

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS RET OPT; 1b Three-digit plan number (PN): 235; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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> <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) <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>AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS RET OPT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>235</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
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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

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	BLAGER CONCRETE COMPANY 401(K) PLAN	
b	Name of plan sponsor	BLAGER CONCRETE COMPANY	c EIN-PN 20-0634151-001
a	Plan name	CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS	c EIN-PN 94-6252725-001
a	Plan name	COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor	COLORADO MEDICAL SOCIETY	c EIN-PN 84-0174440-001
a	Plan name	COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor	COLORADO SURGICAL AFFILIATES, LLC	c EIN-PN 81-3228396-001
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	ECOMARK ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor	ECOMARK ENERGY, INC.	c EIN-PN 47-2681037-001
a	Plan name	EDC OF DENVER, LLC 401(K) PLAN	
b	Name of plan sponsor	EDC OF DENVER, LLC	c EIN-PN 84-1595162-001
a	Plan name	FRANTZ, INC. 401(K) PLAN	
b	Name of plan sponsor	FRANTZ, INC.	c EIN-PN 61-0436803-002
a	Plan name	HBL GROUP 401(K) PLAN	
b	Name of plan sponsor	HBL GROUP, LLC	c EIN-PN 46-0807868-001
a	Plan name	HEALTH CARE ASSOCIATION OF MICHIGAN RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	HEALTH CARE ASSOCIATION OF MICHIGAN	c EIN-PN 38-6091038-001
a	Plan name	HOWELL BENEFIT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	HOWELL BENEFIT SERVICES, INC.	c EIN-PN 23-2658991-001
a	Plan name	J & P PAVING MASONRY & SEALANT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	J & P PAVING MASONRY & SEALANT, INC.	c EIN-PN 31-1121622-001

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 LAW OFFICES OF CHARLES WEBB, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEBB, CASON, COVICH P.C.	c EIN-PN 74-2387856-001
a	Plan name MERCER COUNTY ELECTRIC 401(K) PLAN	
b	Name of plan sponsor MERCER COUNTY ELECTRIC, INC.	c EIN-PN 34-1278022-001
a	Plan name MERROW MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor MERROW MANUFACTURING, LLC.	c EIN-PN 82-1734889-001
a	Plan name MONTALVO ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor MONTALVO ASSOCIATION	c EIN-PN 94-1249283-001
a	Plan name MONTESSORI MANAGEMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor MONTESSORI MANAGEMENT SERVICES LLC	c EIN-PN 86-2788423-001
a	Plan name NORTHEAST SUSTAINABLE ENERGY ASSOCIATION 401(K)	
b	Name of plan sponsor NORTHEAST SUSTAINABLE ENERGY ASSOCIATION	c EIN-PN 23-7437161-001
a	Plan name NORTHERN NEVADA 401(K) PLAN	
b	Name of plan sponsor FERNLEY NUGGET CORPORATION	c EIN-PN 26-1620600-002
a	Plan name NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401K PROFIT SHA	c EIN-PN 35-1644182-001
a	Plan name PHILLIPS FURNITURE, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor PHILLIPS FURNITURE, INC.	c EIN-PN 62-0969492-001
a	Plan name PHOENIX PRINTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PHOENIX PRINTING GROUP, INC. D/B/A PHOENIX PRINTING	c EIN-PN 26-1995352-001
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

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 RGS & G 401(K) PLAN	
b	Name of plan sponsor RUBIN, GLICKMAN, STEINBERG AND GIFFORD	c EIN-PN 23-2125472-002
a	Plan name SAA LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCHATZ, ANDERSON & ASSOCIATES LLC	c EIN-PN 05-0565472-001
a	Plan name SABOT TECHNOLOGIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor SABOT TECHNOLOGIES, INC.	c EIN-PN 68-0462138-001
a	Plan name SADDLEBACK DESIGN RETIREMENT TRUST	
b	Name of plan sponsor SADDLEBACK DESIGN, INC.	c EIN-PN 84-1379148-001
a	Plan name SAGE PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor SAGE PARTNERS, LLC	c EIN-PN 46-3113665-001
a	Plan name SAKOR TECHNOLOGIES PROFIT SHARING PLAN	
b	Name of plan sponsor SAKOR TECHNOLOGIES, INC.	c EIN-PN 38-2712885-001
a	Plan name SALIL TREHAN MD PA 401(K) PLAN	
b	Name of plan sponsor SALIL TREHAN MD PA	c EIN-PN 75-2894667-001
a	Plan name SIMON CHANG, MD, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIMON CHANG, MD, LLC	c EIN-PN 80-0112427-001
a	Plan name STERLING SPRING, L.L.C. RETIREMENT PLAN	
b	Name of plan sponsor STERLING SPRING	c EIN-PN 36-4119269-001
a	Plan name STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor STOCKBRIDGE ENGINEERING, INC.	c EIN-PN 39-1732812-001
a	Plan name TENNESSEE ASSOCIATED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor TENNESSEE ASSOCIATED ELECTRIC, LLC	c EIN-PN 46-1537499-001
a	Plan name TENSILE TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor TENSILE TESTING, INC.	c EIN-PN 34-1029460-001

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	THOMPSON VETERINARY CLINIC 401(K) PLAN	
b	Name of plan sponsor	THOMPSON VETERINARY CLINIC	c EIN-PN 38-3184834-001
a	Plan name	VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VULCAN FIRE SYSTEMS, INC.	c EIN-PN 61-1057957-001
a	Plan name	WAGNER OVERHEAD DOOR CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WAGNER OVERHEAD DOOR CO., INC.	c EIN-PN 34-1232496-001
a	Plan name	WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name	XERION ADVANCED BATTERY CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor	XERION ADVANCED BATTERY CORP.	c EIN-PN 45-3516563-001
a	Plan name	XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	XP SERVICES, INC.	c EIN-PN 80-0316734-001
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	AIR BROOK LIMOUSINE, INC. 401(K) PLAN	
b	Name of plan sponsor	AIR BROOK LIMOUSINE, INC.	c EIN-PN 22-1930499-001
a	Plan name	AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR CLEANING TECHNOLOGIES, INC.	c EIN-PN 54-2003736-001
a	Plan name	AIR GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR GROUP, LLC	c EIN-PN 22-3620908-001
a	Plan name	AIRCRAFT SYSTEMS DIVISION OF COM-JET CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIRCRAFT SYSTEMS DIVISION OF COM-JET CORPORATION	c EIN-PN 59-2051580-001
a	Plan name	B & B TRADING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	B & B TRADING CORPORATION	c EIN-PN 04-3055768-001

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 B&F CERAMICS DESIGN SHOWROOM, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor B&F CERAMICS DESIGN SHOWROOM, INC.	c EIN-PN 54-1468088-001
a	Plan name DIGITAL TOOL & DIE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIGITAL TOOL & DIE, INC.	c EIN-PN 38-2852638-001
a	Plan name DIRECT FLOORING, INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DIRECT FLOORING, INC.	c EIN-PN 27-3853454-001
a	Plan name EGER PRODUCTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EGER PRODUCTS INC	c EIN-PN 31-0749790-001
a	Plan name FRIEDMAN LAW, P.A. 401(K) PLAN	
b	Name of plan sponsor FRIEDMAN LAW, P.A	c EIN-PN 46-4480334-001
a	Plan name GRABER ANIMAL HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRABER ANIMAL HOSPITAL, INC.	c EIN-PN 34-1903123-001
a	Plan name HEALTHY FUTURES CLINIC, PLLC RETIREMENT PLAN	
b	Name of plan sponsor HEALTHY FUTURES CLINIC PLLC PENSION PLAN	c EIN-PN 20-0539476-001
a	Plan name HEARTLAND FOOD PRODUCTS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor TC HEARTLAND, LLC DBA HEARTLAND FOOD PRODUCTS GROUP	c EIN-PN 20-1938376-001
a	Plan name HWO, INC. 401(K) PLAN	
b	Name of plan sponsor HWO, INC.	c EIN-PN 83-2185021-001
a	Plan name KENTON FAMILY EYE CARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENTON FAMILY EYE CARE, INC.	c EIN-PN 34-1214040-003
a	Plan name KEY TECHNICAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor KEY TECHNICAL SOLUTIONS INCORPORATED	c EIN-PN 39-1751214-001
a	Plan name KEYROCK ENERGY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEYROCK ENERGY, LLC	c EIN-PN 26-0602410-001

