

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - 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
 - special extension (enter description)
 - the DFVC program
- 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 <u>JPMORGAN SMARTRETIREMENT 2040 RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>657</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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <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 2040 RET OPT</u>	B Three-digit plan number (PN)	<u>657</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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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

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

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name A GREATER LOVE FOSTER FAMILY AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor A GREATER LOVEFOSTER FAMILY AGENCY, INC.	c EIN-PN 82-3295704-001
a	Plan name ADA 401(K)	
b	Name of plan sponsor AMELIA REID AVIATION, LLC DBA AERODYNAMIC AVIATION	c EIN-PN 20-2571173-001
a	Plan name MCBRIDE QUALITY CARE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor MCBRIDE QUALITY CARE SERVICES, INC.	c EIN-PN 38-2905688-002
a	Plan name MEDARDO C. SUPNET, M.D., INC. 401(K) PLAN	
b	Name of plan sponsor MEDARDO C. SUPNET, M.D., INC.	c EIN-PN 95-4779732-002
a	Plan name MERIT TITLE, LLC 401(K) PLAN	
b	Name of plan sponsor MERIT TITLE, LLC	c EIN-PN 20-0467684-001
a	Plan name NATHAN J. STEIN, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATHAN J. STEIN, PC	c EIN-PN 47-3365146-001
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 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)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name PACIFIC ASIAN ENTERPRISES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC ASIAN ENTERPRISES, INC.	c EIN-PN 95-3306034-002
a	Plan name PACIFIC POWER ELECTRICAL CONTRACTING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PACIFIC POWER ELECTRICAL CONTRACTING, LLC	c EIN-PN 45-2456005-001
a	Plan name 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 ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name ADDRESS HEALTHCARE ADMINISTRATION, LLC	
b	Name of plan sponsor ADDRESS HEALTHCARE ADMINISTRATION, LLC	c EIN-PN 99-1289536-001
a	Plan name ADVANCED TRANSPORTATION INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED TRANSPORTATION INC.	c EIN-PN 80-0500665-001
a	Plan name ALLIED HEATING & AIR 401(K) PLAN	
b	Name of plan sponsor TOM JOHNSON, INC. DBA ALLIED HEATING & AIR	c EIN-PN 90-0182914-001
a	Plan name 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 TILE & STONE FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICAN TILE & STONE FABRICATION, INC.	c EIN-PN 45-4059984-001
a	Plan name AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor AMOURGIS & ASSOCIATES, LLC	c EIN-PN 90-0553841-001

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	ASENTECH LLC 401(K) PLAN
b	Name of plan sponsor	ASENTECH LLC
c	EIN-PN	20-5448883-001
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	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	BOXCAST, INC. 401(K) PLAN
b	Name of plan sponsor	BOXCAST, INC.
c	EIN-PN	47-2276606-001
a	Plan name	PARKER ELECTRIC INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	PARKER ELECTRIC, INC.
c	EIN-PN	84-0909682-002
a	Plan name	PEARL HEALTHCARE 401(K) PLAN
b	Name of plan sponsor	PEARL OF ROLLING MEADOWS, LLC
c	EIN-PN	83-1666833-001
a	Plan name	PET PLANTATION 401(K)
b	Name of plan sponsor	PET PLANTATION
c	EIN-PN	83-4719212-001
a	Plan name	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	PRESTIGE ELECTRIC CO. OF FLORIDA, LLC 401(K) PLAN
b	Name of plan sponsor	PRESTIGE ELECTRIC CO. OF FLORIDA, LLC
c	EIN-PN	82-3714094-001

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 PRINCIPLE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor PRINCIPLE SERVICES, LLC	c EIN-PN 83-3051083-001
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 PURE ENERGY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor PURE ENERGY GROUP, INC.	c EIN-PN 86-2201015-001
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 REDROC AUSTIN 401(K) PLAN	
b	Name of plan sponsor ERNEST J CORDER DBA REDROC AUSTIN	c EIN-PN 04-3709976-001
a	Plan name RENEW IT GROUP 401(K) PLAN	
b	Name of plan sponsor RENEW IT GROUP LLC	c EIN-PN 46-5146944-001
a	Plan name ROBERTS DITCHING 401(K) PLAN	
b	Name of plan sponsor ARROWHEAD LINE LLC	c EIN-PN 45-5041435-001
a	Plan name ROCKING R MEDICAL 401(K) PLAN	
b	Name of plan sponsor RATTAN & ASSOCIATES	c EIN-PN 46-2619332-001
a	Plan name ROELENS VACATIONS 401(K)	
b	Name of plan sponsor GO FLORIDA, INC, DBA ROELENS VACATIONS	c EIN-PN 26-1761622-001
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 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

