

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: PIMCO TOTAL RETURN RET OPT
1b Three-digit plan number (PN): 312
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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) <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>PIMCO TOTAL RETURN RET OPT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>312</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:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 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 CERTEX USA 401(K) PLAN	
b	Name of plan sponsor CERTEX USA, INC.	c EIN-PN 20-1211126-001
a	Plan name CESAR'S WAY, INC. 401(K) PLAN PROFIT SHARING PLAN	
b	Name of plan sponsor CESAR'S WAY, INC.	c EIN-PN 04-3812367-001
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 COMCARE, INC. 401(K) PLAN	
b	Name of plan sponsor COMCARE, INC.	c EIN-PN 62-1019649-004
a	Plan name CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	c EIN-PN 23-7198801-001
a	Plan name ECKARDT ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ECKARDT ELECTRIC COMPANY	c EIN-PN 58-0707644-003
a	Plan name FALCON BRIDGE CAPITAL 401(K) PLAN & TRUST	
b	Name of plan sponsor FALCON BRIDGE CAPITAL, LLC	c EIN-PN 32-0206781-001
a	Plan name FAMILY FORD, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor FAMILY FORD, INC.	c EIN-PN 04-3459007-001
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 GOSHEN COSMETIC AND FAMILY DENTISTRY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOSHEN COSMETIC AND ADVANCED FAMILY DENTISTRY, P.C.	c EIN-PN 30-0138117-001
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
a	Plan name J. AMBROGI FOOD DISTRIBUTORS, INC. 401(K) PLAN	
b	Name of plan sponsor J. AMBROGI FOOD DISTRIBUTION, INC.	c EIN-PN 51-0297646-001
a	Plan name KENNEDY & HAN, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENNEDY & HAN, P.C.	c EIN-PN 85-0482265-001
a	Plan name LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN	
b	Name of plan sponsor LAW OFFICES OF ANDREW BLUMER	c EIN-PN 41-2145148-777
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 PACIFIC DESIGN AND SOURCING 401(K) PLAN	
b	Name of plan sponsor PACIFIC DESIGN AND SOURCING	c EIN-PN 27-2403668-001
a	Plan name PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PACIFIC HEALTHCARE GROUP LLC	c EIN-PN 88-4181241-777
a	Plan name PACIFIC MEDICAL 401(K) PLAN	
b	Name of plan sponsor PACIFIC MEDICAL MANAGEMENT SERVICES, INC.	c EIN-PN 56-2321193-001
a	Plan name PHILIP CIAMPA SALON 401(K) PLAN	
b	Name of plan sponsor PHILIP CIAMPA SALON	c EIN-PN 04-2784425-001
a	Plan name PHOENIX BUSINESS SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor PHOENIX BUSINESS SOLUTIONS, LLC	c EIN-PN 36-4358996-001
a	Plan name PROMAN STAFFING GROUP 401(K) PLAN	
b	Name of plan sponsor PROMAN GROUP, INC	c EIN-PN 82-2540923-001

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	PROPOINT TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROPOINT TECHNOLOGY, INC	c EIN-PN 20-2925475-001
a	Plan name	RFNRCPAS RETIREMENT PLAN	
b	Name of plan sponsor	RFNR, LLP	c EIN-PN 95-4664923-001
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	SIGNMEDIA, INC. 401(K) PLAN	
b	Name of plan sponsor	SIGNMEDIA, INC.	c EIN-PN 54-1254298-001
a	Plan name	STERLING ENERGY OPERATIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	STERLING ENERGY OPERATIONS, LLC	c EIN-PN 33-0969595-001
a	Plan name	STEVENS TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor	STEVENS TRANSPORTATION, INC.	c EIN-PN 77-0009655-001
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	THOMAS R. PATACCA, D.D.S., INC. RETIREMENT SAVINGS TRUST AND PLAN	
b	Name of plan sponsor	THOMAS R. PATACCA, D.D.S., INC.	c EIN-PN 34-1133350-001
a	Plan name	THOMPSON CHILD & FAMILY FOCUS 401(K) PLAN	
b	Name of plan sponsor	THOMPSON CHILD & FAMILY FOCUS	c EIN-PN 56-0547460-004
a	Plan name	THREAD INFORMATION DESIGN 401(K) PLAN	
b	Name of plan sponsor	THREAD INFORMATION DESIGN	c EIN-PN 34-1537882-001
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	WTP 401(K) PLAN	
b	Name of plan sponsor	WESTRAN THERMAL PROCESSING	c EIN-PN 81-2963161-001

