC.	c EIN-PN 93-4397710-001
a	Plan name CRAVE INFOTECH 401(K) PLAN	
b	Name of plan sponsor CRAVE INFOTECH	c EIN-PN 27-1280654-001

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 CREEKSIDE ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JACKSON-POLEN ANIMAL HOSPITAL PC DBA CREEKSIDE ANIMAL HOSPITAL	c EIN-PN 26-2580271-001
a	Plan name CRIMSON CARE NETWORK 401(K) PLAN	
b	Name of plan sponsor CRIMSON CARE NETWORK	c EIN-PN 82-2820387-002
a	Plan name CSKS BUDGET BLINDS 401(K) PLAN	
b	Name of plan sponsor CSKS CORPORATION DBA BUDGET BLINDS	c EIN-PN 20-4904777-001
a	Plan name HJK INTERNATIONAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor HJK INTERNATIONAL, INC.	c EIN-PN 45-2103099-001
a	Plan name HOBAN MANAGEMENT INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HOBAN MANAGEMENT INC	c EIN-PN 33-0834204-001
a	Plan name HOME INSTEAD SENIOR CARE RETIREMENT PLAN	
b	Name of plan sponsor PAHOS, INC. DBA HOME INSTEAD SENIOR CARE	c EIN-PN 72-1351629-001
a	Plan name HS BAINS INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor HS BAINS INSURANCE SERVICES	c EIN-PN 81-0962836-001
a	Plan name HUDSON METALS CORPORATION 401(K) PLAN	
b	Name of plan sponsor HUDSON TOOL STEEL CORPORATION	c EIN-PN 46-0505721-001
a	Plan name HUGO MANRIQUE, DMD, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUGO MANRIQUE, DMD, PLLC	c EIN-PN 92-3086974-001
a	Plan name HURTIS HEATING & AIR CONDITIONING, INC. 401(K) PLAN	
b	Name of plan sponsor HURTIS HEATING & AIR CONDITIONING, INC.	c EIN-PN 45-3676136-001
a	Plan name HYPER HOME SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor HYPER HOME SOLUTIONS LLC	c EIN-PN 87-3928812-001
a	Plan name NODDLE SERVICES, LLC SALARY SAVINGS PLAN	
b	Name of plan sponsor NODDLE SERVICES, LLC	c EIN-PN 82-5468680-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	NORTHEAST TITLE & TAG INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NORTHEAST TITLE & TAG INC	c EIN-PN 23-3034907-001
a	Plan name	NORTHERN CROSSARM COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHERN CROSSARM COMPANY, INC.	c EIN-PN 39-0987381-001
a	Plan name	NORTHWEST DRAFT 401(K) PLAN	
b	Name of plan sponsor	NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	c EIN-PN 45-4915664-001
a	Plan name	NORTHWEST GLASS, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST GLASS, INC.	c EIN-PN 81-0447938-001
a	Plan name	NORTHWEST WELLNESS GROUP 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST WELLNESS GROUP, LLC	c EIN-PN 47-2159223-001
a	Plan name	NOTTINGHAM RETIREMENT PLAN	
b	Name of plan sponsor	NOTTINGHAM STUDIOS	c EIN-PN 47-4225120-001
a	Plan name	NUTRITION WELLNESS CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	NUTRITION WELLNESS CENTER, LLC	c EIN-PN 20-4979886-001
a	Plan name	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA	c EIN-PN 83-3838404-001
a	Plan name	OBRA RAMOS 401(K) PLAN	
b	Name of plan sponsor	OBRA RAMOS CONSTRUCTION, LLC	c EIN-PN 46-2310284-001
a	Plan name	OCEAN FOREST LLC 401(K) PLAN	
b	Name of plan sponsor	OCEAN FOREST LLC	c EIN-PN 92-2466614-001
a	Plan name	OGGVO 401(K) PLAN	
b	Name of plan sponsor	OGGVOREP LIMITED LIABILITY COMPANY	c EIN-PN 82-5225259-001
a	Plan name	OLD TOWN FIBERGLASS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OLD TOWN FIBERGLASS	c EIN-PN 20-2006359-001

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 SOUND EFFECTS ENTERTAINMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SOUND EFFECTS, LLC DBA SOUND EFFECTS ENTERTAINMENT	c EIN-PN 20-8018181-001
a	Plan name SOUTH POINT COUNSELING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor SOUTH POINT COUNSELING SERVICES, LLC	c EIN-PN 45-3866896-001
a	Plan name SOUTHEASTERN MACHINE WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor SOUTHEASTERN MACHINE WORKS, INC.	c EIN-PN 65-0940872-001
a	Plan name SOUTHERN LINE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor SOUTHERN LINE SOLUTIONS, LLC	c EIN-PN 83-1890551-001
a	Plan name SPARTAN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPARTAN PRINTING AND PACKAGING, INC.	c EIN-PN 75-1155218-001
a	Plan name SPECTRUM LOGISTICS INC. 401(K) PLAN	
b	Name of plan sponsor SPECTRUM LOGISTICS INC.	c EIN-PN 81-5106145-001
a	Plan name SPETH & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor SPETH & ASSOCIATES, P.C.	c EIN-PN 88-1877722-001
a	Plan name STAAR CORP. 401(K) PLAN	
b	Name of plan sponsor STAAR CORP. DBA FUTURE-TECH COMMUNICATIONS	c EIN-PN 81-4529384-001
a	Plan name STEIN LAW 401(K) PLAN	
b	Name of plan sponsor STEIN LAW PA.	c EIN-PN 46-3771978-001
a	Plan name STEP UP FAMILY SERVICE LLC- 401(K)	
b	Name of plan sponsor STEP UP FAMILY SERVICES LLC	c EIN-PN 83-4093830-001
a	Plan name STEVEN M. SORENSON MD, INC. 401(K) PLAN	
b	Name of plan sponsor STEVEN M. SORENSON MD, INC.	c EIN-PN 88-3832023-001
a	Plan name STEWARDSHIP SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor STEWARDSHIP SOLUTIONS, INC.	c EIN-PN 46-1656504-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	PLAY IT SAFE PLAYGROUNDS AND PARK EQUIPMENT 401(K) PLAN
b	Name of plan sponsor	PLAY IT SAFE PLAYGROUNDS AND PARK EQUIPMENT, INC.
c	EIN-PN	46-0775994-001
a	Plan name	POLLART MILLER, LLC 401(K) PLAN
b	Name of plan sponsor	POLLART MILLER, LLC
c	EIN-PN	20-0022305-001
a	Plan name	POZITIV FERTILITY 401(K) PLAN
b	Name of plan sponsor	POZITIV FERTILITY MANAGEMENT, LLC
c	EIN-PN	86-2291004-001
a	Plan name	PREMIER PHYSICAL THERAPY AND SPORTS MEDICINE INC. 401(K) PLAN
b	Name of plan sponsor	PREMIER PHYSICAL THERAPY AND SPORTS MEDICINE INC.
c	EIN-PN	65-1147823-001
a	Plan name	PREP BASEBALL REPORT PA AND NY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PBR PENNSYLVANIA LLC
c	EIN-PN	46-4681143-001
a	Plan name	PRIME DOCK SUPPLIES 401(K) RETIREMENT PLAN
b	Name of plan sponsor	AMERICAN EAGLE GOLF VENTURES INC. DBA PRIME DOCK SUPPLIES
c	EIN-PN	74-2905200-001
a	Plan name	REHAB 1 LLC RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	REHAB 1 LLC
c	EIN-PN	20-5270860-001
a	Plan name	REMY BATTERY 401(K) PLAN
b	Name of plan sponsor	REMY BATTERY CO., INC.
c	EIN-PN	39-1193920-001
a	Plan name	RENEWABLE MATERIALS 401(K) PLAN
b	Name of plan sponsor	RENEWABLE MATERIALS, INC
c	EIN-PN	87-1892861-001
a	Plan name	RESTLESS SOFTWARE 401(K) PLAN
b	Name of plan sponsor	RESTLESS SOFTWARE LLC
c	EIN-PN	83-2568090-001
a	Plan name	RESURGENCE IT 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	RESURGENCE IT, INC.
c	EIN-PN	81-3507059-001
a	Plan name	ADRIAN PULKRABEK DDS PLLC 401(K) PLAN
b	Name of plan sponsor	ADRIAN PULKRABEK DDS PLLC
c	EIN-PN	76-0716251-001

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 ADVANCED SHORING & UNDERPINNING 401(K)	
b	Name of plan sponsor ADVANCED SHORING & UNDERPINNING	c EIN-PN 68-0532733-001
a	Plan name AFFINITY DESIGN, LLC 401(K) P/S PLAN	
b	Name of plan sponsor AFFINITY DESIGN, LLC	c EIN-PN 47-2084931-001
a	Plan name AFFINITY IT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ISS OHIO, LLC DBA AFFINITY IT GROUP	c EIN-PN 46-1599792-001
a	Plan name AGCULTURE MARKETING, LLC 401(K) PLAN	
b	Name of plan sponsor AGCULTURE MARKETING, LLC	c EIN-PN 81-3881269-001
a	Plan name AGRICAPTURE 401(K) PLAN	
b	Name of plan sponsor AGRICAPTURE, INC.	c EIN-PN 86-3882425-001
a	Plan name AGX SITEWORX 401(K) PLAN	
b	Name of plan sponsor EAC ENTERPRISES, LLC DBA AGX SITEWORX	c EIN-PN 47-2997502-001
a	Plan name AHB TOOLING & MACHINERY 401(K) PLAN & TRUST	
b	Name of plan sponsor AHB TOOLING & MACHINERY, LLC	c EIN-PN 83-3280314-001
a	Plan name AISTHETIKOS, INC. 401(K) PLAN	
b	Name of plan sponsor AISTHETIKOS, INC.	c EIN-PN 26-4099842-001
a	Plan name AKRON DERMATOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor AKRON DERMATOLOGY, INC.	c EIN-PN 34-1787891-001
a	Plan name STONE GUYS OF SWFL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STONE GUYS OF SWFL LLC	c EIN-PN 83-3825711-001
a	Plan name STRATEGIC ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor STRATEGIC ENVIRONMENTAL SERVICES, INC.	c EIN-PN 04-3553212-002
a	Plan name STREB CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor STREB CONSTRUCTION CO., INC.	c EIN-PN 42-0892646-001

