

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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 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

<p>1a Name of plan <u>AMERICAN FUNDS NEW PERSPECTIVE RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>828</u></p>
<p>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></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/08/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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 NEW PERSPECTIVE RET OPT</u>		B Three-digit plan number (PN) ▶ <u>828</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>39-0989781</u>

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

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

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d Entity code

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d Entity code

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c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BAJ INCORPORATED 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BAJ INCORPORATED	c EIN-PN 38-3517795-001
a	Plan name EDUCE PROSPERITY PLAN	
b	Name of plan sponsor EDUCE SALON	c EIN-PN 45-5491594-001
a	Plan name THE BRITISH EMBASSY 401(K) PLAN	
b	Name of plan sponsor THE BRITISH EMBASSY	c EIN-PN 52-2150359-002
a	Plan name ENVIROSAFE, INC. 401(K) PLAN	
b	Name of plan sponsor ENVIROSAFE, INC.	c EIN-PN 61-1247647-001
a	Plan name BETH HOLMES DO FAAFP 401(K) PROFIT SHARING	
b	Name of plan sponsor MICHAEL L. CARR, MD, PSC DBA BETH HOLMES DO FAAFP	c EIN-PN 61-1254374-002
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
a	Plan name THERMAL SOLUTIONS RESOURCES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor THERMAL SOLUTIONS RESOURCES, LLC D/B/A TSRGROW	c EIN-PN 26-4611654-001
a	Plan name THOMAS A. STICKNEY 401(K) PLAN	
b	Name of plan sponsor THOMAS A. STICKNEY	c EIN-PN 26-1387310-001
a	Plan name FALCONE & TRUMAN PLUMBING & HEATING INC. 401(K) PLAN	
b	Name of plan sponsor FALCONE & TRUMAN PLUMBING & HEATING INC.	c EIN-PN 23-2386576-001
a	Plan name PUMP SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor PUMP SUPPLY INCORPORATED	c EIN-PN 20-2415627-334
a	Plan name BLUEGRASS BRACING 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BLUEGRASS BRACING, INC.	c EIN-PN 61-1345696-001
a	Plan name LAUREL EYE CLINIC GROUP RETIREMENT PLAN AND TRUST AGREEMENT	
b	Name of plan sponsor LAUREL EYE CLINIC GROUP	c EIN-PN 25-1375158-002

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	TKP ARCHITECTS, PC 401(K) PLAN	
b	Name of plan sponsor	TKP ARCHITECTS, PC	c EIN-PN 84-1180129-001
a	Plan name	REGINA INTER-PARISH CATHOLIC EDUCATION CENTER 401(K) PLAN	
b	Name of plan sponsor	REGINA INTER-PARISH CATHOLIC EDUCATION CENTER	c EIN-PN 42-0957166-001
a	Plan name	REGULUS 401(K)	
b	Name of plan sponsor	REGULUS GROUP, LLC	c EIN-PN 33-1009928-002
a	Plan name	BURNS & HASSMAN, LLC 401(K) PLAN	
b	Name of plan sponsor	BURNS & HASSMAN, LLC	c EIN-PN 81-2812239-001
a	Plan name	FRY 401(K) PLAN	
b	Name of plan sponsor	FRY ORTHODONTICS, PLLC	c EIN-PN 82-1631981-001
a	Plan name	FULLERTON, LEMANN, SCHAEFER & DOMINICK 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FULLERTON, LEMANN, SCHAEFER & DOMINICK LLP	c EIN-PN 95-3346435-001
a	Plan name	M HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor	M HOLDINGS	c EIN-PN 83-1454255-001
a	Plan name	M.G. MCDERMOTT, DDS, MSD, PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	M. G. MCDERMOTT, DDS, MSD PC	c EIN-PN 41-1426514-001
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	CANTOR BIOCONNECT, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CANTOR BIOCONNECT, LLC	c EIN-PN 37-1837234-001
a	Plan name	CANTRELL CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor	CANTRELL CONTRACTING LLC	c EIN-PN 26-1276066-001
a	Plan name	CAPTURA GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAPTURA GROUP, INC.	c EIN-PN 20-2083614-001

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	GENERAL MANUFACTURER, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NANALU INDUSTRIES, LLC	c EIN-PN 26-4532527-001
a Plan name	MARENGO THERAPEUTICS, INC. 401(K) PLAN	
b Name of plan sponsor	MARENGO THERAPEUTICS, INC.	c EIN-PN 47-5622851-001
a Plan name	CHARLES MAUND 401(K) PLAN	
b Name of plan sponsor	MAUND AUTOMOTIVE GROUP, LP	c EIN-PN 74-2951630-002
a Plan name	GORDON AND DESANTIS ORTHODONTICS LLC PROFIT SHARING PLAN	
b Name of plan sponsor	GORDON AND DESANTIS ORTHODONTICS LLC	c EIN-PN 36-4513149-001
a Plan name	VVH CONSULTING ENGINEERS 401(K) PLAN	
b Name of plan sponsor	VVH CONSULTING ENGINEERS	c EIN-PN 27-2604454-001
a Plan name	W & D IMPORTS, INC. PROFIT SHARING & 401(K) PLAN	
b Name of plan sponsor	W & D IMPORTS, INC.	c EIN-PN 22-2148916-003
a Plan name	CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b Name of plan sponsor	CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a Plan name	GUNGOLL, JACKSON, BOX & DEVOLL, P.C. 401(K) PLAN	
b Name of plan sponsor	GUNGOLL, JACKSON, BOX & DEVOLL, P.C.	c EIN-PN 73-1278416-001
a Plan name	GUSTO DISTRIBUTING 401(K) PLAN	
b Name of plan sponsor	GUSTO DISTRIBUTING	c EIN-PN 81-0295720-001
a Plan name	GVM LAW, LLP 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	GVM LAW, LLP	c EIN-PN 47-3015704-001
a Plan name	H&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	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001

