

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS RET OPT
1b Three-digit plan number (PN): 846
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>846</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>BAKERSFIELD COUNTRY CLUB 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAKERSFIELD COUNTRY CLUB</b>	<b>c</b> EIN-PN <b>95-1615940-001</b>
<b>a</b>	Plan name <b>BANDYS FIRE DEPARTMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BANDYS CROSSROADS VOLUNTEER FIRE DEPARTMENT, INCORPORATED</b>	<b>c</b> EIN-PN <b>56-6094194-001</b>
<b>a</b>	Plan name <b>BANYAN EDUCATION CONSULTANCY USA, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BANYAN EDUCATIONAL CONSULTANCY USA, LLC</b>	<b>c</b> EIN-PN <b>84-1746095-001</b>
<b>a</b>	Plan name <b>ECCO EQUIPMENT CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECCO EQUIPMENT COMPANY LLC</b>	<b>c</b> EIN-PN <b>95-2800890-001</b>
<b>a</b>	Plan name <b>POLLART MILLER, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POLLART MILLER, LLC</b>	<b>c</b> EIN-PN <b>20-0022305-001</b>
<b>a</b>	Plan name <b>THE BRITISH EMBASSY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE BRITISH EMBASSY</b>	<b>c</b> EIN-PN <b>52-2150359-002</b>
<b>a</b>	Plan name <b>ENVIROSAFE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ENVIROSAFE, INC.</b>	<b>c</b> EIN-PN <b>61-1247647-001</b>
<b>a</b>	Plan name <b>ENVISION INTERACTIVE GROUP, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ENVISION INTERACTIVE GROUP, LLC</b>	<b>c</b> EIN-PN <b>03-0449364-001</b>
<b>a</b>	Plan name <b>EPPY'S DRUG 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>EPPY'S DRUG STORE, INC.</b>	<b>c</b> EIN-PN <b>55-0607772-001</b>
<b>a</b>	Plan name <b>PROCIRCULAR, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROCIRCULAR, INC.</b>	<b>c</b> EIN-PN <b>81-1171034-001</b>
<b>a</b>	Plan name <b>PROFESSIONAL ELECTRIC LLC 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>PROFESSIONAL ELECTRIC LLC</b>	<b>c</b> EIN-PN <b>26-4645592-001</b>
<b>a</b>	Plan name <b>PROGRESS USA, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROGRESS USA, INC.</b>	<b>c</b> EIN-PN <b>01-0682657-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PROGRESSIVE AIR SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE AIR SYSTEMS, INC.	<b>c</b> EIN-PN 59-3124591-001
<b>a</b>	Plan name	BICHELMAN BEHAVIORAL SERVICES, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BICHELMAN BEHAVIORAL SERVICES, PLLC	<b>c</b> EIN-PN 84-4572656-001
<b>a</b>	Plan name	BIG HORN WIRELINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIG HORN WIRELINE, LLC	<b>c</b> EIN-PN 88-2234263-001
<b>a</b>	Plan name	KUTSCHENREUTER FINANCIAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KUTSCHENREUTER FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 26-3935611-001
<b>a</b>	Plan name	FAIRWAY ELECTRIC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAIRWAY ELECTRIC INC.	<b>c</b> EIN-PN 83-0658890-001
<b>a</b>	Plan name	FALCON SALONS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FALCON SALONS INC	<b>c</b> EIN-PN 47-4290261-001
<b>a</b>	Plan name	FAMILY CARE HOME HEALTH & HOSPICE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAMILY CARE HOME HEALTH & HOSPICE LLC	<b>c</b> EIN-PN 81-2802771-001
<b>a</b>	Plan name	PSF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PSF ACQUISITION COMPANY LLC	<b>c</b> EIN-PN 45-2976645-001
<b>a</b>	Plan name	BLUEGRASS BRACING 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLUEGRASS BRACING, INC.	<b>c</b> EIN-PN 61-1345696-001
<b>a</b>	Plan name	BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHCOAST CYCLES, LLC DBA BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND	<b>c</b> EIN-PN 47-0911536-001
<b>a</b>	Plan name	TKP ARCHITECTS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TKP ARCHITECTS, PC	<b>c</b> EIN-PN 84-1180129-001
<b>a</b>	Plan name	REHAB 1 LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	REHAB 1 LLC	<b>c</b> EIN-PN 20-5270860-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	TURKEL, CUVA, BARRIOS, P.A. 401(K) PLAN	
<b>b</b> Name of plan sponsor	TURKEL, CUVA, BARRIOS, P.A.	<b>c</b> EIN-PN 86-3329581-001
<b>a</b> Plan name	TURNER TRANS LIFT, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TURNER TRANS LIFT, INC.	<b>c</b> EIN-PN 26-0731612-001
<b>a</b> Plan name	BURNEIKIS LAW, P.C. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BURNEIKIS LAW, P.C.	<b>c</b> EIN-PN 87-1680649-001
<b>a</b> Plan name	BUSENBARK, CLARK & ASSOCIATES 401(K) PLAN	
<b>b</b> Name of plan sponsor	CLARK CPA GROUP, P.C. DBA BUSENBARK, CLARK & ASSOCIATES	<b>c</b> EIN-PN 84-3793000-001
<b>a</b> Plan name	BUTTERFLY DENTAL 401(K) PLAN	
<b>b</b> Name of plan sponsor	JIANYE CHEN DENTAL CORPORATION	<b>c</b> EIN-PN 27-2591884-001
<b>a</b> Plan name	FRY 401(K) PLAN	
<b>b</b> Name of plan sponsor	FRY ORTHODONTICS, PLLC	<b>c</b> EIN-PN 82-1631981-001
<b>a</b> Plan name	FUJI ROBOTICS 401(K) PLAN	
<b>b</b> Name of plan sponsor	FUJI YUSOKI KOGYO CO., LTD DBA FUJI ROBOTICS	<b>c</b> EIN-PN 90-0049938-001
<b>a</b> Plan name	LUTHERAN SOCIAL SERVICES OF COLORADO 401(K) PLAN	
<b>b</b> Name of plan sponsor	LUTHERAN SOCIAL SERVICES OF COLORADO DBA LUTHERAN FAMILY SERVICES RO	<b>c</b> EIN-PN 84-0775550-002
<b>a</b> Plan name	M AMIN 401(K) AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	M AMIN & CO.	<b>c</b> EIN-PN 20-4088934-001
<b>a</b> Plan name	RHEA COUNTY AMBULANCE SERVICE 401(K) PLAN	
<b>b</b> Name of plan sponsor	RHEA COUNTY AMBULANCE SERVICE INC.	<b>c</b> EIN-PN 62-1153440-001
<b>a</b> Plan name	URTHPACT, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	URTHPACT, LLC	<b>c</b> EIN-PN 04-3339273-001
<b>a</b> Plan name	CANTRELL CONTRACTING LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	CANTRELL CONTRACTING LLC	<b>c</b> EIN-PN 26-1276066-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GENESIS GOLD GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENESIS GOLD GROUP, INC.	<b>c</b> EIN-PN 88-4026083-001
<b>a</b>	Plan name	MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARION HILL ASSOCIATES, INC.	<b>c</b> EIN-PN 34-1799727-001
<b>a</b>	Plan name	MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARION HILL ASSOCIATES, INC.	<b>c</b> EIN-PN 34-1799727-222
<b>a</b>	Plan name	MEKRA LANG 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEKRA LANG NORTH AMERICA, LLC	<b>c</b> EIN-PN 58-2442603-001
<b>a</b>	Plan name	CHARLES MAUND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAUND AUTOMOTIVE GROUP, LP	<b>c</b> EIN-PN 74-2951630-002
<b>a</b>	Plan name	GORDON AND DESANTIS ORTHODONTICS LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GORDON AND DESANTIS ORTHODONTICS LLC	<b>c</b> EIN-PN 36-4513149-001
<b>a</b>	Plan name	ROSE ORTHODONTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROSE ORTHODONTICS	<b>c</b> EIN-PN 82-2529653-001
<b>a</b>	Plan name	W & D IMPORTS, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W & D IMPORTS, INC.	<b>c</b> EIN-PN 22-2148916-003
<b>a</b>	Plan name	CLASSIC COIL COMPANY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLASSIC COIL COMPANY INC.	<b>c</b> EIN-PN 06-1503979-001
<b>a</b>	Plan name	CLEARLY SPEAKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEARLY SPEAKING, L.L.C.	<b>c</b> EIN-PN 45-2988436-001
<b>a</b>	Plan name	GVM LAW, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GVM LAW, LLP	<b>c</b> EIN-PN 47-3015704-001
<b>a</b>	Plan name	H&A FINANCING & SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H&A FINANCING & SERVICES CORP	<b>c</b> EIN-PN 01-0961192-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MISSION FINANCIAL GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MISSION FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 83-0700995-001
<b>a</b>	Plan name	SANKEN ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANKEN ELECTRIC USA INC.	<b>c</b> EIN-PN 86-1259219-001
<b>a</b>	Plan name	WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WESTERN EMULSIONS INC.	<b>c</b> EIN-PN 86-0336082-001
