

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) P
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>AMERICAN FUNDS AMERICAN MUTUAL RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>754</u>
	1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u>
	2c Plan Sponsor's telephone number <u>319-355-6449</u>
	2d Business code (see instructions)

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

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

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

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

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> 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>AMERICAN FUNDS AMERICAN MUTUAL RET OPT</u>	B Three-digit plan number (PN) ▶ <u>754</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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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	BAJ INCORPORATED 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BAJ INCORPORATED	c EIN-PN 38-3517795-001
a	Plan name	BALL AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	BALL AUTOMOTIVE GROUP	c EIN-PN 95-2571142-002
a	Plan name	PLENARY AMERICAS USA LTD. 401(K) PLAN	
b	Name of plan sponsor	PLENARY AMERICAS USA LTD.	c EIN-PN 38-3923534-001
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 AME GROUP 401(K) PLAN	
b	Name of plan sponsor	THE AME GROUP	c EIN-PN 35-1630314-001
a	Plan name	THE BLACK HAWK CASINO 401(K) PLAN	
b	Name of plan sponsor	SAUK BUSINESS ENTERPRISES	c EIN-PN 02-0713814-001
a	Plan name	THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
b	Name of plan sponsor	THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	c EIN-PN 04-2103792-003
a	Plan name	ENVOY LIGHTING 401(K) PLAN	
b	Name of plan sponsor	ENVOY LIGHTING, INC.	c EIN-PN 27-4393479-001
a	Plan name	EQUITY INVESTMENT MORTGAGE, LLC 401(K) PLAN	
b	Name of plan sponsor	EQUITY INVESTMENT MORTGAGE, LLC	c EIN-PN 88-1901818-001
a	Plan name	PROFICIENT PATIOS 401(K) PLAN	
b	Name of plan sponsor	PROFICIENT PATIOS & BACKYARD DESIGNS	c EIN-PN 54-2194452-001
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	THE VALLEY FERTILIZER CHEMICAL CO, INC. 401K PLAN	
b	Name of plan sponsor	THE VALLEY FERTILIZER CHEMICAL CO, INC.	c EIN-PN 54-0415185-002

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 FALCON SALONS INC RETIREMENT PLAN	
b	Name of plan sponsor FALCON SALONS INC	c EIN-PN 47-4290261-001
a	Plan name PSGM LAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACE SELDEN GILMAN MARKS, PLLC DBA PSGM LAW	c EIN-PN 93-2786572-001
a	Plan name PUGH HAGAN PRAHM PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PUGH HAGAN PRAHM PLC	c EIN-PN 46-4389694-001
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 TIMS TRUCK CAPITAL & AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor TIM'S TRUCK CAPITAL & AUTO SALES, INC.	c EIN-PN 02-0468466-001
a	Plan name TK JAMS DRYWALL 401(K) PLAN	
b	Name of plan sponsor TK JAMS DRYWALL COMPANY	c EIN-PN 26-4725394-001
a	Plan name TLC HOME HEALTH INC 401(K) PLAN	
b	Name of plan sponsor TLC HOME HEALTH INC	c EIN-PN 86-1082396-001
a	Plan name REDHAWK COILED TUBING, LLC 401(K) PLAN	
b	Name of plan sponsor REDHAWK COILED TUBING, LLC	c EIN-PN 87-2997823-001
a	Plan name REHAB 1 LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor REHAB 1 LLC	c EIN-PN 20-5270860-001
a	Plan name TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO RETIREMENT PLAN	
b	Name of plan sponsor TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO	c EIN-PN 36-4153559-001
a	Plan name BURNEIKIS LAW, P.C. 401(K) PLAN	
b	Name of plan sponsor BURNEIKIS LAW, P.C.	c EIN-PN 87-1680649-001
a	Plan name BURNS & HASSMAN, LLC 401(K) PLAN	
b	Name of plan sponsor BURNS & HASSMAN, LLC	c EIN-PN 81-2812239-001

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 BUSENBARK, CLARK & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor CLARK CPA GROUP, P.C. DBA BUSENBARK, CLARK & ASSOCIATES	c EIN-PN 84-3793000-001
a	Plan name BUTLER EQUIPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor BUTLER EQUIPMENT, LLC	c EIN-PN 47-1466813-001
a	Plan name BUTTERFLY DENTAL 401(K) PLAN	
b	Name of plan sponsor JIANYE CHEN DENTAL CORPORATION	c EIN-PN 27-2591884-001
a	Plan name BW WATER AMERICAS 401(K) PLAN	
b	Name of plan sponsor BW WATER AMERICAS	c EIN-PN 03-0570656-001
a	Plan name FRONTIER MEDICAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor FRONTIER MEDICAL ASSOCIATES	c EIN-PN 45-0558452-001
a	Plan name FUJI ROBOTICS 401(K) PLAN	
b	Name of plan sponsor FUJI YUSOKI KOGYO CO., LTD DBA FUJI ROBOTICS	c EIN-PN 90-0049938-001
a	Plan name M & G SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor MAXWELL & GRAVE SOLUTIONS, LLC	c EIN-PN 83-2535568-001
a	Plan name MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MACROMATIC INDUSTRIAL CONTROLS, INC.	c EIN-PN 20-3910631-001
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 REV DRILL 401(K) PLAN	
b	Name of plan sponsor REV DRILL SALES & RENTALS, INC.	c EIN-PN 52-2309414-001
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 URTHPACT, LLC 401(K) PLAN	
b	Name of plan sponsor URTHPACT, LLC	c EIN-PN 04-3339273-001

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 CAPE COD OYSTER COMPANY INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPE COD OYSTER COMPANY INC	c EIN-PN 04-2788929-001
a	Plan name GENESIS GOLD GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor GENESIS GOLD GROUP, INC.	c EIN-PN 88-4026083-001
a	Plan name GENTLE FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GENTLE FAMILY DENTISTRY LLC	c EIN-PN 26-3340419-001
a	Plan name MEKRA LANG 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEKRA LANG NORTH AMERICA, LLC	c EIN-PN 58-2442603-001
a	Plan name CHARLESTON FLEET SERVICES 401(K) PLAN	
b	Name of plan sponsor CHARLESTON FLEET SERVICES	c EIN-PN 30-0765016-001
a	Plan name GOREN, MARCUS, MASINO & MARSH 401(K) PLAN	
b	Name of plan sponsor GOREN, MARCUS, MASINO & MARSH, CERTIFIED PUBLIC ACCOUNTANTS, LLP	c EIN-PN 95-4654536-001
a	Plan name GORILLA CIRCUITS 401(K) PLAN	
b	Name of plan sponsor GORILLA CIRCUITS	c EIN-PN 94-1694315-001
a	Plan name GRAFFEN BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor GRAFFEN BUSINESS SYSTEMS, INC.	c EIN-PN 23-1908016-001
a	Plan name VIVINO SELECTIONS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor VIVINO SELECTIONS, INC.	c EIN-PN 46-0995789-001
a	Plan name VMC CLEAR VISION RETIREMENT PLAN	
b	Name of plan sponsor VMC LLC	c EIN-PN 20-3658210-001
a	Plan name VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VULCAN FIRE SYSTEMS, INC.	c EIN-PN 61-1057957-001
a	Plan name VVH CONSULTING ENGINEERS 401(K) PLAN	
b	Name of plan sponsor VVH CONSULTING ENGINEERS	c EIN-PN 27-2604454-001

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 W.S. UNEMORI ENGINEERING, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor WARREN S. UNEMORI ENGINEERING, INC.	c EIN-PN 99-0149848-002
a	Plan name WAGLER & RENOVATIONS 401(K) PLAN	
b	Name of plan sponsor WAGLER & ASSOCIATES, INC.	c EIN-PN 26-3930415-001
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 CLASSIC COIL COMPANY INC. 401(K) PLAN	
b	Name of plan sponsor CLASSIC COIL COMPANY INC.	c EIN-PN 06-1503979-001
a	Plan name CLEARLY SPEAKING 401(K) PLAN	
b	Name of plan sponsor CLEARLY SPEAKING, L.L.C.	c EIN-PN 45-2988436-001
a	Plan name CLEARWATER CONSULTING 401(K) PLAN	
b	Name of plan sponsor CLEARWATER CONSULTING, LLC	c EIN-PN 20-8661154-001
a	Plan name GUSTO DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor GUSTO DISTRIBUTING	c EIN-PN 81-0295720-001
a	Plan name H&A FINANCING & SERVICES 401(K) PLAN	
b	Name of plan sponsor H&A FINANCING & SERVICES CORP	c EIN-PN 01-0961192-001
a	Plan name MILLER VALVE & CONTROLS, LLC 401(K) PLAN	
b	Name of plan sponsor MILLER VALVE & CONTROLS, LLC	c EIN-PN 85-4352454-001
a	Plan name MILLS ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor MILLS VETERINARY SERVICES DBA MILLS ANIMAL HOSPITAL	c EIN-PN 81-1149328-001
a	Plan name MILTON S. FRANK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILTON S. FRANK CO., INC.	c EIN-PN 94-3006795-001
a	Plan name SANCHEZ & AMADOR, LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SANCHEZ & AMADOR, LLP	c EIN-PN 95-4460273-001