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 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 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 AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AIRMAX LLC	c EIN-PN 84-1440204-001
a	Plan name APPALACHIAN BOILER AND FAB,LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor APPALACHIAN BOILER AND FAB, LLC	c EIN-PN 46-0911627-001
a	Plan name APS 401(K) PLAN	
b	Name of plan sponsor ADVANCED POWDER SOLUTIONS OF TEXAS	c EIN-PN 20-3150581-001
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 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 EIRECON CONSTRUCTION, LLC DEFINED BENEFIT PLAN	
b	Name of plan sponsor EIRECON CONSTRUCTION, LLC	c EIN-PN 83-0424733-002
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 GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	c EIN-PN 95-4126355-001

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 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 HEALTH SOLUTIONS, LLC EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor HEALTH SOLUTIONS, LLC	c EIN-PN 26-1412288-001
a	Plan name HEART CENTER OF NEVADA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOHAIL ANJUM-DOST WATTOO, M.D.'S, LTD.	c EIN-PN 88-0161856-001
a	Plan name HWC LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HWC LOGISTICS, INC.	c EIN-PN 45-4917341-001
a	Plan name J.R. LENNEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LENNEN CONSTRUCTION	c EIN-PN 94-3399511-001
a	Plan name JAE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JEWELL ASSOCIATES ENGINEERS, INC.	c EIN-PN 26-1811972-001
a	Plan name JAG, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JAG, INC.	c EIN-PN 20-4383697-001
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 LEGACY TRUCKING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LEGACY TRUCKING, INC.	c EIN-PN 84-1268710-001
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 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 NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NU-TIER BRANDS, INC.	c EIN-PN 90-0541753-001

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 PAKOIL COMPANY EMPLOYEES' PROFIT-SHARING TRUST	
b	Name of plan sponsor PAKOIL COMPANY	c EIN-PN 23-1940681-002
a	Plan name PALMETTO REHABILITATION SPECIALISTS LLC 401(K) PLAN	
b	Name of plan sponsor PALMETTO REHABILITATION SPECIALISTS	c EIN-PN 20-4474119-001
a	Plan name PANTECH WIRELESS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor PANTECH WIRELESS, INC.	c EIN-PN 04-3629687-001
a	Plan name PIONEER GROUP, INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PIONEER GROUP, INC.	c EIN-PN 48-1194272-001
a	Plan name PISGAH MEDICAL CLINIC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PISGAH MEDICAL CLINIC	c EIN-PN 45-4192694-001
a	Plan name PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor PUTNAM TRUCKING, INC.	c EIN-PN 37-1272751-001
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 RICHARD ROWAN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RICHARD ROWAN, DMD	c EIN-PN 94-2861305-001
a	Plan name SALON AURA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SALON AURA	c EIN-PN 39-1885637-001
a	Plan name SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name STREET KITCHENS, INC. 401(K) PLAN	
b	Name of plan sponsor STREET KITCHENS, INC.	c EIN-PN 26-4082769-001
a	Plan name TILLERY CHEVROLET/GMC INC. 401(K) PLAN	
b	Name of plan sponsor TILLERY CHEVROLET/GMC	c EIN-PN 85-0281064-001

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 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 ARMATURE & ELECTRIC CO. 401(K) PLAN	
b	Name of plan sponsor VALLEY ARMATURE & ELECTRIC COMPANY INC.	c EIN-PN 74-1915576-002
a	Plan name VALLEY BULK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VALLEY BULK, INC.	c EIN-PN 33-0674207-001
a	Plan name WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
b	Name of plan sponsor WAILEA GOLF LLC	c EIN-PN 76-0741485-001
a	Plan name WAILEA GOLF LLC BU / GA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WAILEA GOLF LLC	c EIN-PN 76-0741485-003
a	Plan name YEZCO1, INC. 401(K) PLAN	
b	Name of plan sponsor YEZCO1, INC.	c EIN-PN 35-2395294-001
a	Plan name ZAHARONI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor ZAHARONI INDUSTRIES, INC.	c EIN-PN 95-3768219-001
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 BACK EAST, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BACK EAST LTD	c EIN-PN 65-0706506-001
a	Plan name BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001
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

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 & D PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor D & D PLUMBING, LLC	c EIN-PN 88-0164801-001
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
a	Plan name LESLIE W.H. AU, D.M.D. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LESLIE W.H. AU, D.M.D.	c EIN-PN 99-6046340-001
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 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 OPHTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OPHTHALMOLOGY CENTER OF ILLINOIS	c EIN-PN 46-3808527-001
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 SARAT FORD SALES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SARAT FORD SALES, INC.	c EIN-PN 04-2385735-001
a	Plan name SAUGUS CONSTRUCTION CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor SAUGUS CONSTRUCTION CORPORATION	c EIN-PN 04-3131744-001
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 TROIL ENTERPRISES, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor TROIL ENTERPRISES, LLC	c EIN-PN 22-3379538-003

