

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 JPMORGAN SMARTRETIREMENT 2035 RET OPT
1b Three-digit plan number (PN) 656
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRANSAMERICA LIFE INSURANCE COMPANY
6400 C ST SW CEDAR RAPIDS, IA 52404
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.	OMB No. 1210-0110 <hr/> 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>JPMORGAN SMARTRETIREMENT 2035 RET OPT</u>	B Three-digit plan number (PN)	<u>656</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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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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)
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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 GREATER LOVE FOSTER FAMILY AGENCY, INC. 401(K) PLAN	
b Name of plan sponsor	A GREATER LOVEFOSTER FAMILY AGENCY, INC.	c EIN-PN 82-3295704-001
a Plan name	MAXTACS, INC 401(K) PLAN	
b Name of plan sponsor	MAXTACS, INC	c EIN-PN 81-3518247-001
a Plan name	MCBRIDE QUALITY CARE SERVICES, INC. 401(K) PLAN	
b Name of plan sponsor	MCBRIDE QUALITY CARE SERVICES, INC.	c EIN-PN 38-2905688-002
a Plan name	MEDARDO C. SUPNET, M.D., INC. 401(K) PLAN	
b Name of plan sponsor	MEDARDO C. SUPNET, M.D., INC.	c EIN-PN 95-4779732-002
a Plan name	MERIT TITLE, LLC 401(K) PLAN	
b Name of plan sponsor	MERIT TITLE, LLC	c EIN-PN 20-0467684-001
a Plan name	NATURE'S DESIGN 401(K) PLAN	
b Name of plan sponsor	NATURE'S DESIGN OF STEAMBOAT SPRINGS, INC.	c EIN-PN 90-0054562-001
a Plan name	NEPTUNE SHIPPING LIMITED 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NEPTUNE SHIPPING LIMITED	c EIN-PN 26-0630492-001
a Plan name	NOBILITY HEALTH 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NOBILITY HEALTH	c EIN-PN 81-0701839-001
a Plan name	NORTHWEST DRAFT 401(K) PLAN	
b Name of plan sponsor	NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	c EIN-PN 45-4915664-001
a Plan name	NVISNX 401(K) PLAN	
b Name of plan sponsor	NVISNX LLC	c EIN-PN 83-1395572-001
a Plan name	OBJECTS FINE SET DECORATIONS, INC. 401(K) PLAN	
b Name of plan sponsor	OBJECTS FINE SET DECORATIONS, INC.	c EIN-PN 95-4558821-001
a Plan name	OLD TOWN FIBERGLASS 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	OLD TOWN FIBERGLASS	c EIN-PN 20-2006359-001

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 OMEGA THERMO PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor OMEGA THERMO PRODUCTS, LLC	c EIN-PN 39-1930105-001
a	Plan name OPEN RANGE ENGINEERING SERVICES 401(K) PLAN	
b	Name of plan sponsor OPEN RANGE ENGINEERING SERVICES, PLLC	c EIN-PN 20-5674889-001
a	Plan name PACIFIC ASIAN ENTERPRISES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC ASIAN ENTERPRISES, INC.	c EIN-PN 95-3306034-002
a	Plan name PACIFIC POWER ELECTRICAL CONTRACTING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PACIFIC POWER ELECTRICAL CONTRACTING, LLC	c EIN-PN 45-2456005-001
a	Plan name ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name ADDRESS HEALTHCARE ADMINISTRATION, LLC	
b	Name of plan sponsor ADDRESS HEALTHCARE ADMINISTRATION, LLC	c EIN-PN 99-1289536-001
a	Plan name ADVANCED TRANSPORTATION INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED TRANSPORTATION INC.	c EIN-PN 80-0500665-001
a	Plan name ALLIED HEATING & AIR 401(K) PLAN	
b	Name of plan sponsor TOM JOHNSON, INC. DBA ALLIED HEATING & AIR	c EIN-PN 90-0182914-001
a	Plan name AMAZING KIDS 401(K) PLAN	
b	Name of plan sponsor AMAZING KIDS MANAGEMENT GROUP, INC.	c EIN-PN 46-3962209-001
a	Plan name AMERIBEST HOSPICE, INC. RETIREMENT PLAN	
b	Name of plan sponsor AMERIBEST HOSPICE, INC.	c EIN-PN 84-1743779-001
a	Plan name AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor AMOURGIS & ASSOCIATES, LLC	c EIN-PN 90-0553841-001
a	Plan name ASENTECH LLC 401(K) PLAN	
b	Name of plan sponsor ASENTECH LLC	c EIN-PN 20-5448883-001

