

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: MFS INTERNATIONAL GROWTH EQUITY (SA4AO)
1b Three-digit plan number (PN): 839
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): EMPOWER ANNUITY INSURANCE COMPANY
2b Employer Identification Number (EIN): 06-1050034
2c Plan Sponsor's telephone number: 800-338-4015
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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 SMALL CAP VALUE/VICTORY FUND - SASV8	4b EIN	
	4d PN 701	
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.....	6a(1)	
	6a(2)	
	6b	
	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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>MFS INTERNATIONAL GROWTH EQUITY (SA4AO)</u>	B Three-digit plan number (PN)	<u>839</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)

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

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d Entity code

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d Entity code

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d Entity code

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE ACCELERATED RETIREMENT ADVANTAGE PEP, ADOPTED BY GEATER MACHINING AND MANUFACTURING CO., INC.	
b	Name of plan sponsor THE ACCELERATED RETIREMENT ADVANTAGE PEP, ADOPTED BY GEATER MACHINING	c EIN-PN 42-0885471-001
a	Plan name TROUGAL LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor TROUGAL LLC 401K PROFIT SHARING PLAN	c EIN-PN 87-1855636-001
a	Plan name GUARDIAN DATA, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GUARDIAN DATA, LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 99-2006065-001
a	Plan name THE ACCELERATED RETIREMENT ADVANTAGE PEP BY INDEPENDENCE FOODS, LLC	
b	Name of plan sponsor THE ACCELERATED RETIREMENT ADVANTAGE PEP BY INDEPENDENCE FOODS, LLC	c EIN-PN 93-3655860-001
a	Plan name THE ACCELERATED RETIREMENT ADVANTAGE PEP BY GROSSE STEEL CO., INC.	
b	Name of plan sponsor THE ACCELERATED RETIREMENT ADVANTAGE PEP BY GROSSE STEEL CO., INC.	c EIN-PN 42-0806095-001
a	Plan name THE ACCELERATED RETIREMENT ADVANTAGE PEP BY MOORE WATER TREATMENT INC.	
b	Name of plan sponsor THE ACCELERATED RETIREMENT ADVANTAGE PEP BY MOORE WATER TREATMENT INC.	c EIN-PN 76-0727020-001
a	Plan name VITROLIFE GROUP, NA 401(K) PLAN	
b	Name of plan sponsor VITROLIFE GROUP, NA 401(K) PLAN	c EIN-PN 84-1547804-001
a	Plan name APOLLON DYNAMIC RISK MANAGED PEP BY LORI'S GIFTS, INC.	
b	Name of plan sponsor APOLLON DYNAMIC RISK MANAGED PEP BY LORIS GIFTS, INC.	c EIN-PN 75-2217016-001
a	Plan name THE ACCELERATED RETIREMENT ADVANTAGE PEP BY ST. MARTIN HOLDINGS COMPANY	
b	Name of plan sponsor THE ACCELERATED RETIREMENT ADVANTAGE PEP BY ST. MARTIN HOLDINGS COMPAN	c EIN-PN 42-0504787-001
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 ALBERT AND MACKENZIE, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALBERT AND MACKENZIE, LLP 401(K) PROFIT SHARING PLAN	c EIN-PN 82-1962454-001
a	Plan name KLANDA 401(K) PLAN	
b	Name of plan sponsor KLANDA 401(K) PLAN	c EIN-PN 38-3051652-001

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	VPE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	VPE GROUP, INC. 401(K) PLAN	c EIN-PN 06-1547752-001
a	Plan name	FLOWRITE EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	FLOWRITE EMPLOYEES RETIREMENT PLAN	c EIN-PN 36-3107221-001
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	ROBBINS BROS. JEWELRY, INC. 401(K) PLAN	
b	Name of plan sponsor	ROBBINS BROS. JEWELRY, INC. 401(K) PLAN	c EIN-PN 26-4624291-001
a	Plan name	GALLOWAY AND COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	GALLOWAY AND COMPANY, INC. 401(K) PLAN	c EIN-PN 84-1072642-001
a	Plan name	ASSOCIATED SERVICES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED SERVICES CORPORATION 401(K) PLAN	c EIN-PN 54-1519274-001
a	Plan name	THE YARCO 401(K) PLAN	
b	Name of plan sponsor	THE YARCO 401(K) PLAN	c EIN-PN 43-1022273-001
a	Plan name	ELKAY PLASTICS CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELKAY PLASTICS CO., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 95-4290939-001
a	Plan name	STEVEN D. PENDLETON DDS RETIREMENT PLAN	
b	Name of plan sponsor	STEVEN D. PENDLETON DDS RETIREMENT PLAN	c EIN-PN 20-4125340-001
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	WILF CAMPUS FOR SENIOR LIVING RETIREMENT PLAN	
b	Name of plan sponsor	WILF CAMPUS FOR SENIOR LIVING RETIREMENT PLAN	c EIN-PN 52-1624834-001
a	Plan name	HOLMATRO, INC. 401(K) PLAN	
b	Name of plan sponsor	HOLMATRO, INC. 401(K) PLAN	c EIN-PN 52-1353852-001

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	CARLSON RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CARLSON RETIREMENT SAVINGS PLAN	c EIN-PN 61-1074583-001
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	THE OGEECHEE GROUP, INC.	
b	Name of plan sponsor	THE OGEECHEE GROUP, INC.	c EIN-PN 58-2498918-001
a	Plan name	BIODYNAMIC RESEARCH CORPORATION 401(K) PLAN	
b	Name of plan sponsor	BIODYNAMIC RESEARCH CORPORATION 401(K) PLAN	c EIN-PN 74-2392066-001
a	Plan name	MARJAC POULTRY, INC. 401(K) AND PROFIT SHARING PLAN MARJAC POULTRY MS, LLC	
b	Name of plan sponsor	MARJAC POULTRY, INC. 401(K) AND PROFIT SHARING PLAN MARJAC POULTRY MS,	c EIN-PN 46-4295231-001
a	Plan name	MARJAC POULTRY, INC. 401(K) AND PROFIT SHARING PLAN MARJAC POULTRY AL, LLC	
b	Name of plan sponsor	MARJAC POULTRY, INC. 401(K) AND PROFIT SHARING PLAN MARJAC POULTRY AL,	c EIN-PN 46-4308394-001
a	Plan name	MARJAC POULTRY, INC. 401(K) AND PROFIT SHARING PLAN MARJAC POULTRY, INC.	
b	Name of plan sponsor	MARJAC POULTRY, INC. 401(K) AND PROFIT SHARING PLAN MARJAC POULTRY, IN	c EIN-PN 58-0828569-001
a	Plan name	MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN MCDONOUGH ELEVATORS	
b	Name of plan sponsor	MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN MCDONOUGH ELEVAT	c EIN-PN 76-0319774-001
a	Plan name	MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN TITAN STAIRS AND TRIM, INC.	
b	Name of plan sponsor	MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN TITAN STAIRS AND	c EIN-PN 88-0262235-001
a	Plan name	MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN L. J. SMITH, INC.	
b	Name of plan sponsor	MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN L. J. SMITH, INC	c EIN-PN 34-1693084-001
a	Plan name	MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN COLONIAL MILLWORKS, LTD	
b	Name of plan sponsor	MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN COLONIAL MILLWOR	c EIN-PN 55-0684563-001
a	Plan name	MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN MARMAC, LLC	
b	Name of plan sponsor	MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN MARMAC, LLC	c EIN-PN 55-0334972-001

