

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>JPMORGAN U.S. EQUITY RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>878</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 2d Business code (see instructions)

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

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

SIGN HERE		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

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

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>JPMORGAN U.S. EQUITY RET OPT</u>	B Three-digit plan number (PN)	<u>878</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)

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	BAJ INCORPORATED 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BAJ INCORPORATED	c EIN-PN 38-3517795-001
a	Plan name	BANDYS FIRE DEPARTMENT 401(K) PLAN	
b	Name of plan sponsor	BANDYS CROSSROADS VOLUNTEER FIRE DEPARTMENT, INCORPORATED	c EIN-PN 56-6094194-001
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	ECHO PRODUCTION, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	ECHO PRODUCTION, INC.	c EIN-PN 75-1623080-001
a	Plan name	EDCO DISTRIBUTING, INC. 401(K) PLAN	
b	Name of plan sponsor	EDCO DISTRIBUTING, INC.	c EIN-PN 33-0488747-001
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	KC ELECTRIC GROUP 401(K) PLAN	
b	Name of plan sponsor	KC ELECTRIC GROUP LLC	c EIN-PN 92-0909909-001
a	Plan name	EQUITY INVESTMENT MORTGAGE, LLC 401(K) PLAN	
b	Name of plan sponsor	EQUITY INVESTMENT MORTGAGE, LLC	c EIN-PN 88-1901818-001
a	Plan name	PROFESSIONAL AUTOMOTIVE SERVICE LLC 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL AUTOMOTIVE SERVICE LLC	c EIN-PN 85-3817843-001
a	Plan name	PROGRESS USA, INC. 401(K) PLAN	
b	Name of plan sponsor	PROGRESS USA, INC.	c EIN-PN 01-0682657-001
a	Plan name	PROGRESSIVE AIR SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	PROGRESSIVE AIR SYSTEMS, INC.	c EIN-PN 59-3124591-001
a	Plan name	BIG HORN WIRELINE 401(K) PLAN	
b	Name of plan sponsor	BIG HORN WIRELINE, LLC	c EIN-PN 88-2234263-001

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 KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor KREATIONS AUTO BODY	c EIN-PN 26-3285845-001
a	Plan name REDROC AUSTIN 401(K) PLAN	
b	Name of plan sponsor ERNEST J CORDER DBA REDROC AUSTIN	c EIN-PN 04-3709976-001
a	Plan name TWIN BUILDERS INC 401(K) PLAN	
b	Name of plan sponsor TWIN BUILDERS INC	c EIN-PN 54-2072727-001
a	Plan name BURNETT TRUCKING, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor BURNETT TRUCKING, INC.	c EIN-PN 27-4114851-001
a	Plan name BUSENBARK, CLARK & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor CLARK CPA GROUP, P.C. DBA BUSENBARK, CLARK & ASSOCIATES	c EIN-PN 84-3793000-001
a	Plan name FUSION HEALTH 401(K) PLAN	
b	Name of plan sponsor FUSION HEALTHCARE STAFFING, LLC	c EIN-PN 46-2470418-001
a	Plan name M HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor M HOLDINGS	c EIN-PN 83-1454255-001
a	Plan name M.G. MCDERMOTT, DDS, MSD, PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor M. G. MCDERMOTT, DDS, MSD PC	c EIN-PN 41-1426514-001
a	Plan name UNIVERSAL NORTH INC. - SH 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL NORTH INC.	c EIN-PN 34-1666673-001
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 GOURMET SOURCE SALES & CONSULTING 401(K) PLAN	
b	Name of plan sponsor GOURMET SOURCE SALES & CONSULTING LLC	c EIN-PN 85-3802006-001
a	Plan name GRAFFEN BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor GRAFFEN BUSINESS SYSTEMS, INC.	c EIN-PN 23-1908016-001

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	ROSE ORTHODONTICS 401(K) PLAN	
b	Name of plan sponsor	ROSE ORTHODONTICS	c EIN-PN 82-2529653-001
a	Plan name	ROWAN V. PAUL MD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROWAN V. PAUL MD, INC.	c EIN-PN 84-4260244-001
a	Plan name	VMC CLEAR VISION RETIREMENT PLAN	
b	Name of plan sponsor	VMC LLC	c EIN-PN 20-3658210-001
a	Plan name	VVH CONSULTING ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	VVH CONSULTING ENGINEERS	c EIN-PN 27-2604454-001
a	Plan name	CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a	Plan name	CLARK TRANSPORTATION SERVICES 401(K) PLAN	
b	Name of plan sponsor	TEXARKANA SUGAR HILL, INC.	c EIN-PN 75-2776645-001
a	Plan name	GUNGOLL, JACKSON, BOX & DEVOLL, P.C. 401(K) PLAN	
b	Name of plan sponsor	GUNGOLL, JACKSON, BOX & DEVOLL, P.C.	c EIN-PN 73-1278416-001
a	Plan name	H&S FIELD SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	H & S FIELD SERVICES INC.	c EIN-PN 20-3401221-001
a	Plan name	MILLER VALVE & CONTROLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MILLER VALVE & CONTROLS, LLC	c EIN-PN 85-4352454-001
a	Plan name	MILLS ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	MILLS VETERINARY SERVICES DBA MILLS ANIMAL HOSPITAL	c EIN-PN 81-1149328-001
a	Plan name	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001
a	Plan name	SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001

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 CONNOLLY ELECTRIC & MECHANICAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHRIS CONNOLLY INC. DBA CONNOLLY ELECTRIC & MECHANICAL	c EIN-PN 86-0892259-001
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 CONSCIOUS MINDS 401(K) PLAN	
b	Name of plan sponsor CONSCIOUS MINDS PRODUCTION LLC	c EIN-PN 80-0255443-001
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 SIMPLIFYA 401(K) PLAN	
b	Name of plan sponsor SIMPLIFYA HOLDINGS, INC.	c EIN-PN 87-1463596-001
a	Plan name HINCHEY & OLDENHOFF 401(K) PLAN	
b	Name of plan sponsor HINCHEY & OLDENHOFF, LLP	c EIN-PN 87-3527091-001
a	Plan name ADVANCED SHORING & UNDERPINNING 401(K)	
b	Name of plan sponsor ADVANCED SHORING & UNDERPINNING	c EIN-PN 68-0532733-001
a	Plan name CORNERSTONE PARKING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor CORNERSTONE PARKING GROUP, INC.	c EIN-PN 20-5195370-001
a	Plan name COUNTRY MORNING FARMS, INC. 401(K) PLAN	
b	Name of plan sponsor COUNTRY MORNING FARMS, INC.	c EIN-PN 91-2036632-001
a	Plan name NEWCO TOWER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEWCO TOWER, LLC	c EIN-PN 86-2053751-001
a	Plan name NFOCUS 401(K) PLAN	
b	Name of plan sponsor NFOCUS CONSULTING, INC.	c EIN-PN 31-1325229-001

