

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

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

a single-employer plan a DFE (specify) P

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>TA VANGUARD SMALL-CAP GROWTH INDEX RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>106</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/21/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>TA VANGUARD SMALL-CAP GROWTH INDEX RET OPT</u>	B Three-digit plan number (PN)	<u>106</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BLAGER CONCRETE COMPANY 401(K) PLAN	
b	Name of plan sponsor BLAGER CONCRETE COMPANY	c EIN-PN 20-0634151-001
a	Plan name CERRONE OLDS-GMC TRUCK 401(K) PLAN	
b	Name of plan sponsor AL CERRONE'S HARRIS AUTO SALES INC.	c EIN-PN 04-2608042-001
a	Plan name CGT U.S. LIMITED / TEXTILEATHER CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CGT U.S. LIMITED / TEXTILEATHER CORPORATION	c EIN-PN 34-1648509-002
a	Plan name COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMERCIAL WATERPROOFING, INC.	c EIN-PN 23-2589948-001
a	Plan name CUMBERLAND RIVER BEHAVIORAL HEALTH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CUMBERLAND RIVER BEHAVIORAL HEALTH, INC.	c EIN-PN 23-7313241-001
a	Plan name FAMILY FORD, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor FAMILY FORD, INC.	c EIN-PN 04-3459007-001
a	Plan name FOUSER ENVIRONMENTAL SERVICES, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FOUSER ENVIRONMENTAL SERVICES, LTD	c EIN-PN 61-1160042-001
a	Plan name FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRANK MARTIN SONS, INC.	c EIN-PN 01-0279609-003
a	Plan name GOLD CANYON KITCHEN & BATH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOLD CANYON KITCHEN & BATH	c EIN-PN 86-2750340-001
a	Plan name HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA MONEY PURCHASE RETIREMENT PLAN	
b	Name of plan sponsor HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA	c EIN-PN 02-1234567-001
a	Plan name J & P PAVING MASONRY & SEALANT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor J & P PAVING MASONRY & SEALANT, INC.	c EIN-PN 31-1121622-001
a	Plan name LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN	
b	Name of plan sponsor LAW OFFICES OF ANDREW BLUMER	c EIN-PN 41-2145148-777

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name LAWRENCE SEMICONDUCTOR RESEARCH LABORATORIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LAWRENCE SEMICONDUCTOR RESEARCH LABORATORY, INC.	c EIN-PN 86-0711627-777
a	Plan name MARCHIONDA & FERRER 401(K) PLAN	
b	Name of plan sponsor MARCHIONDA & FERRER, P.A.	c EIN-PN 22-3261359-001
a	Plan name MONTALVO ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor MONTALVO ASSOCIATION	c EIN-PN 94-1249283-001
a	Plan name MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MOORETOWN RANCHERIA	c EIN-PN 68-0152435-003
a	Plan name NORTHEAST FLORIDA AIDS NETWORK 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NORTHEAST FLORIDA AIDS NETWORK	c EIN-PN 59-2974694-001
a	Plan name NORTHWEST ELECTRIC OF VANCOUVER, INC. 401(K) PLAN	
b	Name of plan sponsor NORTHWEST ELECTRIC OF VANCOUVER, INC.	c EIN-PN 20-8108991-001
a	Plan name PHOTON INFOTECH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PHOTON INFOTECH, INC.	c EIN-PN 26-0106960-001
a	Plan name PROPOINT TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROPOINT TECHNOLOGY, INC	c EIN-PN 20-2925475-001
a	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	c EIN-PN 88-0163638-001
a	Plan name REYNOLDS & ROWELLA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor REYNOLDS & ROWELLA, LLP	c EIN-PN 06-1143555-001
a	Plan name RGS & G 401(K) PLAN	
b	Name of plan sponsor RUBIN, GLICKMAN, STEINBERG AND GIFFORD	c EIN-PN 23-2125472-002
a	Plan name RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIC-MAN INTERNATIONAL, INC.	c EIN-PN 59-2300398-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SIMON CHANG, MD, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIMON CHANG, MD, LLC	c EIN-PN 80-0112427-001
a	Plan name THOMAS TRI QUACH, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMAS TRI QUACH, M.D., INC.	c EIN-PN 33-0856862-001
a	Plan name THOMPSON TANK, INC. 401(K) PLAN	
b	Name of plan sponsor THOMPSON TANK, INC.	c EIN-PN 88-0302977-001
a	Plan name UNIVERSITY ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSITY ELECTRIC CO., INC.	c EIN-PN 94-1493225-002
a	Plan name UNIVERSITY PAIN MEDICINE CENTER LLC 401(K) PLAN	
b	Name of plan sponsor UNIVERSITY PAIN MEDICINE CENTER LLC	c EIN-PN 11-3822342-001
a	Plan name URGENT CARE AT LAKE LUCILLE, INC. 401(K) PLAN	
b	Name of plan sponsor URGENT CARE AT LAKE LUCILLE, INC.	c EIN-PN 92-0144617-001
a	Plan name VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VULCAN FIRE SYSTEMS, INC.	c EIN-PN 61-1057957-001
a	Plan name AIRCRAFT SYSTEMS DIVISION OF COM-JET CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AIRCRAFT SYSTEMS DIVISION OF COM-JET CORPORATION	c EIN-PN 59-2051580-001
a	Plan name APPAREL MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor APPAREL MANUFACTURING CO., INC.	c EIN-PN 58-1847018-001
a	Plan name APPLIED AQUATIC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor APPLIED AQUATIC MANAGEMENT, INC.	c EIN-PN 59-2100923-001
a	Plan name AYERS & BROWN, P.C. RETIREMENT PLAN	
b	Name of plan sponsor AYERS & BROWN, P.C.	c EIN-PN 86-0541873-001
a	Plan name B & P FRUIT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor B & P FRUIT COMPANY	c EIN-PN 77-0313863-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DIGITAL TOOL & DIE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIGITAL TOOL & DIE, INC.	c EIN-PN 38-2852638-001
a	Plan name	DISHMAN DODGE 401(K) PLAN	
b	Name of plan sponsor	M&G INVESTMENTS, INC. DBA DISHMAN DODGE	c EIN-PN 91-0953903-002
a	Plan name	EISENBERG & ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EISENBERG & ASSOCIATES, INC.	c EIN-PN 75-1573412-001
a	Plan name	EL NIGUEL COUNTRY CLUB RETIREMENT PLAN	
b	Name of plan sponsor	EL NIGUEL COUNTRY CLUB	c EIN-PN 95-3037507-001
a	Plan name	EL PASO HEART CENTER PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	EL PASO HEART CENTER, P.A.	c EIN-PN 45-0508485-002
a	Plan name	FAMMA GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	FAMMA GROUP, INC.	c EIN-PN 45-5002659-001
a	Plan name	FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	FCNB BANK	c EIN-PN 43-0224380-001
a	Plan name	FRAZIER & SABIN, LLP 401(K) PLAN	
b	Name of plan sponsor	FRAZIER & SABIN, LLP	c EIN-PN 37-1137275-001
