

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 THORNBURG INTERNATIONAL VALUE RET OPT, 1b Three-digit plan number (PN) 131, 1c Effective date of plan, 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) TRANSAMERICA LIFE INSURANCE COMPANY 6400 C ST SW CEDAR RAPIDS, IA 52404, 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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>THORNBURG INTERNATIONAL VALUE RET OPT</u>	B Three-digit plan number (PN) <u>▶</u> <u>131</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)
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)
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)

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	CAMRETT COMPANIES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CAMRETT LOGISTICS, INC.	c EIN-PN 54-1747281-001
a	Plan name	COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor	COLORADO MEDICAL SOCIETY	c EIN-PN 84-0174440-001
a	Plan name	DIAMOND EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	DIAMOND EQUIPMENT, INC.	c EIN-PN 35-1161961-001
a	Plan name	ECLIPSE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	ECLIPSE ENGINEERING, INC.	c EIN-PN 84-1477890-001
a	Plan name	ECOS ENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor	ECOS ENERGY, LLC	c EIN-PN 26-4332281-001
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 RUGGIERO RETIREMENT PLAN	
b	Name of plan sponsor	FRANK RUGGIERO	c EIN-PN 33-1004813-001
a	Plan name	GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GORMAN INDUSTRIAL SUPPLY	c EIN-PN 74-1064184-001
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	HTAA HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	HTAA HOLDINGS, LLC	c EIN-PN 46-3375948-001
a	Plan name	J. MCLOUGHLIN ENGINEERING CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	J. MCLOUGHLIN ENGINEERING CO., INC.	c EIN-PN 33-0570155-001
a	Plan name	J.H. PENCE COMPANY RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor	J.H. PENCE COMPANY	c EIN-PN 54-0838544-001

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	KEITH M. KOGA, DDS 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KEITH M. KOGA, DDS	c EIN-PN 99-0297840-001
a Plan name	KENNEDY & HAN, P.C. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KENNEDY & HAN, P.C.	c EIN-PN 85-0482265-001
a Plan name	MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MOODY PRICE, LLC	c EIN-PN 72-1044462-003
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	PACIFIC MEDICAL 401(K) PLAN	
b Name of plan sponsor	PACIFIC MEDICAL MANAGEMENT SERVICES, INC.	c EIN-PN 56-2321193-001
a Plan name	PROMAN STAFFING GROUP 401(K) PLAN	
b Name of plan sponsor	PROMAN GROUP, INC	c EIN-PN 82-2540923-001
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	PROSPERA LAW, LLP 401(K) PLAN	
b Name of plan sponsor	PROSPERA LAW, LLP	c EIN-PN 27-3613349-001
a Plan name	RFNRCPAS RETIREMENT PLAN	
b Name of plan sponsor	RFNR, LLP	c EIN-PN 95-4664923-001
a Plan name	STEVEN NEHMER M.D. PROFIT SHARING PLAN	
b Name of plan sponsor	STEVEN NEHMER M.D.	c EIN-PN 26-3804644-001
a Plan name	THOMAS R. PATACCA, D.D.S., INC. RETIREMENT SAVINGS TRUST AND PLAN	
b Name of plan sponsor	THOMAS R. PATACCA, D.D.S., INC.	c EIN-PN 34-1133350-001
a Plan name	THREAD INFORMATION DESIGN 401(K) PLAN	
b Name of plan sponsor	THREAD INFORMATION DESIGN	c EIN-PN 34-1537882-001

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 THREE RIVERS HOME HEALTH SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor THREE RIVERS HOME	c EIN-PN 58-1363273-002
a	Plan name UNIVERSAL TAPE SUPPLY CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSAL TAPE SUPPLY CORP.	c EIN-PN 22-1814877-002
a	Plan name ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCHITECTURE, INC.	c EIN-PN 54-1371604-001
a	Plan name DIDAX, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIDAX, INC.	c EIN-PN 04-2599602-001
a	Plan name EDUCATIUS GROUP 401(K) PLAN	
b	Name of plan sponsor EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	c EIN-PN 26-4005699-001
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 GRAHAM REAL ESTATE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GRAHAM REAL ESTATE, INC.	c EIN-PN 38-3442079-001
a	Plan name HEART CENTER OF NEVADA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOHAIL ANJUM-DOST WATTOO, M.D.'S, LTD.	c EIN-PN 88-0161856-001
a	Plan name HWC LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HWC LOGISTICS, INC.	c EIN-PN 45-4917341-001
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 J.R. LENNEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LENNEN CONSTRUCTION	c EIN-PN 94-3399511-001
a	Plan name J.S. MEYER ENGINEERING, PC 401(K) PLAN	
b	Name of plan sponsor J.S. MEYER ENGINEERING, PC	c EIN-PN 26-2953969-001

