

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**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  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**

<p><b>1a</b> Name of plan <u>JPMORGAN SMARTRETIREMENT 2055 RET OPT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>660</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>39-0989781</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u></p> <p><b>2d</b> Business code (see instructions)</p>

**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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/22/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> 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> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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

<b>A</b> Name of plan <u>JPMORGAN SMARTRETIREMENT 2055 RET OPT</u>		<b>B</b> Three-digit plan number (PN) ▶ <u>660</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		<b>D</b> 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)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	A GREATER LOVE FOSTER FAMILY AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A GREATER LOVEFOSTER FAMILY AGENCY, INC.	<b>c</b> EIN-PN 82-3295704-001
<b>a</b>	Plan name	MCBRIDE QUALITY CARE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCBRIDE QUALITY CARE SERVICES, INC.	<b>c</b> EIN-PN 38-2905688-002
<b>a</b>	Plan name	MEDARDO C. SUPNET, M.D., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDARDO C. SUPNET, M.D., INC.	<b>c</b> EIN-PN 95-4779732-002
<b>a</b>	Plan name	MEDIA WELL DONE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEDIA WELL DONE, INC.	<b>c</b> EIN-PN 46-0856490-001
<b>a</b>	Plan name	MERIT TITLE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERIT TITLE, LLC	<b>c</b> EIN-PN 20-0467684-001
<b>a</b>	Plan name	METAMARTINI 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METAMARTINI, LLC	<b>c</b> EIN-PN 88-1976026-001
<b>a</b>	Plan name	NEPTUNE SHIPPING LIMITED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEPTUNE SHIPPING LIMITED	<b>c</b> EIN-PN 26-0630492-001
<b>a</b>	Plan name	NOBILITY HEALTH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NOBILITY HEALTH	<b>c</b> EIN-PN 81-0701839-001
<b>a</b>	Plan name	NORTHWEST DRAFT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	<b>c</b> EIN-PN 45-4915664-001
<b>a</b>	Plan name	NRG MARKETING LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NRG MARKETING LLC	<b>c</b> EIN-PN 20-0027370-003
<b>a</b>	Plan name	NVISNX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NVISNX LLC	<b>c</b> EIN-PN 83-1395572-001
<b>a</b>	Plan name	OLD TOWN FIBERGLASS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OLD TOWN FIBERGLASS	<b>c</b> EIN-PN 20-2006359-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	OMEGA THERMO PRODUCTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMEGA THERMO PRODUCTS, LLC	<b>c</b> EIN-PN 39-1930105-001
<b>a</b>	Plan name	OVERHEAD DOOR COMPANY OF APPLETON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W&J HOLDINGS, LLC	<b>c</b> EIN-PN 82-3571108-001
<b>a</b>	Plan name	PACIFIC POWER ELECTRICAL CONTRACTING, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC POWER ELECTRICAL CONTRACTING, LLC	<b>c</b> EIN-PN 45-2456005-001
<b>a</b>	Plan name	ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADAMS COUNTY LIBRARY SYSTEM	<b>c</b> EIN-PN 23-1352002-002
<b>a</b>	Plan name	ADVANCED TRANSPORTATION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED TRANSPORTATION INC.	<b>c</b> EIN-PN 80-0500665-001
<b>a</b>	Plan name	ALLIED HEATING & AIR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOM JOHNSON, INC. DBA ALLIED HEATING & AIR	<b>c</b> EIN-PN 90-0182914-001
<b>a</b>	Plan name	ALPHAONE AMBULANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALPHAONE AMBULANCE MEDICAL SERVICES, INC.	<b>c</b> EIN-PN 27-3266402-001
<b>a</b>	Plan name	AMAZING KIDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMAZING KIDS MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 46-3962209-001
<b>a</b>	Plan name	AMERIBEST HOSPICE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERIBEST HOSPICE, INC.	<b>c</b> EIN-PN 84-1743779-001
<b>a</b>	Plan name	AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMOURGIS & ASSOCIATES, LLC	<b>c</b> EIN-PN 90-0553841-001
<b>a</b>	Plan name	ASENTECH LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASENTECH LLC	<b>c</b> EIN-PN 20-5448883-001
<b>a</b>	Plan name	ASSURE HOSPICE CARE. INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASSURE HOSPICE CARE, INC	<b>c</b> EIN-PN 47-5390084-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	ATPWC 401(K) PLAN	
<b>b</b> Name of plan sponsor	ALL THINGS POSSIBLE	<b>c</b> EIN-PN 47-4673471-001
<b>a</b> Plan name	BACKPACK HEALTHCARE 401(K) PLAN	
<b>b</b> Name of plan sponsor	LINNEL DBA BACKPACK HEALTHCARE, INC.	<b>c</b> EIN-PN 83-1515371-001
<b>a</b> Plan name	BAY AREA PROPANE RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	BAY AREA PROPANE	<b>c</b> EIN-PN 84-3871195-001
<b>a</b> Plan name	BCB TRANSPORT, LLC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BCB TRANSPORT, LLC.	<b>c</b> EIN-PN 27-5099832-001
<b>a</b> Plan name	BEEP 401(K) PLAN	
<b>b</b> Name of plan sponsor	BEEP, INC.	<b>c</b> EIN-PN 61-1908700-334
<b>a</b> Plan name	BILTWELL 401(K) PLAN	
<b>b</b> Name of plan sponsor	BILTWELL CUSTOM MOTORCYCLE CORP. DBA BILTWELL INC.	<b>c</b> EIN-PN 71-1009612-001
<b>a</b> Plan name	PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	PARAGON PRINT SYSTEMS, INC.	<b>c</b> EIN-PN 23-2984595-001
<b>a</b> Plan name	PARCUSO 401(K) PLAN & TRUST	
<b>b</b> Name of plan sponsor	PARCUSO, INC.	<b>c</b> EIN-PN 82-1434926-001
<b>a</b> Plan name	PARKER ELECTRIC INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	PARKER ELECTRIC, INC.	<b>c</b> EIN-PN 84-0909682-002
<b>a</b> Plan name	PEARL HEALTHCARE 401(K) PLAN	
<b>b</b> Name of plan sponsor	PEARL OF ROLLING MEADOWS, LLC	<b>c</b> EIN-PN 83-1666833-001
<b>a</b> Plan name	PET PLANTATION 401(K)	
<b>b</b> Name of plan sponsor	PET PLANTATION	<b>c</b> EIN-PN 83-4719212-001
<b>a</b> Plan name	PIEPER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	PIEPER AND ASSOCIATES, INC.	<b>c</b> EIN-PN 95-3140624-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PIPE RENEWAL SERVICE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PIPE RENEWAL SERVICE MANAGEMENT, INC.	<b>c</b> EIN-PN 87-0412647-001
<b>a</b>	Plan name	PRINCIPLE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRINCIPLE SERVICES, LLC	<b>c</b> EIN-PN 83-3051083-001
<b>a</b>	Plan name	PROVISTA SOFTWARE CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PROVISTA SOFTWARE CORPORATION	<b>c</b> EIN-PN 38-4102924-001
<b>a</b>	Plan name	QUALITY CONVEYORS 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUALITY CONVEYORS LLC DBA WJ HAAS	<b>c</b> EIN-PN 76-0836388-001
<b>a</b>	Plan name	QUALITY FABRICATION & DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUALITY FABRICATION & DESIGN	<b>c</b> EIN-PN 75-2191833-001
<b>a</b>	Plan name	REALOGIC SOLUTIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REALSCAPE GROUP LLC DBA REALOGIC SOLUTIONS	<b>c</b> EIN-PN 46-4805391-001
<b>a</b>	Plan name	RENEW IT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RENEW IT GROUP LLC	<b>c</b> EIN-PN 46-5146944-001
<b>a</b>	Plan name	RESURGENCE IT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RESURGENCE IT, INC.	<b>c</b> EIN-PN 81-3507059-001
<b>a</b>	Plan name	RETINA CONSULTANTS SAN DIEGO, INC 401 K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RETINA CONSULTANTS SAN DIEGO, INC	<b>c</b> EIN-PN 95-3511595-001
<b>a</b>	Plan name	ROBERTS DITCHING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARROWHEAD LINE LLC	<b>c</b> EIN-PN 45-5041435-001
<b>a</b>	Plan name	ROCKING R MEDICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RATTAN & ASSOCIATES	<b>c</b> EIN-PN 46-2619332-001
<b>a</b>	Plan name	ROELENS VACATIONS 401(K)	
<b>b</b>	Name of plan sponsor	GO FLORIDA, INC, DBA ROELENS VACATIONS	<b>c</b> EIN-PN 26-1761622-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	<b>c</b> EIN-PN 76-0117689-001
<b>a</b>	Plan name	BOXCAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOXCAS, INC.	<b>c</b> EIN-PN 47-2276606-001
<b>a</b>	Plan name	BRAZOS VALLEY CONTRACTING CO. EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRAZOS VALLEY CONTRACTING CO.	<b>c</b> EIN-PN 74-2578579-001
<b>a</b>	Plan name	BRIGHTCOVERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSLUCENT LLC DBA BRIGHTCOVERS	<b>c</b> EIN-PN 84-1999442-001
<b>a</b>	Plan name	BUCKEYE SURGERY CENTER 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BUCKEYE SOUTH, LLC DBA BUCKEYE SURGERY CENTER	<b>c</b> EIN-PN 83-2419523-001
<b>a</b>	Plan name	C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE	<b>c</b> EIN-PN 45-4487309-001
<b>a</b>	Plan name	C3 SYSTEMS & SECURITY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C3 SYSTEMS & SECURITY	<b>c</b> EIN-PN 72-1581602-001
<b>a</b>	Plan name	CALIFORNIA CARDIOVASCULAR INSTITUTE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA CARDIOVASCULAR INSTITUTE	<b>c</b> EIN-PN 88-4143827-001
<b>a</b>	Plan name	CAPITAL STACK ADVISORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL STACK ADVISORS, LLC	<b>c</b> EIN-PN 82-4369350-001
<b>a</b>	Plan name	CAPTURA GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAPTURA GROUP, INC.	<b>c</b> EIN-PN 20-2083614-001
<b>a</b>	Plan name	CARNIVAL EMPLOYMENT SERVICES 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	CARNIVAL EMPLOYMENT SERVICES, LLC	<b>c</b> EIN-PN 26-4824293-001
<b>a</b>	Plan name	CARROLL INSURANCE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARROLL INSURANCE AGENCY, LTD	<b>c</b> EIN-PN 76-0297522-001

