

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [X] a DFE (specify) P
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: DFA U.S. TARGETED VALUE PORTFOLIO RET ACCT
1b Three-digit plan number (PN): 527
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

|  |  |
|--|--|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

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

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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**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.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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

|  |  |  |
|--|--|--|
| <b>A</b> Name of plan<br><u>DFA U.S. TARGETED VALUE PORTFOLIO RET ACCT</u>   |  | <b>B</b> Three-digit plan number (PN) ▶ <u>527</u>                 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |  | <b>D</b> Employer Identification Number (EIN)<br><u>36-6071399</u> |

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

|   |                      |   |
|---|----------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

**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)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

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

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

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

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

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

**c** EIN-PN

**d** Entity code

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

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name ARMBRECHT & WIERENGA ORTHODONTICS PLC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor ARMBRECHT & WIERENGA ORTHODONTICS PLC   | <b>c</b> EIN-PN 38-2163006-001 |
| <b>a</b> | Plan name CRAMERS' INC EMPLOYEE 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor CRAMERS' INC  | <b>c</b> EIN-PN 34-0671662-001 |
| <b>a</b> | Plan name CREATIVE FLOORING OHIO 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor HOEY ENTERPRISES, INC. DBA CREATIVE FLOORING OHIO   | <b>c</b> EIN-PN 31-1313161-001 |
| <b>a</b> | Plan name CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor CROWN CRAFTS, INC.  | <b>c</b> EIN-PN 58-0678148-002 |
| <b>a</b> | Plan name CRSG CORPORATE PLAN  |                                |
| <b>b</b> | Name of plan sponsor CONSTRUCTION AND REALTY SERVICES GROUP, INC.  | <b>c</b> EIN-PN 11-3552134-001 |
| <b>a</b> | Plan name ERMA MEP RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor EMPLOYERS' RISK MANAGEMENT ASSOCIATION & ALLIANCE, INC.   | <b>c</b> EIN-PN 47-2684619-001 |
| <b>a</b> | Plan name INTEGRATED EMPLOYER SOLUTIONS 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor INTEGRATED EMPLOYER SOLUTIONS, INC.   | <b>c</b> EIN-PN 87-0653068-333 |
| <b>a</b> | Plan name INTEGRITY HR MANAGEMENT, LLC RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor INTEGRITY HR MANAGEMENT, LLC  | <b>c</b> EIN-PN 82-0860806-001 |
| <b>a</b> | Plan name NCA RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor NEVADA CARDIOLOGY ASSOCIATES  | <b>c</b> EIN-PN 88-0293130-001 |
| <b>a</b> | Plan name PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS  | <b>c</b> EIN-PN 84-1864152-001 |
| <b>a</b> | Plan name ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT   |                                |
| <b>b</b> | Name of plan sponsor ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII  | <b>c</b> EIN-PN 99-0222900-001 |
| <b>a</b> | Plan name ASPIRE HIGHER EDUCATIONAL SERVICES 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor ASPIRE HIGHER EDUCATIONAL SERVICES  | <b>c</b> EIN-PN 81-3643454-001 |

