

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: MFS MID CAP VALUE RET OPT; 1b Three-digit plan number (PN): 911; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>MFS MID CAP VALUE RET OPT</u>	B Three-digit plan number (PN)	<u>911</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>39-0989781</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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d Entity code

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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 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 ECO LIPS 401(K) PLAN	
b	Name of plan sponsor ECO LIPS	c EIN-PN 54-2113077-001
a	Plan name EDCO DISTRIBUTING, INC. 401(K) PLAN	
b	Name of plan sponsor EDCO DISTRIBUTING, INC.	c EIN-PN 33-0488747-001
a	Plan name PLAION, INC. 401(K) PLAN	
b	Name of plan sponsor PLAION, INC.	c EIN-PN 26-2243948-001
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 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 THE BRITISH EMBASSY 401(K) PLAN	
b	Name of plan sponsor THE BRITISH EMBASSY	c EIN-PN 52-2150359-002
a	Plan name ENVISION FOODS 401(K) PLAN	
b	Name of plan sponsor ENVISION FOODS, LLC	c EIN-PN 20-4278964-001
a	Plan name ENVISION INTERACTIVE GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ENVISION INTERACTIVE GROUP, LLC	c EIN-PN 03-0449364-001
a	Plan name EPPRIGHT HOMES LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor EPPRIGHT HOMES LLC	c EIN-PN 47-2384404-001
a	Plan name EPPY'S DRUG 401(K)	
b	Name of plan sponsor EPPY'S DRUG STORE, INC.	c EIN-PN 55-0607772-001
a	Plan name ESS UNIVERSAL USA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ESS UNIVERSAL USA, LLC	c EIN-PN 47-1521024-001

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 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 PROFESSIONAL RESTORATION 401(K) PLAN	
b	Name of plan sponsor DRS, INC.	c EIN-PN 84-1485846-002
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 BIG HORN WIRELINE 401(K) PLAN	
b	Name of plan sponsor BIG HORN WIRELINE, LLC	c EIN-PN 88-2234263-001
a	Plan name KRASHIDBUILT 401(K) + PROFIT SHARING PLAN	
b	Name of plan sponsor KRASHIDBUILT LLC	c EIN-PN 81-5001167-001
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 KW CORPORATION 401(K) PLAN	
b	Name of plan sponsor KW CORPORATION	c EIN-PN 26-0355410-001
a	Plan name THE VALLEY FERTILIZER CHEMICAL CO, INC. 401K PLAN	
b	Name of plan sponsor THE VALLEY FERTILIZER CHEMICAL CO, INC.	c EIN-PN 54-0415185-002
a	Plan name THERMAL SOLUTIONS RESOURCES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor THERMAL SOLUTIONS RESOURCES, LLC D/B/A TSRGROW	c EIN-PN 26-4611654-001
a	Plan name THIRTEEN TWENTY-TWO ADVISORS 401(K) PLAN	
b	Name of plan sponsor THIRTEEN TWENTY-TWO ADVISORS	c EIN-PN 45-5609488-001
a	Plan name FAIRWAY ELECTRIC INC. 401(K) PLAN	
b	Name of plan sponsor FAIRWAY ELECTRIC INC.	c EIN-PN 83-0658890-001

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	FALLBROOK FAMILY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	FALLBROOK FAMILY HEALTH CENTER, LLC	c EIN-PN 45-2548037-001
a	Plan name	PSF 401(K) PLAN	
b	Name of plan sponsor	PSF ACQUISITION COMPANY LLC	c EIN-PN 45-2976645-001
a	Plan name	BONE-A-PATREAT 401(K) PLAN	
b	Name of plan sponsor	BONE-A-PATREAT	c EIN-PN 20-1319477-001
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	TIMS TRUCK CAPITAL & AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	TIM'S TRUCK CAPITAL & AUTO SALES, INC.	c EIN-PN 02-0468466-001
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	REGENCY ENTERPRISES SERVICES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	REGENCY ENTERPRISES SERVICES, LLC	c EIN-PN 05-0598254-001
a	Plan name	TURBONETICS ENGINEERING & SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TURBONETICS ENGINEERING & SERVICES, INC.	c EIN-PN 74-2999395-001
a	Plan name	BURLEIGH DENTAL, S.C. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	BURLEIGH DENTAL, S.C.	c EIN-PN 39-1170894-001
a	Plan name	BURNS & HASSMAN, LLC 401(K) PLAN	
b	Name of plan sponsor	BURNS & HASSMAN, LLC	c EIN-PN 81-2812239-001
a	Plan name	FRENCH KANDE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRENCH KANDE, LLC	c EIN-PN 27-1802457-001
a	Plan name	FRONTIER MEDICAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	FRONTIER MEDICAL ASSOCIATES	c EIN-PN 45-0558452-001

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	FRY 401(K) PLAN	
b	Name of plan sponsor	FRY ORTHODONTICS, PLLC	c EIN-PN 82-1631981-001
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	FUSION HEALTH 401(K) PLAN	
b	Name of plan sponsor	FUSION HEALTHCARE STAFFING, LLC	c EIN-PN 46-2470418-001
a	Plan name	LUTHERAN SOCIAL SERVICES OF COLORADO 401(K) PLAN	
b	Name of plan sponsor	LUTHERAN SOCIAL SERVICES OF COLORADO DBA LUTHERAN FAMILY SERVICES RO	c EIN-PN 84-0775550-002
a	Plan name	MACADAMIA BEAUTY 401(K) PLAN	
b	Name of plan sponsor	MACADAMIA BEAUTY, LLC	c EIN-PN 46-0560479-001
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	CAPITAL STEEL ERECTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPITAL STEEL ERECTORS, INC.	c EIN-PN 27-1376167-001
a	Plan name	GENERAL MANUFACTURER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NANALU INDUSTRIES, LLC	c EIN-PN 26-4532527-001
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	CHARLES MAUND 401(K) PLAN	
b	Name of plan sponsor	MAUND AUTOMOTIVE GROUP, LP	c EIN-PN 74-2951630-002
a	Plan name	CHEM TECH SERVICES 401(K) PLAN	
b	Name of plan sponsor	CHEM TECH SERVICES INC	c EIN-PN 75-1724696-001

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 CHEMCEL EMPLOYEES FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor CHEMCEL FEDERAL CREDIT UNION	c EIN-PN 74-6047771-001
a	Plan name GORDON AND DESANTIS ORTHODONTICS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor GORDON AND DESANTIS ORTHODONTICS LLC	c EIN-PN 36-4513149-001
a	Plan name GRADIENT CYBER, INC. 401(K) PLAN	
b	Name of plan sponsor GRADIENT CYBER, INC.	c EIN-PN 37-1833819-002
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 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 GUNGOLL, JACKSON, BOX & DEVOLL, P.C. 401(K) PLAN	
b	Name of plan sponsor GUNGOLL, JACKSON, BOX & DEVOLL, P.C.	c EIN-PN 73-1278416-001
a	Plan name GUSTO DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor GUSTO DISTRIBUTING	c EIN-PN 81-0295720-001
a	Plan name H&S FIELD SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor H & S FIELD SERVICES INC.	c EIN-PN 20-3401221-001
a	Plan name MISSOURI JACK LLC & ILLINOIS JACK LLC 401(K) PLAN	
b	Name of plan sponsor MISSOURI JACK, LLC	c EIN-PN 45-2037527-001
a	Plan name SANARA MEDTECH INC. 401(K) PLAN	
b	Name of plan sponsor SANARA MEDTECH INC.	c EIN-PN 59-2219994-001

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 SANCHEZ & AMADOR, LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SANCHEZ & AMADOR, LLP	c EIN-PN 95-4460273-001
a	Plan name SANKEN ELECTRIC 401(K) PLAN	
b	Name of plan sponsor SANKEN ELECTRIC USA INC.	c EIN-PN 86-1259219-001
a	Plan name WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor WESTERN EMULSIONS INC.	c EIN-PN 86-0336082-001
a	Plan name WESTON & AGNESS LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WESTON & AGNESS LLP	c EIN-PN 95-4668187-001
a	Plan name SHADOWOBJECTS LLC 401(K) PLAN	
b	Name of plan sponsor SHADOWOBJECTS LLC	c EIN-PN 27-0137849-001
a	Plan name SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001
a	Plan name SHAWVER WELL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor SHAWVER WELL COMPANY, INC.	c EIN-PN 42-1095739-002
a	Plan name SHEN-PACO INDUSTRIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SHEN-PACO INDUSTRIES, INC.	c EIN-PN 54-0972487-001
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 ACCUTURN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ACCUTURN CORPORATION	c EIN-PN 95-2901000-001
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 CONSTELLATION BEHAVIORAL SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSTELLATIONS BEHAVIORAL SERVICES, LLC	c EIN-PN 27-0895470-001

