

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: JPMORGAN SMARTRETIREMENT 2045 RET OPT; 1b Three-digit plan number (PN): 658; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator; Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor; Filed with authorized/valid electronic signature, 08/22/2025, NEIL KOENCK; Signature of DFE, Date, Enter name of individual signing as DFE

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

Form 5500 (2024) v. 240311

<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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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>JPMORGAN SMARTRETIREMENT 2045 RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>658</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>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<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):		
<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):		
<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):		
<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):		
<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):		
<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):		
<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>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	ACTON MECHANICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACTON MECHANICAL, INC.	<b>c</b> EIN-PN 45-0483488-001
<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	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	NATURE'S DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATURE'S DESIGN OF STEAMBOAT SPRINGS, INC.	<b>c</b> EIN-PN 90-0054562-001
<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	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	OBJECTS FINE SET DECORATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OBJECTS FINE SET DECORATIONS, INC.	<b>c</b> EIN-PN 95-4558821-001
<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>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	OPEN RANGE ENGINEERING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OPEN RANGE ENGINEERING SERVICES, PLLC	<b>c</b> EIN-PN 20-5674889-001

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 <b>PACIFIC ASIAN ENTERPRISES, INC. 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PACIFIC ASIAN ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>95-3306034-002</b>
<b>a</b>	Plan name <b>PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PARAGON PRINT SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>23-2984595-001</b>
<b>a</b>	Plan name <b>ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ADAMS COUNTY LIBRARY SYSTEM</b>	<b>c</b> EIN-PN <b>23-1352002-002</b>
<b>a</b>	Plan name <b>ADDRESS HEALTHCARE ADMINISTRATION, LLC</b>	
<b>b</b>	Name of plan sponsor <b>ADDRESS HEALTHCARE ADMINISTRATION, LLC</b>	<b>c</b> EIN-PN <b>99-1289536-001</b>
<b>a</b>	Plan name <b>ALLIED HEATING &amp; AIR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOM JOHNSON, INC. DBA ALLIED HEATING &amp; AIR</b>	<b>c</b> EIN-PN <b>90-0182914-001</b>
<b>a</b>	Plan name <b>ALPHAONE AMBULANCE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALPHAONE AMBULANCE MEDICAL SERVICES, INC.</b>	<b>c</b> EIN-PN <b>27-3266402-001</b>
<b>a</b>	Plan name <b>AMAZING KIDS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMAZING KIDS MANAGEMENT GROUP, INC.</b>	<b>c</b> EIN-PN <b>46-3962209-001</b>
<b>a</b>	Plan name <b>AMERICAN TILE &amp; STONE FABRICATION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN TILE &amp; STONE FABRICATION, INC.</b>	<b>c</b> EIN-PN <b>45-4059984-001</b>
<b>a</b>	Plan name <b>AMOURGIS &amp; ASSOCIATES, LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMOURGIS &amp; ASSOCIATES, LLC</b>	<b>c</b> EIN-PN <b>90-0553841-001</b>
<b>a</b>	Plan name <b>APPIAN WAY ASSET MANAGEMENT LP DEFINED BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>APPIAN WAY ASSET MANAGEMENT LP</b>	<b>c</b> EIN-PN <b>84-2833996-001</b>
<b>a</b>	Plan name <b>ASENTECH LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASENTECH LLC</b>	<b>c</b> EIN-PN <b>20-5448883-001</b>
<b>a</b>	Plan name <b>ASSURE HOSPICE CARE, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASSURE HOSPICE CARE, INC</b>	<b>c</b> EIN-PN <b>47-5390084-001</b>

<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	AUTO-CHLOR SYSTEM OF LAS VEGAS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	OMNI SERVICE AUTO-CHLOR SYSTEM OF LAS VEGAS, INC.	<b>c</b> EIN-PN 88-0263210-001
<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	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	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	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>a</b> Plan name	PIONEER OVERHEAD DOOR 401(K) PLAN	
<b>b</b> Name of plan sponsor	PIONEER OVERHEAD DOOR	<b>c</b> EIN-PN 92-1118606-001
<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>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	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	PURE ENERGY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PURE ENERGY GROUP, INC.	<b>c</b> EIN-PN 86-2201015-001
<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	REDROC AUSTIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ERNEST J CORDER DBA REDROC AUSTIN	<b>c</b> EIN-PN 04-3709976-001
<b>a</b>	Plan name	REEDS SPRING READY MIX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REEDS SPRING READY MIX	<b>c</b> EIN-PN 88-2673558-001
<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

