

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 [X] a DFE (specify) P
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA RETIREONTRACK 2065 WITH AMERICAN FUNDS RET OPT
1b Three-digit plan number (PN): 444
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 82-5217478
2c Plan Sponsor's telephone number
2d Business code (see instructions)

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

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

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

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

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>TRANSAMERICA RETIREONTRACK 2065 WITH AMERICAN FUNDS RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>444</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>82-5217478</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CIRCLE COMPUTER RESOURCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CIRCLE COMPUTER RESOURCES, INC.	<b>c</b> EIN-PN 42-1404024-001
<b>a</b>	Plan name CITY CLUB APARTMENTS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CITY CLUB APARTMENTS, LLC	<b>c</b> EIN-PN 81-1284363-001
<b>a</b>	Plan name CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLASSIC CARRIERS, INC.	<b>c</b> EIN-PN 31-1152938-001
<b>a</b>	Plan name CLEARLY SPEAKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEARLY SPEAKING, L.L.C.	<b>c</b> EIN-PN 45-2988436-001
<b>a</b>	Plan name COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COCHRANE SUPPLY ENGINEERING, INC.	<b>c</b> EIN-PN 38-1854848-001
<b>a</b>	Plan name H&S FIELD SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor H & S FIELD SERVICES INC.	<b>c</b> EIN-PN 20-3401221-001
<b>a</b>	Plan name HACKWORTH SYSTEMS, LLC	
<b>b</b>	Name of plan sponsor HACKWORTH SYSTEMS, LLC	<b>c</b> EIN-PN 82-2253739-001
<b>a</b>	Plan name HAMMOND-MITCHELL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAMMOND-MITCHELL, INC.	<b>c</b> EIN-PN 54-0839749-001
<b>a</b>	Plan name HANCOCK FEDERAL CREDIT UNION EMPLOYEES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HANCOCK FEDERAL CREDIT UNION	<b>c</b> EIN-PN 34-4430151-002
<b>a</b>	Plan name HARTSHORNE HEALTH SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HARTSHORNE HEALTH SERVICES, LLC	<b>c</b> EIN-PN 20-1718450-001
<b>a</b>	Plan name HAUCK BROS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAUCK BROTHERS, INC.	<b>c</b> EIN-PN 31-0599870-001
<b>a</b>	Plan name HEARING SOLUTIONS OF INDIANA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INNOVATIVE HEARING SOLUTIONS OF INDIANA, INC.	<b>c</b> EIN-PN 83-2099523-001

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.)	
<b>a</b>	Plan name MTS/SFH 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor MULTIPLICITY THERAPEUTIC SERVICES, INC.	<b>c</b> EIN-PN 51-0619590-001
<b>a</b>	Plan name NATIONAL FIELD REPRESENTATIVES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor NATIONAL FIELD REPRESENTATIVES, LLC	<b>c</b> EIN-PN 02-0451448-001
<b>a</b>	Plan name SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEQUEL CONTRACTORS, INC.	<b>c</b> EIN-PN 95-4301424-002
<b>a</b>	Plan name SES ENVIRONMENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor SES ENVIRONMENTAL	<b>c</b> EIN-PN 62-1378603-002
<b>a</b>	Plan name SGI 401(K) PLAN	
<b>b</b>	Name of plan sponsor SGI	<b>c</b> EIN-PN 93-4216744-001
<b>a</b>	Plan name SHAFER COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHAFER REDI-MIX, INC.	<b>c</b> EIN-PN 38-2412059-002
<b>a</b>	Plan name SIGNS330, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIGNS330, LLC	<b>c</b> EIN-PN 84-3286309-001
<b>a</b>	Plan name 3X SPECIALTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor 3X SPECIALTIES, LLC	<b>c</b> EIN-PN 20-3020194-001
<b>a</b>	Plan name 429 ELECTRICAL CONTRACTORS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 429 ELECTRICAL CONTRACTORS LLC	<b>c</b> EIN-PN 81-4805405-001
<b>a</b>	Plan name A&G PIPING 401(K) PLAN	
<b>b</b>	Name of plan sponsor A&G PIPING, INC.	<b>c</b> EIN-PN 75-1972619-001
<b>a</b>	Plan name A&N ASPHALT 401(K) PROFIT SHARING PLAN + TRUST	
<b>b</b>	Name of plan sponsor A&N ASPHALT INC.	<b>c</b> EIN-PN 38-3217709-001
<b>a</b>	Plan name A-1 SECURITY BARS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor A-1 SECURITY BARS, INC.	<b>c</b> EIN-PN 52-2284626-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	A-OK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A-OK SANITARY & GARBAGE SERVICE, INC.	<b>c</b> EIN-PN 46-0416889-001
<b>a</b>	Plan name	A.K.O. INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A.K.O. INC.	<b>c</b> EIN-PN 06-0249990-001
<b>a</b>	Plan name	A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A.W. OAKES & SON, INC.	<b>c</b> EIN-PN 39-0967026-003
<b>a</b>	Plan name	COMMERCIAL SEWING, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL SEWING, INC.	<b>c</b> EIN-PN 06-0863890-001
<b>a</b>	Plan name	COMMUNITY STAR CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY STAR CREDIT UNION	<b>c</b> EIN-PN 34-0728231-002
<b>a</b>	Plan name	COMMUNITY WHOLESALE TIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY WHOLESALE TIRE DISTRIBUTING, INC.	<b>c</b> EIN-PN 43-0799202-001
<b>a</b>	Plan name	COMPASS COMMERCIAL CONSTRUCTION GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPASS COMMERCIAL CONSTRUCTION GROUP	<b>c</b> EIN-PN 27-3042323-777
<b>a</b>	Plan name	COMPASS RETIREMENT CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMPASS RETIREMENT CONSULTING GROUP, INC.	<b>c</b> EIN-PN 20-4795685-001
<b>a</b>	Plan name	COMPASS STUDIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JP COMPASS CONSULTING AND CONSTRUCTION, INC. DBA COMPASS STUDIO	<b>c</b> EIN-PN 20-5387398-001
<b>a</b>	Plan name	COMPLETE AGRI SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE AGRI SERVICES	<b>c</b> EIN-PN 46-2836066-001
<b>a</b>	Plan name	CONNOLLY ELECTRIC & MECHANICAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHRIS CONNOLLY INC. DBA CONNOLLY ELECTRIC & MECHANICAL	<b>c</b> EIN-PN 86-0892259-001
<b>a</b>	Plan name	CONSERVATION FOUNDATION GC PLAN	
<b>b</b>	Name of plan sponsor	CONSERVATION FOUNDATION OF THE GULF COAST	<b>c</b> EIN-PN 20-0345249-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CONSTA FLOW, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CONSTA FLOW, INC.	<b>c</b> EIN-PN 59-2925149-001
<b>a</b>	Plan name	CONSUMER ATTORNEYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSUMER ATTORNEYS PLC	<b>c</b> EIN-PN 86-3781893-001
<b>a</b>	Plan name	CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTROLS & WEIGHING SYSTEMS, INC.	<b>c</b> EIN-PN 59-1588191-001
<b>a</b>	Plan name	COR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COR CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 11-3742607-001
<b>a</b>	Plan name	HEARTLAND FOOD PRODUCTS GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TC HEARTLAND, LLC DBA HEARTLAND FOOD PRODUCTS GROUP	<b>c</b> EIN-PN 20-1938376-001
<b>a</b>	Plan name	HEC SOFTWARE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEC SOFTWARE, INC. DBA READING HORIZONS	<b>c</b> EIN-PN 86-0495240-001
<b>a</b>	Plan name	HERITAGE AUTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	<b>c</b> EIN-PN 87-0306275-001
<b>a</b>	Plan name	HINKLE DDS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CURT HINKLE DDS, PA	<b>c</b> EIN-PN 33-1076529-001
<b>a</b>	Plan name	NATURESCAPE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NATURESCAPE	<b>c</b> EIN-PN 03-0448406-001
<b>a</b>	Plan name	NEWPARK DENTISTRY, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEWPARK DENTISTRY, PC	<b>c</b> EIN-PN 26-1829124-001
<b>a</b>	Plan name	NEXT DOOR SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEXT DOOR FOUNDATION, INC.	<b>c</b> EIN-PN 39-1162969-002
<b>a</b>	Plan name	SK MANAGEMENT, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SK MANAGEMENT, INC	<b>c</b> EIN-PN 02-0456712-001

