

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: AMERICAN FUNDS 2020 TARGET DATE RETIREMENT RET OPT; 1b Three-digit plan number (PN): 689; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE (NEIL KOENCK, 08/22/2025).

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERICAN FUNDS 2020 TARGET DATE RETIREMENT RET OPT</u>	B Three-digit plan number (PN)	<u>689</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:		
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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 EATON DRILLING 401(K) PLAN	
b	Name of plan sponsor EATON DRILLING CO., INC.	c EIN-PN 94-1207118-001
a	Plan name EDMOND MUSIC, INC. 401(K) PLAN	
b	Name of plan sponsor EDMOND MUSIC, INC.	c EIN-PN 73-1499074-001
a	Plan name POLLART MILLER, LLC 401(K) PLAN	
b	Name of plan sponsor POLLART MILLER, LLC	c EIN-PN 20-0022305-001
a	Plan name THE BOYLAND GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor BOYLAND AUTO ORLANDO, LLC	c EIN-PN 05-0546979-777
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 THE CALIFORNIA CLUB 401(K) PLAN	
b	Name of plan sponsor THE CALIFORNIA CLUB	c EIN-PN 95-0593940-003
a	Plan name ENVISION INTERACTIVE GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ENVISION INTERACTIVE GROUP, LLC	c EIN-PN 03-0449364-001
a	Plan name PROFESSIONAL AUTOMOTIVE SERVICE LLC 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL AUTOMOTIVE SERVICE LLC	c EIN-PN 85-3817843-001
a	Plan name PROGRESS USA, INC. 401(K) PLAN	
b	Name of plan sponsor PROGRESS USA, INC.	c EIN-PN 01-0682657-001
a	Plan name PROGRESSIVE AIR SYSTEMS 401(K) PLAN	
b	Name of plan sponsor PROGRESSIVE AIR SYSTEMS, INC.	c EIN-PN 59-3124591-001
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 BETHANY LUTHERAN CHURCH RETIREMENT PLAN	
b	Name of plan sponsor BETHANY LUTHERAN CHURCH	c EIN-PN 84-0528677-001

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	KRC, INC. RETIREMENT PLAN	
b	Name of plan sponsor	KRC, INC.	c EIN-PN 38-2721514-001
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	THE WEBER RETIREMENT PLAN	
b	Name of plan sponsor	WEBER ENTERPRISES, INC.	c EIN-PN 93-0594771-001
a	Plan name	FAIRMONT MEMORIAL PARK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FAIRMONT MEMORIAL PARK, INC.	c EIN-PN 94-1620020-001
a	Plan name	FAMMA GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	FAMMA GROUP, INC.	c EIN-PN 45-5002659-001
a	Plan name	PS3 ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	PS3 ENTERPRISES, INC.	c EIN-PN 26-3852614-001
a	Plan name	PUNCTUAL ABSTRACT CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PUNCTUAL ABSTRACT CO. INC.	c EIN-PN 72-1228652-001
a	Plan name	BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHCOAST CYCLES, LLC DBA BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND	c EIN-PN 47-0911536-001
a	Plan name	LAUREL EYE CLINIC GROUP RETIREMENT PLAN AND TRUST AGREEMENT	
b	Name of plan sponsor	LAUREL EYE CLINIC GROUP	c EIN-PN 25-1375158-002
a	Plan name	LAUZEN ACCOUNTING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JOSEPH D. LAUZEN, INC. DBA LAUZEN ACCOUNTING	c EIN-PN 26-1157436-001
a	Plan name	LAW OFFICE OF KEVIN C. FERRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICE OF KEVIN C. FERRY	c EIN-PN 20-0718611-001
a	Plan name	LAW OFFICES OF DANIEL A. PARMELE, P.C. 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICES OF DANIEL A. PARMELE, P.C.	c EIN-PN 43-1926792-001

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	TITLMAX LLC 401(K) PLAN	
b	Name of plan sponsor	TITLMAXLLC	c EIN-PN 26-4661894-001
a	Plan name	REGULUS 401(K)	
b	Name of plan sponsor	REGULUS GROUP, LLC	c EIN-PN 33-1009928-002
a	Plan name	RETIREMENT LIVING MGMT LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	RETIREMENT LIVING MGMT., LLC	c EIN-PN 38-3470221-001
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	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
b	Name of plan sponsor	RAO MANUFACTURING COMPANY	c EIN-PN 41-0494610-002
a	Plan name	CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	CANTEX CONTINUING CARE NETWORK, LLC	c EIN-PN 26-1252206-222
a	Plan name	CAPITOL METRO FINANCIAL SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CAPITOL METRO FINANCIAL SERVICES, INC.	c EIN-PN 52-2069219-001
a	Plan name	MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MEDALLION MANAGEMENT, INC.	c EIN-PN 38-2033680-001
a	Plan name	CHATHAM HABITAT FOR HUMANITY 401(K) PLAN	
b	Name of plan sponsor	CHATHAM HABITAT FOR HUMANITY	c EIN-PN 56-1689599-001
a	Plan name	CHEROKEE 401(K) PLAN	
b	Name of plan sponsor	CHEROKEE MANUFACTURING, LLC	c EIN-PN 45-2735316-001
a	Plan name	CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a	Plan name	GUNGOLL, JACKSON, BOX & DEVOLL, P.C. 401(K) PLAN	
b	Name of plan sponsor	GUNGOLL, JACKSON, BOX & DEVOLL, P.C.	c EIN-PN 73-1278416-001

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 GVM LAW, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GVM LAW, LLP	c EIN-PN 47-3015704-001
a	Plan name H&S FIELD SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor H & S FIELD SERVICES INC.	c EIN-PN 20-3401221-001
a	Plan name H2R CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor H2R CORP	c EIN-PN 81-2654817-001
a	Plan name SANARA MEDTECH INC. 401(K) PLAN	
b	Name of plan sponsor SANARA MEDTECH INC.	c EIN-PN 59-2219994-001
a	Plan name WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001
a	Plan name SHANACHIE ENTERTAINMENT CORP. 401(K) PLAN	
b	Name of plan sponsor SHANACHIE ENTERTAINMENT CORP.	c EIN-PN 13-2986258-001
a	Plan name ACCU- LABS 401(K) PLAN	
b	Name of plan sponsor ACCU- LABS, INC.	c EIN-PN 36-4478006-001
a	Plan name ACCUTURN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ACCUTURN CORPORATION	c EIN-PN 95-2901000-001
a	Plan name CONTAINER STORAGE 401(K) PLAN	
b	Name of plan sponsor CONTAINER STORAGE COMPANY OF HAWAII, LTD	c EIN-PN 99-0223980-001
a	Plan name HEC SOFTWARE INC 401(K) PLAN	
b	Name of plan sponsor HEC SOFTWARE, INC. DBA READING HORIZONS	c EIN-PN 86-0495240-001
a	Plan name HERITAGE AUTO 401(K) PLAN	
b	Name of plan sponsor HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	c EIN-PN 87-0306275-001
a	Plan name HERITAGE FORD OF VERNAL 401K PLAN	
b	Name of plan sponsor HERITAGE FORD OF VERNAL	c EIN-PN 83-3589085-001

