

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 NEW WORLD RET ACCT
1b Three-digit plan number (PN): 625
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <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.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMERICAN FUNDS NEW WORLD RET ACCT</u>	B Three-digit plan number (PN)	<u>625</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 1 SOURCE BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor 1 SOURCE BUSINESS SOLUTIONS, LLC	c EIN-PN 27-3793520-333
a	Plan name ARETE DENTAL EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor ARETE DENTAL DBA NORTH HILLS DENTAL GROUP	c EIN-PN 46-5063631-001
a	Plan name ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE 401(K) PLAN	
b	Name of plan sponsor ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE	c EIN-PN 31-1120194-001
a	Plan name ARTHUR T. CANARIO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARTHUR T. CANARIO MD PA	c EIN-PN 22-3482097-003
a	Plan name BUILDERS HARDWARE & SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUILDERS HARDWARE & SUPPLY CO., INC.	c EIN-PN 91-0715362-001
a	Plan name BURGE MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor BURGE MANAGEMENT GROUP, INC.	c EIN-PN 27-2829648-001
a	Plan name BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
b	Name of plan sponsor BUTLER, FITZGERALD & FIVESON, P.C.	c EIN-PN 20-2841166-001
a	Plan name CRESCENT CITY SECURITY, INC. 401(K) PLAN	
b	Name of plan sponsor CRESCENT CITY SECURITY, INC.	c EIN-PN 35-1549160-001
a	Plan name CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CROWN CRAFTS, INC.	c EIN-PN 58-0678148-002
a	Plan name CROWN PACKAGING CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor CROWN PACKAGING CORPORATION	c EIN-PN 31-0743880-001
a	Plan name CRSG CORPORATE PLAN	
b	Name of plan sponsor CONSTRUCTION AND REALTY SERVICES GROUP, INC.	c EIN-PN 11-3552134-001
a	Plan name CURT PRINGLE & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CURT PRINGLE & ASSOCIATES	c EIN-PN 27-2210026-001

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	ERS PLAN	
b	Name of plan sponsor	UNIVERSAL SITE SERVICES	c EIN-PN 94-1602345-001
a	Plan name	ETHOS BEHAVIORAL HEALTH GROUP 401(K) PLAN	
b	Name of plan sponsor	ETHOS BEHAVIORAL HEALTH GROUP, LLC	c EIN-PN 84-2484878-001
a	Plan name	GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY 401(K) PLAN	
b	Name of plan sponsor	GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY LLC	c EIN-PN 45-2581371-001
a	Plan name	GILCHRIST TINGLEY, P.C. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	GILCHRIST TINGLEY, P.C.	c EIN-PN 10-0001062-002
a	Plan name	GOLDSMITH GALLERY JEWELERS, INC. 401(K) PLAN	
b	Name of plan sponsor	GOLDSMITH GALLERY JEWELERS, INC.	c EIN-PN 81-0504056-001
a	Plan name	INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NASHEVE, INC.	c EIN-PN 20-8664693-001
a	Plan name	INTEGRITY HR MANAGEMENT, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTEGRITY HR MANAGEMENT, LLC	c EIN-PN 82-0860806-001
a	Plan name	LINCOLN LAND SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	LINCOLN LAND SERVICES, LLC	c EIN-PN 20-5535148-001
a	Plan name	LOCUS DESIGN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	LOCUS DESIGN COLLABORATIVE	c EIN-PN 81-4796699-001
a	Plan name	LONG BEACH AREA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor	LONG BEACH AREA CHAMBER OF COMMERCE	c EIN-PN 95-0944550-001
a	Plan name	NATIONAL PT OF NEW ENGLAND LLC 401(K) PLAN	
b	Name of plan sponsor	NATIONAL PT OF NEW ENGLAND LLC	c EIN-PN 27-3731724-001
a	Plan name	NATIONAL RETIREMENT EXCHANGE PLAN	
b	Name of plan sponsor	NATIONAL BENEFIT SERVICES, LLC	c EIN-PN 20-3886993-001

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	NATIONAL WATER SERVICES 401(K) PLAN	
b	Name of plan sponsor	NATIONAL WATER SERVICES	c EIN-PN 35-2158046-222
a	Plan name	NAUTICAL VENTURES GROUP 401(K) PLAN	
b	Name of plan sponsor	NAUTICAL VENTURES GROUP, INC.	c EIN-PN 46-4362332-001
a	Plan name	PGS/GS DENTISTRY 401K PLAN	
b	Name of plan sponsor	PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095590-001
a	Plan name	PHASE GENOMICS, INC. 401(K) PLAN	
b	Name of plan sponsor	PHASE GENOMICS, INC.	c EIN-PN 47-3296977-001
a	Plan name	ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
b	Name of plan sponsor	ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	c EIN-PN 99-0222900-001
a	Plan name	TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	c EIN-PN 62-1874779-001
a	Plan name	TAG WEALTH ENHANCEMENT GROUP 401(K) RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 62-1874774-012
a	Plan name	TURNER ENGINEERING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TURNER ENGINEERING CORPORATION	c EIN-PN 20-3882870-002
a	Plan name	U.S. SMALL BUSINESS EXCHANGE 401(K) PLAN	
b	Name of plan sponsor	OMNIFY RETIREMENT LLC	c EIN-PN 82-2083836-333
a	Plan name	U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	U3 ADVISORS, INC.	c EIN-PN 46-4252021-001
a	Plan name	UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor	UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name	UNIQUE EYE OPTIQUE, LLC RETIREMENT PLAN	
b	Name of plan sponsor	UNIQUE EYE OPTIQUE, LLC	c EIN-PN 46-2392633-001

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	UNIQUE PLUMBING 401(K) PLAN	
b	Name of plan sponsor	UNIQUE PLUMBING	c EIN-PN 82-1924329-001
a	Plan name	UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNISAND INCORPORATED	c EIN-PN 34-1658346-001
a	Plan name	UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNISAND INCORPORATED	c EIN-PN 34-1658346-777
a	Plan name	360 ELECTRICAL & ENGINEERING SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	360 ELECTRICAL & ENGINEERING	c EIN-PN 84-1772949-001
a	Plan name	360 ENERGY SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	360 ENERGY SOLUTIONS	c EIN-PN 46-2459351-001
a	Plan name	A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A&B ENVIRONMENTAL SERVICES, INC.	c EIN-PN 76-0261001-001
a	Plan name	A&J VINEYARD SUPPLY INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	A&J VINEYARD SUPPLY INC.	c EIN-PN 26-1669835-001
a	Plan name	ARTISTS FIRST, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	ARTISTS FIRST, INC.	c EIN-PN 13-4120908-001
a	Plan name	ASSISTED HOME HEALTH AND HOSPICE 401(K) PLAN	
b	Name of plan sponsor	ASSISTED HOME RECOVERY, INC.	c EIN-PN 95-4242428-001
a	Plan name	ASSOCIATED CONSTRUCTION PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED CONSTRUCTION PRODUCTS, INC.	c EIN-PN 59-2692893-001
a	Plan name	BUX-MONT TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor	BUX-MONT TRANSPORTATION	c EIN-PN 23-1576223-001
a	Plan name	C & M GIANT TIRE, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C & M GIANT TIRE, LLC	c EIN-PN 61-1372158-001

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	CVIN, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CVIN, LLC	c EIN-PN 77-0407563-001
a	Plan name	CVOMS RETIREMENT PLAN	
b	Name of plan sponsor	CHAMPLAIN VALLEY ORAL & MAXILLOFACIAL SURGERY, PC	c EIN-PN 47-1972385-001
a	Plan name	DALAD REALTY 401(K) PLAN	
b	Name of plan sponsor	DALAD REALTY COMPANY	c EIN-PN 34-1001816-001
a	Plan name	DANNIBLE & MCKEE, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DANNIBLE & MCKEE, LLP	c EIN-PN 33-0996661-001
a	Plan name	EVERT & WEATHERSBY RETIREMENT PLAN	
b	Name of plan sponsor	EVERT & WEATHERSBY, LLC	c EIN-PN 58-1830721-001
a	Plan name	EVOLVE TREATMENT CENTERS 401(K) PLAN	
b	Name of plan sponsor	EVOLVE GROWTH INITIATIVE, LLC, DBA EVOLVE TREATMENT CENTERS	c EIN-PN 46-5716785-003
a	Plan name	EWI CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	EWI CONSTRUCTION, LLC	c EIN-PN 26-0636307-001
a	Plan name	EXECUTIVE 1 HC LLC 401(K) PLAN	
b	Name of plan sponsor	EXECUTIVE 1 HC LLC	c EIN-PN 82-3076130-001
a	Plan name	EXOTIC FASTENERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EXOTIC FASTENERS, INC.	c EIN-PN 46-1551899-001
a	Plan name	GRAPE EXPECTATIONS 401(K) PLAN	
b	Name of plan sponsor	GRAPE EXPECTATIONS	c EIN-PN 94-2423490-002
a	Plan name	IR-G 401(K) RETIREMENT READINESS PLAN	
b	Name of plan sponsor	D & M INDUSTRIES, INC.	c EIN-PN 62-1393238-001
a	Plan name	ISOLVED 401-K PLAN	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-310

