

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>JPMORGAN EQUITY INCOME RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>880</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/23/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <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>JPMORGAN EQUITY INCOME RET OPT</u>	B Three-digit plan number (PN)	<u>880</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)
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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)
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d Entity code

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c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 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 ECHO PRODUCTION, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor ECHO PRODUCTION, INC.	c EIN-PN 75-1623080-001
a	Plan name ECHOMARK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ECHOMARK, INC.	c EIN-PN 88-3138477-001
a	Plan name ECOPOL AMERICA 401(K) PLAN	
b	Name of plan sponsor ECOPOL AMERICA, INC.	c EIN-PN 88-0673772-001
a	Plan name KALEIDOSCOPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ORCAS DAYCARE ASSOCIATION	c EIN-PN 91-1510335-001
a	Plan name PLAION, INC. 401(K) PLAN	
b	Name of plan sponsor PLAION, INC.	c EIN-PN 26-2243948-001
a	Plan name PLANET SMOOTHIE 401(K) PLAN	
b	Name of plan sponsor MANN'S DIVERSIFIED INDUSTRIES, INC. DBA PLANET SMOOTHIE	c EIN-PN 59-3565308-001
a	Plan name THE ATTAINMENT NETWORK 401(K) PLAN	
b	Name of plan sponsor THE ATTAINMENT NETWORK	c EIN-PN 88-2778206-001
a	Plan name THE BRITISH EMBASSY 401(K) PLAN	
b	Name of plan sponsor THE BRITISH EMBASSY	c EIN-PN 52-2150359-002
a	Plan name ENVISION INTERACTIVE GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ENVISION INTERACTIVE GROUP, LLC	c EIN-PN 03-0449364-001
a	Plan name PROGRESSIVE AIR SYSTEMS 401(K) PLAN	
b	Name of plan sponsor PROGRESSIVE AIR SYSTEMS, INC.	c EIN-PN 59-3124591-001
a	Plan name KRC, INC. RETIREMENT PLAN	
b	Name of plan sponsor KRC, INC.	c EIN-PN 38-2721514-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<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	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	LA PROVENCE BAKERY 401(K) PLAN	
b	Name of plan sponsor	LA PROVENCE BAKERY	c EIN-PN 20-2583441-001
a	Plan name	THE VICTIM CENTER INC. 401(K) PLAN	
b	Name of plan sponsor	THE VICTIM CENTER INC.	c EIN-PN 43-1149629-001
a	Plan name	THERMAL SOLUTIONS RESOURCES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	THERMAL SOLUTIONS RESOURCES, LLC D/B/A TSRGROW	c EIN-PN 26-4611654-001
a	Plan name	FALLBROOK FAMILY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	FALLBROOK FAMILY HEALTH CENTER, LLC	c EIN-PN 45-2548037-001
a	Plan name	PROVISTA SOFTWARE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	PROVISTA SOFTWARE CORPORATION	c EIN-PN 38-4102924-001
a	Plan name	LATZEL DRILLING 401(K) PLAN	
b	Name of plan sponsor	LATZEL DRILLING	c EIN-PN 75-2729004-001
a	Plan name	REEDS SPRING READY MIX 401(K) PLAN	
b	Name of plan sponsor	REEDS SPRING READY MIX	c EIN-PN 88-2673558-001
a	Plan name	REEL SUPPLIES, LLC 401(K) PLAN	
b	Name of plan sponsor	REEL SUPPLIES, LLC	c EIN-PN 86-2942183-001
a	Plan name	REGAL RESTORATION USA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REGAL RESTORATION USA	c EIN-PN 46-1342416-001
a	Plan name	REGENCY ENTERPRISES SERVICES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	REGENCY ENTERPRISES SERVICES, LLC	c EIN-PN 05-0598254-001
a	Plan name	BURLEIGH DENTAL, S.C. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	BURLEIGH DENTAL, S.C.	c EIN-PN 39-1170894-001

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	BURNEIKIS LAW, P.C. 401(K) PLAN	
b	Name of plan sponsor	BURNEIKIS LAW, P.C.	c EIN-PN 87-1680649-001
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	BUTTERFLY DENTAL 401(K) PLAN	
b	Name of plan sponsor	JIANYE CHEN DENTAL CORPORATION	c EIN-PN 27-2591884-001
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	CAPITAL STEEL ERECTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPITAL STEEL ERECTORS, INC.	c EIN-PN 27-1376167-001
a	Plan name	GEARHART FAMILY DENTISTRY, LLC 401(K) PLAN	
b	Name of plan sponsor	GEARHART FAMILY DENTISTRY, LLC	c EIN-PN 83-3379247-001
a	Plan name	GENERAL MANUFACTURER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NANALU INDUSTRIES, LLC	c EIN-PN 26-4532527-001
a	Plan name	MARK BROWER PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	MARK BROWER PROPERTIES, LLC	c EIN-PN 27-4577200-001
a	Plan name	MEDIA WELL DONE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDIA WELL DONE, INC.	c EIN-PN 46-0856490-001
a	Plan name	CHATHAM HABITAT FOR HUMANITY 401(K) PLAN	
b	Name of plan sponsor	CHATHAM HABITAT FOR HUMANITY	c EIN-PN 56-1689599-001
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 VMC CONTRACTING, INC. 401(K) PLAN A	
b	Name of plan sponsor VMC CONTRACTING, INC.	c EIN-PN 75-3049345-001
a	Plan name VMC CONTRACTING, INC. 401(K) PLAN B	
b	Name of plan sponsor VMC CONTRACTING, INC.	c EIN-PN 75-3049345-002
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 CLEAR GUIDANCE PARTNERS 401(K) PLAN	
b	Name of plan sponsor CLEAR GUIDANCE PARTNERS, LP	c EIN-PN 83-3177675-001
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 SAMUELS & SON SEAFOOD CO. UNION 401(K) PLAN	
b	Name of plan sponsor SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540625-001
a	Plan name SAMUELS & SON SEAFOOD COMPANY, INC.401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540626-001
a	Plan name SANCHEZ & AMADOR, LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SANCHEZ & AMADOR, LLP	c EIN-PN 95-4460273-001
a	Plan name 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 WH 401(K) PLAN	
b	Name of plan sponsor WOODHOUSE CABINETRY LLC	c EIN-PN 47-2422903-001
a	Plan name SHAWVER WELL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor SHAWVER WELL COMPANY, INC.	c EIN-PN 42-1095739-002
a	Plan name ACCUTROL COMPLETE HOME SERVICES 401(K) PLAN	
b	Name of plan sponsor ACCUTROL COMPLETE HOME SERVICES, LLC	c EIN-PN 86-3952569-001

