

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>COLUMBIA DIVIDEND VALUE (SA4AT)</u>	1b Three-digit plan number (PN) ▶ <u>785</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>	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>09/26/2025</u>	<u>MICHAEL LEWIS</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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 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>COLUMBIA DIVIDEND VALUE (SA4AT)</u>	B Three-digit plan number (PN)	<u>785</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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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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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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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c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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	CITY OF TEHACHAPI 457(B) PLAN	
b	Name of plan sponsor	CITY OF TEHACHAPI 457(B) PLAN	c EIN-PN 95-6000801-001
a	Plan name	CENTRAL OHIO FARMERS COOP, INC/ MORRAL COMPANIES LLC 401K SAFE HARBOR PLAN	
b	Name of plan sponsor	CENTRAL OHIO FARMERS COOP, INC/ MORRAL COMPANIES LLC 401K SAFE HARBOR	c EIN-PN 91-1293157-001
a	Plan name	ELEMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	ELEMENT SAVINGS AND INVESTMENT PLAN	c EIN-PN 26-2658878-001
a	Plan name	HANNOVER LIFE REASSURANCE COMPANY OF AMERICA RETIREMENT PLAN	
b	Name of plan sponsor	HANNOVER LIFE REASSURANCE COMPANY OF AMERICA RETIREMENT PLAN	c EIN-PN 59-2859797-001
a	Plan name	POHLAD COMPANIES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	POHLAD COMPANIES RETIREMENT SAVINGS PLAN	c EIN-PN 37-1452807-001
a	Plan name	CAROUSEL MOTOR GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CAROUSEL MOTOR GROUP 401(K) SAVINGS PLAN	c EIN-PN 26-1871075-001
a	Plan name	MINNESOTA TWINS PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	MINNESOTA TWINS PROFIT SHARING/401(K) PLAN	c EIN-PN 41-1519609-001
a	Plan name	COOKE SEAFOODS USA 401(K) PLAN	
b	Name of plan sponsor	COOKE SEAFOODS USA 401(K) PLAN	c EIN-PN 98-0456975-001
a	Plan name	OCEAN FLEET SERVICES 401(K) PLAN	
b	Name of plan sponsor	OCEAN FLEET SERVICES 401(K) PLAN	c EIN-PN 82-3103392-001
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	CONIFER HOLDINGS INC. 401K PLAN	
b	Name of plan sponsor	CONIFER HOLDINGS INC. 401K PLAN	c EIN-PN 27-1298795-001
a	Plan name	MAYFRAN INTERNATIONAL, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MAYFRAN INTERNATIONAL, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 48-0959871-001

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	HYPRO, INC. 401(K) PLAN	
b	Name of plan sponsor	HYPRO, INC. 401(K) PLAN	c EIN-PN 39-1125858-001
a	Plan name	BK TECHNOLOGIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BK TECHNOLOGIES, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 59-3486297-001
a	Plan name	SOUTHERN FIRST BANK 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN FIRST BANK 401(K) PLAN	c EIN-PN 56-2184826-001
a	Plan name	CARDINAL COMPONENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	CARDINAL COMPONENTS, INC. 401(K) PLAN	c EIN-PN 39-1742026-001
a	Plan name	R AND D TOOL AND ENGINEERING COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	R AND D TOOL AND ENGINEERING COMPANY PROFIT SHARING PLAN AND TRUST	c EIN-PN 43-1237713-001
a	Plan name	BDH AND YOUNG, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BDH AND YOUNG, INC. 401(K) SAVINGS PLAN	c EIN-PN 41-1656214-001
a	Plan name	AMERICAN LITHO, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN LITHO, INC. 401(K) PLAN	c EIN-PN 36-3940569-001
a	Plan name	MSC GROUP HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MSC GROUP HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 46-2601832-001
a	Plan name	P2S INC. 401(K) PLAN	
b	Name of plan sponsor	P2S INC. 401(K) PLAN	c EIN-PN 33-0453611-001
a	Plan name	THE PATTERSON OIL COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THE PATTERSON OIL COMPANY, INC. RETIREMENT PLAN	c EIN-PN 06-0295150-001
a	Plan name	TOTAL QUALITY LOGISTICS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	TOTAL QUALITY LOGISTICS, LLC RETIREMENT PLAN	c EIN-PN 20-5152109-001
a	Plan name	HAMPTON PRODUCTS INTERNATIONAL CORPORATION 401K PLAN	
b	Name of plan sponsor	HAMPTON PRODUCTS INTERNATIONAL CORPORATION 401K PLAN	c EIN-PN 95-4297163-001

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 BENNETT LUMBER PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor BENNETT LUMBER PRODUCTS, INC. 401(K) PLAN	c EIN-PN 91-0726966-001
a	Plan name KILLBUCK SAVINGS BANK COMPANY 401(K)	
b	Name of plan sponsor KILLBUCK SAVINGS BANK COMPANY 401(K)	c EIN-PN 34-0330520-001
a	Plan name SWEZEY FUEL CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SWEZEY FUEL CO., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 11-1947682-001
a	Plan name HAMILTON SAFE GROUP 401(K) PLAN	
b	Name of plan sponsor HAMILTON SAFE GROUP 401(K) PLAN	c EIN-PN 31-0729027-001
a	Plan name EMPLOYEES' PROFIT SHARING PLAN AND TRUST OF BOCH ENTERPRISES	
b	Name of plan sponsor EMPLOYEES PROFIT SHARING PLAN AND TRUST OF BOCH ENTERPRISES	c EIN-PN 04-2050016-001
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 WOODRUFF SAWYER PEP BY SYSERCO, INC.	
b	Name of plan sponsor WOODRUFF SAWYER PEP BY SYSERCO, INC.	c EIN-PN 94-2209546-001
a	Plan name BRINDLEE FIRE SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor BRINDLEE FIRE SERVICES LLC 401(K) PLAN	c EIN-PN 99-3290663-001
a	Plan name WOODRUFF SAWYER PEP, ADOPTED BY KHOSLA VENTURES, LLC	
b	Name of plan sponsor WOODRUFF SAWYER PEP, ADOPTED BY KHOSLA VENTURES, LLC	c EIN-PN 42-1468222-001
a	Plan name STANLEY INDUSTRIES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor STANLEY INDUSTRIES, INC. 401(K) PLAN AND TRUST	c EIN-PN 38-2284164-001
a	Plan name CD SAVOIA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CD SAVOIA 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 27-3119263-001
a	Plan name GUNTON CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GUNTON CORPORATION RETIREMENT SAVINGS PLAN	c EIN-PN 34-0766218-001

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	GUNTON CORPORATION RETIREMENT SAVINGS PLAN 02	
b	Name of plan sponsor	GUNTON CORPORATION RETIREMENT SAVINGS PLAN 02	c EIN-PN 34-0766218-001
a	Plan name	THE AUTOMATED BUILDING SYSTEMS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	THE AUTOMATED BUILDING SYSTEMS, INC. PROFIT SHARING AND 401(K) PLAN	c EIN-PN 06-1173852-001
a	Plan name	THE MARQUIS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE MARQUIS 401(K) SAVINGS PLAN	c EIN-PN 93-1054024-001
a	Plan name	THE MARQUIS 401(K) SAVINGS PLAN 02	
b	Name of plan sponsor	THE MARQUIS 401(K) SAVINGS PLAN 02	c EIN-PN 93-1054024-001
a	Plan name	WANDP MANAGEMENT PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	WANDP MANAGEMENT PROFIT SHARING AND 401(K) PLAN	c EIN-PN 38-3639540-001
a	Plan name	THE FEDERATION OF STATE MEDICAL BOARDS THRIFT RETIREMENT PLAN	
b	Name of plan sponsor	THE FEDERATION OF STATE MEDICAL BOARDS THRIFT RETIREMENT PLAN	c EIN-PN 75-1092490-001
a	Plan name	RESODYN CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	RESODYN CORPORATION PROFIT SHARING PLAN	c EIN-PN 81-0528815-001
a	Plan name	GREGORY J. SCHWARTZ AND CO., INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GREGORY J. SCHWARTZ AND CO., INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 38-2117812-001
a	Plan name	ZINGERMAN'S COMMUNITY OF BUSINESS EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	ZINGERMANS COMMUNITY OF BUSINESS EMPLOYEES 401(K) PLAN	c EIN-PN 38-2409230-001
a	Plan name	SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN	c EIN-PN 91-2160583-001
a	Plan name	ADERANS USA SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ADERANS USA SAVINGS AND RETIREMENT PLAN	c EIN-PN 95-4233663-001
a	Plan name	EVENT NETWORK, LLC 401(K) PLAN	
b	Name of plan sponsor	EVENT NETWORK, LLC 401(K) PLAN	c EIN-PN 33-0556105-001

