

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: GOLDMAN SACHS MID-CAP OPPORTUNITIES RET OPT
1b Three-digit plan number (PN): 147
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <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 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 _____ (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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>GOLDMAN SACHS MID-CAP OPPORTUNITIES RET OPT</u>		B Three-digit plan number (PN) ▶	<u>147</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>39-0989781</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)

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

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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	EPPY'S DRUG 401(K)
b	Name of plan sponsor	EPPY'S DRUG STORE, INC.
c	EIN-PN	55-0607772-001
a	Plan name	HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	HENSLEY LAMKIN RACHEL, INC.
c	EIN-PN	75-2377361-001
a	Plan name	ASSOCIATED INSURANCE BROKERS, INC. 401(K) PLAN
b	Name of plan sponsor	ASSOCIATED INSURANCE BROKERS, INC. DBA PACIFIC INTERSTATE INSURANCE
c	EIN-PN	77-0382488-001
a	Plan name	RINAUDO ENTERPRISES, INC. 401(K) PLAN
b	Name of plan sponsor	RINAUDO ENTERPRISES, INC.
c	EIN-PN	59-3384145-001
a	Plan name	RUGS AS ART, INC. 401(K) PLAN
b	Name of plan sponsor	RUGS AS ART, INC.
c	EIN-PN	65-0261601-001
a	Plan name	GRAY, SALT & ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GRAY, SALT & ASSOCIATES, LLP
c	EIN-PN	45-0606931-001
a	Plan name	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN
b	Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.
c	EIN-PN	38-3601887-001
a	Plan name	QESSENTIAL MEDICAL MARKET RESEARCH, LLC 401(K) PLAN
b	Name of plan sponsor	QESSENTIAL MEDICAL MARKET RESEARCH, LLC
c	EIN-PN	87-3863389-001
a	Plan name	FABIAN A RAMOS MD PLLC 401(K) PLAN
b	Name of plan sponsor	FABIAN A RAMOS MD PLLC
c	EIN-PN	20-1861799-001
a	Plan name	BEACON HILL AT EASTGATE RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	BEACON HILL AT EASTGATE
c	EIN-PN	38-1586704-002
a	Plan name	VETERINARY SURGICAL SPECIALISTS RETIREMENT TRUST
b	Name of plan sponsor	VETERINARY SURGICAL SPECIALISTS
c	EIN-PN	36-4893102-001
a	Plan name	TREASURE FIRE EQUIPMENT 401(K) PLAN
b	Name of plan sponsor	TREASURE FIRE EQUIPMENT, INC.
c	EIN-PN	87-0656861-001

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 CINDERELLA DIVINE INC. RETIREMENT PLAN	
b	Name of plan sponsor CINDERELLA DIVINE, INC.	c EIN-PN 20-4533301-002
a	Plan name LUKE DRAILY CONSTRUCTION CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor LUKE DRAILY CONSTRUCTION COMPANY, INC.	c EIN-PN 43-1796529-001
a	Plan name BLOCK MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor KPB ENTERPRISES, INC.	c EIN-PN 20-2032251-001
a	Plan name BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BNL INDUSTRIES, INC.	c EIN-PN 06-1226220-001
a	Plan name CALVARY CHRISTIAN SCHOOL 401(K) PLAN	
b	Name of plan sponsor CALVARY CHRISTIAN SCHOOL	c EIN-PN 58-1259865-001
a	Plan name CAMRETT COMPANIES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor CAMRETT LOGISTICS, INC.	c EIN-PN 54-1747281-001
a	Plan name DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEVINE ORGANICS LLC	c EIN-PN 46-1867921-001
a	Plan name DIAKON LOGISTICS 401(K) PLAN	
b	Name of plan sponsor DIAKON LOGISTICS, INC.	c EIN-PN 20-0446970-001
a	Plan name DIAMOND EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor DIAMOND EQUIPMENT, INC.	c EIN-PN 35-1161961-001
a	Plan name FOUZER ENVIRONMENTAL SERVICES, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FOUZER ENVIRONMENTAL SERVICES, LTD	c EIN-PN 61-1160042-001
a	Plan name FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRANK MARTIN SONS, INC.	c EIN-PN 01-0279609-003
a	Plan name FRANTZ, INC. 401(K) PLAN	
b	Name of plan sponsor FRANTZ, INC.	c EIN-PN 61-0436803-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GOPATH 401(K) PLAN	
b	Name of plan sponsor GOPATH GLOBAL LLC	c EIN-PN 27-1105704-001
a	Plan name HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA MONEY PURCHASE RETIREMENT PLAN	
b	Name of plan sponsor HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA	c EIN-PN 02-1234567-001
a	Plan name HOWARD FINISHING, LLC RETIREMENT PLAN	
b	Name of plan sponsor HOWARD FINISHING, LLC	c EIN-PN 03-0383740-001
a	Plan name J & J HEATING & AIR CONDITIONING, INC. 401(K) PLAN	
b	Name of plan sponsor J & J HEATING & AIR CONDITIONING, INC.	c EIN-PN 04-2488433-001
a	Plan name KEITH A. COHRS D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor KEITH A. COHRS D.D.S., P.C.	c EIN-PN 20-2818829-001
a	Plan name MARCHIONDA & FERRER 401(K) PLAN	
b	Name of plan sponsor MARCHIONDA & FERRER, P.A.	c EIN-PN 22-3261359-001
a	Plan name MARCOS CONSTRUCTION, INC. CASH BALANCE PLAN	
b	Name of plan sponsor MARCOS CONSTRUCTIONS INC.	c EIN-PN 68-0512537-002
a	Plan name NORTHWEST ELECTRIC OF VANCOUVER, INC. 401(K) PLAN	
b	Name of plan sponsor NORTHWEST ELECTRIC OF VANCOUVER, INC.	c EIN-PN 20-8108991-001
a	Plan name PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY LLC	c EIN-PN 26-1612259-001
a	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	c EIN-PN 88-0163638-001
a	Plan name RFNRCPAS RETIREMENT PLAN	
b	Name of plan sponsor RFNR, LLP	c EIN-PN 95-4664923-001
a	Plan name STEVENS TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor STEVENS TRANSPORTATION, INC.	c EIN-PN 77-0009655-001

