

<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: x-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 style="text-align: center;">▶ 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; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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>WMC CORE EQUITY RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>168</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>WMC CORE EQUITY RET OPT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>168</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):

c EIN-PN

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	MACADAMIA BEAUTY 401(K) PLAN
b	Name of plan sponsor	MACADAMIA BEAUTY, LLC
c	EIN-PN	46-0560479-001
a	Plan name	CONSTELLATION BEHAVIORAL SERVICES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CONSTELLATIONS BEHAVIORAL SERVICES, LLC
c	EIN-PN	27-0895470-001
a	Plan name	DESTINY HOSPICE CARE, INC. 401(K) PLAN
b	Name of plan sponsor	DESTINY HOSPICE CARE, INC.
c	EIN-PN	27-3919723-001
a	Plan name	AIR THERM COMPANY INC. 401(K) PLAN
b	Name of plan sponsor	AIR THERM COMPANY INC.
c	EIN-PN	58-1086218-002
a	Plan name	LOTDT APC DEFINED BENEFIT PLAN
b	Name of plan sponsor	LAW OFFICES OF TODD D. THIBODO, A PROFESSIONAL CORPORATION
c	EIN-PN	68-0605735-001
a	Plan name	OHIO PROVIDER RESOURCE ASSOCIATION 401(K) PROFIT SHARING PLAN TRUST
b	Name of plan sponsor	OHIO PROVIDER RESOURCE ASSOCIATION
c	EIN-PN	31-1559921-001
a	Plan name	BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	BNL INDUSTRIES, INC.
c	EIN-PN	06-1226220-001
a	Plan name	CALIFORNIA SIDECAR 401(K) PLAN
b	Name of plan sponsor	LEISURE PRODUCTS, INC. DBA CALIFORNIA SIDECAR
c	EIN-PN	33-0770432-001
a	Plan name	CALVARY CHRISTIAN SCHOOL 401(K) PLAN
b	Name of plan sponsor	CALVARY CHRISTIAN SCHOOL
c	EIN-PN	58-1259865-001
a	Plan name	CHAMPION 401(K) PLAN
b	Name of plan sponsor	CHAMPION EMPLOYER SERVICES
c	EIN-PN	35-2178929-333
a	Plan name	CULVER GROUP PROFIT SHARING & 401(K) PLAN
b	Name of plan sponsor	THE CULVER GROUP
c	EIN-PN	33-0789218-001
a	Plan name	CUTLER ANDERSON ARCHITECTS, PLLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CUTLER ANDERSON ARCHITECTS, PLLC
c	EIN-PN	91-2017916-001

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	DIAGNOSTIC MRI, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	DIAGNOSTIC MRI, L.L.C.	c EIN-PN 76-0617060-001
a	Plan name	GORILLA CIRCUITS 401(K) PLAN	
b	Name of plan sponsor	GORILLA CIRCUITS	c EIN-PN 94-1694315-001
a	Plan name	KENDALL GKIKAS & MITCHELL, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KENDALL GKIKAS & MITCHELL, LLP	c EIN-PN 81-3000482-001
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	MARBLE WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARBLE WORKS, INC.	c EIN-PN 65-0069516-001
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	MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	MERRITT ISLAND AIR AND HEAT INC.	c EIN-PN 81-0579482-001
a	Plan name	MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MESSAGEBROADCAST.COM, LLC	c EIN-PN 77-0480271-001
a	Plan name	MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	MONROE URGENT CARE, INC.	c EIN-PN 26-0188188-001
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	PACKAGE MATERIALS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PACKAGE MATERIALS CORPORATION	c EIN-PN 22-1914421-002
a	Plan name	PHOENIX NURSING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	PHOENIX NURSING SERVICES, INC.	c EIN-PN 35-2094953-001

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	PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PROTECTION TECHNOLOGIES, INC.	c EIN-PN 88-0163638-001
a	Plan name	SAEED ASSOCIATES, CHARTERED PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	SAEED ASSOCIATES, CHARTERED	c EIN-PN 52-1280199-002
a	Plan name	TENANT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	TENANT SERVICES, INC.	c EIN-PN 95-4488234-001
a	Plan name	TERRANET, INC. 401(K) PLAN	
b	Name of plan sponsor	TERRANET, INC.	c EIN-PN 52-1782317-001
a	Plan name	TERRASAT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	TERRASAT COMMUNICATIONS, INC.	c EIN-PN 02-0547267-001
a	Plan name	UPHAM OIL & GAS COMPANY 401(K) PLAN	
b	Name of plan sponsor	UPHAM OIL & GAS COMPANY, L. P.	c EIN-PN 75-0960746-001
a	Plan name	WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name	AIR MECHANICAL SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR MECHANICAL SALES, INC.	c EIN-PN 54-2061425-001
a	Plan name	APPROVED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	APPROVED ELECTRIC COMPANY OF FLORIDA	c EIN-PN 59-1112865-001
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	EKA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EARLE KINLAW & ASSOCIATES, INC.	c EIN-PN 58-1328598-001
a	Plan name	FAMILY SERVICES OF OAHU, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FAMILY SERVICES OF OAHU, LLC	c EIN-PN 99-0359636-001

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	FARMER JOE'S RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FARMER JOE'S MARKETPLACE, INC.	c EIN-PN 94-3316976-001
a	Plan name	FAWLEY & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DARRELL E. FAWLEY, JR. DBA FAWLEY & ASSOCIATES	c EIN-PN 31-1365446-001
a	Plan name	FRED LAU HAWAIIAN LANDSCAPE CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	FRED LAU HAWAIIAN LANDSCAPE CO., INC.	c EIN-PN 99-0321837-002
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
a	Plan name	HUESCHEN AND SAGE PLLC RETIREMENT PLAN	
b	Name of plan sponsor	HUESCHEN AND SAGE, PLLC ATTORNEYS AND COUNSELORS	c EIN-PN 38-3574838-001
a	Plan name	HWA LANDSCAPE ARCHITECTS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HWA LANDSCAPE ARCHITECTS	c EIN-PN 68-0176703-001
a	Plan name	LEADING EDGE GROUP, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	LEADING EDGE GROUP, INC.	c EIN-PN 36-2679145-001
a	Plan name	MARIANS CATERING 401(K) PLAN	
b	Name of plan sponsor	MARIAN HARADA ENTERPRISES, LTD.	c EIN-PN 99-0087304-002
a	Plan name	MARIO SUSI & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	MARIO SUSI & SON, INC.	c EIN-PN 04-2213066-003
a	Plan name	MARK HANNA	
b	Name of plan sponsor	MARK HANNA	c EIN-PN 74-2800312-001
a	Plan name	METROLIST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METROLIST, INC.	c EIN-PN 84-0943682-001
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

