

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>JPMORGAN SMARTRETIREMENT 2050 RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>659</u> 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) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 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.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>JPMORGAN SMARTRETIREMENT 2050 RET OPT</u>	B Three-digit plan number (PN) ▶	<u>659</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:

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d Entity code

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d Entity code

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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)

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 ACTON MECHANICAL 401(K) PLAN	
b	Name of plan sponsor ACTON MECHANICAL, INC.	c EIN-PN 45-0483488-001
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 NATURE SCAPES LANDSCAPING INC. 401(K) PLAN	
b	Name of plan sponsor NATURE SCAPES LANDSCAPING INC.	c EIN-PN 81-0959177-001
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 NRG MARKETING LLC PROFIT SHARING PLAN	
b	Name of plan sponsor NRG MARKETING LLC	c EIN-PN 20-0027370-003
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
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

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	OVERHEAD DOOR COMPANY OF APPLETON 401(K) PLAN	
b	Name of plan sponsor	W&J HOLDINGS, LLC	c EIN-PN 82-3571108-001
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	PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PARAGON PRINT SYSTEMS, INC.	c EIN-PN 23-2984595-001
a	Plan name	ADA 401(K)	
b	Name of plan sponsor	AMELIA REID AVIATION, LLC DBA AERODYNAMIC AVIATION	c EIN-PN 20-2571173-001
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	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	ALPHAONE AMBULANCE 401(K) PLAN	
b	Name of plan sponsor	ALPHAONE AMBULANCE MEDICAL SERVICES, INC.	c EIN-PN 27-3266402-001
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	AMERICAN STRUCTURAL CONCRETE 401(K) PLAN	
b	Name of plan sponsor	AMERICAN STRUCTURAL CONCRETE	c EIN-PN 46-5535836-003
a	Plan name	AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AMOURGIS & ASSOCIATES, LLC	c EIN-PN 90-0553841-001

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	ARRAMBIDE CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARRAMBIDE CONSULTING, LLC	c EIN-PN 83-4319692-001
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	ATPWC 401(K) PLAN	
b	Name of plan sponsor	ALL THINGS POSSIBLE	c EIN-PN 47-4673471-001
a	Plan name	BACKPACK HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	LINNEL DBA BACKPACK HEALTHCARE, INC.	c EIN-PN 83-1515371-001
a	Plan name	BACORN BROS RETIREMENT PLAN	
b	Name of plan sponsor	BACORN BROS, LLC	c EIN-PN 82-5374884-001
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	BLUE TOP STEERING GEARS, INC. 401K	
b	Name of plan sponsor	BLUE TOP STEERING GEARS, INC.	c EIN-PN 80-0336991-001
a	Plan name	PARCUSO 401(K) PLAN & TRUST	
b	Name of plan sponsor	PARCUSO, INC.	c EIN-PN 82-1434926-001
a	Plan name	PEARL HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	PEARL OF ROLLING MEADOWS, LLC	c EIN-PN 83-1666833-001

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	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
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	QUAL TECH AIR, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	QUAL TECH AIR LLC	c EIN-PN 81-4869829-001
a	Plan name	QUALITY CONVEYORS 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	QUALITY CONVEYORS LLC DBA WJ HAAS	c EIN-PN 76-0836388-001
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	REEDS SPRING READY MIX 401(K) PLAN	
b	Name of plan sponsor	REEDS SPRING READY MIX	c EIN-PN 88-2673558-001
a	Plan name	RENEW IT GROUP 401(K) PLAN	
b	Name of plan sponsor	RENEW IT GROUP LLC	c EIN-PN 46-5146944-001

