

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 SMALL/MID CAP VALUE RET OPT
1b Three-digit plan number (PN): 093
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<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> <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 SMALL/MID CAP VALUE RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>093</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)
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**d** Entity code

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<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	BLAHNIK INVESTMENT GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLAHNIK INVESTMENT GROUP	<b>c</b> EIN-PN 46-0495940-001
<b>a</b>	Plan name	BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP	<b>c</b> EIN-PN 52-1136273-001
<b>a</b>	Plan name	BLUEMOUND RESTAURANT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUEMOUND RESTAURANT CORPORATION	<b>c</b> EIN-PN 39-1742851-001
<b>a</b>	Plan name	CALIFORNIA SIDECAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEISURE PRODUCTS, INC. DBA CALIFORNIA SIDECAR	<b>c</b> EIN-PN 33-0770432-001
<b>a</b>	Plan name	CERTEX USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CERTEX USA, INC.	<b>c</b> EIN-PN 20-1211126-001
<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	COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COLORADO SURGICAL AFFILIATES, LLC	<b>c</b> EIN-PN 81-3228396-001
<b>a</b>	Plan name	CULVER GROUP PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CULVER GROUP	<b>c</b> EIN-PN 33-0789218-001
<b>a</b>	Plan name	DIABLO COUNTRY CLUB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DIABLO COUNTRY CLUB	<b>c</b> EIN-PN 94-0699700-003
<b>a</b>	Plan name	DIAMOND EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND EQUIPMENT, INC.	<b>c</b> EIN-PN 35-1161961-001
<b>a</b>	Plan name	EDC OF DENVER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDC OF DENVER, LLC	<b>c</b> EIN-PN 84-1595162-001
<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

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 FRAZER DENTAL CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRAZER DENTAL CARE	<b>c</b> EIN-PN 23-3077648-001
<b>a</b>	Plan name GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor GOOD TIMES RESTAURANTS, INC.	<b>c</b> EIN-PN 84-1133368-001
<b>a</b>	Plan name HAUCK BROS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAUCK BROTHERS, INC.	<b>c</b> EIN-PN 31-0599870-001
<b>a</b>	Plan name HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA MONEY PURCHASE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA	<b>c</b> EIN-PN 02-1234567-001
<b>a</b>	Plan name HOWARD FINISHING, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOWARD FINISHING, LLC	<b>c</b> EIN-PN 03-0383740-001
<b>a</b>	Plan name HSC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEALTHCARE STAFFING & CONSULTANTS, L.L.C.	<b>c</b> EIN-PN 22-3789693-001
<b>a</b>	Plan name J. MCLOUGHLIN ENGINEERING CO., INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor J. MCLOUGHLIN ENGINEERING CO., INC.	<b>c</b> EIN-PN 33-0570155-001
<b>a</b>	Plan name MARGUERITE CONCRETE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MARGUERITE CONCRETE, INC.	<b>c</b> EIN-PN 04-3035873-001
<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 NORTHERN BUSINESS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHERN BUSINESS PRODUCTS, INC.	<b>c</b> EIN-PN 41-1423060-001
<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 SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SIMPSON SPENCE YOUNG	<b>c</b> EIN-PN 13-5395270-001

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 STEVEN A. VARANO, ESQ. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STEVEN A. VARANO, ESQ.	<b>c</b> EIN-PN 22-3143496-001
<b>a</b>	Plan name THREAD INFORMATION DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor THREAD INFORMATION DESIGN	<b>c</b> EIN-PN 34-1537882-001
<b>a</b>	Plan name VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VULCAN FIRE SYSTEMS, INC.	<b>c</b> EIN-PN 61-1057957-001
<b>a</b>	Plan name WAGNER OVERHEAD DOOR CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WAGNER OVERHEAD DOOR CO., INC.	<b>c</b> EIN-PN 34-1232496-001
<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 XERION ADVANCED BATTERY CORP. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor XERION ADVANCED BATTERY CORP.	<b>c</b> EIN-PN 45-3516563-001
<b>a</b>	Plan name XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor XP SERVICES, INC.	<b>c</b> EIN-PN 80-0316734-001
<b>a</b>	Plan name AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AIR CLEANING TECHNOLOGIES, INC.	<b>c</b> EIN-PN 54-2003736-001
<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 AZTECS TELECOM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AZTECS TELECOM, INC.	<b>c</b> EIN-PN 33-0915556-001
<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 EISENBERG & ASSOCIATES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EISENBERG & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-1573412-001