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	BURNEIKIS LAW, P.C. 401(K) PLAN	
b	Name of plan sponsor	BURNEIKIS LAW, P.C.	c EIN-PN 87-1680649-001
a	Plan name	C.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
a	Plan name	CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CARE ANGEL, INC.	c EIN-PN 46-5083636-001
a	Plan name	CARNIVAL EMPLOYMENT SERVICES 401(K) P/S PLAN	
b	Name of plan sponsor	CARNIVAL EMPLOYMENT SERVICES, LLC	c EIN-PN 26-4824293-001
a	Plan name	CARROLL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	CARROLL INSURANCE AGENCY, LTD	c EIN-PN 76-0297522-001
a	Plan name	CENTURY BUILDING SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTURY BUILDING SOLUTIONS, INC.	c EIN-PN 46-0631230-001
a	Plan name	CHBIOA 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY OF HARBOR BAY ISLE OWNERS ASSOCIATION, INC.	c EIN-PN 94-2496154-001
a	Plan name	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	CR SVS US LLC 401(K) PLAN	
b	Name of plan sponsor	CR SVS US LLC	c EIN-PN 45-4051399-001
a	Plan name	GRAVE INFOTECH 401(K) PLAN	
b	Name of plan sponsor	GRAVE INFOTECH	c EIN-PN 27-1280654-001

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	DALHART ABSTRACT COMPANY, LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DALHART ABSTRACT COMPANY, LP	c EIN-PN 75-2814512-002
a	Plan name	DEFENSESTORM, INC. 401(K) PLAN	
b	Name of plan sponsor	DEFENSESTORM, INC.	c EIN-PN 46-5598717-001
a	Plan name	DELAWARE VALLEY ANESTHESIA ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	DELAWARE VALLEY ANESTHESIA ASSOCIATES LLC	c EIN-PN 22-3501151-001
a	Plan name	DELTA PEANUT, LLC 401(K) PLAN	
b	Name of plan sponsor	DELTA PEANUT, LLC	c EIN-PN 83-2811029-001
a	Plan name	DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DELTRAN OPERATIONS USA INC	c EIN-PN 46-3331632-001
a	Plan name	DENTAL PROFESSIONALS OF FAIR LAWN 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DENTAL PROFESSIONALS OF FAIR LAWN, P.A.	c EIN-PN 22-2028230-001
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	DRIVEN TO GIVE BACK MEDIA 401(K) PLAN	
b	Name of plan sponsor	DRIVEN TO GIVE BACK MEDIA, LLC	c EIN-PN 84-3674774-001

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	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
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	FASTQSR 401(K) PLAN	
b	Name of plan sponsor	FASTQSR LLC DBA FASTER LINES	c EIN-PN 85-0930522-001
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	FIRST AMERICAN EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIRST AMERICAN PROPERTIES, LLC	c EIN-PN 36-4536252-001
a	Plan name	FLEX TECHNOLOGY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	FLEX TECHNOLOGY GROUP, LLC	c EIN-PN 46-5095252-001
a	Plan name	FLUX POWER, INC. 401(K) PLAN	
b	Name of plan sponsor	FLUX POWER, INC.	c EIN-PN 27-1142066-001
a	Plan name	FOX BALLARD PLLC 401(K) PLAN	
b	Name of plan sponsor	FOX BALLARD PLLC	c EIN-PN 84-2081102-001
a	Plan name	FRANK J. GRADY, M.D. ASSOC 401(K) PLAN	
b	Name of plan sponsor	FRANK J. GRADY M.D. ASSOC	c EIN-PN 74-1779810-001
a	Plan name	FUSION HEALTH 401(K) PLAN	
b	Name of plan sponsor	FUSION HEALTHCARE STAFFING, LLC	c EIN-PN 46-2470418-001