<b>a</b>	Plan name	SHAFFER COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHAFFER REDI-MIX, INC.	<b>c</b> EIN-PN 38-2412059-002
<b>a</b>	Plan name	SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SHAW'S COVE ORTHOPAEDICS, LLC	<b>c</b> EIN-PN 56-2397586-001
<b>a</b>	Plan name	SHAWVER WELL COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHAWVER WELL COMPANY, INC.	<b>c</b> EIN-PN 42-1095739-002
<b>a</b>	Plan name	ACCURATE REGRINDING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAN TUINEN COMPANY DBA ACCURATE REGRINDING SERVICE	<b>c</b> EIN-PN 38-2644484-001
<b>a</b>	Plan name	CONNOLLY ELECTRIC & MECHANICAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHRIS CONNOLLY INC. DBA CONNOLLY ELECTRIC & MECHANICAL	<b>c</b> EIN-PN 86-0892259-001
<b>a</b>	Plan name	CONSUMER ATTORNEYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSUMER ATTORNEYS PLC	<b>c</b> EIN-PN 86-3781893-001
<b>a</b>	Plan name	HERITAGE AUTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	<b>c</b> EIN-PN 87-0306275-001
<b>a</b>	Plan name	HERITAGE FORD OF VERNAL 401K PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE FORD OF VERNAL	<b>c</b> EIN-PN 83-3589085-001
<b>a</b>	Plan name	NAPD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ADVANCES FOR PEOPLE WITH DISABILITIES	<b>c</b> EIN-PN 95-2630398-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WUNDER WERKZ 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WUNDER WERKZ LLC	<b>c</b> EIN-PN 45-3024445-001
<b>a</b>	Plan name	YE OLD STATION AUTO BODY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YE OLD STATION AUTO BODY, INC.	<b>c</b> EIN-PN 06-0844760-001
<b>a</b>	Plan name	HINCHEY & OLDENHOFF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HINCHEY & OLDENHOFF, LLP	<b>c</b> EIN-PN 87-3527091-001
<b>a</b>	Plan name	ADVANCED SHORING & UNDERPINNING 401(K)	
<b>b</b>	Name of plan sponsor	ADVANCED SHORING & UNDERPINNING	<b>c</b> EIN-PN 68-0532733-001
<b>a</b>	Plan name	NEWCO TOWER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEWCO TOWER, LLC	<b>c</b> EIN-PN 86-2053751-001
<b>a</b>	Plan name	NHVT COMPUTER SERVICES, CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NHVT COMPUTER SERVICES	<b>c</b> EIN-PN 83-2677351-001
<b>a</b>	Plan name	AMBIO INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMBIO INC.	<b>c</b> EIN-PN 45-5506902-001
<b>a</b>	Plan name	AMBIOPHARM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMBIOPHARM, INC.	<b>c</b> EIN-PN 22-3940281-001
<b>a</b>	Plan name	AMBROSE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMBROSE SERVICES, LLC	<b>c</b> EIN-PN 46-3081985-001
<b>a</b>	Plan name	DAVID DAVIS ENTERPRISE, INC. T/A DAVIS ACURA 401K PLAN	
<b>b</b>	Name of plan sponsor	DAVID DAVIS ENTERPRISE, INC.	<b>c</b> EIN-PN 23-2439385-001
<b>a</b>	Plan name	DC SHEETMETAL, LLC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DC SHEETMETAL, LLC	<b>c</b> EIN-PN 06-1570038-002
<b>a</b>	Plan name	INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INSTRUMEDICAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 35-1515768-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SPIRALCOOL COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPIRALCOOL COMPANY INC.	<b>c</b> EIN-PN 34-1229751-001
<b>a</b>	Plan name SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPRING GROVE CEMETERY	<b>c</b> EIN-PN 31-0235950-003
<b>a</b>	Plan name SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD	<b>c</b> EIN-PN 02-0574359-001
<b>a</b>	Plan name STINSON STATIONERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STINSON STATIONERS, INC.	<b>c</b> EIN-PN 95-3052095-001
<b>a</b>	Plan name STONEWALL PROPERTY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor STONEWALL PROPERTY GROUP	<b>c</b> EIN-PN 34-2039090-001
<b>a</b>	Plan name P & P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor P & P SEPTIC SERVICE, INC.	<b>c</b> EIN-PN 03-0269006-001
<b>a</b>	Plan name P3 MARTIAL ARTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCOTT BAILEY'S MARTIAL ARTS ACADEMY, INC.	<b>c</b> EIN-PN 47-1694447-001
<b>a</b>	Plan name ANDERSON AUTO SERVICE 401(K)PLAN	
<b>b</b>	Name of plan sponsor ANDERSON AUTO SERVICE	<b>c</b> EIN-PN 33-1130970-001
<b>a</b>	Plan name ANDERSON PIPING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANDERSON PIPING COMPANY, INC.	<b>c</b> EIN-PN 62-1199871-001
<b>a</b>	Plan name INVESTING TOGETHER IN YOUR FUTURE PLAN	
<b>b</b>	Name of plan sponsor GREEN PEAK INDUSTRIES, LLC	<b>c</b> EIN-PN 81-4533921-001
<b>a</b>	Plan name IPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTEGRITY PHARMACEUTICAL ADVISORS, LLC	<b>c</b> EIN-PN 45-3047652-001
<b>a</b>	Plan name PEAK POWER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PEAK POWER, LLC	<b>c</b> EIN-PN 81-3169295-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name ASSEMBLY SPECIALTY PRODUCTS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASSEMBLY SPECIALTY PRODUCTS, INC.	<b>c</b> EIN-PN 34-1082183-003
<b>a</b>	Plan name ASSOCIATED INSURANCE BROKERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED INSURANCE BROKERS, INC. DBA PACIFIC INTERSTATE INSURANCE	<b>c</b> EIN-PN 77-0382488-001
<b>a</b>	Plan name DR. PAUL FISCHER, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DR. PAUL FISCHER, PC	<b>c</b> EIN-PN 06-1329220-001
<b>a</b>	Plan name DRS. BLACK & BENTON PSC SAFE HARBOR EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DRS. BLACK & BENTON, PSC	<b>c</b> EIN-PN 62-0853193-002
<b>a</b>	Plan name JEFFREY A. WILBUR PLUMBING & HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JEFFREY A. WILBUR PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 25-1724402-001
<b>a</b>	Plan name JERSEY SHORE LAWN SPRINKLER 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JERSEY SHORE LAWN AND SPRINKLER CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 22-3042964-001
<b>a</b>	Plan name JESSUP CELLARS HOLDING COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JESSUP CELLARS HOLDING COMPANY, LLC	<b>c</b> EIN-PN 20-3071245-001
<b>a</b>	Plan name TAMPA DOWNTOWN PARTNERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor TAMPA DOWNTOWN PARTNERSHIP, INC.	<b>c</b> EIN-PN 59-2688074-002
<b>a</b>	Plan name REMY BATTERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor REMY BATTERY CO., INC.	<b>c</b> EIN-PN 39-1193920-001
<b>a</b>	Plan name RENEWED STRENGTH MEDICAL GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RENEWED STRENGTH MEDICAL GROUP	<b>c</b> EIN-PN 84-2057268-001
<b>a</b>	Plan name UNDERGRADS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNDERGRADS, LLC	<b>c</b> EIN-PN 82-4510160-001
<b>a</b>	Plan name MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MACROMATIC INDUSTRIAL CONTROLS, INC.	<b>c</b> EIN-PN 20-3910631-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name RICHWOODS ACADEMY, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor RICHWOODS ACADEMY, LLC	<b>c</b> EIN-PN 84-4059471-001
<b>a</b>	Plan name RINAUDO ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RINAUDO ENTERPRISES, INC.	<b>c</b> EIN-PN 59-3384145-001
<b>a</b>	Plan name GEORGANTAS CLAIMS SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GEORGANTAS CLAIMS SERVICES, INC.	<b>c</b> EIN-PN 27-0726427-222
<b>a</b>	Plan name GERKEN RENT-ALL 401(K) PLAN	
<b>b</b>	Name of plan sponsor GERKEN RENT-ALL, INC.	<b>c</b> EIN-PN 75-3082715-001
<b>a</b>	Plan name CAPUTO & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAPUTO & ASSOCIATES, INC.	<b>c</b> EIN-PN 30-0135904-001
<b>a</b>	Plan name CARL F. RIEDELL & SON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARL F. RIEDELL & SON, INC.	<b>c</b> EIN-PN 04-2459660-002
<b>a</b>	Plan name CARMEN TERREROS, M.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARMEN TERREROS, M.D., INC.	<b>c</b> EIN-PN 20-1750839-001
<b>a</b>	Plan name MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES	<b>c</b> EIN-PN 20-4106052-001
<b>a</b>	Plan name MARTIN'S METAL FABRICATION & WELDING, INC.	