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 ASSURE HOSPICE CARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor ASSURE HOSPICE CARE, INC	c EIN-PN 47-5390084-001
a	Plan name ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTA OFFICE TECHNOLOGIES, INC.	c EIN-PN 47-2600973-001
a	Plan name AUTO-CHLOR SYSTEM OF LAS VEGAS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor OMNI SERVICE AUTO-CHLOR SYSTEM OF LAS VEGAS, INC.	c EIN-PN 88-0263210-001
a	Plan name BARGAIN SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor BARGAIN SERVICES, LLC	c EIN-PN 46-3585182-001
a	Plan name BCB TRANSPORT, LLC. 401(K) PLAN	
b	Name of plan sponsor BCB TRANSPORT, LLC.	c EIN-PN 27-5099832-001
a	Plan name BEEP 401(K) PLAN	
b	Name of plan sponsor BEEP, INC.	c EIN-PN 61-1908700-334
a	Plan name BILTWELL 401(K) PLAN	
b	Name of plan sponsor BILTWELL CUSTOM MOTORCYCLE CORP. DBA BILTWELL INC.	c EIN-PN 71-1009612-001
a	Plan name BLUE STARS ADMISSIONS CONSULTING, LLC RETIREMENT PLAN	
b	Name of plan sponsor BLUE STARS ADMISSIONS CONSULTING, LLC	c EIN-PN 83-3693605-001
a	Plan name BOXCAST, INC. 401(K) PLAN	
b	Name of plan sponsor BOXCAST, INC.	c EIN-PN 47-2276606-001
a	Plan name PEARL HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor PEARL OF ROLLING MEADOWS, LLC	c EIN-PN 83-1666833-001
a	Plan name PET PLANTATION 401(K)	
b	Name of plan sponsor PET PLANTATION	c EIN-PN 83-4719212-001
a	Plan name PIEPER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PIEPER AND ASSOCIATES, INC.	c EIN-PN 95-3140624-001

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	PIONEER OVERHEAD DOOR 401(K) PLAN	
b	Name of plan sponsor	PIONEER OVERHEAD DOOR	c EIN-PN 92-1118606-001
a	Plan name	PIPE RENEWAL SERVICE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PIPE RENEWAL SERVICE MANAGEMENT, INC.	c EIN-PN 87-0412647-001
a	Plan name	PRINCIPLE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	PRINCIPLE SERVICES, LLC	c EIN-PN 83-3051083-001
a	Plan name	PROVIDENCE PREPARATORY CHARTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor	PROVIDENCE PREPARATORY CHARTER SCHOOL	c EIN-PN 85-2193353-001
a	Plan name	PROVISTA SOFTWARE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	PROVISTA SOFTWARE CORPORATION	c EIN-PN 38-4102924-001
a	Plan name	QUALITY FABRICATION & DESIGN 401(K) PLAN	
b	Name of plan sponsor	QUALITY FABRICATION & DESIGN	c EIN-PN 75-2191833-001
a	Plan name	REALOGIC SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	REALSCAPE GROUP LLC DBA REALOGIC SOLUTIONS	c EIN-PN 46-4805391-001
a	Plan name	REDROC AUSTIN 401(K) PLAN	
b	Name of plan sponsor	ERNEST J CORDER DBA REDROC AUSTIN	c EIN-PN 04-3709976-001
a	Plan name	RETINA CONSULTANTS SAN DIEGO, INC 401 K SAVINGS PLAN	
b	Name of plan sponsor	RETINA CONSULTANTS SAN DIEGO, INC	c EIN-PN 95-3511595-001
a	Plan name	ROBERTS DITCHING 401(K) PLAN	
b	Name of plan sponsor	ARROWHEAD LINE LLC	c EIN-PN 45-5041435-001
a	Plan name	ROCKING R MEDICAL 401(K) PLAN	
b	Name of plan sponsor	RATTAN & ASSOCIATES	c EIN-PN 46-2619332-001
a	Plan name	BRAZOS VALLEY CONTRACTING CO. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAZOS VALLEY CONTRACTING CO.	c EIN-PN 74-2578579-001

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 BRIGHTCOVERS 401(K) PLAN	
b	Name of plan sponsor TRANSLUCENT LLC DBA BRIGHTCOVERS	c EIN-PN 84-1999442-001
a	Plan name BURNEIKIS LAW, P.C. 401(K) PLAN	
b	Name of plan sponsor BURNEIKIS LAW, P.C.	c EIN-PN 87-1680649-001
a	Plan name C. KEITH HENDERSON & ASSOCIATES PROFIT SHARING TRUST	
b	Name of plan sponsor HENENDERSON & HENDERSON, P.C.	c EIN-PN 22-1900354-001
a	Plan name C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE	c EIN-PN 45-4487309-001
a	Plan name C3 SYSTEMS & SECURITY RETIREMENT PLAN	
b	Name of plan sponsor C3 SYSTEMS & SECURITY	c EIN-PN 72-1581602-001
a	Plan name CAPITAL STACK ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor CAPITAL STACK ADVISORS, LLC	c EIN-PN 82-4369350-001
a	Plan name CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CARE ANGEL, INC.	c EIN-PN 46-5083636-001
a	Plan name CARNIVAL EMPLOYMENT SERVICES 401(K) P/S PLAN	
b	Name of plan sponsor CARNIVAL EMPLOYMENT SERVICES, LLC	c EIN-PN 26-4824293-001
a	Plan name CARROLL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor CARROLL INSURANCE AGENCY, LTD	c EIN-PN 76-0297522-001
a	Plan name CENTURY BUILDING SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CENTURY BUILDING SOLUTIONS, INC.	c EIN-PN 46-0631230-001
a	Plan name CHBIOA 401(K) PLAN	
b	Name of plan sponsor COMMUNITY OF HARBOR BAY ISLE OWNERS ASSOCIATION, INC.	c EIN-PN 94-2496154-001
a	Plan name CONSERVATION AND LIQUIDATION OFFICE 401(K) PLAN	
b	Name of plan sponsor CONSERVATION AND LIQUIDATION OFFICE	c EIN-PN 95-4332303-001

