

**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
  - 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
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>PRINCIPAL SPECTRUM PREFERRED AND CAPITAL SEC INCOME SEP ACCT</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>087</u>
	<b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PRINCIPAL LIFE INSURANCE COMPANY</u>  <u>711 HIGH STREET</u> <u>DES MOINES, IA 50392-1000</u>	<b>2b</b> Employer Identification Number (EIN) <u>42-0127290</u>
	<b>2c</b> Plan Sponsor's telephone number <u>515-362-1107</u>
	<b>2d</b> 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.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/23/2025</u>	<u>DARIN MCWILLIAMS</u>
	Signature of DFE	Date	Enter name of individual signing as 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 type="checkbox"/> Same as Plan Sponsor  PRINCIPAL LIFE INSURANCE COMPANY  711 HIGH STREET DES MOINES, IA 50392-1000	<b>3b</b> Administrator's EIN 42-0127290  <b>3c</b> Administrator's telephone number 515-362-1107																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td></td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>		<b>6c</b>		<b>6d</b>		<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>PRINCIPAL SPECTRUM PREFERRED AND CAPITAL SEC INCOME SEP ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>087</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>42-0127290</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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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 CHURCH AND CHAPEL METAL ARTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHURCH AND CHAPEL METAL ARTS, INC.	<b>c</b> EIN-PN 36-3001434-001
<b>a</b>	Plan name GEOSYNTEC CONSULTANTS, INC. AND SUBSIDIARIES 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GEOSYNTEC CONSULTANTS, INC.	<b>c</b> EIN-PN 59-2355134-002
<b>a</b>	Plan name MIDWEST OPTOMETRIC ASSOCIATES, P.C. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MIDWEST OPTOMETRIC ASSOCIATES, P.C.	<b>c</b> EIN-PN 42-1022473-003
<b>a</b>	Plan name EXCELL MARKETING, L.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EXCELL MARKETING, L.C.	<b>c</b> EIN-PN 42-1444611-001
<b>a</b>	Plan name P.C. GODFREY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor P C. GODFREY, INC.	<b>c</b> EIN-PN 56-0494928-002
<b>a</b>	Plan name ROSENTHAL AND ROSENTHAL, INC. EMPLOYEE S THRIFT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ROSENTHAL AND ROSENTHAL, INC.	<b>c</b> EIN-PN 13-1238943-002
<b>a</b>	Plan name THE ALUMINUM ASSOCIATION, INC. EMPLOYEES SAVINGS AND SUPPLEMENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE ALUMINUM ASSOCIATION, INC.	<b>c</b> EIN-PN 13-0428020-001
<b>a</b>	Plan name LKA PARTNERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LKA PARTNERS, INC.	<b>c</b> EIN-PN 84-0646793-001
<b>a</b>	Plan name D AGOSTINO IZZO QUIRK SAVINGS PLAN	
<b>b</b>	Name of plan sponsor D AGOSTINO IZZO QUIRK ARCHITECTS	<b>c</b> EIN-PN 04-3298785-001
<b>a</b>	Plan name NEW WORLD FOUNDATION MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor NEW WORLD FOUNDATION	<b>c</b> EIN-PN 13-1919791-001
<b>a</b>	Plan name KOENIG IRON WORKS, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KOENIG IRON WORKS, INC.	<b>c</b> EIN-PN 13-2551638-002
<b>a</b>	Plan name FALSTROM COMPANY SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor FALSTROM COMPANY	<b>c</b> EIN-PN 22-0901670-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE DANIELLS, PHILLIPS, VAUGHAN AND BOCK ACCOUNTANCY CORP. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DANIELLS PHILLIPS VAUGHAN AND BOCK ACCOUNTANCY	<b>c</b> EIN-PN 95-2972229-002
<b>a</b>	Plan name VANDIVIER MANAGEMENT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VANDIVIER ENTERPRISES INC	<b>c</b> EIN-PN 35-1608607-001
<b>a</b>	Plan name STRUCTURAL CONCEPTS CORPORATION 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor STRUCTURAL CONCEPTS CORPORATION	<b>c</b> EIN-PN 38-2151875-002
<b>a</b>	Plan name MUTUAL REINSURANCE BUREAU EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MUTUAL REINSURANCE BUREAU	<b>c</b> EIN-PN 36-1516650-001
<b>a</b>	Plan name CARUS CORPORATION BARGAINING EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CARUS CORPORATION	<b>c</b> EIN-PN 36-0877400-004
<b>a</b>	Plan name BACHMAN AUTO GROUP 401K SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor BACHMAN AUTO GROUP, INC.	<b>c</b> EIN-PN 61-1083122-001
<b>a</b>	Plan name ROOSTH PRODUCTION CO 401K PLAN	
<b>b</b>	Name of plan sponsor ROOSTH PRODUCTION CO	<b>c</b> EIN-PN 75-2662973-002
<b>a</b>	Plan name IMAGE FIRST OF IOWA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor IMAGE FIRST OF IOWA, INC	<b>c</b> EIN-PN 42-1241530-001
<b>a</b>	Plan name NORTH POINTE DENTAL ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor PROSS, KANTER AND TINDELL, D.M.D. S, P.A.	<b>c</b> EIN-PN 59-1946675-001
<b>a</b>	Plan name HARRISTOWN DEVELOPMENT CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HARRISTOWN DEVELOPMENT CORPORATION RETIREMENT	<b>c</b> EIN-PN 25-1581214-001
<b>a</b>	Plan name SHALLENBERGER CONSTRUCTION INC. 401K DAVIS BACON PLAN	
<b>b</b>	Name of plan sponsor SHALLENBERGER CONSTRUCTION INC.	<b>c</b> EIN-PN 25-1661288-002
<b>a</b>	Plan name THE SOUTHEASTERN ELECTRIC EXCHANGE DEFINED CONTRIBUTION PENSION PLAN	
<b>b</b>	Name of plan sponsor SOUTHEASTERN ELECTRIC EXCHANGE INC	<b>c</b> EIN-PN 58-0435110-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	POSEIDON WATER LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	POSEIDON WATER LLC	<b>c</b> EIN-PN 20-8544662-001
<b>a</b>	Plan name	TERRY AND SONS PAINTING CONTRACTORS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TERRY AND SONS PAINTING CONTRACTORS, INC.	<b>c</b> EIN-PN 42-0985173-002
<b>a</b>	Plan name	SOUTHEASTERN ELECTRIC EXCHANGE 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEASTERN ELECTRIC EXCHANGE, INC.	<b>c</b> EIN-PN 58-0435110-003
<b>a</b>	Plan name	ENKEI INTERNATIONAL 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ENKEI INTERNATIONAL INC	<b>c</b> EIN-PN 38-2505295-001
<b>a</b>	Plan name	ISLAND HOSPITALITY MANAGEMENT, LLC 401K	
<b>b</b>	Name of plan sponsor	ISLAND HOSPITALITY MANAGEMENT, LLC	<b>c</b> EIN-PN 26-0250123-001
<b>a</b>	Plan name	SOUTHWESTERN MOTOR TRANSPORT, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWESTERN MOTOR TRANSPORT, INC.	<b>c</b> EIN-PN 74-0914840-002
<b>a</b>	Plan name	A.K. DATA 401K PLAN	
<b>b</b>	Name of plan sponsor	A K DATA SERVICES INC	<b>c</b> EIN-PN 77-0134853-001
<b>a</b>	Plan name	WHOLESALE TIRE, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WHOLESALE TIRE, INC.	<b>c</b> EIN-PN 55-0352527-001
<b>a</b>	Plan name	GRIFFITH RUBBER MILLS 401K PLAN	
<b>b</b>	Name of plan sponsor	GRIFFITH RUBBER MILLS	<b>c</b> EIN-PN 93-0179560-005
<b>a</b>	Plan name	VERNIER METAL FABRICATING, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VERNIER METAL FABRICATING, INC.	<b>c</b> EIN-PN 06-0841597-002
<b>a</b>	Plan name	DON LEONARD AND SONS, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DON LEONARD AND SONS, INC.	<b>c</b> EIN-PN 91-1356664-001
<b>a</b>	Plan name	GRIFFITH RUBBER MILLS UNION EMPLOYEE S 401K PLAN	
<b>b</b>	Name of plan sponsor	GRIFFITH RUBBER MILLS	<b>c</b> EIN-PN 93-0179560-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE ZIMMERMAN AND ZIMMERMAN, P.A. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ZIMMERMAN AND ZIMMERMAN, P. A.	<b>c</b> EIN-PN 48-1174816-001
<b>a</b>	Plan name ORION ASSOCIATES/MERIDIAN SERVICES, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ORION ASSOCIATES/MERIDIAN SERVICES, INC.	<b>c</b> EIN-PN 20-0492522-001
<b>a</b>	Plan name EDUCATIONAL MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EDUCATIONAL MANAGEMENT	<b>c</b> EIN-PN 92-0071890-001
<b>a</b>	Plan name CAPITAL CITY LUMBER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CAPITAL CITY LUMBER COMPANY, INC.	<b>c</b> EIN-PN 59-2306446-001
<b>a</b>	Plan name SOUTHWESTERN FAIR COMMISSION INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTHWESTERN FAIR COMMISSION INC	<b>c</b> EIN-PN 86-0294014-001
<b>a</b>	Plan name POSADAS USA 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor POSADAS USA INC	<b>c</b> EIN-PN 52-1371552-001
<b>a</b>	Plan name WARTBURG TOOL AND DIE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WARTBURG TOOL AND DIE, INC	<b>c</b> EIN-PN 62-1288994-001
<b>a</b>	Plan name GRAUE INC. 401K PLAN	
<b>b</b>	Name of plan sponsor GRAUE INC., DBA GRAUE CHEVROLET	<b>c</b> EIN-PN 37-0711097-001
<b>a</b>	Plan name HARLEY DAVIDSON SALES AND SERVICE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor HARLEY DAVIDSON SALES AND SERVICE, INC.	<b>c</b> EIN-PN 35-0972584-001
<b>a</b>	Plan name BARCELLOS AND KANE 401K SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor P.J. BARCELLOS AND SONS DBA BARCELLOS AND KANE	<b>c</b> EIN-PN 04-2992469-001
<b>a</b>	Plan name KANSAS CITY ROYALS BASEBALL CLUB, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor KANSAS CITY ROYALS BASEBALL CLUB, LLC	<b>c</b> EIN-PN 43-0902508-001
<b>a</b>	Plan name INTERNATIONAL LEASING COMPANY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL LEASING COMPANY, INC.	<b>c</b> EIN-PN 91-0730957-001

