

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan PIMCO INCOME RET OPT, 1b Three-digit plan number (PN) 671, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRANSAMERICA LIFE INSURANCE COMPANY 6400 C ST SW CEDAR RAPIDS, IA 52404, 2b Employer Identification Number (EIN) 39-0989781, 2c Plan Sponsor's telephone number 319-355-6449, 2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>PIMCO INCOME RET OPT</u>		B Three-digit plan number (PN) ▶ <u>671</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)

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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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 EDUCATIUS GROUP 401(K) PLAN	
b	Name of plan sponsor EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	c EIN-PN 26-4005699-001
a	Plan name K & H CONCRETE CUTTING, INC. 401(K) PLAN	
b	Name of plan sponsor K&H CONCRETE CUTTING, INC.	c EIN-PN 38-2421612-001
a	Plan name KAPOOR ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor KAPOOR ENTERPRISES, INC.	c EIN-PN 77-0374359-001
a	Plan name POLK COUNTY SCHOOL READINESS COALITION, INC. 401(K) PLAN	
b	Name of plan sponsor POLK COUNTY SCHOOL READINESS COALITION, INC.	c EIN-PN 59-3648316-001
a	Plan name THE BROWNING GROUP INTERNATIONAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor THE BROWNING GROUP INTERNATIONAL, INC.	c EIN-PN 99-9973995-001
a	Plan name PROGRESSIVE COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor PROGRESSIVE COMMUNICATIONS, INC.	c EIN-PN 58-2431088-001
a	Plan name KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor KRIEGEL HOLDING COMPANY, INC.	c EIN-PN 30-0227844-001
a	Plan name KUNCAI AMERICAS, LLC 401(K) PLAN	
b	Name of plan sponsor KUNCAI AMERICAS LLC	c EIN-PN 47-5443652-001
a	Plan name LA LA LAND CREATIVE COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor LA LA LAND CREATIVE COMPANY, LLC	c EIN-PN 83-0866803-001
a	Plan name THE UROLOGY CLINIC PROFIT SHARING PLAN	
b	Name of plan sponsor THE UROLOGY CLINIC	c EIN-PN 72-0597185-002
a	Plan name THE ZITA GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor THE ZITA GROUP, LLC	c EIN-PN 20-8612123-001
a	Plan name THLA 401(K) PLAN	
b	Name of plan sponsor TEXAS HOTEL & LODGING ASSOCIATION	c EIN-PN 74-0940600-001

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 FAMILY PET CLINIC OF REDONDO BEACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KKD PET VET	c EIN-PN 46-1590293-001
a	Plan name FAMILY PLANNING COUNCIL PENSION PLAN	
b	Name of plan sponsor ACCESSMATTERS	c EIN-PN 23-1878446-002
a	Plan name LAURAS INTERNATIONAL LLP 401(K) PLAN	
b	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	c EIN-PN 26-1603445-001
a	Plan name LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN	
b	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	c EIN-PN 26-1603445-002
a	Plan name TIRE SERVICES UNLIMITED, LLC 401(K) PLAN	
b	Name of plan sponsor TIRE SERVICES UNLIMITED, LLC	c EIN-PN 26-0164707-001
a	Plan name C. CARAMANICO & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor C. CARAMANICO & SONS, INC.	c EIN-PN 23-2349249-001
a	Plan name FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor FREER MECHANICAL CONTRACTOR'S INC.	c EIN-PN 75-1046142-002
a	Plan name FULCRUM CONSTRUCTION GROUP 401(K) PLAN	
b	Name of plan sponsor FULCRUM CONSTRUCTION GROUP	c EIN-PN 45-5390504-001
a	Plan name RETIREMENT READINESS PLAN FOR EMPLOYEES OF ALVORD-POLK, INC.	
b	Name of plan sponsor ALVORD-POLK, INC.	c EIN-PN 23-2046694-001
a	Plan name REYNOLDS & ROWELLA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor REYNOLDS & ROWELLA, LLP	c EIN-PN 06-1143555-001
a	Plan name RICARDO BEVERLY HILLS 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor RICARDO BEVERLY HILLS, INC.	c EIN-PN 95-4446380-001
a	Plan name UNIVERSAL TAPE SUPPLY CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSAL TAPE SUPPLY CORP.	c EIN-PN 22-1814877-002

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	UNIVERSITY ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSITY ELECTRIC CO., INC.	c EIN-PN 94-1493225-002
a	Plan name	UNIVERSITY VILLAGE 401(K) PLAN	
b	Name of plan sponsor	WESTPORT HOLDINGS TAMPA, LP	c EIN-PN 65-1059079-001
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	GENERA ENERGY 401(K) PLAN	
b	Name of plan sponsor	GENERA ENERGY, INC.	c EIN-PN 45-4907881-001
a	Plan name	MARION MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	MARION TOOL & DIE, INC. DBA MARION MANUFACTURING	c EIN-PN 35-2010769-001
a	Plan name	MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARPLES GEARS, INC.	c EIN-PN 95-4226164-001
a	Plan name	CHARLES R. HUNT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHARLES R. HUNT, ATTY	c EIN-PN 58-2110149-001
a	Plan name	CHEROKEE 401(K) PLAN	
b	Name of plan sponsor	CHEROKEE MANUFACTURING, LLC	c EIN-PN 45-2735316-001
a	Plan name	CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CHEROKEE FARM DEVELOPMENT CORPORATION	c EIN-PN 46-1180603-001
a	Plan name	GP BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	GP BUILDERS, INC.	c EIN-PN 83-2935431-001
a	Plan name	ROSHER ELECTRIC COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	ROSHER ELECTRIC COMPANY, INC.	c EIN-PN 63-0626370-001
a	Plan name	WADE'S FOOD CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	WADE'S FOOD CENTER, INC.	c EIN-PN 62-0976364-001