<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	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	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	HEARTLIGHT PHARMACY SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHAAF DRUGS, LLC.	<b>c</b> EIN-PN 20-0329214-001
<b>a</b>	Plan name	J.R. LENNEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LENNEN CONSTRUCTION	<b>c</b> EIN-PN 94-3399511-001
<b>a</b>	Plan name	MARK A. PRICE, DDS, MSD, P.C. 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARK A. PRICE, DDS, MSD, P.C.	<b>c</b> EIN-PN 03-0352887-001
<b>a</b>	Plan name	METROLIST 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METROLIST, INC.	<b>c</b> EIN-PN 84-0943682-001
<b>a</b>	Plan name	NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NU-TIER BRANDS, INC.	<b>c</b> EIN-PN 90-0541753-001
<b>a</b>	Plan name	PAKOIL COMPANY EMPLOYEES' PROFIT-SHARING TRUST	
<b>b</b>	Name of plan sponsor	PAKOIL COMPANY	<b>c</b> EIN-PN 23-1940681-002
<b>a</b>	Plan name	PALM IMAGING INSTITUTE, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PALM IMAGING INSTITUTE, INC. AND EMPIRE ORTHOPEDIC CENTER	<b>c</b> EIN-PN 33-0638761-001
<b>a</b>	Plan name	PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PUTNAM TRUCKING, INC.	<b>c</b> EIN-PN 37-1272751-001
<b>a</b>	Plan name	SIMS TRUCKING & BROKERAGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIMS TRUCKING & BROKERAGE, INC.	<b>c</b> EIN-PN 81-2382075-002
<b>a</b>	Plan name	STONINGTON SERVICES, LLC 401(K) PREVAILING WAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STONINGTON SERVICES, LLC	<b>c</b> EIN-PN 04-3805262-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">THA ARCHITECTS ENGINEERS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS &amp; PLANNERS, INC.</a>	<b>c</b> EIN-PN <a href="#">38-1561901-002</a>
<b>a</b>	Plan name <a href="#">VALLEY BULK, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VALLEY BULK, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0674207-001</a>
<b>a</b>	Plan name <a href="#">YOUNG AUDIENCES OF NEW JERSEY, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">YOUNG AUDIENCES OF NEW JERSEY, INC.</a>	<b>c</b> EIN-PN <a href="#">23-7384991-001</a>
<b>a</b>	Plan name <a href="#">401(K) &amp; PROFIT SHARING PLAN FOR KYLE HUNT &amp; PARTNERS, INC.</a>	
<b>b</b>	Name of plan sponsor <a href="#">KYLE HUNT &amp; PARTNERS, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1800701-001</a>
<b>a</b>	Plan name <a href="#">A &amp; K EARTH MOVERS, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A &amp; K EARTH MOVERS, INC.</a>	<b>c</b> EIN-PN <a href="#">88-0097157-002</a>
<b>a</b>	Plan name <a href="#">ARGENT FEDERAL CREDIT UNION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARGENT FEDERAL CREDIT UNION</a>	<b>c</b> EIN-PN <a href="#">54-0623641-002</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>
<b>a</b>	Plan name <a href="#">BAAS RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUCHANAN ANGELI ALTSCHUL &amp; SULLIVAN LLP</a>	<b>c</b> EIN-PN <a href="#">26-2173291-001</a>
<b>a</b>	Plan name <a href="#">BACKERWORKS MANUFACTURING, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BACKERWORKS MANUFACTURING, LLC</a>	<b>c</b> EIN-PN <a href="#">85-0481972-001</a>
<b>a</b>	Plan name <a href="#">BOATMATE TRAILERS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOATMATE TRAILERS, LLC</a>	<b>c</b> EIN-PN <a href="#">20-8965178-001</a>
<b>a</b>	Plan name <a href="#">BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOB RIDINGS, INC.</a>	<b>c</b> EIN-PN <a href="#">37-0994988-001</a>
<b>a</b>	Plan name <a href="#">CHANNEL FUSION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHANNEL FUSION</a>	<b>c</b> EIN-PN <a href="#">45-4018060-777</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 CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC.	<b>c</b> EIN-PN 85-0210055-002
<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 MCARDLE LTD. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MCARDLE LTD.	<b>c</b> EIN-PN 36-2949020-333
<b>a</b>	Plan name MCCLAIN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCCLAIN PRINTING COMPANY, INC.	<b>c</b> EIN-PN 55-0421933-002
<b>a</b>	Plan name MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MS INTERNATIONAL, INC.	<b>c</b> EIN-PN 35-1562013-003
<b>a</b>	Plan name MSI, LLC PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MSI, LLC	<b>c</b> EIN-PN 20-4533025-001
<b>a</b>	Plan name THE BAXTER STATE BANK PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BAXTER STATE BANK	<b>c</b> EIN-PN 48-0133900-001
<b>a</b>	Plan name TROPICAL CREATIONS, INC. AND AFFIL. EMPLOYER SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor TROPICAL CREATIONS, INC.	<b>c</b> EIN-PN 95-4884511-001
<b>a</b>	Plan name WALLER TRUCK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WALLER TRUCK, CO., INC.	<b>c</b> EIN-PN 43-0910271-002
<b>a</b>	Plan name AMERICAN PHARMACY SERVICES CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN PHARMACY SERVICES CORPORATION	<b>c</b> EIN-PN 38-2647024-001
<b>a</b>	Plan name DIVERSIFIED SITE WORKS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIVERSIFIED SITE WORKS, LLC	<b>c</b> EIN-PN 52-2212873-001