| <b>Part II</b>  |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |  |                                |
| <b>a</b>  | Plan name            | D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST                        |                                |
| <b>b</b>  | Name of plan sponsor | D H GRIFFIN OF TEXAS INC   | <b>c</b> EIN-PN 76-0455054-001 |
| <b>a</b>  | Plan name            | GRAPHIC COMMUNICATIONS 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | PRINTING INDUSTRIES ASSOCIATION, INC. OF SOUTHERN CALIFORNIA                         | <b>c</b> EIN-PN 95-1501502-001 |
| <b>a</b>  | Plan name            | GREAT MOUNTAIN PARTNERS 401(K) RETIREMENT PLAN                                       |                                |
| <b>b</b>  | Name of plan sponsor | GREAT MOUNTAIN PARTNERS LLC  | <b>c</b> EIN-PN 84-3463093-001 |
| <b>a</b>  | Plan name            | MAK CHEMICALS, INC. 401(K) PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | MAK CHEMICALS, INC.  | <b>c</b> EIN-PN 45-4836928-001 |
| <b>a</b>  | Plan name            | NEST-FILLER RETIREMENT PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | NF BEAUTY GROUP, INC.  | <b>c</b> EIN-PN 95-4819694-001 |
| <b>a</b>  | Plan name            | PILGRIM CHRISTAKIS 401(K) RETIREMENT PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | PILGRIM CHRISTAKIS LLP   | <b>c</b> EIN-PN 26-3175990-001 |
| <b>a</b>  | Plan name            | UPSHIFT HR 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | UPSHIFT HR   | <b>c</b> EIN-PN 87-4055304-001 |
| <b>a</b>  | Plan name            | URGENT CARE FOR KIDS 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | URGENT CARE FOR KIDS, LLC  | <b>c</b> EIN-PN 45-2438497-001 |
| <b>a</b>  | Plan name            | SLS CONTROL, INC. 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | SLS CONTROL, INC.  | <b>c</b> EIN-PN 82-2311359-001 |
| <b>a</b>  | Plan name            | THE BOYLAND GROUP 401(K) SAVINGS PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | BOYLAND AUTO ORLANDO, LLC  | <b>c</b> EIN-PN 05-0546979-001 |
| <b>a</b>  | Plan name            | HELPSIDE INC. 401(K) RETIREMENT PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | HELPSIDE INC.  | <b>c</b> EIN-PN 87-0476353-333 |
| <b>a</b>  | Plan name            | HERITAGE POOLS, LLC 401(K) PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | HERITAGE POOLS, LLC  | <b>c</b> EIN-PN 68-0597720-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | THE MEDIA CAPTAIN, LLC 401(K) PROFIT SHARING PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | THE MEDIA CAPTAIN, LLC   | <b>c</b> EIN-PN 27-3370344-001 |
| <b>a</b>   | Plan name            | ABC OF DELAWARE 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ASSOCIATED BUILDERS AND CONTRACTORS OF DELAWARE                                      | <b>c</b> EIN-PN 51-0101352-333 |
| <b>a</b>   | Plan name            | ABO 401(K)   |                                |
| <b>b</b>   | Name of plan sponsor | AMERICA'S BACK OFFICE  | <b>c</b> EIN-PN 47-4975107-001 |
| <b>a</b>   | Plan name            | ACCURATE INGREDIENTS, INC. RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ACCURATE INGREDIENTS, INC.   | <b>c</b> EIN-PN 11-2571863-001 |
| <b>a</b>   | Plan name            | ACE RETAIL SAVINGS PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ACE HARDWARE   | <b>c</b> EIN-PN 36-0700810-001 |
| <b>a</b>   | Plan name            | W.L. LOGAN TRUCKING CO. 401(K) PROFIT SHARING PLAN                                   |                                |
| <b>b</b>   | Name of plan sponsor | W.L. LOGAN TRUCKING CO.  | <b>c</b> EIN-PN 34-1039888-001 |
| <b>a</b>   | Plan name            | ATLAS TESTING LABORATORIES, INC. 401(K) SAVINGS PLAN                                 |                                |
| <b>b</b>   | Name of plan sponsor | ATLAS TESTING LABORATORIES, INC.   | <b>c</b> EIN-PN 95-3729677-001 |
| <b>a</b>   | Plan name            | MAPLE LEAF CHEESEMAKERS, INC. 401(K) PROFIT SHARING PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor | MAPLE LEAF CHEESEMAKERS, INC.  | <b>c</b> EIN-PN 39-1895024-001 |
| <b>a</b>   | Plan name            | MCMAHON'S OF LUXEMBURG, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | MCMAHON'S OF LUXEMBURG, INC.   | <b>c</b> EIN-PN 39-1164634-001 |
| <b>a</b>   | Plan name            | MEDICAL SOCIETY OF DELAWARE 401(K) PROFIT SHARING PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor | MEDICAL SOCIETY OF DELAWARE  | <b>c</b> EIN-PN 51-0061011-333 |
| <b>a</b>   | Plan name            | ONEPATH 401(K) GPS   |                                |
| <b>b</b>   | Name of plan sponsor | PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS                                | <b>c</b> EIN-PN 85-3213245-007 |
| <b>a</b>   | Plan name            | PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN                          |                                |
| <b>b</b>   | Name of plan sponsor | PLANSOURCE FINANCIAL SERVICES, INC.  | <b>c</b> EIN-PN 59-3707284-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | QUAD PLUS LLC PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | QUAD PLUS LLC  | <b>c</b> EIN-PN 20-2033561-001 |
| <b>a</b>   | Plan name            | DOGWOOD SITE CONTRACTORS LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DOGWOOD SITE CONTRACTORS LLC   | <b>c</b> EIN-PN 87-1345377-001 |
| <b>a</b>   | Plan name            | BELLINGER FAMILY, LTD 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BELLINGER DEVELOPMENT, LTD.  | <b>c</b> EIN-PN 74-2831468-001 |
| <b>a</b>   | Plan name            | BENCHMARK WIRELINE PRODUCTS RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BENCHMARK WIRELINE PRODUCTS, INC.  | <b>c</b> EIN-PN 74-2036988-001 |
| <b>a</b>   | Plan name            | BHRS RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BE HR STRONG, LLC  | <b>c</b> EIN-PN 88-3455524-001 |
| <b>a</b>   | Plan name            | QUICK STOP RECYCLING INC. 401(K) PROFIT SHARING PLAN                                 |                                |
| <b>b</b>   | Name of plan sponsor | QUICK STOP RECYCLING INC.  | <b>c</b> EIN-PN 20-5072935-001 |
| <b>a</b>   | Plan name            | RALLY FOR RETIREMENT 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | GREAT SALONS OF KNOXVILLE, INC.  | <b>c</b> EIN-PN 84-1616153-002 |
| <b>a</b>   | Plan name            | FBA RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | AUSTIN 3(16) FIDUCIARY LIMITED   | <b>c</b> EIN-PN 46-2981114-001 |
| <b>a</b>   | Plan name            | HICKS LIN(K) GROUP PLAN SOLUTION   |                                |
| <b>b</b>   | Name of plan sponsor | HICKS PENSION SERVICES   | <b>c</b> EIN-PN 77-0155091-001 |
| <b>a</b>   | Plan name            | THERAFIT REHAB 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | THERAFIT REHAB, INC  | <b>c</b> EIN-PN 26-2417596-001 |
| <b>a</b>   | Plan name            | ACTUM I, LLC 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ACTUM I, LLC   | <b>c</b> EIN-PN 87-2890933-001 |
| <b>a</b>   | Plan name            | ACUITY SURGICAL DEVICES, LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ACUITY SURGICAL DEVICES, LLC   | <b>c</b> EIN-PN 46-4569963-001 |