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 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 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 BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor BUILDERS IRON	c EIN-PN 38-3128186-001
a	Plan name CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor CHEROKEE FARM DEVELOPMENT CORPORATION	c EIN-PN 46-1180603-001
a	Plan name CHILD CARE COUNCIL OF KENTUCKY, INC. 401(K) PLAN	
b	Name of plan sponsor CHILD CARE COUNCIL OF KENTUCKY, INC.	c EIN-PN 31-1102545-001
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 DIXON AUTOMATIC TOOL, INC. EMPLOYEES' PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DIXON AUTOMATIC TOOL, INC.	c EIN-PN 36-2231217-001
a	Plan name ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	c EIN-PN 27-0047953-001
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 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 I-TECH USA 401(K) PLAN	
b	Name of plan sponsor I-TECH USA	c EIN-PN 32-0015143-001
a	Plan name JOHN DEERE CLASSIC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN DEERE CLASSIC	c EIN-PN 93-1332421-001

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 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 AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AARON A. ADAOAG, M.D., LTD.	c EIN-PN 26-0880609-001
a	Plan name AMERICAN TELEPHONE 401(K) PLAN	
b	Name of plan sponsor DESIGN BUSINESS COMMUNICATIONS, INC.	c EIN-PN 86-0736656-001
a	Plan name AMERICAN TIRE & AUTO 401(K) SAVINGS PLAN	
b	Name of plan sponsor AMERICAN TIRE & AUTO CARE, INC.	c EIN-PN 47-5563950-001
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 AMES, INC. 401(K) PLAN	
b	Name of plan sponsor AMES, INC.	c EIN-PN 52-1039531-001
a	Plan name BARR & MORGAN 401(K) PLAN	
b	Name of plan sponsor BARR & MORGAN	c EIN-PN 27-1775148-001
a	Plan name BUILDING & BEYOND, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUILDING & BEYOND, INC.	c EIN-PN 77-0390287-001
a	Plan name BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BUILDING SYSTEMS TRANSPORTATION CO.	c EIN-PN 31-1289790-001
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 DODDS BODYWORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DODDS BODYWORKS, INC.	c EIN-PN 31-1018566-001
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

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	ETNA STAFFING SOLUTIONS (ESS) LLC 401(K) PLAN	
b	Name of plan sponsor	ETNA STAFFING SOLUTIONS (ESS) LLC	c EIN-PN 26-2379410-001
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	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	HAGOOD HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor	HAGOOD HOMES, INC.	c EIN-PN 56-1965580-001
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	MCCUTCHEON AGENCY LTD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MCCUTCHEON INSURANCE AGENCY LTD	c EIN-PN 36-3087849-001
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	PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PORTER KIAKONA KOPPER, LLP	c EIN-PN 99-0210947-001
a	Plan name	SCHAEFFER DOUGLAS TITLE 401(K) PLAN	
b	Name of plan sponsor	SCHAEFFER DOUGLAS TITLE	c EIN-PN 20-3601896-001
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)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE CITIZENS BANK EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor THE CITIZENS BANK	c EIN-PN 61-0156390-002
a	Plan name TRUE & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRUE & ASSOCIATES	c EIN-PN 22-2472821-002
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 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 WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name WATKINS CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor WATKINS CONSTRUCTION COMPANY, INC.	c EIN-PN 95-3084079-001
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 ENERGY RETIREMENT PLAN	
b	Name of plan sponsor ABSOLUTE ENERGY, L.L.C	c EIN-PN 20-3841025-777
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 ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor ARRASMITH, JUDD, RAPP, CHOVAN INC.	c EIN-PN 16-1627907-001
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 BOOTHWYN PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor BPI HOLDINGS, LLC	c EIN-PN 23-2774727-001

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	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	BOWEN INDUSTRIAL CONTRACTORS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BOWEN INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 74-2326815-222
a	Plan name	CAPITOL 401(K) PLAN	
b	Name of plan sponsor	CAPITOL PROCESS SERVICES, INC.	c EIN-PN 52-2283731-001
a	Plan name	COMPREHENSIVE DENTAL SERVICES, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor	COMPREHENSIVE DENTAL SERVICES, LTD.	c EIN-PN 39-1154725-001
a	Plan name	COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP	c EIN-PN 59-3426104-001
a	Plan name	COMPUTHINK, INC. 401(K) PLAN	
b	Name of plan sponsor	COMPUTHINK, INC.	c EIN-PN 36-3953691-001
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	DOWN RIVER OBSTETRICS AND GYNECOLOGY PLC 401(K) PLAN	
b	Name of plan sponsor	DOWN RIVER OBSTETRICS AND GYNECOLOGY, PLC	c EIN-PN 51-0417353-001
a	Plan name	EL POLLO LOCO, INC. 401(K) PLAN	
b	Name of plan sponsor	EL POLLO LOCO, INC.	c EIN-PN 33-0377527-777
a	Plan name	FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	FCNB BANK	c EIN-PN 43-0224380-001
a	Plan name	FELDMAN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FELDMAN & ASSOCIATES, INC.	c EIN-PN 95-4814253-001