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	ROCKING R MEDICAL 401(K) PLAN	
b	Name of plan sponsor	RATTAN & ASSOCIATES	c EIN-PN 46-2619332-001
a	Plan name	ROELENS VACATIONS 401(K)	
b	Name of plan sponsor	GO FLORIDA, INC, DBA ROELENS VACATIONS	c EIN-PN 26-1761622-001
a	Plan name	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	c EIN-PN 76-0117689-001
a	Plan name	BOXCAST, INC. 401(K) PLAN	
b	Name of plan sponsor	BOXCAST, INC.	c EIN-PN 47-2276606-001
a	Plan name	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
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	BUCKEYE SURGERY CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BUCKEYE SOUTH, LLC DBA BUCKEYE SURGERY CENTER	c EIN-PN 83-2419523-001
a	Plan name	C & L PLUMBING COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor	C & L PLUMBING COMPANY	c EIN-PN 54-1190441-001
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.A. TAYLOR, LLC 401(K) PLAN	
b	Name of plan sponsor	C.A. TAYLOR, LLC	c EIN-PN 82-0677411-001
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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CALIFORNIA CARDIOVASCULAR INSTITUTE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA CARDIOVASCULAR INSTITUTE	c EIN-PN 88-4143827-001
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 CAUDILL, KADO & CO - DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JENNIFER CAUDILL, MD, PLLC	c EIN-PN 45-2672063-001
a	Plan name CENTER FOR THOUGHTFUL LASTING CHANGE, INC. 401(K) PLAN	
b	Name of plan sponsor CENTER FOR THOUGHTFUL LASTING CHANGE, INC.	c EIN-PN 35-2369347-001
a	Plan name CENTS II 401(K) PLAN	
b	Name of plan sponsor CENTSIBLE HEATING AND AIR CONDITIONING, LLC II	c EIN-PN 47-2003612-001
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 CICERO ADAMS, LLC 401(K) PLAN	
b	Name of plan sponsor CICEROADAMS, LLC	c EIN-PN 47-2819390-001
a	Plan name CLOMPUS & RETO VISION ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor CLOMPUS & RETO VISION ASSOCIATES, PC	c EIN-PN 23-2586730-001
a	Plan name COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES	c EIN-PN 36-4818744-001
a	Plan name CORNERSTONE FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor LEONARD FINANCIAL LLC	c EIN-PN 83-1863378-001
a	Plan name D.M. HARRIS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor D.M. HARRIS, LLC	c EIN-PN 47-2383937-001

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 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 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 DIAMOND VISION OPTOMETRY 401(K) PLAN	
b	Name of plan sponsor DIAMOND VISION OPTOMETRY, INC.	c EIN-PN 27-3507785-001
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 DOMESTIC DIESEL AND AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor DOMESTIC DIESEL AND AUTO SERVICE	c EIN-PN 27-4834463-001
a	Plan name DON E.. KELLY CONTRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor DON E. KELLY CONTRACTOR, INC.	c EIN-PN 43-1479564-001
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
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

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	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	EUTEMIA 401(K) PLAN	
b	Name of plan sponsor	EUTEMIA LLC	c EIN-PN 83-2484744-001
a	Plan name	EXCEED PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	EXCEED PHYSICAL THERAPY, LLC	c EIN-PN 82-5523767-001
a	Plan name	FAIRWAYS LAWN CARE & SNOW REMOVAL, LLC 401(K) PLAN	
b	Name of plan sponsor	FAIRWAYS LAWN CARE & SNOW REMOVAL, LLC	c EIN-PN 82-1783233-001
a	Plan name	FASTQSR 401(K) PLAN	
b	Name of plan sponsor	FASTQSR LLC DBA FASTER LINES	c EIN-PN 85-0930522-001
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	FERRETTI SEARCH 401(K) PLAN	
b	Name of plan sponsor	PURSUIT SEARCH GROUP, LLC	c EIN-PN 83-1896110-001
a	Plan name	FFC CPAS 401(K) PLAN	
b	Name of plan sponsor	FFC CPAS, LLC	c EIN-PN 84-2245616-001
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

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	FOX BALLARD PLLC 401(K) PLAN	
b	Name of plan sponsor	FOX BALLARD PLLC	c EIN-PN 84-2081102-001
a	Plan name	FOX TRANSFER INC 401(K) PLAN	
b	Name of plan sponsor	FOX TRANSFER INC & KOUJA LABS, LLC	c EIN-PN 47-2651849-001
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	GEARHART FAMILY DENTISTRY, LLC 401(K) PLAN	
b	Name of plan sponsor	GEARHART FAMILY DENTISTRY, LLC	c EIN-PN 83-3379247-001
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
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	HIGH PLAINS ENGINEERING & CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGH PLAINS ENGINEERING & CONSULTING, LLC	c EIN-PN 87-2706193-002
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	HS BAINS INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor	HS BAINS INSURANCE SERVICES	c EIN-PN 81-0962836-001