a	Plan name	FRC 401(K) PLAN	
b	Name of plan sponsor	THE FINANCIAL RESOURCE CENTER, INC.	c EIN-PN 35-1883522-001
a	Plan name	FSY ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	FSY ARCHITECTS	c EIN-PN 95-4638941-001
a	Plan name	GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GOTEC PLUS SUN, LLC	c EIN-PN 20-4320976-001
a	Plan name	GRABER ANIMAL HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRABER ANIMAL HOSPITAL, INC.	c EIN-PN 34-1903123-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GRANITE STATE ACOUSTICS, INC. 401(K) PLAN	
b	Name of plan sponsor GRANITE STATE ACOUSTICS, INC.	c EIN-PN 02-0276885-001
a	Plan name HEARTLIGHT PHARMACY SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCHAAF DRUGS, LLC.	c EIN-PN 20-0329214-001
a	Plan name HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor HURON VALLEY RESTAURANT EQUIPMENT, INC.	c EIN-PN 38-3072272-001
a	Plan name J.M. O'NEILL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J.M. O'NEILL, INC.	c EIN-PN 94-2918101-001
a	Plan name J2H PARTNERS 401(K) PLAN	
b	Name of plan sponsor J2H PARTNERS, LLC	c EIN-PN 47-4314260-001
a	Plan name JAG, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JAG, INC.	c EIN-PN 20-4383697-001
a	Plan name KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor KENTUCKY EDUCATION ASSOCIATION	c EIN-PN 61-0245450-001
a	Plan name KETTER & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor KETTER & ASSOCIATES	c EIN-PN 47-0806233-001
a	Plan name LAZAR LANDSCAPE DESIGN & CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAZAR LANDSCAPE DESIGN & CONSTRUCTION, INC.	c EIN-PN 30-0160288-001
a	Plan name MARK A. PRICE, DDS, MSD, P.C. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARK A. PRICE, DDS, MSD, P.C.	c EIN-PN 03-0352887-001
a	Plan name MARK J. REDD DDS, INC. 401(K) PLAN	
b	Name of plan sponsor MARK J. REDD DDS, INC.	c EIN-PN 72-1519503-001
a	Plan name MOORETOWN RANCHERIA GOVERNMENTAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MOORETOWN RANCHERIA	c EIN-PN 68-0152435-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	MOXY MANAGEMENT COMPANY, LLC	c EIN-PN 99-0431387-002
a	Plan name	NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	NU-TIER BRANDS, INC.	c EIN-PN 90-0541753-001
a	Plan name	PALMETTO REHABILITATION SPECIALISTS LLC 401(K) PLAN	
b	Name of plan sponsor	PALMETTO REHABILITATION SPECIALISTS	c EIN-PN 20-4474119-001
a	Plan name	PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	PIENTA ENTERPRISES, INC.	c EIN-PN 38-2434419-001
a	Plan name	PS3 ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	PS3 ENTERPRISES, INC.	c EIN-PN 26-3852614-001
a	Plan name	RINEY RONQUILLO SOULE, PLLC 401(K) PLAN	
b	Name of plan sponsor	RINEY RONQUILLO SOULE, PLLC	c EIN-PN 20-4072167-001
a	Plan name	SALTER HEALY, LLC 401(K) PLAN	
b	Name of plan sponsor	SALTER HEALY, LLC	c EIN-PN 26-1337937-001
a	Plan name	SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SAMTECH AUTOMOTIVE USA, INC.	c EIN-PN 95-4568597-001
a	Plan name	SANDHILLS STATE BANK 401(K) PLAN	
b	Name of plan sponsor	SANDHILLS STATE BANK	c EIN-PN 47-0130530-001
a	Plan name	SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SKL PRIME SERVICES, LLC	c EIN-PN 01-0551573-001
a	Plan name	THA ARCHITECTS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	c EIN-PN 38-1561901-002
a	Plan name	TIBRIO LLC 401(K) PLAN	
b	Name of plan sponsor	TIBRIO LLC	c EIN-PN 81-0719473-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TILLERY CHEVROLET/GMC INC. 401(K) PLAN	
b	Name of plan sponsor	TILLERY CHEVROLET/GMC	c EIN-PN 85-0281064-001
a	Plan name	V & C ELECTRICAL CONTRACTORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	V & C ELECTRICAL CONTRACTORS, INC.	c EIN-PN 62-1143477-001
a	Plan name	VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
b	Name of plan sponsor	VACCINE RESEARCH INSTITUTE OF SAN DIEGO	c EIN-PN 33-0903864-001
a	Plan name	ZEETO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ZEETO GROUP, LLC	c EIN-PN 83-0490277-001
a	Plan name	401(K) & PROFIT SHARING PLAN FOR KYLE HUNT & PARTNERS, INC.	
b	Name of plan sponsor	KYLE HUNT & PARTNERS, INC.	c EIN-PN 41-1800701-001
a	Plan name	A & K EARTH MOVERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	A & K EARTH MOVERS, INC.	c EIN-PN 88-0097157-002
a	Plan name	A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A BETTER CONTRACTOR, LLC	c EIN-PN 46-4885039-002
a	Plan name	ALERT-O-LITE, INC. 401(K) PLAN	
b	Name of plan sponsor	ALERT-O-LITE, INC.	c EIN-PN 94-2752915-001
a	Plan name	CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name	COMMUNITIES IN SCHOOLS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	COMMUNITIES IN SCHOOLS OF EL PASO, INC.	c EIN-PN 74-2024715-001
a	Plan name	COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	COMMUNITY STATE BANK	c EIN-PN 26-0620241-001
a	Plan name	COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNITY TIES OF AMERICA, INC.	c EIN-PN 62-1733882-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CYPRESS POINT CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CYPRESS POINT CLUB	c EIN-PN 94-6008058-002
a	Plan name	LEINGANG HOME CENTER 401(K) PLAN	
b	Name of plan sponsor	LEINGANG GROUP, INC. D/B/A LEINGANG HOME CENTER	c EIN-PN 46-3955538-001
a	Plan name	MR DRYWALL SERVICES LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MR DRYWALL SERVICES, L.L.C.	c EIN-PN 35-2514184-001
a	Plan name	MT SPOKANE 2000 401(K) PLAN	
b	Name of plan sponsor	MT SPOKANE 2000	c EIN-PN 91-1553730-001
a	Plan name	PK ELECTRIC 401(K) RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor	MAT SERVICES, INC. DBA PK ELECTRIC	c EIN-PN 91-2180582-001
a	Plan name	RAPT 401(K) PLAN	
b	Name of plan sponsor	RICHMOND AUTO PARTS TECHNOLOGY, INC.	c EIN-PN 61-1321586-001
a	Plan name	SARAT FORD SALES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SARAT FORD SALES, INC.	c EIN-PN 04-2385735-001
a	Plan name	SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SOUTHWEST 66 CREDIT UNION	c EIN-PN 75-0815084-002
a	Plan name	SPA 401(K)	
b	Name of plan sponsor	SEAFOOD PRODUCTS ASSOCIATION	c EIN-PN 20-8459653-001
a	Plan name	TRIPLE CROWN PRODUCTS 401(K) EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIPLE CROWN PRODUCTS	c EIN-PN 39-1785048-001
a	Plan name	TRIS PHARMA 401(K) PLAN	
b	Name of plan sponsor	TRIS PHARMA, INC.	c EIN-PN 22-3747409-001
a	Plan name	TROIL ENTERPRISES, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TROIL ENTERPRISES, LLC	c EIN-PN 22-3379538-003

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.)			