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 MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN MCDONOUGH CORPORATION	
b	Name of plan sponsor MCDONOUGH CORPORATION SAVINGS AND PROFIT SHARING PLAN MCDONOUGH CORPOR	c EIN-PN 55-0757366-001
a	Plan name USHIP, INC. 401(K) PLAN CONCIERGE, LLC	
b	Name of plan sponsor USHIP, INC. 401(K) PLAN CONCIERGE, LLC	c EIN-PN 81-1436057-001
a	Plan name USHIP, INC. 401K PLAN GRIZELLA	
b	Name of plan sponsor USHIP, INC. 401K PLAN GRIZELLA	c EIN-PN 46-2111401-001
a	Plan name USHIP, INC. 401(K) PLAN	
b	Name of plan sponsor USHIP, INC. 401(K) PLAN	c EIN-PN 72-1551725-001
a	Plan name CALIFORNIA BANK OF COMMERCE, NA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA BANK OF COMMERCE, NA 401(K) PROFIT SHARING PLAN	c EIN-PN 33-0956417-001
a	Plan name USI CONSULTANTS, INC. 401K PLAN	
b	Name of plan sponsor USI CONSULTANTS, INC. 401K PLAN	c EIN-PN 31-3729164-001
a	Plan name ZAGG, INC. 401(K) PLAN	
b	Name of plan sponsor ZAGG, INC. 401(K) PLAN	c EIN-PN 20-2559624-001
a	Plan name AMERICAN MEDICAL STAFFING 401(K) PLAN	
b	Name of plan sponsor AMERICAN MEDICAL STAFFING 401(K) PLAN	c EIN-PN 30-0213088-001
a	Plan name FIGLIA AND SONS INC. 401(K) PLAN	
b	Name of plan sponsor FIGLIA AND SONS INC. 401(K) PLAN	c EIN-PN 13-1917182-001
a	Plan name R AND J COMPONENTS CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor R AND J COMPONENTS CORP. PROFIT SHARING PLAN	c EIN-PN 13-1932425-001
a	Plan name FREEDOM ARC PEP ADOPTED BY ALLIED MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor FREEDOM ARC PEP ADOPTED BY ALLIED MANAGEMENT, INC. 401(K) PLAN	c EIN-PN 22-2069857-001
a	Plan name SURGICAL SPECIALISTS OF GREATER NEW YORK LLC 401(K) PLAN	
b	Name of plan sponsor SURGICAL SPECIALISTS OF GREATER NEW YORK LLC 401(K) PLAN	c EIN-PN 27-4695026-001

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 VALENTIN AND KALICH JEWELRY MFG LTD 401 (K) PLAN	
b	Name of plan sponsor VALENTIN AND KALICH JEWELRY MFG LTD 401 (K) PLAN	c EIN-PN 13-2950583-001
a	Plan name DAVID KORINS DESIGN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID KORINS DESIGN, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 20-1135367-001
a	Plan name OCEANIA PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OCEANIA PHARMACY, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 11-3352033-001
a	Plan name MRN DENTAL, PC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MRN DENTAL, PC 401K PROFIT SHARING PLAN	c EIN-PN 38-4084387-001
a	Plan name KINDERKARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KINDERKARE 401(K) PROFIT SHARING PLAN	c EIN-PN 38-4084387-001
a	Plan name ANTHONY BARATTA LLC 401(K) PLAN	
b	Name of plan sponsor ANTHONY BARATTA LLC 401(K) PLAN	c EIN-PN 38-4084387-001
a	Plan name CENTURION ANESTHESIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTURION ANESTHESIA 401(K) PROFIT SHARING PLAN	c EIN-PN 81-4504190-001
a	Plan name LAW OFFICES OF EDMOND C. CHAKMAKIAN, P.C.	
b	Name of plan sponsor LAW OFFICES OF EDMOND C. CHAKMAKIAN, P.C.	c EIN-PN 11-3445781-001
a	Plan name GEMOLOGICAL APPRAISAL LAB OF AMERICA, INC. 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor GEMOLOGICAL APPRAISAL LAB OF AMERICA, INC. 401K/PROFIT SHARING PLAN	c EIN-PN 13-1335655-001
a	Plan name FAWN GALLI INTERIOR DESIGN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FAWN GALLI INTERIOR DESIGN, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 26-0517379-001
a	Plan name AUTO EXPO 401K PLAN	
b	Name of plan sponsor AUTO EXPO 401K PLAN	c EIN-PN 11-3530626-001
a	Plan name ANDREW M. SCHWARTZ, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDREW M. SCHWARTZ, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 47-5151584-001

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 STUART L. DAITCH, DMD, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STUART L. DAITCH, DMD, P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 13-3675213-001
a	Plan name WOODMERE MEDICAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOODMERE MEDICAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 11-2626984-001
a	Plan name MC MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor MC MANAGEMENT COMPANY 401(K) PLAN	c EIN-PN 06-1574152-001
a	Plan name SOURCE ONE PACKAGING LLC 401(K) PLAN	
b	Name of plan sponsor SOURCE ONE PACKAGING LLC 401(K) PLAN	c EIN-PN 11-3499584-001
a	Plan name SCHEIMPFLUG PHOTO EQUIPMENT CO. 401(K)PROFIT SHARING PLAN	
b	Name of plan sponsor SCHEIMPFLUG PHOTO EQUIPMENT CO. 401(K)PROFIT SHARING PLAN	c EIN-PN 20-1561809-001
a	Plan name REGAL HEALTHCARE MANAGEMENT, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor REGAL HEALTHCARE MANAGEMENT, LLC 401(K)/PROFIT SHARING PLAN	c EIN-PN 82-3326635-001
a	Plan name WILLOUGHBY REHABILITATION AND HEALTHCARE CENTER 401K PSP	
b	Name of plan sponsor WILLOUGHBY REHABILITATION AND HEALTHCARE CENTER 401K PSP	c EIN-PN 11-3597679-001
a	Plan name CAPITAL LOGISTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPITAL LOGISTICS 401(K) PROFIT SHARING PLAN	c EIN-PN 27-0917600-001
a	Plan name CAPITAL LOGISTICS INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPITAL LOGISTICS INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 81-1558186-001
a	Plan name MANHATTAN MIDTOWN DENTAL, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MANHATTAN MIDTOWN DENTAL, P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 46-4117967-001
a	Plan name RELIANT FUND SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RELIANT FUND SERVICES, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 85-0756268-001
a	Plan name ROSEWOOD REHABILITATION AND NURSING CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROSEWOOD REHABILITATION AND NURSING CENTER 401(K) PROFIT SHARING PLAN	c EIN-PN 45-4826038-001