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	VREELAND ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	VREELAND ENGINEERS, INCORPORATED	c EIN-PN 62-1480752-001
a	Plan name	W. M. DILLARD & ASSOCIATES, L. P. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	W. M. DILLARD & ASSOCIATES, L. P.	c EIN-PN 76-0175692-001
a	Plan name	W/S MACHINE & TOOL, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	W/S MACHINE & TOOL, INC.	c EIN-PN 39-1764609-001
a	Plan name	YARBROUGH ELECTRONICS SALES, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	YARBROUGH ELECTRONICS SALES	c EIN-PN 86-0911466-001
a	Plan name	AZTECS TELECOM, INC. 401(K) PLAN	
b	Name of plan sponsor	AZTECS TELECOM, INC.	c EIN-PN 33-0915556-001
a	Plan name	B & D LAW OFFICES 401(K) PLAN	
b	Name of plan sponsor	B & D LAW OFFICES, P.C.	c EIN-PN 87-3361600-001
a	Plan name	DIDAX, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIDAX, INC.	c EIN-PN 04-2599602-001
a	Plan name	EDGE ADHESIVES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EDGE ADHESIVES HOLDING, INC.	c EIN-PN 27-1980935-001
a	Plan name	FRAZIER & SABIN, LLP 401(K) PLAN	
b	Name of plan sponsor	FRAZIER & SABIN, LLP	c EIN-PN 37-1137275-001
a	Plan name	FRED LAU HAWAIIAN LANDSCAPE CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	FRED LAU HAWAIIAN LANDSCAPE CO., INC.	c EIN-PN 99-0321837-002
a	Plan name	JACK YATES DRYWALL PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK YATES DRYWALL	c EIN-PN 27-1959275-001
a	Plan name	JAG, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JAG, INC.	c EIN-PN 20-4383697-001

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 KENTCO HEATING & COOLING, LLC PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor KENTCO HEATING AND COOLING, LLC	c EIN-PN 20-3611884-001
a	Plan name LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION	c EIN-PN 95-3308709-001
a	Plan name LEE-SURE POOLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEE-SURE POOLS, INC.	c EIN-PN 85-0254390-001
a	Plan name LEEDCO INTERIOR SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LEEDCO INTERIOR SYSTEMS, INC.	c EIN-PN 61-0900219-001
a	Plan name MARIO SUSI & SON, INC. 401(K) PLAN	
b	Name of plan sponsor MARIO SUSI & SON, INC.	c EIN-PN 04-2213066-003
a	Plan name METRO FENCE CO., INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor METRO FENCE COMPANY, INC.	c EIN-PN 74-6514295-001
a	Plan name METROPOLITAN GLASS COMPANY, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor METROPOLITAN GLASS CO., INC.	c EIN-PN 63-0795468-001
a	Plan name MOUNTAIN WEST HOLDING CO. 401(K) PLAN AND TRUST	
b	Name of plan sponsor MOUNTAIN WEST HOLDING CO.	c EIN-PN 26-4507278-001
a	Plan name MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor MOXY MANAGEMENT COMPANY, LLC	c EIN-PN 99-0431387-002
a	Plan name PIERCE PACKAGING COMPANY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PIERCE PACKAGING COMPANY INC.	c EIN-PN 36-4161206-001
a	Plan name RICHARD GROUP 401(K) PLAN	
b	Name of plan sponsor RICHARD GROUP, LLC	c EIN-PN 46-1249708-001
a	Plan name STRATEGIC CONTRACTING SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor STRATEGIC CONTRACTING SERVICES INC.	c EIN-PN 20-8612710-001

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 ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ART OF MANAGEMENT, LLP	c EIN-PN 47-2620180-001
a	Plan name	TIBRIO LLC 401(K) PLAN	
b	Name of plan sponsor	TIBRIO LLC	c EIN-PN 81-0719473-001
a	Plan name	VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
b	Name of plan sponsor	VACCINE RESEARCH INSTITUTE OF SAN DIEGO	c EIN-PN 33-0903864-001
a	Plan name	VALLEY AIR CRAFTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL SCHOENAU DBA VALLEY AIR CRAFTS	c EIN-PN 33-1129677-001
a	Plan name	VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	c EIN-PN 22-3220586-001
a	Plan name	WALEED MARI & ASSOCIATES SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALEED MARI & ASSOCIATES	c EIN-PN 77-0453687-001
a	Plan name	401(K) & PROFIT SHARING PLAN FOR HLP PROFESSIONALS, INC.	
b	Name of plan sponsor	HLP PROFESSIONALS, INC.	c EIN-PN 33-0943776-001
a	Plan name	401(K) & PROFIT SHARING PLAN FOR KYLE HUNT & PARTNERS, INC.	
b	Name of plan sponsor	KYLE HUNT & PARTNERS, INC.	c EIN-PN 41-1800701-001
a	Plan name	AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor	AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001
a	Plan name	CHELDAN HOMES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CHELDAN HOMES	c EIN-PN 75-2508204-001
a	Plan name	COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	COMMUNITY STATE BANK	c EIN-PN 26-0620241-001
a	Plan name	D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	D R SUMMIT WEALTH MANAGEMENT, INC.	c EIN-PN 27-1552262-001

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 LEHMAN DAMAN CONSTRUCTION SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEHMAN DAMAN CONSTRUCTION SERVICES, INC.	c EIN-PN 31-1123984-001
a	Plan name LEINGANG HOME CENTER 401(K) PLAN	
b	Name of plan sponsor LEINGANG GROUP, INC. D/B/A LEINGANG HOME CENTER	c EIN-PN 46-3955538-001
a	Plan name MPI ENGINEERED TECHNOLOGIES, LLC 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879993-777
a	Plan name MPI ENGINEERED TECHNOLOGIES, LLC USW INDIANA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879994-002
a	Plan name MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MS INTERNATIONAL, INC.	c EIN-PN 35-1562013-003
a	Plan name ONEGENERATION 401(K) PLAN	
b	Name of plan sponsor ONEGENERATION	c EIN-PN 95-4066979-001
a	Plan name PLAN DE RETIRO 1081.01(D) PARA EMPLEADOS DE GOYA DE PUERTO RICO, INC.	
b	Name of plan sponsor GOYA DE PUERTO RICO, INC.	c EIN-PN 66-0429097-002
a	Plan name PMLG 401(K)	
b	Name of plan sponsor PROJECT MANAGEMENT LEADERSHIP GROUP, INC.	c EIN-PN 91-1885751-002
a	Plan name RAPT 401(K) PLAN	
b	Name of plan sponsor RICHMOND AUTO PARTS TECHNOLOGY, INC.	c EIN-PN 61-1321586-001
a	Plan name TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRINITY DIRECT, LLC	c EIN-PN 22-3499334-001
a	Plan name TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRIPLE H FOOD PROCESSORS, LLC.	c EIN-PN 47-4431714-001
a	Plan name WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001