a	Plan name	WARNER CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	WARNER CONSTRUCTION, INC.	c EIN-PN 82-0524180-001
a	Plan name	WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name	A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	A CENTER FOR VISIONCARE	c EIN-PN 95-4435884-001
a	Plan name	A-1 SERVICE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	A-1 SERVICE INC.	c EIN-PN 72-0692706-001
a	Plan name	AMERICAN NATION BANK SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN NATION BANK	c EIN-PN 73-1258880-001
a	Plan name	AMERICAN PHARMACY SERVICES CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN PHARMACY SERVICES CORPORATION	c EIN-PN 38-2647024-001
a	Plan name	BARBARA E. WHITWORTH, D.D.S. 401(K) PLAN	
b	Name of plan sponsor	BARBARA E. WHITWORTH, D.D.S.	c EIN-PN 75-2633818-001
a	Plan name	BARCLAY BRAND FERDON EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	BARCLAY BRAND CORPORATION	c EIN-PN 22-3414541-001
a	Plan name	BARLEVI & CO., ACCOUNTANCY CORPORATION 401(K) PSP	
b	Name of plan sponsor	BARLEVI & CO., ACCOUNTANCY CORPORATION	c EIN-PN 54-2081513-001
a	Plan name	CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHESLER CONSTRUCTION, INC.	c EIN-PN 68-0378142-002
a	Plan name	CORRA 401(K) PLAN	
b	Name of plan sponsor	CORRA	c EIN-PN 04-3819932-001
a	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name GUYMON MACHINING & FABRICATION, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor GUYMON MACHINING & FABRICATION INC	c EIN-PN 82-0461511-001
a	Plan name I-TECH USA 401(K) PLAN	
b	Name of plan sponsor I-TECH USA	c EIN-PN 32-0015143-001
a	Plan name A1 POLISHING & FINISHING, LLC 401(K) PLAN	
b	Name of plan sponsor A1 POLISHING & FINISHING, LLC	c EIN-PN 39-1920526-001
a	Plan name AAA TRANSPORTATION RETIREMENT PLAN	
b	Name of plan sponsor AAA TRANSPORTATION, INC.	c EIN-PN 41-1680304-001
a	Plan name AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AARON A. ADAOAG, M.D., LTD.	c EIN-PN 26-0880609-001
a	Plan name BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BASSETT SALES CORPORATION	c EIN-PN 95-3666930-001
a	Plan name BULVERDE GLASS 401(K) PLAN	
b	Name of plan sponsor BULVERDE GLASS, INC	c EIN-PN 74-2941775-001
a	Plan name COX FRICKE LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COX FRICKE LLP	c EIN-PN 45-2707071-001
a	Plan name DOERRE CONSTRUCTION CO., LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOERRE CONSTRUCTION CO., LLC	c EIN-PN 56-2177316-001
a	Plan name EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor EQUINE MEDICAL CENTER OF OCALA	c EIN-PN 20-3993544-001
a	Plan name FYI SYSTEMS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor FYI SYSTEMS, INC.	c EIN-PN 22-2562534-001
a	Plan name IABA SALARY SAVINGS PLAN	
b	Name of plan sponsor INSTITUTE FOR APPLIED BEHAVIOR ANALYSIS CORPORATION	c EIN-PN 95-3693249-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ICU PRODUCTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ICU PRODUCTION, INC.	c EIN-PN 41-2252815-002
a	Plan name	ILAPAK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ILAPAK, INC.	c EIN-PN 13-3036089-002
a	Plan name	JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	JOHNSON FINANCIAL SOLUTIONS, INC.	c EIN-PN 20-8464483-001
a	Plan name	MCDERMOTT-COSTA, INC. 401(K) PLAN	
b	Name of plan sponsor	MCDERMOTT-COSTA CO., INC.	c EIN-PN 94-1375883-002
a	Plan name	MCDUGALL & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MCDUGALL & SONS, INC.	c EIN-PN 91-0978839-001
a	Plan name	POLK COUNTY SCHOOL READINESS COALITION, INC. 401(K) PLAN	
b	Name of plan sponsor	POLK COUNTY SCHOOL READINESS COALITION, INC.	c EIN-PN 59-3648316-001
a	Plan name	PONDERA ADVISORS 401(K) PLAN	
b	Name of plan sponsor	PONDERA ADVISORS, LLC	c EIN-PN 20-4885252-001
a	Plan name	PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PORTER KIAKONA KOPPER, LLP	c EIN-PN 99-0210947-001
a	Plan name	RAY HENSLEY, INC. RET. PLAN	
b	Name of plan sponsor	RAY HENSLEY, INC.	c EIN-PN 31-0889689-001
a	Plan name	SPAULDING BRICK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPAULDING BRICK CO., INC.	c EIN-PN 04-1203530-001
a	Plan name	SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAMCO PROPERTIES, INC.	c EIN-PN 59-2396906-001
a	Plan name	THE CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE CELLAR LUMBER COMPANY	c EIN-PN 31-4144745-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
b	Name of plan sponsor THE CLASSIC CATERING PEOPLE, INC.	c EIN-PN 52-1715183-001
a	Plan name TRUE LINE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRUE LINE, INC.	c EIN-PN 55-0651663-001
a	Plan name TRUXAW & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JOSEPH C. TRUXAW AND ASSOCIATES, INC.	c EIN-PN 95-2992708-001
a	Plan name WAVE CREST DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WAVE CREST DEVELOPMENT	c EIN-PN 94-2349728-001
a	Plan name ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777
a	Plan name ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
a	Plan name ARTERIOCYTE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ARTERIOCYTE, INC.	c EIN-PN 26-1272740-001
a	Plan name BCA LAW FIRM, LLC -- DB / CASH BALANCE	
b	Name of plan sponsor BHAVYA CHAUDHARY & ASSOCIATES LAW FIRM, LLC	c EIN-PN 27-3350933-002
a	Plan name CAR-X AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor CAR-X AUTO SERVICE	c EIN-PN 74-3022523-001
a	Plan name CARDEL HOMES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDEL U.S. MANAGEMENT, LLC	c EIN-PN 84-1846681-001
a	Plan name CARDEN ARBOR VIEW SCHOOL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDEN ARBOR VIEW SCHOOL, INC.	c EIN-PN 95-3695686-002
a	Plan name COMPUTHINK, INC. 401(K) PLAN	
b	Name of plan sponsor COMPUTHINK, INC.	c EIN-PN 36-3953691-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	D. S. ERICKSON & ASSOCIATES, PLLC 401(K) PLAN	
b Name of plan sponsor	D. S. ERICKSON & ASSOCIATES, PLLC	c EIN-PN 20-5957980-001
a Plan name	D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	D.I.J. CONSTRUCTION, INC.	c EIN-PN 74-2291006-001
a Plan name	DAN G. WILKER, DDS 401K PROFIT SHARING PLAN	
b Name of plan sponsor	DAN G. WILKER, DDS	c EIN-PN 34-1745172-001
a Plan name	DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b Name of plan sponsor	DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a Plan name	ELCO LIGHTING PROFIT SHARING 401(K) PLAN	
b Name of plan sponsor	AMP PLUS, INC. DBA ELCO LIGHTING	c EIN-PN 95-4309236-001
a Plan name	GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