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 GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GAYLORD MANUFACTURING 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
a	Plan name GRANITE STATE ACOUSTICS, INC. 401(K) PLAN	
b	Name of plan sponsor GRANITE STATE ACOUSTICS, INC.	c EIN-PN 02-0276885-001
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 GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREAT KIDS, INC.	c EIN-PN 62-1798100-001
a	Plan name HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor HENNESSEY ENGINEERS, INC.	c EIN-PN 38-2047389-004
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 IMPORT LOGISTICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor IMPORT LOGISTICS, INC.	c EIN-PN 36-3798354-001
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 KIDZ BIZ PEDIATRICS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KIDZ BIZ PEDIATRICS	c EIN-PN 43-1940340-001
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 LISTON & TSANTILIS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LISTON & TSANTILIS, P.C.	c EIN-PN 37-1754330-001

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 MARKETING SOLUTIONS INC. & DESIGN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARKETING SOLUTIONS INC. & DESIGN	c EIN-PN 46-5300350-001
a	Plan name MARTIN BAGWELL LUKE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARTIN BAGWELL LUKE, P.C.	c EIN-PN 46-3663316-001
a	Plan name NWGE 401(K) PLAN	
b	Name of plan sponsor NORTHWEST GENERAL ENGINEERING	c EIN-PN 68-0454297-001
a	Plan name PARAGON SOFTWARE GROUP CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PARAGON SOFTWARE GROUP CORPORATION	c EIN-PN 26-2745098-001
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
a	Plan name PWA RETIREMENT PLAN	
b	Name of plan sponsor PERHATS WENSTROM ASSOCIATES, INC.	c EIN-PN 36-3611103-002
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 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 SUCESION J. SERRALLES, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor SUCESION J. SERRALLES, INC.	c EIN-PN 66-0378432-001
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 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
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

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	VAN UNEN/MIERSMA PROPANE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	VAN UNEN/MIERSMA PROPANE INC	c EIN-PN 68-0291244-001
a	Plan name	WECKWORTH-LANGDON 401(K) PLAN	
b	Name of plan sponsor	WECKWORTH MANUFACTURING, INC.	c EIN-PN 48-1137303-001
a	Plan name	WEINBERG & COMPANY 401K PLAN	
b	Name of plan sponsor	WEINBERG & COMPANY, LLP	c EIN-PN 05-0401635-001
a	Plan name	WELSH-HAGEN 401(K) PLAN	
b	Name of plan sponsor	WELSH HAGEN	c EIN-PN 45-4918589-001
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	CECOS 401(K) PLAN	
b	Name of plan sponsor	CYRIACKS ENVIRONMENTAL CONSULTING SERVICES, INC.	c EIN-PN 90-0106680-001
a	Plan name	L.E.C. SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	L.E.C. SERVICE, INC.	c EIN-PN 95-2891617-001
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	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	TAMARA L. HIESTER, D.D.S. 401(K) PLAN	
b	Name of plan sponsor	TAMARA L. HIESTER, D.D.S.	c EIN-PN 35-2051065-001
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	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

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	GENERA ENERGY 401(K) PLAN	
b	Name of plan sponsor	GENERA ENERGY, INC.	c EIN-PN 45-4907881-001
a	Plan name	LLEWELLYN DENTAL ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LLEWELLYN DENTAL ASSOCIATES, P.A.	c EIN-PN 22-2902056-002
a	Plan name	LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LOMONT MOLDING, LLC	c EIN-PN 47-1306587-001
a	Plan name	THE EMF COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE EMF COMPANY, INC.	c EIN-PN 75-1552044-001
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	CNJ, INC. 401(K) PLAN	
b	Name of plan sponsor	CNJ, INC.	c EIN-PN 20-4459124-001
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	GISCLAIR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GISCLAIR & ASSOCIATES, INC.	c EIN-PN 72-1012609-001
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	MACOMB NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MACOMB NEUROLOGY ASSOCIATES, P.C.	c EIN-PN 38-3587490-001
a	Plan name	PRINCESS ANNE ENT & ALLERGY, PC 401(K) PLAN	
b	Name of plan sponsor	PRINCESS ANNE ENT & ALLERGY, P.C.	c EIN-PN 45-5573995-001