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 KENSINGTON FINANCIAL SERVICES, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor KENSINGTON FINANCIAL SERVICES, INC.	c EIN-PN 36-3536681-001
a	Plan name KENWOOD FENCE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENWOOD FENCE CO., INC.	c EIN-PN 68-0423518-001
a	Plan name KEVIN C. GROWNEY, DDS, PC 401(K) PLAN	
b	Name of plan sponsor KEVIN C. GROWNEY, DDS, PC	c EIN-PN 36-4612196-001
a	Plan name LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION	c EIN-PN 95-3308709-001
a	Plan name MG CONSULTING, INCORPORATED FINANCIAL FREEDOM 401(K) PLAN	
b	Name of plan sponsor MG CONSULTING, INCORPORATED	c EIN-PN 35-2070247-001
a	Plan name MOUNTAIN VALLEY LIVESTOCK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOUNTAIN VALLEY LIVESTOCK, INC.	c EIN-PN 83-0220671-001
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 NOVATO CHEVROLET 401(K) PLAN	
b	Name of plan sponsor VELOCITY PRIME AUTOMOTIVE, INC. DBA NOVATO CHEVROLET	c EIN-PN 47-1726382-001
a	Plan name NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NUHORIZON PROPERTIES, LLC	c EIN-PN 38-3521185-001
a	Plan name PUEBLO OF ACOMA HOUSING AUTHORITY 401(K) PLAN	
b	Name of plan sponsor PUEBLO OF ACOMA HOUSING AUTHORITY	c EIN-PN 65-1303187-001
a	Plan name PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor PUTNAM TRUCKING, INC.	c EIN-PN 37-1272751-001
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

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	SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
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
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	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	VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	c EIN-PN 22-3220586-001
a	Plan name	WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
b	Name of plan sponsor	WAILEA GOLF LLC	c EIN-PN 76-0741485-001
a	Plan name	ZAWADSKI HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor	ZAWADSKI HOMES, INC.	c EIN-PN 47-0885206-001
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	BAAS RETIREMENT PLAN	
b	Name of plan sponsor	BUCHANAN ANGELI ALTSCHUL & SULLIVAN LLP	c EIN-PN 26-2173291-001
a	Plan name	BACKERWORKS MANUFACTURING, LLC 401(K) PLAN	
b	Name of plan sponsor	BACKERWORKS MANUFACTURING, LLC	c EIN-PN 85-0481972-001
a	Plan name	BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001

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 CHASE BUILDING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHASE BUILDING GROUP, INC.	c EIN-PN 63-1256300-001
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 LESLIE W.H. AU, D.M.D. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LESLIE W.H. AU, D.M.D.	c EIN-PN 99-6046340-001
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 RAPT 401(K) PLAN	
b	Name of plan sponsor RICHMOND AUTO PARTS TECHNOLOGY, INC.	c EIN-PN 61-1321586-001
a	Plan name TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRIPLE H FOOD PROCESSORS, LLC.	c EIN-PN 47-4431714-001
a	Plan name WALLER TRUCK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALLER TRUCK, CO., INC.	c EIN-PN 43-0910271-002
a	Plan name WARREN KOZITZA PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WARREN KOZITZA, INC.	c EIN-PN 46-4265615-001
a	Plan name WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name AMERICAN SECURITY PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMERICAN IRONWORKS, INC. DBA AMERICAN SECURITY	c EIN-PN 95-4677496-001
a	Plan name BARBICH HOOPER KING DILL HOFFMAN LLP 401(K) PLAN	
b	Name of plan sponsor BARBICH HOOPER KING DILL HOFFMAN	c EIN-PN 95-3705481-001
a	Plan name BUCS ANALYTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUCS, LLC DBA BUCS ANALYTICS	c EIN-PN 68-0641573-001

