

<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 style="text-align: center;">▶ 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: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

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 EUROPACIFIC GROWTH RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>842</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
--	--

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)
---	---

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 EUROPACIFIC GROWTH RET OPT</u>	B Three-digit plan number (PN)	<u>842</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BAKERSFIELD COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	BAKERSFIELD COUNTRY CLUB	c EIN-PN 95-1615940-001
a	Plan name	BAKERY AGENCY 401(K) PLAN	
b	Name of plan sponsor	BAKERY AGENCY LLC	c EIN-PN 27-4407040-001
a	Plan name	BANYAN EDUCATION CONSULTANCY USA, LLC 401(K) PLAN	
b	Name of plan sponsor	BANYAN EDUCATIONAL CONSULTANCY USA, LLC	c EIN-PN 84-1746095-001
a	Plan name	ECCO EQUIPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ECCO EQUIPMENT COMPANY LLC	c EIN-PN 95-2800890-001
a	Plan name	EDESIGNC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EDESIGNC, INC.	c EIN-PN 26-2921452-001
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	ENVISION FOODS 401(K) PLAN	
b	Name of plan sponsor	ENVISION FOODS, LLC	c EIN-PN 20-4278964-001
a	Plan name	ENVISION INTERACTIVE GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ENVISION INTERACTIVE GROUP, LLC	c EIN-PN 03-0449364-001
a	Plan name	EPPY'S DRUG 401(K)	
b	Name of plan sponsor	EPPY'S DRUG STORE, INC.	c EIN-PN 55-0607772-001
a	Plan name	PROFESSIONAL RESTORATION 401(K) PLAN	
b	Name of plan sponsor	DRS, INC.	c EIN-PN 84-1485846-002
a	Plan name	BETTER BOLTING, INC. 401(K) PLAN	
b	Name of plan sponsor	BETTER BOLTING, INC	c EIN-PN 30-0048617-001
a	Plan name	KRC, INC. RETIREMENT PLAN	
b	Name of plan sponsor	KRC, INC.	c EIN-PN 38-2721514-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE 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 PUMP SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor PUMP SUPPLY INCORPORATED	c EIN-PN 20-2415627-334
a	Plan name BONE-A-PATREAT 401(K) PLAN	
b	Name of plan sponsor BONE-A-PATREAT	c EIN-PN 20-1319477-001
a	Plan name LAW OFFICE OF JASON A. WAECHTER 401(K) PLAN	
b	Name of plan sponsor LAW OFFICE OF JASON A. WAECHTER	c EIN-PN 38-3170110-001
a	Plan name TIMS TRUCK CAPITAL & AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor TIM'S TRUCK CAPITAL & AUTO SALES, INC.	c EIN-PN 02-0468466-001
a	Plan name TURKEL, CUVA, BARRIOS, P.A. 401(K) PLAN	
b	Name of plan sponsor TURKEL, CUVA, BARRIOS, P.A.	c EIN-PN 86-3329581-001
a	Plan name BURLEIGH DENTAL, S.C. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor BURLEIGH DENTAL, S.C.	c EIN-PN 39-1170894-001
a	Plan name BUTLER EQUIPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor BUTLER EQUIPMENT, LLC	c EIN-PN 47-1466813-001
a	Plan name FRONTIER MEDICAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor FRONTIER MEDICAL ASSOCIATES	c EIN-PN 45-0558452-001
a	Plan name FRY 401(K) PLAN	
b	Name of plan sponsor FRY ORTHODONTICS, PLLC	c EIN-PN 82-1631981-001
a	Plan name LUTHERAN SOCIAL SERVICES OF COLORADO 401(K) PLAN	
b	Name of plan sponsor LUTHERAN SOCIAL SERVICES OF COLORADO DBA LUTHERAN FAMILY SERVICES RO	c EIN-PN 84-0775550-002
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

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 M2G VENTURES 401(K) PLAN	
b	Name of plan sponsor M2G VENTURES, LLC	c EIN-PN 46-2390264-001
a	Plan name MACADAMIA BEAUTY 401(K) PLAN	
b	Name of plan sponsor MACADAMIA BEAUTY, LLC	c EIN-PN 46-0560479-001
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 UPPER CERVICAL CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor UPPER CERVICAL CHIROPRACTIC OF MONMOUTH, LLC	c EIN-PN 25-1910563-001
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 CAPITAL STEEL ERECTORS, INC. 401(K) PLAN	
b	Name of plan sponsor CAPITAL STEEL ERECTORS, INC.	c EIN-PN 27-1376167-001
a	Plan name CHARLESTON FLEET SERVICES 401(K) PLAN	
b	Name of plan sponsor CHARLESTON FLEET SERVICES	c EIN-PN 30-0765016-001
a	Plan name CHEMCEL EMPLOYEES FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor CHEMCEL FEDERAL CREDIT UNION	c EIN-PN 74-6047771-001
a	Plan name GRADIENT CYBER, INC. 401(K) PLAN	
b	Name of plan sponsor GRADIENT CYBER, INC.	c EIN-PN 37-1833819-002
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 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 GVM LAW, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GVM LAW, LLP	c EIN-PN 47-3015704-001

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 MILTON S. FRANK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILTON S. FRANK CO., INC.	c EIN-PN 94-3006795-001
a	Plan name MISSOURI JACK LLC & ILLINOIS JACK LLC 401(K) PLAN	
b	Name of plan sponsor MISSOURI JACK, LLC	c EIN-PN 45-2037527-001
a	Plan name SANCHEZ & AMADOR, LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SANCHEZ & AMADOR, LLP	c EIN-PN 95-4460273-001
a	Plan name SHADWELL FARM 401(K) PLAN	
b	Name of plan sponsor SHADWELL FARM, LLC	c EIN-PN 61-1065368-001
a	Plan name SHAFER COMPANIES 401(K) PLAN	
b	Name of plan sponsor SHAFER REDI-MIX, INC.	c EIN-PN 38-2412059-002
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 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 CONNOR LEE & SHUMAKER PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONNOR LEE & SHUMAKER PLLC	c EIN-PN 82-3319604-001
a	Plan name CONOVER FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor CONOVER FAMILY DENTAL	c EIN-PN 47-2357103-001
a	Plan name HEC SOFTWARE INC 401(K) PLAN	
b	Name of plan sponsor HEC SOFTWARE, INC. DBA READING HORIZONS	c EIN-PN 86-0495240-001
a	Plan name NATURESCAPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NATURESCAPE	c EIN-PN 03-0448406-001
a	Plan name SIMPLE MILLS, INC. 401(K) PLAN	
b	Name of plan sponsor SIMPLE MILLS, INC.	c EIN-PN 47-1100664-001