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 NATIONAL FIELD REPRESENTATIVES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NATIONAL FIELD REPRESENTATIVES, LLC	c EIN-PN 02-0451448-001
a	Plan name NATURESCAPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NATURESCAPE	c EIN-PN 03-0448406-001
a	Plan name YAMIBUY 401(K) PLAN	
b	Name of plan sponsor TRANSOCEAN RESOURCES MANAGEMENT INC.	c EIN-PN 46-1019646-001
a	Plan name YELLOW BRICK MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor YELLOW BRICK MANAGEMENT	c EIN-PN 45-3412408-001
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 HITCHCOCK SCRAP YARD, INC. 401(K) PLAN	
b	Name of plan sponsor HITCHCOCK SCRAP YARD, INC.	c EIN-PN 37-1156962-001
a	Plan name HOLIDAY POOLS OF WEST FLORIDA 401(K) PLAN	
b	Name of plan sponsor HOLIDAY POOLS OF WEST FLORIDA, INC.	c EIN-PN 65-0546905-001
a	Plan name COUNTRY MORNING FARMS, INC. 401(K) PLAN	
b	Name of plan sponsor COUNTRY MORNING FARMS, INC.	c EIN-PN 91-2036632-001
a	Plan name NEXT DOOR SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor NEXT DOOR FOUNDATION, INC.	c EIN-PN 39-1162969-002
a	Plan name ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor ALTAONE FEDERAL CREDIT UNION	c EIN-PN 95-1658623-222
a	Plan name AMBIO INC. 401(K) PLAN	
b	Name of plan sponsor AMBIO INC.	c EIN-PN 45-5506902-001
a	Plan name AMBIOPHARM, INC. 401(K) PLAN	
b	Name of plan sponsor AMBIOPHARM, INC.	c EIN-PN 22-3940281-001

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a	Plan name AMBROSE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor AMBROSE SERVICES, LLC	c EIN-PN 46-3081985-001
a	Plan name INNOVA TECHNOLOGIES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor INNOVA TECHNOLOGIES INC.	c EIN-PN 56-2323193-001
a	Plan name INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INSTRUMEDICAL TECHNOLOGIES, INC.	c EIN-PN 35-1515768-001
a	Plan name SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPRING GROVE CEMETERY	c EIN-PN 31-0235950-003
a	Plan name P & P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor P & P SEPTIC SERVICE, INC.	c EIN-PN 03-0269006-001
a	Plan name P & S CONSTRUCTION CO., INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor P. & S. CONSTRUCTION CO., INC.	c EIN-PN 57-0721109-001
a	Plan name ANCHORAGE CHRYSLER CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANCHORAGE CHRYSLER CENTER, INC.	c EIN-PN 92-0037629-001
a	Plan name ANDERSONS GROCERY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor ANDERSON'S GROCERY	c EIN-PN 91-1807280-001
a	Plan name DENVER HEALTH AND FITNESS 401(K) PLAN	
b	Name of plan sponsor JVP FIT ENTERPRISES, LLC DBA DENVER HEALTH AND FITNESS	c EIN-PN 26-1885010-001
a	Plan name INVESTING TOGETHER IN YOUR FUTURE PLAN	
b	Name of plan sponsor GREEN PEAK INDUSTRIES, LLC	c EIN-PN 81-4533921-001
a	Plan name IPA 401(K) PLAN	
b	Name of plan sponsor INTEGRITY PHARMACEUTICAL ADVISORS, LLC	c EIN-PN 45-3047652-001
a	Plan name PEACHTREE HILLS PLACE 401(K) PLAN	
b	Name of plan sponsor PT HILLS PLACE CLUB, LLC	c EIN-PN 81-2011747-001

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 PEARSON LIVESTOCK EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor PEARSON LIVESTOCK EQUIPMENT, LLC	c EIN-PN 47-0533140-001
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 JENKINS PLUMBING 401(K) PLAN	
b	Name of plan sponsor JENKINS PLUMBING COMPANY, LLC	c EIN-PN 58-2531468-001
a	Plan name TANIS CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor TANIS CONCRETE, INC.	c EIN-PN 22-1567712-001
a	Plan name TARGET ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TARGET ENTERPRISES, INC.	c EIN-PN 06-1158272-001
a	Plan name REPI LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REPI, LLC	c EIN-PN 54-2101581-001
a	Plan name TYNAN EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor YALE INDUSTRIAL TRUCKS - TYNAN, INC.	c EIN-PN 35-1147878-001
a	Plan name U.S. PERMA, INC. RETIREMENT PLAN	
b	Name of plan sponsor U.S. PERMA, INC. DBA CALIFORNIA TILE INSTALLERS	c EIN-PN 94-2910930-001
a	Plan name UNI-GRIP, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor UNI-GRIP, INC.	c EIN-PN 34-1108705-001
a	Plan name CABLE MAN, INC. 401(K) PLAN	
b	Name of plan sponsor CABLE MAN, INC.	c EIN-PN 64-0576514-001
a	Plan name MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MADDEN ELEVATOR COMPANY	c EIN-PN 27-4404800-001
a	Plan name MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
b	Name of plan sponsor MAJESTIC INDUSTRY HILLS, LLC	c EIN-PN 95-4795537-001

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	RIOUX EYE CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RIOUX EYE CENTER, INC.	c EIN-PN 87-4253844-001
a	Plan name	GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GERRITY'S SUPERMARKET, INC.	c EIN-PN 23-2150407-777
a	Plan name	MARTIN'S METAL FABRICATION & WELDING, INC.	
b	Name of plan sponsor	MARTIN'S METAL FABRICATION & WELDING, INC.	c EIN-PN 68-0157908-001
a	Plan name	UST SERVICES 401(K)	
b	Name of plan sponsor	UST SERVICE CORPORATION	c EIN-PN 52-2237114-001
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	VALLEY CENTRAL VETERINARY REFERRAL AND EMERGENCY CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. CARLOS HODGES DVM PC DBA VALLEY CENTRAL VETERINARY REFERRAL AND	c EIN-PN 23-2874136-001
a	Plan name	WASATCH DISTRIBUTING COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	WASATCH DISTRIBUTING COMPANY, INC.	c EIN-PN 87-0206345-001
a	Plan name	RUSSELL PETROLEUM 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RUSSELL PETROLEUM CORP.	c EIN-PN 27-1487169-002
a	Plan name	CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILDREN'S RECEIVING HOME OF SACRAMENTO	c EIN-PN 94-1322166-001
a	Plan name	MERROW MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	MERROW MANUFACTURING, LLC.	c EIN-PN 82-1734889-001
a	Plan name	SBAC ANIMAL CLINIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SBAC ANIMAL CLINIC, INC	c EIN-PN 33-4162060-001
a	Plan name	WILDCAT OIL TOOLS 401(K) PLAN	
b	Name of plan sponsor	WILDCAT OIL TOOLS, LLC	c EIN-PN 45-4421709-001

