

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) P

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>LARGE CAP VALUE I FUND (SACV)</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>129</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan</td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>129</u>	1c Effective date of plan	
1b Three-digit plan number (PN) ▶	<u>129</u>				
1c Effective date of plan					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMPOWER ANNUITY INSURANCE COMPANY</u> <u>8525 E. ORCHARD RD., 9T3</u> <u>GREENWOOD VILLAGE, CO 80111</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">2b Employer Identification Number (EIN) <u>06-1050034</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>800-338-4015</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> </tr> </table>	2b Employer Identification Number (EIN) <u>06-1050034</u>	2c Plan Sponsor's telephone number <u>800-338-4015</u>	2d Business code (see instructions)	
2b Employer Identification Number (EIN) <u>06-1050034</u>					
2c Plan Sponsor's telephone number <u>800-338-4015</u>					
2d Business code (see instructions)					
<u>280 TRUMBULL ST.</u> <u>HARTFORD, CT 06103</u>					

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/25/2025</u>	<u>WENDI ERNZEN</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name EMPOWER ANNUITY INSURANCE COMPANY c Plan Name PRUDENTIAL SHORT-TERM BOND FUND - SA20	4b EIN 4d PN 041																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
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6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>LARGE CAP VALUE I FUND (SACV)</u>	B Three-digit plan number (PN)	<u>129</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>06-1050034</u>	

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BENSON, BLEVINS AND ASSOCIATES, P.L.L.C. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor BENSON, BLEVINS AND ASSOCIATES, P.L.L.C. SAVINGS AND RETIREMENT PLAN	c EIN-PN 56-0656546-001
a	Plan name GRANT INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor GRANT INDUSTRIES, INC. 401(K) PLAN	c EIN-PN 38-1742765-001
a	Plan name URBAN SCIENCE APPLICATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor URBAN SCIENCE APPLICATIONS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 38-2134622-001
a	Plan name CROWLEY FLECK PLLP PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CROWLEY FLECK PLLP PROFIT SHARING PLAN AND TRUST	c EIN-PN 81-0122795-001
a	Plan name ARTESIAN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ARTESIAN 401(K) RETIREMENT PLAN	c EIN-PN 51-0002090-001
a	Plan name VIEJAS RETIREMENT PROGRAM	
b	Name of plan sponsor VIEJAS RETIREMENT PROGRAM	c EIN-PN 33-0409825-001
a	Plan name MICHIANA AREA ELECTRICAL WORKERS' MONEY PURCHASE PLAN	
b	Name of plan sponsor MICHIANA AREA ELECTRICAL WORKERS MONEY PURCHASE PLAN	c EIN-PN 35-1861971-001
a	Plan name NORMAN PAPER AND FOAM 401(K) PLAN	
b	Name of plan sponsor NORMAN PAPER AND FOAM 401(K) PLAN	c EIN-PN 95-3502638-001
a	Plan name SWIM ATLANTA 401(K) PLAN	
b	Name of plan sponsor SWIM ATLANTA 401(K) PLAN	c EIN-PN 58-1532343-001
a	Plan name THE ACUTRONIC COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE ACUTRONIC COMPANY 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 83-1101488-001
a	Plan name BLOAPCO 401(K) DISCRETIONARY RETIREMENT PLAN	
b	Name of plan sponsor BLOAPCO 401(K) DISCRETIONARY RETIREMENT PLAN	c EIN-PN 39-1624006-001
a	Plan name SUSSEX IM 401(K) PLAN	
b	Name of plan sponsor SUSSEX IM 401(K) PLAN	c EIN-PN 90-0508625-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BURR LAW FIRM PLLC 401(K) PLAN	
b	Name of plan sponsor	BURR LAW FIRM PLLC 401(K) PLAN	c EIN-PN 11-3740932-001
a	Plan name	PRO EM OPERATIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PRO EM OPERATIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 30-0950767-001
a	Plan name	TAKASAGO INTERNATIONAL CORP. (USA) 401(K) PLAN	
b	Name of plan sponsor	TAKASAGO INTERNATIONAL CORP. (USA) 401(K) PLAN	c EIN-PN 13-2606972-001
a	Plan name	TOTAL MARKETING ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TOTAL MARKETING ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 36-3101638-001
a	Plan name	PIEDMONT HEALTHCARE EMPLOYEES' 401(K) PLAN AND TRUST	
b	Name of plan sponsor	PIEDMONT HEALTHCARE EMPLOYEES 401(K) PLAN AND TRUST	c EIN-PN 56-1965983-001
a	Plan name	J. KOKOLAKIS CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J. KOKOLAKIS CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 11-2268317-001
a	Plan name	SHERLOCK, SMITH AND ADAMS, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	SHERLOCK, SMITH AND ADAMS, INC. PROFIT SHARING/401(K) PLAN	c EIN-PN 63-0374838-001
a	Plan name	NATIONAL ACCOUNT SERVICE COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NATIONAL ACCOUNT SERVICE COMPANY 401(K) SAVINGS PLAN	c EIN-PN 58-1767730-001
a	Plan name	THE RETIREMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE RETIREMENT COMPANY 401(K) PLAN	c EIN-PN 95-3497679-001
a	Plan name	UNITED RADIO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	UNITED RADIO, INC. 401(K) RETIREMENT PLAN	c EIN-PN 16-0906884-001
a	Plan name	THE RIVER PLAN	
b	Name of plan sponsor	THE RIVER PLAN	c EIN-PN 86-0545268-001
a	Plan name	FARMERS NATIONAL BANK 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FARMERS NATIONAL BANK 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 34-0214400-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THERAGENICS CORPORATION EMPLOYEE SAVINGS PLAN.	
b	Name of plan sponsor	THERAGENICS CORPORATION EMPLOYEE SAVINGS PLAN.	c EIN-PN 58-1528626-001
a	Plan name	TUFIN SOFTWARE NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	TUFIN SOFTWARE NORTH AMERICA, INC. 401(K) PLAN	c EIN-PN 26-2112841-001
a	Plan name	ASSUREDPARTNERS PEP, ADOPTED BY TURLEY INTERNATIONAL RESOURCES 401(K) PLAN	
b	Name of plan sponsor	ASSUREDPARTNERS PEP, ADOPTED BY TURLEY INTERNATIONAL RESOURCES 401(K)	c EIN-PN 85-1516542-001
a	Plan name	VOLM COMPANIES 401(K) PLAN	
b	Name of plan sponsor	VOLM COMPANIES 401(K) PLAN	c EIN-PN 39-0872639-001
a	Plan name	EVEREST CAMPUS SERVICES COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	EVEREST CAMPUS SERVICES COMPANY, LLC 401(K) PLAN	c EIN-PN 47-2588173-001
a	Plan name	MARINES' MEMORIAL 401(K) PLAN	
b	Name of plan sponsor	MARINES MEMORIAL 401(K) PLAN	c EIN-PN 94-1055967-001
a	Plan name	AURORA RADIOLOGY CONSULTANTS, S.C. 401(K) PROFITSHARING PLAN AND TRUST	
b	Name of plan sponsor	AURORA RADIOLOGY CONSULTANTS, S.C. 401(K) PROFITSHARING PLAN AND TRUST	c EIN-PN 36-2819102-001
a	Plan name	LAHLOUH, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LAHLOUH, INC. 401(K) SAVINGS PLAN	c EIN-PN 94-3025562-001
a	Plan name	WAMPUM HARDWARE CO. PROFIT SHARING 401 (K) PLAN	
b	Name of plan sponsor	WAMPUM HARDWARE CO. PROFIT SHARING 401 (K) PLAN	c EIN-PN 25-1050040-001
a	Plan name	COLLINS AND HERMANN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COLLINS AND HERMANN, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 43-1012298-001
a	Plan name	GUNDERSON, PALMER, NELSON AND ASHMORE, LLP 401(K) PLAN	
b	Name of plan sponsor	GUNDERSON, PALMER, NELSON AND ASHMORE, LLP 401(K) PLAN	c EIN-PN 46-0333525-001
a	Plan name	CUSHING TERRELL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CUSHING TERRELL 401(K) RETIREMENT PLAN	c EIN-PN 81-0305543-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BLUE STAR GAS ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE STAR GAS ASSOCIATES 401(K) PROFIT SHARING PLAN	c EIN-PN 94-1113690-001
a	Plan name PM SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor PM SOLUTIONS, INC. 401(K) PLAN	c EIN-PN 31-1455824-001
a	Plan name O.L. BOLYARD LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor O.L. BOLYARD LUMBER COMPANY 401(K) PROFIT SHARING PLAN	c EIN-PN 38-1298427-001
a	Plan name THE ALBERT M. HIGLEY COMPANY EMPLOYEES RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor THE ALBERT M. HIGLEY COMPANY EMPLOYEES RETIREMENT PLAN AND TRUST	c EIN-PN 27-0657807-001
a	Plan name OPEN DEALER EXCHANGE LLC 401(K) PLAN	
b	Name of plan sponsor OPEN DEALER EXCHANGE LLC 401(K) PLAN	c EIN-PN 26-3331512-001
a	Plan name PEOPLETEC, INC. 401(K) PLAN	
b	Name of plan sponsor PEOPLETEC, INC. 401(K) PLAN	c EIN-PN 20-2320135-001
a	Plan name PAX PROGRAMS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor PAX PROGRAMS INCORPORATED 401(K) PLAN	c EIN-PN 95-4715755-001
a	Plan name TPS AVIATION, INC. 401(K) PLAN	
b	Name of plan sponsor TPS AVIATION, INC. 401(K) PLAN	c EIN-PN 94-1702749-001
a	Plan name HSTP PROFIT SHARING PLAN	
b	Name of plan sponsor HSTP PROFIT SHARING PLAN	c EIN-PN 95-2588380-001
a	Plan name CONNECTIONS EMPLOYER SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor CONNECTIONS EMPLOYER SOLUTIONS LLC 401(K) PLAN	c EIN-PN 82-1098739-001
a	Plan name LAFAYETTE EMERGENCY PHYSICIANS, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAFAYETTE EMERGENCY PHYSICIANS, INC. EMPLOYEES' 401(K) PROFIT SHARING	c EIN-PN 35-1545908-001
a	Plan name SKYLINE CONSTRUCTION ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SKYLINE CONSTRUCTION ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND	c EIN-PN 84-3642337-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ORGAIN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ORGAIN RETIREMENT SAVINGS PLAN	c EIN-PN 26-3364542-001
a	Plan name	STEWART CANDY COMPANY 401(K) PLAN	
b	Name of plan sponsor	STEWART CANDY COMPANY 401(K) PLAN	c EIN-PN 58-0953300-001
a	Plan name	ASSUREDPARTNERS PEP SHOW ME OIL COMPANY, INC.	