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	STYLECRAFT HOME COLLECTION, INC 401(K) PLAN	
b	Name of plan sponsor	STYLECRAFT HOME COLLECTION, INC.	c EIN-PN 27-0439124-001
a	Plan name	SULLIVAN PERIODONTICS 401(K) PLAN	
b	Name of plan sponsor	MARY LINDA SULLIVAN, DMD, PC	c EIN-PN 63-1228900-001
a	Plan name	SUMMIT DENTAL & IMPLANT CLINIC 401(K) PLAN	
b	Name of plan sponsor	SUMMIT DENTAL & IMPLANT CLINIC	c EIN-PN 82-1344355-001
a	Plan name	SUMMIT POINT 401(K) PLAN	
b	Name of plan sponsor	SUMMIT POINT ROOFING, LLC	c EIN-PN 47-3363896-001
a	Plan name	SUNBURY ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUNBURY ANIMAL HOSPITAL	c EIN-PN 20-1018098-001
a	Plan name	SUPPLYDEN, INC. 401(K) PLAN	
b	Name of plan sponsor	SUPPLYDEN, INC.	c EIN-PN 38-3603806-001
a	Plan name	SUSSEX EYE CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUSSEX EYE CENTER	c EIN-PN 51-0349408-001
a	Plan name	SUSTAINABLE SOLUTIONA & TECHNOLOGY GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	SUSTAINABLE SOLUTIONS & TECHNOLOGY GROUP LLC	c EIN-PN 88-1766291-001
a	Plan name	T&N RELIABLE NURSING CARE 401(K) PLAN	
b	Name of plan sponsor	T&N RELIABLE NURSING CARE, LLC	c EIN-PN 46-0482657-001
a	Plan name	T. AARON BUICE, M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor	T. AARON BUICE, M.D., P.C.	c EIN-PN 20-0717378-001
a	Plan name	TACTICAL SPORTS DEPOT, INC. 401(K) PLAN	
b	Name of plan sponsor	TACTICAL SPORTS DEPOT, INC.	c EIN-PN 83-2481967-001
a	Plan name	APPLEWOOD PLASTERING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	APPLEWOOD PLASTERING SERVICES, INC.	c EIN-PN 20-5274149-001

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 APPLIED TECH SERVICES LLC 401(K)	
b	Name of plan sponsor APPLIED TECH SERVICES LLC	c EIN-PN 82-5498381-001
a	Plan name ASANA RECOVERY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASANA RECOVERY, INC.	c EIN-PN 30-1000319-001
a	Plan name ASCEND REHAB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASCEND REHAB SERVICES, INC.	c EIN-PN 20-0927823-002
a	Plan name ASSEMBLY SPECIALTY PRODUCTS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ASSEMBLY SPECIALTY PRODUCTS, INC.	c EIN-PN 34-1082183-003
a	Plan name ATLAS ESSENTIALS 401(K) PLAN	
b	Name of plan sponsor ATLAS ESSENTIALS USA LLC	c EIN-PN 99-1874504-001
a	Plan name ATPWC 401(K) PLAN	
b	Name of plan sponsor ALL THINGS POSSIBLE	c EIN-PN 47-4673471-001
a	Plan name AURORA SYSTEMS CONSULTING, INC. 401(K) PLAN	
b	Name of plan sponsor AURORA SYSTEMS CONSULTING, INC.	c EIN-PN 95-4843264-001
a	Plan name THE VICTIM CENTER INC. 401(K) PLAN	
b	Name of plan sponsor THE VICTIM CENTER INC.	c EIN-PN 43-1149629-001
a	Plan name THE WEBER RETIREMENT PLAN	
b	Name of plan sponsor WEBER ENTERPRISES, INC.	c EIN-PN 93-0594771-001
a	Plan name THREE AMIGOS VENTURE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THREE AMIGOS VENTURE, INC.	c EIN-PN 47-0963732-001
a	Plan name THREE PILLARS WEALTH MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor THREE PILLARS WEALTH MANAGEMENT, LLC	c EIN-PN 47-3426516-001
a	Plan name TIMMEL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor TIMMEL ASSOCIATES LLC	c 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.)		
a	Plan name TK JAMS DRYWALL 401(K) PLAN	
b	Name of plan sponsor TK JAMS DRYWALL COMPANY	c EIN-PN 26-4725394-001
a	Plan name TLC HOME HEALTH INC 401(K) PLAN	
b	Name of plan sponsor TLC HOME HEALTH INC	c EIN-PN 86-1082396-001
a	Plan name TMG PLUMBING & DISASTER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor TMG PLUMBING & DISASTER SOLUTIONS	c EIN-PN 81-2837231-001
a	Plan name TOM HAAS CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor TOM HAAS CONSTRUCTION, LLC	c EIN-PN 46-2779717-001
a	Plan name BROADWAY BUILDERS 401(K) PLAN	
b	Name of plan sponsor BROADWAY BUILDERS, INC.	c EIN-PN 42-1522144-001
a	Plan name BRUSHFIRE TECHNOLOGY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor E-VENT SOFTWARE, INC.	c EIN-PN 42-1611993-001
a	Plan name BRYNER CHEVROLET INC. SALARY DEFERRAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRYNER CHEVROLET INC.	c EIN-PN 23-1912111-001
a	Plan name BURNEIKIS LAW, P.C. 401(K) PLAN	
b	Name of plan sponsor BURNEIKIS LAW, P.C.	c EIN-PN 87-1680649-001
a	Plan name BUSENBARK, CLARK & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor CLARK CPA GROUP, P.C. DBA BUSENBARK, CLARK & ASSOCIATES	c EIN-PN 84-3793000-001
a	Plan name BUTTERFLY DENTAL 401(K) PLAN	
b	Name of plan sponsor JIANYE CHEN DENTAL CORPORATION	c EIN-PN 27-2591884-001
a	Plan name C & L PLUMBING COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor C & L PLUMBING COMPANY	c EIN-PN 54-1190441-001
a	Plan name C.A. TAYLOR, LLC 401(K) PLAN	
b	Name of plan sponsor C.A. TAYLOR, LLC	c EIN-PN 82-0677411-001

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 C3 INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor C3 INNOVATIONS, INC.	c EIN-PN 46-5657940-001
a	Plan name C3 SYSTEMS & SECURITY RETIREMENT PLAN	
b	Name of plan sponsor C3 SYSTEMS & SECURITY	c EIN-PN 72-1581602-001
a	Plan name VITAL INTERNATIONAL SOLUTIONS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor VITAL INTERNATIONAL SOLUTION INCORPORATED	c EIN-PN 45-4861293-001
a	Plan name VIVINO SELECTIONS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor VIVINO SELECTIONS, INC.	c EIN-PN 46-0995789-001
a	Plan name VMC CLEAR VISION RETIREMENT PLAN	
b	Name of plan sponsor VMC LLC	c EIN-PN 20-3658210-001
a	Plan name WAGLER & RENOVATIONS 401(K) PLAN	
b	Name of plan sponsor WAGLER & ASSOCIATES, INC.	c EIN-PN 26-3930415-001
a	Plan name WALKER'S 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WALKER OFFICE SUPPLIES	c EIN-PN 94-2658013-001
a	Plan name WALLACE ELLIS PROFIT SHARING & RETIREMENT FUND	
b	Name of plan sponsor ELLIS, HEAD, OWENS, JUSTICE, ARNOLD & GRAHAM	c EIN-PN 63-0521098-001
a	Plan name WAYNE PREPARATORY ACADEMY 401(K) PLAN	
b	Name of plan sponsor WAYNE PREPARATORY ACADEMY, LP	c EIN-PN 30-0826240-001
a	Plan name WCR 401(K) PLAN	
b	Name of plan sponsor WEST COAST RESURFACING LLC	c EIN-PN 26-1605380-001
a	Plan name WEAVER MEMORIALS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WEAVER MEMORIALS, INC.	c EIN-PN 23-1714594-001
a	Plan name WELLRIGHT 401(K) PLAN	
b	Name of plan sponsor WELLRIGHT, INC.	c EIN-PN 36-4763852-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CYPRESS PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CYPRESS PARTNERS LLC	c EIN-PN 81-4753944-001
a	Plan name	D K ENTERPRISES LTD 401(K) PLAN	
b	Name of plan sponsor	D K ENTERPRISES LTD	c EIN-PN 42-1354703-001
a	Plan name	D. LINK GRIMES PLLC 401(K) PLAN	
b	Name of plan sponsor	D. LINK GRIMES, PLLC	c EIN-PN 99-0423657-001
a	Plan name	DAKINE SERVICES 401(K) PLAN	
b	Name of plan sponsor	DAKINE SERVICES, INC.	c EIN-PN 81-1390019-001
a	Plan name	DANSCO ENGINEERING LLC 401(K) PLAN	
b	Name of plan sponsor	DANSCO ENGINEERING LLC	c EIN-PN 04-3788074-001
a	Plan name	DATO AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	DATO AUTOMOTIVE GROUP, INC. DBA NOVATO CHEVROLET	c EIN-PN 93-2016697-001
a	Plan name	DAVID CUSTOM ROOFING & PAINTING INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAVIDS CUSTOM ROOFING & PAINTING, INC.	c EIN-PN 99-0314996-001
a	Plan name	DC SHEETMETAL, LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	DC SHEETMETAL, LLC	c EIN-PN 06-1570038-002
a	Plan name	DELAWARE PROFESSIONAL FUNERAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	DELAWARE PROFESSIONAL FUNERAL SERVICES, INC	c EIN-PN 51-0381008-001
a	Plan name	DSLRC ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	DSLRC ENTERPRISES, LLC	c EIN-PN 47-1912232-001
a	Plan name	DUOTECH SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	DUOTECH SERVICES LLC	c EIN-PN 59-2658665-001
a	Plan name	DURAMARK TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	DURAMARK TECHNOLOGIES, INC.	c EIN-PN 26-0529942-001