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.)	
<b>a</b> Plan name	SKILLINGS & SONS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SKILLINGS & SONS, INC.	<b>c</b> EIN-PN 04-2491037-001
<b>a</b> Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SLIM CHICKENS	<b>c</b> EIN-PN 45-3985800-001
<b>a</b> Plan name	SMARTLY HOME LOANS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SMARTLY HOME LOANS, INC	<b>c</b> EIN-PN 47-5162210-001
<b>a</b> Plan name	SMILES BY DESIGN 401(K) PLAN	
<b>b</b> Name of plan sponsor	SBD DENTAL PLLC DBA SMILES BY DESIGN	<b>c</b> EIN-PN 99-4270841-001
<b>a</b> Plan name	SOMEWHERE OVER THE SPECTRUM 401(K) PLAN	
<b>b</b> Name of plan sponsor	SOMEWHERE OVER THE SPECTRUM LLC	<b>c</b> EIN-PN 86-2547628-001
<b>a</b> Plan name	ABOVE ALL CAULKING 401(K) PLAN	
<b>b</b> Name of plan sponsor	ABOVE ALL CAULKING & WATERPROOFING, INC.	<b>c</b> EIN-PN 59-3790848-001
<b>a</b> Plan name	ACADEMY MANAGEMENT COMPANY 401(K) PLAN	
<b>b</b> Name of plan sponsor	ACADEMY MANAGEMENT COMPANY	<b>c</b> EIN-PN 45-2344235-001
<b>a</b> Plan name	ACADIA DERMATOLOGY 401(K) PLAN	
<b>b</b> Name of plan sponsor	ACADIA DERMATOLOGY	<b>c</b> EIN-PN 84-4302481-001
<b>a</b> Plan name	ACCURATE REGRINDING 401(K) PLAN	
<b>b</b> Name of plan sponsor	VAN TUINEN COMPANY DBA ACCURATE REGRINDING SERVICE	<b>c</b> EIN-PN 38-2644484-001
<b>a</b> Plan name	ACCUTROL COMPLETE HOME SERVICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	ACCUTROL COMPLETE HOME SERVICES, LLC	<b>c</b> EIN-PN 86-3952569-001
<b>a</b> Plan name	ACCUTURN 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ACCUTURN CORPORATION	<b>c</b> EIN-PN 95-2901000-001
<b>a</b> Plan name	ACSI 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	ADVANCED CONTROL SOLUTIONS, INC.	<b>c</b> EIN-PN 34-1711260-001

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.)		
<b>a</b>	Plan name ACT LABORATORIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACT LABORATORIES, INC.	<b>c</b> EIN-PN 30-0857299-001
<b>a</b>	Plan name ADITYA CHHIBBER BDS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADITYA CHHIBBER BDS LLC DBA AC ORTHODONTICS	<b>c</b> EIN-PN 81-1939042-002
<b>a</b>	Plan name CORR FLIGHT S, INC. 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor CORR FLIGHT S INC.	<b>c</b> EIN-PN 47-2376307-777
<b>a</b>	Plan name CROFT COMPANIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CROFT POWER EQUIPMENT, LLC	<b>c</b> EIN-PN 87-0620719-001
<b>a</b>	Plan name CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	<b>c</b> EIN-PN 48-0666889-001
<b>a</b>	Plan name CTCO BENEFIT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CTCO BENEFIT SERVICES, LLC	<b>c</b> EIN-PN 30-0515404-002
<b>a</b>	Plan name HOME PARAMOUNT PEST CONTROL COMPANY EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HOME PARAMOUNT PEST CONTROL COMPANY	<b>c</b> EIN-PN 54-0762970-001
<b>a</b>	Plan name HURTIS HEATING & AIR CONDITIONING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HURTIS HEATING & AIR CONDITIONING, INC.	<b>c</b> EIN-PN 45-3676136-001
<b>a</b>	Plan name HY-ROCK EXCAVATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HY-ROCK EXCAVATION, LLC	<b>c</b> EIN-PN 20-3242534-001
<b>a</b>	Plan name IBEW LOCAL UNION NO. 444 PENSION PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL BROTHERHOOD OF ELECTRICAL UNION WORKERS LOCAL UNION 44	<b>c</b> EIN-PN 73-6153191-001
<b>a</b>	Plan name IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor IDAHO ASPHALT SUPPLY, INC.	<b>c</b> EIN-PN 82-0325664-001
<b>a</b>	Plan name NOMAD GLOBAL COMMUNICATION SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NOMAD GLOBAL COMMUNICATION SOLUTIONS	<b>c</b> EIN-PN 35-2182794-777