| <b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>  |                      |   |
|---|----------------------|---|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |   |
| <b>a</b>  | Plan name            | ADAPTIVE SOLUTIONS MULTI SERVICES 401(K) PLAN                           |
| <b>b</b>  | Name of plan sponsor | ADAPTIVE SOLUTIONS MULTI SERVICES PLLC                                  |
| <b>c</b>  | EIN-PN               | 27-4147286-001  |
| <b>a</b>  | Plan name            | ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC. 401(K) PROFIT SHARING |
| <b>b</b>  | Name of plan sponsor | ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC.                       |
| <b>c</b>  | EIN-PN               | 31-1456649-001  |
| <b>a</b>  | Plan name            | ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST               |
| <b>b</b>  | Name of plan sponsor | RETAIL ASSOCIATION OF MAINE   |
| <b>c</b>  | EIN-PN               | 01-0165117-334  |
| <b>a</b>  | Plan name            | ALLPRO CORPORATION 401(K) RETIREMENT PLAN                               |
| <b>b</b>  | Name of plan sponsor | ALLPRO CORPORATION  |
| <b>c</b>  | EIN-PN               | 59-3347302-001  |
| <b>a</b>  | Plan name            | KELLEHER + HOLLAND GROUP 401(K) PLAN                                    |
| <b>b</b>  | Name of plan sponsor | KELLEHER + HOLLAND, LLC   |
| <b>c</b>  | EIN-PN               | 85-2363788-001  |
| <b>a</b>  | Plan name            | KIDDER LAW FIRM, LLC 401(K) PROFIT SHARING PLAN                         |
| <b>b</b>  | Name of plan sponsor | KIDDER LAW FIRM, LLC  |
| <b>c</b>  | EIN-PN               | 47-3161211-002  |
| <b>a</b>  | Plan name            | KIMIL CO., INC. 401(K) PLAN   |
| <b>b</b>  | Name of plan sponsor | KIMIL CO., INC.   |
| <b>c</b>  | EIN-PN               | 16-1376982-001  |
| <b>a</b>  | Plan name            | WALL TO WALL FLOOR COVERING, LLC 401(K) PROFIT AND SHARING PLAN         |
| <b>b</b>  | Name of plan sponsor | WALL TO WALL FLOOR COVERING, LLC  |
| <b>c</b>  | EIN-PN               | 23-2904050-001  |
| <b>a</b>  | Plan name            | AICUO 401(K) RETIREMENT PLAN  |
| <b>b</b>  | Name of plan sponsor | ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO            |
| <b>c</b>  | EIN-PN               | 31-0746875-001  |
| <b>a</b>  | Plan name            | AXIOM ACQUISITION VENTURES MANAGEMENT 401(K) PLAN                       |
| <b>b</b>  | Name of plan sponsor | AXIOM ACQUISITION VENTURES MANAGEMENT, LLC                              |
| <b>c</b>  | EIN-PN               | 85-3091143-001  |
| <b>a</b>  | Plan name            | BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN                             |
| <b>b</b>  | Name of plan sponsor | BADGER TRUCK & AUTOMOTIVE GROUP   |
| <b>c</b>  | EIN-PN               | 39-1044839-002  |
| <b>a</b>  | Plan name            | BILL RAY NISSAN 401(K) PLAN   |
| <b>b</b>  | Name of plan sponsor | DICK BAIRD, INC. DBA BILL RAY NISSAN                                    |
| <b>c</b>  | EIN-PN               | 59-1197628-002  |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name BLUE POLYMERS, LLC 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor BLUE POLYMERS, LLC  | <b>c</b> EIN-PN 92-0586961-001 |
| <b>a</b> | Plan name CLARKE VENEERS AND PLYWOOD 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor CLARKE VENEERS & PLYWOOD  | <b>c</b> EIN-PN 64-0365220-001 |
| <b>a</b> | Plan name FPMA 401(K) MULTIPLE EMPLOYER PLAN   |                                |
| <b>b</b> | Name of plan sponsor FLORIDA PODIATRIC MEDICAL ASSOCIATION   | <b>c</b> EIN-PN 59-3134492-333 |
| <b>a</b> | Plan name HARMS CARPET CENTER, INC. 401(K) PLAN & TRUST  |                                |
| <b>b</b> | Name of plan sponsor HARMS CARPET CENTER, INC.   | <b>c</b> EIN-PN 34-1327861-001 |
| <b>a</b> | Plan name HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST  |                                |
| <b>b</b> | Name of plan sponsor HATTERAS PRESS, INC.  | <b>c</b> EIN-PN 22-2491250-001 |
| <b>a</b> | Plan name KINGDOM TITLE SOLUTIONS, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor KINGDOM TITLE SOLUTIONS, INC.   | <b>c</b> EIN-PN 20-8646472-001 |
| <b>a</b> | Plan name MERRY DENTAL PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor MERRY DENTAL CARE CENTER, P.A.  | <b>c</b> EIN-PN 27-0790312-001 |
| <b>a</b> | Plan name OKLAHOMA HOME BUILDERS MEP 401(K)  |                                |
| <b>b</b> | Name of plan sponsor OKLAHOMA HOME BUILDERS ASSOCIATION  | <b>c</b> EIN-PN 73-0683222-333 |
| <b>a</b> | Plan name PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor PRODUCT DEVELOPMENT ASSOCIATES, INC.  | <b>c</b> EIN-PN 41-1791080-001 |
| <b>a</b> | Plan name SITE SUPPLY, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor SITE SUPPLY, INC.   | <b>c</b> EIN-PN 31-1350146-001 |
| <b>a</b> | Plan name TIL GAMING, LLC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor TIL GAMING LLC  | <b>c</b> EIN-PN 30-0855844-001 |
| <b>a</b> | Plan name VISIONSPARK 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor VISIONSPARK   | <b>c</b> EIN-PN 45-4202552-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name WASEYABEK DEVELOPMENT COMPANY, LLC 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor WASEYABEK DEVELOPMENT COMPANY, LLC  | <b>c</b> EIN-PN 45-2425291-001 |
| <b>a</b> | Plan name BLUFOX MOBILE 401(K) PLAN PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor BLUFOX MOBILE   | <b>c</b> EIN-PN 82-1471419-001 |
| <b>a</b> | Plan name COCOA COASTAL 401(K)   |                                |
| <b>b</b> | Name of plan sponsor D.D.A. CORPORATION DBA COASTAL HYUNDAI  | <b>c</b> EIN-PN 59-2829907-001 |
| <b>a</b> | Plan name COLUMBIA PAINT CORPORATION PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor COLUMBIA PAINT CORPORATION  | <b>c</b> EIN-PN 55-0380524-001 |
| <b>a</b> | Plan name ELEVATE PROPERTY MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST  |                                |
| <b>b</b> | Name of plan sponsor ELEVATE PROPERTY MANAGEMENT LLC   | <b>c</b> EIN-PN 27-3695592-001 |
| <b>a</b> | Plan name HUDSON VALLEY PAIN MANAGEMENT, PLLC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor HUDSON VALLEY PAIN MANAGEMENT, PLLC   | <b>c</b> EIN-PN 27-3736423-001 |
| <b>a</b> | Plan name KUHANA ASSOCIATES, LLC 401(K) RETIREMENT SAVINGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor KUHANA ASSOCIATES, LLC  | <b>c</b> EIN-PN 99-0335219-001 |
| <b>a</b> | Plan name RESA POWER, LLC 401(K) PROFIT SHARING PLAN AND TRUST   |                                |
| <b>b</b> | Name of plan sponsor RESA POWER, LLC   | <b>c</b> EIN-PN 45-2810331-001 |
| <b>a</b> | Plan name SUMMERSET AND DURATEK BOAT LIFTS 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor SUMMERSET AND DURATEK BOAT LIFTS  | <b>c</b> EIN-PN 86-3812777-001 |
| <b>a</b> | Plan name TONSA AUTOMOTIVE, INC.   |                                |
| <b>b</b> | Name of plan sponsor TONSA AUTOMOTIVE, INC.  | <b>c</b> EIN-PN 11-2577843-001 |
| <b>a</b> | Plan name TOTAL RETIREMENT SOLUTIONS POOLED EMPLOYER PLAN  |                                |
| <b>b</b> | Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS   | <b>c</b> EIN-PN 85-3213245-315 |
| <b>a</b> | Plan name TOTAL SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN AND TRUST   |                                |
| <b>b</b> | Name of plan sponsor TTL SOLUTIONS, INC. DBA TOTAL SOLUTIONS   | <b>c</b> EIN-PN 47-1345914-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name CONSTRUCTION INDUSTRY 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor BUILDERS EXCHANGE OF SOUTHERN TIER, INC.  | <b>c</b> EIN-PN 16-0820649-333 |
| <b>a</b> | Plan name ICON SIGN COMPANY 401(K)   |                                |
| <b>b</b> | Name of plan sponsor ICON ACQUISTIONS, LLC DBA ICON SIGN COMPANY   | <b>c</b> EIN-PN 82-1771476-001 |
| <b>a</b> | Plan name LAUGHING OUT LOUD, LLC 401(K) & PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor LAUGHING OUT LOUD, LLC  | <b>c</b> EIN-PN 46-1324384-221 |
| <b>a</b> | Plan name MPC DAIRY SERVICE, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor MPC DAIRY SERVICE, INC. DBA SAN JOAQUIN VALLEY DAIRY EQUIPMENT  | <b>c</b> EIN-PN 83-2852835-001 |
| <b>a</b> | Plan name PATRICKS GLASS, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor PATRICK'S GLASS, INC.   | <b>c</b> EIN-PN 27-5286958-001 |
| <b>a</b> | Plan name PAYDAY EMPLOYER 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor PAYDAY, INC.  | <b>c</b> EIN-PN 85-0413891-003 |
| <b>a</b> | Plan name RETIREMENT SAVINGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor TAG RESOURCES, LLC  | <b>c</b> EIN-PN 62-1874774-013 |
| <b>a</b> | Plan name RFC RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor ROMANOFF FLOOR COVERING, INC.   | <b>c</b> EIN-PN 58-1349072-001 |
| <b>a</b> | Plan name RICCO DENTAL, PLLC 401K PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor RICCO DENTAL, PLLC  | <b>c</b> EIN-PN 45-3587049-001 |
| <b>a</b> | Plan name WITMER'S, INC. 401(K) AND PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor WITMER'S, INC.  | <b>c</b> EIN-PN 34-1016582-001 |
| <b>a</b> | Plan name MULBERRY COLLABORATIVE CONSTRUCTION 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor MULBERRY COLLABORATIVE CONSTRUCTION   | <b>c</b> EIN-PN 82-3595383-001 |
| <b>a</b> | Plan name PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER   | <b>c</b> EIN-PN 72-0885035-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)            |                                |
|--|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |  |                                |
| <b>a</b>   | Plan name RIVER DENTAL CARE 401(K) PROFIT SHARING PLAN                                   |                                |
| <b>b</b>   | Name of plan sponsor RIVER DENTAL CARE   | <b>c</b> EIN-PN 92-0862580-777 |
| <b>a</b>   | Plan name TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE                          |                                |
| <b>b</b>   | Name of plan sponsor TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE               | <b>c</b> EIN-PN 62-1874762-001 |
| <b>a</b>   | Plan name TRIHEX ATHLETIC APPAREL LLC 401(K) P/S PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor TRIHEX ATHLETIC APPAREL LLC   | <b>c</b> EIN-PN 46-4045923-001 |
| <b>a</b>   | Plan name ZYNERGIA HR 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor SYNERGY HR LLC  | <b>c</b> EIN-PN 81-3943870-002 |
| <b>a</b>   | Plan name CONTRACT ENVIRONMENTS, INC. 401(K) PROFIT SHARING PLAN                         |                                |
| <b>b</b>   | Name of plan sponsor CONTRACT ENVIRONMENTS, INC.   | <b>c</b> EIN-PN 51-0301181-001 |
| <b>a</b>   | Plan name CORPORATE BUILDING SERVICES INC. 401(K) PLAN                                   |                                |
| <b>b</b>   | Name of plan sponsor CORPORATE BUILDING SERVICES INC                                     | <b>c</b> EIN-PN 14-1732520-001 |
| <b>a</b>   | Plan name LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN |                                |
| <b>b</b>   | Name of plan sponsor UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE   | <b>c</b> EIN-PN 36-3584029-002 |
| <b>a</b>   | Plan name LIFESTAR TALENT 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor LIFESTAR TALENT, LLC  | <b>c</b> EIN-PN 88-1228443-001 |
| <b>a</b>   | Plan name APPLIANCE CENTER OF TOLEDO, INC. RETIREMENT PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor APPLIANCE CENTER OF TOLEDO, INC.                                    | <b>c</b> EIN-PN 34-0924335-777 |
| <b>a</b>   | Plan name CHAMPION WIRE AND CABLE 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor CHAMPION WIRE AND CABLE LLC   | <b>c</b> EIN-PN 11-3253340-001 |
| <b>a</b>   | Plan name CHRISTOPHER J. WOLFE 401(K) PROFIT SHARING PLAN                                |                                |
| <b>b</b>   | Name of plan sponsor CHRISTOPHER J. WOLFE  | <b>c</b> EIN-PN 82-1310367-001 |
| <b>a</b>   | Plan name EATWELL 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor EATWELL ENTERPRISES LP  | <b>c</b> EIN-PN 13-3944198-001 |