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	CROSS COUNTRYCOMPUTER CORP. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	CROSS COUNTRYCOMPUTER CORP. EMPLOYEES PROFIT SHARING PLAN	c EIN-PN 11-2357829-001
a	Plan name	COSMOPLASTIC SURGERY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COSMOPLASTIC SURGERY 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 46-3628489-001
a	Plan name	CMI 401(K) PLAN	
b	Name of plan sponsor	CMI 401(K) PLAN	c EIN-PN 41-2055499-001
a	Plan name	ECONOMIC CYCLE RESEARCH INSTITUTE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ECONOMIC CYCLE RESEARCH INSTITUTE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 13-3882792-001
a	Plan name	MORRELL INSTRUMENT CO., INC.	
b	Name of plan sponsor	MORRELL INSTRUMENT CO., INC.	c EIN-PN 11-2343150-001
a	Plan name	HUMAN CARE SERVICES FOR FAMILIES AND CHILDREN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HUMAN CARE SERVICES FOR FAMILIES AND CHILDREN, INC. 401(K) PROFIT SHAR	c EIN-PN 11-3338946-001
a	Plan name	THE ROTH LAW FIRM PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ROTH LAW FIRM PLLC 401(K) PROFIT SHARING PLAN	c EIN-PN 33-1044281-001
a	Plan name	AFFILIATED NURSING AND REHABILITATION CENTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AFFILIATED NURSING AND REHABILITATION CENTERS 401(K) RETIREMENT PLAN	c EIN-PN 27-3075436-001
a	Plan name	HARRY JHO, LLC 401(K) P/S PLAN	
b	Name of plan sponsor	HARRY JHO, LLC 401(K) P/S PLAN	c EIN-PN 77-0684522-001
a	Plan name	SOCKEYE MEDIA 401(K) PLAN	
b	Name of plan sponsor	SOCKEYE MEDIA 401(K) PLAN	c EIN-PN 02-0573957-001
a	Plan name	CD NETWORK, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	CD NETWORK, LLC PROFIT SHARING PLAN	c EIN-PN 13-4116501-001
a	Plan name	INSITE SOFTWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INSITE SOFTWARE 401(K) PROFIT SHARING PLAN	c EIN-PN 16-1332881-001

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	MJM FITCH INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MJM FITCH INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 26-1520063-001
a	Plan name	GENESEE PATRONS COOPERATIVE INSURANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor	GENESEE PATRONS COOPERATIVE INSURANCE COMPANY 401(K) PLAN	c EIN-PN 16-0446095-001
a	Plan name	ACCUVEIN INC. 401(K) PLAN	
b	Name of plan sponsor	ACCUVEIN INC. 401(K) PLAN	c EIN-PN 76-0823560-001
a	Plan name	ANTON KERN GALLERY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANTON KERN GALLERY 401(K) PROFIT SHARING PLAN	c EIN-PN 13-3896859-001
a	Plan name	SWISSCO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SWISSCO, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 13-3953843-001
a	Plan name	NYC CREDIT AND FUNDING INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	NYC CREDIT AND FUNDING INC. 401(K)/PROFIT SHARING PLAN	c EIN-PN 02-0644649-001
a	Plan name	HAMPTON PEDIATRIC DENTAL ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor	HAMPTON PEDIATRIC DENTAL ASSOCIATES, P.C. 401(K) PLAN	c EIN-PN 11-3153636-001
a	Plan name	BARBARA A. HESSEL MD PLLC RETIREMENT PLAN	
b	Name of plan sponsor	BARBARA A. HESSEL MD PLLC RETIREMENT PLAN	c EIN-PN 02-0562941-001
a	Plan name	GUMUCHIAN FILS, LTD. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	GUMUCHIAN FILS, LTD. 401(K) AND PROFIT SHARING PLAN	c EIN-PN 13-2974396-001
a	Plan name	OGEN AND SEDAGHATI, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OGEN AND SEDAGHATI, P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 11-3582909-001
a	Plan name	DOUGLAS C. WRIGHT ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOUGLAS C. WRIGHT ARCHITECTS 401(K) PROFIT SHARING PLAN	c EIN-PN 47-1500815-001
a	Plan name	RACKET CLUB 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor	RACKET CLUB 401(K) / PROFIT SHARING PLAN	c EIN-PN 83-4441388-001

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	UPPERCUT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UPPERCUT 401(K) PROFIT SHARING PLAN	c EIN-PN 36-4725558-001
a	Plan name	PINNACLE MULTICARE NURSING AND REHABILITATION CENTER 401(K) PLAN	
b	Name of plan sponsor	PINNACLE MULTICARE NURSING AND REHABILITATION CENTER 401(K) PLAN	c EIN-PN 20-3917285-001
a	Plan name	ILONA GENIS, M.D., P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ILONA GENIS, M.D., P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 51-0435568-001
a	Plan name	DAVIDOFF LAW, PC	
b	Name of plan sponsor	DAVIDOFF LAW, PC	c EIN-PN 38-3877707-001
a	Plan name	RIEMER HESS LLC 401(K) PLAN	
b	Name of plan sponsor	RIEMER HESS LLC 401(K) PLAN	c EIN-PN 20-1703578-001
a	Plan name	ROBIN S. WEINGAST AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBIN S. WEINGAST AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 11-2859146-001
a	Plan name	OMNI ABSTRACT CORP. 401(K) PLAN	
b	Name of plan sponsor	OMNI ABSTRACT CORP. 401(K) PLAN	c EIN-PN 11-2467566-001
a	Plan name	HELBRAUN AND LEVEY, LLP 401(K) PLAN	
b	Name of plan sponsor	HELBRAUN AND LEVEY, LLP 401(K) PLAN	c EIN-PN 27-1420384-001
a	Plan name	CMHCO EMPLOYEE PLAN	
b	Name of plan sponsor	CMHCO EMPLOYEE PLAN	c EIN-PN 13-3965594-001
a	Plan name	FKB 401(K) PLAN	
b	Name of plan sponsor	FKB 401(K) PLAN	c EIN-PN 26-2397045-001
a	Plan name	RED LOBSTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RED LOBSTER 401(K) RETIREMENT PLAN	c EIN-PN 46-5134308-001
a	Plan name	RED LOBSTER 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	RED LOBSTER 401(K) EMPLOYEE SAVINGS PLAN	c EIN-PN 46-5134308-001