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 <b>ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROLLAC SHUTTER OF TEXAS, INC.</b>	<b>c</b> EIN-PN <b>76-0117689-001</b>
<b>a</b>	Plan name <b>ROUND VALLEY ROCK 401(K) PROFIT SHARE</b>	
<b>b</b>	Name of plan sponsor <b>ROUND VALLEY ROCK, INC.</b>	<b>c</b> EIN-PN <b>87-0633777-001</b>
<b>a</b>	Plan name <b>BOXCAST, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOXCAST, INC.</b>	<b>c</b> EIN-PN <b>47-2276606-001</b>
<b>a</b>	Plan name <b>BRAZOS VALLEY CONTRACTING CO. EMPLOYEES 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRAZOS VALLEY CONTRACTING CO.</b>	<b>c</b> EIN-PN <b>74-2578579-001</b>
<b>a</b>	Plan name <b>BRIGHTCOVERS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRANSLUCENT LLC DBA BRIGHTCOVERS</b>	<b>c</b> EIN-PN <b>84-1999442-001</b>
<b>a</b>	Plan name <b>BUCKEYE SURGERY CENTER 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUCKEYE SOUTH, LLC DBA BUCKEYE SURGERY CENTER</b>	<b>c</b> EIN-PN <b>83-2419523-001</b>
<b>a</b>	Plan name <b>C &amp; L PLUMBING COMPANY 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>C &amp; L PLUMBING COMPANY</b>	<b>c</b> EIN-PN <b>54-1190441-001</b>
<b>a</b>	Plan name <b>C. KEITH HENDERSON &amp; ASSOCIATES PROFIT SHARING TRUST</b>	
<b>b</b>	Name of plan sponsor <b>HENENDERSON &amp; HENDERSON, P.C.</b>	<b>c</b> EIN-PN <b>22-1900354-001</b>
<b>a</b>	Plan name <b>C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE</b>	<b>c</b> EIN-PN <b>45-4487309-001</b>
<b>a</b>	Plan name <b>C3 SYSTEMS &amp; SECURITY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>C3 SYSTEMS &amp; SECURITY</b>	<b>c</b> EIN-PN <b>72-1581602-001</b>
<b>a</b>	Plan name <b>CAPTURA GROUP, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAPTURA GROUP, INC.</b>	<b>c</b> EIN-PN <b>20-2083614-001</b>
<b>a</b>	Plan name <b>CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CARE ANGEL, INC.</b>	<b>c</b> EIN-PN <b>46-5083636-001</b>

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 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 CARPE DIEM RECON RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC	<b>c</b> EIN-PN 81-4451244-001
<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
<b>a</b>	Plan name CAUDILL, KADO & CO - DERMATOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JENNIFER CAUDILL, MD, PLLC	<b>c</b> EIN-PN 45-2672063-001
<b>a</b>	Plan name CENTS II 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTSIBLE HEATING AND AIR CONDITIONING, LLC II	<b>c</b> EIN-PN 47-2003612-001
<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 CHBIOA 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY OF HARBOR BAY ISLE OWNERS ASSOCIATION, INC.	<b>c</b> EIN-PN 94-2496154-001
<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 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 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 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>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	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	DIAMOND VISION OPTOMETRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND VISION OPTOMETRY, INC.	<b>c</b> EIN-PN 27-3507785-001
<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	EMERGENCY SIGNAL SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMERGENCY SIGNAL SYSTEMS, INC.	<b>c</b> EIN-PN 04-2492046-001
<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	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>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	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	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	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	HARBOR VIEW CUSTOM CABINETS & INTERIORS LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HARBOR VIEW CUSTOM CABINETS & INTERIORS LLC	<b>c</b> EIN-PN 20-0696398-002
<b>a</b>	Plan name	HEI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOSPITALITY EVENTS, INC.	<b>c</b> EIN-PN 65-0693330-001
<b>a</b>	Plan name	HEMLOCK CREEK WEALTH MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEMLOCK CREEK WEALTH MANAGEMENT, LLC	<b>c</b> EIN-PN 87-3285148-001
<b>a</b>	Plan name	HIGH PLAINS ENGINEERING & CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HIGH PLAINS ENGINEERING & CONSULTING, LLC	<b>c</b> EIN-PN 87-2706193-002