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 STINSON ENTERPRISES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STINSON ENTERPRISES, INC.	<b>c</b> EIN-PN 94-1702818-001
<b>a</b>	Plan name MARINE SALES AND SERVICE, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MARINE SALES AND SERVICE, INC.	<b>c</b> EIN-PN 61-0401691-001
<b>a</b>	Plan name ABOG 401 K PLAN	
<b>b</b>	Name of plan sponsor THE AMERICAN BOARD OF OBGYN, INC.	<b>c</b> EIN-PN 34-0787715-001
<b>a</b>	Plan name LINCOLN NATIONAL BANK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LINCOLN NATIONAL BANK	<b>c</b> EIN-PN 61-0260720-002
<b>a</b>	Plan name VOGEL CHEVROLET, INC. 401K RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor VOGEL CHEVROLET, INC.	<b>c</b> EIN-PN 39-1082195-001
<b>a</b>	Plan name NCI, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor NCI, INC.	<b>c</b> EIN-PN 47-0425487-002
<b>a</b>	Plan name FUJITRANS U.S.A., INC. 401 K PLAN	
<b>b</b>	Name of plan sponsor FUJITRANS U.S.A., INC.	<b>c</b> EIN-PN 93-0789725-001
<b>a</b>	Plan name HURWITZ, SAGARIN, SLOSSBERG AND KNUFF, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor HURWITZ, SAGARIN, SLOSSBERG AND KNUFF, LLC	<b>c</b> EIN-PN 06-1516409-001
<b>a</b>	Plan name THE WITTERN GROUP NON-BARGAINING 401K PLAN	
<b>b</b>	Name of plan sponsor THE WITTERN GROUP	<b>c</b> EIN-PN 42-1414494-003
<b>a</b>	Plan name APEX ELECTRIC COMPANY, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor APEX ELECTRIC COMPANY, INC.	<b>c</b> EIN-PN 62-0851049-001
<b>a</b>	Plan name WEST BEND AIR PERFORMANCE SHARING PLAN	
<b>b</b>	Name of plan sponsor WEST BEND AIR, INC.	<b>c</b> EIN-PN 39-1643853-001
<b>a</b>	Plan name DENT-LOGY, INC. PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor DENT-LOGY, INC.	<b>c</b> EIN-PN 33-0561809-001

<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	RJC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	REPUBLICAN JEWISH COALITION	<b>c</b> EIN-PN 52-1386172-001
<b>a</b>	Plan name	SECURITY BALLEW, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SECURITY BALLEW, INC.	<b>c</b> EIN-PN 36-4300994-001
<b>a</b>	Plan name	PETER BLODGETT, D.D.S. 401K PLAN	
<b>b</b>	Name of plan sponsor	PETER BLODGETT, D.D.S.	<b>c</b> EIN-PN 42-1354186-001
<b>a</b>	Plan name	THE COASTAL COMPANIES, LLC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE COASTAL COMPANIES, LLC.	<b>c</b> EIN-PN 20-4759874-001
<b>a</b>	Plan name	GOLDIN AND STAFFORD, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GOLDIN AND STAFFORD INC	<b>c</b> EIN-PN 52-1761787-001
<b>a</b>	Plan name	BRUER S CONTRACT CUTTING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRUER S CONTRACT CUTTING	<b>c</b> EIN-PN 93-0788309-001
<b>a</b>	Plan name	AMERICAN DREAM PIZZA 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SEBOTT, INC. DBA AMERICAN DREAM PIZZA	<b>c</b> EIN-PN 93-0891089-001
<b>a</b>	Plan name	ANDOR, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANDOR, INC.	<b>c</b> EIN-PN 46-0335606-001
<b>a</b>	Plan name	GUIDESTAR DIRECT, CORP. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GUIDESTAR DIRECT, CORP.	<b>c</b> EIN-PN 33-0852581-002
<b>a</b>	Plan name	RCB INDUSTRIES 401K PLAN	
<b>b</b>	Name of plan sponsor	RCB INDUSTRIES INCORPORATED	<b>c</b> EIN-PN 38-2574534-001
<b>a</b>	Plan name	GLOBAL RECOVERY GROUP LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL RECOVERY GROUP	<b>c</b> EIN-PN 20-0437923-001
<b>a</b>	Plan name	MADISON, MROZ, STEINMAN, KENNY AND OLEXY, P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor	MADISON, MROZ, STEINMAN, KENNY AND OLEXY, P.A.	<b>c</b> EIN-PN 85-0396506-001

<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	FEDDER MANAGEMENT CORPORATION 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FEDDER MANAGEMENT CORPORATION	<b>c</b> EIN-PN 80-0518674-001
<b>a</b>	Plan name	MEDIA LOGIC GROUP, LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MEDIA LOGIC GROUP LLC	<b>c</b> EIN-PN 45-4054700-001
<b>a</b>	Plan name	PEST TECH INC 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN PEST SERVICES INC DBA PEST TECH INC.	<b>c</b> EIN-PN 87-0706636-001
<b>a</b>	Plan name	BROWN CORROSION SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BROWN CORROSION SERVICES INC	<b>c</b> EIN-PN 76-0462479-001
<b>a</b>	Plan name	FULCRUM BIOENERGY 401K PLAN	
<b>b</b>	Name of plan sponsor	FULCRUM BIOENERGY, INC.	<b>c</b> EIN-PN 33-1173733-001
<b>a</b>	Plan name	THE PETERS CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE PETERS CORPORATION	<b>c</b> EIN-PN 85-0237956-001
<b>a</b>	Plan name	ALPHAPORT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ALPHAPORT, INC.	<b>c</b> EIN-PN 34-1916769-001
<b>a</b>	Plan name	WSCIA, INC. PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	WSCIA, INC.	<b>c</b> EIN-PN 68-0447508-001
<b>a</b>	Plan name	ORGANIZATION FOR RECOVERY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORGANIZATION FOR RECOVERY, INC.	<b>c</b> EIN-PN 22-3523677-001
<b>a</b>	Plan name	AIRMEN HVAC SERVICE 401K PLAN	
<b>b</b>	Name of plan sponsor	AIRMEN HVAC SERVICE	<b>c</b> EIN-PN 27-1140490-001
<b>a</b>	Plan name	RIGHT START MORTGAGE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	RIGHT START MORTGAGE, INC.	<b>c</b> EIN-PN 94-4234730-002
<b>a</b>	Plan name	DR. NINA K. MAW MAW MD INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	DR. NINA K. MAW MAW MD INC.	<b>c</b> EIN-PN 45-4136208-001

<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	DAHER AIRCRAFT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DAHER AIRCRAFT, INC.	<b>c</b> EIN-PN 13-2898620-001
<b>a</b>	Plan name	E AND H TRANSPORT NETWORK, INC C.E.C. BENEFIT GROUP P/S AND 401K PLAN	
<b>b</b>	Name of plan sponsor	E AND H TRANSPORT NETWORK, INC	<b>c</b> EIN-PN 33-0592122-001
<b>a</b>	Plan name	CUSTOM INSURANCE SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 43-1128229-001
<b>a</b>	Plan name	HEINZ MARKETING INCORPORATED 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	HEINZ MARKETING, INC.	<b>c</b> EIN-PN 27-2857685-001
<b>a</b>	Plan name	EMPLOYEE RETIREMENT PLAN OF THE NY SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN	
<b>b</b>	Name of plan sponsor	NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY	<b>c</b> EIN-PN 13-1624134-001
<b>a</b>	Plan name	ADWERKS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADWERKS, INC.	<b>c</b> EIN-PN 46-0451501-001
<b>a</b>	Plan name	NEW HORIZON AGENCY GROUP INCORPORATED 401K PLAN	
<b>b</b>	Name of plan sponsor	NEW HORIZON AGENCY GROUP INCORPORATED	<b>c</b> EIN-PN 13-4113280-001
<b>a</b>	Plan name	MYTHIC 401K PLAN	
<b>b</b>	Name of plan sponsor	MGAD LLC	<b>c</b> EIN-PN 46-2348474-001
<b>a</b>	Plan name	PARISI, COAN AND SACCOCIO, PLLC SAFE HARBOR 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	PARISI, COAN AND SACCOCIO, PLLC	<b>c</b> EIN-PN 16-1681598-001
<b>a</b>	Plan name	N.W. KALTZ AND SONS FARMS 401K PLAN	
<b>b</b>	Name of plan sponsor	N.W. KALTZ AND SONS FARMS	<b>c</b> EIN-PN 38-2925206-001
<b>a</b>	Plan name	GREAT EASTERN ENTERTAINMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREAT EASTERN ENTERTAINMENT CO.	<b>c</b> EIN-PN 95-4559713-001
<b>a</b>	Plan name	ALPINE BROKERAGE NORTH 401K	
<b>b</b>	Name of plan sponsor	ALPINE BROKERAGE NORTH, LLC	<b>c</b> EIN-PN 92-0732847-001