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	CARDWORKS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CARDWORKS, INC. 401(K) RETIREMENT PLAN	c EIN-PN 11-3604755-001
a	Plan name	FIRSTSOURCE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FIRSTSOURCE 401(K) RETIREMENT PLAN	c EIN-PN 27-1422188-001
a	Plan name	WALDEMAR S. NELSON AND COMPANY INC 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	WALDEMAR S. NELSON AND COMPANY INC 401(K) RETIREMENT PLAN AND TRUST	c EIN-PN 72-0488863-001
a	Plan name	RM TUIT PAVING AND TRUCKING CO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RM TUIT PAVING AND TRUCKING CO 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 20-2318494-001
a	Plan name	JR GLOBAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JR GLOBAL 401(K) PROFIT SHARING PLAN	c EIN-PN 99-2589391-001
a	Plan name	NUVEK, LLC 401(K) PLAN	
b	Name of plan sponsor	NUVEK, LLC 401(K) PLAN	c EIN-PN 02-0627782-001
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
a	Plan name	FIRST GABRIELSON AGENCY 401(K)	
b	Name of plan sponsor	FIRST GABRIELSON AGENCY 401(K)	c EIN-PN 42-1235843-001
a	Plan name	STEVE RICH AND ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor	STEVE RICH AND ASSOCIATES INC 401K PLAN	c EIN-PN 22-3536789-001
a	Plan name	GILLAN AND HARTMAN, INC. PROFIT SHARING / 401(K) PLAN	
b	Name of plan sponsor	GILLAN AND HARTMAN, INC. PROFIT SHARING / 401(K) PLAN	c EIN-PN 23-1898177-001
a	Plan name	PEPSI COLA OGDENSBURG BOTTLERS, INC. 401(K) PLAN	
b	Name of plan sponsor	PEPSI COLA OGDENSBURG BOTTLERS, INC. 401(K) PLAN	c EIN-PN 15-0611554-001
a	Plan name	POLI CONSTRUCTION 401(K)	
b	Name of plan sponsor	POLI CONSTRUCTION 401(K)	c EIN-PN 27-0579429-001

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	BROOKS RIGGING CORP. 401 (K) PLAN	
b	Name of plan sponsor	BROOKS RIGGING CORP. 401 (K) PLAN	c EIN-PN 16-1077445-001
a	Plan name	EQUIPT TRUCK AND MACHINERY, INC. 401(K) PLAN	
b	Name of plan sponsor	EQUIPT TRUCK AND MACHINERY, INC. 401(K) PLAN	c EIN-PN 87-1442877-001
a	Plan name	FAMILY INVESTORS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	FAMILY INVESTORS COMPANY, INC. 401(K) PLAN	c EIN-PN 22-1715407-001
a	Plan name	DORRIT A EMERICH 401(K) PLAN	
b	Name of plan sponsor	DORRIT A EMERICH 401(K) PLAN	c EIN-PN 23-2638628-001
a	Plan name	TEC SPECIALTY PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	TEC SPECIALTY PRODUCTS 401(K) PLAN	c EIN-PN 33-1916453-001
a	Plan name	STEPUP IT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	STEPUP IT SERVICES, LLC 401(K) PLAN	c EIN-PN 32-0473765-001
a	Plan name	FREEMAN BUILDING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	FREEMAN BUILDING SYSTEMS 401(K) PLAN	c EIN-PN 34-1717533-001
a	Plan name	METZGER AND SON TRUCKING COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METZGER AND SON TRUCKING COMPANY, INC. 401(K) RETIREMENT PLAN	c EIN-PN 35-1683639-001
a	Plan name	STANTON AUTOMATICS, INC. 401(K) PLAN	
b	Name of plan sponsor	STANTON AUTOMATICS, INC. 401(K) PLAN	c EIN-PN 16-1250247-001
a	Plan name	TPD PARTNERS 401(K) PLAN	
b	Name of plan sponsor	TPD PARTNERS 401(K) PLAN	c EIN-PN 81-1343542-001
a	Plan name	SET DUCT 401(K) PLAN	
b	Name of plan sponsor	SET DUCT 401(K) PLAN	c EIN-PN 27-2220574-001
a	Plan name	TWINSBRIDGE INTERNATIONAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TWINSBRIDGE INTERNATIONAL RETIREMENT SAVINGS PLAN	c EIN-PN 46-4346393-001

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	PEPSI COLA OGDENSBURG BOTTLERS, INC. 401(K) PLAN	
b	Name of plan sponsor	PEPSI COLA OGDENSBURG BOTTLERS, INC. 401(K) PLAN	c EIN-PN 15-0611554-001
a	Plan name	ROBBINS LLC 401(K) PLAN	
b	Name of plan sponsor	ROBBINS LLC 401(K) PLAN	c EIN-PN 82-1080808-001
a	Plan name	CIRCLECO, INC. 401(K) PLAN	
b	Name of plan sponsor	CIRCLECO, INC. 401(K) PLAN	c EIN-PN 35-2677595-001
a	Plan name	INSPIRED FLIGHT TECHNOLOGIES 401(K)	
b	Name of plan sponsor	INSPIRED FLIGHT TECHNOLOGIES 401(K)	c EIN-PN 82-1865089-001
a	Plan name	LUDVIK ELECTRIC CO. 401(K) PLAN	
b	Name of plan sponsor	LUDVIK ELECTRIC CO. 401(K) PLAN	c EIN-PN 84-0811586-001
a	Plan name	TOKYO ROPE USA, INC 401(K) PLAN	
b	Name of plan sponsor	TOKYO ROPE USA, INC 401(K) PLAN	c EIN-PN 45-3087771-001
a	Plan name	GMC, LLC 401(K) PLAN	
b	Name of plan sponsor	GMC, LLC 401(K) PLAN	c EIN-PN 85-0616303-001
a	Plan name	COASTAL DENTAL GROUP, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	COASTAL DENTAL GROUP, LLC PROFIT SHARING PLAN	c EIN-PN 56-2084642-001
a	Plan name	MANHATTAN PAIN MEDICINE, PLLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MANHATTAN PAIN MEDICINE, PLLC 401K PROFIT SHARING PLAN	c EIN-PN 46-4362827-001
a	Plan name	RIGHT ANGLE 401(K) PLAN	
b	Name of plan sponsor	RIGHT ANGLE 401(K) PLAN	c EIN-PN 20-3251984-001
a	Plan name	ENVIVE HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	ENVIVE HEALTHCARE 401(K) PLAN	c EIN-PN 87-1052170-001
a	Plan name	HASC 401K	
b	Name of plan sponsor	HASC 401K	c EIN-PN 95-1519378-001