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	SANKEN ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	SANKEN ELECTRIC USA INC.	c EIN-PN 86-1259219-001
a	Plan name	SHADWELL FARM 401(K) PLAN	
b	Name of plan sponsor	SHADWELL FARM, LLC	c EIN-PN 61-1065368-001
a	Plan name	SHEGERIAN CONNIFF LLP 401(K) PLAN	
b	Name of plan sponsor	SHEGERIAN CONNIFF LLP	c EIN-PN 83-1614034-001
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	SHEN-PACO INDUSTRIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SHEN-PACO INDUSTRIES, INC.	c EIN-PN 54-0972487-001
a	Plan name	CONSCIOUS MINDS 401(K) PLAN	
b	Name of plan sponsor	CONSCIOUS MINDS PRODUCTION LLC	c EIN-PN 80-0255443-001
a	Plan name	CONSERVATION AND LIQUIDATION OFFICE 401(K) PLAN	
b	Name of plan sponsor	CONSERVATION AND LIQUIDATION OFFICE	c EIN-PN 95-4332303-001
a	Plan name	CONSERVATION FOUNDATION GC PLAN	
b	Name of plan sponsor	CONSERVATION FOUNDATION OF THE GULF COAST	c EIN-PN 20-0345249-001
a	Plan name	HERITAGE HILL DENTAL 401(K) PLAN	
b	Name of plan sponsor	HERITAGE HILL DENTAL P.C.	c EIN-PN 45-3849054-001
a	Plan name	NATURAL CARE WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor	NATURAL CARE WELLNESS CENTER	c EIN-PN 20-5364037-001
a	Plan name	NATURESCAPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NATURESCAPE	c EIN-PN 03-0448406-001
a	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-003

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 NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN	
b	Name of plan sponsor NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-002
a	Plan name XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor XP SERVICES, INC.	c EIN-PN 80-0316734-001
a	Plan name YE OLD STATION AUTO BODY, INC. 401(K) PLAN	
b	Name of plan sponsor YE OLD STATION AUTO BODY, INC.	c EIN-PN 06-0844760-001
a	Plan name HOBAN MANAGEMENT INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HOBAN MANAGEMENT INC	c EIN-PN 33-0834204-001
a	Plan name ADVANCED COSMETIC RESEARCH LABORATORIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED COSMETIC RESEARCH LABORATORIES, INC	c EIN-PN 95-4493756-001
a	Plan name ADVANCED SHORING & UNDERPINNING 401(K)	
b	Name of plan sponsor ADVANCED SHORING & UNDERPINNING	c EIN-PN 68-0532733-001
a	Plan name ADVANTAGE FLOORING INC. 401(K) PLAN	
b	Name of plan sponsor ADVANTAGE FLOORING, INC.	c EIN-PN 52-2030808-001
a	Plan name CORNERSTONE PARKING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor CORNERSTONE PARKING GROUP, INC.	c EIN-PN 20-5195370-001
a	Plan name COSTA BROTHERS MASONRY 401(K)/PREVAILING WAGE PLAN	
b	Name of plan sponsor COSTA BROTHERS MASONRY, INC.	c EIN-PN 04-3054314-003
a	Plan name DC SHEETMETAL, LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DC SHEETMETAL, LLC	c EIN-PN 06-1570038-002
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 OMNI-TECH SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor OMNI-TECH SOLUTIONS, LLC	c EIN-PN 81-4983507-001

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 SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD	c EIN-PN 02-0574359-001
a	Plan name STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name STEWARDSHIP SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor STEWARDSHIP SOLUTIONS, INC.	c EIN-PN 46-1656504-001
a	Plan name P.J. ZUCCARO, D.D.S., P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor P.J. ZUCCARO, D.D.S., P.C.	c EIN-PN 42-1113336-001
a	Plan name ANACORTES PROSTHETICS & ORTHOTICS - 401(K)	
b	Name of plan sponsor ANACORTES PROSTHETICS & ORTHOTICS	c EIN-PN 47-4195495-001
a	Plan name DESIGN READY CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor DESIGN READY CONTROLS, INC.	c EIN-PN 41-1649617-001
a	Plan name PCI OF MICHIGAN, INC. 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL CODE INSPECTIONS OF MICHIGAN, INC.	c EIN-PN 38-2832701-001
a	Plan name PEARL HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor PEARL OF ROLLING MEADOWS, LLC	c EIN-PN 83-1666833-001
a	Plan name PEDIATRIC ASSOCIATES OF MORRIS 401(K) PLAN	
b	Name of plan sponsor PEDIATRIC ASSOCIATES OF MORRIS	c EIN-PN 46-2139435-001
a	Plan name ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASSOCIATED COMPONENTS TECHNOLOGY, INC.	c EIN-PN 33-0439579-001
a	Plan name DREAM MM 401(K) PLAN	
b	Name of plan sponsor DREAM MANAGEMENT, INC.	c EIN-PN 52-2223274-001
a	Plan name JERSEY COAST FAMILY LAW 401(K) PLAN	
b	Name of plan sponsor JERSEY COAST FAMILY LAW	c EIN-PN 93-4519480-001

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	TALMAN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor	TALMAN CONSULTANTS, LLC	c EIN-PN 81-2709261-001
a	Plan name	TX TEAM REHAB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TX TEAM REHAB, INC.	c EIN-PN 35-1565294-002
a	Plan name	U.S. GOT PEOPLE RETIREMENT PLAN	
b	Name of plan sponsor	DILLIGAS CORP. DBA U.S. GOT PEOPLE	c EIN-PN 26-2968177-001
a	Plan name	C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor	C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222
a	Plan name	C3 INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	C3 INNOVATIONS, INC.	c EIN-PN 46-5657940-001
a	Plan name	CADILLAC COFFEE COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	CADILLAC COFFEE COMPANY	c EIN-PN 38-0570380-001
a	Plan name	GABOR DESIGN BUILD LLC 401(K) PLAN	
b	Name of plan sponsor	GABOR DESIGN BUILD LLC	c EIN-PN 20-2803793-001
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	RICHWOODS ACADEMY, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	RICHWOODS ACADEMY, LLC	c EIN-PN 84-4059471-001
a	Plan name	GEORGETOWN DENTAL PROFESSIONALS PROFIT SHARING PLAN	
b	Name of plan sponsor	GEORGETOWN DENTAL PROFESSIONALS LLC	c EIN-PN 20-3939693-001
a	Plan name	MARTHINSEN AND SALVITTI INSURANCE GROUP 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	MARTHINSEN AND SALVITTI INSURANCE GROUP	c EIN-PN 25-1724440-001
a	Plan name	VALLEY OAKS MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor	VOM-SONANI MANAGEMENT PLLC	c EIN-PN 85-0748921-001

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 VALLEY RIDGE DENTAL ARTS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VALLEY RIDGE DENTAL ARTS LLC	c EIN-PN 81-4150951-001
a	Plan name WARD IMPLEMENT COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor WARD IMPLEMENT COMPANY, INC.	c EIN-PN 61-0870978-001
a	Plan name RUGS AS ART, INC. 401(K) PLAN	
b	Name of plan sponsor RUGS AS ART, INC.	c EIN-PN 65-0261601-001
a	Plan name RUIZ SALON GROUP 401(K) PLAN	
b	Name of plan sponsor RUIZ WEST END MANAGEMENT LC	c EIN-PN 74-2951507-001
a	Plan name CHILTON CONTRACTORS 401(K) PLAN	
b	Name of plan sponsor PAYTON ADMINISTRATIVE SERVICES, LLC	c EIN-PN 88-2161143-001
a	Plan name CHOICE COMPANIES INC. 401(K) PLAN	
b	Name of plan sponsor CHOICE COMPANIES INC.	c EIN-PN 52-1318848-001
a	Plan name GRAND BAY MARINE, INC. 401(K) PLAN	
b	Name of plan sponsor GRAND BAY MARINE, INC.	c EIN-PN 38-3356449-001
a	Plan name MERRITT, WEBB, WILSON, & CARUSO, PLLC 401(K) PLAN	
b	Name of plan sponsor MERRITT, WEBB, WILSON, & CARUSO, PLLC	c EIN-PN 56-2264802-001
a	Plan name SAPHYRE, INC. 401(K) PLAN	
b	Name of plan sponsor SAPHYRE, INC.	c EIN-PN 82-3177747-001
a	Plan name SASAKI PAINTING & SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor SASAKI PAINTING & SERVICES LLC	c EIN-PN 82-4675241-001
a	Plan name SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAVANT SYSTEMS, INC.	c EIN-PN 85-1002349-777
a	Plan name SCANLON DUNCAN LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCANLON DUNCAN LLP	c EIN-PN 85-1342342-001

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	WHITE PROPERTIES OF WINCHESTER, INC 401K PLAN	
b	Name of plan sponsor	WHITE PROPERTIES OF WINCHESTER, INC	c EIN-PN 54-1370300-001
a	Plan name	1AB, INC. 401(K) PLAN	
b	Name of plan sponsor	1AB, INC.	c EIN-PN 82-1123152-001
a	Plan name	1ST CLASS MAILING LLC 401(K) PLAN	
b	Name of plan sponsor	1ST CLASS MAILING LLC	c EIN-PN 82-5066361-001
a	Plan name	CLICK2BIND INSURANCE 401(K) PLAN	
b	Name of plan sponsor	CLICK2BIND INSURANCE SERVICES, INC.	c EIN-PN 81-3280949-001
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	HALLMARK MITIGATION AND CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor	HALLMARK MITIGATION & CONSTRUCTION LLC	c EIN-PN 81-1421014-001
a	Plan name	HERSHMAN & FORMAN, P.C. 401(K)	
b	Name of plan sponsor	HERSHMAN & FORMAN, P.C.	c EIN-PN 86-1822868-001
a	Plan name	HI5.AGENCY 401(K) PLAN	
b	Name of plan sponsor	HI5.AGENCY, LLC	c EIN-PN 83-2888505-001
a	Plan name	ACTON MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	ACTON MECHANICAL, INC.	c EIN-PN 45-0483488-001
a	Plan name	NEFSP 401(K) PLAN	
b	Name of plan sponsor	NEFSP HOLDINGS LLC	c EIN-PN 87-4240278-001
a	Plan name	NEMO, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	NEW ENGLAND MECHANICAL OVERLAY, INC.	c EIN-PN 76-0794575-001
a	Plan name	NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
b	Name of plan sponsor	NEOPART TRANSIT, LLC	c EIN-PN 36-4830017-001