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.)		
<b>a</b>	Plan name NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.	<b>c</b> EIN-PN 58-1633173-777
<b>a</b>	Plan name NORTH ATLANTIC CONCRETE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NORTH ATLANTIC CONCRETE, INC.	<b>c</b> EIN-PN 45-3077844-001
<b>a</b>	Plan name NORTHERN CROSSARM COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHERN CROSSARM COMPANY, INC.	<b>c</b> EIN-PN 39-0987381-001
<b>a</b>	Plan name NORTHPOINT CONSTRUCTION MANAGEMENT, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHPOINT CONSTRUCTION MANAGEMENT, LLC	<b>c</b> EIN-PN 20-2902599-001
<b>a</b>	Plan name NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST CHRISTIAN SCHOOL	<b>c</b> EIN-PN 86-0445016-001
<b>a</b>	Plan name NWGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST GENERAL ENGINEERING	<b>c</b> EIN-PN 68-0454297-001
<b>a</b>	Plan name O'CONNELL LANDSCAPE MAINTENANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor O'CONNELL LANDSCAPE MAINTENANCE INC.	<b>c</b> EIN-PN 95-3141443-002
<b>a</b>	Plan name OHANA NUI MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OHANA NUI MANAGEMENT, INC.	<b>c</b> EIN-PN 33-1091808-001
<b>a</b>	Plan name SOUTHEASTERN MACHINE WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHEASTERN MACHINE WORKS, INC.	<b>c</b> EIN-PN 65-0940872-001
<b>a</b>	Plan name SOUTHERN PAINT & SUPPLY COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN PAINT & SUPPLY COMPANY	<b>c</b> EIN-PN 59-0719579-001
<b>a</b>	Plan name SPECTRUM LOGISTICS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPECTRUM LOGISTICS INC.	<b>c</b> EIN-PN 81-5106145-001
<b>a</b>	Plan name SPETH & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPETH & ASSOCIATES, P.C.	<b>c</b> EIN-PN 88-1877722-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPRING GROVE CEMETERY	<b>c</b> EIN-PN 31-0235950-003
<b>a</b>	Plan name	SSTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SURE SHOT TAX & SOLUTIONS, LLC	<b>c</b> EIN-PN 93-1640475-001
<b>a</b>	Plan name	STEIN LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEIN LAW PA.	<b>c</b> EIN-PN 46-3771978-001
<b>a</b>	Plan name	POLLART MILLER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POLLART MILLER, LLC	<b>c</b> EIN-PN 20-0022305-001
<b>a</b>	Plan name	PORTO'S BAKERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PORTO'S BAKERY, INC.	<b>c</b> EIN-PN 95-4610775-777
<b>a</b>	Plan name	PPT FLORIDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRODUCTION & PROCESS TECHNOLOGIES FLORIDA, INC.	<b>c</b> EIN-PN 59-3428824-002
<b>a</b>	Plan name	PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION CABLE ASSEMBLIES, INC.	<b>c</b> EIN-PN 39-1787647-002
<b>a</b>	Plan name	PRECISION THREADED PRODUCTS INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON AEROSPACE, LLC	<b>c</b> EIN-PN 46-5032055-001
<b>a</b>	Plan name	PREFERRED CLIMATE SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREFERRED CLIMATE SOLUTIONS, LLC	<b>c</b> EIN-PN 82-1816954-001
<b>a</b>	Plan name	PREMIER PHYSICAL THERAPY AND SPORTS MEDICINE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER PHYSICAL THERAPY AND SPORTS MEDICINE INC.	<b>c</b> EIN-PN 65-1147823-001
<b>a</b>	Plan name	REGULUS 401(K)	
<b>b</b>	Name of plan sponsor	REGULUS GROUP, LLC	<b>c</b> EIN-PN 33-1009928-002
<b>a</b>	Plan name	RENEWABLE MATERIALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RENEWABLE MATERIALS, INC	<b>c</b> EIN-PN 87-1892861-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	REPI LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REPI, LLC	<b>c</b> EIN-PN 54-2101581-001
<b>a</b>	Plan name	RESOLVION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESOLVION, GP	<b>c</b> EIN-PN 47-5254939-001
<b>a</b>	Plan name	ADVANTAGE FLOORING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANTAGE FLOORING, INC.	<b>c</b> EIN-PN 52-2030808-001
<b>a</b>	Plan name	AFTERMAN SOFTWARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AFTERMAN SOFTWARE, LLC	<b>c</b> EIN-PN 81-2910848-001
<b>a</b>	Plan name	AGX SITEWORX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAC ENTERPRISES, LLC DBA AGX SITEWORX	<b>c</b> EIN-PN 47-2997502-001
<b>a</b>	Plan name	AHB TOOLING & MACHINERY 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AHB TOOLING & MACHINERY, LLC	<b>c</b> EIN-PN 83-3280314-001
<b>a</b>	Plan name	STREB CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STREB CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 42-0892646-001
<b>a</b>	Plan name	STRUCTURAL IMAGING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STRUCTURAL IMAGING, LLC	<b>c</b> EIN-PN 91-2076151-001
<b>a</b>	Plan name	STUBBS ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STUBBS ENGINEERING, INC.	<b>c</b> EIN-PN 83-4533132-001
<b>a</b>	Plan name	SUMMIT PHYSICAL THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT PHYSICAL THERAPY	<b>c</b> EIN-PN 75-3207857-001
<b>a</b>	Plan name	SUMMIT SITEWORKS LLC, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT SITEWORKS LLC	<b>c</b> EIN-PN 47-0967899-001
<b>a</b>	Plan name	SUPER SHOX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPER SHOX	<b>c</b> EIN-PN 36-4257602-001

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.)	
<b>a</b>	Plan name SYMONS ADVANCED VALUED EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SYMONS FIRE PROTECTION, INC.	<b>c</b> EIN-PN 03-0378557-001
<b>a</b>	Plan name ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARCHITECTURE, INC.	<b>c</b> EIN-PN 54-1371604-001
<b>a</b>	Plan name ARGO MANAGEMENT 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARGO MANAGEMENT INC.	<b>c</b> EIN-PN 65-1046532-001
<b>a</b>	Plan name ARKA PROFESSIONAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARKA PROFESSIONAL SERVICES, INC.	<b>c</b> EIN-PN 27-5451604-001
<b>a</b>	Plan name ARMSTRONG CARPET & LINOLEUM CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARMSTRONG CARPET & LINOLEUM COMPANY	<b>c</b> EIN-PN 94-1509072-001
<b>a</b>	Plan name ASCENDANT COMMERCIAL INSURANCE 401K PLAN	
<b>b</b>	Name of plan sponsor ASCENDANT COMMERCIAL INSURANCE, INC.	<b>c</b> EIN-PN 27-0835494-001
<b>a</b>	Plan name THE WEBER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WEBER ENTERPRISES, INC.	<b>c</b> EIN-PN 93-0594771-001
<b>a</b>	Plan name THOMPSON VETERINARY CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THOMPSON VETERINARY CLINIC	<b>c</b> EIN-PN 38-3184834-001
<b>a</b>	Plan name TIMMEL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIMMEL ASSOCIATES LLC	<b>c</b> EIN-PN 27-1928755-001
<b>a</b>	Plan name BULLINGTON ASSOCIATES INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BULLINGTON ASSOCIATES, INC.	<b>c</b> EIN-PN 62-0880010-001
<b>a</b>	Plan name BULTYNCK & CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BULTYNCK & CO., P.L.L.C.	<b>c</b> EIN-PN 20-3920878-777
<b>a</b>	Plan name C. CARAMANICO & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C. CARAMANICO & SONS, INC.	<b>c</b> EIN-PN 23-2349249-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VISKOTEEPAK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISKOTEEPAK, LLC	<b>c</b> EIN-PN 20-1267287-001
<b>a</b>	Plan name	VISUAL WORKPLACE INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VISUAL WORKPLACE	<b>c</b> EIN-PN 26-4045453-001
<b>a</b>	Plan name	WARSHAUER WOODWARD ATKINS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARSHAUER WOODWARD ATKINS, LLC.	<b>c</b> EIN-PN 88-2972581-001
<b>a</b>	Plan name	WAYNE PREPARATORY ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAYNE PREPARATORY ACADEMY, LP	<b>c</b> EIN-PN 30-0826240-001
<b>a</b>	Plan name	WELSH FABRICATION & DESIGN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WELSH FABRICATION & DESIGN, INC.	<b>c</b> EIN-PN 26-3962562-001
<b>a</b>	Plan name	DADELAND ORAL SURGERY ASSOCIATES, P.A. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DADELAND ORAL SURGERY ASSOCIATES, P.A.	<b>c</b> EIN-PN 59-2003206-003
<b>a</b>	Plan name	DAMM FINE CHICKEN LLC DBA DAVE'S HOT CHICKEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAMM FINE CHICKEN LLC DBA DAVE'S HOT CHICKEN	<b>c</b> EIN-PN 86-1240965-002
<b>a</b>	Plan name	DATCO MANUFACTURING LLC UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DATCO MANUFACTURING LLC	<b>c</b> EIN-PN 82-3761272-001
<b>a</b>	Plan name	DELAWARE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELAWARE ELECTRICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 23-2016945-001
<b>a</b>	Plan name	DELBIAGGIO CONSTRUCTION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DELBIAGGIO CONSTRUCTION, INC.	<b>c</b> EIN-PN 68-0257089-001
<b>a</b>	Plan name	DUOTECH SERVICES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUOTECH SERVICES LLC	<b>c</b> EIN-PN 59-2658665-001
<b>a</b>	Plan name	E&F PAVING CO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	E&F PAVING CO, LLC	<b>c</b> EIN-PN 20-8741401-001