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	HIMES 401(K) PLAN	
b	Name of plan sponsor	DAILY RECYCLING EQUIPMENT & SERVICE INC DBA HIMES SERVICE COMPANY	c EIN-PN 74-2842230-001
a	Plan name	HOLLENBACH-OAKLEY, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HOLLENBACH-OAKLEY, LLC	c EIN-PN 06-1676076-001
a	Plan name	AMBIO INC. 401(K) PLAN	
b	Name of plan sponsor	AMBIO INC.	c EIN-PN 45-5506902-001
a	Plan name	AMBIOPHARM, INC. 401(K) PLAN	
b	Name of plan sponsor	AMBIOPHARM, INC.	c EIN-PN 22-3940281-001
a	Plan name	AMBROSE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	AMBROSE SERVICES, LLC	c EIN-PN 46-3081985-001
a	Plan name	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	INNOVA TECHNOLOGIES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INNOVA TECHNOLOGIES INC.	c EIN-PN 56-2323193-001
a	Plan name	INSPIRATION FIELD 401(K) PLAN	
b	Name of plan sponsor	INSPIRATION FIELD	c EIN-PN 84-0570914-001
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	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD	c EIN-PN 02-0574359-001

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 STEWARDSHIP MARKETING SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STEWARDSHIP MARKETING SERVICES INC.	c EIN-PN 47-5066374-001
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 ANACORTES PROSTHETICS & ORTHOTICS - 401(K)	
b	Name of plan sponsor ANACORTES PROSTHETICS & ORTHOTICS	c EIN-PN 47-4195495-001
a	Plan name ANANT OPERATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor ANANT OPERATIONS, INC.	c EIN-PN 46-3991171-001
a	Plan name DESIGN READY CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor DESIGN READY CONTROLS, INC.	c EIN-PN 41-1649617-001
a	Plan name PEARL HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor PEARL OF ROLLING MEADOWS, LLC	c EIN-PN 83-1666833-001
a	Plan name ASSOCIATED INSURANCE BROKERS, INC. 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED INSURANCE BROKERS, INC. DBA PACIFIC INTERSTATE INSURANCE	c EIN-PN 77-0382488-001
a	Plan name DR. PAUL FISCHER, PC 401(K) PLAN	
b	Name of plan sponsor DR. PAUL FISCHER, PC	c EIN-PN 06-1329220-001
a	Plan name DRS. BLACK & BENTON PSC SAFE HARBOR EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor DRS. BLACK & BENTON, PSC	c EIN-PN 62-0853193-002
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 JERSEY SHORE LAWN SPRINKLER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor JERSEY SHORE LAWN AND SPRINKLER CONSTRUCTION COMPANY, INC.	c EIN-PN 22-3042964-001
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

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	RENEWED STRENGTH MEDICAL GROUP RETIREMENT PLAN	
b	Name of plan sponsor	RENEWED STRENGTH MEDICAL GROUP	c EIN-PN 84-2057268-001
a	Plan name	REPI LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REPI, LLC	c EIN-PN 54-2101581-001
a	Plan name	TYMARK RESTAURANT GROUP 401K PLAN	
b	Name of plan sponsor	TYMARK, INC.	c EIN-PN 82-1824730-001
a	Plan name	UNDERCOVER TOURIST 401(K) PLAN	
b	Name of plan sponsor	INSIDERGUIDE, LLC	c EIN-PN 59-3652314-001
a	Plan name	C.G. WITVOET & SONS CO. 401(K) PLAN	
b	Name of plan sponsor	C.G. WITVOET & SONS CO.	c EIN-PN 38-2327603-002
a	Plan name	G.O. RODRIGUEZ TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor	G.O. RODRIGUEZ TRUCKING, INC.	c EIN-PN 26-3449865-001
a	Plan name	RIMROCK ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	RIMROCK ENERGY PARTNERS LLC	c EIN-PN 82-3731112-001
a	Plan name	RINAUDO ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	RINAUDO ENTERPRISES, INC.	c EIN-PN 59-3384145-001
a	Plan name	GEORGETOWN DENTAL PROFESSIONALS PROFIT SHARING PLAN	
b	Name of plan sponsor	GEORGETOWN DENTAL PROFESSIONALS LLC	c EIN-PN 20-3939693-001
a	Plan name	CARL F. RIEDELL & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARL F. RIEDELL & SON, INC.	c EIN-PN 04-2459660-002
a	Plan name	CARMEN TERREROS, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARMEN TERREROS, M.D., INC.	c EIN-PN 20-1750839-001
a	Plan name	MASK-OFF COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	MASK-OFF COMPANY, INC.	c EIN-PN 95-1942506-001

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	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	WALTZ-HOLST BLOW PIPE CO., INC. 401(K) PLAN
b	Name of plan sponsor	WALTZ-HOLST BLOW PIPE CO., INC.
c	EIN-PN	38-1145620-001
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	RUE & ZIFFRA, P.A. 401(K) PLAN
b	Name of plan sponsor	RUE & ZIFFRA, P.A.
c	EIN-PN	59-3154090-001
a	Plan name	RUGS AS ART, INC. 401(K) PLAN
b	Name of plan sponsor	RUGS AS ART, INC.
c	EIN-PN	65-0261601-001
a	Plan name	GRAPHIC WEST PACKAGING MACHINERY, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GRAPHIC WEST PACKAGING MACHINERY, LLC
c	EIN-PN	06-1622227-001
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	MERAKI SOCIAL, LLC 401(K) PLAN
b	Name of plan sponsor	MERAKI SOCIAL, LLC
c	EIN-PN	81-2114618-001
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	20/20 CUSTOM MOLDED PLASTICS, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	20/20 CUSTOM MOLDED PLASTICS, LLC
c	EIN-PN	34-1945124-001
a	Plan name	3(16) FIDUCIARY SERVICES CORPORATION 401(K) PLAN
b	Name of plan sponsor	3(16) FIDUCIARY SERVICES CORPORATION
c	EIN-PN	45-4813655-001

