

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

1a Name of plan: TRANSAMERICA ASSET ALLOCATION - GROWTH PORTFOLIO RET OPT
1b Three-digit plan number (PN): 055
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>TRANSAMERICA ASSET ALLOCATION - GROWTH PORTFOLIO RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>055</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>BLAHNIK INVESTMENT GROUP RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLAHNIK INVESTMENT GROUP</b>	<b>c</b> EIN-PN <b>46-0495940-001</b>
<b>a</b>	Plan name <b>COLORADO MEDICAL SOCIETY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COLORADO MEDICAL SOCIETY</b>	<b>c</b> EIN-PN <b>84-0174440-001</b>
<b>a</b>	Plan name <b>COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>COLORADO SURGICAL AFFILIATES, LLC</b>	<b>c</b> EIN-PN <b>81-3228396-001</b>
<b>a</b>	Plan name <b>FALCON BRIDGE CAPITAL 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>FALCON BRIDGE CAPITAL, LLC</b>	<b>c</b> EIN-PN <b>32-0206781-001</b>
<b>a</b>	Plan name <b>FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FRANK MARTIN SONS, INC.</b>	<b>c</b> EIN-PN <b>01-0279609-003</b>
<b>a</b>	Plan name <b>J. MCLOUGHLIN ENGINEERING CO., INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>J. MCLOUGHLIN ENGINEERING CO., INC.</b>	<b>c</b> EIN-PN <b>33-0570155-001</b>
<b>a</b>	Plan name <b>KEENO FARMS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KEENO FARMS CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>30-0205931-001</b>
<b>a</b>	Plan name <b>MARCHIONDA &amp; FERRER 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARCHIONDA &amp; FERRER, P.A.</b>	<b>c</b> EIN-PN <b>22-3261359-001</b>
<b>a</b>	Plan name <b>MENGWASSER MARTIN LALL &amp; CLARK PC PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MENGWASSER, MARTIN, LALL, &amp; CLARK PC</b>	<b>c</b> EIN-PN <b>43-1564913-001</b>
<b>a</b>	Plan name <b>MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MERRITT ISLAND AIR AND HEAT INC.</b>	<b>c</b> EIN-PN <b>81-0579482-001</b>
<b>a</b>	Plan name <b>MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MONROE URGENT CARE, INC.</b>	<b>c</b> EIN-PN <b>26-0188188-001</b>
<b>a</b>	Plan name <b>MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOODY PRICE, LLC</b>	<b>c</b> EIN-PN <b>72-1044462-003</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOORETOWN RANCHERIA	<b>c</b> EIN-PN 68-0152435-003
<b>a</b>	Plan name	PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC HEALTHCARE GROUP LLC	<b>c</b> EIN-PN 88-4181241-777
<b>a</b>	Plan name	PHILIP CIAMPA SALON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHILIP CIAMPA SALON	<b>c</b> EIN-PN 04-2784425-001
<b>a</b>	Plan name	PHOENIX INTERNATIONAL PUBLICATIONS, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX INTERNATIONAL PUBLICATIONS, INC.	<b>c</b> EIN-PN 47-1100568-001
<b>a</b>	Plan name	PHUKET THAI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHUKET THAI RESTAURANT, INC.	<b>c</b> EIN-PN 99-0332429-001
<b>a</b>	Plan name	RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIC-MAN INTERNATIONAL, INC.	<b>c</b> EIN-PN 59-2300398-001
<b>a</b>	Plan name	SIGNATURE PAYMENTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CKC HOLDINGS, INC.	<b>c</b> EIN-PN 61-2013413-001
<b>a</b>	Plan name	WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
<b>b</b>	Name of plan sponsor	WAILEA GOLF LLC	<b>c</b> EIN-PN 76-0741485-001
<b>a</b>	Plan name	WULCO, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WULCO, INC.	<b>c</b> EIN-PN 61-1171211-222
<b>a</b>	Plan name	AIR & LUBE SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AIR & LUBE SYSTEMS, INC.	<b>c</b> EIN-PN 94-3284282-001
<b>a</b>	Plan name	AIR MECHANICAL SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AIR MECHANICAL SALES, INC.	<b>c</b> EIN-PN 54-2061425-001
<b>a</b>	Plan name	AIREKO CONSTRUCTION LLC CODA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AIREKO CONSTRUCTION, LLC	<b>c</b> EIN-PN 66-0286068-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AZURE GREEN CONSULTANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AZURE GREEN CONSULTANTS, LLC	<b>c</b> EIN-PN 20-5174912-001
<b>a</b>	Plan name B.C. ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor B.C. ELECTRIC	<b>c</b> EIN-PN 25-1725627-001
<b>a</b>	Plan name DISHMAN DODGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor M&G INVESTMENTS, INC. DBA DISHMAN DODGE	<b>c</b> EIN-PN 91-0953903-002
<b>a</b>	Plan name EKA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EARLE KINLAW & ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1328598-001
<b>a</b>	Plan name FAMILY SERVICES OF OAHU, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FAMILY SERVICES OF OAHU, LLC	<b>c</b> EIN-PN 99-0359636-001
<b>a</b>	Plan name FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FCNB BANK	<b>c</b> EIN-PN 43-0224380-001