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 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 MARK A. PRICE, DDS, MSD, P.C. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARK A. PRICE, DDS, MSD, P.C.	c EIN-PN 03-0352887-001
a	Plan name NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NU-TIER BRANDS, INC.	c EIN-PN 90-0541753-001
a	Plan name RICHARD ROWAN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RICHARD ROWAN, DMD	c EIN-PN 94-2861305-001
a	Plan name RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001
a	Plan name RIDGE GLOBAL, LLC PROFIT SHARING & 401(K) PLAN AND TRUST	
b	Name of plan sponsor RIDGE GLOBAL, LLC	c EIN-PN 20-4147521-001
a	Plan name SALTER HEALY, LLC 401(K) PLAN	
b	Name of plan sponsor SALTER HEALY, LLC	c EIN-PN 26-1337937-001
a	Plan name SANDHILLS STATE BANK 401(K) PLAN	
b	Name of plan sponsor SANDHILLS STATE BANK	c EIN-PN 47-0130530-001
a	Plan name SIMS TRUCKING & BROKERAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIMS TRUCKING & BROKERAGE, INC.	c EIN-PN 81-2382075-002
a	Plan name SIVERS SEMICONDUCTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIVERS SEMICONDUCTORS, INC.	c EIN-PN 82-2069979-001
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
a	Plan name TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
b	Name of plan sponsor TFC MANUFACTURING, INC.	c EIN-PN 91-1951857-001

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 ARGUS - PRESS 401(K) PLAN	
b	Name of plan sponsor THE ARGUS - PRESS	c EIN-PN 38-0306980-002
a	Plan name TIMOTHY P. MILLER TRUCKING 401(K) PLAN	
b	Name of plan sponsor TIMOTHY P. MILLER TRUCKING, INC.	c EIN-PN 20-2756682-001
a	Plan name TIRE SERVICES UNLIMITED, LLC 401(K) PLAN	
b	Name of plan sponsor TIRE SERVICES UNLIMITED, LLC	c EIN-PN 26-0164707-001
a	Plan name VAIL VACATION PROPERTIES LLC 401(K) PLAN	
b	Name of plan sponsor VAIL VACATION PROPERTIES LLC	c EIN-PN 45-2923184-001
a	Plan name VALLEY CENTRAL VETERINARY REFERRAL AND EMERGENCY CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DR. CARLOS HODGES DVM PC DBA VALLEY CENTRAL VETERINARY REFERRAL AND	c EIN-PN 23-2874136-001
a	Plan name YOUNG AUDIENCES OF NEW JERSEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor YOUNG AUDIENCES OF NEW JERSEY, INC.	c EIN-PN 23-7384991-001
a	Plan name A & K EARTH MOVERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor A & K EARTH MOVERS, INC.	c EIN-PN 88-0097157-002
a	Plan name ALBEMARLE ENT, ASTHMA & ALLERGY ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor ALBEMARLE ENT, ASTHMA & ALLERGY ASSOCIATES	c EIN-PN 56-2091476-001
a	Plan name ALBRECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ALBRECO, INC.	c EIN-PN 31-1638056-001
a	Plan name ALERT-O-LITE, INC. 401(K) PLAN	
b	Name of plan sponsor ALERT-O-LITE, INC.	c EIN-PN 94-2752915-001
a	Plan name BADGER ALLOYS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BADGER ALLOYS, INC.	c EIN-PN 39-1055261-001
a	Plan name BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001

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 BOG FARM, INC. PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor BOG FARM, INC.	c EIN-PN 39-1642606-002
a	Plan name CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMERCIAL WATERPROOFING, INC.	c EIN-PN 23-2589948-001
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 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 SOUTHERN PAINT & SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor SOUTHERN PAINT & SUPPLY COMPANY	c EIN-PN 59-0719579-001
a	Plan name SOUTHSIDE PEDIATRICS OF AIKEN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHSIDE PEDIATRICS OF AIKEN, LLC	c EIN-PN 56-2228905-001
a	Plan name SPARKS COMMERCIAL TIRE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPARKS COMMERCIAL TIRE, INC.	c EIN-PN 34-1506914-001
a	Plan name THE CALIFORNIA CLUB 401(K) PLAN	
b	Name of plan sponsor THE CALIFORNIA CLUB	c EIN-PN 95-0593940-003
a	Plan name WARREN'S CONCRETE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor WARREN'S CONCRETE SERVICES, INC.	c EIN-PN 65-0102699-001
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

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-1 ELECTRIC COMPANY, INC. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor A-1 ELECTRIC COMPANY, INC.	c EIN-PN 33-6004115-001
a	Plan name AMERICAN PROFICIENCY INSTITUTE 401(K) PLAN	
b	Name of plan sponsor AMERICAN PROFICIENCY INSTITUTE, INC.	c EIN-PN 38-2949312-001
a	Plan name BARLEVI & CO., ACCOUNTANCY CORPORATION 401(K) PSP	
b	Name of plan sponsor BARLEVI & CO., ACCOUNTANCY CORPORATION	c EIN-PN 54-2081513-001
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 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 COPLOY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COPLOY, INC.	c EIN-PN 45-5000939-001
a	Plan name CORNERSTONE FELLOWSHIP 401(K) PLAN	
b	Name of plan sponsor CORNERSTONE FELLOWSHIP	c EIN-PN 73-1316703-001
a	Plan name DIVERSIFIED SITE WORKS, LLC 401(K) PLAN	
b	Name of plan sponsor DIVERSIFIED SITE WORKS, LLC	c EIN-PN 52-2212873-001
a	Plan name ENVIRONMENTAL WATER ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor ENVIRONMENTAL WATER	c EIN-PN 34-1956432-001
a	Plan name GUINCO SERVICE 401(K) PLAN	
b	Name of plan sponsor GUINCO ENTERPRISES CORPORATION	c EIN-PN 46-5256563-001
a	Plan name GULF SOUTH EYE ASSOCIATES (APMC) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GULF SOUTH EYE ASSOCIATES (APMC)	c EIN-PN 72-1076001-777
a	Plan name GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	c EIN-PN 58-1795694-001