b Name of plan sponsor	GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA ENGINEERING, LLC	c EIN-PN 77-0489033-001
a Plan name	GRAPHIXDIRECT.COM, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	GRAPHIXDIRECT.COM INC.	c EIN-PN 27-1287974-002
a Plan name	GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	GREAT KIDS, INC.	c EIN-PN 62-1798100-001
a Plan name	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES S.C. PROFIT SHARING 401(K) PLAN	
b Name of plan sponsor	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES, INC.	c EIN-PN 20-0676469-001
a Plan name	HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
b Name of plan sponsor	HENNESSEY ENGINEERS, INC.	c EIN-PN 38-2047389-004
a Plan name	HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	HENSLEY LAMKIN RACHEL, INC.	c EIN-PN 75-2377361-001
a Plan name	INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	INDEPENDENCE BANCSHARES, INC.	c EIN-PN 42-1191386-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor	INDEPENDENT CAPITAL MANAGEMENT LLC	c EIN-PN 26-3029556-001
a	Plan name	KGA STUDIO ARCHITECTS, P.C. 401(K) PLAN	
b	Name of plan sponsor	KGA STUDIO ARCHITECTS P.C.	c EIN-PN 84-0808019-001
a	Plan name	MHS LIFT HOLDINGS INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MHS LIFT HOLDINGS INC.	c EIN-PN 23-1738019-001
a	Plan name	MIAMI REGIONAL UNIVERSITY INVEST YOUR FUTURE PLAN	
b	Name of plan sponsor	MANAGEMENT RESOURCES, INC. DBA MIAMI REGIONAL UNIVERSITY	c EIN-PN 65-0633679-001
a	Plan name	MICHIGAN NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHIGAN NEUROLOGY ASSOCIATES, P.C.	c EIN-PN 38-3258019-001
a	Plan name	O2 SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	O2 SOLUTIONS, LLC	c EIN-PN 14-1964996-001
a	Plan name	PARAGON PLUS, INC. DBA PARAGON STEEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARAGON PLUS, INC. DBA PARAGON STEEL	c EIN-PN 33-0300619-001
a	Plan name	PWA RETIREMENT PLAN	
b	Name of plan sponsor	PERHATS WENSTROM ASSOCIATES, INC.	c EIN-PN 36-3611103-002
a	Plan name	QIU ACCOUNTANCY CORP. 401(K) PLAN	
b	Name of plan sponsor	QIU ACCOUNTANCY CORP.	c EIN-PN 95-4629680-001
a	Plan name	QMSI 401(K) PLAN	
b	Name of plan sponsor	QMSI	c EIN-PN 62-1539705-001
a	Plan name	QUALITY ASSURED LABEL, INC. SAVINGS PLAN	
b	Name of plan sponsor	QUALITY ASSURED LABEL, INC.	c EIN-PN 41-1492638-002
a	Plan name	RISER MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	RISER MOTORS, INC.	c EIN-PN 71-0857865-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	SMART, LLC 401(K) PLAN	
b Name of plan sponsor	SMART, LLC	c EIN-PN 30-0269003-001
a Plan name	THE COLUMBIA PROPERTY GROUP, INC. 401(K) PLAN	
b Name of plan sponsor	THE COLUMBIA PROPERTY GROUP, INC.	c EIN-PN 27-0013342-001
a Plan name	THE DYNAMIC CONSTRUCTION, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN	
b Name of plan sponsor	DYNAMIC CONSTRUCTION, INC.	c EIN-PN 31-1526251-001
a Plan name	TLG DEFINED CONTRIBUTION PLAN & TRUST	
b Name of plan sponsor	TINGLEY LAW GROUP, PC	c EIN-PN 46-2705875-001
a Plan name	TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TOM AHL CHRYSLER-BUICK, INC.	c EIN-PN 34-1151496-001
a Plan name	TOM MALLOY CORPORATION 401(K) PLAN	
b Name of plan sponsor	TOM MALLOY CORPORATION	c EIN-PN 95-2674327-004
a Plan name	VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
b Name of plan sponsor	VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-1917556-001
a Plan name	WELLMAN SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WELLMAN SERVICES, LLC	c EIN-PN 27-1434287-001
a Plan name	ZEHNDER COMMUNICATIONS, INC. 401(K) PLAN	
b Name of plan sponsor	ZEHNDER COMMUNICATIONS, INC.	c EIN-PN 72-1324835-001
a Plan name	FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	FLOWMASTER, INC.	c EIN-PN 46-4050504-002
a Plan name	CECOS 401(K) PLAN	
b Name of plan sponsor	CYRIACKS ENVIRONMENTAL CONSULTING SERVICES, INC.	c EIN-PN 90-0106680-001
a Plan name	LA-Z-BOY 401(K) RETIREMENT PLAN	
b Name of plan sponsor	MGM GALLERIES LLC DBA LA-Z-BOY FURNITURE GALLERIES	c EIN-PN 46-0513963-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PENNY LANE SCHOOL, LTD. 401(K) PLAN	
b	Name of plan sponsor PENNY LANE SCHOOL, LTD.	c EIN-PN 36-3864693-001
a	Plan name ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001
a	Plan name ACCUTRACK SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ACCUTRACK SERVICES, LLC	c EIN-PN 27-2912487-001
a	Plan name GENERATIONS 401(K) PLAN	
b	Name of plan sponsor JWALANT K. VADALIA, MD, PC	c EIN-PN 02-0474068-001
a	Plan name LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC. 401(K) PLAN	
b	Name of plan sponsor LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC.	c EIN-PN 23-7010825-001
a	Plan name ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ADVANCED AUTOMATION TECHNOLOGIES, INC.	c EIN-PN 52-1749594-001
a	Plan name ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED NETWORK PRODUCTS, INC.	c EIN-PN 23-2316443-001
a	Plan name CNJ, INC. 401(K) PLAN	
b	Name of plan sponsor CNJ, INC.	c EIN-PN 20-4459124-001
a	Plan name COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN	
b	Name of plan sponsor COASTAL BEND WORKFORCE DEVELOPMENT BOARD	c EIN-PN 74-2424633-001
a	Plan name MAAS BROTHERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MAAS BROTHERS, INC. PROFIT SHARING PLAN	c EIN-PN 91-1907561-001
a	Plan name CONNOR CONSULTING CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CONNOR CONSULTING CORPORATION	c EIN-PN 46-1950081-001
a	Plan name ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C.	c EIN-PN 57-1122288-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN	
b	Name of plan sponsor ANDRADE GONZALEZ LLP	c EIN-PN 46-2892257-003
a	Plan name CPS SACRAMENTO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAWRENCE B. LONG INSURANCE SERVICES, INC. DBA CPS SACRAMENTO	c EIN-PN 68-0046629-001
a	Plan name CRAFT HOUSE PIZZA, LLC 401K SAVINGS PLAN	
b	Name of plan sponsor CRAFT HOUSE PIZZA, LLC	c EIN-PN 27-3274820-001
a	Plan name CRAIG MCMANAMAN, DO, PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor CRAIG MCMANAMAN, DO, PLLC	c EIN-PN 61-1410341-001
a	Plan name CRAZY CAT CYCLERY 401(K) PLAN	
b	Name of plan sponsor CRAZY CAT CYCLERY, LLC	c EIN-PN 46-1509105-001
a	Plan name CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	
b	Name of plan sponsor CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	c EIN-PN 47-2388058-001
a	Plan name RK DIVERSIFIED ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RK DIVERSIFIED ENTERTAINMENT, INC.	c EIN-PN 95-4346665-001