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	MGD 401(K) PLAN	
b	Name of plan sponsor	DCE CONSTRUCTION, INC. DBA MESA GARAGE DOORS	c EIN-PN 33-0591655-001
a	Plan name	MORRIS DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor	MORRIS DISTRIBUTING	c EIN-PN 68-0301995-001
a	Plan name	MOUNTAIN MEADOWS MEDICAL GROUP OF CALIFORNIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOUNTAIN MEADOWS MEDICAL GROUP OF CALIFORNIA, INC.	c EIN-PN 91-1922771-001
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	NORTHWEST EYE PHYSICIANS 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST EYE PHYSICIANS, P.C.	c EIN-PN 38-1861527-002
a	Plan name	NORWALK COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	NORWALK COMMUNITY HEALTH CENTER, INC.	c EIN-PN 06-1436620-001
a	Plan name	NUOZ CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NUOZ CORPORATION	c EIN-PN 91-1927010-001
a	Plan name	PALM BEACH AGGREGATES, LLC 401(K) PLAN	
b	Name of plan sponsor	PALM BEACH AGGREGATES, LLC	c EIN-PN 90-0503744-001
a	Plan name	PALM IMAGING INSTITUTE, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PALM IMAGING INSTITUTE, INC. AND EMPIRE ORTHOPEDIC CENTER	c EIN-PN 33-0638761-001
a	Plan name	PICKERING MANOR HOME 401(K) PLAN	
b	Name of plan sponsor	PICKERING MANOR HOME	c EIN-PN 51-0244585-001
a	Plan name	PINNACLE ADVISORY GROUP, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PINNACLE ADVISORY GROUP, INC.	c EIN-PN 04-3134580-001
a	Plan name	PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PROVIDENT MANAGEMENT CORPORATION	c EIN-PN 59-1870484-001

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	PSCI 401(K) PLAN	
b Name of plan sponsor	PACIFIC SPECIALTY CONSTRUCTION, INC.	c EIN-PN 91-1599598-001
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	RICHARD BROS. ELECTRIC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	RICHARD BROTHERS COMPANY, INC.	c EIN-PN 04-2889819-001
a Plan name	TEXAS CITY ARMATURE WORKS, INC. SALARY SAVINGS PLAN	
b Name of plan sponsor	TEXAS CITY ARMATURE WORKS	c EIN-PN 74-1195929-001
a Plan name	TIC BUSINESS CONSULTANTS LTD. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TIC BUSINESS CONSULTANTS LTD	c EIN-PN 04-3174789-001
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	WAILEA GOLF LLC 401(K) PLAN FOR HOURLY BARGAINING EMPLOYEES	
b Name of plan sponsor	WAILEA GOLF LLC	c EIN-PN 76-0741485-002
a Plan name	WAILEA OLD BLUE 401(K) PLAN	
b Name of plan sponsor	WAILEA OLD BLUE, LLC	c EIN-PN 87-0777083-001
a Plan name	WALKER & COMPANY 401(K) PLAN	
b Name of plan sponsor	WALKER & COMPANY, LLP	c EIN-PN 52-1706976-001
a Plan name	YOUNG ELECTRICAL CONTRACTORS, INC. PROFIT SHARING & 401(K) PLAN	
b Name of plan sponsor	YOUNG ELECTRICAL CONTRACTORS, INC.	c EIN-PN 52-1646564-001
a Plan name	YTY LLC DBA INSURANCE PLANNING SERVICES RETIREMENT PLAN	
b Name of plan sponsor	YTY LLC DBA INSURANCE PLANNING SERVICES	c EIN-PN 46-3641373-001
a Plan name	Z'TEJAS, INC. 401(K) PLAN	
b Name of plan sponsor	Z'TEJAS, INC	c EIN-PN 86-0944995-001

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	ZAHARONI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ZAHARONI INDUSTRIES, INC.	c EIN-PN 95-3768219-001
a	Plan name	3NSOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	3NSOLUTIONS, INC.	c EIN-PN 76-0732644-001
a	Plan name	ALBANY OB-GYN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALBANY OB-GYN	c EIN-PN 58-1971169-001
a	Plan name	ALBEMARLE ENT, ASTHMA & ALLERGY ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor	ALBEMARLE ENT, ASTHMA & ALLERGY ASSOCIATES	c EIN-PN 56-2091476-001
a	Plan name	ALBERS & COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ALBERS & COMPANY	c EIN-PN 52-1470240-001
a	Plan name	CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	CANTEX CONTINUING CARE NETWORK, LLC	c EIN-PN 26-1252206-222
a	Plan name	CAPE COD VACUUM, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPE COD VACUUM, INC.	c EIN-PN 26-3859488-003
a	Plan name	CAPELLA TECHNOLOGIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CAPELLA TECHNOLOGIES, INC.	c EIN-PN 04-3616849-001
a	Plan name	CAPESPAN NORTH AMERICA LLC RETIREMENT PLAN	
b	Name of plan sponsor	CAPESPAN NORTH AMERICA LLC	c EIN-PN 52-2208915-001
a	Plan name	CAPITAL MASONRY CORP. RETIREMENT PLAN	
b	Name of plan sponsor	CAPITAL MASONRY CORP.	c EIN-PN 04-3213778-001
a	Plan name	CAPITAL RESEARCH CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CAPITAL RESEARCH CENTER	c EIN-PN 52-1289734-001
a	Plan name	CHARLES RIVER BOAT COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CHARLES RIVER BOAT COMPANY, INC.	c EIN-PN 04-3084148-001

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	LETOFSKY & MCCLAIN 401(K) PLAN AND TRUST	
b	Name of plan sponsor	LETOFSKY & MCCLAIN	c EIN-PN 33-0895471-001
a	Plan name	MCBERG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCBERG, INC.	c EIN-PN 75-2411243-001
a	Plan name	OPAL SOFT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OPALSOFT, INC.	c EIN-PN 94-3280543-001
a	Plan name	RATHBUN ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	RATHBUN ASSOCIATES	c EIN-PN 94-1653463-001
a	Plan name	RAVAL USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RAVAL USA, INC.	c EIN-PN 26-0724411-001
a	Plan name	SANTA FE RUBBER PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SANTA FE RUBBER PRODUCTS, INC.	c EIN-PN 95-3864316-001
a	Plan name	SATURN CORPORATION PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SATURN CORPORATION	c EIN-PN 52-1219452-001
a	Plan name	SOUTHERN METAL PROCESSING COMPANY, INC. 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTHERN METAL PROCESSING COMPANY, INC.	c EIN-PN 63-0644456-002
a	Plan name	SPATARO PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor	SPATARO PLUMBING & HEATING, INC.	c EIN-PN 04-3095746-001
a	Plan name	THE BAXTER STATE BANK PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BAXTER STATE BANK	c EIN-PN 48-0133900-001
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-R ALUMINUM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A-R ALUMINUM, INC.	c EIN-PN 87-0494350-002