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	HEC SOFTWARE INC 401(K) PLAN	
b	Name of plan sponsor	HEC SOFTWARE, INC. DBA READING HORIZONS	c EIN-PN 86-0495240-001
a	Plan name	HEIDI'S SWENSENS OF LONG BEACH LLC 401(K) PLAN	
b	Name of plan sponsor	HEIDI'S SWENSENS OF LONG BEACH LLC	c EIN-PN 02-0576575-001
a	Plan name	HERITAGE HILL DENTAL 401(K) PLAN	
b	Name of plan sponsor	HERITAGE HILL DENTAL P.C.	c EIN-PN 45-3849054-001
a	Plan name	XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	XP SERVICES, INC.	c EIN-PN 80-0316734-001
a	Plan name	SILVERDALE PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SILVERDALE PLUMBING & HEATING, INC.	c EIN-PN 91-0970631-001
a	Plan name	SIMMONS & GOTTFRIED, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMMONS & GOTTFRIED, PLLC	c EIN-PN 26-4138362-001
a	Plan name	HIX AIR CONDITIONING SERVICE 401(K) PLAN	
b	Name of plan sponsor	HIX AIR CONDITIONING SERVICE, INC.	c EIN-PN 73-1513785-001
a	Plan name	HOLIDAY POOLS OF WEST FLORIDA 401(K) PLAN	
b	Name of plan sponsor	HOLIDAY POOLS OF WEST FLORIDA, INC.	c EIN-PN 65-0546905-001
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	CORRIDOR MEDIA GROUP 401(K) PLAN	
b	Name of plan sponsor	CORRIDOR MEDIA GROUP	c EIN-PN 76-0758768-001
a	Plan name	NEXT LEVEL DIRECT 401(K) PLAN	
b	Name of plan sponsor	NEXT LEVEL DIRECT, LLC DBA NEXT LEVEL SIGNS	c EIN-PN 86-1034577-001
a	Plan name	ALPHAONE AMBULANCE 401(K) PLAN	
b	Name of plan sponsor	ALPHAONE AMBULANCE MEDICAL SERVICES, INC.	c EIN-PN 27-3266402-001

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	AMBIO INC. 401(K) PLAN	
b	Name of plan sponsor	AMBIO INC.	c EIN-PN 45-5506902-001
a	Plan name	AMBIOPHARM, INC. 401(K) PLAN	
b	Name of plan sponsor	AMBIOPHARM, INC.	c EIN-PN 22-3940281-001
a	Plan name	INNOVA TECHNOLOGIES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INNOVA TECHNOLOGIES INC.	c EIN-PN 56-2323193-001
a	Plan name	INNOVATIVE HARDWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATIVE HARDWARE, INC.	c EIN-PN 31-1328642-001
a	Plan name	INSPIRATION FIELD 401(K) PLAN	
b	Name of plan sponsor	INSPIRATION FIELD	c EIN-PN 84-0570914-001
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	SPIRALCOOL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SPIRALCOOL COMPANY INC.	c EIN-PN 34-1229751-001
a	Plan name	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD	c EIN-PN 02-0574359-001
a	Plan name	SPURSTONE 401(K) PLAN	
b	Name of plan sponsor	SPURSTONE WEALTH MANAGEMENT LLC	c EIN-PN 26-4545691-001
a	Plan name	STEWARDSHIP SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	STEWARDSHIP SOLUTIONS, INC.	c EIN-PN 46-1656504-001
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	OWEN LAW FIRM PLLC 401(K)PLAN	
b	Name of plan sponsor	OWEN LAW FIRM, PLLC	c EIN-PN 46-5354732-001

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	P&S COMPRESSOR & SPRAY EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	P&S COMPRESSOR & SPRAY EQUIPMENT, INC.	c EIN-PN 52-1573686-001
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	ANDERSON AUTO SERVICE 401(K)PLAN	
b	Name of plan sponsor	ANDERSON AUTO SERVICE	c EIN-PN 33-1130970-001
a	Plan name	DES MOINES STEEL COMPANY	
b	Name of plan sponsor	DES MOINES STEEL COMPANY	c EIN-PN 42-1397053-001
a	Plan name	DESERT SHORES PEDIATRICS, P.C. 401(K) PLAN	
b	Name of plan sponsor	DESERT SHORES PEDIATRICS, P.C.	c EIN-PN 20-2851929-002
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
a	Plan name	PDS 401(K) PLAN	
b	Name of plan sponsor	PREFERRED DRILLING SOLUTIONS, INC	c EIN-PN 59-3757298-001
a	Plan name	PEARL HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	PEARL OF ROLLING MEADOWS, LLC	c EIN-PN 83-1666833-001
a	Plan name	PECK FLANNERY GREAM WARREN, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PECK FLANNERY GREAM WARREN, INC.	c EIN-PN 61-0674873-001
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	DR. PAUL FISCHER, PC 401(K) PLAN	
b	Name of plan sponsor	DR. PAUL FISCHER, PC	c EIN-PN 06-1329220-001
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

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 REPI LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REPI, LLC	c EIN-PN 54-2101581-001
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 C.C. BATTERY CO., INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C.C. BATTERY CO., INC.	c EIN-PN 74-1871509-002
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 MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MACROMATIC INDUSTRIAL CONTROLS, INC.	c EIN-PN 20-3910631-001
a	Plan name MAGNETIC TECHNOLOGIES LTD. 401(K) PLAN	
b	Name of plan sponsor MAGNETIC TECHNOLOGIES LTD.	c EIN-PN 04-2836991-005
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 RIMROCK ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIMROCK ENERGY PARTNERS LLC	c EIN-PN 82-3731112-001
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 CARMEN TERREROS, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARMEN TERREROS, M.D., INC.	c EIN-PN 20-1750839-001
a	Plan name MARS GROUP III, INC. 401(K) PLAN	
b	Name of plan sponsor MARS GROUP III, INC.	c EIN-PN 46-2930470-001
a	Plan name MARS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor MARS GROUP, INC.	c EIN-PN 82-3629761-001

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	URTHPACT, LLC 401(K) PLAN	
b	Name of plan sponsor	URTHPACT, LLC	c EIN-PN 04-3339273-001
a	Plan name	USA WATER SKI INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	USA WATER SKI & WAKE SPORTS INC.	c EIN-PN 59-0841458-001
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
a	Plan name	WALLA WALLA OMS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALLA WALLA OMS, LLC	c EIN-PN 45-4061011-001
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	WARSHAUER WOODWARD ATKINS, LLC 401(K) PLAN	
b	Name of plan sponsor	WARSHAUER WOODWARD ATKINS, LLC.	c EIN-PN 88-2972581-001
a	Plan name	CHERRY & WILLIAMS DDS, INC. 401(K) PLAN	
b	Name of plan sponsor	CHERRY & WILLIAMS DDS, INC.	c EIN-PN 34-1319955-001
a	Plan name	CHILDRENS SPECIALIZED ABA 401K PLAN	
b	Name of plan sponsor	BLUE BALLOON LLC	c EIN-PN 85-4302391-001
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	GRANDVILLE DENTAL HEALTH CENTER P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRANDVILLE DENTAL HEALTH CENTER P.C.	c EIN-PN 38-2373825-001
a	Plan name	GRAPHIC WEST PACKAGING MACHINERY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRAPHIC WEST PACKAGING MACHINERY, LLC	c EIN-PN 06-1622227-001
a	Plan name	MENCHIE'S GLOBAL HEADQUARTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MENCHIE'S GLOBAL HEADQUARTERS	c EIN-PN 26-1658984-001