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	CHILD CARE COUNCIL OF KENTUCKY, INC. 401(K) PLAN	
b	Name of plan sponsor	CHILD CARE COUNCIL OF KENTUCKY, INC.	c EIN-PN 31-1102545-001
a	Plan name	DIVERSIFIED SITE WORKS, LLC 401(K) PLAN	
b	Name of plan sponsor	DIVERSIFIED SITE WORKS, LLC	c EIN-PN 52-2212873-001
a	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001
a	Plan name	FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001
a	Plan name	I & C ENGINEERING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	I & C ENGINEERING COMPANY, INC.	c EIN-PN 04-3059259-003
a	Plan name	JOHN A. MITAMURA, M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN A. MITAMURA, M.D.	c EIN-PN 13-3535026-001
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	AMES, INC. 401(K) PLAN	
b	Name of plan sponsor	AMES, INC.	c EIN-PN 52-1039531-001
a	Plan name	BULA FORGE & MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor	BULA FORGE & MACHINE, INC.	c EIN-PN 34-1718318-001
a	Plan name	BULTYNCK & CO. 401(K) PLAN	
b	Name of plan sponsor	BULTYNCK & CO., P.L.L.C.	c EIN-PN 20-3920878-777
a	Plan name	CHILDREN'S WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor	CHILDREN'S WELLNESS CENTER, LLC	c EIN-PN 20-3469174-001
a	Plan name	CHIRCO TEAM LLC 401(K) PLAN	
b	Name of plan sponsor	CHIRCO TEAM LLC	c EIN-PN 26-3741789-001

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	COUNTRYSIDE CULLIGAN 401(K) & INCENTIVE SAVINGS PLAN
b	Name of plan sponsor	COUNTRYSIDE MANAGEMENT, INC.
c	EIN-PN	41-1813535-001
a	Plan name	DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	DON'S TRUCK SALES, INC.
c	EIN-PN	42-0816951-001
a	Plan name	DONWAS INC. 401(K) PLAN & TRUST
b	Name of plan sponsor	DONWAS INC.
c	EIN-PN	45-4958843-001
a	Plan name	ESPEY HARDWARE & GARDEN SUPPLY, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	ESPEY HARDWARE & GARDEN SUPPLY, INC.
c	EIN-PN	56-1443791-001
a	Plan name	GARDEN CITY EYE CARE INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GARDEN CITY EYE CARE, INC.
c	EIN-PN	05-0464416-001
a	Plan name	GARRY L. JOHNSON & ASSOCIATES, INC. RETIREMENT PLAN
b	Name of plan sponsor	GARRY L. JOHNSON & ASSOCIATES, INC.
c	EIN-PN	86-0616252-001
a	Plan name	H3O, INC. 401(K) PLAN
b	Name of plan sponsor	H3O, INC.
c	EIN-PN	26-3221103-001
a	Plan name	HAGEN INSURANCE 401(K) PLAN
b	Name of plan sponsor	HO'O ILINA, INC. DBA HAGEN INSURANCE
c	EIN-PN	51-0640656-001
a	Plan name	ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS RETIREMENT PLAN
b	Name of plan sponsor	ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS
c	EIN-PN	23-7147401-001
a	Plan name	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN
b	Name of plan sponsor	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.
c	EIN-PN	95-1685796-002
a	Plan name	OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN
b	Name of plan sponsor	OREGON COLLEGE OF ORIENTAL MEDICINE
c	EIN-PN	93-0845182-001
a	Plan name	RAY SMITH INSURANCE AGENCY, INC. 401(K) PLAN
b	Name of plan sponsor	RAY SMITH INSURANCE AGENCY, INC.
c	EIN-PN	41-1389486-001

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	SCHELL COOLEY LLP CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHELL COOLEY LLP	c EIN-PN 20-1333042-001
a	Plan name	THE CENTER FOR LEARNING UNLIMITED 401(K) PLAN	
b	Name of plan sponsor	THE CENTER FOR LEARNING UNLIMITED	c EIN-PN 33-0960142-001
a	Plan name	WATTS COPY SYSTEMS, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WATTS COPY SYSTEMS, INC.	c EIN-PN 37-1117989-001
a	Plan name	ARRASMITH, JUDD, RAPP, CHO VAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	ARRASMITH, JUDD, RAPP, CHO VAN INC.	c EIN-PN 16-1627907-001
a	Plan name	ARROW TRAILER AND EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	ARROW TRAILER AND EQUIPMENT CO.	c EIN-PN 37-0755336-001
a	Plan name	BAYSIC FOODS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BAYSIC FOODS, INC.	c EIN-PN 32-0057009-001
a	Plan name	BOULDER HILLS LANDSCAPING RETIREMENT READINESS PLAN	
b	Name of plan sponsor	BOULDER HILLS LANDSCAPING, INC.	c EIN-PN 45-2747964-001
a	Plan name	CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTOPHER M. PENNISI, DDS, PLLC	c EIN-PN 26-3030636-001
a	Plan name	CHSU 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA HEALTH SCIENCES UNIVERSITY	c EIN-PN 45-4846058-001
a	Plan name	COMPUTHINK, INC. 401(K) PLAN	
b	Name of plan sponsor	COMPUTHINK, INC.	c EIN-PN 36-3953691-001
a	Plan name	D.E.S., INC. 401(K) PLAN	
b	Name of plan sponsor	DIVERSIFIED ENVIRONMENTAL SERVICES, INC.	c EIN-PN 59-3055432-001
a	Plan name	DAKEM & ASSOCIATES, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAKEM & ASSOCIATES, LLC.	c EIN-PN 86-0864545-001