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 I & C ENGINEERING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor I & C ENGINEERING COMPANY, INC.	c EIN-PN 04-3059259-003
a	Plan name JOHN MAGALHAES AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN MAGALHAES AND ASSOCIATES, INC.	c EIN-PN 04-3539096-001
a	Plan name JOHN MOORE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JOHN MOORE & ASSOCIATES, INC.	c EIN-PN 62-0867747-001
a	Plan name JOHN P. FRANGIE, M.D., P.C. RETIREMENT PLAN	
b	Name of plan sponsor JOHN P. FRANGIE, M.D., P.C.	c EIN-PN 46-0538578-001
a	Plan name AMERITEC MACHINING, INC. 401(K) PLAN	
b	Name of plan sponsor AMERITEC MACHINING, INC.	c EIN-PN 42-1393974-001
a	Plan name BULLINGTON ASSOCIATES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BULLINGTON ASSOCIATES, INC.	c EIN-PN 62-0880010-001
a	Plan name BULTYNCK & CO. 401(K) PLAN	
b	Name of plan sponsor BULTYNCK & CO., P.L.L.C.	c EIN-PN 20-3920878-777
a	Plan name CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHILES & SONS-LAMAN, INC.	c EIN-PN 34-4492949-003
a	Plan name CHOICE CONCRETE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC.	c EIN-PN 52-1758766-777
a	Plan name COUNTRYSIDE CULLIGAN 401(K) & INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor COUNTRYSIDE MANAGEMENT, INC.	c EIN-PN 41-1813535-001
a	Plan name DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor DON'S TRUCK SALES, INC.	c EIN-PN 42-0816951-001
a	Plan name DORIC PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DORIC PRODUCTS, INC.	c EIN-PN 35-1391396-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	EQUINE MEDICAL CENTER OF OCALA	c EIN-PN 20-3993544-001
a	Plan name	G.C.S. SALES & MARKETING, INC. 401(K) PLAN	
b	Name of plan sponsor	G.C.S. SALES & MARKETING, INC.	c EIN-PN 04-3268496-001
a	Plan name	GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	GAINLINE FINANCIAL PARTNERS, LLC	c EIN-PN 87-2523664-001
a	Plan name	IAMUS CONSULTING 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	IAMUS CONSULTING, INC.	c EIN-PN 47-4130171-001
a	Plan name	ICU PRODUCTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ICU PRODUCTION, INC.	c EIN-PN 41-2252815-002
a	Plan name	IITC 401(K) PLAN	
b	Name of plan sponsor	ISLAND INFORMATION TECHNOLOGY CONSULTANTS, INC.	c EIN-PN 20-1314597-001
a	Plan name	ILAPAK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ILAPAK, INC.	c EIN-PN 13-3036089-002
a	Plan name	JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
a	Plan name	JOHNSON QUARRIES 401(K) PLAN	
b	Name of plan sponsor	JOHNSON QUARRIES, INC.	c EIN-PN 23-2976143-001
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	MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	MCDONALDS' DESIGN & BUILD, INC.	c EIN-PN 34-1313478-001
a	Plan name	ORLANDO MEDICAL CENTER, P. L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ORLANDO MEDICAL CENTER, P. L.	c EIN-PN 81-0736230-001

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	PONY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	W.C.W. CORPORATION	c EIN-PN 88-0206170-001
a	Plan name	SCALAMBRINO & ARNOFF, LLP 401(K) PLAN	
b	Name of plan sponsor	SCALAMBRINO & ARNOFF, LLP	c EIN-PN 36-3843693-001
a	Plan name	SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAMCO PROPERTIES, INC.	c EIN-PN 59-2396906-001
a	Plan name	WAVE CREST DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WAVE CREST DEVELOPMENT	c EIN-PN 94-2349728-001
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	ARICA CONSULTING & CONTRACTING, LLC 401(K)	
b	Name of plan sponsor	ARICA CONSULTING & CONTRACTING, LLC	c EIN-PN 52-2292509-001
a	Plan name	ARNOLD TOOL & DIE CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARNOLD TOOL & DIE CO.	c EIN-PN 38-2004956-001
a	Plan name	ARROW HOLDINGS, INC 401(K) PLAN	
b	Name of plan sponsor	ARROW HOLDINGS, INC	c EIN-PN 98-0381410-001
a	Plan name	BAY TRADERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BAY TRADERS, INC.	c EIN-PN 92-0140124-002
a	Plan name	BOOTHWYN PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor	BPI HOLDINGS, LLC	c EIN-PN 23-2774727-001
a	Plan name	BOURNE ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOURNE ENTERPRISES, INC.	c EIN-PN 04-2489300-001

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 CAPSTONE COMMERCIAL PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPSTONE COMMERCIAL PROPERTIES, INC.	c EIN-PN 73-1691050-001
a	Plan name CARDEN ARBOR VIEW SCHOOL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDEN ARBOR VIEW SCHOOL, INC.	c EIN-PN 95-3695686-002
a	Plan name CHRISTIAN HOME SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CHRISTIAN HOME SERVICES, INC.	c EIN-PN 38-3369745-001
a	Plan name CHSU 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA HEALTH SCIENCES UNIVERSITY	c EIN-PN 45-4846058-001
a	Plan name CHURCHILL CABINET COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CHURCHILL CABINET COMPANY	c EIN-PN 36-0915600-001
a	Plan name COMPASS COMMERCIAL CONSTRUCTION GROUP 401(K) PLAN	
b	Name of plan sponsor COMPASS COMMERCIAL CONSTRUCTION GROUP	c EIN-PN 27-3042323-777
a	Plan name D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor D.I.J. CONSTRUCTION, INC.	c EIN-PN 74-2291006-001
a	Plan name DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN	
b	Name of plan sponsor DOUGHBOY RESTAURANT GROUP, LLC	c EIN-PN 47-2447231-001
a	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a	Plan name DOVER TANK AND PLATE CO. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE DOVER TANK & PLATE CO.	c EIN-PN 34-0188810-002
a	Plan name GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GAYLORD MANUFATURING CO., A DIVISION OF ENOVA ENGINEERING, LLC	c EIN-PN 77-0489033-001
a	Plan name GEMINI CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor GEMINI CORP.	c EIN-PN 45-2731123-001

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 GRANVILLE HOMES, INC. RETIREMENT PLAN	
b	Name of plan sponsor GRANVILLE HOMES, INC.	c EIN-PN 77-0236102-002
a	Plan name GRAYCO ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor GRAYCO ENTERPRISES, INC.	c EIN-PN 36-4322896-001
a	Plan name HERCULES MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor HERCULES MANUFACTURING COMPANY	c EIN-PN 61-0566217-001
a	Plan name IMPORT LOGISTICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor IMPORT LOGISTICS, INC.	c EIN-PN 36-3798354-001
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 JAMES R. DETTLING M.D. LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAMES R. DETTLING, M.D. LTD	c EIN-PN 88-0469527-001
a	Plan name KEYSTONE BRAND MEATS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEYSTONE BRAND MEATS, INC.	c EIN-PN 34-0938069-001
a	Plan name MICHAEL STARS, INC. 401(K) PLAN	
b	Name of plan sponsor MICHAEL STARS	c EIN-PN 35-3962410-222
a	Plan name O'CONNELL LANDSCAPE MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor O'CONNELL LANDSCAPE MAINTENANCE INC.	c EIN-PN 95-3141443-002
a	Plan name PARAMOUNT REHABILITATION SERVICES 401(K) PLAN	
b	Name of plan sponsor PARAMOUNT REHABILITATION SERVICES	c EIN-PN 38-3378702-001
a	Plan name PARANET CORPORATION SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PARANET CORPORATION SERVICES, INC.	c EIN-PN 58-2032457-001
a	Plan name POWER DELIVERY CONSULTANTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor POWER DELIVERY CONSULTANTS, INC.	c EIN-PN 14-1749813-001