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.)	
<b>a</b>	Plan name CASS CONCRETE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CASS CONCRETE SERVICES LLC	<b>c</b> EIN-PN 86-3815732-001
<b>a</b>	Plan name CENTER FOR THOUGHTFUL LASTING CHANGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTER FOR THOUGHTFUL LASTING CHANGE, INC.	<b>c</b> EIN-PN 35-2369347-001
<b>a</b>	Plan name CENTURY BUILDING SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTURY BUILDING SOLUTIONS, INC.	<b>c</b> EIN-PN 46-0631230-001
<b>a</b>	Plan name CHROMA MODERN EYEWEAR EYECARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MATTHEW G BARBER, OD PA	<b>c</b> EIN-PN 20-2038982-001
<b>a</b>	Plan name CLOMPUS & RETO VISION ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLOMPUS & RETO VISION ASSOCIATES, PC	<b>c</b> EIN-PN 23-2586730-001
<b>a</b>	Plan name CONSERVATION AND LIQUIDATION OFFICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONSERVATION AND LIQUIDATION OFFICE	<b>c</b> EIN-PN 95-4332303-001
<b>a</b>	Plan name CSAVC, P.C. DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor CARLISLE SMALL ANIMAL VETERINARY CLINIC, P.C.	<b>c</b> EIN-PN 23-2339055-001
<b>a</b>	Plan name D.M. HARRIS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor D.M. HARRIS, LLC	<b>c</b> EIN-PN 47-2383937-001
<b>a</b>	Plan name DALHART ABSTRACT COMPANY, LP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DALHART ABSTRACT COMPANY, LP	<b>c</b> EIN-PN 75-2814512-002
<b>a</b>	Plan name DECARLO CORPORATION 401(K) RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DECARLO CORPORATION DBA DECARLO DEMOLITION COMPANY	<b>c</b> EIN-PN 42-1511387-001
<b>a</b>	Plan name DEFENSESTORM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEFENSESTORM, INC.	<b>c</b> EIN-PN 46-5598717-001
<b>a</b>	Plan name DELTA PEANUT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DELTA PEANUT, LLC	<b>c</b> EIN-PN 83-2811029-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DELTRAN OPERATIONS USA INC	<b>c</b> EIN-PN 46-3331632-001
<b>a</b>	Plan name	DENNY'S BODY SHOP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DENNY'S BODY SHOP	<b>c</b> EIN-PN 82-3818063-001
<b>a</b>	Plan name	DENTAL PROFESSIONALS OF FAIR LAWN 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DENTAL PROFESSIONALS OF FAIR LAWN, P.A.	<b>c</b> EIN-PN 22-2028230-001
<b>a</b>	Plan name	DIRSEC, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIRSEC, INC.	<b>c</b> EIN-PN 84-1595959-001
<b>a</b>	Plan name	DIRT POOR 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HELMS & SONS EXCAVATING, INC.	<b>c</b> EIN-PN 31-1547042-001
<b>a</b>	Plan name	DON E.. KELLY CONTRACTOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DON E. KELLY CONTRACTOR, INC.	<b>c</b> EIN-PN 43-1479564-001
<b>a</b>	Plan name	DORSETT AUTOMOTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DORSETT'S AUTO SALES, INC.	<b>c</b> EIN-PN 35-1269099-001
<b>a</b>	Plan name	ECHOMARK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ECHOMARK, INC.	<b>c</b> EIN-PN 88-3138477-001
<b>a</b>	Plan name	ECOPOL AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECOPOL AMERICA, INC.	<b>c</b> EIN-PN 88-0673772-001
<b>a</b>	Plan name	EMPIRE DIVERSIFIED ENERGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPIRE DIVERSIFIED ENERGY, INC.	<b>c</b> EIN-PN 30-0949242-001
<b>a</b>	Plan name	ENTHUSIAST ENTERPRISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENTHUSIAST ENTERPRISE	<b>c</b> EIN-PN 46-2378541-001
<b>a</b>	Plan name	EUTEMIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EUTEMIA LLC	<b>c</b> EIN-PN 83-2484744-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EXCEED PHYSICAL THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXCEED PHYSICAL THERAPY, LLC	<b>c</b> EIN-PN 82-5523767-001
<b>a</b>	Plan name	FASTQSR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FASTQSR LLC DBA FASTER LINES	<b>c</b> EIN-PN 85-0930522-001
<b>a</b>	Plan name	FERRETTI SEARCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PURSUIT SEARCH GROUP, LLC	<b>c</b> EIN-PN 83-1896110-001
<b>a</b>	Plan name	FIDE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMINENT CONSULTING, LLC DBA FIDE LLC	<b>c</b> EIN-PN 82-0818461-001
<b>a</b>	Plan name	FLEX TECHNOLOGY GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLEX TECHNOLOGY GROUP, LLC	<b>c</b> EIN-PN 46-5095252-001
<b>a</b>	Plan name	FLUX POWER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLUX POWER, INC.	<b>c</b> EIN-PN 27-1142066-001
<b>a</b>	Plan name	FOX BALLARD PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOX BALLARD PLLC	<b>c</b> EIN-PN 84-2081102-001
<b>a</b>	Plan name	FRANK J. GRADY, M.D. ASSOC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANK J. GRADY M.D. ASSOC	<b>c</b> EIN-PN 74-1779810-001
<b>a</b>	Plan name	FUSION HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUSION HEALTHCARE STAFFING, LLC	<b>c</b> EIN-PN 46-2470418-001
<b>a</b>	Plan name	GEARHART FAMILY DENTISTRY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GEARHART FAMILY DENTISTRY, LLC	<b>c</b> EIN-PN 83-3379247-001
<b>a</b>	Plan name	GENERAL MANUFACTURER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NANALU INDUSTRIES, LLC	<b>c</b> EIN-PN 26-4532527-001
<b>a</b>	Plan name	GIRLS & BOYS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOYS & GIRLS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	<b>c</b> EIN-PN 95-2428410-001