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 NIEHAUS FAMILY DENTISTRY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NIEHAUS FAMILY DENTISTRY LLC	c EIN-PN 82-3863698-001
a	Plan name DAWN WAREHOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor DAWN WAREHOUSING, INC.	c EIN-PN 54-1234908-001
a	Plan name INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INSTRUMEDICAL TECHNOLOGIES, INC.	c EIN-PN 35-1515768-001
a	Plan name OMNI-TECH SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor OMNI-TECH SOLUTIONS, LLC	c EIN-PN 81-4983507-001
a	Plan name STONE GUYS OF SWFL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STONE GUYS OF SWFL LLC	c EIN-PN 83-3825711-001
a	Plan name P&S COMPRESSOR & SPRAY EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor P&S COMPRESSOR & SPRAY EQUIPMENT, INC.	c EIN-PN 52-1573686-001
a	Plan name PACBLU 401(K) PLAN	
b	Name of plan sponsor PACBLU	c EIN-PN 11-3691833-001
a	Plan name AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor AMOURGIS & ASSOCIATES, LLC	c EIN-PN 90-0553841-001
a	Plan name ANDERSON PIPING COMPANY 401(K) PLAN	
b	Name of plan sponsor ANDERSON PIPING COMPANY, INC.	c EIN-PN 62-1199871-001
a	Plan name DENVER HEALTH AND FITNESS 401(K) PLAN	
b	Name of plan sponsor JVP FIT ENTERPRISES, LLC DBA DENVER HEALTH AND FITNESS	c EIN-PN 26-1885010-001
a	Plan name ASSETS, INC. 401(K) PLAN	
b	Name of plan sponsor ASSETS, INC.	c EIN-PN 92-0076696-888
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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TALMAN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor	TALMAN CONSULTANTS, LLC	c EIN-PN 81-2709261-001
a	Plan name	TANERA TRANSPORT, LLC 401(K) PLAN	
b	Name of plan sponsor	TANERA TRANSPORT, LLC	c EIN-PN 83-2766372-001
a	Plan name	TARGET ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TARGET ENTERPRISES, INC.	c EIN-PN 06-1158272-001
a	Plan name	REMY BATTERY 401(K) PLAN	
b	Name of plan sponsor	REMY BATTERY CO., INC.	c EIN-PN 39-1193920-001
a	Plan name	TYMARK RESTAURANT GROUP 401K PLAN	
b	Name of plan sponsor	TYMARK, INC.	c EIN-PN 82-1824730-001
a	Plan name	UNI-GRIP, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	UNI-GRIP, INC.	c EIN-PN 34-1108705-001
a	Plan name	C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE	c EIN-PN 45-4487309-001
a	Plan name	CADILLAC COFFEE COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	CADILLAC COFFEE COMPANY	c EIN-PN 38-0570380-001
a	Plan name	MADDEN LAW GROUP, SC 401(K) PLAN	
b	Name of plan sponsor	MADDEN LAW GROUP, SC	c EIN-PN 41-2280038-001
a	Plan name	RICHWOODS ACADEMY, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	RICHWOODS ACADEMY, LLC	c EIN-PN 84-4059471-001
a	Plan name	GEORGETOWN DENTAL PROFESSIONALS PROFIT SHARING PLAN	
b	Name of plan sponsor	GEORGETOWN DENTAL PROFESSIONALS LLC	c EIN-PN 20-3939693-001
a	Plan name	GEORGETOWN FAMILY MEDICINE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GEORGETOWN FAMILY MEDICINE	c EIN-PN 51-0402748-001

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 CAPUTO & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPUTO & ASSOCIATES, INC.	c EIN-PN 30-0135904-001
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 VALLEY RIDGE DENTAL ARTS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VALLEY RIDGE DENTAL ARTS LLC	c EIN-PN 81-4150951-001
a	Plan name 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 RUIZ SALON GROUP 401(K) PLAN	
b	Name of plan sponsor RUIZ WEST END MANAGEMENT LC	c EIN-PN 74-2951507-001
a	Plan name GRAND BAY MARINE, INC. 401(K) PLAN	
b	Name of plan sponsor GRAND BAY MARINE, INC.	c EIN-PN 38-3356449-001
a	Plan name GRC DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRC DEVELOPMENT, INC.	c EIN-PN 27-1135741-001
a	Plan name 10K CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor 10K LLC DBA 10K CONSTRUCTION	c EIN-PN 86-1833942-001
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 30 WEST INC. RETIREMENT PLAN	
b	Name of plan sponsor 30 WEST INC.	c EIN-PN 46-4198182-001
a	Plan name 365 HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor 365 HEALTH SERVICES, LLC	c EIN-PN 47-1842850-001
a	Plan name 401(K) ADVANTAGE, 401(K) PLAN	
b	Name of plan sponsor TAG RESOURCES	c EIN-PN 62-1874771-002