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 AMERICAN HXSYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN HXSYSTEMS LLC	c EIN-PN 93-4817220-001
a	Plan name AMERICAN PAPER CORPORATION CODA PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN PAPER CORPORATION	c EIN-PN 66-0392240-001
a	Plan name BAN-GAR CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor BAN-GAR CONSTRUCTION COMPANY, INC.	c EIN-PN 34-1628127-001
a	Plan name BAR 20 PENSION PROFIT SHARING - 401(K) PLAN	
b	Name of plan sponsor BAR 20 DAIRY LLC	c EIN-PN 20-2670418-001
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 BUG MAN EXTERMINATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUG MAN EXTERMINATING, INC.	c EIN-PN 54-1884547-001
a	Plan name BUILDERS GROUP CONSTRUCTION CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor BUILDERS GROUP CONSTRUCTION CORP.	c EIN-PN 45-5107509-001
a	Plan name COSTA 401(K) PLAN	
b	Name of plan sponsor COSTA FRUIT & PRODUCE COMPANY INC.	c EIN-PN 04-2076359-001
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 ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001
a	Plan name EPOCH.COM SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor EPOCH.COM, LLC	c EIN-PN 56-2432338-001
a	Plan name FUNG ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor FUNG ASSOCIATES	c EIN-PN 45-2778165-001

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	HYPERDIGM RESEARCH 401(K) PLAN	
b	Name of plan sponsor	HYPERDIGM RESEARCH, LLC	c EIN-PN 55-4173511-001
a	Plan name	HYUNDAI DYMOS 401(K) PLAN	
b	Name of plan sponsor	HYUNDAI DYMOS MICHIGAN, LLC	c EIN-PN 32-0423491-001
a	Plan name	A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	A/E GRAPHICS, INC.	c EIN-PN 39-1252452-001
a	Plan name	ABC ACADEMY, INC. PLAN	
b	Name of plan sponsor	ABC ACADEMY, INC.	c EIN-PN 38-2498000-001
a	Plan name	AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN SOCIETY FOR SURGERY OF THE HAND	c EIN-PN 31-6051199-001
a	Plan name	AMERICAN TELEPHONE 401(K) PLAN	
b	Name of plan sponsor	DESIGN BUSINESS COMMUNICATIONS, INC.	c EIN-PN 86-0736656-001
a	Plan name	BASIS INTERNATIONAL LTD. 401(K) PLAN	
b	Name of plan sponsor	BASIS INTERNATIONAL LTD.	c EIN-PN 85-0327924-001
a	Plan name	BASNEY DEALER GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BASNEY IMPORTS, INC.	c EIN-PN 35-1283526-001
a	Plan name	BASSETT & BASSETT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BASSETT & BASSETT, INCORPORATED	c EIN-PN 38-2653541-001
a	Plan name	CHILDREN'S VILLAGE 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	V.V.P. & ASSOCIATES, INC.	c EIN-PN 33-0500749-001
a	Plan name	CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILES & SONS-LAMAN, INC.	c EIN-PN 34-4492949-003
a	Plan name	COUNTY HEATING AND AIR CONDITIONING 401(K) PLAN	
b	Name of plan sponsor	COUNTY HEATING AND AIR CONDITIONING, INC.	c EIN-PN 95-3513835-001

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 COYLE REPRODUCTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COYLE REPRODUCTIONS, INC.	c EIN-PN 95-2955426-001
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 DONG S. KIM M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DONG S. KIM M.D.	c EIN-PN 02-0676565-002
a	Plan name G.C.S. SALES & MARKETING, INC. 401(K) PLAN	
b	Name of plan sponsor G.C.S. SALES & MARKETING, INC.	c EIN-PN 04-3268496-001
a	Plan name GARVEY'S CARPET & VINYL EMPORIUM 401(K)	
b	Name of plan sponsor GARVEY'S CARPET & VINYL EMPORIUM	c EIN-PN 23-2743272-001
a	Plan name H3O, INC. 401(K) PLAN	
b	Name of plan sponsor H3O, INC.	c EIN-PN 26-3221103-001
a	Plan name HAAG TRANSPORT, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor HAAG TRANSPORT, INC.	c EIN-PN 35-1369387-001
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 IFE 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL FIRE EQUIPMENT	c EIN-PN 68-0124960-001
a	Plan name JOHNSON ELECTRIC SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor JOHNSON ELECTRIC SUPPLY, INC.	c EIN-PN 04-3367863-001
a	Plan name JOHNSON'S MECHANICAL 401(K) PLAN	
b	Name of plan sponsor JOHNSON'S MECHANICAL, INC.	c EIN-PN 59-3155826-001
a	Plan name LIBERTY GLASS & METAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIBERTY GLASS & METAL, INC.	c EIN-PN 20-2134457-001

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	LIBERTY TRANSPORTATION & STORAGE CO., INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	LIBERTY TRANSPORTATION & STORAGE CO., INC.
c	EIN-PN	22-1067680-001
a	Plan name	MCCUTCHEON AGENCY LTD RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	MCCUTCHEON INSURANCE AGENCY LTD
c	EIN-PN	36-3087849-001
a	Plan name	MCKEE COURT REPORTING, INC. 401(K) / PROFIT SHARING PLAN
b	Name of plan sponsor	MCKEE COURT REPORTING, INC.
c	EIN-PN	58-1975623-001
a	Plan name	MULTIVIEW CORPORATION 401(K) PLAN
b	Name of plan sponsor	MULTIVIEW CORPORATION
c	EIN-PN	04-3085671-002
a	Plan name	MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN
b	Name of plan sponsor	MUSKEGON COUNTY MUSEUM
c	EIN-PN	38-1367319-001
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	RAYO WHOLESALE, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	RAYO WHOLESALERS, INC.
c	EIN-PN	33-0764606-001
a	Plan name	REALTECH 401(K) PLAN
b	Name of plan sponsor	REALTECH CONSTRUCTION CO., LLC
c	EIN-PN	95-4709478-001
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	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	WAY HOLDING, LLC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	WAY HOLDING, LLC
c	EIN-PN	76-0207435-001
a	Plan name	ABLE SALES COMPANY, INC. SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	ABLE SALES COMPANY INC.
c	EIN-PN	66-0320315-001