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 WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor WESTERN EMULSIONS INC.	c EIN-PN 86-0336082-001
a	Plan name WESTON & AGNESS LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WESTON & AGNESS LLP	c EIN-PN 95-4668187-001
a	Plan name WESTOVER BUILDING SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor WESTOVER BUILDING SUPPLY, INC.	c EIN-PN 46-2700779-001
a	Plan name SHAWVER WELL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor SHAWVER WELL COMPANY, INC.	c EIN-PN 42-1095739-002
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 ACADIA.IO LLC 401(K) PLAN	
b	Name of plan sponsor ACADIA.IO LLC	c EIN-PN 86-2788877-001
a	Plan name ACCURATE REGRINDING 401(K) PLAN	
b	Name of plan sponsor VAN TUINEN COMPANY DBA ACCURATE REGRINDING SERVICE	c EIN-PN 38-2644484-001
a	Plan name HERITAGE AUTO 401(K) PLAN	
b	Name of plan sponsor HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	c EIN-PN 87-0306275-001
a	Plan name HERITAGE FORD OF VERNAL 401K PLAN	
b	Name of plan sponsor HERITAGE FORD OF VERNAL	c EIN-PN 83-3589085-001
a	Plan name YARDCO, INC. 401(K) PLAN	
b	Name of plan sponsor YARDCO, INC.	c EIN-PN 65-1040678-001
a	Plan name YOUR LOGISTICS CORP. 401(K) PLAN	
b	Name of plan sponsor YOUR LOGISTICS CORP.	c EIN-PN 83-2760497-001
a	Plan name SIMMONS & GOTTFRIED, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIMMONS & GOTTFRIED, PLLC	c EIN-PN 26-4138362-001

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 SIMPLIFYA 401(K) PLAN	
b	Name of plan sponsor SIMPLIFYA HOLDINGS, INC.	c EIN-PN 87-1463596-001
a	Plan name SITEOLOGY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SITEOLOGY, LLC	c EIN-PN 87-3046897-001
a	Plan name NEXTIER INFRASTRUCTURE SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEXTIER INFRASTRUCTURE SOLUTIONS, INC.	c EIN-PN 30-0042820-001
a	Plan name NHVT COMPUTER SERVICES, CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NHVT COMPUTER SERVICES	c EIN-PN 83-2677351-001
a	Plan name DAVID DAVIS ENTERPRISE, INC. T/A DAVIS ACURA 401K PLAN	
b	Name of plan sponsor DAVID DAVIS ENTERPRISE, INC.	c EIN-PN 23-2439385-001
a	Plan name DAWN WAREHOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor DAWN WAREHOUSING, INC.	c EIN-PN 54-1234908-001
a	Plan name INNOVATIVE HARDWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INNOVATIVE HARDWARE, INC.	c EIN-PN 31-1328642-001
a	Plan name OMNI MANUFACTURING, INC. PROFIT SHARING AND 401(K) SAVINGS RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor OMNI MANUFACTURING, INC.	c EIN-PN 34-1383211-001
a	Plan name SPINA & LAVELLE 401(K) PLAN	
b	Name of plan sponsor SPINA & LAVELLE, P.C.	c EIN-PN 45-2849454-001
a	Plan name SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPRING GROVE CEMETERY	c EIN-PN 31-0235950-003
a	Plan name STONEHENGE ENERGY RESOURCES II, LP 401(K) PLAN	
b	Name of plan sponsor STONEHENGE ENERGY RESOURCES II, LP	c EIN-PN 90-0841261-001
a	Plan name STONEWALL PROPERTY GROUP 401(K) PLAN	
b	Name of plan sponsor STONEWALL PROPERTY GROUP	c EIN-PN 34-2039090-001

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 P & P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor P & P SEPTIC SERVICE, INC.	c EIN-PN 03-0269006-001
a	Plan name P&S COMPRESSOR & SPRAY EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor P&S COMPRESSOR & SPRAY EQUIPMENT, INC.	c EIN-PN 52-1573686-001
a	Plan name PACBLU 401(K) PLAN	
b	Name of plan sponsor PACBLU	c EIN-PN 11-3691833-001
a	Plan name PACIFIC ASIAN ENTERPRISES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC ASIAN ENTERPRISES, INC.	c EIN-PN 95-3306034-002
a	Plan name ANDERSON PIPING COMPANY 401(K) PLAN	
b	Name of plan sponsor ANDERSON PIPING COMPANY, INC.	c EIN-PN 62-1199871-001
a	Plan name DERMATOLOGY ASSOCIATES OF SOUTH JERSEY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor DERMATOLOGY ASSOCIATES OF SOUTH JERSEY	c EIN-PN 20-5595344-001
a	Plan name DESERT SHORES PEDIATRICS, P.C. 401(K) PLAN	
b	Name of plan sponsor DESERT SHORES PEDIATRICS, P.C.	c EIN-PN 20-2851929-002
a	Plan name INVESTING TOGETHER IN YOUR FUTURE PLAN	
b	Name of plan sponsor GREEN PEAK INDUSTRIES, LLC	c EIN-PN 81-4533921-001
a	Plan name DRIVEN TO GIVE BACK MEDIA 401(K) PLAN	
b	Name of plan sponsor DRIVEN TO GIVE BACK MEDIA, LLC	c EIN-PN 84-3674774-001
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
a	Plan name JESSUP CELLARS HOLDING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor JESSUP CELLARS HOLDING COMPANY, LLC	c EIN-PN 20-3071245-001
a	Plan name TARGET ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TARGET ENTERPRISES, INC.	c EIN-PN 06-1158272-001

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	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	UFS OF CO LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	UFS OF CO LLC	c EIN-PN 46-1301189-001
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	G&Z MEEKER, INC. 401 (K) PLAN	
b	Name of plan sponsor	G&Z MEEKER, INC.	c EIN-PN 45-2096735-001
a	Plan name	MADDEN LAW GROUP, SC 401(K) PLAN	
b	Name of plan sponsor	MADDEN LAW GROUP, SC	c EIN-PN 41-2280038-001
a	Plan name	RIDGELINE PRIVATE WEALTH MANAGEMENT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RIDGELINE PRIVATE WEALTH MANAGEMENT	c EIN-PN 88-1670385-001
a	Plan name	MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor	MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES	c EIN-PN 20-4106052-001
a	Plan name	MARSHULL, INC. 401(K) PLAN	
b	Name of plan sponsor	MARSHULL, INC.	c EIN-PN 38-1882600-002
a	Plan name	WAKOTA FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	WAKOTA FEDERAL CREDIT UNION	c EIN-PN 41-0130070-002
a	Plan name	WARSHAUER WOODWARD ATKINS, LLC 401(K) PLAN	
b	Name of plan sponsor	WARSHAUER WOODWARD ATKINS, LLC.	c EIN-PN 88-2972581-001
a	Plan name	RSA CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RSA CORPORATION	c EIN-PN 65-1201831-001
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