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 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 J FOX AGENCY LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J FOX AGENCY LLC	c EIN-PN 45-3506450-001
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 JENNIFER PARKS, PLLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor JENNIFER PARKS, PLLC	c EIN-PN 45-3023039-001
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 KEYSTONE PLASTIC & RECONSTRUCTIVE SURGERY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEYSTONE PLASTIC & RECONSTRUCTIVE SURGERY	c EIN-PN 76-0514609-001
a	Plan name KONWINSKI CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor KONWINSKI CONSTRUCTION	c EIN-PN 38-2906724-001
a	Plan name KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor KREATIONS AUTO BODY	c EIN-PN 26-3285845-001
a	Plan name LAW OFFICES OF RICHARD BREDLAU 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAW OFFICES OF RICHARD BREDLAU	c EIN-PN 77-0503854-002
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

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	LP MACHINE, LLC 401(K) PLAN	
b	Name of plan sponsor	LP MACHINE, LLC	c EIN-PN 84-5062068-001
a	Plan name	MAKE-A-WISH FOUNDATION OF ALABAMA, INC. 401(K) PLAN	
b	Name of plan sponsor	MAKE-A-WISH FOUNDATION OF ALABAMA, INC.	c EIN-PN 63-0943675-001
a	Plan name	WISCONSIN SWIM ACADEMY, LLC 401(K) PLAN	
b	Name of plan sponsor	WISCONSIN SWIM ACADEMY, LLC	c EIN-PN 32-2461930-001
a	Plan name	WOODEN NICKEL ENTERPRISES, INC. DBA CHICK-FIL-A MISSOULA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WOODEN NICKEL ENTERPRISES, INC. DBA CHICK-FIL-A MISSOULA	c EIN-PN 88-3764686-001
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	WORTH LAW GROUP PS 401(K) PLAN	
b	Name of plan sponsor	WORTH LAW GROUP, PS	c EIN-PN 80-0031729-001
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	ROUND VALLEY ROCK 401(K) PROFIT SHARE	
b	Name of plan sponsor	ROUND VALLEY ROCK, INC.	c EIN-PN 87-0633777-001
a	Plan name	SAAR CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SAAR CORPORATION	c EIN-PN 06-1418674-001
a	Plan name	SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	VRK ENTERPRISES, LLC	c EIN-PN 81-3354376-001
a	Plan name	SERVPRO OF SANTA CLARITA VALLEY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SERVPRO OF SANTA CLARITA VALLEY	c EIN-PN 20-1987025-001

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	SEVEN CORNERS PRINTING 401(K) PLAN	
b	Name of plan sponsor	SEVEN CORNERS PRINTING COMPANY	c EIN-PN 41-0992291-001
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	SKY'S THE LIMIT CAR CARE 401(K) PLAN	
b	Name of plan sponsor	SKY'S THE LIMIT CAR CARE	c EIN-PN 45-3438558-001
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	SNIDER INC 401(K) PLAN	
b	Name of plan sponsor	SNIDER INC	c EIN-PN 56-1649710-001
a	Plan name	STAAR CORP. 401(K) PLAN	
b	Name of plan sponsor	STAAR CORP. DBA FUTURE-TECH COMMUNICATIONS	c EIN-PN 81-4529384-001
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	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	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 ALAGIRI IMMIGRATION LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ALAGIRI IMMIGRATION LAW FIRM, INC.	c EIN-PN 47-3003463-001

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 ATTAINMENT NETWORK 401(K) PLAN	
b	Name of plan sponsor	THE ATTAINMENT NETWORK	c EIN-PN 88-2778206-001
a	Plan name	THE ELENCO 401(K) PLAN	
b	Name of plan sponsor	ELENCO CARBIDE TOOL CORPORATION	c EIN-PN 39-1125498-001
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	THE LAW OFFICE OF CINDY A. CRAWFORD, PLLC 401(K) PLAN	
b	Name of plan sponsor	THE LAW OFFICE OF CINDY A. CRAWFORD, PLLC	c EIN-PN 86-3926284-001
a	Plan name	THE LEE MOAK GROUP 401(K) PLAN	
b	Name of plan sponsor	THE LEE MOAK GROUP, LLC	c EIN-PN 47-2381018-001
a	Plan name	THE LISTENING ROOM LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	THE LISTENING ROOM HOLDINGS LLC	c EIN-PN 85-4382192-001
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	TUMBLEWEED MIDSTREAM 401(K) PLAN	
b	Name of plan sponsor	TUMBLEWEED MIDSTREAM, LLC	c EIN-PN 84-3879436-001
a	Plan name	TWIN VALLEY TIRE & COMMUNITY OIL CO. 401(K) PLAN	
b	Name of plan sponsor	TWIN VALLEY TIRE & COMMUNITY OIL CO. INC.	c EIN-PN 47-3516588-001
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	UNITED PERFUMES 401(K) PLAN	
b	Name of plan sponsor	UNITED PERFUMES CORP	c EIN-PN 46-5742198-001