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	IVY HAWN 401(K) PLAN	
b	Name of plan sponsor	VOLUSIA CHARTER SCHOOL OF EXCELLENCE	c EIN-PN 30-0600042-001
a	Plan name	LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LONSTEIN LAW OFFICE, P.C.	c EIN-PN 22-2788008-001
a	Plan name	LUMONDI, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	LUMONDI, INC.	c EIN-PN 22-3008871-001
a	Plan name	LYMAN LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LYMAN LAW FIRM	c EIN-PN 46-5291861-001
a	Plan name	NELDON PEACOCK & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	NELDON PEACOCK & SONS, INC.	c EIN-PN 31-0839420-001
a	Plan name	NELSON ANALYTICAL 401(K) PLAN	
b	Name of plan sponsor	NELSON ANALYTICAL, LLC	c EIN-PN 02-0527084-001
a	Plan name	PHYSICIANS 401(K) SOLUTIONS	
b	Name of plan sponsor	ORTHO BENEFITS CORP INC.	c EIN-PN 47-1797746-002
a	Plan name	PILGRIM CHRISTAKIS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PILGRIM CHRISTAKIS LLP	c EIN-PN 26-3175990-001
a	Plan name	PK HOUSING 401(K) PLAN	
b	Name of plan sponsor	PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001
a	Plan name	RUSH ORDER, INC. 401(K) PLAN	
b	Name of plan sponsor	RUSH ORDER, INC.	c EIN-PN 77-0325742-001
a	Plan name	SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SACATE PELLET MILLS, INC.	c EIN-PN 86-0509246-001
a	Plan name	SACKSTEDER WORLAND INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	SACKSTEDER WORLAND INSURANCE AGENCY, INC.	c EIN-PN 31-1567830-001

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 TBC CPAS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor TEAL, BECKER & CHIARAMONTE, CPAS P.C.	c EIN-PN 14-1624930-001
a	Plan name TBDM LAW PLLC 401(K) P/S PLAN	
b	Name of plan sponsor TBDM LAW PLLC	c EIN-PN 33-1623607-001
a	Plan name TEALL CAPITAL PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEALL CAPITAL PARTNERS, LLC	c EIN-PN 83-0591973-222
a	Plan name UNITED TECH 401(K) SAVINGS PLAN	
b	Name of plan sponsor UNITED TECH EMPLOYEE MANAGEMENT, INC.	c EIN-PN 47-3252875-333
a	Plan name UPPER HUDSON VALLEY DERMATOLOGY, PC 401(K) PLAN	
b	Name of plan sponsor UPPER HUDSON VALLEY DERMATOLOGY, PC	c EIN-PN 14-1818287-004
a	Plan name FLASH RAISE FUNDING 401(K) PLAN	
b	Name of plan sponsor FLASH RAISE FUNDING, LLC	c EIN-PN 87-2600294-001
a	Plan name FLEET DRIVER SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor FLEET DRIVER SERVICE, INC.	c EIN-PN 45-3685803-333
a	Plan name FLOW-TECHNICS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor FLOW-TECHNICS, INC.	c EIN-PN 36-3590219-001
a	Plan name FLUENCE CORPORATION LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FLUENCE CORPORATION LLC	c EIN-PN 27-4214544-001
a	Plan name FORM GRINDING TECH INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FORM GRINDING TECH INC	c EIN-PN 38-3502129-001
a	Plan name FORMING SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FORMINGS SYSTEMS, INC.	c EIN-PN 32-0009832-001
a	Plan name SMART CONSULTING, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor SMART CONSULTING, INC.	c EIN-PN 65-0264973-001

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 SMITH EARLY CARE AND EDUCATION RETIREMENT PLAN	
b	Name of plan sponsor SMITH EARLY CARE AND EDUCATION, LLC	c EIN-PN 27-4608839-001
a	Plan name SOFTGENETICS, LLC 401(K) PLAN	
b	Name of plan sponsor SOFTGENETICS, LLC	c EIN-PN 25-1899879-001
a	Plan name SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN	
b	Name of plan sponsor SOUTH BAY FORD	c EIN-PN 95-4451497-001
a	Plan name GREENWOOD MOTORS 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor GREENWOOD MOTORS	c EIN-PN 77-0560344-001
a	Plan name GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GROUP MANAGEMENT SERVICES, INC.	c EIN-PN 34-1707723-001
a	Plan name HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PL	c EIN-PN 33-0416470-222
a	Plan name HDR REMODELING 401(K) PLAN & TRUST	
b	Name of plan sponsor HDR REMODELING	c EIN-PN 94-3204168-001
a	Plan name HEALTHTEC SOLUTIONS, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor HEALTHTEC SOLUTIONS INC.	c EIN-PN 04-3371227-001
a	Plan name HELPSIDE INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HELPSIDE INC.	c EIN-PN 87-0476353-333
a	Plan name THE MCLEOD COMPANIES 401(K) PLAN	
b	Name of plan sponsor MCLEOD EXPRESS, LLC	c EIN-PN 35-2156793-222
a	Plan name THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST	
b	Name of plan sponsor WMOG, INC.	c EIN-PN 34-1133357-003
a	Plan name THE PARTNERS COMPANIES 401(K) PLAN	
b	Name of plan sponsor THE PARTNER COMPANIES LLC	c EIN-PN 85-2379191-001

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	ABO 401(K)
b	Name of plan sponsor	AMERICA'S BACK OFFICE
c	EIN-PN	47-4975107-001
a	Plan name	J & L HOLDINGS, INC. 401(K) PLAN
b	Name of plan sponsor	J & L HOLDINGS, INC.
c	EIN-PN	91-2146403-001
a	Plan name	J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	J. J. MAUGET COMPANY, INC.
c	EIN-PN	95-1968672-002
a	Plan name	JA USA 401(K) PLAN
b	Name of plan sponsor	JUNIOR ACHIEVEMENT USA
c	EIN-PN	84-1267604-334
a	Plan name	JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY
c	EIN-PN	26-2257289-001
a	Plan name	UROLOGY ASSOCIATES MEDICAL GROUP, LLC 401(K) PLAN
b	Name of plan sponsor	UROLOGY ASSOCIATES MEDICAL GROUP, LLC
c	EIN-PN	95-3970604-001
a	Plan name	UTICA CUTLERY COMPANY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	UTICA CUTLERY COMPANY
c	EIN-PN	15-0476460-003
a	Plan name	VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN
b	Name of plan sponsor	VALENTI-HELD CONTRACTOR/DEVELOPER, INC.
c	EIN-PN	35-1457294-001
a	Plan name	AIR TREK, INC. 401(K) PLAN & TRUST
b	Name of plan sponsor	AIR TREK, INC.
c	EIN-PN	59-9999998-889
a	Plan name	JRB ASSOCIATES, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	JRB ASSOCIATES, INC.
c	EIN-PN	05-0504611-001
a	Plan name	JUDY CASEY, INC. 401(K) PLAN
b	Name of plan sponsor	JUDY CASEY, INC.
c	EIN-PN	13-3243377-001
a	Plan name	KAHUA 401(K) PLAN
b	Name of plan sponsor	KAHUA INC.
c	EIN-PN	27-0523308-001

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 VORTEX LIQUID COLOR 401(K) SAVINGS PLAN	
b	Name of plan sponsor VORTEX LIQUID COLOR, INC.	c EIN-PN 81-2044249-001
a	Plan name W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING	c EIN-PN 58-2352698-001
a	Plan name W.A. HAMMOND DRIERITE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor W.A. HAMMOND DRIERITE COMPANY, L.T.D.	c EIN-PN 31-1140535-002
a	Plan name W.E. LYONS CONSTRUCTION CO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor W.E. LYONS CONSTRUCTION CO.	c EIN-PN 94-1450704-001
a	Plan name W.L. LOGAN TRUCKING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W.L. LOGAN TRUCKING CO.	c EIN-PN 34-1039888-001
a	Plan name ASSOCIATION HOUSE OF CHICAGO 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ASSOCIATION HOUSE OF CHICAGO	c EIN-PN 36-2166961-001
a	Plan name ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC. DISCRETIONARY DEFINED CONTRIBUTION / 401(K) PLAN	
b	Name of plan sponsor ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC.	c EIN-PN 95-4223153-001
a	Plan name AST/ACME, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AST/ACME, INC.	c EIN-PN 61-1278559-001
a	Plan name ATLAS PAYROLL RESOURCES, INC. 401(K)	
b	Name of plan sponsor ATLAS PAYROLL RESOURCES, INC.	c EIN-PN 45-5180704-001
a	Plan name MAPLE LEAF CHEESEMAKERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAPLE LEAF CHEESEMAKERS, INC.	c EIN-PN 39-1895024-001
a	Plan name BARNUM & CELILLO ELECTRIC, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor BARNUM & CELILLO ELECTRIC, INC.	c EIN-PN 68-0227342-001
a	Plan name BCS CALLPROCESSING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BCS CALLPROCESSING, INC.	c EIN-PN 27-4419289-001