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.)	
<b>a</b>	Plan name E-T-M ENTERPRISES I, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor E-T-M ENTERPRISES I, INC.	<b>c</b> EIN-PN 38-3457372-001
<b>a</b>	Plan name E.R.F. ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor E.R.F. ELECTRIC LLC DBA E.R.F. ELECTRIC	<b>c</b> EIN-PN 87-3746711-001
<b>a</b>	Plan name EAGLE ELECTRIC SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EAGLE ELECTRIC SERVICES, LLC	<b>c</b> EIN-PN 06-1537747-001
<b>a</b>	Plan name FIRST ILLINOIS BANCORP., INC. PROFIT SHARING 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FIRST ILLINOIS BANCORP., INC.	<b>c</b> EIN-PN 37-1057402-001
<b>a</b>	Plan name FIRST STATE BANK, CLUTE EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FIRST STATE BANK, CLUTE	<b>c</b> EIN-PN 74-1131733-001
<b>a</b>	Plan name ILLUMINATI LABS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ILLUMINATI LABS, LLC	<b>c</b> EIN-PN 46-5236544-001
<b>a</b>	Plan name IMPERIAL ELECTRIC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor IMPERIAL ELECTRIC CO, LLC	<b>c</b> EIN-PN 84-1793288-001
<b>a</b>	Plan name IMPERIUM UTILITY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor IMPERIUM UTILITY SERVICES, LLC	<b>c</b> EIN-PN 82-3004992-001
<b>a</b>	Plan name INCAB AMERICA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INCAB AMERICA, LLC	<b>c</b> EIN-PN 82-0671947-001
<b>a</b>	Plan name INDEPENDENT WORX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INDEPENDENT WORX, LLC	<b>c</b> EIN-PN 46-0946563-001
<b>a</b>	Plan name INTEGRATED LABORATORY PROVIDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTEGRATED LABORATORY PROVIDERS	<b>c</b> EIN-PN 82-1971376-001
<b>a</b>	Plan name INTEGRIS SOLUTIONS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTEGRIS SOLUTIONS LLC	<b>c</b> EIN-PN 47-1620164-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JOURNEYS INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JOURNEYS INC.	<b>c</b> EIN-PN 46-3936603-001
<b>a</b>	Plan name	KBKC DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KBKC DESIGN	<b>c</b> EIN-PN 99-3478083-001
<b>a</b>	Plan name	KC ELECTRIC GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KC ELECTRIC GROUP LLC	<b>c</b> EIN-PN 92-0909909-001
<b>a</b>	Plan name	KDJ SALES & SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KDJ SALES & SERVICE, INC.	<b>c</b> EIN-PN 37-1131827-001
<b>a</b>	Plan name	KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEAR CIVIL CORPORATION	<b>c</b> EIN-PN 20-8257122-001
<b>a</b>	Plan name	KEITH'S APPLIANCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEITH'S APPLIANCES	<b>c</b> EIN-PN 06-0973305-001
<b>a</b>	Plan name	KEY DATA DASHBOARD, INC. DBA KEY DATA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEY DATA DASHBOARD, INC. DBA KEY DATA	<b>c</b> EIN-PN 87-3648034-002
<b>a</b>	Plan name	LOVEHAIR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOVEHAIR COLOR & DESIGN INC.	<b>c</b> EIN-PN 45-1997295-001
<b>a</b>	Plan name	M WILLETS FIRE PROTECTION/KW ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLETS SPRINKLER DESIGN, INC.	<b>c</b> EIN-PN 46-3803230-001
<b>a</b>	Plan name	MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAJESTIC INDUSTRY HILLS, LLC	<b>c</b> EIN-PN 95-4795537-001
<b>a</b>	Plan name	MANHATTAN MECHANICAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANHATTAN MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 27-3969132-001
<b>a</b>	Plan name	MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARC DUTTON IRRIGATION, INC.	<b>c</b> EIN-PN 38-2152186-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	MARENGO THERAPEUTICS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MARENGO THERAPEUTICS, INC.
<b>c</b>	EIN-PN	47-5622851-001
<b>a</b>	Plan name	OMNI MANUFACTURING, INC. PROFIT SHARING AND 401(K) SAVINGS RETIREMENT PLAN AND TRUST
<b>b</b>	Name of plan sponsor	OMNI MANUFACTURING, INC.
<b>c</b>	EIN-PN	34-1383211-001
<b>a</b>	Plan name	OOMA, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	OOMA, INC.
<b>c</b>	EIN-PN	06-1713274-001
<b>a</b>	Plan name	ORIGIN HEALTH 401(K) PLAN
<b>b</b>	Name of plan sponsor	ORIGIN HEALTH
<b>c</b>	EIN-PN	84-3463861-001
<b>a</b>	Plan name	P & P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	P & P SEPTIC SERVICE, INC.
<b>c</b>	EIN-PN	03-0269006-001
<b>a</b>	Plan name	P/A INDUSTRIES INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	P/A INDUSTRIES INC.
<b>c</b>	EIN-PN	06-0862210-001
<b>a</b>	Plan name	KINA'OLE FAMILY OF COMPANIES 401(K) PLAN
<b>b</b>	Name of plan sponsor	KINA'OLE FAMILY OF COMPANIES
<b>c</b>	EIN-PN	27-0287605-001
<b>a</b>	Plan name	KINETIC DESIGN, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	KINETIC DESIGN, INC.
<b>c</b>	EIN-PN	82-2375904-001
<b>a</b>	Plan name	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.
<b>c</b>	EIN-PN	94-1604455-001
<b>a</b>	Plan name	KNOX CONCRETE 401(K) PLAN
<b>b</b>	Name of plan sponsor	KNOX CONCRETE, INC.
<b>c</b>	EIN-PN	20-8658855-001
<b>a</b>	Plan name	KRC, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	KRC, INC.
<b>c</b>	EIN-PN	38-2721514-001
<b>a</b>	Plan name	MAYFAIR PLASTICS, INC. PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	MAYFAIR PLASTICS, INC.
<b>c</b>	EIN-PN	38-2704694-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MAYOR'S YOUTH EMPOWERMENT PROGRAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAYOR'S YOUTH EMPOWERMENT PROGRAM	<b>c</b> EIN-PN 42-1444335-001
<b>a</b>	Plan name	MAYVILLE STATE BANK PROFIT SHARING AND RETIREMENT TRUST PLAN	
<b>b</b>	Name of plan sponsor	MAYVILLE STATE BANK	<b>c</b> EIN-PN 38-0803180-001
<b>a</b>	Plan name	PARAMOUNT REHABILITATION SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARAMOUNT REHABILITATION SERVICES	<b>c</b> EIN-PN 38-3378702-001
<b>a</b>	Plan name	PARANET CORPORATION SERVICES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARANET CORPORATION SERVICES, INC.	<b>c</b> EIN-PN 58-2032457-001
<b>a</b>	Plan name	PARIS MOUNTAIN HOSPITALITY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARIS MOUNTAIN HOSPITALITY, LLC	<b>c</b> EIN-PN 47-1819250-001
<b>a</b>	Plan name	PARK SPRINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARK SPRINGS, LLC	<b>c</b> EIN-PN 58-2452928-001
<b>a</b>	Plan name	PAV 401(K)	
<b>b</b>	Name of plan sponsor	PERFORMANCE AUDIO VIDEO, INC.	<b>c</b> EIN-PN 43-1988352-001
<b>a</b>	Plan name	PDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREFERRED DRILLING SOLUTIONS, INC	<b>c</b> EIN-PN 59-3757298-001
<b>a</b>	Plan name	PEACHTREE HILLS PLACE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PT HILLS PLACE CLUB, LLC	<b>c</b> EIN-PN 81-2011747-001
<b>a</b>	Plan name	PEAK ALLERGY LTD 401(K)	
<b>b</b>	Name of plan sponsor	PEAK ALLERGY LTD	<b>c</b> EIN-PN 85-3715957-001
<b>a</b>	Plan name	PROFESSIONAL AUTOMOTIVE SERVICE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL AUTOMOTIVE SERVICE LLC	<b>c</b> EIN-PN 85-3817843-001
<b>a</b>	Plan name	PROGRESS USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESS USA, INC.	<b>c</b> EIN-PN 01-0682657-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PROGRESSIVE AIR SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE AIR SYSTEMS, INC.	<b>c</b> EIN-PN 59-3124591-001
<b>a</b>	Plan name	RETIREMENT LIVING MGMT LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RETIREMENT LIVING MGMT., LLC	<b>c</b> EIN-PN 38-3470221-001
<b>a</b>	Plan name	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
<b>b</b>	Name of plan sponsor	RAO MANUFACTURING COMPANY	<b>c</b> EIN-PN 41-0494610-002
<b>a</b>	Plan name	RIVCRETE READY MIX LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVCRETE READY MIX LLC	<b>c</b> EIN-PN 81-3593378-001
<b>a</b>	Plan name	RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIZZETTA & COMPANY, INC.	<b>c</b> EIN-PN 59-3075187-001
<b>a</b>	Plan name	ROCKY MOUNTAIN SCIENTIFIC LABORATORY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKY MOUNTAIN SCIENTIFIC LABORATORY	<b>c</b> EIN-PN 27-0395718-001
<b>a</b>	Plan name	ALL ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALL ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 68-0288965-001
<b>a</b>	Plan name	ALLEGHENY MILLWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLEGHENY MILLWORK	<b>c</b> EIN-PN 25-1369567-002
<b>a</b>	Plan name	ALLSAINTS USA LIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLSAINTS USA LIMITED	<b>c</b> EIN-PN 98-0621566-001
<b>a</b>	Plan name	TAG MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAG MANUFACTURING, INC.	<b>c</b> EIN-PN 72-1578630-001
<b>a</b>	Plan name	TAMARA L. HIESTER, D.D.S. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAMARA L. HIESTER, D.D.S.	<b>c</b> EIN-PN 35-2051065-001
<b>a</b>	Plan name	TELETRONICS SERVICES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TELETRONIC SERVICES, INC.	<b>c</b> EIN-PN 34-1317163-001