b	Name of plan sponsor	ASSUREDPARTNERS PEP SHOW ME OIL COMPANY, INC.	c EIN-PN 85-0777552-001
a	Plan name	ASSUREDPARTNERS PEP, ADOPTED BY BRODERICK ANIMAL CLINIC	
b	Name of plan sponsor	ASSUREDPARTNERS PEP, ADOPTED BY BRODERICK ANIMAL CLINIC	c EIN-PN 85-0777552-001
a	Plan name	ASSUREDPARTNERS PEP, ADOPTED BY FABRICATION HOLDINGS, LLC	
b	Name of plan sponsor	ASSUREDPARTNERS PEP, ADOPTED BY FABRICATION HOLDINGS, LLC	c EIN-PN 85-0777552-001
a	Plan name	ASSUREDPARTNERS PEP JOHNSON HOSPITALITY	
b	Name of plan sponsor	ASSUREDPARTNERS PEP JOHNSON HOSPITALITY	c EIN-PN 88-0457927-001
a	Plan name	ASSUREDPARTNERS PEP AGM SERVICE COMPANY, LLC	
b	Name of plan sponsor	ASSUREDPARTNERS PEP AGM SERVICE COMPANY, LLC	c EIN-PN 85-1195833-001
a	Plan name	ASSUREDPARTNERS PEP ZOMEDICA, INC.	
b	Name of plan sponsor	ASSUREDPARTNERS PEP ZOMEDICA, INC.	c EIN-PN 47-4235266-001
a	Plan name	ODUUSA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ODUUSA INC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 77-0097866-001
a	Plan name	ASSURED PARTNERS, AS ADOPTED BY J. KARAM MANAGEMENT, INC.	
b	Name of plan sponsor	ASSURED PARTNERS, AS ADOPTED BY J. KARAM MANAGEMENT, INC.	c EIN-PN 04-2718026-001
a	Plan name	ASSUREDPARTNERS PEP AS ADOPTED BY BOYS AND GIRLS CLUBS OF HUNTINGTON VALLEY	
b	Name of plan sponsor	ASSUREDPARTNERS PEP AS ADOPTED BY BOYS AND GIRLS CLUBS OF HUNTINGTON V	c EIN-PN 95-6192466-001
a	Plan name	ORLANDO SPORTS HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ORLANDO SPORTS HOLDINGS, LLC 401(K) PLAN	c EIN-PN 26-1550157-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ASSURED PARTNERS PEP, ADOPTED BY SKYLINE SCAFFOLD, INC.	
b	Name of plan sponsor ASSURED PARTNERS PEP, ADOPTED BY SKYLINE SCAFFOLD, INC.	c EIN-PN 20-2264237-001
a	Plan name W.K.W. CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W.K.W. CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 54-1921743-001
a	Plan name TROPICAL SMOOTHIE CAFE 401(K) PLAN	
b	Name of plan sponsor TROPICAL SMOOTHIE CAFE 401(K) PLAN	c EIN-PN 37-1096565-001
a	Plan name ALLEGRA SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor ALLEGRA SAFE HARBOR 401(K) PLAN	c EIN-PN 42-1238855-001
a	Plan name MOMENTUM TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOMENTUM TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 59-3743337-001
a	Plan name GENOVA TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor GENOVA TECHNOLOGIES 401(K) PLAN	c EIN-PN 42-1466298-001
a	Plan name JAY'S LANDSCAPING, LLC RETIREMENT PLAN	
b	Name of plan sponsor JAYS LANDSCAPING, LLC RETIREMENT PLAN	c EIN-PN 06-1562094-001
a	Plan name PATRIOT BENEFIT RETIREMENT SOLUTIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor PATRIOT BENEFIT RETIREMENT SOLUTIONS, LLC PROFIT SHARING PLAN	c EIN-PN 46-0570736-001
a	Plan name MANDELL ECC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MANDELL ECC 401(K) RETIREMENT PLAN	c EIN-PN 06-0662142-001
a	Plan name MANDELL JCC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MANDELL JCC 401(K) RETIREMENT PLAN	c EIN-PN 06-0662142-001
a	Plan name ABCM CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABCM CORPORATION 401(K) PROFIT SHARING PLAN	c EIN-PN 42-1008939-001
a	Plan name DON RHYNE PAINTING CO. RETIREMENT PLAN	
b	Name of plan sponsor DON RHYNE PAINTING CO. RETIREMENT PLAN	c EIN-PN 93-0956792-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CHARTER ANESTHESIOLOGY LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHARTER ANESTHESIOLOGY LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 82-2573983-001
a	Plan name	ASSURED PARTNERS PEP, ADOPTED BY ILLUMINATION FOUNDATION	
b	Name of plan sponsor	ASSURED PARTNERS PEP, ADOPTED BY ILLUMINATION FOUNDATION	c EIN-PN 71-1047686-001
a	Plan name	CALUMET CONTAINER CORPORATION	
b	Name of plan sponsor	CALUMET CONTAINER CORPORATION	c EIN-PN 36-4469549-001
a	Plan name	WON'T STOP 401(K) PLAN	
b	Name of plan sponsor	WON'T STOP 401(K) PLAN	c EIN-PN 99-1030356-001
a	Plan name	ASSURED PARTNERS PEP AS ADOPTED BY OLEA KIOSKS, INC.	
b	Name of plan sponsor	ASSURED PARTNERS PEP AS ADOPTED BY OLEA KIOSKS, INC.	c EIN-PN 95-3889088-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY KAWATA DENTAL, INC.	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY KAWATA DENTAL, INC.	c EIN-PN 95-4888484-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY RAFI BALBANIAN, DDS	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY RAFI BALBANIAN, DDS	c EIN-PN 77-0325077-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MARTIN HOFF, M.D., D.D.S.	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MARTIN HOFF, M.D., D.D.S.	c EIN-PN 94-3248110-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY LISA J. DOBAK, DDS	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY LISA J. DOBAK, DDS	c EIN-PN 68-0247492-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY EDITHANN J. GRAHAM D.M.D., M.S., INC.	