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 GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	c EIN-PN 58-1795694-001
a	Plan name MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MINING EQUIPMENT, LTD.	c EIN-PN 16-1646623-222
a	Plan name WESTON PROPERTIES 401K	
b	Name of plan sponsor WESTON PROPERTIES, LC	c EIN-PN 74-2722024-112
a	Plan name SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
b	Name of plan sponsor SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	c EIN-PN 20-0048495-001
a	Plan name ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001
a	Plan name CONNOR CONSULTING CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CONNOR CONSULTING CORPORATION	c EIN-PN 46-1950081-001
a	Plan name HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HECO, INC.	c EIN-PN 38-1817538-001
a	Plan name NATHANIEL LEEDY, DMD, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATHANIEL LEEDY, DMD, PA	c EIN-PN 84-3728355-001
a	Plan name NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN	
b	Name of plan sponsor NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-002
a	Plan name YOUNG AUDIENCES OF NEW JERSEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor YOUNG AUDIENCES OF NEW JERSEY, INC.	c EIN-PN 23-7384991-001
a	Plan name SIMON CHANG, MD, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIMON CHANG, MD, LLC	c EIN-PN 80-0112427-001
a	Plan name SIVERS SEMICONDUCTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIVERS SEMICONDUCTORS, INC.	c EIN-PN 82-2069979-001

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	HIX & SNEDEKER COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	HIX SNEDEKER COMPANIES, LLC	c EIN-PN 27-1982876-001
a	Plan name	ADVANCED CARGO CORPORATION 401(K) P/S PLAN	
b	Name of plan sponsor	ADVANCED CARGO CORPORATION	c EIN-PN 41-1663563-001
a	Plan name	ADVANCED REPRODUCTIVE CENTER OF HAWAII 401(K) PLAN	
b	Name of plan sponsor	CHRISTOPHER T.F. HUANG, M.D., INC	c EIN-PN 01-0674989-001
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	NEXT LEVEL IT, LLC 401(K) PLAN	
b	Name of plan sponsor	NEXT LEVEL IT, LLC	c EIN-PN 87-2800471-001
a	Plan name	NEXT LEVEL MARKETING, INC. 401(K) PLAN	
b	Name of plan sponsor	NEXT LEVEL MARKETING, INC.	c EIN-PN 59-3771780-001
a	Plan name	AMANI ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	AMANI ENGINEERING, INC.	c EIN-PN 76-0614439-001
a	Plan name	DAVID HUVAL'S TRUCKING CO. 401(K) PLAN	
b	Name of plan sponsor	DAVID HUVAL'S TRUCKING CO., INC.	c EIN-PN 72-1470730-001
a	Plan name	DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C. 401(K) PLAN	
b	Name of plan sponsor	DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C.	c EIN-PN 27-0631471-001
a	Plan name	DAVIDSEN EXCAVATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVIDSEN EXCAVATING, INC.	c EIN-PN 26-2880639-001
a	Plan name	DBM ENGINEERING, P.C. 401(K) PLAN	
b	Name of plan sponsor	DBM ENGINEERING, PC	c EIN-PN 20-2917025-001
a	Plan name	ONE SEMICONDUCTOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ONE SEMICONDUCTOR, LLC	c EIN-PN 45-2992076-001

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 ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor ONE SOURCE INDUSTRIES, LLC	c EIN-PN 33-0835151-001
a	Plan name ASSURANCE LABS RETIREMENT READINESS PLAN	
b	Name of plan sponsor ASSURANCE DRUG TESTING LABORATORIES, LLC	c EIN-PN 20-4013455-001
a	Plan name DRAGON LINE, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRAGON LINE, LLC.	c EIN-PN 81-1828114-001
a	Plan name DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRILLING & PRODUCTION CO.	c EIN-PN 95-0803480-001
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 GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor GAINLINE FINANCIAL PARTNERS, LLC	c EIN-PN 87-2523664-001
a	Plan name GAMBI DISPOSAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor GAMBI DISPOSAL, INC.	c EIN-PN 68-0137750-002
a	Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1	
b	Name of plan sponsor MAD DOGG ATHLETICS, INC.	c EIN-PN 95-4481055-002
a	Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 2	
b	Name of plan sponsor MAD DOGG ATHLETICS, INC.	c EIN-PN 95-4481055-003
a	Plan name RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001
a	Plan name GERALD GRAIN INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor GERALD GRAIN CENTER, INC.	c EIN-PN 34-1526549-001
a	Plan name GH GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GH GROUP, INC.	c EIN-PN 68-1040851-001

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	CARDEN ARBOR VIEW SCHOOL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARDEN ARBOR VIEW SCHOOL, INC.	c EIN-PN 95-3695686-002
a	Plan name	CARLIN SALES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CARLIN SALES CORPORATION	c EIN-PN 39-1171459-001
a	Plan name	MARTY'S PIZZA 401(K) PLAN	
b	Name of plan sponsor	MARTY'S BROOKFIELD, INC.	c EIN-PN 39-1647623-001
a	Plan name	MARZOLF IMPLEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	MARZOLF IMPLEMENT COMPANY	c EIN-PN 41-1347518-001
a	Plan name	VAIL VACATION PROPERTIES LLC 401(K) PLAN	
b	Name of plan sponsor	VAIL VACATION PROPERTIES LLC	c EIN-PN 45-2923184-001
a	Plan name	RSC, LLC 401(K) PLAN	
b	Name of plan sponsor	RSC, LLC	c EIN-PN 23-3050497-001
a	Plan name	RUSSELL J. S. TOM, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RUSSELL J. S. TOM, D.D.S.	c EIN-PN 99-0261249-001
a	Plan name	CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILES & SONS-LAMAN, INC.	c EIN-PN 34-4492949-003
a	Plan name	GRAND-JEAN CAPITAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	GRAND-JEAN CAPITAL MANAGEMENT, INC.	c EIN-PN 94-3112978-001
a	Plan name	MERCER COUNTY ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	MERCER COUNTY ELECTRIC, INC.	c EIN-PN 34-1278022-001
a	Plan name	WHARTON FUNDING COMPANY 401(K) PLAN	
b	Name of plan sponsor	WHARTON FUNDING COMPANY	c EIN-PN 20-0408585-001
a	Plan name	WHITEHEAD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITEHEAD & ASSOCIATES, INC.	c EIN-PN 58-1096001-001