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	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C. 401(K) PLAN	
b	Name of plan sponsor	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C.	c EIN-PN 42-1506318-001
a	Plan name	Z-BEST CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	Z-BEST CONCRETE, INC.	c EIN-PN 33-0777383-001
a	Plan name	ZEBRA ATHLETICS LLC 401(K) PLAN	
b	Name of plan sponsor	REGUPOL ZEBRA ATHLETICS LLC	c EIN-PN 82-4317682-001
a	Plan name	ZELLWOOD STATION RETIREMENT PLAN	
b	Name of plan sponsor	ZELLWOOD STATION CO-OP, INC.	c EIN-PN 59-3194342-001
a	Plan name	NIHC UNION 401(K) PLAN	
b	Name of plan sponsor	METROPOLITAN STEVEDORE I.A.M.	c EIN-PN 95-1002286-004
a	Plan name	HOLROYD GELMAN, P.C. 401(K) PLAN	
b	Name of plan sponsor	HOLROYD GELMAN, P.C.	c EIN-PN 92-2604351-001
a	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name	HOME INSTEAD SENIOR CARE RETIREMENT PLAN	
b	Name of plan sponsor	PAHOS, INC. DBA HOME INSTEAD SENIOR CARE	c EIN-PN 72-1351629-001
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	HOME REWARDS GROUP INC., 401(K) PLAN	
b	Name of plan sponsor	HOME REWARDS GROUP INC.	c EIN-PN 81-5201340-001
a	Plan name	CRAIG JEFFRIES WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	CRAIG JEFFRIES WEALTH MANAGEMENT GROUP LLC	c EIN-PN 47-2160551-001
a	Plan name	SJCC, LLC 401(K) PLAN	
b	Name of plan sponsor	SJ CONSTRUCTION CONSULTING, LLC	c EIN-PN 81-1815964-001

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	OOMA, INC. 401(K) PLAN	
b	Name of plan sponsor	OOMA, INC.	c EIN-PN 06-1713274-001
a	Plan name	OPEN RANGE ENGINEERING SERVICES 401(K) PLAN	
b	Name of plan sponsor	OPEN RANGE ENGINEERING SERVICES, PLLC	c EIN-PN 20-5674889-001
a	Plan name	OPERAM SAVINGS PLAN	
b	Name of plan sponsor	OPERAM, INC.	c EIN-PN 47-4299682-001
a	Plan name	ORIGIN HEALTH 401(K) PLAN	
b	Name of plan sponsor	ORIGIN HEALTH	c EIN-PN 84-3463861-001
a	Plan name	AMERICA WEST MEDICAL TRANSPORTATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICA WEST MEDICAL TRANSPORTATION, INC.	c EIN-PN 27-4518471-001
a	Plan name	AMERICAN ACE SUPPLY ANAHEIM, INC. 401K PLAN	
b	Name of plan sponsor	AMERICAN ACE SUPPLY ANAHEIM INC	c EIN-PN 26-0250304-001
a	Plan name	DECARLO CORPORATION 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	DECARLO CORPORATION DBA DECARLO DEMOLITION COMPANY	c EIN-PN 42-1511387-001
a	Plan name	DEFINITIVE SOLUTIONS COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DEFINITIVE SOLUTIONS COMPANY, INC.	c EIN-PN 31-1490291-001
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	INTEGRITY CONSTRUCTION & DEVELOPMENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRITY CONSTRUCTION & DEVELOPMENT SERVICES, INC.	c EIN-PN 33-1168311-001
a	Plan name	INTEGRITY DESIGN POT O' GOLD	
b	Name of plan sponsor	INTEGRITY DESIGN, INC.	c EIN-PN 82-1856817-001
a	Plan name	ANN SULLIVAN LEWIS 401(K) PLAN	
b	Name of plan sponsor	ANN M. SULLIVAN INSURANCE AGENCY, INC.	c EIN-PN 57-1142720-001

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	ANYWEATHER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GRIFFIN HOLDINGS	c EIN-PN 47-2588912-001
a	Plan name	DESIMONE LOGISTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DESIMONE LOGISTICS, LLC	c EIN-PN 84-3096586-001
a	Plan name	DESSERT OASIS COFFEE ROASTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOCR, LLC	c EIN-PN 84-4056726-001
a	Plan name	DESTINY HOME HEALTH AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	DESTINY HOME HEALTH AGENCY, INC.	c EIN-PN 77-0616280-001
a	Plan name	DESTINY HOSPICE CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	DESTINY HOSPICE CARE, INC.	c EIN-PN 27-3919723-001
a	Plan name	DEVOLVER DIGITAL 401(K) PLAN	
b	Name of plan sponsor	DEVOLVER DIGITAL, INC.	c EIN-PN 26-2326643-001
a	Plan name	DEWITT LUMBER COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SAWDUST LUMBER COMPANY DBA DEWITT LUMBER COMPANY	c EIN-PN 20-8796751-001
a	Plan name	DGC USA 401(K) PLAN	
b	Name of plan sponsor	DGC USA OPCO1 INC.	c EIN-PN 35-2753753-001
a	Plan name	DIAL-X AUTOMATED EQUIPMENT, INC. 401(K) RETIREMENT PROFIT SHARING PLAN	
b	Name of plan sponsor	DIAL-X ACQUISITION COMPANY, INC. DBA DIAL-X AUTOMATED EQUIPMENT	c EIN-PN 46-4936140-001
a	Plan name	IRA PLAN PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IRA PLAN PARTNERS LLC	c EIN-PN 46-4246162-001
a	Plan name	IRISH INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor	IRISH INSURANCE SERVICES, LLC	c EIN-PN 47-2456942-001
a	Plan name	ITC-DILIGENCE, INC. 401(K) PLAN	
b	Name of plan sponsor	ITC-DILIGENCE, INC.	c EIN-PN 30-0134272-001

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 DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor	STORIED DEVELOPMENT, LLC	c EIN-PN 82-2999814-001
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	STRATEGIC ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	STRATEGIC ENVIRONMENTAL SERVICES, INC.	c EIN-PN 04-3553212-002
a	Plan name	STUART EYE INSTITUTE, PA 401(K) PLAN	
b	Name of plan sponsor	STUART EYE INSTITUTE, P.A.	c EIN-PN 59-1980090-001
a	Plan name	STUDIO ONE PHOTOGRAPHY, INC. 401(K) PLAN	
b	Name of plan sponsor	STUDIO ONE PHOTOGRAPHY, INC.	c EIN-PN 46-5583445-001
a	Plan name	STYLECRAFT HOME COLLECTION, INC 401(K) PLAN	
b	Name of plan sponsor	STYLECRAFT HOME COLLECTION, INC.	c EIN-PN 27-0439124-001
a	Plan name	PENNY C. WALPOLE, DDS, P.S. 401(K) PLAN	
b	Name of plan sponsor	PENNY C. WALPOLE, DDS, P.S.	c EIN-PN 20-1997924-001
a	Plan name	ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTA OFFICE TECHNOLOGIES, INC.	c EIN-PN 47-2600973-001
a	Plan name	ATLAS DEVELOPMENT GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ATLAS DEVELOPMENT GROUP, LLC	c EIN-PN 47-2377876-001
a	Plan name	ATPWC 401(K) PLAN	
b	Name of plan sponsor	ALL THINGS POSSIBLE	c EIN-PN 47-4673471-001
a	Plan name	DSI RETIREMENT PLAN	
b	Name of plan sponsor	DESIGN & SOFTWARE INTERNATIONAL, INC.	c EIN-PN 31-1435015-001
a	Plan name	DUOTECH SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	DUOTECH SERVICES LLC	c EIN-PN 59-2658665-001

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	JET HELSETH MFG, INC. 401(K) PLAN
b	Name of plan sponsor	JET HELSETH MANUFACTURING, INC.
c	EIN-PN	59-3402920-001
a	Plan name	JFR CONSULTING, INC. 401(K) PLAN
b	Name of plan sponsor	JFR CONSULTING, INC.
c	EIN-PN	01-0642667-001
a	Plan name	JIM E. WALKER, P.C. 401(K) AND PROFIT SHARING RETIREMENT PLAN
b	Name of plan sponsor	JIM E. WALKER, P.C.
c	EIN-PN	47-4179895-001
a	Plan name	JJW SERVICES 401(K) PLAN
b	Name of plan sponsor	JJW SERVICES CORPORATION
c	EIN-PN	26-2650264-001
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	PORTER CORPORATION PROFIT SHARING PLAN
b	Name of plan sponsor	PORTER CORPORATION
c	EIN-PN	85-1429006-003
a	Plan name	BASHARA SCHWARTZ, PLLC 401(K) PLAN
b	Name of plan sponsor	BASHARA SCHWARTZ, PLLC
c	EIN-PN	86-1275370-001
a	Plan name	BATP 401(K) PLAN
b	Name of plan sponsor	BEHAVIOR ANALYSIS & THERAPY PARTNERS
c	EIN-PN	20-4756508-001
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	EIRECON CONSTRUCTION, LLC DEFINED BENEFIT PLAN
b	Name of plan sponsor	EIRECON CONSTRUCTION, LLC
c	EIN-PN	83-0424733-002
a	Plan name	KDG 401(K) RETIREMENT SAVING PLAN
b	Name of plan sponsor	THE KYLE DAVID GROUP, LLC
c	EIN-PN	68-0608571-001
a	Plan name	THE CARLIN COLLABORATIVE 401(K) PLAN
b	Name of plan sponsor	THE CARLIN COLLABORATIVE
c	EIN-PN	83-2633004-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE COUNTRY CLUB OF MARYLAND, INC. 401(K) PLAN	
b	Name of plan sponsor THE COUNTRY CLUB OF MARYLAND, INC.	c EIN-PN 52-2185200-001
a	Plan name PROJECT INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor PROJECT INDEPENDENCE	c EIN-PN 95-3147421-001
a	Plan name PRONK TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRONK TECHNOLOGIES, INC.	c EIN-PN 20-1891840-001
a	Plan name PROOF LOGISTICS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROOF LOGISTICS INC.	c EIN-PN 83-4204713-001
a	Plan name BIGSMILE ORTHODONTICS RETIREMENT PLAN	
b	Name of plan sponsor H SAM TONG DDS PHD INC.	c EIN-PN 90-0288471-001
a	Plan name EUFORA INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor EUFORA INTERNATIONAL	c EIN-PN 33-0617396-001
a	Plan name EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC 401(K) PLAN	
b	Name of plan sponsor EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC	c EIN-PN 20-4457765-001
a	Plan name EVERGREEN ENVIRONMENTAL CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EVERGREEN ENVIRONMENTAL CORPORATION	c EIN-PN 34-1816433-001
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 EVS 401(K) PLAN	
b	Name of plan sponsor EVANS VETERINARY SERVICES, PLLC	c EIN-PN 84-5150912-001
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 THOMPSON SANITATION INC 401(K) PLAN	
b	Name of plan sponsor THOMPSON SANITATION INC	c EIN-PN 20-5580339-001