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	CLOMPUS & RETO VISION ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	CLOMPUS & RETO VISION ASSOCIATES, PC	c EIN-PN 23-2586730-001
a	Plan name	HALLMARK MITIGATION AND CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor	HALLMARK MITIGATION & CONSTRUCTION LLC	c EIN-PN 81-1421014-001
a	Plan name	MO-TECH CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MO-TECH CORPORATION	c EIN-PN 47-0884754-001
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	HI MARLEY, INC. 401(K) PLAN	
b	Name of plan sponsor	HI MARLEY, INC.	c EIN-PN 82-1259445-001
a	Plan name	CONTINUUM HEALTHCARE, LLC 401(K) PLAN	
b	Name of plan sponsor	CONTINUUM HEALTHCARE, LLC	c EIN-PN 46-2972429-001
a	Plan name	CONTROL ASSOCIATES, INC. PROFIT SHARING AND 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CONTROL ASSOCIATES, INC.	c EIN-PN 22-1629238-004
a	Plan name	ACTION CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	ACTION CARE, INC. DBA HOME INSTEAD	c EIN-PN 37-1976029-001
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	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C. 401(K) PLAN	
b	Name of plan sponsor	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C.	c EIN-PN 42-1506318-001
a	Plan name	SHOEMAKER LUMBER CO. 401(K) PLAN	
b	Name of plan sponsor	SHOEMAKER LUMBER CO., INC.	c EIN-PN 22-1756787-001
a	Plan name	ZAGAR INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ZAGAR INC.	c EIN-PN 34-0634856-001

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	ZEBRA ATHLETICS LLC 401(K) PLAN
b	Name of plan sponsor	REGUPOL ZEBRA ATHLETICS LLC
c	EIN-PN	82-4317682-001
a	Plan name	ZELLWOOD STATION RETIREMENT PLAN
b	Name of plan sponsor	ZELLWOOD STATION CO-OP, INC.
c	EIN-PN	59-3194342-001
a	Plan name	HOME ESSENTIALS & BEYOND, INC. 401(K) PLAN
b	Name of plan sponsor	HOME ESSENTIALS & BEYOND, INC.
c	EIN-PN	11-3187703-002
a	Plan name	AFFIRMEDRX PBC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	AFFIRMEDRX PBC
c	EIN-PN	86-2807587-001
a	Plan name	SJCC, LLC 401(K) PLAN
b	Name of plan sponsor	SJ CONSTRUCTION CONSULTING, LLC
c	EIN-PN	81-1815964-001
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	OOMA, INC. 401(K) PLAN
b	Name of plan sponsor	OOMA, INC.
c	EIN-PN	06-1713274-001
a	Plan name	OPEN RANGE ENGINEERING SERVICES 401(K) PLAN
b	Name of plan sponsor	OPEN RANGE ENGINEERING SERVICES, PLLC
c	EIN-PN	20-5674889-001
a	Plan name	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	DECARLO CORPORATION 401(K) RETIREMENT PLAN AND TRUST
b	Name of plan sponsor	DECARLO CORPORATION DBA DECARLO DEMOLITION COMPANY
c	EIN-PN	42-1511387-001
a	Plan name	DELAWARE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN
b	Name of plan sponsor	DELAWARE ELECTRICAL CONTRACTORS, INC.
c	EIN-PN	23-2016945-001

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	INTEGRATED LAKES MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED LAKES MANAGEMENT, INC.	c EIN-PN 20-3197661-001
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	DESIMONE LOGISTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DESIMONE LOGISTICS, LLC	c EIN-PN 84-3096586-001
a	Plan name	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	ITC-DILIGENCE, INC. 401(K) PLAN	
b	Name of plan sponsor	ITC-DILIGENCE, INC.	c EIN-PN 30-0134272-001
a	Plan name	STREB CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	STREB CONSTRUCTION CO., INC.	c EIN-PN 42-0892646-001
a	Plan name	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	PEMCO, LTD. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	PEMCO, LTD.	c EIN-PN 99-0236548-002
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	ATLANTIC GOLF AND TURF 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC GOLF AND TURF LLC	c EIN-PN 27-1400038-001
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	TAYLOR HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	TAYLOR HOLDINGS, INC.	c EIN-PN 61-0680425-001

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	TDMC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	TDMC CONSTRUCTION, INC.	c EIN-PN 35-2208661-001
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	POWELL CONSTRUCTORS 401(K) PLAN & TRUST	
b	Name of plan sponsor	POWELL CONSTRUCTORS	c EIN-PN 03-0549543-001
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	PROJECT INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor	PROJECT INDEPENDENCE	c EIN-PN 95-3147421-001
a	Plan name	PRONK TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRONK TECHNOLOGIES, INC.	c EIN-PN 20-1891840-001
a	Plan name	PROOF LOGISTICS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROOF LOGISTICS INC.	c EIN-PN 83-4204713-001
a	Plan name	EUFORA INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	EUFORA INTERNATIONAL	c EIN-PN 33-0617396-001
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	THOMAS S. LAYTON, D.D.S. P.A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	THOMAS LAYTON, D.D.S.	c EIN-PN 56-2145157-001
a	Plan name	THREAD 401(K) PLAN	
b	Name of plan sponsor	THREAD INTERNATIONAL PBC, INC.	c EIN-PN 32-0466406-001