<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	HIMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAILY RECYCLING EQUIPMENT & SERVICE INC DBA HIMES SERVICE COMPANY	<b>c</b> EIN-PN 74-2842230-001
<b>a</b>	Plan name	HUTKER ARCHITECTS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUTKER ARCHITECTS INC.	<b>c</b> EIN-PN 04-2983622-001
<b>a</b>	Plan name	INDUSTRIAL SERVICE CORP. EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWESTERN PLASTICS, LTD. DBA INDUSTRIAL SERVICE CORP.	<b>c</b> EIN-PN 42-1193589-001
<b>a</b>	Plan name	INGLEWOOD HOME HEALTH CARE AGENCY INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INGLEWOOD HOME HEALTH CARE AGENCY INC.	<b>c</b> EIN-PN 95-4836912-001
<b>a</b>	Plan name	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN	<b>c</b> EIN-PN 82-2382763-001
<b>a</b>	Plan name	J FOX AGENCY LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J FOX AGENCY LLC	<b>c</b> EIN-PN 45-3506450-001
<b>a</b>	Plan name	JADT FOOD GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JADT FOOD GROUP, LLC	<b>c</b> EIN-PN 41-1891521-001
<b>a</b>	Plan name	JB FUEL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JB FUEL SOLUTIONS, LLC	<b>c</b> EIN-PN 82-3071152-001
<b>a</b>	Plan name	JENNIFER PARKS, PLLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JENNIFER PARKS, PLLC	<b>c</b> EIN-PN 45-3023039-001
<b>a</b>	Plan name	JOEBUILT HOMES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOE BUILT HOMES, LLC	<b>c</b> EIN-PN 81-1108630-001
<b>a</b>	Plan name	KALEIDOSCOPE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ORCAS DAYCARE ASSOCIATION	<b>c</b> EIN-PN 91-1510335-001
<b>a</b>	Plan name	KEMS HOLDING CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEMS HOLDING CORP	<b>c</b> EIN-PN 27-0772063-001

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 <b>KEYSTONE PLASTIC &amp; RECONSTRUCTIVE SURGERY 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KEYSTONE PLASTIC &amp; RECONSTRUCTIVE SURGERY</b>	<b>c</b> EIN-PN <b>76-0514609-001</b>
<b>a</b>	Plan name <b>KFG EMPLOYEE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KINGDOM FINANCIAL GROUP, INC.</b>	<b>c</b> EIN-PN <b>25-1887984-001</b>
<b>a</b>	Plan name <b>KONWINSKI CONSTRUCTION, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KONWINSKI CONSTRUCTION</b>	<b>c</b> EIN-PN <b>38-2906724-001</b>
<b>a</b>	Plan name <b>KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>KREATIONS AUTO BODY</b>	<b>c</b> EIN-PN <b>26-3285845-001</b>
<b>a</b>	Plan name <b>LA PROVENCE BAKERY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LA PROVENCE BAKERY</b>	<b>c</b> EIN-PN <b>20-2583441-001</b>
<b>a</b>	Plan name <b>LC PROPERTY L.L.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LC PROPERTY L.L.C.</b>	<b>c</b> EIN-PN <b>80-0635906-001</b>
<b>a</b>	Plan name <b>LD PLASTICS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LD PLASTICS, INC.</b>	<b>c</b> EIN-PN <b>04-2702532-001</b>
<b>a</b>	Plan name <b>MAKE-A-WISH FOUNDATION OF ALABAMA, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAKE-A-WISH FOUNDATION OF ALABAMA, INC.</b>	<b>c</b> EIN-PN <b>63-0943675-001</b>
<b>a</b>	Plan name <b>WILLIAM J. WALSH &amp; SONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILLIAM J. WALSH &amp; SONS, INC. DBA WALSH CONCRETE FORMS</b>	<b>c</b> EIN-PN <b>04-3566846-002</b>
<b>a</b>	Plan name <b>WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILLIAMS CONCRETE CONTRACTING LLC</b>	<b>c</b> EIN-PN <b>26-0888255-001</b>
<b>a</b>	Plan name <b>WOODS AIR MOVEMENT LIMITED 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WOODS AIR MOVEMENT LIMITED</b>	<b>c</b> EIN-PN <b>36-4946974-001</b>
<b>a</b>	Plan name <b>WORLD TRUCK TOWING AND RECOVERY, INC. 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WORLD TRUCK TOWING AND RECOVERY, INC.</b>	<b>c</b> EIN-PN <b>30-0079946-001</b>