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>DODDS BODYWORKS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DODDS BODYWORKS, INC.</b>	<b>c</b> EIN-PN <b>31-1018566-001</b>
<b>a</b>	Plan name <b>GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GWINNETT COUNTY HABITAT FOR HUMANITY, INC.</b>	<b>c</b> EIN-PN <b>58-1795694-001</b>
<b>a</b>	Plan name <b>I-TECH USA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>I-TECH USA</b>	<b>c</b> EIN-PN <b>32-0015143-001</b>
<b>a</b>	Plan name <b>AMERITEC MACHINING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERITEC MACHINING, INC.</b>	<b>c</b> EIN-PN <b>42-1393974-001</b>
<b>a</b>	Plan name <b>BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BASSETT SALES CORPORATION</b>	<b>c</b> EIN-PN <b>95-3666930-001</b>
<b>a</b>	Plan name <b>BULA FORGE &amp; MACHINE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BULA FORGE &amp; MACHINE, INC.</b>	<b>c</b> EIN-PN <b>34-1718318-001</b>
<b>a</b>	Plan name <b>CHILES &amp; SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHILES &amp; SONS-LAMAN, INC.</b>	<b>c</b> EIN-PN <b>34-4492949-003</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>DODGE CONSTRUCTION COMPANY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DODGE CONSTRUCTION COMPANY, INC.</b>	<b>c</b> EIN-PN <b>04-2262074-001</b>
<b>a</b>	Plan name <b>ETNA STAFFING SOLUTIONS (ESS) LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ETNA STAFFING SOLUTIONS (ESS) LLC</b>	<b>c</b> EIN-PN <b>26-2379410-001</b>
<b>a</b>	Plan name <b>HAGEN INSURANCE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HO'O ILINA, INC. DBA HAGEN INSURANCE</b>	<b>c</b> EIN-PN <b>51-0640656-001</b>
<b>a</b>	Plan name <b>JOHNSON COUNTY DERMATOLOGY, P. A. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>JOHNSON COUNTY DERMATOLOGY, P.A.</b>	<b>c</b> EIN-PN <b>04-3586031-002</b>

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 LIBERTY CHEVROLET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIBERTY CHEVROLET, INC.	<b>c</b> EIN-PN 04-3027316-001
<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 MCDERMOTT-COSTA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCDERMOTT-COSTA CO., INC.	<b>c</b> EIN-PN 94-1375883-002
<b>a</b>	Plan name MUNCIE FAMILY DENTAL CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MUNCIE FAMILY DENTAL CARE, INC.	<b>c</b> EIN-PN 35-1520023-001
<b>a</b>	Plan name MUSTO WINE GRAPE CO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MUSTO WINE GRAPE CO, LLC	<b>c</b> EIN-PN 26-1316055-001
<b>a</b>	Plan name RAY HENSLEY, INC. RET. PLAN	
<b>b</b>	Name of plan sponsor RAY HENSLEY, INC.	<b>c</b> EIN-PN 31-0889689-001
<b>a</b>	Plan name RDC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROCK & DIRT CONSTRUCTION	<b>c</b> EIN-PN 20-0382886-001
<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 SCALAMBRINO & ARNOFF, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCALAMBRINO & ARNOFF, LLP	<b>c</b> EIN-PN 36-3843693-001
<b>a</b>	Plan name THE CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE CELLAR LUMBER COMPANY	<b>c</b> EIN-PN 31-4144745-001
<b>a</b>	Plan name TRUE LINE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRUE LINE, INC.	<b>c</b> EIN-PN 55-0651663-001
<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>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	WAY HOLDING, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WAY HOLDING, LLC	<b>c</b> EIN-PN 76-0207435-001
<b>a</b>	Plan name	WDI COMPANIES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WDI COMPANIES, INC.	<b>c</b> EIN-PN 93-0696596-001
<b>a</b>	Plan name	ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE BUSINESS SOLUTIONS CORPORATION	<b>c</b> EIN-PN 54-2061431-777
<b>a</b>	Plan name	ARRASMITH, JUDD, RAPP, CHO VAN INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARRASMITH, JUDD, RAPP, CHO VAN INC.	<b>c</b> EIN-PN 16-1627907-001
<b>a</b>	Plan name	ARROW HOLDINGS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARROW HOLDINGS, INC	<b>c</b> EIN-PN 98-0381410-001
<b>a</b>	Plan name	BAYSIC FOODS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BAYSIC FOODS, INC.	<b>c</b> EIN-PN 32-0057009-001
<b>a</b>	Plan name	BOOTHWYN PHARMACY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BPI HOLDINGS, LLC	<b>c</b> EIN-PN 23-2774727-001
<b>a</b>	Plan name	BOWEN INDUSTRIAL CONTRACTORS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOWEN INDUSTRIAL CONTRACTORS, INC.	<b>c</b> EIN-PN 74-2326815-222
<b>a</b>	Plan name	CAPPARELL DENTISTRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAPPARELL DENTISTRY	<b>c</b> EIN-PN 23-2862957-001
<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	D.E.S., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIVERSIFIED ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 59-3055432-001
<b>a</b>	Plan name	DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAIRY-MIX, INC.	<b>c</b> EIN-PN 59-0659640-001