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	THREE PILLARS WEALTH MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	THREE PILLARS WEALTH MANAGEMENT, LLC	c EIN-PN 47-3426516-001
a	Plan name	Q3 TECHNOLOGIES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	Q3 TECHNOLOGIES LLC	c EIN-PN 20-4855347-001
a	Plan name	QMETRICS, INC. 401(K) PLAN	
b	Name of plan sponsor	QMETRICS, INC.	c EIN-PN 87-0761590-001
a	Plan name	BOOT RANCH 401(K) PLAN	
b	Name of plan sponsor	BOOT RANCH HR, LLC	c EIN-PN 47-4784683-001
a	Plan name	FEIGHNER INSURANCE, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	FEIGHNER INSURANCE, INC. DBA INSURANCE MANAGEMENT GROUP	c EIN-PN 35-0943733-002
a	Plan name	FENWEST, INC. 401(K) PLAN	
b	Name of plan sponsor	FENWEST, INC.	c EIN-PN 02-0523632-001
a	Plan name	LEAN TECHNIQUES, INC. 401(K) PLAN	
b	Name of plan sponsor	LEAN TECHNIQUES, INC.	c EIN-PN 38-3836804-001
a	Plan name	TOP OF TEXAS 401(K) PLAN	
b	Name of plan sponsor	TOP OF TEXAS, INC.	c EIN-PN 75-2646871-001
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	LEGENDARY HOME SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LEGENDARY HOME SOLUTIONS LLC	c EIN-PN 83-3696034-001
a	Plan name	LEGENDARY SVS, LLC 401(K) PLAN	
b	Name of plan sponsor	LEGENDARY SVS, LLC	c EIN-PN 37-1915944-001
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

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 MAUI PARADISE PROPERTIES 401(K) PLAN	
b	Name of plan sponsor MAUI PARADISE PROPERTIES	c EIN-PN 46-0867014-001
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 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 METRO WIRE AND CABLE COMPANY EMPLOYEES' PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor METRO WIRE AND CABLE COMPANY	c EIN-PN 38-2147100-001
a	Plan name MONICA DOBBIN DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONICA L. DOBBIN DDS, PROFESSIONAL LLC	c EIN-PN 20-3941899-002
a	Plan name MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE 401(K) PLAN	
b	Name of plan sponsor MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE	c EIN-PN 38-2536891-001
a	Plan name NEW PEKING 401(K) PLAN	
b	Name of plan sponsor NEW PEKING RESTAURANT, INC.	c EIN-PN 84-1323078-001
a	Plan name NORTH JACKSON PRIMARY CARE, LLC 401(K) PLAN	
b	Name of plan sponsor NORTH JACKSON PRIMARY CARE, LLC	c EIN-PN 20-5560539-001
a	Plan name NORTH POINT PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor NORTH POINT PROPERTY MANAGEMENT LLC	c EIN-PN 26-3020121-002
a	Plan name OUTDOORSY HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor OUTDOORSY HOLDINGS, INC.	c EIN-PN 85-0558661-001
a	Plan name PALLADIUM NETWORKS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PALLADIUM NETWORKS, INC.	c EIN-PN 56-2098156-001
a	Plan name PARAMOUNT ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor PARAMOUNT ASSOCIATES, LLC	c EIN-PN 82-1770805-001

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	PARAMOUNT REHABILITATION SERVICES 401(K) PLAN	
b	Name of plan sponsor	PARAMOUNT REHABILITATION SERVICES	c EIN-PN 38-3378702-001
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	PETOSKEY SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PETOSKEY SURGEONS, P.C.	c EIN-PN 38-3448511-001
a	Plan name	PETRO-VALVE, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	PETRO-VALVE, INC.	c EIN-PN 74-2088515-001
a	Plan name	PPT FLORIDA 401(K) PLAN	
b	Name of plan sponsor	PRODUCTION & PROCESS TECHNOLOGIES FLORIDA, INC.	c EIN-PN 59-3428824-002
a	Plan name	PROTREE 401(K) PLAN	
b	Name of plan sponsor	HDQ ENTERPRISES, LLC DBA PROFESSIONAL TREE & TURF EQUIPMENT	c EIN-PN 87-4654888-001
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	RESOLVION 401(K) PLAN	
b	Name of plan sponsor	RESOLVION, GP	c EIN-PN 47-5254939-001
a	Plan name	RESTLESS SOFTWARE 401(K) PLAN	
b	Name of plan sponsor	RESTLESS SOFTWARE LLC	c EIN-PN 83-2568090-001
a	Plan name	RETINA CONSULTANTS SAN DIEGO, INC 401 K SAVINGS PLAN	
b	Name of plan sponsor	RETINA CONSULTANTS SAN DIEGO, INC	c EIN-PN 95-3511595-001
a	Plan name	RISING SUN DEVELOPING COMPANY 401(K) PLAN	
b	Name of plan sponsor	RISING SUN DEVELOPING COMPANY	c EIN-PN 31-1557343-001

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	S & S HOMES OF THE CENTRAL COAST 401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor	S & S HOMES OF THE CENTRAL COAST, INC.	c EIN-PN 77-0402226-001
a	Plan name	SCHER-CASH, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHER-CASH, INC.	c EIN-PN 03-0466795-001
a	Plan name	SCHULTZ PROCESS SERVICES 401(K) PLAN	
b	Name of plan sponsor	SCHULTZ PROCESS SERVICES, INC.	c EIN-PN 45-4118372-001
a	Plan name	SCI 401(K) PLAN	
b	Name of plan sponsor	SYSTEM CONTROLS & INSTRUMENTATION, LTD.	c EIN-PN 46-0638297-001
a	Plan name	SIGMON FAMILY INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SIGMON FAMILY INVESTMENTS, INC.	c EIN-PN 20-3200494-001
a	Plan name	SKY ROAD LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	SKY ROAD LLC	c EIN-PN 03-0571884-001
a	Plan name	SUMMIT POINT 401(K) PLAN	
b	Name of plan sponsor	SUMMIT POINT ROOFING, LLC	c EIN-PN 47-3363896-001
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	SUNBURY ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUNBURY ANIMAL HOSPITAL	c EIN-PN 20-1018098-001
a	Plan name	TEAM SAN JOSE 401(K) PLAN	
b	Name of plan sponsor	TEAM SAN JOSE	c EIN-PN 20-0507663-001
a	Plan name	TECHNOALPIN 401(K) PLAN	
b	Name of plan sponsor	TECHNOALPIN USA, INC.	c EIN-PN 22-3857446-001
a	Plan name	THREE RIVERS DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THREE RIVERS DERMATOLOGY LLC	c EIN-PN 47-3393828-001

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 THUNDER HEART PERFORMANCE CORP. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THUNDER HEART PERFORMANCE CORP	c EIN-PN 62-1630064-001
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 TIMIBO LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor TIMIBO LLC DBA INSIGNIA	c EIN-PN 92-3404102-001
a	Plan name TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	c EIN-PN 56-1970120-001
a	Plan name TOWN & COUNTRY ANIMAL HOSPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor TOWN AND COUNTRY ANIMAL HOSPITAL, INC.	c EIN-PN 55-0777030-001
a	Plan name UNIONVILLE PEDIATRICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIONVILLE PEDIATRICS	c EIN-PN 06-0960740-001
a	Plan name UNIQUE LAWN, INC. 401(K) PLAN	
b	Name of plan sponsor UNIQUE LAWN, INC. DBA TRUGREEN	c EIN-PN 41-1346668-001
a	Plan name UNITED GRANITE PENNA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNITED GRANITE PENNA, LLC	c EIN-PN 84-4073225-001
a	Plan name UNITY MANUFACTURING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNITY MANUFACTURING COMPANY	c EIN-PN 36-1899680-001
a	Plan name VANDALAY 401(K) PLAN	
b	Name of plan sponsor 1126 CENTRAL RESTAURANT, LLC	c EIN-PN 47-2873563-001
a	Plan name VANGUARD CLINICAL INC. 401(K) PLAN	
b	Name of plan sponsor VANGUARD CLINICAL INC.	c EIN-PN 81-2699127-001
a	Plan name WATERCENTRIC 401(K) PLAN	
b	Name of plan sponsor WATERCENTRIC, LLC	c EIN-PN 46-4173970-001