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	ZINGERMAN'S COMMUNITY OF BUSINESSES EMPLOYEE'S 401(K) PLAN	
b	Name of plan sponsor	ZINGERMANS COMMUNITY OF BUSINESSES EMPLOYEES 401(K) PLAN	c EIN-PN 38-2409230-001
a	Plan name	MARQUIS CLINICAL 401(K) SAVING PLAN	
b	Name of plan sponsor	MARQUIS CLINICAL 401(K) SAVING PLAN	c EIN-PN 82-0624068-001
a	Plan name	BANKERS BANCORP OF OKLAHOMA, INC 401(K) PLAN	
b	Name of plan sponsor	BANKERS BANCORP OF OKLAHOMA, INC 401(K) PLAN	c EIN-PN 73-1252684-001
a	Plan name	DATA.WORLD 401(K) PLAN	
b	Name of plan sponsor	DATA.WORLD 401(K) PLAN	c EIN-PN 47-5115483-001
a	Plan name	COREL INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	COREL INC. 401(K) RETIREMENT PLAN	c EIN-PN 87-0557105-001
a	Plan name	ROCKET LAWYER 401(K) PLAN	
b	Name of plan sponsor	ROCKET LAWYER 401(K) PLAN	c EIN-PN 26-3054379-001
a	Plan name	KICE INDUSTRIES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	KICE INDUSTRIES, INC. SAFE HARBOR 401(K) PLAN	c EIN-PN 48-0735815-001
a	Plan name	AIR T, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AIR T, INC. 401(K) RETIREMENT PLAN	c EIN-PN 52-1206400-001
a	Plan name	ACCION LABS US 401(K) PLAN	
b	Name of plan sponsor	ACCION LABS US 401(K) PLAN	c EIN-PN 37-6046296-001
a	Plan name	TREU HOUSE OF MUNCH, INC. 401(K) PLAN	
b	Name of plan sponsor	TREU HOUSE OF MUNCH, INC. 401(K) PLAN	c EIN-PN 34-4266170-001
a	Plan name	KASTNER GRAVELLE LLP RETIREMENT PLAN	
b	Name of plan sponsor	KASTNER GRAVELLE LLP RETIREMENT PLAN	c EIN-PN 27-2515387-001
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

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	WATSON AND MACHADO, LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WATSON AND MACHADO, LLP 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 94-1176937-001
a	Plan name	MICHAEL MORRIS AND SON TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor	MICHAEL MORRIS AND SON TRUCKING, INC. 401(K) PLAN	c EIN-PN 86-1139725-001
a	Plan name	ROCKY MOUNTAIN PRIMARY CARE 401(K) PLAN	
b	Name of plan sponsor	ROCKY MOUNTAIN PRIMARY CARE 401(K) PLAN	c EIN-PN 84-1365302-001
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	AMERICAN HYDRO 401(K) PLAN	
b	Name of plan sponsor	AMERICAN HYDRO 401(K) PLAN	c EIN-PN 23-2426636-001
a	Plan name	BEST LAW 401(K) PLAN	
b	Name of plan sponsor	BEST LAW 401(K) PLAN	c EIN-PN 46-3051196-001
a	Plan name	KEMP SMITH LLP 401(K) PLAN	
b	Name of plan sponsor	KEMP SMITH LLP 401(K) PLAN	c EIN-PN 04-3657264-001
a	Plan name	BIOFOURMIS INC	
b	Name of plan sponsor	BIOFOURMIS INC	c EIN-PN 32-0581876-001
a	Plan name	BANK OF BELLE GLADE 401(K) PLAN	
b	Name of plan sponsor	BANK OF BELLE GLADE 401(K) PLAN	c EIN-PN 59-1024375-001
a	Plan name	NORMONT EQUIPMENT 401(K) P/S PLAN	
b	Name of plan sponsor	NORMONT EQUIPMENT 401(K) P/S PLAN	c EIN-PN 81-0215756-001
a	Plan name	CHARLES E. WALLACE D.D.S., P.S. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CHARLES E. WALLACE D.D.S., P.S. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 91-2014191-001
a	Plan name	TRENEGY INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	TRENEGY INCORPORATED 401(K) PLAN	c EIN-PN 27-3083464-001

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	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	KENNEDY JOHNSON SCHWAB AND ROBERGE, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KENNEDY JOHNSON SCHWAB AND ROBERGE, P.C. RETIREMENT SAVINGS PLAN	c EIN-PN 06-1250924-001
a	Plan name	WATERFORD BANK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WATERFORD BANK RETIREMENT SAVINGS PLAN	c EIN-PN 11-3809585-001
a	Plan name	KUALI INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	KUALI INCORPORATED 401(K) PLAN	c EIN-PN 47-2047606-001
a	Plan name	MAYSER USA, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	MAYSER USA, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	c EIN-PN 26-3237361-001
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	DAC, INC. 401(K) PLAN	
b	Name of plan sponsor	DAC, INC. 401(K) PLAN	c EIN-PN 76-0403380-001
a	Plan name	GIOMBETTI ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GIOMBETTI ASSOCIATES 401(K) RETIREMENT PLAN	c EIN-PN 04-3048472-001
a	Plan name	ELDERHELP OF SAN DIEGO 401(K) PLAN	
b	Name of plan sponsor	ELDERHELP OF SAN DIEGO 401(K) PLAN	c EIN-PN 95-2880426-001
a	Plan name	COLLECTION BUREAU SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	COLLECTION BUREAU SERVICES, INC. PROFIT SHARING PLAN	c EIN-PN 81-0361156-001
a	Plan name	IMPACT ASSESSMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	IMPACT ASSESSMENT, INC. 401(K) PLAN	c EIN-PN 95-3649615-001
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

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	REWIRING AMERICA 401(K) PLAN	
b	Name of plan sponsor	REWIRING AMERICA 401(K) PLAN	c EIN-PN 93-2830316-001
a	Plan name	WOODRUFF SAWYER PEP BY CARLILE MACY, INC.	
b	Name of plan sponsor	WOODRUFF SAWYER PEP BY CARLILE MACY, INC.	c EIN-PN 68-0130630-001
a	Plan name	RUIZ RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RUIZ RETIREMENT SAVINGS PLAN	c EIN-PN 86-0331840-001
a	Plan name	YODER'S MEATS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YODERS MEATS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 23-1925665-001
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	AVFUEL CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AVFUEL CORPORATION 401(K) SAVINGS PLAN	c EIN-PN 38-2073252-001
a	Plan name	CPL EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	CPL EMPLOYEES SAVINGS PLAN	c EIN-PN 16-1283651-001
a	Plan name	TOYO INK 401(K) PLAN	
b	Name of plan sponsor	TOYO INK 401(K) PLAN	c EIN-PN 22-2969724-001
a	Plan name	CEMLINE CORPORATION	
b	Name of plan sponsor	CEMLINE CORPORATION	c EIN-PN 25-0396970-001
a	Plan name	MSSNY/ESMSEF 401(K) PLAN	
b	Name of plan sponsor	MSSNY/ESMSEF 401(K) PLAN	c EIN-PN 13-1030760-001
a	Plan name	AIR NEW ZEALAND LTD	
b	Name of plan sponsor	AIR NEW ZEALAND LTD	c EIN-PN 95-2225578-001
a	Plan name	HERBERT F. DARLING, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	HERBERT F. DARLING, INC. 401(K) PENSION PLAN	c EIN-PN 16-0927953-001