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 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 ELCO LIGHTING PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMP PLUS, INC. DBA ELCO LIGHTING	<b>c</b> EIN-PN 95-4309236-001
<b>a</b>	Plan name FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FEDERAL MACHINERY & EQUIPMENT COMPANY	<b>c</b> EIN-PN 34-0811973-001
<b>a</b>	Plan name GBCA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GENERAL BUILDING CONTRACTORS ASSOCIATION, INC.	<b>c</b> EIN-PN 23-0847495-003
<b>a</b>	Plan name GRAYCO ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRAYCO ENTERPRISES, INC.	<b>c</b> EIN-PN 36-4322896-001
<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 HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor HELIX CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 52-1889574-001
<b>a</b>	Plan name HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor HENNESSEY ENGINEERS, INC.	<b>c</b> EIN-PN 38-2047389-004
<b>a</b>	Plan name INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INDEPENDENCE BANCSHARES, INC.	<b>c</b> EIN-PN 42-1191386-001
<b>a</b>	Plan name JAPAT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor JAPAT, INC.	<b>c</b> EIN-PN 94-2694329-001
<b>a</b>	Plan name KIM & LAVOY, S.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIM & LAVOY, S.C.	<b>c</b> EIN-PN 20-0771810-001
<b>a</b>	Plan name LISAC'S, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LISAC'S, INC.	<b>c</b> EIN-PN 81-0307699-001

<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	PYRAMID SOLUTIONS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PYRAMID SOLUTIONS, INC.	<b>c</b> EIN-PN 38-2951993-001
<b>a</b>	Plan name	RIVERMOOR ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIVERMOOR ENGINEERING, LLC	<b>c</b> EIN-PN 20-0597795-001
<b>a</b>	Plan name	SCHOOL MANAGEMENT SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SCHOOL MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 56-2545979-001
<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	THE CREDIT UNION FOR ROBERTSON COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CREDIT UNION FOR ROBERTSON COUNTY	<b>c</b> EIN-PN 62-6118790-001
<b>a</b>	Plan name	TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOM AHL CHRYSLER-BUICK, INC.	<b>c</b> EIN-PN 34-1151496-001
<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	WEINBERG & COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	WEINBERG & COMPANY, LLP	<b>c</b> EIN-PN 05-0401635-001
<b>a</b>	Plan name	WELSH-HAGEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WELSH HAGEN	<b>c</b> EIN-PN 45-4918589-001
<b>a</b>	Plan name	FLOURISH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLOURISH, INC.	<b>c</b> EIN-PN 34-1938082-001
<b>a</b>	Plan name	FONDO FOMENTO INDUSTRIA LECHERA DE P.R. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FONDO FORMENTO INDUSTRIA LECHERA	<b>c</b> EIN-PN 66-0220036-001
<b>a</b>	Plan name	CCEDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION	<b>c</b> EIN-PN 94-3080095-001

<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	PEAK PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEAK PEDIATRICS, PLLC	<b>c</b> EIN-PN 84-1567538-001
<b>a</b>	Plan name	PEJU PROVINCE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEJU PROVINCE CORPORATION	<b>c</b> EIN-PN 46-1570692-002
<b>a</b>	Plan name	PELEMAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PELEMAN INDUSTRIES, INC.	<b>c</b> EIN-PN 58-2412784-003
<b>a</b>	Plan name	PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PELION ACTUARIAL SERVICES, INC.	<b>c</b> EIN-PN 45-2927368-001
<b>a</b>	Plan name	PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION CABLE ASSEMBLIES, INC.	<b>c</b> EIN-PN 39-1787647-002
<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	COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COCHRANE SUPPLY ENGINEERING, INC.	<b>c</b> EIN-PN 38-1854848-001
<b>a</b>	Plan name	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	<b>c</b> EIN-PN 04-2178889-001
<b>a</b>	Plan name	THE PRODUCERS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREUNDT & ASSOCIATES INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 33-0746599-001
<b>a</b>	Plan name	THE RESEARCH FOUNDATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE RESEARCH FOUNDATION	<b>c</b> EIN-PN 43-1349021-001
<b>a</b>	Plan name	QUALITY AUTO BODY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUALITY AUTO BODY	<b>c</b> EIN-PN 22-2130034-001
<b>a</b>	Plan name	AMPAC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROSPACE MASS PROPERTIES ANALYSIS, INC.	<b>c</b> EIN-PN 23-1949127-001

<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	ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANDREWS OIL CO. & GAS SERVICES, INC.	<b>c</b> EIN-PN 06-0812862-001
<b>a</b>	Plan name	HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HAL HAYS CONSTRUCTION, INC.	<b>c</b> EIN-PN 54-2084366-001
<b>a</b>	Plan name	HAMILTON PARK OPCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAMILTON PARK OPCO LLC	<b>c</b> EIN-PN 46-1324162-001
<b>a</b>	Plan name	MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MED-FAST PHARMACY, INC.	<b>c</b> EIN-PN 25-1631348-001
<b>a</b>	Plan name	ASCENT CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASCENT CONSTRUCTION, INC.	<b>c</b> EIN-PN 87-0645924-002
<b>a</b>	Plan name	DANNY DAVIS CONTRACTORS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DANNY DAVIS CONTRACTORS, INC.	<b>c</b> EIN-PN 62-1392604-001
<b>a</b>	Plan name	HESS SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HESS SERVICES, INC.	<b>c</b> EIN-PN 48-1160099-001
<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	VARSITY STRIPING & CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VARSITY STRIPING & CONSTRUCTION, CO.	<b>c</b> EIN-PN 37-1094788-002
<b>a</b>	Plan name	VAS, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAS, LTD.	<b>c</b> EIN-PN 20-2822777-001
<b>a</b>	Plan name	DEJNO'S, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEJNO'S, INC.	<b>c</b> EIN-PN 39-1335924-001
<b>a</b>	Plan name	HK HOLBEIN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HK HOLBEIN, INC.	<b>c</b> EIN-PN 03-0271444-001