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	RUSSELL PETROLEUM 401(K) SAVINGS PLAN
b	Name of plan sponsor	RUSSELL PETROLEUM CORP.
c	EIN-PN	27-1487169-002
a	Plan name	RVC, INC. 401(K) PLAN
b	Name of plan sponsor	RVC, INC. 401(K) PLAN
c	EIN-PN	55-0703498-001
a	Plan name	CHERRY & WILLIAMS DDS, INC. 401(K) PLAN
b	Name of plan sponsor	CHERRY & WILLIAMS DDS, INC.
c	EIN-PN	34-1319955-001
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	GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP 401(K) PLAN
b	Name of plan sponsor	GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP
c	EIN-PN	58-2490090-001
a	Plan name	GRAY, SALT & ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GRAY, SALT & ASSOCIATES, LLP
c	EIN-PN	45-0606931-001
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	WILDCAT OIL TOOLS 401(K) PLAN
b	Name of plan sponsor	WILDCAT OIL TOOLS, LLC
c	EIN-PN	45-4421709-001
a	Plan name	101 CONCEPTS, LLC 401(K) PLAN
b	Name of plan sponsor	101 CONCEPTS, LLC
c	EIN-PN	20-2176716-001
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	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY 401(K) PLAN
b	Name of plan sponsor	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY
c	EIN-PN	31-1541953-001
a	Plan name	CLIMATE SYSTEMS, INC. 401(K) PLAN AND TRUST
b	Name of plan sponsor	CLIMATE SYSTEMS, INC.
c	EIN-PN	46-0377208-001

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	HALLMARK CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	HALLMARK CONSTRUCTION, INC.	c EIN-PN 38-2163727-001
a	Plan name	MOBILE IMAGES ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor	MOBILE IMAGES ACQUISITION, LLC	c EIN-PN 62-1868089-001
a	Plan name	MOCA ZEE 401(K) PLAN	
b	Name of plan sponsor	MOCA ZEE, LLC	c EIN-PN 85-2626819-001
a	Plan name	HI MARLEY, INC. 401(K) PLAN	
b	Name of plan sponsor	HI MARLEY, INC.	c EIN-PN 82-1259445-001
a	Plan name	HI-VIEW, LLC PREVAILING WAGE PLAN	
b	Name of plan sponsor	HI-VIEW, LLC	c EIN-PN 61-1048462-001
a	Plan name	CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	CONTROLS & WEIGHING SYSTEMS, INC.	c EIN-PN 59-1588191-001
a	Plan name	CONVERSIO HEALTH 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED HEALTH CONCEPTS, INC.	c EIN-PN 77-0572991-001
a	Plan name	ACME SPRING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACME SPRING, INC.	c EIN-PN 31-0673741-001
a	Plan name	ACT LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACT LABORATORIES, INC.	c EIN-PN 30-0857299-001
a	Plan name	ACTON MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	ACTON MECHANICAL, INC.	c EIN-PN 45-0483488-001
a	Plan name	NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
b	Name of plan sponsor	NEOPART TRANSIT, LLC	c EIN-PN 36-4830017-001
a	Plan name	SHIRLEY'S COOKIE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	SHIRLEY'S COOKIES CO., INC.	c EIN-PN 25-1892923-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 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 NM STAFFING 401(K) PLAN	
b	Name of plan sponsor NM STAFFING	c EIN-PN 26-4200366-001
a	Plan name NOMAD GLOBAL COMMUNICATION SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor NOMAD GLOBAL COMMUNICATION SOLUTIONS	c EIN-PN 35-2182794-777
a	Plan name 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 CRAFT CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CRAFT CONSTRUCTION COMPANY	c EIN-PN 86-0853895-001
a	Plan name SJN ELECTRIC 401(K) PLAN	
b	Name of plan sponsor SJN ELECTRIC LLC	c EIN-PN 87-1716089-001
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 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 AMERICAN BIOTECH LABS LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN BIOTECH LABS LLC	c EIN-PN 20-3029677-001
a	Plan name AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICAN CLASSIC CONSTRUCTION, INC.	c EIN-PN 38-3601887-001
a	Plan name DEFENSESTORM, INC. 401(K) PLAN	
b	Name of plan sponsor DEFENSESTORM, INC.	c EIN-PN 46-5598717-001

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	DEGRAAF INTERIORS, INC 401K PLAN	
b	Name of plan sponsor	DEGRAAF INTERIORS, INC.	c EIN-PN 38-3313137-001
a	Plan name	DELAWARE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	DELAWARE ELECTRICAL CONTRACTORS, INC.	c EIN-PN 23-2016945-001
a	Plan name	DELAWARE VALLEY ANESTHESIA ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	DELAWARE VALLEY ANESTHESIA ASSOCIATES LLC	c EIN-PN 22-3501151-001
a	Plan name	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN	c EIN-PN 82-2382763-001
a	Plan name	PACIFIC POWER ELECTRICAL CONTRACTING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PACIFIC POWER ELECTRICAL CONTRACTING, LLC	c EIN-PN 45-2456005-001
a	Plan name	PAIT GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	PAIT GROUP, LLC	c EIN-PN 46-2599194-001
a	Plan name	PALADIN LAW GROUP LLP 401(K) PLAN & TRUST	
b	Name of plan sponsor	PALADIN LAW GROUP LLP	c EIN-PN 20-0689676-001
a	Plan name	ANYWEATHER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GRIFFIN HOLDINGS	c EIN-PN 47-2588912-001
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	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	STRATEGIC LINK CONSULTING LP 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	STRATEGIC LINK CONSULTING LP	c EIN-PN 20-8833786-001

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 STREB CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor STREB CONSTRUCTION CO., INC.	c EIN-PN 42-0892646-001
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 PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor PERKINS MOTOR PLEX LLC	c EIN-PN 26-4307208-001
a	Plan name 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 AUDUBON COUNTRY CLUB PROFIT SHARING PLAN	
b	Name of plan sponsor AUDUBON COUNTRY CLUB	c EIN-PN 61-0123310-001
a	Plan name DUNCAN MACHINERY MOVERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN INDUSTRIAL CONTRACTORS LLC	c EIN-PN 20-0042037-001
a	Plan name DUNN VINEYARDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUNN VINEYARDS	c EIN-PN 68-0409217-001
a	Plan name POPE DISTRIBUTING CO., INC. 401(K) PLAN	
b	Name of plan sponsor POPE DISTRIBUTING CO., INC.	c EIN-PN 73-0672369-001
a	Plan name POPP EXCAVATING 401(K) PLAN	
b	Name of plan sponsor POPP EXCAVATING	c EIN-PN 84-4897634-001
a	Plan name PORTER CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor PORTER CORPORATION	c EIN-PN 85-1429006-003
a	Plan name BASCOM PHARMACY LLC RETIREMENT PLAN	
b	Name of plan sponsor BASCOM PHARMACY LLC	c EIN-PN 57-1220246-001