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.)	
<b>a</b>	Plan name <a href="#">HABITAT FOR HUMANITY SA 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER APOPKA, FLORIDA,</a>	<b>c</b> EIN-PN <a href="#">59-3034059-001</a>
<b>a</b>	Plan name <a href="#">HARBOR VIEW CUSTOM CABINETS &amp; INTERIORS LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARBOR VIEW CUSTOM CABINETS &amp; INTERIORS LLC</a>	<b>c</b> EIN-PN <a href="#">20-0696398-002</a>
<b>a</b>	Plan name <a href="#">HEI 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOSPITALITY EVENTS, INC.</a>	<b>c</b> EIN-PN <a href="#">65-0693330-001</a>
<b>a</b>	Plan name <a href="#">HIGH PLAINS ENGINEERING &amp; CONSULTING, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HIGH PLAINS ENGINEERING &amp; CONSULTING, LLC</a>	<b>c</b> EIN-PN <a href="#">87-2706193-002</a>
<b>a</b>	Plan name <a href="#">HIMES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAILY RECYCLING EQUIPMENT &amp; SERVICE INC DBA HIMES SERVICE COMPANY</a>	<b>c</b> EIN-PN <a href="#">74-2842230-001</a>
<b>a</b>	Plan name <a href="#">INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN</a>	<b>c</b> EIN-PN <a href="#">82-2382763-001</a>
<b>a</b>	Plan name <a href="#">J FOX AGENCY LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">J FOX AGENCY LLC</a>	<b>c</b> EIN-PN <a href="#">45-3506450-001</a>
<b>a</b>	Plan name <a href="#">JADT FOOD GROUP, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JADT FOOD GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">41-1891521-001</a>
<b>a</b>	Plan name <a href="#">JENNIFER PARKS, PLLC 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JENNIFER PARKS, PLLC</a>	<b>c</b> EIN-PN <a href="#">45-3023039-001</a>
<b>a</b>	Plan name <a href="#">JOEBUILT HOMES 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JOE BUILT HOMES, LLC</a>	<b>c</b> EIN-PN <a href="#">81-1108630-001</a>
<b>a</b>	Plan name <a href="#">KALEIDOSCOPE 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ORCAS DAYCARE ASSOCIATION</a>	<b>c</b> EIN-PN <a href="#">91-1510335-001</a>
<b>a</b>	Plan name <a href="#">KEMS HOLDING CORP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KEMS HOLDING CORP</a>	<b>c</b> EIN-PN <a href="#">27-0772063-001</a>