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	MCLEMORE DEVELOPMENT ADVISORS LLC 401(K)	
b	Name of plan sponsor	MCLEMORE DEVELOPMENT ADVISORS, LLC	c EIN-PN 85-3778474-001
a	Plan name	CAMAS, LLC 401(K) PLAN	
b	Name of plan sponsor	CAMAS, LLC	c EIN-PN 93-1325105-001
a	Plan name	CAPITAL AREA TITLE, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	CAPITAL AREA TITLE, LLC	c EIN-PN 20-4865361-001
a	Plan name	NEWSTUDIO ARCHITECTURE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEWSTUDIO ARCHITECTURE, LLC	c EIN-PN 45-1631448-001
a	Plan name	NEXT RETIREMENT PLAN - EMERGING MARKET	
b	Name of plan sponsor	NEXT RETIREMENT PLAN - EMERGING	c EIN-PN 26-2480211-001
a	Plan name	ONEPAYHR 401(K) PLAN	
b	Name of plan sponsor	ONEPAYHR, LLC	c EIN-PN 27-2563885-001
a	Plan name	ONESOURCE PROS 401(K) PLAN	
b	Name of plan sponsor	ONESOURCE PROFESSIONAL SEARCH, LLC	c EIN-PN 13-4301164-001
a	Plan name	ONTEL PRODUCTS CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ONTEL PRODUCTS CORP	c EIN-PN 22-3177912-001
a	Plan name	OPSPRO 401(K) PLAN	
b	Name of plan sponsor	TDI OPERATIONS LLC DBA OPSPRO	c EIN-PN 45-5597348-001
a	Plan name	CF & K 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LIBERTY CASTING COMPANY, LLC	c EIN-PN 45-0508423-001
a	Plan name	CH INSURANCE BROKERAGE SERVICES CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CH INSURANCE BROKERAGE SERVICES CO., INC.	c EIN-PN 16-1363572-001
a	Plan name	CHAMPION WIRE AND CABLE 401(K) PLAN	
b	Name of plan sponsor	CHAMPION WIRE AND CABLE LLC	c EIN-PN 11-3253340-001

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	PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name	PMI KYOTO 401(K) PLAN	
b	Name of plan sponsor	PMI KYOTO PACKAGING SYSTEMS, INC.	c EIN-PN 36-3900736-001
a	Plan name	POWER QUALITY INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor	POWER QUALITY INTERNATIONAL, LLC	c EIN-PN 46-3119531-001
a	Plan name	DARRYL BURKE DDS PC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DARRYL BURKE DDS PC	c EIN-PN 94-3297654-001
a	Plan name	DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID&GOLIATH, LLC	c EIN-PN 13-4088671-001
a	Plan name	DAVIS & PLOMIN, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAVIS & PLOMIN MECHANICAL, INC.	c EIN-PN 61-1153242-777
a	Plan name	DAVIS, BENGTON & YOUNG, APLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	DAVIS, BENGTON & YOUNG, APLC	c EIN-PN 27-0646365-001
a	Plan name	DAY SECKLER LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DAY SECKLER LLP	c EIN-PN 26-2310586-001
a	Plan name	DAYTON BEHAVIORAL CARE, LLC 401(K) PLAN	
b	Name of plan sponsor	DAYTON BEHAVIORAL CARE, LLC	c EIN-PN 20-0273590-001
a	Plan name	DBHMS 401(K) PLAN	
b	Name of plan sponsor	NEST BUILDERS, INC D/B/A DBHMS	c EIN-PN 35-2185639-001
a	Plan name	PURCHASING POWER 401(K) PLAN	
b	Name of plan sponsor	PURCHASING POWER, LLC	c EIN-PN 90-0193342-222
a	Plan name	QUAD PLUS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	QUAD PLUS LLC	c EIN-PN 20-2033561-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name QUALITY FORMIKA 401(K) PLAN	
b	Name of plan sponsor QUALITY FORMIKA, INC.	c EIN-PN 42-1561005-001
a	Plan name QUARTER20, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor QUARTER20, INC.	c EIN-PN 46-5333165-001
a	Plan name DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DNJ ENGINE COMPONENTS, INC.	c EIN-PN 95-4637381-001
a	Plan name DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DOXON, LLC	c EIN-PN 20-8038249-001
a	Plan name DWC EXCHANGE 401(K) PLAN	
b	Name of plan sponsor DWC ERISA CONSULTANTS (DBA DWC - THE 401(K) EXPERTS)	c EIN-PN 24-2091417-001
a	Plan name SANFORD'S SERVICE CENTER, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SANFORD'S SERVICE CENTER, INC.	c EIN-PN 99-0209901-001
a	Plan name SCADA PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor SCADA PRODUCTS, LLC	c EIN-PN 61-1711852-001
a	Plan name FACILITY SOLUTIONS PLUS 401(K) PLAN	
b	Name of plan sponsor FACILITY SOLUTIONS PLUS, INC.	c EIN-PN 46-4765121-001
a	Plan name FACTORY DIRECT SUPPLY WPB, LLC 401(K) PLAN	
b	Name of plan sponsor FACTORY DIRECT SUPPLY WPB LLC	c EIN-PN 46-2159293-001
a	Plan name FAMILY LIFE ACADEMY CHARTER SCHOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FAMILY LIFE ACADEMY CHARTER SCHOOL	c EIN-PN 13-4170389-001
a	Plan name AVAMAR GASTROENTEROLOGY, INC. 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor AVAMAR GASTROENTEROLOGY, INC.	c EIN-PN 34-1740051-001
a	Plan name AVJET GLOBAL SALES, LLC 401(K) PLAN	
b	Name of plan sponsor AVJET GLOBAL SALES, LLC	c EIN-PN 81-1570783-001

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	AVW EQUIPMENT COMPANY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AVW EQUIPMENT COMPANY INC.	c EIN-PN 36-2780525-001
a	Plan name	MARY ANN HANLON INC. 401(K) PLAN	
b	Name of plan sponsor	MARY ANN HANLON INC.	c EIN-PN 31-1479865-001
a	Plan name	MASSUMI + CONSOLI LLP 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-001
a	Plan name	MASSUMI + CONSOLI LLP EQUITY PARTNERS RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-002
a	Plan name	MASTER SERVICE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	MASTER SERVICE COMPANIES, LLC	c EIN-PN 26-2874958-001
a	Plan name	MEDICOM TECHNOLOGIES RETIREMENT PLAN	
b	Name of plan sponsor	MEDICOM TECHNOLOGIES, INC	c EIN-PN 47-5342804-001
a	Plan name	MERRELL LLC EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	MERRELL LLC	c EIN-PN 81-2931810-001
a	Plan name	BELLINGER FAMILY, LTD 401(K) PLAN	
b	Name of plan sponsor	BELLINGER DEVELOPMENT, LTD.	c EIN-PN 74-2831468-001
a	Plan name	BENCHMARK TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor	BENCHMARK TECHNOLOGY GROUP, INC.	c EIN-PN 58-1639110-001
a	Plan name	BENCHMARK WIRELINE PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor	BENCHMARK WIRELINE PRODUCTS, INC.	c EIN-PN 74-2036988-001
a	Plan name	BEST BRANDS 401(K) PLAN	
b	Name of plan sponsor	BEST BRANDS INC.	c EIN-PN 62-1177514-001
a	Plan name	BEST CONTRACTING SERVICES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BEST CONTRACTING SERVICES, INC.	c EIN-PN 95-3781209-001

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	BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BETTER NEWSPAPERS, INC.	c EIN-PN 37-1300470-001
a	Plan name	NOBEL CARGO SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	NOBEL CARGO SYSTEMS, INC.	c EIN-PN 65-0911588-001
a	Plan name	NORTH HILLS DENTAL ARTS, S.C. 401(K) PLAN	
b	Name of plan sponsor	NORTH HILLS DENTAL ARTS, S.C.	c EIN-PN 39-1771911-001
a	Plan name	NORTHSIDE ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	NORTHSIDE ELECTRIC, INC.	c EIN-PN 72-0633686-001
a	Plan name	NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHWEST EYE SPECIALISTS, PLLC	c EIN-PN 86-0720868-005
a	Plan name	NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC.	c EIN-PN 31-1528403-001
a	Plan name	NOVA MEDICAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOVA MEDICAL ASSOCIATES, LLC	c EIN-PN 56-2106086-777
a	Plan name	CAPITAL AUTO BODY 401(K) PLAN	
b	Name of plan sponsor	CAPITAL AUTO BODY DBA FIX AUTO COLUMBUS	c EIN-PN 47-3943596-222
a	Plan name	CARE MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	CARE MANAGEMENT, INC.	c EIN-PN 11-3117425-001
a	Plan name	CAROLINA DEALERSHIPS, INC. 401(K) PLAN	
b	Name of plan sponsor	CAROLINA DEALERSHIPS, INC.	c EIN-PN 20-0465434-001
a	Plan name	CARSON & ACASIO DENTAL OFFICE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CARSON & ACASIO DENTAL PARTNERSHIP	c EIN-PN 87-3791350-001
a	Plan name	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC PROFIT SHARING PLAN	
b	Name of plan sponsor	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC	c EIN-PN 38-2076543-001