<b>b</b>	Name of plan sponsor MARTIN'S METAL FABRICATION & WELDING, INC.	<b>c</b> EIN-PN 68-0157908-001
<b>a</b>	Plan name WAKOTA FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor WAKOTA FEDERAL CREDIT UNION	<b>c</b> EIN-PN 41-0130070-002
<b>a</b>	Plan name WALLA WALLA OMS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WALLA WALLA OMS, LLC	<b>c</b> EIN-PN 45-4061011-001
<b>a</b>	Plan name WARD IMPLEMENT COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WARD IMPLEMENT COMPANY, INC.	<b>c</b> EIN-PN 61-0870978-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	RSA CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RSA CORPORATION	<b>c</b> EIN-PN 65-1201831-001
<b>a</b>	Plan name	RUE & ZIFFRA, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUE & ZIFFRA, P.A.	<b>c</b> EIN-PN 59-3154090-001
<b>a</b>	Plan name	RUGS AS ART, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUGS AS ART, INC.	<b>c</b> EIN-PN 65-0261601-001
<b>a</b>	Plan name	RVC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RVC, INC. 401(K) PLAN	<b>c</b> EIN-PN 55-0703498-001
<b>a</b>	Plan name	CHERRY & WILLIAMS DDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHERRY & WILLIAMS DDS, INC.	<b>c</b> EIN-PN 34-1319955-001
<b>a</b>	Plan name	GRANDVILLE DENTAL HEALTH CENTER P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRANDVILLE DENTAL HEALTH CENTER P.C.	<b>c</b> EIN-PN 38-2373825-001
<b>a</b>	Plan name	GRAPHIC WEST PACKAGING MACHINERY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRAPHIC WEST PACKAGING MACHINERY, LLC	<b>c</b> EIN-PN 06-1622227-001
<b>a</b>	Plan name	GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP	<b>c</b> EIN-PN 58-2490090-001
<b>a</b>	Plan name	GRAY, SALT & ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRAY, SALT & ASSOCIATES, LLP	<b>c</b> EIN-PN 45-0606931-001
<b>a</b>	Plan name	MERJIL'S STEEL FABRICATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERJIL'S STEEL FABRICATION, INC.	<b>c</b> EIN-PN 42-1732830-001
<b>a</b>	Plan name	SAPHYRE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAPHYRE, INC.	<b>c</b> EIN-PN 82-3177747-001
<b>a</b>	Plan name	SAVE ON EVERYTHING, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SAVE ON EVERYTHING, INC.	<b>c</b> EIN-PN 38-3294544-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	101 CONCEPTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	101 CONCEPTS, LLC	<b>c</b> EIN-PN 20-2176716-001
<b>a</b>	Plan name	2XE 401(K)	
<b>b</b>	Name of plan sponsor	2XE, LLC	<b>c</b> EIN-PN 85-0511624-001
<b>a</b>	Plan name	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY	<b>c</b> EIN-PN 31-1541953-001
<b>a</b>	Plan name	HALEIWA FAMILY DENTAL CENTER, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HALEIWA FAMILY DENTAL CENTER, LTD.	<b>c</b> EIN-PN 99-0322411-001
<b>a</b>	Plan name	HALLMARK MITIGATION AND CONSTRUCTION LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HALLMARK MITIGATION & CONSTRUCTION LLC	<b>c</b> EIN-PN 81-1421014-001
<b>a</b>	Plan name	MITCHELL GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MITCHELL GRAPHICS, INC.	<b>c</b> EIN-PN 38-2084428-001
<b>a</b>	Plan name	HERSHMAN & FORMAN, P.C. 401(K)	
<b>b</b>	Name of plan sponsor	HERSHMAN & FORMAN, P.C.	<b>c</b> EIN-PN 86-1822868-001
<b>a</b>	Plan name	HI-VIEW, LLC PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor	HI-VIEW, LLC	<b>c</b> EIN-PN 61-1048462-001
<b>a</b>	Plan name	CONTINUUM HEALTHCARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTINUUM HEALTHCARE, LLC	<b>c</b> EIN-PN 46-2972429-001
<b>a</b>	Plan name	CONTROL ASSOCIATES, INC. PROFIT SHARING AND 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CONTROL ASSOCIATES, INC.	<b>c</b> EIN-PN 22-1629238-004
<b>a</b>	Plan name	NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEOPART TRANSIT, LLC	<b>c</b> EIN-PN 36-4830017-001
<b>a</b>	Plan name	SHOCO OIL, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHOCO OIL, INC.	<b>c</b> EIN-PN 84-1275009-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	HOLLENBACH-OAKLEY, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HOLLENBACH-OAKLEY, LLC	<b>c</b> EIN-PN 06-1676076-001
<b>a</b>	Plan name	HOLROYD GELMAN, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOLROYD GELMAN, P.C.	<b>c</b> EIN-PN 92-2604351-001
<b>a</b>	Plan name	CRAFT CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CRAFT CONSTRUCTION COMPANY	<b>c</b> EIN-PN 86-0853895-001
<b>a</b>	Plan name	SKIENCE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SKIENCE, LLC	<b>c</b> EIN-PN 54-2058238-001
<b>a</b>	Plan name	OPM EARNINGS 401(K) SAFE HARBOR PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OPM EARNINGS DBA LIMESTONE WEALTH ADVISORS	<b>c</b> EIN-PN 61-1374312-001
<b>a</b>	Plan name	AMERICAN BIOTECH LABS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN BIOTECH LABS LLC	<b>c</b> EIN-PN 20-3029677-001
<b>a</b>	Plan name	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-3601887-001
<b>a</b>	Plan name	DELAWARE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELAWARE ELECTRICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 23-2016945-001
<b>a</b>	Plan name	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN	<b>c</b> EIN-PN 82-2382763-001
<b>a</b>	Plan name	STAFFORD TAX & BUSINESS ADVISORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STAFFORD TAX & BUSINESS ADVISORS, LLC	<b>c</b> EIN-PN 02-0724413-001
<b>a</b>	Plan name	PACIFIC DRIVE-INS LLC 401(K)	
<b>b</b>	Name of plan sponsor	PACIFIC DRIVE-INS LLC	<b>c</b> EIN-PN 46-3867535-001
<b>a</b>	Plan name	PACIFIC POWER ELECTRICAL CONTRACTING, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC POWER ELECTRICAL CONTRACTING, LLC	<b>c</b> EIN-PN 45-2456005-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ANDREW CAPALDO, DMD, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDREW CAPALDO, DMD, PC	<b>c</b> EIN-PN 23-2986985-001
<b>a</b>	Plan name	ANGIE'S KINDER CARE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANGIE'S KINDERCARE	<b>c</b> EIN-PN 90-0726397-001
<b>a</b>	Plan name	STRATEGIC ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STRATEGIC ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 04-3553212-002
<b>a</b>	Plan name	STREB CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STREB CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 42-0892646-001
<b>a</b>	Plan name	STUDIO ONE PHOTOGRAPHY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STUDIO ONE PHOTOGRAPHY, INC.	<b>c</b> EIN-PN 46-5583445-001
<b>a</b>	Plan name	PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERKINS MOTOR PLEX LLC	<b>c</b> EIN-PN 26-4307208-001
<b>a</b>	Plan name	ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTA OFFICE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 47-2600973-001
<b>a</b>	Plan name	ATLANTIC GOLF AND TURF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC GOLF AND TURF LLC	<b>c</b> EIN-PN 27-1400038-001
<b>a</b>	Plan name	ATTORNEYS TITLE GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATTORNEYS TITLE GROUP	<b>c</b> EIN-PN 47-4137488-001
<b>a</b>	Plan name	AUDUBON COUNTRY CLUB PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUDUBON COUNTRY CLUB	<b>c</b> EIN-PN 61-0123310-001
<b>a</b>	Plan name	DRUM CORPS INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRUM CORPS INTERNATIONAL, INC.	<b>c</b> EIN-PN 36-2754480-001
<b>a</b>	Plan name	DSI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DESIGN & SOFTWARE INTERNATIONAL, INC.	<b>c</b> EIN-PN 31-1435015-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	DUOTECH SERVICES LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	DUOTECH SERVICES LLC
<b>c</b>	EIN-PN	59-2658665-001
<b>a</b>	Plan name	JET HELSETH MFG, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	JET HELSETH MANUFACTURING, INC.