<b>a</b>	Plan name FRED LAU HAWAIIAN LANDSCAPE CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRED LAU HAWAIIAN LANDSCAPE CO., INC.	<b>c</b> EIN-PN 99-0321837-002
<b>a</b>	Plan name HEART CENTER OF NEVADA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOHAIL ANJUM-DOST WATTOO, M.D.'S, LTD.	<b>c</b> EIN-PN 88-0161856-001
<b>a</b>	Plan name KENSINGTON FINANCIAL SERVICES, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KENSINGTON FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 36-3536681-001
<b>a</b>	Plan name KEVIN C. GROWNEY, DDS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEVIN C. GROWNEY, DDS, PC	<b>c</b> EIN-PN 36-4612196-001
<b>a</b>	Plan name MORRIS DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MORRIS DISTRIBUTING	<b>c</b> EIN-PN 68-0301995-001
<b>a</b>	Plan name PALMER DISTRIBUTORS, INC. EMPLOYEES 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor PALMER DISTRIBUTORS, INC.	<b>c</b> EIN-PN 38-1942134-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">PIRZADEH &amp; ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PIRZADEH &amp; ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0841279-002</a>
<b>a</b>	Plan name <a href="#">SAN PABLO DEVELOPERS, INC. 1165(E) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SAN PABLO DEVELOPERS, INC.</a>	<b>c</b> EIN-PN <a href="#">66-0493660-001</a>
<b>a</b>	Plan name <a href="#">STRATEGIC CONTRACTING SERVICES INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STRATEGIC CONTRACTING SERVICES INC.</a>	<b>c</b> EIN-PN <a href="#">20-8612710-001</a>
<b>a</b>	Plan name <a href="#">TILLERY CHEVROLET/GMC INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TILLERY CHEVROLET/GMC</a>	<b>c</b> EIN-PN <a href="#">85-0281064-001</a>
<b>a</b>	Plan name <a href="#">V &amp; C ELECTRICAL CONTRACTORS, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">V &amp; C ELECTRICAL CONTRACTORS, INC.</a>	<b>c</b> EIN-PN <a href="#">62-1143477-001</a>
<b>a</b>	Plan name <a href="#">WAILEA GOLF LLC 401(K) PLAN FOR HOURLY BARGAINING EMPLOYEES</a>	
<b>b</b>	Name of plan sponsor <a href="#">WAILEA GOLF LLC</a>	<b>c</b> EIN-PN <a href="#">76-0741485-002</a>
<b>a</b>	Plan name <a href="#">WAILEA GOLF LLC BU / GA 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WAILEA GOLF LLC</a>	<b>c</b> EIN-PN <a href="#">76-0741485-003</a>
<b>a</b>	Plan name <a href="#">WAILEA OLD BLUE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WAILEA OLD BLUE, LLC</a>	<b>c</b> EIN-PN <a href="#">87-0777083-001</a>
<b>a</b>	Plan name <a href="#">WAILEA OLD BLUE NON-UNION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WAILEA OLD BLUE, LLC</a>	<b>c</b> EIN-PN <a href="#">87-0777083-002</a>
<b>a</b>	Plan name <a href="#">WAIPIO VALLEY TRADING CO. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WAIPIO VALLEY TRADING CO.</a>	<b>c</b> EIN-PN <a href="#">99-0317703-001</a>
<b>a</b>	Plan name <a href="#">ZEETO GROUP, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ZEETO GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">83-0490277-001</a>
<b>a</b>	Plan name <a href="#">ARGO BLOWER RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARGO BLOWER AND MANUFACTURING, INC.</a>	<b>c</b> EIN-PN <a href="#">91-0129010-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>BAD AXE PRODUCTS LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAD AXE PRODUCTS LLC</b>	<b>c</b> EIN-PN <b>45-2653251-001</b>
<b>a</b>	Plan name <b>COMMUNITY CARE NURSES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COMMUNITY CARE NURSES, INC.</b>	<b>c</b> EIN-PN <b>05-0410613-001</b>
<b>a</b>	Plan name <b>D &amp; D PLUMBING, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D &amp; D PLUMBING, LLC</b>	<b>c</b> EIN-PN <b>88-0164801-001</b>
<b>a</b>	Plan name <b>D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D R SUMMIT WEALTH MANAGEMENT, INC.</b>	<b>c</b> EIN-PN <b>27-1552262-001</b>
<b>a</b>	Plan name <b>MBPIA 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION</b>	<b>c</b> EIN-PN <b>38-1956049-002</b>
<b>a</b>	Plan name <b>PLAN DE RETIRO 1081.01(D) PARA EMPLEADOS DE GOYA DE PUERTO RICO, INC.</b>	
<b>b</b>	Name of plan sponsor <b>GOYA DE PUERTO RICO, INC.</b>	<b>c</b> EIN-PN <b>66-0429097-002</b>
<b>a</b>	Plan name <b>RAPT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RICHMOND AUTO PARTS TECHNOLOGY, INC.</b>	<b>c</b> EIN-PN <b>61-1321586-001</b>
<b>a</b>	Plan name <b>THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE ART SOURCE, INC.</b>	<b>c</b> EIN-PN <b>99-0280665-001</b>
<b>a</b>	Plan name <b>TRUE &amp; ASSOCIATES 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRUE &amp; ASSOCIATES</b>	<b>c</b> EIN-PN <b>22-2472821-002</b>
<b>a</b>	Plan name <b>WARREN F THOMAS PLUMBING CO. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WARREN F. THOMAS PLUMBING CO.</b>	<b>c</b> EIN-PN <b>36-4058295-001</b>