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	PWA RETIREMENT PLAN	
b	Name of plan sponsor	PERHATS WENSTROM ASSOCIATES, INC.	c EIN-PN 36-3611103-002
a	Plan name	RITTER MAHER ARCHITECTS, LLC 401(K) PLAN	
b	Name of plan sponsor	RITTER MAHER ARCHITECTS, LLC	c EIN-PN 03-0497336-001
a	Plan name	RIVERMOOR ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIVERMOOR ENGINEERING, LLC	c EIN-PN 20-0597795-001
a	Plan name	SCHELLER AUTOMOTIVE 401(K) RETIREMENT SERVICES	
b	Name of plan sponsor	SCHELLER AUTOMOTIVE REPAIR SERVICES	c EIN-PN 27-1508742-001
a	Plan name	SCHIMP FAMILY DENTISTRY SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SCHIMP FAMILY DENTISTRY	c EIN-PN 30-0024715-001
a	Plan name	SCHULTZ PROCESS SERVICES 401(K) PLAN	
b	Name of plan sponsor	SCHULTZ PROCESS SERVICES, INC.	c EIN-PN 45-4118372-001
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	SMC CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMC CONSTRUCTION CO.	c EIN-PN 88-0319132-001
a	Plan name	THE CREDIT UNION FOR ROBERTSON COUNTY 401(K) PLAN	
b	Name of plan sponsor	THE CREDIT UNION FOR ROBERTSON COUNTY	c EIN-PN 62-6118790-001
a	Plan name	TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION	c EIN-PN 84-4786495-001
a	Plan name	FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FLOWMASTER, INC.	c EIN-PN 46-4050504-002
a	Plan name	CEDAR VALLEY ELECTRIC CO., INC. 401(K) PLAN	
b	Name of plan sponsor	CEDAR VALLEY ELECTRIC	c EIN-PN 42-1468881-001

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 LA-Z-BOY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MGM GALLERIES LLC DBA LA-Z-BOY FURNITURE GALLERIES	c EIN-PN 46-0513963-001
a	Plan name LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor LAGUNA SOURCE LLC	c EIN-PN 41-2223213-002
a	Plan name PENNY C. WALPOLE, DDS, P.S. 401(K) PLAN	
b	Name of plan sponsor PENNY C. WALPOLE, DDS, P.S.	c EIN-PN 20-1997924-001
a	Plan name TAHLEQUAH LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TAHLEQUAH LUMBER COMPANY, INC.	c EIN-PN 73-0733285-001
a	Plan name CITY CLUB APARTMENTS, LLC RETIREMENT PLAN	
b	Name of plan sponsor CITY CLUB APARTMENTS, LLC	c EIN-PN 81-1284363-001
a	Plan name CITY OF GIRARD RETIREMENT PLAN	
b	Name of plan sponsor CITY OF GIRARD ILLINOIS	c EIN-PN 37-6001364-001
a	Plan name CITY OF METTER RETIREMENT PLAN	
b	Name of plan sponsor CITY OF METTER	c EIN-PN 58-6000621-001
a	Plan name GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC.	c EIN-PN 20-0481533-002
a	Plan name LIVONIA DERMATOLOGY, PLLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LIVONIA DERMATOLOGY PLLC	c EIN-PN 85-0486422-001
a	Plan name ADVANCED CARGO CORPORATION 401(K) P/S PLAN	
b	Name of plan sponsor ADVANCED CARGO CORPORATION	c EIN-PN 41-1663563-001
a	Plan name COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN	
b	Name of plan sponsor COASTAL BEND WORKFORCE DEVELOPMENT BOARD	c EIN-PN 74-2424633-001
a	Plan name GILLIE HYDE FORD LINCOLN, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GILLIE HYDE FORD LINCOLN, INC.	c EIN-PN 61-0700786-002

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 M.F. HUSEBY COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor M.F. HUSEBY COMPANY, INC.	c EIN-PN 95-1729316-001
a	Plan name MAAS BROTHERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MAAS BROTHERS, INC. PROFIT SHARING PLAN	c EIN-PN 91-1907561-001
a	Plan name MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MADDEN ELEVATOR COMPANY	c EIN-PN 27-4404800-001
a	Plan name PRIMECARE HOME CARE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor PRIMECARE HOME CARE SERVICES, INC.	c EIN-PN 65-1317901-001
a	Plan name PRISM TECH 401(K) PLAN	
b	Name of plan sponsor PRISM TECH, INC.	c EIN-PN 82-3966297-001
a	Plan name THE RESEARCH FOUNDATION RETIREMENT PLAN	
b	Name of plan sponsor THE RESEARCH FOUNDATION	c EIN-PN 43-1349021-001
a	Plan name TOTAL NETWORK MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor TOTAL NETWORK MANUFACTURING	c EIN-PN 35-2644359-001
a	Plan name ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
a	Plan name ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor ALLIED GOVERNMENT SOLUTIONS, INC.	c EIN-PN 27-4329708-001
a	Plan name CONNERY CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CONNERY CONSTRUCTION, INC.	c EIN-PN 39-1845420-001
a	Plan name GREAT LAKES WAREHOUSING, LLC 401(K) PLAN	
b	Name of plan sponsor GREAT LAKES WAREHOUSING, LLC	c EIN-PN 38-3352246-002
a	Plan name GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GREEN FRONT FURNITURE COMPANY, INC.	c EIN-PN 54-0837729-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MARZOLF IMPLEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor MARZOLF IMPLEMENT COMPANY	c EIN-PN 41-1347518-001
a	Plan name MATERIALS TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor MATERIALS TESTING, INC.	c EIN-PN 06-1321309-001
a	Plan name TTI LOGISTICS, LLC PROFIT SHARING 401(K) PLAN AND TRUST	
b	Name of plan sponsor TTI LOGISTICS, LLC	c EIN-PN 22-3461921-002
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 CRAIG MCMANAMAN, DO, PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor CRAIG MCMANAMAN, DO, PLLC	c EIN-PN 61-1410341-001
a	Plan name CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	
b	Name of plan sponsor CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	c EIN-PN 47-2388058-001
a	Plan name HAMILTON MARTENS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAMILTON MARTENS, LLC	c EIN-PN 20-1343616-001
a	Plan name RJ WRIGHT & SONS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RJ WRIGHT & SONS, LTD	c EIN-PN 34-1693478-001
a	Plan name RK DIVERSIFIED ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RK DIVERSIFIED ENTERTAINMENT, INC.	c EIN-PN 95-4346665-001
a	Plan name ROADRUNNER GLASS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor ROADRUNNER GLASS COMPANY, INC.	c EIN-PN 86-0713467-001
a	Plan name DANNY DAVIS CONTRACTORS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor DANNY DAVIS CONTRACTORS, INC.	c EIN-PN 62-1392604-001
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 HIGH DESERT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor HIGH DESERT COMMUNICATIONS, INC.	c EIN-PN 86-0879788-001
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 AURORA PROJECT, INC. 401(K) PLAN	
b	Name of plan sponsor AURORA PROJECT, INC.	c EIN-PN 34-1517827-001
a	Plan name DEG CONSTRUCTION CO., INC, 401(K) PLAN	
b	Name of plan sponsor DEG CONSTRUCTION CO., INC.	c EIN-PN 86-0640575-001
a	Plan name DEGRAFFENRIED & COMPANY RETIREMENT PLAN	
b	Name of plan sponsor DEGRAFFENRIED & COMPANY	c EIN-PN 72-1349735-001
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 HLN CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HLN CONSULTING, LLC	c EIN-PN 22-3516344-001
a	Plan name MISSOURI GENERAL INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MISSOURI GENERAL INSURANCE AGENCY DBA MGI RISK ADVISORS	c EIN-PN 43-1234763-001
a	Plan name VICTOR EMANUEL NATURE TOURS 401(K) PLAN	
b	Name of plan sponsor VICTOR EMANUEL NATURE TOURS, INC.	c EIN-PN 74-1942295-001
a	Plan name VILLAGE GREEN LANDSCAPES 401(K) PLAN	
b	Name of plan sponsor VILLAGE GREEN LAWN MAINTENANCE & LANDSCAPING, INC.	c EIN-PN 41-1933240-001
a	Plan name NATHANIEL LEEDY, DMD, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATHANIEL LEEDY, DMD, PA	c EIN-PN 84-3728355-001
a	Plan name NATIONAL FIELD REPRESENTATIVES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NATIONAL FIELD REPRESENTATIVES, LLC	c EIN-PN 02-0451448-001