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 WILKE CHIROPRACTIC LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor WILKE CHIROPRACTIC LLC	c EIN-PN 81-3238618-001
a	Plan name CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN	
b	Name of plan sponsor CLEVELAND CITY FORGE, INC.	c EIN-PN 34-1972972-001
a	Plan name COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN	
b	Name of plan sponsor COASTAL BEND WORKFORCE DEVELOPMENT BOARD	c EIN-PN 74-2424633-001
a	Plan name HAGOOD HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor HAGOOD HOMES, INC.	c EIN-PN 56-1965580-001
a	Plan name HALL COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor HALL COMMUNICATIONS, INC.	c EIN-PN 06-0843728-001
a	Plan name HICKORY GROVE VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor TIGHE-ZEMAN EQUIPMENT LLC	c EIN-PN 75-3093043-001
a	Plan name ACOSTA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ACOSTA GROUP	c EIN-PN 74-2183937-001
a	Plan name ZEETO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor ZEETO GROUP, LLC	c EIN-PN 83-0490277-001
a	Plan name HOME INSTEAD 401(K) PLAN	
b	Name of plan sponsor HOME INSTEAD SENIOR CARE	c EIN-PN 26-1145117-001
a	Plan name HOME PARAMOUNT PEST CONTROL COMPANY EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HOME PARAMOUNT PEST CONTROL COMPANY	c EIN-PN 54-0762970-001
a	Plan name SKANES TECHNOLOGY GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SKANES TECHNOLOGY GROUP, LLC	c EIN-PN 27-1433006-001
a	Plan name SKILLINGS & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor SKILLINGS & SONS, INC.	c EIN-PN 04-2491037-001

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 OPEN UP RESOURCES 401(K) PLAN	
b	Name of plan sponsor OPEN UP RESOURCES	c EIN-PN 47-3240638-001
a	Plan name OPERAM SAVINGS PLAN	
b	Name of plan sponsor OPERAM, INC.	c EIN-PN 47-4299682-001
a	Plan name DEGRAFFENRIED & COMPANY RETIREMENT PLAN	
b	Name of plan sponsor DEGRAFFENRIED & COMPANY	c EIN-PN 72-1349735-001
a	Plan name INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor INTEGRI, LLC	c EIN-PN 20-2613358-001
a	Plan name INTELLETRACE, INC. 401(K) PLAN	
b	Name of plan sponsor INTELLETRACE, INC.	c EIN-PN 37-1514242-001
a	Plan name INTERFAITH HOUSING ASSISTANCE CORPORATION 401(K) PLAN	
b	Name of plan sponsor INTERFAITH HOUSING ASSISTANCE CORPORATION	c EIN-PN 95-3771946-002
a	Plan name STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC.	c EIN-PN 94-2178221-003
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 ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDREWS OIL CO. & GAS SERVICES, INC.	c EIN-PN 06-0812862-001
a	Plan name ANGERMEIER & ROGERS LAW OFFICES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ANGERMEIER & ROGERS LAW OFFICES	c EIN-PN 39-1315157-001
a	Plan name DEUMITE CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor DEUMITE CONSTRUCTION, LLC	c EIN-PN 01-0825625-001
a	Plan name DHR MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor DHR MANAGEMENT, LLC	c EIN-PN 27-2018400-001

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 STORIED MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor STORIED MANAGEMENT, LLC	c EIN-PN 82-4913513-001
a	Plan name SUBURBAN MATERIALS COMPANY RETIREMENT PLAN	
b	Name of plan sponsor SUBURBAN MATERIALS COMPANY	c EIN-PN 23-1683256-001
a	Plan name PEJU PROVINCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PEJU PROVINCE CORPORATION	c EIN-PN 46-1570692-002
a	Plan name DUCTCO, LLC 401(K) PLAN	
b	Name of plan sponsor DUCTCO, LLC	c EIN-PN 46-2763056-002
a	Plan name DUNLOP & JOHNSTON, INC. SALARIED EMPLOYEES' RETIREMENT SAVINGS TRUST & PLAN	
b	Name of plan sponsor DUNLOP & JOHNSTON, INC.	c EIN-PN 34-0191480-001
a	Plan name TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001
a	Plan name PORT PUBLICATIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PORT PUBLICATIONS, INC.	c EIN-PN 39-1017137-001
a	Plan name BASIC METALS, INC. RETIREMENT PLAN	
b	Name of plan sponsor BASIC METALS, INC.	c EIN-PN 39-1515822-222
a	Plan name PROJEX PACIFIC INC. 401(K) PLAN	
b	Name of plan sponsor PROJEX PACIFIC INC	c EIN-PN 51-0470194-001
a	Plan name BIOEX CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor BIOEX CONSULTING, LLC	c EIN-PN 26-3459118-001
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