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 ACADEMIA MENONITA RETIREMENT PLAN	
b	Name of plan sponsor ACADEMIA MENONITA	c EIN-PN 66-0238935-001
a	Plan name ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor ARRASMITH, JUDD, RAPP, CHOVAN INC.	c EIN-PN 16-1627907-001
a	Plan name BC2 ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor BC2 ENVIRONMENTAL, LLC	c EIN-PN 83-2585853-001
a	Plan name BEACON TECHNICAL SALES 401(K) PLAN	
b	Name of plan sponsor BEACON TECHNICAL SALES	c EIN-PN 02-0470978-001
a	Plan name BEACON TELECOMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor BEACON TELECOMMUNICATIONS ADVISORS, LLC	c EIN-PN 73-1482442-001
a	Plan name DAHME HEATING AND AIR CONDITIONING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAHME HEATING AND AIRCONDITIONING, INC.	c EIN-PN 77-0250781-001
a	Plan name DALTON JONES MANAGEMENT RETIREMENT PLAN	
b	Name of plan sponsor DALTON JONES MANAGEMENT	c EIN-PN 33-0987726-001
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 ELATERAL INC. 401(K) PLAN	
b	Name of plan sponsor ELATERAL INC. DBA BRANDGILITY	c EIN-PN 51-0396708-001
a	Plan name ELDREDGE COMPANIES, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	
b	Name of plan sponsor THE ELDREDGE COMPANIES, INC.	c EIN-PN 23-2372461-001
a	Plan name ELECTRICAL GENERAL CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ELECTRICAL GENERAL CORPORATION	c EIN-PN 52-0739834-001
a	Plan name ELECTRO-MECHANICAL INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELECTRO-MECHANICAL INDUSTRIES, INC.	c EIN-PN 76-0626218-002

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	FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	FCNB BANK	c EIN-PN 43-0224380-001
a	Plan name	FERBER & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	FERBER AND SONS, INC	c EIN-PN 59-1499209-001
a	Plan name	GELBER & ASSOCIATES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GELBER & ASSOCIATES CORP.	c EIN-PN 76-0572605-001
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	LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	LINGLE DESIGN GROUP	c EIN-PN 36-4398800-001
a	Plan name	MARKETING & RESEARCH RESOURCES 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MARKETING & RESEARCH RESOURCES, LLC	c EIN-PN 52-1665278-003
a	Plan name	MARYLAND PLASTICS UNION 401(K) PLAN	
b	Name of plan sponsor	MARYLAND PLASTICS, INC.	c EIN-PN 52-1636609-003
a	Plan name	MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NEWBRIDGE SECURITIES CORPORATION	c EIN-PN 54-1879031-001
a	Plan name	OAKLAND COMMUNITY NURSERY SCHOOL RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	OAKLAND COMMUNITY NURSING SCHOOL	c EIN-PN 22-2210714-001
a	Plan name	PARK INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	PARK PRODUCTIONS INC.	c EIN-PN 83-2355487-001
a	Plan name	POS TECHNICAL SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor	POS TECHNICAL SERVICES, INC.	c EIN-PN 33-0695227-001
a	Plan name	POTTER VALLEY INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POTTER VALLEY INVESTMENTS, INC.	c EIN-PN 68-0176327-001

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	Q3 TECHNOLOGIES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	Q3 TECHNOLOGIES LLC	c EIN-PN 20-4855347-001
a	Plan name	QMSI 401(K) PLAN	
b	Name of plan sponsor	QMSI	c EIN-PN 62-1539705-001
a	Plan name	RITCHIE & PARTNERS, L.L.C. MONEY PURCHASE PLAN	
b	Name of plan sponsor	RITCHIE & PARTNERS, L.L.C.	c EIN-PN 76-0624213-001
a	Plan name	SCHRYER/THOMPSON CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHRYER/THOMPSON CONSTRUCTION, INC.	c EIN-PN 68-0487305-001
a	Plan name	SMC RECYCLING, INC. 401(K) PLAN	
b	Name of plan sponsor	SMC RECYCLING, INC.	c EIN-PN 62-1723264-001
a	Plan name	SUBURBAN & TRI-STATE SUBARU 401(K) PLAN	
b	Name of plan sponsor	SUBURBAN & TRI-STATE SUBARU, INC.	c EIN-PN 06-1210980-001
a	Plan name	SULLIVAN COUNTER TOPS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SULLIVAN COUNTER TOPS, INC.	c EIN-PN 94-3020284-001
a	Plan name	SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC	c EIN-PN 58-2519444-002
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	VALLEY WIDE MASONRY, INC. 401(K) PLAN	
b	Name of plan sponsor	VALLEY WIDE MASONRY, INC.	c EIN-PN 86-0797879-001
a	Plan name	VAN DYKE LANDSCAPE ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VAN DYKE, LLP	c EIN-PN 71-0997792-001
a	Plan name	WECKWORTH-LANGDON 401(K) PLAN	
b	Name of plan sponsor	WECKWORTH MANUFACTURING, INC.	c EIN-PN 48-1137303-001

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 WEGENER WELDING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEGENER WELDING, LLC	c EIN-PN 20-4664586-001
a	Plan name FOCUS IMAGING GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor FOCUS IMAGING GROUP INC.	c EIN-PN 65-0910156-001
a	Plan name LA ROSA DEL MONTE EXPRESS, INC. CODA PROFIT SHARING PLAN	
b	Name of plan sponsor LA ROSA DEL MONTE EXPRESS, INC.	c EIN-PN 66-0310813-001
a	Plan name LAGESTEE INSURANCE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor LAGESTEE INSURANCE AGENCY, LTD.	c EIN-PN 62-1081657-001
a	Plan name TAPPE ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor TAPPE ARCHITECTS, INC.	c EIN-PN 04-2721071-001
a	Plan name ACCURATUS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor ACCURATUS CORPORATION	c EIN-PN 22-2469468-002
a	Plan name CITY TILE & FLOOR COVERING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CITY TILE AND FLOOR COVERING CO., LLC	c EIN-PN 62-1039371-001
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 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 EXCAVATING, INC. EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor ADVANCED ESCAVATING, INC.	c EIN-PN 91-1955729-001
a	Plan name CNC INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor CNC INVESTMENTS, INC.	c EIN-PN 76-0391556-001
a	Plan name COASTAL BANCSHARES, INC. 401(K) PLAN	
b	Name of plan sponsor COASTAL BANCSHARES, INC.	c EIN-PN 76-0421550-001