b	Name of plan sponsor	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY EDITHANN J. GRAHAM D.M.D	c EIN-PN 26-3302642-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MATTHEW A. KORN DDS PROFESSIONAL CORPORATION	
b	Name of plan sponsor	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MATTHEW A. KORN DDS PROF	c EIN-PN 68-0366722-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY JOHN C. BIRCH DDS	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY JOHN C. BIRCH DDS	c EIN-PN 68-0484810-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY BRIAN TANAKA, DMD	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY BRIAN TANAKA, DMD	c EIN-PN 33-0952226-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ANDREW KOMASHKO, DDS	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY ANDREW KOMASHKO, DDS	c EIN-PN 77-0579728-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY JACK YU, DDS, INC.	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY JACK YU, DDS, INC.	c EIN-PN 20-5656484-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DENTISTCA, DENTAL PRACTICE OF JOHN K. LEUNG	
b	Name of plan sponsor	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DENTISTCA, DENTAL PRACTI	c EIN-PN 81-3137598-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ACOSTA DENTAL PRACTICE, PC	
b	Name of plan sponsor	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ACOSTA DENTAL PRACTICE,	c EIN-PN 45-4176478-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY TIFFANY LEE, DDS	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY TIFFANY LEE, DDS	c EIN-PN 33-0562606-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY TAMLYN S. LEE DDS, INC.	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY TAMLYN S. LEE DDS, INC.	c EIN-PN 54-2185925-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ALAMEDA PERIODONTICS	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY ALAMEDA PERIODONTICS	c EIN-PN 47-5569626-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY NORTHRIDGE DENTAL GROUP	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY NORTHRIDGE DENTAL GROUP	c EIN-PN 95-4851964-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DAI H. BUI, DDS, INC.	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY DAI H. BUI, DDS, INC.	c EIN-PN 95-4888484-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY HENSPETTER AND JEN KIN DENTAL PARTNERS	
b	Name of plan sponsor	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY HENSPETTER AND JEN KIN D	c EIN-PN 81-0934617-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY SALIM ANDRES ABUSLEME, D.D.S., INC.	
b	Name of plan sponsor	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY SALIM ANDRES ABUSLEME, D	c EIN-PN 94-3407582-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY FLAVIO CHENG, DDS A PROFESSIONAL CORPORATION	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY FLAVIO CHENG, DDS A PROF	c EIN-PN 86-2191056-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DANIEL D. CHENG, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY DANIEL D. CHENG, DDS	c EIN-PN 95-4838593-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY JUSTIN CHAPMAN, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY JUSTIN CHAPMAN, DDS	c EIN-PN 41-2120073-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ROLAND G. CHEW, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY ROLAND G. CHEW, DDS	c EIN-PN 27-0707410-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY KEVIN J. COOLIDGE, DDS, INC.	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY KEVIN J. COOLIDGE, DDS,	c EIN-PN 83-1094960-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DONNA ARASE, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY DONNA ARASE, DDS	c EIN-PN 95-4605573-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY FOLASHADE BAMIDELEAKINYEMI, DMD, INC.	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY FOLASHADE BAMIDELEAKINYE	c EIN-PN 26-2380668-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY WOLFGANG BOECK, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY WOLFGANG BOECK, DDS	c EIN-PN 27-1576720-001
a	Plan name PILOT VENTURES 401(K) PLAN	
b	Name of plan sponsor PILOT VENTURES 401(K) PLAN	c EIN-PN 81-3657022-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY BRIAN B. FONG, DMD, MD, INC.	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY BRIAN B. FONG, DMD, MD,	c EIN-PN 83-1795116-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY H. THAO TRAN, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY H. THAO TRAN, DDS	c EIN-PN 45-5396572-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY BRIAN P. KAIL, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY BRIAN P. KAIL, DDS	c EIN-PN 05-0594460-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DAVID S. KEEN, D.D.S., M.S. A DENTAL CORPORATIO	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DAVID S. KEEN, D.D.S., M	c EIN-PN 65-1245160-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY RANDY FONG, D.D.S.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY RANDY FONG, D.D.S.	c EIN-PN 33-0261869-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY YUNFEI FAN DDS APC	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY YUNFEI FAN DDS APC	c EIN-PN 45-4862395-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ERIC B. DIXON, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY ERIC B. DIXON, DDS	c EIN-PN 91-2071489-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DAVID T. CHEUNG, DDS, PC	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY DAVID T. CHEUNG, DDS, PC	c EIN-PN 33-0962427-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ANN M. DONNELLY, DDS, INC.	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ANN M. DONNELLY, DDS, IN	c EIN-PN 46-3024159-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY NICOLE BARKHORDAR, DDS M.ED INC.	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY NICOLE BARKHORDAR, DDS M	c EIN-PN 88-4021538-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DOUGLAS A. GEDESTAD, DMD, INC.	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DOUGLAS A. GEDESTAD, DMD	c EIN-PN 91-1824987-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY FRANK CHEN, DDS AND JUDY SU,DDS, A PR	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY FRANK CHEN, DDS AND JUDY	c EIN-PN 94-3399981-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DR. MICHAEL FLEMING DENTAL CORPORATION	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DR. MICHAEL FLEMING DENT	c EIN-PN 84-3537085-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DRS. CHENG AND ROITMAN	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY DRS. CHENG AND ROITMAN	c EIN-PN 36-4710705-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY JASNA GALEB, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY JASNA GALEB, DDS	c EIN-PN 59-3823895-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MELVIN COHEN, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MELVIN COHEN, DDS	c EIN-PN 95-2697414-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY LOWELL B. DAVIS, D.D.S., M.S.	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY LOWELL B. DAVIS, D.D.S.,	c EIN-PN 94-2398452-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY REBECCA ARMEL, DDS., INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY REBECCA ARMEL, DDS., INC.	c EIN-PN 20-4740972-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY S. SHAUN DANESHGAR, DMD	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY S. SHAUN DANESHGAR, DMD	c EIN-PN 95-3733841-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MORIS AYNECHI, DMD, MD	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MORIS AYNECHI, DMD, MD	c EIN-PN 20-8228653-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY WALDEMAR CHMIELEWSKI, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY WALDEMAR CHMIELEWSKI, DDS	c EIN-PN 95-4407621-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY YUHAO GAO A PROFESSIONAL CORPORATION	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY YUHAO GAO A PROFESSIONAL	c EIN-PN 45-4846921-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MARY M. CHIEN DDS MS INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MARY M. CHIEN DDS MS INC.	c EIN-PN 95-4850890-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY JOANNE KARLA GABOT	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY JOANNE KARLA GABOT	c EIN-PN 47-4965154-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY FRANCINE KITAGAWA, D.D.S., APC	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY FRANCINE KITAGAWA, D.D.S	c EIN-PN 82-4194789-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY GILBERT B. LAM, DDS, INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY GILBERT B. LAM, DDS, INC.	c EIN-PN 27-3699988-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY BALFOUR J. KAY, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY BALFOUR J. KAY, DDS	c EIN-PN 94-3111919-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY HA NGUYEN LEE, DDS, INC. A PROFESSIONAL CORPORA	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY HA NGUYEN LEE, DDS, INC.	c EIN-PN 47-5155851-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY KEVIN LOW, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY KEVIN LOW, DDS	c EIN-PN 56-2458557-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY WILSON W. LEUNG, D.D.S.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY WILSON W. LEUNG, D.D.S.	c EIN-PN 94-2963081-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ELLEN PACLEB, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY ELLEN PACLEB, DDS	c EIN-PN 68-0453565-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY HUNG LU, DDS, INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY HUNG LU, DDS, INC.	c EIN-PN 26-4541149-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MATTHEW LAU, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MATTHEW LAU, DDS	c EIN-PN 47-2398080-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MICHAEL PARRETT, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MICHAEL PARRETT, DDS	c EIN-PN 94-2913989-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY KAINOS DENTAL TECHNOLOGIES, LLC	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY KAINOS DENTAL TECHNOLOGI	c EIN-PN 45-2883735-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MINAL J. PATEL, DMD, INC	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MINAL J. PATEL, DMD, INC	c EIN-PN 46-4292759-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY AGATA KONOPKA, DDS, A DENTAL CORPORATION	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY AGATA KONOPKA, DDS, A DE	c EIN-PN 47-2742615-001
a	Plan name TPC WIRE AND CABLE CORP. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TPC WIRE AND CABLE CORP. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 27-0235381-001
a	Plan name CALIFORNIA DENTISTS' GUILD RETIREMENT PROGRAM PEP BY RYAN PARTNOFF, DDS INC.	