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 ACCUTURN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ACCUTURN CORPORATION	c EIN-PN 95-2901000-001
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 CONSERVATION FOUNDATION GC PLAN	
b	Name of plan sponsor CONSERVATION FOUNDATION OF THE GULF COAST	c EIN-PN 20-0345249-001
a	Plan name HEARTLAND FOOT & ANKLE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor HEARTLAND FOOT & ANKLE ASSOCIATES, P.C.	c EIN-PN 26-2781451-001
a	Plan name NATIONAL HANGER CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL HANGER COMPANY, INC.	c EIN-PN 13-5582609-001
a	Plan name YARDCO, INC. 401(K) PLAN	
b	Name of plan sponsor YARDCO, INC.	c EIN-PN 65-1040678-001
a	Plan name HIMES 401(K) PLAN	
b	Name of plan sponsor DAILY RECYCLING EQUIPMENT & SERVICE INC DBA HIMES SERVICE COMPANY	c EIN-PN 74-2842230-001
a	Plan name HIX AIR CONDITIONING SERVICE 401(K) PLAN	
b	Name of plan sponsor HIX AIR CONDITIONING SERVICE, INC.	c EIN-PN 73-1513785-001
a	Plan name HOLIDAY POOLS OF WEST FLORIDA 401(K) PLAN	
b	Name of plan sponsor HOLIDAY POOLS OF WEST FLORIDA, INC.	c EIN-PN 65-0546905-001
a	Plan name ADVANTAGE FLOORING INC. 401(K) PLAN	
b	Name of plan sponsor ADVANTAGE FLOORING, INC.	c EIN-PN 52-2030808-001
a	Plan name CORNETT ROOFING SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CORNETT ROOFING SYSTEMS	c EIN-PN 20-0482602-001
a	Plan name NEXT GEN VEHICLE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor NEXT GEN VEHICLE SOLUTIONS	c EIN-PN 85-3872276-001

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 AMBIO INC. 401(K) PLAN	
b	Name of plan sponsor AMBIO INC.	c EIN-PN 45-5506902-001
a	Plan name AMBIOPHARM, INC. 401(K) PLAN	
b	Name of plan sponsor AMBIOPHARM, INC.	c EIN-PN 22-3940281-001
a	Plan name 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 STEVEN M. SORENSON MD, INC. 401(K) PLAN	
b	Name of plan sponsor STEVEN M. SORENSON MD, INC.	c EIN-PN 88-3832023-001
a	Plan name P & P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor P & P SEPTIC SERVICE, INC.	c EIN-PN 03-0269006-001
a	Plan name P3 MARTIAL ARTS 401(K) PLAN	
b	Name of plan sponsor SCOTT BAILEY'S MARTIAL ARTS ACADEMY, INC.	c EIN-PN 47-1694447-001
a	Plan name PACBLU 401(K) PLAN	
b	Name of plan sponsor PACBLU	c EIN-PN 11-3691833-001
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 DESERT SHORES PEDIATRICS, P.C. 401(K) PLAN	
b	Name of plan sponsor DESERT SHORES PEDIATRICS, P.C.	c EIN-PN 20-2851929-002
a	Plan name JESSUP CELLARS HOLDING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor JESSUP CELLARS HOLDING COMPANY, LLC	c EIN-PN 20-3071245-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TALMAN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor	TALMAN CONSULTANTS, LLC	c EIN-PN 81-2709261-001
a	Plan name	TAYLOR GRUBAUGH CHEVROLET LLC 401(K)	
b	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET LLC	c EIN-PN 93-4900507-001
a	Plan name	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC 401(K) PLAN	
b	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC	c EIN-PN 84-3391707-001
a	Plan name	RELEX SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	RELEX SOLUTIONS, INC.	c EIN-PN 30-0882152-001
a	Plan name	REPI LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REPI, LLC	c EIN-PN 54-2101581-001
a	Plan name	TYMARK RESTAURANT GROUP 401K PLAN	
b	Name of plan sponsor	TYMARK, INC.	c EIN-PN 82-1824730-001
a	Plan name	TYPECASE MARKETING RESOURCE, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	TYPECASE MARKETING RESOURCE, INC.	c EIN-PN 45-3649609-333
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.A. TAYLOR, LLC 401(K) PLAN	
b	Name of plan sponsor	C.A. TAYLOR, LLC	c EIN-PN 82-0677411-001
a	Plan name	C.G. WITVOET & SONS CO. 401(K) PLAN	
b	Name of plan sponsor	C.G. WITVOET & SONS CO.	c EIN-PN 38-2327603-002
a	Plan name	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	C3 SYSTEMS & SECURITY RETIREMENT PLAN	
b	Name of plan sponsor	C3 SYSTEMS & SECURITY	c EIN-PN 72-1581602-001

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 G&Z MEEKER, INC. 401 (K) PLAN	
b	Name of plan sponsor G&Z MEEKER, INC.	c EIN-PN 45-2096735-001
a	Plan name MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MACROMATIC INDUSTRIAL CONTROLS, INC.	c EIN-PN 20-3910631-001
a	Plan name 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 MAGNETIC TECHNOLOGIES LTD. 401(K) PLAN	
b	Name of plan sponsor MAGNETIC TECHNOLOGIES LTD.	c EIN-PN 04-2836991-005
a	Plan name RINAUDO ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor RINAUDO ENTERPRISES, INC.	c EIN-PN 59-3384145-001
a	Plan name CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CARE ANGEL, INC.	c EIN-PN 46-5083636-001
a	Plan name CAREN FRANZ, DMD, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAREN FRANZ, DMD, P.C.	c EIN-PN 42-1564871-001
a	Plan name MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN &TRUST	
b	Name of plan sponsor MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES	c EIN-PN 20-4106052-001
a	Plan name MARSHULL, INC. 401(K) PLAN	
b	Name of plan sponsor MARSHULL, INC.	c EIN-PN 38-1882600-002
a	Plan name MAS FINANCIAL, INC. 401(K) PLAN	
b	Name of plan sponsor MAS FINANCIAL SERVICES, INC.	c EIN-PN 33-0919816-001
a	Plan name MASOULEH CORP. 401(K) PLAN	
b	Name of plan sponsor MASOULEH CORP.	c EIN-PN 22-3193497-001
a	Plan name URTHPACT, LLC 401(K) PLAN	
b	Name of plan sponsor URTHPACT, LLC	c EIN-PN 04-3339273-001