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 HABITAT FOR HUMANITY INLAND VALLEY, INC. 401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor HABITAT FOR HUMANITY INLAND VALLEY, INC.	c EIN-PN 33-0461804-001
a	Plan name MITCHELL GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor MITCHELL GRAPHICS, INC.	c EIN-PN 38-2084428-001
a	Plan name MMB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MANAGEMENT SERVICES, INC.	c EIN-PN 73-1443852-001
a	Plan name MOBILE IMAGES ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor MOBILE IMAGES ACQUISITION, LLC	c EIN-PN 62-1868089-001
a	Plan name MODERN DISPLAY SERVICES, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MODERN DISPLAY SERVICES, INC.	c EIN-PN 87-0265937-001
a	Plan name HI-LITES GRAPHICS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HI-LITES GRAPHICS, INC.	c EIN-PN 38-2371667-001
a	Plan name CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor CONTROLS & WEIGHING SYSTEMS, INC.	c EIN-PN 59-1588191-001
a	Plan name ACE-AFSCME LOCAL 2250 NON-UNION 401(K) PLAN	
b	Name of plan sponsor ACE AFSCME LOCAL 2250 - NON-UNION	c EIN-PN 52-0887253-002
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 ACT LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor ACT LABORATORIES, INC.	c EIN-PN 30-0857299-001
a	Plan name NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
b	Name of plan sponsor NEOPART TRANSIT, LLC	c EIN-PN 36-4830017-001
a	Plan name SHIRLEY'S COOKIE CO., INC. 401(K) PLAN	
b	Name of plan sponsor SHIRLEY'S COOKIES CO., INC.	c EIN-PN 25-1892923-001

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 Z2 MARKETING, LTD 401(K) PLAN	
b	Name of plan sponsor Z2 MARKETING, LTD	c EIN-PN 20-0581373-001
a	Plan name NOMAD GLOBAL COMMUNICATION SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor NOMAD GLOBAL COMMUNICATION SOLUTIONS	c EIN-PN 35-2182794-777
a	Plan name HOLOWICKI ENTERPRISES PROFIT SHARING PLAN	
b	Name of plan sponsor HOLOWICKI ENTERPRISES DBA MCDONALD'S	c EIN-PN 31-1177272-001
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 AERO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AERO CHARTER, INC.	c EIN-PN 43-1133102-002
a	Plan name SK MANAGEMENT, INC 401(K) PLAN	
b	Name of plan sponsor SK MANAGEMENT, INC	c EIN-PN 02-0456712-001
a	Plan name SKILLINGS & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor SKILLINGS & SONS, INC.	c EIN-PN 04-2491037-001
a	Plan name OOMA, INC. 401(K) PLAN	
b	Name of plan sponsor OOMA, INC.	c EIN-PN 06-1713274-001
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 DEJNO'S, INC. 401(K) PLAN	
b	Name of plan sponsor DEJNO'S, INC.	c EIN-PN 39-1335924-001
a	Plan name INTEGRATED LABORATORY PROVIDERS 401(K) PLAN	
b	Name of plan sponsor INTEGRATED LABORATORY PROVIDERS	c EIN-PN 82-1971376-001
a	Plan name INTEGRIS SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor INTEGRIS SOLUTIONS LLC	c EIN-PN 47-1620164-001

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	STAFFING PLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STAFFING PLUS, INC.	c EIN-PN 36-4330850-222
a	Plan name	ANIMAL CLINIC OF HOLLAND 401(K) PLAN	
b	Name of plan sponsor	ANIMAL CLINIC OF HOLLAND, PLLC	c EIN-PN 38-2300558-001
a	Plan name	APARTMENT HOUSE BUILDERS, INC. 401K PLAN	
b	Name of plan sponsor	APARTMENT HOUSE BUILDERS, INC.	c EIN-PN 71-0649991-001
a	Plan name	IYBA 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL YACHT BROKERS ASSOCIATION	c EIN-PN 65-0015349-001
a	Plan name	STREB CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	STREB CONSTRUCTION CO., INC.	c EIN-PN 42-0892646-001
a	Plan name	STUBBS ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	STUBBS ENGINEERING, INC.	c EIN-PN 83-4533132-001
a	Plan name	STURINO FUNERAL HOME 401(K) SAVINGS PLAN	
b	Name of plan sponsor	STURINO FUNERAL HOME	c EIN-PN 39-1251515-001
a	Plan name	PEOPLE RESULTS RETIREMENT PLAN	
b	Name of plan sponsor	IRI CONSULTANTS, INC.	c EIN-PN 38-2349424-001
a	Plan name	PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	PERKINS MOTOR PLEX LLC	c EIN-PN 26-4307208-001
a	Plan name	DUOTECH SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	DUOTECH SERVICES LLC	c EIN-PN 59-2658665-001
a	Plan name	TCB 401(K) PLAN	
b	Name of plan sponsor	TYLER CORRUGATED BOX, INC.	c EIN-PN 75-1707434-001
a	Plan name	TDK CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	TDK CONSTRUCTION CO., INC.	c EIN-PN 61-1025614-001

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	PORTO'S BAKERY, INC. 401(K) PLAN	
b	Name of plan sponsor	PORTO'S BAKERY, INC.	c EIN-PN 95-4610775-777
a	Plan name	BASS RIVER, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BASS RIVER, INC.	c EIN-PN 04-2512466-001
a	Plan name	BASSETT MIRROR COMPANY, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	BASSETT MIRROR COMPANY, INC.	c EIN-PN 54-0478011-002
a	Plan name	EHS SUPPORT SERVICES 401(K) PLAN	
b	Name of plan sponsor	EHS SUPPORT SERVICES, LLC	c EIN-PN 20-0915717-001
a	Plan name	EICHELBERGER FARMS, INC. 401(K) PLAN	
b	Name of plan sponsor	EICHELBERGER FARMS, INC.	c EIN-PN 39-1870144-001
a	Plan name	KDJ SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor	KDJ SALES & SERVICE, INC.	c EIN-PN 37-1131827-001
a	Plan name	KEITH'S APPLIANCES 401(K) PLAN	
b	Name of plan sponsor	KEITH'S APPLIANCES	c EIN-PN 06-0973305-001
a	Plan name	THE CENTRAL INDUSTRIAL SUPPLY 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	CENTRAL INDUSTRIAL SUPPLY, INC.	c EIN-PN 63-0711103-001
a	Plan name	THE DELTA PATHOLOGY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	THE DELTA PATHOLOGY GROUP, LLC	c EIN-PN 72-0933293-001
a	Plan name	EVESHAM MORTGAGE 401(K) PLAN	
b	Name of plan sponsor	EVESHAM MORTGAGE, LLC	c EIN-PN 26-1234319-001
a	Plan name	LAKE FOREST COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	LAKE FOREST COUNTRY CLUB, INC.	c EIN-PN 20-0283427-001
a	Plan name	LAKE MANAGEMENT SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	LAKE MANAGEMENT SERVICES, LP	c EIN-PN 20-5300112-001

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	THOMPSON VETERINARY CLINIC 401(K) PLAN	
b	Name of plan sponsor	THOMPSON VETERINARY CLINIC	c EIN-PN 38-3184834-001
a	Plan name	QRM 401(K) PLAN	
b	Name of plan sponsor	QUALITY REHAB MANAGEMENT, LLC DBA QRM	c EIN-PN 83-1973171-001
a	Plan name	BONNET SPRINGS PARK, INC. 401(K) PLAN	
b	Name of plan sponsor	BONNET SPRINGS PARK, INC.	c EIN-PN 81-1106879-001
a	Plan name	BOYD & COMPANY LOGISTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOYD AND COMPANY LOGISTICS, LLC	c EIN-PN 46-3400509-001
a	Plan name	BOYS & GIRLS CLUB OF GREATER NEW HAVEN 401(K) PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUBS OF GREATER NEW HAVEN	c EIN-PN 06-0646935-002
a	Plan name	FEDERAL DEFENDERS OF MONTANA, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	FEDERAL DEFENDERS OF MONTANA, INC.	c EIN-PN 81-0479512-001
a	Plan name	LAW OFFICES OF VANCE A. FUNK PA 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICES OF VANCE A. FUNK PA	c EIN-PN 03-0380002-001
a	Plan name	MANHATTAN MECHANICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	MANHATTAN MECHANICAL SERVICES, INC.	c EIN-PN 27-3969132-001
a	Plan name	MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MARC DUTTON IRRIGATION, INC.	c EIN-PN 38-2152186-001
a	Plan name	METHODIST HOMES FOR THE AGING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METHODIST HOMES FOR THE AGING	c EIN-PN 63-0376518-001
a	Plan name	MEYERING INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	MEYERING INSURANCE AGENCY	c EIN-PN 38-2217296-001
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