<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	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	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
<b>a</b>	Plan name	SABOT INVESTMENTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SABOT INVESTMENTS, LLC	<b>c</b> EIN-PN 26-0436204-001
<b>a</b>	Plan name	SCENIC CITY PLUMBING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCENIC CITY PLUMBING LLC	<b>c</b> EIN-PN 62-1730888-001
<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	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	SNIDER INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SNIDER INC	<b>c</b> EIN-PN 56-1649710-001
<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

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 SUTHERLAND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SUTHERLAND INSURANCE & REALTY CO., INC. DBA SUTHERLAND INSURANCE COM	<b>c</b> EIN-PN 56-0751537-001
<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>a</b>	Plan name TAYLOR GRUBAUGH CHEVROLET LLC 401(K)	
<b>b</b>	Name of plan sponsor TAYLOR GRUBAUGH CHEVROLET LLC	<b>c</b> EIN-PN 93-4900507-001
<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 ELENCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELENCO CARBIDE TOOL CORPORATION	<b>c</b> EIN-PN 39-1125498-001
<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 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>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	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	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	TYLER MCCABE DMD, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TYLER MCCABE DMD, LLC	<b>c</b> EIN-PN 47-3682389-001
<b>a</b>	Plan name	UNITED PERFUMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNITED PERFUMES CORP	<b>c</b> EIN-PN 46-5742198-001
<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
<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	WALK ON CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WALK ON CLINIC, INC.	<b>c</b> EIN-PN 82-3471706-001
<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	EDUCATIUS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	<b>c</b> EIN-PN 26-4005699-001

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	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	BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	BOB RIDINGS, INC.	<b>c</b> EIN-PN 37-0994988-001
<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	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	MEDIA STAGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MEDIA STAGE, INC.	<b>c</b> EIN-PN 65-0221317-001

<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	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	CHARLTON CHIROPRACTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHARLTON CHIROPRACTIC & WELLNESS CENTER, LLC	<b>c</b> EIN-PN 34-1960690-001
<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	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>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	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	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>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	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>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	GAMBI DISPOSAL, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GAMBI DISPOSAL, INC.	<b>c</b> EIN-PN 68-0137750-002
<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	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	CARING ENTERPRISES INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARING ENTERPRISES INCORPORATED	<b>c</b> EIN-PN 42-1461742-001

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 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 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
<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 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 WHITE BRENNER LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor WHITE BRENNER LLP	<b>c</b> EIN-PN 46-1799572-001
<b>a</b>	Plan name COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN	
<b>b</b>	Name of plan sponsor COASTAL BEND WORKFORCE DEVELOPMENT BOARD	<b>c</b> EIN-PN 74-2424633-001
<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 NISSIN PRECISION NA 401(K) PLAN	
<b>b</b>	Name of plan sponsor NISSIN PRECISION NORTH AMERICA, INC.	<b>c</b> EIN-PN 31-1279356-001
<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 AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor AEROSPACE & MARINE INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 77-0280581-001
<b>a</b>	Plan name CP TECH LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CP TECH, LLC	<b>c</b> EIN-PN 20-5616082-001

<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	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	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>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	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	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	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

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 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>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 MIAMI-CAST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIAMI-CAST, INC.	<b>c</b> EIN-PN 31-1379313-001
<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 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