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 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 HABITAT FOR HUMANITY SA 401(K)	
b	Name of plan sponsor HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER APOPKA, FLORIDA,	c EIN-PN 59-3034059-001
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 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
a	Plan name INDUSTRIAL SERVICE CORP. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor NORTHWESTERN PLASTICS, LTD. DBA INDUSTRIAL SERVICE CORP.	c EIN-PN 42-1193589-001
a	Plan name INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN 401(K) PLAN	
b	Name of plan sponsor INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN	c EIN-PN 82-2382763-001
a	Plan name JADT FOOD GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor JADT FOOD GROUP, LLC	c EIN-PN 41-1891521-001
a	Plan name JENNIFER PARKS, PLLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor JENNIFER PARKS, PLLC	c EIN-PN 45-3023039-001

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	JOEBUILT HOMES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOE BUILT HOMES, LLC	c EIN-PN 81-1108630-001
a	Plan name	KALEIDOSCOPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ORCAS DAYCARE ASSOCIATION	c EIN-PN 91-1510335-001
a	Plan name	KEITH PETERSEN PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor	KEITH PETERSEN PLUMBING, INC.	c EIN-PN 39-1974818-001
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	KFG EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	KINGDOM FINANCIAL GROUP, INC.	c EIN-PN 25-1887984-001
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	LA PROVENCE BAKERY 401(K) PLAN	
b	Name of plan sponsor	LA PROVENCE BAKERY	c EIN-PN 20-2583441-001
a	Plan name	LC PROPERTY L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LC PROPERTY L.L.C.	c EIN-PN 80-0635906-001
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	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	WILLIAM J. WALSH & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	WILLIAM J. WALSH & SONS, INC. DBA WALSH CONCRETE FORMS	c EIN-PN 04-3566846-002

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	WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIAMS CONCRETE CONTRACTING LLC	c EIN-PN 26-0888255-001
a	Plan name	WOODS AIR MOVEMENT LIMITED 401(K) PLAN	
b	Name of plan sponsor	WOODS AIR MOVEMENT LIMITED	c EIN-PN 36-4946974-001
a	Plan name	WORLD TRUCK TOWING AND RECOVERY, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WORLD TRUCK TOWING AND RECOVERY, INC.	c EIN-PN 30-0079946-001
a	Plan name	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	SAAR CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SAAR CORPORATION	c EIN-PN 06-1418674-001
a	Plan name	SCENIC CITY PLUMBING LLC 401(K) PLAN	
b	Name of plan sponsor	SCENIC CITY PLUMBING LLC	c EIN-PN 62-1730888-001
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	SEVEN CORNERS PRINTING 401(K) PLAN	
b	Name of plan sponsor	SEVEN CORNERS PRINTING COMPANY	c EIN-PN 41-0992291-001
a	Plan name	SMDA 401K PLAN	
b	Name of plan sponsor	SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	c EIN-PN 20-4874959-001
a	Plan name	SMP 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR MACHINED PRODUCTS, INC.	c EIN-PN 47-4533352-001

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 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 STIRLING FINE WINES 401(K) PLAN	
b	Name of plan sponsor RICHARD MCADAM, INC. DBA STIRLING FINE WINES	c EIN-PN 22-3549259-001
a	Plan name SUPPLYDEN, INC. 401(K) PLAN	
b	Name of plan sponsor SUPPLYDEN, INC.	c EIN-PN 38-3603806-001
a	Plan name SUTHERLAND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUTHERLAND INSURANCE & REALTY CO., INC. DBA SUTHERLAND INSURANCE COM	c EIN-PN 56-0751537-001
a	Plan name SYNDEX CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SYNDEX CORPORATION	c EIN-PN 74-1750316-001
a	Plan name TAYLOR GRUBAUGH CHEVROLET LLC 401(K)	
b	Name of plan sponsor TAYLOR GRUBAUGH CHEVROLET LLC	c EIN-PN 93-4900507-001
a	Plan name 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
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 INCEPTION COMPANY LLC RETIREMENT PLAN	
b	Name of plan sponsor THE INCEPTION COMPANY LLC	c EIN-PN 20-1885148-001

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 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 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 TORQBUDDY, LLC. 401(K) PLAN	
b	Name of plan sponsor TORQBUDDY LLC	c EIN-PN 37-1620889-001
a	Plan name TRINITY CONSTRUCTION GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor TRINITY CONSTRUCTION GROUP, LLC	c EIN-PN 35-2688581-001
a	Plan name TRINITY HOMES AZ 401(K) PLAN	
b	Name of plan sponsor TRINITY HOMES OF THE RIM, LLC DBA TRINITY HOMES AZ	c EIN-PN 27-1186766-001
a	Plan name 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 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 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