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	ORTHO SPINE ADVANCE HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor	ORTHO SPINE ADVANCE HEALTH, INC.	c EIN-PN 46-1326710-001
a	Plan name	OUTBOARD MOTOR SHOP 401(K) PLAN	
b	Name of plan sponsor	OUTBOARD MOTOR SHOP	c EIN-PN 94-3159599-001
a	Plan name	OVERHEAD DOOR COMPANY OF COVINGTON, INC. 401(K) PLAN	
b	Name of plan sponsor	OVERHEAD DOOR COMPANY OF COVINGTON, INC.	c EIN-PN 61-0718497-001
a	Plan name	CHILD & MARTON LLP 401(K) PLAN	
b	Name of plan sponsor	CHILD & MARTON LLP	c EIN-PN 80-0051807-001
a	Plan name	CHRISTINE LYNCH, MA, LPC, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRISTINE LYNCH, MA, LPC INC.	c EIN-PN 84-1905388-001
a	Plan name	CINGULAR HR 401(K) PLAN	
b	Name of plan sponsor	CINGULAR HR	c EIN-PN 46-1128124-001
a	Plan name	CLARITY EYE CARE 401(K) PLAN	
b	Name of plan sponsor	CLARITY EYE CARE, DBA	c EIN-PN 46-0885020-001
a	Plan name	CLARK CONSTRUCTION CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CLARK CONSTRUCTION CORPORATION	c EIN-PN 13-3420684-001
a	Plan name	PPHP RETIREMENT PLAN	
b	Name of plan sponsor	PLANNED PARENTHOOD HUDSON PECONIC, INC.	c EIN-PN 11-2454790-003
a	Plan name	PREPARING 4 TOMORROW 401(K) PLAN	
b	Name of plan sponsor	MARRICK MEDICAL FINANCE, LLC	c EIN-PN 20-8059557-001
a	Plan name	DELTA ZETA SORORITY SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor	DELTA ZETA SORORITY	c EIN-PN 35-0267676-001
a	Plan name	DENALI HR 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	DENALI HR, LLC	c EIN-PN 84-2712883-333

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 DEPLOYED GLOBAL SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DEPLOYED GLOBAL SOLUTIONS, LLC	c EIN-PN 87-1779097-001
a	Plan name DEPLOYED SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor DEPLOYED SERVICES, LLC	c EIN-PN 84-5019630-001
a	Plan name EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EAR MEDICAL GROUP, P.A.	c EIN-PN 74-2283401-001
a	Plan name EAST HARTFORD ORTHODONTICS, LLC 401(K) PLAN	
b	Name of plan sponsor EAST HARTFORD ORTHODONTICS, LLC	c EIN-PN 45-3967784-001
a	Plan name R&R DIRECT MAIL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor R&R DIRECT MAIL, INC.	c EIN-PN 11-2467943-002
a	Plan name SDS STORES & SLS BIG BOY 401K PLAN	
b	Name of plan sponsor SDS STORES & SLS BIG BOY RESTAURANTS	c EIN-PN 20-1759333-001
a	Plan name SECOND HARVEST COMMUNITY SERVICES 401(K) PLAN	
b	Name of plan sponsor SECOND HARVEST COMMUNITY SERVICES OF NORTHWEST OHIO	c EIN-PN 57-1211683-001
a	Plan name SECRET CHARM 401(K) PLAN	
b	Name of plan sponsor SECRET CHARM	c EIN-PN 73-1678960-001
a	Plan name SESSLAR FAMILY MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor SESSLAR FAMILY MEDICAL CENTER	c EIN-PN 01-0754572-001
a	Plan name SHAFERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COONEY, PARRIS & RIEKE CORPORATION	c EIN-PN 91-1862618-001
a	Plan name SHIMA SEIKI U.S.A., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHIMA SEIKI U.S.A., INC.	c EIN-PN 22-2708902-001
a	Plan name FAXON LAW GROUP 401(K) PLAN	
b	Name of plan sponsor FAXON LAW GROUP	c EIN-PN 27-0061719-001

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	FCBI 401(K) PLAN	
b	Name of plan sponsor	FOOTHILLS COMMERCIAL BUILDERS, INC.	c EIN-PN 84-1150396-222
a	Plan name	FELTON DENTAL CARE 401(K) PLAN & TRUST	
b	Name of plan sponsor	BRETT R. FELTON, DMD, PC	c EIN-PN 27-0215608-001
a	Plan name	FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA CONSTRUCTION CO., INC.	c EIN-PN 22-3334957-001
a	Plan name	FERREIRA POWER GROUP, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER GROUP, LLC	c EIN-PN 81-4055817-001
a	Plan name	FORTUNA ACE HARDWARE & GARDEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FORTUNA ACE HARDWARE & GARDEN, INC.	c EIN-PN 20-2925828-001
a	Plan name	FOUST FOUNDATIONS 401(K) PLAN	
b	Name of plan sponsor	FOUST FOUNDATIONS, INC.	c EIN-PN 39-2021879-001
a	Plan name	FPE 401(K)	
b	Name of plan sponsor	FORKLIFT PARTS AND EQUIPMENT IMPORT & EXPORT, INC.	c EIN-PN 65-0130280-001
a	Plan name	SPECIALTY PROPERTY, LTD 401(K) PLAN	
b	Name of plan sponsor	SPECIALTY PROPERTY, LTD	c EIN-PN 74-2938057-001
a	Plan name	SPECTRUM GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SPECTRUM GROUP MANAGEMENT, LLC	c EIN-PN 13-4060810-001
a	Plan name	SPORTIME RETIREMENT PLAN	
b	Name of plan sponsor	SPORTIME CLUBS, LLC	c EIN-PN 11-3224021-222
a	Plan name	ST. JOSEPH TV, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ST. JOSEPH TV, LLC	c EIN-PN 46-4900496-001
a	Plan name	HANSEN & ROSASCO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HANSEN & ROSASCO LLP	c EIN-PN 84-4715027-001

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	HARDIN CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	HARDIN CONSTRUCTION COMPANY	c EIN-PN 72-1279212-001
a	Plan name	THE COUVILLION GROUP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE COUVILLION GROUP	c EIN-PN 20-2983099-001
a	Plan name	THE ENDODONTIC GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE ENDODONTIC GROUP, LLC	c EIN-PN 35-2318768-001
a	Plan name	HERTZ, CHERSON & ROSENTHAL, P.C. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	HERTZ, CHERSON & ROSENTHAL, P.C.	c EIN-PN 11-3138051-004
a	Plan name	HICI 401(K) PLAN	
b	Name of plan sponsor	BEAUTY CAREER'S INSTITUTE, INC.	c EIN-PN 65-1025807-001
a	Plan name	HIGH TECHNOLOGY VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGH TECHNOLOGY VIDEO, INC.	c EIN-PN 95-4518898-001
a	Plan name	THE QUINLAN LAW FIRM, LLC 401(K) PLAN	
b	Name of plan sponsor	THE QUINLAN LAW FIRM, LLC	c EIN-PN 13-4347801-001
a	Plan name	THE RIVER LOFTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE RIVER LOFTS	c EIN-PN 20-3131152-001
a	Plan name	THE SCHUMACHER CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE SCHUMACHER CONSTRUCTION COMPANY	c EIN-PN 34-1091859-001
a	Plan name	THE VET CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE VET CLINIC	c EIN-PN 88-0671082-001
a	Plan name	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC	c EIN-PN 13-3990791-002
a	Plan name	ACTECH RETIREMENT PLAN	
b	Name of plan sponsor	ADVANCED CRUSHER TECHNOLOGIES, INC. DBA ACTECH, INC.	c EIN-PN 91-1910674-001

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	ADC LTD NM 401(K) PLAN	
b	Name of plan sponsor	ADC LTD NM	c EIN-PN 85-0464911-001
a	Plan name	ADC LTD NM UNION 401(K) PLAN	
b	Name of plan sponsor	ADC LTD NM	c EIN-PN 85-0464911-003
a	Plan name	ADVANCE VALVE INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCE VALVE INC.	c EIN-PN 43-1040049-002
a	Plan name	JEFF'S PRESCRIPTION SHOP 401(K) PLAN	
b	Name of plan sponsor	JEFF'S PRESCRIPTION SHOP	c EIN-PN 61-1051036-001
a	Plan name	JELLYFISH US LIMITED 401(K) PLAN	
b	Name of plan sponsor	JELLYFISH ONLINE MARKETING US LTD	c EIN-PN 45-5052905-001
a	Plan name	VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
b	Name of plan sponsor	VALLEY HUNT CLUB	c EIN-PN 95-1325050-002
a	Plan name	VAN DE POEL, LEVY, THOMAS LLP 401(K) PLAN	
b	Name of plan sponsor	VAN DE POEL	c EIN-PN 68-0485819-001
a	Plan name	VANCOUVER BOLT & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VANCOUVER BOLT & SUPPLY, INC.	c EIN-PN 91-1051191-001
a	Plan name	VANGUARD ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	VANGUARD ENERGY PARTNERS, LLC	c EIN-PN 26-4685348-002
a	Plan name	VENERUSO & ACCINELLI PROFIT SHARING PLAN	
b	Name of plan sponsor	VENERUSO & ACCINELLI, ATTORNEYS AT LAW, LLP	c EIN-PN 81-3879700-001
a	Plan name	ALH 401(K) PLAN	
b	Name of plan sponsor	ALEXANDER LANKFORD & HIERS, INC.	c EIN-PN 75-1407510-001
a	Plan name	ALL IN THE FAMILY DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL IN THE FAMILY DENTAL	c EIN-PN 35-1399233-001