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 BASHARA SCHWARTZ, PLLC 401(K) PLAN	
b	Name of plan sponsor BASHARA SCHWARTZ, PLLC	c EIN-PN 86-1275370-001
a	Plan name BASS RIVER, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BASS RIVER, INC.	c EIN-PN 04-2512466-001
a	Plan name EDWARD LESKE CASH BALANCE TRUST	
b	Name of plan sponsor EDWARD LESKE COMPANY	c EIN-PN 22-1506426-002
a	Plan name EHLEN & FULLER, DDS RETIREMENT PLAN	
b	Name of plan sponsor EHLEN & FULLER, DDS, PLLC	c EIN-PN 27-5224563-001
a	Plan name EICHELBERGER FARMS, INC. 401(K) PLAN	
b	Name of plan sponsor EICHELBERGER FARMS, INC.	c EIN-PN 39-1870144-001
a	Plan name KEITH'S APPLIANCES 401(K) PLAN	
b	Name of plan sponsor KEITH'S APPLIANCES	c EIN-PN 06-0973305-001
a	Plan name THE CONNECTME 401(K) PLAN	
b	Name of plan sponsor MODERN HR, INC.	c EIN-PN 81-0741257-002
a	Plan name PROJECT INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor PROJECT INDEPENDENCE	c EIN-PN 95-3147421-001
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 THOMPSON ADDISON LAW FIRM 401(K) PLAN	
b	Name of plan sponsor THOMPSON ADDISON, PLLC	c EIN-PN 84-4004313-001
a	Plan name QESSENTIAL MEDICAL MARKET RESEARCH, LLC 401(K) PLAN	
b	Name of plan sponsor QESSENTIAL MEDICAL MARKET RESEARCH, LLC	c EIN-PN 87-3863389-001
a	Plan name BOS MANUFACTURING, L.L.C. 401(K) PLAN	
b	Name of plan sponsor BOS MANUFACTURING, L.L.C.	c EIN-PN 20-1152345-001

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	BOXCAST, INC. 401(K) PLAN	
b Name of plan sponsor	BOXCAST, INC.	c EIN-PN 47-2276606-001
a Plan name	FEIGNER INSURANCE, INC. 401(K) SALARY REDUCTION PLAN	
b Name of plan sponsor	FEIGNER INSURANCE, INC. DBA INSURANCE MANAGEMENT GROUP	c EIN-PN 35-0943733-002
a Plan name	LAW OFFICES OF VANCE A. FUNK PA 401(K) PLAN	
b Name of plan sponsor	LAW OFFICES OF VANCE A. FUNK PA	c EIN-PN 03-0380002-001
a Plan name	LD PLASTICS, INC. 401(K) PLAN	
b Name of plan sponsor	LD PLASTICS, INC.	c EIN-PN 04-2702532-001
a Plan name	TOP NOTCH LANDSCAPING & SUPPLY, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TOP NOTCH LANDSCAPING & SUPPLY, LLC	c EIN-PN 90-1021218-001
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	MEYERING INSURANCE AGENCY 401(K) PLAN	
b Name of plan sponsor	MEYERING INSURANCE AGENCY	c EIN-PN 38-2217296-001
a Plan name	MOMENTUM BUILDERS 401(K)	
b Name of plan sponsor	MOMENTUM BUILDERS	c EIN-PN 25-1413147-001
a Plan name	MONODE MARKING PRODUCTS, INC. TAX DEFERRED SAVINGS PLAN	
b Name of plan sponsor	MONODE MARKING PRODUCTS, INC.	c EIN-PN 34-0812439-001
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 DIMENSIONS FEDERAL CREDIT UNION PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	NEW DIMENSIONS FEDERAL CREDIT UNION	c EIN-PN 01-0244585-001
a Plan name	NORSTAR TRAILERS 401(K) MATCHING PLAN	
b Name of plan sponsor	NORSTAR MANUFACTURING GROUP, INC.	c EIN-PN 47-4774244-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name NORTH 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 OUR COUNTRY HOME ENTERPRISES, INC CUSTOM RETIREMENT PLAN	
b	Name of plan sponsor OUR COUNTRY HOME ENTERPRISES, INC.	c EIN-PN 34-1524285-001
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 PARAMOUNT ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor PARAMOUNT ASSOCIATES, LLC	c EIN-PN 82-1770805-001
a	Plan name PETOSKEY DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor PETOSKEY DENTAL ASSOCIATES	c EIN-PN 83-1942627-001
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 PRACTICE ALTERNATIVES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PRACTICE ALTERNATIVES, INC.	c EIN-PN 22-3575004-001
a	Plan name PRECISE PERSONALIZED CARE HOSPICE 401(K) PLAN	
b	Name of plan sponsor PRECISE PERSONALIZED CARE HOSPICE	c EIN-PN 82-3190964-001
a	Plan name PROSERVICE HAWAII 401(K) PLAN	
b	Name of plan sponsor PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	c EIN-PN 61-1582293-001
a	Plan name PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor PROVIDENCE HOSPITALITY PARTNERS LLC	c EIN-PN 84-1610444-001

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 QUALITY FABRICATION & DESIGN 401(K) PLAN	
b	Name of plan sponsor QUALITY FABRICATION & DESIGN	c EIN-PN 75-2191833-001
a	Plan name QUERREY & HARROW LTD. SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor QUERREY & HARROW, LTD.	c EIN-PN 36-2777440-001
a	Plan name RESIDENCE ARTISTS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RESIDENCE ARTISTS, INC.	c EIN-PN 34-1273217-001
a	Plan name RYLIND CONSTRUCTION COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor RYLIND CONSTRUCTION COMPANY, INC.	c EIN-PN 46-3278537-001
a	Plan name S A ENDOCRINE 401K PLAN	
b	Name of plan sponsor SAN ANTONIO ENDOCRINOLOGY & DIABETES CARE	c EIN-PN 46-4309789-001
a	Plan name SKS COMMUNICATIONS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SKS COMMUNICATIONS	c EIN-PN 57-1235666-001
a	Plan name STEMLER PLUMBING INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FRANK STEMLER & SONS, INC.	c EIN-PN 35-1177650-001
a	Plan name TEC INTEGRATION, INC. 401(K) PLAN	
b	Name of plan sponsor TEC INTEGRATION, INC.	c EIN-PN 20-3127383-001
a	Plan name THE FUTURE GROUP, AMERICA INC. 401(K) PLAN	
b	Name of plan sponsor THE FUTURE GROUP, AMERICA INC.	c EIN-PN 82-2223848-001
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
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 TIMIBO LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor TIMIBO LLC DBA INSIGNIA	c EIN-PN 92-3404102-001

