

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA ASSET ALLOCATION - MODERATE PORTFOLIO RET OPT; 1b Three-digit plan number (PN): 053; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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 (NEIL KOENCK, 08/21/2025).

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>TRANSAMERICA ASSET ALLOCATION - MODERATE PORTFOLIO RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>053</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 COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COLORADO MEDICAL SOCIETY	<b>c</b> EIN-PN 84-0174440-001
<b>a</b>	Plan name CYM AUTO PARTS DISTRIBUTORS, INC. - RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CYM AUTO PARTS	<b>c</b> EIN-PN 66-0421766-001
<b>a</b>	Plan name FALCON BRIDGE CAPITAL 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor FALCON BRIDGE CAPITAL, LLC	<b>c</b> EIN-PN 32-0206781-001
<b>a</b>	Plan name FOUSER ENVIRONMENTAL SERVICES, LTD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FOUSER ENVIRONMENTAL SERVICES, LTD	<b>c</b> EIN-PN 61-1160042-001
<b>a</b>	Plan name FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRANK MARTIN SONS, INC.	<b>c</b> EIN-PN 01-0279609-003
<b>a</b>	Plan name FRANKLIN-SUMMER INSURANCE 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRANKLIN-SUMMER INSURANCE INC.	<b>c</b> EIN-PN 85-3878610-001
<b>a</b>	Plan name KEENO FARMS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KEENO FARMS CONSTRUCTION, INC.	<b>c</b> EIN-PN 30-0205931-001
<b>a</b>	Plan name KENNEDY & HAN, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KENNEDY & HAN, P.C.	<b>c</b> EIN-PN 85-0482265-001
<b>a</b>	Plan name MARCHIONDA & FERRER 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARCHIONDA & FERRER, P.A.	<b>c</b> EIN-PN 22-3261359-001
<b>a</b>	Plan name MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MERRITT ISLAND AIR AND HEAT INC.	<b>c</b> EIN-PN 81-0579482-001
<b>a</b>	Plan name MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MONROE URGENT CARE, INC.	<b>c</b> EIN-PN 26-0188188-001
<b>a</b>	Plan name MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MOODY PRICE, LLC	<b>c</b> EIN-PN 72-1044462-003

<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	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	PHOENIX BUSINESS SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 36-4358996-001
<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	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
<b>a</b>	Plan name	AXXIOME USA LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AXXIOME USA LLC	<b>c</b> EIN-PN 90-1017436-001
<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>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	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	DIGINELI INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIGINELI INDUSTRIES, INC.	<b>c</b> EIN-PN 20-4154800-001
<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	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	FRAZIER & SABIN, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRAZIER & SABIN, LLP	<b>c</b> EIN-PN 37-1137275-001
<b>a</b>	Plan name	GRABER ANIMAL HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRABER ANIMAL HOSPITAL, INC.	<b>c</b> EIN-PN 34-1903123-001
<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	HWA LANDSCAPE ARCHITECTS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HWA LANDSCAPE ARCHITECTS	<b>c</b> EIN-PN 68-0176703-001
<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	MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOXY MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 99-0431387-002
<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

<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	PIRZADEH & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PIRZADEH & ASSOCIATES, INC.	<b>c</b> EIN-PN 33-0841279-002
<b>a</b>	Plan name	TILLERY CHEVROLET/GMC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TILLERY CHEVROLET/GMC	<b>c</b> EIN-PN 85-0281064-001
<b>a</b>	Plan name	WAILEA GOLF LLC 401(K) PLAN FOR HOURLY BARGAINING EMPLOYEES	
<b>b</b>	Name of plan sponsor	WAILEA GOLF LLC	<b>c</b> EIN-PN 76-0741485-002
<b>a</b>	Plan name	WAILEA GOLF LLC BU / GA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WAILEA GOLF LLC	<b>c</b> EIN-PN 76-0741485-003
<b>a</b>	Plan name	WAILEA OLD BLUE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAILEA OLD BLUE, LLC	<b>c</b> EIN-PN 87-0777083-001
<b>a</b>	Plan name	WAILEA OLD BLUE NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAILEA OLD BLUE, LLC	<b>c</b> EIN-PN 87-0777083-002
<b>a</b>	Plan name	WAIPIO VALLEY TRADING CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WAIPIO VALLEY TRADING CO.	<b>c</b> EIN-PN 99-0317703-001
<b>a</b>	Plan name	YOUNG ELECTRICAL CONTRACTORS, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUNG ELECTRICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 52-1646564-001
<b>a</b>	Plan name	COMMUNITY CARE NURSES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY CARE NURSES, INC.	<b>c</b> EIN-PN 05-0410613-001
<b>a</b>	Plan name	D & D PLUMBING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D & D PLUMBING, LLC	<b>c</b> EIN-PN 88-0164801-001
<b>a</b>	Plan name	D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D R SUMMIT WEALTH MANAGEMENT, INC.	<b>c</b> EIN-PN 27-1552262-001
<b>a</b>	Plan name	LERMAN CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LERMAN CORPORATION	<b>c</b> EIN-PN 38-1776786-001