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	A NEW HORIZON COUNSELING & PSYCHOTHERAPY 401K PLAN	
b	Name of plan sponsor	A NEW HORIZON COUNSELING & PSYCHOTHERAPY	c EIN-PN 86-1106322-001
a	Plan name	A TO Z SPEECH THERAPY 401(K) PLAN	
b	Name of plan sponsor	A TO Z SPEECH THERAPY	c EIN-PN 81-4796737-001
a	Plan name	ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor	ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name	ADDRESS HEALTHCARE ADMINISTRATION, LLC	
b	Name of plan sponsor	ADDRESS HEALTHCARE ADMINISTRATION, LLC	c EIN-PN 99-1289536-001
a	Plan name	AFTERMAN SOFTWARE, LLC 401(K) PLAN	
b	Name of plan sponsor	AFTERMAN SOFTWARE, LLC	c EIN-PN 81-2910848-001
a	Plan name	AHB TOOLING & MACHINERY 401(K) PLAN & TRUST	
b	Name of plan sponsor	AHB TOOLING & MACHINERY, LLC	c EIN-PN 83-3280314-001
a	Plan name	APPALACHIAN BOILER AND FAB,LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	APPALACHIAN BOILER AND FAB, LLC	c EIN-PN 46-0911627-001
a	Plan name	AUSTERE 401(K) PLAN	
b	Name of plan sponsor	CARE ADVOCATE INC.	c EIN-PN 36-4567027-001
a	Plan name	AUTOELECTRIC OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	AUTOELECTRIC OF AMERICA, INC.	c EIN-PN 74-2964877-001
a	Plan name	BAY VIEW SHADE & BLIND, INC. 401(K) PLAN	
b	Name of plan sponsor	BAY VIEW SHADE & BLIND INC.	c EIN-PN 39-1211655-001
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	BLAZE PIZZA 401(K) PLAN	
b	Name of plan sponsor	DAMM FINE PIZZA DBA BLAZE PIZZA	c EIN-PN 47-1820665-001

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 BLUE EARTH DRUG 401(K) PLAN	
b	Name of plan sponsor B.E. DRUG, INC. DBA BLUE EARTH DRUG	c EIN-PN 41-1968188-001
a	Plan name BRAIN TUNNELGENIX TECHNOLOGIES CORP 401(K) PLAN	
b	Name of plan sponsor BRAIN TUNNELGENIX TECHNOLOGIES CORP	c EIN-PN 03-0586076-001
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 CALIFORNIA UNIFIED SERVICE PROVIDERS, LLC 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA UNIFIED SERVICE PROVIDERS, LLC	c EIN-PN 20-1563737-001
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 CARROLL DENTAL CLINIC P.L.C. RETIREMENT 401(K) PLAN	
b	Name of plan sponsor CARROLL DENTAL CLINIC P.L.C	c EIN-PN 20-5699792-001
a	Plan name CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor CARTER STREET CORPORATION	c EIN-PN 62-1125122-001
a	Plan name CHULA VISTA, INC. 401(K) PLAN	
b	Name of plan sponsor CHULA VISTA, INC.	c EIN-PN 39-0842365-001
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
a	Plan name CORDEVALLE 401(K) PLAN	
b	Name of plan sponsor CORDEVALLE L.P.	c EIN-PN 20-8456270-001
a	Plan name CORNEILLE LAW GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor CORNEILLE LAW GROUP, LLC	c EIN-PN 39-1927889-001
a	Plan name CRIMSON CARE NETWORK 401(K) PLAN	
b	Name of plan sponsor CRIMSON CARE NETWORK	c EIN-PN 82-2820387-002

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	CRISWELL AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	CRISWELL CHEVROLET INC.	c EIN-PN 52-0950184-001
a	Plan name	CRISWELL OF WOODSTOCK 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CRISWELL FORD OF WOODSTOCK, INC.	c EIN-PN 84-4220321-002
a	Plan name	DEMAJE HOLDINGS, LLC 401K PLAN	
b	Name of plan sponsor	DEMAJE HOLDINGS, LLC	c EIN-PN 26-2330844-001
a	Plan name	DEMOSS ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	DEMOSS ELECTRIC, INC.	c EIN-PN 02-0677709-001
a	Plan name	DIGIOH LLC 401(K) PLAN	
b	Name of plan sponsor	DIGIOH LLC	c EIN-PN 45-2780632-001
a	Plan name	DIRT POOR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HELMS & SONS EXCAVATING, INC.	c EIN-PN 31-1547042-001
a	Plan name	DURAMARK TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	DURAMARK TECHNOLOGIES, INC.	c EIN-PN 26-0529942-001
a	Plan name	DUTHIE ELECTRIC SERVICE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DUTHIE ELECTRIC SERVICE CORPORATION	c EIN-PN 95-3810577-002
a	Plan name	DWELL HOME FURNISHINGS & INTERIOR DESIGN	
b	Name of plan sponsor	DWELL HOME FURNISHINGS & INTERIOR DESIGN	c EIN-PN 39-1907603-001
a	Plan name	DWIGHT LEWIS STATE FARM INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	DWIGHT LEWIS STATE FARM INSURANCE AGENCY	c EIN-PN 47-2834035-001
a	Plan name	DYNAMIC DOWNHOLE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC DOWNHOLE SERVICES, LLC	c EIN-PN 26-2612443-001
a	Plan name	EL MOLINO DE ORO INC. RETIREMENT PLAN	
b	Name of plan sponsor	EL MOLINO DE ORO INC.	c EIN-PN 45-3830780-001

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 EVT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ENTERPRISE VISION TECHNOLOGIES	c EIN-PN 73-1686616-001
a	Plan name EYEONE, P.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EYEONE, P.L.C.	c EIN-PN 54-1738160-001
a	Plan name EYEONE, P.L.C. 401(K) PROFIT SHARING PLAN 002	
b	Name of plan sponsor EYEONE, P.L.C.	c EIN-PN 54-1738160-002
a	Plan name FAIR LIGHTING AND ELECTRICAL, LLC 401(K) PLAN	
b	Name of plan sponsor FAIR LIGHTING AND ELECTRICAL LLC	c EIN-PN 46-1226413-001
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 FIELD FRESH FOODS 401(K) PLAN	
b	Name of plan sponsor FIELD FRESH FOODS	c EIN-PN 95-4489479-001
a	Plan name GAZI ATASEVEN 401(K) PLAN	
b	Name of plan sponsor A TO Z REAL ESTATE TRANSACTION LLC	c EIN-PN 86-1384624-001
a	Plan name GIBSON CUSTOM CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor CAROLINAS REAL ESTATE OPTIONS & CONSTRUCTION, LLC DBA GIBSON CUSTOM	c EIN-PN 84-1663736-001
a	Plan name GKBK 401(K) PLAN	
b	Name of plan sponsor GAUNTT KOEN BINNEY & KIDD, LLP	c EIN-PN 76-0574603-001
a	Plan name HIGHLAND COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor HIGHLAND COUNTRY CLUB	c EIN-PN 61-0225185-001
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 HILLCREST HOME, INC. 401(K) PLAN	
b	Name of plan sponsor HILLCREST HOME, INC.	c EIN-PN 42-0892136-001

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 HILLSIDE CUSTOM MACHINING WELDING & FABRICATION LLC 401(K) PLAN	
b	Name of plan sponsor HILLSIDE CUSTOM MACHINING WELDING & FABRICATION	c EIN-PN 20-1606458-001
a	Plan name HOMEVETS, LLC 401(K) PLAN	
b	Name of plan sponsor HOMEVETS	c EIN-PN 85-1161581-001
a	Plan name INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO	c EIN-PN 52-1139564-001
a	Plan name J. GREG ALLEN BUILDER INC. PROFIT SHARING 401 (K) PLAN & TRUST	
b	Name of plan sponsor J. GREG ALLEN BUILDER, INC.	c EIN-PN 35-1686449-001
a	Plan name JL LOCAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JL LOCAL, LLC	c EIN-PN 82-3122671-001
a	Plan name JOHN BALFANZ HOMES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN BALFANZ HOMES, INC.	c EIN-PN 77-0501440-001
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 CENTER FOR SPECIAL CHILDREN 401(K) PLAN	
b	Name of plan sponsor KENTUCKY CENTER FOR SPECIAL CHILDREN DBA CARRIAGE HOUSE EDUCATION SE	c EIN-PN 61-0680753-001
a	Plan name KERN LASER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KERN ELECTRONICS & LASER, INC.	c EIN-PN 41-1773678-001
a	Plan name A&B MARKET, LLC 401(K) PLAN	
b	Name of plan sponsor A&B MARKET, LLC	c EIN-PN 47-2479032-001
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-1 SIGNS, INC. 401(K) PLAN	
b	Name of plan sponsor A-1 SIGNS, INC.	c EIN-PN 72-0647398-001

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	A-WHISCO INC. 401(K) PLAN	
b Name of plan sponsor	A-WHISCO, INC.	c EIN-PN 52-0979730-001
a Plan name	APPLIED SCIENCE AND ENGINEERING, LLC 401(K) PLAN	
b Name of plan sponsor	APPLIED SCIENCE AND ENGINEERING, LLC	c EIN-PN 99-2214322-001
a Plan name	ARCHAMBAULT CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ARCHAMBAULT CONSTRUCTION, INC.	c EIN-PN 04-3574452-001
a Plan name	BBB AUTO 401(K) PLAN	
b Name of plan sponsor	BBB AUTOMOTIVE	c EIN-PN 85-2848240-001
a Plan name	BCI, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	BCI, INC.	c EIN-PN 06-1308260-002
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	BRC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	BILL RISINGER CONSTRUCTION & REMODELING CO., INC.	c EIN-PN 61-1194338-001
a Plan name	CAUDILL, KADO & CO - DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	JENNIFER CAUDILL, MD, PLLC	c EIN-PN 45-2672063-001
a Plan name	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	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 SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CROWN SEARCH SERVICES	c EIN-PN 31-1724430-001
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