<b>c</b>	EIN-PN	59-3402920-001
<b>a</b>	Plan name	JEWISH ASSOCIATION FOR DEVELOPMENTAL DISABILITIES 401(K) PLAN
<b>b</b>	Name of plan sponsor	JEWISH ASSOCIATION FOR DEVELOPMENTAL DISABILITIES
<b>c</b>	EIN-PN	22-2842847-001
<b>a</b>	Plan name	JIM BURKE EXCAVATING 401(K) PLAN
<b>b</b>	Name of plan sponsor	JIM BURKE EXCAVATING INC.
<b>c</b>	EIN-PN	36-4055755-001
<b>a</b>	Plan name	PORTWOOD FARMS 401(K) PLAN
<b>b</b>	Name of plan sponsor	PORTWOOD FARMS
<b>c</b>	EIN-PN	77-0323294-001
<b>a</b>	Plan name	THE CARLIN COLLABORATIVE 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE CARLIN COLLABORATIVE
<b>c</b>	EIN-PN	83-2633004-001
<b>a</b>	Plan name	THE CONNECTME 401(K) PLAN
<b>b</b>	Name of plan sponsor	MODERN HR, INC.
<b>c</b>	EIN-PN	81-0741257-002
<b>a</b>	Plan name	PRONK TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PRONK TECHNOLOGIES, INC.
<b>c</b>	EIN-PN	20-1891840-001
<b>a</b>	Plan name	EVOLUTION DESIGN INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	EVOLUTION DESIGN INC.
<b>c</b>	EIN-PN	88-4173749-001
<b>a</b>	Plan name	LAKEVIEW PHYSICAL THERAPY 401(K) PLAN
<b>b</b>	Name of plan sponsor	LAKEVIEW PHYSICAL THERAPY AND SPINE LLC
<b>c</b>	EIN-PN	83-4244452-001
<b>a</b>	Plan name	THOMAS S. LAYTON, D.D.S. P.A. 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	THOMAS LAYTON, D.D.S.
<b>c</b>	EIN-PN	56-2145157-001
<b>a</b>	Plan name	THREE AMIGOS VENTURE 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	THREE AMIGOS VENTURE, INC.
<b>c</b>	EIN-PN	47-0963732-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	QESSENTIAL MEDICAL MARKET RESEARCH, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	QESSENTIAL MEDICAL MARKET RESEARCH, LLC	<b>c</b> EIN-PN 87-3863389-001
<b>a</b> Plan name	QMETRICS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	QMETRICS, INC.	<b>c</b> EIN-PN 87-0761590-001
<b>a</b> Plan name	BONNET SPRINGS PARK, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BONNET SPRINGS PARK, INC.	<b>c</b> EIN-PN 81-1106879-001
<b>a</b> Plan name	FEIGHNER INSURANCE, INC. 401(K) SALARY REDUCTION PLAN	
<b>b</b> Name of plan sponsor	FEIGHNER INSURANCE, INC. DBA INSURANCE MANAGEMENT GROUP	<b>c</b> EIN-PN 35-0943733-002
<b>a</b> Plan name	TOOLMAX DESIGNING & TOOLING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TOOLMAX DESIGNING & TOOLING, INC.	<b>c</b> EIN-PN 36-4625497-001
<b>a</b> Plan name	TOP OF TEXAS 401(K) PLAN	
<b>b</b> Name of plan sponsor	TOP OF TEXAS, INC.	<b>c</b> EIN-PN 75-2646871-001
<b>a</b> Plan name	LEBLANC NETTLES LAW GROUP 401(K) AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	LEBLANC NETTLES LAW LLC	<b>c</b> EIN-PN 46-2658554-001
<b>a</b> Plan name	MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b> Name of plan sponsor	MARC DUTTON IRRIGATION, INC.	<b>c</b> EIN-PN 38-2152186-001
<b>a</b> Plan name	MICHAEL YARDLEY FARMS 401(K) PLAN	
<b>b</b> Name of plan sponsor	MICHAEL YARDLEY FARMS, LLC	<b>c</b> EIN-PN 26-1223608-001
<b>a</b> Plan name	MICHIGAN EXTRUDED ALUMINUM SALARIED 401(K) PLAN	
<b>b</b> Name of plan sponsor	MICHIGAN EXTRUDED ALUMINUM	<b>c</b> EIN-PN 38-2696585-777
<b>a</b> Plan name	MOMENTUM BUILDERS 401(K)	
<b>b</b> Name of plan sponsor	MOMENTUM BUILDERS	<b>c</b> EIN-PN 25-1413147-001
<b>a</b> Plan name	MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE 401(K) PLAN	
<b>b</b> Name of plan sponsor	MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE	<b>c</b> EIN-PN 38-2536891-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	NORTH JACKSON PRIMARY CARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH JACKSON PRIMARY CARE, LLC	<b>c</b> EIN-PN 20-5560539-001
<b>a</b>	Plan name	PALLA AG SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALLA AG SERVICES, LLC	<b>c</b> EIN-PN 81-1409263-001
<b>a</b>	Plan name	PERSPECTIVE PV 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERSPECTIVE PV	<b>c</b> EIN-PN 81-5230196-002
<b>a</b>	Plan name	PETOSKEY DENTAL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETOSKEY DENTAL ASSOCIATES	<b>c</b> EIN-PN 83-1942627-001
<b>a</b>	Plan name	PETOSKEY SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETOSKEY SURGEONS, P.C.	<b>c</b> EIN-PN 38-3448511-001
<b>a</b>	Plan name	POWELL CONSTRUCTORS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	POWELL CONSTRUCTORS	<b>c</b> EIN-PN 03-0549543-001
<b>a</b>	Plan name	PPT FLORIDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRODUCTION & PROCESS TECHNOLOGIES FLORIDA, INC.	<b>c</b> EIN-PN 59-3428824-002
<b>a</b>	Plan name	PROTREE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HDQ ENTERPRISES, LLC DBA PROFESSIONAL TREE & TURF EQUIPMENT	<b>c</b> EIN-PN 87-4654888-001
<b>a</b>	Plan name	QUERREY & HARROW LTD. SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUERREY & HARROW, LTD.	<b>c</b> EIN-PN 36-2777440-001
<b>a</b>	Plan name	RIVAS PERIODONTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RACINE PERIODONTICS AND IMPLANT DENTISTRY LTD DBA RIVAS PERIODONTICS	<b>c</b> EIN-PN 81-3954104-001
<b>a</b>	Plan name	S&S PACKAGING PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S&S PACKAGING PRODUCTS, INC.	<b>c</b> EIN-PN 23-2940069-001
<b>a</b>	Plan name	SHORELINE PRIVATE WEALTH MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOSTON LEDGE, LLC	<b>c</b> EIN-PN 87-3066674-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SUMMIT POINT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT POINT ROOFING, LLC	<b>c</b> EIN-PN 47-3363896-001
<b>a</b>	Plan name	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	<b>c</b> EIN-PN 56-1970120-001
<b>a</b>	Plan name	UNIQUE FABRICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIQUE FABRICATIONS	<b>c</b> EIN-PN 26-1649705-001
<b>a</b>	Plan name	VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VANS DELIVERY SERVICE, INC.	<b>c</b> EIN-PN 38-2487912-001
<b>a</b>	Plan name	WAYNE PALLA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAYNE E. PALLA	<b>c</b> EIN-PN 95-2431917-001
<b>a</b>	Plan name	WAYNE PREPARATORY ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAYNE PREPARATORY ACADEMY, LP	<b>c</b> EIN-PN 30-0826240-001
<b>a</b>	Plan name	AHB TOOLING & MACHINERY 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AHB TOOLING & MACHINERY, LLC	<b>c</b> EIN-PN 83-3280314-001
<b>a</b>	Plan name	APPLE VALLEY DIAMONDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPLE VALLEY DIAMONDS LLC	<b>c</b> EIN-PN 46-1884796-001
<b>a</b>	Plan name	BAY AREA PROPANE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BAY AREA PROPANE	<b>c</b> EIN-PN 84-3871195-001
<b>a</b>	Plan name	BOYS AND GIRLS CLUBS OF KERN COUNTY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOYS AND GIRLS CLUBS OF KERN COUNTY	<b>c</b> EIN-PN 95-2462246-001
<b>a</b>	Plan name	COLT NECK LABS, LLC - 401(K)	
<b>b</b>	Name of plan sponsor	COLT NECK LABS, LLC	<b>c</b> EIN-PN 83-4534512-001