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 DWELL HOME FURNISHINGS & INTERIOR DESIGN	
b	Name of plan sponsor DWELL HOME FURNISHINGS & INTERIOR DESIGN	c EIN-PN 39-1907603-001
a	Plan name DWIGHT LEWIS STATE FARM INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor DWIGHT LEWIS STATE FARM INSURANCE AGENCY	c EIN-PN 47-2834035-001
a	Plan name EAGLE ELECTRIC SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor EAGLE ELECTRIC SERVICES, LLC	c EIN-PN 06-1537747-001
a	Plan name EAP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELEGANT ALUMINUM PRODUCTS USA LLC	c EIN-PN 46-3034570-001
a	Plan name EAST-WEST TRADING CORP. LTD 401(K) PLAN	
b	Name of plan sponsor EAST-WEST TRADING CORP. LTD	c EIN-PN 32-2741416-001
a	Plan name EASTERN CONNECTOR SPECIALTY CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EASTERN CONNECTOR SPECIALTY CORPORATION	c EIN-PN 06-1384769-001
a	Plan name ECHOMARK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ECHOMARK, INC.	c EIN-PN 88-3138477-001
a	Plan name ECOPOL AMERICA 401(K) PLAN	
b	Name of plan sponsor ECOPOL AMERICA, INC.	c EIN-PN 88-0673772-001
a	Plan name FIS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor FIS GROUP, LLC	c EIN-PN 83-3475402-001
a	Plan name FISH WINDOW CLEANING 401(K) PLAN	
b	Name of plan sponsor INCITE, LLC	c EIN-PN 84-3768617-001
a	Plan name FIVE RIVERS BANK 401(K) PLAN	
b	Name of plan sponsor FIVE RIVERS BANK (IN ORG.) FIVE RIVERS INVESTMENT GROUP LLC	c EIN-PN 87-4571225-001
a	Plan name FIVE STAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FIVE STAR REAL ESTATE & PROPERTY MANAGEMENT, LLC	c EIN-PN 46-3215891-001

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 FLEX TECHNOLOGY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor FLEX TECHNOLOGY GROUP, LLC	c EIN-PN 46-5095252-001
a	Plan name FOUR SEASONS CONSULTING 401(K) PLAN	
b	Name of plan sponsor FOUR SEASONS CONSULTING, INC.	c EIN-PN 20-4370441-001
a	Plan name FRANK J. GRADY, M.D. ASSOC 401(K) PLAN	
b	Name of plan sponsor FRANK J. GRADY M.D. ASSOC	c EIN-PN 74-1779810-001
a	Plan name FUJI ROBOTICS 401(K) PLAN	
b	Name of plan sponsor FUJI YUSOKI KOGYO CO., LTD DBA FUJI ROBOTICS	c EIN-PN 90-0049938-001
a	Plan name IDS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor J&J BEVERAGE, INC. DBA INNOVATIVE DISPENSE SOLUTIONS	c EIN-PN 47-5000446-001
a	Plan name IMPERIUM UTILITY SERVICES 401(K) PLAN	
b	Name of plan sponsor IMPERIUM UTILITY SERVICES, LLC	c EIN-PN 82-3004992-001
a	Plan name IN FOCUS PSYCHIATRY 401K PLAN	
b	Name of plan sponsor IN FOCUS PSYCHIATRY	c EIN-PN 81-2638084-001
a	Plan name INCAB AMERICA, LLC 401(K) PLAN	
b	Name of plan sponsor INCAB AMERICA, LLC	c EIN-PN 82-0671947-001
a	Plan name INDEAVOR CORPORATION 401(K) PLAN	
b	Name of plan sponsor INDEAVOR CORPORATION	c EIN-PN 39-1870041-001
a	Plan name INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INSTRUMEDICAL TECHNOLOGIES, INC.	c EIN-PN 35-1515768-001
a	Plan name INTEGRATED LABORATORY PROVIDERS 401(K) PLAN	
b	Name of plan sponsor INTEGRATED LABORATORY PROVIDERS	c EIN-PN 82-1971376-001
a	Plan name JON CHASE AGENCY 401K PLAN	
b	Name of plan sponsor JON CHASE AGENCY	c EIN-PN 30-0695620-001

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 JOSEPHER & BATTEESE, P.A. 401(K) PLAN	
b	Name of plan sponsor JOSEPHER & BATTEESE, P.A.	c EIN-PN 59-3502197-001
a	Plan name JOURNEYS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JOURNEYS INC.	c EIN-PN 46-3936603-001
a	Plan name KALEIDOSCOPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ORCAS DAYCARE ASSOCIATION	c EIN-PN 91-1510335-001
a	Plan name KBKC DESIGN 401(K) PLAN	
b	Name of plan sponsor KBKC DESIGN	c EIN-PN 99-3478083-001
a	Plan name KDG 401(K) RETIREMENT SAVING PLAN	
b	Name of plan sponsor THE KYLE DAVID GROUP, LLC	c EIN-PN 68-0608571-001
a	Plan name KEKO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEKO, LLC DBA MOSQUITO JOE OF SOUTHERN MD	c EIN-PN 47-4732055-001
a	Plan name KENECT RETIREMENT PLAN	
b	Name of plan sponsor KENECT, LLC	c EIN-PN 82-1997153-777
a	Plan name KEOTA TRANSMISSION & REPAIR LLC 401(K) PLAN	
b	Name of plan sponsor KEOTA TRANSMISSION & REPAIR LLC	c EIN-PN 27-1263484-001
a	Plan name LOUISVILLE MEDICAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor LOUISVILLE MEDICAL GROUP, LLC	c EIN-PN 82-4752011-001
a	Plan name LOUKUS TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor LOUKUS TECHNOLOGIES, INC.	c EIN-PN 82-4773107-001
a	Plan name LP MACHINE, LLC 401(K) PLAN	
b	Name of plan sponsor LP MACHINE, LLC	c EIN-PN 84-5062068-001
a	Plan name LRM CONCRETE & EXCAVATION SERVICES	
b	Name of plan sponsor LRM HOLDINGS, LLC	c EIN-PN 86-1394980-001

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 M AMIN 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor M AMIN & CO.	c EIN-PN 20-4088934-001
a	Plan name MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MARC DUTTON IRRIGATION, INC.	c EIN-PN 38-2152186-001
a	Plan name MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor MARION HILL ASSOCIATES, INC.	c EIN-PN 34-1799727-001
a	Plan name MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor MARION HILL ASSOCIATES, INC.	c EIN-PN 34-1799727-222
a	Plan name OLIVIA INC. 401(K) PLAN	
b	Name of plan sponsor OLIVIA INC.	c EIN-PN 82-1927188-001
a	Plan name OMEGA THERMO PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor OMEGA THERMO PRODUCTS, LLC	c EIN-PN 39-1930105-001
a	Plan name ON POINT INSTALLATIONS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ON POINT INSTALLATIONS, INC.	c EIN-PN 27-1738155-001
a	Plan name ONAL GALLANT & PARTNERS PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ONAL GALLANT & PARTNERS PC	c EIN-PN 82-2968635-001
a	Plan name ORIGIN HEALTH 401(K) PLAN	
b	Name of plan sponsor ORIGIN HEALTH	c EIN-PN 84-3463861-001
a	Plan name OUTSOURCE UTILITY CONTRACTOR CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OUTSOURCE UTILITY CONTRACTOR, LLC	c EIN-PN 01-0963229-001
a	Plan name OVERHEAD DOOR COMPANY OF APPLETON 401(K) PLAN	
b	Name of plan sponsor W&J HOLDINGS, LLC	c EIN-PN 82-3571108-001
a	Plan name P.J. ZUCCARO, D.D.S., P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor P.J. ZUCCARO, D.D.S., P.C.	c EIN-PN 42-1113336-001

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 P3 MARTIAL ARTS 401(K) PLAN	
b	Name of plan sponsor SCOTT BAILEY'S MARTIAL ARTS ACADEMY, INC.	c EIN-PN 47-1694447-001
a	Plan name PACIFIC DRIVE-INS LLC 401(K)	
b	Name of plan sponsor PACIFIC DRIVE-INS LLC	c EIN-PN 46-3867535-001
a	Plan name KMW 401(K) PLAN	
b	Name of plan sponsor KELLER, MELCHIORRE AND WALSH, PLLC	c EIN-PN 83-2864534-001
a	Plan name KNOTTS BUILDERS OF NC 401(K) PLAN	
b	Name of plan sponsor KNOTTS BUILDERS OF NC, INC.	c EIN-PN 82-4670440-001
a	Plan name KNOWLEDGE SAVES LIVES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor KNOWLEDGE SAVES LIVES, INC.	c EIN-PN 27-2230784-001
a	Plan name KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor KREATIONS AUTO BODY	c EIN-PN 26-3285845-001
a	Plan name KUTSCHENREUTER FINANCIAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor KUTSCHENREUTER FINANCIAL SERVICES, INC.	c EIN-PN 26-3935611-001
a	Plan name LA PROVENCE BAKERY 401(K) PLAN	
b	Name of plan sponsor LA PROVENCE BAKERY	c EIN-PN 20-2583441-001
a	Plan name MARLEYS MONSTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARLEYS MONSTERS, LLC	c EIN-PN 47-4495374-001
a	Plan name MASTER PLUMBING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor MASTER PLUMBING SOLUTIONS LLC	c EIN-PN 46-3187028-001
a	Plan name MAUI PARADISE PROPERTIES 401(K) PLAN	
b	Name of plan sponsor MAUI PARADISE PROPERTIES	c EIN-PN 46-0867014-001
a	Plan name MAXTACS, INC 401(K) PLAN	
b	Name of plan sponsor MAXTACS, INC	c EIN-PN 81-3518247-001