| <b>Part II</b>  |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |  |                                |
| <b>a</b>  | Plan name            | FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN                                       |                                |
| <b>b</b>  | Name of plan sponsor | FULL SERVICE CONTRACTING, INC.   | <b>c</b> EIN-PN 11-2601825-001 |
| <b>a</b>  | Plan name            | GALATOIRE'S RESTAURANT 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | NEW ORLEANS EQUITY, LLC  | <b>c</b> EIN-PN 27-1326146-001 |
| <b>a</b>  | Plan name            | GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN                         |                                |
| <b>b</b>  | Name of plan sponsor | GEAUGA MECHANICAL COMPANY, INC.  | <b>c</b> EIN-PN 34-1296480-001 |
| <b>a</b>  | Plan name            | MMR RESEARCH WORLD WIDE INC. 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | MMR RESEARCH WORLD WIDE INC.   | <b>c</b> EIN-PN 01-0788273-001 |
| <b>a</b>  | Plan name            | MORELAND DEALERSHIPS RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | GRAND AUTO INC.  | <b>c</b> EIN-PN 84-1120772-003 |
| <b>a</b>  | Plan name            | PALPILOT 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | PALPILOT INTERNATIONAL CORP.   | <b>c</b> EIN-PN 77-0320008-001 |
| <b>a</b>  | Plan name            | THUNDERBIRD SUPPLY COMPANY 401(K) PROFIT SHARING PLAN                                |                                |
| <b>b</b>  | Name of plan sponsor | THUNDERBIRD SUPPLY COMPANY   | <b>c</b> EIN-PN 85-0227746-002 |
| <b>a</b>  | Plan name            | XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN                                  |                                |
| <b>b</b>  | Name of plan sponsor | XL SCREW CORPORATION   | <b>c</b> EIN-PN 36-4426811-001 |
| <b>a</b>  | Plan name            | NEWSTUDIO ARCHITECTURE, LLC 401(K) PROFIT SHARING PLAN                               |                                |
| <b>b</b>  | Name of plan sponsor | NEWSTUDIO ARCHITECTURE, LLC  | <b>c</b> EIN-PN 45-1631448-001 |
| <b>a</b>  | Plan name            | RIV-MIX, LLC 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | RIV-MIX, LLC   | <b>c</b> EIN-PN 39-1980971-001 |
| <b>a</b>  | Plan name            | ROCKY MOUNTAIN HEALTH CENTERS PROFIT SHARING PLAN                                    |                                |
| <b>b</b>  | Name of plan sponsor | ROCKY MOUNTAIN HEALTH CENTERS PEDIATRICS, PC   | <b>c</b> EIN-PN 68-0545497-001 |
| <b>a</b>  | Plan name            | CLEAR PEO, LLC 401(K) SAVINGS PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | CLEAR PEO, LLC   | <b>c</b> EIN-PN 35-2535759-333 |