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 SAPHYRE, INC. 401(K) PLAN	
b	Name of plan sponsor SAPHYRE, INC.	c EIN-PN 82-3177747-001
a	Plan name WHITE PROPERTIES OF WINCHESTER, INC 401K PLAN	
b	Name of plan sponsor WHITE PROPERTIES OF WINCHESTER, INC	c EIN-PN 54-1370300-001
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 365 HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor 365 HEALTH SERVICES, LLC	c EIN-PN 47-1842850-001
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
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 MO-TECH CORPORATION 401(K) PLAN	
b	Name of plan sponsor MO-TECH CORPORATION	c EIN-PN 47-0884754-001
a	Plan name MODERNO CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor MODERNO CONSTRUCTION, INC.	c EIN-PN 83-0412313-001
a	Plan name HERZOG ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor HERZOG ROOFING, INC.	c EIN-PN 41-1380767-001
a	Plan name HH VENTURES RETIREMENT PLAN	
b	Name of plan sponsor HH VENTURES, LLC	c EIN-PN 26-1852077-001
a	Plan name HI-VIEW, LLC PREVAILING WAGE PLAN	
b	Name of plan sponsor HI-VIEW, LLC	c EIN-PN 61-1048462-001

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	CONVERSIO HEALTH 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED HEALTH CONCEPTS, INC.	c EIN-PN 77-0572991-001
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	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	SHIKSHAALAY, LLC 401(K) PLAN	
b	Name of plan sponsor	SHIKSHAALAY, LLC	c EIN-PN 47-5156911-001
a	Plan name	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C. 401(K) PLAN	
b	Name of plan sponsor	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C.	c EIN-PN 42-1506318-001
a	Plan name	SHIRLEY'S COOKIE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	SHIRLEY'S COOKIES CO., INC.	c EIN-PN 25-1892923-001
a	Plan name	SHOEMAKER LUMBER CO. 401(K) PLAN	
b	Name of plan sponsor	SHOEMAKER LUMBER CO., INC.	c EIN-PN 22-1756787-001
a	Plan name	ZAGATA 401K PLAN	
b	Name of plan sponsor	ZAGATA ENTERPRISES INC	c EIN-PN 32-0117599-001
a	Plan name	ZELLWOOD STATION RETIREMENT PLAN	
b	Name of plan sponsor	ZELLWOOD STATION CO-OP, INC.	c EIN-PN 59-3194342-001
a	Plan name	ZENITH REHABILITATION 401(K) PLAN	
b	Name of plan sponsor	ZENITH REHABILITATION, LLC	c EIN-PN 82-4302535-001
a	Plan name	NM STAFFING 401(K) PLAN	
b	Name of plan sponsor	NM STAFFING	c EIN-PN 26-4200366-001
a	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001

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	AERO PRECISION 401(K) PLAN	
b	Name of plan sponsor	AERO PRECISION ENGINEERING, INC.	c EIN-PN 95-3922726-001
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	CR SVS US LLC 401(K) PLAN	
b	Name of plan sponsor	CR SVS US LLC	c EIN-PN 45-4051399-001
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	OOMA, INC. 401(K) PLAN	
b	Name of plan sponsor	OOMA, INC.	c EIN-PN 06-1713274-001
a	Plan name	OPM EARNINGS 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	OPM EARNINGS DBA LIMESTONE WEALTH ADVISORS	c EIN-PN 61-1374312-001
a	Plan name	ORIGIN HEALTH 401(K) PLAN	
b	Name of plan sponsor	ORIGIN HEALTH	c EIN-PN 84-3463861-001
a	Plan name	AMERICAN ACE SUPPLY ANAHEIM, INC. 401K PLAN	
b	Name of plan sponsor	AMERICAN ACE SUPPLY ANAHEIM INC	c EIN-PN 26-0250304-001
a	Plan name	AMERICAN BIOTECH LABS LLC 401(K) PLAN	
b	Name of plan sponsor	AMERICAN BIOTECH LABS LLC	c EIN-PN 20-3029677-001
a	Plan name	DECARLO CORPORATION 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	DECARLO CORPORATION DBA DECARLO DEMOLITION COMPANY	c EIN-PN 42-1511387-001
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	DELAWARE VALLEY ANESTHESIA ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	DELAWARE VALLEY ANESTHESIA ASSOCIATES LLC	c EIN-PN 22-3501151-001

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 INTEGRATED LABORATORY PROVIDERS 401(K) PLAN	
b	Name of plan sponsor INTEGRATED LABORATORY PROVIDERS	c EIN-PN 82-1971376-001
a	Plan name INTEGRITY CONSTRUCTION & DEVELOPMENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor INTEGRITY CONSTRUCTION & DEVELOPMENT SERVICES, INC.	c EIN-PN 33-1168311-001
a	Plan name STALWART AIR CONDITIONING & HEATING SERVICES 401(K) PLAN	
b	Name of plan sponsor STALWART AIR CONDITIONING & HEATING SERVICES, LLC	c EIN-PN 88-2865461-001
a	Plan name PACIFIC CONCEPTS GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC CONCEPTS GROUP, INC.	c EIN-PN 33-0796996-001
a	Plan name PAIT GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor PAIT GROUP, LLC	c EIN-PN 46-2599194-001
a	Plan name ANYWEATHER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GRIFFIN HOLDINGS	c EIN-PN 47-2588912-001
a	Plan name AOC LOGISTICS 401(K) SAVINGS PLAN	
b	Name of plan sponsor AOC LOGISTICS, LLC	c EIN-PN 27-5136168-001
a	Plan name DESIMONE LOGISTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DESIMONE LOGISTICS, LLC	c EIN-PN 84-3096586-001
a	Plan name DESTINY HOSPICE CARE, INC. 401(K) PLAN	
b	Name of plan sponsor DESTINY HOSPICE CARE, INC.	c EIN-PN 27-3919723-001
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 STORIED DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor STORIED DEVELOPMENT, LLC	c EIN-PN 82-2999814-001

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	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	STUART EYE INSTITUTE, PA 401(K) PLAN	
b	Name of plan sponsor	STUART EYE INSTITUTE, P.A.	c EIN-PN 59-1980090-001
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	ATKINSON 401(K) PLAN	
b	Name of plan sponsor	ATKINSON LAW P.A.	c EIN-PN 27-0879090-001
a	Plan name	ATLANTIC GOLF AND TURF 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC GOLF AND TURF LLC	c EIN-PN 27-1400038-001
a	Plan name	DSI RETIREMENT PLAN	
b	Name of plan sponsor	DESIGN & SOFTWARE INTERNATIONAL, INC.	c EIN-PN 31-1435015-001
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	DUNCAN MACHINERY MOVERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN INDUSTRIAL CONTRACTORS LLC	c EIN-PN 20-0042037-001
a	Plan name	DUNN VINEYARDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DUNN VINEYARDS	c EIN-PN 68-0409217-001
a	Plan name	JIMSTONE 401(K) PLAN	
b	Name of plan sponsor	JIMSTONE, LLC	c EIN-PN 47-2577420-001
a	Plan name	JKA WELL DRILLING 401(K) PLAN	
b	Name of plan sponsor	JKA ENTERPRISES, INC. DBA JKA WELL DRILLING & PUMP	c EIN-PN 91-1893642-001
a	Plan name	TAYLOR HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	TAYLOR HOLDINGS, INC.	c EIN-PN 61-0680425-001

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 POPE DISTRIBUTING CO., INC. 401(K) PLAN	
b	Name of plan sponsor POPE DISTRIBUTING CO., INC.	c EIN-PN 73-0672369-001
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 BASCOM PHARMACY LLC RETIREMENT PLAN	
b	Name of plan sponsor BASCOM PHARMACY LLC	c EIN-PN 57-1220246-001
a	Plan name BASSETT MIRROR COMPANY, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor BASSETT MIRROR COMPANY, INC.	c EIN-PN 54-0478011-002
a	Plan name EICHELBERGER FARMS, INC. 401(K) PLAN	
b	Name of plan sponsor EICHELBERGER FARMS, INC.	c EIN-PN 39-1870144-001
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 KEITH'S APPLIANCES 401(K) PLAN	
b	Name of plan sponsor KEITH'S APPLIANCES	c EIN-PN 06-0973305-001
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 COLIBRI COLLECTIVE, LLC. 401(K) PLAN	
b	Name of plan sponsor THE COLIBRI COLLECTIVE, LLC	c EIN-PN 82-1629463-001
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 PROPERTIES TITLE, LLC 401K PLAN	
b	Name of plan sponsor PROPERTIES TITLE, LLC	c EIN-PN 82-2623090-001