a	Plan name RNR CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor RNR CONTRACTORS, INC.	c EIN-PN 22-3177714-001
a	Plan name ASCENT CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor ASCENT CONSTRUCTION, INC.	c EIN-PN 87-0645924-002
a	Plan name DATA PATH, INC. 401(K) P/S PLAN	
b	Name of plan sponsor DATA PATH, INC.	c EIN-PN 90-0242296-001
a	Plan name MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	c EIN-PN 26-1365260-001
a	Plan name DEJNO'S, INC. 401(K) PLAN	
b	Name of plan sponsor DEJNO'S, INC.	c EIN-PN 39-1335924-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	VICTOR EMANUEL NATURE TOURS 401(K) PLAN	
b	Name of plan sponsor	VICTOR EMANUEL NATURE TOURS, INC.	c EIN-PN 74-1942295-001
a	Plan name	NATIONAL AUTO LENDERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NATIONAL AUTO LENDERS, INC.	c EIN-PN 65-0660723-001
a	Plan name	BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BEACON TRI-STATE SOLUTIONS, INC.	c EIN-PN 32-0277555-001
a	Plan name	INDUSTRIAL INSULATIONS, INCORPORATED 401(K) PLAN AND TRUST	
b	Name of plan sponsor	INDUSTRIAL INSULATIONS, INC.	c EIN-PN 95-1697850-001
a	Plan name	INFRONT DEVICES & SYSTEMS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	INFRONT DEVICES & SYSTEMS, LLC	c EIN-PN 73-1646352-001
a	Plan name	INNOVA ZONES 401(K) PLAN	
b	Name of plan sponsor	INNOVA ZONES, LLC	c EIN-PN 46-5111106-001
a	Plan name	SCI 401(K) PLAN	
b	Name of plan sponsor	SYSTEM CONTROLS & INSTRUMENTATION, LTD.	c EIN-PN 46-0638297-001
a	Plan name	WESTERN CAMPS, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTERN CAMPS, INC.	c EIN-PN 95-2499851-001
a	Plan name	BERICH MASONRY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BERICH MASONRY, INC.	c EIN-PN 20-2612940-001
a	Plan name	BESTCO ELECTRIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BESTCO ELECTRIC, INC.	c EIN-PN 94-2212170-002
a	Plan name	INTERNATIONAL TANK SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNATIONAL TANK SERVICE, INC.	c EIN-PN 34-1277387-001
a	Plan name	INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INTERPRET, LLC	c EIN-PN 20-4554232-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INTERPRINT INCORPORATED SAVINGS PLAN	
b	Name of plan sponsor	INTERPRINT, INC.	c EIN-PN 59-0871253-001
a	Plan name	INTREIS 401(K) PLAN	
b	Name of plan sponsor	INTREIS	c EIN-PN 46-0855494-001
a	Plan name	NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW KNOXVILLE SUPPLY CO. INC.	c EIN-PN 34-4314480-001
a	Plan name	WILLIAM ZALLA CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WILLIAM ZALLA CONSTRUCTION COMPANY, INC.	c EIN-PN 61-0964984-001
a	Plan name	OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor	PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name	OCEAN VIEW DENTAL 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUMMER T. WOOD, D.M.D. DBA OCEAN VIEW DENTAL	c EIN-PN 45-3512542-001
a	Plan name	BREAKING GROUND EXCAVATION INC. 401(K) PLAN	
b	Name of plan sponsor	BREAKING GROUND EXCAVATION INC.	c EIN-PN 91-2118848-001
a	Plan name	BREEZWAY THRIFTY GLASS 401(K) PLAN	
b	Name of plan sponsor	JOJO ENTERPRISES, INC. DBA BREEZWAY THRIFTY GLASS	c EIN-PN 33-0433751-001
a	Plan name	ELITE PT LLC 401(K) PLAN	
b	Name of plan sponsor	ELITE PT LLC	c EIN-PN 20-8004587-001
a	Plan name	JCL SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor	JCL SERVICE COMPANY LLC	c EIN-PN 46-0577895-001
a	Plan name	JD DOGGY, INC. 401(K) PLAN	
b	Name of plan sponsor	JD DOGGY, INC.	c EIN-PN 47-3843337-001
a	Plan name	SMILE FAMILY & COSMETIC DENTISTRY DEFINED BENEFIT PLAN	
b	Name of plan sponsor	SHARON BOWERS MCCRARY, D.M.D., P.A.	c EIN-PN 59-3531551-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name OTOGENETICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor OTOGENETICS CORPORATION	c EIN-PN 26-1343895-001
a	Plan name OVERLAKE GOLF & COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OVERLAKE GOLF & COUNTRY CLUB	c EIN-PN 91-0588580-002
a	Plan name BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 88-0401243-002
a	Plan name JOSEPH PEDOTT ADVERTISING & MARKETING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOSEPH PEDOTT ADVERTISING & MARKETING, INC.	c EIN-PN 94-2346172-001
a	Plan name SPRINGFIELD TRACTOR & TRAILER SALES, INC. 401(K) PLAN	
b	Name of plan sponsor SPRINGFIELD TRACTOR & TRAILER SALES, INC.	c EIN-PN 37-1013499-003
a	Plan name CARPETS UNLIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPECIALTIES UNLIMITED, INC.	c EIN-PN 43-1986186-001
a	Plan name FILOLI CENTER 401(K) PLAN	
b	Name of plan sponsor FILOLI CENTER	c EIN-PN 95-2996648-001
a	Plan name SUMMIT SEALANTS RETIREMENT PLAN	
b	Name of plan sponsor SUMMIT SEALANTS AND RESTORATION, INC.	c EIN-PN 20-1375534-001
a	Plan name SUPERIOR DENTAL LABORATORY INC. 401(K) PLAN	
b	Name of plan sponsor SUPERIOR DENTAL LABORATORY INC.	c EIN-PN 88-0238763-002
a	Plan name SUPERMAX HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor SUPERMAX HEALTHCARE INC.	c EIN-PN 27-2105941-001
a	Plan name LUDEMAN INSULATION & SUPPLY, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor LUDEMAN INSULATION & SUPPLY, INC.	c EIN-PN 48-1041397-001
a	Plan name ACME PALLET, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor ACME PALLET, INC.	c EIN-PN 38-1710471-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
a	Plan name CIVIL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CIVIL SERVICES, INC.	c EIN-PN 59-2975137-001
a	Plan name CLARITY TELECOM, LLC 401(K) PLAN	
b	Name of plan sponsor CLARITY TELECOM LLC DBA BLUEPEAK	c EIN-PN 46-2667900-001
a	Plan name GEORGIA CAREER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor HMS EDUCATIONAL SERVICES, INC. DBA GEORGIA CAREER INSTITUTE	c EIN-PN 58-1838344-001
a	Plan name PRECISION SMALL ENGINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION SMALL ENGINE CO., INC.	c EIN-PN 59-1985940-001
a	Plan name MAGNUM MACHINE 401(K) PLAN	
b	Name of plan sponsor MAGCO MACHINE & MANUFACTURING DBA MAGNUM MACHINE & MANUFACTURING	c EIN-PN 74-2978531-001
a	Plan name MANAGED HEALTHCARE UNLIMITED, INC. 401(K) PLAN	
b	Name of plan sponsor MANAGED HEALTHCARE UNLIMITED, INC.	c EIN-PN 95-4587291-001
a	Plan name ADVANCED REPRODUCTIVE CENTER OF HAWAII 401(K) PLAN	
b	Name of plan sponsor CHRISTOPHER T.F. HUANG, M.D., INC	c EIN-PN 01-0674989-001
a	Plan name AEM PARTNERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AEM PARTNERS, LLC	c EIN-PN 20-0857620-001
a	Plan name COLEMAN FROST LLP 401(K) PLAN	
b	Name of plan sponsor COLEMAN FROST LLP	c EIN-PN 20-0807972-001