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	DOWLING FUEL 401(K) PLAN	
b	Name of plan sponsor	DOWLING FUEL COMPANY	c EIN-PN 22-1803850-001
a	Plan name	FELDMAN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FELDMAN & ASSOCIATES, INC.	c EIN-PN 95-4814253-001
a	Plan name	GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C.	c EIN-PN 30-0389300-001
a	Plan name	GEIGER CONSTRUCTION PRODUCTS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	GEIGER CONSTRUCTION PRODUCTS, INC.	c EIN-PN 31-0734619-001
a	Plan name	GEMINI CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor	GEMINI CORP.	c EIN-PN 45-2731123-001
a	Plan name	HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	HELIX CONSTRUCTION SERVICES, INC.	c EIN-PN 52-1889574-001
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
a	Plan name	KIMBERLY PARK DENTAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KIMBERLY PARK DENTAL ASSOCIATES, P.C.	c EIN-PN 42-1049323-001
a	Plan name	MARKETING SOLUTIONS INC. & DESIGN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARKETING SOLUTIONS INC. & DESIGN	c EIN-PN 46-5300350-001
a	Plan name	MIAMI-CAST, INC. 401(K) PLAN	
b	Name of plan sponsor	MIAMI-CAST, INC.	c EIN-PN 31-1379313-001
a	Plan name	MICHAEL L. FITZGERALD INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL L. FITZGERALD INSURANCE SERVICES, INC.	c EIN-PN 20-2103543-001
a	Plan name	MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NEWBRIDGE SECURITIES CORPORATION	c EIN-PN 54-1879031-001

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 O2 SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor O2 SOLUTIONS, LLC	c EIN-PN 14-1964996-001
a	Plan name Q3 TECHNOLOGIES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor Q3 TECHNOLOGIES LLC	c EIN-PN 20-4855347-001
a	Plan name SCHMIDT & STACY CONSULTING ENGINEERS, INC. 401(K) PLAN	
b	Name of plan sponsor SCHMIDT & STACY CONSULTING ENGINEERS, INC.	c EIN-PN 75-2410170-001
a	Plan name SUBURBAN MATERIALS COMPANY RETIREMENT PLAN	
b	Name of plan sponsor SUBURBAN MATERIALS COMPANY	c EIN-PN 23-1683256-001
a	Plan name SUCESION J. SERRALLES, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor SUCESION J. SERRALLES, INC.	c EIN-PN 66-0378432-001
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 TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	c EIN-PN 47-5068498-002
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 WECKWORTH-LANGDON 401(K) PLAN	
b	Name of plan sponsor WECKWORTH MANUFACTURING, INC.	c EIN-PN 48-1137303-001
a	Plan name WEINBERG & COMPANY 401K PLAN	
b	Name of plan sponsor WEINBERG & COMPANY, LLP	c EIN-PN 05-0401635-001
a	Plan name PELEMAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PELEMAN INDUSTRIES, INC.	c EIN-PN 58-2412784-003
a	Plan name ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001

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	ACCUTRACK SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ACCUTRACK SERVICES, LLC	c EIN-PN 27-2912487-001
a	Plan name	CITY OF GIRARD RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF GIRARD ILLINOIS	c EIN-PN 37-6001364-001
a	Plan name	COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	COCHRANE SUPPLY ENGINEERING, INC.	c EIN-PN 38-1854848-001
a	Plan name	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	c EIN-PN 04-2178889-001
a	Plan name	PRIMO MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIMO MEDICAL GROUP, INC.	c EIN-PN 04-2224896-002
a	Plan name	PRINCETON CORPORATE CONSULTANTS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	PRINCETON CORPORATE CONSULTANTS, INC.	c EIN-PN 95-3169800-001
a	Plan name	TOTAL ORTHOTICS & PROSTHETIC SOLUTIONS, INC 401(K) PLAN	
b	Name of plan sponsor	TOTAL ORTHOTIC & PROSTHETIC SOLUTIONS, INC.	c EIN-PN 56-2405432-002
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	MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MARYLAND PORTABLE CONCRETE, INC.	c EIN-PN 52-1207242-002
a	Plan name	MASFAB, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MASFAB, INC. T/A FORMIT STEEL, INC.	c EIN-PN 23-2065665-002
a	Plan name	AMPAC 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
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