b	Name of plan sponsor CALIFORNIA DENTISTS' GUILD RETIREMENT PROGRAM PEP BY RYAN PARTNOFF, DD	c EIN-PN 26-4409746-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY RAJU REDDY DDS MD, INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY RAJU REDDY DDS MD, INC.	c EIN-PN 42-1678265-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY TIMOTHY M PENTECOST DDS A PROFESSIONAL CORPORAT	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY TIMOTHY M PENTECOST DDS	c EIN-PN 20-5025870-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MICHEL RAAD, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MICHEL RAAD, DDS	c EIN-PN 87-1111002-001
a	Plan name CALIFORNIA DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MICHAEL A. ROGERS, D.D.S.	
b	Name of plan sponsor CALIFORNIA DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MICHAEL A. ROGERS	c EIN-PN 33-0599598-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY A. PINEDA SO, DDS, INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY A. PINEDA SO, DDS, INC.	c EIN-PN 33-1090532-001
a	Plan name ASSURED PARTNERS PEP AS ADOPTED BY MIIOWA COMMUNITY ACTION, INC.	
b	Name of plan sponsor ASSURED PARTNERS PEP AS ADOPTED BY MIIOWA COMMUNITY ACTION, INC.	c EIN-PN 42-0923311-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY J. BRENT GORRELL DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY J. BRENT GORRELL DDS	c EIN-PN 94-2765561-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY JAMES C. MA, DDS, INCORPORATED	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY JAMES C. MA, DDS, INCORP	c EIN-PN 39-2066646-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY STEVEN MERCHANT, DDS, A DENTAL CORPORATION	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY STEVEN MERCHANT, DDS, A	c EIN-PN 46-5709988-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY QUYNH NGO DMD, INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY QUYNH NGO DMD, INC.	c EIN-PN 47-3031612-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY CARRIE S. NISHIMOTO, D.D.S.	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY CARRIE S. NISHIMOTO, D.D	c EIN-PN 77-0581048-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ARASH M. ZADEH, DDS, INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY ARASH M. ZADEH, DDS, INC.	c EIN-PN 36-4603701-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MARK T. NII, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MARK T. NII, DDS	c EIN-PN 94-3269121-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ANNA K. TALMOOD, DDS, INC.	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ANNA K. TALMOOD, DDS, IN	c EIN-PN 46-3024159-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY ARIANE R. TERLET, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY ARIANE R. TERLET, DDS	c EIN-PN 94-3123339-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY HUAYANG JOHN WU, DDS INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY HUAYANG JOHN WU, DDS INC.	c EIN-PN 47-2731828-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY SUSHMITA BHARDWAJ, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY SUSHMITA BHARDWAJ, DDS	c EIN-PN 47-1151754-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MICHAEL S. YUNG DDS INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MICHAEL S. YUNG DDS INC.	c EIN-PN 46-0541732-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MARIE MALLORY DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MARIE MALLORY DDS	c EIN-PN 26-1263769-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY WAH K. MARK, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY WAH K. MARK, DDS	c EIN-PN 68-0374677-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY SADIE MESTMAN DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY SADIE MESTMAN DDS	c EIN-PN 95-4117512-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY STEVEN H. YOSHIOKA, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY STEVEN H. YOSHIOKA, DDS	c EIN-PN 77-0108576-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY PETER YOUNG, DDS, INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY PETER YOUNG, DDS, INC.	c EIN-PN 95-4588528-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY JOHN MOON, DDS, INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY JOHN MOON, DDS, INC.	c EIN-PN 84-1664042-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY PETER T. SU, DDS PROFESSIONAL CORPORATION	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY PETER T. SU, DDS PROFESS	c EIN-PN 71-0940390-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MIKE TRAN, DDS, A PROFESSIONAL DENTAL CORPORATI	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MIKE TRAN, DDS, A PROFES	c EIN-PN 27-1567034-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DAMON J. WESTWOOD, D.D.S., INC.	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DAMON J. WESTWOOD, D.D.S	c EIN-PN 90-0943053-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY SHAH AND KARIA DENTAL CORPORATION	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY SHAH AND KARIA DENTAL CO	c EIN-PN 47-3137757-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY GEORGE A. SORIANO, DMD, INC.	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY GEORGE A. SORIANO, DMD,	c EIN-PN 94-3358233-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY GREGORY H. OWYANG DDS AND DEBORAH H. OWYANG DDS	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY GREGORY H. OWYANG DDS AN	c EIN-PN 27-1771635-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY YUAN TAO, DMD PROFESSIONAL CORPORATION	
b	Name of plan sponsor THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY YUAN TAO, DMD PROFESSION	c EIN-PN 46-2855115-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY RAHMAT BARKHORDAR DMD	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY RAHMAT BARKHORDAR DMD	c EIN-PN 76-0719363-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY CORY C. STACPOOLE, D.D.S.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY CORY C. STACPOOLE, D.D.S.	c EIN-PN 94-2912824-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DANIEL H. TAMURA, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY DANIEL H. TAMURA, DDS	c EIN-PN 55-0797755-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY THOMAS LEQUIA, DDS	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY THOMAS LEQUIA, DDS	c EIN-PN 77-0355654-001
a	Plan name THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY KEVIN C. LIN, DDS, INC.	
b	Name of plan sponsor THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY KEVIN C. LIN, DDS, INC.	c EIN-PN 82-0938259-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AXISCADES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AXISCADES 401(K) PROFIT SHARING PLAN	c EIN-PN 36-3521444-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY CALIFORNIA DENTISTS' GUILD	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY CALIFORNIA DENTISTS GUILD	c EIN-PN 94-1630054-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY PATRICIA J. DRILLING, DDS	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY PATRICIA J. DRILLING, DDS	c EIN-PN 77-0496908-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY DOUGLAS SAKURAI, DDS	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY DOUGLAS SAKURAI, DDS	c EIN-PN 33-0388175-001
a	Plan name	ASSUREDPARTNERS PEP AS ADOPTED BY CARCON INDUSTRIES AND CONSTRUCTION, LLC	
b	Name of plan sponsor	ASSUREDPARTNERS PEP AS ADOPTED BY CARCON INDUSTRIES AND CONSTRUCTION,	c EIN-PN 75-2918306-001
a	Plan name	ALDERSON ELECTRICAL SALES 401(K) PLAN	
b	Name of plan sponsor	ALDERSON ELECTRICAL SALES 401(K) PLAN	c EIN-PN 82-1942104-001
a	Plan name	LIFELENS TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	LIFELENS TECHNOLOGIES, INC. 401(K) PLAN	c EIN-PN 47-4416879-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY JAMES W. CHILDRESS, D.D.S., INC.	
b	Name of plan sponsor	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY JAMES W. CHILDRESS, D.D.	c EIN-PN 94-2915080-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY JOSHUA BARKHORDAR, DDS	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY JOSHUA BARKHORDAR, DDS	c EIN-PN 81-2596316-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MARIA A. CANUTO, DDS INC.	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MARIA A. CANUTO, DDS INC.	c EIN-PN 54-2184060-001
a	Plan name	NORTHWEST SUPPORTED LIVING, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST SUPPORTED LIVING, INC. 401(K) PLAN	c EIN-PN 84-5100896-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY TRAN VILLAS DENTAL, PC	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY TRAN VILLAS DENTAL, PC	c EIN-PN 46-1499623-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	WICHITA COUNTRY CLUB 401(K) PLAN
b	Name of plan sponsor	WICHITA COUNTRY CLUB 401(K) PLAN
c	EIN-PN	48-0477370-001
a	Plan name	DYNAMIC RESTAURANT HOLDINGS, LLC 401(K) PLAN
b	Name of plan sponsor	DYNAMIC RESTAURANT HOLDINGS, LLC 401(K) PLAN
c	EIN-PN	36-4878000-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY EXCEL GENERAL AND COSMETIC DENTISTRY
b	Name of plan sponsor	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY EXCEL GENERAL AND COSMET
c	EIN-PN	20-4208025-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MICHAEL MONTGOMERY DDS
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MICHAEL MONTGOMERY DDS
c	EIN-PN	95-3693647-001
a	Plan name	SPECTRUMVOIP, INC. 401(K) PLAN
b	Name of plan sponsor	SPECTRUMVOIP, INC. 401(K) PLAN
c	EIN-PN	26-4657666-001
a	Plan name	MINNESOTA VIKINGS 401(K) PLAN
b	Name of plan sponsor	MINNESOTA VIKINGS 401(K) PLAN
c	EIN-PN	20-2310169-001
a	Plan name	SOLTIS 401(K) EZ PEP FOR WILKINSON ELECTRIC, INC.