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	A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	A CENTER FOR VISIONCARE	c EIN-PN 95-4435884-001
a	Plan name	A. LOUIS ROSADO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A. LOUIS ROSADO, INC. C/O HRI	c EIN-PN 04-2517982-001
a	Plan name	BARBARA E. WHITWORTH, D.D.S. 401(K) PLAN	
b	Name of plan sponsor	BARBARA E. WHITWORTH, D.D.S.	c EIN-PN 75-2633818-001
a	Plan name	BUCS ANALYTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUCS, LLC DBA BUCS ANALYTICS	c EIN-PN 68-0641573-001
a	Plan name	BUDGET DRY WATERPROOFING INC. 401(K) PLAN	
b	Name of plan sponsor	BUDGET DRY WATERPROOFING, INC.	c EIN-PN 20-8805605-001
a	Plan name	BUILDERS STEEL SERVICE, INC. 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor	BUILDER'S STEEL SERVICE, INC.	c EIN-PN 34-1719798-002
a	Plan name	CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHESLER CONSTRUCTION, INC.	c EIN-PN 68-0378142-002
a	Plan name	CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILDREN'S RECEIVING HOME OF SACRAMENTO	c EIN-PN 94-1322166-001
a	Plan name	CORRA 401(K) PLAN	
b	Name of plan sponsor	CORRA	c EIN-PN 04-3819932-001
a	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001
a	Plan name	GUYMON MACHINING & FABRICATION, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	GUYMON MACHINING & FABRICATION INC	c EIN-PN 82-0461511-001
a	Plan name	HY-TEST SAFETY SHOE SERVICE, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HY-TEST SAFETY SHOE SERVICE, INC.	c EIN-PN 39-1533534-001

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	HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	HYPOTENUSE, INC. DBA SURVEYUSA	c EIN-PN 13-3592138-001
a	Plan name	AAA MODERN AIR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AAA MODERN AIR INC.	c EIN-PN 59-2300160-001
a	Plan name	AACTION RENTS PROFIT SHARING PLAN	
b	Name of plan sponsor	GRILL BROTHERS PARTNERSHIP DBA AACTION RENTS	c EIN-PN 94-2373673-001
a	Plan name	BASNEY DEALER GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BASNEY IMPORTS, INC.	c EIN-PN 35-1283526-001
a	Plan name	CHIROPRACTIC PLUS OF TRICITIES, P.C. 401(K) PLAN	
b	Name of plan sponsor	CHIROPRACTIC PLUS OF TRICITIES, P.C.	c EIN-PN 20-3867928-001
a	Plan name	DOERRE CONSTRUCTION CO., LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOERRE CONSTRUCTION CO., LLC	c EIN-PN 56-2177316-001
a	Plan name	GARDEN CITY EYE CARE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GARDEN CITY EYE CARE, INC.	c EIN-PN 05-0464416-001
a	Plan name	GARRY L. JOHNSON & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GARRY L. JOHNSON & ASSOCIATES, INC.	c EIN-PN 86-0616252-001
a	Plan name	H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	H.V.A.C. MECHANICAL, INC.	c EIN-PN 33-0842894-001
a	Plan name	HAGEN INSURANCE 401(K) PLAN	
b	Name of plan sponsor	HO'O ILINA, INC. DBA HAGEN INSURANCE	c EIN-PN 51-0640656-001
a	Plan name	JOHNSON-FRANK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON-FRANK & ASSOCIATES, INC.	c EIN-PN 95-3086260-001
a	Plan name	LEVIN LEGAL GROUP, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVIN LEGAL GROUP, P.C.	c EIN-PN 23-2830283-001

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	LIBB COMPANY 401(K) PLAN	
b	Name of plan sponsor	LIBB COMPANY, INC.	c EIN-PN 34-1115976-001
a	Plan name	LINCOLN FOUNDRY, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LINCOLN FOUNDRY, INC.	c EIN-PN 25-1255600-001
a	Plan name	MCCUTCHEON AGENCY LTD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MCCUTCHEON INSURANCE AGENCY LTD	c EIN-PN 36-3087849-001
a	Plan name	MCDERMOTT-COSTA, INC. 401(K) PLAN	
b	Name of plan sponsor	MCDERMOTT-COSTA CO., INC.	c EIN-PN 94-1375883-002
a	Plan name	MCDUGALL & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MCDUGALL & SONS, INC.	c EIN-PN 91-0978839-001
a	Plan name	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.	c EIN-PN 95-1685796-002
a	Plan name	OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
b	Name of plan sponsor	OREGON COLLEGE OF ORIENTAL MEDICINE	c EIN-PN 93-0845182-001
a	Plan name	POE & CRONK 401(K) PLAN AND TRUST	
b	Name of plan sponsor	POE & CRONK REAL ESTATE GROUP, INC.	c EIN-PN 54-1212380-002
a	Plan name	POINDEXTER NUT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POINDEXTER NUT COMPANY	c EIN-PN 94-2074522-001
a	Plan name	POLYSHOT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	POLYSHOT CORPORATION	c EIN-PN 16-1384222-001
a	Plan name	THE CEDAR RAPIDS DENTAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CEDAR RAPIDS DENTAL CENTER	c EIN-PN 42-1012892-002
a	Plan name	THE CENTER FOR LEARNING UNLIMITED 401(K) PLAN	
b	Name of plan sponsor	THE CENTER FOR LEARNING UNLIMITED	c EIN-PN 33-0960142-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TRUE LINE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE LINE, INC.	c EIN-PN 55-0651663-001
a	Plan name	TRUSTCO, INC. TAX-FAVORED SAVINGS PLAN	
b	Name of plan sponsor	TRUSTCO, INC.	c EIN-PN 87-0295837-001
a	Plan name	TRUXAW & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	JOSEPH C. TRUXAW AND ASSOCIATES, INC.	c EIN-PN 95-2992708-001
a	Plan name	WATTS COPY SYSTEMS, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WATTS COPY SYSTEMS, INC.	c EIN-PN 37-1117989-001
a	Plan name	WAY HOLDING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WAY HOLDING, LLC	c EIN-PN 76-0207435-001
a	Plan name	ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777
a	Plan name	ALL AIR MECHANICAL CONTRACTOR INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	ALL AIR MECHANICAL CONTRACTOR, INC.	c EIN-PN 20-5664372-001
a	Plan name	ARTERIOCYTE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ARTERIOCYTE, INC.	c EIN-PN 26-1272740-001
a	Plan name	BORCHARDT, CORONA & FAETH 401(K) PLAN	
b	Name of plan sponsor	BORCHARDT, CORONA & FAETH	c EIN-PN 77-0144125-001
a	Plan name	BOURNE ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOURNE ENTERPRISES, INC.	c EIN-PN 04-2489300-001
a	Plan name	BOYESEN, INC 401(K) PLAN	
b	Name of plan sponsor	BOYESEN, INC.	c EIN-PN 23-2749409-001
a	Plan name	CAR-X AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor	CAR-X AUTO SERVICE	c EIN-PN 74-3022523-001