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 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>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 TECH MANUFACTURING AND MACHINING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TECH MANUFACTURING AND MACHINING, INC.	<b>c</b> EIN-PN 43-3817616-001
<b>a</b>	Plan name UNITED ENERGY WORKERS HEALTHCARE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNITED ENERGY WORKERS HEALTHCARE	<b>c</b> EIN-PN 88-2242746-001
<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 CALIBER SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS	<b>c</b> EIN-PN 26-4751651-001
<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>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	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	COLLINS & HYING LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COLLINS & HYING LLC	<b>c</b> EIN-PN 82-0712958-001
<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>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	GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.	<b>c</b> EIN-PN 20-8143829-001
<b>a</b>	Plan name	GISCLAIR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GISCLAIR & ASSOCIATES, INC.	<b>c</b> EIN-PN 72-1012609-001
<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	GREATER MILWAUKEE PLASTIC SURGEONS, S.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREATER MILWAUKEE PLASTIC SURGEONS, S.C.	<b>c</b> EIN-PN 39-1819941-001
<b>a</b>	Plan name	INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INTERPRET, LLC	<b>c</b> EIN-PN 20-4554232-002
<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

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="#">APS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADVANCED POWDER SOLUTIONS OF TEXAS</a>	<b>c</b> EIN-PN <a href="#">20-3150581-001</a>
<b>a</b>	Plan name <a href="#">CAVINS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAVINS, INC.</a>	<b>c</b> EIN-PN <a href="#">27-3977682-001</a>
<b>a</b>	Plan name <a href="#">COMMUNITY MENTAL HEALTH CENTERS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEHIGH VALLEY COMMUNITY MENTAL HEALTH CENTERS, INC.</a>	<b>c</b> EIN-PN <a href="#">23-2835896-001</a>
<b>a</b>	Plan name <a href="#">DIXIE INDUSTRIAL INSULATION 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIXIE INDUSTRIAL INSULATION, INC.</a>	<b>c</b> EIN-PN <a href="#">61-1306346-001</a>
<b>a</b>	Plan name <a href="#">FIKES 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FIKES PUGET SOUND, INC</a>	<b>c</b> EIN-PN <a href="#">72-1572875-001</a>
<b>a</b>	Plan name <a href="#">GLOBAL WIDGET, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLOBAL WIDGET, LLC</a>	<b>c</b> EIN-PN <a href="#">81-2430361-001</a>
<b>a</b>	Plan name <a href="#">HUFFMAN, KELLEY &amp; BROCK, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HUFFMAN, KELLEY &amp; BROCK, LLC</a>	<b>c</b> EIN-PN <a href="#">30-0237801-001</a>
<b>a</b>	Plan name <a href="#">HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HURON VALLEY RESTAURANT EQUIPMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">38-3072272-001</a>
<b>a</b>	Plan name <a href="#">JACK YATES DRYWALL PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JACK YATES DRYWALL</a>	<b>c</b> EIN-PN <a href="#">27-1959275-001</a>
<b>a</b>	Plan name <a href="#">KEY TECHNICAL SOLUTIONS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KEY TECHNICAL SOLUTIONS INCORPORATED</a>	<b>c</b> EIN-PN <a href="#">39-1751214-001</a>
<b>a</b>	Plan name <a href="#">KEYROCK ENERGY, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KEYROCK ENERGY, LLC</a>	<b>c</b> EIN-PN <a href="#">26-0602410-001</a>
<b>a</b>	Plan name <a href="#">KINGFISHER CHARTERS &amp; LODGE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KINGFISHER CHARTERS &amp; LODGE, LLC</a>	<b>c</b> EIN-PN <a href="#">71-0874903-001</a>

<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	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>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	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	PAUL M. POTENZA, P.C, 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAUL M. POTENZA, P.C.	<b>c</b> EIN-PN 06-0990053-002

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.)		
<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 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
<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 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 FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor FISHER DESIGN, INC.	<b>c</b> EIN-PN 31-0601808-001