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.)	
<b>a</b>	Plan name <a href="#">TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS</a>	<b>c</b> EIN-PN <a href="#">85-3687743-237</a>
<b>a</b>	Plan name <a href="#">TEXAS STREET SHELL SERVICES INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEXAS STREET SHELL SERVICES INC</a>	<b>c</b> EIN-PN <a href="#">33-0063098-001</a>
<b>a</b>	Plan name <a href="#">AUTOMOTIVE TRANSPORT UNION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VALIANT MANAGEMENT, LLC UNION PLAN</a>	<b>c</b> EIN-PN <a href="#">20-4853723-001</a>
<b>a</b>	Plan name <a href="#">AVANTECH 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SELF GROUP USA, LLC</a>	<b>c</b> EIN-PN <a href="#">92-3663081-001</a>
<b>a</b>	Plan name <a href="#">AVANTS OPERATIONS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AVANTS OPERATIONS, LLC</a>	<b>c</b> EIN-PN <a href="#">81-4997570-001</a>
<b>a</b>	Plan name <a href="#">AZH MANAGEMENT LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AZH MANAGEMENT, LLC</a>	<b>c</b> EIN-PN <a href="#">87-1039988-001</a>
<b>a</b>	Plan name <a href="#">B &amp; B TRUCKING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">B &amp; B TRUCKING, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2003867-002</a>
<b>a</b>	Plan name <a href="#">TOYS FOR TRUCKS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOYS FOR TRUCKS, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1646646-001</a>
<b>a</b>	Plan name <a href="#">TQM NORTH AMERICA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TQM NORTH AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">35-2615062-001</a>
<b>a</b>	Plan name <a href="#">TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRANSITIONAL LIVING CENTERS, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1752737-001</a>
<b>a</b>	Plan name <a href="#">TRANSYSTEMS RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRANSPORT LEASING COMPANY, LLP DBA TRANSYSTEMS SERVICES</a>	<b>c</b> EIN-PN <a href="#">81-0359563-001</a>
<b>a</b>	Plan name <a href="#">TRI-RIVERS HEALTHCARE, PLLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRI-RIVERS HEALTHCARE, PLLC</a>	<b>c</b> EIN-PN <a href="#">61-1357247-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TRICIA VORDERSTRASSE MD PC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TRICIA VORDERSTRASSE MD PC	<b>c</b> EIN-PN 61-1521548-001
<b>a</b>	Plan name	CAMRETT COMPANIES 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAMRETT LOGISTICS, INC.	<b>c</b> EIN-PN 54-1747281-001
<b>a</b>	Plan name	CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CANNON MEDICAL, INC.	<b>c</b> EIN-PN 94-3251623-001
<b>a</b>	Plan name	CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	CANTEX CONTINUING CARE NETWORK, LLC	<b>c</b> EIN-PN 26-1252206-222
<b>a</b>	Plan name	CANTOR BIOCONNECT, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CANTOR BIOCONNECT, LLC	<b>c</b> EIN-PN 37-1837234-001
<b>a</b>	Plan name	WEST WEALTH MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST WEALTH MANAGEMENT INC.	<b>c</b> EIN-PN 85-2279060-001
<b>a</b>	Plan name	WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WESTERN EMULSIONS INC.	<b>c</b> EIN-PN 86-0336082-001
<b>a</b>	Plan name	WESTWOODS FAMILY DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTWOODS FAMILY DENTAL	<b>c</b> EIN-PN 92-3010717-001
<b>a</b>	Plan name	WILDCAT OIL TOOLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILDCAT OIL TOOLS, LLC	<b>c</b> EIN-PN 45-4421709-001
<b>a</b>	Plan name	WILLIAM L. FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM L FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES	<b>c</b> EIN-PN 34-1760741-001
<b>a</b>	Plan name	WINCO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BMS HOLDINGS, INC.	<b>c</b> EIN-PN 43-0634395-003
<b>a</b>	Plan name	DENVER HEALTH AND FITNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JVP FIT ENTERPRISES, LLC DBA DENVER HEALTH AND FITNESS	<b>c</b> EIN-PN 26-1885010-001

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.)		
<b>a</b>	Plan name <a href="#">DESERT SHORES PEDIATRICS, P.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DESERT SHORES PEDIATRICS, P.C.</a>	<b>c</b> EIN-PN <a href="#">20-2851929-002</a>
<b>a</b>	Plan name <a href="#">DEVELOPMEANT THERAPY CENTER 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DEVELOPMEANT THERAPY CENTER, LLC</a>	<b>c</b> EIN-PN <a href="#">99-3232057-001</a>
<b>a</b>	Plan name <a href="#">DIEFFENBACH'S POTATO CHIPS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIEFFENBACH'S POTATO CHIPS, INC.</a>	<b>c</b> EIN-PN <a href="#">23-3044270-001</a>
<b>a</b>	Plan name <a href="#">DIGITAL TOOL &amp; DIE, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIGITAL TOOL &amp; DIE, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2852638-001</a>
<b>a</b>	Plan name <a href="#">EDMOND MUSIC, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EDMOND MUSIC, INC.</a>	<b>c</b> EIN-PN <a href="#">73-1499074-001</a>
<b>a</b>	Plan name <a href="#">EHS SUPPORT SERVICES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EHS SUPPORT SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">20-0915717-001</a>
<b>a</b>	Plan name <a href="#">EICHELBERGER FARMS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EICHELBERGER FARMS, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1870144-001</a>
<b>a</b>	Plan name <a href="#">EL MANDADO 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EL MANDADO LATIN INTERNATIONAL PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">56-2067801-001</a>
<b>a</b>	Plan name <a href="#">ELDRIDGE LUMBER COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELDRIDGE LUMBER COMPANY</a>	<b>c</b> EIN-PN <a href="#">88-2366980-001</a>
<b>a</b>	Plan name <a href="#">ELECTRICAL WORKS, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELECTRICAL WORKS, LLC</a>	<b>c</b> EIN-PN <a href="#">59-3666692-001</a>
<b>a</b>	Plan name <a href="#">ELMER SCHULTZ SERVICES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELMER SCHULTZ SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">23-1937880-001</a>
<b>a</b>	Plan name <a href="#">ENCORE GLASS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ENCORE GLASS</a>	<b>c</b> EIN-PN <a href="#">45-4333619-001</a>