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 SOUTHERN CONNECTICUT I.B.E.W. ANNUITY PLAN	
b	Name of plan sponsor SOUTHERN CONNECTICUT I.B.E.W. ANNUITY PLAN	c EIN-PN 06-0932220-001
a	Plan name LENNAR CORPORATION 401(K) PLAN	
b	Name of plan sponsor LENNAR CORPORATION 401(K) PLAN	c EIN-PN 95-4337490-001
a	Plan name ROSE, KLEIN AND MARIAS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROSE, KLEIN AND MARIAS, LLP 401(K) PROFIT SHARING PLAN	c EIN-PN 95-1788478-001
a	Plan name CUSTOM ACCESSORIES INC 401K PS PLAN	
b	Name of plan sponsor CUSTOM ACCESSORIES INC 401K PS PLAN	c EIN-PN 36-2788186-001
a	Plan name SUNMAID GROWERS OF CALIFORNIA	
b	Name of plan sponsor SUNMAID GROWERS OF CALIFORNIA	c EIN-PN 94-3196145-001
a	Plan name SUNMAID GROWERS DISTILLERY WORKERS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUNMAID GROWERS DISTILLERY WORKERS RETIREMENT SAVINGS PLAN	c EIN-PN 94-0908760-001
a	Plan name HERZFELD AND RUBIN, P.C. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor HERZFELD AND RUBIN, P.C. EMPLOYEES 401(K) PLAN	c EIN-PN 13-2688520-001
a	Plan name UNIVERSAL BEARINGS LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor UNIVERSAL BEARINGS LLC PROFIT SHARING PLAN AND TRUST	c EIN-PN 26-0762205-001
a	Plan name TIMESSHAMROCK COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor TIMESSHAMROCK COMMUNICATIONS 401(K) PLAN	c EIN-PN 24-0717470-001
a	Plan name THE DALLAS GROUP OF AMERICA, INC EE'S PROFIT SHARING PL AND TRUST	
b	Name of plan sponsor THE DALLAS GROUP OF AMERICA, INC EES PROFIT SHARING PL AND TRUST	c EIN-PN 22-2952954-001
a	Plan name AUTOCHLOR SERVICES EMPLOYEES' SAVINGS PLAN AND TRUST	
b	Name of plan sponsor AUTOCHLOR SERVICES EMPLOYEES SAVINGS PLAN AND TRUST	c EIN-PN 72-0927398-001
a	Plan name BYRNE DAIRY, INC. AND SONBYRNE SALES, INC 401K PROFIT SHARING	
b	Name of plan sponsor BYRNE DAIRY, INC. AND SONBYRNE SALES, INC 401K PROFIT SHARING	c EIN-PN 15-0258780-001

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	IUJAT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IUJAT 401(K) RETIREMENT PLAN	c EIN-PN 20-5201401-001
a	Plan name	POTTSTOWN MEDICAL SPECIALISTS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	POTTSTOWN MEDICAL SPECIALISTS, INC. PROFIT SHARING 401(K) PLAN	c EIN-PN 23-2067171-001
a	Plan name	TEAMSTERSNATIONAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TEAMSTERSNATIONAL 401(K) SAVINGS PLAN	c EIN-PN 52-1967784-001
a	Plan name	I.B.E.W. LOCAL UNION 375 ELECTRICIANS' RETIREMENT PLAN	
b	Name of plan sponsor	I.B.E.W. LOCAL UNION 375 ELECTRICIANS RETIREMENT PLAN	c EIN-PN 23-2055388-001
a	Plan name	SWIMUSA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SWIMUSA 401(K) RETIREMENT PLAN	c EIN-PN 23-1663062-001
a	Plan name	AKWESASNE MOHAWK CASINO 401(K) PLAN	
b	Name of plan sponsor	AKWESASNE MOHAWK CASINO 401(K) PLAN	c EIN-PN 16-1558843-001
a	Plan name	BHA/WES 401(K) PLAN	
b	Name of plan sponsor	BHA/WES 401(K) PLAN	c EIN-PN 47-4473515-001
a	Plan name	NPC COMPANIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NPC COMPANIES 401(K) RETIREMENT PLAN	c EIN-PN 82-2590662-001
a	Plan name	DBH 401(K) PLAN	
b	Name of plan sponsor	DBH 401(K) PLAN	c EIN-PN 87-2236938-001
a	Plan name	THE QUARTERRA SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	THE QUARTERRA SERVICES, LLC 401(K) PLAN	c EIN-PN 88-0658257-001
a	Plan name	MERIDIAN ADHESIVES GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MERIDIAN ADHESIVES GROUP RETIREMENT SAVINGS PLAN	c EIN-PN 83-0572533-001
a	Plan name	CITIZENS NATIONAL BANK OF ALBION 401(K) PLAN	
b	Name of plan sponsor	CITIZENS NATIONAL BANK OF ALBION 401(K) PLAN	c EIN-PN 37-0217351-001

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 VIRGINIA PHYSICIANS, INC. 401(K) PLAN	
b	Name of plan sponsor VIRGINIA PHYSICIANS, INC. 401(K) PLAN	c EIN-PN 54-0883363-001
a	Plan name WASH.ST. TAMMANY ELECTRIC COOP. 401(K)	
b	Name of plan sponsor WASH.ST. TAMMANY ELECTRIC COOP. 401(K)	c EIN-PN 72-6027617-001
a	Plan name PAGNOTTI ENTERPRISES, INC. TAXFAVORED SAVINGS PLAN	
b	Name of plan sponsor PAGNOTTI ENTERPRISES, INC. TAXFAVORED SAVINGS PLAN	c EIN-PN 23-2716071-001
a	Plan name BONLAND INDUSTRIES, INC	
b	Name of plan sponsor BONLAND INDUSTRIES, INC	c EIN-PN 22-1591400-001
a	Plan name DENTAL ASSOCIATES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DENTAL ASSOCIATES EMPLOYEE SAVINGS PLAN	c EIN-PN 06-0889382-001
a	Plan name THE SAN DIEGO UNIONTRIBUNE 401(K) PLAN	
b	Name of plan sponsor THE SAN DIEGO UNIONTRIBUNE 401(K) PLAN	c EIN-PN 26-4538894-001
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
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 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
a	Plan name CHARLES FERZLI, D.D.S. P.A. 401(K) PLAN	
b	Name of plan sponsor CHARLES FERZLI, D.D.S. P.A. 401(K) PLAN	c EIN-PN 56-2196587-001
a	Plan name AR BROTHERS 401(K) PLAN	
b	Name of plan sponsor AR BROTHERS 401(K) PLAN	c EIN-PN 75-2833603-001
a	Plan name THE GALVESTON DIET 401(K) PLAN	
b	Name of plan sponsor THE GALVESTON DIET 401(K) PLAN	c EIN-PN 84-4499981-001

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	HOMESTEAD VILLAGE, INC. 401(K) PLAN
b	Name of plan sponsor	HOMESTEAD VILLAGE, INC. 401(K) PLAN
c	EIN-PN	23-2010104-001
a	Plan name	DETROIT EDGE TOOL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	DETROIT EDGE TOOL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST
c	EIN-PN	38-1292818-001
a	Plan name	SILVER STATE MASONRY 401(K) RETIREMENT PLAN
b	Name of plan sponsor	SILVER STATE MASONRY 401(K) RETIREMENT PLAN
c	EIN-PN	88-0203855-001
a	Plan name	SCOTT SANDERS, MD, PLLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SCOTT SANDERS, MD, PLLC 401(K) PROFIT SHARING PLAN
c	EIN-PN	46-4274765-001
a	Plan name	SADDLE RIVER MEDICAL GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	SADDLE RIVER MEDICAL GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST
c	EIN-PN	47-5249441-001
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	MOUNTAIN PODIATRY, LTD. 401(K) P/S PLAN
b	Name of plan sponsor	MOUNTAIN PODIATRY, LTD. 401(K) P/S PLAN
c	EIN-PN	88-0475400-001
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	ACCUMETRICS LIMITED 401(K) PLAN
b	Name of plan sponsor	ACCUMETRICS LIMITED 401(K) PLAN
c	EIN-PN	23-2147951-001
a	Plan name	SHINSHO AMERICAN CORPORATION SAVINGS 401(K) PLAN
b	Name of plan sponsor	SHINSHO AMERICAN CORPORATION SAVINGS 401(K) PLAN
c	EIN-PN	36-3651620-001
a	Plan name	GRAND BLANC PROCESSING, LLC 401(K) PLAN
b	Name of plan sponsor	GRAND BLANC PROCESSING, LLC 401(K) PLAN
c	EIN-PN	38-3276134-001