| <b>Part II</b>  |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |  |                                |
| <b>a</b>  | Plan name            | SHOWALTER CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN                      |                                |
| <b>b</b>  | Name of plan sponsor | SHOWALTER CONSTRUCTION COMPANY, INC.   | <b>c</b> EIN-PN 56-1525236-001 |
| <b>a</b>  | Plan name            | CORE 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | C & C PROPERTIES GROUP, INC. DBA CORE TRUCKING                                       | <b>c</b> EIN-PN 20-1907597-001 |
| <b>a</b>  | Plan name            | CORTECH, LLC 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | CORTECH, LLC   | <b>c</b> EIN-PN 58-2449456-001 |
| <b>a</b>  | Plan name            | SPURLIN & SPURLIN, LLC 401(K) PROFIT SHARING PLAN                                    |                                |
| <b>b</b>  | Name of plan sponsor | SPURLIN & SPURLIN, LLC   | <b>c</b> EIN-PN 58-2666339-001 |
| <b>a</b>  | Plan name            | TRI-SIGNAL INTEGRATION 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | TRI-SIGNAL INTEGRATION, INC.   | <b>c</b> EIN-PN 95-4706775-001 |
| <b>a</b>  | Plan name            | TRIUMPH HOSPITALITY GROUP PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | TRIUMPH HOSPITALITY GROUP, LLC   | <b>c</b> EIN-PN 13-4201198-001 |
| <b>a</b>  | Plan name            | TRUE NORTH HUMAN CAPITAL RETIREMENT SAVINGS PLAN                                     |                                |
| <b>b</b>  | Name of plan sponsor | TRUE NORTH HUMAN CAPITAL, LLC  | <b>c</b> EIN-PN 47-4797475-777 |
| <b>a</b>  | Plan name            | VECTOR MEDIA 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | VECTOR MEDIA   | <b>c</b> EIN-PN 81-4079466-001 |
| <b>a</b>  | Plan name            | VINCO, INC. EMPLOYEES 401(K) PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | VINCO, INC.  | <b>c</b> EIN-PN 41-1874693-001 |
| <b>a</b>  | Plan name            | VINERIPE SALES, LLC 401(K) PROFIT SHARING PLAN                                       |                                |
| <b>b</b>  | Name of plan sponsor | VINERIPE SALES, LLC  | <b>c</b> EIN-PN 46-2080161-001 |
| <b>a</b>  | Plan name            | FARMERS COOPERATIVE ALMOND HULLER, INC. RETIREMENT PLAN                              |                                |
| <b>b</b>  | Name of plan sponsor | FARMERS COOPERATIVE ALMOND HULLER, INC.  | <b>c</b> EIN-PN 95-3695231-001 |
| <b>a</b>  | Plan name            | FCBI 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | FOOTHILLS COMMERCIAL BUILDERS, INC.  | <b>c</b> EIN-PN 84-1150396-222 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name GENTILE, BRENGEL & LIN LLP 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor GENTILE, BRENGEL & LIN LLP  | <b>c</b> EIN-PN 11-6227632-001 |
| <b>a</b> | Plan name HUDSON RIVER PEDIATRICS 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor DAVID ANDRE LEVI MC PEDIATRICS PLLC   | <b>c</b> EIN-PN 45-3952387-001 |
| <b>a</b> | Plan name HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor HUNT ENTERPRISES, INC.  | <b>c</b> EIN-PN 11-2236013-001 |
| <b>a</b> | Plan name HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor HUTCHINSON AUTOMOTIVE, INC.   | <b>c</b> EIN-PN 20-5463282-001 |
| <b>a</b> | Plan name KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)  |                                |
| <b>b</b> | Name of plan sponsor KAIKOR CONSTRUCTION GROUP, INC.   | <b>c</b> EIN-PN 99-0242255-001 |
| <b>a</b> | Plan name KID-U-NOT, INC. RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor KID-U-NOT, INC.   | <b>c</b> EIN-PN 59-2951758-001 |
| <b>a</b> | Plan name GPDDC, LLC 401 (K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor GRAMERCY PARK DIGESTIVE DISEASE CENTER, LLC   | <b>c</b> EIN-PN 04-3769350-001 |
| <b>a</b> | Plan name INTELLIZANT, LLC 401(K) PROFIT SHARING PLAN & TRUST  |                                |
| <b>b</b> | Name of plan sponsor INTELLIZANT, LLC  | <b>c</b> EIN-PN 26-0672456-002 |
| <b>a</b> | Plan name LOFTIN DENTAL 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor TODD A. LOFTIN DDS A DENTAL CORPORATION, INC.   | <b>c</b> EIN-PN 45-5257377-001 |
| <b>a</b> | Plan name ABO 401(K)   |                                |
| <b>b</b> | Name of plan sponsor AMERICA'S BACK OFFICE   | <b>c</b> EIN-PN 47-4975107-001 |
| <b>a</b> | Plan name ACCENT STRIPE, INC. 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor ACCENT STRIPE, INC.   | <b>c</b> EIN-PN 16-1063430-001 |
| <b>a</b> | Plan name ADHAN PIPING COMPANY, INC. PREVAILING WAGE RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor ADHAN PIPING COMPANY, INC.  | <b>c</b> EIN-PN 16-1370100-001 |