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 MAYSE PAINTING & CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor MAYSE PAINTING & CONTRACTING LLC	c EIN-PN 82-3832107-001
a	Plan name PALLADIUM NETWORKS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PALLADIUM NETWORKS, INC.	c EIN-PN 56-2098156-001
a	Plan name PARAGON PERFORMANCE 401K PLAN	
b	Name of plan sponsor PARAGON PERFORMANCE	c EIN-PN 84-5134367-001
a	Plan name PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PARAGON PRINT SYSTEMS, INC.	c EIN-PN 23-2984595-001
a	Plan name PARKS DRILLING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PARKS DRILLING COMPANY	c EIN-PN 31-0796361-001
a	Plan name PARKS JOHNSON AGENCY 401(K) PLAN	
b	Name of plan sponsor PARKS JOHNSON AGENCY	c EIN-PN 85-2713186-001
a	Plan name PASCAL ENGINEERING INC. 401(K) PLAN	
b	Name of plan sponsor PASCAL ENGINEERING INC.	c EIN-PN 51-0374020-001
a	Plan name PATRICK MACDONALD DDS PC 401(K) PLAN	
b	Name of plan sponsor PATRICK MACDONALD DDS PC	c EIN-PN 20-1206683-001
a	Plan name PATZOLDT 401(K) PLAN	
b	Name of plan sponsor TALON SANITATION, LLC	c EIN-PN 82-2238692-001
a	Plan name PAV 401(K)	
b	Name of plan sponsor PERFORMANCE AUDIO VIDEO, INC.	c EIN-PN 43-1988352-001
a	Plan name PCG CAPITAL 401(K) PLAN	
b	Name of plan sponsor PCG CAPITAL	c EIN-PN 38-3885127-001
a	Plan name PCI OF MICHIGAN, INC. 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL CODE INSPECTIONS OF MICHIGAN, INC.	c EIN-PN 38-2832701-001

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	PEDIATRIC ASSOCIATES OF MORRIS 401(K) PLAN	
b	Name of plan sponsor	PEDIATRIC ASSOCIATES OF MORRIS	c EIN-PN 46-2139435-001
a	Plan name	PROFESSIONAL AUTOMOTIVE SERVICE LLC 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL AUTOMOTIVE SERVICE LLC	c EIN-PN 85-3817843-001
a	Plan name	PROGRESS USA, INC. 401(K) PLAN	
b	Name of plan sponsor	PROGRESS USA, INC.	c EIN-PN 01-0682657-001
a	Plan name	PROGRESSIVE AIR SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	PROGRESSIVE AIR SYSTEMS, INC.	c EIN-PN 59-3124591-001
a	Plan name	PROPER HOME, INC. 401(K)	
b	Name of plan sponsor	PROPER HOME, INC.	c EIN-PN 87-1827057-001
a	Plan name	PROTERIS 401(K) PLAN	
b	Name of plan sponsor	PROTERIS COMPLIANCE SOLUTIONS, INC.	c EIN-PN 92-1583768-001
a	Plan name	PROTREE 401(K) PLAN	
b	Name of plan sponsor	HDQ ENTERPRISES, LLC DBA PROFESSIONAL TREE & TURF EQUIPMENT	c EIN-PN 87-4654888-001
a	Plan name	PROVIDENCE PREPARATORY CHARTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor	PROVIDENCE PREPARATORY CHARTER SCHOOL	c EIN-PN 85-2193353-001
a	Plan name	RETIREMENT LIVING MGMT LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	RETIREMENT LIVING MGMT., LLC	c EIN-PN 38-3470221-001
a	Plan name	REVOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	REVOLOGY, INC.	c EIN-PN 87-3441512-001
a	Plan name	RICHWOODS ACADEMY, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	RICHWOODS ACADEMY, LLC	c EIN-PN 84-4059471-001
a	Plan name	RIVAS PERIODONTICS 401(K) PLAN	
b	Name of plan sponsor	RACINE PERIODONTICS AND IMPLANT DENTISTRY LTD DBA RIVAS PERIODONTICS	c EIN-PN 81-3954104-001

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 RIVER MARKET 401(K) PLAN	
b	Name of plan sponsor RIVER MARKET COMMUNITY CO-OP	c EIN-PN 41-1335460-001
a	Plan name RIZZI LAW GROUP RETIREMENT PLAN	
b	Name of plan sponsor RIZZI LAW GROUP, P.A.	c EIN-PN 81-0946166-001
a	Plan name RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor RJ NOLAN & ASSOCIATES, INC.	c EIN-PN 39-1090667-001
a	Plan name ROADMAP RESEARCH GLOBAL 401(K) PLAN	
b	Name of plan sponsor LEXICON AND LINE DBA ROADMAP RESEARCH GLOBAL	c EIN-PN 47-2210159-001
a	Plan name ROBERT L JOHNSTON, INC. 401(K) PLAN	
b	Name of plan sponsor ROBERT L JOHNSTON, INC	c EIN-PN 54-0761430-001
a	Plan name ROBERTS ENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor ROBERTS ENERGY, LLC	c EIN-PN 81-3450263-001
a	Plan name ROBIN CHIANG & COMPANY 401(K) PLAN	
b	Name of plan sponsor ROBIN CHIANG & COMPANY	c EIN-PN 94-3271917-001
a	Plan name ROCK & ROSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCK & ROSE, INC.	c EIN-PN 30-0117391-001
a	Plan name ROCKLIN GAS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ROCKLIN GAS, LLC	c EIN-PN 82-2033920-001
a	Plan name RODELA PRODUCE & FLOWERS, INC. 401(K) PLAN	
b	Name of plan sponsor RODELA PRODUCE & FLOWERS, INC.	c EIN-PN 81-4700937-001
a	Plan name ROELENS VACATIONS 401(K)	
b	Name of plan sponsor GO FLORIDA, INC, DBA ROELENS VACATIONS	c EIN-PN 26-1761622-001
a	Plan name ALABAMA COLON & RECTAL INSTITUTE, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALABAMA COLON & RECTAL INSTITUTE, PC	c EIN-PN 63-0795136-001

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	ALIBI MUSIC, LP 401(K) PLAN	
b	Name of plan sponsor	ALIBI MUSIC, LP	c EIN-PN 27-4860450-001
a	Plan name	ALL STAR PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor	VERL D. WARNIMONT DBA ALL STAR PLUMBING & HEATING	c EIN-PN 34-1972332-001
a	Plan name	ALLEGHANY ASPHALT AND CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	ALLEGHANY ASPHALT AND CONSTRUCTION, INC.	c EIN-PN 54-1723930-001
a	Plan name	ALPHAONE AMBULANCE 401(K) PLAN	
b	Name of plan sponsor	ALPHAONE AMBULANCE MEDICAL SERVICES, INC.	c EIN-PN 27-3266402-001
a	Plan name	TAKIGAWA CORPORATION AMERICAN 401(K) PLAN	
b	Name of plan sponsor	TAKIGAWA CORPORATION AMERICAN	c EIN-PN 82-0819824-001
a	Plan name	TANERA TRANSPORT, LLC 401(K) PLAN	
b	Name of plan sponsor	TANERA TRANSPORT, LLC	c EIN-PN 83-2766372-001
a	Plan name	TARRY MEDICAL PRODUCTS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	TARRY MEDICAL PRODUCTS, INC.	c EIN-PN 06-1683982-001
a	Plan name	TAYLOR GRUBAUGH CHEVROLET LLC 401(K)	
b	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET LLC	c EIN-PN 93-4900507-001
a	Plan name	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC 401(K) PLAN	
b	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC	c EIN-PN 84-3391707-001
a	Plan name	TD SUPPLY SPECIALISTS LLC RETIREMENT PLAN	
b	Name of plan sponsor	TD SUPPLY SPECIALISTS LLC	c EIN-PN 46-0747817-001
a	Plan name	TEAM CONSULTANTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAM CONSULTANTS, INC.	c EIN-PN 75-2860506-001
a	Plan name	TED GROB CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TED GROB CORPORATION	c EIN-PN 39-1027921-001

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	TELEPATHY NETWORKS, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	TELEPATHY NETWORKS LLC	c EIN-PN 27-0056105-001
a	Plan name	THE ALAGIRI IMMIGRATION LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ALAGIRI IMMIGRATION LAW FIRM, INC.	c EIN-PN 47-3003463-001
a	Plan name	AUSTERE 401(K) PLAN	
b	Name of plan sponsor	CARE ADVOCATE INC.	c EIN-PN 36-4567027-001
a	Plan name	AUTO GLASS SPECIALISTS INC. 401(K) PLAN	
b	Name of plan sponsor	AUTO GLASS SPECIALISTS INC.	c EIN-PN 03-0392483-001
a	Plan name	AXIOM INNOVATIONS LLC 401(K) PLAN	
b	Name of plan sponsor	AXIOM INNOVATIONS, LLC	c EIN-PN 82-5288488-001
a	Plan name	B3T 401(K) PLAN	
b	Name of plan sponsor	B3T CONSULTING, LLC	c EIN-PN 83-3470102-001
a	Plan name	BANDYS FIRE DEPARTMENT 401(K) PLAN	
b	Name of plan sponsor	BANDYS CROSSROADS VOLUNTEER FIRE DEPARTMENT, INCORPORATED	c EIN-PN 56-6094194-001
a	Plan name	BARANOF HOLDINGS STORAGE LLC 401(K) PLAN	
b	Name of plan sponsor	BARANOF HOLDINGS STORAGE LLC	c EIN-PN 47-4472605-001
a	Plan name	BARGAIN SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	BARGAIN SERVICES, LLC	c EIN-PN 46-3585182-001
a	Plan name	BAY AREA PROPANE RETIREMENT PLAN	
b	Name of plan sponsor	BAY AREA PROPANE	c EIN-PN 84-3871195-001
a	Plan name	TOP STRATA 401(K) PLAN	
b	Name of plan sponsor	TOP STRATA, LLC	c EIN-PN 82-3660273-001
a	Plan name	TORELCO LLC 401(K) PLAN	
b	Name of plan sponsor	TORELCO LLC	c EIN-PN 88-0965718-001