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	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
a	Plan name	FARROW CORPORATION 401(K) PLAN	
b	Name of plan sponsor	FARROW CORPORATION	c EIN-PN 95-4536736-001
a	Plan name	BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	BOB RIDINGS, INC.	c EIN-PN 37-0994988-001
a	Plan name	TIMOTHY P. MILLER TRUCKING 401(K) PLAN	
b	Name of plan sponsor	TIMOTHY P. MILLER TRUCKING, INC.	c EIN-PN 20-2756682-001
a	Plan name	BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BURROWS WATER PURIFICATION, INC.	c EIN-PN 95-3023432-001
a	Plan name	FURRER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NORTH VALLEY FINANCIAL SERVICES LLC DBA FURRER AND ASSOCIATES	c EIN-PN 87-2736693-001
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

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	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	ROPE CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ROPE CORP	c EIN-PN 59-3585714-001
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	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	SHARPRINT SILKSCREEN AND GRAPHICS, INC.401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	SHARPRINT SILKSCREEN AND GRAPHICS, INC.	c EIN-PN 36-3931487-001
a	Plan name	ACCORD FEDERAL SERVICES, LLC CORPORATE 401(K) PLAN	
b	Name of plan sponsor	ACCORD FEDERAL SERVICES, LLC	c EIN-PN 27-2897669-002
a	Plan name	NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONAL TECHNOLOGIES, INC.	c EIN-PN 39-0981304-001
a	Plan name	SILVERMAN GROUP, INC. PROFIT SHARING 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SILVERMAN GROUP, INC.	c EIN-PN 06-1000488-001
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

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	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	REPCO SALES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REPCO SALES LLC	c EIN-PN 99-3976601-001
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
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	GH GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GH GROUP, INC.	c EIN-PN 68-1040851-001
a	Plan name	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

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	RULE CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RULE CONSTRUCTION, LTD.	c EIN-PN 39-1708690-001
a	Plan name	CHILDREN'S LEARNING ADVENTURE 401(K)	
b	Name of plan sponsor	CHILDREN'S LEARNING ADVENTURE USA, LLC	c EIN-PN 20-5808736-001
a	Plan name	CHILDREN'S WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor	CHILDREN'S WELLNESS CENTER, LLC	c EIN-PN 20-3469174-001
a	Plan name	CHOICE CONCRETE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	CHOICE CONCRETE CONSTRUCTION, INC.	c EIN-PN 52-1758766-777
a	Plan name	SATHER MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SATHER MANAGEMENT CORPORATION	c EIN-PN 27-1461790-001
a	Plan name	CONTENTMENT COMPANIES 401(K) PLAN	
b	Name of plan sponsor	CONTENTMENT COMPANIES, LLC	c EIN-PN 20-4226078-001
a	Plan name	NISSIN PRECISION NA 401(K) PLAN	
b	Name of plan sponsor	NISSIN PRECISION NORTH AMERICA, INC.	c EIN-PN 31-1279356-001
a	Plan name	AERO-MARK LLC 401(K) PLAN	
b	Name of plan sponsor	AERO-MARK LLC	c EIN-PN 26-4647620-001
a	Plan name	AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE & MARINE INTERNATIONAL CORPORATION	c EIN-PN 77-0280581-001
a	Plan name	OPHTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OPHTHALMOLOGY CENTER OF ILLINOIS	c EIN-PN 46-3808527-001
a	Plan name	STANDARD BUILDERS 401(K) PLAN	
b	Name of plan sponsor	STANDARD BUILDERS, INC.	c EIN-PN 20-4989039-001
a	Plan name	STANDARD MAINTENANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor	STANDARD MAINTENANCE COMPANY, LLC	c EIN-PN 62-1741930-001

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	STARDUST CELEBRATIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STARDUST CELEBRATIONS, LLC	c EIN-PN 75-2839427-001
a	Plan name	PACIFIC POWER ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	PACIFIC POWER ELECTRICAL CONTRACTING, LLC	c EIN-PN 45-2456005-777
a	Plan name	DUBOIS COUNTY BLOCK & BRICK, INC. 401(K) PLAN	
b	Name of plan sponsor	DUBOIS COUNTY BLOCK & BRICK, INC.	c EIN-PN 35-2083897-001
a	Plan name	EGER PRODUCTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EGER PRODUCTS INC	c EIN-PN 31-0749790-001
a	Plan name	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
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