| <b>Part II</b>  |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |                      |  |                                |
| <b>a</b>  | Plan name            | NARTKER, GRUNEWALD & CO 401(K) PROFIT SHARING PLAN                                   |                                |
| <b>b</b>  | Name of plan sponsor | NARTKER, GRUNEWALD, ESCHLEMAN AND COOPER, LLC  | <b>c</b> EIN-PN 31-0872466-001 |
| <b>a</b>  | Plan name            | NMS PROPERTY SERVICES CORP. 401(K)/PROFIT SHARING PLAN                               |                                |
| <b>b</b>  | Name of plan sponsor | NMS PROPERTY SERVICES CORPORATION  | <b>c</b> EIN-PN 95-4848549-001 |
| <b>a</b>  | Plan name            | NORDMANN ROOFING CO., INC. 401(K) RETIREMENT PLAN                                    |                                |
| <b>b</b>  | Name of plan sponsor | NORDMANN ROOFING CO., INC.   | <b>c</b> EIN-PN 34-4417131-001 |
| <b>a</b>  | Plan name            | NORWOLF TOOL WORKS, INC. 401(K) PROFIT SHARING PLAN                                  |                                |
| <b>b</b>  | Name of plan sponsor | NORWOLF TOOL WORKS, INC.   | <b>c</b> EIN-PN 22-3427279-001 |
| <b>a</b>  | Plan name            | ROSINA FOOD PRODUCTS, INC. 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | ROSINA FOOD PRODUCTS, INC.   | <b>c</b> EIN-PN 16-0876738-002 |
| <b>a</b>  | Plan name            | ROY SAKUMA PRODUCTIONS, INC. 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | ROY SAKUMA PRODUCTIONS, INC.   | <b>c</b> EIN-PN 99-0173485-001 |
| <b>a</b>  | Plan name            | RUSH ORDER, INC. 401(K) PLAN   |                                |
| <b>b</b>  | Name of plan sponsor | RUSH ORDER, INC.   | <b>c</b> EIN-PN 77-0325742-001 |
| <b>a</b>  | Plan name            | BUILDERS HARDWARE & SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN                      |                                |
| <b>b</b>  | Name of plan sponsor | BUILDERS HARDWARE & SUPPLY CO., INC.   | <b>c</b> EIN-PN 91-0715362-001 |
| <b>a</b>  | Plan name            | C2RL, INC. ENGINEERS 401(K) RETIREMENT PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | C2RL, INC. ENGINEERS   | <b>c</b> EIN-PN 62-1838912-001 |
| <b>a</b>  | Plan name            | COLUMBUS CITIZENS HOUSE INC. 401(K) PROFIT SHARING PLAN AND TRUST                    |                                |
| <b>b</b>  | Name of plan sponsor | COLUMBUS CITIZENS HOUSE INC.   | <b>c</b> EIN-PN 13-2852037-001 |
| <b>a</b>  | Plan name            | SOFTGENETICS, LLC 401(K) PLAN  |                                |
| <b>b</b>  | Name of plan sponsor | SOFTGENETICS, LLC  | <b>c</b> EIN-PN 25-1899879-001 |
| <b>a</b>  | Plan name            | CUSTOM FINANCIAL SOLUTIONS, INC. RETIREMENT SAVINGS PLAN                             |                                |
| <b>b</b>  | Name of plan sponsor | CUSTOM FINANCIAL SOLUTIONS, INC.   | <b>c</b> EIN-PN 72-1433820-001 |