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 DIVERSIFIED PATTERN & ENGINEERING CO., INC. RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor DIVERSIFIED PATTERN & ENGINEERING COMPANY, INC.	c EIN-PN 35-1364811-001
a	Plan name ELKHART DENTAL AND IMPLANT CENTER 401(K) PLAN	
b	Name of plan sponsor ELKHART DENTAL AND IMPLANT CENTER	c EIN-PN 35-1864354-002
a	Plan name ELKHORN CREEK CO., LLC DBA DARBY DAN FARM 401(K) PLAN	
b	Name of plan sponsor ELKHORN CREEK CO., LLC DBA DARBY DAN FARM	c EIN-PN 31-1529369-001
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 ELMWOOD FAMILY PHYSICIANS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ELMWOOD FAMILY PHYSICIANS LLC	c EIN-PN 20-1076147-001
a	Plan name FINANCIAL FREEDOM GROUP LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FINANCIAL FREEDOM GROUP LLC	c EIN-PN 83-2567551-001
a	Plan name GLENNWOOD CUSTOM BUILDERS 401(K) PLAN	
b	Name of plan sponsor GLENNWOOD CUSTOM BUILDERS, INC	c EIN-PN 20-2045461-001
a	Plan name GLESSNER WHARTON & ANDREWS INSURANCE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLESSNER WHARTON & ANDREWS INSURANCE, LLC	c EIN-PN 27-0746759-001
a	Plan name GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN	
b	Name of plan sponsor GLOBAL RESOURCE ENGINEERING, LTD.	c EIN-PN 61-1843495-001
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 HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001
a	Plan name HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor HARRISS & HARTMAN LAW FIRM, P.C.	c EIN-PN 58-1385781-001

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 HUGO MANRIQUE, DMD, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUGO MANRIQUE, DMD, PLLC	c EIN-PN 92-3086974-001
a	Plan name HUMBLE SEA BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor HUMBLE SEA, INC.	c EIN-PN 47-4082461-001
a	Plan name HUNTINGTON SURF & SPORT 401(K) PLAN	
b	Name of plan sponsor HUNTINGTON SURF & SPORT, INC.	c EIN-PN 33-0342360-001
a	Plan name JACKSON'S SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor JACKSON'S BISTRO AND BAR, LC	c EIN-PN 65-0701546-001
a	Plan name JACQUET 401(K) PLAN	
b	Name of plan sponsor JMS HOLDING US, INC.	c EIN-PN 20-4478645-001
a	Plan name KEY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor KEY ENGINEERING, INC.	c EIN-PN 75-3112205-001
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 LEVENTHAL PUGA BRALEY P.C., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEVENTHAL PUGA BRALEY P.C.	c EIN-PN 84-0852333-001
a	Plan name MAYBAR MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor MAYBAR MANUFACTURING CO., INC.	c EIN-PN 39-0842841-001
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
a	Plan name MOUNTAIN STATES GLASS LLC 401(K) PLAN	
b	Name of plan sponsor MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001
a	Plan name MOUNTZ, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MOUNTZ, INC.	c EIN-PN 94-2625117-001

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 PARK PRINTING, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor PARK PRINTING, INC.	c EIN-PN 41-1363302-001
a	Plan name PARKER SQUARED AND AFFILIATED COMPANIES 401(K) PLAN	
b	Name of plan sponsor PARKER SQUARED, INC. DBA SLEEPING BABY, INC.	c EIN-PN 27-0402271-001
a	Plan name PARKS JOHNSON AGENCY 401(K) PLAN	
b	Name of plan sponsor PARKS JOHNSON AGENCY	c EIN-PN 85-2713186-001
a	Plan name PRECISION CONCRETE CONSTRUCTION COMPANY 401K PLAN	
b	Name of plan sponsor PRECISION CONCRETE CONSTRUCTION COMPANY	c EIN-PN 52-0851269-001
a	Plan name PRECISION THREADED PRODUCTS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON AEROSPACE, LLC	c EIN-PN 46-5032055-001
a	Plan name RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor RJ NOLAN & ASSOCIATES, INC.	c EIN-PN 39-1090667-001
a	Plan name SCOTT MCLEOD PLUMBING, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor SCOTT MCLEOD PLUMBING, INC.	c EIN-PN 32-0067594-002
a	Plan name SMI AUTOMOTIVE REPAIR 401(K) PLAN	
b	Name of plan sponsor KH AUTOMOTIVE, LLC	c EIN-PN 84-4729796-001
a	Plan name SUSSEX EYE CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SUSSEX EYE CENTER	c EIN-PN 51-0349408-001
a	Plan name THE HORN FUNDING CORP, 401(K) PLAN	
b	Name of plan sponsor THE HORN FUNDING CORP	c EIN-PN 45-3599694-002
a	Plan name TRAFFIC SCHOOL (401 K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRAFFIC SAFETY CONSULTANTS, INC. DBA COMEDY SCHOOL ONLINE.COM	c EIN-PN 95-3312949-001
a	Plan name TRAIN'S TOWERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TRAIN'S TOWERS, INC.	c EIN-PN 22-3309976-001

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	VERADYNE ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	VERADYNE UNLIMITED, INC.	c EIN-PN 82-1987323-001
a	Plan name	WINFREY DENTAL AESTHETICS 401(K) PLAN	
b	Name of plan sponsor	WINFREY DENTAL AESTHETICS	c EIN-PN 73-1642618-001
a	Plan name	WINSLOW CAMPUS OF CARE 401(K) PLAN	
b	Name of plan sponsor	WINSLOW CONVALESCENT CENTER DBA WINSLOW CAMPUS OF CARE	c EIN-PN 86-0320039-001
a	Plan name	WINTERS, LLP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WINTERS, LLP	c EIN-PN 37-1366508-001
a	Plan name	WISEN, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	WISEN, LLC	c EIN-PN 84-1950390-001
a	Plan name	HAYDON HOLDINGS, LLC AND SUBSIDIARIES PROFIT SHARING PLAN	
b	Name of plan sponsor	HAYDON HOLDINGS, LLC	c EIN-PN 06-1662614-001
a	Plan name	JANET'S ENTERPRISE, INC. 401(K) PLAN	
b	Name of plan sponsor	JANET'S ENTERPRISE, INC.	c EIN-PN 84-2889332-002
a	Plan name	JANITORS SUPPLY CO., INC. EMPLOYEES' SAVINGS AND RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	THE JANITORS SUPPLY CO., INC.	c EIN-PN 35-0981768-001
a	Plan name	KIRKWOOD AUTO CENTER, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KIRKWOOD AUTO CENTER, LLC	c EIN-PN 52-2063437-001
a	Plan name	KLAR, IZSAK, & STENGER LLC 401(K) PLAN	
b	Name of plan sponsor	KLAR, IZSAK, & STENGER LLC	c EIN-PN 43-1844222-001
a	Plan name	KMW 401(K) PLAN	
b	Name of plan sponsor	KELLER, MELCHIORRE AND WALSH, PLLC	c EIN-PN 83-2864534-001
a	Plan name	LIMBWALKER TREE SERVICE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LIMBWALKER TREE SERVICE INC.	c EIN-PN 20-2001838-001

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 MCCOLLOUGH SCHOLTEN 401(K) SAVINGS PLAN	
b	Name of plan sponsor MCCOLLOUGH SCHOLTEN CONSTRUCTION	c EIN-PN 35-1685271-001
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 MCGUFF ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor MCGUFF ROOFING, INC.	c EIN-PN 35-1693215-001
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 NOTTINGHAM RETIREMENT PLAN	
b	Name of plan sponsor NOTTINGHAM STUDIOS	c EIN-PN 47-4225120-001
a	Plan name PATRICK MACDONALD DDS PC 401(K) PLAN	
b	Name of plan sponsor PATRICK MACDONALD DDS PC	c EIN-PN 20-1206683-001
a	Plan name PATZOLDT 401(K) PLAN	
b	Name of plan sponsor TALON SANITATION, LLC	c EIN-PN 82-2238692-001
a	Plan name R.L. BODEKER & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor R.L. BODEKER & SONS, INC.	c EIN-PN 41-1379442-001
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 RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor RADD CAPITAL, LLC	c EIN-PN 82-2026337-001
a	Plan name ROBERTS DITCHING 401(K) PLAN	
b	Name of plan sponsor ARROWHEAD LINE LLC	c EIN-PN 45-5041435-001
a	Plan name ROBERTS ENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor ROBERTS ENERGY, LLC	c EIN-PN 81-3450263-001

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	ROBIN CHIANG & COMPANY 401(K) PLAN	
b	Name of plan sponsor	ROBIN CHIANG & COMPANY	c EIN-PN 94-3271917-001
a	Plan name	ROCKING R MEDICAL 401(K) PLAN	
b	Name of plan sponsor	RATTAN & ASSOCIATES	c EIN-PN 46-2619332-001
a	Plan name	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	SOLOMON GROUP PRODUCTIONS 401(K) PLAN	
b	Name of plan sponsor	SOLOMON GROUP PRODUCTIONS, L.L.C.	c EIN-PN 45-2497756-001
a	Plan name	SONNEN, INC. 401(K) PLAN	
b	Name of plan sponsor	SONNEN, INC.	c EIN-PN 47-3043045-001
a	Plan name	SOPRIS LIQUOR & WINE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	K&A LLC DBA SOPRIS LIQUOR & WINE	c EIN-PN 46-5124977-001
a	Plan name	THE NORTHRIDGE HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	ALTERCARE, INC DBA NORTHRIDGE HEALTH CENTER	c EIN-PN 34-1400803-001
a	Plan name	THE ORIANA SHEA GROUP 401(K) PLAN	
b	Name of plan sponsor	THE ORIANA SHEA GROUP	c EIN-PN 26-2733920-001
a	Plan name	THE OSCHMANN ORGANIZATION, INC. 401(K) PLAN	
b	Name of plan sponsor	THE OSCHMANN ORGANIZATION, INC. DBA AZC DRUG TESTING	c EIN-PN 86-0994137-001
a	Plan name	VERPLANK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	VERPLANK ELECTRIC INC.	c EIN-PN 75-3028527-001
a	Plan name	VERRATERRA 401(K) PLAN	
b	Name of plan sponsor	VERRATERRA PROPERTY MANAGEMENT LLC	c EIN-PN 27-3256545-001
a	Plan name	WOODBINE 401(K) PLAN	
b	Name of plan sponsor	WOODBINE DEVELOPMENT I, LTD.	c EIN-PN 75-2574239-001