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	D.E.S., INC. 401(K) PLAN	
b	Name of plan sponsor	DIVERSIFIED ENVIRONMENTAL SERVICES, INC.	c EIN-PN 59-3055432-001
a	Plan name	DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAIRY-MIX, INC.	c EIN-PN 59-0659640-001
a	Plan name	EL PASO INTEGRATED PHYSICIANS GROUP, P.A. 401(K) PLAN	
b	Name of plan sponsor	EL PASO INTEGRATED PHYSICIANS GROUP, P.A.	c EIN-PN 74-2838972-001
a	Plan name	GEIGER CONSTRUCTION PRODUCTS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	GEIGER CONSTRUCTION PRODUCTS, INC.	c EIN-PN 31-0734619-001
a	Plan name	GEMINI CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor	GEMINI CORP.	c EIN-PN 45-2731123-001
a	Plan name	IMPACT LABEL CORPORATION EMPLOYEE'S 401(K) SAVINGS PLAN	
b	Name of plan sponsor	IMPACT LABEL CORPORATION	c EIN-PN 38-1746654-002
a	Plan name	INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INDEPENDENCE BANCSHARES, INC.	c EIN-PN 42-1191386-001
a	Plan name	JAPAT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JAPAT, INC.	c EIN-PN 94-2694329-001
a	Plan name	KEYSTONE SPRING SERVICE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	KEYSTONE SPRING SERVICE, INC.	c EIN-PN 25-1329257-002
a	Plan name	KILLION COMMUNICATIONS CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KILLION COMMUNICATIONS CONSULTANTS, INC.	c EIN-PN 37-1367165-001
a	Plan name	KIM & LAVOY, S.C. 401(K) PLAN	
b	Name of plan sponsor	KIM & LAVOY, S.C.	c EIN-PN 20-0771810-001
a	Plan name	LINNEMAN LAW, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	LINNEMAN LAW, LLP	c EIN-PN 94-1165008-001

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	LIVE DEAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LIVE DEAL, INC.	c EIN-PN 85-0206668-001
a	Plan name	MICHAEL L. FITZGERALD INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL L. FITZGERALD INSURANCE SERVICES, INC.	c EIN-PN 20-2103543-001
a	Plan name	MICHIGAN NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHIGAN NEUROLOGY ASSOCIATES, P.C.	c EIN-PN 38-3258019-001
a	Plan name	MY OFFICE, INC. 401(K) PLAN	
b	Name of plan sponsor	MY OFFICE, INC.	c EIN-PN 48-1289900-001
a	Plan name	O'BRIEN BROS. BUSINESS FORMS, INC. 401(K) PLAN	
b	Name of plan sponsor	O'BRIEN BROS. BUSINESS FORMS, INC.	c EIN-PN 36-2796459-001
a	Plan name	PR MANAGEMENT, CORP. RETIREMENT PLAN	
b	Name of plan sponsor	PR MANAGEMENT, CORP.	c EIN-PN 01-0757637-001
a	Plan name	Q3 TECHNOLOGIES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	Q3 TECHNOLOGIES LLC	c EIN-PN 20-4855347-001
a	Plan name	QUALEX MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUALEX MANUFACTURING, LLC	c EIN-PN 61-1273995-001
a	Plan name	QUALITY ASSURED LABEL, INC. SAVINGS PLAN	
b	Name of plan sponsor	QUALITY ASSURED LABEL, INC.	c EIN-PN 41-1492638-002
a	Plan name	SCHOOL MANAGEMENT SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	SCHOOL MANAGEMENT SERVICES, LLC	c EIN-PN 56-2545979-001
a	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLIM CHICKENS	c EIN-PN 45-3985800-001
a	Plan name	TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	c EIN-PN 47-5068498-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name WELSH-HAGEN 401(K) PLAN	
b	Name of plan sponsor WELSH HAGEN	c EIN-PN 45-4918589-001
a	Plan name FLORIDA BUSINESS TECHNOLOGIES LLC 401(K) PLAN	
b	Name of plan sponsor FLORIDA BUSINESS TECHNOLOGIES LLC	c EIN-PN 26-0000350-001
a	Plan name FOLEY EXCAVATING, INC. RETIREMENT PLAN	
b	Name of plan sponsor FOLEY EXCAVATING, INC.	c EIN-PN 25-1810597-001
a	Plan name CCEDA 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION	c EIN-PN 94-3080095-001
a	Plan name CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor CEDAR VALLEY PEDIATRIC DENTISTRY	c EIN-PN 27-0521322-001
a	Plan name KYRA TRANG NGUYEN DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KYRA TRANG NGUYEN, D.D.S., INC.	c EIN-PN 03-0588309-001
a	Plan name LAFATA MANAGEMENT, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor LAFATA MANAGEMENT, INC.	c EIN-PN 20-1965835-001
a	Plan name PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PELION ACTUARIAL SERVICES, INC.	c EIN-PN 45-2927368-001
a	Plan name PELL MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor PELL MANUFACTURING, INC.	c EIN-PN 04-3032603-001
a	Plan name TAG INTERNATIONAL, L.L.P. PROFIT SHARING PLAN	
b	Name of plan sponsor TAG INTERNATIONAL, L.L.P.	c EIN-PN 74-2862644-001
a	Plan name ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001
a	Plan name ACCUTRACK SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ACCUTRACK SERVICES, LLC	c EIN-PN 27-2912487-001