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 NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.	c EIN-PN 58-1633173-777
a	Plan name ORION PROTECTIVE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor ORION PROTECTIVE SERVICES, INC.	c EIN-PN 27-2623687-001
a	Plan name PARAMOUNT REHABILITATION SERVICES 401(K) PLAN	
b	Name of plan sponsor PARAMOUNT REHABILITATION SERVICES	c EIN-PN 38-3378702-001
a	Plan name PARANET CORPORATION SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PARANET CORPORATION SERVICES, INC.	c EIN-PN 58-2032457-001
a	Plan name PERSPECTIVE PV 401(K) PLAN	
b	Name of plan sponsor PERSPECTIVE PV	c EIN-PN 81-5230196-002
a	Plan name PETERS AGENCY CARE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor PETERS AGENCY CARE MANAGEMENT, LLC	c EIN-PN 83-0446469-001
a	Plan name PETITBON ALARM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor PETITBON ALARM COMPANY, INC.	c EIN-PN 52-1908898-001
a	Plan name PROTECTIVE PACKAGING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor FOAM FABRICATORS ACQUISITION, LLC	c EIN-PN 84-0814184-001
a	Plan name PROTIRO, INC. 401(K) PLAN	
b	Name of plan sponsor PROTIRO, INC.	c EIN-PN 84-1441825-001
a	Plan name QUALITY ENVIRONMENTAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor QUALITY ENVIRONMENTAL SERVICES	c EIN-PN 31-1372155-001
a	Plan name RESOLVION 401(K) PLAN	
b	Name of plan sponsor RESOLVION, GP	c EIN-PN 47-5254939-001
a	Plan name RIVCRETE READY MIX LLC 401(K) PLAN	
b	Name of plan sponsor RIVCRETE READY MIX LLC	c EIN-PN 81-3593378-001

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 RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIZZETTA & COMPANY, INC.	c EIN-PN 59-3075187-001
a	Plan name S&S PACKAGING PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor S&S PACKAGING PRODUCTS, INC.	c EIN-PN 23-2940069-001
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 SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE SCIENTIFIC CONSULTING GROUP, INC.	c EIN-PN 52-1719423-001
a	Plan name SCOGGIN DICKEY CHEVROLET 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SCOGGIN DICKEY CHEVROLET BUICK, INC.	c EIN-PN 75-0744374-001
a	Plan name SILVER BIRCH LIVING 401(K) SAVINGS PLAN	
b	Name of plan sponsor SILVER BIRCH SERVICES, LLC	c EIN-PN 82-3479583-001
a	Plan name SKYLINE ROOFING & SHEET METAL CO., INC. 401(K) PLAN	
b	Name of plan sponsor SKYLINE ROOFING & SHEET METAL CO., INC.	c EIN-PN 35-1897566-001
a	Plan name SULLIVAN PERIODONTICS 401(K) PLAN	
b	Name of plan sponsor MARY LINDA SULLIVAN, DMD, PC	c EIN-PN 63-1228900-001
a	Plan name SUMMIT SITEWORKS LLC, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUMMIT SITEWORKS LLC	c EIN-PN 47-0967899-001
a	Plan name SUN COAST PAIN MANAGEMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SUN COAST PAIN MANAGEMENT, P.A.	c EIN-PN 64-0888705-001
a	Plan name TELCO COMMUNICATIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor TCI INTERNATIONAL, INC.	c EIN-PN 05-0380899-001
a	Plan name THE FARMERS BANK, NICHOLASVILLE EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor THE FARMERS BANK	c EIN-PN 61-0188940-001

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	THREE RIVERS CHRYSLER JEEP DODGE, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THREE RIVERS CHRYSLER JEEP DODGE	c EIN-PN 84-1670451-001
a	Plan name	TIGER SANITATION, LLC 401(K) PLAN	
b	Name of plan sponsor	TIGER SANITATION, LLC	c EIN-PN 71-0885851-001
a	Plan name	TIMMEL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	TIMMEL ASSOCIATES LLC	c EIN-PN 27-1928755-001
a	Plan name	UNIQUE FABRICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNIQUE FABRICATIONS	c EIN-PN 26-1649705-001
a	Plan name	VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
b	Name of plan sponsor	VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-1917556-001
a	Plan name	VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VANS DELIVERY SERVICE, INC.	c EIN-PN 38-2487912-001
a	Plan name	WAYNE PREPARATORY ACADEMY 401(K) PLAN	
b	Name of plan sponsor	WAYNE PREPARATORY ACADEMY, LP	c EIN-PN 30-0826240-001
a	Plan name	WINCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BMS HOLDINGS, INC.	c EIN-PN 43-0634395-003
a	Plan name	ADELMAN MAINTENANCE CORP. OF MILWAUKEE PROFIT-SHARING PLAN	
b	Name of plan sponsor	ADELMAN MAINTENANCE CORP. OF MILWAUKEE	c EIN-PN 39-1471511-001
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	API RETIREMENT PLAN	
b	Name of plan sponsor	ARCHITECTURAL PRECAST INNOVATIONS, INC.	c EIN-PN 47-3898467-001
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

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 APOSTOLIC CHRISTIAN HOME CARE EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor APOSTOLIC CHRISTIAN HOME	c EIN-PN 37-1366082-002
a	Plan name APPLE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor APPLE ELECTRICAL CONTRACTORS, INC.	c EIN-PN 75-2529492-001
a	Plan name AUTOMOTIVE TRANSPORT UNION PLAN	
b	Name of plan sponsor VALIANT MANAGEMENT, LLC UNION PLAN	c EIN-PN 20-4853723-001
a	Plan name BAYSIDE AUTO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BAYSIDE AUTO GROUP	c EIN-PN 52-1664217-001
a	Plan name BAYSIDE DREDGING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAYSIDE DREDGING LLC	c EIN-PN 88-2719169-001
a	Plan name BLAIR RETIREMENT PLAN	
b	Name of plan sponsor BLAIR ELECTRA SOUTHWEST, LLC	c EIN-PN 87-1439781-001
a	Plan name BOYS & GIRLS CLUB OF HAWTHORNE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BOYS & GIRLS CLUB OF HAWTHORNE	c EIN-PN 23-7112349-001
a	Plan name BRANDMINDED, LLC 401(K) PLAN	
b	Name of plan sponsor BRANDMINDED, LLC	c EIN-PN 80-2122970-001
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 CHUZE FITNESS 401(K) PLAN	
b	Name of plan sponsor RACHAS, INC. DBA CHUZE FITNESS	c EIN-PN 26-2396678-001
a	Plan name COLONIAL GENERAL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor COLONIAL GENERAL INSURANCE AGENCY, INC.	c EIN-PN 31-1125848-001
a	Plan name COLUMBIA MARKING TOOLS, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor COLUMBIA MARKING TOOLS, INC.	c EIN-PN 38-1659935-001