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	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	THOMAS A. STICKNEY 401(K) PLAN	
b	Name of plan sponsor	THOMAS A. STICKNEY	c EIN-PN 26-1387310-001
a	Plan name	THOMPSON SANITATION INC 401(K) PLAN	
b	Name of plan sponsor	THOMPSON SANITATION INC	c EIN-PN 20-5580339-001
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	BOOT RANCH 401(K) PLAN	
b	Name of plan sponsor	BOOT RANCH HR, LLC	c EIN-PN 47-4784683-001
a	Plan name	BOSTON PHARMACEUTICALS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BOSTON PHARMACEUTICALS INC.	c EIN-PN 81-0837665-001
a	Plan name	LAWSON HUCK GONZALEZ, PLLC 401(K) PLAN	
b	Name of plan sponsor	LAWSON HUCK GONZALEZ, PLLC	c EIN-PN 92-1760240-001
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	LD PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	LD PLASTICS, INC.	c EIN-PN 04-2702532-001
a	Plan name	LEAN TECHNIQUES, INC. 401(K) PLAN	
b	Name of plan sponsor	LEAN TECHNIQUES, INC.	c EIN-PN 38-3836804-001

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 TOM CALVIN INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor TOM CALVIN INSURANCE AGENCY, INC.	c EIN-PN 20-3249017-001
a	Plan name TOP OF TEXAS 401(K) PLAN	
b	Name of plan sponsor TOP OF TEXAS, INC.	c EIN-PN 75-2646871-001
a	Plan name LEEWARD FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor LEEWARD FINANCIAL GROUP	c EIN-PN 92-3762975-001
a	Plan name MANHATTAN MECHANICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor MANHATTAN MECHANICAL SERVICES, INC.	c EIN-PN 27-3969132-001
a	Plan name MASOULEH CORP. 401(K) PLAN	
b	Name of plan sponsor MASOULEH CORP.	c EIN-PN 22-3193497-001
a	Plan name MASTECH CONSTRUCTION & INTERIORS, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MASTECH CONSTRUCTION & INTERIORS, INC	c EIN-PN 25-1712505-001
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 MOLE STREET 401(K) PLAN	
b	Name of plan sponsor MOLE STREET PRODUCTIONS, LLC	c EIN-PN 45-2541054-001
a	Plan name MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE 401(K) PLAN	
b	Name of plan sponsor MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE	c EIN-PN 38-2536891-001
a	Plan name NORTH JACKSON PRIMARY CARE, LLC 401(K) PLAN	
b	Name of plan sponsor NORTH JACKSON PRIMARY CARE, LLC	c EIN-PN 20-5560539-001
a	Plan name PALADIN LAW GROUP LLP 401(K) PLAN & TRUST	
b	Name of plan sponsor PALADIN LAW GROUP LLP	c EIN-PN 20-0689676-001
a	Plan name PALLADIUM NETWORKS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PALLADIUM NETWORKS, INC.	c EIN-PN 56-2098156-001

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	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	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	PETOSKEY DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	PETOSKEY DENTAL ASSOCIATES	c EIN-PN 83-1942627-001
a	Plan name	PETOSKEY SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PETOSKEY SURGEONS, P.C.	c EIN-PN 38-3448511-001
a	Plan name	POWELL CONSTRUCTORS 401(K) PLAN & TRUST	
b	Name of plan sponsor	POWELL CONSTRUCTORS	c EIN-PN 03-0549543-001
a	Plan name	POWER HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	POWER HOLDINGS LLC	c EIN-PN 20-0711558-001
a	Plan name	PRACTICE ALTERNATIVES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PRACTICE ALTERNATIVES, INC.	c EIN-PN 22-3575004-001
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	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	QRM 401(K) PLAN	
b	Name of plan sponsor	QUALITY REHAB MANAGEMENT, LLC DBA QRM	c EIN-PN 83-1973171-001
a	Plan name	QUALITY ENVIRONMENTAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	QUALITY ENVIRONMENTAL SERVICES	c EIN-PN 31-1372155-001

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	RESTLESS SOFTWARE 401(K) PLAN	
b	Name of plan sponsor	RESTLESS SOFTWARE LLC	c EIN-PN 83-2568090-001
a	Plan name	RETINA CENTER OF TEXAS, LLC 401(K) PLAN	
b	Name of plan sponsor	RETINA CENTER OF TEXAS, LLC	c EIN-PN 84-4798276-001
a	Plan name	RISING SUN DEVELOPING COMPANY 401(K) PLAN	
b	Name of plan sponsor	RISING SUN DEVELOPING COMPANY	c EIN-PN 31-1557343-001
a	Plan name	RYLIND CONSTRUCTION COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RYLIND CONSTRUCTION COMPANY, INC.	c EIN-PN 46-3278537-001
a	Plan name	SCOBELL COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SCOBELL COMPANY INC	c EIN-PN 25-0929359-001
a	Plan name	STATE-OF-THE-ART PHYSICAL THERAPY, INC. 401(K) PLAN	
b	Name of plan sponsor	STATE-OF-THE-ART PHYSICAL THERAPY, INC.	c EIN-PN 33-0542970-001
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 POINT 401(K) PLAN	
b	Name of plan sponsor	SUMMIT POINT ROOFING, LLC	c EIN-PN 47-3363896-001
a	Plan name	SUMMIT SITEWORKS LLC, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUMMIT SITEWORKS LLC	c EIN-PN 47-0967899-001
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	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	THREE RIVERS DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THREE RIVERS DERMATOLOGY LLC	c EIN-PN 47-3393828-001

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 TIGER SANITATION, LLC 401(K) PLAN	
b	Name of plan sponsor TIGER SANITATION, LLC	c EIN-PN 71-0885851-001
a	Plan name UNI-GRIP, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor UNI-GRIP, INC.	c EIN-PN 34-1108705-001
a	Plan name UNIQUE LAWN, INC. 401(K) PLAN	
b	Name of plan sponsor UNIQUE LAWN, INC. DBA TRUGREEN	c EIN-PN 41-1346668-001
a	Plan name WASATCH DISTRIBUTING COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor WASATCH DISTRIBUTING COMPANY, INC.	c EIN-PN 87-0206345-001
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 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 ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name ADDRESS HEALTHCARE ADMINISTRATION, LLC	
b	Name of plan sponsor ADDRESS HEALTHCARE ADMINISTRATION, LLC	c EIN-PN 99-1289536-001
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
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 AMERICAN COATINGS CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN COATINGS CORP.	c EIN-PN 31-1581806-001
a	Plan name AMERICAN HYDROVAC LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN HYDROVAC LLC	c EIN-PN 32-0657536-001

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	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	API RETIREMENT PLAN	
b	Name of plan sponsor	ARCHITECTURAL PRECAST INNOVATIONS, INC.	c EIN-PN 47-3898467-001
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	AUSTERE 401(K) PLAN	
b	Name of plan sponsor	CARE ADVOCATE INC.	c EIN-PN 36-4567027-001
a	Plan name	AUTOELECTRIC OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	AUTOELECTRIC OF AMERICA, INC.	c EIN-PN 74-2964877-001
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	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	BLUE CLOUD SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUE CLOUD SOLUTIONS, INC.	c EIN-PN 85-3966443-001
a	Plan name	BLUE EARTH DRUG 401(K) PLAN	
b	Name of plan sponsor	B.E. DRUG, INC. DBA BLUE EARTH DRUG	c EIN-PN 41-1968188-001
a	Plan name	BOYS & GIRLS CLUB OF HAWTHORNE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF HAWTHORNE	c EIN-PN 23-7112349-001
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