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	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	ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
a	Plan name	ALPHA CONSULTING ENGINEERS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ALPHA CONSULTING ENGINEERS, INC.	c EIN-PN 25-1719838-001
a	Plan name	CONCEPT GROUP INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONCEPT GROUP, INC.	c EIN-PN 41-1334328-001
a	Plan name	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES S.C. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES, INC.	c EIN-PN 20-0676469-001
a	Plan name	QUALITY LAPEL PINS, INC. 401(K) PLAN	
b	Name of plan sponsor	QUALITY LAPEL PINS, INC.	c EIN-PN 41-2119859-001
a	Plan name	AMPAC 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
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	HAI ALLEN QUOC VU, DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAI ALLEN QUOC VU, D.D.S.	c EIN-PN 77-0533136-001
a	Plan name	MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCZ CONSTRUCTION, INC.	c EIN-PN 20-0634943-001
a	Plan name	MED ONE MEDICAL GROUP EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	MED ONE FAMILY MEDICAL GROUP, INC.	c EIN-PN 33-0776463-001

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	RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIZZETTA & COMPANY, INC.	c EIN-PN 59-3075187-001
a	Plan name	ROAM ARTISAN BURGERS 401(K) PLAN	
b	Name of plan sponsor	ROAM RESTAURANT GROUP, INC.	c EIN-PN 88-3541442-001
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
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	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	VANQUISH WORLDWIDE, LLC 401(K) PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395487-001
a	Plan name	VANQUISH WORLDWIDE, LLC FS TEAMSTERS 401(K) PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-003
a	Plan name	VANQUISH WORLDWIDE, LLC PREVAILING WAGE EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-002
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	ROUNDERS 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ROUNDERS BAR & GRILL, INC.	c EIN-PN 20-5823096-001
a	Plan name	NATIONAL WELDING, INC. 401(K) PLAN	
b	Name of plan sponsor	NATIONAL WELDING, INC.	c EIN-PN 56-2396369-001

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	BEAMALLOY TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	BEAMALLOY TECHNOLOGIES, LLC	c EIN-PN 20-0326509-001
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	BEEF O'BRADY'S HUDSON, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BEEF O'BRADY'S HUDSON, INC.	c EIN-PN 45-1669694-001
a	Plan name	DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE	c EIN-PN 74-2497117-001
a	Plan name	DR. ASHRAF W. SEDHOM BDS, MD, PC DEFINED BENEFIT	
b	Name of plan sponsor	DR. ASHRAF W. SEDHOM - BDS MD PC	c EIN-PN 84-1594826-002
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	INNOVATION EDGE, LLC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	INNOVATION EDGE, LLC	c EIN-PN 20-9196742-001
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 MCLEOD PLUMBING, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	SCOTT MCLEOD PLUMBING, INC.	c EIN-PN 32-0067594-002
a	Plan name	WEST COAST FIRESTOPPING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST COAST FIRESTOPPING, INC.	c EIN-PN 20-8550680-001
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	SEWINGMACHINESPLUS.COM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SEWINGMACHINESPLUS.COM, INC.	c EIN-PN 26-4413184-001

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	BESTCO ELECTRIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BESTCO ELECTRIC, INC.	c EIN-PN 94-2212170-002
a	Plan name	BHP MANAGEMENT 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BHP MANAGEMENT CORP.	c EIN-PN 26-1404372-001
a	Plan name	DURABOOK 401(K) PLAN	
b	Name of plan sponsor	DURABOOK AMERICAS INC.	c EIN-PN 22-2820772-001
a	Plan name	DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DUVALL FORD COMPANY, INC.	c EIN-PN 58-1538949-001
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	INTREIS 401(K) PLAN	
b	Name of plan sponsor	INTREIS	c EIN-PN 46-0855494-001
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	NEW TITLE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	NEW TITLE SERVICES	c EIN-PN 20-0337649-001
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	WILLIAM J.T. COULMAN, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. BILL COULMAN, D.D.S., INC.	c EIN-PN 31-1643764-001
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	OCEAN VIEW DENTAL 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUMMER T. WOOD, D.M.D. DBA OCEAN VIEW DENTAL	c EIN-PN 45-3512542-001