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	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	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	WH 401(K) PLAN	
b	Name of plan sponsor	WOODHOUSE CABINETRY LLC	c EIN-PN 47-2422903-001
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	PONY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	W.C.W. CORPORATION	c EIN-PN 88-0206170-001
a	Plan name	KRIEGSMAN TRANSFER COMPANY MONEY PURCHASE PLAN	
b	Name of plan sponsor	KRIEGSMAN TRANSFER COMPANY	c EIN-PN 37-0635587-001
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

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	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	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	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	MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEDIX SPECIALTY VEHICLES, LLC	c EIN-PN 54-2028306-001
a	Plan name	MEL BUTTERFIELD & SON INSURANCE AGENCY, INC. 401(K) PSP	
b	Name of plan sponsor	MEL BUTTERFIELD & SON INSURANCE AGENCY, INC.	c EIN-PN 34-1242268-001
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	CHD DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAROLINE HIEN DO, DDS, INC.	c EIN-PN 46-1334523-002
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

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 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 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 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 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 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 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 RISER MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor RISER MOTORS, INC.	c EIN-PN 71-0857865-001
a	Plan name GEORGIA SPECIALTY CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor GEORGIA SPECIALTY CONSTRUCTORS, INC.	c EIN-PN 58-1505420-002
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 SATHER MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SATHER MANAGEMENT CORPORATION	c EIN-PN 27-1461790-001
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 OPERAM SAVINGS PLAN	
b	Name of plan sponsor OPERAM, INC.	c EIN-PN 47-4299682-001

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	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 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	ANTHONY JUDD ANDERSON, MD, PLLC 401(K) PLAN	
b	Name of plan sponsor	ANTHONY JUDD ANDERSON, MD, PLLC	c EIN-PN 58-2685551-001
a	Plan name	DUBOIS COUNTY BLOCK & BRICK, INC. 401(K) PLAN	
b	Name of plan sponsor	DUBOIS COUNTY BLOCK & BRICK, INC.	c EIN-PN 35-2083897-001
a	Plan name	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
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

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 THOMAS TRI QUACH, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMAS TRI QUACH, M.D., INC.	c EIN-PN 33-0856862-001
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
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 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 PETERSON, OLIVER & POLL 401(K) PLAN	
b	Name of plan sponsor PETERSON, OLIVER & POLL	c EIN-PN 33-0551209-001
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

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	PROSPERA LAW, LLP 401(K) PLAN	
b	Name of plan sponsor	PROSPERA LAW, LLP	c EIN-PN 27-3613349-001
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	SCHIMP FAMILY DENTISTRY SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SCHIMP FAMILY DENTISTRY	c EIN-PN 30-0024715-001
a	Plan name	SCHULTZ PROCESS SERVICES 401(K) PLAN	
b	Name of plan sponsor	SCHULTZ PROCESS SERVICES, INC.	c EIN-PN 45-4118372-001
a	Plan name	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	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	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	CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALICO BUILDING SERVICES, INC.	c EIN-PN 33-0493568-001

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 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 CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor COLORADO CREDIT UNION	c EIN-PN 84-0660269-003
a	Plan name COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor COLORADO SURGICAL AFFILIATES, LLC	c EIN-PN 81-3228396-001
a	Plan name 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 GREATER MILWAUKEE PLASTIC SURGEONS, S.C. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GREATER MILWAUKEE PLASTIC SURGEONS, S.C.	c EIN-PN 39-1819941-001
a	Plan name JOHN MOORE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JOHN MOORE & ASSOCIATES, INC.	c EIN-PN 62-0867747-001
a	Plan name JOHN P. CALCATERA 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN P. CALCATERA DPM PC	c EIN-PN 26-1562402-001
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