<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	LIBERTY PRECISION COMPANY, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY PRECISION COMPANY, LLC	<b>c</b> EIN-PN 27-5299274-001
<b>a</b>	Plan name	PRECEPT, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PRECEPT, LLC	<b>c</b> EIN-PN 45-4654314-001
<b>a</b>	Plan name	LERNER, ARNOLD AND WINSTON, LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	LERNER, ARNOLD AND WINSTON, LLP	<b>c</b> EIN-PN 13-4098298-001
<b>a</b>	Plan name	EMINENT SERVICES CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EMINENT SERVICES CORPORATION	<b>c</b> EIN-PN 52-2071275-001
<b>a</b>	Plan name	TANDIGM HEALTH, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TANDIGM HEALTH, LLC	<b>c</b> EIN-PN 46-5339475-001
<b>a</b>	Plan name	KAHOE AIR BALANCE COMPANY 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KAHOE AIR BALANCE COMPANY	<b>c</b> EIN-PN 34-0949401-001
<b>a</b>	Plan name	HOLLYWOOD PARK CASINO COMPANY, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HOLLYWOOD PARK CASINO COMPANY, LLC	<b>c</b> EIN-PN 20-5136818-001
<b>a</b>	Plan name	B.J. MCGLONE AND CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B.J. MCGLONE AND CO., INC.	<b>c</b> EIN-PN 22-2118659-001
<b>a</b>	Plan name	GIRLS INCORPORATED OF GREATER HOUSTON 401K PLAN	
<b>b</b>	Name of plan sponsor	GIRLS INCORPORATED OF GREATER HOUSTON	<b>c</b> EIN-PN 76-0483812-001
<b>a</b>	Plan name	BALFE AND HOLLAND, P.C. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BALFE AND HOLLAND, P.C.	<b>c</b> EIN-PN 30-0140702-001
<b>a</b>	Plan name	D AND E CONSULTING SOLUTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	D AND E CONSULTING SOLUTIONS, INC.	<b>c</b> EIN-PN 26-3596896-001
<b>a</b>	Plan name	ONE WEALTH MANAGEMENT 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ONE WEALTH MANAGEMENT	<b>c</b> EIN-PN 47-3541644-001

<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	INTERNATIONAL FREIGHT TRANSPORT, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL FREIGHT TRANSPORT, INC.	<b>c</b> EIN-PN 22-2893156-001
<b>a</b>	Plan name	B.A.T. RETIREMENT FUND	
<b>b</b>	Name of plan sponsor	LOCAL UNION 514, B.A.T.	<b>c</b> EIN-PN 46-1144986-001
<b>a</b>	Plan name	CONTROL LASER CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	CONTROL LASER CORPORATION	<b>c</b> EIN-PN 59-1097022-001
<b>a</b>	Plan name	ACROW CORPORATION OF AMERICA 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ACROW CORPORATION OF AMERICA	<b>c</b> EIN-PN 22-1589330-001
<b>a</b>	Plan name	SCENTSIBLE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SCENTSIBLE, LLC	<b>c</b> EIN-PN 20-5959685-001
<b>a</b>	Plan name	KLINK AND COMPANY, INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KLINK AND COMPANY, INC.	<b>c</b> EIN-PN 94-3394258-001
<b>a</b>	Plan name	CHUMNEY AND ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	CHUMNEY AND ASSOCIATES, INC.	<b>c</b> EIN-PN 65-0513957-001
<b>a</b>	Plan name	GOLDEN QUEEN 401K PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN QUEEN MINING COMPANY, LLC	<b>c</b> EIN-PN 47-1904841-001
<b>a</b>	Plan name	LKG RESOURCES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	LKG RESOURCES, LLC	<b>c</b> EIN-PN 45-2885498-001
<b>a</b>	Plan name	METRO SERVICES GROUP, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	METRO SERVICES GROUP, INC.	<b>c</b> EIN-PN 20-0584950-001
<b>a</b>	Plan name	APOLLO ENGINEERING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	APOLLO ENGINEERING, LLC	<b>c</b> EIN-PN 27-1144795-001
<b>a</b>	Plan name	NEXT ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEXT ENERGY TECHNOLOGIES INC.	<b>c</b> EIN-PN 27-2894903-001

<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	NORTHERN MUTUAL INSURANCE COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 38-0539800-002
<b>a</b>	Plan name	BRANDT WEALTH ADVISORS 401K PLAN	
<b>b</b>	Name of plan sponsor	FP FOCUS LLC	<b>c</b> EIN-PN 04-3409820-001
<b>a</b>	Plan name	GEELEHER ENTERPRISES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEELEHER ENTERPRISES, INC.	<b>c</b> EIN-PN 04-3558974-001
<b>a</b>	Plan name	SANTIAGO S LAFAYETTE LLC 401K SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	SANTIAGO S II MEXICAN RESTAURANT	<b>c</b> EIN-PN 26-1669809-001
<b>a</b>	Plan name	SOUND CHOICE INSURANCE 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUND CHOICE INSURANCE, LLC	<b>c</b> EIN-PN 27-2793781-002
<b>a</b>	Plan name	AMPLIFI LOYALTY 401K PLAN	
<b>b</b>	Name of plan sponsor	AMPLIFI LOYALTY SOLUTIONS, LLC	<b>c</b> EIN-PN 27-3844276-001
<b>a</b>	Plan name	SPARTAN WEALTH MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	SPARTAN WEALTH MANAGEMENT	<b>c</b> EIN-PN 82-2611455-001
<b>a</b>	Plan name	WESTERN GROUND IMPROVEMENT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WESTERN GROUND IMPROVEMENT, INC.	<b>c</b> EIN-PN 02-7429749-001
<b>a</b>	Plan name	SUSAN D FRANK, DDS 401K PLAN	
<b>b</b>	Name of plan sponsor	SUSAN D. FRANK, D.D.S.	<b>c</b> EIN-PN 03-6330473-001
<b>a</b>	Plan name	CERPASSRX 401K PLAN	
<b>b</b>	Name of plan sponsor	HEALTHCARE HIGHWAYS RX, LLC DBA CERPASSRX	<b>c</b> EIN-PN 73-1700173-001
<b>a</b>	Plan name	BRAILSFORD AND DUNLAVEY, INC. CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	BRAILSFORD AND DUNLAVEY, INC.	<b>c</b> EIN-PN 52-1847085-002
<b>a</b>	Plan name	HARRINGTON INDUSTRIAL PLASTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	HARRINGTON INDUSTRIAL PLASTICS, LLC	<b>c</b> EIN-PN 95-2752402-002

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 LANGE PLUMBING SUPPLY, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LANGE PLUMBING SUPPLY, INC.	<b>c</b> EIN-PN 94-2203825-001
<b>a</b>	Plan name KELLY S FOODS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KELLY S FOODS, INC.	<b>c</b> EIN-PN 59-2147286-001
<b>a</b>	Plan name GRIFFITH RUBBER MILLS 401K PLAN FOR GARRETT, INDIANA EMPLOYEES	
<b>b</b>	Name of plan sponsor GRIFFITH RUBBER MILLS	<b>c</b> EIN-PN 93-0874144-004
<b>a</b>	Plan name MOUNTAIN VIEW MUSHROOMS 401K PLAN	
<b>b</b>	Name of plan sponsor MOUNTAIN VIEW MUSHROOMS, LLC	<b>c</b> EIN-PN 56-2311532-001
<b>a</b>	Plan name BAKER PRINTING COMPANY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BAKER PRINTING COMPANY, INC.	<b>c</b> EIN-PN 72-0651251-001
<b>a</b>	Plan name RICHARD A. LARSON AND ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor RICHARD A. LARSON AND ASSOCIATES	<b>c</b> EIN-PN 46-9345480-001
<b>a</b>	Plan name LC ENGINEERING GROUP, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LC ENGINEERING GROUP, INC.	<b>c</b> EIN-PN 20-1601831-001
<b>a</b>	Plan name D G KOCH ASSOCIATES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor D G KOCH ASSOCIATES LLC	<b>c</b> EIN-PN 20-4320083-001
<b>a</b>	Plan name MONALOH BASIN ENGINEERS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor MONALOH BASIN ENGINEERS, INC.	<b>c</b> EIN-PN 25-1375659-001
<b>a</b>	Plan name CONCORA CREDIT INC 401K PLAN	
<b>b</b>	Name of plan sponsor CONCORA CREDIT INC.	<b>c</b> EIN-PN 20-1723773-001
<b>a</b>	Plan name MR. FENCE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor MR. FENCE, INC.	<b>c</b> EIN-PN 38-2435454-001
<b>a</b>	Plan name SUNBELT GOLF CORPORATION 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUNBELT GOLF CORPORATION	<b>c</b> EIN-PN 63-1028278-001

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 CTE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTRAL TEXAS EQUIPMENT	<b>c</b> EIN-PN 26-1657066-001
<b>a</b>	Plan name BERNSTEIN MANAGEMENT ASSOCIATES 401K SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BERNSTEIN MANAGEMENT ASSOCIATES, INC.	<b>c</b> EIN-PN 52-1736036-001
<b>a</b>	Plan name STAR AUTOMATION, INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor STAR AUTOMATION, INC.	<b>c</b> EIN-PN 39-1693723-001
<b>a</b>	Plan name B AND F TECHNICAL CODE SERVICES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor B AND F TECHNICAL CODE SERVICES, INC.	<b>c</b> EIN-PN 36-3687796-004
<b>a</b>	Plan name OAKLEY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OAKLEY INDUSTRIES SUB ASSEMBLY DIVISION, INC.	<b>c</b> EIN-PN 38-2552259-001
<b>a</b>	Plan name INFERTILITY ASSOCIATES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor INFERTILITY ASSOCIATES, INC.	<b>c</b> EIN-PN 11-2724514-001
<b>a</b>	Plan name AGGRESSIVE HYDRAULICS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AGGRESSIVE HYDRAULICS, INC.	<b>c</b> EIN-PN 82-0545551-001
<b>a</b>	Plan name MICHAEL JONES AUTOMOTIVE INC. 401K PLAN	
<b>b</b>	Name of plan sponsor MICHAEL JONES AUTOMOTIVE INC.	<b>c</b> EIN-PN 58-1400555-001
<b>a</b>	Plan name TEXAS TECH FEDERAL CREDIT UNION 401K PLAN	
<b>b</b>	Name of plan sponsor TEXAS TECH FEDERAL CREDIT UNION	<b>c</b> EIN-PN 75-1157852-001
<b>a</b>	Plan name TUCKAHOE TURF FARMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor TUCKAHOE TURF FARMS, INC.	<b>c</b> EIN-PN 22-1964312-002
<b>a</b>	Plan name RYDER 401K PLAN	
<b>b</b>	Name of plan sponsor RYDER CONSTRUCTION INC.	<b>c</b> EIN-PN 11-2508668-001
<b>a</b>	Plan name ROBERT JOHNSON LAW CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor ROBERT JOHNSON LAW CORPORATION	<b>c</b> EIN-PN 16-1752829-001