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	ELECTRONIC CHROME CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ELECTRONIC CHROME & GRINDING COMPANY, INC.	c EIN-PN 95-2489408-001
a	Plan name	ELITE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	ELITE CONSTRUCTION & DESIGN, INC.	c EIN-PN 20-5415510-001
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	JCL SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor	JCL SERVICE COMPANY LLC	c EIN-PN 46-0577895-001
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	SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SNAPPY SPORT SENTER, INC.	c EIN-PN 81-0426659-001
a	Plan name	BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 88-0401243-002
a	Plan name	EVER-GREEN COMMUNICATIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EVER-GREEN COMMUNICATIONS SERVICES, INC.	c EIN-PN 68-0305170-001
a	Plan name	EXCEL PAYROLL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	EXCEL PAYROLL SERVICES, INC.	c EIN-PN 26-1943089-001
a	Plan name	JP RUEL ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	JP ELECTRIC AND SON, INC.	c EIN-PN 46-2288362-001
a	Plan name	JS CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	JS CONSTRUCTION MT LLC	c EIN-PN 86-2261409-001
a	Plan name	PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PATRICK COUNTY FAMILY PRACTICE	c EIN-PN 54-1583691-001

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	CARPET ONE 401(K) PLAN	
b	Name of plan sponsor	HOUSE OF CARPET, INC.	c EIN-PN 43-0957081-001
a	Plan name	CARPETS UNLIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPECIALTIES UNLIMITED, INC.	c EIN-PN 43-1986186-001
a	Plan name	CARR TOOL COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CARR TOOL COMPANY	c EIN-PN 31-0578372-002
a	Plan name	FIBERPLUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FIBERPLUS, INC.	c EIN-PN 52-1762520-001
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	LPT CPA'S + ADVISORS PLLC 401(K) PLAN	
b	Name of plan sponsor	LPT CPA'S + ADVISORS PLLC	c EIN-PN 75-2618166-001
a	Plan name	THE INFORMATION CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	THE INFORMATION CENTER, INC.	c EIN-PN 51-0136113-001
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	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	PREMIER FLOOR CARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PREMIER FLOOR CARE, INC..	c EIN-PN 88-0480004-002

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 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 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 COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
b	Name of plan sponsor COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	c EIN-PN 47-1612263-222
a	Plan name PRO-TEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRO-TEK MANUFACTURING, INC.	c EIN-PN 94-2862885-002
a	Plan name PRODUCE WORLD INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRODUCE WORLD INCORPORATED	c EIN-PN 36-3787658-001
a	Plan name ALTERNA-CARE EMPLOYEE'S PROFIT SHARING PLAN	
b	Name of plan sponsor ALTERNA-CARE, INC	c EIN-PN 37-1162589-001
a	Plan name CONSOLIDATED DOORS, INC. 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED DOORS, INC.	c EIN-PN 39-1757450-001
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 TRANSLITE ENTERPRISES, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor TRANSLITE ENTERPRISES, INC.	c EIN-PN 22-3836998-001
a	Plan name TRANSTAR NATIONAL TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRANSTAR NATIONAL TITLE	c EIN-PN 75-2948848-001
a	Plan name MEDIA STAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEDIA STAGE, INC.	c EIN-PN 65-0221317-001

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 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 RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor RELIABLE INDUSTRIES INC. OF NEW ORLEANS	c EIN-PN 72-0936490-001
a	Plan name RELIANT HEATING AND AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RELIANT HEATING AND AIR CONDITIONING, INC.	c EIN-PN 75-2227744-001
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 MIDWESCO MECHANICAL AND ENERGY , LLC 401(K)	
b	Name of plan sponsor MIDWESCO MECHANICAL AND ENERGY , LLC	c EIN-PN 46-2867688-001
a	Plan name MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
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 AUSTIN FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor AUSTIN FEDERAL CREDIT UNION	c EIN-PN 74-1593594-001
a	Plan name AUTOBODY EXPRESS 401(K) PLAN	
b	Name of plan sponsor FLORIDA WHOLESALE DISTRIBUTORS, INC.	c EIN-PN 59-2714320-001
a	Plan name MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MJD TRUCKING, INC.	c EIN-PN 65-0831291-001
a	Plan name MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOBILE SYSTEMS WIRELESS INC.	c EIN-PN 91-1879582-001
a	Plan name RULE CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RULE CONSTRUCTION, LTD.	c EIN-PN 39-1708690-001