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 WAKOTA FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor WAKOTA FEDERAL CREDIT UNION	c EIN-PN 41-0130070-002
a	Plan name WALKER'S 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WALKER OFFICE SUPPLIES	c EIN-PN 94-2658013-001
a	Plan name WALLA WALLA OMS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALLA WALLA OMS, LLC	c EIN-PN 45-4061011-001
a	Plan name RUSSELL PETROLEUM 401(K) SAVINGS PLAN	
b	Name of plan sponsor RUSSELL PETROLEUM CORP.	c EIN-PN 27-1487169-002
a	Plan name GRAY V. 401(K) PLAN	
b	Name of plan sponsor GRAY V.	c EIN-PN 80-0001479-001
a	Plan name GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP 401(K) PLAN	
b	Name of plan sponsor GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP	c EIN-PN 58-2490090-001
a	Plan name 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 MERIT TITLE, LLC 401(K) PLAN	
b	Name of plan sponsor MERIT TITLE, LLC	c EIN-PN 20-0467684-001
a	Plan name SAPHYRE, INC. 401(K) PLAN	
b	Name of plan sponsor SAPHYRE, INC.	c EIN-PN 82-3177747-001
a	Plan name SCALE-TEC 401(K) PLAN	
b	Name of plan sponsor SCALE-TEC LTD	c EIN-PN 39-1909602-001
a	Plan name WILDCAT OIL TOOLS 401(K) PLAN	
b	Name of plan sponsor WILDCAT OIL TOOLS, LLC	c EIN-PN 45-4421709-001
a	Plan name 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 CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY 401(K) PLAN	
b	Name of plan sponsor CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY	c EIN-PN 31-1541953-001
a	Plan name 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 HABITAT FOR HUMANITY SA 401(K)	
b	Name of plan sponsor HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER AOPKA, FLORIDA,	c EIN-PN 59-3034059-001
a	Plan name HALEIWA FAMILY DENTAL CENTER, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HALEIWA FAMILY DENTAL CENTER, LTD.	c EIN-PN 99-0322411-001
a	Plan name MOCA ZEE 401(K) PLAN	
b	Name of plan sponsor MOCA ZEE, LLC	c EIN-PN 85-2626819-001
a	Plan name HERZOG ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor HERZOG ROOFING, INC.	c EIN-PN 41-1380767-001
a	Plan name CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor CONTROLS & WEIGHING SYSTEMS, INC.	c EIN-PN 59-1588191-001
a	Plan name CONVERSIO HEALTH 401(K) PLAN	
b	Name of plan sponsor INTEGRATED HEALTH CONCEPTS, INC.	c EIN-PN 77-0572991-001
a	Plan name ACT LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor ACT LABORATORIES, INC.	c EIN-PN 30-0857299-001
a	Plan name NEPTUNE SHIPPING LIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEPTUNE SHIPPING LIMITED	c EIN-PN 26-0630492-001
a	Plan name SHOCO OIL, INC 401(K) PLAN	
b	Name of plan sponsor SHOCO OIL, INC.	c EIN-PN 84-1275009-001
a	Plan name ZENISCO, INC. 401(K) PLAN	
b	Name of plan sponsor ZENISCO, INC.	c EIN-PN 47-3232410-001

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 NOBILITY HEALTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOBILITY HEALTH	c EIN-PN 81-0701839-001
a	Plan name HOLROYD GELMAN, P.C. 401(K) PLAN	
b	Name of plan sponsor HOLROYD GELMAN, P.C.	c EIN-PN 92-2604351-001
a	Plan name CRB WORKFORCE, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor CRB WORKFORCE, LLC	c EIN-PN 83-1073844-001
a	Plan name AMERICAN BIOTECH LABS LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN BIOTECH LABS LLC	c EIN-PN 20-3029677-001
a	Plan name DEFENSESTORM, INC. 401(K) PLAN	
b	Name of plan sponsor DEFENSESTORM, INC.	c EIN-PN 46-5598717-001
a	Plan name STAAR CORP. 401(K) PLAN	
b	Name of plan sponsor STAAR CORP. DBA FUTURE-TECH COMMUNICATIONS	c EIN-PN 81-4529384-001
a	Plan name STAFFORD TAX & BUSINESS ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor STAFFORD TAX & BUSINESS ADVISORS, LLC	c EIN-PN 02-0724413-001
a	Plan name STALWART AIR CONDITIONING & HEATING SERVICES 401(K) PLAN	
b	Name of plan sponsor STALWART AIR CONDITIONING & HEATING SERVICES, LLC	c EIN-PN 88-2865461-001
a	Plan name STAR SEAL OF MINNESOTA, INC. 401(K) PLAN	
b	Name of plan sponsor STAR SEAL OF MINNESOTA, INC.	c EIN-PN 20-8742594-001
a	Plan name PEGASYS TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor PEGASYS TECHNOLOGIES, LLC	c EIN-PN 82-4668955-001
a	Plan name PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor PERKINS MOTOR PLEX LLC	c EIN-PN 26-4307208-001
a	Plan name ATLAS DRILLING, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor ATLAS DRILLING, LLC	c EIN-PN 27-3701741-001