<b>a</b>	Plan name	COLUMBIA MARKING TOOLS, INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COLUMBIA MARKING TOOLS, INC.	<b>c</b> EIN-PN 38-1659935-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	COR 401(K) PLAN	
<b>b</b> Name of plan sponsor	COR CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 11-3742607-001
<b>a</b> Plan name	CORDEVALLE 401(K) PLAN	
<b>b</b> Name of plan sponsor	CORDEVALLE L.P.	<b>c</b> EIN-PN 20-8456270-001
<b>a</b> Plan name	CORNEILLE LAW GROUP, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	CORNEILLE LAW GROUP, LLC	<b>c</b> EIN-PN 39-1927889-001
<b>a</b> Plan name	CREEKSIDE ORGANICS 401(K) PLAN	
<b>b</b> Name of plan sponsor	CREEKSIDE ORGANICS, INC.	<b>c</b> EIN-PN 45-1558441-001
<b>a</b> Plan name	CRISP ENTERPRISES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CRISP ENTERPRISES, INC.	<b>c</b> EIN-PN 33-0934203-001
<b>a</b> Plan name	DEMOSS ELECTRIC, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	DEMOSS ELECTRIC, INC.	<b>c</b> EIN-PN 02-0677709-001
<b>a</b> Plan name	DURAMARK TECHNOLOGIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	DURAMARK TECHNOLOGIES, INC.	<b>c</b> EIN-PN 26-0529942-001
<b>a</b> Plan name	EL MANDADO 401(K) PLAN	
<b>b</b> Name of plan sponsor	EL MANDADO LATIN INTERNATIONAL PRODUCTS, INC.	<b>c</b> EIN-PN 56-2067801-001
<b>a</b> Plan name	ELECTRICAL WORKS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ELECTRICAL WORKS, LLC	<b>c</b> EIN-PN 59-3666692-001
<b>a</b> Plan name	EYNCON 401(K) PLAN	
<b>b</b> Name of plan sponsor	EYNCON, LLC	<b>c</b> EIN-PN 47-2720798-001
<b>a</b> Plan name	FIBERCOATING 401(K) PLAN	
<b>b</b> Name of plan sponsor	EIS FIBERCOATING, INC.	<b>c</b> EIN-PN 90-0986288-001
<b>a</b> Plan name	FIELD SERVICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	AGRONOMIC FIELD SERVICES, LLC DBA FIELD SERVICES LLC	<b>c</b> EIN-PN 68-0625733-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name GATEWAY TO PREVENTION AND RECOVERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GATEWAY TO PREVENTION AND RECOVERY, INC.	<b>c</b> EIN-PN 73-1215510-001
<b>a</b>	Plan name GL KREINER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GL KREINER, INC.	<b>c</b> EIN-PN 81-1723713-001
<b>a</b>	Plan name GREAT LAKES ENERGY NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES ENERGY COOPERATIVE, INC.	<b>c</b> EIN-PN 38-3321875-001
<b>a</b>	Plan name GREAT LAKES ENERGY UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES ENERGY COOPERATIVE, INC.	<b>c</b> EIN-PN 38-3321875-003
<b>a</b>	Plan name GREAT OAKS COUNTRY CLUB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT OAKS COUNTRY CLUB, INC.	<b>c</b> EIN-PN 38-2274018-001
<b>a</b>	Plan name HAMMOND-MITCHELL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAMMOND-MITCHELL, INC.	<b>c</b> EIN-PN 54-0839749-001
<b>a</b>	Plan name J&M SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor J&M SERVICES	<b>c</b> EIN-PN 82-4526041-001
<b>a</b>	Plan name JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JACK MILLIKIN INC.	<b>c</b> EIN-PN 38-1852235-002
<b>a</b>	Plan name JM FUNDING GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JM FUNDING GROUP, INC.	<b>c</b> EIN-PN 26-2524403-001
<b>a</b>	Plan name KENNETH RICKS DDS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KENNETH RICKS DDS INC.	<b>c</b> EIN-PN 47-4884440-001
<b>a</b>	Plan name LANDSCAPING SUN VALLEY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LANDSCAPING SUN VALLEY, INC. DBA TERRA LANDSCAPES	<b>c</b> EIN-PN 26-2425399-001
<b>a</b>	Plan name A&B MARKET, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor A&B MARKET, LLC	<b>c</b> EIN-PN 47-2479032-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	AQUA POWER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AQUA POWER	<b>c</b> EIN-PN 61-1592855-001
<b>a</b>	Plan name	BEACON HILL AT EASTGATE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BEACON HILL AT EASTGATE	<b>c</b> EIN-PN 38-1586704-002
<b>a</b>	Plan name	BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BREVARD MEDICAL DERMATOLOGY	<b>c</b> EIN-PN 36-4796769-001
<b>a</b>	Plan name	COMMONWEALTH TRUST COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMONWEALTH TRUST COMPANY	<b>c</b> EIN-PN 51-0009125-001
<b>a</b>	Plan name	CROSTOWN COURIER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROSTOWN COURIER, INC.	<b>c</b> EIN-PN 62-1591750-001
<b>a</b>	Plan name	FIMG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREEDOM INVESTMENT MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 27-3693949-001
<b>a</b>	Plan name	FIRST AMERICAN EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FIRST AMERICAN PROPERTIES, LLC	<b>c</b> EIN-PN 36-4536252-001
<b>a</b>	Plan name	HARMSSEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HARMSSEN CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2720081-001
<b>a</b>	Plan name	HUGO MANRIQUE, DMD, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUGO MANRIQUE, DMD, PLLC	<b>c</b> EIN-PN 92-3086974-001
<b>a</b>	Plan name	HUMBLE SEA BREWING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUMBLE SEA, INC.	<b>c</b> EIN-PN 47-4082461-001
<b>a</b>	Plan name	JACOBI, TOOMBS & LANZ, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JACOBI, TOOMBS & LANZ, INC.	<b>c</b> EIN-PN 35-1174896-001
<b>a</b>	Plan name	JACOBS & WALLACE, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JACOBS & WALLACE, PLLC	<b>c</b> EIN-PN 82-2495338-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name JACOBY MARKETING 401(K) PLAN	
<b>b</b>	Name of plan sponsor JACOBY MARKETING, INC. DBA JACO SUPERIOR PRODUCTS	<b>c</b> EIN-PN 47-2028024-001
<b>a</b>	Plan name KIMBALL CREEK PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEVEN EIGHTY FOUR, LLC	<b>c</b> EIN-PN 46-3365198-001
<b>a</b>	Plan name LEO TECH, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LEO TECH, LLC	<b>c</b> EIN-PN 47-4538892-001
<b>a</b>	Plan name MAYBAR MANUFACTURING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAYBAR MANUFACTURING CO., INC.	<b>c</b> EIN-PN 39-0842841-001
<b>a</b>	Plan name MCBRIDE QUALITY CARE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCBRIDE QUALITY CARE SERVICES, INC.	<b>c</b> EIN-PN 38-2905688-002
<b>a</b>	Plan name MORNSTAIR INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MORNSTAIR INC.	<b>c</b> EIN-PN 35-2748426-001
<b>a</b>	Plan name MOUNTAIN STATES GLASS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOUNTAIN STATES GLASS LLC	<b>c</b> EIN-PN 82-2785228-001
<b>a</b>	Plan name PARIS MOUNTAIN HOSPITALITY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PARIS MOUNTAIN HOSPITALITY, LLC	<b>c</b> EIN-PN 47-1819250-001
<b>a</b>	Plan name PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor PARK SIDE FINANCIAL CREDIT UNION	<b>c</b> EIN-PN 23-7155544-001