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	GKY DENTAL ARTS 401(K) PLAN	
b	Name of plan sponsor	GKY DENTAL ARTS INC.	c EIN-PN 88-4323547-001
a	Plan name	PRIMECARE HOME CARE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	PRIMECARE HOME CARE SERVICES, INC.	c EIN-PN 65-1317901-001
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	PRINCE WILLIAM CARDIOLOGY PROFIT SHARING PLAN	
b	Name of plan sponsor	PRINCE WILLIAM CARDIOLOGY ASSOCIATES	c EIN-PN 54-1124027-001
a	Plan name	PRINCIPLE PLASTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRINCIPLE PLASTICS, INC.	c EIN-PN 95-1578575-001
a	Plan name	PRIORITY MORTGAGE CORP. 401(K) PLAN	
b	Name of plan sponsor	PRIORITY MORTGAGE CORP.	c EIN-PN 31-1088264-001
a	Plan name	TOWN OF KENNETH CITY A MUNICIPAL CORP PENSION PLAN	
b	Name of plan sponsor	TOWN OF KENNETH CITY	c EIN-PN 59-6033546-001
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	COMSTOCK JOHNSON ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMSTOCK JOHNSON ARCHITECTS, INC.	c EIN-PN 68-0039251-003
a	Plan name	MASADA HOMES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MASADA HOMES	c EIN-PN 95-2479348-001
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	QUALITY CASING & NETTING COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	QUALITY CASING & NETTING COMPANY, INC.	c EIN-PN 31-1365171-001

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	QUIK TRAVEL STAFFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUIK TRAVEL STAFFING, INC.	c EIN-PN 95-4826235-001
a	Plan name	QUINCY DONUTS & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	QUINCY DONUTS, INC	c EIN-PN 04-2664992-001
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	HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HAL HAYS CONSTRUCTION, INC.	c EIN-PN 54-2084366-001
a	Plan name	HAMMOND DRIVES AND EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	HAMMOND DRIVES AND EQUIPMENT, INC.	c EIN-PN 38-3301733-001
a	Plan name	MEALS ON WHEELS, ETC., INC. EMPLOYEE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEALS ON WHEELS, ETC., INC.	c EIN-PN 59-2977907-001
a	Plan name	REICHEL FOODS 401(K) PLAN	
b	Name of plan sponsor	REICHEL FOODS, INC.	c EIN-PN 90-0246502-001
a	Plan name	RJR ENGINEERING GROUP 401(K) PLAN	
b	Name of plan sponsor	RJR ENGINEERING GROUP	c EIN-PN 35-2344912-001
a	Plan name	RLA 401(K) PLAN	
b	Name of plan sponsor	ROCKFORD LINEAR ACTUATION, INC.	c EIN-PN 04-3588554-001
a	Plan name	RNB & K 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIPES NELSON BAGGOT & KALOBRASTOS P.C.	c EIN-PN 36-4233711-001
a	Plan name	ARTISAN REALTY GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARTISAN REALTY GROUP, INC.	c EIN-PN 81-4631308-001
a	Plan name	ASC PARTNERS 401(K) PLAN	
b	Name of plan sponsor	ASC PARTNERS, LLC	c EIN-PN 71-0974497-001

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	MID-ATLANTIC NEUROSURGICAL ASSOC., P.A. 401(K) PLAN	
b	Name of plan sponsor	MID-ATLANTIC NEUROSURGICAL ASSOC., P.A.	c EIN-PN 52-1982174-001
a	Plan name	MID-VALLEY PLUMBING SUPPLY, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	MID-VALLEY PLUMBING SUPPLY, INC.	c EIN-PN 23-1691324-001
a	Plan name	AUBURN CONSTRUCTORS, INC. 401(K)/PW PLAN	
b	Name of plan sponsor	AUBURN CONSTRUCTORS, INC.	c EIN-PN 68-0230575-002
a	Plan name	DEGRUCHY MASONRY, INC. 401(K) PLAN	
b	Name of plan sponsor	DEGRUCHY MASONRY, INC.	c EIN-PN 23-2460052-001
a	Plan name	MISSION DE LA CASA 401(K) PLAN	
b	Name of plan sponsor	MISSION DE LA CASA	c EIN-PN 77-0525988-001
a	Plan name	MISTER COOKIE FACE, INC. 401(K) PLAN	
b	Name of plan sponsor	MISTER COOKIE FACE, INC.	c EIN-PN 22-3203732-001
a	Plan name	ROTEK INSTRUMENT CORP. 401(K) PLAN	
b	Name of plan sponsor	ROTEK INSTRUMENT CORP.	c EIN-PN 04-2468423-001
a	Plan name	RPB, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RPB PLUMBING, INC.	c EIN-PN 01-0550125-001
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	DOWNEY & COMPANY, LLP 401(K) PLAN	
b	Name of plan sponsor	DOWNEY & COMPANY, LLP	c EIN-PN 04-3106302-001
a	Plan name	DPE, INC. 401(K) PLAN	
b	Name of plan sponsor	DPE, INC.	c EIN-PN 58-2110906-001
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

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	SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE SCIENTIFIC CONSULTING GROUP, INC.	c EIN-PN 52-1719423-001
a	Plan name	SCOOTERWORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCOOTERWORKS HOLDINGS LLC	c EIN-PN 45-2033633-001
a	Plan name	SEABOLD GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SEABOLD CONSTRUCTION CO., INC.	c EIN-PN 93-0876271-001
a	Plan name	WEST SIDE MARKET SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ROMEO'S INC. DBA WEST SIDE MARKET	c EIN-PN 06-1026857-001
a	Plan name	DURABOOK 401(K) PLAN	
b	Name of plan sponsor	DURABOOK AMERICAS INC.	c EIN-PN 22-2820772-001
a	Plan name	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	OASYS 401(K) PLAN	
b	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	c EIN-PN 52-1747644-001
a	Plan name	OCEAN MARINE LLC RETIREMENT PLAN	
b	Name of plan sponsor	OCEAN MARINE	c EIN-PN 54-1950803-001
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	BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BURROWS WATER PURIFICATION, INC.	c EIN-PN 95-3023432-001
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