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	CRAVE INFOTECH 401(K) PLAN	
b	Name of plan sponsor	CRAVE INFOTECH	c EIN-PN 27-1280654-001
a	Plan name	DECARLO CORPORATION 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	DECARLO CORPORATION DBA DECARLO DEMOLITION COMPANY	c EIN-PN 42-1511387-001
a	Plan name	DEFENSESTORM, INC. 401(K) PLAN	
b	Name of plan sponsor	DEFENSESTORM, INC.	c EIN-PN 46-5598717-001
a	Plan name	DELAWARE VALLEY ANESTHESIA ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	DELAWARE VALLEY ANESTHESIA ASSOCIATES LLC	c EIN-PN 22-3501151-001
a	Plan name	DELTA PEANUT, LLC 401(K) PLAN	
b	Name of plan sponsor	DELTA PEANUT, LLC	c EIN-PN 83-2811029-001
a	Plan name	DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DELTRAN OPERATIONS USA INC	c EIN-PN 46-3331632-001
a	Plan name	DENNY'S BODY SHOP 401(K) PLAN	
b	Name of plan sponsor	DENNY'S BODY SHOP	c EIN-PN 82-3818063-001
a	Plan name	DIRSEC, INC 401(K) PLAN	
b	Name of plan sponsor	DIRSEC, INC.	c EIN-PN 84-1595959-001
a	Plan name	DIRT POOR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HELMS & SONS EXCAVATING, INC.	c EIN-PN 31-1547042-001
a	Plan name	DORSETT AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	DORSETT'S AUTO SALES, INC.	c EIN-PN 35-1269099-001
a	Plan name	ECHOMARK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ECHOMARK, INC.	c EIN-PN 88-3138477-001
a	Plan name	ECOPOL AMERICA 401(K) PLAN	
b	Name of plan sponsor	ECOPOL AMERICA, INC.	c EIN-PN 88-0673772-001

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	EMERGENCY SIGNAL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	EMERGENCY SIGNAL SYSTEMS, INC.	c EIN-PN 04-2492046-001
a	Plan name	EMPIRE DIVERSIFIED ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor	EMPIRE DIVERSIFIED ENERGY, INC.	c EIN-PN 30-0949242-001
a	Plan name	ENTHUSIAST ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor	ENTHUSIAST ENTERPRISE	c EIN-PN 46-2378541-001
a	Plan name	FEDERAL STREET STRATEGIES 401(K) PLAN	
b	Name of plan sponsor	FEDERAL STREET STRATEGIES, LLC	c EIN-PN 82-1333618-001
a	Plan name	FIDE 401(K) PLAN	
b	Name of plan sponsor	EMINENT CONSULTING, LLC DBA FIDE LLC	c EIN-PN 82-0818461-001
a	Plan name	FLEX TECHNOLOGY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	FLEX TECHNOLOGY GROUP, LLC	c EIN-PN 46-5095252-001
a	Plan name	FLUX POWER, INC. 401(K) PLAN	
b	Name of plan sponsor	FLUX POWER, INC.	c EIN-PN 27-1142066-001
a	Plan name	FOX BALLARD PLLC 401(K) PLAN	
b	Name of plan sponsor	FOX BALLARD PLLC	c EIN-PN 84-2081102-001
a	Plan name	FRANK J. GRADY, M.D. ASSOC 401(K) PLAN	
b	Name of plan sponsor	FRANK J. GRADY M.D. ASSOC	c EIN-PN 74-1779810-001
a	Plan name	FUSION HEALTH 401(K) PLAN	
b	Name of plan sponsor	FUSION HEALTHCARE STAFFING, LLC	c EIN-PN 46-2470418-001
a	Plan name	GENERAL MANUFACTURER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NANALU INDUSTRIES, LLC	c EIN-PN 26-4532527-001
a	Plan name	GIRLS & BOYS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	c 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.)	
a	Plan name HARBOR VIEW CUSTOM CABINETS & INTERIORS LLC RETIREMENT PLAN	
b	Name of plan sponsor HARBOR VIEW CUSTOM CABINETS & INTERIORS LLC	c EIN-PN 20-0696398-002
a	Plan name HEI 401(K) PLAN	
b	Name of plan sponsor HOSPITALITY EVENTS, INC.	c EIN-PN 65-0693330-001
a	Plan name HIMES 401(K) PLAN	
b	Name of plan sponsor DAILY RECYCLING EQUIPMENT & SERVICE INC DBA HIMES SERVICE COMPANY	c EIN-PN 74-2842230-001
a	Plan name INDUSTRIAL SERVICE CORP. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor NORTHWESTERN PLASTICS, LTD. DBA INDUSTRIAL SERVICE CORP.	c EIN-PN 42-1193589-001
a	Plan name INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN 401(K) PLAN	
b	Name of plan sponsor INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN	c EIN-PN 82-2382763-001
a	Plan name JADT FOOD GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor JADT FOOD GROUP, LLC	c EIN-PN 41-1891521-001
a	Plan name JB FUEL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor JB FUEL SOLUTIONS, LLC	c EIN-PN 82-3071152-001
a	Plan name JENNIFER PARKS, PLLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor JENNIFER PARKS, PLLC	c EIN-PN 45-3023039-001
a	Plan name JOEBUILT HOMES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOE BUILT HOMES, LLC	c EIN-PN 81-1108630-001
a	Plan name KALEIDOSCOPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ORCAS DAYCARE ASSOCIATION	c EIN-PN 91-1510335-001
a	Plan name KEMS HOLDING CORP 401(K) PLAN	
b	Name of plan sponsor KEMS HOLDING CORP	c EIN-PN 27-0772063-001
a	Plan name KONWINSKI CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor KONWINSKI CONSTRUCTION	c EIN-PN 38-2906724-001