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	LPM ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	LPM ELECTRIC, INC	c EIN-PN 03-0396161-001
a	Plan name	THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST TRUST HOLDINGS, INC.	c EIN-PN 37-1307139-222
a	Plan name	THE FLAH 401(K) PLAN	
b	Name of plan sponsor	CORPORATE PLAN SERVICES, INC.	c EIN-PN 59-2832682-002
a	Plan name	THE FULLINWIDER FIRM, LLC 401(K) PLAN	
b	Name of plan sponsor	THE FULLINWIDER FIRM, LLC	c EIN-PN 46-2738081-001
a	Plan name	ADVANCED MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED MECHANICAL, INC.	c EIN-PN 93-1321840-001
a	Plan name	CNJ, INC. 401(K) PLAN	
b	Name of plan sponsor	CNJ, INC.	c EIN-PN 20-4459124-001
a	Plan name	COD & CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	COD & CAPERS SEAFOOD	c EIN-PN 59-2349811-001
a	Plan name	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	c EIN-PN 04-2178889-001
a	Plan name	TONEMAN COMPANIES EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	TONEMAN COMPANIES	c EIN-PN 95-4626811-001
a	Plan name	TOOH DINEH INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	TOOH DINEH INDUSTRIES, INCORPORATED	c EIN-PN 86-0442648-001
a	Plan name	TOWER CORPORATE CENTER 401(K) PLAN	
b	Name of plan sponsor	TOWER CORPORATE CENTER	c EIN-PN 95-4415249-002
a	Plan name	CONNOLLY, SWITAJ, FOGLER & CO. LLP 401(K) PLAN	
b	Name of plan sponsor	CONNOLLY, SWITAJ, FOGLER & CO. LLP	c EIN-PN 22-2249462-001

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	GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	GREEN HILLS MEMORIAL PARK	c EIN-PN 95-1955721-001
a	Plan name	MASADA HOMES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MASADA HOMES	c EIN-PN 95-2479348-001
a	Plan name	QUIK TRAVEL STAFFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUIK TRAVEL STAFFING, INC.	c EIN-PN 95-4826235-001
a	Plan name	TSM VENTURES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TSM VENTURES, INC.	c EIN-PN 37-0809985-001
a	Plan name	TTL AUTOMOTIVE ENTERPRISES, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	TTL AUTOMOTIVE ENT. INC.	c EIN-PN 68-0461731-001
a	Plan name	TURBO TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TURBO TRANSPORTATION, INC.	c EIN-PN 47-2895452-001
a	Plan name	CRAFT HOUSE PIZZA, LLC 401K SAVINGS PLAN	
b	Name of plan sponsor	CRAFT HOUSE PIZZA, LLC	c EIN-PN 27-3274820-001
a	Plan name	HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HAL HAYS CONSTRUCTION, INC.	c EIN-PN 54-2084366-001
a	Plan name	REDBARN PET PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REDBARN PET PRODUCTS, LLC	c EIN-PN 80-0554839-001
a	Plan name	ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC.	c EIN-PN 94-3295212-002
a	Plan name	ARTHUR Y. MORI & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARTHUR Y. MORI & ASSOCIATES, INC.	c EIN-PN 99-0112411-001
a	Plan name	DATA PATH, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	DATA PATH, INC.	c EIN-PN 90-0242296-001

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	HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HI-TECH LABELS, INC.	c EIN-PN 95-3836900-001
a	Plan name	HICKORY GROVE VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor	TIGHE-ZEMAN EQUIPMENT LLC	c EIN-PN 75-3093043-001
a	Plan name	MID-SOUTH INDUSTRIES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MID-SOUTH INDUSTRIES, INC.	c EIN-PN 63-0495884-001
a	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	c EIN-PN 26-1365260-001
a	Plan name	MID-VALLEY PLUMBING SUPPLY, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	MID-VALLEY PLUMBING SUPPLY, INC.	c EIN-PN 23-1691324-001
a	Plan name	VARSITY STRIPING & CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VARSITY STRIPING & CONSTRUCTION, CO.	c EIN-PN 37-1094788-002
a	Plan name	DEJNO'S, INC. 401(K) PLAN	
b	Name of plan sponsor	DEJNO'S, INC.	c EIN-PN 39-1335924-001
a	Plan name	DEL AMO MOTORSPORTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOO FAST INC. DBA DEL AMO MOTORSPORTS OF REDONDO BEACH	c EIN-PN 33-0546509-001
a	Plan name	MISKO, INC. 401(K) PLAN	
b	Name of plan sponsor	MISKO, INC.	c EIN-PN 23-2506409-001
a	Plan name	MISTLIN MOTORS 401(K) PLAN	
b	Name of plan sponsor	MISTLIN MOTORS	c EIN-PN 94-2540043-001
a	Plan name	VILLAGE OF WOLVERINE LAKE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VILLAGE OF WOLVERINE LAKE	c EIN-PN 38-6024587-003
a	Plan name	NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA	c EIN-PN 36-6001991-001

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 BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BEACON TRI-STATE SOLUTIONS, INC.	c EIN-PN 32-0277555-001
a	Plan name BECK COMPANIES INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor BECK READYMIX CONCRETE COMPANY, INC.	c EIN-PN 74-2341756-001
a	Plan name INNOVATION EDGE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor INNOVATION EDGE	c EIN-PN 20-8196742-002
a	Plan name INNOVATIVE 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE STAMPING CORP.	c EIN-PN 95-3018165-001
a	Plan name SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001
a	Plan name SCOTT A. FISHMAN, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCOTT A. FISHMAN, D.D.S., INC. DBA PEDIATRIC DENTAL ARTS	c EIN-PN 27-1598713-001
a	Plan name SEW MANY PARTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SEW MANY PARTS	c EIN-PN 27-0130750-001
a	Plan name DUPUY'S ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor DUPUY'S ANIMAL HOSPITAL, APVMC	c EIN-PN 20-0356241-001
a	Plan name DWELLINGS ON MADISON 401(K) PLAN	
b	Name of plan sponsor DWELLINGS ON MADISON	c EIN-PN 45-4310435-001
a	Plan name INTERNATIONAL PARKING DESIGN, INC. 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL PARKING DESIGN, INC.	c EIN-PN 95-2696753-003
a	Plan name INTERPRINT INCORPORATED SAVINGS PLAN	
b	Name of plan sponsor INTERPRINT, INC.	c EIN-PN 59-0871253-001
a	Plan name NEW HAMPSHIRE HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW HAMPSHIRE HYDRAULICS, INC.	c EIN-PN 02-0338098-001

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 NEW TITLE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor NEW TITLE SERVICES	c EIN-PN 20-0337649-001
a	Plan name OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name BR&GL CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BR&GL CONSTRUCTION LLC	c EIN-PN 81-2970140-002
a	Plan name BREAKING GROUND EXCAVATION INC. 401(K) PLAN	
b	Name of plan sponsor BREAKING GROUND EXCAVATION INC.	c EIN-PN 91-2118848-001
a	Plan name JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JARMER ELECTRIC, INC.	c EIN-PN 93-0694887-001
a	Plan name JCFA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JCFA	c EIN-PN 27-1822983-001
a	Plan name JCJ, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JCJ, LLP	c EIN-PN 27-4442059-001
a	Plan name OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC 401(K) PLAN	
b	Name of plan sponsor OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC	c EIN-PN 11-3800210-001
a	Plan name OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OUR HOME PHARMACY, INC.	c EIN-PN 27-2618187-001
a	Plan name BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BURROWS WATER PURIFICATION, INC.	c EIN-PN 95-3023432-001
a	Plan name C & C DESIGN OF WISCONSIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor C & C DESIGN OF WISCONSIN, LLC	c EIN-PN 39-1480298-001
a	Plan name EUROSTONE, INC. 401(K) PLAN	
b	Name of plan sponsor EUROSTONE, INC.	c EIN-PN 94-3274951-001