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	TORQBUDDY, LLC. 401(K) PLAN	
b	Name of plan sponsor	TORQBUDDY LLC	c EIN-PN 37-1620889-001
a	Plan name	TOWN & COUNTRY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TOWN & COUNTRY UNDERGROUND UTILITY CONSTRUCTION, INC.	c EIN-PN 39-1198448-001
a	Plan name	TRADER PHD 401(K)	
b	Name of plan sponsor	TRADER PHD, LLC	c EIN-PN 47-4703769-001
a	Plan name	TRAFFIC SCHOOL (401 K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAFFIC SAFETY CONSULTANTS, INC. DBA COMEDY SCHOOL ONLINE.COM	c EIN-PN 95-3312949-001
a	Plan name	TRANS TEXAS TIRE 401(K) PLAN	
b	Name of plan sponsor	TRANS TEXAS TIRE, LLC	c EIN-PN 46-1688184-001
a	Plan name	TRAVERTINE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAVERTINE, INC.	c EIN-PN 73-1616445-001
a	Plan name	TRAYER SOLUTIONS, LLC 401(K)	
b	Name of plan sponsor	TRAYER SOLUTIONS, LLC	c EIN-PN 46-4500573-001
a	Plan name	TRENCHLESS CONSTRUCTION SERVICES, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	TRENCHLESS CONSTRUCTION SERVICES, L.L.C.	c EIN-PN 91-1981784-001
a	Plan name	TRI CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor	TRI CONSTRUCTION CO., INC.	c EIN-PN 04-2786413-001
a	Plan name	TRIANGLE WELLNESS & RECOVERY PLLC 401(K) PLAN	
b	Name of plan sponsor	TRIANGLE WELLNESS & RECOVERY PLLC	c EIN-PN 83-3003224-001
a	Plan name	TRICERTUS, LLC 401(K) PLAN	
b	Name of plan sponsor	TRICERTUS, LLC	c EIN-PN 82-1328770-001
a	Plan name	CALIFORNIA CARDIOVASCULAR INSTITUTE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALIFORNIA CARDIOVASCULAR INSTITUTE	c EIN-PN 88-4143827-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	CANCER HOPE NETWORK INC. 401(K)
b	Name of plan sponsor	CANCER HOPE NETWORK INC.
c	EIN-PN	22-2647316-001
a	Plan name	CANOPY ROADS ADVISORS RETIREMENT PLAN
b	Name of plan sponsor	CANOPY ROADS ADVISORS, LLC
c	EIN-PN	88-2788599-001
a	Plan name	CAPCO STEEL ERECTION COMPANY 401(K) PLAN
b	Name of plan sponsor	CAPCO STEEL ERECTION COMPANY
c	EIN-PN	27-1100663-001
a	Plan name	CAPE COD OYSTER COMPANY INC. EMPLOYEES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CAPE COD OYSTER COMPANY INC
c	EIN-PN	04-2788929-001
a	Plan name	CAPUTO & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CAPUTO & ASSOCIATES, INC.
c	EIN-PN	30-0135904-001
a	Plan name	CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	CARE ANGEL, INC.
c	EIN-PN	46-5083636-001
a	Plan name	CARNIVAL EMPLOYMENT SERVICES 401(K) P/S PLAN
b	Name of plan sponsor	CARNIVAL EMPLOYMENT SERVICES, LLC
c	EIN-PN	26-4824293-001
a	Plan name	CARROLL DENTAL CLINIC P.L.C. RETIREMENT 401(K) PLAN
b	Name of plan sponsor	CARROLL DENTAL CLINIC P.L.C
c	EIN-PN	20-5699792-001
a	Plan name	WEST WEALTH MANAGEMENT 401(K) PLAN
b	Name of plan sponsor	WEST WEALTH MANAGEMENT INC.
c	EIN-PN	85-2279060-001
a	Plan name	WH 401(K) PLAN
b	Name of plan sponsor	WOODHOUSE CABINETRY LLC
c	EIN-PN	47-2422903-001
a	Plan name	WILL CLARK ELECTRIC 401(K) PLAN
b	Name of plan sponsor	WILL CLARK ELECTRIC INC.
c	EIN-PN	46-0382827-001
a	Plan name	WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WILLIAMS CONCRETE CONTRACTING LLC
c	EIN-PN	26-0888255-001

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 WILLIAMS PRODUCTS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIAMS PRODUCTS, INC.	c EIN-PN 38-2225718-001
a	Plan name WILLOW GRACE VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor WILLOW GRACE VETERINARY HOSPITAL	c EIN-PN 85-0851518-001
a	Plan name DENNY'S BODY SHOP 401(K) PLAN	
b	Name of plan sponsor DENNY'S BODY SHOP	c EIN-PN 82-3818063-001
a	Plan name DENTAL PROFESSIONALS OF FAIR LAWN 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DENTAL PROFESSIONALS OF FAIR LAWN, P.A.	c EIN-PN 22-2028230-001
a	Plan name DEVOL ENGINEERING 401(K) PLAN	
b	Name of plan sponsor DEVOL ENGINEERING, INC.	c EIN-PN 52-7255997-001
a	Plan name DEWITT LUMBER COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SAWDUST LUMBER COMPANY DBA DEWITT LUMBER COMPANY	c EIN-PN 20-8796751-001
a	Plan name DHG 401K PLAN	
b	Name of plan sponsor WINSIGHT INTERNATIONAL SOLUTIONS, INC.	c EIN-PN 46-2045764-001
a	Plan name DIVERSIFIED PATTERN & ENGINEERING CO., INC. RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor DIVERSIFIED PATTERN & ENGINEERING COMPANY, INC.	c EIN-PN 35-1364811-001
a	Plan name DJ'S SPORTS BAR, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DJ'S SPORTS BAR, INC.	c EIN-PN 36-3924989-001
a	Plan name DMT ELECTRIC LLC 401(K) PLAN	
b	Name of plan sponsor DMT ELECTRIC LLC	c EIN-PN 46-0774639-001
a	Plan name DOMESTIC DIESEL AND AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor DOMESTIC DIESEL AND AUTO SERVICE	c EIN-PN 27-4834463-001
a	Plan name DON E.. KELLY CONTRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor DON E. KELLY CONTRACTOR, INC.	c EIN-PN 43-1479564-001

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 DONOVAN HANSEN, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DONOVAN HANSEN, PLLC	c EIN-PN 46-2829443-001
a	Plan name EL MANDADO 401(K) PLAN	
b	Name of plan sponsor EL MANDADO LATIN INTERNATIONAL PRODUCTS, INC.	c EIN-PN 56-2067801-001
a	Plan name ELECTRONIC DESIGN TO MARKET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRONIC DESIGN TO MARKET, INC.	c EIN-PN 34-1752024-001
a	Plan name ELKHART DENTAL AND IMPLANT CENTER 401(K) PLAN	
b	Name of plan sponsor ELKHART DENTAL AND IMPLANT CENTER	c EIN-PN 35-1864354-002
a	Plan name ELMBROOK FAMILY DENTAL PARTNERS, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELMBROOK FAMILY DENTAL PARTNERS, S.C.	c EIN-PN 27-0556470-001
a	Plan name EMERALD PROFESSIONAL STAFFING INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EMERALD PROFESSIONAL STAFFING INC.	c EIN-PN 46-1362080-001
a	Plan name EMPIRE DIVERSIFIED ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor EMPIRE DIVERSIFIED ENERGY, INC.	c EIN-PN 30-0949242-001
a	Plan name EMPLOYEE BENEFIT PLAN OF ARC OF DENVER, INC.	
b	Name of plan sponsor ARC OF DENVER, INC.	c EIN-PN 84-0614525-001
a	Plan name ENVOY LIGHTING 401(K) PLAN	
b	Name of plan sponsor ENVOY LIGHTING, INC.	c EIN-PN 27-4393479-001
a	Plan name GABOR DESIGN BUILD LLC 401(K) PLAN	
b	Name of plan sponsor GABOR DESIGN BUILD LLC	c EIN-PN 20-2803793-001
a	Plan name GARZOR INSURANCE, LLC 401(K) PLAN	
b	Name of plan sponsor GARZOR INSURANCE, LLC	c EIN-PN 26-2951778-001
a	Plan name GATEWAY TO PREVENTION AND RECOVERY, INC. 401(K) PLAN	
b	Name of plan sponsor GATEWAY TO PREVENTION AND RECOVERY, INC.	c EIN-PN 73-1215510-001

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	GAULIN INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	CHRISTOPHER GAULIN DBA GAULIN INSURANCE AGENCY	c EIN-PN 03-7505376-001
a	Plan name	GAZI ATASEVEN 401(K) PLAN	
b	Name of plan sponsor	A TO Z REAL ESTATE TRANSACTION LLC	c EIN-PN 86-1384624-001
a	Plan name	GEARHART FAMILY DENTISTRY, LLC 401(K) PLAN	
b	Name of plan sponsor	GEARHART FAMILY DENTISTRY, LLC	c EIN-PN 83-3379247-001
a	Plan name	GEORGANTAS CLAIMS SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GEORGANTAS CLAIMS SERVICES, INC.	c EIN-PN 27-0726427-222
a	Plan name	GEORGETOWN FAMILY MEDICINE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GEORGETOWN FAMILY MEDICINE	c EIN-PN 51-0402748-001
a	Plan name	GILSTER-MARY LEE CORPORATION EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	GILSTER-MARY LEE	c EIN-PN 37-0951425-002
a	Plan name	GIRLS & BOYS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	c EIN-PN 95-2428410-001
a	Plan name	IRISH INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor	IRISH INSURANCE SERVICES, LLC	c EIN-PN 47-2456942-001
a	Plan name	IRON EAGLE WELDING ACADEMY 401(K) PLAN	
b	Name of plan sponsor	IRON EAGLE WELDING ACADEMY	c EIN-PN 85-1505205-001
a	Plan name	J AND J INDUSTRIAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	J AND J INDUSTRIAL CONTRACTING	c EIN-PN 30-0867952-001
a	Plan name	J FOX AGENCY LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J FOX AGENCY LLC	c EIN-PN 45-3506450-001
a	Plan name	JACKSON TIRE SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACKSON TIRE SERVICE, INC.	c EIN-PN 94-2295698-001