<b>a</b>	Plan name PRECISION THREADED PRODUCTS INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THOMPSON AEROSPACE, LLC	<b>c</b> EIN-PN 46-5032055-001
<b>a</b>	Plan name QUINTESSA 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor QUINTESSA	<b>c</b> EIN-PN 27-1561454-002
<b>a</b>	Plan name RIZZI LAW GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RIZZI LAW GROUP, P.A.	<b>c</b> EIN-PN 81-0946166-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RJ NOLAN & ASSOCIATES, INC.	<b>c</b> EIN-PN 39-1090667-001
<b>a</b>	Plan name SUPPLYDEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUPPLYDEN, INC.	<b>c</b> EIN-PN 38-3603806-001
<b>a</b>	Plan name THE LAW OFFICE OF HEATHER A. LONG, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE LAW OFFICE OF HEATHER A. LONG, LLC	<b>c</b> EIN-PN 33-3432013-001
<b>a</b>	Plan name TQM NORTH AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TQM NORTH AMERICA, INC.	<b>c</b> EIN-PN 35-2615062-001
<b>a</b>	Plan name VAUGHN WATER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor VAUGHN WATER COMPANY	<b>c</b> EIN-PN 95-1600230-002
<b>a</b>	Plan name VELOCITY COMMERCIAL CAPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor VELOCITY COMMERCIAL CAPITAL, LLC	<b>c</b> EIN-PN 20-1193192-001
<b>a</b>	Plan name VENDOME COPPER & BRASS WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VENDOME COPPER & BRASS WORKS, INC.	<b>c</b> EIN-PN 61-0418470-001
<b>a</b>	Plan name WINSLOW CAMPUS OF CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor WINSLOW CONVALESCENT CENTER DBA WINSLOW CAMPUS OF CARE	<b>c</b> EIN-PN 86-0320039-001
<b>a</b>	Plan name WINTERS, LLP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WINTERS, LLP	<b>c</b> EIN-PN 37-1366508-001
<b>a</b>	Plan name HAWKEYE DENTAL PROSTHETIC STUDIO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAWKEYE DENTAL PROSTHETIC STUDIO	<b>c</b> EIN-PN 83-0958881-001
<b>a</b>	Plan name ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ICONERGY LTD	<b>c</b> EIN-PN 27-2414344-001
<b>a</b>	Plan name IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor IDAHO ASPHALT SUPPLY, INC.	<b>c</b> EIN-PN 82-0325664-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KINGWOOD CENTER GARDENS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KINGWOOD CENTER GARDENS	<b>c</b> EIN-PN 34-0750349-001
<b>a</b>	Plan name	KLAR, IZSAK, & STENGER LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KLAR, IZSAK, & STENGER LLC	<b>c</b> EIN-PN 43-1844222-001
<b>a</b>	Plan name	KLJ-FB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOUR BOARD WOODWORKS LLC	<b>c</b> EIN-PN 81-2214411-001
<b>a</b>	Plan name	LINDAR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LINDAR CORPORATION	<b>c</b> EIN-PN 41-1752658-001
<b>a</b>	Plan name	MCCOLLOUGH SCHOLTEN 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MCCOLLOUGH SCHOLTEN CONSTRUCTION	<b>c</b> EIN-PN 35-1685271-001
<b>a</b>	Plan name	MCCOY & SPARKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCCOY & SPARKS, PLLC	<b>c</b> EIN-PN 20-1412812-001
<b>a</b>	Plan name	MCGUFF ROOFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCGUFF ROOFING, INC.	<b>c</b> EIN-PN 35-1693215-001
<b>a</b>	Plan name	MOUNTZ, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MOUNTZ, INC.	<b>c</b> EIN-PN 94-2625117-001
<b>a</b>	Plan name	MPX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MPX	<b>c</b> EIN-PN 01-0457729-001
<b>a</b>	Plan name	NORTHWEST WELLNESS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST WELLNESS GROUP, LLC	<b>c</b> EIN-PN 47-2159223-001
<b>a</b>	Plan name	PASCAL ENGINEERING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PASCAL ENGINEERING INC.	<b>c</b> EIN-PN 51-0374020-001
<b>a</b>	Plan name	PATRICK MACDONALD DDS PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PATRICK MACDONALD DDS PC	<b>c</b> EIN-PN 20-1206683-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PRESTIGE ELECTRIC CO. OF FLORIDA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE ELECTRIC CO. OF FLORIDA, LLC	<b>c</b> EIN-PN 82-3714094-001
<b>a</b>	Plan name	RABB WATER SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RABB WATER SYSTEMS, INC.	<b>c</b> EIN-PN 35-1750694-001
<b>a</b>	Plan name	RADD COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RADD CAPITAL, LLC	<b>c</b> EIN-PN 82-2026337-001
<b>a</b>	Plan name	RAMSEY & ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RAMSEY & ASSOCIATES INC.	<b>c</b> EIN-PN 61-1197581-001
<b>a</b>	Plan name	ROBERT L JOHNSTON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT L JOHNSTON, INC	<b>c</b> EIN-PN 54-0761430-001
<b>a</b>	Plan name	ROBIN CHIANG & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBIN CHIANG & COMPANY	<b>c</b> EIN-PN 94-3271917-001
<b>a</b>	Plan name	ROBINSON & BELEW, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBINSON & BELEW, INC.	<b>c</b> EIN-PN 62-0898199-001
<b>a</b>	Plan name	ROCAP LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROCAP LAW FIRM, LLC	<b>c</b> EIN-PN 47-4618365-001
<b>a</b>	Plan name	T J & M SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T J & M SERVICES, INC.	<b>c</b> EIN-PN 26-3380349-001
<b>a</b>	Plan name	TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRANSITIONAL LIVING CENTERS, INC.	<b>c</b> EIN-PN 34-1752737-001
<b>a</b>	Plan name	TRANSWORLD MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHUZ-U CONSTRUCTION INC. DBA TRANSWORLD MANAGEMENT	<b>c</b> EIN-PN 82-0672287-001
<b>a</b>	Plan name	VHF SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VHF SALES, INC.	<b>c</b> EIN-PN 42-1427958-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	A.K.O. INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	A.K.O. INC.	<b>c</b> EIN-PN 06-0249990-001
<b>a</b> Plan name	A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	A.W. OAKES & SON, INC.	<b>c</b> EIN-PN 39-0967026-003
<b>a</b> Plan name	AB ORTHODONTICS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	AB ORTHODONTICS, LLC DBA FALLSGROVE ORTHODONTICS	<b>c</b> EIN-PN 86-1464429-001
<b>a</b> Plan name	ALABAMA COLON & RECTAL INSTITUTE, PC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ALABAMA COLON & RECTAL INSTITUTE, PC	<b>c</b> EIN-PN 63-0795136-001
<b>a</b> Plan name	ARCHIVIST CAPITAL MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ARCHIVIST CAPITAL MANAGEMENT LLC	<b>c</b> EIN-PN 81-4554277-001
<b>a</b> Plan name	BELMONT HARDWARE 401(K) PLAN	
<b>b</b> Name of plan sponsor	COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA	<b>c</b> EIN-PN 94-2724600-001
<b>a</b> Plan name	BROADLEAF, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	BROADLEAF, INC.	<b>c</b> EIN-PN 26-2561880-001
<b>a</b> Plan name	COMMUNITY STAR CREDIT UNION 401(K) PLAN	
<b>b</b> Name of plan sponsor	COMMUNITY STAR CREDIT UNION	<b>c</b> EIN-PN 34-0728231-002
<b>a</b> Plan name	COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES	<b>c</b> EIN-PN 36-4818744-001