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	ALLEGEANT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLEGEANT LLC	c EIN-PN 64-0955384-001
a	Plan name	ALLERGY ASTHMA & CHEST CLINIC 401(K) PLAN	
b	Name of plan sponsor	ABRAHAM CHERIYAN, M.D., P.A.	c EIN-PN 75-2936387-001
a	Plan name	ALLIANCE BUS GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLIANCE BUS GROUP, INC.	c EIN-PN 27-4466560-001
a	Plan name	KELLEHER + HOLLAND GROUP 401(K) PLAN	
b	Name of plan sponsor	KELLEHER + HOLLAND, LLC	c EIN-PN 85-2363788-001
a	Plan name	KERN, INC. 401(K) PLAN	
b	Name of plan sponsor	KERN, INC.	c EIN-PN 22-3538481-001
a	Plan name	KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	KETTMANN MACHINING INC.	c EIN-PN 26-4023756-001
a	Plan name	WALDEN MACHT & HARAN LLP 401(K) PLAN	
b	Name of plan sponsor	WALDEN MACHT & HARAN LLP	c EIN-PN 47-2572262-001
a	Plan name	WALL TO WALL FLOOR COVERING, LLC 401(K) PROFIT AND SHARING PLAN	
b	Name of plan sponsor	WALL TO WALL FLOOR COVERING, LLC	c EIN-PN 23-2904050-001
a	Plan name	WALTER'S WEST END SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	WALTER'S WEST END SUPPLY, INC.	c EIN-PN 11-2909455-001
a	Plan name	WALTON ISAACSON 401(K) PLAN	
b	Name of plan sponsor	WALTON ISAACSON LLC	c EIN-PN 20-3735704-001
a	Plan name	WASCHITZ PAVLOFF CPA 401(K) PLAN	
b	Name of plan sponsor	WASCHITZ PAVLOFF CPA LLP	c EIN-PN 82-2240084-001
a	Plan name	ADVANCED TEXTILES ASSOCIATION	
b	Name of plan sponsor	ADVANCED TEXTILES ASSOCIATION	c EIN-PN 41-0434683-001

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 ADVANCED VISION CARE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ADVANCED VISION CARE	c EIN-PN 27-3268070-001
a	Plan name AG-WISE ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor AG-WISE ENTERPRISES, INC.	c EIN-PN 77-0146782-001
a	Plan name AGRITEK INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AGRITEK INDUSTRIES, INC.	c EIN-PN 38-2742197-001
a	Plan name ALPHA BROKERS CORPORATION 401(K) PLAN	
b	Name of plan sponsor ALPHA BROKERS CORPORATION	c EIN-PN 65-0140528-001
a	Plan name ALSAHLANI AND ALBAZAZZ DENTAL, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor ALSAHLANI AND ALBAZAZZ DENTAL, LTD.	c EIN-PN 36-3365578-001
a	Plan name ALVIN ARELLANO O. D. INC. 401(K) PLAN	
b	Name of plan sponsor ALVIN ARELLANO O. D. INC.	c EIN-PN 26-0037948-001
a	Plan name AMADEN GAY AGENCIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMADEN GAY AGENCIES, INC.	c EIN-PN 11-2206010-003
a	Plan name AYKO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor AYKO GROUP LLC	c EIN-PN 47-4533642-001
a	Plan name B.E.R. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor B.E.R. REFRIGERATION, HEATING & COOLING, INC.	c EIN-PN 38-2862985-001
a	Plan name BILL RAY NISSAN 401(K) PLAN	
b	Name of plan sponsor DICK BAIRD, INC. DBA BILL RAY NISSAN	c EIN-PN 59-1197628-002
a	Plan name BLUE DARNER GROUP, LTD PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE DARNER GROUP, LTD	c EIN-PN 20-3008356-001
a	Plan name CLARKE VENEERS AND PLYWOOD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLARKE VENEERS & PLYWOOD	c EIN-PN 64-0365220-001

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 CLEAR CAR CONCEPTS 401(K) PLAN	
b	Name of plan sponsor CLEAR CAR CONCEPTS, LLC	c EIN-PN 47-2483599-001
a	Plan name CLEAR VIEW CONVALESCENT CENTER 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor CLEAR VIEW SANITARIUM	c EIN-PN 95-2078230-002
a	Plan name COASTAL COSMETIC CENTER, PA 401(K) PLAN	
b	Name of plan sponsor COASTAL COSMETIC CENTER, PA	c EIN-PN 59-2117160-001
a	Plan name COASTLINE FACILITIES & MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRS DBA COASTLINE FACILITIES & MAINTENANCE	c EIN-PN 82-4678956-001
a	Plan name DISTRIBUTION-PUBLICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor DISTRIBUTION-PUBLICATIONS, INC.	c EIN-PN 68-0448262-001
a	Plan name DIXON A.C. & R. CORPORATION 401(K) PLAN	
b	Name of plan sponsor DIXON A.C. & R. CORPORATION	c EIN-PN 24-0830389-001
a	Plan name ECHTER'S GREENHOUSES, INC. 401(K) PLAN	
b	Name of plan sponsor ECHTER'S GREENHOUSES, INC.	c EIN-PN 84-0491743-002
a	Plan name EDWARD LESKE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EDWARD LESKE COMPANY	c EIN-PN 22-1506426-001
a	Plan name FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor FERREIRA POWER SOUTH 401(K)	c EIN-PN 88-2909820-001
a	Plan name FERREIRA POWER WEST, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor FERREIRA POWER WEST LLC	c EIN-PN 83-3211774-001
a	Plan name FETTE FORD 401(K) PLAN	
b	Name of plan sponsor FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name FILM SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor FILM SOLUTIONS, LLC	c EIN-PN 47-4848508-001

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 FINANCE ONE INC. 401(K) PLAN	
b	Name of plan sponsor FINANCE ONE INC.	c EIN-PN 95-4713873-001
a	Plan name FISHERIES SUPPLY CO. 401(K) PLAN	
b	Name of plan sponsor FISHERIES SUPPLY CO.	c EIN-PN 91-0222320-001
a	Plan name FRANK EVANS CO. 401(K) PLAN	
b	Name of plan sponsor FRANK EVANS COMPANY, INC.	c EIN-PN 04-2422078-001
a	Plan name FRESNO M, LLC 401(K) PLAN	
b	Name of plan sponsor FRESNO M, LLC	c EIN-PN 38-4235861-001
a	Plan name FRESNO PIPE & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRESNO PIPE & SUPPLY, INC.	c EIN-PN 77-0039687-001
a	Plan name FREYENHAGEN CONSTRUCTION INC. 401(K) PLAN	
b	Name of plan sponsor FREYENHAGEN CONSTRUCTION INC.	c EIN-PN 81-0540738-001
a	Plan name FSC ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FSC ARCHITECTS, LLC	c EIN-PN 27-2031552-001
a	Plan name FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor FULL SERVICE CONTRACTING, INC.	c EIN-PN 11-2601825-001
a	Plan name HARVEY 401(K) PLAN	
b	Name of plan sponsor HARVEY & MADDING, INC. DBA DUBLIN HONDA	c EIN-PN 94-2435867-003
a	Plan name HAT CREEK CONSTRUCTION & MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor HAT CREEK CONSTRUCTION & MATERIALS, INC.	c EIN-PN 68-0203789-001
a	Plan name HAWAII HEALTH & HARM REDUCTION CENTER 401K PLAN	
b	Name of plan sponsor HAWAII HEALTH & HARM REDUCTION CENTER	c EIN-PN 99-0284222-001
a	Plan name HIRANI ENGINEERING & LAND SURVEYING, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HIRANI ENGINEERING & LAND SURVEYING, PC	c EIN-PN 11-3467754-001

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	HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	HISTORICAL RESEARCH ASSOCIATES, INC.	c EIN-PN 81-0373761-001
a	Plan name	HMN 401(K) PLAN	
b	Name of plan sponsor	MISSOULA LAUNDRY & DRY CLEANERS COMPANY DBA MISSOULA TEXTILES	c EIN-PN 81-0229594-001
a	Plan name	HOFFMAN CABINETS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOFFMAN CABINETS, INC.	c EIN-PN 75-1454441-001
a	Plan name	HOTEL MANAGEMENT OF NEW ORLEANS 401(K) PLAN	
b	Name of plan sponsor	HOTEL MANAGEMENT OF NEW ORLEANS, L.L.C.	c EIN-PN 72-0848974-001
a	Plan name	JOBSOURCE NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	JOBSOURCE NORTH AMERICA, INC.	c EIN-PN 81-5133458-001
a	Plan name	JOHN MAYE COMPANY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN MAYE COMPANY INC.	c EIN-PN 46-3255828-001
a	Plan name	KISTLER VINEYARDS 401(K) PLAN	
b	Name of plan sponsor	KISTLER VINEYARDS L.L.C.	c EIN-PN 26-1679456-001
a	Plan name	KROLL INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor	KROLL INTERNATIONAL, LLC	c EIN-PN 20-1135584-001
a	Plan name	MATTRESS DIRECT 401(K) PLAN	
b	Name of plan sponsor	MATTRESS DIRECT, LLC	c EIN-PN 72-1502440-001
a	Plan name	MAXMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAXMAN, INC.	c EIN-PN 95-4615335-001
a	Plan name	MC GROUP HAWAII, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MC GROUP HAWAII, INC.	c EIN-PN 27-3701730-001
a	Plan name	MICHAEL G. LORUSSO, PC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL G. LORUSSO, PC.	c EIN-PN 27-0944838-002