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 CLIMATE SYSTEMS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CLIMATE SYSTEMS, INC.	c EIN-PN 46-0377208-001
a	Plan name CLINKSCALES PORTABLE TOILETS LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor CLINKSCALES PORTABLE TOILETS LLC	c EIN-PN 93-1086752-001
a	Plan name CLINTON PREFERRED PEDIATRICS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MACOMB COUNTY PEDIATRICS, P.C. DBA CLINTON PREFERRED PEDIATRICS, P.C.	c EIN-PN 38-3309363-001
a	Plan name HABITAT FOR HUMANITY INLAND VALLEY, INC.401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor HABITAT FOR HUMANITY INLAND VALLEY, INC.	c EIN-PN 33-0461804-001
a	Plan name HERZOG ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor HERZOG ROOFING, INC.	c EIN-PN 41-1380767-001
a	Plan name HH VENTURES RETIREMENT PLAN	
b	Name of plan sponsor HH VENTURES, LLC	c EIN-PN 26-1852077-001
a	Plan name HI5.AGENCY 401(K) PLAN	
b	Name of plan sponsor HI5.AGENCY, LLC	c EIN-PN 83-2888505-001
a	Plan name NEARLY NEW TOWN 401(K) PLAN	
b	Name of plan sponsor NEARLY NEW TOWN	c EIN-PN 82-5293249-001
a	Plan name SHIRLEY'S COOKIE CO., INC. 401(K) PLAN	
b	Name of plan sponsor SHIRLEY'S COOKIES CO., INC.	c EIN-PN 25-1892923-001
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 INSTEAD SENIOR CARE RETIREMENT PLAN	
b	Name of plan sponsor PAHOS, INC. DBA HOME INSTEAD SENIOR CARE	c EIN-PN 72-1351629-001
a	Plan name AFFINITY IT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ISS OHIO, LLC DBA AFFINITY IT GROUP	c EIN-PN 46-1599792-001

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 CRAIG JEFFRIES WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CRAIG JEFFRIES WEALTH MANAGEMENT GROUP LLC	c EIN-PN 47-2160551-001
a	Plan name 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 DEGRAAF INTERIORS, INC 401K PLAN	
b	Name of plan sponsor DEGRAAF INTERIORS, INC.	c EIN-PN 38-3313137-001
a	Plan name INTEGRATED TAX ACCOUNTING INC. 401(K) PLAN	
b	Name of plan sponsor INTEGRATED TAX ACCOUNTING INC.	c EIN-PN 81-0699291-001
a	Plan name ANIMAL NUTRITION SYSTEMS 401(K) PLAN	
b	Name of plan sponsor ANIMAL NUTRITION SYSTEMS, LLLP	c EIN-PN 86-0536485-001
a	Plan name ANN SULLIVAN LEWIS 401(K) PLAN	
b	Name of plan sponsor ANN M. SULLIVAN INSURANCE AGENCY, INC.	c EIN-PN 57-1142720-001
a	Plan name DEVOL ENGINEERING 401(K) PLAN	
b	Name of plan sponsor DEVOL ENGINEERING, INC.	c EIN-PN 52-7255997-001
a	Plan name DEVOLVER DIGITAL 401(K) PLAN	
b	Name of plan sponsor DEVOLVER DIGITAL, INC.	c EIN-PN 26-2326643-001
a	Plan name DHG 401K PLAN	
b	Name of plan sponsor WINSIGHT INTERNATIONAL SOLUTIONS, INC.	c EIN-PN 46-2045764-001
a	Plan name IRISH INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor IRISH INSURANCE SERVICES, LLC	c EIN-PN 47-2456942-001
a	Plan name IRONCLAD STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IRONCLAD STRATEGIES, LLC	c EIN-PN 82-5506108-001
a	Plan name STORIED DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor STORIED DEVELOPMENT, LLC	c EIN-PN 82-2999814-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name STREB CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor STREB CONSTRUCTION CO., INC.	c EIN-PN 42-0892646-001
a	Plan name STUART EYE INSTITUTE, PA 401(K) PLAN	
b	Name of plan sponsor STUART EYE INSTITUTE, P.A.	c EIN-PN 59-1980090-001
a	Plan name ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTA OFFICE TECHNOLOGIES, INC.	c EIN-PN 47-2600973-001
a	Plan name DRUM CORPS INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor DRUM CORPS INTERNATIONAL, INC.	c EIN-PN 36-2754480-001
a	Plan name DSI RETIREMENT PLAN	
b	Name of plan sponsor DESIGN & SOFTWARE INTERNATIONAL, INC.	c EIN-PN 31-1435015-001
a	Plan name 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 KDJ SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor KDJ SALES & SERVICE, INC.	c EIN-PN 37-1131827-001
a	Plan name KENECT RETIREMENT PLAN	
b	Name of plan sponsor KENECT, LLC	c EIN-PN 82-1997153-777
a	Plan name BIG SKY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor BIG SKY ENGINEERING, INC	c EIN-PN 39-1940162-001
a	Plan name BIRD-KULTGEN, INC. 401(K) PLAN	
b	Name of plan sponsor BIRD-KULTGEN, INC.	c EIN-PN 74-1053237-001
a	Plan name EVOLVE FAMILY LAW, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor EVOLVE FAMILY LAW LLC	c EIN-PN 46-2961857-001
a	Plan name EVS 401(K) PLAN	
b	Name of plan sponsor EVANS VETERINARY SERVICES, PLLC	c EIN-PN 84-5150912-001