| <b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>  |  |                                |
|---|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> |  |                                |
| <b>a</b> Plan name  | U.S. SMALL BUSINESS EXCHANGE 401(K) PLAN           |                                |
| <b>b</b> Name of plan sponsor   | OMNIFY RETIREMENT LLC                              | <b>c</b> EIN-PN 82-2083836-333 |
| <b>a</b> Plan name  | U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN       |                                |
| <b>b</b> Name of plan sponsor   | U3 ADVISORS, INC.                                  | <b>c</b> EIN-PN 46-4252021-001 |
| <b>a</b> Plan name  | UNION RESCUE MISSION 401(K) PLAN                   |                                |
| <b>b</b> Name of plan sponsor   | UNION RESCUE MISSION                               | <b>c</b> EIN-PN 95-1709293-001 |
| <b>a</b> Plan name  | WALTER'S WEST END SUPPLY, INC. 401(K) PLAN         |                                |
| <b>b</b> Name of plan sponsor   | WALTER'S WEST END SUPPLY, INC.                     | <b>c</b> EIN-PN 11-2909455-001 |
| <b>a</b> Plan name  | WASHINGTON MEDICAL PC 401(K) PLAN                  |                                |
| <b>b</b> Name of plan sponsor   | WASHINGTON MEDICAL, P.C.                           | <b>c</b> EIN-PN 13-4323150-001 |
| <b>a</b> Plan name  | FILCO INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> Name of plan sponsor   | FILCO INDUSTRIES, INC.                             | <b>c</b> EIN-PN 20-4431613-001 |
| <b>a</b> Plan name  | ADVANCED HEALTH INC. 401(K) PLAN                   |                                |
| <b>b</b> Name of plan sponsor   | ADVANCED HEALTH INC.                               | <b>c</b> EIN-PN 82-4473439-001 |
| <b>a</b> Plan name  | AEON NEXUS CORPORATION 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> Name of plan sponsor   | AEON NEXUS CORPORATION                             | <b>c</b> EIN-PN 54-1983534-002 |
| <b>a</b> Plan name  | AGC SELECT 401(K)                                  |                                |
| <b>b</b> Name of plan sponsor   | AGC SELECT 401(K)                                  | <b>c</b> EIN-PN 74-0490820-002 |
| <b>a</b> Plan name  | AMERICAN HYDROPONICS 401(K) PROFIT SHARING PLAN    |                                |
| <b>b</b> Name of plan sponsor   | SUN CIRCLE, INC. DBA AMERICAN HYDROPONICS          | <b>c</b> EIN-PN 68-0013191-001 |
| <b>a</b> Plan name  | AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN      |                                |
| <b>b</b> Name of plan sponsor   | AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES | <b>c</b> EIN-PN 88-0159433-001 |
| <b>a</b> Plan name  | B.E.R. 401(K) RETIREMENT PLAN                      |                                |
| <b>b</b> Name of plan sponsor   | B.E.R. REFRIGERATION, HEATING & COOLING, INC.      | <b>c</b> EIN-PN 38-2862985-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | CBC, INC. 401(K) RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | CBC, INC.  | <b>c</b> EIN-PN 99-0119645-004 |
| <b>a</b>   | Plan name            | CEDAR HILL FURNITURE 401(K) SAFE HARBOR PROFIT SHARING PLAN                          |                                |
| <b>b</b>   | Name of plan sponsor | GFS CORP; CEDAR HILL COMFORT SHOPPE DBA CEDAR HILL FURNITURE                         | <b>c</b> EIN-PN 31-0920114-001 |
| <b>a</b>   | Plan name            | COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC 401(K) PROFIT SHARING PLAN                  |                                |
| <b>b</b>   | Name of plan sponsor | COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC   | <b>c</b> EIN-PN 46-5167460-001 |
| <b>a</b>   | Plan name            | DAVIS, BENGTON & YOUNG, APLC 401(K) PLAN & TRUST                                     |                                |
| <b>b</b>   | Name of plan sponsor | DAVIS, BENGTON & YOUNG, APLC   | <b>c</b> EIN-PN 27-0646365-001 |
| <b>a</b>   | Plan name            | DAY SECKLER LLP 401(K) PROFIT SHARING PLAN AND TRUST                                 |                                |
| <b>b</b>   | Name of plan sponsor | DAY SECKLER LLP  | <b>c</b> EIN-PN 26-2310586-001 |
| <b>a</b>   | Plan name            | EVENTS.COM 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | EVENTS.COM   | <b>c</b> EIN-PN 80-0488603-001 |
| <b>a</b>   | Plan name            | HAND INSTITUTE 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | THE MINIMALLY INVASIVE HAND INSTITUTE  | <b>c</b> EIN-PN 27-1952351-001 |
| <b>a</b>   | Plan name            | LA PALOMA 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | LA PALOMA FUNERAL SERVICES   | <b>c</b> EIN-PN 26-0296007-001 |
| <b>a</b>   | Plan name            | LAKHANI & JORDAN PC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | LAKHANI & JORDAN ENGINEERS, P.C.   | <b>c</b> EIN-PN 13-3695218-003 |
| <b>a</b>   | Plan name            | LRS ARCHITECTS EMPLOYEE SAVINGS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | LRS ARCHITECTS, INC.   | <b>c</b> EIN-PN 93-1259453-001 |
| <b>a</b>   | Plan name            | LUMINUS DIAGNOSTICS, LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | LUMINUS DIAGNOSTICS, LLC   | <b>c</b> EIN-PN 45-4133635-001 |
| <b>a</b>   | Plan name            | LUMONDI, INC. PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | LUMONDI, INC.  | <b>c</b> EIN-PN 22-3008871-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name O.B. BUILDERS, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor O.B. BUILDERS, INC.   | <b>c</b> EIN-PN 56-2095163-001 |
| <b>a</b> | Plan name OFFICE FURNITURE DIRECT, INC. 401(K) PROFIT SHARING PLAN AND TRUST   |                                |
| <b>b</b> | Name of plan sponsor OFFICE FURNITURE DIRECT, INC.   | <b>c</b> EIN-PN 11-3620000-001 |
| <b>a</b> | Plan name OHIO VALLEY EYE INSTITUTE 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor OHIO VALLEY EYE INSTITUTE, P.C.   | <b>c</b> EIN-PN 35-1907178-001 |
| <b>a</b> | Plan name SPJ LIGHTING 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor SPJ LIGHTING INC.   | <b>c</b> EIN-PN 95-4704234-001 |
| <b>a</b> | Plan name SUCCESS ADVERTISING, INC. 401 (K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor SUCCESS ADVERTISING, INC.   | <b>c</b> EIN-PN 22-1919260-001 |
| <b>a</b> | Plan name TECH TRADING PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor TECH TRADING OF NEW YORK, INC.  | <b>c</b> EIN-PN 14-1734227-001 |
| <b>a</b> | Plan name UNITED TECH 401(K) SAVINGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor UNITED TECH EMPLOYEE MANAGEMENT, INC.   | <b>c</b> EIN-PN 47-3252875-333 |
| <b>a</b> | Plan name URSULINE SUPPORT SERVICES 401(K) PROFIT SHARING PLAN AND TRUST   |                                |
| <b>b</b> | Name of plan sponsor URSULINE SUPPORT SERVICES   | <b>c</b> EIN-PN 25-1401610-001 |
| <b>a</b> | Plan name WATSON ADVENTURES, LLC RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor WATSON ADVENTURES, LLC  | <b>c</b> EIN-PN 52-2186522-001 |
| <b>a</b> | Plan name WEST MIDTOWN MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor WEST MIDTOWN MANAGEMENT GROUP, INC.   | <b>c</b> EIN-PN 13-3952613-001 |
| <b>a</b> | Plan name WESTERN REGIONS NECA 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor WESTERN REGIONS NECA  | <b>c</b> EIN-PN 33-0670046-333 |
| <b>a</b> | Plan name ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor ANIMAL & BIRD HOSPITAL, INC.  | <b>c</b> EIN-PN 33-0078013-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                       |
|----------|--|---------------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                       |
| <b>a</b> | Plan name <b>CETEK, INC. 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>CETEK, INC.</b>  | <b>c</b> EIN-PN <b>42-1514155-001</b> |