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 PURE ARCHITECTURE & DEVELOPMENT, PLLC 401(K) PLAN	
b	Name of plan sponsor PURE ARCHITECTURE & DEVELOPMENT, PLLC	c EIN-PN 85-2594068-001
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 BOXDROP SAN DIEGO INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BOXDROP SAN DIEGO INC.	c EIN-PN 83-3516213-002
a	Plan name FEIGHNER INSURANCE, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor FEIGHNER INSURANCE, INC. DBA INSURANCE MANAGEMENT GROUP	c EIN-PN 35-0943733-002
a	Plan name 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 LEAN TECHNIQUES, INC. 401(K) PLAN	
b	Name of plan sponsor LEAN TECHNIQUES, INC.	c EIN-PN 38-3836804-001
a	Plan name TOM CALVIN INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor TOM CALVIN INSURANCE AGENCY, INC.	c EIN-PN 20-3249017-001
a	Plan name TOOLMAX DESIGNING & TOOLING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOOLMAX DESIGNING & TOOLING, INC.	c EIN-PN 36-4625497-001
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 LEBLANC NETTLES LAW GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LEBLANC NETTLES LAW LLC	c EIN-PN 46-2658554-001
a	Plan name LEE & ASSOCIATES NORTHWEST	
b	Name of plan sponsor LEE & ASSOCIATES	c EIN-PN 81-4374046-001
a	Plan name MANHATTAN MECHANICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor MANHATTAN MECHANICAL SERVICES, INC.	c EIN-PN 27-3969132-001

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	MEYLAN CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	MEYLAN CONSTRUCTION, INC.	c EIN-PN 68-0300446-001
a	Plan name	MICHIGAN EXTRUDED ALUMINUM SALARIED 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN EXTRUDED ALUMINUM	c EIN-PN 38-2696585-777
a	Plan name	NETWORK OBJECTS 401(K) PLAN	
b	Name of plan sponsor	NETWORK OBJECTS, INC.	c EIN-PN 56-2633028-001
a	Plan name	NORSTAR TRAILERS 401(K) MATCHING PLAN	
b	Name of plan sponsor	NORSTAR MANUFACTURING GROUP, INC.	c EIN-PN 47-4774244-001
a	Plan name	NORTH JACKSON PRIMARY CARE, LLC 401(K) PLAN	
b	Name of plan sponsor	NORTH JACKSON PRIMARY CARE, LLC	c EIN-PN 20-5560539-001
a	Plan name	ORION PROTECTIVE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	ORION PROTECTIVE SERVICES, INC.	c EIN-PN 27-2623687-001
a	Plan name	PARADYME MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PARADYME MANAGEMENT, INC.	c EIN-PN 13-4271306-004
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	POWER HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	POWER HOLDINGS LLC	c EIN-PN 20-0711558-001
a	Plan name	PPT FLORIDA 401(K) PLAN	
b	Name of plan sponsor	PRODUCTION & PROCESS TECHNOLOGIES FLORIDA, INC.	c EIN-PN 59-3428824-002

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	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	QRM 401(K) PLAN	
b	Name of plan sponsor	QUALITY REHAB MANAGEMENT, LLC DBA QRM	c EIN-PN 83-1973171-001
a	Plan name	RISING SUN DEVELOPING COMPANY 401(K) PLAN	
b	Name of plan sponsor	RISING SUN DEVELOPING COMPANY	c EIN-PN 31-1557343-001
a	Plan name	RIVERTON DENTAL ARTS, PC PROFIT SHARING PLAN	
b	Name of plan sponsor	RIVERTON DENTAL ARTS, P.C.	c EIN-PN 22-1994808-002
a	Plan name	SHORELINE PRIVATE WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	BOSTON LEDGE, LLC	c EIN-PN 87-3066674-001
a	Plan name	SIGMON FAMILY INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SIGMON FAMILY INVESTMENTS, INC.	c EIN-PN 20-3200494-001
a	Plan name	SIGN ME UP 401(K) PLAN	
b	Name of plan sponsor	SIGN ME UP OF WISCONSIN, LLC	c EIN-PN 01-0793749-001
a	Plan name	SKYLINE ROOFING & SHEET METAL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	SKYLINE ROOFING & SHEET METAL CO., INC.	c EIN-PN 35-1897566-001
a	Plan name	STEM CIDERS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	STEM CIDERS, LLC	c EIN-PN 46-2031245-001
a	Plan name	TEAM SAN JOSE 401(K) PLAN	
b	Name of plan sponsor	TEAM SAN JOSE	c EIN-PN 20-0507663-001
a	Plan name	THE FORTUNA & CARTELLI, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FORTUNA & CARTELLI, P.C.	c EIN-PN 06-0887135-001
a	Plan name	THREE RIVERS DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THREE RIVERS DERMATOLOGY LLC	c EIN-PN 47-3393828-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<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	TIMIBO LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	TIMIBO LLC DBA INSIGNIA	c EIN-PN 92-3404102-001
a	Plan name	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	c EIN-PN 56-1970120-001
a	Plan name	VANQUISH WORLDWIDE, LLC FORT LEE 401(K) PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-004
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	WATERCENTRIC 401(K) PLAN	
b	Name of plan sponsor	WATERCENTRIC, LLC	c EIN-PN 46-4173970-001
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	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	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	APPLE CANYON LAKE PROPERTY OWNERS' ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor	APPLE CANYON LAKE PROPERTY OWNERS' ASSOCIATION	c EIN-PN 36-2752703-001
a	Plan name	AUSTIN ENGINEERING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	AUSTIN ENGINEERING CO., INC.	c EIN-PN 74-2057958-001
a	Plan name	AUTOELECTRIC OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	AUTOELECTRIC OF AMERICA, INC.	c EIN-PN 74-2964877-001
a	Plan name	BAY AREA TECH WORKERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BAY AREA TECH WORKERS	c EIN-PN 94-3310364-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BLUE CLOUD SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE CLOUD SOLUTIONS, INC.	c EIN-PN 85-3966443-001
a	Plan name BLUE OVAL INDUSTRIES INC. 401(K) P/S PLAN	
b	Name of plan sponsor BLUE OVAL INDUSTRIES INC.	c EIN-PN 74-3108480-777
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 BRAND VELOCITY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BRAND VELOCITY, INC.	c EIN-PN 58-2464671-001
a	Plan name CARMEX PRECISION TOOLS, LLC RETIREMENT PLAN	
b	Name of plan sponsor CARMEX PRECISION TOOLS, LLC	c EIN-PN 11-3730072-001
a	Plan name CASA DE LOS NINOS 401(K) PLAN	
b	Name of plan sponsor CASA DE LOS NINOS	c EIN-PN 86-0314595-002
a	Plan name CODY CHING DMD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CODY CHING DMD, INC.	c EIN-PN 85-3846687-001
a	Plan name COLORADO PHYSICIAN PARTNERS 401(K) PLAN	
b	Name of plan sponsor COLORADO PHYSICIAN PARTNERS	c EIN-PN 90-0995056-001
a	Plan name COOLEY MARINE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor COOLEY MARINE MANAGEMENT	c EIN-PN 30-0701302-001
a	Plan name DELTA PEANUT, LLC 401(K) PLAN	
b	Name of plan sponsor DELTA PEANUT, LLC	c EIN-PN 83-2811029-001
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 DIRSEC, INC 401(K) PLAN	
b	Name of plan sponsor DIRSEC, INC.	c EIN-PN 84-1595959-001