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 CBK ENTERPRISES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CBK ENTERPRISES	<b>c</b> EIN-PN 36-4198839-001
<b>a</b>	Plan name THE BURCHELL NURSERY, INC. PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor THE BURCHELL NURSERY, INC.	<b>c</b> EIN-PN 94-2059834-001
<b>a</b>	Plan name JOSE PEPPER S/CACTUS GRILL 401K PLAN	
<b>b</b>	Name of plan sponsor JOSE PEPPER S RESTAURANTS, LLC	<b>c</b> EIN-PN 45-4482059-001
<b>a</b>	Plan name INNOVATIVE SINTERED METALS, INC. 401K P/S PLAN	
<b>b</b>	Name of plan sponsor INNOVATIVE SINTERED METALS, INC.	<b>c</b> EIN-PN 23-2922721-001
<b>a</b>	Plan name SMITH-BERCLAIR INSURANCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SMITH-BERCLAIR INSURANCE, INC.	<b>c</b> EIN-PN 62-1048322-001
<b>a</b>	Plan name SCCF 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SANIBEL-CAPTIVA CONSERVATION FOUNDATION	<b>c</b> EIN-PN 59-1205087-001
<b>a</b>	Plan name SKYBOX SECURITY 401K PLAN	
<b>b</b>	Name of plan sponsor SKYBOX SECURITY, INC.	<b>c</b> EIN-PN 22-3887355-001
<b>a</b>	Plan name DELTA FLOORING, INC. 401K P/S PLAN	
<b>b</b>	Name of plan sponsor DELTA FLOORING, INC.	<b>c</b> EIN-PN 20-0707770-001
<b>a</b>	Plan name OFFICE ASSISTANCE FROM ALICE 401K PLAN	
<b>b</b>	Name of plan sponsor OFFICE ASSISTANCE FROM ALICE	<b>c</b> EIN-PN 99-9623370-001
<b>a</b>	Plan name SPECTROGON 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SPECTROGON U.S. INC	<b>c</b> EIN-PN 23-2651735-001
<b>a</b>	Plan name FANDM RAIL SERVICE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor FANDM RAIL SERVICE, INC.	<b>c</b> EIN-PN 26-0073109-001
<b>a</b>	Plan name LUYON CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor LUYON CORPORATION	<b>c</b> EIN-PN 33-0519654-002

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 LUYON CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor LUYON CORP.	<b>c</b> EIN-PN 33-0519654-001
<b>a</b>	Plan name PROTECH SOLUTIONS, LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PROTECH SOLUTIONS INC	<b>c</b> EIN-PN 45-3821486-001
<b>a</b>	Plan name LANG AND RAFFA, P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor LANG AND RAFFA, P.A.	<b>c</b> EIN-PN 59-3099257-001
<b>a</b>	Plan name TEMP ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor R.J. PERSONNEL, INC.	<b>c</b> EIN-PN 42-1293379-001
<b>a</b>	Plan name CLIFF INTERNATIONAL, LTD 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CLIFF INTERNATIONAL, LTD	<b>c</b> EIN-PN 22-2583529-001
<b>a</b>	Plan name ELM ASSOCIATES INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor ELM ASSOCIATES	<b>c</b> EIN-PN 90-0132570-001
<b>a</b>	Plan name MILTON STEEL COMPANY BARGAINING UNIT EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor MILTON STEEL COMPANY	<b>c</b> EIN-PN 90-0733448-001
<b>a</b>	Plan name TONE IT UP, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TONE IT UP, INC.	<b>c</b> EIN-PN 82-3842145-001
<b>a</b>	Plan name MACK REAL ESTATE GROUP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MREG MANAGEMENT LLC	<b>c</b> EIN-PN 46-2796973-001
<b>a</b>	Plan name FGH SYSTEMS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FGH SYSTEMS, INC.	<b>c</b> EIN-PN 22-2129331-001
<b>a</b>	Plan name SPRING OAK 401K PLAN	
<b>b</b>	Name of plan sponsor GLACIER CAPITAL PARTNERS LLC	<b>c</b> EIN-PN 47-2544508-001
<b>a</b>	Plan name AMMONS SUPERMARKET, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor AMMONS SUPERMARKET, LLC	<b>c</b> EIN-PN 23-3028109-001

<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	MORNINGSIDE PEDIATRICS 401K PLAN	
<b>b</b>	Name of plan sponsor	REBECCA DIMUNDO MD, INC.	<b>c</b> EIN-PN 26-3235052-001
<b>a</b>	Plan name	MACPHERSON WESTERN TOOL AND SUPPLY CO., INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MACPHERSON WESTERN TOOL AND SUPPLY CO., INC.	<b>c</b> EIN-PN 94-1492715-002
<b>a</b>	Plan name	GOOSETOWN ENTERPRISES, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GOOSETOWN ENTERPRISES, INC.	<b>c</b> EIN-PN 13-3576689-001
<b>a</b>	Plan name	TIP N TOE SALON, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TIP N TOE SALON, INC.	<b>c</b> EIN-PN 75-3177555-001
<b>a</b>	Plan name	INTEGRATED THERAPY SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED THERAPY SERVICES, L.L.C.	<b>c</b> EIN-PN 47-1387599-001
<b>a</b>	Plan name	KIM AND LEE, LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	KIM AND LEE, LLP	<b>c</b> EIN-PN 95-4567274-001
<b>a</b>	Plan name	RIZZO PACKAGING, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RIZZO PACKAGING, INC.	<b>c</b> EIN-PN 38-2138403-001
<b>a</b>	Plan name	XIU QIN HOU 401K PLAN	
<b>b</b>	Name of plan sponsor	XIU QIN HOU DBA HOU FINANCIAL GROUP	<b>c</b> EIN-PN 68-0637498-001
<b>a</b>	Plan name	HAMPTON GOLF CLUB LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HAMPTON GOLF CLUB LLC	<b>c</b> EIN-PN 13-4038479-001
<b>a</b>	Plan name	WORLDBRIDGE PARTNERS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WORLDBRIDGE PARTNERS, INC.	<b>c</b> EIN-PN 36-4200434-001
<b>a</b>	Plan name	ADVANCED SCAFFOLD SERVICES OF NEW ENGLAND 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED SCAFFOLD SERVICES OF NEW ENGLAND	<b>c</b> EIN-PN 35-2408550-001
<b>a</b>	Plan name	HEALTHCARE HIGHWAYS 401K PLAN	
<b>b</b>	Name of plan sponsor	HEALTHCARE HIGHWAYS, INC.	<b>c</b> EIN-PN 27-2072460-001

<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	NORTH POLE COFFEE ROASTING, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTH POLE COFFEE ROASTING, INC.	<b>c</b> EIN-PN 68-0633621-001
<b>a</b>	Plan name	MESA CUSTOM MACHINING CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor	MESA CUSTOM MACHINING CORP.	<b>c</b> EIN-PN 86-0609282-001
<b>a</b>	Plan name	WAYNE MOTORS, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WAYNE MOTORS, INC.	<b>c</b> EIN-PN 22-1859282-001
<b>a</b>	Plan name	H AND L ADVANTAGE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	H AND L ADVANTAGE, INC.	<b>c</b> EIN-PN 38-2266405-001
<b>a</b>	Plan name	SCRUB DADDY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SCRUB DADDY, INC.	<b>c</b> EIN-PN 45-5326983-001
<b>a</b>	Plan name	VERARDI DENTAL, PA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VERARDI DENTAL, PA	<b>c</b> EIN-PN 20-1138164-001
<b>a</b>	Plan name	PEDIATRIC AND ADULT ALLERGY, P.C. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEDIATRIC AND ADULT ALLERGY, P.C.	<b>c</b> EIN-PN 42-1045337-001
<b>a</b>	Plan name	GAZELLE TRANSPORTATION, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	GAZELLE TRANSPORTATION, LLC	<b>c</b> EIN-PN 77-0322176-001
<b>a</b>	Plan name	SPORT AND REHAB, INCORPORATED 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SPORT AND REHAB PHYSICAL THERAPY INC.	<b>c</b> EIN-PN 46-0486182-001
<b>a</b>	Plan name	JUI-MIN SU, DDS, MS. PROFESSIONAL CORP. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JUI-MIN SU, DDS, MS. PROFESSIONAL CORP.	<b>c</b> EIN-PN 26-4687502-001
<b>a</b>	Plan name	MFI HEALTH CARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MFI HEALTH CARE, LLC	<b>c</b> EIN-PN 36-4819988-001
<b>a</b>	Plan name	BRABO BENEFITS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRABO BENEFITS, INC.	<b>c</b> EIN-PN 46-2582510-001

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-K LIGHTING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor B-K LIGHTING, INC.	<b>c</b> EIN-PN 77-0161598-003
<b>a</b>	Plan name GENESIS WOMEN S CARE CROSS-TESTED 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor GENESIS WOMEN S CARE	<b>c</b> EIN-PN 62-1776001-001
<b>a</b>	Plan name OPPORTUNITY INTERNATIONAL NICARAGUA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor OPPORTUNITY INTERNATIONAL NICARAGUA, INC.	<b>c</b> EIN-PN 47-0994982-001
<b>a</b>	Plan name SHENANDOAH COUNTRY CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor SHENANDOAH COUNTRY CLUB	<b>c</b> EIN-PN 38-2895627-001
<b>a</b>	Plan name ENT AND ALLERGY ASSOCIATES, P.C. 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ENT AND ALLERGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 20-0096949-001
<b>a</b>	Plan name CENTRAL INDIANA COMMUNITY FOUNDATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTRAL INDIANA COMM FOUNDATION	<b>c</b> EIN-PN 35-1793680-001
<b>a</b>	Plan name ALEXANDER CLARK PRINTING 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALEXANDER CLARK PRINTING, INC.	<b>c</b> EIN-PN 82-0306212-001
<b>a</b>	Plan name SUN EXPRESS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HANK S INC. DBA SUN EXPRESS	<b>c</b> EIN-PN 95-2148927-001
<b>a</b>	Plan name SIGHTLINE PARTNERS LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SIGHTLINE PARTNERS, LLC	<b>c</b> EIN-PN 20-1705658-002
<b>a</b>	Plan name DIEKEMA/HAMANN/ARCHITECTS 401K PLAN	
<b>b</b>	Name of plan sponsor DIEKEMA/HAMANN/ARCHITECTS, INC.	<b>c</b> EIN-PN 38-2133988-001
<b>a</b>	Plan name INSURTEC, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor INSURTEC, INC.	<b>c</b> EIN-PN 43-1711948-001
<b>a</b>	Plan name DENNY S HEATING, COOLING 401K PLAN	
<b>b</b>	Name of plan sponsor DENNY S HEATING, COOLING AND REFRIGERATION	<b>c</b> EIN-PN 38-2661955-001