<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	ROTEK INSTRUMENT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROTEK INSTRUMENT CORP.	<b>c</b> EIN-PN 04-2468423-001
<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	VINVISION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINVISION, INC.	<b>c</b> EIN-PN 77-0315550-001
<b>a</b>	Plan name	NATHANIEL LEEDY, DMD, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATHANIEL LEEDY, DMD, PA	<b>c</b> EIN-PN 84-3728355-001
<b>a</b>	Plan name	BEEF O'BRADY'S HUDSON, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BEEF O'BRADY'S HUDSON, INC.	<b>c</b> EIN-PN 45-1669694-001
<b>a</b>	Plan name	DOYLE EQUIPMENT MANUFACTURING COMPANY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DOYLE EQUIPMENT MANUFACTURING COMPANY	<b>c</b> EIN-PN 37-0806868-001
<b>a</b>	Plan name	DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE	<b>c</b> EIN-PN 74-2497117-001
<b>a</b>	Plan name	DR. LAURIE A. MULKA, DDS P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DR. LAURIE A. MULKA, DDS P.C.	<b>c</b> EIN-PN 38-3434258-001
<b>a</b>	Plan name	SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PETER EPSTEIN, ASP	<b>c</b> EIN-PN 95-4170738-001
<b>a</b>	Plan name	WEST JERSEY AC & HEATING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WEST JERSEY AC & HEATING COMPANY	<b>c</b> EIN-PN 26-0003283-001
<b>a</b>	Plan name	WESTBRIDGE FINANCIAL & INSURANCE SERVICES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTBRIDGE FINANCIAL & INSURANCE SERVICES	<b>c</b> EIN-PN 95-4760919-001
<b>a</b>	Plan name	WESTERN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN ENVIRONMENTAL SOLUTIONS, LLC	<b>c</b> EIN-PN 22-3643528-001

<b>Part II 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	SERVICE TRANSPORT GROUP, INC. 401(K) PSP	
<b>b</b> Name of plan sponsor	SERVICE TRANSPORT GROUP, INC.	<b>c</b> EIN-PN 23-2981850-001
<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	SEWINGMACHINESPLUS.COM, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SEWINGMACHINESPLUS.COM, INC.	<b>c</b> EIN-PN 26-4413184-001
<b>a</b> Plan name	INTREIS 401(K) PLAN	
<b>b</b> Name of plan sponsor	INTREIS	<b>c</b> EIN-PN 46-0855494-001
<b>a</b> Plan name	INTRINSYX TECHNOLOGIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	INTRINSYX TECHNOLOGIES	<b>c</b> EIN-PN 77-0539893-001
<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 ENGLAND METALFORM, INC. CASH BALANCE PLAN	
<b>b</b> Name of plan sponsor	NEW ENGLAND METALFORM, INC.	<b>c</b> EIN-PN 04-3100110-003
<b>a</b> Plan name	OASYS 401(K) PLAN	
<b>b</b> Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	<b>c</b> EIN-PN 52-1747644-001
<b>a</b> Plan name	ELEVATE GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	ELEVATE GROUP, LLC	<b>c</b> EIN-PN 26-4319131-001
<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	OSAMU CORPORATION RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	OSAMU CORPORATION	<b>c</b> EIN-PN 95-4529389-001
<b>a</b> Plan name	OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	OUTAGAMIE CO-OP SERVICES, INC.	<b>c</b> EIN-PN 39-1316865-001

<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	OUTDOOR LIGHTING PERSPECTIVES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OUTDOOR LIGHTING PERSPECTIVES, L.L.C.	<b>c</b> EIN-PN 62-1766403-001
<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	JS CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JS CONSTRUCTION MT LLC	<b>c</b> EIN-PN 86-2261409-001
<b>a</b>	Plan name	ST. FRANCIS SCHOOL SAVINGS AND INVESTMENT PENSION PLAN	
<b>b</b>	Name of plan sponsor	ST. FRANCIS SCHOOL	<b>c</b> EIN-PN 66-0327985-001
<b>a</b>	Plan name	CARLIN SALES CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARLIN SALES CORPORATION	<b>c</b> EIN-PN 39-1171459-001
<b>a</b>	Plan name	CARNEY, ALEXANDER, MAROLD, & CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARNEY, ALEXANDER, MAROLD, & CO.	<b>c</b> EIN-PN 42-0728423-001
<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 SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KING SYSTEMS, LLC	<b>c</b> EIN-PN 81-0553940-001
<b>a</b>	Plan name	KMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINETICS MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 77-0476369-001
<b>a</b>	Plan name	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.	<b>c</b> EIN-PN 59-1273247-001
<b>a</b>	Plan name	SUPERIOR PAINT SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR PAINT SUPPLY, INC.	<b>c</b> EIN-PN 87-0241620-001
<b>a</b>	Plan name	SUPERMAX HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERMAX HEALTHCARE INC.	<b>c</b> EIN-PN 27-2105941-001