<b>a</b>	Plan name <b>A-1 SIGNS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>A-1 SIGNS, INC.</b>	<b>c</b> EIN-PN <b>72-0647398-001</b>
<b>a</b>	Plan name <b>AMERICAN PAPER CORPORATION CODA PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN PAPER CORPORATION</b>	<b>c</b> EIN-PN <b>66-0392240-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	AMERICAN SECURITY PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN IRONWORKS, INC. DBA AMERICAN SECURITY	<b>c</b> EIN-PN 95-4677496-001
<b>a</b>	Plan name	BAR 20 PENSION PROFIT SHARING - 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAR 20 DAIRY LLC	<b>c</b> EIN-PN 20-2670418-001
<b>a</b>	Plan name	BARNARD MANUFACTURING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARNARD MANUFACTURING CO., INC.	<b>c</b> EIN-PN 38-1842231-001
<b>a</b>	Plan name	BUCK HILL FALLS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUCK HILL FALLS COMPANY	<b>c</b> EIN-PN 24-0536840-001
<b>a</b>	Plan name	DIVFINSERV 401(K)	
<b>b</b>	Name of plan sponsor	DIVERSIFIED FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 20-1848122-001
<b>a</b>	Plan name	DIXON AUTOMATIC TOOL, INC. EMPLOYEES' PROFIT SHARING & 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DIXON AUTOMATIC TOOL, INC.	<b>c</b> EIN-PN 36-2231217-001
<b>a</b>	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENVISION TELEPHONY, INC.	<b>c</b> EIN-PN 91-1661458-001
<b>a</b>	Plan name	AAA TRANSPORTATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AAA TRANSPORTATION, INC.	<b>c</b> EIN-PN 41-1680304-001
<b>a</b>	Plan name	BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BASSETT SALES CORPORATION	<b>c</b> EIN-PN 95-3666930-001
<b>a</b>	Plan name	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS' ASSOCIATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS'	<b>c</b> EIN-PN 41-2153109-001
<b>a</b>	Plan name	CHIRCO TEAM LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHIRCO TEAM LLC	<b>c</b> EIN-PN 26-3741789-001
<b>a</b>	Plan name	CHIROPRACTIC PLUS OF TRICITIES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHIROPRACTIC PLUS OF TRICITIES, P.C.	<b>c</b> EIN-PN 20-3867928-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COUNTY HEATING AND AIR CONDITIONING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COUNTY HEATING AND AIR CONDITIONING, INC.	<b>c</b> EIN-PN 95-3513835-001
<b>a</b>	Plan name	DOMESTIC FORGE & FORMING INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DOMESTIC FORGE & FORMING, INC.	<b>c</b> EIN-PN 38-3148363-001
<b>a</b>	Plan name	DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DON'S TRUCK SALES, INC.	<b>c</b> EIN-PN 42-0816951-001
<b>a</b>	Plan name	GABRIEL COSMETICS, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GABRIEL COSMETICS, INC.	<b>c</b> EIN-PN 91-1568874-001
<b>a</b>	Plan name	H. BRAUNING COMPANY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	H. BRAUNING COMPANY, INC.	<b>c</b> EIN-PN 54-1328776-001
<b>a</b>	Plan name	H3O, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H3O, INC.	<b>c</b> EIN-PN 26-3221103-001
<b>a</b>	Plan name	HAGOOD HOMES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAGOOD HOMES, INC.	<b>c</b> EIN-PN 56-1965580-001
<b>a</b>	Plan name	IITC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISLAND INFORMATION TECHNOLOGY CONSULTANTS, INC.	<b>c</b> EIN-PN 20-1314597-001
<b>a</b>	Plan name	JOHNSON QUARRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON QUARRIES, INC.	<b>c</b> EIN-PN 23-2976143-001
<b>a</b>	Plan name	JOHNSON UNITED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON UNITED, INC.	<b>c</b> EIN-PN 77-0401727-001
<b>a</b>	Plan name	MCCUTCHEON AGENCY LTD RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MCCUTCHEON INSURANCE AGENCY LTD	<b>c</b> EIN-PN 36-3087849-001
<b>a</b>	Plan name	MCKIM CHIROPRACTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH VALLEY CHIROPRACTIC, LLC DBA MCKIM CHIROPRACTIC	<b>c</b> EIN-PN 82-0452136-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MUSKEGON COUNTY MUSEUM	<b>c</b> EIN-PN 38-1367319-001
<b>a</b>	Plan name	ORANGE-SOL BLENDING & PACKAGING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORANGE-SOL BLENDING & PACKAGING, INC.	<b>c</b> EIN-PN 86-0772941-001
<b>a</b>	Plan name	OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OREGON COLLEGE OF ORIENTAL MEDICINE	<b>c</b> EIN-PN 93-0845182-001
<b>a</b>	Plan name	RCB AND SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RCB AND SONS, INC.	<b>c</b> EIN-PN 95-3175574-001
<b>a</b>	Plan name	REALTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REALTECH CONSTRUCTION CO., LLC	<b>c</b> EIN-PN 95-4709478-001
<b>a</b>	Plan name	SC JOHNSON DE PR, INC. SUPPLEMENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SC JOHNSON DE PR, INC.	<b>c</b> EIN-PN 66-0290543-002
<b>a</b>	Plan name	THE CENTER FOR LEARNING UNLIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CENTER FOR LEARNING UNLIMITED	<b>c</b> EIN-PN 33-0960142-001