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	BANKERS TITLE AND ESCROW CORPORATION 401(K) PLAN	
b	Name of plan sponsor	BANKERS TITLE AND ESCROW CORPORATION 401(K) PLAN	c EIN-PN 62-1517234-001
a	Plan name	BLACKSMITH NY PLAN	
b	Name of plan sponsor	BLACKSMITH NY PLAN	c EIN-PN 47-2227189-001
a	Plan name	HEARTFELT OBSTETRICS AND GYNECOLOGY 401(K) PLAN	
b	Name of plan sponsor	HEARTFELT OBSTETRICS AND GYNECOLOGY 401(K) PLAN	c EIN-PN 27-3396130-001
a	Plan name	ANIMAS PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	ANIMAS PEDIATRIC DENTISTRY 401(K) PLAN	c EIN-PN 92-3759820-001
a	Plan name	QUANTUM INDUSTRIAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	QUANTUM INDUSTRIAL SERVICES, LLC 401(K) PLAN	c EIN-PN 99-0989796-001
a	Plan name	21 READE PLACE ASC 401(K) PLAN	
b	Name of plan sponsor	21 READE PLACE ASC 401(K) PLAN	c EIN-PN 90-0978287-001
a	Plan name	MOSS CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	MOSS CONSTRUCTION COMPANY 401(K) PLAN	c EIN-PN 54-2021239-001
a	Plan name	SOMA 401(K) PLAN	
b	Name of plan sponsor	SOMA 401(K) PLAN	c EIN-PN 83-3318326-001
a	Plan name	CHARACTER TECHNOLOGIES INC. 401(K) PLAN	
b	Name of plan sponsor	CHARACTER TECHNOLOGIES INC. 401(K) PLAN	c EIN-PN 87-3458842-001
a	Plan name	BETHLEHEM COUNSELING ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	BETHLEHEM COUNSELING ASSOCIATES 401(K) PLAN	c EIN-PN 47-5226134-001
a	Plan name	NATIONAL HISPANIC HEALTH FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	NATIONAL HISPANIC HEALTH FOUNDATION 401(K) PLAN	c EIN-PN 26-6051902-001
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

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	TRUE DENTAL 401(K) PLAN	
b	Name of plan sponsor	TRUE DENTAL 401(K) PLAN	c EIN-PN 87-4145882-001
a	Plan name	PACELINE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	PACELINE CONSTRUCTION 401(K) PLAN	c EIN-PN 20-6011161-001
a	Plan name	DIRTBAG'S 401(K) PLAN	
b	Name of plan sponsor	DIRTBAGS 401(K) PLAN	c EIN-PN 20-2358860-001
a	Plan name	NOCTURNE LUXURY VILLAS, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NOCTURNE LUXURY VILLAS, INC RETIREMENT SAVINGS PLAN	c EIN-PN 86-3873828-001
a	Plan name	NACK BEHAVIORIAL HEALTH 401(K) PLAN	
b	Name of plan sponsor	NACK BEHAVIORIAL HEALTH 401(K) PLAN	c EIN-PN 99-3656145-001
a	Plan name	INDEPENDENT INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	INDEPENDENT INSTITUTE 401(K) PLAN	c EIN-PN 94-3008370-001
a	Plan name	ALOK KRISHNA, M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALOK KRISHNA, M.D. 401(K) PROFIT SHARING PLAN	c EIN-PN 46-0907936-001
a	Plan name	INTERNATIONAL BENEFITS ADMINISTRATORS, LLC 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNATIONAL BENEFITS ADMINISTRATORS, LLC 401 (K) PROFIT SHARING PLAN	c EIN-PN 11-3293162-001
a	Plan name	ACRYLTECH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACRYLTECH, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 13-4105837-001
a	Plan name	AIR INDIA EMPLOYEES 401K PLAN	
b	Name of plan sponsor	AIR INDIA EMPLOYEES 401K PLAN	c EIN-PN 13-1842716-001
a	Plan name	AIR INDIA 401K UNION PLAN	
b	Name of plan sponsor	AIR INDIA 401K UNION PLAN	c EIN-PN 13-1842716-001
a	Plan name	SCHUMANN PRINTERS, INC. RETIREMENT PROGRAM	
b	Name of plan sponsor	SCHUMANN PRINTERS, INC. RETIREMENT PROGRAM	c EIN-PN 39-1078568-001

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	GETHMANN CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GETHMANN CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 42-0271670-001
a	Plan name	CLARKE CONSTRUCTION GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLARKE CONSTRUCTION GROUP 401(K) PROFIT SHARING PLAN	c EIN-PN 84-1709113-001
a	Plan name	OANDH DANISH BAKERY, INC. 401(K) PLAN	
b	Name of plan sponsor	OANDH DANISH BAKERY, INC. 401(K) PLAN	c EIN-PN 39-1258596-001
a	Plan name	STINGRAY BOAT COMPANY 401(K) PLAN	
b	Name of plan sponsor	STINGRAY BOAT COMPANY 401(K) PLAN	c EIN-PN 57-0682030-001
a	Plan name	ARGONAUT WINE AND LIQUOR STORE, INC. 401(K) PLAN	
b	Name of plan sponsor	ARGONAUT WINE AND LIQUOR STORE, INC. 401(K) PLAN	c EIN-PN 84-0534946-001
a	Plan name	R2P INNOVATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	R2P INNOVATIONS, LLC 401(K) PLAN	c EIN-PN 81-3078993-001
a	Plan name	GREAT SWAMP WATERSHED ASSOCIATION 401K	
b	Name of plan sponsor	GREAT SWAMP WATERSHED ASSOCIATION 401K	c EIN-PN 22-2403906-001
a	Plan name	5 STAR FLOORING, INC. 401(K) PLAN	
b	Name of plan sponsor	5 STAR FLOORING, INC. 401(K) PLAN	c EIN-PN 20-4029028-001
a	Plan name	NANCY TAYLOR BUBES REAL ESTATE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NANCY TAYLOR BUBES REAL ESTATE COMPANY 401(K) PROFIT SHARING PLAN	c EIN-PN 81-0956359-001
a	Plan name	C AND S METALWORKS, LLC 401(K) PLAN	
b	Name of plan sponsor	C AND S METALWORKS, LLC 401(K) PLAN	c EIN-PN 92-2799542-001
a	Plan name	INFORMED MORTGAGE LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INFORMED MORTGAGE LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 93-2775691-001