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	SPRINGFIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor	MCCARTHY LEGAL SERVICES, LLC	c EIN-PN 04-3445519-001
a	Plan name	STAFFING PLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STAFFING PLUS, INC.	c EIN-PN 36-4330850-222
a	Plan name	FERRUM GROUP COMPANIES PROFIT SHARING PLAN	
b	Name of plan sponsor	FERRUM PROCESS SYSTEMS INC.	c EIN-PN 52-2198061-001
a	Plan name	KING CHIROPRACTIC RETIREMENT PLAN	
b	Name of plan sponsor	KING CHIROPRACTIC INSTITUTE	c EIN-PN 52-2210480-001
a	Plan name	SUN COUNTRY BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	SUN COUNTRY BUILDERS, INC.	c EIN-PN 33-0559528-002
a	Plan name	LUCKY CAB CO. OF NEVADA 401(K) PLAN	
b	Name of plan sponsor	LUCKY CAB CO. OF NEVADA	c EIN-PN 88-0269865-001
a	Plan name	LUCTOR INTERNATIONAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LUCTOR INTERNATIONAL, LLC D/B/A VAN GOGH IMPORTS	c EIN-PN 86-0880585-001
a	Plan name	ACME ENGRAVING PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	ACME ENGRAVING COMPANY, INC.	c EIN-PN 22-2136958-001
a	Plan name	CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor	CIVIL DESIGN CONCEPTS PA	c EIN-PN 56-2244957-001
a	Plan name	GENTILOZZI REAL ESTATE, INC. 401(K) PLAN	
b	Name of plan sponsor	GENTILOZZI REAL ESTATE, INC.	c EIN-PN 38-2361521-001
a	Plan name	PRECISION WIRE TECHNOLOGIES, L.L.C. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	THE PWT GROUP LLC, DBA PRECISION WIRE TECHNOLOGIES	c EIN-PN 47-4594495-001
a	Plan name	MAIC, INC. 401(K) PLAN	
b	Name of plan sponsor	MINORITY ADVANCEMENT IN CORPORATIONS, INC.	c EIN-PN 52-2060991-001

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	GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLESSNER & ASSOCIATES, PLLC	c EIN-PN 55-0761731-001
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 VICTORY GROUP'S 401(K) PLAN	
b	Name of plan sponsor	THE VICTORY GROUP, INC.	c EIN-PN 58-2478227-001
a	Plan name	CONROE GREENHOUSE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	CONROE GREENHOUSE, INC.	c EIN-PN 74-1982448-001
a	Plan name	CONSER HOMES, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CONSER HOMES, INC.	c EIN-PN 93-0670347-001
a	Plan name	CONSOLIDATED MANAGEMENT AGENCY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONSOLIDATED MANAGEMENT AGENCY, INC.	c EIN-PN 20-1176567-001
a	Plan name	GREENFIELD GROUP, INC. PROFIT SHARING & RETIREMENT PLAN	
b	Name of plan sponsor	THE GREENFIELD GROUP, INC.	c EIN-PN 65-0347678-001
a	Plan name	R & R WARREN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	R & R WARREN, INC.	c EIN-PN 04-2937148-001
a	Plan name	R.E. SMITH CONTRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	R.E. SMITH CONTRACTOR, INC.	c EIN-PN 20-3343461-001
a	Plan name	MEDIA STAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDIA STAGE, INC.	c EIN-PN 65-0221317-001
a	Plan name	MEDIASPIKE 401(K) PLAN	
b	Name of plan sponsor	MEDIASPIKE, INC.	c EIN-PN 61-1448533-001
a	Plan name	ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDREWS OIL CO. & GAS SERVICES, INC.	c EIN-PN 06-0812862-001

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	ANNAPOLIS JEWELRY 401(K) PLAN	
b	Name of plan sponsor	ANNAPOLIS JEWELRY & LOAN, INC.	c EIN-PN 52-2319988-001
a	Plan name	ANTELOPE VALLEY 401(K) PLAN	
b	Name of plan sponsor	ANTELOPE VALLEY 401(K) PLAN	c EIN-PN 95-4056336-002
a	Plan name	CREATIVE MARKETING GRAPHICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CMGWT, INC.	c EIN-PN 91-2039059-001
a	Plan name	RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	RELIABLE INDUSTRIES INC. OF NEW ORLEANS	c EIN-PN 72-0936490-001
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	RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor	RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
a	Plan name	ASSOCIATED ENGINEERING CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED ENGINEERING CONSULTANTS, INC.	c EIN-PN 23-2837113-001
a	Plan name	ASSOCIATION RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATION RESEARCH, INC.	c EIN-PN 52-1327256-001
a	Plan name	ASSURED CARE HOME HEALTH SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ASSURED CARE HOME HEALTH SERVICES, INC.	c EIN-PN 38-3362477-001
a	Plan name	DATAWORKS 401(K) PLAN	
b	Name of plan sponsor	DW EDUCATIONAL RESEARCH, INC. DBA DATAWORKS EDUCATIONAL RESEARCH	c EIN-PN 77-0584790-001
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	DAVID M. VIGDER, M.D., S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID M. VIGDER, M.D., S.C.	c EIN-PN 36-4442594-001

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	HIGH GROUND INSURANCE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	HIGH GROUND INSURANCE SERVICES, INC.	c EIN-PN 20-8202870-001
a	Plan name	HIGHGATE RETIREMENT LIVING 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	BURON, INC.	c EIN-PN 91-1644879-001
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	MIJA INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	MIJA INDUSTRIES, INC.	c EIN-PN 04-2496402-001
a	Plan name	AUSTON DESIGN GROUP 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	AUSTON DESIGN GROUP	c EIN-PN 38-3988810-001
a	Plan name	AUTOMOTIVE INTEGRATED ELECTRONICS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUTOMOTIVE INTEGRATED ELECTRONICS CORPORATION	c EIN-PN 86-0700757-001
a	Plan name	AVA ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AVA ELECTRIC COMPANY INCORPORATED	c EIN-PN 52-1711437-001
a	Plan name	AVERA & SMITH LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AVERA & SMITH LLP	c EIN-PN 54-2118084-001
a	Plan name	DELUCA HOMES, LP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DELUCA HOMES, LP	c EIN-PN 23-1892084-001
a	Plan name	DEMAIO'S INC. 401(K) PLAN	
b	Name of plan sponsor	DEMAIO'S INC.	c EIN-PN 22-3038197-001
a	Plan name	HOLMAN'S OF NEVADA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLMAN'S OF NEVADA	c EIN-PN 88-0142663-001
a	Plan name	HOLMDEL FINANCIAL SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLMDEL FINANCIAL SERVICES, INC.	c EIN-PN 20-0793991-001