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.)	
<b>a</b> Plan name	KONWINSKI CONSTRUCTION, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KONWINSKI CONSTRUCTION	<b>c</b> EIN-PN 38-2906724-001
<b>a</b> Plan name	KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	KREATIONS AUTO BODY	<b>c</b> EIN-PN 26-3285845-001
<b>a</b> Plan name	LONG PHI DANG M.D. 401(K) PLAN	
<b>b</b> Name of plan sponsor	LONG PHI DANG M.D. INC.	<b>c</b> EIN-PN 20-0383981-001
<b>a</b> Plan name	MAKE-A-WISH FOUNDATION OF ALABAMA, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	MAKE-A-WISH FOUNDATION OF ALABAMA, INC.	<b>c</b> EIN-PN 63-0943675-001
<b>a</b> Plan name	WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	WILLIAMS CONCRETE CONTRACTING LLC	<b>c</b> EIN-PN 26-0888255-001
<b>a</b> Plan name	WOODEN NICKEL ENTERPRISES, INC. DBA CHICK-FIL-A MISSOULA 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	WOODEN NICKEL ENTERPRISES, INC. DBA CHICK-FIL-A MISSOULA	<b>c</b> EIN-PN 88-3764686-001
<b>a</b> Plan name	WOODS AIR MOVEMENT LIMITED 401(K) PLAN	
<b>b</b> Name of plan sponsor	WOODS AIR MOVEMENT LIMITED	<b>c</b> EIN-PN 36-4946974-001
<b>a</b> Plan name	WORLD TRUCK TOWING AND RECOVERY, INC. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	WORLD TRUCK TOWING AND RECOVERY, INC.	<b>c</b> EIN-PN 30-0079946-001
<b>a</b> Plan name	WORTH LAW GROUP PS 401(K) PLAN	
<b>b</b> Name of plan sponsor	WORTH LAW GROUP, PS	<b>c</b> EIN-PN 80-0031729-001
<b>a</b> Plan name	YANEZ SERVICE COMPANY 401(K) PLAN	
<b>b</b> Name of plan sponsor	YANEZ SERVICE COMPANY	<b>c</b> EIN-PN 27-0195199-001
<b>a</b> Plan name	ZENISCO, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZENISCO, INC.	<b>c</b> EIN-PN 47-3232410-001
<b>a</b> Plan name	SAAR CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	SAAR CORPORATION	<b>c</b> EIN-PN 06-1418674-001

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.)		
<b>a</b>	Plan name SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor VRK ENTERPRISES, LLC	<b>c</b> EIN-PN 81-3354376-001
<b>a</b>	Plan name SEVEN CORNERS PRINTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEVEN CORNERS PRINTING COMPANY	<b>c</b> EIN-PN 41-0992291-001
<b>a</b>	Plan name SJC DRUMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SJC DRUMS, LLC	<b>c</b> EIN-PN 26-0740110-001
<b>a</b>	Plan name SKY'S THE LIMIT CAR CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SKY'S THE LIMIT CAR CARE	<b>c</b> EIN-PN 45-3438558-001
<b>a</b>	Plan name SMDA 401K PLAN	
<b>b</b>	Name of plan sponsor SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	<b>c</b> EIN-PN 20-4874959-001
<b>a</b>	Plan name SMP 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR MACHINED PRODUCTS, INC.	<b>c</b> EIN-PN 47-4533352-001
<b>a</b>	Plan name STAR TIRE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STAR TIRE, INC.	<b>c</b> EIN-PN 75-1502226-001
<b>a</b>	Plan name STIRLING FINE WINES 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICHARD MCADAM, INC. DBA STIRLING FINE WINES	<b>c</b> EIN-PN 22-3549259-001
<b>a</b>	Plan name SUPPLYDEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUPPLYDEN, INC.	<b>c</b> EIN-PN 38-3603806-001
<b>a</b>	Plan name SWAN DIVE DESIGN STUDIO 401(K)	
<b>b</b>	Name of plan sponsor SWAN DIVE DESIGN STUDIO, LLC	<b>c</b> EIN-PN 84-2744547-001
<b>a</b>	Plan name SYNDEX CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SYNDEX CORPORATION	<b>c</b> EIN-PN 74-1750316-001
<b>a</b>	Plan name T J & M SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor T J & M SERVICES, INC.	<b>c</b> EIN-PN 26-3380349-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC	<b>c</b> EIN-PN 84-3391707-001
<b>a</b>	Plan name	TFG TREE FREE, INC. 401 K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TFG TREE FREE, INC.	<b>c</b> EIN-PN 56-2628897-001
<b>a</b>	Plan name	THE ATTAINMENT NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE ATTAINMENT NETWORK	<b>c</b> EIN-PN 88-2778206-001
<b>a</b>	Plan name	THE INCEPTION COMPANY LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE INCEPTION COMPANY LLC	<b>c</b> EIN-PN 20-1885148-001
<b>a</b>	Plan name	THE LAW OFFICE OF CINDY A. CRAWFORD, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE LAW OFFICE OF CINDY A. CRAWFORD, PLLC	<b>c</b> EIN-PN 86-3926284-001
<b>a</b>	Plan name	THE LISTENING ROOM LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THE LISTENING ROOM HOLDINGS LLC	<b>c</b> EIN-PN 85-4382192-001
<b>a</b>	Plan name	THE VICTIM CENTER INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE VICTIM CENTER INC.	<b>c</b> EIN-PN 43-1149629-001
<b>a</b>	Plan name	TODD STRATEGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TODD STRATEGY, LLC DBA TODD STRATEGY GROUP	<b>c</b> EIN-PN 46-5566087-001
<b>a</b>	Plan name	TRINITY CONSTRUCTION GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRINITY CONSTRUCTION GROUP, LLC	<b>c</b> EIN-PN 35-2688581-001
<b>a</b>	Plan name	TUMBLEWEED MIDSTREAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TUMBLEWEED MIDSTREAM, LLC	<b>c</b> EIN-PN 84-3879436-001
<b>a</b>	Plan name	TWIN VALLEY TIRE & COMMUNITY OIL CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWIN VALLEY TIRE & COMMUNITY OIL CO. INC.	<b>c</b> EIN-PN 47-3516588-001
<b>a</b>	Plan name	VANQUISH WORLDWIDE, LLC FORT LEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	<b>c</b> EIN-PN 26-0395489-004

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.)	
<b>a</b>	Plan name VMC CONTRACTING, INC. 401(K) PLAN A	
<b>b</b>	Name of plan sponsor VMC CONTRACTING, INC.	<b>c</b> EIN-PN 75-3049345-001
<b>a</b>	Plan name VMC CONTRACTING, INC. 401(K) PLAN B	
<b>b</b>	Name of plan sponsor VMC CONTRACTING, INC.	<b>c</b> EIN-PN 75-3049345-002
<b>a</b>	Plan name WALKER'S 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor WALKER OFFICE SUPPLIES	<b>c</b> EIN-PN 94-2658013-001
<b>a</b>	Plan name WEATHER TIGHT CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WEATHER TIGHT CORPORATION	<b>c</b> EIN-PN 39-1647457-001
<b>a</b>	Plan name WH 401(K) PLAN	
<b>b</b>	Name of plan sponsor WOODHOUSE CABINETRY LLC	<b>c</b> EIN-PN 47-2422903-001
<b>a</b>	Plan name ECOMARK ENERGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECOMARK ENERGY, INC.	<b>c</b> EIN-PN 47-2681037-001
<b>a</b>	Plan name K KERN PAINTING LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor K KERN PAINTING LLC	<b>c</b> EIN-PN 54-2101884-001
<b>a</b>	Plan name PLENTY CONSULTING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PLENTY CONSULTING, INC.	<b>c</b> EIN-PN 46-4085839-001
<b>a</b>	Plan name KRIEGSMAN TRANSFER COMPANY MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor KRIEGSMAN TRANSFER COMPANY	<b>c</b> EIN-PN 37-0635587-001
<b>a</b>	Plan name FARIBORZ RODEF, DDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE	<b>c</b> EIN-PN 32-0012113-001
<b>a</b>	Plan name FARROW CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor FARROW CORPORATION	<b>c</b> EIN-PN 95-4536736-001
<b>a</b>	Plan name BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BOB RIDINGS, INC.	<b>c</b> EIN-PN 37-0994988-001