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 THE INFORMATION CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE INFORMATION CENTER, INC.	<b>c</b> EIN-PN 51-0136113-001
<b>a</b>	Plan name THE LENTZ COMPANIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LENTZ COMPANIES, INC.	<b>c</b> EIN-PN 75-2750789-001
<b>a</b>	Plan name CIVIL CONSTRUCTORS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CIVIL CONSTRUCTORS, LLC	<b>c</b> EIN-PN 46-3598849-001
<b>a</b>	Plan name CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLASSIC CARRIERS, INC.	<b>c</b> EIN-PN 31-1152938-001
<b>a</b>	Plan name CLAYTON PHARMACY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLAYTON PHARMACY SERVICES	<b>c</b> EIN-PN 45-4098818-001
<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 GEORGIA CAREER INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HMS EDUCATIONAL SERVICES, INC. DBA GEORGIA CAREER INSTITUTE	<b>c</b> EIN-PN 58-1838344-001
<b>a</b>	Plan name PREMIER DENTAL ASSOCIATES, PLLC SAFE HARBOR 401(K) PSP	
<b>b</b>	Name of plan sponsor PREMIER DENTAL ASSOCIATES, PLLC	<b>c</b> EIN-PN 20-2051976-001
<b>a</b>	Plan name MAIN STREET FOOT & ANKLE CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAIN STREET FOOT & ANKLE CARE	<b>c</b> EIN-PN 22-3111862-001
<b>a</b>	Plan name GLEN CARBIDE, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GLEN CARBIDE, INC.	<b>c</b> EIN-PN 25-1065069-004
<b>a</b>	Plan name GLENN A ZEH, DDS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLENN A ZEH, DDS, PC	<b>c</b> EIN-PN 84-1596272-001
<b>a</b>	Plan name PROFESSIONAL BROKERAGE WEST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROFESSIONAL BROKERAGE WEST, INC.	<b>c</b> EIN-PN 88-0222304-001

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 THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES	<b>c</b> EIN-PN 23-7433927-001
<b>a</b>	Plan name THE TM GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE TM GROUP, INC.	<b>c</b> EIN-PN 38-3156552-777
<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 GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GREENSBORO FARMER'S CO-OP	<b>c</b> EIN-PN 63-0645197-001
<b>a</b>	Plan name GRINDSTONE PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GRINDSTONE PARTNERS, LLC	<b>c</b> EIN-PN 31-1758301-001
<b>a</b>	Plan name QUIVX 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor QUIVX	<b>c</b> EIN-PN 26-4736334-001
<b>a</b>	Plan name TRANSTAR NATIONAL TITLE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRANSTAR NATIONAL TITLE	<b>c</b> EIN-PN 75-2948848-001
<b>a</b>	Plan name HARBOR AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARBOR AGENCY, INC.	<b>c</b> EIN-PN 38-2153954-001
<b>a</b>	Plan name REINDL BINDERY CO., INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor REINDL BINDERY CO., INC.	<b>c</b> EIN-PN 39-1290695-001
<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>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 MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	<b>c</b> EIN-PN 39-1832237-002

<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	MIJA INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIJA INDUSTRIES, INC.	<b>c</b> EIN-PN 04-2496402-001
<b>a</b>	Plan name	VELOCITY STAFF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VELOCITY STAFF, INC.	<b>c</b> EIN-PN 20-1745461-001
<b>a</b>	Plan name	AVD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALTA VISTA DERMATOLOGY	<b>c</b> EIN-PN 27-1067307-001
<b>a</b>	Plan name	HOLLY TREE COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOLLY TREE COUNTRY CLUB	<b>c</b> EIN-PN 57-0863116-001
<b>a</b>	Plan name	HOLMDEL FINANCIAL SERVICES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOLMDEL FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 20-0793991-001
<b>a</b>	Plan name	MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MJD TRUCKING, INC.	<b>c</b> EIN-PN 65-0831291-001
<b>a</b>	Plan name	MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOBILE SYSTEMS WIRELESS INC.	<b>c</b> EIN-PN 91-1879582-001
<b>a</b>	Plan name	RUPP SEEDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUPP SEEDS, INC.	<b>c</b> EIN-PN 34-1384132-001
<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	INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTIONAL CASEWORK, INC.	<b>c</b> EIN-PN 20-4225695-001