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	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	RNB & K 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIPES NELSON BAGGOT & KALOBRATSOS P.C.	c EIN-PN 36-4233711-001
a	Plan name	ROADRUNNER GLASS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	ROADRUNNER GLASS COMPANY, INC.	c EIN-PN 86-0713467-001
a	Plan name	VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	VANDERVART CONCRETE PRODUCTS, LLC	c EIN-PN 46-5469386-001
a	Plan name	AUGUSTA ONCOLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	AUGUSTA ONCOLOGY ASSOCIATES, P.C.	c EIN-PN 58-1481590-002
a	Plan name	DEG CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor	DEG CONSTRUCTION CO., INC.	c EIN-PN 86-0640575-001
a	Plan name	DELL-COMM, INC. 401(K) PLAN	
b	Name of plan sponsor	DELL-COMM, INC.	c EIN-PN 41-1660280-001
a	Plan name	VILLAGE GREEN LANDSCAPES 401(K) PLAN	
b	Name of plan sponsor	VILLAGE GREEN LAWN MAINTENANCE & LANDSCAPING, INC.	c EIN-PN 41-1933240-001
a	Plan name	DR. CRAIG GLICK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAIG A. GLICK, D.D.S., INC.	c EIN-PN 95-4629939-001
a	Plan name	DR. LAURIE A. MULKA, DDS P.C. 401(K) PLAN	
b	Name of plan sponsor	DR. LAURIE A. MULKA, DDS P.C.	c EIN-PN 38-3434258-001
a	Plan name	INDUSTRIAL COMPONENTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL COMPONENTS SALES, INC.	c EIN-PN 39-2001134-001
a	Plan name	INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	c EIN-PN 59-1745402-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001
a	Plan name SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor PETER EPSTEIN, ASP	c EIN-PN 95-4170738-001
a	Plan name SHADOW FINANCIAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor SHADOW FINANCIAL SYSTEMS, INC.	c EIN-PN 22-3564167-001
a	Plan name BHP MANAGEMENT 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BHP MANAGEMENT CORP.	c EIN-PN 26-1404372-001
a	Plan name DURABOOK 401(K) PLAN	
b	Name of plan sponsor DURABOOK AMERICAS INC.	c EIN-PN 22-2820772-001
a	Plan name DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUVALL FORD COMPANY, INC.	c EIN-PN 58-1538949-001
a	Plan name NEW ENGLAND METALFORM, INC. 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND METALFORM, INC.	c EIN-PN 04-3100110-002
a	Plan name NEW ENGLAND METALFORM, INC. CASH BALANCE PLAN	
b	Name of plan sponsor NEW ENGLAND METALFORM, INC.	c EIN-PN 04-3100110-003
a	Plan name NEW ENGLAND ORBITAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND ORBITAL SERVICES, INC.	c EIN-PN 02-0508263-001
a	Plan name WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC.	c EIN-PN 46-3012973-001
a	Plan name WILLIAM J.T. COULMAN, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DR. BILL COULMAN, D.D.S., INC.	c EIN-PN 31-1643764-001
a	Plan name OASYS 401(K) PLAN	
b	Name of plan sponsor OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	c EIN-PN 52-1747644-001

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 ELEVATE GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ELEVATE GROUP, LLC	c EIN-PN 26-4319131-001
a	Plan name JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JARMER ELECTRIC, INC.	c EIN-PN 93-0694887-001
a	Plan name SMITH'S ADDRESSING MACHINE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMITH'S ADDRESSING MACHINE SERVICES, INC.	c EIN-PN 56-1099952-001
a	Plan name SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SNAPPY SPORT SENTER, INC.	c EIN-PN 81-0426659-001
a	Plan name OUTSOURCING HUB, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor OUTSOURCING HUB, LLC	c EIN-PN 27-0819786-001
a	Plan name C & C INSULATION, INC. 401(K) PLAN	
b	Name of plan sponsor C & C INSULATION, INC.	c EIN-PN 23-2110326-001
a	Plan name JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO. 401(K) SAVINGS PLAN	
b	Name of plan sponsor JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO.	c EIN-PN 04-2679773-001
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 JSC REALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JSC REALTY SERVICES, INC.	c EIN-PN 75-2319565-001
a	Plan name PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PATRICK COUNTY FAMILY PRACTICE	c EIN-PN 54-1583691-001
a	Plan name FIBERPLUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FIBERPLUS, INC.	c EIN-PN 52-1762520-001
a	Plan name LUBY PUBLISHING, INC. PROFIT SHARING & 401(K) SAVINGS PLAN	
b	Name of plan sponsor LUBY PUBLISHING, INC.	c EIN-PN 36-1521240-002