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 BRANDPOINT SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RHOMBUS SERVICES, LLC DBA BRANDPOINT SERVICES	c EIN-PN 27-3635342-001
a	Plan name CADILLAC COFFEE COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor CADILLAC COFFEE COMPANY	c EIN-PN 38-0570380-001
a	Plan name CARPE DIEM RECON RETIREMENT PLAN	
b	Name of plan sponsor CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC	c EIN-PN 81-4451244-001
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 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 CHUZE FITNESS 401(K) PLAN	
b	Name of plan sponsor RACHAS, INC. DBA CHUZE FITNESS	c EIN-PN 26-2396678-001
a	Plan name COOLEY MARINE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor COOLEY MARINE MANAGEMENT	c EIN-PN 30-0701302-001
a	Plan name DELTA PEANUT, LLC 401(K) PLAN	
b	Name of plan sponsor DELTA PEANUT, LLC	c EIN-PN 83-2811029-001
a	Plan name DEMAJE HOLDINGS, LLC 401K PLAN	
b	Name of plan sponsor DEMAJE HOLDINGS, LLC	c EIN-PN 26-2330844-001
a	Plan name DEMOSS ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor DEMOSS ELECTRIC, INC.	c EIN-PN 02-0677709-001
a	Plan name DURA PEOPLE 401(K) PLAN	
b	Name of plan sponsor DURA SOFTWARE, INC.	c EIN-PN 83-3229458-777
a	Plan name DWC 401(K) PLAN	
b	Name of plan sponsor CONSUMER CRUSADERS DBA DISTRIBUTOR WIRE & CABLE	c EIN-PN 01-0692123-001

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 EL PRADO STONE LP 401(K) PLAN	
b	Name of plan sponsor EL PRADO STONE LP	c EIN-PN 47-2747432-001
a	Plan name FIDDLEHEAD BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor FIDDLEHEAD BREWERY	c EIN-PN 27-3621652-001
a	Plan name FIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor AGRONOMIC FIELD SERVICES, LLC DBA FIELD SERVICES LLC	c EIN-PN 68-0625733-001
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
a	Plan name GAVRILOV LAW CORPORATION 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor GAVRILOV LAW CORPORATION	c EIN-PN 27-0151979-001
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 GKBK 401(K) PLAN	
b	Name of plan sponsor GAUNTT KOEN BINNEY & KIDD, LLP	c EIN-PN 76-0574603-001
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 HANOVER PATHOLOGY ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HANOVER PATHOLOGY ASSOCIATES, P.C.	c EIN-PN 25-1678024-001
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 HARBOR AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor HARBOR AGENCY, INC.	c EIN-PN 38-2153954-001
a	Plan name HICKS DAVIS WYNN RETIREMENT PLAN	
b	Name of plan sponsor HICKS DAVIS WYNN, P.C.	c EIN-PN 81-2528118-001

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	HIGHLAND COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	HIGHLAND COUNTRY CLUB	c EIN-PN 61-0225185-001
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	HIGHWAY INN, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HIGHWAY INN, INC.	c EIN-PN 99-0249967-222
a	Plan name	HONOR CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor	HONOR CONTRACTING LLC	c EIN-PN 81-4244688-001
a	Plan name	INTERMODAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERMODAL SERVICES, INC.	c EIN-PN 82-2126201-001
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	JMAC DISTRIBUTION, LLC 401(K) PLAN	
b	Name of plan sponsor	JMAC DISTRIBUTION, LLC	c EIN-PN 20-4317474-001
a	Plan name	KENNIE'S MARKETS, INC. 401(K) PLAN	
b	Name of plan sponsor	KENNIE'S MARKETS, INC.	c EIN-PN 23-1579478-001
a	Plan name	KENOSHA ACHIEVEMENT CENTER, INC. EMPLOYEES' PROFIT SHARING TRUST	
b	Name of plan sponsor	KENOSHA ACHIEVEMENT CENTER, INC.	c EIN-PN 39-1399101-001
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	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	LANEY LA, INC. 401(K) PLAN	
b	Name of plan sponsor	LANEY LA, INC.	c EIN-PN 46-5334241-001

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	LATITUDE 41 LAWN & LANDSCAPE 401(K) PLAN	
b	Name of plan sponsor	LATITUDE 41 LAWN & LANDSCAPE SERVICES OF IOWA LLC	c EIN-PN 47-3115754-001
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-1 SECURITY BARS, INC. 401(K) PLAN	
b	Name of plan sponsor	A-1 SECURITY BARS, INC.	c EIN-PN 52-2284626-001
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	AIR COMPRESSOR SOLUTIONS, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	AIR COMPRESSOR SOLUTIONS, INC.	c EIN-PN 27-0017675-001
a	Plan name	AISTHETIKOS, INC. 401(K) PLAN	
b	Name of plan sponsor	AISTHETIKOS, INC.	c EIN-PN 26-4099842-001
a	Plan name	AQUA POWER, INC. 401(K) PLAN	
b	Name of plan sponsor	AQUA POWER	c EIN-PN 61-1592855-001
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	BEACON HILL AT EASTGATE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BEACON HILL AT EASTGATE	c EIN-PN 38-1586704-002
a	Plan name	BEAR RIVER ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEAR RIVER ELECTRIC COMPANY	c EIN-PN 38-3264163-001
a	Plan name	CATALYST TECHNOLOGY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	CATALYST TECHNOLOGY GROUP, LLC	c EIN-PN 47-0977970-001

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 CBG SURVEYING TEXAS 401(K) PLAN	
b	Name of plan sponsor CBG SURVEYING TEXAS, LLC	c EIN-PN 30-0991600-001
a	Plan name COMMERCIAL DOOR AND HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor COMMERCIAL DOOR AND HARDWARE, INC.	c EIN-PN 61-1169293-001
a	Plan name CSAVC, P.C. DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CARLISLE SMALL ANIMAL VETERINARY CLINIC, P.C.	c EIN-PN 23-2339055-001
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 DIVISION 7, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIVISION 7, INC.	c EIN-PN 84-1573704-001
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 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 FIFTH WHEEL FREIGHT 401(K) PLAN	
b	Name of plan sponsor B&L SYSTEMS LLC DBA FIFTH WHEEL FREIGHT	c EIN-PN 46-1122501-001
a	Plan name FINK & FINK, PLLC 401(K) PLAN	
b	Name of plan sponsor FINK & FINK, PLLC	c EIN-PN 26-1687698-001
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 GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN	
b	Name of plan sponsor GLOBAL RESOURCE ENGINEERING, LTD.	c EIN-PN 61-1843495-001
a	Plan name HARKER HEATING & COOLING, INC. 401(K) PLAN	
b	Name of plan sponsor HARKER HEATING & COOLING, INC.	c EIN-PN 39-1634801-001

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	HARMSEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARMSEN CONSTRUCTION, INC.	c EIN-PN 38-2720081-001
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	HUNTINGTON SURF & SPORT 401(K) PLAN	
b	Name of plan sponsor	HUNTINGTON SURF & SPORT, INC.	c EIN-PN 33-0342360-001
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	HUTKER ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor	HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001
a	Plan name	JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK MILLIKIN INC.	c EIN-PN 38-1852235-002
a	Plan name	JACKSON'S SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	JACKSON'S BISTRO AND BAR, LC	c EIN-PN 65-0701546-001
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	KINETIC DESIGN, INC. 401(K) PLAN	
b	Name of plan sponsor	KINETIC DESIGN, INC.	c EIN-PN 82-2375904-001
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 LG AUDIOLOGICAL ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor LG AUDIOLOGICAL ENTERPRISES LLC	c EIN-PN 26-3982693-001
a	Plan name MAYBAR MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor MAYBAR MANUFACTURING CO., INC.	c EIN-PN 39-0842841-001
a	Plan name MAYOR'S YOUTH EMPOWERMENT PROGRAM 401(K) PLAN	
b	Name of plan sponsor MAYOR'S YOUTH EMPOWERMENT PROGRAM	c EIN-PN 42-1444335-001
a	Plan name MBC 401(K) PLAN	
b	Name of plan sponsor MBC & ASSOCIATES, LLC	c EIN-PN 83-2391851-001
a	Plan name MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor MOOSE INTERNATIONAL, INC.	c EIN-PN 36-1408120-005
a	Plan name MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MORELAND PLAZA PHARMACY, INC.	c EIN-PN 39-0968183-001
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 NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
b	Name of plan sponsor NORTHWEST CHRISTIAN SCHOOL	c EIN-PN 86-0445016-001
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 PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor PARK SIDE FINANCIAL CREDIT UNION	c EIN-PN 23-7155544-001
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 ROBERT A. VIGNERI, MD, PC 401(K) PLAN	
b	Name of plan sponsor ROBERT A. VIGNERI, MD, PC	c EIN-PN 83-0337204-001