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 LMCHB CORP 401(K) PROFIT SHARING PLAN AN TRUST	
b	Name of plan sponsor LMCHB CORP 401(K) PROFIT SHARING PLAN AN TRUST	c EIN-PN 35-2165362-001
a	Plan name E2 VALUE, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor E2 VALUE, INC. 401(K) PROFIT SHARING	c EIN-PN 22-3734823-001
a	Plan name GABRIELSON CLINIC FOR WOMEN PLC 401(K) PLAN	
b	Name of plan sponsor GABRIELSON CLINIC FOR WOMEN PLC 401(K) PLAN	c EIN-PN 27-0544282-001
a	Plan name ACCUMETRICS LIMITED 401(K) PLAN	
b	Name of plan sponsor ACCUMETRICS LIMITED 401(K) PLAN	c EIN-PN 23-2147951-001
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
a	Plan name K AND K HARDWARE LLC 401(K) PLAN	
b	Name of plan sponsor K AND K HARDWARE LLC 401(K) PLAN	c EIN-PN 42-0672620-001
a	Plan name VETCELERATOR LLC 401(K) PLAN	
b	Name of plan sponsor VETCELERATOR LLC 401(K) PLAN	c EIN-PN 85-3642071-001
a	Plan name HAGOOD HOMES INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HAGOOD HOMES INC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 56-1965580-001
a	Plan name DICKERSON DAVIS AHMED, PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor DICKERSON DAVIS AHMED, PLLC PROFIT SHARING PLAN	c EIN-PN 55-0857526-001
a	Plan name VIRGINIA WATERS AND WETLANDS, INC. RATE GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VIRGINIA WATERS AND WETLANDS, INC. RATE GROUP 401(K) PROFIT SHARING PL	c EIN-PN 82-0538788-001
a	Plan name DIJEAU CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor DIJEAU CONSTRUCTION, INC. 401(K) PLAN	c EIN-PN 20-1128366-001
a	Plan name HOMESTEAD VILLAGE, INC. 401(K) PLAN	
b	Name of plan sponsor HOMESTEAD VILLAGE, INC. 401(K) PLAN	c EIN-PN 23-2010104-001

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 SOUTHWEST PRECISION 401(K) PLAN	
b	Name of plan sponsor SOUTHWEST PRECISION 401(K) PLAN	c EIN-PN 42-1505417-001
a	Plan name KEMRON ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor KEMRON ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	c EIN-PN 11-2393978-001
a	Plan name PDQ INDUSTRIES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PDQ INDUSTRIES LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 23-2234130-001
a	Plan name HARBORFIELDS ELECTRICAL CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor HARBORFIELDS ELECTRICAL CONTRACTING, INC. 401(K) PLAN	c EIN-PN 75-3130962-001
a	Plan name TUCKER ROOFING SYSTEMS, LLC 401(K) PROFIT	
b	Name of plan sponsor TUCKER ROOFING SYSTEMS, LLC 401(K) PROFIT	c EIN-PN 61-1683597-001
a	Plan name PROMOTIONSELECT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROMOTIONSELECT, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 41-1897204-001
a	Plan name GOIDEL LAW GROUP PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOIDEL LAW GROUP PLLC 401(K) PROFIT SHARING PLAN	c EIN-PN 45-3690725-001
a	Plan name REGENCY INVESTMENT ADVISORS RETIREMENT PLAN	
b	Name of plan sponsor REGENCY INVESTMENT ADVISORS RETIREMENT PLAN	c EIN-PN 77-0344391-001
a	Plan name LAKE HARTWELL DENTISTRY 401(K) PLAN	
b	Name of plan sponsor LAKE HARTWELL DENTISTRY 401(K) PLAN	c EIN-PN 99-3449656-001
a	Plan name C.E.O. PERFORMANCE CHEMICALS RETIREMENT PLAN	
b	Name of plan sponsor C.E.O. PERFORMANCE CHEMICALS RETIREMENT PLAN	c EIN-PN 02-0739004-001
a	Plan name THE PROPERTY PEOPLE FL PA 401(K) PLAN	
b	Name of plan sponsor THE PROPERTY PEOPLE FL PA 401(K) PLAN	c EIN-PN 84-4131521-001
a	Plan name PVM FAMILY MANAGEMENT, LLC 401K PLAN	
b	Name of plan sponsor PVM FAMILY MANAGEMENT, LLC 401K PLAN	c EIN-PN 92-2767787-001

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	EMPIRE ABRASIVE EQUIPMENT CO., L.P. 401(K) PLAN	
b	Name of plan sponsor	EMPIRE ABRASIVE EQUIPMENT CO., L.P. 401(K) PLAN	c EIN-PN 23-2670697-001
a	Plan name	MCS GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MCS GROUP RETIREMENT SAVINGS PLAN	c EIN-PN 11-2159714-001
a	Plan name	CONAM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CONAM 401(K) RETIREMENT PLAN	c EIN-PN 95-3809553-001
a	Plan name	ACTIVAR, INC.	
b	Name of plan sponsor	ACTIVAR, INC.	c EIN-PN 41-1335237-001
a	Plan name	HAWAII CARPENTERS 401(K) FUND	
b	Name of plan sponsor	HAWAII CARPENTERS 401(K) FUND	c EIN-PN 55-0822045-001
a	Plan name	GEORGE E DELALLO COMPANY INC	
b	Name of plan sponsor	GEORGE E DELALLO COMPANY INC	c EIN-PN 25-1127339-001
a	Plan name	PRIDE CHEMICAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	PRIDE CHEMICAL SOLUTIONS 401(K) PLAN	c EIN-PN 11-3106038-001
a	Plan name	APOLLON DYNAMIC RISK MANAGED PEP BY KORE INSURANCE HOLDINGS, LLC	
b	Name of plan sponsor	APOLLON DYNAMIC RISK MANAGED PEP BY KORE INSURANCE HOLDINGS, LLC	c EIN-PN 46-1497939-001
a	Plan name	EDGE NEW JERSEY, INC. 401(K) PLAN	
b	Name of plan sponsor	EDGE NEW JERSEY, INC. 401(K) PLAN	c EIN-PN 22-3184794-001
a	Plan name	FREEDOM ARC 401(K) PEP ADOPTED BY JSC, LLC	
b	Name of plan sponsor	FREEDOM ARC 401(K) PEP ADOPTED BY JSC, LLC	c EIN-PN 38-4112917-001
a	Plan name	FREEDOM ARC 401K PEP, ADOPTED BY HEARTLAND MEAT CO INC.	
b	Name of plan sponsor	FREEDOM ARC 401K PEP, ADOPTED BY HEARTLAND MEAT CO INC.	c EIN-PN 95-2691917-001
a	Plan name	CASTLE AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	CASTLE AUTO GROUP 401(K) PLAN	c EIN-PN 36-4392164-001