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	AIKEN PRECISION TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	AIKEN PRECISION TECHNOLOGIES, LLC 401(K) PLAN	c EIN-PN 04-3653554-001
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	TTL ENGINEERING SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	TTL ENGINEERING SERVICES, LLC 401(K) PLAN	c EIN-PN 99-2486366-001
a	Plan name	OILFIELD INDUSTRIAL SUPPLY OF LOUISIANA 401(K) PLAN	
b	Name of plan sponsor	OILFIELD INDUSTRIAL SUPPLY OF LOUISIANA 401(K) PLAN	c EIN-PN 20-2140560-001
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
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	BENIACH CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BENIACH CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 37-1321233-001
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	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	STRUCTURAL DIMENSIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	STRUCTURAL DIMENSIONS, INC. 401(K) PLAN	c EIN-PN 41-1942114-001
a	Plan name	DERRY CONSTRUCTION COMPANY, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	DERRY CONSTRUCTION COMPANY, INC. EMPLOYEES PROFIT SHARING PLAN	c EIN-PN 25-1322204-001
a	Plan name	ALL ABOUT CLOSETS, INC. 401(K) PLAN	
b	Name of plan sponsor	ALL ABOUT CLOSETS, INC. 401(K) PLAN	c EIN-PN 65-1060248-001

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	PE BEN USA 401(K) PLAN	
b	Name of plan sponsor	PE BEN USA 401(K) PLAN	c EIN-PN 20-4755313-001
a	Plan name	H.A. SACK CO., LLC 401(K) PLAN	
b	Name of plan sponsor	H.A. SACK CO., LLC 401(K) PLAN	c EIN-PN 58-0709776-001
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	MEXAM INC PR SHR PLAN	
b	Name of plan sponsor	MEXAM INC PR SHR PLAN	c EIN-PN 01-0579462-001
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	GRAY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	GRAY ENGINEERING, INC. 401(K) PLAN	c EIN-PN 74-2533901-001
a	Plan name	THE ONE LINCOLN SQUARE CONDOMINIUM 401(K) PLAN	
b	Name of plan sponsor	THE ONE LINCOLN SQUARE CONDOMINIUM 401(K) PLAN	c EIN-PN 13-3857259-001
a	Plan name	EQUITY MANAGEMENT, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	EQUITY MANAGEMENT, INC. PROFIT SHARING PLAN	c EIN-PN 81-0474920-001
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	AIR CONDITIONING SPECIALISTS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR CONDITIONING SPECIALISTS, INC. 401K PROFIT SHARING PLAN	c EIN-PN 58-0979841-001
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	MIAMI VALLEY PAPER TUBE CO. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MIAMI VALLEY PAPER TUBE CO. PROFIT SHARING PLAN AND TRUST	c EIN-PN 31-1209959-001

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 WRITING REVOLUTION 401(K) PLAN	
b	Name of plan sponsor THE WRITING REVOLUTION 401(K) PLAN	c EIN-PN 46-4970867-001
a	Plan name SYCAMORE SPECIALTY UNDERWRITERS LLC 401(K) PLAN	
b	Name of plan sponsor SYCAMORE SPECIALTY UNDERWRITERS LLC 401(K) PLAN	c EIN-PN 92-0790183-001
a	Plan name A PARENT MEDIA CO. USA INC. 401(K) PLAN	
b	Name of plan sponsor A PARENT MEDIA CO. USA INC. 401(K) PLAN	c EIN-PN 37-1992263-001
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 ROYAL PALM ACADEMY, INC. 401(K) PLAN	
b	Name of plan sponsor ROYAL PALM ACADEMY, INC. 401(K) PLAN	c EIN-PN 58-2395519-001
a	Plan name RECREATE WASTE COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor RECREATE WASTE COLLABORATIVE 401(K) PLAN	c EIN-PN 85-2003170-001
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 YOGESH CHUGH SAVINGS PLAN	
b	Name of plan sponsor YOGESH CHUGH SAVINGS PLAN	c EIN-PN 47-4553411-001
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 SSFM INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SSFM INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 99-0106392-001
a	Plan name CAZES FAMILY DENTISTRY, LLC 401(K) PLAN	
b	Name of plan sponsor CAZES FAMILY DENTISTRY, LLC 401(K) PLAN	c EIN-PN 22-3697881-001
a	Plan name ARTISAN STONEWORKS CORP. RETIREMENT PLAN	
b	Name of plan sponsor ARTISAN STONEWORKS CORP. RETIREMENT PLAN	c EIN-PN 11-3215887-001

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	GMC, LLC 401(K) PLAN	
b	Name of plan sponsor	GMC, LLC 401(K) PLAN	c EIN-PN 85-0616303-001
a	Plan name	TERRIO THERAPYFITNESS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TERRIO THERAPYFITNESS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 91-2073074-001
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	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	GERSON LAW FIRM APC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GERSON LAW FIRM APC 401(K) PROFIT SHARING PLAN	c EIN-PN 33-0613557-001
a	Plan name	KEN CARYL GLASS, INC. 401(K) PLAN	
b	Name of plan sponsor	KEN CARYL GLASS, INC. 401(K) PLAN	c EIN-PN 84-1036870-001
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	NAYAMODE INC RETIREMENT TRUST	
b	Name of plan sponsor	NAYAMODE INC RETIREMENT TRUST	c EIN-PN 20-3569840-001
a	Plan name	HIGH TIDE METALS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGH TIDE METALS, INC. 401K PROFIT SHARING PLAN	c EIN-PN 57-1128856-001
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	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	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

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 COLUMBUS FARMERS MARKET 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor COLUMBUS FARMERS MARKET 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 22-2864269-001
a	Plan name BERLIN FARMERS MARKET II LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BERLIN FARMERS MARKET II LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 47-4479339-001
a	Plan name BERKEBILE OIL COMPANY 401(K)	
b	Name of plan sponsor BERKEBILE OIL COMPANY 401(K)	c EIN-PN 25-1118181-001
a	Plan name CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401(K) PLAN	c EIN-PN 94-2686822-001
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 FUTURE ENERGY GROUP, LLC 401(K) P/S PLAN	
b	Name of plan sponsor FUTURE ENERGY GROUP, LLC 401(K) P/S PLAN	c EIN-PN 45-2763597-001
a	Plan name POLI CONSTRUCTION 401(K)	
b	Name of plan sponsor POLI CONSTRUCTION 401(K)	c EIN-PN 27-0579429-001
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 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 SPECIAL TOOL AND ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor SPECIAL TOOL AND ENGINEERING, INC. 401(K) PLAN	c EIN-PN 38-3115207-001
a	Plan name CHARLES P. LEACH AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor CHARLES P. LEACH AGENCY, INC. 401(K) PLAN	c EIN-PN 25-1184827-001
a	Plan name KFORCE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KFORCE 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 59-3264661-001

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	GIORGIO ARMANI 401(K)	
b	Name of plan sponsor	GIORGIO ARMANI 401(K)	c EIN-PN 13-3187045-001
a	Plan name	DYNO NOBEL INC. AND SUBSIDIARIES TAXFAVORED RETIREMENT SVGS PLAN	
b	Name of plan sponsor	DYNO NOBEL INC. AND SUBSIDIARIES TAXFAVORED RETIREMENT SVGS PLAN	c EIN-PN 87-0409179-001
a	Plan name	DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN	c EIN-PN 87-0409179-001
a	Plan name	DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN 03	
b	Name of plan sponsor	DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN 03	c EIN-PN 87-0409179-001
a	Plan name	EAT'N PARK HOSPITALITY GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EAT'N PARK HOSPITALITY GROUP 401(K) RETIREMENT PLAN	c EIN-PN 25-1596974-001
a	Plan name	CARDONE 401K PLAN.	
b	Name of plan sponsor	CARDONE 401K PLAN.	c EIN-PN 23-3000982-001
a	Plan name	HORIBA INSTRUMENTS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	HORIBA INSTRUMENTS INCORPORATED 401(K) PLAN	c EIN-PN 33-0820160-001
a	Plan name	LISI COMPANIES 401(K) PLAN	
b	Name of plan sponsor	LISI COMPANIES 401(K) PLAN	c EIN-PN 82-3162973-001
a	Plan name	AMADEUS NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	AMADEUS NORTH AMERICA, INC. 401(K) PLAN	c EIN-PN 76-0544614-001
a	Plan name	NMSC CLINICAL EMPLOYEES PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NMSC CLINICAL EMPLOYEES PROFIT SHARING PLAN AND TRUST	c EIN-PN 11-3635685-001
a	Plan name	NAPA, LLP PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NAPA, LLP PROFIT SHARING PLAN AND TRUST	c EIN-PN 11-2923650-001
a	Plan name	NMSC ADMIN EMPLOYEES PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NMSC ADMIN EMPLOYEES PROFIT SHARING PLAN AND TRUST	c EIN-PN 11-3635685-001