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 SEACOAST COIN, INC. MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETER EPSTEIN, ASP	<b>c</b> EIN-PN 95-4170738-002
<b>a</b>	Plan name SEHO 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHEASTERN HOME OXYGEN SERVICES, INC.	<b>c</b> EIN-PN 58-1475742-001
<b>a</b>	Plan name BIG PINE PAIUTE TRIBE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BIG PINE PAIUTE TRIBE	<b>c</b> EIN-PN 95-3059258-001
<b>a</b>	Plan name E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor E.S. EVANS & COMPANY	<b>c</b> EIN-PN 34-1717857-001
<b>a</b>	Plan name EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EARLEY & ASSOCIATES, INC.	<b>c</b> EIN-PN 38-3480813-001
<b>a</b>	Plan name INVENA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor INVENA CORPORATION	<b>c</b> EIN-PN 48-1233142-001
<b>a</b>	Plan name JEFF'S WELDING & MACHINE COMPANY CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor JEFF'S WELDING & MACHINE COMPANY	<b>c</b> EIN-PN 20-1029521-002
<b>a</b>	Plan name SOUND & SECURE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUND & SECURE, INC.	<b>c</b> EIN-PN 88-0354066-001
<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 FIRST CITIZENS BANK PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIRST CITIZENS BANK	<b>c</b> EIN-PN 63-0789504-001
<b>a</b>	Plan name KNS INTERNATIONAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KNS INTERNATIONAL	<b>c</b> EIN-PN 42-1539365-001
<b>a</b>	Plan name PAYROLL EXPRESS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PAYROLL EXPRESS, LLC	<b>c</b> EIN-PN 45-3517823-001

<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	FOOT AND ANKLE CENTER'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOOT AND ANKLE CENTER LLC, WASKIN	<b>c</b> EIN-PN 20-1334520-001
<b>a</b>	Plan name	LANDSTONE COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANDSTONE COMPANIES, LLC	<b>c</b> EIN-PN 27-0392043-001
<b>a</b>	Plan name	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.	<b>c</b> EIN-PN 36-2817667-001
<b>a</b>	Plan name	WHITE BRENNER LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHITE BRENNER LLP	<b>c</b> EIN-PN 46-1799572-001
<b>a</b>	Plan name	BIZLINK GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIZLINK TECHNOLOGY, INC.	<b>c</b> EIN-PN 94-3355611-001
<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	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	CLINTON BROWN FINANCIAL 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CLINTON BROWN FINANCIAL	<b>c</b> EIN-PN 45-4767294-001
<b>a</b>	Plan name	COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL	<b>c</b> EIN-PN 71-0577085-004
<b>a</b>	Plan name	COOPER CONSULTING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COOPER CONSULTING COMPANY	<b>c</b> EIN-PN 74-2723942-001
<b>a</b>	Plan name	COPLOY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COPLOY, INC.	<b>c</b> EIN-PN 45-5000939-001

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 CROSSWAY ENTERPRISES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CROSSWAY ENTERPRISES, LLC	<b>c</b> EIN-PN 20-2024197-001
<b>a</b>	Plan name DEG CONSTRUCTION CO., INC, 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEG CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 86-0640575-001
<b>a</b>	Plan name DESIGN SPACE INPHARMATICS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRODUCTLIFE GROUP US, LLC	<b>c</b> EIN-PN 36-4982515-001
<b>a</b>	Plan name EAST MAIN DENTAL CENTER, LLP 401(K) DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor EAST MAIN DENTAL CENTER, LLP	<b>c</b> EIN-PN 93-0679201-001
<b>a</b>	Plan name EAST TENNESSEE NEPHROLOGY, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EAST TENNESSEE NEPHROLOGY, P.C.	<b>c</b> EIN-PN 62-1835816-001
<b>a</b>	Plan name F.H. DAILEY CHEVROLET 401(K) PLAN	
<b>b</b>	Name of plan sponsor INFINITE VELOCITY AUTOMOTIVE, INC. DBA F.H. DAILEY CHEVROLET	<b>c</b> EIN-PN 45-3126103-001
<b>a</b>	Plan name F.N. CUTHBERT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor F. N. CUTHBERT, INC.	<b>c</b> EIN-PN 34-4412513-001
<b>a</b>	Plan name FIRST STOP URGENT CARE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FIRST STOP URGENT CARE	<b>c</b> EIN-PN 84-1649267-001
<b>a</b>	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	<b>c</b> EIN-PN 95-4467199-001
<b>a</b>	Plan name GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GERRITY'S SUPERMARKET, INC.	<b>c</b> EIN-PN 23-2150407-777
<b>a</b>	Plan name GIBSON WINE COMPANY EMPLOYEE SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GIBSON WINE COMPANY	<b>c</b> EIN-PN 94-0840555-002
<b>a</b>	Plan name GIBSON WINE COMPANY EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIBSON WINE COMPANY	<b>c</b> EIN-PN 94-0840555-003