<b>a</b>	Plan name	TRUECONTEXT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUECONTEXT	<b>c</b> EIN-PN 98-0474577-001
<b>a</b>	Plan name	TRUTRON CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUTRON CORPORATION	<b>c</b> EIN-PN 38-1858530-001
<b>a</b>	Plan name	WATKINS CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WATKINS CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 95-3084079-001
<b>a</b>	Plan name	ABLE SALES COMPANY, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	ABLE SALES COMPANY INC.	<b>c</b> EIN-PN 66-0320315-001
<b>a</b>	Plan name	ALLENS PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLENS PLUMBING, INC.	<b>c</b> EIN-PN 99-0241127-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BORINQUEN CONTAINER 1165(E) CODA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BORINQUEN CONTAINER CORP.	<b>c</b> EIN-PN 66-0275132-001
<b>a</b>	Plan name	DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOUGLASS INDUSTRIES	<b>c</b> EIN-PN 22-1912538-002
<b>a</b>	Plan name	ELATERAL INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELATERAL INC. DBA BRANDGILITY	<b>c</b> EIN-PN 51-0396708-001
<b>a</b>	Plan name	GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREAT KIDS, INC.	<b>c</b> EIN-PN 62-1798100-001
<b>a</b>	Plan name	IMPACT INDUSTRIES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WORLD OF MOULDING	<b>c</b> EIN-PN 33-0327222-001
<b>a</b>	Plan name	JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JARMER ELECTRIC, INC.	<b>c</b> EIN-PN 93-0694887-001
<b>a</b>	Plan name	KIDZ BIZ PEDIATRICS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KIDZ BIZ PEDIATRICS	<b>c</b> EIN-PN 43-1940340-001
<b>a</b>	Plan name	KIMBERLY PARK DENTAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KIMBERLY PARK DENTAL ASSOCIATES, P.C.	<b>c</b> EIN-PN 42-1049323-001
<b>a</b>	Plan name	LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LINGLE DESIGN GROUP	<b>c</b> EIN-PN 36-4398800-001
<b>a</b>	Plan name	MARKETING SOLUTIONS INC. & DESIGN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARKETING SOLUTIONS INC. & DESIGN	<b>c</b> EIN-PN 46-5300350-001
<b>a</b>	Plan name	MICHAEL BORNEMANN, M.D., LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL BORNEMANN, M.D., LLC	<b>c</b> EIN-PN 26-3849577-001
<b>a</b>	Plan name	PRAIRIEFIRE COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRAIRIEFIRE COMMUNICATIONS, INC.	<b>c</b> EIN-PN 26-1885084-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	QMSI 401(K) PLAN	
<b>b</b> Name of plan sponsor	QMSI	<b>c</b> EIN-PN 62-1539705-001
<b>a</b> Plan name	RIPLEY INDUSTRIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	RIPLEY INDUSTRIES, INC.	<b>c</b> EIN-PN 62-0606312-001
<b>a</b> Plan name	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	<b>c</b> EIN-PN 95-2846605-001
<b>a</b> Plan name	SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
<b>b</b> Name of plan sponsor	SCHUMANN HANLON LLC	<b>c</b> EIN-PN 20-1967882-001
<b>a</b> Plan name	SLADE GLASS CO. 401(K) PLAN	
<b>b</b> Name of plan sponsor	IMMACULATE GLASS, LLC	<b>c</b> EIN-PN 87-3806033-001
<b>a</b> Plan name	SMC RECYCLING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SMC RECYCLING, INC.	<b>c</b> EIN-PN 62-1723264-001
<b>a</b> Plan name	SUCESION J. SERRALLES, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	SUCESION J. SERRALLES, INC.	<b>c</b> EIN-PN 66-0378432-001
<b>a</b> Plan name	WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN	
<b>b</b> Name of plan sponsor	WEATHER ENGINEERS, INC.	<b>c</b> EIN-PN 59-3076169-004
<b>a</b> Plan name	FOLEY BUILDING & ELECTRICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	FOLEY BUILDING & ELECTRICAL SYSTEMS, INC.	<b>c</b> EIN-PN 77-0535159-001
<b>a</b> Plan name	CCALA CORP. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CCALA CORP.	<b>c</b> EIN-PN 66-0430969-001
<b>a</b> Plan name	CISCO SYSTEMS, INC. PUERTO RICO - SALARY DEFERRAL PLAN	
<b>b</b> Name of plan sponsor	CISCO SYSTEMS, INC.	<b>c</b> EIN-PN 77-0473719-001
<b>a</b> Plan name	CITY TILE & FLOOR COVERING CO. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CITY TILE AND FLOOR COVERING CO., LLC	<b>c</b> EIN-PN 62-1039371-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">GENESEE HEMATOLOGY ONCOLOGY, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GENESEE HEMATOLOGY-ONCOLOGY, P.C.</a>	<b>c</b> EIN-PN <a href="#">38-2278871-001</a>
<b>a</b>	Plan name <a href="#">THE EMF COMPANY, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE EMF COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">75-1552044-001</a>
<b>a</b>	Plan name <a href="#">ADVANCED MACHINING &amp; AUTOMATION, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADVANCED MACHINING &amp; AUTOMATION, INC.</a>	<b>c</b> EIN-PN <a href="#">42-1482013-001</a>