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	NAPA MANAGEMENT SERVICES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NAPA MANAGEMENT SERVICES CORPORATION 401(K) PLAN	c EIN-PN 20-5055482-001
a	Plan name	GEODIS USA RETIREMENT PLAN	
b	Name of plan sponsor	GEODIS USA RETIREMENT PLAN	c EIN-PN 62-1628798-001
a	Plan name	ASSOCIATION AMERICAN RAILROADS	
b	Name of plan sponsor	ASSOCIATION AMERICAN RAILROADS	c EIN-PN 53-6000125-001
a	Plan name	SPRINGPOINT SENIOR LIVING, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	SPRINGPOINT SENIOR LIVING, INC. 401(K) PENSION PLAN	c EIN-PN 31-1480524-001
a	Plan name	PENN COLOR, INC. INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	PENN COLOR, INC. INCENTIVE SAVINGS PLAN	c EIN-PN 22-1661347-001
a	Plan name	MEDIANEWS GROUP RETIREMENT/SAVINGS PLAN	
b	Name of plan sponsor	MEDIANEWS GROUP RETIREMENT/SAVINGS PLAN	c EIN-PN 76-0425553-001
a	Plan name	AMALGAMATED SUGAR COMPANY SALARIED 401(K) PLAN	
b	Name of plan sponsor	AMALGAMATED SUGAR COMPANY SALARIED 401(K) PLAN	c EIN-PN 87-0568755-001
a	Plan name	AMALGAMATED SUGAR COMPANY HOURLY 401(K) PLAN	
b	Name of plan sponsor	AMALGAMATED SUGAR COMPANY HOURLY 401(K) PLAN	c EIN-PN 87-0568755-001
a	Plan name	NSM 401(K) PLAN	
b	Name of plan sponsor	NSM 401(K) PLAN	c EIN-PN 45-2517774-001
a	Plan name	REED COMPANIES PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	REED COMPANIES PROFIT SHARING PLAN AND TRUST	c EIN-PN 74-1899182-001
a	Plan name	MAROTTA CONTROLS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	MAROTTA CONTROLS, INC. EMPLOYEES 401(K) PLAN	c EIN-PN 22-1528122-001
a	Plan name	THE UNITED DISTRIBUTION GROUP 401(K) PLAN	
b	Name of plan sponsor	THE UNITED DISTRIBUTION GROUP 401(K) PLAN	c EIN-PN 20-4686712-001

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 JTEKT NORTH AMERICA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JTEKT NORTH AMERICA 401(K) RETIREMENT PLAN	c EIN-PN 57-0570962-001
a	Plan name HILL INTERNATIONAL INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HILL INTERNATIONAL INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 20-0953973-001
a	Plan name TGSNOPEC GEOPHYSICAL COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TGSNOPEC GEOPHYSICAL COMPANY 401(K) PROFIT SHARING PLAN	c EIN-PN 76-0170405-001
a	Plan name ORGILL, INC. 401(K) PLAN	
b	Name of plan sponsor ORGILL, INC. 401(K) PLAN	c EIN-PN 62-0314720-001
a	Plan name NEIGHBORWORKS AMERICA RETIREMENT PLAN	
b	Name of plan sponsor NEIGHBORWORKS AMERICA RETIREMENT PLAN	c EIN-PN 52-1148078-001
a	Plan name AMENDED AND RESTATED PROFIT SHARING PLAN FOR EES 84 LUMBER	
b	Name of plan sponsor AMENDED AND RESTATED PROFIT SHARING PLAN FOR EES 84 LUMBER	c EIN-PN 25-1613116-001
a	Plan name MIDWEST ANESTHESIA ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIDWEST ANESTHESIA ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	c EIN-PN 48-0765484-001
a	Plan name NORCAL BEVERAGE CO., INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor NORCAL BEVERAGE CO., INC. EMPLOYEE RETIREMENT PLAN	c EIN-PN 94-1722564-001
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 RCM TECHNOLOGIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor RCM TECHNOLOGIES 401(K) SAVINGS PLAN	c EIN-PN 95-1480559-001
a	Plan name WARTSILA HOLDING, INC. RETIREMENT PLAN	
b	Name of plan sponsor WARTSILA HOLDING, INC. RETIREMENT PLAN	c EIN-PN 95-3418625-001
a	Plan name BRAY INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BRAY INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 76-0184782-001

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	POST ACUTE PARTNERS RETIREMENT PLAN	
b	Name of plan sponsor	POST ACUTE PARTNERS RETIREMENT PLAN	c EIN-PN 27-3027795-001
a	Plan name	NEBRASKA MEDICINE BASE AND MATCHING CONTRIBUTIONS	
b	Name of plan sponsor	NEBRASKA MEDICINE BASE AND MATCHING CONTRIBUTIONS	c EIN-PN 91-1858433-001
a	Plan name	TRIBUNE PUBLISHING COMPANY 401(K) PLAN	
b	Name of plan sponsor	TRIBUNE PUBLISHING COMPANY 401(K) PLAN	c EIN-PN 38-3919441-001
a	Plan name	FIVE POINT 401(K) PLAN	
b	Name of plan sponsor	FIVE POINT 401(K) PLAN	c EIN-PN 27-0179123-001
a	Plan name	ENDEAVOR 401(K) PLAN	
b	Name of plan sponsor	ENDEAVOR 401(K) PLAN	c EIN-PN 80-0967078-001
a	Plan name	ZUFFA LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ZUFFA LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 88-0482750-001
a	Plan name	HAWAII STATE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	HAWAII STATE FEDERAL CREDIT UNION 401(K) PLAN	c EIN-PN 99-0073431-001
a	Plan name	AIR INDUSTRIES GROUP 401(K) PLAN	
b	Name of plan sponsor	AIR INDUSTRIES GROUP 401(K) PLAN	c EIN-PN 80-0948413-001
a	Plan name	MCQUILLING PARTNERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCQUILLING PARTNERS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 13-3641075-001
a	Plan name	FORCHELLI DEEGAN TERRANA, LLP PROFIT SHARING PLAN II	
b	Name of plan sponsor	FORCHELLI DEEGAN TERRANA, LLP PROFIT SHARING PLAN II	c EIN-PN 38-4084387-001
a	Plan name	FORCHELLI DEEGAN TERRANA, LLP ASSOCIATES' 401(K) PLAN	
b	Name of plan sponsor	FORCHELLI DEEGAN TERRANA, LLP ASSOCIATES 401(K) PLAN	c EIN-PN 38-4084387-001
a	Plan name	BOB JOHNSON GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BOB JOHNSON GROUP RETIREMENT SAVINGS PLAN	c EIN-PN 16-1170100-001

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	ICAPITAL NETWORK, INC. 401(K) PLAN	
b	Name of plan sponsor	ICAPITAL NETWORK, INC. 401(K) PLAN	c EIN-PN 13-3924175-001
a	Plan name	FIXLER AND LAGATTUTA, LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FIXLER AND LAGATTUTA, LLP 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 20-0726956-001
a	Plan name	WOODRUFF SAWYER PEP BY EB INDUSTRIES, LLC	
b	Name of plan sponsor	WOODRUFF SAWYER PEP BY EB INDUSTRIES, LLC	c EIN-PN 11-3445792-001
a	Plan name	VACRI AND R. DEVINCENTIS CONSTRUCTION COMPANIES PWR 401(K)RETIREMENT PLAN	
b	Name of plan sponsor	VACRI AND R. DEVINCENTIS CONSTRUCTION COMPANIES PWR 401(K)RETIREMENT P	c EIN-PN 16-0958875-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR EMPLOYSHARE, INC.	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR EMPLOYSHARE, INC.	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ABSOLUTE GROUP, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ABSOLUTE GROUP, LLC	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AEGIS FP SERVICES, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AEGIS FP SERVICES, LL	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR A. HUGG, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR A. HUGG, LLC	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AMTA, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AMTA, LLC	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ASHFORD WEALTH ADVISORS, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ASHFORD WEALTH ADVISO	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BRAD A. SWARTZWELDER, INC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BRAD A. SWARTZWELDER,	c EIN-PN 34-1832544-001