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	LAKE MANAGEMENT SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	LAKE MANAGEMENT SERVICES, LP	c EIN-PN 20-5300112-001
a	Plan name	BOOT RANCH 401(K) PLAN	
b	Name of plan sponsor	BOOT RANCH HR, LLC	c EIN-PN 47-4784683-001
a	Plan name	BOS MANUFACTURING, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	BOS MANUFACTURING, L.L.C.	c EIN-PN 20-1152345-001
a	Plan name	FAY FAMILY DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FAY FAMILY DENTAL CARE	c EIN-PN 84-3543483-001
a	Plan name	FEDVEL CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	FEDVEL CONSTRUCTION, INC.	c EIN-PN 82-2603538-001
a	Plan name	TOLLEFSEN STEEL & FABRICATION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TOLLEFSEN STEEL & FABRICATION, INC.	c EIN-PN 46-2263667-001
a	Plan name	LEE & ASSOCIATES NORTHWEST	
b	Name of plan sponsor	LEE & ASSOCIATES	c EIN-PN 81-4374046-001
a	Plan name	LEGENDARY HOME SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LEGENDARY HOME SOLUTIONS LLC	c EIN-PN 83-3696034-001
a	Plan name	MASTER PLUMBING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	MASTER PLUMBING SOLUTIONS LLC	c EIN-PN 46-3187028-001
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	MONTANA VALLEY EYE CLINIC PROFIT SHARING PLAN	
b	Name of plan sponsor	MONTANA VALLEY EYE CLINIC, PLLC	c EIN-PN 81-0522526-001
a	Plan name	OUTSOURCE UTILITY CONTRACTOR CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	OUTSOURCE UTILITY CONTRACTOR, LLC	c EIN-PN 01-0963229-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PARAMOUNT ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	PARAMOUNT ASSOCIATES, LLC	c EIN-PN 82-1770805-001
a	Plan name	PETERSEN COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	VALLEY DESIGN & CONSTRUCTION, INC.	c EIN-PN 87-0328548-001
a	Plan name	PRACTICE ALTERNATIVES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PRACTICE ALTERNATIVES, INC.	c EIN-PN 22-3575004-001
a	Plan name	PROTERIS 401(K) PLAN	
b	Name of plan sponsor	PROTERIS COMPLIANCE SOLUTIONS, INC.	c EIN-PN 92-1583768-001
a	Plan name	RESTLESS SOFTWARE 401(K) PLAN	
b	Name of plan sponsor	RESTLESS SOFTWARE LLC	c EIN-PN 83-2568090-001
a	Plan name	RETINA CONSULTANTS SAN DIEGO, INC 401 K SAVINGS PLAN	
b	Name of plan sponsor	RETINA CONSULTANTS SAN DIEGO, INC	c EIN-PN 95-3511595-001
a	Plan name	RIVAS PERIODONTICS 401(K) PLAN	
b	Name of plan sponsor	RACINE PERIODONTICS AND IMPLANT DENTISTRY LTD DBA RIVAS PERIODONTICS	c EIN-PN 81-3954104-001
a	Plan name	RYLIND CONSTRUCTION COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RYLIND CONSTRUCTION COMPANY, INC.	c EIN-PN 46-3278537-001
a	Plan name	SCHEER GREEN AND BURKE LPA 401(K) PLAN	
b	Name of plan sponsor	SCHEER GREEN AND BURKE LPA	c EIN-PN 34-1234557-001
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	SKS COMMUNICATIONS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SKS COMMUNICATIONS	c EIN-PN 57-1235666-001
a	Plan name	SLOANE DENTAL 401(K) PLAN	
b	Name of plan sponsor	12 SOUTH DENTAL PLLC	c EIN-PN 46-1289540-001

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	STEP UP FAMILY SERVICE LLC- 401(K)	
b	Name of plan sponsor	STEP UP FAMILY SERVICES LLC	c EIN-PN 83-4093830-001
a	Plan name	SULLIVAN PERIODONTICS 401(K) PLAN	
b	Name of plan sponsor	MARY LINDA SULLIVAN, DMD, PC	c EIN-PN 63-1228900-001
a	Plan name	SUMMIT SITEWORKS LLC, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUMMIT SITEWORKS LLC	c EIN-PN 47-0967899-001
a	Plan name	SUNBURY ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUNBURY ANIMAL HOSPITAL	c EIN-PN 20-1018098-001
a	Plan name	THREE RIVERS DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THREE RIVERS DERMATOLOGY LLC	c EIN-PN 47-3393828-001
a	Plan name	THRIVE RENOVATION 401K PLAN	
b	Name of plan sponsor	THRIVE RENOVATION	c EIN-PN 27-0853063-001
a	Plan name	TIMIBO LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	TIMIBO LLC DBA INSIGNIA	c EIN-PN 92-3404102-001
a	Plan name	TORELCO LLC 401(K) PLAN	
b	Name of plan sponsor	TORELCO LLC	c EIN-PN 88-0965718-001
a	Plan name	TOWN & COUNTRY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TOWN & COUNTRY UNDERGROUND UTILITY CONSTRUCTION, INC.	c EIN-PN 39-1198448-001
a	Plan name	UNION CRAFT BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor	UNION CRAFT BREWING COMPANY, LLC	c EIN-PN 45-3261482-001
a	Plan name	WAYNE PREPARATORY ACADEMY 401(K) PLAN	
b	Name of plan sponsor	WAYNE PREPARATORY ACADEMY, LP	c EIN-PN 30-0826240-001
a	Plan name	WILL CLARK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	WILL CLARK ELECTRIC INC.	c EIN-PN 46-0382827-001

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	WILLIAMS PRODUCTS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIAMS PRODUCTS, INC.	c EIN-PN 38-2225718-001
a	Plan name	A TO Z SPEECH THERAPY 401(K) PLAN	
b	Name of plan sponsor	A TO Z SPEECH THERAPY	c EIN-PN 81-4796737-001
a	Plan name	ADDRESS HEALTHCARE ADMINISTRATION, LLC	
b	Name of plan sponsor	ADDRESS HEALTHCARE ADMINISTRATION, LLC	c EIN-PN 99-1289536-001
a	Plan name	ADRIAN PULKRABEK DDS PLLC 401(K) PLAN	
b	Name of plan sponsor	ADRIAN PULKRABEK DDS PLLC	c EIN-PN 76-0716251-001
a	Plan name	AGRICAPTURE 401(K) PLAN	
b	Name of plan sponsor	AGRICAPTURE, INC.	c EIN-PN 86-3882425-001
a	Plan name	AMI SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ASSOCIATION MANAGEMENT, INC.	c EIN-PN 38-2134786-001
a	Plan name	APPLE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	APPLE ELECTRICAL CONTRACTORS, INC.	c EIN-PN 75-2529492-001
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	BAYSIDE DREDGING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BAYSIDE DREDGING LLC	c EIN-PN 88-2719169-001
a	Plan name	BLAIR RETIREMENT PLAN	
b	Name of plan sponsor	BLAIR ELECTRA SOUTHWEST, LLC	c EIN-PN 87-1439781-001
a	Plan name	BLAZE PIZZA 401(K) PLAN	
b	Name of plan sponsor	DAMM FINE PIZZA DBA BLAZE PIZZA	c EIN-PN 47-1820665-001
a	Plan name	BLUE COMMERCE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUE COMMERCE INC.	c EIN-PN 47-4494129-001