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	LD PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	LD PLASTICS, INC.	c EIN-PN 04-2702532-001
a	Plan name	LONG PHI DANG M.D. 401(K) PLAN	
b	Name of plan sponsor	LONG PHI DANG M.D. INC.	c EIN-PN 20-0383981-001
a	Plan name	MARK BROWER PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	MARK BROWER PROPERTIES, LLC	c EIN-PN 27-4577200-001
a	Plan name	WILLIAM J. WALSH & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	WILLIAM J. WALSH & SONS, INC. DBA WALSH CONCRETE FORMS	c EIN-PN 04-3566846-002
a	Plan name	WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIAMS CONCRETE CONTRACTING LLC	c EIN-PN 26-0888255-001
a	Plan name	WOODS AIR MOVEMENT LIMITED 401(K) PLAN	
b	Name of plan sponsor	WOODS AIR MOVEMENT LIMITED	c EIN-PN 36-4946974-001
a	Plan name	WORLD TRUCK TOWING AND RECOVERY, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WORLD TRUCK TOWING AND RECOVERY, INC.	c EIN-PN 30-0079946-001
a	Plan name	YANEZ SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor	YANEZ SERVICE COMPANY	c EIN-PN 27-0195199-001
a	Plan name	ZENISCO, INC. 401(K) PLAN	
b	Name of plan sponsor	ZENISCO, INC.	c EIN-PN 47-3232410-001
a	Plan name	SAAR CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SAAR CORPORATION	c EIN-PN 06-1418674-001
a	Plan name	SABOT INVESTMENTS 401(K) PLAN	
b	Name of plan sponsor	SABOT INVESTMENTS, LLC	c EIN-PN 26-0436204-001
a	Plan name	SCENIC CITY PLUMBING LLC 401(K) PLAN	
b	Name of plan sponsor	SCENIC CITY PLUMBING LLC	c EIN-PN 62-1730888-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	VRK ENTERPRISES, LLC	c EIN-PN 81-3354376-001
a	Plan name	SJC DRUMS 401(K) PLAN	
b	Name of plan sponsor	SJC DRUMS, LLC	c EIN-PN 26-0740110-001
a	Plan name	SMDA 401K PLAN	
b	Name of plan sponsor	SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	c EIN-PN 20-4874959-001
a	Plan name	SMITH ROOFING AND REPAIR INC. 401(K) PLAN	
b	Name of plan sponsor	SMITH ROOFING AND REPAIR INC.	c EIN-PN 20-5155152-001
a	Plan name	SMP 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR MACHINED PRODUCTS, INC.	c EIN-PN 47-4533352-001
a	Plan name	SNIDER INC 401(K) PLAN	
b	Name of plan sponsor	SNIDER INC	c EIN-PN 56-1649710-001
a	Plan name	STAR TIRE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STAR TIRE, INC.	c EIN-PN 75-1502226-001
a	Plan name	SUPPLYDEN, INC. 401(K) PLAN	
b	Name of plan sponsor	SUPPLYDEN, INC.	c EIN-PN 38-3603806-001
a	Plan name	SUTHERLAND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUTHERLAND INSURANCE & REALTY CO., INC. DBA SUTHERLAND INSURANCE COM	c EIN-PN 56-0751537-001
a	Plan name	T J & M SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	T J & M SERVICES, INC.	c EIN-PN 26-3380349-001
a	Plan name	TAYLOR GRUBAUGH CHEVROLET LLC 401(K)	
b	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET LLC	c EIN-PN 93-4900507-001
a	Plan name	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC 401(K) PLAN	
b	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC	c EIN-PN 84-3391707-001

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	TD SUPPLY SPECIALISTS LLC RETIREMENT PLAN	
b	Name of plan sponsor	TD SUPPLY SPECIALISTS LLC	c EIN-PN 46-0747817-001
a	Plan name	TFG TREE FREE, INC. 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor	TFG TREE FREE, INC.	c EIN-PN 56-2628897-001
a	Plan name	THE INCEPTION COMPANY LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE INCEPTION COMPANY LLC	c EIN-PN 20-1885148-001
a	Plan name	TODD STRATEGY 401(K) PLAN	
b	Name of plan sponsor	TODD STRATEGY, LLC DBA TODD STRATEGY GROUP	c EIN-PN 46-5566087-001
a	Plan name	TRINITY CONSTRUCTION GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	TRINITY CONSTRUCTION GROUP, LLC	c EIN-PN 35-2688581-001
a	Plan name	TRINITY HOMES AZ 401(K) PLAN	
b	Name of plan sponsor	TRINITY HOMES OF THE RIM, LLC DBA TRINITY HOMES AZ	c EIN-PN 27-1186766-001
a	Plan name	TUMBLEWEED MIDSTREAM 401(K) PLAN	
b	Name of plan sponsor	TUMBLEWEED MIDSTREAM, LLC	c EIN-PN 84-3879436-001
a	Plan name	TYLER MCCABE DMD, LLC 401(K) PLAN	
b	Name of plan sponsor	TYLER MCCABE DMD, LLC	c EIN-PN 47-3682389-001
a	Plan name	UNZICKER DENTAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	UNZICKER DENTAL CORPORATION	c EIN-PN 82-3591748-001
a	Plan name	VANQUISH WORLDWIDE, LLC FORT LEE 401(K) PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-004
a	Plan name	VERIFY INVESTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	VERIFY INVESTOR, INC. A DE INC.	c EIN-PN 46-3398188-001
a	Plan name	VG PARTNERS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	VG PARTNERS, LLC	c EIN-PN 26-0710271-001