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 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 VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VANS DELIVERY SERVICE, INC.	c EIN-PN 38-2487912-001
a	Plan name WATERMAN BROTHERS CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor WATERMAN BROTHERS CONSTRUCTION, INC.	c EIN-PN 36-3713511-001
a	Plan name WAYNE SMITH'S AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor WAYNE SMITH'S AUTO SALES, INC.	c EIN-PN 22-2343350-001
a	Plan name WILLIAM D. STINSON, M.D. 401(K) PLAN	
b	Name of plan sponsor WILLIAM D. STINSON, M.D.	c EIN-PN 26-3333013-001
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 AGNIESZKA JAMROZEK, DMD LLC DEFINED BENEFIT PENSION PLAN AND TRUST	
b	Name of plan sponsor AGNIESZKA JAMROZEK DMD, LLC	c EIN-PN 81-1106417-001
a	Plan name AMI SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor ASSOCIATION MANAGEMENT, INC.	c EIN-PN 38-2134786-001
a	Plan name API RETIREMENT PLAN	
b	Name of plan sponsor ARCHITECTURAL PRECAST INNOVATIONS, INC.	c EIN-PN 47-3898467-001
a	Plan name BAY AREA TECH WORKERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAY AREA TECH WORKERS	c EIN-PN 94-3310364-001
a	Plan name BAYOTECH 401(K) SAVINGS PLAN	
b	Name of plan sponsor BAYOTECH, INC.	c EIN-PN 47-4398706-334

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	BLAZE PIZZA 401(K) PLAN	
b	Name of plan sponsor	DAMM FINE PIZZA DBA BLAZE PIZZA	c EIN-PN 47-1820665-001
a	Plan name	BOYS & GIRLS CLUB OF GREATER NEW HAVEN 401(K) PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUBS OF GREATER NEW HAVEN	c EIN-PN 06-0646935-002
a	Plan name	BRAINERD EYECARE CENTER RETIREMENT PLAN	
b	Name of plan sponsor	BRAINERD EYECARE CENTER	c EIN-PN 41-1682283-001
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	CASTOR GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	CASTOR GROUP, LLC	c EIN-PN 20-0785510-001
a	Plan name	CASUALTY ACTUARIAL CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CASUALTY ACTUARIAL CONSULTANTS, INC.	c EIN-PN 62-1591851-001
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	DENNIS SEAMAN CO., LPA EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	DENNIS SEAMAN CO., L.P.A.	c EIN-PN 34-1207750-001
a	Plan name	DURA PEOPLE 401(K) PLAN	
b	Name of plan sponsor	DURA SOFTWARE, INC.	c EIN-PN 83-3229458-777
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	ELECTROMAGNETIC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELECTROMAGNETIC SYSTEMS, INC.	c EIN-PN 95-4596366-001

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 FABIAN A RAMOS MD PLLC 401(K) PLAN	
b	Name of plan sponsor FABIAN A RAMOS MD PLLC	c EIN-PN 20-1861799-001
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 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 GREAT LAKES ENERGY NON-UNION 401(K) PLAN	
b	Name of plan sponsor GREAT LAKES ENERGY COOPERATIVE, INC.	c EIN-PN 38-3321875-001
a	Plan name GREAT LAKES ENERGY UNION 401(K) PLAN	
b	Name of plan sponsor GREAT LAKES ENERGY COOPERATIVE, INC.	c EIN-PN 38-3321875-003
a	Plan name HANOVER PATHOLOGY ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HANOVER PATHOLOGY ASSOCIATES, P.C.	c EIN-PN 25-1678024-001
a	Plan name HICKS DAVIS WYNN RETIREMENT PLAN	
b	Name of plan sponsor HICKS DAVIS WYNN, P.C.	c EIN-PN 81-2528118-001
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 HP WORKFORCE SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor HP WORKFORCE SOLUTIONS, LLC	c EIN-PN 82-1218028-001
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&M SERVICES 401(K) PLAN	
b	Name of plan sponsor J&M SERVICES	c EIN-PN 82-4526041-001

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	JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK MILLIKIN INC.	c EIN-PN 38-1852235-002
a	Plan name	JM FUNDING GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JM FUNDING GROUP, INC.	c EIN-PN 26-2524403-001
a	Plan name	JOHN KRAEMER & SONS, INC. SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN KRAEMER & SONS, INC.	c EIN-PN 41-1347429-001
a	Plan name	KENNETH RICKS DDS INC. 401(K) PLAN	
b	Name of plan sponsor	KENNETH RICKS DDS INC.	c EIN-PN 47-4884440-001
a	Plan name	KENTINA LLC 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KENTINA LLC	c EIN-PN 47-2579774-001
a	Plan name	KEVIN GEORGES & ASSOCIATES, P.A. RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	KEVIN GEORGES & ASSOCIATES, P.A. DBA KGA ARCHITECTS	c EIN-PN 85-0320129-001
a	Plan name	LANDSCAPING SUN VALLEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LANDSCAPING SUN VALLEY, INC. DBA TERRA LANDSCAPES	c EIN-PN 26-2425399-001
a	Plan name	LANEY LA, INC. 401(K) PLAN	
b	Name of plan sponsor	LANEY LA, INC.	c EIN-PN 46-5334241-001
a	Plan name	LANSING ICE AND FUEL COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	LANSING ICE AND FUEL	c EIN-PN 38-0745480-001
a	Plan name	A-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	ARCHI'S 401(K) PLAN	
b	Name of plan sponsor	SIRIWAN LLC	c EIN-PN 47-0882555-001
a	Plan name	BCE, INC. 401(K) PLAN	
b	Name of plan sponsor	BRATSLAVSKY CONSULTING ENGINEERS, INC.	c EIN-PN 92-0169405-002