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	THE FUN KIDS DENTIST, S.C. 401(K) PLAN	
b	Name of plan sponsor	THE FUN KIDS DENTIST, S.C.	c EIN-PN 39-1238470-001
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	ACOUSTIC CEILING & PARTITION CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ACOUSTIC CEILING & PARTITION CO., INC.	c EIN-PN 38-2627627-006
a	Plan name	GENTIOZZI REAL ESTATE, INC. 401(K) PLAN	
b	Name of plan sponsor	GENTIOZZI REAL ESTATE, INC.	c EIN-PN 38-2361521-001
a	Plan name	PREMIERE BUILDING MAINTENANCE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PREMIERE BUILDING MAINTENANCE CORPORATION	c EIN-PN 62-1643357-001
a	Plan name	ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVERTISING CONSULTANTS, INC.	c EIN-PN 95-2465409-001
a	Plan name	COLEGIO DEL SAGRADO CORAZON DE JESUS 1165(E) RETIREMENT PLAN	
b	Name of plan sponsor	COLEGIO SAGRADO CORAZON	c EIN-PN 66-0214426-001
a	Plan name	COLEGIO PUERTORRIQUENO DE NINAS SAVING PLAN	
b	Name of plan sponsor	COLEGIO PUERTORRIQUENO DE NINAS	c EIN-PN 66-0204435-001
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	GLENN A ZEH, DDS, PC 401(K) PLAN	
b	Name of plan sponsor	GLENN A ZEH, DDS, PC	c EIN-PN 84-1596272-001
a	Plan name	PRO COM ROOFING CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRO COM ROOFING CORPORATION	c EIN-PN 23-2906707-001
a	Plan name	THE SELECT FAMILY 401(K) PLAN	
b	Name of plan sponsor	THE SELECT FAMILY	c EIN-PN 93-0994537-001

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 TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name	ALTERNA-CARE EMPLOYEE'S PROFIT SHARING PLAN	
b	Name of plan sponsor	ALTERNA-CARE, INC	c EIN-PN 37-1162589-001
a	Plan name	MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MATICH CORPORATION	c EIN-PN 95-1810911-002
a	Plan name	ANNAPOLIS ACCOUNTING SERVICES 401(K) PLAN	
b	Name of plan sponsor	CJ BATTISTA, P.C. D/B/A ANNAPOLIS ACCOUNTING SERVICES	c EIN-PN 52-2248341-001
a	Plan name	CRESS INSURANCE CONSULTANTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CRESS INSURANCE CONSULTANTS, INC.	c EIN-PN 85-0324896-001
a	Plan name	HARKRIDER, DEMYAN & RODWELL LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARKRIDER, DEMYAN & RODWELL LLC	c EIN-PN 41-2067761-001
a	Plan name	HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001
a	Plan name	REMY LEATHER FASHIONS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	REMY LEATHER FASHIONS, INC.	c EIN-PN 95-2786389-001
a	Plan name	DAVID COSTA ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	DAVID COSTA ENTERPRISES, INC.	c EIN-PN 62-1682719-001
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	HILLSDALE PEDIATRIC CLINIC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	HILLSDALE PEDIATRIC CLINIC, PC	c EIN-PN 30-0529975-001
a	Plan name	MIDICI GROUP, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MIDICI GROUP, LLC	c EIN-PN 47-1810714-001

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	MIJA INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	MIJA INDUSTRIES, INC.	c EIN-PN 04-2496402-001
a	Plan name	ROCHESTER TELEPHONE COMPANY INC EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	ROCHESTER TELEPHONE COMPANY INC	c EIN-PN 35-0619275-777
a	Plan name	HOLLY TREE COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	HOLLY TREE COUNTRY CLUB	c EIN-PN 57-0863116-001
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	MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOBILE SYSTEMS WIRELESS INC.	c EIN-PN 91-1879582-001
a	Plan name	RUNNING AWAY INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	RUNNING AWAY INCORPORATED DBA JOHN'S RUN WALK SHOP	c EIN-PN 61-0950094-001
a	Plan name	RUSSELL S. KELLY M.D. LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RUSSELL S. KELLY, M.D. LLC	c EIN-PN 20-5215599-001
a	Plan name	VITECH 401(K) PLAN	
b	Name of plan sponsor	ZUKEN VITECH, INC.	c EIN-PN 54-1636539-001
a	Plan name	NEANY, INC. 401(K) PLAN	
b	Name of plan sponsor	NEANY, INC.	c EIN-PN 23-2792310-001
a	Plan name	DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DRILLING & PRODUCTION CO.	c EIN-PN 95-0803480-001
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	EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001