b	Name of plan sponsor	SOLTIS 401(K) EZ PEP FOR WILKINSON ELECTRIC, INC.
c	EIN-PN	87-0303011-001
a	Plan name	SOLTIS 401(K) EZ PEP FOR ROYAL COACH TOURS
b	Name of plan sponsor	SOLTIS 401(K) EZ PEP FOR ROYAL COACH TOURS
c	EIN-PN	94-2507755-001
a	Plan name	THE MIAMI DOLPHINS 401(K) PLAN
b	Name of plan sponsor	THE MIAMI DOLPHINS 401(K) PLAN
c	EIN-PN	59-1111924-001
a	Plan name	SOLTIS 401(K) EZ PEP FOR CEDAR BAND CORPORATION
b	Name of plan sponsor	SOLTIS 401(K) EZ PEP FOR CEDAR BAND CORPORATION
c	EIN-PN	80-0906481-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY RICH HIRSCHINGER, DDS, INC.
b	Name of plan sponsor	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY RICH HIRSCHINGER, DDS, I
c	EIN-PN	46-1094931-001
a	Plan name	SOLTIS 401(K) EZ PEP FOR TRANSPORTATION CHARTER SERVICES
b	Name of plan sponsor	SOLTIS 401(K) EZ PEP FOR TRANSPORTATION CHARTER SERVICES
c	EIN-PN	36-0326013-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY NATHAN M. VOGT, DDS	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY NATHAN M. VOGT, DDS	c EIN-PN 20-5366510-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY MICHAEL A. LEE, DDS	
b	Name of plan sponsor	THE DENTISTS GUILD RETIREMENT PROGRAM PEP BY MICHAEL A. LEE, DDS	c EIN-PN 95-4875410-001
a	Plan name	WHITEHARDT 401(K) PLAN	
b	Name of plan sponsor	WHITEHARDT 401(K) PLAN	c EIN-PN 02-0631016-001
a	Plan name	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY CHRISTINA CHEN, DDS, INC. (DBA SIMPLY DENTISTRY)	
b	Name of plan sponsor	THE DENTISTS' GUILD RETIREMENT PROGRAM PEP BY CHRISTINA CHEN, DDS, INC	c EIN-PN 93-2522210-001
a	Plan name	THE MGM RESORTS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE MGM RESORTS 401(K) SAVINGS PLAN	c EIN-PN 88-0215232-001
a	Plan name	PRIME WHEEL 401(K) PLAN	
b	Name of plan sponsor	PRIME WHEEL 401(K) PLAN	c EIN-PN 33-0292719-001
a	Plan name	NATIONAL FISHERIES INST, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	NATIONAL FISHERIES INST, INC. EMPLOYEES RETIREMENT PLAN	c EIN-PN 53-0175414-001
a	Plan name	AAA NORTH PENN 401(K) PLAN	
b	Name of plan sponsor	AAA NORTH PENN 401(K) PLAN	c EIN-PN 24-0637695-001
a	Plan name	RJS CORPORATION PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RJS CORPORATION PROFIT SHARING PLAN AND TRUST	c EIN-PN 34-0814010-001
a	Plan name	SCHOLER CORPORATION RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	SCHOLER CORPORATION RETIREMENT AND SAVINGS PLAN	c EIN-PN 35-1085180-001
a	Plan name	CHARTER FABRICS INC	
b	Name of plan sponsor	CHARTER FABRICS INC	c EIN-PN 13-1960237-001
a	Plan name	SHEPHERD CO EE'S RETIREMENT PLAN	
b	Name of plan sponsor	SHEPHERD CO EES RETIREMENT PLAN	c EIN-PN 95-1217578-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ROSENBLUTH VACATIONS	
b	Name of plan sponsor	ROSENBLUTH VACATIONS	c EIN-PN 23-2878210-001
a	Plan name	SEIKO WATCH OF AMERICA LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SEIKO WATCH OF AMERICA LLC SAVINGS AND INVESTMENT PLAN	c EIN-PN 83-1939971-001
a	Plan name	TONE SOFTWARE CORPORATION	
b	Name of plan sponsor	TONE SOFTWARE CORPORATION	c EIN-PN 95-2919787-001
a	Plan name	ROQUEMORE, PRINGLE AND MOORE INC	
b	Name of plan sponsor	ROQUEMORE, PRINGLE AND MOORE INC	c EIN-PN 95-3081064-001
a	Plan name	BOSTON SHIPPING ASSOCIATION	
b	Name of plan sponsor	BOSTON SHIPPING ASSOCIATION	c EIN-PN 04-2034907-001
a	Plan name	MORRIS EXPORT CRATING COMPANY	
b	Name of plan sponsor	MORRIS EXPORT CRATING COMPANY	c EIN-PN 76-0064753-001
a	Plan name	COSTA CRUISE LINES N.V.	
b	Name of plan sponsor	COSTA CRUISE LINES N.V.	c EIN-PN 65-0221239-001
a	Plan name	MORRIS BEAN RETIREMENT PLAN	
b	Name of plan sponsor	MORRIS BEAN RETIREMENT PLAN	c EIN-PN 31-0510640-001
a	Plan name	BARGAINING UNIT OF MORRISBEANANDCO	
b	Name of plan sponsor	BARGAINING UNIT OF MORRISBEANANDCO	c EIN-PN 31-0510640-001
a	Plan name	MITSUBISHI IMAGING (MPM), INC.	
b	Name of plan sponsor	MITSUBISHI IMAGING (MPM), INC.	c EIN-PN 13-3763470-001
a	Plan name	KING AMERICAN AMBULANCE CO.	
b	Name of plan sponsor	KING AMERICAN AMBULANCE CO.	c EIN-PN 94-1279326-001
a	Plan name	PHILLIPS SERVICE IND., INC.	