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	DRUM CORPS INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	DRUM CORPS INTERNATIONAL, INC.	c EIN-PN 36-2754480-001
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	BARE ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	BARE ENTERPRISES, INC.	c EIN-PN 30-0139273-001
a	Plan name	BARGAIN SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	BARGAIN SERVICES, LLC	c EIN-PN 46-3585182-001
a	Plan name	BASSETT MIRROR COMPANY, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	BASSETT MIRROR COMPANY, INC.	c EIN-PN 54-0478011-002
a	Plan name	EHLEN & FULLER, DDS RETIREMENT PLAN	
b	Name of plan sponsor	EHLEN & FULLER, DDS, PLLC	c EIN-PN 27-5224563-001
a	Plan name	EICHELBERGER FARMS, INC. 401(K) PLAN	
b	Name of plan sponsor	EICHELBERGER FARMS, INC.	c EIN-PN 39-1870144-001
a	Plan name	KEITH'S APPLIANCES 401(K) PLAN	
b	Name of plan sponsor	KEITH'S APPLIANCES	c EIN-PN 06-0973305-001
a	Plan name	KEKO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEKO, LLC DBA MOSQUITO JOE OF SOUTHERN MD	c EIN-PN 47-4732055-001
a	Plan name	THE CARLIN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	THE CARLIN COLLABORATIVE	c EIN-PN 83-2633004-001
a	Plan name	PROJECT INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor	PROJECT INDEPENDENCE	c EIN-PN 95-3147421-001
a	Plan name	PROPERTIES TITLE, LLC 401K PLAN	
b	Name of plan sponsor	PROPERTIES TITLE, LLC	c EIN-PN 82-2623090-001

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	LADD FAMILY DENTAL 401(K)	
b	Name of plan sponsor	LADD FAMILY DENTAL	c EIN-PN 87-2951230-001
a	Plan name	LAKEVIEW PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	LAKEVIEW PHYSICAL THERAPY AND SPINE LLC	c EIN-PN 83-4244452-001
a	Plan name	THOMPSON ADDISON LAW FIRM 401(K) PLAN	
b	Name of plan sponsor	THOMPSON ADDISON, PLLC	c EIN-PN 84-4004313-001
a	Plan name	PURE ENERGY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PURE ENERGY GROUP, INC.	c EIN-PN 86-2201015-001
a	Plan name	QESSENTIAL MEDICAL MARKET RESEARCH, LLC 401(K) PLAN	
b	Name of plan sponsor	QESSENTIAL MEDICAL MARKET RESEARCH, LLC	c EIN-PN 87-3863389-001
a	Plan name	FEDERAL STREET STRATEGIES 401(K) PLAN	
b	Name of plan sponsor	FEDERAL STREET STRATEGIES, LLC	c EIN-PN 82-1333618-001
a	Plan name	FERRETTI SEARCH 401(K) PLAN	
b	Name of plan sponsor	PURSUIT SEARCH GROUP, LLC	c EIN-PN 83-1896110-001
a	Plan name	LC PROPERTY L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LC PROPERTY L.L.C.	c EIN-PN 80-0635906-001
a	Plan name	TODD STRATEGY 401(K) PLAN	
b	Name of plan sponsor	TODD STRATEGY, LLC DBA TODD STRATEGY GROUP	c EIN-PN 46-5566087-001
a	Plan name	LEBLANC NETTLES LAW GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	LEBLANC NETTLES LAW LLC	c EIN-PN 46-2658554-001
a	Plan name	LEEWARD FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor	LEEWARD FINANCIAL GROUP	c EIN-PN 92-3762975-001
a	Plan name	MEYERING INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	MEYERING INSURANCE AGENCY	c EIN-PN 38-2217296-001

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 MONICA DOBBIN DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONICA L. DOBBIN DDS, PROFESSIONAL LLC	c EIN-PN 20-3941899-002
a	Plan name MONODE MARKING PRODUCTS, INC. TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor MONODE MARKING PRODUCTS, INC.	c EIN-PN 34-0812439-001
a	Plan name NETWORK OBJECTS 401(K) PLAN	
b	Name of plan sponsor NETWORK OBJECTS, INC.	c EIN-PN 56-2633028-001
a	Plan name NORSTAR TRAILERS 401(K) MATCHING PLAN	
b	Name of plan sponsor NORSTAR MANUFACTURING GROUP, INC.	c EIN-PN 47-4774244-001
a	Plan name NORTHERN CROSSARM COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN CROSSARM COMPANY, INC.	c EIN-PN 39-0987381-001
a	Plan name PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PARAGON PRINT SYSTEMS, INC.	c EIN-PN 23-2984595-001
a	Plan name PERMIAN INTERNATIONAL ENERGY SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PERMIAN INTERNATIONAL ENERGY SERVICES LLC	c EIN-PN 82-1930351-001
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 PROVIDENCE PREPARATORY CHARTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor PROVIDENCE PREPARATORY CHARTER SCHOOL	c EIN-PN 85-2193353-001
a	Plan name QUAL TECH AIR, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor QUAL TECH AIR LLC	c EIN-PN 81-4869829-001
a	Plan name RESURGENCE IT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RESURGENCE IT, INC.	c EIN-PN 81-3507059-001
a	Plan name RYAN'S HIGHWAY AUTO PARTS, INC. EMPLOYEE SAVINGS TRUST	
b	Name of plan sponsor RYAN'S HIGHWAY AUTO PARTS, INC.	c EIN-PN 45-4830452-001

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	S&S PACKAGING PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	S&S PACKAGING PRODUCTS, INC.	c EIN-PN 23-2940069-001
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	SKY'S THE LIMIT CAR CARE 401(K) PLAN	
b	Name of plan sponsor	SKY'S THE LIMIT CAR CARE	c EIN-PN 45-3438558-001
a	Plan name	SUMMIT POINT 401(K) PLAN	
b	Name of plan sponsor	SUMMIT POINT ROOFING, LLC	c EIN-PN 47-3363896-001
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	THE FUTURE GROUP, AMERICA INC. 401(K) PLAN	
b	Name of plan sponsor	THE FUTURE GROUP, AMERICA INC.	c EIN-PN 82-2223848-001
a	Plan name	THRIVE RENOVATION 401K PLAN	
b	Name of plan sponsor	THRIVE RENOVATION	c EIN-PN 27-0853063-001
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	VANQUISH WORLDWIDE, LLC FORT LEE 401(K) PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-004
a	Plan name	WAYNE SMITH'S AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	WAYNE SMITH'S AUTO SALES, INC.	c EIN-PN 22-2343350-001
a	Plan name	WILL CLARK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	WILL CLARK ELECTRIC INC.	c EIN-PN 46-0382827-001
a	Plan name	WILLIAM D. STINSON, M.D. 401(K) PLAN	
b	Name of plan sponsor	WILLIAM D. STINSON, M.D.	c EIN-PN 26-3333013-001