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	WOODS AIR MOVEMENT LIMITED 401(K) PLAN	
b	Name of plan sponsor	WOODS AIR MOVEMENT LIMITED	c EIN-PN 36-4946974-001
a	Plan name	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	AB ORTHODONTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AB ORTHODONTICS, LLC DBA FALLSGROVE ORTHODONTICS	c EIN-PN 86-1464429-001
a	Plan name	AL'S TWIN AIR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AL'S TWIN AIR, LLC	c EIN-PN 45-5382103-001
a	Plan name	ARMCORP CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	ARMCORP CONSTRUCTION, INC.	c EIN-PN 27-0308374-001
a	Plan name	BELMONT HARDWARE 401(K) PLAN	
b	Name of plan sponsor	COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA	c EIN-PN 94-2724600-001
a	Plan name	BRIQUETTES 401(K) PLAN	
b	Name of plan sponsor	BRIQUETTES	c EIN-PN 46-1353447-001
a	Plan name	BRITTEN DENTAL ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	BRITTEN DENTAL ASSOCIATES, PLLC	c EIN-PN 93-4203136-001
a	Plan name	CEDARWOOD LANDSCAPING INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CEDARWOOD LANDSCAPING, INC.	c EIN-PN 22-3659554-001
a	Plan name	CENTERA BIOSCIENCE 401(K) PLAN	
b	Name of plan sponsor	CENTERA BIOSCIENCE INC.	c EIN-PN 46-3097866-001
a	Plan name	DONOVAN HANSEN, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DONOVAN HANSEN, PLLC	c EIN-PN 46-2829443-001
a	Plan name	DOORWAY HOME LOANS 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL CITY MORTGAGE, INC.	c EIN-PN 33-0231744-001

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	EMBRACE RELIEF FOUNDATION INC. 401(K) PLAN	
b	Name of plan sponsor	EMBRACE RELIEF FOUNDATION INC.	c EIN-PN 26-2393075-001
a	Plan name	EMCO GLADE SPRINGS HOSPITALITY, LLC 401(K) PLAN	
b	Name of plan sponsor	EMCO GLADE SPRINGS HOSPITALITY, LLC	c EIN-PN 20-0976658-001
a	Plan name	EMERGE ATS, LLC 401K PLAN	
b	Name of plan sponsor	EMERGE ADVANCED TECHNOLOGY SOLUTIONS, LLC	c EIN-PN 20-8060822-001
a	Plan name	FIRST CHOICE MOBILE RADIOLOGY SERVICES 401(K) PLAN	
b	Name of plan sponsor	FIRST CHOICE MOBILE RADIOLOGY SERVICE, LLC	c EIN-PN 20-5724682-001
a	Plan name	FISH WINDOW CLEANING 401(K) PLAN	
b	Name of plan sponsor	INCITE, LLC	c EIN-PN 84-3768617-001
a	Plan name	GLOSS IN THE CITY LLC 401(K) PLAN	
b	Name of plan sponsor	GLOSS IN THE CITY LLC	c EIN-PN 46-2224761-001
a	Plan name	GMH CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GMH CONSTRUCTION, INC	c EIN-PN 39-2018140-001
a	Plan name	MY FIRST MONTESSORI, INC. 401(K) PLAN	
b	Name of plan sponsor	MY FIRST MONTESSORI, INC.	c EIN-PN 80-0770264-001
a	Plan name	NUOVO SALON & SPA 401(K)PLAN	
b	Name of plan sponsor	NUOVO SALON GROUP	c EIN-PN 59-2737928-001
a	Plan name	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA	c EIN-PN 83-3838404-001
a	Plan name	PRINCIPLE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	PRINCIPLE SERVICES, LLC	c EIN-PN 83-3051083-001
a	Plan name	PRO BOX STORAGE 401(K) PLAN	
b	Name of plan sponsor	PRO BOX PORTABLE STORAGE, LLC	c EIN-PN 35-2485775-001

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	RAREMOON CONSULTING 401(K) PLAN	
b	Name of plan sponsor	SR CONSULTING DBA RAREMOON CONSULTING, INC.	c EIN-PN 81-1906652-001
a	Plan name	RODELA PRODUCE & FLOWERS, INC. 401(K) PLAN	
b	Name of plan sponsor	RODELA PRODUCE & FLOWERS, INC.	c EIN-PN 81-4700937-001
a	Plan name	SERRA COMMUNITY MEDICAL CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor	SERRA COMMUNITY MEDICAL CLINIC, INC.	c EIN-PN 95-4786125-001
a	Plan name	SERTOMA CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	SERTOMA CENTER INCORPORATED	c EIN-PN 62-0818599-002
a	Plan name	SEVEN CORNERS PRINTING 401(K) PLAN	
b	Name of plan sponsor	SEVEN CORNERS PRINTING COMPANY	c EIN-PN 41-0992291-001
a	Plan name	SGI 401(K) PLAN	
b	Name of plan sponsor	SGI	c EIN-PN 93-4216744-001
a	Plan name	SHADOWOBJECTS LLC 401(K) PLAN	
b	Name of plan sponsor	SHADOWOBJECTS LLC	c EIN-PN 27-0137849-001
a	Plan name	T K CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	T K CONCRETE, INC.	c EIN-PN 39-1898532-001
a	Plan name	TACTICAL SPORTS DEPOT, INC. 401(K) PLAN	
b	Name of plan sponsor	TACTICAL SPORTS DEPOT, INC.	c EIN-PN 83-2481967-001
a	Plan name	TAHLEQUAH LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAHLEQUAH LUMBER COMPANY, INC.	c EIN-PN 73-0733285-001
a	Plan name	THE PETROLEUM ALLIANCE OF OKLAHOMA PROFIT SHARING PLAN	
b	Name of plan sponsor	THE PETROLEUM ALLIANCE OF OKLAHOMA	c EIN-PN 73-0667344-002
a	Plan name	THE SPEECH CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor	THE SPEECH CLINIC, INC.	c EIN-PN 51-0352115-001

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 TRAYER SOLUTIONS, LLC 401(K)	
b	Name of plan sponsor TRAYER SOLUTIONS, LLC	c EIN-PN 46-4500573-001
a	Plan name TREASURE FIRE EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor TREASURE FIRE EQUIPMENT, INC.	c EIN-PN 87-0656861-001
a	Plan name TREEHOUSE CALIFORNIA ALMONDS, LLC 401(K) PLAN	
b	Name of plan sponsor TREEHOUSE CALIFORNIA ALMONDS, LLC	c EIN-PN 04-3671330-001
a	Plan name TRENT NEISEN, DDS, PLLC 401(K) PLAN	
b	Name of plan sponsor TRENT NEISEN, DDS, PLLC	c EIN-PN 85-2718212-001
a	Plan name VIRTUAL OFFICEWARE (DE), LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor VIRTUAL OFFICEWARE (DE), LLC.	c EIN-PN 38-3892710-001
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 ABSOLUTE QUALITY CARE FAMILY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor ABSOLUTE QUALITY CARE FAMILY DENTISTRY	c EIN-PN 72-1498951-001
a	Plan name ALIBI MUSIC, LP 401(K) PLAN	
b	Name of plan sponsor ALIBI MUSIC, LP	c EIN-PN 27-4860450-001
a	Plan name ALL GLASS & WINDOWS, LLC 401(K) PLAN	
b	Name of plan sponsor ALL GLASS & WINDOWS, LLC	c EIN-PN 36-4845255-001
a	Plan name ARTISTIC TILE PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor ARTISTIC TILE, INC.	c EIN-PN 22-3247240-001
a	Plan name ASCEND DENTAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ASCEND DENTAL SERVICES, LLC	c EIN-PN 83-2589578-001
a	Plan name BERKELEY HALL CLUB RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BERKELEY HALL CLUB	c EIN-PN 57-1105488-001

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 BESPOKE HOMES LLC 401(K) PLAN	
b	Name of plan sponsor BESPOKE HOMES LLC	c EIN-PN 47-4157488-001
a	Plan name BROS AUTO GROUP PLAN	
b	Name of plan sponsor ONTARIO VOLKSWAGEN	c EIN-PN 65-1163516-001
a	Plan name COMPUTER TIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPUTER TIES, LLC	c EIN-PN 26-0414943-001
a	Plan name D A INTERNATIONAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor D A INTERNATIONAL GROUP	c EIN-PN 85-2607348-001
a	Plan name ENGELHARDT DAIRY OF WISCONSIN, LLC 401(K) PLAN	
b	Name of plan sponsor ENGELHARDT DAIRY OF WISCONSIN, LLC	c EIN-PN 45-2174947-001
a	Plan name ENGINEERED TOOLS EMPLOYEE'S 401(K) PLAN	
b	Name of plan sponsor ENGINEERED TOOLS CORPORATION	c EIN-PN 38-2315702-001
a	Plan name ENT CLINIC OF IOWA, P.C. 401(K) PLAN	
b	Name of plan sponsor ENT CLINIC OF IOWA, P.C.	c EIN-PN 42-1487214-002
a	Plan name ENVIROCHEM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ENVIROCHEM, INC.	c EIN-PN 22-2051993-001
a	Plan name FIVE STAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FIVE STAR REAL ESTATE & PROPERTY MANAGEMENT, LLC	c EIN-PN 46-3215891-001
a	Plan name FLO-LINE TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor FLO-LINE TECHNOLOGY	c EIN-PN 20-4032669-001
a	Plan name GONYEA HOMES & REMODELING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GONYEA HOMES AND REMODELING	c EIN-PN 41-1641699-001
a	Plan name IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001