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 JACOBS & WALLACE, PLLC 401(K) PLAN	
b	Name of plan sponsor JACOBS & WALLACE, PLLC	c EIN-PN 82-2495338-001
a	Plan name JACOBY MARKETING 401(K) PLAN	
b	Name of plan sponsor JACOBY MARKETING, INC. DBA JACO SUPERIOR PRODUCTS	c EIN-PN 47-2028024-001
a	Plan name AMERICAN HYDROVAC LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN HYDROVAC LLC	c EIN-PN 32-0657536-001
a	Plan name AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor AMOURGIS & ASSOCIATES, LLC	c EIN-PN 90-0553841-001
a	Plan name ANDREW CAPALDO, DMD, PC 401(K) PLAN	
b	Name of plan sponsor ANDREW CAPALDO, DMD, PC	c EIN-PN 23-2986985-001
a	Plan name ANGIE'S KINDER CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ANGIE'S KINDERCARE	c EIN-PN 90-0726397-001
a	Plan name ANIMAL NUTRITION SYSTEMS 401(K) PLAN	
b	Name of plan sponsor ANIMAL NUTRITION SYSTEMS, LLLP	c EIN-PN 86-0536485-001
a	Plan name ANN SULLIVAN LEWIS 401(K) PLAN	
b	Name of plan sponsor ANN M. SULLIVAN INSURANCE AGENCY, INC.	c EIN-PN 57-1142720-001
a	Plan name APEX DENTAL LABORATORY, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor APEX DENTAL LABORATORY, LLC	c EIN-PN 86-1408956-001
a	Plan name APPLE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor APPLE ELECTRICAL CONTRACTORS, INC.	c EIN-PN 75-2529492-001
a	Plan name BAY VIEW SHADE & BLIND, INC. 401(K) PLAN	
b	Name of plan sponsor BAY VIEW SHADE & BLIND INC.	c EIN-PN 39-1211655-001
a	Plan name BAYSIDE DREDGING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAYSIDE DREDGING LLC	c EIN-PN 88-2719169-001

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	BDG 401(K) PLAN	
b	Name of plan sponsor	BARBARO DENTAL GROUP, LLC	c EIN-PN 38-4060034-001
a	Plan name	BEEP 401(K) PLAN	
b	Name of plan sponsor	BEEP, INC.	c EIN-PN 61-1908700-334
a	Plan name	BELMONT HARDWARE 401(K) PLAN	
b	Name of plan sponsor	COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA	c EIN-PN 94-2724600-001
a	Plan name	BERKELEY HALL CLUB RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BERKELEY HALL CLUB	c EIN-PN 57-1105488-001
a	Plan name	BESPOKE HOMES LLC 401(K) PLAN	
b	Name of plan sponsor	BESPOKE HOMES LLC	c EIN-PN 47-4157488-001
a	Plan name	BICHELMAN BEHAVIORAL SERVICES, PLLC 401(K) PLAN	
b	Name of plan sponsor	BICHELMAN BEHAVIORAL SERVICES, PLLC	c EIN-PN 84-4572656-001
a	Plan name	BIG HORN WIRELINE 401(K) PLAN	
b	Name of plan sponsor	BIG HORN WIRELINE, LLC	c EIN-PN 88-2234263-001
a	Plan name	BLACKSBURG LAW, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLACKSBURG LAW, PC	c EIN-PN 26-4464445-001
a	Plan name	BLUE BLAZER VENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor	BLUE BLAZER VENTURES, INC.	c EIN-PN 85-1002874-001
a	Plan name	CASS CONCRETE 401(K) PLAN	
b	Name of plan sponsor	CASS CONCRETE SERVICES LLC	c EIN-PN 86-3815732-001
a	Plan name	CASSILL MOTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CASSILL MOTORS, INC.	c EIN-PN 42-1375775-001
a	Plan name	CC POOL BUILDERS & SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CC POOL BUILDERS & SERVICE	c EIN-PN 27-4975870-001

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	CCS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	CCS SERVICES, LLC	c EIN-PN 75-3026195-001
a	Plan name	CEDAR VALLEY CHEESE STORE	
b	Name of plan sponsor	CEDAR VALLEY CHEESE STORE	c EIN-PN 20-2863599-001
a	Plan name	CENTS II 401(K) PLAN	
b	Name of plan sponsor	CENTSIBLE HEATING AND AIR CONDITIONING, LLC II	c EIN-PN 47-2003612-001
a	Plan name	DORSETT AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	DORSETT'S AUTO SALES, INC.	c EIN-PN 35-1269099-001
a	Plan name	DOUBLE L REINFORCING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOUBLE L REINFORCING, LLC	c EIN-PN 85-2401857-001
a	Plan name	DR. MICHAEL GUIRGUIS, D.D.S., INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. MICHAEL GUIRGUIS, D.D.S., INC.	c EIN-PN 27-0800677-001
a	Plan name	DREAM MM 401(K) PLAN	
b	Name of plan sponsor	DREAM MANAGEMENT, INC.	c EIN-PN 52-2223274-001
a	Plan name	DRUM CORPS INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	DRUM CORPS INTERNATIONAL, INC.	c EIN-PN 36-2754480-001
a	Plan name	EQUITY INVESTMENT MORTGAGE, LLC 401(K) PLAN	
b	Name of plan sponsor	EQUITY INVESTMENT MORTGAGE, LLC	c EIN-PN 88-1901818-001
a	Plan name	EUTEMIA 401(K) PLAN	
b	Name of plan sponsor	EUTEMIA LLC	c EIN-PN 83-2484744-001
a	Plan name	EVOLUTION DESIGN INC. 401(K) PLAN	
b	Name of plan sponsor	EVOLUTION DESIGN INC.	c EIN-PN 88-4173749-001
a	Plan name	EYNCON 401(K) PLAN	
b	Name of plan sponsor	EYNCON, LLC	c EIN-PN 47-2720798-001

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 EZGO GROUP 401(K) PLAN	
b	Name of plan sponsor EZGO GROUP, INC.	c EIN-PN 36-4850864-001
a	Plan name FAIRFIELD GLADE COMMUNITY CLUB RETIREMENT PLAN	
b	Name of plan sponsor FAIRFIELD GLADE COMMUNITY CLUB	c EIN-PN 71-0425507-001
a	Plan name FAIRWAY ELECTRIC INC. 401(K) PLAN	
b	Name of plan sponsor FAIRWAY ELECTRIC INC.	c EIN-PN 83-0658890-001
a	Plan name GKC 401(K) PLAN	
b	Name of plan sponsor GERDING, KORTE, & CHITWOOD PC	c EIN-PN 43-1260512-001
a	Plan name GL KREINER, INC. 401(K) PLAN	
b	Name of plan sponsor GL KREINER, INC.	c EIN-PN 81-1723713-001
a	Plan name GLENNWOOD CUSTOM BUILDERS 401(K) PLAN	
b	Name of plan sponsor GLENNWOOD CUSTOM BUILDERS, INC	c EIN-PN 20-2045461-001
a	Plan name GLLC 401(K) PLAN	
b	Name of plan sponsor GREEN LIGHT LAWN CARE	c EIN-PN 26-2036398-001
a	Plan name GLOBAL K9 PROTECTION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GLOBAL K9 PROTECTION GROUP LLC	c EIN-PN 82-4550904-001
a	Plan name GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.	c EIN-PN 57-1093357-001
a	Plan name GLOSS IN THE CITY LLC 401(K) PLAN	
b	Name of plan sponsor GLOSS IN THE CITY LLC	c EIN-PN 46-2224761-001
a	Plan name GLPC 401(K) PLAN	
b	Name of plan sponsor GREAT LAKES POTATO CHIP COMPANY, LLC	c EIN-PN 27-1435611-001
a	Plan name GMH CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GMH CONSTRUCTION, INC	c EIN-PN 39-2018140-001