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	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	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	VIRTUAL OFFICEWARE (DE), LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	VIRTUAL OFFICEWARE (DE), LLC.	c EIN-PN 38-3892710-001
a	Plan name	BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BEHRMANN MEAT & PROCESSING, INC	c EIN-PN 37-0920912-001
a	Plan name	BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BELGRADE STATE BANK	c EIN-PN 43-0177195-001
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	SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	PETER EPSTEIN, ASP	c EIN-PN 95-4170738-001
a	Plan name	WESTPAC HOLDING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTPAC HOLDING COMPANY, INC.	c EIN-PN 20-5722172-003
a	Plan name	E-SAFE TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	E-SAFE TECHNOLOGIES, LLC	c EIN-PN 27-3784047-001
a	Plan name	WINNERS ONLY INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor	WINNERS ONLY INC.	c EIN-PN 33-0223017-001
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	JEANS' EXTRUSIONS 401(K) PLAN	
b	Name of plan sponsor	JEANS' EXTRUSIONS, INC.	c EIN-PN 35-1540242-001

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 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 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 SONOMA GRAPHIC PRODUCTS 401(K) PLAN	
b	Name of plan sponsor SONOMA GRAPHIC PRODUCTS	c EIN-PN 68-0441691-001
a	Plan name C T LEWIS ENTERPRISES LP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor C T LEWIS ENTERPRISES LP	c EIN-PN 51-0663685-001
a	Plan name STANDARD BUILDERS 401(K) PLAN	
b	Name of plan sponsor STANDARD BUILDERS, INC.	c EIN-PN 20-4989039-001
a	Plan name STANDARD MAINTENANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor STANDARD MAINTENANCE COMPANY, LLC	c EIN-PN 62-1741930-001
a	Plan name STARDUST CELEBRATIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STARDUST CELEBRATIONS, LLC	c EIN-PN 75-2839427-001
a	Plan name FIRST COAST SECURITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FIRST COAST SECURITY SERVICES, INC.	c EIN-PN 59-3647971-001
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 PAUL MILLER FORD AND ASSOCIATES RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor PAUL MILLER FORD, INC.	c EIN-PN 61-0481346-001
a	Plan name SUPERSTORE 401(K) PLAN	
b	Name of plan sponsor FURNITURE SUPERSTORE LLC	c EIN-PN 87-0698757-001
a	Plan name SUZANNE YEE COSMETIC SURGERY CASH BALANCE PLAN	
b	Name of plan sponsor AMYPAY II, INC. DBA SUZANNE YEE COSMETIC SURGERY	c EIN-PN 20-4374022-002

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	FOREMAN TOOL AND MOLD 401(K) PLAN	
b	Name of plan sponsor	FOREMAN TOOL AND MOLD	c EIN-PN 82-3225815-001
a	Plan name	CELINA ANIMAL HOSPITAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CELINA ANIMAL HOSPITAL, INC.	c EIN-PN 34-1339371-001
a	Plan name	LANDMARK SITE CONTRACTORS PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	LANDMARK SITE CONTRACTORS	c EIN-PN 33-0723620-001
a	Plan name	LANDSTONE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	LANDSTONE COMPANIES, LLC	c EIN-PN 27-0392043-001
a	Plan name	PENNY LANE SCHOOL, LTD. 401(K) PLAN	
b	Name of plan sponsor	PENNY LANE SCHOOL, LTD.	c EIN-PN 36-3864693-001
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	TCB MMC 401(K) PLAN	
b	Name of plan sponsor	TCB MMC, INC.	c EIN-PN 26-3151099-001
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	WHITE EYE ASSOCIATES, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITE EYE ASSOCIATES, P.A.	c EIN-PN 56-1341154-001
a	Plan name	WHITSON HOTEL INVESTORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITSON HOTEL INVESTORS, LLC	c EIN-PN 46-2342594-001
a	Plan name	AVKARE, LLC 401(K) PLAN	
b	Name of plan sponsor	AVKARE, LLC	c EIN-PN 20-8622803-001

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 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 WOMENFIRST, LLC 401(K) PLAN	
b	Name of plan sponsor WOMENFIRST, LLC	c EIN-PN 41-2192392-001
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 BISBEE PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor ROADSIDE DEVELOPERS, INC. DBA BISBEE PLUMBING & HEATING	c EIN-PN 41-0915726-001
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
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 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 CARVER FINANCIAL CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CARVER FINANCIAL CORPORATION	c EIN-PN 20-0397876-001
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 COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor COLLEGIUM HOLDINGS, INC.	c EIN-PN 22-3221879-001

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 COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL	c EIN-PN 71-0577085-004
a	Plan name CONTRACT TRANSPORT, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CONTRACT TRANSPORT, INC.	c EIN-PN 42-0981821-002
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 CROY CONTRACTING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CROY CONTRACTING, INC.	c EIN-PN 54-1616963-001
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 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 DEVILS LAKE WATER SPORTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEVILS LAKE WATER SPORTS, INC.	c EIN-PN 38-2824763-001
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 EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C.	c EIN-PN 58-2642240-001
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 ENGELHARDT DAIRY OF WISCONSIN, LLC 401(K) PLAN	
b	Name of plan sponsor ENGELHARDT DAIRY OF WISCONSIN, LLC	c EIN-PN 45-2174947-001
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