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 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 VITAL RETIREMENT PLAN	
b	Name of plan sponsor VITAL VENTURES	c EIN-PN 81-0972460-001
a	Plan name VITECH 401(K) PLAN	
b	Name of plan sponsor ZUKEN VITECH, INC.	c EIN-PN 54-1636539-001
a	Plan name NEARTERM CORPORATION 401(K) PLAN	
b	Name of plan sponsor NEARTERM CORPORATION	c EIN-PN 76-0531760-001
a	Plan name NECA 401(K) PLAN	
b	Name of plan sponsor NATIONAL ENTERTAINMENT COLLECTIBLES ASSOCIATION, INC.	c EIN-PN 22-3479934-001
a	Plan name NELSON AND FROMER 401(K) PLAN	
b	Name of plan sponsor NELSON AND FROMER	c EIN-PN 22-2907384-002
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 DR. PRICE DDS RETIREMENT PLAN	
b	Name of plan sponsor DANIEL J. PRICE DDS, P.C.	c EIN-PN 38-2600561-001
a	Plan name DRS. HARPER AND GILMORE, INC. 401(K) PLAN	
b	Name of plan sponsor DRS. HARPER AND GILMORE, INC.	c EIN-PN 34-1399603-001
a	Plan name INSTITUTE OF INFORMATION TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor INSTITUTE OF INFORMATION TECHNOLOGY, INC.	c EIN-PN 90-0014215-001
a	Plan name BILCO TOOLS, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor BILCO TOOLS, INC.	c EIN-PN 72-0828604-001
a	Plan name BILLET & ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BILLET & ASSOCIATES, LLC	c EIN-PN 23-2637057-001

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 BIO MEDIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor MARYLAND PLASTICS, INC.	c EIN-PN 52-1636609-002
a	Plan name BIRCKHEAD ELECTRIC, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BIRCKHEAD ELECTRIC, INC.	c EIN-PN 52-1614154-001
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 NHC-I L.L.C. 401(K) PLAN	
b	Name of plan sponsor NHC-I L.L.C.	c EIN-PN 55-0759617-001
a	Plan name WINDFALL ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WINDFALL ASSOCIATES, INC.	c EIN-PN 04-3474966-001
a	Plan name BRIGHT SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRIGHT PERSONNEL & BUSINESS CONSULTANTS, INC.	c EIN-PN 54-1189236-001
a	Plan name BRISTOL BROADCASTING CO. INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BRISTOL BROADCASTING CO., INC.	c EIN-PN 54-0491651-001
a	Plan name BRITTON INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor BRITTON INDUSTRIES, INC.	c EIN-PN 22-3769860-001
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 JENKINS AUTOMOTIVE, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor JENKINS AUTOMOTIVE, INC.	c EIN-PN 52-1205731-001
a	Plan name JENKINS CONSTRUCTION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JENKINS CONSTRUCTION, INC.	c EIN-PN 38-2894052-002
a	Plan name C.J.M. LIGHTING SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor C.J.M ELECTRIC & LIGHTING SERVICE, INC.	c EIN-PN 33-0393497-001

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 JTI ELECTRICAL INSTRUMENTATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JTI ELECTRICAL & INSTRUMENTATION, LLC	c EIN-PN 80-0927449-001
a	Plan name P. AGNES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor P. AGNES, INC.	c EIN-PN 23-1583648-888
a	Plan name P.J. ALBERT, INC. 401(K) PLAN	
b	Name of plan sponsor P.J. ALBERT, INC.	c EIN-PN 04-2787609-001
a	Plan name KNS INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor KNS INTERNATIONAL	c EIN-PN 42-1539365-001
a	Plan name KOMOROUS-TOWEY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KOMOROUS-TOWEY ARCHITECTS	c EIN-PN 94-3384004-001
a	Plan name SURVEYING CONSULTANTS 401(K) PLAN	
b	Name of plan sponsor SURVEYING CONSULTANTS OF HILTON HEAD ISLAND, INC.	c EIN-PN 57-0756824-001
a	Plan name CENTENNIAL TECHNOLOGIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CENTENNIAL TECHNOLOGIES, INC.	c EIN-PN 38-2164329-001
a	Plan name PERFORMANCE TECHNOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PERFORMANCE TECHNOLOGY ASSOCIATES, INC.	c EIN-PN 45-4858320-001
a	Plan name TEAM REHAB, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor TEAM REHAB, INC.	c EIN-PN 33-0272547-002
a	Plan name WHEELING COIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WHEELING COIN, LLC	c EIN-PN 55-0772531-001
a	Plan name WRITTEN DEPOSITION SERVICE, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor WRITTEN DEPOSITION SERVICE, LLC	c EIN-PN 73-1497732-001
a	Plan name BENJAMIN I. CLOVE, D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor BENJAMIN I. CLOVE, D.D.S., P.C.	c EIN-PN 20-2878610-001

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	BLACK DOG SALVAGE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BDS HOLDINGS, INC.	c EIN-PN 54-1968963-001
a	Plan name	CENTRAL SHEET METAL FABRICATORS 401(K) PLAN	
b	Name of plan sponsor	CENTRAL SHEET METAL FABRICATORS	c EIN-PN 22-2688946-002
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	COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	COLLEGIUM HOLDINGS, INC.	c EIN-PN 22-3221879-001
a	Plan name	CONTEMPORARY WOMEN'S CARE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	CONTEMPORARY WOMEN'S CARE, P.A.	c EIN-PN 75-2822774-001
a	Plan name	CRYSTALASER PROFIT SHARING PLAN	
b	Name of plan sponsor	CRYSTALASER	c EIN-PN 86-0889160-002
a	Plan name	DESTINY HOME HEALTH AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	DESTINY HOME HEALTH AGENCY, INC.	c EIN-PN 77-0616280-001
a	Plan name	DUBOIS COUNTY BLOCK & BRICK, INC. 401(K) PLAN	
b	Name of plan sponsor	DUBOIS COUNTY BLOCK & BRICK, INC.	c EIN-PN 35-2083897-001
a	Plan name	DUCT & VENT CLEANING OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	DUCT & VENT CLEANING OF AMERICA, INC.	c EIN-PN 04-3175810-001
a	Plan name	EMPLOYEES OF FARRUGGIO'S AND ABLE RENTALS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FARRUGGIO'S BRISTOL & PHILADELPHIA AUTO EXPRESS, INC.	c EIN-PN 23-1922473-001
a	Plan name	FAIRWAY MARKET III 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FAIRWAY MARKET III	c EIN-PN 77-0084733-001
a	Plan name	FORT MITCHELL COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	FORT MITCHELL COUNTRY CLUB	c EIN-PN 61-0195230-001