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	BRAIN TUNNELGENIX TECHNOLOGIES CORP 401(K) PLAN	
b	Name of plan sponsor	BRAIN TUNNELGENIX TECHNOLOGIES CORP	c EIN-PN 03-0586076-001
a	Plan name	BRAINERD EYECARE CENTER RETIREMENT PLAN	
b	Name of plan sponsor	BRAINERD EYECARE CENTER	c EIN-PN 41-1682283-001
a	Plan name	CASTOR GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	CASTOR GROUP, LLC	c EIN-PN 20-0785510-001
a	Plan name	CHRISTENSEN HSU SIPES LLP 401(K) PLAN	
b	Name of plan sponsor	CHRISTENSEN HSU SIPES LLP	c EIN-PN 20-4038082-001
a	Plan name	CHUZE FITNESS 401(K) PLAN	
b	Name of plan sponsor	RACHAS, INC. DBA CHUZE FITNESS	c EIN-PN 26-2396678-001
a	Plan name	CI-DELL PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	CI-DELL PLASTICS, INC.	c EIN-PN 39-1556975-001
a	Plan name	COLT NECK LABS, LLC - 401(K)	
b	Name of plan sponsor	COLT NECK LABS, LLC	c EIN-PN 83-4534512-001
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	DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DELTRAN OPERATIONS USA INC	c EIN-PN 46-3331632-001
a	Plan name	DIRSEC, INC 401(K) PLAN	
b	Name of plan sponsor	DIRSEC, INC.	c EIN-PN 84-1595959-001
a	Plan name	DURAMARK TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	DURAMARK TECHNOLOGIES, INC.	c EIN-PN 26-0529942-001
a	Plan name	DWELL HOME FURNISHINGS & INTERIOR DESIGN	
b	Name of plan sponsor	DWELL HOME FURNISHINGS & INTERIOR DESIGN	c EIN-PN 39-1907603-001

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 DWIGHT LEWIS STATE FARM INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor DWIGHT LEWIS STATE FARM INSURANCE AGENCY	c EIN-PN 47-2834035-001
a	Plan name EL MANDADO 401(K) PLAN	
b	Name of plan sponsor EL MANDADO LATIN INTERNATIONAL PRODUCTS, INC.	c EIN-PN 56-2067801-001
a	Plan name ELECTRONIC DESIGN TO MARKET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRONIC DESIGN TO MARKET, INC.	c EIN-PN 34-1752024-001
a	Plan name GARZOR INSURANCE, LLC 401(K) PLAN	
b	Name of plan sponsor GARZOR INSURANCE, LLC	c EIN-PN 26-2951778-001
a	Plan name GKBK 401(K) PLAN	
b	Name of plan sponsor GAUNTT KOEN BINNEY & KIDD, LLP	c EIN-PN 76-0574603-001
a	Plan name INTERMODAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTERMODAL SERVICES, INC.	c EIN-PN 82-2126201-001
a	Plan name INTERNATIONAL COLLEGE COUNSELORS 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL COLLEGE COUNSELORS, INC.	c EIN-PN 26-4096102-001
a	Plan name KENNETH RICKS DDS INC. 401(K) PLAN	
b	Name of plan sponsor KENNETH RICKS DDS INC.	c EIN-PN 47-4884440-001
a	Plan name 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 KEOTA TRANSMISSION & REPAIR LLC 401(K) PLAN	
b	Name of plan sponsor KEOTA TRANSMISSION & REPAIR LLC	c EIN-PN 27-1263484-001
a	Plan name LANSING ICE AND FUEL COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor LANSING ICE AND FUEL	c EIN-PN 38-0745480-001
a	Plan name A&N ASPHALT 401(K) PROFIT SHARING PLAN + TRUST	
b	Name of plan sponsor A&N ASPHALT INC.	c EIN-PN 38-3217709-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	A.D. PERKINS 401(K) PLAN	
b	Name of plan sponsor	A.D. PERKINS CORP.	c EIN-PN 26-0350579-001
a	Plan name	AISTHETIKOS, INC. 401(K) PLAN	
b	Name of plan sponsor	AISTHETIKOS, INC.	c EIN-PN 26-4099842-001
a	Plan name	BCB TRANSPORT, LLC. 401(K) PLAN	
b	Name of plan sponsor	BCB TRANSPORT, LLC.	c EIN-PN 27-5099832-001
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	BREAK IT DOWN, LLC 401(K) PLAN	
b	Name of plan sponsor	BREAK IT DOWN, LLC	c EIN-PN 27-1788791-001
a	Plan name	BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN	
b	Name of plan sponsor	BREVARD MEDICAL DERMATOLOGY	c EIN-PN 36-4796769-001
a	Plan name	CATALYST TECHNOLOGY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	CATALYST TECHNOLOGY GROUP, LLC	c EIN-PN 47-0977970-001
a	Plan name	CC POOL BUILDERS & SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CC POOL BUILDERS & SERVICE	c EIN-PN 27-4975870-001
a	Plan name	CCS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	CCS SERVICES, LLC	c EIN-PN 75-3026195-001
a	Plan name	CEDAR VALLEY CHEESE STORE	
b	Name of plan sponsor	CEDAR VALLEY CHEESE STORE	c EIN-PN 20-2863599-001
a	Plan name	DMT ELECTRIC LLC 401(K) PLAN	
b	Name of plan sponsor	DMT ELECTRIC LLC	c EIN-PN 46-0774639-001
a	Plan name	HARKERS HOLLOW GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor	HARKER'S HOLLOW GOLF CLUB	c EIN-PN 82-3107421-001