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	EXCHANGE BANK OF MISSOURI RETIREMENT PLAN	
b	Name of plan sponsor	EXCHANGE BANK OF MISSOURI	c EIN-PN 43-0263000-001
a	Plan name	JOLLEY'S COMPOUNDING PHARMACY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JOLLEY'S COMPOUNDING PHARMACY INC.	c EIN-PN 20-0513036-001
a	Plan name	STAFF CONNECTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	MIPRO STAFFING, LLC	c EIN-PN 20-3309316-001
a	Plan name	CARLIN SALES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CARLIN SALES CORPORATION	c EIN-PN 39-1171459-001
a	Plan name	FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	FERNANDES & CHAREST, P.C.	c EIN-PN 04-3099857-001
a	Plan name	KING CHIROPRACTIC RETIREMENT PLAN	
b	Name of plan sponsor	KING CHIROPRACTIC INSTITUTE	c EIN-PN 52-2210480-001
a	Plan name	LUANA GABRIELA BADEA 401(K) PLAN	
b	Name of plan sponsor	LUANA GABRIELA BADEA	c EIN-PN 92-3209762-001
a	Plan name	THE FUN KIDS DENTIST, S.C. 401(K) PLAN	
b	Name of plan sponsor	THE FUN KIDS DENTIST, S.C.	c EIN-PN 39-1238470-001
a	Plan name	THE IMPERIAL HAWAII VACATION CLUB 401(K) PLAN	
b	Name of plan sponsor	THE IMPERIAL HAWAII VACATION CLUB	c EIN-PN 99-0206158-001
a	Plan name	THE JIM O'NEAL FORD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JIM O'NEAL FORD	c EIN-PN 35-1091372-001
a	Plan name	ACOUSTIC CEILING & PARTITION CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ACOUSTIC CEILING & PARTITION CO., INC.	c EIN-PN 38-2627627-006
a	Plan name	GENTILOZZI REAL ESTATE, INC. 401(K) PLAN	
b	Name of plan sponsor	GENTILOZZI REAL ESTATE, INC.	c EIN-PN 38-2361521-001

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 ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVERTISING CONSULTANTS, INC.	c EIN-PN 95-2465409-001
a	Plan name AEIFS 401(K) PLAN	
b	Name of plan sponsor AEIFS INC.	c EIN-PN 54-2087640-001
a	Plan name COLEGIO PUERTORRIQUENO DE NINAS SAVING PLAN	
b	Name of plan sponsor COLEGIO PUERTORRIQUENO DE NINAS	c EIN-PN 66-0204435-001
a	Plan name PRO COM ROOFING CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRO COM ROOFING CORPORATION	c EIN-PN 23-2906707-001
a	Plan name PRO-SAFETY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRO-SAFETY, INC.	c EIN-PN 39-1570779-001
a	Plan name PROACTIVE WEST 401(K) PLAN	
b	Name of plan sponsor PROACTIVE ENGINEERING CONSULTANTS WEST, INC.	c EIN-PN 45-1479995-001
a	Plan name THE SCOTT GROUP BENEFIT SPECIALISTS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE SCOTT GROUP BENEFIT SPECIALISTS, LLC	c EIN-PN 20-2819811-001
a	Plan name CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED CONSTRUCTION CO., INC.	c EIN-PN 20-5220958-001
a	Plan name GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
a	Plan name R. BRET CAMPBELL, DO, PLLC RETIREMENT PLAN	
b	Name of plan sponsor R. BRET CAMPBELL, DO, PLLC	c EIN-PN 80-0111632-001
a	Plan name ANGERMEIER & ROGERS LAW OFFICES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ANGERMEIER & ROGERS LAW OFFICES	c EIN-PN 39-1315157-001
a	Plan name ANTHONY JUDD ANDERSON, MD, PLLC 401(K) PLAN	
b	Name of plan sponsor ANTHONY JUDD ANDERSON, MD, PLLC	c EIN-PN 58-2685551-001

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 HARKRIDER, DEMYAN & RODWELL LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARKRIDER, DEMYAN & RODWELL LLC	c EIN-PN 41-2067761-001
a	Plan name HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001
a	Plan name RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
a	Plan name ULRICHSEN, ROSEN & FREED LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ULRICHSEN ROSEN & FREED LLC	c EIN-PN 20-4413474-001
a	Plan name DAVE SCHMITT CONSTRUCTION COMPANY, INC PROFIT SHARING PLAN	
b	Name of plan sponsor DAVE SCHMITT CONSTRUCTION COMPANY, INC	c EIN-PN 42-0889038-001
a	Plan name HIGHLAND COMMUNITY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor HIGHLAND COMMUNITY MANAGEMENT, LLC	c EIN-PN 59-3383539-001
a	Plan name HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor HIGHPOINT SOLUTIONS, INC.	c EIN-PN 22-3462774-002
a	Plan name MIDICI GROUP, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MIDICI GROUP, LLC	c EIN-PN 47-1810714-001
a	Plan name ROBERT W. JANSEN, DDS & ASSOCIATES, P.C. RETIREMENT PLAN	
b	Name of plan sponsor ROBERT W. JANSEN, DDS & ASSOCIATES, P.C.	c EIN-PN 38-2712051-001
a	Plan name ROBIN II, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROBIN II, INC.	c EIN-PN 39-1314862-001
a	Plan name AUTOMOTIVE TRANSPORT UNION PLAN	
b	Name of plan sponsor VALIANT MANAGEMENT, LLC UNION PLAN	c EIN-PN 20-4853723-001
a	Plan name AUTOMOTIVE TRANSPORTATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RCS TRANSPORTATION, LLC	c EIN-PN 20-2646999-001