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 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 DOYLE & ASSOCIATES, PLLC 401(K) PLAN	
b	Name of plan sponsor DOYLE & ASSOCIATES, PLLC	c EIN-PN 20-1414332-001
a	Plan name DR. GEORGE T. MATHAI PLLC 401(K) PLAN	
b	Name of plan sponsor DR. GEORGE T. MATHAI PLLC	c EIN-PN 20-0461962-001
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 WEST JERSEY AC & HEATING 401(K) PLAN & TRUST	
b	Name of plan sponsor WEST JERSEY AC & HEATING COMPANY	c EIN-PN 26-0003283-001
a	Plan name WESTERN CAMPS, INC. 401(K) PLAN	
b	Name of plan sponsor WESTERN CAMPS, INC.	c EIN-PN 95-2499851-001
a	Plan name DYNAMIC DOWNHOLE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor DYNAMIC DOWNHOLE SERVICES, LLC	c EIN-PN 26-2612443-001
a	Plan name INTERNATIONAL TANK SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INTERNATIONAL TANK SERVICE, INC.	c EIN-PN 34-1277387-001
a	Plan name INTERVENTIONAL PAIN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor INTERVENTIONAL PAIN CONSULTANTS LLC	c EIN-PN 83-0901793-001
a	Plan name INTREIS 401(K) PLAN	
b	Name of plan sponsor INTREIS	c EIN-PN 46-0855494-001
a	Plan name INTRINSYX TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor INTRINSYX TECHNOLOGIES	c EIN-PN 77-0539893-001
a	Plan name NEW ENGLAND ORBITAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND ORBITAL SERVICES, INC.	c EIN-PN 02-0508263-001

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 LIFE VENTURES, INC. 401(K) PS PLAN	
b	Name of plan sponsor NEW LIFE VENTURES, INC.	c EIN-PN 20-0339207-001
a	Plan name WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC.	c EIN-PN 46-3012973-001
a	Plan name WILKE CHIROPRACTIC LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor WILKE CHIROPRACTIC LLC	c EIN-PN 81-3238618-001
a	Plan name WILLIAM L. FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIAM L FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES	c EIN-PN 34-1760741-001
a	Plan name BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC.	c EIN-PN 74-1179149-002
a	Plan name SMITH'S ADDRESSING MACHINE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMITH'S ADDRESSING MACHINE SERVICES, INC.	c EIN-PN 56-1099952-001
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 OUTDOOR LIGHTING PERSPECTIVES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor OUTDOOR LIGHTING PERSPECTIVES, L.L.C.	c EIN-PN 62-1766403-001
a	Plan name EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC 401(K) PLAN	
b	Name of plan sponsor EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC	c EIN-PN 20-4457765-001
a	Plan name EVT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ENTERPRISE VISION TECHNOLOGIES	c EIN-PN 73-1686616-001
a	Plan name CARING ENTERPRISES INCORPORATED 401(K) PLAN	
b	Name of plan sponsor CARING ENTERPRISES INCORPORATED	c EIN-PN 42-1461742-001
a	Plan name CARRION, LAFFITTE & CASELLAS RETIREMENT PLAN	
b	Name of plan sponsor CARRION, LAFFITTE & CASELLAS, INC.	c EIN-PN 66-0635623-001

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	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	FFTT, LLC 401 (K) PLAN	
b	Name of plan sponsor	FFTT, LLC	c EIN-PN 81-0860100-001
a	Plan name	FILOLI CENTER 401(K) PLAN	
b	Name of plan sponsor	FILOLI CENTER	c EIN-PN 95-2996648-001
a	Plan name	KIMBERLY PARK DENTAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KIMBERLY PARK DENTAL ASSOCIATES, P.C.	c EIN-PN 42-1049323-001
a	Plan name	KLEAN KANTEEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KLEAN KANTEEN	c EIN-PN 94-2537951-002
a	Plan name	SUNBELT GRAPHICS INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SUNBELT GRAPHICS, INC.	c EIN-PN 59-1756030-002
a	Plan name	SUPERIOR PAINT SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUPERIOR PAINT SUPPLY, INC.	c EIN-PN 87-0241620-001
a	Plan name	SUPERIOR, INC. 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR, INC.	c EIN-PN 62-1346975-001
a	Plan name	SUPERMAX HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	SUPERMAX HEALTHCARE INC.	c EIN-PN 27-2105941-001
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	LUCAS PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor	LUCAS PLUMBING & HEATING, INC.	c EIN-PN 34-0967099-005
a	Plan name	LUDEMAN INSULATION & SUPPLY, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	LUDEMAN INSULATION & SUPPLY, INC.	c EIN-PN 48-1041397-001

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 LENTZ COMPANIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LENTZ COMPANIES, INC.	c EIN-PN 75-2750789-001
a	Plan name	ACME LIFT COMPANY CO. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	ACME LIFT COMPANY LLC	c EIN-PN 86-0900122-001
a	Plan name	ACME PALLET, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	ACME PALLET, INC.	c EIN-PN 38-1710471-001
a	Plan name	ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
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	CLARKE PACKING 401(K) PLAN	
b	Name of plan sponsor	CLARKE PACKING & CRATING COMPANY	c EIN-PN 36-3828267-001
a	Plan name	CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN	
b	Name of plan sponsor	CLASSIC CARRIERS, INC.	c EIN-PN 31-1152938-001
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
a	Plan name	GERALD GRAIN INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	GERALD GRAIN CENTER, INC.	c EIN-PN 34-1526549-001
a	Plan name	PRECISION SMALL ENGINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION SMALL ENGINE CO., INC.	c EIN-PN 59-1985940-001
a	Plan name	MAKETEWAH COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAKETEWAH COUNTRY CLUB	c EIN-PN 31-0308478-001
a	Plan name	ADVANCED REPRODUCTIVE CENTER OF HAWAII 401(K) PLAN	
b	Name of plan sponsor	CHRISTOPHER T.F. HUANG, M.D., INC	c EIN-PN 01-0674989-001