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	HARTLEY'S PROFIT SHARING 40L(K) PLAN	
b	Name of plan sponsor	HARTLEY'S	c EIN-PN 01-0278553-001
a	Plan name	JACKSON TIRE SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACKSON TIRE SERVICE, INC.	c EIN-PN 94-2295698-001
a	Plan name	KEY DATA DASHBOARD, INC. DBA KEY DATA 401(K) PLAN	
b	Name of plan sponsor	KEY DATA DASHBOARD, INC. DBA KEY DATA	c EIN-PN 87-3648034-002
a	Plan name	KEY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	KEY ENGINEERING, INC.	c EIN-PN 75-3112205-001
a	Plan name	KFG EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	KINGDOM FINANCIAL GROUP, INC.	c EIN-PN 25-1887984-001
a	Plan name	KIMBERLY SCHAFFER, LLC 401(K) PLAN	
b	Name of plan sponsor	KIMBERLY SCHAFFER, LLC	c EIN-PN 57-1207261-001
a	Plan name	KINETIC DESIGN, INC. 401(K) PLAN	
b	Name of plan sponsor	KINETIC DESIGN, INC.	c EIN-PN 82-2375904-001
a	Plan name	MAXX/HOA WEST RETIREMENT PLAN	
b	Name of plan sponsor	HOA PARTNERS WEST, LLC	c EIN-PN 81-5184683-001
a	Plan name	MBC 401(K) PLAN	
b	Name of plan sponsor	MBC & ASSOCIATES, LLC	c EIN-PN 83-2391851-001
a	Plan name	MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MORELAND PLAZA PHARMACY, INC.	c EIN-PN 39-0968183-001
a	Plan name	MOUNTAIN HEART CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor	MOUNTAIN HEART CENTER PSC	c EIN-PN 31-1556537-001
a	Plan name	NORTHWEST DRAFT 401(K) PLAN	
b	Name of plan sponsor	NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	c EIN-PN 45-4915664-001

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	PARIKHHEALTH 401(K) PLAN	
b	Name of plan sponsor	PARIKHHEALTH	c EIN-PN 82-1251618-001
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	PARKS JOHNSON AGENCY 401(K) PLAN	
b	Name of plan sponsor	PARKS JOHNSON AGENCY	c EIN-PN 85-2713186-001
a	Plan name	PRECISION THREADED PRODUCTS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMPSON AEROSPACE, LLC	c EIN-PN 46-5032055-001
a	Plan name	R.D. KLEINSCHMIDT, INC. 401(K) PLAN	
b	Name of plan sponsor	R. D. KLEINSCHMIDT, INC.	c EIN-PN 38-2075748-001
a	Plan name	R.J. GAESTEL, INC. DBA MERCED HONDA 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	R.J. GAESTEL, INC. DBA MERCED HONDA	c EIN-PN 77-0344466-001
a	Plan name	RIZZI LAW GROUP RETIREMENT PLAN	
b	Name of plan sponsor	RIZZI LAW GROUP, P.A.	c EIN-PN 81-0946166-001
a	Plan name	RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	RJ NOLAN & ASSOCIATES, INC.	c EIN-PN 39-1090667-001
a	Plan name	ROADMAP RESEARCH GLOBAL 401(K) PLAN	
b	Name of plan sponsor	LEXICON AND LINE DBA ROADMAP RESEARCH GLOBAL	c EIN-PN 47-2210159-001
a	Plan name	ROBERT KEATING LAW, INC. 401(K) PLAN	
b	Name of plan sponsor	ROBERT KEATING LAW, INC.	c EIN-PN 26-4657763-001
a	Plan name	SECON 401(K) PLAN	
b	Name of plan sponsor	SPECIFIED ELECTRICAL CONTRACTORS, INC.	c EIN-PN 86-0839690-002
a	Plan name	SMI AUTOMOTIVE REPAIR 401(K) PLAN	
b	Name of plan sponsor	KH AUTOMOTIVE, LLC	c EIN-PN 84-4729796-001

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	SNYDER-MARK DRUGS, INC. 401(K) PLAN	
b	Name of plan sponsor	SNYDER MARK DRUGS ROSELLE, INC.	c EIN-PN 36-3716454-001
a	Plan name	SOCCER SHOTS SACRAMENTO, LLC 401(K) PLAN	
b	Name of plan sponsor	SOCCER SHOTS SACRAMENTO, LLC	c EIN-PN 47-0976792-001
a	Plan name	SUNSTAR PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	SUNSTAR PROPERTIES LLC	c EIN-PN 61-1380349-001
a	Plan name	SUSSEX EYE CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUSSEX EYE CENTER	c EIN-PN 51-0349408-001
a	Plan name	TRANS TEXAS TIRE 401(K) PLAN	
b	Name of plan sponsor	TRANS TEXAS TIRE, LLC	c EIN-PN 46-1688184-001
a	Plan name	VENDOME COPPER & BRASS WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor	VENDOME COPPER & BRASS WORKS, INC.	c EIN-PN 61-0418470-001
a	Plan name	WINDOW TO RECOVERY 401(K) PLAN	
b	Name of plan sponsor	WINDOW TO RECOVERY	c EIN-PN 82-3124954-001
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	ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ICONERGY LTD	c EIN-PN 27-2414344-001
a	Plan name	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a	Plan name	KINGWOOD CENTER GARDENS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KINGWOOD CENTER GARDENS	c EIN-PN 34-0750349-001
a	Plan name	LIFELINK MEDICAL GROUP, PLLC 401(K) PLAN	
b	Name of plan sponsor	LIFELINK MEDICAL GROUP, PLLC	c EIN-PN 47-2362864-001