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 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 MIAMI-CAST, INC. 401(K) PLAN	
b	Name of plan sponsor MIAMI-CAST, INC.	c EIN-PN 31-1379313-001
a	Plan name NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor NEW ENGLAND DENTAL CENTER, P.C.	c EIN-PN 06-1001051-001
a	Plan name NORTHERN NEVADA 401(K) PLAN	
b	Name of plan sponsor FERNLEY NUGGET CORPORATION	c EIN-PN 26-1620600-002
a	Plan name ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ORLANDO SPRING CORP	c EIN-PN 95-1933966-001
a	Plan name 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 OUTDOOR LIGHTING PERSPECTIVES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor OUTDOOR LIGHTING PERSPECTIVES, L.L.C.	c EIN-PN 62-1766403-001
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	SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SIGHT SAVERS OF AMERICA, INC.	c EIN-PN 30-0188234-001
a	Plan name	SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor	SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-222
a	Plan name	TECH MANUFACTURING AND MACHINING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TECH MANUFACTURING AND MACHINING, INC.	c EIN-PN 43-3817616-001
a	Plan name	UNITED ENERGY WORKERS HEALTHCARE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	UNITED ENERGY WORKERS HEALTHCARE	c EIN-PN 88-2242746-001
a	Plan name	VANQUISH WORLDWIDE, LLC 401(K)PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395487-001
a	Plan name	VANQUISH WORLDWIDE, LLC FS TEAMSTERS 401(K) PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-003
a	Plan name	VANQUISH WORLDWIDE, LLC PREVAILING WAGE EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-002
a	Plan name	ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ADVANCED AUTOMATION TECHNOLOGIES, INC.	c EIN-PN 52-1749594-001
a	Plan name	AMERICAN PROFICIENCY INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	AMERICAN PROFICIENCY INSTITUTE, INC.	c EIN-PN 38-2949312-001
a	Plan name	AUTOBODY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	FLORIDA WHOLESALE DISTRIBUTORS, INC.	c EIN-PN 59-2714320-001
a	Plan name	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	CARROLL ACE HARDWARE 401(K) PLAN	
b	Name of plan sponsor	CARROLL ACE HARDWARE	c EIN-PN 42-1461838-001
a	Plan name	CHRISTIAN HOME SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRISTIAN HOME SERVICES, INC.	c EIN-PN 38-3369745-001
a	Plan name	COLLINS & HYING LLC RETIREMENT PLAN	
b	Name of plan sponsor	COLLINS & HYING LLC	c EIN-PN 82-0712958-001
a	Plan name	COLORADO 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	DENALI CONSTRUCTION SERVICES 401(K) PLAN	
b	Name of plan sponsor	DENALI CONSTRUCTION SERVICES, LP DBA THERMAL DYNAMIN, DENALI COMFORT	c EIN-PN 20-1036081-001
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	GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.	c EIN-PN 20-8143829-001
a	Plan name	GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREAT KIDS, INC.	c EIN-PN 62-1798100-001
a	Plan name	GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	c EIN-PN 20-2458255-001
a	Plan name	CAVINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAVINS, INC.	c EIN-PN 27-3977682-001
a	Plan name	COMMUNITY MENTAL HEALTH CENTERS 401(K) PLAN	
b	Name of plan sponsor	LEHIGH VALLEY COMMUNITY MENTAL HEALTH CENTERS, INC.	c EIN-PN 23-2835896-001

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	DIXIE INDUSTRIAL INSULATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DIXIE INDUSTRIAL INSULATION, INC.	c EIN-PN 61-1306346-001
a	Plan name	FIKES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIKES PUGET SOUND, INC	c EIN-PN 72-1572875-001
a	Plan name	GLENN A ZEH, DDS, PC 401(K) PLAN	
b	Name of plan sponsor	GLENN A ZEH, DDS, PC	c EIN-PN 84-1596272-001
a	Plan name	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	HWO, INC. 401(K) PLAN	
b	Name of plan sponsor	HWO, INC.	c EIN-PN 83-2185021-001
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	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	LESSITER PUBLICATIONS INC. 401(K) PLAN	
b	Name of plan sponsor	LESSITER PUBLICATIONS INC.	c EIN-PN 39-1169768-222
a	Plan name	R. BRET CAMPBELL, DO, PLLC RETIREMENT PLAN	
b	Name of plan sponsor	R. BRET CAMPBELL, DO, PLLC	c EIN-PN 80-0111632-001
a	Plan name	SUPERIOR, INC. 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR, INC.	c EIN-PN 62-1346975-001
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