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	VMC CONTRACTING, INC. 401(K) PLAN A	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-001
a	Plan name	VMC CONTRACTING, INC. 401(K) PLAN B	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-002
a	Plan name	WALK ON CLINIC 401(K) PLAN	
b	Name of plan sponsor	WALK ON CLINIC, INC.	c EIN-PN 82-3471706-001
a	Plan name	WALKER'S 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WALKER OFFICE SUPPLIES	c EIN-PN 94-2658013-001
a	Plan name	WEATHER TIGHT CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	WEATHER TIGHT CORPORATION	c EIN-PN 39-1647457-001
a	Plan name	EDUCATIUS GROUP 401(K) PLAN	
b	Name of plan sponsor	EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	c EIN-PN 26-4005699-001
a	Plan name	K KERN PAINTING LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	K KERN PAINTING LLC	c EIN-PN 54-2101884-001
a	Plan name	PLENTY CONSULTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PLENTY CONSULTING, INC.	c EIN-PN 46-4085839-001
a	Plan name	FARIBORZ RODEF, DDS, INC. 401(K) PLAN	
b	Name of plan sponsor	FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE	c EIN-PN 32-0012113-001
a	Plan name	BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	BOB RIDINGS, INC.	c EIN-PN 37-0994988-001
a	Plan name	BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BURROWS WATER PURIFICATION, INC.	c EIN-PN 95-3023432-001
a	Plan name	FURRER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NORTH VALLEY FINANCIAL SERVICES LLC DBA FURRER AND ASSOCIATES	c EIN-PN 87-2736693-001

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 RHYS VINEYARDS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RHYS VINEYARDS LLC	c EIN-PN 51-0499236-001
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 GEMINI SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor GEMINI SERVICES, LLC	c EIN-PN 35-2212355-001
a	Plan name GENESIS MARINE LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GENESIS MARINE	c EIN-PN 45-2448783-001
a	Plan name MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MED-FAST PHARMACY, INC.	c EIN-PN 25-1631348-001
a	Plan name CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC.	c EIN-PN 85-0210055-002
a	Plan name ROYALTY CLEARINGHOUSE, LTD. 401(K) PLAN	
b	Name of plan sponsor ROYALTY CLEARINGHOUSE, LTD	c EIN-PN 38-3687330-001
a	Plan name H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor H.V.A.C. MECHANICAL, INC.	c EIN-PN 33-0842894-001
a	Plan name MISSION DE LA CASA 401(K) PLAN	
b	Name of plan sponsor MISSION DE LA CASA	c EIN-PN 77-0525988-001
a	Plan name ACCORD FEDERAL SERVICES, LLC CORPORATE 401(K) PLAN	
b	Name of plan sponsor ACCORD FEDERAL SERVICES, LLC	c EIN-PN 27-2897669-002
a	Plan name NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL TECHNOLOGIES, INC.	c EIN-PN 39-0981304-001
a	Plan name SILVERMAN GROUP, INC. PROFIT SHARING 401(K) PLAN AND TRUST	
b	Name of plan sponsor SILVERMAN GROUP, INC.	c EIN-PN 06-1000488-001

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	NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEXT DAY DELIVERY SERVICE, INC.	c EIN-PN 81-2485203-001
a	Plan name	AM2 SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	AM2 SOLUTIONS LLC	c EIN-PN 20-8887397-001
a	Plan name	INNOVATION EDGE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATION EDGE	c EIN-PN 20-8196742-002
a	Plan name	SSL LAW FIRM LLP RETIREMENT PLAN	
b	Name of plan sponsor	SSL LAW FIRM, LLP	c EIN-PN 94-3397499-001
a	Plan name	STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	STOCKBRIDGE ENGINEERING, INC.	c EIN-PN 39-1732812-001
a	Plan name	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	AMPAC 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
a	Plan name	INVESQUE HOLDINGS LP FINANCIAL FREEDOM 401(K) PLAN	
b	Name of plan sponsor	INVESQUE HOLDINGS LP	c EIN-PN 47-5355397-001
a	Plan name	ASSOCIATES IN PIE, PLLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATES IN PIE, PLLC	c EIN-PN 82-1772713-001
a	Plan name	REICHEL FOODS 401(K) PLAN	
b	Name of plan sponsor	REICHEL FOODS, INC.	c EIN-PN 90-0246502-001
a	Plan name	C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor	C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222
a	Plan name	FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001