a	Plan name COLLAGE ARCHITECTS LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor COLLAGE ARCHITECTS LLC	c EIN-PN 26-3215943-001
a	Plan name THE SCOTT GROUP BENEFIT SPECIALISTS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE SCOTT GROUP BENEFIT SPECIALISTS, LLC	c EIN-PN 20-2819811-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	THE THOROUGHbred CLUB OF AMERICA, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE THOROUGHbred CLUB OF AMERICA, INC.	c EIN-PN 61-0488425-001
a	Plan name	THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name	THE VISIT NAPA VALLEY 401(K) PLAN	
b	Name of plan sponsor	VISIT NAPA VALLEY	c EIN-PN 68-0217381-001
a	Plan name	ALTA PROFESSIONAL INSURANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALTA PROFESSIONAL INSURANCE SERVICES AGENCY, LLC	c EIN-PN 20-1151904-001
a	Plan name	MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
a	Plan name	CONTACTUS 401(K) PLAN	
b	Name of plan sponsor	CONTACTUS,LLC	c EIN-PN 45-4001073-001
a	Plan name	GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor	GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
a	Plan name	R&F, INC. EMPLOYEES BENEFIT PLAN	
b	Name of plan sponsor	R&F, INC.	c EIN-PN 34-1016464-001
a	Plan name	TOYOBO KUREHA AMERICA CO., LTD. 401(K) PLAN	
b	Name of plan sponsor	TOYOBO KUREHA AMERICA CO., LTD.	c EIN-PN 31-1414533-001
a	Plan name	MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MEDALLION MANAGEMENT, INC.	c EIN-PN 38-2033680-001
a	Plan name	HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN	
b	Name of plan sponsor	HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA	c EIN-PN 34-1165089-001
a	Plan name	REHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor	REHILL STAFFING SERVICE	c EIN-PN 74-2982537-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TYNAN EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor YALE INDUSTRIAL TRUCKS - TYNAN, INC.	c EIN-PN 35-1147878-001
a	Plan name DAVID HUVAL'S TRUCKING CO. 401(K) PLAN	
b	Name of plan sponsor DAVID HUVAL'S TRUCKING CO., INC.	c EIN-PN 72-1470730-001
a	Plan name DAVID K. WALTON, DDS, MS, PC 401(K) PLAN	
b	Name of plan sponsor DAVID K. WALTON, DDS, MS, PC DBA WALTON IMPLANTS AND PERIODONTICS	c EIN-PN 45-4996143-001
a	Plan name HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor HIGHPOINT SOLUTIONS, INC.	c EIN-PN 22-3462774-002
a	Plan name ROCKY'S HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor ROCKY'S HARDWARE, INC.	c EIN-PN 04-2373758-001
a	Plan name VENTURA PACIFIC COMPANY 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor VENTURA PACIFIC COMPANY	c EIN-PN 95-3057749-001
a	Plan name VENTURE 401(K) PLAN	
b	Name of plan sponsor VM SERVICES, INC.	c EIN-PN 77-0459829-222
a	Plan name AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AVENTURO, INC.	c EIN-PN 27-2417155-001
a	Plan name DELTA SYSTEMS & AUTOMATION LLC 401(K) PLAN	
b	Name of plan sponsor DELTA SYSTEMS & AUTOMATION LLC	c EIN-PN 83-2468256-001
a	Plan name HOLTORF MEDICAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HOLTORF MEDICAL GROUP, INC.	c EIN-PN 52-2401779-002
a	Plan name MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MJD TRUCKING, INC.	c EIN-PN 65-0831291-001
a	Plan name MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MKRS LAW, P.L.	c EIN-PN 20-3879249-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MODERN DISPLAY SERVICES, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MODERN DISPLAY SERVICES, INC.	c EIN-PN 87-0265937-001
a	Plan name	RUSSELL J. S. TOM, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RUSSELL J. S. TOM, D.D.S.	c EIN-PN 99-0261249-001
a	Plan name	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE 401(K) PLAN	
b	Name of plan sponsor	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE	c EIN-PN 76-0804445-001
a	Plan name	VITECH 401(K) PLAN	
b	Name of plan sponsor	ZUKEN VITECH, INC.	c EIN-PN 54-1636539-001
a	Plan name	BEERMAN PRECISION, INC. 401(K) PLAN	
b	Name of plan sponsor	BEERMAN PRECISION, INC.	c EIN-PN 72-0519232-001
a	Plan name	BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BELGRADE STATE BANK	c EIN-PN 43-0177195-001
a	Plan name	INNOVATIVE TURNAROUND CONTROLS 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE TURNAROUND CONTROLS	c EIN-PN 20-2435857-001
a	Plan name	SEMILAB USA 401(K) PLAN	
b	Name of plan sponsor	SEMILAB USA LLC	c EIN-PN 27-0347663-001
a	Plan name	SEMSA 401(K) PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor	SIERRA MEDICAL SERVICES ALLIANCE	c EIN-PN 68-0459931-003
a	Plan name	SEMSA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIERRA MEDICAL SERVICES ALLIANCE	c EIN-PN 68-0459931-001
a	Plan name	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name	WESTMINSTER CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTMINSTER CAPITAL, INC.	c EIN-PN 95-2157201-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WESTON PROPERTIES 401K	
b	Name of plan sponsor	WESTON PROPERTIES, LC	c EIN-PN 74-2722024-112
a	Plan name	BIOEX CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor	BIOEX CONSULTING, LLC	c EIN-PN 26-3459118-001
a	Plan name	E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	E.S. EVANS & COMPANY	c EIN-PN 34-1717857-001
a	Plan name	INVESQUE HOLDINGS LP FINANCIAL FREEDOM 401(K) PLAN	
b	Name of plan sponsor	INVESQUE HOLDINGS LP	c EIN-PN 47-5355397-001
a	Plan name	NEXT LEVEL IT, LLC 401(K) PLAN	
b	Name of plan sponsor	NEXT LEVEL IT, LLC	c EIN-PN 87-2800471-001
a	Plan name	SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SHEPHERD DATA SERVICES, INC.	c EIN-PN 46-0469044-001
a	Plan name	BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIDGEWAY, INC.	c EIN-PN 37-0984175-001
a	Plan name	ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELLEFSON TRANSPORTATION GROUP, INC.	c EIN-PN 58-1654796-001
a	Plan name	ELMER SCHULTZ SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELMER SCHULTZ SERVICES, INC.	c EIN-PN 23-1937880-001
a	Plan name	OHANA NUI MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	OHANA NUI MANAGEMENT, INC.	c EIN-PN 33-1091808-001
a	Plan name	OK MEDIA SOLUTIONS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OK MEDIA SOLUTIONS, INC.	c EIN-PN 45-2633274-001
a	Plan name	OLIVEIRA WEALTH PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	OLIVEIRA WEALTH	c EIN-PN 77-0514829-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name C. CARAMANICO & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor C. CARAMANICO & SONS, INC.	c EIN-PN 23-2349249-001
a	Plan name EYE CARE OF MAINE PROFIT SHARING PLAN	