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 ADAMS FUNDS EMPLOYEE THRIFT PLAN	
<b>b</b>	Name of plan sponsor ADAMS DIVERSIFIED EQUITY FUND, INC	<b>c</b> EIN-PN 13-4912740-002
<b>a</b>	Plan name SHI R2 SOLUTIONS, INC. 401K/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHI R2 SOLUTIONS, INC.	<b>c</b> EIN-PN 54-2074821-001
<b>a</b>	Plan name COMMUNITY ASSOCIATIONS INSTITUTE 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY ASSOCIATIONS INSTITUTE	<b>c</b> EIN-PN 23-7392984-001
<b>a</b>	Plan name XTREME 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor XTREME HEATING AND AIR CONDITIONING, INC.	<b>c</b> EIN-PN 20-2995006-001
<b>a</b>	Plan name SLATER BUILDERS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SLATER BUILDERS, INC.	<b>c</b> EIN-PN 95-4439666-001
<b>a</b>	Plan name THERESA KLASS 401K PLAN	
<b>b</b>	Name of plan sponsor THERESA KLASS	<b>c</b> EIN-PN 57-4309119-001
<b>a</b>	Plan name FRED S AUTO 401K PLAN	
<b>b</b>	Name of plan sponsor FSJS, INC. T/A FRED S AUTO	<b>c</b> EIN-PN 22-3372906-001
<b>a</b>	Plan name PHELPS UNIFORM 401K PLAN	
<b>b</b>	Name of plan sponsor PHELPS THE UNIFORM SPECIALIST	<b>c</b> EIN-PN 42-1183791-001
<b>a</b>	Plan name QUALITY COLLISION REPAIR, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor QUALITY COLLISION REPAIR, LLC	<b>c</b> EIN-PN 56-2279857-001
<b>a</b>	Plan name CRUMBLEY PAPER COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor CRUMBLEY PAPER AND FOODSERVICE, INC.	<b>c</b> EIN-PN 64-0437465-001
<b>a</b>	Plan name GIGATECH PRODUCTS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GIGATECH PRODUCTS, INC.	<b>c</b> EIN-PN 24-3976490-001
<b>a</b>	Plan name ISCOPE CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor UNITED SCOPE LLC	<b>c</b> EIN-PN 95-4171622-001

<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	ROBINSON INSURANCE AGENCY, INC. EMPLOYEE S RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ROBINSON INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 56-1074936-001
<b>a</b>	Plan name	MOSBACHER PROPERTIES GROUP, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MOSBACHER PROPERTIES GROUP, LLC	<b>c</b> EIN-PN 13-3980840-002
<b>a</b>	Plan name	E GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	E GROUP, INC.	<b>c</b> EIN-PN 41-1793664-001
<b>a</b>	Plan name	JULIE AND ALEX ACUNA 401K PLAN	
<b>b</b>	Name of plan sponsor	JULIE AND ALEX ACUNA	<b>c</b> EIN-PN 45-4372519-001
<b>a</b>	Plan name	REINS INTERNATIONAL U.S.A. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REINS INTERNATIONAL U.S.A. CO. LTD.	<b>c</b> EIN-PN 99-0356230-001
<b>a</b>	Plan name	RONALD J. CURL, DMD 401K PLAN	
<b>b</b>	Name of plan sponsor	RONALD J. CURL, DMD	<b>c</b> EIN-PN 34-1619161-001
<b>a</b>	Plan name	LAMBCON AND BRADLEY CONCRETE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAMBCON INC	<b>c</b> EIN-PN 72-1566118-001
<b>a</b>	Plan name	LPE ASSETS, LLC DBA LINGENFELTER PERFORMANCE ENGINEERING 401K PLAN	
<b>b</b>	Name of plan sponsor	LPE ASSETS, LLC DBA LINGENFELTER PERFORMANCE	<b>c</b> EIN-PN 26-3131439-001
<b>a</b>	Plan name	PLUMP ENGINEERING, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PLUMP ENGINEERING, INC.	<b>c</b> EIN-PN 33-0735779-001
<b>a</b>	Plan name	NASER PROPANE COMPANY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	NASER PROPANE COMPANY, INC.	<b>c</b> EIN-PN 38-2002666-001
<b>a</b>	Plan name	I SEE CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	I SEE CORPORATION	<b>c</b> EIN-PN 35-2140146-001
<b>a</b>	Plan name	BAAS AND ASSOCIATES, PC	
<b>b</b>	Name of plan sponsor	BAAS AND ASSOCIATES, PC	<b>c</b> EIN-PN 90-0777951-001

<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	ABSOLUTELY OPTICAL INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTELY OPTICAL INC.	<b>c</b> EIN-PN 59-3620580-001
<b>a</b>	Plan name	HEARTCORE WOMEN 401K PLAN	
<b>b</b>	Name of plan sponsor	HEARTCORE WOMEN	<b>c</b> EIN-PN 68-0160969-001
<b>a</b>	Plan name	MARK INGRAM BRIDAL ATELIER 401K PLAN	
<b>b</b>	Name of plan sponsor	MARK INGRAM BRIDAL ATELIER	<b>c</b> EIN-PN 13-4187566-001
<b>a</b>	Plan name	RUGGED LOGIC SAFE HARBOR 401K	
<b>b</b>	Name of plan sponsor	RUGGED LOGIC, INC.	<b>c</b> EIN-PN 45-4234913-001
<b>a</b>	Plan name	AGS HEALTH 401K PLAN	
<b>b</b>	Name of plan sponsor	AGS HEALTH LLC	<b>c</b> EIN-PN 45-2090133-001
<b>a</b>	Plan name	COIL TUBING PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	COIL TUBING PARTNERS, LLC	<b>c</b> EIN-PN 45-5258418-001
<b>a</b>	Plan name	REGGIANI, GRILL AND AVALLONE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	REGGIANI, GRILL AND AVALLONE LLC	<b>c</b> EIN-PN 22-2010201-001
<b>a</b>	Plan name	ORLANDO DRUM COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	ORLANDO DRUM COMPANY	<b>c</b> EIN-PN 59-1431819-001
<b>a</b>	Plan name	SUNNYBROOK COMMUNITY CHURCH 401K PLAN	
<b>b</b>	Name of plan sponsor	SUNNYBROOK COMMUNITY CHURCH	<b>c</b> EIN-PN 42-1018560-001
<b>a</b>	Plan name	DIGICHROME STUDIOS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIGICHROME STUDIOS, INC.	<b>c</b> EIN-PN 22-2480685-001
<b>a</b>	Plan name	RUPPEL MARKETING 401K PLAN	
<b>b</b>	Name of plan sponsor	RUPPEL MARKETING	<b>c</b> EIN-PN 27-1398231-001
<b>a</b>	Plan name	MARK ANDERSON 401K PLAN	
<b>b</b>	Name of plan sponsor	MARK ANDERSON	<b>c</b> EIN-PN 46-4223157-001

<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	READ KING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	READ KING, INC.	<b>c</b> EIN-PN 37-1456817-001
<b>a</b>	Plan name	THE HOFFMAN AGENCY 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE HOFFMAN AGENCY	<b>c</b> EIN-PN 42-0993620-001
<b>a</b>	Plan name	STILT STUDIO 401K PLAN	
<b>b</b>	Name of plan sponsor	STILT STUDIO, INC	<b>c</b> EIN-PN 27-1970464-001
<b>a</b>	Plan name	UPPER HAND ORTHOPAEDICS, PC 401K PLAN	
<b>b</b>	Name of plan sponsor	UPPER HAND ORTHOPAEDICS, PC	<b>c</b> EIN-PN 45-5552693-001
<b>a</b>	Plan name	WEST-HODSON LUMBER CO., INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WEST-HODSON LUMBER CO., INC.	<b>c</b> EIN-PN 47-0635924-001
<b>a</b>	Plan name	GUARDIAN BUS COMPANY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	GUARDIAN BUS COMPANY, INC.	<b>c</b> EIN-PN 46-4327167-001
<b>a</b>	Plan name	BLP HOLDINGS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	METAL CUTTING	<b>c</b> EIN-PN 90-1034150-001
<b>a</b>	Plan name	MANIFOLD, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MANIFOLD, LLC	<b>c</b> EIN-PN 27-2139199-001
<b>a</b>	Plan name	SHALOM, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHALOM, INC.	<b>c</b> EIN-PN 23-1900919-001
<b>a</b>	Plan name	HOME FINANCING CENTER, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOME FINANCING CENTER, INC.	<b>c</b> EIN-PN 59-2472569-001
<b>a</b>	Plan name	MICHAEL AND SON RALEIGH 401K PLAN	
<b>b</b>	Name of plan sponsor	MOF LLC DBA MICHAEL AND SON SERVICES	<b>c</b> EIN-PN 27-4749923-001
<b>a</b>	Plan name	HEARTLAND OPTICAL, INC. SAFE HARBOR 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HEARTLAND OPTICAL, INC.	<b>c</b> EIN-PN 47-0663058-001