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.)	
<b>a</b>	Plan name <a href="#">GATTON &amp; ASSOCIATES, P.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GATTON &amp; ASSOCIATES, P.C.</a>	<b>c</b> EIN-PN <a href="#">85-0471754-001</a>
<b>a</b>	Plan name <a href="#">GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GERRITY'S SUPERMARKET, INC.</a>	<b>c</b> EIN-PN <a href="#">23-2150407-777</a>
<b>a</b>	Plan name <a href="#">GIBSON CUSTOM CONSTRUCTION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAROLINAS REAL ESTATE OPTIONS &amp; CONSTRUCTION, LLC DBA GIBSON CUSTOM</a>	<b>c</b> EIN-PN <a href="#">84-1663736-001</a>
<b>a</b>	Plan name <a href="#">INVESTING TOGETHER IN YOUR FUTURE PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREEN PEAK INDUSTRIES, LLC</a>	<b>c</b> EIN-PN <a href="#">81-4533921-001</a>
<b>a</b>	Plan name <a href="#">J &amp; D SNYDER EXCAVATING, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">J &amp; D SNYDER EXCAVATING, LLC</a>	<b>c</b> EIN-PN <a href="#">05-0565093-001</a>
<b>a</b>	Plan name <a href="#">J AND J INDUSTRIAL CONTRACTING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">J AND J INDUSTRIAL CONTRACTING</a>	<b>c</b> EIN-PN <a href="#">30-0867952-001</a>
<b>a</b>	Plan name <a href="#">J. L. RAYMAAKERS &amp; SONS, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">J.L. RAYMAAKERS &amp; SONS, INC.</a>	<b>c</b> EIN-PN <a href="#">26-1632270-001</a>
<b>a</b>	Plan name <a href="#">JACKSON TIRE SERVICE, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JACKSON TIRE SERVICE, INC.</a>	<b>c</b> EIN-PN <a href="#">94-2295698-001</a>
<b>a</b>	Plan name <a href="#">JAY HODGE AUTO 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JAY HODGE CHEVROLET, INC.</a>	<b>c</b> EIN-PN <a href="#">75-2466263-001</a>
<b>a</b>	Plan name <a href="#">AMBIO INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMBIO INC.</a>	<b>c</b> EIN-PN <a href="#">45-5506902-001</a>
<b>a</b>	Plan name <a href="#">AMBIOPHARM, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMBIOPHARM, INC.</a>	<b>c</b> EIN-PN <a href="#">22-3940281-001</a>
<b>a</b>	Plan name <a href="#">AMBROSE SERVICES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMBROSE SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">46-3081985-001</a>

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.)	
<b>a</b>	Plan name AMERICAN COATINGS CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN COATINGS CORP.	<b>c</b> EIN-PN 31-1581806-001
<b>a</b>	Plan name AMERICAN HYDROVAC LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN HYDROVAC LLC	<b>c</b> EIN-PN 32-0657536-001
<b>a</b>	Plan name AMERICAN NATION BANK SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN NATION BANK	<b>c</b> EIN-PN 73-1258880-001
<b>a</b>	Plan name ANCHORAGE CHRYSLER CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANCHORAGE CHRYSLER CENTER, INC.	<b>c</b> EIN-PN 92-0037629-001
<b>a</b>	Plan name ANGIE'S KINDER CARE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ANGIE'S KINDERCARE	<b>c</b> EIN-PN 90-0726397-001
<b>a</b>	Plan name ANIMAL NUTRITION SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANIMAL NUTRITION SYSTEMS, LLLP	<b>c</b> EIN-PN 86-0536485-001
<b>a</b>	Plan name API RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ARCHITECTURAL PRECAST INNOVATIONS, INC.	<b>c</b> EIN-PN 47-3898467-001
<b>a</b>	Plan name APPLE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor APPLE ELECTRICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 75-2529492-001
<b>a</b>	Plan name BAYSIDE AUTO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BAYSIDE AUTO GROUP	<b>c</b> EIN-PN 52-1664217-001
<b>a</b>	Plan name BAYSIDE DREDGING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BAYSIDE DREDGING LLC	<b>c</b> EIN-PN 88-2719169-001
<b>a</b>	Plan name BCI, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BCI, INC.	<b>c</b> EIN-PN 06-1308260-002
<b>a</b>	Plan name BELMONT HARDWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA	<b>c</b> EIN-PN 94-2724600-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BIG HORN WIRELINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIG HORN WIRELINE, LLC	<b>c</b> EIN-PN 88-2234263-001
<b>a</b>	Plan name	BIGSMILE ORTHODONTICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	H SAM TONG DDS PHD INC.	<b>c</b> EIN-PN 90-0288471-001
<b>a</b>	Plan name	BLAZE PIZZA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAMM FINE PIZZA DBA BLAZE PIZZA	<b>c</b> EIN-PN 47-1820665-001
<b>a</b>	Plan name	CASSILL MOTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CASSILL MOTORS, INC.	<b>c</b> EIN-PN 42-1375775-001
<b>a</b>	Plan name	CENTERA BIOSCIENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTERA BIOSCIENCE INC.	<b>c</b> EIN-PN 46-3097866-001
<b>a</b>	Plan name	CENTRA SOTA COOPERATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRA SOTA COOPERATIVE	<b>c</b> EIN-PN 41-0488480-001
<b>a</b>	Plan name	CFS PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CFS PRODUCTS, INC.	<b>c</b> EIN-PN 20-0692929-001
<b>a</b>	Plan name	DOUGLAS MACHINES CORP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DOUGLAS MACHINES CORP	<b>c</b> EIN-PN 59-1906520-001
<b>a</b>	Plan name	ESPRESSO ITALIA & INFUSION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESPRESSO ITALIA LLC	<b>c</b> EIN-PN 86-0964677-001
<b>a</b>	Plan name	EUFORA INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EUFORA INTERNATIONAL	<b>c</b> EIN-PN 33-0617396-001
<b>a</b>	Plan name	EXPOTEL HOSPITALITY SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	EXPOTEL HOSPITALITY SERVICES, INC.	<b>c</b> EIN-PN 72-1456101-001
<b>a</b>	Plan name	EYNCON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EYNCON, LLC	<b>c</b> EIN-PN 47-2720798-001