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	GAMBI DISPOSAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	GAMBI DISPOSAL, INC.	c EIN-PN 68-0137750-002
a	Plan name	RISER MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	RISER MOTORS, INC.	c EIN-PN 71-0857865-001
a	Plan name	GH GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GH GROUP, INC.	c EIN-PN 68-1040851-001
a	Plan name	CARING ENTERPRISES INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	CARING ENTERPRISES INCORPORATED	c EIN-PN 42-1461742-001
a	Plan name	MARYLAND PLASTICS UNION 401(K) PLAN	
b	Name of plan sponsor	MARYLAND PLASTICS, INC.	c EIN-PN 52-1636609-003
a	Plan name	WALBERG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALBERG, INC.	c EIN-PN 81-2702296-001
a	Plan name	RULE CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RULE CONSTRUCTION, LTD.	c EIN-PN 39-1708690-001
a	Plan name	CHILDREN'S LEARNING ADVENTURE 401(K)	
b	Name of plan sponsor	CHILDREN'S LEARNING ADVENTURE USA, LLC	c EIN-PN 20-5808736-001
a	Plan name	CHILDREN'S WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor	CHILDREN'S WELLNESS CENTER, LLC	c EIN-PN 20-3469174-001
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	CONTENTMENT COMPANIES 401(K) PLAN	
b	Name of plan sponsor	CONTENTMENT COMPANIES, LLC	c EIN-PN 20-4226078-001
a	Plan name	CONTRACT SOURCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONTRACT SOURCE, INC.	c EIN-PN 34-1605726-001

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	NISSIN PRECISION NA 401(K) PLAN	
b	Name of plan sponsor	NISSIN PRECISION NORTH AMERICA, INC.	c EIN-PN 31-1279356-001
a	Plan name	AERO-MARK LLC 401(K) PLAN	
b	Name of plan sponsor	AERO-MARK LLC	c EIN-PN 26-4647620-001
a	Plan name	AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE & MARINE INTERNATIONAL CORPORATION	c EIN-PN 77-0280581-001
a	Plan name	CP TECH LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CP TECH, LLC	c EIN-PN 20-5616082-001
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	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	PACIFIC POWER ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	PACIFIC POWER ELECTRICAL CONTRACTING, LLC	c EIN-PN 45-2456005-777
a	Plan name	DUBOIS COUNTY BLOCK & BRICK, INC. 401(K) PLAN	
b	Name of plan sponsor	DUBOIS COUNTY BLOCK & BRICK, INC.	c EIN-PN 35-2083897-001
a	Plan name	KC SALLEY 401(K) PLAN	
b	Name of plan sponsor	OLER RELO ONE LTD.	c EIN-PN 20-4736622-001
a	Plan name	KELDERMAN MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	KELDERMAN MANUFACTURING, INC.	c EIN-PN 42-1145969-001

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 CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE CELLAR LUMBER COMPANY	c EIN-PN 31-4144745-001
a	Plan name	PROPERTY MANAGEMENT OF ANDOVER, INC. 401(K) PLAN	
b	Name of plan sponsor	PROPERTY MANAGEMENT OF ANDOVER, INC.	c EIN-PN 04-2978110-001
a	Plan name	BIO MEDIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MARYLAND PLASTICS, INC.	c EIN-PN 52-1636609-002
a	Plan name	ETORI USA, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ETORI USA, INC.	c EIN-PN 20-1728643-001
a	Plan name	EVER READY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	EVER READY ELECTRIC, INC.	c EIN-PN 39-1948378-001
a	Plan name	EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN	
b	Name of plan sponsor	EVERGREEN AVIATION & SPACE MUSEUM	c EIN-PN 93-1069203-001
a	Plan name	EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC 401(K) PLAN	
b	Name of plan sponsor	EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC	c EIN-PN 20-4457765-001
a	Plan name	LAKES TENNIS 401(K) PLAN	
b	Name of plan sponsor	KICK SERVICE, LTD. DBA LAKES TENNIS ACADEMY	c EIN-PN 20-1885263-001
a	Plan name	TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOM AHL CHRYSLER-BUICK, INC.	c EIN-PN 34-1151496-001
a	Plan name	MALCOLM SMITH MOTORSPORTS 401(K) PLAN	
b	Name of plan sponsor	MALCOLM SMITH MOTORCYCLES, INC.	c EIN-PN 33-0118610-001
a	Plan name	MASTER GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	MASTER PRODUCTS COPORATION	c EIN-PN 66-0407424-002
a	Plan name	MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MATICH CORPORATION	c EIN-PN 95-1810911-002

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	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	NORTHERN NEVADA 401(K) PLAN	
b	Name of plan sponsor	FERNLEY NUGGET CORPORATION	c EIN-PN 26-1620600-002
a	Plan name	ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ORLANDO SPRING CORP	c EIN-PN 95-1933966-001
a	Plan name	OTOGENETICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	OTOGENETICS CORPORATION	c EIN-PN 26-1343895-001
a	Plan name	OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OUTAGAMIE CO-OP SERVICES, INC.	c EIN-PN 39-1316865-001
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	POWER FUNDING, LTD. 401(K) PLAN	
b	Name of plan sponsor	POWER FUNDING, LTD.	c EIN-PN 75-2952855-001
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	SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SIGHT SAVERS OF AMERICA, INC.	c EIN-PN 30-0188234-001
a	Plan name	SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor	SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-222
a	Plan name	TECH MANUFACTURING AND MACHINING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TECH MANUFACTURING AND MACHINING, INC.	c EIN-PN 43-3817616-001
a	Plan name	UNITED ENERGY WORKERS HEALTHCARE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	UNITED ENERGY WORKERS HEALTHCARE	c EIN-PN 88-2242746-001