b	Name of plan sponsor	PHILLIPS SERVICE IND., INC.	c EIN-PN 38-2509613-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GRASSLAND EQUIP AND IRRIGATION	
b	Name of plan sponsor GRASSLAND EQUIP AND IRRIGATION	c EIN-PN 14-1460098-001
a	Plan name MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	
b	Name of plan sponsor MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	c EIN-PN 04-2103221-001
a	Plan name ELITECH GROUP INC PROFIT SHARING PLAN	
b	Name of plan sponsor ELITECH GROUP INC PROFIT SHARING PLAN	c EIN-PN 87-0284733-001
a	Plan name SPENCECHAPIN SERVICES TO FAMILY AND CHILDREN	
b	Name of plan sponsor SPENCECHAPIN SERVICES TO FAMILY AND CHILDREN	c EIN-PN 13-1834590-001
a	Plan name J E M AMERICA RETIREMENT PLAN	
b	Name of plan sponsor J E M AMERICA RETIREMENT PLAN	c EIN-PN 94-3048725-001
a	Plan name ORTHOPEDIC ASSOCIATES DEFINED CONTRIBUTION PENSION PLAN	
b	Name of plan sponsor ORTHOPEDIC ASSOCIATES DEFINED CONTRIBUTION PENSION PLAN	c EIN-PN 16-1012180-001
a	Plan name PLUMBERS AND STEAMFITTERS UNION LOCAL NO.10 INDIVIDUAL ACCT PLAN	
b	Name of plan sponsor PLUMBERS AND STEAMFITTERS UNION LOCAL NO.10 INDIVIDUAL ACCT PLAN	c EIN-PN 54-1739199-001
a	Plan name EVTDA DBA FANTASY SPRINGS RESORT CASINO 401(K) PLAN	
b	Name of plan sponsor EVTDA DBA FANTASY SPRINGS RESORT CASINO 401(K) PLAN	c EIN-PN 95-3835364-001
a	Plan name RELIANT PRO REHAB, LLC RETIREMENT PLAN	
b	Name of plan sponsor RELIANT PRO REHAB, LLC RETIREMENT PLAN	c EIN-PN 45-2639073-001
a	Plan name NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	
b	Name of plan sponsor NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	c EIN-PN 21-0524185-001
a	Plan name EAGLE RIDGE HOSPITALITY, LLC 401(K) PLAN	
b	Name of plan sponsor EAGLE RIDGE HOSPITALITY, LLC 401(K) PLAN	c EIN-PN 83-4394814-001
a	Plan name EAST TENNESSEE PATHOLOGY, PLLC 401(K) PLAN	
b	Name of plan sponsor EAST TENNESSEE PATHOLOGY, PLLC 401(K) PLAN	c EIN-PN 45-2235203-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BUDGET MAINTENANCE, INC. 401(K) PLAN	
b	Name of plan sponsor	BUDGET MAINTENANCE, INC. 401(K) PLAN	c EIN-PN 23-2912147-001
a	Plan name	BUDGET MAINTENANCE PREVAILING WAGE PLAN	
b	Name of plan sponsor	BUDGET MAINTENANCE PREVAILING WAGE PLAN	c EIN-PN 23-3089479-001
a	Plan name	HERMAN MANUFACTURING CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HERMAN MANUFACTURING CO., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 41-1286729-001
a	Plan name	MIDAMERICA HOLDINGS, LTD. 401(K) PLAN	
b	Name of plan sponsor	MIDAMERICA HOLDINGS, LTD. 401(K) PLAN	c EIN-PN 20-0709088-001
a	Plan name	SODERHOLM AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SODERHOLM AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 41-0836048-001
a	Plan name	THE BARRY FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	THE BARRY FOUNDATION 401(K) PLAN	c EIN-PN 20-5767275-001
a	Plan name	HENNEN LUMBER COMPANY, INC. PROFIT SHARING AND 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	HENNEN LUMBER COMPANY, INC. PROFIT SHARING AND 401(K) SAFE HARBOR PLAN	c EIN-PN 41-0681810-001
a	Plan name	HENNEN FLOOR COVERING, INC PROFIT SHARING AND 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	HENNEN FLOOR COVERING, INC PROFIT SHARING AND 401(K) SAFE HARBOR PLAN	c EIN-PN 41-1958297-001
a	Plan name	ASK LLP PARTNERSHIP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ASK LLP PARTNERSHIP PROFIT SHARING 401(K) PLAN	c EIN-PN 41-1916951-001
a	Plan name	HENWAY MFG, INC. SAFE HARBOR PLAN	
b	Name of plan sponsor	HENWAY MFG, INC. SAFE HARBOR PLAN	c EIN-PN 41-1474734-001
a	Plan name	SCHWIEGER HOGS LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHWIEGER HOGS LLP 401(K) PROFIT SHARING PLAN	c EIN-PN 46-3125449-001
a	Plan name	GO ROOF TUNE UP INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GO ROOF TUNE UP INC 401(K) PROFIT SHARING PLAN	c EIN-PN 26-3736572-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	YARDZEN, INC 401(K)	
b	Name of plan sponsor	YARDZEN, INC 401(K)	c EIN-PN 82-5056825-001
a	Plan name	BUTLER DESIGN GROUP, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	BUTLER DESIGN GROUP, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	c EIN-PN 86-0811475-001
a	Plan name	CIRCLE S IRRIGATION INC. 401(K) P/S PLAN	
b	Name of plan sponsor	CIRCLE S IRRIGATION INC. 401(K) P/S PLAN	c EIN-PN 47-0861241-001
a	Plan name	VASTRAX, INC. 401(K) PLAN	
b	Name of plan sponsor	VASTRAX, INC. 401(K) PLAN	c EIN-PN 81-4885499-001
a	Plan name	PEACE OF MIND 401(K) PLAN	
b	Name of plan sponsor	PEACE OF MIND 401(K) PLAN	c EIN-PN 20-1642248-001
a	Plan name	PORTER KIAKONA KOPPER, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PORTER KIAKONA KOPPER, LLP 401(K) PROFIT SHARING PLAN	c EIN-PN 99-0210947-001
a	Plan name	MANSFIELD INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MANSFIELD INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 05-0346148-001
a	Plan name	EHPLABS RESEARCH LLC 401(K) PLAN	
b	Name of plan sponsor	EHPLABS RESEARCH LLC 401(K) PLAN	c EIN-PN 36-4860581-001
a	Plan name	ALDERMAN AND COMPANY CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor	ALDERMAN AND COMPANY CONSULTING, LLC 401(K) PLAN	c EIN-PN 34-2028895-001
a	Plan name	E.N.T. PROFESSIONAL SERVICES, P.C.	
b	Name of plan sponsor	E.N.T. PROFESSIONAL SERVICES, P.C.	c EIN-PN 42-0957750-001
a	Plan name	JTF 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JTF 401(K) PROFIT SHARING PLAN	c EIN-PN 31-1508622-001
a	Plan name	WESTERN INDUSTRIAL RESOURCES CORP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WESTERN INDUSTRIAL RESOURCES CORP RETIREMENT SAVINGS PLAN	c EIN-PN 86-1007205-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MR. ROOTER 401(K) PLAN	
b	Name of plan sponsor	MR. ROOTER 401(K) PLAN	c EIN-PN 20-1910560-001
a	Plan name	BEAD INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor	BEAD INDUSTRIES 401(K) PLAN	c EIN-PN 06-0256080-001
a	Plan name	IGNITE FUNDING RETIREMENT PLAN	
b	Name of plan sponsor	IGNITE FUNDING RETIREMENT PLAN	c EIN-PN 90-0730008-001
a	Plan name	MEADOWHAWK BIOLABS	
b	Name of plan sponsor	MEADOWHAWK BIOLABS	c EIN-PN 87-1799545-001
a	Plan name	MAUS FAMILY AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	MAUS FAMILY AUTOMOTIVE 401(K) PLAN	c EIN-PN 81-0985124-001
a	Plan name	CWA D9 ATTF 401(K) PLAN	
b	Name of plan sponsor	CWA D9 ATTF 401(K) PLAN	c EIN-PN 02-0701572-001
a	Plan name	USD PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	USD PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 47-0910300-001
a	Plan name	ORANGE COUNTY 3PL 401(K) PLAN	
b	Name of plan sponsor	ORANGE COUNTY 3PL 401(K) PLAN	c EIN-PN 83-2321114-001