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 MBPIA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION	<b>c</b> EIN-PN 38-1956049-002
<b>a</b>	Plan name OPAL SOFT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OPALSOFT, INC.	<b>c</b> EIN-PN 94-3280543-001
<b>a</b>	Plan name PLAN DE RETIRO 1081.01(D) PARA EMPLEADOS DE GOYA DE PUERTO RICO, INC.	
<b>b</b>	Name of plan sponsor GOYA DE PUERTO RICO, INC.	<b>c</b> EIN-PN 66-0429097-002
<b>a</b>	Plan name RANDALL INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RANDALL INDUSTRIES, INC.	<b>c</b> EIN-PN 38-3424333-001
<b>a</b>	Plan name RAPT 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICHMOND AUTO PARTS TECHNOLOGY, INC.	<b>c</b> EIN-PN 61-1321586-001
<b>a</b>	Plan name RATHBUN ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor RATHBUN ASSOCIATES	<b>c</b> EIN-PN 94-1653463-001
<b>a</b>	Plan name THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE ART SOURCE, INC.	<b>c</b> EIN-PN 99-0280665-001
<b>a</b>	Plan name TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRINITY DIRECT, LLC	<b>c</b> EIN-PN 22-3499334-001
<b>a</b>	Plan name TRUE & ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRUE & ASSOCIATES	<b>c</b> EIN-PN 22-2472821-002
<b>a</b>	Plan name WARREN F THOMAS PLUMBING CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WARREN F. THOMAS PLUMBING CO.	<b>c</b> EIN-PN 36-4058295-001
<b>a</b>	Plan name A-1 SIGNS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor A-1 SIGNS, INC.	<b>c</b> EIN-PN 72-0647398-001
<b>a</b>	Plan name AMERICAN PAPER CORPORATION CODA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN PAPER CORPORATION	<b>c</b> EIN-PN 66-0392240-001

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 <b>BAR 20 PENSION PROFIT SHARING - 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAR 20 DAIRY LLC</b>	<b>c</b> EIN-PN <b>20-2670418-001</b>
<b>a</b>	Plan name <b>BARBICH HOOPER KING DILL HOFFMAN LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARBICH HOOPER KING DILL HOFFMAN</b>	<b>c</b> EIN-PN <b>95-3705481-001</b>
<b>a</b>	Plan name <b>BUCK HILL FALLS COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUCK HILL FALLS COMPANY</b>	<b>c</b> EIN-PN <b>24-0536840-001</b>
<b>a</b>	Plan name <b>CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHESLER CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>68-0378142-002</b>
<b>a</b>	Plan name <b>DIXON AUTOMATIC TOOL, INC. EMPLOYEES' PROFIT SHARING &amp; 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIXON AUTOMATIC TOOL, INC.</b>	<b>c</b> EIN-PN <b>36-2231217-001</b>
<b>a</b>	Plan name <b>DIXOPHAL, P.C. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIXOPHAL, P.C.</b>	<b>c</b> EIN-PN <b>58-2388186-002</b>
<b>a</b>	Plan name <b>ENVISION TELEPHONY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ENVISION TELEPHONY, INC.</b>	<b>c</b> EIN-PN <b>91-1661458-001</b>
<b>a</b>	Plan name <b>HYPERTENSION KIDNEY CARE OF NORTH ATLANTA, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HYPERTENSION KIDNEY CARE OF NORTH ATLANTA, LLC</b>	<b>c</b> EIN-PN <b>20-4451963-001</b>
<b>a</b>	Plan name <b>AAA MODERN AIR 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AAA MODERN AIR INC.</b>	<b>c</b> EIN-PN <b>59-2300160-001</b>
<b>a</b>	Plan name <b>BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS' ASSOCIATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS'</b>	<b>c</b> EIN-PN <b>41-2153109-001</b>
<b>a</b>	Plan name <b>CHIRCO TEAM LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHIRCO TEAM LLC</b>	<b>c</b> EIN-PN <b>26-3741789-001</b>
<b>a</b>	Plan name <b>CHIROPRACTIC PLUS OF TRICITIES, P.C. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHIROPRACTIC PLUS OF TRICITIES, P.C.</b>	<b>c</b> EIN-PN <b>20-3867928-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	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	COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COWBOY DODGE, INC.	<b>c</b> EIN-PN 83-0254068-001
<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	ESPEY HARDWARE & GARDEN SUPPLY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ESPEY HARDWARE & GARDEN SUPPLY, INC.	<b>c</b> EIN-PN 56-1443791-001
<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	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