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 SMDA 401K PLAN	
b	Name of plan sponsor SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	c EIN-PN 20-4874959-001
a	Plan name SUPERIOR CONTRACTING SERVICES 401(K) PLAN	
b	Name of plan sponsor SUPERIOR CONTRACTING SERVICES, LLC	c EIN-PN 47-3165305-001
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 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 TQM NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor TQM NORTH AMERICA, INC.	c EIN-PN 35-2615062-001
a	Plan name TRADER PHD 401(K)	
b	Name of plan sponsor TRADER PHD, LLC	c EIN-PN 47-4703769-001
a	Plan name TRADITION GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor TRADITION GOLF CLUB	c EIN-PN 26-1808354-001
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 VAUGHAN & ASSOCIATES LAW OFFICE, APC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VAUGHAN & ASSOCIATES LAW OFFICE, APC	c EIN-PN 86-1656482-001
a	Plan name WINDOW TO RECOVERY 401(K) PLAN	
b	Name of plan sponsor WINDOW TO RECOVERY	c EIN-PN 82-3124954-001

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 HAYDON HOLDINGS, LLC AND SUBSIDIARIES PROFIT SHARING PLAN	
b	Name of plan sponsor HAYDON HOLDINGS, LLC	c EIN-PN 06-1662614-001
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 IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor IDAHO ASPHALT SUPPLY, INC.	c EIN-PN 82-0325664-001
a	Plan name KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a	Plan name KINGS SALES GROUP 401(K)	
b	Name of plan sponsor KINGS SALES GROUP, LLC	c EIN-PN 82-3721984-001
a	Plan name KLAR, IZSAK, & STENGER LLC 401(K) PLAN	
b	Name of plan sponsor KLAR, IZSAK, & STENGER LLC	c EIN-PN 43-1844222-001
a	Plan name KLJ-FB 401(K) PLAN	
b	Name of plan sponsor FOUR BOARD WOODWORKS LLC	c EIN-PN 81-2214411-001
a	Plan name LIFELINK MEDICAL GROUP, PLLC 401(K) PLAN	
b	Name of plan sponsor LIFELINK MEDICAL GROUP, PLLC	c EIN-PN 47-2362864-001
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 MOUNTZ, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MOUNTZ, INC.	c EIN-PN 94-2625117-001
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 NOTTINGHAM RETIREMENT PLAN	
b	Name of plan sponsor NOTTINGHAM STUDIOS	c EIN-PN 47-4225120-001

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 PASCAL ENGINEERING INC. 401(K) PLAN	
b	Name of plan sponsor PASCAL ENGINEERING INC.	c EIN-PN 51-0374020-001
a	Plan name PRETTY PICKY PROPERTIES INC. 401(K) PLAN	
b	Name of plan sponsor PRETTY PICKY PROPERTIES INC	c EIN-PN 47-2657890-001
a	Plan name R.L. BODEKER & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor R.L. BODEKER & SONS, INC.	c EIN-PN 41-1379442-001
a	Plan name RABB WATER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor RABB WATER SYSTEMS, INC.	c EIN-PN 35-1750694-001
a	Plan name RABENI DENTAL 401(K) PLAN	
b	Name of plan sponsor MELANIE M. RABENI, DDS PC	c EIN-PN 27-0679041-001
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 ROBERTS ENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor ROBERTS ENERGY, LLC	c EIN-PN 81-3450263-001
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 SERCOM 401(K) PLAN	
b	Name of plan sponsor SCIENTIFIC EQUIPMENT REPAIR COMPANY	c EIN-PN 84-1469712-001
a	Plan name SERDA'S PLUMBING, INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SERDA'S PLUMBING, INC.	c EIN-PN 46-4386851-001
a	Plan name SERENITY CARE RESOURCES LLC 401(K) PLAN	
b	Name of plan sponsor SERENITY CARE RESOURCES, LLC	c EIN-PN 81-1594721-001
a	Plan name SOMERVILLE COMMUNITY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOMERVILLE COMMUNITY CORPORATION	c EIN-PN 23-7293380-001

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	SOMEWHERE OVER THE SPECTRUM 401(K) PLAN	
b	Name of plan sponsor	SOMEWHERE OVER THE SPECTRUM LLC	c EIN-PN 86-2547628-001
a	Plan name	SONNEN, INC. 401(K) PLAN	
b	Name of plan sponsor	SONNEN, INC.	c EIN-PN 47-3043045-001
a	Plan name	SYDAPTIC, INC. 401(K) PLAN	
b	Name of plan sponsor	SYDAPTIC, INC.	c EIN-PN 74-2898394-001
a	Plan name	SYMETRICA 401(K) PLAN	
b	Name of plan sponsor	SYMETRICA, INC.	c EIN-PN 20-4144926-001
a	Plan name	SYMONS ADVANCED VALUED EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	SYMONS FIRE PROTECTION, INC.	c EIN-PN 03-0378557-001
a	Plan name	SYNERGY AG 401(K) PLAN	
b	Name of plan sponsor	SYNERGY AG	c EIN-PN 83-2057742-001
a	Plan name	TRANSPORT SOLUTIONS OF AMERICA 401(K) PLAN	
b	Name of plan sponsor	TRANSPORT SOLUTIONS OF AMERICA, LLC	c EIN-PN 20-4539184-001
a	Plan name	TRANSWORLD MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	CHUZ-U CONSTRUCTION INC. DBA TRANSWORLD MANAGEMENT	c EIN-PN 82-0672287-001
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	VERADYNE ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	VERADYNE UNLIMITED, INC.	c EIN-PN 82-1987323-001
a	Plan name	VERRATERRA 401(K) PLAN	
b	Name of plan sponsor	VERRATERRA PROPERTY MANAGEMENT LLC	c EIN-PN 27-3256545-001
a	Plan name	VHF SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	VHF SALES, INC.	c EIN-PN 42-1427958-001

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	WLFCO PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	WLFCO, LLC	c EIN-PN 83-4272397-001
a	Plan name	WOMEN'S WELLNESS INSTITUTE OF DALLAS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WOMEN'S WELLNESS INSTITUTE	c EIN-PN 20-5451389-001
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	AB ORTHODONTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AB ORTHODONTICS, LLC DBA FALLSGROVE ORTHODONTICS	c EIN-PN 86-1464429-001
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	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
a	Plan name	ALESIG CONSULTING 401(K) PLAN	
b	Name of plan sponsor	ALESIG CONSULTING	c EIN-PN 61-1591534-001
a	Plan name	ARCO LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCO LOGISTICS, INC	c EIN-PN 34-1885155-001
a	Plan name	ARMCORP CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	ARMCORP CONSTRUCTION, INC.	c EIN-PN 27-0308374-001
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	BRIGHTCOVERS 401(K) PLAN	
b	Name of plan sponsor	TRANSLUCENT LLC DBA BRIGHTCOVERS	c EIN-PN 84-1999442-001
a	Plan name	BRITTEN DENTAL ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	BRITTEN DENTAL ASSOCIATES, PLLC	c EIN-PN 93-4203136-001

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 BROADWAY BUILDERS 401(K) PLAN	
b	Name of plan sponsor BROADWAY BUILDERS, INC.	c EIN-PN 42-1522144-001
a	Plan name CENTERA BIOSCIENCE 401(K) PLAN	
b	Name of plan sponsor CENTERA BIOSCIENCE INC.	c EIN-PN 46-3097866-001
a	Plan name CENTRAL MACHINERY COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor CENTRAL MACHINERY COMPANY, LLC DBA CEN MAC METAL WORKS	c EIN-PN 34-1943090-001
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 COMPASS RETIREMENT CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPASS RETIREMENT CONSULTING GROUP, INC.	c EIN-PN 20-4795685-001
a	Plan name COMPASS STUDIO 401(K) PLAN	
b	Name of plan sponsor JP COMPASS CONSULTING AND CONSTRUCTION, INC. DBA COMPASS STUDIO	c EIN-PN 20-5387398-001
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 DORSETT AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor DORSETT'S AUTO SALES, INC.	c EIN-PN 35-1269099-001
a	Plan name EMERGENCY SIGNAL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor EMERGENCY SIGNAL SYSTEMS, INC.	c EIN-PN 04-2492046-001
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 FIRST CUT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FIRST CUT SAWING AND BREAKING, INC.	c EIN-PN 86-0881313-333