<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	MWM ARCHITECTS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MWM ARCHITECTS, INC.
<b>c</b>	EIN-PN	75-1777368-001
<b>a</b>	Plan name	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.
<b>c</b>	EIN-PN	74-2459387-001
<b>a</b>	Plan name	SOUTH FLORIDA HOSPITAL AND HEALTH CARE ASSOCIATION, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SOUTH FLORIDAHOSPITAL AND HEALTH CARE ASSOCIATION, INC.
<b>c</b>	EIN-PN	59-0979494-001
<b>a</b>	Plan name	TAB ENGINEERS, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	TAB ENGINEERS, LLC
<b>c</b>	EIN-PN	46-1400045-001
<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	VINCENT GREENE ARCHITECTS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	VINCENT GREENE ARCHITECTS
<b>c</b>	EIN-PN	52-2066377-002
<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>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

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 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 ALL SEASONS WINDOW & DOOR MFG., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALL SEASONS WINDOW & DOOR MFG. INC.	<b>c</b> EIN-PN 75-1868821-001
<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 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 MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	<b>c</b> EIN-PN 26-1365260-001
<b>a</b>	Plan name OASYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	<b>c</b> EIN-PN 52-1747644-001
<b>a</b>	Plan name OK MEDIA SOLUTIONS INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OK MEDIA SOLUTIONS, INC.	<b>c</b> EIN-PN 45-2633274-001
<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 TENNESSEE ASSOCIATED ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TENNESSEE ASSOCIATED ELECTRIC, LLC	<b>c</b> EIN-PN 46-1537499-001
<b>a</b>	Plan name TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRIBLER ORPETT & MEYER, P.C.	<b>c</b> EIN-PN 36-3317353-001
<b>a</b>	Plan name TRIS PHARMA 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIS PHARMA, INC.	<b>c</b> EIN-PN 22-3747409-001
<b>a</b>	Plan name TRUE GRIT REDI-MIX/TRUE GRIT CONCRETE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRUE GRIT REDI-MIX LTD	<b>c</b> EIN-PN 20-2018457-001
<b>a</b>	Plan name ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALLIED GOVERNMENT SOLUTIONS, INC.	<b>c</b> EIN-PN 27-4329708-001
<b>a</b>	Plan name ALLIED UNIVERSAL CBU 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL SERVICES OF AMERICA, LP	<b>c</b> EIN-PN 27-1562945-002
<b>a</b>	Plan name B & G CUSTOM WORKS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B & G CUSTOM WORKS, INC.	<b>c</b> EIN-PN 38-2289653-001
<b>a</b>	Plan name BULLDOG RACK OF TORONTO, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BULLDOG RACKS OF TORONTO, INC.	<b>c</b> EIN-PN 26-2372850-001
<b>a</b>	Plan name CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
<b>b</b>	Name of plan sponsor CIVIL DESIGN CONCEPTS PA	<b>c</b> EIN-PN 56-2244957-001
<b>a</b>	Plan name DARTMOUTH BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor DARTMOUTH BUSINESS SERVICES, INC.	<b>c</b> EIN-PN 36-4348934-001
<b>a</b>	Plan name DATA PATH, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor DATA PATH, INC.	<b>c</b> EIN-PN 90-0242296-001
<b>a</b>	Plan name LUSO FEDERAL CREDIT UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LUSO FEDERAL CREDIT UNION	<b>c</b> EIN-PN 04-6279799-001

**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	OLYMPIATECH 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	<b>c</b> EIN-PN 41-0919848-001

<b>a</b> Plan name	SPAY 401(K) PLAN	
<b>b</b> Name of plan sponsor	SPAY, INC.	<b>c</b> EIN-PN 47-4011165-777

<b>a</b> Plan name	TURBO TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TURBO TRANSPORTATION, INC.	<b>c</b> EIN-PN 47-2895452-001

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

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

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

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

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

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

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

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

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

<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 2045 RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>658</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>	7482911
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	52062408
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	7482911	52062408
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	7482911	52062408

**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: (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>b Earnings on investments:</b>			
(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)	1263726	
(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 .....	<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>		1263726

**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>	133040	
(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>		133040
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		133040

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1130686
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		48345501
(2) From this plan .....	<b>2l(2)</b>		4896690

**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 \_\_\_\_\_.