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	DURA PEOPLE 401(K) PLAN	
b	Name of plan sponsor	DURA SOFTWARE, INC.	c EIN-PN 83-3229458-777
a	Plan name	DWC 401(K) PLAN	
b	Name of plan sponsor	CONSUMER CRUSADERS DBA DISTRIBUTOR WIRE & CABLE	c EIN-PN 01-0692123-001
a	Plan name	FIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor	AGRONOMIC FIELD SERVICES, LLC DBA FIELD SERVICES LLC	c EIN-PN 68-0625733-001
a	Plan name	HARBOR AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	HARBOR AGENCY, INC.	c EIN-PN 38-2153954-001
a	Plan name	HARBOR VIEW CUSTOM CABINETS & INTERIORS LLC RETIREMENT PLAN	
b	Name of plan sponsor	HARBOR VIEW CUSTOM CABINETS & INTERIORS LLC	c EIN-PN 20-0696398-002
a	Plan name	HILLCREST HOME, INC. 401(K) PLAN	
b	Name of plan sponsor	HILLCREST HOME, INC.	c EIN-PN 42-0892136-001
a	Plan name	HILLSDALE CONSTRUCTION AND EXCAVATING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	HILLSDALE CONSTRUCTION AND EXCAVATION COMPANY, INC.	c EIN-PN 25-1570704-001
a	Plan name	HUBLER FAMILY AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	HRH AUTOMOTIVE LLC	c EIN-PN 83-2110831-001
a	Plan name	J.E. JOHNSON, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	J.E. JOHNSON CONTRACTING, INC.	c EIN-PN 38-2247698-001
a	Plan name	JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK MILLIKIN INC.	c EIN-PN 38-1852235-002
a	Plan name	JL LOCAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JL LOCAL, LLC	c EIN-PN 82-3122671-001
a	Plan name	JOHN KRAEMER & SONS, INC. SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN KRAEMER & SONS, INC.	c EIN-PN 41-1347429-001

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	KENNIE'S MARKETS, INC. 401(K) PLAN	
b	Name of plan sponsor	KENNIE'S MARKETS, INC.	c EIN-PN 23-1579478-001
a	Plan name	KENOSHA ACHIEVEMENT CENTER, INC. EMPLOYEES' PROFIT SHARING TRUST	
b	Name of plan sponsor	KENOSHA ACHIEVEMENT CENTER, INC.	c EIN-PN 39-1399101-001
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	KERN LASER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KERN ELECTRONICS & LASER, INC.	c EIN-PN 41-1773678-001
a	Plan name	KERN RIVER GOLF COURSE 401(K) PLAN	
b	Name of plan sponsor	KERN RIVER GOLF COURSE	c EIN-PN 95-3761837-001
a	Plan name	LATHAM'S NURSERY 401(K) PLAN	
b	Name of plan sponsor	LATHAM'S NURSERY	c EIN-PN 56-1972977-001
a	Plan name	A.I. BOERENKO PLUMBING AND PUMP LLC 401(K) PLAN	
b	Name of plan sponsor	A.I. BOERENKO PLUMBING AND PUMP LLC	c EIN-PN 51-0486026-001
a	Plan name	AJ PETTERSEN HOMES, LLC 401(K) PLAN	
b	Name of plan sponsor	AJ PETTERSEN HOMES, LLC	c EIN-PN 81-0872583-001
a	Plan name	BCI, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BCI, INC.	c EIN-PN 06-1308260-002
a	Plan name	BEACON HILL AT EASTGATE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BEACON HILL AT EASTGATE	c EIN-PN 38-1586704-002
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

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 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 COMMERCE DISTRIBUTION CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor COMMERCE DISTRIBUTION CENTER, INC.	c EIN-PN 38-2684078-001
a	Plan name COMMERCIAL DOOR AND HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor COMMERCIAL DOOR AND HARDWARE, INC.	c EIN-PN 61-1169293-001
a	Plan name COMMONWEALTH TRUST COMPANY 401(K) PLAN	
b	Name of plan sponsor COMMONWEALTH TRUST COMPANY	c EIN-PN 51-0009125-001
a	Plan name FINANCIAL FREEDOM GROUP LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FINANCIAL FREEDOM GROUP LLC	c EIN-PN 83-2567551-001
a	Plan name 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 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
a	Plan name HUMBLE SEA BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor HUMBLE SEA, INC.	c EIN-PN 47-4082461-001
a	Plan name HUNTINGTON SURF & SPORT 401(K) PLAN	
b	Name of plan sponsor HUNTINGTON SURF & SPORT, INC.	c EIN-PN 33-0342360-001
a	Plan name JACK PIXLEY SWEEPS 401(K) PLAN	
b	Name of plan sponsor JACK PIXLEY SWEEPS	c EIN-PN 41-1374763-002
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

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 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 MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor MOOSE INTERNATIONAL, INC.	c EIN-PN 36-1408120-005
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
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 PARKER SQUARED AND AFFILIATED COMPANIES 401(K) PLAN	
b	Name of plan sponsor PARKER SQUARED, INC. DBA SLEEPING BABY, INC.	c EIN-PN 27-0402271-001
a	Plan name PREFERRED PAVING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PREFERRED PAVING COMPANY, INC.	c EIN-PN 33-0178191-001
a	Plan name R & S COMPANIES 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor R & S SOLUTIONS, LLC	c EIN-PN 82-1724365-003
a	Plan name SECURE FUTURE SAVINGS AND INVESTING PLAN	
b	Name of plan sponsor RIVER CITY EQUIPMENT RENTAL & SALES	c EIN-PN 20-8799242-222
a	Plan name SMDA 401K PLAN	
b	Name of plan sponsor SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	c EIN-PN 20-4874959-001
a	Plan name SMITH CURRY 401(K) PLAN	
b	Name of plan sponsor SMITH CURRY	c EIN-PN 56-2145650-001
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