a	Plan name	FAMILY HOME CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	FAMILY HOME CARE, INC. 401(K) PLAN	c EIN-PN 72-1241996-001
a	Plan name	BANKSTAR FINANCIAL RETIREMENT PLAN	
b	Name of plan sponsor	BANKSTAR FINANCIAL RETIREMENT PLAN	c EIN-PN 46-0122650-001
a	Plan name	CRETE AND CO 401(K) PLAN	
b	Name of plan sponsor	CRETE AND CO 401(K) PLAN	c EIN-PN 81-4240473-001
a	Plan name	CARROLLTON ENTERPRISES SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	CARROLLTON ENTERPRISES SERVICES, LLC 401(K) PLAN	c EIN-PN 20-1167182-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SOMERSET SMILES 401(K) PLAN	
b	Name of plan sponsor	SOMERSET SMILES 401(K) PLAN	c EIN-PN 85-3619444-001
a	Plan name	401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIAL OLYMPICS NORTH DAKOTA	
b	Name of plan sponsor	401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIAL OLYMPICS NORTH DAK	c EIN-PN 45-0355704-001
a	Plan name	CERTIFIX, INC. 401(K) PLAN	
b	Name of plan sponsor	CERTIFIX, INC. 401(K) PLAN	c EIN-PN 26-1485026-001
a	Plan name	VODAFONE US RETIREMENT PLAN	
b	Name of plan sponsor	VODAFONE US RETIREMENT PLAN	c EIN-PN 98-0510742-001
a	Plan name	JKUSA 401(K) PLAN	
b	Name of plan sponsor	JKUSA 401(K) PLAN	c EIN-PN 95-2948901-001
a	Plan name	CAESARS ENTERTAINMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	CAESARS ENTERTAINMENT, INC. 401(K) PLAN	c EIN-PN 46-3657681-001
a	Plan name	REPSOL SERVICES COMPANY 401(K) PLAN	
b	Name of plan sponsor	REPSOL SERVICES COMPANY 401(K) PLAN	c EIN-PN 20-3967665-001
a	Plan name	PRECISION RESOURCE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PRECISION RESOURCE 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 06-0855976-001
a	Plan name	MITSUBISHI INTERNATIONAL CORP	
b	Name of plan sponsor	MITSUBISHI INTERNATIONAL CORP	c EIN-PN 13-5630301-001
a	Plan name	PLASTIPAK PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PLASTIPAK PACKAGING, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 38-2418014-001
a	Plan name	THE 401(K) PLANAMERICO, CRL, IPFS	
b	Name of plan sponsor	THE 401(K) PLANAMERICO, CRL, IPFS	c EIN-PN 43-1755148-001
a	Plan name	AMDOCS, INC. 401(K) PLAN	
b	Name of plan sponsor	AMDOCS, INC. 401(K) PLAN	c EIN-PN 43-1339487-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AMDOCS AITS 401(K) PLAN	
b	Name of plan sponsor	AMDOCS AITS 401(K) PLAN	c EIN-PN 43-1339487-001
a	Plan name	WRIGHT BEVERAGE DISTRIBUTING 401(K) PLAN TRUST	
b	Name of plan sponsor	WRIGHT BEVERAGE DISTRIBUTING 401(K) PLAN TRUST	c EIN-PN 16-0775330-001
a	Plan name	NATIONAL BANK HOLDINGS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NATIONAL BANK HOLDINGS CORPORATION 401(K) PLAN	c EIN-PN 27-0563799-001
a	Plan name	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	c EIN-PN 23-2143130-001
a	Plan name	AMSI 401(K) PLAN	
b	Name of plan sponsor	AMSI 401(K) PLAN	c EIN-PN 59-2926481-001
a	Plan name	NGK ELECTRONICS USA, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	NGK ELECTRONICS USA, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	c EIN-PN 73-1640190-001
a	Plan name	RACANELLI CONSTRUCTION CO., INC. RETIREMENT PLAN	
b	Name of plan sponsor	RACANELLI CONSTRUCTION CO., INC. RETIREMENT PLAN	c EIN-PN 11-3146429-001
a	Plan name	SALARIED EMPLOYEES' 401(K) RETIREMENT PLAN OF SPRINGFIELD L.I. CEMETERY SOCIETY	
b	Name of plan sponsor	SALARIED EMPLOYEES' 401(K) RETIREMENT PLAN OF SPRINGFIELD L.I. CEMETER	c EIN-PN 13-1335655-001
a	Plan name	SALARIED EMPLOYEES' 401(K) RETIREMENT PLAN OF MONTEFIORE CEMETERY CORPORATION	
b	Name of plan sponsor	SALARIED EMPLOYEES' 401(K) RETIREMENT PLAN OF MONTEFIORE CEMETERY CORP	c EIN-PN 13-1057890-001
a	Plan name	SEALED INC. 401(K) PLAN	
b	Name of plan sponsor	SEALED INC. 401(K) PLAN	c EIN-PN 45-3478769-001
a	Plan name	CITY EVENTIONS USA LLC 401(K) PLAN	
b	Name of plan sponsor	CITY EVENTIONS USA LLC 401(K) PLAN	c EIN-PN 38-4084387-001
a	Plan name	FRATELLO CONSTRUCTION CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRATELLO CONSTRUCTION CORP. 401(K) PROFIT SHARING PLAN	c EIN-PN 11-2992307-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name PALACIOS LAW GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PALACIOS LAW GROUP 401(K) PROFIT SHARING PLAN	c EIN-PN 20-3187871-001
a	Plan name L.I. ORAL MAXILLOFACIAL SURGERY, P.C. RETIREMENT TRUST PROFIT SHARING PLAN	
b	Name of plan sponsor L.I. ORAL MAXILLOFACIAL SURGERY, P.C. RETIREMENT TRUST PROFIT SHARING	c EIN-PN 11-2366457-001
a	Plan name ASSUREDPARTNERS PEP ADOPTED BY NORTH SHORE NEON SIGN, LLC	
b	Name of plan sponsor ASSUREDPARTNERS PEP ADOPTED BY NORTH SHORE NEON SIGN, LLC	c EIN-PN 11-1968125-001
a	Plan name SC BUILDERS, INC. 401(K) PS PLAN	
b	Name of plan sponsor SC BUILDERS, INC. 401(K) PS PLAN	c EIN-PN 77-0514807-001
a	Plan name GULFSPAN INDUSTRIAL PLAN	
b	Name of plan sponsor GULFSPAN INDUSTRIAL PLAN	c EIN-PN 45-0910052-001
a	Plan name SALARIED EMPLOYEES OF GORTON'S INC.	
b	Name of plan sponsor SALARIED EMPLOYEES OF GORTONS INC.	c EIN-PN 04-3575531-001
a	Plan name SAVINGS PLAN FOR UNION EMPLOYEES OF GORTON'S	
b	Name of plan sponsor SAVINGS PLAN FOR UNION EMPLOYEES OF GORTONS	c EIN-PN 04-3575531-001
a	Plan name F.W. BRYCE, INC. 401(K) PLAN	
b	Name of plan sponsor F.W. BRYCE, INC. 401(K) PLAN	c EIN-PN 38-1313913-001
a	Plan name SAVINGS PLAN FOR MAINTENANCE EMPLOYEES OF GORTON'S	
b	Name of plan sponsor SAVINGS PLAN FOR MAINTENANCE EMPLOYEES OF GORTONS	c EIN-PN 04-3575531-001
a	Plan name SPECIALTY TOOL AND MACHINE, INC. AND GENERAL STAMPING, INC. 401(K) PLAN SPECIALTY TOOL AND MACHINE, INC.	
b	Name of plan sponsor SPECIALTY TOOL AND MACHINE, INC. AND GENERAL STAMPING, INC. 401(K) PLA	c EIN-PN 47-0655076-001
a	Plan name SPECIALTY TOOL AND MACHINE, INC. AND GENERAL STAMPING, INC. 401(K) PLAN GENERAL STAMPING INC.	
b	Name of plan sponsor SPECIALTY TOOL AND MACHINE, INC. AND GENERAL STAMPING, INC. 401(K) PLA	c EIN-PN 47-0579444-001
a	Plan name CENTRAL DISTRIBUTING COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CENTRAL DISTRIBUTING COMPANY PROFIT SHARING PLAN AND TRUST	c EIN-PN 47-0402383-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ALAN KROPP AND ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor ALAN KROPP AND ASSOCIATES 401(K) PLAN	c EIN-PN 94-3021963-001
a	Plan name EDWARD R. KUSEK, D.D.S. RETIREMENT PLAN	
b	Name of plan sponsor EDWARD R. KUSEK, D.D.S. RETIREMENT PLAN	c EIN-PN 46-0443496-001
a	Plan name JACK DEMMER FORD, INC. 401(K) PLAN JACK DEMMER FORD, INC.	
b	Name of plan sponsor JACK DEMMER FORD, INC. 401(K) PLAN JACK DEMMER FORD, INC.	c EIN-PN 38-1559015-001
a	Plan name JACK DEMMER FORD, INC. 401(K) PLAN JACK DEMMER LINCOLN, INC.	