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 DIEFFENBACH'S POTATO CHIPS 401(K) PLAN	
b	Name of plan sponsor DIEFFENBACH'S POTATO CHIPS, INC.	c EIN-PN 23-3044270-001
a	Plan name DIGITAL TOOL & DIE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIGITAL TOOL & DIE, INC.	c EIN-PN 38-2852638-001
a	Plan name DVDC 401(K) PLAN	
b	Name of plan sponsor DELAWARE VALLEY DEVELOPMENT COMPANY, LLC	c EIN-PN 52-2198963-001
a	Plan name EL MANDADO 401(K) PLAN	
b	Name of plan sponsor EL MANDADO LATIN INTERNATIONAL PRODUCTS, INC.	c EIN-PN 56-2067801-001
a	Plan name ELECTRICAL WORKS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRICAL WORKS, LLC	c EIN-PN 59-3666692-001
a	Plan name ELECTRONIC DESIGN TO MARKET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRONIC DESIGN TO MARKET, INC.	c EIN-PN 34-1752024-001
a	Plan name EXECUTIVE PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EXECUTIVE PROPERTY MANAGEMENT	c EIN-PN 22-2398215-001
a	Plan name EXPOTEL HOSPITALITY SERVICES 401K PLAN	
b	Name of plan sponsor EXPOTEL HOSPITALITY SERVICES, INC.	c EIN-PN 72-1456101-001
a	Plan name FG HOLDINGS COMPANY, LLC RETIREMENT PLAN	
b	Name of plan sponsor FG HOLDINGS, LLC	c EIN-PN 87-4171809-001
a	Plan name GATEWAY TO PREVENTION AND RECOVERY, INC. 401(K) PLAN	
b	Name of plan sponsor GATEWAY TO PREVENTION AND RECOVERY, INC.	c EIN-PN 73-1215510-001
a	Plan name GATTON & ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor GATTON & ASSOCIATES, P.C.	c EIN-PN 85-0471754-001
a	Plan name GILLIE HYDE FORD LINCOLN, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GILLIE HYDE FORD LINCOLN, INC.	c EIN-PN 61-0700786-002

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 GILSTER-MARY LEE CORPORATION EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor GILSTER-MARY LEE	c EIN-PN 37-0951425-002
a	Plan name GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
b	Name of plan sponsor GREAT SOUTHERN CAPITAL CORPORATION	c EIN-PN 64-0604860-010
a	Plan name HANCOCK FEDERAL CREDIT UNION EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HANCOCK FEDERAL CREDIT UNION	c EIN-PN 34-4430151-002
a	Plan name HIGHROAD HUMAN SERVICES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor HIGHROAD HUMAN SERVICES, INC.	c EIN-PN 82-0524519-001
a	Plan name HIGHWAY INN, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HIGHWAY INN, INC.	c EIN-PN 99-0249967-222
a	Plan name HIGROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE HAWAII GROUP, INC.	c EIN-PN 27-3129236-001
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 J. L. RAYMAAKERS & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor J.L. RAYMAAKERS & SONS, INC.	c EIN-PN 26-1632270-001
a	Plan name JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JACK MILLIKIN INC.	c EIN-PN 38-1852235-002
a	Plan name JOHN P. FRANGIE, M.D., P.C. RETIREMENT PLAN	
b	Name of plan sponsor JOHN P. FRANGIE, M.D., P.C.	c EIN-PN 46-0538578-001
a	Plan name LAND LIFE COMPANY USA, PBC RETIREMENT PLAN	
b	Name of plan sponsor LAND LIFE COMPANY USA, PBC	c EIN-PN 83-1925466-001

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	LANSING ICE AND FUEL COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	LANSING ICE AND FUEL	c EIN-PN 38-0745480-001
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	A&N ASPHALT 401(K) PROFIT SHARING PLAN + TRUST	
b	Name of plan sponsor	A&N ASPHALT INC.	c EIN-PN 38-3217709-001
a	Plan name	A-1 SECURITY BARS, INC. 401(K) PLAN	
b	Name of plan sponsor	A-1 SECURITY BARS, INC.	c EIN-PN 52-2284626-001
a	Plan name	A.K.O. INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	A.K.O. INC.	c EIN-PN 06-0249990-001
a	Plan name	AIR COMPRESSOR SOLUTIONS, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	AIR COMPRESSOR SOLUTIONS, INC.	c EIN-PN 27-0017675-001
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	AISTHETIKOS, INC. 401(K) PLAN	
b	Name of plan sponsor	AISTHETIKOS, INC.	c EIN-PN 26-4099842-001
a	Plan name	ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHITECTURE, INC.	c EIN-PN 54-1371604-001
a	Plan name	COMMERCE DISTRIBUTION CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	COMMERCE DISTRIBUTION CENTER, INC.	c EIN-PN 38-2684078-001
a	Plan name	COMMERCIAL DOOR AND HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL DOOR AND HARDWARE, INC.	c EIN-PN 61-1169293-001
a	Plan name	COMMERCIAL SEWING, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	COMMERCIAL SEWING, INC.	c EIN-PN 06-0863890-001

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	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	CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
b	Name of plan sponsor	MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	c EIN-PN 48-0666889-001
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	DMA HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	DMA HOLDINGS, INC.	c EIN-PN 26-1547833-001
a	Plan name	ELMBROOK FAMILY DENTAL PARTNERS, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELMBROOK FAMILY DENTAL PARTNERS, S.C.	c EIN-PN 27-0556470-001
a	Plan name	GLOBAL K9 PROTECTION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GLOBAL K9 PROTECTION GROUP LLC	c EIN-PN 82-4550904-001
a	Plan name	GLOBAL WIDGET, LLC 401(K) PLAN	
b	Name of plan sponsor	GLOBAL WIDGET, LLC	c EIN-PN 81-2430361-001
a	Plan name	HARMSSEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARMSSEN CONSTRUCTION, INC.	c EIN-PN 38-2720081-001
a	Plan name	HARTSHORNE HEALTH SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HARTSHORNE HEALTH SERVICES, LLC	c EIN-PN 20-1718450-001
a	Plan name	KINA'OLE FAMILY OF COMPANIES 401(K) PLAN	
b	Name of plan sponsor	KINA'OLE FAMILY OF COMPANIES	c EIN-PN 27-0287605-001
a	Plan name	LEO TECH, LLC RETIREMENT PLAN	
b	Name of plan sponsor	LEO TECH,LLC	c EIN-PN 47-4538892-001
a	Plan name	MAYFAIR PLASTICS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MAYFAIR PLASTICS, INC.	c EIN-PN 38-2704694-001