<b>a</b>	Plan name <a href="#">ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADVANCED MANUFACTURING TECHNOLOGY</a>	<b>c</b> EIN-PN <a href="#">84-1390588-001</a>
<b>a</b>	Plan name <a href="#">TOTAL ORTHOTICS &amp; PROSTHETIC SOLUTIONS, INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOTAL ORTHOTIC &amp; PROSTHETIC SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">56-2405432-002</a>
<b>a</b>	Plan name <a href="#">TUCKER, ALBIN &amp; ASSOCIATES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TUCKER, ALBIN &amp; ASSOCIATES</a>	<b>c</b> EIN-PN <a href="#">32-0386771-001</a>
<b>a</b>	Plan name <a href="#">MEALS ON WHEELS, ETC., INC. EMPLOYEE 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEALS ON WHEELS, ETC., INC.</a>	<b>c</b> EIN-PN <a href="#">59-2977907-001</a>
<b>a</b>	Plan name <a href="#">RED HOOK AGENCIES, INC. 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RED HOOK AGENCIES, INC.</a>	<b>c</b> EIN-PN <a href="#">66-0345418-002</a>
<b>a</b>	Plan name <a href="#">VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VANDERVART CONCRETE PRODUCTS, LLC</a>	<b>c</b> EIN-PN <a href="#">46-5469386-001</a>
<b>a</b>	Plan name <a href="#">AUSSIE PET MOBILE, INC. 401(K)/PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AUSSIE PET MOBILE, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0861292-001</a>
<b>a</b>	Plan name <a href="#">ROWE-THRUSH, INC. SAVINGS PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROWE-THRUSH, INC.</a>	<b>c</b> EIN-PN <a href="#">26-2014519-001</a>
<b>a</b>	Plan name <a href="#">RSI 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RECYCLING SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">36-4343734-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BEACON TRI-STATE SOLUTIONS, INC.	<b>c</b> EIN-PN 32-0277555-001
<b>a</b>	Plan name	DR. GEORGE T. MATHAI PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DR. GEORGE T. MATHAI PLLC	<b>c</b> EIN-PN 20-0461962-001
<b>a</b>	Plan name	INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	<b>c</b> EIN-PN 59-1745402-001
<b>a</b>	Plan name	WESTERN CAMPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN CAMPS, INC.	<b>c</b> EIN-PN 95-2499851-001
<b>a</b>	Plan name	SEW MANY PARTS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEW MANY PARTS	<b>c</b> EIN-PN 27-0130750-001
<b>a</b>	Plan name	DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUVALL FORD COMPANY, INC.	<b>c</b> EIN-PN 58-1538949-001
<b>a</b>	Plan name	NEW ENGLAND METALFORM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND METALFORM, INC.	<b>c</b> EIN-PN 04-3100110-002
<b>a</b>	Plan name	NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW KNOXVILLE SUPPLY CO. INC.	<b>c</b> EIN-PN 34-4314480-001
<b>a</b>	Plan name	WILLIAMS, DECLARK & TUSCHMAN CO., LPA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILLIAMS, DECLARK & TUSCHMAN CO., LPA	<b>c</b> EIN-PN 34-1311244-001
<b>a</b>	Plan name	OC AUTO TEAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	<b>c</b> EIN-PN 16-1690678-002
<b>a</b>	Plan name	ODESUS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ODESUS, INC.	<b>c</b> EIN-PN 95-4864544-001
<b>a</b>	Plan name	C & C INSULATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C & C INSULATION, INC.	<b>c</b> EIN-PN 23-2110326-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name PASTERKAMP HEATING & AIR CONDITIONING COMPANY 401(K)	
<b>b</b>	Name of plan sponsor PASTERKAMP HEATING & AIR CONDITIONING	<b>c</b> EIN-PN 84-0568191-001
<b>a</b>	Plan name PATHFINDER SOFTWARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PATHFINDER SOFTWARE, LLC	<b>c</b> EIN-PN 45-1068132-001
<b>a</b>	Plan name FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERNANDES & CHAREST, P.C.	<b>c</b> EIN-PN 04-3099857-001
<b>a</b>	Plan name KING CHIROPRACTIC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KING CHIROPRACTIC INSTITUTE	<b>c</b> EIN-PN 52-2210480-001
<b>a</b>	Plan name KLEIN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KLEIN PRODUCTS, INC.	<b>c</b> EIN-PN 95-2105141-001
<b>a</b>	Plan name LUCTOR INTERNATIONAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LUCTOR INTERNATIONAL, LLC D/B/A VAN GOGH IMPORTS	<b>c</b> EIN-PN 86-0880585-001
<b>a</b>	Plan name ACME LIFT COMPANY CO. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ACME LIFT COMPANY LLC	<b>c</b> EIN-PN 86-0900122-001
<b>a</b>	Plan name ACOUSTIC CEILING & PARTITION CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACOUSTIC CEILING & PARTITION CO., INC.	<b>c</b> EIN-PN 38-2627627-006
<b>a</b>	Plan name GENTILOZZI REAL ESTATE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENTILOZZI REAL ESTATE, INC.	<b>c</b> EIN-PN 38-2361521-001
<b>a</b>	Plan name PRECISION PLUS PLUMBING AND HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRECISION PLUS PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 20-4553034-001
<b>a</b>	Plan name PREMIER PEO, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PREMIER PEO, INC.	<b>c</b> EIN-PN 80-0878405-001