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 COLLAGE ARCHITECTS LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor COLLAGE ARCHITECTS LLC	c EIN-PN 26-3215943-001
a	Plan name GLENWOOD HOT SPRINGS LODGE AND POOL SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor GLENWOOD HOT SPRINGS LODGE AND POOL, INC.	c EIN-PN 84-0457400-001
a	Plan name GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLESSNER & ASSOCIATES, PLLC	c EIN-PN 55-0761731-001
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 ALTA PROFESSIONAL INSURANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALTA PROFESSIONAL INSURANCE SERVICES AGENCY, LLC	c EIN-PN 20-1151904-001
a	Plan name ALTERNATIVE CAREERS & TRANSITIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALTERNATIVE CAREERS & TRANSITIONS, INC.	c EIN-PN 23-2906033-001
a	Plan name MATTHEW L. BRIDGES DDS SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor MATTHEW L. BRIDGES DDS PLLC	c EIN-PN 82-1972625-001
a	Plan name CONTACTUS 401(K) PLAN	
b	Name of plan sponsor CONTACTUS,LLC	c EIN-PN 45-4001073-001
a	Plan name GREENFIELD GROUP, INC. PROFIT SHARING & RETIREMENT PLAN	
b	Name of plan sponsor THE GREENFIELD GROUP, INC.	c EIN-PN 65-0347678-001
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 GRINDSTONE PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRINDSTONE PARTNERS, LLC	c EIN-PN 31-1758301-001
a	Plan name R & M EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor TRIBMS, LLC DBA R & M EQUIPMENT COMPANY	c EIN-PN 23-3084608-001

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	R&F, INC. EMPLOYEES BENEFIT PLAN	
b	Name of plan sponsor	R&F, INC.	c EIN-PN 34-1016464-001
a	Plan name	MEDINA LAW GROUP PA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MEDINA LAW GROUP PA	c EIN-PN 59-3666180-001
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	CREATIVE PACKAGING 401(K) PLAN	
b	Name of plan sponsor	CREATIVE PACKAGING, LLC	c EIN-PN 31-1682777-001
a	Plan name	CREATIVE RETIREMENT SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CREATIVE RETIREMENT SYSTEMS, INC.	c EIN-PN 31-1299207-001
a	Plan name	CREW ONE PRODUCTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CREW ONE PRODUCTIONS, INC.	c EIN-PN 58-1991864-001
a	Plan name	HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN	
b	Name of plan sponsor	HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA	c EIN-PN 34-1165089-001
a	Plan name	UBORA ENGINEERING & PLANNING RETIREMENT PLAN	
b	Name of plan sponsor	UBORA ENGINEERING & PLANNING, INC	c EIN-PN 20-2459818-001
a	Plan name	UNICOI SYSTEMS, INC. AND WAHSEGA, INC. 401(K) PLAN	
b	Name of plan sponsor	UNICOI SYSTEMS, INC.	c EIN-PN 58-2590945-001
a	Plan name	DAVID A. PARIS, D.D.S., S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID A. PARIS, D.D.S., S.C.	c EIN-PN 39-1696459-001
a	Plan name	HIGH GROUND INSURANCE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	HIGH GROUND INSURANCE SERVICES, INC.	c EIN-PN 20-8202870-001
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

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	ROCHESTER TELEPHONE COMPANY INC EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	ROCHESTER TELEPHONE COMPANY INC	c EIN-PN 35-0619275-777
a	Plan name	VEHICLE ACCESSORIES RETIREMENT PLAN	
b	Name of plan sponsor	VEHICLE ACCESSORIES	c EIN-PN 38-3553465-001
a	Plan name	VELOCITY STAFF 401(K) PLAN	
b	Name of plan sponsor	VELOCITY STAFF, INC.	c EIN-PN 20-1745461-001
a	Plan name	VENTURE 401(K) PLAN	
b	Name of plan sponsor	VM SERVICES, INC.	c EIN-PN 77-0459829-222
a	Plan name	AVD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALTA VISTA DERMATOLOGY	c EIN-PN 27-1067307-001
a	Plan name	DELTA SYSTEMS & AUTOMATION LLC 401(K) PLAN	
b	Name of plan sponsor	DELTA SYSTEMS & AUTOMATION LLC	c EIN-PN 83-2468256-001
a	Plan name	DELUCA HOMES, LP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DELUCA HOMES, LP	c EIN-PN 23-1892084-001
a	Plan name	HOME INSTEAD 401(K) PLAN	
b	Name of plan sponsor	HOME INSTEAD SENIOR CARE	c EIN-PN 26-1145117-001
a	Plan name	MLP MFG., INC. 401(K) PLAN	
b	Name of plan sponsor	MLP MFG., INC.	c EIN-PN 38-2753483-001
a	Plan name	RYAN & RYAN CONSTRUCTION, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	RYAN & RYAN CONSTRUCTION, INC.	c EIN-PN 20-2312773-001
a	Plan name	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE 401(K) PLAN	
b	Name of plan sponsor	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE	c EIN-PN 76-0804445-001
a	Plan name	VISION ELECTRIC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VISION ELECTRIC, INC.	c EIN-PN 06-1420597-002

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	INNOVATIVE INTEGRATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	INNOVATIVE INTEGRATION, INC.	c EIN-PN 20-3393992-001
a	Plan name	INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	INSTITUTIONAL CASEWORK, INC.	c EIN-PN 20-4225695-001
a	Plan name	WESTON PROPERTIES 401K	
b	Name of plan sponsor	WESTON PROPERTIES, LC	c EIN-PN 74-2722024-112
a	Plan name	BIG PINE PAIUTE TRIBE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIG PINE PAIUTE TRIBE	c EIN-PN 95-3059258-001
a	Plan name	EARTHLITE 401(K) PLAN	
b	Name of plan sponsor	EARTHLITE ACQUISITION, INC.	c EIN-PN 33-0493452-001
a	Plan name	EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN	
b	Name of plan sponsor	EASLEY HEAD & NECK SURGERY, P.A.	c EIN-PN 57-0752346-002
a	Plan name	INVESQUE HOLDINGS LP FINANCIAL FREEDOM 401(K) PLAN	
b	Name of plan sponsor	INVESQUE HOLDINGS LP	c EIN-PN 47-5355397-001
a	Plan name	SHANACHIE ENTERTAINMENT CORP. 401(K) PLAN	
b	Name of plan sponsor	SHANACHIE ENTERTAINMENT CORP.	c EIN-PN 13-2986258-001
a	Plan name	SHAWNEE COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHAWNEE COUNTRY CLUB	c EIN-PN 34-4353200-001
a	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
b	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	c EIN-PN 20-0048495-001
a	Plan name	WINTERGREEN CONSTRUCTION SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	WINTERGREEN CONSTRUCTION SERVICES, INC.	c EIN-PN 59-3034069-001
a	Plan name	BROADMOOR DRUG CENTER RETIREMENT PLAN	
b	Name of plan sponsor	BROADMOOR DRUG CENTER, INC.	c EIN-PN 72-0754023-001

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	ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELLEFSON TRANSPORTATION GROUP, INC.	c EIN-PN 58-1654796-001
a	Plan name	JENKINS PLUMBING 401(K) PLAN	
b	Name of plan sponsor	JENKINS PLUMBING COMPANY, LLC	c EIN-PN 58-2531468-001
a	Plan name	OHIO COUNCIL OF RETAIL MERCHANTS 401(K) PLAN	
b	Name of plan sponsor	OHIO COUNCIL OF RETAIL MERCHANTS	c EIN-PN 31-4269320-002
a	Plan name	OHIO READY MIX, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OHIO READY MIX, INC.	c EIN-PN 34-1086697-001
a	Plan name	OK MEDIA SOLUTIONS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OK MEDIA SOLUTIONS, INC.	c EIN-PN 45-2633274-001
a	Plan name	SOFTCRYLIC 401(K) PLAN	
b	Name of plan sponsor	SOFTCRYLIC, LLC	c EIN-PN 13-4137658-001
a	Plan name	SOUND HEALTH IMAGING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SOUND HEALTH IMAGING, INC.	c EIN-PN 81-0489518-002
a	Plan name	C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor	C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222
a	Plan name	CABERY FERTILIZER, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CABERY FERTILIZER, INC.	c EIN-PN 37-0909029-001
a	Plan name	K & H CONCRETE CUTTING, INC. 401(K) PLAN	
b	Name of plan sponsor	K&H CONCRETE CUTTING, INC.	c EIN-PN 38-2421612-001
a	Plan name	OWATONNA COUNTRY CLUB 401(K) AND TRUST	
b	Name of plan sponsor	OWATONNA COUNTRY CLUB	c EIN-PN 26-0010665-001
a	Plan name	STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA	c EIN-PN 58-1575076-001