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 LA-Z-BOY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MGM GALLERIES LLC DBA LA-Z-BOY FURNITURE GALLERIES	c EIN-PN 46-0513963-001
a	Plan name LADIES & GENTLEMEN HAIR STYLISTS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LADIES & GENTLEMEN HAIR STYLISTS, INC.	c EIN-PN 34-1548748-001
a	Plan name LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor LAGUNA SOURCE LLC	c EIN-PN 41-2223213-002
a	Plan name LAKES TENNIS 401(K) PLAN	
b	Name of plan sponsor KICK SERVICE, LTD. DBA LAKES TENNIS ACADEMY	c EIN-PN 20-1885263-001
a	Plan name BOW CONSTRUCTION MANAGEMENT SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN (001)	
b	Name of plan sponsor BOW CONSTRUCTION MANAGEMENT SERVICE, INC.	c EIN-PN 26-3709796-001
a	Plan name FERGUSON COX ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor FERGUSON COX ASSOCIATES, INC.	c EIN-PN 06-1242231-001
a	Plan name LEE-SURE POOLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEE-SURE POOLS, INC.	c EIN-PN 85-0254390-001
a	Plan name LEGACY TRUCKING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LEGACY TRUCKING, INC.	c EIN-PN 84-1268710-001
a	Plan name MANNING LUMBER & MARINE, LLC 401(K) PLAN	
b	Name of plan sponsor MANNING LUMBER & MARINE, LLC	c EIN-PN 46-2084718-001
a	Plan name MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MANUFACTURING SOLUTIONS, INC.	c EIN-PN 48-1180359-001
a	Plan name MASTERS ELECTRICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor MASTERS ELECTRICAL SERVICES, LTD	c EIN-PN 74-2618930-777
a	Plan name MATERIALS TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor MATERIALS TESTING, INC.	c EIN-PN 06-1321309-001

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	MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MATICH CORPORATION	c EIN-PN 95-1810911-002
a	Plan name	MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
a	Plan name	MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MAUNALANI NURSING AND REHABILITATION CENTER	c EIN-PN 99-0249327-222
a	Plan name	MOGADORE FAMILY DENTISTRY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MOGADORE FAMILY DENTISTRY, INC.	c EIN-PN 34-1696017-001
a	Plan name	MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MOHAWK CONSTRUCTION AND SUPPLY CO., INC.	c EIN-PN 25-1382848-001
a	Plan name	MONROE INDUSTRIAL MACHINE SHOP, LLC 401(K) PLAN	
b	Name of plan sponsor	MONROE INDUSTRIAL MACHINE SHOP, LLC	c EIN-PN 20-1041002-001
a	Plan name	MONTANO'S RESTAURANT 401(K) PLAN	
b	Name of plan sponsor	BADDOC'S, INC. DBA MONTANO'S RESTAURANT	c EIN-PN 04-3021643-001
a	Plan name	NEUSOFT AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	NEUSOFT AMERICA, INC.	c EIN-PN 20-5601470-001
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	PRACTICE DIAGNOSTIC SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRACTICE DIAGNOSTIC SYSTEMS, LLC DBA PRACTICAL DATA SOLUTIONS	c EIN-PN 27-0410486-001
a	Plan name	PREACHER, LLC 401(K) PLAN	
b	Name of plan sponsor	PREACHER, LLC	c EIN-PN 46-4405855-001
a	Plan name	PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PROTECTION TECHNOLOGIES, INC.	c EIN-PN 88-0163638-001

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	SCHMIDT & STACY CONSULTING ENGINEERS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHMIDT & STACY CONSULTING ENGINEERS, INC.	c EIN-PN 75-2410170-001
a	Plan name	SIERRA WEST CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIERRA WEST CONSTRUCTION, INC.	c EIN-PN 68-0153330-002
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	SKLO 401(K) PLAN	
b	Name of plan sponsor	SKLO STUDIO, INC.	c EIN-PN 27-4554699-001
a	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLIM CHICKENS	c EIN-PN 45-3985800-001
a	Plan name	SMART, LLC 401(K) PLAN	
b	Name of plan sponsor	SMART, LLC	c EIN-PN 30-0269003-001
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	TIBRIO LLC 401(K) PLAN	
b	Name of plan sponsor	TIBRIO LLC	c EIN-PN 81-0719473-001
a	Plan name	TIM MCCLOSKEY ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	TIM MCCLOSKEY ELECTRIC, INC.	c EIN-PN 94-3347825-001
a	Plan name	TIM SNELSON'S PUMPING UNIT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TIM SNELSON'S PUMPING UNIT	c EIN-PN 75-2715506-001
a	Plan name	TOUCHTURNS, LLC 401(K) PLAN	
b	Name of plan sponsor	TOUCHTURNS, LLC	c EIN-PN 45-2688671-001
a	Plan name	UNISA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNISA, INC.	c EIN-PN 84-1235301-001