b	Name of plan sponsor JACK DEMMER FORD, INC. 401(K) PLAN JACK DEMMER LINCOLN, INC.	c EIN-PN 38-3437558-001
a	Plan name METRO CREDIT UNION 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor METRO CREDIT UNION 401(K) SAFE HARBOR PLAN	c EIN-PN 47-6026142-001
a	Plan name BOWEN, MICLETTE AND BRITT PROFIT SHARING PLAN	
b	Name of plan sponsor BOWEN, MICLETTE AND BRITT PROFIT SHARING PLAN	c EIN-PN 26-3860108-001
a	Plan name MCKENZIE HEALTH SYSTEM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MCKENZIE HEALTH SYSTEM 401(K) RETIREMENT PLAN	c EIN-PN 38-1738615-001
a	Plan name WILLAMETTE VALLEY BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WILLAMETTE VALLEY BANK 401(K) PROFIT SHARING PLAN	c EIN-PN 93-1277376-001
a	Plan name DIAMOND ENERGY SYSTEMS INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor DIAMOND ENERGY SYSTEMS INC. SALARY SAVINGS PLAN	c EIN-PN 41-1596985-001
a	Plan name SWAT FAME, INC. 401(K) PLAN	
b	Name of plan sponsor SWAT FAME, INC. 401(K) PLAN	c EIN-PN 95-3327586-001
a	Plan name EAST BAY TIRE CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EAST BAY TIRE CO. 401(K) PROFIT SHARING PLAN	c EIN-PN 94-2656190-001
a	Plan name STONE MANUFACTURING AND SUPPLY CO., INC. EMPLOYEES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STONE MANUFACTURING AND SUPPLY CO., INC. EMPLOYEES 401(K) PROFIT SHARI	c EIN-PN 43-1470003-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BATH AND EDMONDS, P.A. 401(K) PLAN	
b	Name of plan sponsor	BATH AND EDMONDS, P.A. 401(K) PLAN	c EIN-PN 48-1192474-001
a	Plan name	ASI 401(K) PLAN	
b	Name of plan sponsor	ASI 401(K) PLAN	c EIN-PN 52-2237132-001
a	Plan name	10 ELEVEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	10 ELEVEN 401(K) PROFIT SHARING PLAN	c EIN-PN 95-4888466-001
a	Plan name	WATLOW GROUP 401(K) PLAN	
b	Name of plan sponsor	WATLOW GROUP 401(K) PLAN	c EIN-PN 43-0574450-001
a	Plan name	AIR TRANSPORT ASSOCIATION OF AMERICA	
b	Name of plan sponsor	AIR TRANSPORT ASSOCIATION OF AMERICA	c EIN-PN 52-2113962-001
a	Plan name	AMERICAN PACKAGING CORPORATION A	
b	Name of plan sponsor	AMERICAN PACKAGING CORPORATION A	c EIN-PN 23-2209850-001
a	Plan name	AMERICAN PACKAGING CORPORATION B	
b	Name of plan sponsor	AMERICAN PACKAGING CORPORATION B	c EIN-PN 23-2209850-001
a	Plan name	ARTHUR J GALLAGHER AND CO	
b	Name of plan sponsor	ARTHUR J GALLAGHER AND CO	c EIN-PN 36-2481781-001
a	Plan name	ASHA RETIREMENT INCOME PLAN	
b	Name of plan sponsor	ASHA RETIREMENT INCOME PLAN	c EIN-PN 53-0240474-001
a	Plan name	BEKAERT CORPORATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor	BEKAERT CORPORATION RETIREMENT INCOME PLAN	c EIN-PN 13-1820699-001
a	Plan name	BELDEN INC PENSION PLAN	
b	Name of plan sponsor	BELDEN INC PENSION PLAN	c EIN-PN 76-0405879-001
a	Plan name	CARDINAL MCCLOSKEY SCHOOL AND HOME FOR CHILDREN I	
b	Name of plan sponsor	CARDINAL MCCLOSKEY SCHOOL AND HOME FOR CHILDREN I	c EIN-PN 13-1740443-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CECIL COUNTY PENSION PLAN	
b	Name of plan sponsor	CECIL COUNTY PENSION PLAN	c EIN-PN 52-6000919-001
a	Plan name	CECIL COUNTY PENSION PLAN	
b	Name of plan sponsor	CECIL COUNTY PENSION PLAN	c EIN-PN 52-6000919-001
a	Plan name	CITY OF ST ALBANS	
b	Name of plan sponsor	CITY OF ST ALBANS	c EIN-PN 03-6000669-001
a	Plan name	CLIFFORD JACOBS FORGING PENSION PLAN	
b	Name of plan sponsor	CLIFFORD JACOBS FORGING PENSION PLAN	c EIN-PN 37-0220380-001
a	Plan name	CLIFFORD JACOBS FORGING RET PLAN	
b	Name of plan sponsor	CLIFFORD JACOBS FORGING RET PLAN	c EIN-PN 37-0220380-001
a	Plan name	GKN CONSOLIDATED PENSION PLAN INTERLAKE	
b	Name of plan sponsor	GKN CONSOLIDATED PENSION PLAN INTERLAKE	c EIN-PN 62-1382461-001
a	Plan name	GKN CONSOLIDATED PENSION PLAN ST LOUIS SALARY	
b	Name of plan sponsor	GKN CONSOLIDATED PENSION PLAN ST LOUIS SALARY	c EIN-PN 36-4399771-001
a	Plan name	GKN CONSOLIDATED PENSION PLAN WESTLAND	
b	Name of plan sponsor	GKN CONSOLIDATED PENSION PLAN WESTLAND	c EIN-PN 62-1382461-001
a	Plan name	GTE FEDERAL CREDIT UNION DB PLAN	
b	Name of plan sponsor	GTE FEDERAL CREDIT UNION DB PLAN	c EIN-PN 59-0642956-001
a	Plan name	JACUZZI BRANDS CORP PENSION PLAN	
b	Name of plan sponsor	JACUZZI BRANDS CORP PENSION PLAN	c EIN-PN 20-8158665-001
a	Plan name	JOHNSON NEWSPAPER CORPORATION	
b	Name of plan sponsor	JOHNSON NEWSPAPER CORPORATION	c EIN-PN 15-0253500-001
a	Plan name	MGM RETIREMENT PLAN	
b	Name of plan sponsor	MGM RETIREMENT PLAN	c EIN-PN 95-4605850-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MITSUBISHI INT L CORP RETIREMENT PLAN	
b	Name of plan sponsor	MITSUBISHI INT L CORP RETIREMENT PLAN	c EIN-PN 13-5630301-001
a	Plan name	PLUMBERS AND PIPEFITTERS LOCAL 104	
b	Name of plan sponsor	PLUMBERS AND PIPEFITTERS LOCAL 104	c EIN-PN 04-2564795-001
a	Plan name	RHODE ISLAND PUBLIC TRANSIT AUTHORITY	
b	Name of plan sponsor	RHODE ISLAND PUBLIC TRANSIT AUTHORITY	c EIN-PN 05-0311968-001
a	Plan name	RUBICON LLC RETIREMENT PLAN	
b	Name of plan sponsor	RUBICON LLC RETIREMENT PLAN	c EIN-PN 72-0927730-001
a	Plan name	SHEET METAL WORKERS LOCAL #194	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL #194	c EIN-PN 23-2203610-001
a	Plan name	THE CATHOLIC CHARITIES ARCHDIOCESE OF NY	
b	Name of plan sponsor	THE CATHOLIC CHARITIES ARCHDIOCESE OF NY	c EIN-PN 13-5671639-001
a	Plan name	TITAN AMERICA LLC PENSION PLAN	
b	Name of plan sponsor	TITAN AMERICA LLC PENSION PLAN	c EIN-PN 98-0124782-001
a	Plan name	TOWN OF ENFIELD PENSION PLAN	
b	Name of plan sponsor	TOWN OF ENFIELD PENSION PLAN	c EIN-PN 06-6001997-001
a	Plan name	TOWN OF ENFIELD POLICE DEPARTMENT	
b	Name of plan sponsor	TOWN OF ENFIELD POLICE DEPARTMENT	c EIN-PN 06-6001997-001
a	Plan name	WCIRB OF CALIFORNIA RETIREMENT PLANE1	
b	Name of plan sponsor	WCIRB OF CALIFORNIA RETIREMENT PLANE1	c EIN-PN 94-0358760-001
a	Plan name	WESTERN NY HARNESS HORSEMANS ASSN INC RETIREMENT I	
b	Name of plan sponsor	WESTERN NY HARNESS HORSEMANS ASSN INC RETIREMENT I	c EIN-PN 16-0874671-001
a	Plan name	CITY OF ST ALBANS	
b	Name of plan sponsor	CITY OF ST ALBANS	c EIN-PN 03-6000669-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LARGE CAP VALUE I FUND (SACV)	B Three-digit plan number (PN) ▶ 129
C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER ANNUITY INSURANCE COMPANY	D Employer Identification Number (EIN) 06-1050034

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1188496
		864797
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15969865
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	609731835
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	626890196	822107570
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1228702	138475
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1228702	138475
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	625661494	821969095

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	677727	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		677727
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	18834431	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	8290808	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	62623460	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-17216
d Total income. Add all income amounts in column (b) and enter total	2d		90409210

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	76299	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	3221295	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	20316	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3317910
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3317910

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		87091300
l Transfers of assets:			
(1) To this plan	2l(1)		503735876
(2) From this plan	2l(2)		394519575

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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