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	FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FINANCIAL NETWORK FID WEST, LLC	c EIN-PN 26-2039224-001
a	Plan name	FIRST MISSOURI CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	FIRST MISSOURI CREDIT UNION	c EIN-PN 43-0492167-001
a	Plan name	CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CARTER STREET CORPORATION	c EIN-PN 62-1125122-001
a	Plan name	SUPERSTORE 401(K) PLAN	
b	Name of plan sponsor	FURNITURE SUPERSTORE LLC	c EIN-PN 87-0698757-001
a	Plan name	CELTIC CONSTRUCTION, INC. PREVAILING WAGE PLAN	
b	Name of plan sponsor	CELTIC CONSTRUCTION, INC.	c EIN-PN 20-1247860-001
a	Plan name	CENTER POINT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTER POINT FAMILY DENTISTRY, PLLC	c EIN-PN 27-4512893-002
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	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN	
b	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.	c EIN-PN 36-2817667-001
a	Plan name	PETE'S PLUMBING 401(K) PLAN	
b	Name of plan sponsor	PETE'S PLUMBING, INC.	c EIN-PN 20-0937994-001
a	Plan name	TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001
a	Plan name	TEC ELECTRICAL CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor	TEC ELECTRICAL CONTRACTING, INC	c EIN-PN 46-0761832-001
a	Plan name	TECHNOALPIN 401(K) PLAN	
b	Name of plan sponsor	TECHNOALPIN USA, INC.	c EIN-PN 22-3857446-001

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 WHARTON FUNDING COMPANY 401(K) PLAN	
b	Name of plan sponsor WHARTON FUNDING COMPANY	c EIN-PN 20-0408585-001
a	Plan name WHITEHEAD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WHITEHEAD & ASSOCIATES, INC.	c EIN-PN 58-1096001-001
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 AXIS FABRICATION & MACHINE CO. 401(K) PLAN	
b	Name of plan sponsor AXIS FABRICATION & MACHINE COMPANY, LLC	c EIN-PN 26-3961265-001
a	Plan name WOMER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOMER AND ASSOCIATES, INC.	c EIN-PN 91-1570424-001
a	Plan name WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WONDERLAND TIRE COMPANY, INC.	c EIN-PN 38-2264378-001
a	Plan name BENETRENDS, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BENETRENDS, INC.	c EIN-PN 35-2519056-002
a	Plan name BIZLINK GROUP 401(K) PLAN	
b	Name of plan sponsor BIZLINK TECHNOLOGY, INC.	c EIN-PN 94-3355611-001
a	Plan name BROWNLEE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor BROWNLEE LUMBER COMPANY	c EIN-PN 25-1542521-001
a	Plan name BRUCE C. WINTERSTEEN, D.D.S. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRUCE C. WINTERSTEEN, D.D.S.	c EIN-PN 37-1209635-002
a	Plan name BSB RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor THE BIPPUS STATE BANK	c EIN-PN 35-0180140-001

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	CAHFC 401(K) PLAN
b	Name of plan sponsor	CAPITAL AREA HOUSING FINANCE CORPORATION
c	EIN-PN	42-1550637-001
a	Plan name	CAL-MED 401(K) RETIREMENT PLAN
b	Name of plan sponsor	CALIFORNIA MEDICAL PHARMACY
c	EIN-PN	95-2320679-001
a	Plan name	CALIBER SOLUTIONS 401(K) PLAN
b	Name of plan sponsor	PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS
c	EIN-PN	26-4751651-001
a	Plan name	CASTILLO & WEST ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	CASTILLO & WEST ACCOUNTANCY CORPORATION
c	EIN-PN	56-2433686-001
a	Plan name	CERIC FABRICATION COMPANY 401(K)/PROFIT SHARING PLAN
b	Name of plan sponsor	CERIC FABRICATION COMPANY, INC.
c	EIN-PN	04-2838553-001
a	Plan name	CLEARWATER CONSULTING 401(K) PLAN
b	Name of plan sponsor	CLEARWATER CONSULTING, LLC
c	EIN-PN	20-8661154-001
a	Plan name	COLLEGIUM HOLDINGS, INC. 401(K) PLAN
b	Name of plan sponsor	COLLEGIUM HOLDINGS, INC.
c	EIN-PN	22-3221879-001
a	Plan name	COOPER CONSULTING COMPANY 401(K) PLAN
b	Name of plan sponsor	COOPER CONSULTING COMPANY
c	EIN-PN	74-2723942-001
a	Plan name	CROWN HILL DENTISTRY RETIREMENT READINESS 401(K) PLAN
b	Name of plan sponsor	BRITTANY D. GOODING, D.D.S., P.C.
c	EIN-PN	45-4069228-001
a	Plan name	CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CROWN SEARCH SERVICES
c	EIN-PN	31-1724430-001
a	Plan name	CSRA 401(K) PLAN
b	Name of plan sponsor	CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY
c	EIN-PN	58-1369830-333
a	Plan name	DAWN INDUSTRIES RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	DAWN INDUSTRIES, INC.
c	EIN-PN	84-0798733-001

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 DENVER METRO ASSOCIATION OF REALTORS 401(K) PLAN	
b	Name of plan sponsor DENVER METRO ASSOCIATION OF REALTORS	c EIN-PN 84-0188045-002
a	Plan name DRYTECH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRYTECH, INC.	c EIN-PN 63-1117842-001
a	Plan name DUBOIS COUNTY BLOCK & BRICK, INC. 401(K) PLAN	
b	Name of plan sponsor DUBOIS COUNTY BLOCK & BRICK, INC.	c EIN-PN 35-2083897-001
a	Plan name DUFF QUARRY, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor DUFF QUARRY, INC.	c EIN-PN 34-0929698-001
a	Plan name EASTERN RADIOLOGY ASSOCIATES PC 401(K) PLAN	
b	Name of plan sponsor EASTERN RADIOLOGY ASSOCIATES PC	c EIN-PN 81-0306627-001
a	Plan name EMPLOYEE SALARY REDUCTION PLAN OF MEGA HERTZ SALES COMPANY	
b	Name of plan sponsor MEGA HERTZ SALES COMPANY	c EIN-PN 84-0855727-001
a	Plan name EMPLOYEES' 401(K) RETIREMENT TRUST FOR ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	
b	Name of plan sponsor ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	c EIN-PN 95-3084651-015
a	Plan name ENCORE GLASS 401(K) PLAN	
b	Name of plan sponsor ENCORE GLASS	c EIN-PN 45-4333619-001
a	Plan name FIRST STOP URGENT CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FIRST STOP URGENT CARE	c EIN-PN 84-1649267-001
a	Plan name FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor FISHER DESIGN, INC.	c EIN-PN 31-0601808-001
a	Plan name FLINT CHILDREN'S CENTER, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FLINT CHILDREN'S CENTER, P.C.	c EIN-PN 38-1858407-009
a	Plan name FOUNDATION FOR INTERNATIONAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FOUNDATION FOR INTERNATIONAL SERVICES, INC.	c EIN-PN 91-1300363-001