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 UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSAL CREDIT SERVICES, INC.	c EIN-PN 38-3424306-001
a	Plan name A & K EARTH MOVERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor A & K EARTH MOVERS, INC.	c EIN-PN 88-0097157-002
a	Plan name AMERICAN PHARMACY SERVICES CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN PHARMACY SERVICES CORPORATION	c EIN-PN 38-2647024-001
a	Plan name APEX TRAILER 401(K) PLAN	
b	Name of plan sponsor APEX TRAILER SALES AND RENTALS, INC.	c EIN-PN 61-1020316-001
a	Plan name APOSTOLIC CHRISTIAN HOME 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor APOSTOLIC CHRISTIAN HOME	c EIN-PN 37-1366082-001
a	Plan name AUS DECKING, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor AUS DECKING, INC.	c EIN-PN 20-1259014-001
a	Plan name AUTOMATED GIVING SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AUTOMATED GIVING SOLUTIONS, LLC.	c EIN-PN 90-0284345-333
a	Plan name CAIN THOMAS ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CAIN THOMAS ASSOCIATES, INC.	c EIN-PN 41-1453222-001
a	Plan name CALCO FENCE, INC. 401(K) PLAN	
b	Name of plan sponsor CALCO FENCE, INC.	c EIN-PN 94-2926990-001
a	Plan name CAMRETT COMPANIES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor CAMRETT LOGISTICS, INC.	c EIN-PN 54-1747281-001
a	Plan name CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CANNON MEDICAL, INC.	c EIN-PN 94-3251623-001
a	Plan name CHULA VISTA, INC. 401(K) PLAN	
b	Name of plan sponsor CHULA VISTA, INC.	c EIN-PN 39-0842365-001

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 COBRA MOTO LLC 401(K) PLAN	
b	Name of plan sponsor COBRA MOTO, LLC	c EIN-PN 27-1784830-001
a	Plan name COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
b	Name of plan sponsor COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	c EIN-PN 47-1612263-222
a	Plan name CORNERSTONE FELLOWSHIP 401(K) PLAN	
b	Name of plan sponsor CORNERSTONE FELLOWSHIP	c EIN-PN 73-1316703-001
a	Plan name CREW ONE PRODUCTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CREW ONE PRODUCTIONS, INC.	c EIN-PN 58-1991864-001
a	Plan name CROMPION INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CROMPION INTERNATIONAL, LLC	c EIN-PN 72-1468104-001
a	Plan name DELTA SYSTEMS & AUTOMATION LLC 401(K) PLAN	
b	Name of plan sponsor DELTA SYSTEMS & AUTOMATION LLC	c EIN-PN 83-2468256-001
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 DENBESTE COMPANIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor DENBESTE COMPANIES, INC.	c EIN-PN 93-3878708-001
a	Plan name DUPUY'S ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor DUPUY'S ANIMAL HOSPITAL, APVMC	c EIN-PN 20-0356241-001
a	Plan name ELDER & SPENCER LLP 401(K) PLAN	
b	Name of plan sponsor ELDER & SPENCER LLP	c EIN-PN 46-3485814-001
a	Plan name FFTT, LLC 401 (K) PLAN	
b	Name of plan sponsor FFTT, LLC	c EIN-PN 81-0860100-001
a	Plan name GISCLAIR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GISCLAIR & ASSOCIATES, INC.	c EIN-PN 72-1012609-001

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	HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	HICKORY HILL RETIREMENT COMMUNITY, LLC	c EIN-PN 37-1544274-001
a	Plan name	HILLSON CONTRACTORS, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor	HILLSON CONTRACTORS, INC.	c EIN-PN 02-0503186-001
a	Plan name	HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	HOSTAR MARINE TRANSPORT SYSTEMS, INC.	c EIN-PN 04-2910283-001
a	Plan name	HOWELL BENEFIT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	HOWELL BENEFIT SERVICES, INC.	c EIN-PN 23-2658991-001
a	Plan name	INTERVENTIONAL PAIN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor	INTERVENTIONAL PAIN CONSULTANTS LLC	c EIN-PN 83-0901793-001
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	KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	KENTUCKY EDUCATION ASSOCIATION	c EIN-PN 61-0245450-001
a	Plan name	LARICHE CHEVROLET CADILLAC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LARICHE CHEVROLET CADILLAC, INC.	c EIN-PN 34-1352811-001
a	Plan name	A&G PIPING 401(K) PLAN	
b	Name of plan sponsor	A&G PIPING, INC.	c EIN-PN 75-1972619-001
a	Plan name	AIR GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR GROUP, LLC	c EIN-PN 22-3620908-001
a	Plan name	BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAZORIA TELEPHONE COMPANY, INC.	c EIN-PN 74-1179149-002
a	Plan name	BREAKING GROUND EXCAVATION INC. 401(K) PLAN	
b	Name of plan sponsor	BREAKING GROUND EXCAVATION INC.	c EIN-PN 91-2118848-001

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 BREEZWAY THRIFTY GLASS 401(K) PLAN	
b	Name of plan sponsor JOJO ENTERPRISES, INC. DBA BREEZWAY THRIFTY GLASS	c EIN-PN 33-0433751-001
a	Plan name BRICK CITY PRIMARY CARE PLLC 401(K) PLAN	
b	Name of plan sponsor BRICK CITY PRIMARY CARE	c EIN-PN 26-4778038-001
a	Plan name COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMERCIAL WATERPROOFING, INC.	c EIN-PN 23-2589948-001
a	Plan name CROSSCOM NATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor CROSSCOM NATIONAL, LLC	c EIN-PN 20-1721299-777
a	Plan name CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor CROSSING BORDERS LANGUAGE CENTER, LLC.	c EIN-PN 45-5111582-001
a	Plan name CROWN HILL DENTISTRY RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor BRITTANY D. GOODING, D.D.S., P.C.	c EIN-PN 45-4069228-001
a	Plan name CSRA 401(K) PLAN	
b	Name of plan sponsor CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY	c EIN-PN 58-1369830-333
a	Plan name CTCO BENEFIT SERVICES 401(K) PLAN	
b	Name of plan sponsor CTCO BENEFIT SERVICES, LLC	c EIN-PN 30-0515404-002
a	Plan name ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELLEFSON TRANSPORTATION GROUP, INC.	c EIN-PN 58-1654796-001
a	Plan name ELMER SCHULTZ SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELMER SCHULTZ SERVICES, INC.	c EIN-PN 23-1937880-001
a	Plan name EMBER, LLC 401(K) PLAN	
b	Name of plan sponsor EMBER, LLC	c EIN-PN 42-1760276-001
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