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 KEYWORDS US HOLDINGS, INC. 401(K) P/S PLAN	
b	Name of plan sponsor KEYWORDS US HOLDINGS, INC. 401(K) P/S PLAN	c EIN-PN 61-1859078-001
a	Plan name FREEDOM ARC 401K PEP, ADOPTED BY CHARTER MANAGEMENT SERVICES, LLC	
b	Name of plan sponsor FREEDOM ARC 401K PEP, ADOPTED BY CHARTER MANAGEMENT SERVICES, LLC	c EIN-PN 87-1117918-001
a	Plan name FREEDOM ARC 401K PEP, ADOPTED TEAM RMS, LLC	
b	Name of plan sponsor FREEDOM ARC 401K PEP, ADOPTED TEAM RMS, LLC	c EIN-PN 82-3039161-001
a	Plan name ASHWOOD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASHWOOD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 77-0226285-001
a	Plan name ACI NORTHWEST, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ACI NORTHWEST, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 82-0492613-001
a	Plan name PBS LEARNING INSTITUTE INC. DBA CENTER FOR IMPROVING YOUTH JUSTICE 401(K) PLAN	
b	Name of plan sponsor PBS LEARNING INSTITUTE INC. DBA CENTER FOR IMPROVING YOUTH JUSTICE 401	c EIN-PN 35-2226280-001
a	Plan name LOBSTER MAINEIA RETIREMENT TRUST	
b	Name of plan sponsor LOBSTER MAINEIA RETIREMENT TRUST	c EIN-PN 46-2021351-001
a	Plan name T.A. PELSUE COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor T.A. PELSUE COMPANY 401(K) SAVINGS PLAN	c EIN-PN 84-0575187-001
a	Plan name AFA INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor AFA INDUSTRIES, INC. 401(K) PLAN	c EIN-PN 38-2738992-001
a	Plan name COMPANION ASSOCIATES INC. 401(K) P/S PLAN	
b	Name of plan sponsor COMPANION ASSOCIATES INC. 401(K) P/S PLAN	c EIN-PN 58-2351307-001
a	Plan name BLOUNTSTOWN HEALTH AND REHAB 401(K) PLAN	
b	Name of plan sponsor BLOUNTSTOWN HEALTH AND REHAB 401(K) PLAN	c EIN-PN 87-3508681-001
a	Plan name AALBERTS SURFACE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor AALBERTS SURFACE TECHNOLOGIES 401(K) PLAN	c EIN-PN 38-2565630-001

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	HANKINS PLASTIC SURGERY 401(K) PLAN	
b	Name of plan sponsor	HANKINS PLASTIC SURGERY 401(K) PLAN	c EIN-PN 26-4281396-001
a	Plan name	APOLLON WEALTH MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	APOLLON WEALTH MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 82-3706323-001
a	Plan name	ACTIVE FOOT AND ANKLE CARE CENTER 401(K) PLAN	
b	Name of plan sponsor	ACTIVE FOOT AND ANKLE CARE CENTER 401(K) PLAN	c EIN-PN 22-2886826-001
a	Plan name	SUNCOAST HEALTH PARTNERS 401(K) PLAN	
b	Name of plan sponsor	SUNCOAST HEALTH PARTNERS 401(K) PLAN	c EIN-PN 88-3948133-001
a	Plan name	FIX MEDIA	
b	Name of plan sponsor	FIX MEDIA	c EIN-PN 26-3311903-001
a	Plan name	PIONEER DESIGN GROUP, INC. 401K PLAN	
b	Name of plan sponsor	PIONEER DESIGN GROUP, INC. 401K PLAN	c EIN-PN 16-1678832-001
a	Plan name	PENSACOLA HEALTH PARTNERS 401K PLAN	
b	Name of plan sponsor	PENSACOLA HEALTH PARTNERS 401K PLAN	c EIN-PN 88-0867677-001
a	Plan name	BLACKSTONE INDUSTRIES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BLACKSTONE INDUSTRIES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 46-3082747-001
a	Plan name	SQUILLACE AND ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SQUILLACE AND ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 20-8557934-001
a	Plan name	THE ROSENBLUM LAW FIRM, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ROSENBLUM LAW FIRM, P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 26-3348718-001
a	Plan name	CARERITE CENTERS, LLC CORPORATE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CARERITE CENTERS, LLC CORPORATE 401K PROFIT SHARING PLAN	c EIN-PN 45-2505538-001
a	Plan name	TRAJECTOR HOLDINGS SAVINGS PLAN	
b	Name of plan sponsor	TRAJECTOR HOLDINGS SAVINGS PLAN	c EIN-PN 47-1965243-001

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	ATLANTIC SURGICAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC SURGICAL ASSOCIATES 401(K) PLAN	c EIN-PN 46-0676836-001
a	Plan name	FLYWHEEL DATA, LLC 401(K)PROFIT SHARING PLAN	
b	Name of plan sponsor	FLYWHEEL DATA, LLC 401(K)PROFIT SHARING PLAN	c EIN-PN 46-4289264-001
a	Plan name	P.K.M.M. INC. 401(K) PLAN	
b	Name of plan sponsor	P.K.M.M. INC. 401(K) PLAN	c EIN-PN 22-2873648-001
a	Plan name	PYURE BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PYURE BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 26-3156379-001
a	Plan name	PERFECT DAY, INC. 401(K) PLAN	
b	Name of plan sponsor	PERFECT DAY, INC. 401(K) PLAN	c EIN-PN 46-5528887-001
a	Plan name	AMBERWOODS 401K PLAN	
b	Name of plan sponsor	AMBERWOODS 401K PLAN	c EIN-PN 88-4396084-001
a	Plan name	MB HEALTHCARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MB HEALTHCARE 401(K) PROFIT SHARING PLAN	c EIN-PN 47-2351628-001
a	Plan name	KAM MARKETING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KAM MARKETING, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 22-3346916-001
a	Plan name	PRIME MEDICAL CARE, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIME MEDICAL CARE, LLC 401K PROFIT SHARING PLAN	c EIN-PN 32-0080987-001
a	Plan name	STEVEN PHILLIPS M.D., P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STEVEN PHILLIPS M.D., P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 20-0119118-001
a	Plan name	JOHN J. MALM AND ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN J. MALM AND ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 36-4458554-001
a	Plan name	LAW OFFICES OF MATHYS AND SCHNEID 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICES OF MATHYS AND SCHNEID 401K PROFIT SHARING PLAN	c EIN-PN 20-4240446-001