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>WATSON GROCERY GROUP 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WGG STORE 101 LLC DBA STEINS RATHDRUM MARKET</b>	<b>c</b> EIN-PN <b>38-3937991-002</b>
<b>a</b>	Plan name <b>ACCELERATED ENVIRONMENTAL SERVICES, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ACCELERATED ENVIRONMENTAL SERVICES, INC.</b>	<b>c</b> EIN-PN <b>10-8467520-001</b>
<b>a</b>	Plan name <b>MON LANDSCAPING 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MON LANDSCAPING, INC.</b>	<b>c</b> EIN-PN <b>04-2754554-001</b>
<b>a</b>	Plan name <b>BERNARDI SECURITIES, INC. 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BERNARDI SECURITIES, INC.</b>	<b>c</b> EIN-PN <b>36-3327198-001</b>
<b>a</b>	Plan name <b>TOP TEN USA 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOP TEN USA</b>	<b>c</b> EIN-PN <b>61-1529341-001</b>
<b>a</b>	Plan name <b>TM CAPTURE SERVICES LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TM CAPTURE SERVICES LLC</b>	<b>c</b> EIN-PN <b>80-0777218-001</b>
<b>a</b>	Plan name <b>HEADFARMER, LLC 401K PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>HEADFARMER, LLC</b>	<b>c</b> EIN-PN <b>45-2605445-001</b>
<b>a</b>	Plan name <b>347 GROUP, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>347 GROUP, INC.</b>	<b>c</b> EIN-PN <b>26-4669229-001</b>
<b>a</b>	Plan name <b>DAWSON RECYCLING 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAWSON RECYCLING, INC.</b>	<b>c</b> EIN-PN <b>74-2942918-001</b>
<b>a</b>	Plan name <b>MAYCO INDUSTRIES PENSION PLAN FOR HOURLY EMPLOYEES LOCAL 6496</b>	
<b>b</b>	Name of plan sponsor <b>MAYCO MANUFACTURING, LLC</b>	<b>c</b> EIN-PN <b>47-2367716-004</b>
<b>a</b>	Plan name <b>AALC, INC. PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AALC, INC.</b>	<b>c</b> EIN-PN <b>94-3456139-001</b>
<b>a</b>	Plan name <b>DRAGONEER INVESTMENT GROUP, LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DRAGONEER INVESTMENT GROUP, LLC</b>	<b>c</b> EIN-PN <b>45-4673833-001</b>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	MAJIC AIR, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	MAJIC AIR, INC.	<b>c</b> EIN-PN 27-5379517-001
<b>a</b> Plan name	BEAVER VALLEY ALLOY 401K PLAN	
<b>b</b> Name of plan sponsor	BEAVER VALLEY ALLOY FOUNDRY CO	<b>c</b> EIN-PN 25-0345720-001
<b>a</b> Plan name	ADV 401K PLAN	
<b>b</b> Name of plan sponsor	ADVANCED DECISION VECTORS, LLC	<b>c</b> EIN-PN 27-0640774-001
<b>a</b> Plan name	ETHOS DENTAL, P.A. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ETHOS DENTAL, P.A.	<b>c</b> EIN-PN 41-2019560-001
<b>a</b> Plan name	STATION ROW 401K PLAN	
<b>b</b> Name of plan sponsor	STATION ROW, LLC	<b>c</b> EIN-PN 45-5414698-001
<b>a</b> Plan name	TONYA STEWART LAW, PA 401K PLAN	
<b>b</b> Name of plan sponsor	TONYA STEWART LAW, PA	<b>c</b> EIN-PN 81-0795153-001
<b>a</b> Plan name	AMERICAN CYLINDER, LLC 401K RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	AMERICAN CYLINDER LLC DBA ALL SAFE GLOBAL	<b>c</b> EIN-PN 04-3802290-001
<b>a</b> Plan name	365 LABS, LLC 401K PLAN	
<b>b</b> Name of plan sponsor	365 LABS, LLC	<b>c</b> EIN-PN 37-1835915-001
<b>a</b> Plan name	THIEMAN QUALITY METAL FAB INC. 401K RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b> Name of plan sponsor	THIEMAN QUALITY METAL FAB INC.	<b>c</b> EIN-PN 34-0927189-002
<b>a</b> Plan name	AMERICAN ELECTRONIC WARFARE ASSOCIATES INC 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	AMERICAN ELECTRONIC WARFARE ASSOCIATES, INC.	<b>c</b> EIN-PN 52-1558857-001
<b>a</b> Plan name	COMPUTER INFORMATION SYSTEMS INC. 401K PLAN	
<b>b</b> Name of plan sponsor	COMPUTER INFORMATION SYSTEMS INC.	<b>c</b> EIN-PN 36-3539010-002
<b>a</b> Plan name	O NEIL STORAGE, INC. 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	O NEIL STORAGE, INC.	<b>c</b> EIN-PN 33-0756660-001

<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	WISE FOODS PENSION PLAN	
<b>b</b>	Name of plan sponsor	WISE FOODS, INC.	<b>c</b> EIN-PN 51-0370373-002
<b>a</b>	Plan name	RAINBOW STATION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	RAINBOW STATION, INC.	<b>c</b> EIN-PN 54-1507485-001
<b>a</b>	Plan name	PANCOAST AND CLIFFORD, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PANCOAST AND CLIFFORD, INC.	<b>c</b> EIN-PN 23-2822575-001
<b>a</b>	Plan name	WHEATON OAKS SPORTS CENTER, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WHEATON OAKS SPORT CENTER	<b>c</b> EIN-PN 36-2964283-001
<b>a</b>	Plan name	RCM OF WASHINGTON, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RCM OF WASHINGTON, INC.	<b>c</b> EIN-PN 52-2072490-001
<b>a</b>	Plan name	THE CHILDREN S INN AT NIH, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE CHILDREN S INN AT NIH, INC.	<b>c</b> EIN-PN 52-1638207-001
<b>a</b>	Plan name	PROMETRIKA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PROMETRIKA, LLC	<b>c</b> EIN-PN 16-1650089-001
<b>a</b>	Plan name	CORPORATE RESULTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CORPORATE RESULTS, INC	<b>c</b> EIN-PN 54-1851136-001
<b>a</b>	Plan name	STAFFING ALTERNATIVES 401K PLAN	
<b>b</b>	Name of plan sponsor	GREGORY EVAN, INC.	<b>c</b> EIN-PN 22-3319119-001
<b>a</b>	Plan name	PAPERWORKS INDUSTRIES, INC. PENSION PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	PAPERWORKS INDUSTRIES, INC.	<b>c</b> EIN-PN 26-2919931-003
<b>a</b>	Plan name	HEIGHTS LUMBER 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HEIGHTS LUMBER CENTER, INC.	<b>c</b> EIN-PN 14-1558505-002
<b>a</b>	Plan name	J. LAURITZEN U.S.A., INC. PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	J. LAURITZEN U.S.A., INC.	<b>c</b> EIN-PN 74-1919537-001

<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	WILLI HAHN CORPORATION 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WILLI HAHN CORPORATION	<b>c</b> EIN-PN 41-1523573-001
<b>a</b>	Plan name	INTEAM ASSOCIATES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEAM ASSOCIATES LLC	<b>c</b> EIN-PN 45-3573221-001
<b>a</b>	Plan name	A TO Z SMOG 401K PLAN	
<b>b</b>	Name of plan sponsor	A TO Z SMOG	<b>c</b> EIN-PN 27-0764988-001
<b>a</b>	Plan name	CENTURY BANK 401KPLAN	
<b>b</b>	Name of plan sponsor	CENTURY BANK	<b>c</b> EIN-PN 85-0056050-001
<b>a</b>	Plan name	EJF CAPITAL LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EJF CAPITAL LLC	<b>c</b> EIN-PN 20-2815526-001
<b>a</b>	Plan name	MICHAEL J. TOKUSHIGE 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL J. TOKUSHIGE	<b>c</b> EIN-PN 33-8620264-001
<b>a</b>	Plan name	BERSON-SOKOL AGENCY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERSON-SOKOL AGENCY, INC.	<b>c</b> EIN-PN 34-1127514-001
<b>a</b>	Plan name	CMS RETIREMENT INCOME PLANNING LLC	
<b>b</b>	Name of plan sponsor	CMS RETIREMENT INCOME PLANNING LLC	<b>c</b> EIN-PN 83-3966838-001
<b>a</b>	Plan name	M CORP. DBA ACCUTECH MECHANICAL SERVICES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	M CORP. DBA ACCUTECH MECHANICAL SERVICES	<b>c</b> EIN-PN 26-0076386-001
<b>a</b>	Plan name	CARRIERE-STUMM, LLC. 401K	
<b>b</b>	Name of plan sponsor	CARRIERE-STUMM, LLC.	<b>c</b> EIN-PN 72-0854007-001
<b>a</b>	Plan name	CCMPT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COLANTONI, COLLINS, MARREN PHILLIPS, AND TULK,	<b>c</b> EIN-PN 26-0148760-001
<b>a</b>	Plan name	LEE AND ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	REALTY ADVENTURES, INC. DBA LEE AND	<b>c</b> EIN-PN 95-4507429-001

<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	SCIENTIFIC INDUSTRIES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SCIENTIFIC INDUSTRIES, INC.	<b>c</b> EIN-PN 20-0511871-001
<b>a</b>	Plan name	SUMMIT HEARING AID CENTER, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT HEARING AID CENTER LLC	<b>c</b> EIN-PN 61-1555021-002
<b>a</b>	Plan name	SHOFF DARBY COMPANIES, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SHOFF DARBY COMPANIES	<b>c</b> EIN-PN 06-0898063-001
<b>a</b>	Plan name	TOKUYAMA DENTAL AMERICA INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TOKUYAMA DENTAL AMERICA INC.	<b>c</b> EIN-PN 27-3832310-001
<b>a</b>	Plan name	DR. PANTEA TAMJIDI, MD PC 401K PLAN	
<b>b</b>	Name of plan sponsor	DR. PANTEA TAMJIDI, MD PC	<b>c</b> EIN-PN 20-2597057-001
<b>a</b>	Plan name	FLYNN/WRIGHT, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FLYNN/WRIGHT, INC.	<b>c</b> EIN-PN 42-1232385-001
<b>a</b>	Plan name	OUR DAILY BREAD MINISTRIES 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC MINISTRIES D/B/A OUR DAILY BREAD MINISTRI	<b>c</b> EIN-PN 38-1613981-002
<b>a</b>	Plan name	SORCERER STAFFING 401K PLAN	
<b>b</b>	Name of plan sponsor	SORCERER STAFFING	<b>c</b> EIN-PN 46-1430416-001
<b>a</b>	Plan name	CAROL CLARK LAW RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CAROL CLARK LAW	<b>c</b> EIN-PN 04-3846289-001
<b>a</b>	Plan name	CENTRAL STATES, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL STATES, INC.	<b>c</b> EIN-PN 38-4304274-001
<b>a</b>	Plan name	WARE, SMITH, WOOLEVER AND CO. PENSION PLAN	
<b>b</b>	Name of plan sponsor	WARE SMITH WOOLEVER AND CO.	<b>c</b> EIN-PN 38-1779550-001
<b>a</b>	Plan name	ENGINEERED SPRAY COMPONENTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERED SPRAY COMPONENTS, LLC	<b>c</b> EIN-PN 62-1606598-001