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	NYFTA INC. 401(K) PLAN	
b	Name of plan sponsor	NYFTA INC.	c EIN-PN 81-4187517-001
a	Plan name	OFFICE FURNITURE DIRECT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	OFFICE FURNITURE DIRECT, INC.	c EIN-PN 11-3620000-001
a	Plan name	OHIO CONTRACTORS ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OHIO CONTRACTORS ASSOCIATION	c EIN-PN 31-4269300-002
a	Plan name	OHIO FACIAL PLASTICS 401(K) PLAN	
b	Name of plan sponsor	OHIO FACIAL PLASTICS	c EIN-PN 81-2875464-001
a	Plan name	OHMEGA SOLENOID & ZENITH SCREW RETIREMENT PLAN	
b	Name of plan sponsor	OHMEGA SOLENOID	c EIN-PN 95-2498276-001
a	Plan name	PAKLAB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAKLAB	c EIN-PN 95-4109799-001
a	Plan name	PROJECT C.U.R.E., INC. 401(K) PLAN	
b	Name of plan sponsor	PROJECT C.U.R.E., INC.	c EIN-PN 31-0804358-001
a	Plan name	PROVEN PARTNERS MANUFACTURING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PROVEN PARTNERS MANUFACTURING	c EIN-PN 20-2145505-001
a	Plan name	PROVIDENCE GROUPS, LLC MEP 401(K) PLAN	
b	Name of plan sponsor	PROVIDENCE GROUPS, LLC	c EIN-PN 47-3117697-001
a	Plan name	RBK CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	RBK CONSTRUCTION INC.	c EIN-PN 52-2277650-001
a	Plan name	RCI 401(K) PLAN	
b	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-777
a	Plan name	RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RED RIVER MANAGEMENT	c EIN-PN 30-0220873-001

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 RED SKY STUDIOS, LLC 401(K) PLAN	
b	Name of plan sponsor RED SKY STUDIOS, LLC	c EIN-PN 46-4530150-001
a	Plan name REGIS FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor REGIS FINANCIAL PARTNERS, LLC	c EIN-PN 20-8083708-001
a	Plan name SHRIKANT TAMHANE DO INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHRIKANT TAMHANE DO INC	c EIN-PN 81-4413278-001
a	Plan name SIGNALS AUDIO VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIGNALS AUDIO VIDEO, INC.	c EIN-PN 95-4602729-001
a	Plan name SKY BLUE RETIREMENT PLAN	
b	Name of plan sponsor SKY BLUE BUILDERS, LLC	c EIN-PN 20-8411005-001
a	Plan name STADHEIM ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STADHEIM ENTERPRISES, INC.	c EIN-PN 90-0098355-001
a	Plan name STEVEN R. PETERSON DDS SC 401(K) PSP	
b	Name of plan sponsor STEVEN R. PETERSON, DDS	c EIN-PN 27-2651784-001
a	Plan name THE FIRST MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE FIRST MEDICAL CENTER, INC.	c EIN-PN 33-0791088-001
a	Plan name THE GEHR GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE GEHR GROUP, INC.	c EIN-PN 80-0822974-001
a	Plan name THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOE N. GUY COMPANY, INCORPORATED	c EIN-PN 58-1048254-001
a	Plan name THE KENWOOD 401(K) PLAN	
b	Name of plan sponsor THE KENWOOD CONGREGATE ASSOCIATES	c EIN-PN 36-3382337-001
a	Plan name THOMPSON BROS PLUMBING 401K PLAN	
b	Name of plan sponsor THOMPSON BROS PLUMBING	c EIN-PN 37-1458920-001

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	THRIVE BY 5 401(K) PLAN	
b	Name of plan sponsor	TB5 MANAGEMENT, LLC	c EIN-PN 92-0493249-001
a	Plan name	VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	VICKERS & NOLAN ENTERPRISES, LLC	c EIN-PN 20-0759070-002
a	Plan name	VINERIPE SALES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINERIPE SALES, LLC	c EIN-PN 46-2080161-001
a	Plan name	VIP COMMUNITY MENTAL HEALTH CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VIP COMMUNITY MENTAL HEALTH CENTER, INC.	c EIN-PN 30-0017808-001
a	Plan name	VOICES FOR INTERNATIONAL BUSINESS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VOICES FOR INTERNATIONAL BUSINESS AND EDUCATION	c EIN-PN 27-0649868-001
a	Plan name	VOLO'S AUTO SUPPLY 401(K) PLAN	
b	Name of plan sponsor	VOLOS AUTO SUPPLY	c EIN-PN 20-1529129-001
a	Plan name	WASHER HILL LIPSCOMB CABANISS ARCHITECTURE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WASHER HILL LIPSCOMB CABANISS ARCHITECTURE LLC	c EIN-PN 86-1091681-001
a	Plan name	WELLPOWER U.E. LOCAL #1135 401(K) PLAN	
b	Name of plan sponsor	STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-010
a	Plan name	WELLPOWER UAW LOCAL #2571 401(K) PLAN	
b	Name of plan sponsor	STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-011
a	Plan name	WESTBAY FLOOR SOURCE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTBAY DECORATING, INC. DBA WESTBAY FLOOR SOURCE	c EIN-PN 34-1313171-001
a	Plan name	WESTERN REGIONS NECA 401(K) PLAN	
b	Name of plan sponsor	WESTERN REGIONS NECA	c EIN-PN 33-0670046-333
a	Plan name	AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN	
b	Name of plan sponsor	AMERICAN PILE AND FOUNDATION, LLC	c EIN-PN 32-0400145-001

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	AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN TEXTILE MAINTENANCE COMPANY	c EIN-PN 95-2076802-004
a	Plan name	BMR PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	BMR PARTNERS, INC.	c EIN-PN 47-3763181-222
a	Plan name	BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
b	Name of plan sponsor	BOLAND MARINE & INDUSTRIAL, LLC	c EIN-PN 85-0485227-001
a	Plan name	COCOA COASTAL 401(K)	
b	Name of plan sponsor	D.D.A. CORPORATION DBA COASTAL HYUNDAI	c EIN-PN 59-2829907-001
a	Plan name	COLBY CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	COLBY CONSTRUCTION COMPANY, INC.	c EIN-PN 39-1418936-001
a	Plan name	COLLINS FISH & SEAFOOD, INC. 401(K) PLAN	
b	Name of plan sponsor	COLLINS FISH & SEAFOOD, INC.	c EIN-PN 59-1211830-001
a	Plan name	COLLINSON LAW, A PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COLLINSON LAW, A PROFESSIONAL CORPORATION	c EIN-PN 26-2250142-001
a	Plan name	COMCARE 401(K) PLAN	
b	Name of plan sponsor	COMCARE PRIMARY MEDICAL GROUP	c EIN-PN 46-1164827-001
a	Plan name	EGREEN MCS 401(K) PLAN	
b	Name of plan sponsor	EGREEN MANAGEMENT AND CONSULTING SERVICES DBA EGREEN ROOFING SOLUTIO	c EIN-PN 36-4791684-001
a	Plan name	ELECTRIPACK, INC. 401(K) PLAN	
b	Name of plan sponsor	ELECTRIPACK, INC.	c EIN-PN 37-1440638-001
a	Plan name	ELEVATED TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ELEVATED TECHNOLOGIES INC.	c EIN-PN 38-3146138-001
a	Plan name	GACE 401(K) PLAN	
b	Name of plan sponsor	GACE CONSULTING ENGINEERS, P.C.	c EIN-PN 20-5995207-001