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	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BEN C SMITH JR	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BEN C SMITH JR	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BOBBY D. HARRIS	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BOBBY D. HARRIS	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BERLIN AND ASSOCIATES, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BERLIN AND ASSOCIATES	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AB DYNAMIC SOLUTIONS, INC.	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR AB DYNAMIC SOLUTIONS,	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN BWT FINANCIAL, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN BWT FINANCIAL, LLC	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BERISS AND ASSOCIATES, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR BERISS AND ASSOCIATES	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CCWF2, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CCWF2, LLC	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CHARLES M. EVANS	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CHARLES M. EVANS	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR COOP, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR COOP, LLC	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CALANDER WEALTH MANAGEMENT, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CALANDER WEALTH MANAG	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JEFF M. CROSBY	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JEFF M. CROSBY	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DLIGHT INC.	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DLIGHT INC.	c EIN-PN 34-1832544-001

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 EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THE DEHONEY GROUP, INC.	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THE DEHONEY GROUP, IN	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DAVID M MEDICK, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DAVID M MEDICK, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DSW ENTERPRISES, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DSW ENTERPRISES, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DILWORTH MANAGEMENT GROUP LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DILWORTH MANAGEMENT G	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DAVID M KLEINER, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR DAVID M KLEINER, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ELAINA A. CARLSON	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ELAINA A. CARLSON	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ESCO AND ASSOCIATES, INC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ESCO AND ASSOCIATES,	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR EDWARD M. TILGHMAN	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR EDWARD M. TILGHMAN	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ER GREEN OPERATIONAL SERVICES, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ER GREEN OPERATIONAL	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FRENCH COMPASS LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FRENCH COMPASS LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FINN FINANCIAL, INC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FINN FINANCIAL, INC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FRONTLINE GROUP, INC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FRONTLINE GROUP, INC	c EIN-PN 34-1832544-001

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 EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FP MATTERS, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FP MATTERS, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FINANCIAL PLANNING PARTNERS, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR FINANCIAL PLANNING PA	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GEORGE G. SMOJVER	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GEORGE G. SMOJVER	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR VELOCITY CAPITAL MANAGEMENT, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR VELOCITY CAPITAL MANA	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GREEN VISTA, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GREEN VISTA, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GREAT SERVICE MODEL, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR GREAT SERVICE MODEL,	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HURWITZ AND ASSOCIATES, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HURWITZ AND ASSOCIATE	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HAMTECH, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HAMTECH, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HH BMD ENTERPRISES LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HH BMD ENTERPRISES LL	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HAWKINS AND ASSOCIATES, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR HAWKINS AND ASSOCIATE	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR IRONSIDES OPERATIONAL SUPPORT, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR IRONSIDES OPERATIONAL	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ILSK, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ILSK, LLC	c EIN-PN 34-1832544-001

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 EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JIN AND ASSOCIATES, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JIN AND ASSOCIATES, L	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JASON D. DUNN	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JASON D. DUNN	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CIRKSENA, KNIGHT, JACOBSEN, SIEPS AND KRESSE, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CIRKSENA, KNIGHT, JAC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR J. LYNNE CONSULTING, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR J. LYNNE CONSULTING,	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JEFFERY N EVANS	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR JEFFERY N EVANS	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR J AND R OPERATIONS, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR J AND R OPERATIONS, L	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR KIMBERLEE M.O., LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR KIMBERLEE M.O., LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LLLII, INC.	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LLLII, INC.	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LUNG, SHIRING AND ASSOCIATES, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LUNG, SHIRING AND ASS	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LEVI SHANE BRANDRISS	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LEVI SHANE BRANDRISS	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MARBAN AND ASSOCIATES, INC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MARBAN AND ASSOCIATES	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MATTHEW D ORMAN	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MATTHEW D ORMAN	c EIN-PN 34-1832544-001

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 EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CHRISTOPHER M. GURLEY	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CHRISTOPHER M. GURLEY	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LFS MANAGEMENT, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LFS MANAGEMENT, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MORTGAGE LENDING SOLUTIONS, INC.	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MORTGAGE LENDING SOLU	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR METZLER MANAGEMENT COMPANY, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR METZLER MANAGEMENT CO	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THE OBRIEN GROUP	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THE OBRIEN GROUP	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PROFESSIONAL MANAGEMENT GROUP	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PROFESSIONAL MANAGEME	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LANDJ OPERATIONS LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LANDJ OPERATIONS LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MICHAEL T. BREZOVEC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MICHAEL T. BREZOVEC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MBS MANAGEMENT, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MBS MANAGEMENT, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR NINTH AVENUE, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR NINTH AVENUE, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PRO STANDARD PRIVATE WEALTH, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PRO STANDARD PRIVATE	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ORION MOULTON, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ORION MOULTON, LLC	c EIN-PN 34-1832544-001

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 EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ONE TEN PARTNERS, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR ONE TEN PARTNERS, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WEALTH INSIGHT GROUP, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WEALTH INSIGHT GROUP,	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PLNR GROUP, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR PLNR GROUP, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R AND D HOLDINGS, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R AND D HOLDINGS, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR REDEFINED HORIZONS, INC.	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR REDEFINED HORIZONS, I	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR RANDAL J FARABAUGH	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR RANDAL J FARABAUGH	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R.O. MILLS MANAGEMENT LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R.O. MILLS MANAGEMENT	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R7 WEALTH MANAGEMENT LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR R7 WEALTH MANAGEMENT	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SPOKEN DESTINY, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SPOKEN DESTINY, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR S.E. WATER TOWER OPERATIONAL SUPPORT, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR S.E. WATER TOWER OPER	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SECOND BASE ADVISORS, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SECOND BASE ADVISORS,	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SHIVA P. BHASHYAM	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SHIVA P. BHASHYAM	c EIN-PN 34-1832544-001

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 EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR STANLEY C. LEONG	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR STANLEY C. LEONG	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SOMMERVILLE PARTNERS, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SOMMERVILLE PARTNERS,	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR 5 STONE HOLDINGS, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR 5 STONE HOLDINGS, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SANLEO GROUP, INC.	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SANLEO GROUP, INC.	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR STEVEN T MARSHALL	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR STEVEN T MARSHALL	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SKYLER TEBO	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SKYLER TEBO	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SAVOR, INC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SAVOR, INC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SOUTHAMPTON BUSINESS GROUP, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR SOUTHAMPTON BUSINESS	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LBYD, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LBYD, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MMM CONSULTING GROUP, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR MMM CONSULTING GROUP,	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR TMGQG, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR TMGQG, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THOMAS P SHORTREED AND ASSOCIATES, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR THOMAS P SHORTREED AN	c EIN-PN 34-1832544-001

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	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR VAN TASSEL LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR VAN TASSEL LLC	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WDA, INC.	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WDA, INC.	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WILLIAMSON FINANCIAL PLANNING, INC.	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WILLIAMSON FINANCIAL	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WAYPOINTE OPERATIONAL SERVICES LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR WAYPOINTE OPERATIONAL	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CAPUTO INSURANCE AGENCY, INC.	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR CAPUTO INSURANCE AGEN	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LIFE VA. LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR LIFE VA. LLC	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN MARGUERITA M. CHENG	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN MARGUERITA M. CHENG	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN MICHAEL MATUS	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN MICHAEL MATUS	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR OUTLIER OPERATIONAL SERVICES, LLC	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN FOR OUTLIER OPERATIONAL S	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN PROVENZANO GROUP	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN PROVENZANO GROUP	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN THE HALPIN COMPANY, INC.	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN THE HALPIN COMPANY, INC.	c EIN-PN 34-1832544-001
a	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN SEO AND ASSOCIATES	
b	Name of plan sponsor	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN SEO AND ASSOCIATES	c EIN-PN 34-1832544-001