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	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	HUFFMAN, KELLEY & BROCK, LLC 401(K) PLAN	
b	Name of plan sponsor	HUFFMAN, KELLEY & BROCK, LLC	c EIN-PN 30-0237801-001
a	Plan name	HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	HURON VALLEY RESTAURANT EQUIPMENT, INC.	c EIN-PN 38-3072272-001
a	Plan name	JACK YATES DRYWALL PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK YATES DRYWALL	c EIN-PN 27-1959275-001
a	Plan name	KEY TECHNICAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	KEY TECHNICAL SOLUTIONS INCORPORATED	c EIN-PN 39-1751214-001
a	Plan name	KEYROCK ENERGY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEYROCK ENERGY, LLC	c EIN-PN 26-0602410-001
a	Plan name	KINETIC MARKETING COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor	KINETIC MARKETING COMMUNICATIONS LLC	c EIN-PN 20-0778734-001
a	Plan name	KINGFISHER CHARTERS & LODGE 401(K) PLAN	
b	Name of plan sponsor	KINGFISHER CHARTERS & LODGE, LLC	c EIN-PN 71-0874903-001
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

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 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 VEHICLE ACCESSORIES RETIREMENT PLAN	
b	Name of plan sponsor VEHICLE ACCESSORIES	c EIN-PN 38-3553465-001
a	Plan name HAWKE MEDIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAWKE MEDIA, LLC	c EIN-PN 46-3254493-001
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 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 MCDONALD LIQUOR INC. 401(K) PLAN	
b	Name of plan sponsor MCDONALD LIQUOR INC.	c EIN-PN 41-1833330-001
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 M. POTENZA, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PAUL M. POTENZA, P.C.	c EIN-PN 06-0990053-002
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 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 VICTOR EMANUEL NATURE TOURS 401(K) PLAN	
b	Name of plan sponsor VICTOR EMANUEL NATURE TOURS, INC.	c EIN-PN 74-1942295-001
a	Plan name WM RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WIREMASTERS, INCORPORATED	c EIN-PN 36-2083604-003
a	Plan name AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001
a	Plan name 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 CENTRAL FLORIDA CANCER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor CENTRAL FLORIDA CANCER INSTITUTE	c EIN-PN 59-3569143-001
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 MWM ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor MWM ARCHITECTS, INC.	c EIN-PN 75-1777368-001

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	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	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 RESEARCH GROUP OF LEXINGTON, LLC 401(K) PLAN	
b	Name of plan sponsor	THE RESEARCH GROUP OF LEXINGTON, LLC	c EIN-PN 20-1192474-001
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	VIRGINIA IPAPO-AGUSTIN DDS INC. RETIREMENT PLAN	
b	Name of plan sponsor	VIRGINIA IPAPO DDS, INC.	c EIN-PN 26-4554490-001
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	DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN	
b	Name of plan sponsor	DOUGHBOY RESTAURANT GROUP, LLC	c EIN-PN 47-2447231-001
a	Plan name	HEALTH CARE ASSOCIATION OF MICHIGAN RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	HEALTH CARE ASSOCIATION OF MICHIGAN	c EIN-PN 38-6091038-001

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	LONE WOLF RESOURCES 401(K) PLAN	
b	Name of plan sponsor	LONE WOLF RESOURCES, LLC	c EIN-PN 75-2815928-001
a	Plan name	MCR SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	MCR SERVICES LLC	c EIN-PN 39-1969575-002
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	FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	FOREWAY TRANSPORTATION, INC.	c EIN-PN 38-2165402-001
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	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
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	TENNESSEE ASSOCIATED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	TENNESSEE ASSOCIATED ELECTRIC, LLC	c EIN-PN 46-1537499-001

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	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 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
a	Plan name	EAST TENNESSEE NEPHROLOGY, P.C. 401(K) PLAN	
b	Name of plan sponsor	EAST TENNESSEE NEPHROLOGY, P.C.	c EIN-PN 62-1835816-001
a	Plan name	LUSO FEDERAL CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor	LUSO FEDERAL CREDIT UNION	c EIN-PN 04-6279799-001
a	Plan name	OLYMPIATECH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	c EIN-PN 41-0919848-001

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	SPAY 401(K) PLAN	
b Name of plan sponsor	SPAY, INC.	c EIN-PN 47-4011165-777

a Plan name	TEXAS GOLF ASSOCIATION 401(K) PLAN	
b Name of plan sponsor	TEXAS GOLF ASSOCIATION	c EIN-PN 75-0715222-001

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan JPMORGAN SMARTRETIREMENT 2050 RET OPT	B Three-digit plan number (PN) ▶ 659
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7297832
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	47093163
(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	7297832	47093163
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	7297832	47093163

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)	1007648	
(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		1007648

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)	116487	
(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)		116487
j Total expenses. Add all expense amounts in column (b) and enter total	2j		116487

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		891161
l Transfers of assets:			
(1) To this plan	2l(1)		45384687
(2) From this plan	2l(2)		6480517

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 _____.