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 HARRISON M. ISHIDA, D.D.S., INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HARRISON M. ISHIDA, D.D.S., INC.	c EIN-PN 99-0168361-001
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 HULL BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HULL BROTHERS, INC.	c EIN-PN 34-0971398-001
a	Plan name HUNT INSURANCE AGENCY, INC. EMPLOYEES SALARY SAVINGS PLAN	
b	Name of plan sponsor HUNT INSURANCE AGENCY, INC.	c EIN-PN 36-2730032-001
a	Plan name HWO, INC. 401(K) PLAN	
b	Name of plan sponsor HWO, INC.	c EIN-PN 83-2185021-001
a	Plan name HY-TEST SAFETY SHOE SERVICE, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HY-TEST SAFETY SHOE SERVICE, INC.	c EIN-PN 39-1533534-001
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 KEYSTONE SPRING SERVICE, INC. RETIREMENT PLAN	
b	Name of plan sponsor KEYSTONE SPRING SERVICE, INC.	c EIN-PN 25-1329257-002
a	Plan name KIA OF LAGRANGE 401(K) PLAN	
b	Name of plan sponsor KIA OF LAGRANGE	c EIN-PN 27-0980531-001
a	Plan name MAYHEW STEEL/DEERFIELD PACKAGING RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor MAYHEW STEEL PRODUCTS, INC.	c EIN-PN 04-1595240-777
a	Plan name MORRIS CERULLO WORLD EVANGELISM 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MORRIS CERULLO WORLD EVANGELISM	c EIN-PN 95-2372233-001
a	Plan name NORTHWEST ELECTRIC OF VANCOUVER, INC. 401(K) PLAN	
b	Name of plan sponsor NORTHWEST ELECTRIC OF VANCOUVER, INC.	c EIN-PN 20-8108991-001

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 PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRECISION CABLE ASSEMBLIES, INC.	c EIN-PN 39-1787647-002
a	Plan name PRECISION ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRECISION ELECTRIC, INC.	c EIN-PN 88-0203624-001
a	Plan name R & M EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor TRIBMS, LLC DBA R & M EQUIPMENT COMPANY	c EIN-PN 23-3084608-001
a	Plan name R&F, INC. EMPLOYEES BENEFIT PLAN	
b	Name of plan sponsor R&F, INC.	c EIN-PN 34-1016464-001
a	Plan name RJ WRIGHT & SONS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RJ WRIGHT & SONS, LTD	c EIN-PN 34-1693478-001
a	Plan name SMC RECYCLING, INC. 401(K) PLAN	
b	Name of plan sponsor SMC RECYCLING, INC.	c EIN-PN 62-1723264-001
a	Plan name SMITH & JOHNSON ATTORNEYS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMITH & JOHNSON ATTORNEYS, P.C	c EIN-PN 38-2067637-001
a	Plan name SMOLAR ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor SMOLAR ENTERPRISES, LLC	c EIN-PN 52-2226180-001
a	Plan name SUPERMAX HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor SUPERMAX HEALTHCARE INC.	c EIN-PN 27-2105941-001
a	Plan name SUPERSTORE 401(K) PLAN	
b	Name of plan sponsor FURNITURE SUPERSTORE LLC	c EIN-PN 87-0698757-001
a	Plan name THE MCHATTIE LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE MCHATTIE LAW FIRM, LLC	c EIN-PN 46-1697425-001
a	Plan name VEGAS OPTICS, LLC 401(K) PLAN	
b	Name of plan sponsor VEGAS OPTICS, LLC	c EIN-PN 55-0896350-001

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 VENTURE 401(K) PLAN	
b	Name of plan sponsor VM SERVICES, INC.	c EIN-PN 77-0459829-222
a	Plan name WISCONSIN WOMEN'S HEALTH FOUNDATION 401(K) PLAN	
b	Name of plan sponsor WISCONSIN WOMEN'S HEALTH FOUNDATION	c EIN-PN 39-1900678-001
a	Plan name HATTERAS PRINTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HATTERAS PRINTING, INC.	c EIN-PN 38-2168116-001
a	Plan name IBEW LOCAL UNION NO. 444 PENSION PLAN	
b	Name of plan sponsor INTERNATIONAL BROTHERHOOD OF ELECTRICAL UNION WORKERS LOCAL UNION 44	c EIN-PN 73-6153191-001
a	Plan name JAH ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAH ENTERPRISES, INC.	c EIN-PN 72-1250656-001
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 MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor MCDONALDS' DESIGN & BUILD, INC.	c EIN-PN 34-1313478-001
a	Plan name MPI ENGINEERED TECHNOLOGIES, LLC 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879993-777
a	Plan name MPI ENGINEERED TECHNOLOGIES, LLC USW INDIANA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879994-002
a	Plan name PATEL, GREENE & ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor PATEL, GREENE & ASSOCIATES, LLC	c EIN-PN 45-2209743-001
a	Plan name PATTIS PRESCHOOL, INC. 401(K) PLAN	
b	Name of plan sponsor PATTIS PRESCHOOL, INC.	c EIN-PN 30-0143660-001
a	Plan name ROCKY MOUNTAIN RESOURCES 401(K) PLAN	
b	Name of plan sponsor RMR INDUSTRIALS, INC. DBA ROCKY MOUNTAIN RESOURCES, INC.	c EIN-PN 46-0750094-001