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 EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN CJR CONSULTING LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN CJR CONSULTING LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN KUPAA OPERATIONAL SUPPORT, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN KUPAA OPERATIONAL SUPPORT	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN SWAG PRO LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN SWAG PRO LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN C.D.A. OPERATIONAL SUPPORT, LLC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN C.D.A. OPERATIONAL SUPPOR	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN BLAIR CAPITAL GROUP, LLC DBA SAGE PRIVATE WEALTH SERVIC	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN BLAIR CAPITAL GROUP, LLC	c EIN-PN 34-1832544-001
a	Plan name EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN TEMPLATE	
b	Name of plan sponsor EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN TEMPLATE	c EIN-PN 34-1832544-001
a	Plan name FF SCREW PRODUCTS, INC. PS PLAN	
b	Name of plan sponsor FF SCREW PRODUCTS, INC. PS PLAN	c EIN-PN 06-0969528-001
a	Plan name STARFISH PARTNERS 401(K) PLAN	
b	Name of plan sponsor STARFISH PARTNERS 401(K) PLAN	c EIN-PN 75-1773066-001
a	Plan name SCREENBEAM INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SCREENBEAM INC. 401(K) SAVINGS PLAN	c EIN-PN 84-2325892-001
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 BLACK STONE NATURAL RESOURCES MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor BLACK STONE NATURAL RESOURCES MANAGEMENT COMPANY 401(K) PLAN	c EIN-PN 76-0499297-001
a	Plan name TRANSDIGM INC. 401(K) PLAN	
b	Name of plan sponsor TRANSDIGM INC. 401(K) PLAN	c EIN-PN 34-1750032-001

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	HOTCHKISS INSURANCE MANAGERS, LLC 401(K) PLAN	
b	Name of plan sponsor	HOTCHKISS INSURANCE MANAGERS, LLC 401(K) PLAN	c EIN-PN 90-0341290-001
a	Plan name	CHIQUITA/FRESH EXPRESS SAVINGS AND INVESTMENT PLAN FEX	
b	Name of plan sponsor	CHIQUITA/FRESH EXPRESS SAVINGS AND INVESTMENT PLAN FEX	c EIN-PN 94-2591533-001
a	Plan name	CHIQUITA/FRESH EXPRESS SAVINGS AND INVESTMENT PLAN CHQ	
b	Name of plan sponsor	CHIQUITA/FRESH EXPRESS SAVINGS AND INVESTMENT PLAN CHQ	c EIN-PN 04-1923360-001
a	Plan name	FRESH EXPRESS PLANT WORKERS SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	FRESH EXPRESS PLANT WORKERS SAVINGS AND INVESTMENT PLAN	c EIN-PN 94-2591533-001
a	Plan name	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN	
b	Name of plan sponsor	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN	c EIN-PN 94-2918781-001
a	Plan name	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN AUTOMOTIVE	
b	Name of plan sponsor	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN AUTOMOTIVE	c EIN-PN 94-2918781-001
a	Plan name	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN COMPOSITES	
b	Name of plan sponsor	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN COMPOSITES	c EIN-PN 94-2918781-001
a	Plan name	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN METAL BELL	
b	Name of plan sponsor	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN METAL BELL	c EIN-PN 94-2918781-001
a	Plan name	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN JET	
b	Name of plan sponsor	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN JET	c EIN-PN 94-2918781-001
a	Plan name	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN SSP	
b	Name of plan sponsor	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN SSP	c EIN-PN 94-2918781-001
a	Plan name	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN KETEMA	
b	Name of plan sponsor	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN KETEMA	c EIN-PN 94-2918781-001
a	Plan name	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN HOSE	
b	Name of plan sponsor	SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN HOSE	c EIN-PN 94-2918781-001

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 SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN PATHWAY, TX	
b	Name of plan sponsor SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN PATHWAY, T	c EIN-PN 94-2918781-001
a	Plan name SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN PATHWAY, TN	
b	Name of plan sponsor SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN PATHWAY, T	c EIN-PN 94-2918781-001
a	Plan name SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN STERLING MA	
b	Name of plan sponsor SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN STERLING M	c EIN-PN 94-2918781-001
a	Plan name SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN AMT	
b	Name of plan sponsor SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN AMT	c EIN-PN 94-2918781-001
a	Plan name SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN CAPO	
b	Name of plan sponsor SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN CAPO	c EIN-PN 94-2918781-001
a	Plan name SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN ABSOLUTE	
b	Name of plan sponsor SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN ABSOLUTE	c EIN-PN 94-2918781-001
a	Plan name SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN WAHLCOMETROFLEX	
b	Name of plan sponsor SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN WAHLCOMETR	c EIN-PN 94-2918781-001
a	Plan name SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN GA PRECISI	
b	Name of plan sponsor SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN GA PRECISI	c EIN-PN 94-2918781-001
a	Plan name SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN DAMAR	
b	Name of plan sponsor SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN DAMAR	c EIN-PN 94-2918781-001
a	Plan name SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN STEICO	
b	Name of plan sponsor SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN STEICO	c EIN-PN 94-2918781-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF CMSU BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CMSU BEHAVIORAL HEA	
b	Name of plan sponsor RETIREMENT PLAN FOR EMPLOYEES OF CMSU BEHAVIORAL HEALTH AND DEVELOPMEN	c EIN-PN 23-1867460-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF CMSU BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES COLUMBIAMONTOURSN	
b	Name of plan sponsor RETIREMENT PLAN FOR EMPLOYEES OF CMSU BEHAVIORAL HEALTH AND DEVELOPMEN	c EIN-PN 23-1867460-001

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 CMSU BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES 457(B) PLAN COLUMBIAMONTOURSNYDERUNION	
b	Name of plan sponsor CMSU BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES 457(B) PLAN COLUMBIA	c EIN-PN 23-1867460-001
a	Plan name NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN AGRARIA INSURANCE COMPANY	
b	Name of plan sponsor NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN AGRARIA INSURA	c EIN-PN 45-0214096-001
a	Plan name NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN FARMERS UNION SERVICE ASSOCIATION	
b	Name of plan sponsor NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN FARMERS UNION	c EIN-PN 45-0133342-001
a	Plan name NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN EDUCATIONAL AND COOPERATIVE UNION	
b	Name of plan sponsor NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN EDUCATIONAL AN	c EIN-PN 45-0130613-001
a	Plan name NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN FARMERS UNION MUTUAL INSURANCEAR	
b	Name of plan sponsor NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN FARMERS UNION	c EIN-PN 71-0055000-001
a	Plan name AGRARIA 401(K) PLAN AGRARIA	
b	Name of plan sponsor AGRARIA 401(K) PLAN AGRARIA	c EIN-PN 14-1942639-001
a	Plan name KOELLER NEBEKER CARLSON AND HALUCK, LLP 401(K) PLAN	
b	Name of plan sponsor KOELLER NEBEKER CARLSON AND HALUCK, LLP 401(K) PLAN	c EIN-PN 33-0203014-001
a	Plan name FELIX SCHOELLER NORTH AMERICA, INC. SALARIED SAVINGS PLAN FELIX SCHOELLER NORTH AMERICA, INC.	
b	Name of plan sponsor FELIX SCHOELLER NORTH AMERICA, INC. SALARIED SAVINGS PLAN FELIX SCHOEL	c EIN-PN 38-1685745-001
a	Plan name FELIX SCHOELLER NORTH AMERICA, INC. SAVINGS PLAN FOR HOURLY RATED EMPLOYEES FELIX SCHOELLER NORTH AM	
b	Name of plan sponsor FELIX SCHOELLER NORTH AMERICA, INC. SAVINGS PLAN FOR HOURLY RATED EMPL	c EIN-PN 38-1685745-001
a	Plan name GABLES RESIDENTIAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor GABLES RESIDENTIAL SERVICES, INC. 401(K) PLAN	c EIN-PN 75-2517913-001
a	Plan name SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN SOLAR ATMOSPHERES INC.	
b	Name of plan sponsor SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN SOLAR ATMOSPHERES INC.	c EIN-PN 23-2363698-001
a	Plan name SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN WEST	
b	Name of plan sponsor SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN WEST	c EIN-PN 23-3061123-001