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 BEAR RIVER ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEAR RIVER ELECTRIC COMPANY	c EIN-PN 38-3264163-001
a	Plan name BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN	
b	Name of plan sponsor BREVARD MEDICAL DERMATOLOGY	c EIN-PN 36-4796769-001
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 SEWING, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor COMMERCIAL SEWING, INC.	c EIN-PN 06-0863890-001
a	Plan name COMMONWEALTH TRUST COMPANY 401(K) PLAN	
b	Name of plan sponsor COMMONWEALTH TRUST COMPANY	c EIN-PN 51-0009125-001
a	Plan name FIFTH WHEEL FREIGHT 401(K) PLAN	
b	Name of plan sponsor B&L SYSTEMS LLC DBA FIFTH WHEEL FREIGHT	c EIN-PN 46-1122501-001
a	Plan name FIRST AMERICAN EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FIRST AMERICAN PROPERTIES, LLC	c EIN-PN 36-4536252-001
a	Plan name 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 HARKER HEATING & COOLING, INC. 401(K) PLAN	
b	Name of plan sponsor HARKER HEATING & COOLING, INC.	c EIN-PN 39-1634801-001
a	Plan name HARKERS HOLLOW GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor HARKER'S HOLLOW GOLF CLUB	c EIN-PN 82-3107421-001
a	Plan name HARMONY HEALTHCARE IT 401K PLAN	
b	Name of plan sponsor BUSINESS INTERACTIONS LLC DBA HARMONY HEALTHCARE IT	c EIN-PN 32-0157950-002
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

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 KEY DATA DASHBOARD, INC. DBA KEY DATA 401(K) PLAN	
b	Name of plan sponsor KEY DATA DASHBOARD, INC. DBA KEY DATA	c EIN-PN 87-3648034-002
a	Plan name KFG EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor KINGDOM FINANCIAL GROUP, INC.	c EIN-PN 25-1887984-001
a	Plan name KIMBERLY SCHAFFER, LLC 401(K) PLAN	
b	Name of plan sponsor KIMBERLY SCHAFFER, LLC	c EIN-PN 57-1207261-001
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 LG AUDIOLOGICAL ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor LG AUDIOLOGICAL ENTERPRISES LLC	c EIN-PN 26-3982693-001
a	Plan name LIBERTY UCC MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIBERTY UCC MANAGEMENT, LLC	c EIN-PN 81-3126287-001
a	Plan name MBC 401(K) PLAN	
b	Name of plan sponsor MBC & ASSOCIATES, LLC	c EIN-PN 83-2391851-001
a	Plan name MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor MOOSE INTERNATIONAL, INC.	c EIN-PN 36-1408120-005
a	Plan name MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MORELAND PLAZA PHARMACY, INC.	c EIN-PN 39-0968183-001
a	Plan name MOUNTZ, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MOUNTZ, INC.	c EIN-PN 94-2625117-001
a	Plan name NORTHGATE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHGATE	c EIN-PN 38-2503040-001
a	Plan name NORTHPOINT CONSTRUCTION MANAGEMENT, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHPOINT CONSTRUCTION MANAGEMENT, LLC	c EIN-PN 20-2902599-001

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 PARIS MOUNTAIN HOSPITALITY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PARIS MOUNTAIN HOSPITALITY, LLC	c EIN-PN 47-1819250-001
a	Plan name PARK PRINTING, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor PARK PRINTING, INC.	c EIN-PN 41-1363302-001
a	Plan name PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor PARK SIDE FINANCIAL CREDIT UNION	c EIN-PN 23-7155544-001
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 PREFERRED MEATS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PREFERRED MEATS INC.	c EIN-PN 20-8293251-001
a	Plan name R.D. KLEINSCHMIDT, INC. 401(K) PLAN	
b	Name of plan sponsor R. D. KLEINSCHMIDT, INC.	c EIN-PN 38-2075748-001
a	Plan name R.J. GAESTEL, INC. DBA MERCED HONDA 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor R.J. GAESTEL, INC. DBA MERCED HONDA	c EIN-PN 77-0344466-001
a	Plan name RLM INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RLM INDUSTRIES, INC.	c EIN-PN 38-2067475-001
a	Plan name SEATTLE DOGWOOD 401(K) PLAN	
b	Name of plan sponsor DOGWOOD MANAGEMENT, LLC	c EIN-PN 47-3254818-001
a	Plan name SMDA 401K PLAN	
b	Name of plan sponsor SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	c EIN-PN 20-4874959-001
a	Plan name SMI AUTOMOTIVE REPAIR 401(K) PLAN	
b	Name of plan sponsor KH AUTOMOTIVE, LLC	c EIN-PN 84-4729796-001
a	Plan name SMITH CURRY 401(K) PLAN	
b	Name of plan sponsor SMITH CURRY	c EIN-PN 56-2145650-001

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	SUPERIOR CONTRACTING SERVICES 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR CONTRACTING SERVICES, LLC	c EIN-PN 47-3165305-001
a	Plan name	TOYS FOR TRUCKS, INC. 401(K) PLAN	
b	Name of plan sponsor	TOYS FOR TRUCKS, INC.	c EIN-PN 39-1646646-001
a	Plan name	VAUGHAN & ASSOCIATES LAW OFFICE, APC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VAUGHAN & ASSOCIATES LAW OFFICE, APC	c EIN-PN 86-1656482-001
a	Plan name	VENZA LEARNING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	VENZA LEARNING SOLUTIONS, INC. D/B/A VENZA, INC.	c EIN-PN 26-2343444-002
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	ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ICONERGY LTD	c EIN-PN 27-2414344-001
a	Plan name	IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IDAHO ASPHALT SUPPLY, INC.	c EIN-PN 82-0325664-001
a	Plan name	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	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a	Plan name	KINGWOOD CENTER GARDENS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KINGWOOD CENTER GARDENS	c EIN-PN 34-0750349-001
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	KLJ-FB 401(K) PLAN	
b	Name of plan sponsor	FOUR BOARD WOODWORKS LLC	c EIN-PN 81-2214411-001