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	INVESTMENT CENTER 401(K) PLAN
b	Name of plan sponsor	INVESTMENT CENTER
c	EIN-PN	42-1485034-001
a	Plan name	SHARPRINT SILKSCREEN AND GRAPHICS, INC.401(K) SAVINGS PLAN AND TRUST
b	Name of plan sponsor	SHARPRINT SILKSCREEN AND GRAPHICS, INC.
c	EIN-PN	36-3931487-001
a	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN
b	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.
c	EIN-PN	20-0048495-001
a	Plan name	SONOMA GRAPHIC PRODUCTS 401(K) PLAN
b	Name of plan sponsor	SONOMA GRAPHIC PRODUCTS
c	EIN-PN	68-0441691-001
a	Plan name	SOUND & SECURE, INC. 401(K) PLAN
b	Name of plan sponsor	SOUND & SECURE, INC.
c	EIN-PN	88-0354066-001
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	F & K DELVOTEC INDIVIDUAL PENSION PLAN 401(K)
b	Name of plan sponsor	F & K DELVOTEC, INC.
c	EIN-PN	33-0605091-001
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	FINELINES SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	KSG ENTERPRISES, INC.
c	EIN-PN	04-3291695-001
a	Plan name	PAUL MILLER FORD AND ASSOCIATES RETIREMENT AND SAVINGS PLAN
b	Name of plan sponsor	PAUL MILLER FORD, INC.
c	EIN-PN	61-0481346-001
a	Plan name	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.
c	EIN-PN	74-2459387-001

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 FORT DEARBORN PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor FORT DEARBORN PARTNERS	c EIN-PN 36-3745996-001
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 WHITE EYE ASSOCIATES, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor WHITE EYE ASSOCIATES, P.A.	c EIN-PN 56-1341154-001
a	Plan name AVKARE, LLC 401(K) PLAN	
b	Name of plan sponsor AVKARE, LLC	c EIN-PN 20-8622803-001
a	Plan name AXIUM HEALTHCARE DE PUERTO RICO 1165(E) PLAN	
b	Name of plan sponsor FARMACIA DORAL, INC. DBA AXIUM HEALTHCARE DE PUERTO RICO	c EIN-PN 66-0616318-001
a	Plan name WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name BISBEE PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor ROADSIDE DEVELOPERS, INC. DBA BISBEE PLUMBING & HEATING	c EIN-PN 41-0915726-001
a	Plan name BRUNNER FUNERAL HOME 401(K) PLAN	
b	Name of plan sponsor BRUNNER FUNERAL HOME, INC.	c EIN-PN 34-1239396-001
a	Plan name CALIFORNIA BOX COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA BOX COMPANY	c EIN-PN 95-3901917-002
a	Plan name CASTILLO & WEST ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CASTILLO & WEST ACCOUNTANCY CORPORATION	c EIN-PN 56-2433686-001
a	Plan name CBI REHABILITATION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CBI REHABILITATION SERVICES, INC.	c EIN-PN 26-0894212-001
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

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	COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	COLONIAL HEIGHTS VETERINARY HOSPITAL	c EIN-PN 54-2031691-001
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	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	GIBSON & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	GIBSON & ASSOCIATES, INC.	c EIN-PN 75-2057660-001
a	Plan name	GROSOUTH 401(K) PLAN	
b	Name of plan sponsor	GROSOUTH OF ALABAMA, INC.	c EIN-PN 63-0464231-001
a	Plan name	GROUP CTI 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GROUP CTI	c EIN-PN 54-1960500-001
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	HARWELL'S GREEN THUMB NURSERY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	HARWELL'S GREEN THUMB NURSERY, INC.	c EIN-PN 63-0659707-001
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	IRONWOOD INDUSTRIES, INC. 401(K) RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	IRONWOOD INDUSTRIES, INC.	c EIN-PN 36-2590290-001
a	Plan name	ISOVOLTA, INC. 401(K) PLAN	
b	Name of plan sponsor	ISOVOLTA, INC.	c EIN-PN 13-4263768-001
a	Plan name	JEPSEN ELECTRIC INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JEPSEN ELECTRIC, INC.	c EIN-PN 94-3393816-001