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	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN MFG	
b	Name of plan sponsor	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN MFG	c EIN-PN 72-1531379-001
a	Plan name	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN MSI	
b	Name of plan sponsor	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN MSI	c EIN-PN 72-1609554-001
a	Plan name	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN CA	
b	Name of plan sponsor	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN CA	c EIN-PN 20-8704766-001
a	Plan name	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN SOLAR ATMOSPHERES SOUTHEAST, INC.	
b	Name of plan sponsor	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN SOLAR ATMOSPHERES SOUT	c EIN-PN 47-1062660-001
a	Plan name	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN SOLAR MANAGEMENT SERVICES, INC	
b	Name of plan sponsor	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN SOLAR MANAGEMENT SERVI	c EIN-PN 81-3059316-001
a	Plan name	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN SOLAR ATMOSPHERES OF MICHIGAN,	
b	Name of plan sponsor	SOLAR ATMOSPHERES INC. 401K PROFIT SHARING PLAN SOLAR ATMOSPHERES OF M	c EIN-PN 88-2933864-001
a	Plan name	ABM HOLDINGS, CO., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABM HOLDINGS, CO., 401(K) PROFIT SHARING PLAN	c EIN-PN 46-1425602-001
a	Plan name	HBC EMPLOYEES TRUST	
b	Name of plan sponsor	HBC EMPLOYEES TRUST	c EIN-PN 04-1123650-001
a	Plan name	HORIZON BEVERAGE CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HORIZON BEVERAGE CO., INC. 401(K) RETIREMENT PLAN	c EIN-PN 04-1123650-001
a	Plan name	HORIZON BEVERAGE OF RHODE ISLAND 401(K) PLAN	
b	Name of plan sponsor	HORIZON BEVERAGE OF RHODE ISLAND 401(K) PLAN	c EIN-PN 05-0305565-001
a	Plan name	GALLOWAY, INC. AND AFFILIATED EMPLOYERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GALLOWAY, INC. AND AFFILIATED EMPLOYERS 401(K) SAVINGS PLAN	c EIN-PN 13-3728651-001
a	Plan name	MIB GROUP HOLDINGS INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MIB GROUP HOLDINGS INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 86-3775868-001

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 ANDERSON, MIKOS EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor ANDERSON, MIKOS EMPLOYEES 401(K) SAVINGS PLAN	c EIN-PN 36-3367188-001
a	Plan name KNOWLTON TECHNOLOGIES, LLC UNION PLAN	
b	Name of plan sponsor KNOWLTON TECHNOLOGIES, LLC UNION PLAN	c EIN-PN 47-1424475-001
a	Plan name KNOWLTON TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor KNOWLTON TECHNOLOGIES, LLC 401(K) PLAN	c EIN-PN 47-1424475-001
a	Plan name CACHEAUX, CAVAZOS AND NEWTON LLP 401(K) PLAN	
b	Name of plan sponsor CACHEAUX, CAVAZOS AND NEWTON LLP 401(K) PLAN	c EIN-PN 74-2720417-001
a	Plan name SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN SPENCER AEROSPACE	
b	Name of plan sponsor SENIOR OPERATIONS LLC 401(K) PROFIT SHARING INVESTMENT PLAN SPENCER AE	c EIN-PN 94-2918781-001
a	Plan name SYSTEMS TECHNOLOGY, INC. 401(K) EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor SYSTEMS TECHNOLOGY, INC. 401(K) EMPLOYEE STOCK OWNERSHIP PLAN	c EIN-PN 95-1957989-001
a	Plan name MILLER CABLE COMPANY 401(K) PLAN	
b	Name of plan sponsor MILLER CABLE COMPANY 401(K) PLAN	c EIN-PN 34-1577801-001
a	Plan name EMPLOYEE 401(K) THRIFT PLAN OF PCL CONSTRUCTION ENTERPRISES, INC.	
b	Name of plan sponsor EMPLOYEE 401(K) THRIFT PLAN OF PCL CONSTRUCTION ENTERPRISES, INC.	c EIN-PN 27-4004301-001
a	Plan name HOURLY EMPLOYEES 401(K) THRIFT PLAN OF PCL INFRASTRUCTURE MANAGEMENT, INC.	
b	Name of plan sponsor HOURLY EMPLOYEES 401(K) THRIFT PLAN OF PCL INFRASTRUCTURE MANAGEMENT,	c EIN-PN 27-4004301-001
a	Plan name HOURLY EMPLOYEE 401K THRIFT PLAN OF PCL CONSTRUCTION SERVICES, INC.	
b	Name of plan sponsor HOURLY EMPLOYEE 401K THRIFT PLAN OF PCL CONSTRUCTION SERVICES, INC.	c EIN-PN 27-4004301-001
a	Plan name THE NASSAL COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE NASSAL COMPANY 401(K) SAVINGS PLAN	c EIN-PN 27-4004301-001
a	Plan name CEDAR GATE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor CEDAR GATE TECHNOLOGIES 401(K) PLAN	c EIN-PN 83-1798988-001

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 HOURLY EMPLOYEE'S 401(K) THRIFT PLAN OF PCL INDUSTRIAL MANAGEMENT CO.	
b	Name of plan sponsor HOURLY EMPLOYEES 401(K) THRIFT PLAN OF PCL INDUSTRIAL MANAGEMENT CO.	c EIN-PN 27-4004392-001
a	Plan name ELECTRA LINK, INC. 401(K) PLAN	
b	Name of plan sponsor ELECTRA LINK, INC. 401(K) PLAN	c EIN-PN 76-0151304-001
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 PROFESSIONAL PACKAGING SYSTEMS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PROFESSIONAL PACKAGING SYSTEMS, LLC 401(K) PROFIT SHARING PLAN AND TRU	c EIN-PN 75-1728943-001
a	Plan name JACKSON SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JACKSON SERVICES, INC. 401(K) RETIREMENT PLAN	c EIN-PN 47-0591228-001
a	Plan name WEXFORD HEALTH SOURCES, INC. UNION EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor WEXFORD HEALTH SOURCES, INC. UNION EMPLOYEES RETIREMENT PLAN	c EIN-PN 59-2363973-001
a	Plan name WEXFORD HEALTH SOURCES, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor WEXFORD HEALTH SOURCES, INC. EMPLOYEES RETIREMENT PLAN	c EIN-PN 59-2363973-001
a	Plan name YAI NETWORK AFFILIATES 401(A) PLAN	
b	Name of plan sponsor YAI NETWORK AFFILIATES 401(A) PLAN	c EIN-PN 11-2030172-001
a	Plan name CITY OF AOPKA FIRE RET TRUST FUND	
b	Name of plan sponsor CITY OF AOPKA FIRE RET TRUST FUND	c EIN-PN 59-6000265-888
a	Plan name CITY OF AOPKA GENERAL RET TRUST FUND	
b	Name of plan sponsor CITY OF AOPKA GENERAL RET TRUST FUND	c EIN-PN 59-6000265-888
a	Plan name CITY OF AOPKA POLICE RET TRUST FUND	
b	Name of plan sponsor CITY OF AOPKA POLICE RET TRUST FUND	c EIN-PN 59-6000265-888
a	Plan name DYNO NOBEL INC DB PENSION PLAN I	
b	Name of plan sponsor DYNO NOBEL INC DB PENSION PLAN I	c EIN-PN 87-0409179-001

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	DYNO NOBEL INC DB PENSION PLAN II	
b Name of plan sponsor	DYNO NOBEL INC DB PENSION PLAN II	c EIN-PN 87-0409179-001

a Plan name	GREAT RIVER HYDRO NON UNION PLAN	
b Name of plan sponsor	GREAT RIVER HYDRO NON UNION PLAN	c EIN-PN 98-0435819-001

a Plan name	GREAT RIVER HYDRO UNION PLAN	
b Name of plan sponsor	GREAT RIVER HYDRO UNION PLAN	c EIN-PN 98-0435819-001

a Plan name	WICOR AMERICAS GROUP PENSION	
b Name of plan sponsor	WICOR AMERICAS GROUP PENSION	c EIN-PN 06-1095018-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan COLUMBIA DIVIDEND VALUE (SA4AT)	B Three-digit plan number (PN) ▶ 785
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)	1314316
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	29257745
(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)	1058039194
(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	1042451097	1088611255
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1337179	201086
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1337179	201086
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1041113918	1088410169

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)	1583031	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1583031
(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)	25560959	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25560959
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	96348240	
(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)	31238620	
(B) Other.....	2b(5)(B)		
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		154730850

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)	99158	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	4793162	
(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)	29471	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4921791
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4921791

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		149809059
l Transfers of assets:			
(1) To this plan	2l(1)		351622829
(2) From this plan	2l(2)		454135637

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 _____.