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 STEWART PRESTON, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor STEWART PRESTON, LLC	<b>c</b> EIN-PN 20-2381889-001
<b>a</b>	Plan name JPG FINANCIAL 401K PLAN	
<b>b</b>	Name of plan sponsor JPG FINANCIAL	<b>c</b> EIN-PN 04-5106713-001
<b>a</b>	Plan name TOTRAN TRANSPORTATION SERVICES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TOTRAN TRANSPORTATION SERVICES, INC	<b>c</b> EIN-PN 75-3262214-001
<b>a</b>	Plan name TERRACINO CONSULTING INC. 401K PLAN	
<b>b</b>	Name of plan sponsor TERRACINO CONSULTING INC.	<b>c</b> EIN-PN 45-2110340-001
<b>a</b>	Plan name EXTRUDED ALUMINUM CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor EXTRUDED ALUMINUM CORPORATION	<b>c</b> EIN-PN 38-3622873-003
<b>a</b>	Plan name IPW CONSTRUCTION GROUP, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor IPW CONSTRUCTION GROUP, LLC	<b>c</b> EIN-PN 46-2097604-001
<b>a</b>	Plan name THOMPSON, MILLER AND SIMPSON, PLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor THOMPSON, MILLER AND SIMPSON, PLC	<b>c</b> EIN-PN 61-1334725-001
<b>a</b>	Plan name JTS HOLDINGS, INC 401K PLAN	
<b>b</b>	Name of plan sponsor JTS HOLDINGS, INC	<b>c</b> EIN-PN 80-0285935-001
<b>a</b>	Plan name DIE-TECH AND ENGINEERING INC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DIE-TECH AND ENGINEERING INC	<b>c</b> EIN-PN 38-2547868-001
<b>a</b>	Plan name DIVERSIFIED EDUCATIONAL SYSTEMS, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DIVERSIFIED EDUCATIONAL SYSTEMS, INC.	<b>c</b> EIN-PN 54-0847148-001
<b>a</b>	Plan name ACCLIVITY PERFORMANCE DBA ANNE GRADY GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor ACCLIVITY PERFORMANCE DBA ANNE GRADY GROUP	<b>c</b> EIN-PN 45-5167601-001
<b>a</b>	Plan name LAW OFFICES OF BRIAN GREENE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF BRIAN GREENE	<b>c</b> EIN-PN 47-1875320-001

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 THE BRICK MARKETING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BRICK MARKETING, LLC	<b>c</b> EIN-PN 33-1169239-001
<b>a</b>	Plan name HARMONIX SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor HARMONIX SYSTEMS, INC. DBA LUMISTAR INC.	<b>c</b> EIN-PN 46-3148524-002
<b>a</b>	Plan name KEN HAINSWORTH COMPANY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEN HAINSWORTH COMPANY	<b>c</b> EIN-PN 91-0854792-001
<b>a</b>	Plan name TESTA AND PAGNANELLI, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor TESTA AND PAGNANELLI, LLC	<b>c</b> EIN-PN 46-2353812-001
<b>a</b>	Plan name RCS FLOORING SERVICES, INC 401K PLAN	
<b>b</b>	Name of plan sponsor RCS FLOORING SERVICES, INC	<b>c</b> EIN-PN 20-8329949-001
<b>a</b>	Plan name JIAHERB, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor JIAHERB INC	<b>c</b> EIN-PN 26-1771808-001
<b>a</b>	Plan name BETH LEDVORA M.D., S.C. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BETH LEDVORA, M.D., S.C.	<b>c</b> EIN-PN 46-3010946-001
<b>a</b>	Plan name MKI GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor MKI GROUP, INC.	<b>c</b> EIN-PN 20-1107335-001
<b>a</b>	Plan name CFF 401K PLAN	
<b>b</b>	Name of plan sponsor CARVERSVILLE FARM FOUNDATION	<b>c</b> EIN-PN 46-2855564-001
<b>a</b>	Plan name VINE INVESTMENT ADVISORS, LP 401K PLAN	
<b>b</b>	Name of plan sponsor VINE INVESTMENT ADVISORS, LP	<b>c</b> EIN-PN 20-8744298-001
<b>a</b>	Plan name VERTICAL EARTH 401K PLAN	
<b>b</b>	Name of plan sponsor VERTICAL EARTH, INC.	<b>c</b> EIN-PN 58-2299053-001
<b>a</b>	Plan name GOLDLEAF FARMS I, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor GOLDLEAF FARMS I, LLC	<b>c</b> EIN-PN 05-9372176-001

<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	AP KEATON, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AP KEATON, INC.	<b>c</b> EIN-PN 37-1842458-001
<b>a</b>	Plan name	BELLATRIX PHARMACEUTICALS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	COSMOBIOLABS, INC.	<b>c</b> EIN-PN 81-1913938-001
<b>a</b>	Plan name	THE STATE EXCHANGE BANK 401K PLAN	
<b>b</b>	Name of plan sponsor	THE STATE EXCHANGE BANK	<b>c</b> EIN-PN 73-0467027-001
<b>a</b>	Plan name	CASTELLANI INSURANCE GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CASTELLANI INSURANCE GROUP, INC.	<b>c</b> EIN-PN 01-0812620-001
<b>a</b>	Plan name	TRUSTA, AAC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUSTA, AN ACCOUNTANCY CORPORATION	<b>c</b> EIN-PN 99-0224276-001
<b>a</b>	Plan name	BESTCARE DENTAL SERVICES PC 401K PLAN	
<b>b</b>	Name of plan sponsor	BESTCARE DENTAL SERVICES PC	<b>c</b> EIN-PN 20-4284017-001
<b>a</b>	Plan name	MILITARY PILOT SUPPLY OF TEXAS, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	MILITARY PILOT SUPPLY OF TEXAS, INC.	<b>c</b> EIN-PN 56-2308181-001
<b>a</b>	Plan name	NJB ENGINEERING 401K PLAN	
<b>b</b>	Name of plan sponsor	NJB ENGINEERING, INC.	<b>c</b> EIN-PN 47-4879199-001
<b>a</b>	Plan name	SINGH, SINGH AND TRAUBEN, LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	SINGH, SINGH AND TRAUBEN, LLP	<b>c</b> EIN-PN 27-1718969-001
<b>a</b>	Plan name	LOYD S AVIATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LOYDS AVIATION	<b>c</b> EIN-PN 77-0500105-001
<b>a</b>	Plan name	AMERICAN EAGLE FIREPLACE 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN EAGLE FIREPLACE, LLC	<b>c</b> EIN-PN 45-4711539-001
<b>a</b>	Plan name	PROGRESSIVE O AND P, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE O AND P, INC.	<b>c</b> EIN-PN 11-3351299-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HIGHLAND MEDICAL GROUP	
<b>b</b>	Name of plan sponsor	HIGHLAND MEDICAL GROUP, INC. 401K	<b>c</b> EIN-PN 81-2605594-001
<b>a</b>	Plan name	THE DOCTOR S OFFICE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DR. NATHAN HORNER, DR. CHARLES MONTGOMERY,	<b>c</b> EIN-PN 62-0509555-001
<b>a</b>	Plan name	BOLTON AND COMPANY 401K PROFIT SHARING AND TRUST	
<b>b</b>	Name of plan sponsor	BOLTON AND COMPANY	<b>c</b> EIN-PN 61-0999072-001
<b>a</b>	Plan name	MAHONEY FOUNDRIES, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAHONEY FOUNDRIES, INC.	<b>c</b> EIN-PN 35-1308114-001
<b>a</b>	Plan name	NICO MANAGEMENT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NICO MANAGEMENT, LLC	<b>c</b> EIN-PN 20-4673511-001
<b>a</b>	Plan name	KUHNLIN AND MARTIN, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KUHNLIN AND MARTIN, INC.	<b>c</b> EIN-PN 34-1780132-007
<b>a</b>	Plan name	TAMASSEE DAR SCHOOL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TAMASSEE DAR SCHOOL	<b>c</b> EIN-PN 57-6000973-001
<b>a</b>	Plan name	THE NORTH CAROLINA AQUARIUM SOCIETY INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE NORTH CAROLINA AQUARIUM SOCIETY INC	<b>c</b> EIN-PN 56-1512990-001
<b>a</b>	Plan name	CALL AND JENSEN, A PROFESSIONAL CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	CALL AND JENSEN, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 33-0120573-001
<b>a</b>	Plan name	STEEL-TECH INDUSTRIAL CORPORATION EMPLOYEES 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STEEL-TECH INDUSTRIAL CORPORATION	<b>c</b> EIN-PN 33-0058721-001
<b>a</b>	Plan name	THE WEATHER COMPANY, LLC	
<b>b</b>	Name of plan sponsor	THE WEATHER COMPANY, LLC	<b>c</b> EIN-PN 45-2126288-001
<b>a</b>	Plan name	PDE TECHNOLOGY 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PDE TECHNOLOGY CORPORATION	<b>c</b> EIN-PN 33-0780488-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	A AND M SUPPLY HOLDINGS, INC. AND AFFILIATES EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	A AND M SUPPLY HOLDINGS, INC.	<b>c</b> EIN-PN 54-1598875-001
<b>a</b>	Plan name	ALFRED MANUFACTURING 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALFRED MANUFACTURING COMPANY, INC.	<b>c</b> EIN-PN 84-0506717-001
<b>a</b>	Plan name	ROADCO TRANSPORTATION SERVICES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROADCO TRANSPORTATION SERVICES, INC.	<b>c</b> EIN-PN 36-3109745-001
<b>a</b>	Plan name	INFINITY CONTACT SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor	INFINITY CONTACT INC.	<b>c</b> EIN-PN 42-1456418-001
<b>a</b>	Plan name	AUTOMATION TECHNOLOGIES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AUTOMATION TECHNOLOGIES	<b>c</b> EIN-PN 54-1744973-001
<b>a</b>	Plan name	SSI EXPRESS TRANSPORT, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SSI EXPRESS, INC.	<b>c</b> EIN-PN 45-3820005-001
<b>a</b>	Plan name	DELTA M CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	DELTA M CORPORATION	<b>c</b> EIN-PN 62-1204624-001
<b>a</b>	Plan name	REVERE MILLS INTERNATIONAL GROUP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	REVERE MILLS INTERNATIONAL GROUP, INC.	<b>c</b> EIN-PN 36-1327300-004
<b>a</b>	Plan name	NIDEK INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NIDEK INCORPORATED	<b>c</b> EIN-PN 94-2857620-001
<b>a</b>	Plan name	COLUMBIA COLLEGE 401K PLAN	
<b>b</b>	Name of plan sponsor	COLUMBIA COLLEGE, INC.	<b>c</b> EIN-PN 95-2077629-001
<b>a</b>	Plan name	WHYFFS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WHYFFS, LLC	<b>c</b> EIN-PN 26-3514007-001
<b>a</b>	Plan name	ASSURE HOME HEALTHCARE, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSURE HOME HEALTHCARE, INC.	<b>c</b> EIN-PN 20-0400986-001