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 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 ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ADVANCED AUTOMATION TECHNOLOGIES, INC.	c EIN-PN 52-1749594-001
a	Plan name AMERICAN PROFICIENCY INSTITUTE 401(K) PLAN	
b	Name of plan sponsor AMERICAN PROFICIENCY INSTITUTE, INC.	c EIN-PN 38-2949312-001
a	Plan name AUTOBODY EXPRESS 401(K) PLAN	
b	Name of plan sponsor FLORIDA WHOLESALE DISTRIBUTORS, INC.	c EIN-PN 59-2714320-001
a	Plan name BLAHNIK INVESTMENT GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BLAHNIK INVESTMENT GROUP	c EIN-PN 46-0495940-001
a	Plan name CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALICO BUILDING SERVICES, INC.	c EIN-PN 33-0493568-001
a	Plan name CARROLL ACE HARDWARE 401(K) PLAN	
b	Name of plan sponsor CARROLL ACE HARDWARE	c EIN-PN 42-1461838-001
a	Plan name CHRISTIAN HOME SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CHRISTIAN HOME SERVICES, INC.	c EIN-PN 38-3369745-001
a	Plan name COLLINS & HYING LLC RETIREMENT PLAN	
b	Name of plan sponsor COLLINS & HYING LLC	c EIN-PN 82-0712958-001
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

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	DIMENSION HARDWOOD VENEERS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DIMENSION HARDWOOD VENEERS, INC.	c EIN-PN 20-0164058-001
a	Plan name	F & K DELVOTEC INDIVIDUAL PENSION PLAN 401(K)	
b	Name of plan sponsor	F & K DELVOTEC, INC.	c EIN-PN 33-0605091-001
a	Plan name	GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.	c EIN-PN 20-8143829-001
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	JOHN MOORE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JOHN MOORE & ASSOCIATES, INC.	c EIN-PN 62-0867747-001
a	Plan name	CAVINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAVINS, INC.	c EIN-PN 27-3977682-001
a	Plan name	COMMUNITY MENTAL HEALTH CENTERS 401(K) PLAN	
b	Name of plan sponsor	LEHIGH VALLEY COMMUNITY MENTAL HEALTH CENTERS, INC.	c EIN-PN 23-2835896-001
a	Plan name	DIXIE INDUSTRIAL INSULATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DIXIE INDUSTRIAL INSULATION, INC.	c EIN-PN 61-1306346-001
a	Plan name	FIKES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIKES PUGET SOUND, INC	c EIN-PN 72-1572875-001
a	Plan name	GLENN A ZEH, DDS, PC 401(K) PLAN	
b	Name of plan sponsor	GLENN A ZEH, DDS, PC	c EIN-PN 84-1596272-001
a	Plan name	GLOBAL WIDGET, LLC 401(K) PLAN	
b	Name of plan sponsor	GLOBAL WIDGET, LLC	c EIN-PN 81-2430361-001
a	Plan name	JACK YATES DRYWALL PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK YATES DRYWALL	c EIN-PN 27-1959275-001

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 KEYROCK ENERGY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEYROCK ENERGY, LLC	c EIN-PN 26-0602410-001
a	Plan name LESSITER PUBLICATIONS INC. 401(K) PLAN	
b	Name of plan sponsor LESSITER PUBLICATIONS INC.	c EIN-PN 39-1169768-222
a	Plan name R. BRET CAMPBELL, DO, PLLC RETIREMENT PLAN	
b	Name of plan sponsor R. BRET CAMPBELL, DO, PLLC	c EIN-PN 80-0111632-001
a	Plan name SCOTT A. FISHMAN, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCOTT A. FISHMAN, D.D.S., INC. DBA PEDIATRIC DENTAL ARTS	c EIN-PN 27-1598713-001
a	Plan name SUPERIOR, INC. 401(K) PLAN	
b	Name of plan sponsor SUPERIOR, INC.	c EIN-PN 62-1346975-001
a	Plan name THE LENTZ COMPANIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LENTZ COMPANIES, INC.	c EIN-PN 75-2750789-001
a	Plan name JAE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JEWELL ASSOCIATES ENGINEERS, INC.	c EIN-PN 26-1811972-001
a	Plan name LIFESPAN FINANCIAL STRATEGIES, INC. 401(K) PS PLAN	
b	Name of plan sponsor LIFESPAN FINANCIAL STRATEGIES, INC.	c EIN-PN 65-0741655-001
a	Plan name MCCLAIN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCCLAIN PRINTING COMPANY, INC.	c EIN-PN 55-0421933-002
a	Plan name MCCON BUILDING CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MCCON BUILDING CORPORATION	c EIN-PN 39-1746210-001
a	Plan name NRG MEDIA, LLC 401(K) PLAN	
b	Name of plan sponsor NRG MEDIA, LLC	c EIN-PN 56-2501807-001
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

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	SENECA PETROLEUM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SENECA PETROLEUM COMPANY, INC.	c EIN-PN 36-1755250-002
a	Plan name	SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor	SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-004
a	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-005
a	Plan name	THE PADRE PIO FOUNDATION OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	THE PADRE PIO FOUNDATION OF AMERICA, INC.	c EIN-PN 06-1023010-001
a	Plan name	WM RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WIREMASTERS, INCORPORATED	c EIN-PN 36-2083604-003
a	Plan name	ARENA EVENT SERVICES SAVINGS PLAN	
b	Name of plan sponsor	ARENA EVENT SERVICES	c EIN-PN 30-0766502-001
a	Plan name	BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIDGEWAY, INC.	c EIN-PN 37-0984175-001
a	Plan name	CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	CEH AUTOMOTIVE CORP.	c EIN-PN 86-0200402-001
a	Plan name	CTS PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	CTS, INC.	c EIN-PN 36-4198749-001
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	FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	FISHER DESIGN, INC.	c EIN-PN 31-0601808-001