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	JAE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JEWELL ASSOCIATES ENGINEERS, INC.	c EIN-PN 26-1811972-001
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
a	Plan name	SENECA PETROLEUM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SENECA PETROLEUM COMPANY, INC.	c EIN-PN 36-1755250-002
a	Plan name	SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor	SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-004
a	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-005
a	Plan name	THE PADRE PIO FOUNDATION OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	THE PADRE PIO FOUNDATION OF AMERICA, INC.	c EIN-PN 06-1023010-001
a	Plan name	AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor	AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
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 COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY TIES OF AMERICA, INC.	c EIN-PN 62-1733882-001
a	Plan name CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	c EIN-PN 23-7198801-001
a	Plan name FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor FISHER DESIGN, INC.	c EIN-PN 31-0601808-001
a	Plan name SOUTH FLORIDA HOSPITAL AND HEALTH CARE ASSOCIATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor SOUTH FLORIDAHOSPITAL AND HEALTH CARE ASSOCIATION, INC.	c EIN-PN 59-0979494-001
a	Plan name 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 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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN
b	Name of plan sponsor	DOUGHBOY RESTAURANT GROUP, LLC
c	EIN-PN	47-2447231-001
a	Plan name	LONE WOLF RESOURCES 401(K) PLAN
b	Name of plan sponsor	LONE WOLF RESOURCES, LLC
c	EIN-PN	75-2815928-001
a	Plan name	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	DANHAUER DRUG COMPANY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DANHAUER DRUG, INC.
c	EIN-PN	61-0992161-001
a	Plan name	GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	GREEN FRONT FURNITURE COMPANY, INC.
c	EIN-PN	54-0837729-003
a	Plan name	GREENWAY WEALTH MANAGEMENT, LLC 401(K) PLAN
b	Name of plan sponsor	GREENWAY WEALTH MANAGEMENT, LLC
c	EIN-PN	81-5323726-001
a	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.
c	EIN-PN	26-1365260-001
a	Plan name	OASYS 401(K) PLAN
b	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.
c	EIN-PN	52-1747644-001

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 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
a	Plan name TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRIBLER ORPETT & MEYER, P.C.	c EIN-PN 36-3317353-001
a	Plan name TRIS PHARMA 401(K) PLAN	
b	Name of plan sponsor TRIS PHARMA, INC.	c EIN-PN 22-3747409-001
a	Plan name TRUE GRIT REDI-MIX/TRUE GRIT CONCRETE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRUE GRIT REDI-MIX LTD	c EIN-PN 20-2018457-001
a	Plan name ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor ALLIED GOVERNMENT SOLUTIONS, INC.	c EIN-PN 27-4329708-001
a	Plan name ALLIED UNIVERSAL CBU 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL SERVICES OF AMERICA, LP	c EIN-PN 27-1562945-002
a	Plan name B & G CUSTOM WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor B & G CUSTOM WORKS, INC.	c EIN-PN 38-2289653-001
a	Plan name BULLDOG RACK COMPANY 401(K) PLAN	
b	Name of plan sponsor BULLDOG RACK COMPANY, WEIRTON	c EIN-PN 02-0669159-001
a	Plan name BULLDOG RACK HOLDING COMPANY 401(K) PLAN	
b	Name of plan sponsor BULLDOG RACK HOLDING COMPANY	c EIN-PN 46-1606192-001
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

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 2040 RET OPT	B Three-digit plan number (PN) ▶ 657
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)	9909618
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	56552088
(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	9909618	56552088
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	9909618	56552088

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)	1625791	
(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		1625791

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)	169749	
(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)		169749
j Total expenses. Add all expense amounts in column (b) and enter total	2j		169749

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1456042
l Transfers of assets:			
(1) To this plan	2l(1)		51707661
(2) From this plan	2l(2)		6521233

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 _____.