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.)	
<b>a</b>	Plan name BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BURROWS WATER PURIFICATION, INC.	<b>c</b> EIN-PN 95-3023432-001
<b>a</b>	Plan name FURRER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor NORTH VALLEY FINANCIAL SERVICES LLC DBA FURRER AND ASSOCIATES	<b>c</b> EIN-PN 87-2736693-001
<b>a</b>	Plan name RHYS VINEYARDS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RHYS VINEYARDS LLC	<b>c</b> EIN-PN 51-0499236-001
<b>a</b>	Plan name RICHARD GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICHARD GROUP, LLC	<b>c</b> EIN-PN 46-1249708-001
<b>a</b>	Plan name GEMINI SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GEMINI SERVICES, LLC	<b>c</b> EIN-PN 35-2212355-001
<b>a</b>	Plan name GENESIS MARINE LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GENESIS MARINE	<b>c</b> EIN-PN 45-2448783-001
<b>a</b>	Plan name MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MED-FAST PHARMACY, INC.	<b>c</b> EIN-PN 25-1631348-001
<b>a</b>	Plan name MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MEDIX SPECIALTY VEHICLES, LLC	<b>c</b> EIN-PN 54-2028306-001
<b>a</b>	Plan name CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC.	<b>c</b> EIN-PN 85-0210055-002
<b>a</b>	Plan name ROYALTY CLEARINGHOUSE, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROYALTY CLEARINGHOUSE, LTD	<b>c</b> EIN-PN 38-3687330-001
<b>a</b>	Plan name GULF SOUTH EYE ASSOCIATES (APMC) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor GULF SOUTH EYE ASSOCIATES (APMC)	<b>c</b> EIN-PN 72-1076001-777
<b>a</b>	Plan name H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor H.V.A.C. MECHANICAL, INC.	<b>c</b> EIN-PN 33-0842894-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MISSION DE LA CASA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSION DE LA CASA	<b>c</b> EIN-PN 77-0525988-001
<b>a</b>	Plan name	WESTERN SHEET METAL, INC. EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTERN SHEET METAL, INC.	<b>c</b> EIN-PN 87-0296587-001
<b>a</b>	Plan name	ACCORD FEDERAL SERVICES, LLC CORPORATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCORD FEDERAL SERVICES, LLC	<b>c</b> EIN-PN 27-2897669-002
<b>a</b>	Plan name	NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 39-0981304-001
<b>a</b>	Plan name	ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ADVANCED AUTOMATION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 52-1749594-001
<b>a</b>	Plan name	COSTA BROTHERS MASONRY 401(K)/PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor	COSTA BROTHERS MASONRY, INC.	<b>c</b> EIN-PN 04-3054314-003
<b>a</b>	Plan name	NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEXT DAY DELIVERY SERVICE, INC.	<b>c</b> EIN-PN 81-2485203-001
<b>a</b>	Plan name	AM2 SOLUTIONS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AM2 SOLUTIONS LLC	<b>c</b> EIN-PN 20-8887397-001
<b>a</b>	Plan name	INNOVATION EDGE 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INNOVATION EDGE	<b>c</b> EIN-PN 20-8196742-002
<b>a</b>	Plan name	SSL LAW FIRM LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SSL LAW FIRM, LLP	<b>c</b> EIN-PN 94-3397499-001
<b>a</b>	Plan name	STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STOCKBRIDGE ENGINEERING, INC.	<b>c</b> EIN-PN 39-1732812-001
<b>a</b>	Plan name	PACE ANALYTICAL, INC. DEL CARIBE RETIREMENTS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PACE ANALYTICAL, INC.	<b>c</b> EIN-PN 66-0629797-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ASSOCIATES IN PIE, PLLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATES IN PIE, PLLC	<b>c</b> EIN-PN 82-1772713-001
<b>a</b>	Plan name	REICHEL FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REICHEL FOODS, INC.	<b>c</b> EIN-PN 90-0246502-001
<b>a</b>	Plan name	REPCO SALES LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REPCO SALES LLC	<b>c</b> EIN-PN 99-3976601-001
<b>a</b>	Plan name	C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor	C.C. CONSTRUCTION, INC.	<b>c</b> EIN-PN 04-2903497-222
<b>a</b>	Plan name	FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUSION INTEGRATED SOLUTIONS, LLC	<b>c</b> EIN-PN 20-1651003-001
<b>a</b>	Plan name	RISER MOTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RISER MOTORS, INC.	<b>c</b> EIN-PN 71-0857865-001
<b>a</b>	Plan name	GEORGIA SPECIALTY CONSTRUCTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA SPECIALTY CONSTRUCTORS, INC.	<b>c</b> EIN-PN 58-1505420-002
<b>a</b>	Plan name	GH GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GH GROUP, INC.	<b>c</b> EIN-PN 68-1040851-001
<b>a</b>	Plan name	MARYLAND PLASTICS UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARYLAND PLASTICS, INC.	<b>c</b> EIN-PN 52-1636609-003
<b>a</b>	Plan name	WALBERG, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALBERG, INC.	<b>c</b> EIN-PN 81-2702296-001
<b>a</b>	Plan name	RULE CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RULE CONSTRUCTION, LTD.	<b>c</b> EIN-PN 39-1708690-001
<b>a</b>	Plan name	CHILDREN'S LEARNING ADVENTURE 401(K)	
<b>b</b>	Name of plan sponsor	CHILDREN'S LEARNING ADVENTURE USA, LLC	<b>c</b> EIN-PN 20-5808736-001