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 MCBRIDE QUALITY CARE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor MCBRIDE QUALITY CARE SERVICES, INC.	c EIN-PN 38-2905688-002
a	Plan name MCCOLLOUGH SCHOLTEN 401(K) SAVINGS PLAN	
b	Name of plan sponsor MCCOLLOUGH SCHOLTEN CONSTRUCTION	c EIN-PN 35-1685271-001
a	Plan name NOTTINGHAM RETIREMENT PLAN	
b	Name of plan sponsor NOTTINGHAM STUDIOS	c EIN-PN 47-4225120-001
a	Plan name NOVONIX ANODE MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor NOVONIX ANODE MATERIALS LLC	c EIN-PN 82-0771516-001
a	Plan name PARTS AND SCREENS, INC. 401(K) PLAN	
b	Name of plan sponsor PARTS AND SCREENS DBA BROWN MANUFACTURING	c EIN-PN 38-3266935-001
a	Plan name PREMIER PHYSICAL THERAPY AND SPORTS MEDICINE INC. 401(K) PLAN	
b	Name of plan sponsor PREMIER PHYSICAL THERAPY AND SPORTS MEDICINE INC.	c EIN-PN 65-1147823-001
a	Plan name PREP BASEBALL REPORT PA AND NY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PBR PENNSYLVANIA LLC	c EIN-PN 46-4681143-001
a	Plan name RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor RADD CAPITAL, LLC	c EIN-PN 82-2026337-001
a	Plan name ROCK & ROSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCK & ROSE, INC.	c EIN-PN 30-0117391-001
a	Plan name SERCOM 401(K) PLAN	
b	Name of plan sponsor SCIENTIFIC EQUIPMENT REPAIR COMPANY	c EIN-PN 84-1469712-001
a	Plan name SERENITY CARE RESOURCES LLC 401(K) PLAN	
b	Name of plan sponsor SERENITY CARE RESOURCES, LLC	c EIN-PN 81-1594721-001
a	Plan name SYNERGY AG 401(K) PLAN	
b	Name of plan sponsor SYNERGY AG	c EIN-PN 83-2057742-001

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 T J & M SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor T J & M SERVICES, INC.	c EIN-PN 26-3380349-001
a	Plan name THE MEDIA LAB 401(K) PLAN	
b	Name of plan sponsor STORY HORSE INC. DBA THE MEDIA LAB	c EIN-PN 84-3203491-001
a	Plan name THE ORIANA SHEA GROUP 401(K) PLAN	
b	Name of plan sponsor THE ORIANA SHEA GROUP	c EIN-PN 26-2733920-001
a	Plan name THE OSCHMANN ORGANIZATION, INC. 401(K) PLAN	
b	Name of plan sponsor THE OSCHMANN ORGANIZATION, INC. DBA AZC DRUG TESTING	c EIN-PN 86-0994137-001
a	Plan name 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 TRAVERTINE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRAVERTINE, INC.	c EIN-PN 73-1616445-001
a	Plan name VERDE PACK SOLUTION INC. 401(K) PLAN	
b	Name of plan sponsor VERDE PACK SOLUTION INC.	c EIN-PN 87-1716985-001
a	Plan name VHF SALES, INC. 401(K) PLAN	
b	Name of plan sponsor VHF SALES, INC.	c EIN-PN 42-1427958-001
a	Plan name ALABAMA COLON & RECTAL INSTITUTE, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALABAMA COLON & RECTAL INSTITUTE, PC	c EIN-PN 63-0795136-001
a	Plan name BELMONT HARDWARE 401(K) PLAN	
b	Name of plan sponsor COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA	c EIN-PN 94-2724600-001
a	Plan name BRIDGEVIEW 401(K) PLAN	
b	Name of plan sponsor BRIDGEVIEW MULTIFAMILY LLC	c EIN-PN 46-5043301-001

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 CEDARWOOD LANDSCAPING INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CEDARWOOD LANDSCAPING, INC.	c EIN-PN 22-3659554-001
a	Plan name COMPLETE AGRI SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor COMPLETE AGRI SERVICES	c EIN-PN 46-2836066-001
a	Plan name DONOVAN HANSEN, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DONOVAN HANSEN, PLLC	c EIN-PN 46-2829443-001
a	Plan name EMERALD PROFESSIONAL STAFFING INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EMERALD PROFESSIONAL STAFFING INC.	c EIN-PN 46-1362080-001
a	Plan name FIRST CHOICE MOBILE RADIOLOGY SERVICES 401(K) PLAN	
b	Name of plan sponsor FIRST CHOICE MOBILE RADIOLOGY SERVICE, LLC	c EIN-PN 20-5724682-001
a	Plan name NA MAKANA ALOHA GROUP, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NA MAKANA ALOHA GROUP, INC.	c EIN-PN 83-3967421-001
a	Plan name NADIA YAKOOB & ASSOCIATES 401(K) PLAN & TRUST	
b	Name of plan sponsor NADIA YAKOOB & ASSOCIATES	c EIN-PN 47-3377120-001
a	Plan name ROCKY MOUNTAIN SCIENTIFIC LABORATORY 401(K) PLAN	
b	Name of plan sponsor ROCKY MOUNTAIN SCIENTIFIC LABORATORY	c EIN-PN 27-0395718-001
a	Plan name SESR 401(K) PLAN	
b	Name of plan sponsor SOUTHEAST SHELBY COUNTY EMERGENCY MEDICAL RESCUE INC.	c EIN-PN 31-1583285-001
a	Plan name SOUTH POINT COUNSELING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor SOUTH POINT COUNSELING SERVICES, LLC	c EIN-PN 45-3866896-001
a	Plan name TAG MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor TAG MANUFACTURING, INC.	c EIN-PN 72-1578630-001
a	Plan name VISKOTEPAK 401(K) PLAN	
b	Name of plan sponsor VISKOTEPAK, LLC	c EIN-PN 20-1267287-001

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 VITAL INTERNATIONAL SOLUTIONS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor VITAL INTERNATIONAL SOLUTION INCORPORATED	c EIN-PN 45-4861293-001
a	Plan name WORKABLE, INC. 401(K) PLAN	
b	Name of plan sponsor WORKABLE, INC.	c EIN-PN 61-1747677-002
a	Plan name ARTEX LABEL & GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor ARTEX LABEL & GRAPHICS, INC.	c EIN-PN 38-3470303-001
a	Plan name ARTI, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor ARTI, INCORPORATED	c EIN-PN 20-4202706-001
a	Plan name BERKELEY HALL CLUB RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BERKELEY HALL CLUB	c EIN-PN 57-1105488-001
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 COMPUTER TIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPUTER TIES, LLC	c EIN-PN 26-0414943-001
a	Plan name CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor CONCRETE POLISHING & RESTORATION ACQUISITION, LLC	c EIN-PN 82-1776313-001
a	Plan name DACO PRECISION-TOOL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DACO PRECISION, INC.	c EIN-PN 39-1710167-001
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 GONYEA HOMES & REMODELING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GONYEA HOMES AND REMODELING	c EIN-PN 41-1641699-001
a	Plan name IKE HEAPHY, D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor IKE HEAPHY, D.D.S., P.C.	c EIN-PN 90-0074728-001