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	MWM ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor	MWM ARCHITECTS, INC.	c EIN-PN 75-1777368-001
a	Plan name	NADER DAKAK, M.D., P.A. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NADER DAKAK, M.D., P.A.	c EIN-PN 51-0492533-001
a	Plan name	O2 SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	O2 SOLUTIONS, LLC	c EIN-PN 14-1964996-001
a	Plan name	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.	c EIN-PN 74-2459387-001
a	Plan name	SOUTH FLORIDA HOSPITAL AND HEALTH CARE ASSOCIATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SOUTH FLORIDAHOSPITAL AND HEALTH CARE ASSOCIATION, INC.	c EIN-PN 59-0979494-001
a	Plan name	SOUTHEAST PET 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SEACO NATIONAL CORP DBA SOUTHEAST PET	c EIN-PN 58-1478160-001
a	Plan name	TAB ENGINEERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAB ENGINEERS, LLC	c EIN-PN 46-1400045-001
a	Plan name	THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	ROUND ROCK BASEBALL CLUB, LP	c EIN-PN 77-0646382-001
a	Plan name	VINCENT GREENE ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINCENT GREENE ARCHITECTS	c EIN-PN 52-2066377-002
a	Plan name	WTP 401(K) PLAN	
b	Name of plan sponsor	WESTRAN THERMAL PROCESSING	c EIN-PN 81-2963161-001
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	BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	BENJAMIN DEL VENTO, P.A.	c EIN-PN 22-1943968-001

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	DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN
b	Name of plan sponsor	DOUGHBOY RESTAURANT GROUP, LLC
c	EIN-PN	47-2447231-001
a	Plan name	LONE WOLF RESOURCES 401(K) PLAN
b	Name of plan sponsor	LONE WOLF RESOURCES, LLC
c	EIN-PN	75-2815928-001
a	Plan name	MDSAVE, INC. 401(K) PLAN
b	Name of plan sponsor	MDSAVE, INC.
c	EIN-PN	45-4596654-001
a	Plan name	ALL SEASONS WINDOW & DOOR MFG., INC. 401(K) PLAN
b	Name of plan sponsor	ALL SEASONS WINDOW & DOOR MFG. INC.
c	EIN-PN	75-1868821-001
a	Plan name	AZTECS TELECOM, INC. 401(K) PLAN
b	Name of plan sponsor	AZTECS TELECOM, INC.
c	EIN-PN	33-0915556-001
a	Plan name	B & B TRADING CORPORATION 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	B & B TRADING CORPORATION
c	EIN-PN	04-3055768-001
a	Plan name	GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	GREEN FRONT FURNITURE COMPANY, INC.
c	EIN-PN	54-0837729-003
a	Plan name	GREENWAY WEALTH MANAGEMENT, LLC 401(K) PLAN
b	Name of plan sponsor	GREENWAY WEALTH MANAGEMENT, LLC
c	EIN-PN	81-5323726-001
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	OASYS 401(K) PLAN
b	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.
c	EIN-PN	52-1747644-001
a	Plan name	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.
c	EIN-PN	54-1850850-001
a	Plan name	SADDLEBACK DESIGN RETIREMENT TRUST
b	Name of plan sponsor	SADDLEBACK DESIGN, INC.
c	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.)			
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	TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIBLER ORPETT & MEYER, P.C.	c EIN-PN 36-3317353-001
a	Plan name	TRIS PHARMA 401(K) PLAN	
b	Name of plan sponsor	TRIS PHARMA, INC.	c EIN-PN 22-3747409-001
a	Plan name	TRUE GRIT REDI-MIX/TRUE GRIT CONCRETE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE GRIT REDI-MIX LTD	c EIN-PN 20-2018457-001
a	Plan name	ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ALLIED GOVERNMENT SOLUTIONS, INC.	c EIN-PN 27-4329708-001
a	Plan name	ALLIED UNIVERSAL CBU 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL SERVICES OF AMERICA, LP	c EIN-PN 27-1562945-002
a	Plan name	B & G CUSTOM WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	B & G CUSTOM WORKS, INC.	c EIN-PN 38-2289653-001
a	Plan name	BULLDOG RACK COMPANY 401(K) PLAN	
b	Name of plan sponsor	BULLDOG RACK COMPANY, WEIRTON	c EIN-PN 02-0669159-001
a	Plan name	BULLDOG RACK OF TORONTO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BULLDOG RACKS OF TORONTO, INC.	c EIN-PN 26-2372850-001
a	Plan name	CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor	CIVIL DESIGN CONCEPTS PA	c EIN-PN 56-2244957-001
a	Plan name	DARTMOUTH BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DARTMOUTH BUSINESS SERVICES, INC.	c EIN-PN 36-4348934-001
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

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.	OMB No. 1210-0110 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 JPMORGAN SMARTRETIREMENT 2035 RET OPT	B Three-digit plan number (PN) ▶ 656
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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
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)	12909587
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	66537825
(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	12909587	66537825
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	12909587	66537825

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)	1893825	
(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		1893825

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)	206848	
(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)		206848
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		206848

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1686977
l Transfers of assets:			
(1) To this plan.....	2l(1)		59210409
(2) From this plan	2l(2)		7269148

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 _____.