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	MUGEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MUGEN CONSTRUCTION, INC.	c EIN-PN 38-3081108-001
a	Plan name	PARTNER VALUATION ADVISORS LLC 401(K) PLAN	
b	Name of plan sponsor	PARTNER VALUATION ADVISORS LLC	c EIN-PN 88-3351652-001
a	Plan name	PARTS AND SCREENS, INC. 401(K) PLAN	
b	Name of plan sponsor	PARTS AND SCREENS DBA BROWN MANUFACTURING	c EIN-PN 38-3266935-001
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	RABENI DENTAL 401(K) PLAN	
b	Name of plan sponsor	MELANIE M. RABENI, DDS PC	c EIN-PN 27-0679041-001
a	Plan name	ROBERTS DITCHING 401(K) PLAN	
b	Name of plan sponsor	ARROWHEAD LINE LLC	c EIN-PN 45-5041435-001
a	Plan name	ROCKING R MEDICAL 401(K) PLAN	
b	Name of plan sponsor	RATTAN & ASSOCIATES	c EIN-PN 46-2619332-001
a	Plan name	SERENITY CARE RESOURCES LLC 401(K) PLAN	
b	Name of plan sponsor	SERENITY CARE RESOURCES, LLC	c EIN-PN 81-1594721-001
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	SOMEWHERE OVER THE SPECTRUM 401(K) PLAN	
b	Name of plan sponsor	SOMEWHERE OVER THE SPECTRUM LLC	c EIN-PN 86-2547628-001
a	Plan name	SONNEN, INC. 401(K) PLAN	
b	Name of plan sponsor	SONNEN, INC.	c EIN-PN 47-3043045-001
a	Plan name	SYMBIOTE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SYMBIOTE, INC	c EIN-PN 38-2421800-001

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	SYMETRICA 401(K) PLAN	
b	Name of plan sponsor	SYMETRICA, INC.	c EIN-PN 20-4144926-001
a	Plan name	T J & M SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	T J & M SERVICES, INC.	c EIN-PN 26-3380349-001
a	Plan name	TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSITIONAL LIVING CENTERS, INC.	c EIN-PN 34-1752737-001
a	Plan name	VERRATERRA 401(K) PLAN	
b	Name of plan sponsor	VERRATERRA PROPERTY MANAGEMENT LLC	c EIN-PN 27-3256545-001
a	Plan name	VICKY RANGSUEBSIN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VICKY RANGSUEBSIN	c EIN-PN 35-2229085-001
a	Plan name	WLFCO PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	WLFCO, LLC	c EIN-PN 83-4272397-001
a	Plan name	WOOD CHEVROLET PLUMVILLE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOOD CHEVROLET PLUMVILLE, INC.	c EIN-PN 25-1024311-001
a	Plan name	WOODBINE 401(K) PLAN	
b	Name of plan sponsor	WOODBINE DEVELOPMENT I, LTD.	c EIN-PN 75-2574239-001
a	Plan name	AL TERRY PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AL TERRY PLUMBING & HEATING, INC.	c EIN-PN 02-0344810-002
a	Plan name	ARMCORP CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	ARMCORP CONSTRUCTION, INC.	c EIN-PN 27-0308374-001
a	Plan name	BRIGHTINSIGHT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BRIGHTINSIGHT, INC.	c EIN-PN 82-2242267-001
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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COMMUNITY STAR CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor COMMUNITY STAR CREDIT UNION	c EIN-PN 34-0728231-002
a	Plan name COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES	c EIN-PN 36-4818744-001
a	Plan name CYBERTEK MSSP 401(K) PLAN	
b	Name of plan sponsor CYBERTEK MSSP	c EIN-PN 86-1221904-001
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 GMS MINE REPAIR & MAINTENANCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GMS MINE REPAIR & MAINTENANCE, INC.	c EIN-PN 52-1908118-001
a	Plan name NUOVO SALON & SPA 401(K)PLAN	
b	Name of plan sponsor NUOVO SALON GROUP	c EIN-PN 59-2737928-001
a	Plan name NUWAVE ENERGY SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NUWAVE ENERGY SOLUTIONS, LLC	c EIN-PN 84-2586779-001
a	Plan name O'BRIEN'S RENT-ALL & SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor O'BRIEN'S RENT-ALL & SALES, INC.	c EIN-PN 55-0587710-001
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 TIRES 401(K) PLAN	
b	Name of plan sponsor 1835 GGK TEAM INC	c EIN-PN 81-0757899-001
a	Plan name PRO-MEC ENGINEERING 401(K) PLAN	
b	Name of plan sponsor PRO-MEC ENGINEERING SERVICES, INC.	c EIN-PN 20-3786112-001
a	Plan name RATTO LAW FIRM 401(K) PLAN & TRUST	
b	Name of plan sponsor RATTO LAW FIRM	c EIN-PN 94-2952937-001

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	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	c EIN-PN 76-0117689-001
a	Plan name	SGI 401(K) PLAN	
b	Name of plan sponsor	SGI	c EIN-PN 93-4216744-001
a	Plan name	SOUTHERN CALIFORNIA EMERGENCY MEDICINE 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN CALIFORNIA EMERGENCY MEDICINE, A MEDICAL CORPORATION	c EIN-PN 87-0698478-001
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
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	TRESTLEWOOD 401(K) PLAN	
b	Name of plan sponsor	CANNON STRUCTURES, INC. DBA TRESTLEWOOD	c EIN-PN 34-1112308-001
a	Plan name	WORKABLE, INC. 401(K) PLAN	
b	Name of plan sponsor	WORKABLE, INC.	c EIN-PN 61-1747677-002
a	Plan name	ABERDEEN CAPTIONING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABERDEEN CAPTIONING, INC.	c EIN-PN 33-0983867-001
a	Plan name	ACADEMY MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	ACADEMY MANAGEMENT COMPANY	c EIN-PN 45-2344235-001
a	Plan name	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	ARTEX LABEL & GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor	ARTEX LABEL & GRAPHICS, INC.	c EIN-PN 38-3470303-001
a	Plan name	BERGERT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BERGERT GROUP LTD.	c EIN-PN 81-0777309-001

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 BERKS FIRE WATER RESTORATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor BERKS FIRE WATER RESTORATIONS, INC.	c EIN-PN 23-3048910-001
a	Plan name BROS AUTO GROUP PLAN	
b	Name of plan sponsor ONTARIO VOLKSWAGEN	c EIN-PN 65-1163516-001
a	Plan name CHARLES AUTO FAMILY 401(K) PLAN	
b	Name of plan sponsor CHARLES CHEVROLET OLDSMOBILE, INC. DBA CHARLES AUTO FAMILY	c EIN-PN 34-0877679-001
a	Plan name COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name CONCIERGE PHYSICAL THERAPY, INC. 401(K) PLAN	
b	Name of plan sponsor CONCIERGE PHYSICAL THERAPY, INC.	c EIN-PN 47-4420844-001
a	Plan name CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor CONCRETE POLISHING & RESTORATION ACQUISITION, LLC	c EIN-PN 82-1776313-001
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 ENGOODEN HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor ENGOODEN HEALTH, INC.	c EIN-PN 81-4271866-001
a	Plan name ENTHUSIAST ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor ENTHUSIAST ENTERPRISE	c EIN-PN 46-2378541-001
a	Plan name FLORIDA COASTAL DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LISA D. ZACK, MD, PA	c EIN-PN 65-0156881-004
a	Plan name GOGICK TECHNOLOGY CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor GOGICK TECHNOLOGY CONSULTING, LLC	c EIN-PN 82-3068700-001
a	Plan name HEART & HANDS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HEART & HANDS MIDWIFERY AND FAMILY HEALTHCARE	c EIN-PN 46-5257926-001