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 VELOCITY MACHINE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor VELOCITY MACHINE INC.	c EIN-PN 39-1939229-001
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 WINSLOW CAMPUS OF CARE 401(K) PLAN	
b	Name of plan sponsor WINSLOW CONVALESCENT CENTER DBA WINSLOW CAMPUS OF CARE	c EIN-PN 86-0320039-001
a	Plan name WINTERS, LLP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WINTERS, LLP	c EIN-PN 37-1366508-001
a	Plan name HASSAYAMPA INN 401(K) PLAN	
b	Name of plan sponsor HASSAYAMPA INN, LLC	c EIN-PN 86-1012069-001
a	Plan name HAWAII FOODBANK, INC. 401K PLAN	
b	Name of plan sponsor HAWAII FOODBANK, INC.	c EIN-PN 99-0220699-001
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 LIGHTSTYLE AUTOMATED SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor LIGHTSTYLE AUTOMATED SYSTEMS, INC.	c EIN-PN 20-8193765-001
a	Plan name LIMBWALKER TREE SERVICE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LIMBWALKER TREE SERVICE INC.	c EIN-PN 20-2001838-001
a	Plan name LINDAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LINDAR CORPORATION	c EIN-PN 41-1752658-001
a	Plan name MCCAULEY CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor MCCAULEY CONSTRUCTORS, INC.	c EIN-PN 20-3374514-001
a	Plan name MCCOURT EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor MCCOURT EQUIPMENT, INC.	c EIN-PN 74-2913583-001

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	MPX 401(K) PLAN	
b	Name of plan sponsor	MPX	c EIN-PN 01-0457729-001
a	Plan name	MRK FINANCIAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SNIEGOCKI WEAVER FINANCIAL SERVICES	c EIN-PN 27-4522792-001
a	Plan name	NOVA AMP 401(K) PLAN	
b	Name of plan sponsor	NOVA ASSOCIATION MANAGEMENT PARTNERS, LLC	c EIN-PN 83-3585159-001
a	Plan name	NUCLEUS ROBOTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	NUCLEUS ROBOTICS, LLC	c EIN-PN 84-2399526-001
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	PAUL MEYER ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PAUL MEYER ARCHITECTS, INC.	c EIN-PN 41-1846160-001
a	Plan name	PRESTIGE ELECTRIC CO. OF FLORIDA, LLC 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE ELECTRIC CO. OF FLORIDA, LLC	c EIN-PN 82-3714094-001
a	Plan name	PRETTY PICKY PROPERTIES INC. 401(K) PLAN	
b	Name of plan sponsor	PRETTY PICKY PROPERTIES INC	c EIN-PN 47-2657890-001
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	RAMSEY & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RAMSEY & ASSOCIATES INC.	c EIN-PN 61-1197581-001
a	Plan name	ROBERTS DITCHING 401(K) PLAN	
b	Name of plan sponsor	ARROWHEAD LINE LLC	c EIN-PN 45-5041435-001

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 ROCAP LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCAP LAW FIRM, LLC	c EIN-PN 47-4618365-001
a	Plan name ROCKING R MEDICAL 401(K) PLAN	
b	Name of plan sponsor RATTAN & ASSOCIATES	c EIN-PN 46-2619332-001
a	Plan name SYMETRICA 401(K) PLAN	
b	Name of plan sponsor SYMETRICA, INC.	c EIN-PN 20-4144926-001
a	Plan name SYNDEX CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SYNDEX CORPORATION	c EIN-PN 74-1750316-001
a	Plan name TRANSCONTINENTAL CONTRACTING, INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRANSCONTINENTAL CONTRACTING INC.	c EIN-PN 22-3416826-001
a	Plan name TRANSWORLD MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CHUZ-U CONSTRUCTION INC. DBA TRANSWORLD MANAGEMENT	c EIN-PN 82-0672287-001
a	Plan name VERADYNE ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor VERADYNE UNLIMITED, INC.	c EIN-PN 82-1987323-001
a	Plan name VETERINARY SURGICAL SPECIALISTS RETIREMENT TRUST	
b	Name of plan sponsor VETERINARY SURGICAL SPECIALISTS	c EIN-PN 36-4893102-001
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 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 ALESIG CONSULTING 401(K) PLAN	
b	Name of plan sponsor ALESIG CONSULTING	c EIN-PN 61-1591534-001
a	Plan name ARIZONA HOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor ARIZONA HOUSING, INC.	c EIN-PN 86-0811431-001