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 CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIAMS CONCRETE CONTRACTING LLC	c EIN-PN 26-0888255-001
a	Plan name ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name 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 AGX SITEWORX 401(K) PLAN	
b	Name of plan sponsor EAC ENTERPRISES, LLC DBA AGX SITEWORX	c EIN-PN 47-2997502-001
a	Plan name AHB TOOLING & MACHINERY 401(K) PLAN & TRUST	
b	Name of plan sponsor AHB TOOLING & MACHINERY, LLC	c EIN-PN 83-3280314-001
a	Plan name AMERICAN STRUCTURAL CONCRETE 401(K) PLAN	
b	Name of plan sponsor AMERICAN STRUCTURAL CONCRETE	c EIN-PN 46-5535836-003
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 AUTO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BAYSIDE AUTO GROUP	c EIN-PN 52-1664217-001
a	Plan name BRAND VELOCITY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BRAND VELOCITY, INC.	c EIN-PN 58-2464671-001
a	Plan name CALIFORNIA CARDIOVASCULAR INSTITUTE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA CARDIOVASCULAR INSTITUTE	c EIN-PN 88-4143827-001
a	Plan name CARMEX PRECISION TOOLS, LLC RETIREMENT PLAN	
b	Name of plan sponsor CARMEX PRECISION TOOLS, LLC	c EIN-PN 11-3730072-001
a	Plan name CARNIVAL EMPLOYMENT SERVICES 401(K) P/S PLAN	
b	Name of plan sponsor CARNIVAL EMPLOYMENT SERVICES, LLC	c EIN-PN 26-4824293-001

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 CARROLL DENTAL CLINIC P.L.C. RETIREMENT 401(K) PLAN	
b	Name of plan sponsor CARROLL DENTAL CLINIC P.L.C	c EIN-PN 20-5699792-001
a	Plan name CASS CONCRETE 401(K) PLAN	
b	Name of plan sponsor CASS CONCRETE SERVICES LLC	c EIN-PN 86-3815732-001
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 CORNERSTONE FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor LEONARD FINANCIAL LLC	c EIN-PN 83-1863378-001
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 DENNIS SEAMAN CO., LPA EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor DENNIS SEAMAN CO., L.P.A.	c EIN-PN 34-1207750-001
a	Plan name DENNY'S BODY SHOP 401(K) PLAN	
b	Name of plan sponsor DENNY'S BODY SHOP	c EIN-PN 82-3818063-001
a	Plan name DENT DEFENSE GROUP 401(K) PLAN & TRUST	
b	Name of plan sponsor DENT DEFENSE GROUP	c EIN-PN 68-0533537-001
a	Plan name DICKINSON JEWELERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DICKINSON JEWELERS INC.	c EIN-PN 52-1789151-001
a	Plan name ELECTRICAL WORKS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRICAL WORKS, LLC	c EIN-PN 59-3666692-001
a	Plan name EZGO GROUP 401(K) PLAN	
b	Name of plan sponsor EZGO GROUP, INC.	c EIN-PN 36-4850864-001

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	FFC CPAS 401(K) PLAN	
b	Name of plan sponsor	FFC CPAS, LLC	c EIN-PN 84-2245616-001
a	Plan name	FG HOLDINGS COMPANY, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FG HOLDINGS, LLC	c EIN-PN 87-4171809-001
a	Plan name	FIDE 401(K) PLAN	
b	Name of plan sponsor	EMINENT CONSULTING, LLC DBA FIDE LLC	c EIN-PN 82-0818461-001
a	Plan name	GATEWAY TO PREVENTION AND RECOVERY, INC. 401(K) PLAN	
b	Name of plan sponsor	GATEWAY TO PREVENTION AND RECOVERY, INC.	c EIN-PN 73-1215510-001
a	Plan name	GILSTER-MARY LEE CORPORATION EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	GILSTER-MARY LEE	c EIN-PN 37-0951425-002
a	Plan name	GIRLS & BOYS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	c EIN-PN 95-2428410-001
a	Plan name	GL KREINER, INC. 401(K) PLAN	
b	Name of plan sponsor	GL KREINER, INC.	c EIN-PN 81-1723713-001
a	Plan name	HAMMOND-MITCHELL, INC. 401(K) PLAN	
b	Name of plan sponsor	HAMMOND-MITCHELL, INC.	c EIN-PN 54-0839749-001
a	Plan name	HICKS DAVIS WYNN RETIREMENT PLAN	
b	Name of plan sponsor	HICKS DAVIS WYNN, P.C.	c EIN-PN 81-2528118-001
a	Plan name	HIGH PLAINS ENGINEERING & CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGH PLAINS ENGINEERING & CONSULTING, LLC	c EIN-PN 87-2706193-002
a	Plan name	HILLSDALE CONSTRUCTION AND EXCAVATING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	HILLSDALE CONSTRUCTION AND EXCAVATION COMPANY, INC.	c EIN-PN 25-1570704-001
a	Plan name	HS BAINS INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor	HS BAINS INSURANCE SERVICES	c EIN-PN 81-0962836-001