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 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 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 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>a</b>	Plan name ARROW TRAILER AND EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARROW TRAILER AND EQUIPMENT CO.	<b>c</b> EIN-PN 37-0755336-001
<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 CHRISTIAN HERITAGE ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHRISTIAN HERITAGE ACADEMY	<b>c</b> EIN-PN 36-3237612-001
<b>a</b>	Plan name CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHRISTOPHER M. PENNISI, DDS, PLLC	<b>c</b> EIN-PN 26-3030636-001
<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>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	JAMES Y LEE DDS, PC, 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JAMES Y LEE DDS. P.C.	<b>c</b> EIN-PN 20-4091631-001
<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	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	MICAH CAMPBELL INSURANCE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICAH CAMPBELL INSURANCE SERVICES, LLC	<b>c</b> EIN-PN 46-2400043-001
<b>a</b>	Plan name	MICHAEL R COWART & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL R. COWART & ASSOCIATES	<b>c</b> EIN-PN 20-1641169-001
<b>a</b>	Plan name	NAAB ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAAB ELECTRIC, INC.	<b>c</b> EIN-PN 48-0907544-001
<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>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

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 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 SUBURBAN MATERIALS COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUBURBAN MATERIALS COMPANY	<b>c</b> EIN-PN 23-1683256-001
<b>a</b>	Plan name VAN UNEN/MIERSMA PROPANE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor VAN UNEN/MIERSMA PROPANE INC	<b>c</b> EIN-PN 68-0291244-001
<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 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 CEA INDUSTRIAL SUPPLY INC PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CEA INDUSTRIAL SUPPLY INC.	<b>c</b> EIN-PN 66-0227652-001
<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
<b>a</b>	Plan name CITY WELDING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CITY WELDING & FABRICATION, INC.	<b>c</b> EIN-PN 04-2990922-001
<b>a</b>	Plan name GENCOM TRANSPORTATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENCOM TRANSPORTATION, INC.	<b>c</b> EIN-PN 84-1291031-001
<b>a</b>	Plan name GENESEE HEMATOLOGY ONCOLOGY, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GENESEE HEMATOLOGY-ONCOLOGY, P.C.	<b>c</b> EIN-PN 38-2278871-001
<b>a</b>	Plan name LORIO ROSS STERLING ENTERTAINMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor LORIO ROSS STERLING ENTERTAINMENT	<b>c</b> EIN-PN 38-1995713-001