<b>a</b>	Plan name COLEGIO DEL SAGRADO CORAZON DE JESUS 1165(E) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COLEGIO SAGRADO CORAZON	<b>c</b> EIN-PN 66-0214426-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name COLEGIO MARISTA MONEY PURCHASE THRIFT PLAN	
<b>b</b>	Name of plan sponsor COLEGIO MARISTA	<b>c</b> EIN-PN 66-0263752-001
<b>a</b>	Plan name GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLESSNER & ASSOCIATES, PLLC	<b>c</b> EIN-PN 55-0761731-001
<b>a</b>	Plan name PRO-TEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRO-TEK MANUFACTURING, INC.	<b>c</b> EIN-PN 94-2862885-002
<b>a</b>	Plan name ALWAYS BETTER CARE HOME PROVIDERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALWAYS BETTER CARE HOME HEALTH PROVIDERS, INC.	<b>c</b> EIN-PN 95-4574440-001
<b>a</b>	Plan name MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MATICH CORPORATION	<b>c</b> EIN-PN 95-1810911-002
<b>a</b>	Plan name MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MATIKON AMERICA INC.	<b>c</b> EIN-PN 38-3498737-002
<b>a</b>	Plan name CONSER HOMES, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CONSER HOMES, INC.	<b>c</b> EIN-PN 93-0670347-001
<b>a</b>	Plan name R&F, INC. EMPLOYEES BENEFIT PLAN	
<b>b</b>	Name of plan sponsor R&F, INC.	<b>c</b> EIN-PN 34-1016464-001
<b>a</b>	Plan name MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MEDI-WEIGHT LOSS CLINICS, LLC	<b>c</b> EIN-PN 20-3753744-001
<b>a</b>	Plan name ANNAPOLIS JEWELRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANNAPOLIS JEWELRY & LOAN, INC.	<b>c</b> EIN-PN 52-2319988-001
<b>a</b>	Plan name HARLEY AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARLEY AUTOMOTIVE GROUP, INC.	<b>c</b> EIN-PN 41-1711881-001
<b>a</b>	Plan name RENHILL STAFFING SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor RENHILL STAFFING SERVICE	<b>c</b> EIN-PN 74-2982537-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name UBORA ENGINEERING & PLANNING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UBORA ENGINEERING & PLANNING, INC	<b>c</b> EIN-PN 20-2459818-001
<b>a</b>	Plan name UCOPB, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNDERWOOD CHEVROLET OLDS PONTIAC BUICK	<b>c</b> EIN-PN 38-1887779-001
<b>a</b>	Plan name ASSIGN CORP. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ASSIGN CORP.	<b>c</b> EIN-PN 95-4664862-001
<b>a</b>	Plan name AUSTIN FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor AUSTIN FEDERAL CREDIT UNION	<b>c</b> EIN-PN 74-1593594-001
<b>a</b>	Plan name HOLMAN'S OF NEVADA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HOLMAN'S OF NEVADA	<b>c</b> EIN-PN 88-0142663-001
<b>a</b>	Plan name BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEHRMANN MEAT & PROCESSING, INC	<b>c</b> EIN-PN 37-0920912-001
<b>a</b>	Plan name BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BELGRADE STATE BANK	<b>c</b> EIN-PN 43-0177195-001
<b>a</b>	Plan name DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DRILLING & PRODUCTION CO.	<b>c</b> EIN-PN 95-0803480-001
<b>a</b>	Plan name WESTERN FILAMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WESTERN FILAMENT, INC.	<b>c</b> EIN-PN 95-3672588-001
<b>a</b>	Plan name E-SAFE TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor E-SAFE TECHNOLOGIES, LLC	<b>c</b> EIN-PN 27-3784047-001
<b>a</b>	Plan name SHARPRINT SILKSCREEN AND GRAPHICS, INC.401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SHARPRINT SILKSCREEN AND GRAPHICS, INC.	<b>c</b> EIN-PN 36-3931487-001
<b>a</b>	Plan name SHAWNEE COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHAWNEE COUNTRY CLUB	<b>c</b> EIN-PN 34-4353200-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WINCUBIC.COM, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WINCUBIC.COM, INC.	<b>c</b> EIN-PN 99-0341892-001
<b>a</b>	Plan name	BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRIDGEWAY, INC.	<b>c</b> EIN-PN 37-0984175-001
<b>a</b>	Plan name	JEFF'S WELDING & MACHINE COMPANY 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JEFF'S WELDING & MACHINE COMPANY	<b>c</b> EIN-PN 20-1029521-001
<b>a</b>	Plan name	JEPSEN ELECTRIC INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JEPSEN ELECTRIC, INC.	<b>c</b> EIN-PN 94-3393816-001
<b>a</b>	Plan name	JULIAN ELECTRIC, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JULIAN ELECTRIC, INC.	<b>c</b> EIN-PN 36-2592808-001
<b>a</b>	Plan name	P.J. ALBERT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P.J. ALBERT, INC.	<b>c</b> EIN-PN 04-2787609-001
<b>a</b>	Plan name	STARDUST CELEBRATIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STARDUST CELEBRATIONS, LLC	<b>c</b> EIN-PN 75-2839427-001
<b>a</b>	Plan name	STATE READY MIX 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STATE READY MIX, INC.	<b>c</b> EIN-PN 77-0225273-001