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 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 GIBSON WINE COMPANY EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor GIBSON WINE COMPANY	c EIN-PN 94-0840555-002
a	Plan name GIBSON WINE COMPANY EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor GIBSON WINE COMPANY	c EIN-PN 94-0840555-003
a	Plan name GLYMED PLUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLYMED PLUS LLC	c EIN-PN 80-0112220-001
a	Plan name GROKHALOV FAMILY VENTURES, INC. RETIREMENT PLAN	
b	Name of plan sponsor GROKHALOV FAMILY VENTURES, INC.	c EIN-PN 46-3224549-001
a	Plan name GROOV-PIN CORPORATION EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor GROOV-PIN CORPORATION	c EIN-PN 22-0965690-001
a	Plan name HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor HARRISS & HARTMAN LAW FIRM, P.C.	c EIN-PN 58-1385781-001
a	Plan name HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001
a	Plan name HORAN BUILDING COMPANY 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor HORAN BUILDING CO., INC.	c EIN-PN 05-0466821-001
a	Plan name HORSHAM SQUARE PHARMACY, INC. 401K PLAN	
b	Name of plan sponsor HORSHAM SQUARE PHARMACY, INC.	c EIN-PN 23-2409251-002
a	Plan name HOSKINS EQUIPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor HOSKINS EQUIPMENT, LLC	c EIN-PN 95-3547273-001
a	Plan name IRONWOOD INDUSTRIES, INC. 401(K) RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor IRONWOOD INDUSTRIES, INC.	c EIN-PN 36-2590290-001

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 JESSICA R. BENTOSKI, DDS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor JESSICA R. BENTOSKI, DDS PLLC	c EIN-PN 46-4379759-001
a	Plan name KAWANA & GONG, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KAWANA & GONG, LLP	c EIN-PN 20-0427747-001
a	Plan name KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor KRIEGEL HOLDING COMPANY, INC.	c EIN-PN 30-0227844-001
a	Plan name LARICHE CHEVROLET CADILLAC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LARICHE CHEVROLET CADILLAC, INC.	c EIN-PN 34-1352811-001
a	Plan name LASKEY'S DISCOUNT FURNITURE PROFIT SHARING PLAN	
b	Name of plan sponsor LASKEY'S DISCOUNT FURNITURE	c EIN-PN 25-1450031-001
a	Plan name LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN	
b	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	c EIN-PN 26-1603445-002
a	Plan name LUHRSEN GOLDBERG, LLC 401(K) PLAN	
b	Name of plan sponsor LUHRSEN GOLDBERG, LLC	c EIN-PN 81-2579736-001
a	Plan name MAURER HEATING & COOLING CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAURER HEATING & COOLING CO.	c EIN-PN 38-1869455-002
a	Plan name MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MEDIX SPECIALTY VEHICLES, LLC	c EIN-PN 54-2028306-001
a	Plan name MILILANI PHYSICAL THERAPY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILILANI PHYSICAL THERAPY, LLC	c EIN-PN 91-6551087-001
a	Plan name MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor MOHS CONSTRUCTION COMPANY, INC.	c EIN-PN 46-1727385-001
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	NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	NEUMANN MONSON, INC.
c	EIN-PN	42-1242646-222
a	Plan name	NEW DAY CHRISTIAN DISTRIBUTORS, INC. 401(K) PLAN
b	Name of plan sponsor	NEW DAY CHRISTIAN DISTRIBUTORS, INC.
c	EIN-PN	62-1126698-001
a	Plan name	NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST
b	Name of plan sponsor	NEW ENGLAND DENTAL CENTER, P.C.
c	EIN-PN	06-1001051-001
a	Plan name	NORTH SHORE MANUFACTURING CORP. RETIREMENT PLAN
b	Name of plan sponsor	NORTH SHORE MANUFACTURING CORPORATION
c	EIN-PN	38-1885372-001
a	Plan name	PETERSON, OLIVER & POLL 401(K) PLAN
b	Name of plan sponsor	PETERSON, OLIVER & POLL
c	EIN-PN	33-0551209-001
a	Plan name	PETROLEUM INSTALLATION SPECIALISTS, LLC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	PETROLEUM INSTALLATION SPECIALISTS, LLC
c	EIN-PN	87-0647114-001
a	Plan name	PGI PROFIT SHARING PLAN
b	Name of plan sponsor	THE PERSIMMON GROUP, INC.
c	EIN-PN	75-2515316-001
a	Plan name	PREMIERE BUILDING MAINTENANCE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	PREMIERE BUILDING MAINTENANCE CORPORATION
c	EIN-PN	62-1643357-001
a	Plan name	PROGRESSIVEHEALTH 401(K) PLAN
b	Name of plan sponsor	PROGRESSIVEHEALTH
c	EIN-PN	35-1907348-002
a	Plan name	RADWELL INTERNATIONAL LLC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	RADWELL INTERNATIONAL LLC
c	EIN-PN	23-2106278-001
a	Plan name	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY
b	Name of plan sponsor	RAO MANUFACTURING COMPANY
c	EIN-PN	41-0494610-002
a	Plan name	ROSHER ELECTRIC COMPANY, INC. 401(K) PLAN
b	Name of plan sponsor	ROSHER ELECTRIC COMPANY, INC.
c	EIN-PN	63-0626370-001

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 S&S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor S&S MANAGEMENT, INC.	c EIN-PN 31-1493783-001
a	Plan name SHERIDAN SHEET METAL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SHERIDAN SHEET METAL COMPANY	c EIN-PN 41-1631666-001
a	Plan name SID GRINKER RESTORATION, INC. EMPLOYEES' FLEXIBLE PROFIT SHARING PLAN	
b	Name of plan sponsor SID GRINKER RESTORATION, INC.	c EIN-PN 39-0983766-005
a	Plan name SIERRA WEST CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIERRA WEST CONSTRUCTION, INC.	c EIN-PN 68-0153330-002
a	Plan name SOUTH SHORE HEARING CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTH SHORE HEARING CENTER, LLC	c EIN-PN 47-4480052-001
a	Plan name SOUTHEASTERN WINDOW CONCEPTS, LLC 401(K) PLAN	
b	Name of plan sponsor SOUTHEASTERN WINDOW CONCEPTS, LLC	c EIN-PN 58-2620660-001
a	Plan name STELMATIC INDUSTRIES, INC. 401(K)	
b	Name of plan sponsor STELMATIC INDUSTRIES, INC.	c EIN-PN 38-1802127-001
a	Plan name T K GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor T K GROUP, INC.	c EIN-PN 36-3489575-001
a	Plan name THE PADRE PIO FOUNDATION OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor THE PADRE PIO FOUNDATION OF AMERICA, INC.	c EIN-PN 06-1023010-001
a	Plan name THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name THE ZITA GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor THE ZITA GROUP, LLC	c EIN-PN 20-8612123-001
a	Plan name AMANI ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor AMANI ENGINEERING, INC.	c EIN-PN 76-0614439-001

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	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	c EIN-PN 38-3424306-001

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

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

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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 AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS RET OPT	B Three-digit plan number (PN) ▶ 235
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
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)	1	1
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(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)	101114500	99990854
(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	101114501	99990855
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	101114501	99990855

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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1664024	
(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)		1664024
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	7924158	
(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)		8579693
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		18167875

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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	652621	
(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)		652621
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		652621

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17515254
l Transfers of assets:			
(1) To this plan.....	2l(1)		8468887
(2) From this plan	2l(2)		27107787

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 _____.