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	JE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JE ENGINEERING, INC.	c EIN-PN 20-0849858-001
a	Plan name	KMW 401(K) PLAN	
b	Name of plan sponsor	KELLER, MELCHIORRE AND WALSH, PLLC	c EIN-PN 83-2864534-001
a	Plan name	KONWINSKI CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	KONWINSKI CONSTRUCTION	c EIN-PN 38-2906724-001
a	Plan name	MECHANICAL SPECIALTIES, LLC 401(K) PLAN	
b	Name of plan sponsor	MECHANICAL SPECIALTIES, LLC	c EIN-PN 37-1489883-001
a	Plan name	B & B SHEET METAL & ROOFING, INC. 401(K) SALARY SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	B & B SHEET METAL & ROOFING, INC.	c EIN-PN 41-1668760-001
a	Plan name	BRYNER CHEVROLET INC. SALARY DEFERRAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRYNER CHEVROLET INC.	c EIN-PN 23-1912111-001
a	Plan name	DAKINE SERVICES 401(K) PLAN	
b	Name of plan sponsor	DAKINE SERVICES, INC.	c EIN-PN 81-1390019-001
a	Plan name	DAMM FINE CHICKEN LLC DBA DAVE'S HOT CHICKEN 401(K) PLAN	
b	Name of plan sponsor	DAMM FINE CHICKEN LLC DBA DAVE'S HOT CHICKEN	c EIN-PN 86-1240965-002
a	Plan name	IMPERIUM UTILITY SERVICES 401(K) PLAN	
b	Name of plan sponsor	IMPERIUM UTILITY SERVICES, LLC	c EIN-PN 82-3004992-001
a	Plan name	IN GOOD TASTE, LLC RETIREMENT PLAN	
b	Name of plan sponsor	IN GOOD TASTE, LLC	c EIN-PN 37-2000641-001
a	Plan name	INDEAVOR CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INDEAVOR CORPORATION	c EIN-PN 39-1870041-001
a	Plan name	JOHNSON IRON INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON IRON, INC.	c EIN-PN 20-1832486-001

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	JONESVILLE TOOL AND MANUFACTURING 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JONESVILLE TOOL AND MANUFACTURING, INC.	c EIN-PN 84-2214379-001
a	Plan name	LONG TERM CARE SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG TERM CARE SPECIALISTS, INC.	c EIN-PN 73-1202515-001
a	Plan name	LOWEN HOSPITALITY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	LOWEN HOSPITALITY MANAGEMENT, LLC	c EIN-PN 75-2946797-001
a	Plan name	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	PHOENIX CENTER RETIREMENT PLAN	
b	Name of plan sponsor	PHOENIX CENTER FOR ADVANCED LEGAL & ECONOMIC PUBLIC POLICY STUDIES	c EIN-PN 52-2079266-001
a	Plan name	PIEPER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PIEPER AND ASSOCIATES, INC.	c EIN-PN 95-3140624-001
a	Plan name	RCI 401(K) PLAN	
b	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-001
a	Plan name	S.C. SWIDERSKI MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	S.C. SWIDERSKI MANAGEMENT, INC.	c EIN-PN 47-2837847-001
a	Plan name	SPACE METAL 401(K) PLAN	
b	Name of plan sponsor	SPACE METAL	c EIN-PN 57-0785643-001
a	Plan name	TERRA NATIONAL REAL ESTATE GROUP 401(K) AND PROFIT SHARING	
b	Name of plan sponsor	JBR5 REALTY, LLC DBA TERRA NATIONAL REAL ESTATE GROUP	c EIN-PN 01-0554308-001
a	Plan name	TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS	c EIN-PN 85-3687743-237
a	Plan name	WCR 401(K) PLAN	
b	Name of plan sponsor	WEST COAST RESURFACING LLC	c EIN-PN 26-1605380-001

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	WEAVER MEMORIALS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WEAVER MEMORIALS, INC.	c EIN-PN 23-1714594-001
a	Plan name	WELLRIGHT 401(K) PLAN	
b	Name of plan sponsor	WELLRIGHT, INC.	c EIN-PN 36-4763852-001
a	Plan name	ALLISON WHITE INSURANCE RETIREMENT PLAN	
b	Name of plan sponsor	ALLISON M. WHITE INSURANCE AGENCY, INC.	c EIN-PN 47-5445319-001
a	Plan name	CIVILWORX CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor	CIVILWORX CONTRACTING LLC	c EIN-PN 87-4305816-001
a	Plan name	INDIANA HEALTH GROUP 401(K) PLAN	
b	Name of plan sponsor	INDIANA HEALTH GROUP	c EIN-PN 35-1706785-001
a	Plan name	INDUSTRIAL ACCESS, INC. 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL ACCESS, INC.	c EIN-PN 27-0871732-001
a	Plan name	INDUSTRIAL SERVICE CORP. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	NORTHWESTERN PLASTICS, LTD. DBA INDUSTRIAL SERVICE CORP.	c EIN-PN 42-1193589-001
a	Plan name	JUST FOR KIX RETIREMENT PLAN	
b	Name of plan sponsor	MINI KIX, INC.	c EIN-PN 41-1426758-001
a	Plan name	MIKE'S TREE COMPANY LLC RETIREMENT PLAN	
b	Name of plan sponsor	MIKE'S TREE COMPANY LLC	c EIN-PN 20-1018080-001
a	Plan name	MILKMAID GOODS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILKMAID GOODS	c EIN-PN 47-4478047-001
a	Plan name	OLMM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OLMM CONSULTING ENGINEERS	c EIN-PN 94-3038002-001
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

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 JPMORGAN U.S. EQUITY RET OPT	B Three-digit plan number (PN) ▶ 878
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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	39003492
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	52994273
(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	39003492	52994273
Liabilities			
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	
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	39003491	52994273

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)	387977	
(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)	6911497	
(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)		2824927
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10124401

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		10124401
l Transfers of assets:			
(1) To this plan	2l(1)		16604257
(2) From this plan	2l(2)		12737876

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 _____.