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FIS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	FIS GROUP, LLC	c EIN-PN 83-3475402-001
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	MURTCO, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor	MURTCO, INC.	c EIN-PN 61-1127838-001
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
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	PAV 401(K)	
b	Name of plan sponsor	PERFORMANCE AUDIO VIDEO, INC.	c EIN-PN 43-1988352-001
a	Plan name	PRISM CAPITAL MANAGEMENT RETIREMENT PLAN	
b	Name of plan sponsor	PRISM CAPITAL MANAGEMENT, LLC	c EIN-PN 27-0125515-001
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	RATTO LAW FIRM 401(K) PLAN & TRUST	
b	Name of plan sponsor	RATTO LAW FIRM	c EIN-PN 94-2952937-001
a	Plan name	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	c EIN-PN 76-0117689-001
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	SEVEN CORNERS PRINTING 401(K) PLAN	
b	Name of plan sponsor	SEVEN CORNERS PRINTING COMPANY	c EIN-PN 41-0992291-001

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	SGI 401(K) PLAN
b	Name of plan sponsor	SGI
c	EIN-PN	93-4216744-001
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	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	T J & M SERVICES, INC. 401(K) PLAN
b	Name of plan sponsor	T J & M SERVICES, INC.
c	EIN-PN	26-3380349-001
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	THE SPEECH CLINIC, INC. 401(K) PLAN
b	Name of plan sponsor	THE SPEECH CLINIC, INC.
c	EIN-PN	51-0352115-001
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	TREEHOUSE CALIFORNIA ALMONDS, LLC 401(K) PLAN
b	Name of plan sponsor	TREEHOUSE CALIFORNIA ALMONDS, LLC
c	EIN-PN	04-3671330-001
a	Plan name	TRENT NEISEN, DDS, PLLC 401(K) PLAN
b	Name of plan sponsor	TRENT NEISEN, DDS, PLLC
c	EIN-PN	85-2718212-001
a	Plan name	WORKABLE, INC. 401(K) PLAN
b	Name of plan sponsor	WORKABLE, INC.
c	EIN-PN	61-1747677-002
a	Plan name	WRA ARCHITECTS, INC. 401K PLAN
b	Name of plan sponsor	WRA ARCHITECTS, INC
c	EIN-PN	75-1084671-001
a	Plan name	ABERDEEN CAPTIONING, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ABERDEEN CAPTIONING, INC.
c	EIN-PN	33-0983867-001

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	ACADIA DERMATOLOGY 401(K) PLAN	
b	Name of plan sponsor	ACADIA DERMATOLOGY	c EIN-PN 84-4302481-001
a	Plan name	ARMSTRONG CARPET & LINOLEUM CO. 401(K) PLAN	
b	Name of plan sponsor	ARMSTRONG CARPET & LINOLEUM COMPANY	c EIN-PN 94-1509072-001
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	ASAP, INC. 401(K) PLAN	
b	Name of plan sponsor	ASAP, INC.	c EIN-PN 26-0518910-001
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	BROS AUTO GROUP PLAN	
b	Name of plan sponsor	ONTARIO VOLKSWAGEN	c EIN-PN 65-1163516-001
a	Plan name	BROWN-DAUB AUTO SALES INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB AUTO SALES INC.	c EIN-PN 38-3686385-001
a	Plan name	BROWN-DAUB CHEVROLET OF NAZARETH INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB OF NAZARETH INC.	c EIN-PN 24-0864624-001
a	Plan name	BROWN-DAUB DODGE INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB DODGE, INC.	c EIN-PN 23-2970402-001
a	Plan name	CHADE FASHIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CHADE FASHIONS, INC.	c EIN-PN 36-3203528-001
a	Plan name	CHAHAL & ASSOCIATES, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CHAHAL & ASSOCIATES, INC	c EIN-PN 20-8145988-001
a	Plan name	CHAMPION RISK & INSURANCE SERVICES 401K PLAN	
b	Name of plan sponsor	WGB-RABY, L.P. DBA CHAMPION RISK & INSURANCE SERVICES, INC.	c EIN-PN 27-3791702-001

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	CHARLES AUTO FAMILY 401(K) PLAN	
b	Name of plan sponsor	CHARLES CHEVROLET OLDSMOBILE, INC. DBA CHARLES AUTO FAMILY	c EIN-PN 34-0877679-001
a	Plan name	COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor	BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name	COMPOSITE HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMPOSITE HOLDINGS, INC.	c EIN-PN 47-0769139-001
a	Plan name	D.M. HARRIS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	D.M. HARRIS, LLC	c EIN-PN 47-2383937-001
a	Plan name	DPIM 401(K) PLAN	
b	Name of plan sponsor	DPI MERCHANDISING, INC.	c EIN-PN 37-2029278-001
a	Plan name	ENGLANDER & CHICOINE, P.C. RETIREMENT PLAN	
b	Name of plan sponsor	ENGLANDER & CHICOINE, P.C.	c EIN-PN 04-3220769-001
a	Plan name	ENGOODEN HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor	ENGOODEN HEALTH, INC.	c EIN-PN 81-4271866-001
a	Plan name	FIVE POINTS PLAN	
b	Name of plan sponsor	CHARLES RAMON, LLC DBA LA ESTRELLA HOME CARE	c EIN-PN 74-2993731-001
a	Plan name	FLAGSHIP HEALTHCARE PROPERTIES, LLC RETIREMENT TRUST	
b	Name of plan sponsor	FLAGSHIP HEALTHCARE PROPERTIES, LLC	c EIN-PN 27-3544628-001
a	Plan name	FLORIDA COASTAL DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LISA D. ZACK, MD, PA	c EIN-PN 65-0156881-004
a	Plan name	GONYEA HOMES & REMODELING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GONYEA HOMES AND REMODELING	c EIN-PN 41-1641699-001
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

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	IES COMPANIES, INC 401(K)	
b	Name of plan sponsor	I.E.S. INCORPORATED	c EIN-PN 04-2920789-001
a	Plan name	IMPERIAL ELECTRIC 401(K) PLAN & TRUST	
b	Name of plan sponsor	IMPERIAL ELECTRIC CO, LLC	c EIN-PN 84-1793288-001
a	Plan name	JAY HODGE AUTO 401(K) PLAN	
b	Name of plan sponsor	JAY HODGE CHEVROLET, INC.	c EIN-PN 75-2466263-001
a	Plan name	KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP 401(K) PLAN	
b	Name of plan sponsor	KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP	c EIN-PN 47-0395621-002
a	Plan name	KONZEL CONSTRUCTION COMPANY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	KONZEL CONSTRUCTION COMPANY, INC.	c EIN-PN 45-3596434-001
a	Plan name	LJP ARCHITECTS PC 401(K) PLAN	
b	Name of plan sponsor	LJP ARCHITECTS PC	c EIN-PN 87-2346679-001
a	Plan name	LONG RANGE LLC 401(K) PLAN	
b	Name of plan sponsor	LONG RANGE LLC	c EIN-PN 23-3058761-001
a	Plan name	MCLEOD LAND SERVICES 401(K) PLAN 2	
b	Name of plan sponsor	MCLEOD LAND & EQUIPMENT, INC.	c EIN-PN 65-0810917-002
a	Plan name	MEAD BROTHERS EXCAVATING, INC. 401(K) PLAN	
b	Name of plan sponsor	MEAD BROTHERS EXCAVATING, INC.	c EIN-PN 38-1679273-001
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	ALLEGHENY MILLWORK 401(K) PLAN	
b	Name of plan sponsor	ALLEGHENY MILLWORK	c EIN-PN 25-1369567-002
a	Plan name	AXION RMS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AXION RMS, LTD	c EIN-PN 47-2464302-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BROWN-DAUB EURO INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB EURO, INC.	c EIN-PN 27-4502291-001
a	Plan name	BROWN-DAUB INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB, INC.	c EIN-PN 24-0535610-001
a	Plan name	BROWN-DAUB OF LEHIGH VALLEY INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB OF LEHIGH VALLEY, INC	c EIN-PN 27-1528308-001
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	BSG 401(K) PLAN	
b	Name of plan sponsor	BSG 401(K)	c EIN-PN 68-0568326-001
a	Plan name	CIPM RETIREMENT PLAN	
b	Name of plan sponsor	CUSTOM INTERVENTIONAL PAIN MANAGEMENT, LLC	c EIN-PN 27-2527059-001
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
a	Plan name	CIRCLE MEDICAL CARE OF CALIFORNIA 401(K) PLAN	
b	Name of plan sponsor	CIRCLE MEDICAL CARE OF CALIFORNIA	c EIN-PN 47-4883537-001
a	Plan name	DAIOHS U.S.A., INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DAIOHS U.S.A., INC.	c EIN-PN 95-4746377-001
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	DALLAS ANIMAL EMERGENCY 401(K) PLAN	
b	Name of plan sponsor	ON POINT VETERINARY SERVICES PLLC DBA DALLAS ANIMAL EMERGENCY	c EIN-PN 82-3887673-001
a	Plan name	DALLESFORT FOUNDRY RETIREMENT PLAN	
b	Name of plan sponsor	DALLESFORT FOUNDRY, LLC	c EIN-PN 91-1878495-001