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	HOLTORF MEDICAL GROUP, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	HOLTORF MEDICAL GROUP, INC.
c	EIN-PN	52-2401779-002
a	Plan name	MODERN DAIRY, INC. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	MODERN DAIRY, INC.
c	EIN-PN	77-0499501-001
a	Plan name	RUNNING AWAY INCORPORATED 401(K) PLAN
b	Name of plan sponsor	RUNNING AWAY INCORPORATED DBA JOHN'S RUN WALK SHOP
c	EIN-PN	61-0950094-001
a	Plan name	VITECH 401(K) PLAN
b	Name of plan sponsor	ZUKEN VITECH, INC.
c	EIN-PN	54-1636539-001
a	Plan name	BELINDA S. GRANADA DDS CASH BALANCE
b	Name of plan sponsor	BELINDA S. GRANADA DDS PC
c	EIN-PN	47-1502317-002
a	Plan name	BELINDA S. GRANADA DDS PC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BELINDA S. GRANADA DDS PC
c	EIN-PN	47-1502317-001
a	Plan name	DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DRILLING & PRODUCTION CO.
c	EIN-PN	95-0803480-001
a	Plan name	INNOVATIVE TURNAROUND CONTROLS 401(K) PLAN
b	Name of plan sponsor	INNOVATIVE TURNAROUND CONTROLS
c	EIN-PN	20-2435857-001
a	Plan name	SEMILAB USA 401(K) PLAN
b	Name of plan sponsor	SEMILAB USA LLC
c	EIN-PN	27-0347663-001
a	Plan name	WESTERN PENNSYLVANIA EYE PHYSICIANS & SURGEONS 401(K)/PROFIT SHARING PLAN
b	Name of plan sponsor	WESTERN PENNSYLVANIA EYE PHYSICIANS & SURGEONS, INC.
c	EIN-PN	25-1343837-002
a	Plan name	BIO MEDIC CORPORATION 401(K) PLAN
b	Name of plan sponsor	MARYLAND PLASTICS, INC.
c	EIN-PN	52-1636609-002
a	Plan name	BIOEX CONSULTING, LLC 401(K) PLAN
b	Name of plan sponsor	BIOEX CONSULTING, LLC
c	EIN-PN	26-3459118-001

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 BIRCKHEAD ELECTRIC, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BIRCKHEAD ELECTRIC, INC.	c EIN-PN 52-1614154-001
a	Plan name EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001
a	Plan name WMX LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WMX LOGISTICS	c EIN-PN 82-0570015-001
a	Plan name WOLTCOM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOLTCOM, INC.	c EIN-PN 94-1690542-001
a	Plan name ELM HEATING AND COOLING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ELM HEATING & COOLING, INC.	c EIN-PN 36-4021033-001
a	Plan name JEANS' EXTRUSIONS 401(K) PLAN	
b	Name of plan sponsor JEANS' EXTRUSIONS, INC.	c EIN-PN 35-1540242-001
a	Plan name OHANA NUI MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor OHANA NUI MANAGEMENT, INC.	c EIN-PN 33-1091808-001
a	Plan name EXECUTIVE PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EXECUTIVE PROPERTY MANAGEMENT	c EIN-PN 22-2398215-001
a	Plan name EYE CARE OF MAINE PROFIT SHARING PLAN	
b	Name of plan sponsor EYE CARE OF MAINE, P.A.	c EIN-PN 01-0316462-004
a	Plan name F.A. PEINADO, LLC 401(K) PLAN	
b	Name of plan sponsor F.A. PEINADO, LLC	c EIN-PN 77-0647820-001
a	Plan name K KERN PAINTING LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor K KERN PAINTING LLC	c EIN-PN 54-2101884-001
a	Plan name CARSON CORPORATION NON-UNION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARSON CORPORATION	c EIN-PN 22-2852356-001

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	CARSON CORPORATION RETIREMENT PLAN FOR LOCAL 55	
b	Name of plan sponsor	CARSON CORPORATION	c EIN-PN 22-2852356-003
a	Plan name	KNOWLOGY GOLDMINE	
b	Name of plan sponsor	KNOWLOGY CORPORATION	c EIN-PN 13-3848008-001
a	Plan name	LAMATTINA'S 401(K) PLAN	
b	Name of plan sponsor	LAMATTINA'S PLUMBING & HEATING CORP.	c EIN-PN 80-0007649-001
a	Plan name	LAMONI LIVESTOCK AUCTION MARKET, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	LAMONI LIVESTOCK AUCTION MARKET, LLC	c EIN-PN 83-1452702-001
a	Plan name	AVKARE, LLC 401(K) PLAN	
b	Name of plan sponsor	AVKARE, LLC	c EIN-PN 20-8622803-001
a	Plan name	AVMEDICAL, LLC 401(K) PLAN	
b	Name of plan sponsor	AVMEDICAL, LLC	c EIN-PN 83-2573744-001
a	Plan name	AXIUM HEALTHCARE DE PUERTO RICO 1165(E) PLAN	
b	Name of plan sponsor	FARMACIA DORAL, INC. DBA AXIUM HEALTHCARE DE PUERTO RICO	c EIN-PN 66-0616318-001
a	Plan name	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOOD AG MANAGEMENT, INC.	c EIN-PN 81-4829814-001
a	Plan name	CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALICO BUILDING SERVICES, INC.	c EIN-PN 33-0493568-001
a	Plan name	CAVINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAVINS, INC.	c EIN-PN 27-3977682-001
a	Plan name	CONTROL ASSOCIATES OF PUERTO RICO, LLC 1165(E) PLAN	
b	Name of plan sponsor	CONTROL ASSOCIATES OF PUERTO RICO, LLC	c EIN-PN 66-0711769-001
a	Plan name	CRYSTALASER PROFIT SHARING PLAN	
b	Name of plan sponsor	CRYSTALASER	c EIN-PN 86-0889160-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DAVIS HOMES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAVIS HOMES, LLC	c EIN-PN 26-2767353-001
a	Plan name DAWN FOODS PUERTO RICO SAVINGS PLAN	
b	Name of plan sponsor DAWN FOODS INTERNATIONAL, INC.	c EIN-PN 66-0234708-001
a	Plan name DB SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor MERTZ ENTERPRISES, INC, DBA DB SALES & SERVICE	c EIN-PN 90-0627040-001
a	Plan name DE LA GUARDIA VICTORIA ARCHITECTS AND URBANISTS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor DE LA GUARDIA VICTORIA ARCHITECTS AND URBANISTS, INC	c EIN-PN 54-2099947-001
a	Plan name DESIGN SPACE INPHARMATICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRODUCTLIFE GROUP US, LLC	c EIN-PN 36-4982515-001
a	Plan name ENGINEERED METAL PRODUCTS 401(K) PLAN	
b	Name of plan sponsor ENGINEERED METAL PRODUCTS, LLC	c EIN-PN 20-1958314-001
a	Plan name F.N. CUTHBERT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor F. N. CUTHBERT, INC.	c EIN-PN 34-4412513-001
a	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001
a	Plan name GLOBAL WIDGET, LLC 401(K) PLAN	
b	Name of plan sponsor GLOBAL WIDGET, LLC	c EIN-PN 81-2430361-001
a	Plan name GROUP CTI 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor GROUP CTI	c EIN-PN 54-1960500-001
a	Plan name GRZECA LAW GROUP, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRZECA LAW GROUP, S.C.	c EIN-PN 39-1822885-001
a	Plan name HARVEST SUPERMARKETS, INC. 401(K) PLAN	
b	Name of plan sponsor HARVEST SUPERMARKETS, INC.	c EIN-PN 35-1439567-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001
a	Plan name	HOME REWARDS GROUP INC., 401(K) PLAN	
b	Name of plan sponsor	HOME REWARDS GROUP INC.	c EIN-PN 81-5201340-001
a	Plan name	JOE HURLEY 401(K) PLAN	
b	Name of plan sponsor	JOE HURLEY, INC.	c EIN-PN 22-3237676-001
a	Plan name	KAWAIOLOA DEVELOPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KAWAIOLOA DEVELOPMENT	c EIN-PN 99-0313071-001
a	Plan name	LUSONIA, INC 401(K) PLAN	
b	Name of plan sponsor	LUSONIA, INC.	c EIN-PN 81-2059728-001
a	Plan name	MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	MANAGEMENT MATERIALS INC.	c EIN-PN 38-2412976-001
a	Plan name	MANSKE COMPANIES 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MANSKE MACHINERY INC.	c EIN-PN 39-1644408-001
a	Plan name	MELTON, ESPY & WILLIAMS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MELTON, ESPY & WILLIAMS P.C.	c EIN-PN 63-0720022-001
a	Plan name	MENCHIE'S GLOBAL HEADQUARTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MENCHIE'S GLOBAL HEADQUARTERS	c EIN-PN 26-1658984-777
a	Plan name	MILLER LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLER LUMBER COMPANY	c EIN-PN 34-1312270-001
a	Plan name	MIPRO CONSULTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIPRO CONSULTING, LLC	c EIN-PN 20-2695598-001
a	Plan name	MOLECULAR PATHOLOGY LABORATORY NETWORK, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MOLECULAR PATHOLOGY LABORATORY NETWORK, INC.	c EIN-PN 81-0587881-001