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 HEARTLAND FOOT & ANKLE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor HEARTLAND FOOT & ANKLE ASSOCIATES, P.C.	c EIN-PN 26-2781451-001
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
a	Plan name IED GROUP PROFIT SHARING PLAN	
b	Name of plan sponsor IED GROUP, INC.	c EIN-PN 56-2303651-001
a	Plan name JAY HODGE AUTO 401(K) PLAN	
b	Name of plan sponsor JAY HODGE CHEVROLET, INC.	c EIN-PN 75-2466263-001
a	Plan name JEFFREY A. WILBUR PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor JEFFREY A. WILBUR PLUMBING & HEATING, INC.	c EIN-PN 25-1724402-001
a	Plan name LOH TAX GROUP 401(K) PLAN	
b	Name of plan sponsor LOH TAX GROUP	c EIN-PN 26-2679374-001
a	Plan name LONG TERM CARE SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LONG TERM CARE SPECIALISTS, INC.	c EIN-PN 73-1202515-001
a	Plan name MECHANICAL SPECIALTIES, LLC 401(K) PLAN	
b	Name of plan sponsor MECHANICAL SPECIALTIES, LLC	c EIN-PN 37-1489883-001
a	Plan name AVANTS OPERATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor AVANTS OPERATIONS, LLC	c EIN-PN 81-4997570-001
a	Plan name 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 CIRCLE FCU 401(K) PLAN	
b	Name of plan sponsor CIRCLE FEDERAL CREDIT UNION	c EIN-PN 38-1565948-001

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 CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001
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
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 DANIEL BRIAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor DANIEL BRIAN & ASSOCIATES	c EIN-PN 38-3169316-001
a	Plan name E&F PAVING CO, LLC 401(K) PLAN	
b	Name of plan sponsor E&F PAVING CO, LLC	c EIN-PN 20-8741401-001
a	Plan name E.J. WARD, INC. 401(K) PLAN	
b	Name of plan sponsor E.J. WARD, INC.	c EIN-PN 88-0284475-001
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 LOWEN HOSPITALITY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor LOWEN HOSPITALITY MANAGEMENT, LLC	c EIN-PN 75-2946797-001
a	Plan name MICHIGAN FENCE CO., INC. 401(K) PLAN	
b	Name of plan sponsor MICHIGAN FENCE CO., INC.	c EIN-PN 38-2266859-001
a	Plan name OHIO PROVIDER RESOURCE ASSOCIATION 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor OHIO PROVIDER RESOURCE ASSOCIATION	c EIN-PN 31-1559921-001
a	Plan name SAARMAN CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAARMAN CONSTRUCTION, LTD.	c EIN-PN 94-2929210-001
a	Plan name SPACE METAL 401(K) PLAN	
b	Name of plan sponsor SPACE METAL	c EIN-PN 57-0785643-001

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 ALPHA INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALPHA INDUSTRIES, INC.	c EIN-PN 62-0627504-002
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 BUD'S AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor BUDS CHEVROLET, INC.	c EIN-PN 34-1626376-001
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 GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	c EIN-PN 92-0185518-001
a	Plan name GUERRA GUTIERREZ MORTUARY, INC. 401(K) PLAN	
b	Name of plan sponsor GUERRA GUTIERREZ MORTUARY, INC.	c EIN-PN 95-2748697-001
a	Plan name INDUSTRIAL SERVICE CORP. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor NORTHWESTERN PLASTICS, LTD. DBA INDUSTRIAL SERVICE CORP.	c EIN-PN 42-1193589-001
a	Plan name JUST FOR KIX RETIREMENT PLAN	
b	Name of plan sponsor MINI KIX, INC.	c EIN-PN 41-1426758-001
a	Plan name LUBOVICH EXCAVATING, INC. RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor LUBOVICH EXCAVATING, INC.	c EIN-PN 35-1972657-001
a	Plan name MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, P.S.C. 401(K) PLAN	
b	Name of plan sponsor MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, PSC	c EIN-PN 20-4753970-001
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 OLMM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OLMM CONSULTING ENGINEERS	c EIN-PN 94-3038002-001

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	OMEGA BENEFIT STRATEGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	OMEGA BENEFIT STRATEGIES, INC.	c EIN-PN 83-1866543-001
a	Plan name	PIVOTAL HOUSING PARTNERS LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PIVOTAL HOUSING PARTNERS LLC	c EIN-PN 81-4615424-001
a	Plan name	REALOGIC SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	REALSCAPE GROUP LLC DBA REALOGIC SOLUTIONS	c EIN-PN 46-4805391-001
a	Plan name	SPHEREGEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPHEREGEN TECHNOLOGIES, LLC	c EIN-PN 47-2610802-001
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	THE 401(K) PLAN	
b	Name of plan sponsor	E.B.T., INC.	c EIN-PN 62-1714892-001
a	Plan name	TRUEMAN WELTERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUEMAN WELTERS, INC.	c EIN-PN 41-0909356-001
a	Plan name	TRUENORTH COMPANIES, L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUENORTH COMPANIES, L.C.	c EIN-PN 42-1513015-001
a	Plan name	TUFFALOY PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	TUFFALOY PRODUCTS, INC.	c EIN-PN 38-1710357-002
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	WESLYNN MERIDIAN INC. 401K PLAN	
b	Name of plan sponsor	WESLYNN MERIDIAN INC.	c EIN-PN 45-0480587-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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.**

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 AMERICAN FUNDS NEW PERSPECTIVE RET OPT		B Three-digit plan number (PN) ▶	828
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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4	4
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)	101145733	112735871
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	101145737	112735875
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	101145737	112735875

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)	986271	
(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)	11393584	
(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)		4871053
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		17250908

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17250908
l Transfers of assets:			
(1) To this plan	2l(1)		17958315
(2) From this plan	2l(2)		23619085

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 _____.