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	FAIRGROUNDS TRANSPORTATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FAIRGROUNDS TRANSPORTATION	c EIN-PN 26-1692517-001
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	FIRST-LIGHT USA, LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIRST-LIGHT USA, LLC	c EIN-PN 20-1665358-001
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
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 & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	GIBSON & ASSOCIATES, INC.	c EIN-PN 75-2057660-001
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	GLOBAL WIDGET, LLC 401(K) PLAN	
b	Name of plan sponsor	GLOBAL WIDGET, LLC	c EIN-PN 81-2430361-001
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	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	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	HORSHAM SQUARE PHARMACY, INC. 401K PLAN	
b	Name of plan sponsor	HORSHAM SQUARE PHARMACY, INC.	c EIN-PN 23-2409251-002

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 JODY L. KELLY, M.D. & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JODY L. KELLY, M.D. & ASSOCIATES, LLC	c EIN-PN 20-0882318-001
a	Plan name KURTZ, ANDERSON & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KURTZ, ANDERSON & ASSOCIATES	c EIN-PN 33-0320621-001
a	Plan name MANAGEMENT BENCH ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor MANAGEMENT BENCH ADVISORS, LLC	c EIN-PN 85-2876498-001
a	Plan name MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MANTUCKET CAPITAL MANAGEMENT CORPORATION	c EIN-PN 47-0880782-001
a	Plan name MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAUNALANI NURSING AND REHABILITATION CENTER	c EIN-PN 99-0249327-222
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 MAX A. SASS & SONS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MAX A. SASS & SONS, INC.	c EIN-PN 39-1129503-001
a	Plan name MEMBERS 1ST CREDIT UNION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor MEMBERS 1ST CREDIT UNION	c EIN-PN 43-6032141-033
a	Plan name MILLER ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLER ENVIRONMENTAL, INC.	c EIN-PN 33-0878786-002
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 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	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	ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor	ONE SOURCE INDUSTRIES, LLC	c EIN-PN 33-0835151-001
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	PETROVAL, INC. 401(K) PLAN	
b	Name of plan sponsor	PETROVAL, INC.	c EIN-PN 72-1559851-001
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	PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE RESIDENTIAL CONSTRUCTION	c EIN-PN 91-1366230-001
a	Plan name	PRIMARY MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIMARY MECHANICAL, INC.	c EIN-PN 33-0964975-001
a	Plan name	PROFESSIONAL MAINTENANCE OF COLUMBUS, INC. 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL MAINTENANCE OF COLUMBUS, INC.	c EIN-PN 31-0624825-001
a	Plan name	PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM RETIREMENT PLAN	
b	Name of plan sponsor	PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM	c EIN-PN 13-3140621-001
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	REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	REPRODUCTIVE MEDICINE INSTITUTE, LLC	c EIN-PN 27-1248611-001

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 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 ROONEY'S WELDING & FABRICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ROONEY'S WELDING & FABRICATION, INC.	c EIN-PN 02-0514973-001
a	Plan name S & W ELECTRIC COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor S & W ELECTRIC COMPANY, INC.	c EIN-PN 63-0833028-001
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 SOUTHERN CHEM 401(K) PLAN	
b	Name of plan sponsor SOUTHERN CHEM, LLC	c EIN-PN 72-0701959-001
a	Plan name STEEL - FAB, INC. 401(K) PLAN	
b	Name of plan sponsor STEEL-FAB, INC.	c EIN-PN 04-2396722-004
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 TELECOMMUNICATIONS LAW PROFESSIONALS PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TELECOMMUNICATIONS LAW PROFESSIONALS PLLC	c EIN-PN 45-2585545-001
a	Plan name TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	c EIN-PN 77-0000356-001
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 THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor THE VMC GROUP	c EIN-PN 20-2305737-002

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 PIMCO TOTAL RETURN RET OPT	B Three-digit plan number (PN) ▶ 312
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)	
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)	35443795
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	30165288
(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	35443795	30165288
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	35443795	30165288

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)		
(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)		
(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)	855843	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		855843

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)	285268	
(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)		285268
j Total expenses. Add all expense amounts in column (b) and enter total	2j		285268

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		570575
l Transfers of assets:			
(1) To this plan	2l(1)		3872148
(2) From this plan	2l(2)		9721230

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 _____.