<b>a</b>	Plan name	FINELINES SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KSG ENTERPRISES, INC.	<b>c</b> EIN-PN 04-3291695-001
<b>a</b>	Plan name	CARROLL ACE HARDWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARROLL ACE HARDWARE	<b>c</b> EIN-PN 42-1461838-001
<b>a</b>	Plan name	CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CARTER STREET CORPORATION	<b>c</b> EIN-PN 62-1125122-001
<b>a</b>	Plan name	KOBER/HANSSSEN/MITCHELL ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KOBER/HANSSSEN/MITCHELL ARCHITECTS	<b>c</b> EIN-PN 99-0237714-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name PAXTON VAN LINES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PAXTON VAN LINES, INC.	<b>c</b> EIN-PN 54-0585256-001
<b>a</b>	Plan name SUTTON SWIM SCHOOL INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUTTON SWIM SCHOOL, INC.	<b>c</b> EIN-PN 77-0624364-001
<b>a</b>	Plan name FORMOSA CONTAINER LINE INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor FORMOSA CONTAINER LINE INC.	<b>c</b> EIN-PN 33-0252605-001
<b>a</b>	Plan name FORREST GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARAGON CONTRACTORS, LLC	<b>c</b> EIN-PN 20-1749126-001
<b>a</b>	Plan name LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAKOTA CONTRACTING, INC.	<b>c</b> EIN-PN 26-0060538-001
<b>a</b>	Plan name PETERS AGENCY CARE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETERS AGENCY CARE MANAGEMENT, LLC	<b>c</b> EIN-PN 83-0446469-001
<b>a</b>	Plan name WHEELING COIN, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WHEELING COIN, LLC	<b>c</b> EIN-PN 55-0772531-001
<b>a</b>	Plan name WHISNANT & COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WHISNANT & COMPANY, LLC	<b>c</b> EIN-PN 56-1084523-001
<b>a</b>	Plan name BENJAMIN I. CLOVE, D.D.S., P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BENJAMIN I. CLOVE, D.D.S., P.C.	<b>c</b> EIN-PN 20-2878610-001
<b>a</b>	Plan name BIRMINGHAM PODIATRY, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BIRMINGHAM PODIATRY, P.C.	<b>c</b> EIN-PN 63-0826296-002
<b>a</b>	Plan name BLACK BEAR OIL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLACK BEAR OIL CORPORATION	<b>c</b> EIN-PN 06-1669720-001
<b>a</b>	Plan name BROWARD HOUSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROWARD HOUSE, INC.	<b>c</b> EIN-PN 59-2913416-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	BRUCE C. WINTERSTEEN, D.D.S. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRUCE C. WINTERSTEEN, D.D.S.	<b>c</b> EIN-PN 37-1209635-002
<b>a</b>	Plan name	BSB RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE BIPPUS STATE BANK	<b>c</b> EIN-PN 35-0180140-001
<b>a</b>	Plan name	BUCHHOLZ TRANSPORT 401(K) & PSP	
<b>b</b>	Name of plan sponsor	BUCHHOLZ TRANSPORT INC.	<b>c</b> EIN-PN 38-2497552-001
<b>a</b>	Plan name	CALIFORNIA BOX COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA BOX COMPANY	<b>c</b> EIN-PN 95-3901917-002
<b>a</b>	Plan name	CATALYST RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CATALYST COMMUNICATIONS NETWORK LLC	<b>c</b> EIN-PN 92-1890010-001
<b>a</b>	Plan name	CBI REHABILITATION SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CBI REHABILITATION SERVICES, INC.	<b>c</b> EIN-PN 26-0894212-001
<b>a</b>	Plan name	DERMATOLOGY ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DERMATOLOGY ASSOCIATES, PC	<b>c</b> EIN-PN 39-1896149-002
<b>a</b>	Plan name	DUCT & VENT CLEANING OF AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUCT & VENT CLEANING OF AMERICA, INC.	<b>c</b> EIN-PN 04-3175810-001
<b>a</b>	Plan name	FIRST-LIGHT USA, LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FIRST-LIGHT USA, LLC	<b>c</b> EIN-PN 20-1665358-001
<b>a</b>	Plan name	FOSTER THOMAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOSTER THOMAS, INC.	<b>c</b> EIN-PN 52-1826441-001
<b>a</b>	Plan name	GIBSON & ANDERSON CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GIBSON & ANDERSON CONSTRUCTION, INC.	<b>c</b> EIN-PN 63-0725405-001
<b>a</b>	Plan name	GROUP CTI 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GROUP CTI	<b>c</b> EIN-PN 54-1960500-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HOME REWARDS GROUP INC., 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOME REWARDS GROUP INC.	<b>c</b> EIN-PN 81-5201340-001
<b>a</b>	Plan name	HOMESTAR COMPANIES SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOMESTAR COMPANIES, LLC.	<b>c</b> EIN-PN 26-2775069-001
<b>a</b>	Plan name	HORIZON TILE & CARPET SOUTHEAST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HORIZON TILE & CARPET SOUTHEAST, INC.	<b>c</b> EIN-PN 47-1027113-001
<b>a</b>	Plan name	INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY AUTOMOTIVE GROUP	<b>c</b> EIN-PN 34-1725656-001
<b>a</b>	Plan name	IRONWOOD INDUSTRIES, INC. 401(K) RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IRONWOOD INDUSTRIES, INC.	<b>c</b> EIN-PN 36-2590290-001