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 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 MAYOR'S YOUTH EMPOWERMENT PROGRAM 401(K) PLAN	
b	Name of plan sponsor MAYOR'S YOUTH EMPOWERMENT PROGRAM	c EIN-PN 42-1444335-001
a	Plan name MAYVILLE STATE BANK PROFIT SHARING AND RETIREMENT TRUST PLAN	
b	Name of plan sponsor MAYVILLE STATE BANK	c EIN-PN 38-0803180-001
a	Plan name MOUNTAIN HEART CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor MOUNTAIN HEART CENTER PSC	c EIN-PN 31-1556537-001
a	Plan name NORTHGATE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHGATE	c EIN-PN 38-2503040-001
a	Plan name NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
b	Name of plan sponsor NORTHWEST CHRISTIAN SCHOOL	c EIN-PN 86-0445016-001
a	Plan name NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHWEST EYE CENTER S.C.	c EIN-PN 36-3145951-002
a	Plan name NORTHWEST GLASS, INC. 401(K) PLAN	
b	Name of plan sponsor NORTHWEST GLASS, INC.	c EIN-PN 81-0447938-001
a	Plan name PARIS MOUNTAIN HOSPITALITY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PARIS MOUNTAIN HOSPITALITY, LLC	c EIN-PN 47-1819250-001
a	Plan name PARK SPRINGS 401(K) PLAN	
b	Name of plan sponsor PARK SPRINGS, LLC	c EIN-PN 58-2452928-001
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 THREADED PRODUCTS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON AEROSPACE, LLC	c EIN-PN 46-5032055-001

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	R.C. FINE FOODS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	R.C. FINE FOODS, INC.	c EIN-PN 22-2136686-002
a	Plan name	SEANNA WOODWORKS, INC. 401(K) PLAN	
b	Name of plan sponsor	SEANNA WOODWORKS, INC.	c EIN-PN 20-0304071-001
a	Plan name	SECON 401(K) PLAN	
b	Name of plan sponsor	SPECIFIED ELECTRICAL CONTRACTORS, INC.	c EIN-PN 86-0839690-002
a	Plan name	SUNRISE NATURAL FOODS 401K PLAN	
b	Name of plan sponsor	VITA SUN!	c EIN-PN 94-2906033-001
a	Plan name	SUPER SHOX 401(K) PLAN	
b	Name of plan sponsor	SUPER SHOX	c EIN-PN 36-4257602-001
a	Plan name	SUPERIOR DENTAL LABORATORY INC. 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR DENTAL LABORATORY INC.	c EIN-PN 88-0238763-002
a	Plan name	THE IMMIGRATION LAW OFFICE OF DAVID N. SIMMONS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE IMMIGRATION LAW OFFICE OF DAVID N. SIMMONS, LLC	c EIN-PN 84-1484411-001
a	Plan name	TQM NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	TQM NORTH AMERICA, INC.	c EIN-PN 35-2615062-001
a	Plan name	VELOCITY COMMERCIAL CAPITAL 401(K) PLAN	
b	Name of plan sponsor	VELOCITY COMMERCIAL CAPITAL, LLC	c EIN-PN 20-1193192-001
a	Plan name	VENTURE 401(K) PLAN	
b	Name of plan sponsor	VM SERVICES, INC.	c EIN-PN 77-0459829-222
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	ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ICONERGY LTD	c EIN-PN 27-2414344-001

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 IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor IDAHO ASPHALT SUPPLY, INC.	c EIN-PN 82-0325664-001
a	Plan name JAMES L. GRAVES CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor JAMES L. GRAVES CONSTRUCTION	c EIN-PN 26-4072884-001
a	Plan name KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a	Plan name LISA M. SIMONE, ATTORNEY AT LAW, A PROFESSIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor LISA M. SIMONE ATTORNEY AT LAW, A PROFESSIONAL CORPORATION	c EIN-PN 87-4041442-001
a	Plan name MCCOURT EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor MCCOURT EQUIPMENT, INC.	c EIN-PN 74-2913583-001
a	Plan name MTS/SFH 401(K) P/S PLAN	
b	Name of plan sponsor MULTIPLICITY THERAPEUTIC SERVICES, INC.	c EIN-PN 51-0619590-001
a	Plan name R.W. MEAD & SONS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor R.W. MEAD & SONS, INC.	c EIN-PN 38-3388367-001
a	Plan name RABB WATER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor RABB WATER SYSTEMS, INC.	c EIN-PN 35-1750694-001
a	Plan name RAJIPO HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor RAJIPO HOLDINGS, INC.	c EIN-PN 87-4010536-001
a	Plan name ROCAP LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCAP LAW FIRM, LLC	c EIN-PN 47-4618365-001
a	Plan name SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY 401(K) PLAN	
b	Name of plan sponsor SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY	c EIN-PN 23-1659451-002
a	Plan name SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN	
b	Name of plan sponsor SEQUEL CONTRACTORS, INC.	c EIN-PN 95-4301424-002

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 SYMONS ADVANCED VALUED EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor SYMONS FIRE PROTECTION, INC.	c EIN-PN 03-0378557-001
a	Plan name TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor TRANSITIONAL LIVING CENTERS, INC.	c EIN-PN 34-1752737-001
a	Plan name TRANSYSTEMS RETIREMENT PLAN	
b	Name of plan sponsor TRANSPORT LEASING COMPANY, LLP DBA TRANSYSTEMS SERVICES	c EIN-PN 81-0359563-001
a	Plan name TRAVERTINE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRAVERTINE, INC.	c EIN-PN 73-1616445-001
a	Plan name WM. TRENT GILLESPIE, DMD, MPH, LLC 401(K) PLAN	
b	Name of plan sponsor WM. TRENT GILLESPIE, DMD, MPH, LLC	c EIN-PN 20-4863407-001
a	Plan name A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A.W. OAKES & SON, INC.	c EIN-PN 39-0967026-003
a	Plan name AL TERRY PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AL TERRY PLUMBING & HEATING, INC.	c EIN-PN 02-0344810-002
a	Plan name ALABAMA COLON & RECTAL INSTITUTE, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALABAMA COLON & RECTAL INSTITUTE, PC	c EIN-PN 63-0795136-001
a	Plan name ALBERTY GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALBERTY GROUP, LLC	c EIN-PN 83-4525061-001
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 CELINA ANIMAL HOSPITAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CELINA ANIMAL HOSPITAL, INC.	c EIN-PN 34-1339371-001
a	Plan name CENTRA SOTA COOPERATIVE 401(K) PLAN	
b	Name of plan sponsor CENTRA SOTA COOPERATIVE	c EIN-PN 41-0488480-001