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.)	
<b>a</b>	Plan name <b>FAIRWAY ELECTRIC INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FAIRWAY ELECTRIC INC.</b>	<b>c</b> EIN-PN <b>83-0658890-001</b>
<b>a</b>	Plan name <b>FALCON SALONS INC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FALCON SALONS INC</b>	<b>c</b> EIN-PN <b>47-4290261-001</b>
<b>a</b>	Plan name <b>GLENNS CREEK DISTILLING RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLENNS CREEK DISTILLING, LLC</b>	<b>c</b> EIN-PN <b>46-3975494-001</b>
<b>a</b>	Plan name <b>GLENNWOOD CUSTOM BUILDERS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLENNWOOD CUSTOM BUILDERS, INC</b>	<b>c</b> EIN-PN <b>20-2045461-001</b>
<b>a</b>	Plan name <b>GLOBAL K9 PROTECTION GROUP LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GLOBAL K9 PROTECTION GROUP LLC</b>	<b>c</b> EIN-PN <b>82-4550904-001</b>
<b>a</b>	Plan name <b>GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.</b>	<b>c</b> EIN-PN <b>57-1093357-001</b>
<b>a</b>	Plan name <b>GOOD FOUNDATIONS ACADEMY 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOOD FOUNDATIONS ACADEMY</b>	<b>c</b> EIN-PN <b>36-4664197-001</b>
<b>a</b>	Plan name <b>JDS PUMPING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JD'S PUMPING</b>	<b>c</b> EIN-PN <b>20-3983639-001</b>
<b>a</b>	Plan name <b>JEANS' EXTRUSIONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JEANS' EXTRUSIONS, INC.</b>	<b>c</b> EIN-PN <b>35-1540242-001</b>
<b>a</b>	Plan name <b>JENKINS PLUMBING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JENKINS PLUMBING COMPANY, LLC</b>	<b>c</b> EIN-PN <b>58-2531468-001</b>
<b>a</b>	Plan name <b>JERRY CHIDESTER MD, PLLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JERRY CHIDESTER MD, PLLC</b>	<b>c</b> EIN-PN <b>84-4004479-001</b>
<b>a</b>	Plan name <b>JLD ENTERPRISES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JLD ENTERPRISES LLC</b>	<b>c</b> EIN-PN <b>26-1987304-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LAKE MANAGEMENT SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAKE MANAGEMENT SERVICES, LP	<b>c</b> EIN-PN 20-5300112-001
<b>a</b>	Plan name	LANCE PAUL AUTOMOTIVE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LANCE PAUL AUTOMOTIVE LLC	<b>c</b> EIN-PN 27-2029875-001
<b>a</b>	Plan name	LAND LIFE COMPANY USA, PBC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAND LIFE COMPANY USA, PBC	<b>c</b> EIN-PN 83-1925466-001
<b>a</b>	Plan name	LANSING ICE AND FUEL COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LANSING ICE AND FUEL	<b>c</b> EIN-PN 38-0745480-001
<b>a</b>	Plan name	LAUREL EYE CLINIC GROUP RETIREMENT PLAN AND TRUST AGREEMENT	
<b>b</b>	Name of plan sponsor	LAUREL EYE CLINIC GROUP	<b>c</b> EIN-PN 25-1375158-002
<b>a</b>	Plan name	MCCOURT EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCCOURT EQUIPMENT, INC.	<b>c</b> EIN-PN 74-2913583-001
<b>a</b>	Plan name	MERROW MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERROW MANUFACTURING, LLC.	<b>c</b> EIN-PN 82-1734889-001
<b>a</b>	Plan name	METHODIST HOMES FOR THE AGING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METHODIST HOMES FOR THE AGING	<b>c</b> EIN-PN 63-0376518-001
<b>a</b>	Plan name	MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, P.S.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, PSC	<b>c</b> EIN-PN 20-4753970-001
<b>a</b>	Plan name	PEOPLE RESULTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IRI CONSULTANTS, INC.	<b>c</b> EIN-PN 38-2349424-001
<b>a</b>	Plan name	PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERKINS MOTOR PLEX LLC	<b>c</b> EIN-PN 26-4307208-001
<b>a</b>	Plan name	PERMIAN INTERNATIONAL ENERGY SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERMIAN INTERNATIONAL ENERGY SERVICES LLC	<b>c</b> EIN-PN 82-1930351-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PETITBON ALARM COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETITBON ALARM COMPANY, INC.	<b>c</b> EIN-PN 52-1908898-001
<b>a</b>	Plan name	PHOENIX LAND SURVEYING INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX LAND SURVEYING INC	<b>c</b> EIN-PN 46-1932523-001
<b>a</b>	Plan name	PIMMEX CONTRACTING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PIMMEX CONTRACTING CORPORATION	<b>c</b> EIN-PN 26-4017964-001
<b>a</b>	Plan name	PIPE CRAFT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PIPE CRAFT, INC.	<b>c</b> EIN-PN 83-2329549-001
<b>a</b>	Plan name	PITMAN, KALKHOFF & SICULA, S.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PITMAN, KALKHOFF & SICULA, S.C.	<b>c</b> EIN-PN 39-1475000-001
<b>a</b>	Plan name	PIVOTAL HOUSING PARTNERS LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PIVOTAL HOUSING PARTNERS LLC	<b>c</b> EIN-PN 81-4615424-001
<b>a</b>	Plan name	QMETRICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QMETRICS, INC.	<b>c</b> EIN-PN 87-0761590-001
<b>a</b>	Plan name	QUEST WASTE MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	QUEST WASTE MANAGEMENT, LLC	<b>c</b> EIN-PN 45-4562458-001
<b>a</b>	Plan name	ROME ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROME ENTERPRISES, INC. D/B/A/ ROME BATH REMODELING	<b>c</b> EIN-PN 23-2651135-001
<b>a</b>	Plan name	RUNESTONE EVENTS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUNESTONE EVENTS LLC	<b>c</b> EIN-PN 92-0355783-001
<b>a</b>	Plan name	SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.	
<b>b</b>	Name of plan sponsor	THE GUIDANCE CENTER, INC.	<b>c</b> EIN-PN 86-0223720-001
<b>a</b>	Plan name	SAINT JOE DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. JOSEPH TOBACCO CO., LLC DBA SAINT JOE DISTRIBUTING	<b>c</b> EIN-PN 44-0565944-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE CALIFORNIA CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CALIFORNIA CLUB	<b>c</b> EIN-PN 95-0593940-003
<b>a</b>	Plan name	THE COLIBRI COLLECTIVE, LLC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE COLIBRI COLLECTIVE, LLC	<b>c</b> EIN-PN 82-1629463-001
<b>a</b>	Plan name	THE DELTA PATHOLOGY GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE DELTA PATHOLOGY GROUP, LLC	<b>c</b> EIN-PN 72-0933293-001
<b>a</b>	Plan name	THE FARMERS BANK, NICHOLASVILLE EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE FARMERS BANK	<b>c</b> EIN-PN 61-0188940-001
<b>a</b>	Plan name	THE HARBINGER GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HARBINGER GROUP	<b>c</b> EIN-PN 61-1452906-001
<b>a</b>	Plan name	TUFFALOY PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TUFFALOY PRODUCTS, INC.	<b>c</b> EIN-PN 38-1710357-002
<b>a</b>	Plan name	TYMARK RESTAURANT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	TYMARK, INC.	<b>c</b> EIN-PN 82-1824730-001
<b>a</b>	Plan name	TYNAN EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YALE INDUSTRIAL TRUCKS - TYNAN, INC.	<b>c</b> EIN-PN 35-1147878-001
<b>a</b>	Plan name	U.S. PERMA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	U.S. PERMA, INC. DBA CALIFORNIA TILE INSTALLERS	<b>c</b> EIN-PN 94-2910930-001
<b>a</b>	Plan name	UFS OF CO LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	UFS OF CO LLC	<b>c</b> EIN-PN 46-1301189-001
<b>a</b>	Plan name	UNI-GRIP, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UNI-GRIP, INC.	<b>c</b> EIN-PN 34-1108705-001
<b>a</b>	Plan name	UNIQUE FABRICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIQUE FABRICATIONS	<b>c</b> EIN-PN 26-1649705-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	<b>c</b> EIN-PN 38-3424306-001
<b>a</b>	Plan name	WM. TRENT GILLESPIE, DMD, MPH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WM. TRENT GILLESPIE, DMD, MPH, LLC	<b>c</b> EIN-PN 20-4863407-001
<b>a</b>	Plan name	WOOF BEACH, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WOOF BEACH, INC.	<b>c</b> EIN-PN 45-5627642-001
<b>a</b>	Plan name	WSA USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WSA USA	<b>c</b> EIN-PN 27-4503720-001
<b>a</b>	Plan name	YAMIBUY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSOCEAN RESOURCES MANAGEMENT INC.	<b>c</b> EIN-PN 46-1019646-001