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.)	
<b>a</b>	Plan name CHILDREN'S WELLNESS CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHILDREN'S WELLNESS CENTER, LLC	<b>c</b> EIN-PN 20-3469174-001
<b>a</b>	Plan name CHOICE CONCRETE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC.	<b>c</b> EIN-PN 52-1758766-777
<b>a</b>	Plan name SATHER MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SATHER MANAGEMENT CORPORATION	<b>c</b> EIN-PN 27-1461790-001
<b>a</b>	Plan name CONTRACT SOURCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONTRACT SOURCE, INC.	<b>c</b> EIN-PN 34-1605726-001
<b>a</b>	Plan name AERO-MARK LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AERO-MARK LLC	<b>c</b> EIN-PN 26-4647620-001
<b>a</b>	Plan name OPERAM SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OPERAM, INC.	<b>c</b> EIN-PN 47-4299682-001
<b>a</b>	Plan name OPHTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OPHTHALMOLOGY CENTER OF ILLINOIS	<b>c</b> EIN-PN 46-3808527-001
<b>a</b>	Plan name STANDARD MAINTENANCE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor STANDARD MAINTENANCE COMPANY, LLC	<b>c</b> EIN-PN 62-1741930-001
<b>a</b>	Plan name STARDUST CELEBRATIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STARDUST CELEBRATIONS, LLC	<b>c</b> EIN-PN 75-2839427-001
<b>a</b>	Plan name PACK FIRST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PACK FIRST, INC.	<b>c</b> EIN-PN 34-1973218-001
<b>a</b>	Plan name DUBOIS COUNTY BLOCK & BRICK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DUBOIS COUNTY BLOCK & BRICK, INC.	<b>c</b> EIN-PN 35-2083897-001
<b>a</b>	Plan name KC SALLEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor OLER RELO ONE LTD.	<b>c</b> EIN-PN 20-4736622-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	KELDERMAN MANUFACTURING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	KELDERMAN MANUFACTURING, INC.
<b>c</b>	EIN-PN	42-1145969-001
<b>a</b>	Plan name	PROPERTY MANAGEMENT OF ANDOVER, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PROPERTY MANAGEMENT OF ANDOVER, INC.
<b>c</b>	EIN-PN	04-2978110-001
<b>a</b>	Plan name	BIO MEDIC CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	MARYLAND PLASTICS, INC.
<b>c</b>	EIN-PN	52-1636609-002
<b>a</b>	Plan name	ETORI USA, INC. 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	ETORI USA, INC.
<b>c</b>	EIN-PN	20-1728643-001
<b>a</b>	Plan name	EVER READY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	EVER READY ELECTRIC, INC.
<b>c</b>	EIN-PN	39-1948378-001
<b>a</b>	Plan name	EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN
<b>b</b>	Name of plan sponsor	EVERGREEN AVIATION & SPACE MUSEUM
<b>c</b>	EIN-PN	93-1069203-001
<b>a</b>	Plan name	EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC
<b>c</b>	EIN-PN	20-4457765-001
<b>a</b>	Plan name	LAKES TENNIS 401(K) PLAN
<b>b</b>	Name of plan sponsor	KICK SERVICE, LTD. DBA LAKES TENNIS ACADEMY
<b>c</b>	EIN-PN	20-1885263-001
<b>a</b>	Plan name	TOIGO FOUNDATION RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	THE ROBERT A. TOIGO FOUNDATION
<b>c</b>	EIN-PN	13-3565426-001
<b>a</b>	Plan name	TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	TOM AHL CHRYSLER-BUICK, INC.
<b>c</b>	EIN-PN	34-1151496-001
<b>a</b>	Plan name	MALCOLM SMITH MOTORSPORTS 401(K) PLAN
<b>b</b>	Name of plan sponsor	MALCOLM SMITH MOTORCYCLES, INC.
<b>c</b>	EIN-PN	33-0118610-001
<b>a</b>	Plan name	MASTER GROUP EMPLOYEES RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MASTER PRODUCTS COPORATION
<b>c</b>	EIN-PN	66-0407424-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MATICH CORPORATION	<b>c</b> EIN-PN 95-1810911-002
<b>a</b>	Plan name	NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NEW ENGLAND DENTAL CENTER, P.C.	<b>c</b> EIN-PN 06-1001051-001
<b>a</b>	Plan name	NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW KNOXVILLE SUPPLY CO. INC.	<b>c</b> EIN-PN 34-4314480-001
<b>a</b>	Plan name	NORTHERN NEVADA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FERNLEY NUGGET CORPORATION	<b>c</b> EIN-PN 26-1620600-002
<b>a</b>	Plan name	ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORLANDO SPRING CORP	<b>c</b> EIN-PN 95-1933966-001
<b>a</b>	Plan name	OTOGENETICS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OTOGENETICS CORPORATION	<b>c</b> EIN-PN 26-1343895-001
<b>a</b>	Plan name	OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OUTAGAMIE CO-OP SERVICES, INC.	<b>c</b> EIN-PN 39-1316865-001
<b>a</b>	Plan name	PGI PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE PERSIMMON GROUP, INC.	<b>c</b> EIN-PN 75-2515316-001
<b>a</b>	Plan name	POWER FUNDING, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWER FUNDING, LTD.	<b>c</b> EIN-PN 75-2952855-001
<b>a</b>	Plan name	PROSPERA LAW, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROSPERA LAW, LLP	<b>c</b> EIN-PN 27-3613349-001
<b>a</b>	Plan name	SCHAEFFER DOUGLAS TITLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHAEFFER DOUGLAS TITLE	<b>c</b> EIN-PN 20-3601896-001
<b>a</b>	Plan name	SCHIMP FAMILY DENTISTRY SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHIMP FAMILY DENTISTRY	<b>c</b> EIN-PN 30-0024715-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIGHT SAVERS OF AMERICA, INC.	<b>c</b> EIN-PN 30-0188234-001
<b>a</b>	Plan name	SUNDOWN RANCH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNDOWN RANCH, INC.	<b>c</b> EIN-PN 75-2195214-222
<b>a</b>	Plan name	VANQUISH WORLDWIDE, LLC 401(K)PLAN	
<b>b</b>	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	<b>c</b> EIN-PN 26-0395487-001
<b>a</b>	Plan name	VANQUISH WORLDWIDE, LLC FS TEAMSTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	<b>c</b> EIN-PN 26-0395489-003
<b>a</b>	Plan name	VANQUISH WORLDWIDE, LLC PREVAILING WAGE EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	<b>c</b> EIN-PN 26-0395489-002
<b>a</b>	Plan name	AMERICAN PROFICIENCY INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN PROFICIENCY INSTITUTE, INC.	<b>c</b> EIN-PN 38-2949312-001
<b>a</b>	Plan name	AUTOBODY EXPRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA WHOLESALE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 59-2714320-001
<b>a</b>	Plan name	CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALICO BUILDING SERVICES, INC.	<b>c</b> EIN-PN 33-0493568-001
<b>a</b>	Plan name	CARROLL ACE HARDWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARROLL ACE HARDWARE	<b>c</b> EIN-PN 42-1461838-001
<b>a</b>	Plan name	CHRISTIAN HOME SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHRISTIAN HOME SERVICES, INC.	<b>c</b> EIN-PN 38-3369745-001
<b>a</b>	Plan name	COLORADO CREDIT UNION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COLORADO CREDIT UNION	<b>c</b> EIN-PN 84-0660269-003
<b>a</b>	Plan name	COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COLORADO SURGICAL AFFILIATES, LLC	<b>c</b> EIN-PN 81-3228396-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DIMENSION HARDWOOD VENEERS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DIMENSION HARDWOOD VENEERS, INC.	<b>c</b> EIN-PN 20-0164058-001
<b>a</b>	Plan name	FIDELITY BUILDERS SUPPLY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIDELITY BUILDERS SUPPLY INC.	<b>c</b> EIN-PN 34-4477025-001
<b>a</b>	Plan name	GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREAT KIDS, INC.	<b>c</b> EIN-PN 62-1798100-001
<b>a</b>	Plan name	GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	<b>c</b> EIN-PN 20-2458255-001
<b>a</b>	Plan name	JOHN MOORE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JOHN MOORE & ASSOCIATES, INC.	<b>c</b> EIN-PN 62-0867747-001
<b>a</b>	Plan name	APS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED POWDER SOLUTIONS OF TEXAS	<b>c</b> EIN-PN 20-3150581-001
<b>a</b>	Plan name	CAVINS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAVINS, INC.	<b>c</b> EIN-PN 27-3977682-001
<b>a</b>	Plan name	COMMUNITY MENTAL HEALTH CENTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEHIGH VALLEY COMMUNITY MENTAL HEALTH CENTERS, INC.	<b>c</b> EIN-PN 23-2835896-001
<b>a</b>	Plan name	DIXIE INDUSTRIAL INSULATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DIXIE INDUSTRIAL INSULATION, INC.	<b>c</b> EIN-PN 61-1306346-001
<b>a</b>	Plan name	FIKES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIKES PUGET SOUND, INC	<b>c</b> EIN-PN 72-1572875-001
<b>a</b>	Plan name	GLOBAL WIDGET, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL WIDGET, LLC	<b>c</b> EIN-PN 81-2430361-001
<b>a</b>	Plan name	HUFFMAN, KELLEY & BROCK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUFFMAN, KELLEY & BROCK, LLC	<b>c</b> EIN-PN 30-0237801-001