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	COMMUNITY WHOLESale TIRE 401(K) PLAN
b	Name of plan sponsor	COMMUNITY WHOLESale TIRE DISTRIBUTING, INC.
c	EIN-PN	43-0799202-001
a	Plan name	COMPASS COMMERCIAL CONSTRUCTION GROUP 401(K) PLAN
b	Name of plan sponsor	COMPASS COMMERCIAL CONSTRUCTION GROUP
c	EIN-PN	27-3042323-777
a	Plan name	COMPASS STUDIO 401(K) PLAN
b	Name of plan sponsor	JP COMPASS CONSULTING AND CONSTRUCTION, INC. DBA COMPASS STUDIO
c	EIN-PN	20-5387398-001
a	Plan name	DOORWAY HOME LOANS 401(K) PLAN
b	Name of plan sponsor	INTERNATIONAL CITY MORTGAGE, INC.
c	EIN-PN	33-0231744-001
a	Plan name	DORIGNAC'S FOOD CENTER, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DORIGNAC'S FOOD CENTER, LLC
c	EIN-PN	72-0575457-001
a	Plan name	FIRST ILLINOIS BANCORP., INC. PROFIT SHARING 401(K) PLAN AND TRUST
b	Name of plan sponsor	FIRST ILLINOIS BANCORP., INC.
c	EIN-PN	37-1057402-001
a	Plan name	GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.
c	EIN-PN	57-1093357-001
a	Plan name	GMS MINE REPAIR & MAINTENANCE, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GMS MINE REPAIR & MAINTENANCE, INC.
c	EIN-PN	52-1908118-001
a	Plan name	N.E.P., INC. DBA STONE AGENCY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	N.E.P., INC. DBA STONE AGENCY
c	EIN-PN	06-1446107-001
a	Plan name	NUTRITION WELLNESS CENTER, LLC 401(K) PLAN
b	Name of plan sponsor	NUTRITION WELLNESS CENTER, LLC
c	EIN-PN	20-4979886-001
a	Plan name	NWGE 401(K) PLAN
b	Name of plan sponsor	NORTHWEST GENERAL ENGINEERING
c	EIN-PN	68-0454297-001
a	Plan name	O'CONNELL LANDSCAPE MAINTENANCE 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	O'CONNELL LANDSCAPE MAINTENANCE INC.
c	EIN-PN	95-3141443-002

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	RANGER DIE, INC. 401(K) PLAN	
b Name of plan sponsor	RANGER DIE, INC.	c EIN-PN 38-1858884-001
a Plan name	RAPID TRUCK LINES, INC. 401(K) PLAN & TRUST	
b Name of plan sponsor	RAPID TRUCK LINES, INC.	c EIN-PN 90-0658441-001
a Plan name	ROGERS WINDOWS 401(K) PLAN	
b Name of plan sponsor	ROGERS WINDOWS, INC.	c EIN-PN 61-0565897-001
a Plan name	ROME ENTERPRISES 401(K) PLAN	
b Name of plan sponsor	ROME ENTERPRISES, INC. D/B/A/ ROME BATH REMODELING	c EIN-PN 23-2651135-001
a Plan name	SERVICE TRANSPORT GROUP, INC. 401(K) PSP	
b Name of plan sponsor	SERVICE TRANSPORT GROUP, INC.	c EIN-PN 23-2981850-001
a Plan name	SGI 401(K) PLAN	
b Name of plan sponsor	SGI	c EIN-PN 93-4216744-001
a Plan name	TAG MANUFACTURING, INC. 401(K) PLAN	
b Name of plan sponsor	TAG MANUFACTURING, INC.	c EIN-PN 72-1578630-001
a Plan name	VISKOTEPAK 401(K) PLAN	
b Name of plan sponsor	VISKOTEPAK, LLC	c EIN-PN 20-1267287-001
a Plan name	ACADEMY MANAGEMENT COMPANY 401(K) PLAN	
b Name of plan sponsor	ACADEMY MANAGEMENT COMPANY	c EIN-PN 45-2344235-001
a Plan name	ALISON M. SCAVUZZO, DMD, LLC 401(K) PLAN	
b Name of plan sponsor	ALISON M. SCAVUZZO, DMD, LLC	c EIN-PN 20-2349756-001
a Plan name	ALL ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ALL ENVIRONMENTAL, INC.	c EIN-PN 68-0288965-001
a Plan name	ARTI, INCORPORATED 401(K) PLAN	
b Name of plan sponsor	ARTI, INCORPORATED	c EIN-PN 20-4202706-001

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 ASCENDANT COMMERCIAL INSURANCE 401K PLAN	
b	Name of plan sponsor ASCENDANT COMMERCIAL INSURANCE, INC.	c EIN-PN 27-0835494-001
a	Plan name BEST CLEANERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor BEST CLEANERS, INC.	c EIN-PN 06-1333413-001
a	Plan name CHADE FASHIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CHADE FASHIONS, INC.	c EIN-PN 36-3203528-001
a	Plan name CHANDLER'S PARTS & SERVICE 401(K) PLAN	
b	Name of plan sponsor CHANDLER'S PARTS & SERVICE	c EIN-PN 72-0840036-001
a	Plan name DOUGLAS MACHINES CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DOUGLAS MACHINES CORP	c EIN-PN 59-1906520-001
a	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a	Plan name ENVIRONMENTAL PROJECTS, INC. 401(K) SHARING PLAN	
b	Name of plan sponsor ENVIRONMENTAL PROJECTS, INC.	c EIN-PN 01-0525847-001
a	Plan name GOOD FOUNDATIONS ACADEMY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor GOOD FOUNDATIONS ACADEMY	c EIN-PN 36-4664197-001
a	Plan name HEARING SOLUTIONS OF INDIANA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INNOVATIVE HEARING SOLUTIONS OF INDIANA, INC.	c EIN-PN 83-2099523-001
a	Plan name HEARTLAND FOOD PRODUCTS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor TC HEARTLAND, LLC DBA HEARTLAND FOOD PRODUCTS GROUP	c EIN-PN 20-1938376-001
a	Plan name IKP 401(K) PLAN	
b	Name of plan sponsor IKP FAMILY MEDICINE, P.A.	c EIN-PN 20-2412782-001
a	Plan name JAY HODGE AUTO 401(K) PLAN	
b	Name of plan sponsor JAY HODGE CHEVROLET, INC.	c EIN-PN 75-2466263-001

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	JEFF COLEMAN INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	JEFF COLEMAN INSURANCE AGENCY INC.	c EIN-PN 74-2992077-001
a	Plan name	LIVING INDEPENDENT IS FOR EVERYONE, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	LIVING INDEPENDENT IS FOR EVERYONE, INC.	c EIN-PN 27-4619816-001
a	Plan name	LKN CAPITAL MORTGAGE 401(K) PLAN	
b	Name of plan sponsor	LKN MORTGAGE, INC.	c EIN-PN 85-1308374-001
a	Plan name	MCLEOD LAND SERVICES 401(K) PLAN 1	
b	Name of plan sponsor	MCLEOD LAND & EQUIPMENT, INC.	c EIN-PN 65-0810917-001
a	Plan name	ALLEGHENY MILLWORK 401(K) PLAN	
b	Name of plan sponsor	ALLEGHENY MILLWORK	c EIN-PN 25-1369567-002
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	AVANTS OPERATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	AVANTS OPERATIONS, LLC	c EIN-PN 81-4997570-001
a	Plan name	AVERA & SMITH LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AVERA & SMITH LLP	c EIN-PN 54-2118084-001
a	Plan name	CIRCLE COMPUTER RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor	CIRCLE COMPUTER RESOURCES, INC.	c EIN-PN 42-1404024-001
a	Plan name	E-T-M ENTERPRISES I, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	E-T-M ENTERPRISES I, INC.	c EIN-PN 38-3457372-001
a	Plan name	E.M.B., INC. 401(K) PLAN	
b	Name of plan sponsor	LANDSCAPER'S DEPOT, INC.	c EIN-PN 02-0419465-001
a	Plan name	EAGLE ELECTRIC SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	EAGLE ELECTRIC SERVICES, LLC	c EIN-PN 06-1537747-001