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 PRE-BANC BUSINESS CREDIT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRE-BANC BUSINESS CREDIT,, INC.	<b>c</b> EIN-PN 95-4359826-001
<b>a</b>	Plan name THE EMF COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE EMF COMPANY, INC.	<b>c</b> EIN-PN 75-1552044-001
<b>a</b>	Plan name ADVANCED MACHINING & AUTOMATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCED MACHINING & AUTOMATION, INC.	<b>c</b> EIN-PN 42-1482013-001
<b>a</b>	Plan name ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADVANCED MANUFACTURING TECHNOLOGY	<b>c</b> EIN-PN 84-1390588-001
<b>a</b>	Plan name PRINCETON CORPORATE CONSULTANTS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRINCETON CORPORATE CONSULTANTS, INC.	<b>c</b> EIN-PN 95-3169800-001
<b>a</b>	Plan name MICHIGAN STATE UTILITY WORKERS COUNCIL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN STATE UTILITY WORKERS COUNCIL	<b>c</b> EIN-PN 38-0830708-001
<b>a</b>	Plan name VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VANDERVART CONCRETE PRODUCTS, LLC	<b>c</b> EIN-PN 46-5469386-001
<b>a</b>	Plan name ATWELL FAMILY CHIROPRACTIC & WELLNESS, PLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ATWELL FAMILY CHIROPRACTIC & WELLNESS, PLC	<b>c</b> EIN-PN 20-1289792-001
<b>a</b>	Plan name ROWE-THRUSH, INC. SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ROWE-THRUSH, INC.	<b>c</b> EIN-PN 26-2014519-001
<b>a</b>	Plan name RSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor RECYCLING SYSTEMS, INC.	<b>c</b> EIN-PN 36-4343734-001
<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 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

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 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 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 ELEIT TECHNOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELEIT TECHNOLOGY, INC.	<b>c</b> EIN-PN 72-1388587-002
<b>a</b>	Plan name BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BURROWS WATER PURIFICATION, INC.	<b>c</b> EIN-PN 95-3023432-001
<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
<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 CARNEVALE & LOHR, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARNEVALE & LOHR, INC.	<b>c</b> EIN-PN 95-1988768-003
<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>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	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	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
<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	COLEGIO PUERTORRIQUENO DE NINAS SAVING PLAN	
<b>b</b>	Name of plan sponsor	COLEGIO PUERTORRIQUENO DE NINAS	<b>c</b> EIN-PN 66-0204435-001
<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	THE THOROUGHBRED CLUB OF AMERICA, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE THOROUGHBRED CLUB OF AMERICA, INC.	<b>c</b> EIN-PN 61-0488425-001

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 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 MAUI CHARTERS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MAUI CHARTERS, LLC	<b>c</b> EIN-PN 20-2140883-001
<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 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 ANNIE B. JONES COMMUNITY SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANNIE B. JONES CIVIC ARTS CENTER	<b>c</b> EIN-PN 36-3883523-001
<b>a</b>	Plan name CRESS INSURANCE CONSULTANTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CRESS INSURANCE CONSULTANTS, INC.	<b>c</b> EIN-PN 85-0324896-001
<b>a</b>	Plan name HANSFORD PHARMACY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor HANSFORD PHARMACY SERVICES, LLC	<b>c</b> EIN-PN 20-0564615-001
<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

<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	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	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	MIDSTATE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIDSTATE CORPORATION	<b>c</b> EIN-PN 88-0202584-002
<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	IOWA CANCER SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IOWA CANCER SPECIALISTS, P.C.	<b>c</b> EIN-PN 06-1666841-003
<b>a</b>	Plan name	SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SHAW'S COVE ORTHOPAEDICS, LLC	<b>c</b> EIN-PN 56-2397586-001
<b>a</b>	Plan name	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>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	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	EMPIRE HYUNDAI, INC. EMPLOYEES SAVINGS TRUST	
<b>b</b> Name of plan sponsor	EMPIRE HYUNDAI, INC.	<b>c</b> EIN-PN 04-3498129-001
<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	SOMERVILLE ACQUISITION COMPANY, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SOMERVILLE ACQUISITIONS	<b>c</b> EIN-PN 22-2950305-001
<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	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	FIRST MISSOURI CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b> Name of plan sponsor	FIRST MISSOURI CREDIT UNION	<b>c</b> EIN-PN 43-0492167-001
<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	KOBBER/HANSSSEN/MITCHELL ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KOBBER/HANSSSEN/MITCHELL ARCHITECTS	<b>c</b> EIN-PN 99-0237714-001
<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	SURPRISE ENDODONTICS, P.L.C. 401(K) PLAN AND TRUST	
<b>b</b> Name of plan sponsor	SURPRISE ENDODONTICS, P.L.C.	<b>c</b> EIN-PN 20-4574483-001