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	HUBLER FAMILY AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	HRH AUTOMOTIVE LLC	c EIN-PN 83-2110831-001
a	Plan name	INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO	c EIN-PN 52-1139564-001
a	Plan name	J. GREG ALLEN BUILDER INC. PROFIT SHARING 401 (K) PLAN & TRUST	
b	Name of plan sponsor	J. GREG ALLEN BUILDER, INC.	c EIN-PN 35-1686449-001
a	Plan name	J.E. JOHNSON, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	J.E. JOHNSON CONTRACTING, INC.	c EIN-PN 38-2247698-001
a	Plan name	JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK MILLIKIN INC.	c EIN-PN 38-1852235-002
a	Plan name	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	AJ PETTERSEN HOMES, LLC 401(K) PLAN	
b	Name of plan sponsor	AJ PETTERSEN HOMES, LLC	c EIN-PN 81-0872583-001
a	Plan name	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	CEDAR VALLEY CHEESE STORE	
b	Name of plan sponsor	CEDAR VALLEY CHEESE STORE	c EIN-PN 20-2863599-001
a	Plan name	COMMERCE DISTRIBUTION CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	COMMERCE DISTRIBUTION CENTER, INC.	c EIN-PN 38-2684078-001

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 COMMERCIAL DOOR AND HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor COMMERCIAL DOOR AND HARDWARE, INC.	c EIN-PN 61-1169293-001
a	Plan name CROSTOWN COURIER, INC. 401(K) PLAN	
b	Name of plan sponsor CROSTOWN COURIER, INC.	c EIN-PN 62-1591750-001
a	Plan name CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
b	Name of plan sponsor MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	c EIN-PN 48-0666889-001
a	Plan name CSAVC, P.C. DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CARLISLE SMALL ANIMAL VETERINARY CLINIC, P.C.	c EIN-PN 23-2339055-001
a	Plan name DJ'S SPORTS BAR, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DJ'S SPORTS BAR, INC.	c EIN-PN 36-3924989-001
a	Plan name DOMESTIC DIESEL AND AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor DOMESTIC DIESEL AND AUTO SERVICE	c EIN-PN 27-4834463-001
a	Plan name FIRETROL, INC. 401(K)	
b	Name of plan sponsor FIRETROL, INC.	c EIN-PN 61-1931408-001
a	Plan name GLOBAL CUSTOM SECURITY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL CUSTOM SECURITY, INC.	c EIN-PN 95-4445427-001
a	Plan name HARKER HEATING & COOLING, INC. 401(K) PLAN	
b	Name of plan sponsor HARKER HEATING & COOLING, INC.	c EIN-PN 39-1634801-001
a	Plan name HARTLEY'S PROFIT SHARING 40L(K) PLAN	
b	Name of plan sponsor HARTLEY'S	c EIN-PN 01-0278553-001
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 MAYVILLE STATE BANK PROFIT SHARING AND RETIREMENT TRUST PLAN	
b	Name of plan sponsor MAYVILLE STATE BANK	c EIN-PN 38-0803180-001

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	MORNSTAIR INC. 401(K) PLAN	
b Name of plan sponsor	MORNSTAIR INC.	c EIN-PN 35-2748426-001
a Plan name	MORRISTOWN DRIVERS SERVICE, INC. 401(K) PLAN	
b Name of plan sponsor	MORRISTOWN DRIVERS SERVICE INC.	c EIN-PN 62-1156959-001
a Plan name	MOUNTAIN BORDERS ASSOCIATES INC 401(K) PLAN	
b Name of plan sponsor	MOUNTAIN BORDERS ASSOCIATES INC	c EIN-PN 27-0189681-001
a Plan name	MOUNTAIN STATES GLASS LLC 401(K) PLAN	
b Name of plan sponsor	MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001
a Plan name	NORTHGATE 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NORTHGATE	c EIN-PN 38-2503040-001
a Plan name	PREFERRED MEATS INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	PREFERRED MEATS INC.	c EIN-PN 20-8293251-001
a Plan name	QUINTESSA 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	QUINTESSA	c EIN-PN 27-1561454-002
a Plan name	ROBERT GUEN, DMD & ASSOCIATES 401(K) PLAN	
b Name of plan sponsor	ROBERT GUEN, DMD & ASSOCIATES, LLC	c EIN-PN 80-0522647-002
a Plan name	SECURE FUTURE SAVINGS AND INVESTING PLAN	
b Name of plan sponsor	RIVER CITY EQUIPMENT RENTAL & SALES	c EIN-PN 20-8799242-222
a Plan name	SMDA 401K PLAN	
b Name of plan sponsor	SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	c EIN-PN 20-4874959-001
a Plan name	SMITH CURRY 401(K) PLAN	
b Name of plan sponsor	SMITH CURRY	c EIN-PN 56-2145650-001
a Plan name	SOCCER SHOTS SACRAMENTO, LLC 401(K) PLAN	
b Name of plan sponsor	SOCCER SHOTS SACRAMENTO, LLC	c EIN-PN 47-0976792-001

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	SUNSTAR PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	SUNSTAR PROPERTIES LLC	c EIN-PN 61-1380349-001
a	Plan name	SUPERIOR CONTRACTING SERVICES 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR CONTRACTING SERVICES, LLC	c EIN-PN 47-3165305-001
a	Plan name	SUTHERLAND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUTHERLAND INSURANCE & REALTY CO., INC. DBA SUTHERLAND INSURANCE COM	c EIN-PN 56-0751537-001
a	Plan name	THE LAW OFFICE OF HEATHER A. LONG, LLC 401(K) PLAN	
b	Name of plan sponsor	THE LAW OFFICE OF HEATHER A. LONG, LLC	c EIN-PN 33-3432013-001
a	Plan name	THE LEE MOAK GROUP 401(K) PLAN	
b	Name of plan sponsor	THE LEE MOAK GROUP, LLC	c EIN-PN 47-2381018-001
a	Plan name	TQM NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	TQM NORTH AMERICA, INC.	c EIN-PN 35-2615062-001
a	Plan name	WINDOW WISE LLC 401(K) PLAN	
b	Name of plan sponsor	WINDOW WISE LLC	c EIN-PN 26-0389881-001
a	Plan name	HAWAII FOODBANK, INC. 401K PLAN	
b	Name of plan sponsor	HAWAII FOODBANK, INC.	c EIN-PN 99-0220699-001
a	Plan name	KLAR, IZSAK, & STENGER LLC 401(K) PLAN	
b	Name of plan sponsor	KLAR, IZSAK, & STENGER LLC	c EIN-PN 43-1844222-001
a	Plan name	LIFELINK MEDICAL GROUP, PLLC 401(K) PLAN	
b	Name of plan sponsor	LIFELINK MEDICAL GROUP, PLLC	c EIN-PN 47-2362864-001
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	MPX 401(K) PLAN	
b	Name of plan sponsor	MPX	c EIN-PN 01-0457729-001