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	IMPERIAL HEALTHCARE CENTER 401(K) PLAN	
b	Name of plan sponsor	LA MIRADA HEALTHCARE, LLC	c EIN-PN 46-5663042-001
a	Plan name	JEFFREY A. STOLARZ, DDS, P.C. SAFE HARBOR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	JEFFREY A. STOLARZ, DDS, P.C.	c EIN-PN 35-2111364-001
a	Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-001
a	Plan name	LIVONIA DERMATOLOGY, PLLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LIVONIA DERMATOLOGY PLLC	c EIN-PN 85-0486422-001
a	Plan name	LONG RANGE LLC 401(K) PLAN	
b	Name of plan sponsor	LONG RANGE LLC	c EIN-PN 23-3058761-001
a	Plan name	MDL 401(K) PLAN	
b	Name of plan sponsor	MINERAL DEVELOPMENT, LLC	c EIN-PN 46-5488841-001
a	Plan name	AXION RMS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AXION RMS, LTD	c EIN-PN 47-2464302-002
a	Plan name	B & B SHEET METAL & ROOFING, INC. 401(K) SALARY SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	B & B SHEET METAL & ROOFING, INC.	c EIN-PN 41-1668760-001
a	Plan name	BRYNER CHEVROLET INC. SALARY DEFERRAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRYNER CHEVROLET INC.	c EIN-PN 23-1912111-001
a	Plan name	CINDERELLA DIVINE INC. RETIREMENT PLAN	
b	Name of plan sponsor	CINDERELLA DIVINE, INC.	c EIN-PN 20-4533301-002
a	Plan name	CINDERELLA DIVINE, INC. PENSION PLAN	
b	Name of plan sponsor	CINDERELLA DIVINE, INC.	c EIN-PN 20-4533301-001
a	Plan name	DALHART ABSTRACT COMPANY, LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DALHART ABSTRACT COMPANY, LP	c EIN-PN 75-2814512-002

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	DALLESPORT FOUNDRY RETIREMENT PLAN	
b	Name of plan sponsor	DALLESPORT FOUNDRY, LLC	c EIN-PN 91-1878495-001
a	Plan name	DAMM FINE CHICKEN LLC DBA DAVE'S HOT CHICKEN 401(K) PLAN	
b	Name of plan sponsor	DAMM FINE CHICKEN LLC DBA DAVE'S HOT CHICKEN	c EIN-PN 86-1240965-002
a	Plan name	DANGIE BROS., INC. 401(K) PLAN	
b	Name of plan sponsor	DANGIE BROS., INC.	c EIN-PN 81-1002279-001
a	Plan name	FLOW-LINE CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	FLOW-LINE CONSTRUCTION	c EIN-PN 46-0730116-001
a	Plan name	FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FLOWMASTER, INC.	c EIN-PN 46-4050504-002
a	Plan name	IN FOCUS PSYCHIATRY 401K PLAN	
b	Name of plan sponsor	IN FOCUS PSYCHIATRY	c EIN-PN 81-2638084-001
a	Plan name	INDEAVOR CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INDEAVOR CORPORATION	c EIN-PN 39-1870041-001
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	JOHNSON-FRANK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON-FRANK & ASSOCIATES, INC.	c EIN-PN 95-3086260-001
a	Plan name	JON CHASE AGENCY 401K PLAN	
b	Name of plan sponsor	JON CHASE AGENCY	c EIN-PN 30-0695620-001
a	Plan name	LONGVIEW NOR-JAY, LTD. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	LONGVIEW NOR-JAY, LTD. DBA DIAMOND SHOWCASE	c EIN-PN 91-1294382-001
a	Plan name	LOUISVILLE LAW, PLLC	
b	Name of plan sponsor	LOUISVILLE LAW, PLLC	c EIN-PN 84-4442393-001

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 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 MICRO-DATA SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor MICRO-DATA SYSTEMS, INC.	c EIN-PN 22-3146038-001
a	Plan name OBRA RAMOS 401(K) PLAN	
b	Name of plan sponsor OBRA RAMOS CONSTRUCTION, LLC	c EIN-PN 46-2310284-001
a	Plan name OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name RCI 401(K) PLAN	
b	Name of plan sponsor ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-001
a	Plan name S.C. SWIDERSKI MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor S.C. SWIDERSKI MANAGEMENT, INC.	c EIN-PN 47-2837847-001
a	Plan name SABRE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SABRE ENGINEERING, INC.	c EIN-PN 27-2067753-001
a	Plan name SPA 401(K)	
b	Name of plan sponsor SEAFOOD PRODUCTS ASSOCIATION	c EIN-PN 20-8459653-001
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 TRIS PHARMA 401(K) PLAN	
b	Name of plan sponsor TRIS PHARMA, INC.	c EIN-PN 22-3747409-001
a	Plan name WCR 401(K) PLAN	
b	Name of plan sponsor WEST COAST RESURFACING LLC	c EIN-PN 26-1605380-001
a	Plan name WEAVER MEMORIALS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WEAVER MEMORIALS, INC.	c EIN-PN 23-1714594-001

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	ALLISON WHITE INSURANCE RETIREMENT PLAN
b	Name of plan sponsor	ALLISON M. WHITE INSURANCE AGENCY, INC.
c	EIN-PN	47-5445319-001
a	Plan name	ALLSTAR PLUMBERS 401(K) PLAN
b	Name of plan sponsor	ALLSTAR PLUMBERS, INC.
c	EIN-PN	26-0425473-001
a	Plan name	ALPHAONE AMBULANCE 401(K) PLAN
b	Name of plan sponsor	ALPHAONE AMBULANCE MEDICAL SERVICES, INC.
c	EIN-PN	27-3266402-001
a	Plan name	B&F CONTRACTING 401(K) RETIREMENT PLAN
b	Name of plan sponsor	B&F CONTRACTING, INC.
c	EIN-PN	86-0677300-002
a	Plan name	BABCOCK CONSULTING GROUP 401(K) PLAN
b	Name of plan sponsor	BABCOCK CONSULTING GROUP
c	EIN-PN	72-1385871-001
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 OF METTER RETIREMENT PLAN
b	Name of plan sponsor	CITY OF METTER
c	EIN-PN	58-6000621-001
a	Plan name	CITYWIDE HOME HEALTH SERVICES, INC. 401(K) PLAN
b	Name of plan sponsor	CITYWIDE HOME HEALTH SERVICES, INC.
c	EIN-PN	26-1920951-001
a	Plan name	DAVID CUSTOM ROOFING & PAINTING INC. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	DAVIDS CUSTOM ROOFING & PAINTING, INC.
c	EIN-PN	99-0314996-001
a	Plan name	EASTERN CONNECTOR SPECIALTY CORP 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	EASTERN CONNECTOR SPECIALTY CORPORATION
c	EIN-PN	06-1384769-001
a	Plan name	FOUNDATION TECHNOLOGIES, LLC 401(K) PLAN
b	Name of plan sponsor	FOUNDATION TECHNOLOGIES, LLC
c	EIN-PN	41-1967504-001
a	Plan name	FOUNDATIONS FOR CHANGE 401(K) RETIREMENT PLAN
b	Name of plan sponsor	FOUNDATIONS FOR CHANGE, LLC
c	EIN-PN	61-1687546-001

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 GUARDIAN, INC. 401(K) PLAN	
b	Name of plan sponsor GUARDIAN PROFESSIONAL CONTRACTING SERVICES, INC.	c EIN-PN 45-2501714-001
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 INDIANA HEALTH GROUP 401(K) PLAN	
b	Name of plan sponsor INDIANA HEALTH GROUP	c EIN-PN 35-1706785-001
a	Plan name INFINITE RESOURCE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor INFINITE RESOURCE SOLUTIONS LLC	c EIN-PN 46-2838507-001
a	Plan name LUHRSEN GOLDBERG, LLC 401(K) PLAN	
b	Name of plan sponsor LUHRSEN GOLDBERG, LLC	c EIN-PN 81-2579736-001
a	Plan name MIKE'S TREE COMPANY LLC RETIREMENT PLAN	
b	Name of plan sponsor MIKE'S TREE COMPANY LLC	c EIN-PN 20-1018080-001
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 MILKMAID GOODS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILKMAID GOODS	c EIN-PN 47-4478047-001
a	Plan name MILKYWAY EDUCATION CENTER INC. 401(K) PLAN	
b	Name of plan sponsor MILKYWAY EDUCATION CENTER INC.	c EIN-PN 22-3261282-001
a	Plan name OLE SOUTH PROPERTIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OLE SOUTH PROPERTIES, INC.	c EIN-PN 62-1336679-001
a	Plan name OMAN-GIBSON ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OMAN-GIBSON ASSOCIATES, LLC	c EIN-PN 04-3617907-001
a	Plan name OMEGA THERMO PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor OMEGA THERMO PRODUCTS, LLC	c EIN-PN 39-1930105-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RCS PLUMBING LLC 401(K) PLAN	
b	Name of plan sponsor	RCS PLUMBING, LLC	c EIN-PN 45-2455621-001
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	SALTER HEALY, LLC 401(K) PLAN	
b	Name of plan sponsor	SALTER HEALY, LLC	c EIN-PN 26-1337937-001
a	Plan name	SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAMCO PROPERTIES, INC.	c EIN-PN 59-2396906-001
a	Plan name	TEXAS SAFFIRE, LLC 401(K) PLAN	
b	Name of plan sponsor	TEXAS SAFFIRE, LLC	c EIN-PN 27-5482729-001
a	Plan name	TUMBL TRAK 401(K) PLAN	
b	Name of plan sponsor	V.T.L., INC	c EIN-PN 38-2824518-001
a	Plan name	WENTWORTH BUILDERS, INC. SAFE HARBOR PLAN	
b	Name of plan sponsor	WENTWORTH BUILDERS, INC.	c EIN-PN 38-2620809-001
a	Plan name	WEST COAST TRIAL LAWYERS, APLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST COAST TRIAL LAWYERS, APLC	c EIN-PN 46-3026380-001
a	Plan name	WEST WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	WEST WEALTH MANAGEMENT INC.	c EIN-PN 85-2279060-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN FUNDS AMERICAN MUTUAL RET OPT	B Three-digit plan number (PN) ▶ 754
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	52224005
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	64535717
(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	52224005	64535717
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	52224005	64535717

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)	1214578	
(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)	4186767	
(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)		2787450
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8188795

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)	126087	
(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)		126087
j Total expenses. Add all expense amounts in column (b) and enter total	2j		126087

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8062708
l Transfers of assets:			
(1) To this plan	2l(1)		13384636
(2) From this plan	2l(2)		9135632

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 _____.