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 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 GIBSON OVERSEAS, INC. 401(K) PLAN	
b	Name of plan sponsor GIBSON OVERSEAS, INC.	c EIN-PN 95-3393699-002
a	Plan name GLOBALEDGE TECHNOLOGIES, INC. SECTION 401(K) PLAN AND TRUST	
b	Name of plan sponsor GLOBALEDGE TECHNOLOGIES, INC.	c EIN-PN 20-0264454-001
a	Plan name GMT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GMT, INC.	c EIN-PN 36-3348706-001
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 GUILFORD PAIN MANAGEMENT RETIREMENT PLAN	
b	Name of plan sponsor GUILFORD PAIN MANAGEMENT	c EIN-PN 56-2193727-001
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 HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor HOSTAR MARINE TRANSPORT SYSTEMS, INC.	c EIN-PN 04-2910283-001
a	Plan name INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTERFAITH NEIGHBORS, INC.	c EIN-PN 22-2896129-001
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 JEPSEN ELECTRIC INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JEPSEN ELECTRIC, INC.	c EIN-PN 94-3393816-001
a	Plan name KEEL ENTERPRISES OF LA LLC 401(K) PLAN	
b	Name of plan sponsor KEEL ENTERPRISES OF LA LLC	c EIN-PN 72-1158560-001

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 KPT PHYSICAL THERAPY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KPT PHYSICAL THERAPY	c EIN-PN 52-1796165-001
a	Plan name LAURA V. KWIATKOWSKI RETIREMENT PLAN	
b	Name of plan sponsor LAURA V. KWIATKOWSKI, ATTORNEY AT LAW	c EIN-PN 33-0572642-001
a	Plan name LYNXSPRING, INC. 401(K) PLAN	
b	Name of plan sponsor LYNXSPRING, INC.	c EIN-PN 47-0867589-001
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 MAX STAF, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAX STAF, INC.	c EIN-PN 72-1342485-333
a	Plan name NORTH AMERICAN FOOD PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor NORTH AMERICAN FOOD DISTRIBUTING CO., INC.	c EIN-PN 94-1717567-001
a	Plan name NORTH AMERICAN WARHORSE 401(K) PLAN	
b	Name of plan sponsor NORTH AMERICAN WARHORSE, INC.	c EIN-PN 23-3047289-001
a	Plan name NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.	c EIN-PN 58-1633173-777
a	Plan name ON TIME & RIGHT, INC. 401(K) PLAN	
b	Name of plan sponsor ON TIME & RIGHT, INC.	c EIN-PN 02-0585740-001
a	Plan name P.S. GREETINGS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor P.S. GREETINGS, INC.	c EIN-PN 36-2995710-001
a	Plan name PACIFIC BRIDGE INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC BRIDGE INSURANCE SERVICES, INC.	c EIN-PN 95-4618495-001
a	Plan name PROFESSIONAL EMPLOYMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL EMPLOYMENT SERVICES, INC.	c EIN-PN 54-1747161-001

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 PROFESSIONAL PAINT CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROFESSIONAL PAINT CENTER, INC.	c EIN-PN 94-1731587-001
a	Plan name RAGGIO, CAPPEL, CHOZEN & BERNIARD PROFIT SHARING PLAN	
b	Name of plan sponsor RAGGIO, CAPPEL, CHOZEN & BERNIARD	c EIN-PN 72-0390548-001
a	Plan name ROMAR & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor ROMAR & ASSOCIATES	c EIN-PN 74-1565181-002
a	Plan name RON WILLIAMS CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor RON WILLIAMS CONSTRUCTION, INC.	c EIN-PN 72-1296459-001
a	Plan name SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN	
b	Name of plan sponsor SEQUEL CONTRACTORS, INC.	c EIN-PN 95-4301424-002
a	Plan name SHNA 401(K) PLAN	
b	Name of plan sponsor DKSH NORTH AMERICA, INC.	c EIN-PN 52-1985590-001
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 STEFURA ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor STEFURA ASSOCIATES, INC.	c EIN-PN 04-3544620-001
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 THE NURSE SOURCE, LTD. 401(K) PLAN	
b	Name of plan sponsor THE NURSE SOURCE, LTD.	c EIN-PN 36-3687686-001
a	Plan name ACSI 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADVANCED CONTROL SOLUTIONS, INC.	c EIN-PN 34-1711260-001
a	Plan name ADAX MACHINE CO., INC. 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor ADAX MACHINE CO., INC.	c EIN-PN 04-3138263-001

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	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	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	TRAVELERS RENTAL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	PARK SHUTTLE & FLY, INC.	c EIN-PN 04-2628087-001
a	Plan name	TRI-PRESS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRI-PRESS, LLC	c EIN-PN 54-1951460-001
a	Plan name	UNITED OIL HEAT, INC. 401(K) PLAN	
b	Name of plan sponsor	UNITED OIL HEAT, INC.	c EIN-PN 04-2729039-001
a	Plan name	APEX GLOBAL LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	APEX GLOBAL LOGISTICS, INC.	c EIN-PN 94-3343037-001
a	Plan name	APEX PLUMBING, HEATING & PIPING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	APEX PLUMBING, HEATING & PIPING, INC.	c EIN-PN 73-1132059-001
a	Plan name	VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 1165(E) PLAN	
b	Name of plan sponsor	VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.	c EIN-PN 36-4287998-001
a	Plan name	AST SPORTS SCIENCE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	AST SPORTS SCIENCE, INC.	c EIN-PN 64-0823871-001
a	Plan name	ATLANTIC AND PACIFIC FREIGHTWAYS, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC AND PACIFIC FREIGHTWAYS, INC.	c EIN-PN 93-0984994-001
a	Plan name	ATLANTIC CORRUGATED BOX, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC CORRUGATED BOX, INC.	c EIN-PN 54-1297441-001
a	Plan name	VIVIAN O. RODRIGUEZ, M.D. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VIVIAN O. RODRIGUEZ, M.D. PA	c EIN-PN 76-0674431-001

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	VOLAC, INC. 401(K) PLAN	
b Name of plan sponsor	VOLAC, INC.	c EIN-PN 51-0375769-001

a Plan name	VOLENTE INSURANCE PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	VOLENTE INSURANCE PARTNERS, LLC	c EIN-PN 75-3204608-001

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

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

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a Plan name		
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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 WMC CORE EQUITY RET OPT	B Three-digit plan number (PN) ▶ 168
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)	35144 25513
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	426405 694926
(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)	34489281 36101925
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(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	34950830	36822364
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	-2672	16018
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	-2672	16018
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	34953502	36806346

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)	-32	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		-32
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	562338	
(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)	3988277	
(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)	2418284	
(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		6968867

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)	373432	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		373432
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		373432

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6595435
l Transfers of assets:			
(1) To this plan.....	2l(1)		3654879
(2) From this plan	2l(2)		8397470

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 _____.