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	ROBERT L JOHNSTON, INC. 401(K) PLAN	
b	Name of plan sponsor	ROBERT L JOHNSTON, INC	c EIN-PN 54-0761430-001
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	ROCKLIN GAS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ROCKLIN GAS, LLC	c EIN-PN 82-2033920-001
a	Plan name	SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	VRK ENTERPRISES, LLC	c EIN-PN 81-3354376-001
a	Plan name	SENIOR MARKET TEAM LLC 401(K) PLAN	
b	Name of plan sponsor	SENIOR MARKET TEAM LLC	c EIN-PN 46-5533414-001
a	Plan name	SOMEWHERE OVER THE SPECTRUM 401(K) PLAN	
b	Name of plan sponsor	SOMEWHERE OVER THE SPECTRUM LLC	c EIN-PN 86-2547628-001
a	Plan name	TRAVERTINE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAVERTINE, INC.	c EIN-PN 73-1616445-001
a	Plan name	VERIFY INVESTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	VERIFY INVESTOR, INC. A DE INC.	c EIN-PN 46-3398188-001
a	Plan name	A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A.W. OAKES & SON, INC.	c EIN-PN 39-0967026-003
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	BRINKERHOFF EXCAVATING 401(K) PLAN	
b	Name of plan sponsor	BRINKERHOFF EXCAVATING AND CONSTRUCTION, LNC.	c EIN-PN 87-0560259-001
a	Plan name	COMMUNITY STAR CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY STAR CREDIT UNION	c EIN-PN 34-0728231-002

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 COMPASS RETIREMENT CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPASS RETIREMENT CONSULTING GROUP, INC.	c EIN-PN 20-4795685-001
a	Plan name DON E.. KELLY CONTRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor DON E. KELLY CONTRACTOR, INC.	c EIN-PN 43-1479564-001
a	Plan name EMPIRE DIVERSIFIED ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor EMPIRE DIVERSIFIED ENERGY, INC.	c EIN-PN 30-0949242-001
a	Plan name EMPLOYEE BENEFIT PLAN OF ARC OF DENVER, INC.	
b	Name of plan sponsor ARC OF DENVER, INC.	c EIN-PN 84-0614525-001
a	Plan name FIRST CUT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FIRST CUT SAWING AND BREAKING, INC.	c EIN-PN 86-0881313-333
a	Plan name NUOVO SALON & SPA 401(K)PLAN	
b	Name of plan sponsor NUOVO SALON GROUP	c EIN-PN 59-2737928-001
a	Plan name PC TELECOM GROUP & ASSOCIATES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PC TELECOM GROUP & ASSOCIATES, LLC	c EIN-PN 61-1390231-001
a	Plan name RAYMOND HANDLING CONSULTANTS, LC 401(K) PLAN	
b	Name of plan sponsor RAYMOND HANDLING CONSULTANTS, LC	c EIN-PN 59-3331430-001
a	Plan name 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 ROELEN'S VACATIONS 401(K)	
b	Name of plan sponsor GO FLORIDA, INC, DBA ROELEN'S VACATIONS	c EIN-PN 26-1761622-001
a	Plan name ROMEO N. LAUREANO, DMD, PSC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROMEO N. LAUREANO, DMD, PSC	c EIN-PN 61-1371980-001
a	Plan name SOUND SOURCES TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor SOUND SOURCES TECHNOLOGY, INC.	c EIN-PN 36-4508386-001

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 K CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor T K CONCRETE, INC.	c EIN-PN 39-1898532-001
a	Plan name TRENCHLESS CONSTRUCTION SERVICES, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor TRENCHLESS CONSTRUCTION SERVICES, L.L.C.	c EIN-PN 91-1981784-001
a	Plan name TRESTLEWOOD 401(K) PLAN	
b	Name of plan sponsor CANNON STRUCTURES, INC. DBA TRESTLEWOOD	c EIN-PN 34-1112308-001
a	Plan name VISKOTEERPAK 401(K) PLAN	
b	Name of plan sponsor VISKOTEERPAK, LLC	c EIN-PN 20-1267287-001
a	Plan name WSA USA 401(K) PLAN	
b	Name of plan sponsor WSA USA	c EIN-PN 27-4503720-001
a	Plan name ACADEMY MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor ACADEMY MANAGEMENT COMPANY	c EIN-PN 45-2344235-001
a	Plan name ALL GLASS & WINDOWS, LLC 401(K) PLAN	
b	Name of plan sponsor ALL GLASS & WINDOWS, LLC	c EIN-PN 36-4845255-001
a	Plan name BERGERT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BERGERT GROUP LTD.	c EIN-PN 81-0777309-001
a	Plan name CENTURY BUILDING SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CENTURY BUILDING SOLUTIONS, INC.	c EIN-PN 46-0631230-001
a	Plan name CHAMPION RISK & INSURANCE SERVICES 401K PLAN	
b	Name of plan sponsor WGB-RABY, L.P. DBA CHAMPION RISK & INSURANCE SERVICES, INC.	c EIN-PN 27-3791702-001
a	Plan name COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name D. LINK GRIMES PLLC 401(K) PLAN	
b	Name of plan sponsor D. LINK GRIMES, PLLC	c EIN-PN 99-0423657-001