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	GMP GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GMP GROUP, INC.	c EIN-PN 85-2276642-001
a	Plan name	GOLDFISH SWIM SCHOOL, LLC 401(K) PLAN	
b	Name of plan sponsor	KEVANE SWIM SCHOOL, LLC	c EIN-PN 37-1759034-001
a	Plan name	GRAFFEN BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	GRAFFEN BUSINESS SYSTEMS, INC.	c EIN-PN 23-1908016-001
a	Plan name	JE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JE ENGINEERING, INC.	c EIN-PN 20-0849858-001
a	Plan name	JERRY CHIDESTER MD, PLLC 401(K) PLAN	
b	Name of plan sponsor	JERRY CHIDESTER MD, PLLC	c EIN-PN 84-4004479-001
a	Plan name	JET 401(K) PLAN	
b	Name of plan sponsor	JET LLC	c EIN-PN 85-2311811-001
a	Plan name	JET HELSETH MFG, INC. 401(K) PLAN	
b	Name of plan sponsor	JET HELSETH MANUFACTURING, INC.	c EIN-PN 59-3402920-001
a	Plan name	JG3 401(K) PLAN	
b	Name of plan sponsor	JG3 LOGISTICS LLC	c EIN-PN 85-2439489-001
a	Plan name	JIMSTONE 401(K) PLAN	
b	Name of plan sponsor	JIMSTONE, LLC	c EIN-PN 47-2577420-001
a	Plan name	JJW SERVICES 401(K) PLAN	
b	Name of plan sponsor	JJW SERVICES CORPORATION	c EIN-PN 26-2650264-001
a	Plan name	JOBCONNECTION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	JOBCONNECTION SERVICES, INC.	c EIN-PN 23-2913722-001
a	Plan name	JOHNSON IRON INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON IRON, INC.	c 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.)			
a	Plan name	LABRASCA PLASTIC SURGERY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	LABRASCA PLASTIC SURGERY, INC.	c EIN-PN 46-4013077-001
a	Plan name	LADD FAMILY DENTAL 401(K)	
b	Name of plan sponsor	LADD FAMILY DENTAL	c EIN-PN 87-2951230-001
a	Plan name	LAKE MANAGEMENT SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	LAKE MANAGEMENT SERVICES, LP	c EIN-PN 20-5300112-001
a	Plan name	LAKEVIEW PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	LAKEVIEW PHYSICAL THERAPY AND SPINE LLC	c EIN-PN 83-4244452-001
a	Plan name	LANCE PAUL AUTOMOTIVE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LANCE PAUL AUTOMOTIVE LLC	c EIN-PN 27-2029875-001
a	Plan name	LAND LIFE COMPANY USA, PBC RETIREMENT PLAN	
b	Name of plan sponsor	LAND LIFE COMPANY USA, PBC	c EIN-PN 83-1925466-001
a	Plan name	LAUZEN ACCOUNTING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JOSEPH D. LAUZEN, INC. DBA LAUZEN ACCOUNTING	c EIN-PN 26-1157436-001
a	Plan name	MCCOLLOUGH SCHOLTEN 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MCCOLLOUGH SCHOLTEN CONSTRUCTION	c EIN-PN 35-1685271-001
a	Plan name	MCGUFF ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor	MCGUFF ROOFING, INC.	c EIN-PN 35-1693215-001
a	Plan name	MEDIA MATTERS SF LLC 401(K) PLAN	
b	Name of plan sponsor	MEDIA MATTERS SF, LLC DBA ARS X MACHINA	c EIN-PN 72-1607686-001
a	Plan name	MEKRA LANG 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEKRA LANG NORTH AMERICA, LLC	c EIN-PN 58-2442603-001
a	Plan name	MELODY LIVING 401K PLAN	
b	Name of plan sponsor	MELODY LIVING ASSOCIATES- IL, L.L.C	c EIN-PN 84-4995261-001

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	MERIT TITLE, LLC 401(K) PLAN	
b	Name of plan sponsor	MERIT TITLE, LLC	c EIN-PN 20-0467684-001
a	Plan name	METAMARTINI 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METAMARTINI, LLC	c EIN-PN 88-1976026-001
a	Plan name	MICHAEL YARDLEY FARMS 401(K) PLAN	
b	Name of plan sponsor	MICHAEL YARDLEY FARMS, LLC	c EIN-PN 26-1223608-001
a	Plan name	MID-STATE CONTRACTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MID-STATE CONTRACTING, LLC	c EIN-PN 39-1982857-001
a	Plan name	MIKE'S TREE COMPANY LLC RETIREMENT PLAN	
b	Name of plan sponsor	MIKE'S TREE COMPANY LLC	c EIN-PN 20-1018080-001
a	Plan name	PEGASYS TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	PEGASYS TECHNOLOGIES, LLC	c EIN-PN 82-4668955-001
a	Plan name	PENNSYLVANIA MEDICAL TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor	PENNSYLVANIA MEDICAL TRANSPORT, INC.	c EIN-PN 25-1643041-001
a	Plan name	PERMIAN INTERNATIONAL ENERGY SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERMIAN INTERNATIONAL ENERGY SERVICES LLC	c EIN-PN 82-1930351-001
a	Plan name	PETERSEN COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	VALLEY DESIGN & CONSTRUCTION, INC.	c EIN-PN 87-0328548-001
a	Plan name	PETITBON ALARM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	PETITBON ALARM COMPANY, INC.	c EIN-PN 52-1908898-001
a	Plan name	PGS 401(K) PLAN	
b	Name of plan sponsor	PRECISION GLOBAL SYSTEMS, INC.	c EIN-PN 38-2504223-001
a	Plan name	PHOENIX 401K PLAN	
b	Name of plan sponsor	PHOENIX PARAMEDICS SOLUTIONS	c EIN-PN 82-3276454-001

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	PIEPER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PIEPER AND ASSOCIATES, INC.	c EIN-PN 95-3140624-001
a	Plan name	PLANET SMOOTHIE 401(K) PLAN	
b	Name of plan sponsor	MANN'S DIVERSIFIED INDUSTRIES, INC. DBA PLANET SMOOTHIE	c EIN-PN 59-3565308-001
a	Plan name	PROVING GROUNDS COFFEE 401(K) PLAN	
b	Name of plan sponsor	THE PROVING GROUNDS COFFEE & ICE CREAM	c EIN-PN 30-0970793-001
a	Plan name	PROVISTA SOFTWARE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	PROVISTA SOFTWARE CORPORATION	c EIN-PN 38-4102924-001
a	Plan name	PURE ENERGY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PURE ENERGY GROUP, INC.	c EIN-PN 86-2201015-001
a	Plan name	PVA. INC 401(K) PLAN	
b	Name of plan sponsor	PVA INC.	c EIN-PN 35-1313976-001
a	Plan name	QUAL TECH AIR, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	QUAL TECH AIR LLC	c EIN-PN 81-4869829-001
a	Plan name	QUINTESSA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	QUINTESSA	c EIN-PN 27-1561454-002
a	Plan name	ROME ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	ROME ENTERPRISES, INC. D/B/A/ ROME BATH REMODELING	c EIN-PN 23-2651135-001
a	Plan name	ROSE ORTHODONTICS 401(K) PLAN	
b	Name of plan sponsor	ROSE ORTHODONTICS	c EIN-PN 82-2529653-001
a	Plan name	RYAN'S HIGHWAY AUTO PARTS, INC. EMPLOYEE SAVINGS TRUST	
b	Name of plan sponsor	RYAN'S HIGHWAY AUTO PARTS, INC.	c EIN-PN 45-4830452-001
a	Plan name	S.C. SWIDERSKI MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	S.C. SWIDERSKI MANAGEMENT, INC.	c EIN-PN 47-2837847-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.	
b	Name of plan sponsor	THE GUIDANCE CENTER, INC.	c EIN-PN 86-0223720-001
a	Plan name	SAL'S BEVERAGE WORLD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAL'S BEVERAGE WORLD	c EIN-PN 36-3431038-001
a	Plan name	SALT LAKE BREWING CO., LLC 401(K) P/S PLAN	
b	Name of plan sponsor	SALT LAKE BREWING CO., LLC	c EIN-PN 87-0518311-001
a	Plan name	THE CARLIN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	THE CARLIN COLLABORATIVE	c EIN-PN 83-2633004-001
a	Plan name	THE DIGIVAC COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE DIGIVAC COMPANY	c EIN-PN 22-3256851-001
a	Plan name	THE DOVE AGENCY 401(K) PLAN	
b	Name of plan sponsor	THE DOVE AGENCY, LLC	c EIN-PN 82-2809327-001
a	Plan name	THE ELENCO 401(K) PLAN	
b	Name of plan sponsor	ELENCO CARBIDE TOOL CORPORATION	c EIN-PN 39-1125498-001
a	Plan name	THE KITCHEN, INC. 401(K) PLAN	
b	Name of plan sponsor	THE KITCHEN, INC.	c EIN-PN 38-2716204-001
a	Plan name	THE LAW OFFICE OF HEATHER A. LONG, LLC 401(K) PLAN	
b	Name of plan sponsor	THE LAW OFFICE OF HEATHER A. LONG, LLC	c EIN-PN 33-3432013-001
a	Plan name	THE MEDIA LAB 401(K) PLAN	
b	Name of plan sponsor	STORY HORSE INC. DBA THE MEDIA LAB	c EIN-PN 84-3203491-001
a	Plan name	THE OSCHMANN ORGANIZATION, INC. 401(K) PLAN	
b	Name of plan sponsor	THE OSCHMANN ORGANIZATION, INC. DBA AZC DRUG TESTING	c EIN-PN 86-0994137-001
a	Plan name	THE RUCKLE TEAM, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	TMR TEAM, INC.	c EIN-PN 84-4927543-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE SPARROW GROUP 401(K) PLAN	
b	Name of plan sponsor THE SPARROW GROUP, INC.	c EIN-PN 46-5643850-001
a	Plan name TRIFECTA NETWORKS, LLC 401(K) PLAN	
b	Name of plan sponsor TRIFECTA NETWORKS, LLC	c EIN-PN 82-3534139-001
a	Plan name TRINITY CONSTRUCTION GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor TRINITY CONSTRUCTION GROUP, LLC	c EIN-PN 35-2688581-001
a	Plan name TRISON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor TRISON ENTERPRISES INC.	c EIN-PN 91-1177364-001
a	Plan name TUMBL TRAK 401(K) PLAN	
b	Name of plan sponsor V.T.L., INC	c EIN-PN 38-2824518-001
a	Plan name TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO RETIREMENT PLAN	
b	Name of plan sponsor TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO	c EIN-PN 36-4153559-001
a	Plan name TWIN BUILDERS INC 401(K) PLAN	
b	Name of plan sponsor TWIN BUILDERS INC	c EIN-PN 54-2072727-001
a	Plan name TX TEAM REHAB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TX TEAM REHAB, INC.	c EIN-PN 35-1565294-002
a	Plan name TYPECASE MARKETING RESOURCE, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor TYPECASE MARKETING RESOURCE, INC.	c EIN-PN 45-3649609-333
a	Plan name UNDERGRADS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNDERGRADS, LLC	c EIN-PN 82-4510160-001
a	Plan name UNIQUE FABRICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor UNIQUE FABRICATIONS	c EIN-PN 26-1649705-001
a	Plan name UNIVERSAL NORTH INC. - SH 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL NORTH INC.	c EIN-PN 34-1666673-001