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	JODY L. KELLY, M.D. & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	JODY L. KELLY, M.D. & ASSOCIATES, LLC	c EIN-PN 20-0882318-001
a	Plan name	KRYSTAL INFINITY LLC 401(K) PLAN	
b	Name of plan sponsor	KRYSTAL INFINITY LLC	c EIN-PN 27-3983269-001
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	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	MENCHIE'S GLOBAL HEADQUARTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MENCHIE'S GLOBAL HEADQUARTERS	c EIN-PN 26-1658984-777
a	Plan name	MILLER LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLER LUMBER COMPANY	c EIN-PN 34-1312270-001
a	Plan name	PC CONTROLS 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	PC CONTROLS	c EIN-PN 75-2830816-001
a	Plan name	PETERSON, OLIVER & POLL 401(K) PLAN	
b	Name of plan sponsor	PETERSON, OLIVER & POLL	c EIN-PN 33-0551209-001
a	Plan name	PFDA ARCHITECTS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	PFDA ARCHITECTS, INC.	c EIN-PN 36-2929057-002
a	Plan name	PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE RESIDENTIAL CONSTRUCTION	c EIN-PN 91-1366230-001
a	Plan name	PREWITT MECHANICAL CONTRACTORS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PREWITT MECHANICAL CONTRACTORS, INC.	c EIN-PN 61-0851976-001
a	Plan name	PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM RETIREMENT PLAN	
b	Name of plan sponsor	PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM	c EIN-PN 13-3140621-001

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 R.W. PARKINSON, MD 401(K) PLAN	
b	Name of plan sponsor RICHARD W. PARKINSON MD	c EIN-PN 87-0468611-001
a	Plan name RESTWELL MATTRESS COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RESTWELL MATTRESS COMPANY	c EIN-PN 41-1672945-002
a	Plan name ROGERS MANTESE & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROGERS MANTESE & ASSOCIATES, PC	c EIN-PN 20-4445973-001
a	Plan name SENSOR MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor SENSOR MANUFACTURING COMPANY	c EIN-PN 38-2140109-001
a	Plan name SIERRA REHABILITATION SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIERRA REHABILITATION SERVICES	c EIN-PN 88-0302345-001
a	Plan name STERLING BV, INC. 401(K) PLAN	
b	Name of plan sponsor STERLING BV, INC.	c EIN-PN 81-1791939-001
a	Plan name SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name TELECOMMUNICATIONS LAW PROFESSIONALS PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TELECOMMUNICATIONS LAW PROFESSIONALS PLLC	c EIN-PN 45-2585545-001
a	Plan name TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	c EIN-PN 77-0000356-001
a	Plan name TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC.	c EIN-PN 84-2050914-001
a	Plan name ADDED DIMENSIONS, INC. 401(K) PLAN	
b	Name of plan sponsor ADDED DIMENSIONS, INC.	c EIN-PN 94-3257729-001
a	Plan name THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor THE VMC GROUP	c EIN-PN 20-2305737-002

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	UNITED CONSTRUCTION PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	UNITED CONSTRUCTION PRODUCTS, INC.	c EIN-PN 31-1725730-001

a Plan name	VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	
b Name of plan sponsor	VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	c EIN-PN 39-1085074-002

a Plan name	VERTICAL SYSTEMS, LLC 401(K) / PROFIT SHARING PLAN	
b Name of plan sponsor	VERTICAL SYSTEMS, LLC	c EIN-PN 20-0215495-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
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b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THORNBURG INTERNATIONAL VALUE RET OPT	B Three-digit plan number (PN) ▶ 131
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.

Assets	(a) Beginning of Year	(b) End of Year
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)	14843508
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14654340
(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	14843508	14654340
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2	1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2	1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14843506	14654339

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)	265221	
(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)	710155	
(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)		688563
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1663939

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)	83086	
(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)		83086
j Total expenses. Add all expense amounts in column (b) and enter total	2j		83086

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1580853
l Transfers of assets:			
(1) To this plan	2l(1)		1269038
(2) From this plan	2l(2)		3039058

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.)	4a		
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.).....	4b		
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.)	4c		
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.).....	4d		
e Was this plan covered by a fidelity bond?	4e		
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		
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?.....	4g		
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?	4h		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		
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.).....	4j		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		
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.	4n		

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 _____.