<b>a</b>	Plan name	ISPACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISPACE, INC.	<b>c</b> EIN-PN 95-4833855-001
<b>a</b>	Plan name	KAPOOR ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KAPOOR ENTERPRISES, INC.	<b>c</b> EIN-PN 77-0374359-001
<b>a</b>	Plan name	KAWAIILOA DEVELOPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAWAIILOA DEVELOPMENT	<b>c</b> EIN-PN 99-0313071-001
<b>a</b>	Plan name	MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MANUFACTURING SOLUTIONS, INC.	<b>c</b> EIN-PN 48-1180359-001
<b>a</b>	Plan name	MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MOHS CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 46-1727385-001
<b>a</b>	Plan name	NEUSOFT AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEUSOFT AMERICA, INC.	<b>c</b> EIN-PN 20-5601470-001
<b>a</b>	Plan name	NEW DIRECTIONS FOR YOUTH, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW DIRECTIONS FOR YOUTH, INC.	<b>c</b> EIN-PN 95-2973008-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ON TIME & RIGHT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ON TIME & RIGHT, INC.	<b>c</b> EIN-PN 02-0585740-001
<b>a</b>	Plan name	PACIFIC COACH WORKS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC COACH WORKS	<b>c</b> EIN-PN 20-4850786-001
<b>a</b>	Plan name	PFDA ARCHITECTS, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PFDA ARCHITECTS, INC.	<b>c</b> EIN-PN 36-2929057-002
<b>a</b>	Plan name	PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE RESIDENTIAL CONSTRUCTION	<b>c</b> EIN-PN 91-1366230-001
<b>a</b>	Plan name	RAFAEL BENITEZ CARRILLO, INC. CODA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RAFAEL BENITEZ CARRILLO, INC.	<b>c</b> EIN-PN 66-0213972-002
<b>a</b>	Plan name	RAFIH AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAFIH AUTO GROUP, INC.	<b>c</b> EIN-PN 68-0676945-001
<b>a</b>	Plan name	RAGGIO, CAPPEL, CHOZEN & BERNIARD PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RAGGIO, CAPPEL, CHOZEN & BERNIARD	<b>c</b> EIN-PN 72-0390548-001
<b>a</b>	Plan name	S4, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S4 INC.	<b>c</b> EIN-PN 04-3309384-001
<b>a</b>	Plan name	SENSOR MANUFACTURING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SENSOR MANUFACTURING COMPANY	<b>c</b> EIN-PN 38-2140109-001
<b>a</b>	Plan name	STERLING BV, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STERLING BV, INC.	<b>c</b> EIN-PN 81-1791939-001
<b>a</b>	Plan name	SYSTEM 22, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYSTEM 22, INC.	<b>c</b> EIN-PN 23-2734281-001
<b>a</b>	Plan name	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	<b>c</b> EIN-PN 77-0000356-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ADDED DIMENSIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADDED DIMENSIONS, INC.	<b>c</b> EIN-PN 94-3257729-001
<b>a</b>	Plan name	THE WOOD GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE WOOD GROUP, LLC	<b>c</b> EIN-PN 31-1504201-001
<b>a</b>	Plan name	TRI VALLEY EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRI VALLEY EQUIPMENT, INC.	<b>c</b> EIN-PN 34-1295239-001
<b>a</b>	Plan name	TRI-AGG, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRI-AGG, INC.	<b>c</b> EIN-PN 93-0896445-001
<b>a</b>	Plan name	AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN	
<b>b</b>	Name of plan sponsor	AON RISK SOLUTIONS OF PUERTO RICO, INC.	<b>c</b> EIN-PN 66-0274215-002
<b>a</b>	Plan name	VENTURE COMMERCIAL MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VENTURE COMMERCIAL MANAGEMENT, LLC	<b>c</b> EIN-PN 75-2947910-001
<b>a</b>	Plan name	VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	<b>c</b> EIN-PN 39-1085074-002
<b>a</b>	Plan name	ATLANTIC AND PACIFIC FREIGHTWAYS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC AND PACIFIC FREIGHTWAYS, INC.	<b>c</b> EIN-PN 93-0984994-001
<b>a</b>	Plan name	VOLENTE INSURANCE PARTNERS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VOLENTE INSURANCE PARTNERS, LLC	<b>c</b> EIN-PN 75-3204608-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TRANSAMERICA ASSET ALLOCATION - GROWTH PORTFOLIO RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>055</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	1
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	41821604
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	41693171
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	41693171	41821605
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	41693171	41821605

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	329036	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	4745690	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1732386
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		6807112

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6807112
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		4397216
(2) From this plan .....	<b>2l(2)</b>		11075894

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.