<b>a</b> Plan name	CUESCRIPT, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CUESCRIPT INC.	<b>c</b> EIN-PN 46-4554493-001
<b>a</b> Plan name	CYPRESS PARTNERS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CYPRESS PARTNERS LLC	<b>c</b> EIN-PN 81-4753944-001
<b>a</b> Plan name	GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.	<b>c</b> EIN-PN 57-1093357-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NUTRITION WELLNESS CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NUTRITION WELLNESS CENTER, LLC	<b>c</b> EIN-PN 20-4979886-001
<b>a</b>	Plan name	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA	<b>c</b> EIN-PN 83-3838404-001
<b>a</b>	Plan name	PAUL NAFTALI, O.D., P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAUL NAFTALI, O.D., P.A.	<b>c</b> EIN-PN 22-3361281-001
<b>a</b>	Plan name	PAVLIC VENDING SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAVLIC VENDING SERVICE, INC.	<b>c</b> EIN-PN 39-1143309-001
<b>a</b>	Plan name	PCG CAPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PCG CAPITAL	<b>c</b> EIN-PN 38-3885127-001
<b>a</b>	Plan name	PRINCIPLE CHOICE SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRINCIPLE CHOICE SOLUTIONS LLC	<b>c</b> EIN-PN 47-2275889-001
<b>a</b>	Plan name	PRISM CAPITAL MANAGEMENT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PRISM CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 27-0125515-001
<b>a</b>	Plan name	PRO BOX STORAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRO BOX PORTABLE STORAGE, LLC	<b>c</b> EIN-PN 35-2485775-001
<b>a</b>	Plan name	PRO-MEC ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRO-MEC ENGINEERING SERVICES, INC.	<b>c</b> EIN-PN 20-3786112-001
<b>a</b>	Plan name	ROME ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROME ENTERPRISES, INC. D/B/A/ ROME BATH REMODELING	<b>c</b> EIN-PN 23-2651135-001
<b>a</b>	Plan name	SGI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SGI	<b>c</b> EIN-PN 93-4216744-001
<b>a</b>	Plan name	TAG MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAG MANUFACTURING, INC.	<b>c</b> EIN-PN 72-1578630-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TRI-RIVERS HEALTHCARE, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRI-RIVERS HEALTHCARE, PLLC	<b>c</b> EIN-PN 61-1357247-001
<b>a</b>	Plan name	VISUAL WORKPLACE INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VISUAL WORKPLACE	<b>c</b> EIN-PN 26-4045453-001
<b>a</b>	Plan name	ABEL SCHILLINGER, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABEL SCHILLINGER, LLP	<b>c</b> EIN-PN 27-4813054-001
<b>a</b>	Plan name	ABRAMS PLUMBING AND HEATING LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABRAMS PLUMBING AND HEATING LLC	<b>c</b> EIN-PN 87-3493856-001
<b>a</b>	Plan name	ALL CURRENTS ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL CURRENTS ELECTRIC, LLC	<b>c</b> EIN-PN 82-4166195-001
<b>a</b>	Plan name	ARTHURS AND COMPANY CPA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARTHURS AND COMPANY CPA, LLC	<b>c</b> EIN-PN 47-2006900-001
<b>a</b>	Plan name	BENDER WAREHOUSE CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BENDER WAREHOUSE CO.	<b>c</b> EIN-PN 88-0085787-002
<b>a</b>	Plan name	BERGERT GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERGERT GROUP LTD.	<b>c</b> EIN-PN 81-0777309-001
<b>a</b>	Plan name	BERKELEY HALL CLUB RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BERKELEY HALL CLUB	<b>c</b> EIN-PN 57-1105488-001
<b>a</b>	Plan name	CHARLES AUTO FAMILY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHARLES CHEVROLET OLDSMOBILE, INC. DBA CHARLES AUTO FAMILY	<b>c</b> EIN-PN 34-0877679-001
<b>a</b>	Plan name	COMPLETELY FLOORED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLAIGE CORPORATION DBA COMPLETELY FLOORED	<b>c</b> EIN-PN 20-3680924-001
<b>a</b>	Plan name	D K ENTERPRISES LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D K ENTERPRISES LTD	<b>c</b> EIN-PN 42-1354703-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ENGLANDER & CHICOINE, P.C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ENGLANDER & CHICOINE, P.C.	<b>c</b> EIN-PN 04-3220769-001
<b>a</b>	Plan name	GO PERMITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GO PERMITS LLC	<b>c</b> EIN-PN 38-3897068-001
<b>a</b>	Plan name	GOGICK TECHNOLOGY CONSULTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOGICK TECHNOLOGY CONSULTING, LLC	<b>c</b> EIN-PN 82-3068700-001
<b>a</b>	Plan name	GOLDEN AGE HOME HEALTH, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN AGE HOME HEALTH, INC.	<b>c</b> EIN-PN 73-1462627-001
<b>a</b>	Plan name	HEART & HANDS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HEART & HANDS MIDWIFERY AND FAMILY HEALTHCARE	<b>c</b> EIN-PN 46-5257926-001
<b>a</b>	Plan name	IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IDEOLOGY PRODUCTIONS, LLC	<b>c</b> EIN-PN 46-4992929-001
<b>a</b>	Plan name	IED GROUP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IED GROUP, INC.	<b>c</b> EIN-PN 56-2303651-001
<b>a</b>	Plan name	JE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JE ENGINEERING, INC.	<b>c</b> EIN-PN 20-0849858-001
<b>a</b>	Plan name	KONWINSKI CONSTRUCTION, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KONWINSKI CONSTRUCTION	<b>c</b> EIN-PN 38-2906724-001
<b>a</b>	Plan name	LLANO SECO RANCHO 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LLANO SECO RANCHO	<b>c</b> EIN-PN 94-2314298-001
<b>a</b>	Plan name	ALLEGHANY ASPHALT AND CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLEGHANY ASPHALT AND CONSTRUCTION, INC.	<b>c</b> EIN-PN 54-1723930-001
<b>a</b>	Plan name	ALLERGY & ASTHMA SPECIALISTS OF NORTH FLORIDA, P.A. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ALLERGY & ASTHMA SPECIALISTS OF NORTH FLORIDA, P.A.	<b>c</b> EIN-PN 20-3722480-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AVANTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SELF GROUP USA, LLC	<b>c</b> EIN-PN 92-3663081-001
<b>a</b>	Plan name	AVANTS OPERATIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AVANTS OPERATIONS, LLC	<b>c</b> EIN-PN 81-4997570-001
<b>a</b>	Plan name	AXIOM INNOVATIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AXIOM INNOVATIONS, LLC	<b>c</b> EIN-PN 82-5288488-001
<b>a</b>	Plan name	AZH MANAGEMENT LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AZH MANAGEMENT, LLC	<b>c</b> EIN-PN 87-1039988-001
<b>a</b>	Plan name	CICERO ADAMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CICEROADAMS, LLC	<b>c</b> EIN-PN 47-2819390-001
<b>a</b>	Plan name	CITIZEN ACCESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CITIZEN ACCESS RESIDENTIAL RESOURCES	<b>c</b> EIN-PN 03-0440255-001
<b>a</b>	Plan name	DAIOHS U.S.A., INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAIOHS U.S.A., INC.	<b>c</b> EIN-PN 95-4746377-001