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 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 CEN PAC PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEN PAC PROPERTIES, INC.	<b>c</b> EIN-PN 99-0112223-001
<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 AXXIOME AMERICAS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AXXIOME AMERICAS, INC.	<b>c</b> EIN-PN 74-3213150-001
<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

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>BUCHHOLZ TRANSPORT 401(K) &amp; PSP</b>	
<b>b</b>	Name of plan sponsor <b>BUCHHOLZ TRANSPORT INC.</b>	<b>c</b> EIN-PN <b>38-2497552-001</b>
<b>a</b>	Plan name <b>CALIFORNIA BOX COMPANY 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CALIFORNIA BOX COMPANY</b>	<b>c</b> EIN-PN <b>95-3901917-002</b>
<b>a</b>	Plan name <b>CATALYST RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CATALYST COMMUNICATIONS NETWORK LLC</b>	<b>c</b> EIN-PN <b>92-1890010-001</b>
<b>a</b>	Plan name <b>CBI REHABILITATION SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CBI REHABILITATION SERVICES, INC.</b>	<b>c</b> EIN-PN <b>26-0894212-001</b>
<b>a</b>	Plan name <b>DDSI 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DDSI</b>	<b>c</b> EIN-PN <b>35-1771016-001</b>
<b>a</b>	Plan name <b>DERMATOLOGY ASSOCIATES, PC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DERMATOLOGY ASSOCIATES, PC</b>	<b>c</b> EIN-PN <b>39-1896149-002</b>
<b>a</b>	Plan name <b>DUCT &amp; VENT CLEANING OF AMERICA, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DUCT &amp; VENT CLEANING OF AMERICA, INC.</b>	<b>c</b> EIN-PN <b>04-3175810-001</b>
<b>a</b>	Plan name <b>GROUP CTI 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GROUP CTI</b>	<b>c</b> EIN-PN <b>54-1960500-001</b>
<b>a</b>	Plan name <b>HOMESTAR COMPANIES SAFE HARBOR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HOMESTAR COMPANIES, LLC.</b>	<b>c</b> EIN-PN <b>26-2775069-001</b>
<b>a</b>	Plan name <b>HORIZON TILE &amp; CARPET SOUTHEAST, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HORIZON TILE &amp; CARPET SOUTHEAST, INC.</b>	<b>c</b> EIN-PN <b>47-1027113-001</b>
<b>a</b>	Plan name <b>ISPACE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ISPACE, INC.</b>	<b>c</b> EIN-PN <b>95-4833855-001</b>
<b>a</b>	Plan name <b>KAPOOR ENTERPRISES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KAPOOR ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>77-0374359-001</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	KAWAIOLOA DEVELOPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAWAIOLOA DEVELOPMENT	<b>c</b> EIN-PN 99-0313071-001
<b>a</b>	Plan name	MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANAGEMENT MATERIALS INC.	<b>c</b> EIN-PN 38-2412976-001
<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	MEL'S COUNTRY CAFE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MEL'S COUNTRY CAFE	<b>c</b> EIN-PN 76-0557980-001
<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	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	PRIMARY MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRIMARY MECHANICAL, INC.	<b>c</b> EIN-PN 33-0964975-001
<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	ROGERS MANTESE & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROGERS MANTESE & ASSOCIATES, PC	<b>c</b> EIN-PN 20-4445973-001

<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	S.P. PAZARGAD ENGINEERING CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S.P. PAZARGAD ENGINEERING CONSTRUCTION, INC.	<b>c</b> EIN-PN 95-4866753-001
<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	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>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	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	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>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 - MODERATE PORTFOLIO RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>053</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.

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<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>	2
<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>	34896262
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	34560856
<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>	34896264	34560858
<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>	34896264	34560858

**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>	680829	
<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>	1736884	
<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>		955389
<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>		3373102

**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>		3373102
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		4134157
(2) From this plan .....	<b>2l(2)</b>		7842665

**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 \_\_\_\_\_.