b	Name of plan sponsor EYE CARE OF MAINE, P.A.	c EIN-PN 01-0316462-004
a	Plan name P.L.P.S. 401(K) PLAN	
b	Name of plan sponsor P.L.P.S. INC.	c EIN-PN 76-0471058-001
a	Plan name STANDARD BUILDERS 401(K) PLAN	
b	Name of plan sponsor STANDARD BUILDERS, INC.	c EIN-PN 20-4989039-001
a	Plan name STANDARD MAINTENANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor STANDARD MAINTENANCE COMPANY, LLC	c EIN-PN 62-1741930-001
a	Plan name STARDUST CELEBRATIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STARDUST CELEBRATIONS, LLC	c EIN-PN 75-2839427-001
a	Plan name STEEL - FAB, INC. 401(K) PLAN	
b	Name of plan sponsor STEEL-FAB, INC.	c EIN-PN 04-2396722-004
a	Plan name FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
b	Name of plan sponsor FINANCIAL NETWORK FID WEST, LLC	c EIN-PN 26-2039224-001
a	Plan name FIRST ILLINOIS BANCORP., INC. PROFIT SHARING 401(K) PLAN AND TRUST	
b	Name of plan sponsor FIRST ILLINOIS BANCORP., INC.	c EIN-PN 37-1057402-001
a	Plan name KNS INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor KNS INTERNATIONAL	c EIN-PN 42-1539365-001
a	Plan name PAXTON VAN LINES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PAXTON VAN LINES, INC.	c EIN-PN 54-0585256-001
a	Plan name PBD 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THREE PIRATES, LLC DBA POINT BLANK DISTRIBUTING	c EIN-PN 76-0736584-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LAKES TENNIS 401(K) PLAN	
b	Name of plan sponsor	KICK SERVICE, LTD. DBA LAKES TENNIS ACADEMY	c EIN-PN 20-1885263-001
a	Plan name	PETE'S PLUMBING 401(K) PLAN	
b	Name of plan sponsor	PETE'S PLUMBING, INC.	c EIN-PN 20-0937994-001
a	Plan name	WHITEHEAD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITEHEAD & ASSOCIATES, INC.	c EIN-PN 58-1096001-001
a	Plan name	AVKARE, LLC 401(K) PLAN	
b	Name of plan sponsor	AVKARE, LLC	c EIN-PN 20-8622803-001
a	Plan name	AVMEDICAL, LLC 401(K) PLAN	
b	Name of plan sponsor	AVMEDICAL, LLC	c EIN-PN 83-2573744-001
a	Plan name	WOMENFIRST, LLC 401(K) PLAN	
b	Name of plan sponsor	WOMENFIRST, LLC	c EIN-PN 41-2192392-001
a	Plan name	WOMER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOMER AND ASSOCIATES, INC.	c EIN-PN 91-1570424-001
a	Plan name	BEMEL, ROSS & AVEDON, LLP, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEMEL, ROSS & AVEDON, LLP	c EIN-PN 82-3833377-001
a	Plan name	BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	BENJAMIN DEL VENTO, P.A.	c EIN-PN 22-1943968-001
a	Plan name	BIZLINK GROUP 401(K) PLAN	
b	Name of plan sponsor	BIZLINK TECHNOLOGY, INC.	c EIN-PN 94-3355611-001
a	Plan name	BLACK LUMBER COMPANY, INC. SAVINGS PLAN	
b	Name of plan sponsor	BLACK LUMBER COMPANY, INC.	c EIN-PN 35-0902347-001
a	Plan name	BLACKBURN'S FABRICATION, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BLACKBURN'S FABRICATION, INC.	c EIN-PN 31-1446789-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BROWNLEE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	BROWNLEE LUMBER COMPANY	c EIN-PN 25-1542521-001
a	Plan name	BSL CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BSL CORPORATION	c EIN-PN 94-2690457-001
a	Plan name	CAL-MED 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CALIFORNIA MEDICAL PHARMACY	c EIN-PN 95-2320679-001
a	Plan name	CATALYST RETIREMENT PLAN	
b	Name of plan sponsor	CATALYST COMMUNICATIONS NETWORK LLC	c EIN-PN 92-1890010-001
a	Plan name	CENTRAL ARIZONA SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL ARIZONA SUPPLY, INC.	c EIN-PN 86-0215440-002
a	Plan name	CLEAR CREEK SKIING CORP., INC. 401(K) PLAN	
b	Name of plan sponsor	CLEAR CREEK SKIING CORPORATION, INC.	c EIN-PN 84-0619358-001
a	Plan name	CLEVELAND MARBLE MOSAIC 401(K) PLAN	
b	Name of plan sponsor	THE CLEVELAND MARBLE MOSAIC CO.	c EIN-PN 34-0151170-001
a	Plan name	CN TIRE & WHEELS 401(K) PLAN	
b	Name of plan sponsor	CN TIRE & WHEELS CORPORATION	c EIN-PN 47-3067418-001
a	Plan name	COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	COLLEGIUM HOLDINGS, INC.	c EIN-PN 22-3221879-001
a	Plan name	COLONIAL GENERAL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	COLONIAL GENERAL INSURANCE AGENCY, INC.	c EIN-PN 31-1125848-001
a	Plan name	CSRA 401(K) PLAN	
b	Name of plan sponsor	CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY	c EIN-PN 58-1369830-333
a	Plan name	DB SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor	MERTZ ENTERPRISES, INC, DBA DB SALES & SERVICE	c EIN-PN 90-0627040-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DDSI 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	DDSI	c EIN-PN 35-1771016-001
a	Plan name	DERMATOLOGY CENTER OF THE ROCKIES 401(K) PLAN	
b	Name of plan sponsor	DERMATOLOGY CENTER OF THE ROCKIES, P.C.	c EIN-PN 45-3008919-002
a	Plan name	DEVILS LAKE WATER SPORTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DEVILS LAKE WATER SPORTS, INC.	c EIN-PN 38-2824763-001
a	Plan name	EAST TENNESSEE NEPHROLOGY, P.C. 401(K) PLAN	
b	Name of plan sponsor	EAST TENNESSEE NEPHROLOGY, P.C.	c EIN-PN 62-1835816-001
a	Plan name	EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C.	c EIN-PN 58-2642240-001
a	Plan name	ENCORE GLASS 401(K) PLAN	
b	Name of plan sponsor	ENCORE GLASS	c EIN-PN 45-4333619-001
a	Plan name	F.H. DAILEY CHEVROLET 401(K) PLAN	
b	Name of plan sponsor	INFINITE VELOCITY AUTOMOTIVE, INC. DBA F.H. DAILEY CHEVROLET	c EIN-PN 45-3126103-001
a	Plan name	FIRST STOP URGENT CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FIRST STOP URGENT CARE	c EIN-PN 84-1649267-001
a	Plan name	FISCHER CUNNANE & ASSOCIATES LTD. TAX FAVORED SAVINGS PLAN	
b	Name of plan sponsor	FISCHER CUNNANE & ASSOCIATES LTD.	c EIN-PN 23-3060583-001
a	Plan name	FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001
a	Plan name	GLOBAL 401(K) PLAN	
b	Name of plan sponsor	GHG HOLDINGS, INC.	c EIN-PN 46-4331213-001
a	Plan name	GLOBAL WIDGET, LLC 401(K) PLAN	
b	Name of plan sponsor	GLOBAL WIDGET, LLC	c EIN-PN 81-2430361-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GLOBALTEK COMPONENTS, LLC 401(K) PLAN	
b	Name of plan sponsor	GLOBALTEK COMPONENTS, LLC	c EIN-PN 11-3777016-001
a	Plan name	GROVE HEALTH DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GROVE HEALTH DENTAL	c EIN-PN 26-0281244-001
a	Plan name	HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	HARRISS & HARTMAN LAW FIRM, P.C.	c EIN-PN 58-1385781-001
a	Plan name	HARTWIG PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor	HARTWIG PLUMBING & HEATING, INC.	c EIN-PN 36-3618206-001
a	Plan name	HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001
a	Plan name	HISTORIC FAMILY PHYSICIANS 401(K) PLAN	