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	FLOYD AND HOWERTON PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLOYD AND HOWERTON PLUMBING, INC.	c EIN-PN 95-2779968-003
a	Plan name	IMPERIUM UTILITY SERVICES 401(K) PLAN	
b	Name of plan sponsor	IMPERIUM UTILITY SERVICES, LLC	c EIN-PN 82-3004992-001
a	Plan name	INCAB AMERICA, LLC 401(K) PLAN	
b	Name of plan sponsor	INCAB AMERICA, LLC	c EIN-PN 82-0671947-001
a	Plan name	JONCAS FAMILY DENTISTRY PC 401(K) PLAN	
b	Name of plan sponsor	JONCAS FAMILY DENTISTRY PC	c EIN-PN 46-4817343-001
a	Plan name	LOOMIS INTERNATIONAL, LTD. 401(K) PLAN	
b	Name of plan sponsor	LOOMIS INTERNATIONAL, LTD	c EIN-PN 36-3361456-001
a	Plan name	LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC. 401(K) PLAN	
b	Name of plan sponsor	LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC.	c EIN-PN 23-7010825-001
a	Plan name	MICHIGAN FENCE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN FENCE CO., INC.	c EIN-PN 38-2266859-001
a	Plan name	MID-CITIES MOTOR FREIGHT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MID-CITIES MOTOR FREIGHT, INC.	c EIN-PN 43-1119604-001
a	Plan name	OHANA NUI MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	OHANA NUI MANAGEMENT, INC.	c EIN-PN 33-1091808-001
a	Plan name	PIEDMONT CLASSICAL HIGH SCHOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PIEDMONT CLASSICAL HIGH SCHOOL	c EIN-PN 46-4228515-001
a	Plan name	RAZOR, USA, LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	RAZOR, USA, LLC	c EIN-PN 95-4807765-001
a	Plan name	RCI 401(K) PLAN	
b	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-001

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 SABOT TECHNOLOGIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor SABOT TECHNOLOGIES, INC.	c EIN-PN 68-0462138-001
a	Plan name SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.	
b	Name of plan sponsor THE GUIDANCE CENTER, INC.	c EIN-PN 86-0223720-001
a	Plan name SOUTHERN PACKAGING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SOUTHERN PACKAGING LLC	c EIN-PN 72-1233979-001
a	Plan name SOUTHERN PAINT & SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor SOUTHERN PAINT & SUPPLY COMPANY	c EIN-PN 59-0719579-001
a	Plan name TELETRONICS SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TELETRONIC SERVICES, INC.	c EIN-PN 34-1317163-001
a	Plan name TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS	c EIN-PN 85-3687743-237
a	Plan name WELL GO USA, INC. 401(K) PLAN	
b	Name of plan sponsor WELL GO USA, INC.	c EIN-PN 75-2542366-001
a	Plan name ALLSAINTS USA LIMITED 401(K) PLAN	
b	Name of plan sponsor ALLSAINTS USA LIMITED	c EIN-PN 98-0621566-001
a	Plan name ALPHA ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor ALPHA ENGINEERING OF INDIANA, INC. DBA ALPHA ENGINEERING, INC.	c EIN-PN 35-1463178-001
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 BUDGET DRY WATERPROOFING INC. 401(K) PLAN	
b	Name of plan sponsor BUDGET DRY WATERPROOFING, INC.	c EIN-PN 20-8805605-001
a	Plan name BULLINGTON ASSOCIATES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BULLINGTON ASSOCIATES, INC.	c EIN-PN 62-0880010-001

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	BULTYNCK & CO. 401(K) PLAN	
b	Name of plan sponsor	BULTYNCK & CO., P.L.L.C.	c EIN-PN 20-3920878-777
a	Plan name	CITY CLUB APARTMENTS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	CITY CLUB APARTMENTS, LLC	c EIN-PN 81-1284363-001
a	Plan name	DANSCO ENGINEERING LLC 401(K) PLAN	
b	Name of plan sponsor	DANSCO ENGINEERING LLC	c EIN-PN 04-3788074-001
a	Plan name	EAP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ELEGANT ALUMINUM PRODUCTS USA LLC	c EIN-PN 46-3034570-001
a	Plan name	GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	c EIN-PN 92-0185518-001
a	Plan name	GUERRA GUTIERREZ MORTUARY, INC. 401(K) PLAN	
b	Name of plan sponsor	GUERRA GUTIERREZ MORTUARY, INC.	c EIN-PN 95-2748697-001
a	Plan name	LUMBRA HARDWOODS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	LUMBRA HARDWOODS INC.	c EIN-PN 01-0284202-001
a	Plan name	MILK SOURCE COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	MILK SOURCE, LLC	c EIN-PN 39-1954636-001
a	Plan name	OMNI MANUFACTURING, INC. PROFIT SHARING AND 401(K) SAVINGS RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	OMNI MANUFACTURING, INC.	c EIN-PN 34-1383211-001
a	Plan name	PIVOTAL HOUSING PARTNERS LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PIVOTAL HOUSING PARTNERS LLC	c EIN-PN 81-4615424-001
a	Plan name	REASON CONSULTING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	REASON CONSULTING CORPORATION	c EIN-PN 87-3746346-001
a	Plan name	SAINT JOE DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor	ST. JOSEPH TOBACCO CO., LLC DBA SAINT JOE DISTRIBUTING	c EIN-PN 44-0565944-001

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	SPETH & ASSOCIATES 401(K) PLAN	c	EIN-PN	88-1877722-001
b	Name of plan sponsor	SPETH & ASSOCIATES, P.C.	c	EIN-PN	88-1877722-001
a	Plan name	TEXAS STREET SHELL SERVICES INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	33-0063098-001
b	Name of plan sponsor	TEXAS STREET SHELL SERVICES INC	c	EIN-PN	33-0063098-001
a	Plan name	THE 401(K) PLAN	c	EIN-PN	62-1714892-001
b	Name of plan sponsor	E.B.T., INC.	c	EIN-PN	62-1714892-001
a	Plan name	THE AEROLITE UNION 401(K) PLAN	c	EIN-PN	82-3731073-003
b	Name of plan sponsor	AEROLITE EXTRUSION COMPANY	c	EIN-PN	82-3731073-003
a	Plan name	TSM VENTURES, INC. RETIREMENT SAVINGS PLAN	c	EIN-PN	37-0809985-001
b	Name of plan sponsor	TSM VENTURES, INC.	c	EIN-PN	37-0809985-001
a	Plan name	TUFFALOY PRODUCTS 401(K) PLAN	c	EIN-PN	38-1710357-002
b	Name of plan sponsor	TUFFALOY PRODUCTS, INC.	c	EIN-PN	38-1710357-002
a	Plan name	WELSH FABRICATION & DESIGN, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	26-3962562-001
b	Name of plan sponsor	WELSH FABRICATION & DESIGN, INC.	c	EIN-PN	26-3962562-001
a	Plan name	WESLYNN MERIDIAN INC. 401K PLAN	c	EIN-PN	45-0480587-001
b	Name of plan sponsor	WESLYNN MERIDIAN INC.	c	EIN-PN	45-0480587-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN FUNDS 2020 TARGET DATE RETIREMENT RET OPT	B Three-digit plan number (PN) ▶ 689
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)	81476910
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	69752691
(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	81476910	69752691
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	81476910	69752691

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)	7025926	
(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		7025926

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)	214951	
(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)		214951
j Total expenses. Add all expense amounts in column (b) and enter total	2j		214951

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6810975
l Transfers of assets:			
(1) To this plan	2l(1)		13541352
(2) From this plan	2l(2)		32076546

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 _____.