<b>a</b>	Plan name	YOUNG AUDIENCES OF NEW JERSEY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YOUNG AUDIENCES OF NEW JERSEY, INC.	<b>c</b> EIN-PN 23-7384991-001
<b>a</b>	Plan name	BONNET SPRINGS PARK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BONNET SPRINGS PARK, INC.	<b>c</b> EIN-PN 81-1106879-001
<b>a</b>	Plan name	BORCHARDT, CORONA & FAETH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BORCHARDT, CORONA & FAETH	<b>c</b> EIN-PN 77-0144125-001
<b>a</b>	Plan name	BOYD & COMPANY LOGISTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOYD AND COMPANY LOGISTICS, LLC	<b>c</b> EIN-PN 46-3400509-001
<b>a</b>	Plan name	BOYS & GIRLS CLUB OF GREATER NEW HAVEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOYS & GIRLS CLUBS OF GREATER NEW HAVEN	<b>c</b> EIN-PN 06-0646935-002
<b>a</b>	Plan name	BRIDGEVIEW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIDGEVIEW MULTIFAMILY LLC	<b>c</b> EIN-PN 46-5043301-001
<b>a</b>	Plan name	FAY FAMILY DENTAL CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FAY FAMILY DENTAL CARE	<b>c</b> EIN-PN 84-3543483-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	FEDERAL DEFENDERS OF MONTANA, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FEDERAL DEFENDERS OF MONTANA, INC.	<b>c</b> EIN-PN 81-0479512-001
<b>a</b>	Plan name	FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FERNANDES & CHAREST, P.C.	<b>c</b> EIN-PN 04-3099857-001
<b>a</b>	Plan name	FESSEL CHIROPRACTIC INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FESSEL CHIROPRACTIC, INC.	<b>c</b> EIN-PN 86-3804745-001
<b>a</b>	Plan name	FG HOLDINGS COMPANY, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FG HOLDINGS, LLC	<b>c</b> EIN-PN 87-4171809-001
<b>a</b>	Plan name	FIMG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREEDOM INVESTMENT MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 27-3693949-001
<b>a</b>	Plan name	LAW OFFICE OF KEVIN C. FERRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF KEVIN C. FERRY	<b>c</b> EIN-PN 20-0718611-001
<b>a</b>	Plan name	LAWSON HUCK GONZALEZ, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAWSON HUCK GONZALEZ, PLLC	<b>c</b> EIN-PN 92-1760240-001
<b>a</b>	Plan name	LEGENDARY HOME SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEGENDARY HOME SOLUTIONS LLC	<b>c</b> EIN-PN 83-3696034-001
<b>a</b>	Plan name	LEO TECH, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LEO TECH, LLC	<b>c</b> EIN-PN 47-4538892-001
<b>a</b>	Plan name	LIBERTY BUSINESS ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY BUSINESS ASSOCIATES, LLC	<b>c</b> EIN-PN 30-0079001-001
<b>a</b>	Plan name	LINDAR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LINDAR CORPORATION	<b>c</b> EIN-PN 41-1752658-001
<b>a</b>	Plan name	R&L SUBS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R&L SUBS, INC.	<b>c</b> EIN-PN 56-1894090-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RAJIPO HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAJIPO HOLDINGS, INC.	<b>c</b> EIN-PN 87-4010536-001
<b>a</b>	Plan name	RANGER DIE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RANGER DIE, INC.	<b>c</b> EIN-PN 38-1858884-001
<b>a</b>	Plan name	RCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	<b>c</b> EIN-PN 72-1285520-001
<b>a</b>	Plan name	REALEFLOW, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REALEFLOW, LLC	<b>c</b> EIN-PN 20-8679477-001
<b>a</b>	Plan name	REASON CONSULTING CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REASON CONSULTING CORPORATION	<b>c</b> EIN-PN 87-3746346-001
<b>a</b>	Plan name	UST SERVICES 401(K)	
<b>b</b>	Name of plan sponsor	UST SERVICE CORPORATION	<b>c</b> EIN-PN 52-2237114-001
<b>a</b>	Plan name	VALLEY CENTRAL VETERINARY REFERRAL AND EMERGENCY CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DR. CARLOS HODGES DVM PC DBA VALLEY CENTRAL VETERINARY REFERRAL AND	<b>c</b> EIN-PN 23-2874136-001
<b>a</b>	Plan name	VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VANS DELIVERY SERVICE, INC.	<b>c</b> EIN-PN 38-2487912-001
<b>a</b>	Plan name	VAUGHN WATER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAUGHN WATER COMPANY	<b>c</b> EIN-PN 95-1600230-002
<b>a</b>	Plan name	VELOCITY COMMERCIAL CAPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VELOCITY COMMERCIAL CAPITAL, LLC	<b>c</b> EIN-PN 20-1193192-001
<b>a</b>	Plan name	VENTURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VM SERVICES, INC.	<b>c</b> EIN-PN 77-0459829-222
<b>a</b>	Plan name	CHATHAM HABITAT FOR HUMANITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHATHAM HABITAT FOR HUMANITY	<b>c</b> EIN-PN 56-1689599-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	CHEROKEE 401(K) PLAN	
<b>b</b> Name of plan sponsor	CHEROKEE MANUFACTURING, LLC	<b>c</b> EIN-PN 45-2735316-001
<b>a</b> Plan name	CHURCHLAND ANIMAL CLINIC, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CHURCHLAND ANIMAL CLINIC, INC.	<b>c</b> EIN-PN 54-0941437-001
<b>a</b> Plan name	CHUZE FITNESS 401(K) PLAN	
<b>b</b> Name of plan sponsor	RACHAS, INC. DBA CHUZE FITNESS	<b>c</b> EIN-PN 26-2396678-001
<b>a</b> Plan name	GREAT OUTDOORS FOUNDATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	GREAT OUTDOORS FOUNDATION	<b>c</b> EIN-PN 42-1441098-001
<b>a</b> Plan name	GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
<b>b</b> Name of plan sponsor	GREAT SOUTHERN CAPITAL CORPORATION	<b>c</b> EIN-PN 64-0604860-010
<b>a</b> Plan name	GREBE'S BAKERIES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	GREBE'S BAKERIES, INC.	<b>c</b> EIN-PN 39-0770820-001
<b>a</b> Plan name	GREENS OPERATIONS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	GREENS OPERATIONS, INC	<b>c</b> EIN-PN 47-3688571-001
<b>a</b> Plan name	GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	<b>c</b> EIN-PN 92-0185518-001
<b>a</b> Plan name	MILK SOURCE COMPANIES RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	MILK SOURCE, LLC	<b>c</b> EIN-PN 39-1954636-001
<b>a</b> Plan name	MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	MOHAWK CONSTRUCTION AND SUPPLY CO., INC.	<b>c</b> EIN-PN 25-1382848-001
<b>a</b> Plan name	SAM L. MAJORS JEWELRY 401(K) PLAN	
<b>b</b> Name of plan sponsor	MARCUS MAJORS LLC DBA SAM L. MAJORS JEWELRY	<b>c</b> EIN-PN 46-1106080-001
<b>a</b> Plan name	SAN JOAQUIN VALLEY DAIRY ROBOTICS, INC. PROFIT SHARING 401(K) PLAN & TRUST	
<b>b</b> Name of plan sponsor	SAN JOAQUIN VALLEY DAIRY ROBOTICS, INC.	<b>c</b> EIN-PN 86-3941618-001

**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.)

<b>a</b> Plan name	SANARA MEDTECH INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SANARA MEDTECH INC.	<b>c</b> EIN-PN 59-2219994-001

<b>a</b> Plan name	SCHLOSSER ORTHODONTICS401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	SCHLOSSER ORTHODONTICS, L.L.C.	<b>c</b> EIN-PN 85-1521677-001

<b>a</b> Plan name	SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	THE SCIENTIFIC CONSULTING GROUP, INC.	<b>c</b> EIN-PN 52-1719423-001

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TRANSAMERICA RETIREONTRACK 2065 WITH AMERICAN FUNDS RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>444</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>82-5217478</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	581906
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	10133508
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	581906	10133508
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	581906	10133508

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(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>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	558146	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		558146

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	8415	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		8415
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		8415

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		549731
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		10356102
(2) From this plan .....	<b>2l(2)</b>		1354231

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.