| <b>a</b> | Plan name <b>DOCTOR &amp; ASSOCIATES 401(K) &amp; PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>DOCTOR &amp; ASSOCIATES</b>  | <b>c</b> EIN-PN <b>06-0857902-001</b> |
| <b>a</b> | Plan name <b>DOI &amp; ASSOCIATES CPAS, LLC 401(K) RETIREMENT PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>DOI &amp; ASSOCIATES CPAS, LLC</b>   | <b>c</b> EIN-PN <b>46-5649356-001</b> |
| <b>a</b> | Plan name <b>DOLLAR DRUG 401(K) SAVINGS PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>JGS PHARMACIES, INC. DBA DOLLAR DRUG</b>   | <b>c</b> EIN-PN <b>02-0544166-001</b> |
| <b>a</b> | Plan name <b>JERRY'S GM, LLC 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>JERRY'S GM, LLC</b>  | <b>c</b> EIN-PN <b>36-4623085-001</b> |
| <b>a</b> | Plan name <b>SECOND HARVEST COMMUNITY SERVICES 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>SECOND HARVEST COMMUNITY SERVICES OF NORTHWEST OHIO</b>  | <b>c</b> EIN-PN <b>57-1211683-001</b> |
| <b>a</b> | Plan name <b>WOLVERINE WATER TREATMENT SYSTEMS 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>MICHIGAN SOFT WATER OF WESTERN MICHIGAN, INC.</b>  | <b>c</b> EIN-PN <b>38-1498962-001</b> |
| <b>a</b> | Plan name <b>BENCHMARK TECHNOLOGY GROUP 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>BENCHMARK TECHNOLOGY GROUP, INC.</b>   | <b>c</b> EIN-PN <b>58-1639110-001</b> |
| <b>a</b> | Plan name <b>HAWAII ANALYTICAL LABORATORY LLC 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>HAWAII ANALYTICAL LABORATORY LLC</b>   | <b>c</b> EIN-PN <b>47-5082201-001</b> |
| <b>a</b> | Plan name <b>HEALTHCARE GEORGIA FOUNDATION 401(K) PROFIT SHARING PLAN &amp; TRUST</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>HEALTHCARE GEORGIA FOUNDATION INC.</b>   | <b>c</b> EIN-PN <b>58-2418091-001</b> |
| <b>a</b> | Plan name <b>TEMPTED APPAREL CORP. 401(K) PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>TEMPTED APPAREL CORP.</b>  | <b>c</b> EIN-PN <b>95-4561017-001</b> |
| <b>a</b> | Plan name <b>RACK/T&amp;R WELDING 401(K) RETIREMENT PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>RACK PROCESSING COMPANY</b>  | <b>c</b> EIN-PN <b>31-0535048-002</b> |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | DON ENGA INSURANCE AGENCY, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | DON ENGA INSURANCE AGENCY, INC.  | <b>c</b> EIN-PN 82-3476569-001 |
| <b>a</b>   | Plan name            | DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST                                      |                                |
| <b>b</b>   | Name of plan sponsor | DOXON, LLC   | <b>c</b> EIN-PN 20-8038249-001 |
| <b>a</b>   | Plan name            | HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | SONGY HIGHROADS, LLC   | <b>c</b> EIN-PN 45-4485594-001 |
| <b>a</b>   | Plan name            | HOFFMAN CABINETS 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | HOFFMAN CABINETS, INC.   | <b>c</b> EIN-PN 75-1454441-001 |
| <b>a</b>   | Plan name            | MICHAEL G. LORUSSO, PC. PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | MICHAEL G. LORUSSO, PC.  | <b>c</b> EIN-PN 27-0944838-002 |
| <b>a</b>   | Plan name            | BMW FRESNO 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | WEBER MOTORS FRESNO, INC.  | <b>c</b> EIN-PN 94-2519844-001 |
| <b>a</b>   | Plan name            | EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor | EAST COAST TILE IMPORTS, INC   | <b>c</b> EIN-PN 04-2730786-001 |
| <b>a</b>   | Plan name            | MIDDLE GEORGIA HEART & VASCULAR CENTER, LLC 401(K) PROFIT SHARING PLAN               |                                |
| <b>b</b>   | Name of plan sponsor | MIDDLE GEORGIA HEART & VASCULAR CENTER, LLC  | <b>c</b> EIN-PN 45-2591774-001 |
| <b>a</b>   | Plan name            | MILLENNIUM TECHNOLOGIES, LLC RETIREMENT READINESS PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor | MILLENNIUM TECHNOLOGIES, LLC   | <b>c</b> EIN-PN 39-1895415-001 |
| <b>a</b>   | Plan name            | REMOTE DIAGNOSTIC IMAGING PLLC 401(K) & PROFIT SHARING PLAN                          |                                |
| <b>b</b>   | Name of plan sponsor | REMOTE DIAGNOSTIC IMAGING PLLC   | <b>c</b> EIN-PN 13-4127354-001 |
| <b>a</b>   | Plan name            | THOMAS LAVIN, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | THOMAS LAVIN, INC.   | <b>c</b> EIN-PN 95-4789663-001 |
| <b>a</b>   | Plan name            | THOMPSON TECHNOLOGIES, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | THOMPSON TECHNOLOGIES, INC.  | <b>c</b> EIN-PN 58-2161727-001 |

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|   |  |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>              |  |
| <b>A</b> Name of plan<br><b>DFA U.S. TARGETED VALUE PORTFOLIO RET ACCT</b>  | <b>B</b> Three-digit plan number (PN) ▶ <b>527</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>36-6071399</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|   | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| <b>Assets</b>   |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:   |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>         | 19827142        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 23226201        |
| <b>(15)</b> Other.....  | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                                  |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property.....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 19827142                     | 23226201               |
| <b>Liabilities</b>   |              |                              |                        |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                              |                        |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                              | 1                      |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                              | 1                      |
| <b>Net Assets</b>  |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 19827142                     | 23226200               |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> |                   |                  |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> |                   |                  |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   |                  |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| <b>(1) Interest:</b>   |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |                   |                  |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |                   |                  |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |                   |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   |                  |
| <b>(2) Dividends:</b>  |                 |                   |                  |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |                   |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   |                  |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |                   |                  |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |                   |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |                   |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |                   |                  |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |                   |                  |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 1918837           |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 1918837   |

**Expenses**

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

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1918837 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  | 6413696 |
| (2) From this plan .....  | <b>2l(2)</b> |  | 4933475 |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.