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	WORLD TRUCK TOWING AND RECOVERY, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WORLD TRUCK TOWING AND RECOVERY, INC.	c EIN-PN 30-0079946-001
a	Plan name	WUNDER WERKZ 401(K) PLAN	
b	Name of plan sponsor	WUNDER WERKZ LLC	c EIN-PN 45-3024445-001
a	Plan name	Y SADEK DDS INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	Y. SADEK DDS INC	c EIN-PN 86-6729222-001
a	Plan name	YAMATO FAMILY DENTAL 401(K) PLAN	
b	Name of plan sponsor	YAMATO FAMILY DENTAL	c EIN-PN 45-4182596-001
a	Plan name	YANEZ SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor	YANEZ SERVICE COMPANY	c EIN-PN 27-0195199-001
a	Plan name	ZENISCO, INC. 401(K) PLAN	
b	Name of plan sponsor	ZENISCO, INC.	c EIN-PN 47-3232410-001
a	Plan name	BLUE TOP STEERING GEARS, INC. 401K	
b	Name of plan sponsor	BLUE TOP STEERING GEARS, INC.	c EIN-PN 80-0336991-001
a	Plan name	BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHCOAST CYCLES, LLC DBA BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND	c EIN-PN 47-0911536-001
a	Plan name	BODY FOUNTAIN 401(K) PLAN	
b	Name of plan sponsor	BODY FOUNTAIN, LTD.	c EIN-PN 82-1018085-001
a	Plan name	BOIZELLE INSURANCE ASSOC. INC, 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BOIZELLE INSURANCE ASSOC., INC.	c EIN-PN 52-1379532-002
a	Plan name	BRAIN TUNNELGENIX TECHNOLOGIES CORP 401(K) PLAN	
b	Name of plan sponsor	BRAIN TUNNELGENIX TECHNOLOGIES CORP	c EIN-PN 03-0586076-001
a	Plan name	BREAK IT DOWN, LLC 401(K) PLAN	
b	Name of plan sponsor	BREAK IT DOWN, LLC	c EIN-PN 27-1788791-001

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 BRIDGEVIEW 401(K) PLAN	
b	Name of plan sponsor BRIDGEVIEW MULTIFAMILY LLC	c EIN-PN 46-5043301-001
a	Plan name FAMILY CARE HOME HEALTH & HOSPICE LLC 401(K) PLAN	
b	Name of plan sponsor FAMILY CARE HOME HEALTH & HOSPICE LLC	c EIN-PN 81-2802771-001
a	Plan name FAY FAMILY DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FAY FAMILY DENTAL CARE	c EIN-PN 84-3543483-001
a	Plan name FEDERAL STREET STRATEGIES 401(K) PLAN	
b	Name of plan sponsor FEDERAL STREET STRATEGIES, LLC	c EIN-PN 82-1333618-001
a	Plan name FEDVEL CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor FEDVEL CONSTRUCTION, INC.	c EIN-PN 82-2603538-001
a	Plan name FFC CPAS 401(K) PLAN	
b	Name of plan sponsor FFC CPAS, LLC	c EIN-PN 84-2245616-001
a	Plan name FIBERCOATING 401(K) PLAN	
b	Name of plan sponsor EIS FIBERCOATING, INC.	c EIN-PN 90-0986288-001
a	Plan name FIDE 401(K) PLAN	
b	Name of plan sponsor EMINENT CONSULTING, LLC DBA FIDE LLC	c EIN-PN 82-0818461-001
a	Plan name FIORELLA DESIGN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FIORELLA DESIGN, LLC	c EIN-PN 45-4844657-001
a	Plan name LC PROPERTY L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LC PROPERTY L.L.C.	c EIN-PN 80-0635906-001
a	Plan name LEGENDARY HOME SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor LEGENDARY HOME SOLUTIONS LLC	c EIN-PN 83-3696034-001
a	Plan name LEO TECH, LLC RETIREMENT PLAN	
b	Name of plan sponsor LEO TECH, LLC	c EIN-PN 47-4538892-001

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	LIBBOS LAW, P.C. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LIBBOS LAW, P.C.	c EIN-PN 04-3111949-001
a	Plan name	RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	RADD CAPITAL, LLC	c EIN-PN 82-2026337-001
a	Plan name	RADNER DESIGN ASSOCIATES INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RADNER DESIGN ASSOCIATES, INC.	c EIN-PN 45-4513364-001
a	Plan name	RAPIDS WHOLESALE & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	DASCOA, INC. D/B/A RAPIDS WHOLESALE EQUIPMENT CO.	c EIN-PN 42-1378309-001
a	Plan name	RAREMOON CONSULTING 401(K) PLAN	
b	Name of plan sponsor	SR CONSULTING DBA RAREMOON CONSULTING, INC.	c EIN-PN 81-1906652-001
a	Plan name	RCD DEMOLITION 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RCD DEMOLITION	c EIN-PN 46-3209242-001
a	Plan name	REALEFLOW, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	REALEFLOW, LLC	c EIN-PN 20-8679477-001
a	Plan name	RECONSTRUCT, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RECONSTRUCT, LLC	c EIN-PN 47-5497147-001
a	Plan name	RED FERN PET LODGE, LLC 401(K) PLAN	
b	Name of plan sponsor	RED FERN PET LODGE, LLC	c EIN-PN 47-3467265-001
a	Plan name	REDHAWK COILED TUBING, LLC 401(K) PLAN	
b	Name of plan sponsor	REDHAWK COILED TUBING, LLC	c EIN-PN 87-2997823-001
a	Plan name	VALLEY OAKS MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor	VOM-SONANI MANAGEMENT PLLC	c EIN-PN 85-0748921-001
a	Plan name	VALLEY RIDGE DENTAL ARTS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VALLEY RIDGE DENTAL ARTS LLC	c EIN-PN 81-4150951-001

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	VAN-BAR, INCORPORATED PROFIT SHARING & SAVINGS PLAN	
b	Name of plan sponsor	VAN-BAR, INC.	c EIN-PN 35-1522749-001
a	Plan name	VANDALAY 401(K) PLAN	
b	Name of plan sponsor	1126 CENTRAL RESTAURANT, LLC	c EIN-PN 47-2873563-001
a	Plan name	VERIFY INVESTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	VERIFY INVESTOR, INC. A DE INC.	c EIN-PN 46-3398188-001
a	Plan name	VERPLANK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	VERPLANK ELECTRIC INC.	c EIN-PN 75-3028527-001
a	Plan name	VIM AND VIGR 401(K) PLAN	
b	Name of plan sponsor	VIM AND VIGR, LLC	c EIN-PN 46-0596695-001
a	Plan name	VISKOTEERPAK 401(K) PLAN	
b	Name of plan sponsor	VISKOTEERPAK, LLC	c EIN-PN 20-1267287-001
a	Plan name	CHATHAM HABITAT FOR HUMANITY 401(K) PLAN	
b	Name of plan sponsor	CHATHAM HABITAT FOR HUMANITY	c EIN-PN 56-1689599-001
a	Plan name	CHEM TECH SERVICES 401(K) PLAN	
b	Name of plan sponsor	CHEM TECH SERVICES INC	c EIN-PN 75-1724696-001
a	Plan name	CHILTON CONTRACTORS 401(K) PLAN	
b	Name of plan sponsor	PAYTON ADMINISTRATIVE SERVICES, LLC	c EIN-PN 88-2161143-001
a	Plan name	CHRISTENSEN HSU SIPES LLP 401(K) PLAN	
b	Name of plan sponsor	CHRISTENSEN HSU SIPES LLP	c EIN-PN 20-4038082-001
a	Plan name	CI-DELL PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	CI-DELL PLASTICS, INC.	c EIN-PN 39-1556975-001
a	Plan name	CIRCLE COMPUTER RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor	CIRCLE COMPUTER RESOURCES, INC.	c EIN-PN 42-1404024-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GRC DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRC DEVELOPMENT, INC.	c EIN-PN 27-1135741-001
a	Plan name	GREAT OUTDOORS FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	GREAT OUTDOORS FOUNDATION	c EIN-PN 42-1441098-001
a	Plan name	GREENFIELD DYNAMICS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	GREENFIELD DYNAMICS, LLC	c EIN-PN 26-0597299-001
a	Plan name	GREENVANS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREENVANS, LLC	c EIN-PN 26-2343063-001
a	Plan name	GUARDIAN, INC. 401(K) PLAN	
b	Name of plan sponsor	GUARDIAN PROFESSIONAL CONTRACTING SERVICES, INC.	c EIN-PN 45-2501714-001
a	Plan name	GULFSTREAM DEVELOPMENT LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GULFSTREAM DEVELOPMENT LTD	c EIN-PN 27-2563789-001
a	Plan name	MILLER VALVE & CONTROLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MILLER VALVE & CONTROLS, LLC	c EIN-PN 85-4352454-001
a	Plan name	MILLS ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	MILLS VETERINARY SERVICES DBA MILLS ANIMAL HOSPITAL	c EIN-PN 81-1149328-001
a	Plan name	MISSION CITY REBAR, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MISSION CITY REBAR, INC.	c EIN-PN 94-2146294-004
a	Plan name	MITCHELL GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor	MITCHELL GRAPHICS, INC.	c EIN-PN 38-2084428-001
a	Plan name	MMB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MANAGEMENT SERVICES, INC.	c EIN-PN 73-1443852-001
a	Plan name	MOLE STREET 401(K) PLAN	
b	Name of plan sponsor	MOLE STREET PRODUCTIONS, LLC	c EIN-PN 45-2541054-001

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

A Name of plan TRANSAMERICA INTERMEDIATE BOND RET OPT	B Three-digit plan number (PN) ▶ 189
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 82-5217478

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9455017	16139864
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9455017	16139864
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9455017	16139864

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	598441	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-351467	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		246974

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		246974
l Transfers of assets:			
(1) To this plan.....	2l(1)		8319739
(2) From this plan	2l(2)		1881866

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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