<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	EMERSON AMBULANCE SERVICE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	EMERSON AMBULANCE SERVICE, INC.	<b>c</b> EIN-PN 71-0685984-001
<b>a</b>	Plan name	MIS SCIENCES CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIS SCIENCES CORPORATION	<b>c</b> EIN-PN 95-4590941-001
<b>a</b>	Plan name	BOOTH RANCHES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BOOTH RANCHES, LLC	<b>c</b> EIN-PN 95-4848192-001
<b>a</b>	Plan name	BOB DAVIS SALES INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOB DAVIS SALES INC	<b>c</b> EIN-PN 72-1262043-001
<b>a</b>	Plan name	WAYNE S FAST FOODS, INC. 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	WAYNE S FAST FOODS, INC.	<b>c</b> EIN-PN 63-0635417-001
<b>a</b>	Plan name	SANGRAF INTERNATIONAL, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SANGRAF INTERNATIONAL, INCORPORATED	<b>c</b> EIN-PN 45-4639936-001
<b>a</b>	Plan name	TVAR 401K PLAN	
<b>b</b>	Name of plan sponsor	TENNESSEE VALLEY ARCHAEOLOGICAL RESEARCH	<b>c</b> EIN-PN 26-1827644-001
<b>a</b>	Plan name	HOLSCHER ENTERPRISES 401K PLAN	
<b>b</b>	Name of plan sponsor	HOLSCHER ENTERPRISES	<b>c</b> EIN-PN 20-0053090-001
<b>a</b>	Plan name	MCKEE ENVIRONMENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	MCKEE ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 47-0896056-001
<b>a</b>	Plan name	RLS AND ASSOCIATES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RLS AND ASSOCIATES, INC.	<b>c</b> EIN-PN 31-1287821-001
<b>a</b>	Plan name	COMFORT CONTROL SUPPLY CO., INC. 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COMFORT CONTROL SUPPLY CO., INC.	<b>c</b> EIN-PN 38-2091675-001
<b>a</b>	Plan name	ULTRA MANUFACTURING USA INC. 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ULTRA MANUFACTURING USA INC.	<b>c</b> EIN-PN 20-0790265-002

<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	NORTH COUNTY EYE PHYSICIANS, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	NORTH COUNTY EYE PHYSICIANS, INC.
<b>c</b>	EIN-PN	45-5105319-001
<b>a</b>	Plan name	CLOUDQUEST TECHNOLOGIES LLC 401K PLAN
<b>b</b>	Name of plan sponsor	CLOUDQUEST TECHNOLOGIES LLC
<b>c</b>	EIN-PN	45-3552527-001
<b>a</b>	Plan name	CORETEK ENTERPRISES 401K PLAN
<b>b</b>	Name of plan sponsor	CORETEK ENTERPRISES, LLC
<b>c</b>	EIN-PN	98-0591022-001
<b>a</b>	Plan name	SIEGERT ONE HOUR 401K PLAN
<b>b</b>	Name of plan sponsor	SIEGERT HEATING AND AIR CONDITIONING, INC.
<b>c</b>	EIN-PN	74-2128121-001
<b>a</b>	Plan name	CUSTOM COACH AND LIMOUSINE 401K PLAN
<b>b</b>	Name of plan sponsor	ISHERWOOD ENTERPRISES INC DBA CUSTOM COACH OF
<b>c</b>	EIN-PN	01-0433497-001
<b>a</b>	Plan name	N. F. LANDIS AND SON 401K PLAN
<b>b</b>	Name of plan sponsor	N. F. LANDIS AND SON, INC.
<b>c</b>	EIN-PN	23-2820878-001
<b>a</b>	Plan name	FAWN MANUFACTURING BARGAINING UNIT 401K PLAN
<b>b</b>	Name of plan sponsor	THE WITTERN GROUP
<b>c</b>	EIN-PN	42-1414494-004
<b>a</b>	Plan name	INNOTECH EMPLOYEE 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	INNOTECH CORP
<b>c</b>	EIN-PN	38-3076153-001
<b>a</b>	Plan name	CHABALEE 401K PLAN
<b>b</b>	Name of plan sponsor	CHABALEE LLC
<b>c</b>	EIN-PN	45-2938793-001
<b>a</b>	Plan name	CONTEXT VISION 401K PLAN
<b>b</b>	Name of plan sponsor	CONTEXT VISION INC.
<b>c</b>	EIN-PN	36-4333625-001
<b>a</b>	Plan name	DUNN S FLOOR COVERING 401K PLAN
<b>b</b>	Name of plan sponsor	DUNN S FLOOR COVERING, INC.
<b>c</b>	EIN-PN	52-0960013-001
<b>a</b>	Plan name	VALENTE/C.A. LINDMAN, LLC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	VALENTE/C.A. LINDMAN, LLC
<b>c</b>	EIN-PN	65-1181624-001

<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	ZIMMERMAN INSURANCE AGENCY, INC.	
<b>b</b>	Name of plan sponsor	ZIMMERMAN INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 47-0471086-001
<b>a</b>	Plan name	GRL LAW 401K PLAN	
<b>b</b>	Name of plan sponsor	GOURLEY, REHKEMPER AND LINDHOLM, P.C.	<b>c</b> EIN-PN 20-3745074-001
<b>a</b>	Plan name	BURR AND COMPANY 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BURR AND COMPANY	<b>c</b> EIN-PN 38-2026746-001
<b>a</b>	Plan name	LADOV LAW FIRM, P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	LADOV LAW FIRM, P.C.	<b>c</b> EIN-PN 37-1698415-001
<b>a</b>	Plan name	TRANS-MED AMBULANCE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TRANS-MED AMBULANCE, INC.	<b>c</b> EIN-PN 56-2466349-001
<b>a</b>	Plan name	US STANDARD PRODUCTS CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	US STANDARD PRODUCTS CORPORATION	<b>c</b> EIN-PN 47-1367001-001
<b>a</b>	Plan name	RANDR INVEST, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RANDR INVEST, INC.	<b>c</b> EIN-PN 42-1330558-001
<b>a</b>	Plan name	PRIORITY EXCAVATING 401K PLAN	
<b>b</b>	Name of plan sponsor	PRIORITY EXCAVATING, LLC	<b>c</b> EIN-PN 20-0866432-001
<b>a</b>	Plan name	REGION SMILES, PC 401K PLAN	
<b>b</b>	Name of plan sponsor	REGION SMILES, PC	<b>c</b> EIN-PN 81-1626457-001
<b>a</b>	Plan name	LAKEY ENTERPRISES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LAKEY ENTERPRISES INC	<b>c</b> EIN-PN 87-0665443-001
<b>a</b>	Plan name	GETZEL SCHIFF AND PESCE LLP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GETZEL SCHIFF AND PESCE	<b>c</b> EIN-PN 11-3575844-001
<b>a</b>	Plan name	GLASER-MILLER CO., INC. 401K SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLASER-MILLER CO., INC.	<b>c</b> EIN-PN 23-1633043-002

**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	SHINE SOLAR 401K	<b>c</b>	EIN-PN	81-1414520-001
<b>b</b>	Name of plan sponsor	SHINE SOLAR	<b>c</b>	EIN-PN	81-1414520-001
<b>a</b>	Plan name	PKS EDUCATION 401K RETIREMENT PLAN			
<b>b</b>	Name of plan sponsor	PKS EDUCATION, INC.	<b>c</b>	EIN-PN	25-1780449-001
<b>a</b>	Plan name	PERIDOT FINE JEWELRY 401K PLAN			
<b>b</b>	Name of plan sponsor	PERIDOT FINE JEWELRY, INC.	<b>c</b>	EIN-PN	04-3611798-001
<b>a</b>	Plan name	NEW YORK BIOLOGICS INC 401K PLAN			
<b>b</b>	Name of plan sponsor	NEW YORK BIOLOGICS INC.	<b>c</b>	EIN-PN	13-3711324-001
<b>a</b>	Plan name	ROTOR CLIP COMPANY, INC. RETIREMENT PLAN			
<b>b</b>	Name of plan sponsor	ROTOR CLIP COMPANY, INC.	<b>c</b>	EIN-PN	22-3615709-001
<b>a</b>	Plan name	THE KOOP GROUP, LLC 401K PLAN			
<b>b</b>	Name of plan sponsor	THE KOOP GROUP, LLC	<b>c</b>	EIN-PN	93-4286264-001
<b>a</b>	Plan name	UNITED WAY OF LAWRENCE COUNTY MONEY PURCHASE PLAN			
<b>b</b>	Name of plan sponsor	UNITED WAY OF LAWRENCE COUNTY	<b>c</b>	EIN-PN	25-0987221-001
<b>a</b>	Plan name				
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name				
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name				
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name				
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name				
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PRINCIPAL SPECTRUM PREFERRED AND CAPITAL SEC INCOME SEP ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>087</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PRINCIPAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>42-0127290</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<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>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	26357316	27353681
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	26357316	27353681
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	5073	-38
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	5073	-38
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	26352243	27353719

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	0	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<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>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<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 .....	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	2569670
<b>c</b> Other income .....	2c	13
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	2569683

**Expenses**

<b>e</b> 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)	
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	0
(3) Recordkeeping fees .....	2i(3)	0
(4) IQPA audit fees .....	2i(4)	0
(5) Investment advisory and investment management fees .....	2i(5)	109525
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses.....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	109525
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	109525

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	2460158
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	9087872
(2) From this plan .....	2l(2)	10546554

**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 \_\_\_\_\_.