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 SEMILAB USA 401(K) PLAN	
b	Name of plan sponsor SEMILAB USA LLC	c EIN-PN 27-0347663-001
a	Plan name SENTINEL 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SENTINEL OFFENDER SERVICES, LLC	c EIN-PN 33-0929945-001
a	Plan name SYRBERUS, INC. 401(K) PLAN	
b	Name of plan sponsor SYRBERUS, INC.	c EIN-PN 20-4850238-001
a	Plan name WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name ARGO MANAGEMENT 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor ARGO MANAGEMENT INC.	c EIN-PN 65-1046532-001
a	Plan name BELINDA S. GRANADA DDS CASH BALANCE	
b	Name of plan sponsor BELINDA S. GRANADA DDS PC	c EIN-PN 47-1502317-002
a	Plan name BELINDA S. GRANADA DDS PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELINDA S. GRANADA DDS PC	c EIN-PN 47-1502317-001
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 CELINA COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor CELINA TENT, INC.	c EIN-PN 34-1894249-001
a	Plan name CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC 401(K) PLAN	
b	Name of plan sponsor CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC	c EIN-PN 06-1485324-001
a	Plan name CENTER POINT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTER POINT FAMILY DENTISTRY, PLLC	c EIN-PN 27-4512893-002
a	Plan name CENTERPOINTE DENTAL GROUP, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTERPOINTE DENTAL GROUP, P.A.	c EIN-PN 41-1821880-001

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	CENTRAL ARIZONA SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL ARIZONA SUPPLY, INC.	c EIN-PN 86-0215440-002
a	Plan name	COMPASS HEALTH ADMINISTRATORS 401K PLAN	
b	Name of plan sponsor	COMPASS HEALTH ADMINISTRATORS	c EIN-PN 82-2891309-001
a	Plan name	CYPRESS POINTE SURGICAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	HAMMOND SURGICAL HOSPITAL, L.L.C. DBA CYPRESS POINT SURGICAL HOSPIT	c EIN-PN 27-2765802-777
a	Plan name	EMG, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	EMG, INC.	c EIN-PN 94-2903016-001
a	Plan name	ENCORE GLASS 401(K) PLAN	
b	Name of plan sponsor	ENCORE GLASS	c EIN-PN 45-4333619-001
a	Plan name	FISHMAN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROSS H. FISHMAN, D.M.D., M.S., P.A.	c EIN-PN 45-5429730-001
a	Plan name	GLOBALTEK COMPONENTS, LLC 401(K) PLAN	
b	Name of plan sponsor	GLOBALTEK COMPONENTS, LLC	c EIN-PN 11-3777016-001
a	Plan name	MWM ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor	MWM ARCHITECTS, INC.	c EIN-PN 75-1777368-001
a	Plan name	MXD PROCESS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MIXER DIRECT INC., DBA MXD PROCESS	c EIN-PN 27-1855081-001
a	Plan name	OASIS AIR AND SOLAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OASIS AIR AND SOLAR	c EIN-PN 95-2865840-001
a	Plan name	PRIORITY MORTGAGE CORP. 401(K) PLAN	
b	Name of plan sponsor	PRIORITY MORTGAGE CORP.	c EIN-PN 31-1088264-001
a	Plan name	PRO-SAFETY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRO-SAFETY, INC.	c EIN-PN 39-1570779-001

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 SOUTH BAY PLASTIC SURGEONS 401(K) PLAN	
b	Name of plan sponsor SOUTH BAY PLASTIC SURGEONS	c EIN-PN 47-1903749-001
a	Plan name SOUTH SHORE HEARING CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTH SHORE HEARING CENTER, LLC	c EIN-PN 47-4480052-001
a	Plan name SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN	
b	Name of plan sponsor SOUTH TEXAS COMMUNITY LIVING CORPORATION	c EIN-PN 76-0364678-001
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 TACO ALOHA, INC. 401(K) PLAN	
b	Name of plan sponsor TACO ALOHA, INC.	c EIN-PN 99-0171500-002
a	Plan name THE RICE PARTNERSHIP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE RICE PARTNERSHIP, LLC	c EIN-PN 81-0671115-001
a	Plan name THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name VITL PENSION PLAN	
b	Name of plan sponsor VERMONT INFORMATION TECHNOLOGY LEADERS	c EIN-PN 20-3131747-001
a	Plan name WORKFORCE SOLUTIONS BORDERPLEX 401(K) PLAN	
b	Name of plan sponsor WORKFORCE SOLUTIONS BORDERPLEX, INC.	c EIN-PN 74-2911834-001
a	Plan name BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor BENJAMIN DEL VENTO, P.A.	c EIN-PN 22-1943968-001
a	Plan name D & S MACHINE REPAIR, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor D & S MACHINE REPAIR, INC.	c EIN-PN 38-2339143-001
a	Plan name D WUERFEL INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor D WUERFEL INC.	c EIN-PN 20-2121078-001

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 D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor D.I.J. CONSTRUCTION, INC.	c EIN-PN 74-2291006-001
a	Plan name DOUGLAS TELECOMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLAS TELECOMMUNICATIONS, INC.	c EIN-PN 94-3215975-001
a	Plan name DOVER TANK AND PLATE CO. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE DOVER TANK & PLATE CO.	c EIN-PN 34-0188810-002
a	Plan name DOYLE & ASSOCIATES, PLLC 401(K) PLAN	
b	Name of plan sponsor DOYLE & ASSOCIATES, PLLC	c EIN-PN 20-1414332-001
a	Plan name ENVIRONMENTAL WATER ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor ENVIRONMENTAL WATER	c EIN-PN 34-1956432-001
a	Plan name FLOORGUARD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FLOORGUARD, INC.	c EIN-PN 36-4027503-001
a	Plan name GOGANIAN & ASSOCIATES, P.C. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GOGANIAN & ASSOCIATES, P.C.	c EIN-PN 47-4203482-001
a	Plan name GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor GOOD TIMES RESTAURANTS, INC.	c EIN-PN 84-1133368-001
a	Plan name ILAPAK, INC. EMPLOYEE PENSION PLAN	
b	Name of plan sponsor ILAPAK, INC.	c EIN-PN 13-3036089-001
a	Plan name JCFA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JCFA	c EIN-PN 27-1822983-001
a	Plan name JCL SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor JCL SERVICE COMPANY LLC	c EIN-PN 46-0577895-001
a	Plan name JEANS' EXTRUSIONS 401(K) PLAN	
b	Name of plan sponsor JEANS' EXTRUSIONS, INC.	c EIN-PN 35-1540242-001