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 ARMSTRONG CARPET & LINOLEUM CO. 401(K) PLAN	
b	Name of plan sponsor ARMSTRONG CARPET & LINOLEUM COMPANY	c EIN-PN 94-1509072-001
a	Plan name BRIGHTINSIGHT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRIGHTINSIGHT, INC.	c EIN-PN 82-2242267-001
a	Plan name CENTERPOINT FELLOWSHIP CHURCH 401(K) PLAN	
b	Name of plan sponsor CENTERPOINT FELLOWSHIP CHURCH	c EIN-PN 27-1489622-001
a	Plan name COMPASS RETIREMENT CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPASS RETIREMENT CONSULTING GROUP, INC.	c EIN-PN 20-4795685-001
a	Plan name CUKIERSKI & ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor CUKIERSKI & ASSOCIATES, LLC	c EIN-PN 36-4239322-001
a	Plan name CYBERTEK MSSP 401(K) PLAN	
b	Name of plan sponsor CYBERTEK MSSP	c EIN-PN 86-1221904-001
a	Plan name 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 MURTCO, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor MURTCO, INC.	c EIN-PN 61-1127838-001
a	Plan name PAUL NAFTALI, O.D., P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor PAUL NAFTALI, O.D., P.A.	c EIN-PN 22-3361281-001
a	Plan name PAYNTER REALTY & INVESTMENTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PAYNTER REALTY & INVESTMENTS	c EIN-PN 33-0335741-001
a	Plan name PRINCIPLE CHOICE SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor PRINCIPLE CHOICE SOLUTIONS LLC	c EIN-PN 47-2275889-001
a	Plan name PRO BOX STORAGE 401(K) PLAN	
b	Name of plan sponsor PRO BOX PORTABLE STORAGE, LLC	c EIN-PN 35-2485775-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PRO TIRES 401(K) PLAN	
b	Name of plan sponsor	1835 GGK TEAM INC	c EIN-PN 81-0757899-001
a	Plan name	RAYMOND HANDLING CONSULTANTS, LC 401(K) PLAN	
b	Name of plan sponsor	RAYMOND HANDLING CONSULTANTS, LC	c EIN-PN 59-3331430-001
a	Plan name	SGI 401(K) PLAN	
b	Name of plan sponsor	SGI	c EIN-PN 93-4216744-001
a	Plan name	T K CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	T K CONCRETE, INC.	c EIN-PN 39-1898532-001
a	Plan name	THE PETROLEUM ALLIANCE OF OKLAHOMA PROFIT SHARING PLAN	
b	Name of plan sponsor	THE PETROLEUM ALLIANCE OF OKLAHOMA	c EIN-PN 73-0667344-002
a	Plan name	TREASURE FIRE EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	TREASURE FIRE EQUIPMENT, INC.	c EIN-PN 87-0656861-001
a	Plan name	WORKABLE, INC. 401(K) PLAN	
b	Name of plan sponsor	WORKABLE, INC.	c EIN-PN 61-1747677-002
a	Plan name	WRA ARCHITECTS, INC. 401K PLAN	
b	Name of plan sponsor	WRA ARCHITECTS, INC	c EIN-PN 75-1084671-001
a	Plan name	WSA USA 401(K) PLAN	
b	Name of plan sponsor	WSA USA	c EIN-PN 27-4503720-001
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 INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	ALL INSURANCE AGENCY, INC.	c EIN-PN 39-1809610-001
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

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	ARTHURS AND COMPANY CPA, LLC 401(K) PLAN	
b	Name of plan sponsor	ARTHURS AND COMPANY CPA, LLC	c EIN-PN 47-2006900-001
a	Plan name	ASAP, INC. 401(K) PLAN	
b	Name of plan sponsor	ASAP, INC.	c EIN-PN 26-0518910-001
a	Plan name	BEST CLEANERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BEST CLEANERS, INC.	c EIN-PN 06-1333413-001
a	Plan name	BROS AUTO GROUP PLAN	
b	Name of plan sponsor	ONTARIO VOLKSWAGEN	c EIN-PN 65-1163516-001
a	Plan name	BROWN-DAUB AUTO SALES INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB AUTO SALES INC.	c EIN-PN 38-3686385-001
a	Plan name	BROWN-DAUB CHEVROLET OF NAZARETH INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB OF NAZARETH INC.	c EIN-PN 24-0864624-001
a	Plan name	BROWN-DAUB DODGE INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB DODGE, INC.	c EIN-PN 23-2970402-001
a	Plan name	BROWN-DAUB EURO INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB EURO, INC.	c EIN-PN 27-4502291-001
a	Plan name	CET & ASSOCIATES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CET & ASSOCIATES, LLC	c EIN-PN 80-0660613-001
a	Plan name	CHAHAL & ASSOCIATES, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CHAHAL & ASSOCIATES, INC	c EIN-PN 20-8145988-001
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	COMPOSITE HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMPOSITE HOLDINGS, INC.	c EIN-PN 47-0769139-001

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 CYPRESS RISK MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CYPRESS RISK MANAGEMENT	c EIN-PN 45-3934402-001
a	Plan name DPIM 401(K) PLAN	
b	Name of plan sponsor DPI MERCHANDISING, INC.	c EIN-PN 37-2029278-001
a	Plan name DR DASHBOARD 401K PLAN	
b	Name of plan sponsor C-MOORE ENTERTAINMENT, INC. DBA DR DASHBOARD	c EIN-PN 35-1963002-001
a	Plan name ENGLANDER & CHICOINE, P.C. RETIREMENT PLAN	
b	Name of plan sponsor ENGLANDER & CHICOINE, P.C.	c EIN-PN 04-3220769-001
a	Plan name ENT CLINIC OF IOWA, P.C. 401(K) PLAN	
b	Name of plan sponsor ENT CLINIC OF IOWA, P.C.	c EIN-PN 42-1487214-002
a	Plan name 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 IES COMPANIES, INC 401(K)	
b	Name of plan sponsor I.E.S. INCORPORATED	c EIN-PN 04-2920789-001
a	Plan name IMPERIAL HEALTHCARE CENTER 401(K) PLAN	
b	Name of plan sponsor LA MIRADA HEALTHCARE, LLC	c EIN-PN 46-5663042-001
a	Plan name JASMINE GROUP LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JASMINE GROUP LLC	c EIN-PN 90-0346507-001
a	Plan name KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP 401(K) PLAN	
b	Name of plan sponsor KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP	c EIN-PN 47-0395621-002
a	Plan name KRASHIDBUILT 401(K) + PROFIT SHARING PLAN	
b	Name of plan sponsor KRASHIDBUILT LLC	c EIN-PN 81-5001167-001
a	Plan name LLANO SECO RANCHO 401(K) PLAN & TRUST	
b	Name of plan sponsor LLANO SECO RANCHO	c EIN-PN 94-2314298-001

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	LONG RANGE LLC 401(K) PLAN	
b	Name of plan sponsor	LONG RANGE LLC	c EIN-PN 23-3058761-001
a	Plan name	ALLEGHENY MILLWORK 401(K) PLAN	
b	Name of plan sponsor	ALLEGHENY MILLWORK	c EIN-PN 25-1369567-002
a	Plan name	AVANTS OPERATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	AVANTS OPERATIONS, LLC	c EIN-PN 81-4997570-001
a	Plan name	AZH MANAGEMENT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AZH MANAGEMENT, LLC	c EIN-PN 87-1039988-001
a	Plan name	BROWN-DAUB INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB, INC.	c EIN-PN 24-0535610-001
a	Plan name	BROWN-DAUB OF LEHIGH VALLEY INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB OF LEHIGH VALLEY, INC	c EIN-PN 27-1528308-001
a	Plan name	CINDERELLA DIVINE INC. RETIREMENT PLAN	
b	Name of plan sponsor	CINDERELLA DIVINE, INC.	c EIN-PN 20-4533301-002
a	Plan name	CINDERELLA DIVINE, INC. PENSION PLAN	
b	Name of plan sponsor	CINDERELLA DIVINE, INC.	c EIN-PN 20-4533301-001
a	Plan name	CIRCLE MEDICAL CARE OF CALIFORNIA 401(K) PLAN	
b	Name of plan sponsor	CIRCLE MEDICAL CARE OF CALIFORNIA	c EIN-PN 47-4883537-001
a	Plan name	DAIOHS U.S.A., INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DAIOHS U.S.A., INC.	c EIN-PN 95-4746377-001
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	DALLESPORT FOUNDRY RETIREMENT PLAN	
b	Name of plan sponsor	DALLESPORT FOUNDRY, LLC	c EIN-PN 91-1878495-001