<b>a</b>	Plan name	E&F PAVING CO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	E&F PAVING CO, LLC	<b>c</b> EIN-PN 20-8741401-001
<b>a</b>	Plan name	E-T-M ENTERPRISES I, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	E-T-M ENTERPRISES I, INC.	<b>c</b> EIN-PN 38-3457372-001
<b>a</b>	Plan name	E-TOWN EXTERMINATING PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	E-TOWN EXTERMINATING CO., INC.	<b>c</b> EIN-PN 61-0904647-002
<b>a</b>	Plan name	INDEAVOR CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDEAVOR CORPORATION	<b>c</b> EIN-PN 39-1870041-001
<b>a</b>	Plan name	JON CHASE AGENCY 401K PLAN	
<b>b</b>	Name of plan sponsor	JON CHASE AGENCY	<b>c</b> EIN-PN 30-0695620-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name JOSEPH CHAPDELAINE & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOSEPH CHAPDELAINE & SONS, INC.	<b>c</b> EIN-PN 04-2257082-001
<b>a</b>	Plan name LOTDT APC DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF TODD D. THIBODO, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 68-0605735-001
<b>a</b>	Plan name LOUISIANA OFFICE PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOUISIANA OFFICE PRODUCTS, INC	<b>c</b> EIN-PN 72-0763449-002
<b>a</b>	Plan name LOUISVILLE MEDICAL GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOUISVILLE MEDICAL GROUP, LLC	<b>c</b> EIN-PN 82-4752011-001
<b>a</b>	Plan name OBJECTIVE GROUP OF COMPANIES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OBJECTIVE GROUP OF COMPANIES	<b>c</b> EIN-PN 81-0806963-333
<b>a</b>	Plan name OHIO PROVIDER RESOURCE ASSOCIATION 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor OHIO PROVIDER RESOURCE ASSOCIATION	<b>c</b> EIN-PN 31-1559921-001
<b>a</b>	Plan name PHOENIX 401K PLAN	
<b>b</b>	Name of plan sponsor PHOENIX PARAMEDICS SOLUTIONS	<b>c</b> EIN-PN 82-3276454-001
<b>a</b>	Plan name TELEPATHY NETWORKS, LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TELEPATHY NETWORKS LLC	<b>c</b> EIN-PN 27-0056105-001
<b>a</b>	Plan name WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	
<b>b</b>	Name of plan sponsor WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	<b>c</b> EIN-PN 42-0680307-002
<b>a</b>	Plan name WEAVER MEMORIALS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor WEAVER MEMORIALS, INC.	<b>c</b> EIN-PN 23-1714594-001
<b>a</b>	Plan name B & G HVAC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor B & G HVAC, INC.	<b>c</b> EIN-PN 20-4345115-001
<b>a</b>	Plan name B&F CONTRACTING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor B&F CONTRACTING, INC.	<b>c</b> EIN-PN 86-0677300-002

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.)	
<b>a</b>	Plan name <b>BUD'S AUTO GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUDS CHEVROLET, INC.</b>	<b>c</b> EIN-PN <b>34-1626376-001</b>
<b>a</b>	Plan name <b>CITYWIDE HOME HEALTH SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CITYWIDE HOME HEALTH SERVICES, INC.</b>	<b>c</b> EIN-PN <b>26-1920951-001</b>
<b>a</b>	Plan name <b>DAVE'S ELECTRIC, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVE'S ELECTRIC, INC.</b>	<b>c</b> EIN-PN <b>39-1380712-001</b>
<b>a</b>	Plan name <b>DAVID CUSTOM ROOFING &amp; PAINTING INC. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVIDS CUSTOM ROOFING &amp; PAINTING, INC.</b>	<b>c</b> EIN-PN <b>99-0314996-001</b>
<b>a</b>	Plan name <b>EAST COAST RECOVERY LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAST COAST RECOVERY LLC</b>	<b>c</b> EIN-PN <b>47-2225497-001</b>
<b>a</b>	Plan name <b>EAST-WEST TRADING CORP. LTD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAST-WEST TRADING CORP. LTD</b>	<b>c</b> EIN-PN <b>32-2741416-001</b>
<b>a</b>	Plan name <b>EASTERN CONNECTOR SPECIALTY CORP 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>EASTERN CONNECTOR SPECIALTY CORPORATION</b>	<b>c</b> EIN-PN <b>06-1384769-001</b>
<b>a</b>	Plan name <b>INDIANA HEALTH GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INDIANA HEALTH GROUP</b>	<b>c</b> EIN-PN <b>35-1706785-001</b>
<b>a</b>	Plan name <b>JSS ALMONDS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JSS ALMONDS, LLC</b>	<b>c</b> EIN-PN <b>45-4443854-001</b>
<b>a</b>	Plan name <b>LUKE DRAILY CONSTRUCTION CO., INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LUKE DRAILY CONSTRUCTION COMPANY, INC.</b>	<b>c</b> EIN-PN <b>43-1796529-001</b>
<b>a</b>	Plan name <b>MIDWEST EAR, NOSE &amp; THROAT, HEAD &amp; NECK SURGERY OF OWENSBORO, P.S.C. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDWEST EAR, NOSE &amp; THROAT, HEAD &amp; NECK SURGERY OF OWENSBORO, PSC</b>	<b>c</b> EIN-PN <b>20-4753970-001</b>
<b>a</b>	Plan name <b>OLMM 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OLMM CONSULTING ENGINEERS</b>	<b>c</b> EIN-PN <b>94-3038002-001</b>

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	OMEGA THERMO PRODUCTS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	OMEGA THERMO PRODUCTS, LLC	<b>c</b> EIN-PN 39-1930105-001
<b>a</b> Plan name	PIPE RENEWAL SERVICE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	PIPE RENEWAL SERVICE MANAGEMENT, INC.	<b>c</b> EIN-PN 87-0412647-001
<b>a</b> Plan name	PIVOTAL HOUSING PARTNERS LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	PIVOTAL HOUSING PARTNERS LLC	<b>c</b> EIN-PN 81-4615424-001
<b>a</b> Plan name	REASON CONSULTING CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	REASON CONSULTING CORPORATION	<b>c</b> EIN-PN 87-3746346-001
<b>a</b> Plan name	SPECTRUM LOGISTICS INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SPECTRUM LOGISTICS INC.	<b>c</b> EIN-PN 81-5106145-001
<b>a</b> Plan name	TEXAS SAFFIRE, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	TEXAS SAFFIRE, LLC	<b>c</b> EIN-PN 27-5482729-001
<b>a</b> Plan name	THE 401(K) PLAN	
<b>b</b> Name of plan sponsor	E.B.T., INC.	<b>c</b> EIN-PN 62-1714892-001
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>846</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	86467553
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	81273705
<b>(15)</b> Other.....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	86467553	81273705
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	86467552	81273705

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1489264	
(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)	7278806	
(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)		7282528
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		16050598

**Expenses**

<b>e</b> 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)		
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> 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)		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		16050598
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		9932923
(2) From this plan .....	2l(2)		31177368

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.