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	GANAU AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	GANAU AMERICA, INC.	c EIN-PN 68-0304506-001
a	Plan name	GARTH FISHER M.D., A MEDICAL CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	GARTH FISHER M.D., A MEDICAL CORP.	c EIN-PN 95-4440917-001
a	Plan name	HOWARD & ASSOCIATES INTERNATIONAL, INC 401(K) PLAN	
b	Name of plan sponsor	HOWARD & ASSOCIATES INTERNATIONAL, INC	c EIN-PN 72-1290834-001
a	Plan name	LA MADE CREATIVE 401(K) PLAN	
b	Name of plan sponsor	LA MADE CREATIVE, INC.	c EIN-PN 47-1699482-001
a	Plan name	LA PALOMA 401(K) PLAN	
b	Name of plan sponsor	LA PALOMA FUNERAL SERVICES	c EIN-PN 26-0296007-001
a	Plan name	MINIMAL ACCESS SURGERY, INC. 401(K) PLAN	
b	Name of plan sponsor	MINIMAL ACCESS SURGERY, INC.	c EIN-PN 45-0521250-001
a	Plan name	MIRCI DENTAL, PLLC 401(K) PLAN	
b	Name of plan sponsor	MIRCI DENTAL	c EIN-PN 84-2985731-001
a	Plan name	MLA 401(K) PLAN	
b	Name of plan sponsor	MIKE LOVE & ASSOCIATES, LLC	c EIN-PN 46-5678839-001
a	Plan name	MONAHAN LAW GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MONAHAN LAW GROUP, LLC	c EIN-PN 45-4055483-001
a	Plan name	MONARCH SALES 401(K) PLAN	
b	Name of plan sponsor	MONARCH SALES, LTD., INC.	c EIN-PN 65-0011355-001
a	Plan name	PAOLI LAW FIRM, P.C. 401(K) PLAN	
b	Name of plan sponsor	PAOLI LAW FIRM, P.C.	c EIN-PN 84-1384608-001
a	Plan name	PARAMOUNT MACHINE CO 401(K) PLAN	
b	Name of plan sponsor	PARAMOUNT MACHINE COMPANY	c EIN-PN 06-0994304-002

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 PASADENA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor CHAMBER OF COMMERCE AND CIVIC ASSOCIATION OF PASADENA	c EIN-PN 95-0616125-002
a	Plan name PASCO SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PASCO SOLUTIONS, INC.	c EIN-PN 83-3733664-001
a	Plan name PATCH HAWAII 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PATCH HAWAII	c EIN-PN 99-0167464-001
a	Plan name REINTJES & HITER CO., INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor REINTJES & HITER CO., INC.	c EIN-PN 48-0762809-001
a	Plan name REPEAT BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor REPEAT BUSINESS SYSTEMS, INC.	c EIN-PN 14-1718228-001
a	Plan name RESA POWER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RESA POWER, LLC	c EIN-PN 45-2810331-001
a	Plan name RETIRE READY 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RETIRE READY	c EIN-PN 20-1826963-333
a	Plan name STRATEGY CORPS, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor STRATEGY CORPS	c EIN-PN 62-1872845-001
a	Plan name TITUS PRECISION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TITUS PRECISION COMPANY	c EIN-PN 87-3842552-222
a	Plan name TOP HAT UNIFORM 401(K) PLAN	
b	Name of plan sponsor TOP HAT UNIFORM, INC.	c EIN-PN 11-1979505-001
a	Plan name TOPCO SALES 401(K) PLAN	
b	Name of plan sponsor TOPCO SALES	c EIN-PN 45-5582989-001
a	Plan name WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor WILLE ELECTRIC SUPPLY CO., INC.	c EIN-PN 94-1433043-001

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	WILLIAMS FIRE & HAZARD, LLC 401(K) PLAN	
b	Name of plan sponsor	WILLIAMS FIRE & HAZARD, LLC	c EIN-PN 93-4675784-001
a	Plan name	WILLITS & NEWCOMB 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON NURSERIES, FLP, DBA WILLITS & NEWCOMB	c EIN-PN 47-2188570-001
a	Plan name	WILSHIRE HOUSE ASSOCIATION EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	WILSHIRE HOUSE ASSOCIATION	c EIN-PN 95-3593022-001
a	Plan name	WINDES, INC. RETIREMENT TRUST	
b	Name of plan sponsor	WINDES, INC.	c EIN-PN 95-3001179-016
a	Plan name	AMI DISTRIBUTORS 401(K) PLAN	
b	Name of plan sponsor	AMI DISTRIBUTORS	c EIN-PN 46-5048256-001
a	Plan name	ANDERSON TRANSPORTATION COMPANY, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	ANDERSON TRANSPORTATION COMPANY, INC.	c EIN-PN 36-3606920-001
a	Plan name	ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
b	Name of plan sponsor	ANDERSON, JULIAN & HULL, LLP	c EIN-PN 82-0504369-001
a	Plan name	ANDREW BRONSTEIN, M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor	ANDREW BRONSTEIN, M.D., P.C.	c EIN-PN 88-0343249-001
a	Plan name	ANGELIC HEALTH 401(K) PLAN	
b	Name of plan sponsor	ANGELIC PRACTICE MANAGEMENT, LLC	c EIN-PN 82-5301108-001
a	Plan name	BOO-KER OIL & GAS CORP. SECTION 401 (K) PLAN	
b	Name of plan sponsor	BOO-KER OIL & GAS CORP.	c EIN-PN 72-0750276-001
a	Plan name	BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	BOONE KARLBERG P.C.	c EIN-PN 81-0522567-001
a	Plan name	BRAD PEASLEY TRUCKING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BRAD PEASLEY TRUCKING LLC	c EIN-PN 20-3853328-001

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 BRANNON LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRANNON LAW FIRM	c EIN-PN 85-2740348-002
a	Plan name COMPTON CONSTRUCTION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor COMPTON CONSTRUCTION	c EIN-PN 27-5155259-001
a	Plan name COMPUTER EXCHANGE, LTD. 401(K) PLAN	
b	Name of plan sponsor COMPUTER EXCHANGE, LTD.	c EIN-PN 58-1649904-003
a	Plan name CONSOLIDATED PERSONNEL SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CPS, INC.	c EIN-PN 86-0745045-001
a	Plan name CONSTITUTION PARTNERS 401(K) PLAN	
b	Name of plan sponsor CONSTITUTION PARTNERS LLC	c EIN-PN 92-2099552-001
a	Plan name CONSTRUCTORS, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor CONSTRUCTORS, INCORPORATED	c EIN-PN 85-0135619-001
a	Plan name ELITE TOOL & MANUFACTURING LLC 401(K) PLAN	
b	Name of plan sponsor ELITE TOOL & MANUFACTURING LLC	c EIN-PN 83-3913745-001
a	Plan name ELK GROVE RANCH, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELK GROVE RANCH, LLC	c EIN-PN 95-2733525-001
a	Plan name ELLENOS 401(K) PLAN	
b	Name of plan sponsor REAL GREEK LLC	c EIN-PN 45-5592934-001
a	Plan name EMERGENT CARE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor EMERGENT CARE ASSOCIATES, INC.	c EIN-PN 46-1336939-001
a	Plan name EMPLOYEE BENEFIT PLAN OF SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	
b	Name of plan sponsor SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	c EIN-PN 13-4063379-777
a	Plan name EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ONONDAGA LEASING SERVICES	c EIN-PN 16-1254312-001

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 GATEWAY 401(K) RETIREMENT PLAN EXCHANGE I	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-301
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE II	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-302
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE III	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-303
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE IV	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-304
a	Plan name IBP & HPI 401(K) PLAN	
b	Name of plan sponsor ISLAND BREEZE PRODUCTIONS, INC.	c EIN-PN 99-0276955-001
a	Plan name INCLUSIVE HOUSING RESOURCES 401(K) PLAN	
b	Name of plan sponsor INCLUSIVE HOUSING RESOURCES	c EIN-PN 84-3657368-001
a	Plan name INFINITI HR RETIREMENT PLAN	
b	Name of plan sponsor INFINITI HR	c EIN-PN 26-2399761-001
a	Plan name LANDIVAR 401(K) PLAN	
b	Name of plan sponsor LANDIVAR & ASSOCIATES, LLC	c EIN-PN 75-3088910-001
a	Plan name LASSEN LAND COMPANY 401(K) PLAN	
b	Name of plan sponsor ORLAND ALMONDS ACQUISITION COMPANY, LLC	c EIN-PN 83-2450302-001
a	Plan name LAUGHING OUT LOUD, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor LAUGHING OUT LOUD, LLC	c EIN-PN 46-1324384-221
a	Plan name LAW OFFICES OF FRED C COHEN PA 401(K) PLAN	
b	Name of plan sponsor LAW OFFICES OF FRED C. COHEN P.A.	c EIN-PN 65-0219025-001
a	Plan name LEGAL ASSISTANCE FOR SENIORS 401(K) PLAN	
b	Name of plan sponsor LEGAL ASSISTANCE FOR SENIORS, INC.	c EIN-PN 94-2941697-001