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	GREENFIELD DYNAMICS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	GREENFIELD DYNAMICS, LLC	c EIN-PN 26-0597299-001
a	Plan name	IMPERIAL, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IMPERIAL, LLC	c EIN-PN 73-1310190-001
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	INCAB AMERICA, LLC 401(K) PLAN	
b	Name of plan sponsor	INCAB AMERICA, LLC	c EIN-PN 82-0671947-001
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
a	Plan name	JON CHASE AGENCY 401K PLAN	
b	Name of plan sponsor	JON CHASE AGENCY	c EIN-PN 30-0695620-001
a	Plan name	JONESVILLE HEALTH CARE 401(K) PLAN	
b	Name of plan sponsor	JONESVILLE HEALTH CARE	c EIN-PN 02-0697250-001
a	Plan name	JONESVILLE TOOL AND MANUFACTURING 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JONESVILLE TOOL AND MANUFACTURING, INC.	c EIN-PN 84-2214379-001
a	Plan name	LONG TERM CARE SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG TERM CARE SPECIALISTS, INC.	c EIN-PN 73-1202515-001
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	OGGVO 401(K) PLAN	
b	Name of plan sponsor	OGGVOREP LIMITED LIABILITY COMPANY	c EIN-PN 82-5225259-001
a	Plan name	PGS 401(K) PLAN	
b	Name of plan sponsor	PRECISION GLOBAL SYSTEMS, INC.	c EIN-PN 38-2504223-001

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	RCI 401(K) PLAN	
b	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-001
a	Plan name	SOUTHERN CALIFORNIA EMERGENCY MEDICINE 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN CALIFORNIA EMERGENCY MEDICINE, A MEDICAL CORPORATION	c EIN-PN 87-0698478-001
a	Plan name	SOUTHERN MONTANA OPTOMETRIC CENTER 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN MONTANA OPTOMETRIC CENTER	c EIN-PN 81-0501277-001
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	TELETRONICS SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TELETRONIC SERVICES, INC.	c EIN-PN 34-1317163-001
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	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	
b	Name of plan sponsor	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	c EIN-PN 42-0680307-002
a	Plan name	ALLSTAR PLUMBERS 401(K) PLAN	
b	Name of plan sponsor	ALLSTAR PLUMBERS, INC.	c EIN-PN 26-0425473-001
a	Plan name	ALPHA RETIREMENT SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	ALPHA RETIREMENT SOLUTIONS, LLC	c EIN-PN 47-3848612-001
a	Plan name	B & G HVAC, INC. 401(K) PLAN	
b	Name of plan sponsor	B & G HVAC, INC.	c EIN-PN 20-4345115-001
a	Plan name	B&J'S PIZZA 401(K) PLAN	
b	Name of plan sponsor	JAKC INC. DBA B&J'S PIZZA	c EIN-PN 74-2468849-001
a	Plan name	B2B RETIREMENT 401(K) PLAN & TRUST	
b	Name of plan sponsor	B2B STAFFING SERVICES, INC.	c EIN-PN 20-4404038-001

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 BUKACEK CONSTRUCTION GROUP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BUKACEK CONSTRUCTION GROUP, INC.	c EIN-PN 84-1906144-001
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 DANSCO ENGINEERING LLC 401(K) PLAN	
b	Name of plan sponsor DANSCO ENGINEERING LLC	c EIN-PN 04-3788074-001
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 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 FOUNDATION TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor FOUNDATION TECHNOLOGIES, LLC	c EIN-PN 41-1967504-001
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 FOUR STAR MECHANICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FOUR STAR MECHANICAL, INC.	c EIN-PN 31-1590413-001
a	Plan name INFINITE RESOURCE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor INFINITE RESOURCE SOLUTIONS LLC	c EIN-PN 46-2838507-001
a	Plan name JWC BUILDING SPECIALTIES, INC. 401(K) PLAN	
b	Name of plan sponsor JWC BUILDING SPECIALTIES, INC.	c EIN-PN 39-1569926-001
a	Plan name LUKE DRAILY CONSTRUCTION CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor LUKE DRAILY CONSTRUCTION COMPANY, INC.	c EIN-PN 43-1796529-001

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 MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, P.S.C. 401(K) PLAN	
b	Name of plan sponsor MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, PSC	c EIN-PN 20-4753970-001
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 OLMM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OLMM CONSULTING ENGINEERS	c EIN-PN 94-3038002-001
a	Plan name PIES & PINTS 401(K) PLAN	
b	Name of plan sponsor PIES & PINTS MANAGEMENT COMPANY, LLC	c EIN-PN 46-0800537-001
a	Plan name PIMMEX CONTRACTING RETIREMENT PLAN	
b	Name of plan sponsor PIMMEX CONTRACTING CORPORATION	c EIN-PN 26-4017964-001
a	Plan name PIVOTAL HOUSING PARTNERS LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PIVOTAL HOUSING PARTNERS LLC	c EIN-PN 81-4615424-001
a	Plan name RCS PLUMBING LLC 401(K) PLAN	
b	Name of plan sponsor RCS PLUMBING, LLC	c EIN-PN 45-2455621-001
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 REASON CONSULTING CORPORATION 401(K) PLAN	
b	Name of plan sponsor REASON CONSULTING CORPORATION	c EIN-PN 87-3746346-001
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 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 SPECIALTY INCENTIVES, INC. 401(K) PLAN	
b	Name of plan sponsor SPECIALTY INCENTIVES, INC.	c EIN-PN 84-0878658-001

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 SPECTRUM LOGISTICS INC. 401(K) PLAN	
b	Name of plan sponsor SPECTRUM LOGISTICS INC.	c EIN-PN 81-5106145-001
a	Plan name SPHEREGEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPHEREGEN TECHNOLOGIES, LLC	c EIN-PN 47-2610802-001
a	Plan name TRUEMAN WELTERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRUEMAN WELTERS, INC.	c EIN-PN 41-0909356-001
a	Plan name TRUENORTH COMPANIES, L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRUENORTH COMPANIES, L.C.	c EIN-PN 42-1513015-001
a	Plan name TUFFALOY PRODUCTS 401(K) PLAN	
b	Name of plan sponsor TUFFALOY PRODUCTS, INC.	c EIN-PN 38-1710357-002
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 WELSH FABRICATION & DESIGN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WELSH FABRICATION & DESIGN, INC.	c EIN-PN 26-3962562-001
a	Plan name WENTWORTH BUILDERS, INC. SAFE HARBOR PLAN	
b	Name of plan sponsor WENTWORTH BUILDERS, INC.	c EIN-PN 38-2620809-001
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MFS MID CAP VALUE RET OPT	B Three-digit plan number (PN) ▶ 911
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

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)	40259017
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	50135778
(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	40259017	50135778
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	40259016	50135777

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)	585224	
(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)	1058143	
(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)		4299127
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5942494

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		5942494
l Transfers of assets:			
(1) To this plan.....	2l(1)		12448511
(2) From this plan	2l(2)		8514244

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 _____.