b	Name of plan sponsor	HISTORIC FAMILY PHYSICIANS, P.C.	c EIN-PN 27-0357836-777
a	Plan name	HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001
a	Plan name	HOME REWARDS GROUP INC., 401(K) PLAN	
b	Name of plan sponsor	HOME REWARDS GROUP INC.	c EIN-PN 81-5201340-001
a	Plan name	HORAN BUILDING COMPANY 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	HORAN BUILDING CO., INC.	c EIN-PN 05-0466821-001
a	Plan name	INTERNAL MEDICINE PRIMARY CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	INTERNAL MEDICINE PRIMARY CARE, INC.	c EIN-PN 34-1712938-001
a	Plan name	JESSICA R. BENTOSKI, DDS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	JESSICA R. BENTOSKI, DDS PLLC	c EIN-PN 46-4379759-001
a	Plan name	KANO TRUCKING 401(K) RETIREMENT SAVINGS PLAN (001)	
b	Name of plan sponsor	THEOPHYLLUS, INC. DBA KANO TRUCKING SERVICE	c EIN-PN 99-0283834-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KAZI FOODS 401(K) PLAN	
b	Name of plan sponsor	KAZI FOODS, INC.	c EIN-PN 98-4287911-001
a	Plan name	LARKIN ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	LARKIN ELECTRIC CO., LLC	c EIN-PN 31-6191726-001
a	Plan name	LUHRSEN GOLDBERG, LLC 401(K) PLAN	
b	Name of plan sponsor	LUHRSEN GOLDBERG, LLC	c EIN-PN 81-2579736-001
a	Plan name	LUSO FEDERAL CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor	LUSO FEDERAL CREDIT UNION	c EIN-PN 04-6279799-001
a	Plan name	MANAGEMENT BENCH ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor	MANAGEMENT BENCH ADVISORS, LLC	c EIN-PN 85-2876498-001
a	Plan name	MANSKE COMPANIES 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MANSKE MACHINERY INC.	c EIN-PN 39-1644408-001
a	Plan name	MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MAUNALANI NURSING AND REHABILITATION CENTER	c EIN-PN 99-0249327-222
a	Plan name	MAYHEW & ASSOCIATES, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	MAYHEW & ASSOCIATES, INC.	c EIN-PN 95-3396046-002
a	Plan name	MAYHEW STEEL/DEERFIELD PACKAGING RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	MAYHEW STEEL PRODUCTS, INC.	c EIN-PN 04-1595240-777
a	Plan name	MEIERJOHAN BUILDING GROUP 401(K) PLAN	
b	Name of plan sponsor	MEIERJOHAN BUILDING GROUP	c EIN-PN 26-3835304-001
a	Plan name	MEL BUTTERFIELD & SON INSURANCE AGENCY, INC. 401(K) PSP	
b	Name of plan sponsor	MEL BUTTERFIELD & SON INSURANCE AGENCY, INC.	c EIN-PN 34-1242268-001
a	Plan name	MEMBERS 1ST CREDIT UNION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	MEMBERS 1ST CREDIT UNION	c EIN-PN 43-6032141-033

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	NEUSOFT AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	NEUSOFT AMERICA, INC.	c EIN-PN 20-5601470-001
a	Plan name	ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor	ONE SOURCE INDUSTRIES, LLC	c EIN-PN 33-0835151-001
a	Plan name	ONEGENERATION 401(K) PLAN	
b	Name of plan sponsor	ONEGENERATION	c EIN-PN 95-4066979-001
a	Plan name	PETROVAL, INC. 401(K) PLAN	
b	Name of plan sponsor	PETROVAL, INC.	c EIN-PN 72-1559851-001
a	Plan name	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.	c EIN-PN 54-1850850-001
a	Plan name	RADWELL INTERNATIONAL LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RADWELL INTERNATIONAL LLC	c EIN-PN 23-2106278-001
a	Plan name	ROGERS WINDOWS 401(K) PLAN	
b	Name of plan sponsor	ROGERS WINDOWS, INC.	c EIN-PN 61-0565897-001
a	Plan name	ROONEY'S WELDING & FABRICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ROONEY'S WELDING & FABRICATION, INC.	c EIN-PN 02-0514973-001
a	Plan name	S&S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	S&S MANAGEMENT, INC.	c EIN-PN 31-1493783-001
a	Plan name	SOUTHERN CHEM 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN CHEM, LLC	c EIN-PN 72-0701959-001
a	Plan name	STERLING ENERGY OPERATIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	STERLING ENERGY OPERATIONS, LLC	c EIN-PN 33-0969595-001
a	Plan name	ACSI 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ADVANCED CONTROL SOLUTIONS, INC.	c EIN-PN 34-1711260-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACTION SALES + MARKETING INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ACTION SALES + MARKETING INC.	c EIN-PN 41-1264273-001
a	Plan name	ADJ OF STAMFORD, INC. 401(K) PLAN	
b	Name of plan sponsor	ADJ OF STAMFORD, INC.	c EIN-PN 13-7562991-004
a	Plan name	ADM WELDING & FABRICATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADM WELDING & FABRICATION	c EIN-PN 25-1514853-001
a	Plan name	THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name	AGUA CALIENTE BAND OF CAHUILLA INDIANS/SPA HOTEL & CASINO 401(K) PLAN	
b	Name of plan sponsor	AGUA CALIENTE BAND OF CAHUILLA INDIANS	c EIN-PN 95-2549724-001
a	Plan name	TRIDENT EDGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIDENT EDGE, INC.	c EIN-PN 26-0813587-001
a	Plan name	AMANI ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	AMANI ENGINEERING, INC.	c EIN-PN 76-0614439-001
a	Plan name	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	c EIN-PN 38-3424306-001
a	Plan name	ASV SURGICAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	ASV SURGICAL MANAGEMENT	c EIN-PN 03-0536140-001
a	Plan name	ATLANTA HEADACHE SPECIALIST 401(K) PLAN	
b	Name of plan sponsor	ATLANTA HEADACHE SPECIALISTS	c EIN-PN 26-3517084-001
a	Plan name	ATLAS DEVELOPMENT GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ATLAS DEVELOPMENT GROUP, LLC	c EIN-PN 47-2377876-001
a	Plan name	VON'S JEWELRY, INC. 401(K) PLAN	
b	Name of plan sponsor	VON'S JEWELRY, INC.	c EIN-PN 34-1162214-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TA VANGUARD SMALL-CAP GROWTH INDEX RET OPT	B Three-digit plan number (PN) 106
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30143035
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	29520672
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	29520672	30143035
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	29520672	30143035

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	174873	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	4564859	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4739732

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	240021	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		240021
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		240021

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4499711
l Transfers of assets:			
(1) To this plan.....	2l(1)		3132534
(2) From this plan	2l(2)		7009882

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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