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.)	
<b>a</b>	Plan name HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HURON VALLEY RESTAURANT EQUIPMENT, INC.	<b>c</b> EIN-PN 38-3072272-001
<b>a</b>	Plan name JACK YATES DRYWALL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JACK YATES DRYWALL	<b>c</b> EIN-PN 27-1959275-001
<b>a</b>	Plan name KEY TECHNICAL SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEY TECHNICAL SOLUTIONS INCORPORATED	<b>c</b> EIN-PN 39-1751214-001
<b>a</b>	Plan name KEYROCK ENERGY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEYROCK ENERGY, LLC	<b>c</b> EIN-PN 26-0602410-001
<b>a</b>	Plan name KINETIC MARKETING COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor KINETIC MARKETING COMMUNICATIONS LLC	<b>c</b> EIN-PN 20-0778734-001
<b>a</b>	Plan name LESSITER PUBLICATIONS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LESSITER PUBLICATIONS INC.	<b>c</b> EIN-PN 39-1169768-222
<b>a</b>	Plan name R. BRET CAMPBELL, DO, PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor R. BRET CAMPBELL, DO, PLLC	<b>c</b> EIN-PN 80-0111632-001
<b>a</b>	Plan name SCOTT A. FISHMAN, DDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCOTT A. FISHMAN, D.D.S., INC. DBA PEDIATRIC DENTAL ARTS	<b>c</b> EIN-PN 27-1598713-001
<b>a</b>	Plan name SUPERIOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR, INC.	<b>c</b> EIN-PN 62-1346975-001
<b>a</b>	Plan name THE LENTZ COMPANIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LENTZ COMPANIES, INC.	<b>c</b> EIN-PN 75-2750789-001
<b>a</b>	Plan name VEHICLE ACCESSORIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VEHICLE ACCESSORIES	<b>c</b> EIN-PN 38-3553465-001
<b>a</b>	Plan name HAWKE MEDIA, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAWKE MEDIA, LLC	<b>c</b> EIN-PN 46-3254493-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JAE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JEWELL ASSOCIATES ENGINEERS, INC.	<b>c</b> EIN-PN 26-1811972-001
<b>a</b>	Plan name	KINGFISHER CHARTERS & LODGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINGFISHER CHARTERS & LODGE, LLC	<b>c</b> EIN-PN 71-0874903-001
<b>a</b>	Plan name	MCCLAIN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MCCLAIN PRINTING COMPANY, INC.	<b>c</b> EIN-PN 55-0421933-002
<b>a</b>	Plan name	MCCON BUILDING CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MCCON BUILDING CORPORATION	<b>c</b> EIN-PN 39-1746210-001
<b>a</b>	Plan name	MCDONALD LIQUOR INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCDONALD LIQUOR INC.	<b>c</b> EIN-PN 41-1833330-001
<b>a</b>	Plan name	NRG MEDIA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NRG MEDIA, LLC	<b>c</b> EIN-PN 56-2501807-001
<b>a</b>	Plan name	SENECA PETROLEUM COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SENECA PETROLEUM COMPANY, INC.	<b>c</b> EIN-PN 36-1755250-002
<b>a</b>	Plan name	SYSTEM 22, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYSTEM 22, INC.	<b>c</b> EIN-PN 23-2734281-001
<b>a</b>	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE OHIO ART COMPANY	<b>c</b> EIN-PN 34-4319140-004
<b>a</b>	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	THE OHIO ART COMPANY	<b>c</b> EIN-PN 34-4319140-005
<b>a</b>	Plan name	WM RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WIREMASTERS, INCORPORATED	<b>c</b> EIN-PN 36-2083604-003
<b>a</b>	Plan name	AREA AMBULANCE SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AREA AMBULANCE SERVICE	<b>c</b> EIN-PN 20-3693455-001