<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	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>a</b>	Plan name	GTXCEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GTXCEL, INC.	<b>c</b> EIN-PN 04-3177056-001
<b>a</b>	Plan name	HARTWIG PLUMBING & HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARTWIG PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 36-3618206-001
<b>a</b>	Plan name	HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HIT PRODUCTS CORPORATION	<b>c</b> EIN-PN 94-2823123-001
<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	INTERFAITH HOUSING ASSISTANCE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERFAITH HOUSING ASSISTANCE CORPORATION	<b>c</b> EIN-PN 95-3771946-002
<b>a</b>	Plan name	INTERNAL MEDICINE PRIMARY CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNAL MEDICINE PRIMARY CARE, INC.	<b>c</b> EIN-PN 34-1712938-001
<b>a</b>	Plan name	ISOVOLTA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISOVOLTA, INC.	<b>c</b> EIN-PN 13-4263768-001
<b>a</b>	Plan name	LYNXSPRING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LYNXSPRING, INC.	<b>c</b> EIN-PN 47-0867589-001
<b>a</b>	Plan name	MANAGEMENT BENCH ADVISORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANAGEMENT BENCH ADVISORS, LLC	<b>c</b> EIN-PN 85-2876498-001
<b>a</b>	Plan name	MEL LANZER COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEL LANZER COMPANY	<b>c</b> EIN-PN 34-0965107-001
<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>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	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>a</b>	Plan name	NORTH AMERICAN WARHORSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH AMERICAN WARHORSE, INC.	<b>c</b> EIN-PN 23-3047289-001
<b>a</b>	Plan name	OMNIPATH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMNIPATH, INC.	<b>c</b> EIN-PN 31-1639546-002
<b>a</b>	Plan name	PC CONTROLS 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PC CONTROLS	<b>c</b> EIN-PN 75-2830816-001
<b>a</b>	Plan name	PDMA CORPORATION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PDMA CORPORATION	<b>c</b> EIN-PN 59-3191224-001
<b>a</b>	Plan name	PETERSON PIPELINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETERSON PIPELINE, INC.	<b>c</b> EIN-PN 33-0615234-001
<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	PROGRESSIVE TECHNOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE TECHNOLOGY, INC.	<b>c</b> EIN-PN 68-0229180-001
<b>a</b>	Plan name	RALPHS - PUGH CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RALPHS - PUGH CO., INC.	<b>c</b> EIN-PN 94-0791950-001
<b>a</b>	Plan name	RETIREMENT PLAN SERVICES PROGRAM FOR PINNACLE CONSTRUCTORS	
<b>b</b>	Name of plan sponsor	PINNACLE CONSTRUCTORS & SPECIALTIES, INC.	<b>c</b> EIN-PN 84-0864519-001
<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>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>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	SIERRA REHABILITATION SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIERRA REHABILITATION SERVICES	<b>c</b> EIN-PN 88-0302345-001
<b>a</b>	Plan name	SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH TEXAS COMMUNITY LIVING CORPORATION	<b>c</b> EIN-PN 76-0364678-001
<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	T.M.C.I., INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	T.M.C.I., INC.	<b>c</b> EIN-PN 95-3185598-001
<b>a</b>	Plan name	THE PADRE PIO FOUNDATION OF AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PADRE PIO FOUNDATION OF AMERICA, INC.	<b>c</b> EIN-PN 06-1023010-001
<b>a</b>	Plan name	THE VMC GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE VMC GROUP	<b>c</b> EIN-PN 20-2305737-002
<b>a</b>	Plan name	THE WESTFIELD COMPANY OF WISCONSIN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE WESTFIELD COMPANY OF WISCONSIN, INC.	<b>c</b> EIN-PN 39-1628929-001
<b>a</b>	Plan name	THOMAS BOWSER, MD 401(K) P.S. PLAN	
<b>b</b>	Name of plan sponsor	THOMAS BOWSER, M.D.	<b>c</b> EIN-PN 87-0775226-001
<b>a</b>	Plan name	AGUA CALIENTE BAND OF CAHUILLA INDIANS/SPA HOTEL & CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGUA CALIENTE BAND OF CAHUILLA INDIANS	<b>c</b> EIN-PN 95-2549724-001
<b>a</b>	Plan name	AH FACILITIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANTAGE REHABILITATION SERVICES, LLC	<b>c</b> EIN-PN 22-3789700-001
<b>a</b>	Plan name	AMERICAN GALVANO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN GALVANO, INC.	<b>c</b> EIN-PN 20-0161792-001
<b>a</b>	Plan name	AMERICAN HEAVY MOVING AND RIGGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN HEAVY MOVING AND RIGGING, INC.	<b>c</b> EIN-PN 95-3622763-001

**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	VIBRATION MOUNTINGS & CONTROLS, INC. PENSION PLAN	
<b>b</b> Name of plan sponsor	THE VMC GROUP	<b>c</b> EIN-PN 20-2305737-003

<b>a</b> Plan name	VON'S JEWELRY, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	VON'S JEWELRY, INC.	<b>c</b> EIN-PN 34-1162214-001

<b>a</b> Plan name	VORTOX AIR TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	VORTOX AIR TECHNOLOGY, INC.	<b>c</b> EIN-PN 27-1402284-001

<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>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>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 SMALL/MID CAP VALUE RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>093</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>	
<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>	27291937
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	22149215
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</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>	27291937	22149215
<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>	27291937	22149215

**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>		<b>(a)</b> Amount	<b>(b)</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>	174541	
<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>	-398136	
<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>		2340648
<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>		2117053

**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>		2117053
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		1804047
(2) From this plan .....	<b>2l(2)</b>		9063822

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