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 MONFORT MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONFORT MANAGEMENT, INC.	c EIN-PN 77-0012053-001
a	Plan name NORTH AMERICAN WARHORSE 401(K) PLAN	
b	Name of plan sponsor NORTH AMERICAN WARHORSE, INC.	c EIN-PN 23-3047289-001
a	Plan name PACE ANALYTICAL, INC. DEL CARIBE RETIREMENTS SAVINGS PLAN	
b	Name of plan sponsor PACE ANALYTICAL, INC.	c EIN-PN 66-0629797-001
a	Plan name PROGRESSIVE TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor PROGRESSIVE TECHNOLOGY, INC.	c EIN-PN 68-0229180-001
a	Plan name RAGGIO, CAPPEL, CHOZEN & BERNIARD PROFIT SHARING PLAN	
b	Name of plan sponsor RAGGIO, CAPPEL, CHOZEN & BERNIARD	c EIN-PN 72-0390548-001
a	Plan name REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REPRODUCTIVE MEDICINE INSTITUTE, LLC	c EIN-PN 27-1248611-001
a	Plan name RETIREMENT PLAN SERVICES PROGRAM FOR PINNACLE CONSTRUCTORS	
b	Name of plan sponsor PINNACLE CONSTRUCTORS & SPECIALTIES, INC.	c EIN-PN 84-0864519-001
a	Plan name ROPE CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ROPE CORP	c EIN-PN 59-3585714-001
a	Plan name SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC.	c EIN-PN 84-2050914-001
a	Plan name THE MIRAZON GROUP LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE MIRAZON GROUP, LLC	c EIN-PN 61-1363720-001
a	Plan name ACSI 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADVANCED CONTROL SOLUTIONS, INC.	c EIN-PN 34-1711260-001

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	ADDED DIMENSIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ADDED DIMENSIONS, INC.	c EIN-PN 94-3257729-001
a	Plan name	ADJ OF STAMFORD, INC. 401(K) PLAN	
b	Name of plan sponsor	ADJ OF STAMFORD, INC.	c EIN-PN 13-7562991-004
a	Plan name	AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE & MARINE INTERNATIONAL CORPORATION	c EIN-PN 77-0280581-001
a	Plan name	TRAVELERS RENTAL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	PARK SHUTTLE & FLY, INC.	c EIN-PN 04-2628087-001
a	Plan name	TRAVIS POINTE COUNTRY CLUB 401(K) PLAN AND TRUST	
b	Name of plan sponsor	TRAVIS POINTE COUNTRY CLUB	c EIN-PN 38-2037327-001
a	Plan name	TRF ENERGY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	TRF ENERGY SOLUTIONS, LLC	c EIN-PN 46-1063306-001
a	Plan name	TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIBLER ORPETT & MEYER, P.C.	c EIN-PN 36-3317353-001
a	Plan name	AMALGA COMPOSITES RETIREMENT READINESS PLAN	
b	Name of plan sponsor	AUTANA COMPOSITES, LLC.	c EIN-PN 92-0822225-001
a	Plan name	UNITED COMMUNITY CENTER PENSION & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	UNITED COMMUNITY CENTER	c EIN-PN 39-1146191-001
a	Plan name	UNITED CONSTRUCTION PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	UNITED CONSTRUCTION PRODUCTS, INC.	c EIN-PN 31-1725730-001
a	Plan name	UNITED ENERGY WORKERS HEALTHCARE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	UNITED ENERGY WORKERS HEALTHCARE	c EIN-PN 88-2242746-001
a	Plan name	VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	c EIN-PN 39-1085074-002

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 GOLDMAN SACHS MID-CAP OPPORTUNITIES RET OPT	B Three-digit plan number (PN) ▶ 147
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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)	9763 4801
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	195685 248633
(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)	33755421 36424799
(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	33960869	36678233
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	230970	966896
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	230970	966896
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	33729899	35711337

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	47	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		47
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	189840	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		189840
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	5517301	
(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)		5517301
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1130750	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		1130750

		(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		6837938

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)		
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)	453847	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		453847
j Total expenses. Add all expense amounts in column (b) and enter total	2j		453847

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6384091
l Transfers of assets:			
(1) To this plan	2l(1)		3046359
(2) From this plan	2l(2)		7449012

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 _____.