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	MONROVIA CHAMBER MEMBER 401(K) PLAN	
b	Name of plan sponsor	MONROVIA CHAMBER OF COMMERCE	c EIN-PN 95-1019540-001
a	Plan name	MONTANA HEALTH NETWORK 401(K) PLAN	
b	Name of plan sponsor	MONTANA HEALTH NETWORK	c EIN-PN 81-0440728-002
a	Plan name	PATRIOT HEALTH PARTNERS INC. MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	PATRIOT HEALTH PARTNERS INC.	c EIN-PN 84-1755108-001
a	Plan name	PAUL K. WEIN M.D. P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	PAUL K. WEIN M.D. P.C.	c EIN-PN 11-2612651-001
a	Plan name	PBM, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PBM, LLC	c EIN-PN 26-3885918-004
a	Plan name	PBS ASO, LLC RETIREMENT PLAN	
b	Name of plan sponsor	PBS ASO, LLC	c EIN-PN 85-0768284-001
a	Plan name	PBS PEO SERVICES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	PBS PEO SERVICES	c EIN-PN 81-4175750-999
a	Plan name	RICHARDSON WAYLAND FERREIRA 401(K) PLAN	
b	Name of plan sponsor	RICHARDSON-WAYLAND FERREIRA, LLC	c EIN-PN 93-4818877-001
a	Plan name	RICHFORD HEALTH CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	RICHFORD HEALTH CENTER, INC.	c EIN-PN 03-0215982-001
a	Plan name	SYSTEM RESOURCES TELECOM 401(K) PLAN	
b	Name of plan sponsor	SYSTEM RESOURCES TELECOM, LLC	c EIN-PN 72-1432916-001
a	Plan name	TOWER ENGINEERING SOLUTIONS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOWER ENGINEERING SOLUTIONS, LLC.	c EIN-PN 46-2297448-001
a	Plan name	TOYOTA BOSHOKU AKI USA, LLC 401(K) PLAN	
b	Name of plan sponsor	TOYOTA BOSHOKU AKI USA, LLC	c EIN-PN 84-2857865-001

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 TRANSITION MANAGEMENT CORP 401(K) PLAN	
b	Name of plan sponsor TRANSITION MANAGEMENT CORP	c EIN-PN 52-2032600-001
a	Plan name TRANSMET CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRANSMET CORPORATION	c EIN-PN 31-0960153-001
a	Plan name WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor LLOYD A WISE MOTOR INC	c EIN-PN 26-2658328-001
a	Plan name WJH ENGINEERING, LLC 401(K) PLAN	
b	Name of plan sponsor WJH ENGINEERING, LLC	c EIN-PN 20-2223463-001
a	Plan name WKTV, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor WKTV, LLC	c EIN-PN 46-4283848-001
a	Plan name WOMENS OB/GYN PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOMEN'S OB/GYN PC	c EIN-PN 81-0802359-001
a	Plan name MR ARCHITECTURE & DECOR P.C. 401(K) PLAN	
b	Name of plan sponsor MR ARCHITECTURE & DECOR, P.C.	c EIN-PN 13-4115412-001
a	Plan name NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor NAMDHARI USAGRISEEDS, INC.	c EIN-PN 26-4558159-001
a	Plan name NARTKER, GRUNEWALD & CO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NARTKER, GRUNEWALD, ESCHLEMAN AND COOPER, LLC	c EIN-PN 31-0872466-001
a	Plan name PEDIATRIC MEDICINE, PLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PEDIATRIC MEDICINE, PLC	c EIN-PN 03-0230997-001
a	Plan name PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 27-3841580-001
a	Plan name RIVER DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIVER DENTAL CARE	c EIN-PN 92-0862580-777

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RIVER HOUSE ARTISTS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIVER HOUSE ARTISTS, LLC	c EIN-PN 81-0815058-001
a	Plan name	RIVER OAKS OB/GYN ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor	RIVER OAKS OB/GYN ASSOCIATES, P.C.	c EIN-PN 35-1162606-001
a	Plan name	RKPL, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RKPL INC.	c EIN-PN 34-1728279-001
a	Plan name	T-KAT, INC. 401(K) PLAN	
b	Name of plan sponsor	T-KAT, INC.	c EIN-PN 37-1415260-001
a	Plan name	TREVOR K IRISH O.D. INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	TREVOR K IRISH O.D. INC.	c EIN-PN 27-1758327-001
a	Plan name	TRI STAR SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	TRI STAR SERVICES, LLC	c EIN-PN 62-1828852-001
a	Plan name	TRI-SIGNAL INTEGRATION 401(K) PLAN	
b	Name of plan sponsor	TRI-SIGNAL INTEGRATION, INC.	c EIN-PN 95-4706775-001
a	Plan name	TRINITY DESIGN BUILD, INC. 401(K) PLAN	
b	Name of plan sponsor	TRINITY DESIGN BUILD, INC.	c EIN-PN 74-3111479-001
a	Plan name	TROMBLEY & HANES P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TROMBLEY & HANES, P.A.	c EIN-PN 59-3216127-001
a	Plan name	TRUE NORTH HUMAN CAPITAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRUE NORTH HUMAN CAPITAL, LLC	c EIN-PN 47-4797475-777
a	Plan name	TRUE NORTH LAW 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TRUE NORTH LAW LLC	c EIN-PN 83-2936553-001
a	Plan name	TURN-KEY TUNNELING, INC 401(K) PLAN	
b	Name of plan sponsor	TURN-KEY TUNNELING, INC.	c EIN-PN 05-0620667-002

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	ZYNERGIA HR 401(K) PLAN	
b	Name of plan sponsor	SYNERGY HR LLC	c EIN-PN 81-3943870-002
a	Plan name	ANN M. HASHITATE, D.D.S., INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ANN HASHITATE, D.D.S. INC.	c EIN-PN 20-3665963-001
a	Plan name	ANTHEM TAX SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	ANTHEM TAX SERVICES LLC	c EIN-PN 81-5160059-001
a	Plan name	APPLIANCE CENTER OF TOLEDO, INC. RETIREMENT PLAN	
b	Name of plan sponsor	APPLIANCE CENTER OF TOLEDO, INC.	c EIN-PN 34-0924335-777
a	Plan name	ARCADIA DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASHKAN SAADI, DMD, PC DBA ARCADIA DENTAL	c EIN-PN 46-4139267-001
a	Plan name	BRBC I, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BRBC I, LLC	c EIN-PN 13-4246539-001
a	Plan name	BRIAN S. KUBO, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIAN S. KUBO, DDS, INC.	c EIN-PN 99-0333085-001
a	Plan name	BRONX PARK REHABILITATION AND NURSING CENTER 401(K) PLAN	
b	Name of plan sponsor	WHITE PLAINS NURSING HOME INC. D/B/A BRONX PARK	c EIN-PN 13-3992987-001
a	Plan name	CORPORATE BUILDING SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor	CORPORATE BUILDING SERVICES INC	c EIN-PN 14-1732520-001
a	Plan name	COUNTRY CLUB EXPRESS WASH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COUNTRY CLUB EXPRESS WASH, LLC	c EIN-PN 43-1506960-001
a	Plan name	EMPLOYEES' 401(K) AND HEALTH/DISABILITY PLAN OF CALLISTER, BROBERG & BECKER, A LAW CORPORATION	
b	Name of plan sponsor	CALLISTER, BROBERG & BECKER A LAW CORPORATION	c EIN-PN 82-1680303-001
a	Plan name	EMPOWER HR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EMPOWER HR	c EIN-PN 36-4115383-333

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 ENDURANCE BUILDING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor ENDURANCE BUILDING SYSTEMS, INC.	c EIN-PN 92-3467996-001
a	Plan name ENGLANDER CONTAINER CO. 401(K) PLAN	
b	Name of plan sponsor ENGLANDER CONTAINER CORPORATION	c EIN-PN 74-1588088-002
a	Plan name GBWY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GBWY INVESTMENT GROUP, INC. DBA STATELINE SERVICE	c EIN-PN 26-2344233-001
a	Plan name GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor GEAUGA MECHANICAL COMPANY, INC.	c EIN-PN 34-1296480-001
a	Plan name GENTILE, BRENGEL & LIN LLP 401(K) PLAN	
b	Name of plan sponsor GENTILE, BRENGEL & LIN LLP	c EIN-PN 11-6227632-001
a	Plan name GEORGE UHE CO, INC. RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor GEORGE UHE CO., INC.	c EIN-PN 13-5520180-001
a	Plan name INSTANT INFOSYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INSTANT INFOSYSTEMS	c EIN-PN 95-4400744-001
a	Plan name INSURANCE DATA PROCESSING, INC. 401(K) PLAN	
b	Name of plan sponsor INSURANCE DATA PROCESSING, INC.	c EIN-PN 23-2382776-002
a	Plan name INSURANCE PROFESSIONALS OF TENNESSEE, LLC 401(K) PLAN	
b	Name of plan sponsor INSURANCE PROFESSIONALS OF TENNESSEE, LLC	c EIN-PN 20-1340121-001
a	Plan name LEVATINO PACE PLLC 401(K) PLAN	
b	Name of plan sponsor LEVATINO PACE PLLC	c EIN-PN 81-1175676-001
a	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEVITT & BOCCIO, LLP	c EIN-PN 47-2210945-001
a	Plan name LEXINGTON COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEXINGTON COUNTRY CLUB	c EIN-PN 61-0258900-001

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		LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
b Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	c EIN-PN	36-3584029-002

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

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

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

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b Name of plan sponsor		c EIN-PN	

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN FUNDS NEW WORLD RET ACCT	B Three-digit plan number (PN) ▶ 625
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35647059	34116233
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	35647059	34116233
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	35647059	34116233

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)		
(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)	2421409	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2421409

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		2421409
l Transfers of assets:			
(1) To this plan.....	2l(1)		6751527
(2) From this plan	2l(2)		10703762

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 _____.