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 DPIM 401(K) PLAN	
b	Name of plan sponsor DPI MERCHANDISING, INC.	c EIN-PN 37-2029278-001
a	Plan name DR. MICHAEL GUIRGUIS, D.D.S., INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor DR. MICHAEL GUIRGUIS, D.D.S., INC.	c EIN-PN 27-0800677-001
a	Plan name HEALTHY ORGANIC KIDS INC 401(K)	
b	Name of plan sponsor HEALTHY ORGANIC KIDS INC	c EIN-PN 46-5666729-777
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
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 KNIGHT FARMS 401(K) PLAN	
b	Name of plan sponsor KNIGHT FARMS	c EIN-PN 68-0255456-001
a	Plan name KOEHLER FARRY & COMPANY 401(K) PLAN	
b	Name of plan sponsor KOEHLER FARRY & COMPANY, CPA, PA	c EIN-PN 59-3379212-001
a	Plan name MCLEOD LAND SERVICES 401(K) PLAN 1	
b	Name of plan sponsor MCLEOD LAND & EQUIPMENT, INC.	c EIN-PN 65-0810917-001
a	Plan name MCLEOD LAND SERVICES 401(K) PLAN 2	
b	Name of plan sponsor MCLEOD LAND & EQUIPMENT, INC.	c EIN-PN 65-0810917-002
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 ALLEGHANY ASPHALT AND CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor ALLEGHANY ASPHALT AND CONSTRUCTION, INC.	c EIN-PN 54-1723930-001
a	Plan name CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001

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	DAIRY HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor	DAIRY HEALTH SERVICES, LLC	c EIN-PN 82-3029364-001
a	Plan name	DANIEL BRIAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	DANIEL BRIAN & ASSOCIATES	c EIN-PN 38-3169316-001
a	Plan name	E.J. WARD, INC. 401(K) PLAN	
b	Name of plan sponsor	E.J. WARD, INC.	c EIN-PN 88-0284475-001
a	Plan name	FLORIDA SPINE 401(K) PLAN	
b	Name of plan sponsor	FLORIDA SPINE ASSOCIATES, LLC	c EIN-PN 82-0835183-001
a	Plan name	FOOTHILLS SPEECH & LANGUAGE, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	FOOTHILLS SPEECH & LANGUAGE, INC.	c EIN-PN 26-2545594-001
a	Plan name	GREENVANS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREENVANS, LLC	c EIN-PN 26-2343063-001
a	Plan name	INCAB AMERICA, LLC 401(K) PLAN	
b	Name of plan sponsor	INCAB AMERICA, LLC	c EIN-PN 82-0671947-001
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
a	Plan name	LOOMIS INTERNATIONAL, LTD. 401(K) PLAN	
b	Name of plan sponsor	LOOMIS INTERNATIONAL, LTD	c EIN-PN 36-3361456-001
a	Plan name	LOUISIANA OFFICE PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	LOUISIANA OFFICE PRODUCTS, INC	c EIN-PN 72-0763449-002
a	Plan name	OCEAN FOREST LLC 401(K) PLAN	
b	Name of plan sponsor	OCEAN FOREST LLC	c EIN-PN 92-2466614-001
a	Plan name	OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS 401(K) PLAN	
b	Name of plan sponsor	THE OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	c EIN-PN 31-4378053-002

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	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	RC FURNITURE, INC. 401(K) PLAN	
b	Name of plan sponsor	RC FURNITURE, INC.	c EIN-PN 95-4033862-001
a	Plan name	SOUTHERN PACKAGING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SOUTHERN PACKAGING LLC	c EIN-PN 72-1233979-001
a	Plan name	TELEPATHY NETWORKS, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	TELEPATHY NETWORKS LLC	c EIN-PN 27-0056105-001
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	TRINITY CONSTRUCTION GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	TRINITY CONSTRUCTION GROUP, LLC	c EIN-PN 35-2688581-001
a	Plan name	TRISON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	TRISON ENTERPRISES INC.	c EIN-PN 91-1177364-001
a	Plan name	FOUR SEASONS CONSULTING 401(K) PLAN	
b	Name of plan sponsor	FOUR SEASONS CONSULTING, INC.	c EIN-PN 20-4370441-001
a	Plan name	FRANK J. GRADY, M.D. ASSOC 401(K) PLAN	
b	Name of plan sponsor	FRANK J. GRADY M.D. ASSOC	c EIN-PN 74-1779810-001
a	Plan name	GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	c EIN-PN 92-0185518-001
a	Plan name	JOURNEYS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JOURNEYS INC.	c EIN-PN 46-3936603-001
a	Plan name	MILK SOURCE COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	MILK SOURCE, LLC	c EIN-PN 39-1954636-001

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	OLD TOWN FIBERGLASS 401(K) PROFIT SHARING PLAN	c	EIN-PN	20-2006359-001
b	Name of plan sponsor	OLD TOWN FIBERGLASS	c	EIN-PN	20-2006359-001
a	Plan name	PINNACLE BEHAVIORAL HEALTH 401(K) PLAN	c	EIN-PN	20-3036602-001
b	Name of plan sponsor	PINNACLE BEHAVIORAL HEALTH	c	EIN-PN	20-3036602-001
a	Plan name	SALUS GRC 401(K) PLAN	c	EIN-PN	92-2714966-001
b	Name of plan sponsor	SALUS GRC, LLC	c	EIN-PN	92-2714966-001
a	Plan name	SPARTAN PRINTING, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	75-1155218-001
b	Name of plan sponsor	SPARTAN PRINTING AND PACKAGING, INC.	c	EIN-PN	75-1155218-001
a	Plan name	THE ALAGIRI IMMIGRATION LAW FIRM 401(K) PROFIT SHARING PLAN	c	EIN-PN	47-3003463-001
b	Name of plan sponsor	THE ALAGIRI IMMIGRATION LAW FIRM, INC.	c	EIN-PN	47-3003463-001
a	Plan name	TRUENORTH COMPANIES, L.C. 401(K) PROFIT SHARING PLAN	c	EIN-PN	42-1513015-001
b	Name of plan sponsor	TRUENORTH COMPANIES, L.C.	c	EIN-PN	42-1513015-001
a	Plan name	TUMBLEWEED MIDSTREAM 401(K) PLAN	c	EIN-PN	84-3879436-001
b	Name of plan sponsor	TUMBLEWEED MIDSTREAM, LLC	c	EIN-PN	84-3879436-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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 JPMORGAN EQUITY INCOME RET OPT	B Three-digit plan number (PN) ▶ 880
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
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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
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)	62279861
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	62027722
(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	62279861	62027722
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	62279860	62027722

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)	1392155	
(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)	3045129	
(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)		3792562
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8229846

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		8229846
l Transfers of assets:			
(1) To this plan.....	2l(1)		14876520
(2) From this plan	2l(2)		23358504

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 _____.