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	NORTH AMERICAN CLIENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTH AMERICAN CLIENT SERVICES, INC. 401(K) PLAN	c EIN-PN 88-0252963-001
a	Plan name	CARERITE CENTERS, LLC 401(K) PLAN	
b	Name of plan sponsor	CARERITE CENTERS, LLC 401(K) PLAN	c EIN-PN 45-2505538-001
a	Plan name	PHOENIX WAREHOUSE 401(K) PLAN	
b	Name of plan sponsor	PHOENIX WAREHOUSE 401(K) PLAN	c EIN-PN 22-3499090-001
a	Plan name	ALL CITY LEASING AND WAREHOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor	ALL CITY LEASING AND WAREHOUSING, INC. 401(K) PLAN	c EIN-PN 11-2393081-001
a	Plan name	SUN AUTO TIRE AND SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	SUN AUTO TIRE AND SERVICE, INC. 401(K) PLAN	c EIN-PN 82-3087766-001
a	Plan name	CIRKS CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	CIRKS CONSTRUCTION, INC. 401(K) PLAN	c EIN-PN 33-0803265-001
a	Plan name	WIRELESS EXPERIENCE GROUP INC. 401(K) PLAN	
b	Name of plan sponsor	WIRELESS EXPERIENCE GROUP INC. 401(K) PLAN	c EIN-PN 45-4166124-001
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	SXSX 401(K) PLAN	
b	Name of plan sponsor	SXSX 401(K) PLAN	c EIN-PN 46-1604402-001
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	POCKET NURSE ENTERPRISES, LLC	
b	Name of plan sponsor	POCKET NURSE ENTERPRISES, LLC	c EIN-PN 25-1763055-001
a	Plan name	APRIO EMPLOYEE'S RETIREMENT PLAN	
b	Name of plan sponsor	APRIO EMPLOYEES RETIREMENT PLAN	c EIN-PN 58-2487348-001

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	MARINES' MEMORIAL 401(K) PLAN	
b	Name of plan sponsor	MARINES MEMORIAL 401(K) PLAN	c EIN-PN 94-1055967-001
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
a	Plan name	MANDEL, KATZ AND BROSANAN LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MANDEL, KATZ AND BROSANAN LLP 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 13-3977468-001
a	Plan name	PENN VALLEY GAS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PENN VALLEY GAS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 23-1600215-001
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	REX LUMBER COMPANY 401(K) SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor	REX LUMBER COMPANY 401(K) SAVINGS AND SECURITY PLAN	c EIN-PN 06-0667910-001
a	Plan name	DWM, INC. 401(K) PLAN	
b	Name of plan sponsor	DWM, INC. 401(K) PLAN	c EIN-PN 14-1788965-001
a	Plan name	CARDIOVASCULAR CONSULTANTS 401(K) PLAN	
b	Name of plan sponsor	CARDIOVASCULAR CONSULTANTS 401(K) PLAN	c EIN-PN 95-3763324-001
a	Plan name	FUNCTION 4 RETIREMENT PLAN	
b	Name of plan sponsor	FUNCTION 4 RETIREMENT PLAN	c EIN-PN 76-0385532-001
a	Plan name	ZAZZLE INC. 401(K) PLAN	
b	Name of plan sponsor	ZAZZLE INC. 401(K) PLAN	c EIN-PN 77-0519796-001
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	SCAN SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SCAN SOLUTIONS 401(K) PLAN	c EIN-PN 20-2967753-001

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 ZIPP AND TANNENBAUM PROFIT SHARING PLAN	
b	Name of plan sponsor ZIPP AND TANNENBAUM PROFIT SHARING PLAN	c EIN-PN 22-3771630-001
a	Plan name ADNET SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor ADNET SYSTEMS, INC. 401(K) PLAN	c EIN-PN 52-1731575-001
a	Plan name CRIMSON WINE GROUP, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CRIMSON WINE GROUP, 401(K) PROFIT SHARING PLAN	c EIN-PN 90-0609506-001
a	Plan name CENTRAL PLUMBING AND HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTRAL PLUMBING AND HEATING, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 81-0285765-001
a	Plan name A. T. KLEMENS AND SON, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor A. T. KLEMENS AND SON, INC. 401K PROFIT SHARING PLAN AND TRUST	c EIN-PN 81-0223186-001
a	Plan name AJ LEVIN COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor AJ LEVIN COMPANY, INC. 401(K) PLAN	c EIN-PN 95-2837302-001
a	Plan name TYSONS CORNER OPHTHALMIC ASSOCIATES LTD 401(K) PLAN	
b	Name of plan sponsor TYSONS CORNER OPHTHALMIC ASSOCIATES LTD 401(K) PLAN	c EIN-PN 54-1120011-001
a	Plan name BNG ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BNG ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN	c EIN-PN 95-2790684-001
a	Plan name BURR AND FORMAN LLP PROFIT SHARING PLAN	
b	Name of plan sponsor BURR AND FORMAN LLP PROFIT SHARING PLAN	c EIN-PN 63-0322727-001
a	Plan name BURR AND FORMAN LLP EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor BURR AND FORMAN LLP EMPLOYEES 401(K) PLAN	c EIN-PN 63-0322727-001
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 SUITKOTE CORPORATION EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor SUITKOTE CORPORATION EMPLOYEES RETIREMENT PLAN	c EIN-PN 16-1177189-001

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 MFS INTERNATIONAL GROWTH EQUITY (SA4AO)	B Three-digit plan number (PN) ▶ 839
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)	323499
		310276
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3176
(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)	222636507
(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)	5482927
		2286266

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	150110999	228446109
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4061	6385
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4061	6385
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	150106938	228439724

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)	148449	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		148449
(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)	3445606	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3445606
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	7502256	
(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)	4095831	
(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		-399872
d Total income. Add all income amounts in column (b) and enter total.....	2d		14792270

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)	6836	
(3) Recordkeeping fees	2i(3)	10493	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1001136	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1018465
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1018465

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13773805
l Transfers of assets:			
(1) To this plan.....	2l(1)		100792676
(2) From this plan	2l(2)		36233695

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 _____.