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	DANGIE BROS., INC. 401(K) PLAN	
b	Name of plan sponsor	DANGIE BROS., INC.	c EIN-PN 81-1002279-001
a	Plan name	E-T-M ENTERPRISES I, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	E-T-M ENTERPRISES I, INC.	c EIN-PN 38-3457372-001
a	Plan name	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION	c EIN-PN 59-0657413-001
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	IMPERIAL, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IMPERIAL, LLC	c EIN-PN 73-1310190-001
a	Plan name	LONGVIEW NOR-JAY, LTD. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	LONGVIEW NOR-JAY, LTD. DBA DIAMOND SHOWCASE	c EIN-PN 91-1294382-001
a	Plan name	MICRO-DATA SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	MICRO-DATA SYSTEMS, INC.	c EIN-PN 22-3146038-001
a	Plan name	MID THUMB CONTRACTING, LLC 401(K) PLAN	
b	Name of plan sponsor	MID THUMB CONTRACTING	c EIN-PN 32-0337517-001
a	Plan name	OBJECTIVE GROUP OF COMPANIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	OBJECTIVE GROUP OF COMPANIES	c EIN-PN 81-0806963-333
a	Plan name	OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS 401(K) PLAN	
b	Name of plan sponsor	THE OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	c EIN-PN 31-4378053-002
a	Plan name	PHILADELPHIA MORTGAGE COMPANY 401(K) PLAN	
b	Name of plan sponsor	PHILADELPHIA MORTGAGE COMPANY, INC.	c EIN-PN 83-1432675-001
a	Plan name	RCI 401(K) PLAN	
b	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TELETRONICS SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TELETRONIC SERVICES, INC.	c EIN-PN 34-1317163-001
a	Plan name	TERRA NATIONAL REAL ESTATE GROUP 401(K) AND PROFIT SHARING	
b	Name of plan sponsor	JBRS REALTY, LLC DBA TERRA NATIONAL REAL ESTATE GROUP	c EIN-PN 01-0554308-001
a	Plan name	WEATHER TIGHT CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	WEATHER TIGHT CORPORATION	c EIN-PN 39-1647457-001
a	Plan name	B & G HVAC, INC. 401(K) PLAN	
b	Name of plan sponsor	B & G HVAC, INC.	c EIN-PN 20-4345115-001
a	Plan name	B&F CONTRACTING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	B&F CONTRACTING, INC.	c EIN-PN 86-0677300-002
a	Plan name	BUKACEK CONSTRUCTION GROUP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BUKACEK CONSTRUCTION GROUP, INC.	c EIN-PN 84-1906144-001
a	Plan name	EAST COAST RECOVERY LLC 401(K) PLAN	
b	Name of plan sponsor	EAST COAST RECOVERY LLC	c EIN-PN 47-2225497-001
a	Plan name	FOUR STAR MECHANICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FOUR STAR MECHANICAL, INC.	c EIN-PN 31-1590413-001
a	Plan name	FRANK W. NEAL & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	FRANK W. NEAL & ASSOCIATES, INC.	c EIN-PN 75-2208740-001
a	Plan name	FREEDOM CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	FREEDOM CREDIT UNION	c EIN-PN 87-0253260-002
a	Plan name	INDUSTRIAL ACCESS, INC. 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL ACCESS, INC.	c EIN-PN 27-0871732-001
a	Plan name	JUST FOR KIX RETIREMENT PLAN	
b	Name of plan sponsor	MINI KIX, INC.	c EIN-PN 41-1426758-001

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 JWC BUILDING SPECIALTIES, INC. 401(K) PLAN	
b	Name of plan sponsor JWC BUILDING SPECIALTIES, INC.	c EIN-PN 39-1569926-001
a	Plan name LUKE DRAILY CONSTRUCTION CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor LUKE DRAILY CONSTRUCTION COMPANY, INC.	c EIN-PN 43-1796529-001
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 OLE SOUTH PROPERTIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OLE SOUTH PROPERTIES, INC.	c EIN-PN 62-1336679-001
a	Plan name OMAN-GIBSON ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OMAN-GIBSON ASSOCIATES, LLC	c EIN-PN 04-3617907-001
a	Plan name PIPE CRAFT SAVINGS PLAN	
b	Name of plan sponsor PIPE CRAFT, INC.	c EIN-PN 83-2329549-001
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 SALT DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor SALT DEVELOPMENT, LLC	c EIN-PN 47-1957056-001
a	Plan name SPECIALTY INCENTIVES, INC. 401(K) PLAN	
b	Name of plan sponsor SPECIALTY INCENTIVES, INC.	c EIN-PN 84-0878658-001
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 TUFFALOY PRODUCTS 401(K) PLAN	
b	Name of plan sponsor TUFFALOY PRODUCTS, INC.	c EIN-PN 38-1710357-002
a	Plan name WEST DES MOINES OB/GYN ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WEST DES MOINES OB/GYN ASSOCIATES, P.C.	c EIN-PN 42-1391851-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN FUNDS EUROPACIFIC GROWTH RET OPT	B Three-digit plan number (PN) ▶ 842
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)	
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)	82998778
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	78048607
(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	82998778	78048607
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3	3
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3	3
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	82998775	78048604

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)	1234017	
(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)	-1082888	
(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)		4218277
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4369406

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		4369406
l Transfers of assets:			
(1) To this plan.....	2l(1)		14165356
(2) From this plan	2l(2)		23484933

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 _____.