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.)		
<b>a</b>	Plan name ARENA EVENT SERVICES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARENA EVENT SERVICES	<b>c</b> EIN-PN 30-0766502-001
<b>a</b>	Plan name BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRIDGEWAY, INC.	<b>c</b> EIN-PN 37-0984175-001
<b>a</b>	Plan name CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEH AUTOMOTIVE CORP.	<b>c</b> EIN-PN 86-0200402-001
<b>a</b>	Plan name CENTRAL FLORIDA CANCER INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTRAL FLORIDA CANCER INSTITUTE	<b>c</b> EIN-PN 59-3569143-001
<b>a</b>	Plan name CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	<b>c</b> EIN-PN 23-7198801-001
<b>a</b>	Plan name PAUL MILLER FORD AND ASSOCIATES RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PAUL MILLER FORD, INC.	<b>c</b> EIN-PN 61-0481346-001
<b>a</b>	Plan name SOUTH FLORIDA HOSPITAL AND HEALTH CARE ASSOCIATION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTH FLORIDA HOSPITAL AND HEALTH CARE ASSOCIATION, INC.	<b>c</b> EIN-PN 59-0979494-001
<b>a</b>	Plan name THE PADRE PIO FOUNDATION OF AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE PADRE PIO FOUNDATION OF AMERICA, INC.	<b>c</b> EIN-PN 06-1023010-001
<b>a</b>	Plan name THE RESEARCH GROUP OF LEXINGTON, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE RESEARCH GROUP OF LEXINGTON, LLC	<b>c</b> EIN-PN 20-1192474-001
<b>a</b>	Plan name THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROUND ROCK BASEBALL CLUB, LP	<b>c</b> EIN-PN 77-0646382-001
<b>a</b>	Plan name WTP 401(K) PLAN	
<b>b</b>	Name of plan sponsor WESTRAN THERMAL PROCESSING	<b>c</b> EIN-PN 81-2963161-001
<b>a</b>	Plan name ABSOLUTE ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ABSOLUTE ENERGY, L.L.C	<b>c</b> EIN-PN 20-3841025-777

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	DOUGHBOY RESTAURANT GROUP, LLC
<b>c</b>	EIN-PN	47-2447231-001
<b>a</b>	Plan name	HEALTH CARE ASSOCIATION OF MICHIGAN RETIREMENT SAVINGS PROGRAM
<b>b</b>	Name of plan sponsor	HEALTH CARE ASSOCIATION OF MICHIGAN
<b>c</b>	EIN-PN	38-6091038-001
<b>a</b>	Plan name	MCR SERVICES LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	MCR SERVICES LLC
<b>c</b>	EIN-PN	39-1969575-002
<b>a</b>	Plan name	MDSAVE, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MDSAVE, INC.
<b>c</b>	EIN-PN	45-4596654-001
<b>a</b>	Plan name	AZTECS TELECOM, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	AZTECS TELECOM, INC.
<b>c</b>	EIN-PN	33-0915556-001
<b>a</b>	Plan name	B & B TRADING CORPORATION 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	B & B TRADING CORPORATION
<b>c</b>	EIN-PN	04-3055768-001
<b>a</b>	Plan name	DANHAUER DRUG COMPANY, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DANHAUER DRUG, INC.
<b>c</b>	EIN-PN	61-0992161-001
<b>a</b>	Plan name	FLOURISH, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	FLOURISH, INC.
<b>c</b>	EIN-PN	34-1938082-001
<b>a</b>	Plan name	FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	FOREWAY TRANSPORTATION, INC.
<b>c</b>	EIN-PN	38-2165402-001
<b>a</b>	Plan name	GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GREEN FRONT FURNITURE COMPANY, INC.
<b>c</b>	EIN-PN	54-0837729-003
<b>a</b>	Plan name	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.
<b>c</b>	EIN-PN	54-1850850-001
<b>a</b>	Plan name	SADDLEBACK DESIGN RETIREMENT TRUST
<b>b</b>	Name of plan sponsor	SADDLEBACK DESIGN, INC.
<b>c</b>	EIN-PN	84-1379148-001

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.)	
<b>a</b>	Plan name <a href="#">TRIBLER ORPETT &amp; MEYER, P.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRIBLER ORPETT &amp; MEYER, P.C.</a>	<b>c</b> EIN-PN <a href="#">36-3317353-001</a>
<b>a</b>	Plan name <a href="#">TRIS PHARMA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRIS PHARMA, INC.</a>	<b>c</b> EIN-PN <a href="#">22-3747409-001</a>
<b>a</b>	Plan name <a href="#">TRUE GRIT REDI-MIX/TRUE GRIT CONCRETE 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRUE GRIT REDI-MIX LTD</a>	<b>c</b> EIN-PN <a href="#">20-2018457-001</a>
<b>a</b>	Plan name <a href="#">ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLIED GOVERNMENT SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">27-4329708-001</a>
<b>a</b>	Plan name <a href="#">ALLIED UNIVERSAL CBU 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">UNIVERSAL SERVICES OF AMERICA, LP</a>	<b>c</b> EIN-PN <a href="#">27-1562945-002</a>
<b>a</b>	Plan name <a href="#">B &amp; G CUSTOM WORKS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">B &amp; G CUSTOM WORKS, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2289653-001</a>
<b>a</b>	Plan name <a href="#">BULLDOG RACK COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BULLDOG RACK COMPANY, WEIRTON</a>	<b>c</b> EIN-PN <a href="#">02-0669159-001</a>
<b>a</b>	Plan name <a href="#">BULLDOG RACK HOLDING COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BULLDOG RACK HOLDING COMPANY</a>	<b>c</b> EIN-PN <a href="#">46-1606192-001</a>
<b>a</b>	Plan name <a href="#">BULLDOG RACK OF TORONTO, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BULLDOG RACKS OF TORONTO, INC.</a>	<b>c</b> EIN-PN <a href="#">26-2372850-001</a>
<b>a</b>	Plan name <a href="#">CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CIVIL DESIGN CONCEPTS PA</a>	<b>c</b> EIN-PN <a href="#">56-2244957-001</a>
<b>a</b>	Plan name <a href="#">DATA PATH, INC. 401(K) P/S PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DATA PATH, INC.</a>	<b>c</b> EIN-PN <a href="#">90-0242296-001</a>
<b>a</b>	Plan name <a href="#">DAVID A. PARIS, D.D.S., S.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAVID A. PARIS, D.D.S., S.C.</a>	<b>c</b> EIN-PN <a href="#">39-1696459-001</a>



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>JPMORGAN SMARTRETIREMENT 2055 RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>660</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	6770985
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	44370296
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	6770985	44370296
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	6770985	44370296

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	449519	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		449519

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	89004	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		89004
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		89004

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		360515
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		43029051
(2) From this plan .....	<b>2l(2)</b>		5790255

**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
<b>a</b> 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>b</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.).....			
<b>c</b> 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.) .....			
<b>d</b> 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.).....			
<b>e</b> Was this plan covered by a fidelity bond? .....			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....			
<b>g</b> 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?.....			
<b>h</b> 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? .....			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....			
<b>j</b> 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.).....			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.