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	LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LOMONT MOLDING, LLC	c EIN-PN 47-1306587-001
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	MED ONE MEDICAL GROUP EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	MED ONE FAMILY MEDICAL GROUP, INC.	c EIN-PN 33-0776463-001
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	ALLIANCE CASTINGS COMPANY, LLC 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ALLIANCE CASTINGS COMPANY, LLC	c EIN-PN 20-0254788-001
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	BROWBLEE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	BROWBLEE LUMBER COMPANY	c EIN-PN 25-1542521-001
a	Plan name	EAGLE FUNERAL SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EAGLE FUNERAL SERVICE	c EIN-PN 84-3598744-002
a	Plan name	FONTAINEBLEAU CLINIC AND URGENT CARE 401(K) PLAN	
b	Name of plan sponsor	GINA ESCHER CFNP LLC	c EIN-PN 47-2152331-001
a	Plan name	FOREMOST GRAPHICS GROUP 401(K) PLAN	
b	Name of plan sponsor	FOREMOST GRAPHICS, L.L.C.	c EIN-PN 38-3213304-001
a	Plan name	GREENS OPERATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	GREENS OPERATIONS, INC	c EIN-PN 47-3688571-001

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 GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
a	Plan name INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor INDEPENDENT CAPITAL MANAGEMENT LLC	c EIN-PN 26-3029556-001
a	Plan name PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.	c EIN-PN 54-1850850-001
a	Plan name PHCM 401(K) SAVINGS PLAN	
b	Name of plan sponsor PROVIDENCE HEALTHCARE MANAGEMENT, INC.	c EIN-PN 01-0919235-001
a	Plan name PHOENIX INTERNATIONAL PUBLICATIONS, INC. SAVINGS PLAN	
b	Name of plan sponsor PHOENIX INTERNATIONAL PUBLICATIONS, INC.	c EIN-PN 47-1100568-001
a	Plan name PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor PIENTA ENTERPRISES, INC.	c EIN-PN 38-2434419-001
a	Plan name SOUTHERN ICE DISTRIBUTORS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor SOUTHERN ICE EQUIPMENT DISTRIBUTORS, INC.	c EIN-PN 72-0997710-001
a	Plan name TENSILE TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor TENSILE TESTING, INC.	c EIN-PN 34-1029460-001
a	Plan name B & B TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor B & B TRUCKING, INC.	c EIN-PN 38-2003867-002
a	Plan name B & P FRUIT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor B & P FRUIT COMPANY	c EIN-PN 77-0313863-002
a	Plan name BULLINGTON ASSOCIATES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BULLINGTON ASSOCIATES, INC.	c EIN-PN 62-0880010-001
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

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 EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN	
b	Name of plan sponsor EASLEY HEAD & NECK SURGERY, P.A.	c EIN-PN 57-0752346-002
a	Plan name EASTERN RADIOLOGY ASSOCIATES PC 401(K) PLAN	
b	Name of plan sponsor EASTERN RADIOLOGY ASSOCIATES PC	c EIN-PN 81-0306627-001
a	Plan name GROOV-PIN CORPORATION EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor GROOV-PIN CORPORATION	c EIN-PN 22-0965690-001
a	Plan name GUIDE WEALTH PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor GUIDE WEALTH PARTNERS, INC.	c EIN-PN 42-1350912-001
a	Plan name LUANA GABRIELA BADEA 401(K) PLAN	
b	Name of plan sponsor LUANA GABRIELA BADEA	c EIN-PN 92-3209762-001
a	Plan name MILILANI PHYSICAL THERAPY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILILANI PHYSICAL THERAPY, LLC	c EIN-PN 91-6551087-001
a	Plan name OKMULGEE PEDIATRICS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor OKMULGEE PEDIATRICS	c EIN-PN 73-1473375-001
a	Plan name PIONEER PROVISIONS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor PIONEER PROVISIONS, LLC	c EIN-PN 20-1476406-001
a	Plan name SAGE PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor SAGE PARTNERS, LLC	c EIN-PN 46-3113665-001
a	Plan name SALIL TREHAN MD PA 401(K) PLAN	
b	Name of plan sponsor SALIL TREHAN MD PA	c EIN-PN 75-2894667-001
a	Plan name SPARKS COMMERCIAL TIRE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPARKS COMMERCIAL TIRE, INC.	c EIN-PN 34-1506914-001
a	Plan name SPAY 401(K) PLAN	
b	Name of plan sponsor SPAY, INC.	c EIN-PN 47-4011165-777

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 PIMCO INCOME RET OPT	B Three-digit plan number (PN) ▶ 671
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	43539183
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	44582032
(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	43539183	44582032
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	43539183	44582032

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)	2573923	
(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)	-422815	
(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		2151108

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)	159618	
(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)		159618
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		159618

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1991490
l Transfers of assets:			
(1) To this plan.....	2l(1)		8405954
(2) From this plan	2l(2)		9354595

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 _____.