

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

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 [X] 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

1a Name of plan PRUDENTIAL JENNISON NATURAL RESOURCES RET OPT
1b Three-digit plan number (PN) 272
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

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>PRUDENTIAL JENNISON NATURAL RESOURCES RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>272</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CUTHBERTSON RESTORATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CUTHBERTSON RESTORATION, INC.	<b>c</b> EIN-PN 26-2059511-001
<b>a</b>	Plan name	DIAKON LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIAKON LOGISTICS, INC.	<b>c</b> EIN-PN 20-0446970-001
<b>a</b>	Plan name	DIAMOND BASEBALL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND BASEBALL COMPANY, INC.	<b>c</b> EIN-PN 95-3127828-002
<b>a</b>	Plan name	FALCON BRIDGE CAPITAL 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FALCON BRIDGE CAPITAL, LLC	<b>c</b> EIN-PN 32-0206781-001
<b>a</b>	Plan name	FAMILY RESOURCE CENTER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAMILY RESOURCE CENTER	<b>c</b> EIN-PN 36-3532803-001
<b>a</b>	Plan name	GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GORMAN INDUSTRIAL SUPPLY	<b>c</b> EIN-PN 74-1064184-001
<b>a</b>	Plan name	KENNEDY & HAN, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENNEDY & HAN, P.C.	<b>c</b> EIN-PN 85-0482265-001
<b>a</b>	Plan name	LAUREL FOWLER INSURANCE BROKER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAUREL FOWLER INSURANCE BROKER INC.	<b>c</b> EIN-PN 77-0393444-001
<b>a</b>	Plan name	LAWRENCE TRACTOR COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAWRENCE TRACTOR COMPANY, INC.	<b>c</b> EIN-PN 94-1713405-001
<b>a</b>	Plan name	NORTHERN NEVADA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FERNLEY NUGGET CORPORATION	<b>c</b> EIN-PN 26-1620600-002
<b>a</b>	Plan name	PACIFIC DESIGN AND SOURCING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC DESIGN AND SOURCING	<b>c</b> EIN-PN 27-2403668-001
<b>a</b>	Plan name	PACIFIC MEDICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC MEDICAL MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 56-2321193-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name PROSPERA LAW, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROSPERA LAW, LLP	<b>c</b> EIN-PN 27-3613349-001
<b>a</b>	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 88-0163638-001
<b>a</b>	Plan name RFNRCPAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RFNR, LLP	<b>c</b> EIN-PN 95-4664923-001
<b>a</b>	Plan name RGS & G 401(K) PLAN	
<b>b</b>	Name of plan sponsor RUBIN, GLICKMAN, STEINBERG AND GIFFORD	<b>c</b> EIN-PN 23-2125472-002
<b>a</b>	Plan name THREAD INFORMATION DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor THREAD INFORMATION DESIGN	<b>c</b> EIN-PN 34-1537882-001
<b>a</b>	Plan name UNIVERSITY ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY ELECTRIC CO., INC.	<b>c</b> EIN-PN 94-1493225-002
<b>a</b>	Plan name XERION ADVANCED BATTERY CORP. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor XERION ADVANCED BATTERY CORP.	<b>c</b> EIN-PN 45-3516563-001
<b>a</b>	Plan name AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor AIRMAX LLC	<b>c</b> EIN-PN 84-1440204-001
<b>a</b>	Plan name ARBOR AND PIA EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ARBOR INSURANCE GROUP	<b>c</b> EIN-PN 23-2669484-001
<b>a</b>	Plan name B & D LAW OFFICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor B & D LAW OFFICES, P.C.	<b>c</b> EIN-PN 87-3361600-001
<b>a</b>	Plan name DIDAX, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIDAX, INC.	<b>c</b> EIN-PN 04-2599602-001
<b>a</b>	Plan name FRAZIER & SABIN, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRAZIER & SABIN, LLP	<b>c</b> EIN-PN 37-1137275-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	<b>c</b> EIN-PN 95-4126355-001
<b>a</b>	Plan name	HEALTHCARE VENTURES ALLIANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEALTHCARE VENTURES ALLIANCE	<b>c</b> EIN-PN 23-2877142-001
<b>a</b>	Plan name	HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HURON VALLEY RESTAURANT EQUIPMENT, INC.	<b>c</b> EIN-PN 38-3072272-001
<b>a</b>	Plan name	KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENTUCKY EDUCATION ASSOCIATION	<b>c</b> EIN-PN 61-0245450-001
<b>a</b>	Plan name	MOUNTAIN WEST HOLDING CO. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MOUNTAIN WEST HOLDING CO.	<b>c</b> EIN-PN 26-4507278-001
<b>a</b>	Plan name	NOT-FOR-PROFIT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY LIVING OPTIONS, INC.	<b>c</b> EIN-PN 37-1079626-001
<b>a</b>	Plan name	PIERCE PACKAGING COMPANY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PIERCE PACKAGING COMPANY INC.	<b>c</b> EIN-PN 36-4161206-001
<b>a</b>	Plan name	RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RICHLAND COMPANY & ASSOCIATES, INC.	<b>c</b> EIN-PN 34-1342190-001
<b>a</b>	Plan name	SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIMPSON SPENCE YOUNG	<b>c</b> EIN-PN 13-5395270-001
<b>a</b>	Plan name	STRATEGIC CONTRACTING SERVICES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STRATEGIC CONTRACTING SERVICES INC.	<b>c</b> EIN-PN 20-8612710-001
<b>a</b>	Plan name	TILLERY CHEVROLET/GMC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TILLERY CHEVROLET/GMC	<b>c</b> EIN-PN 85-0281064-001
<b>a</b>	Plan name	VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VACCINE RESEARCH INSTITUTE OF SAN DIEGO	<b>c</b> EIN-PN 33-0903864-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	401(K) & PROFIT SHARING PLAN FOR KYLE HUNT & PARTNERS, INC.
<b>b</b>	Name of plan sponsor	KYLE HUNT & PARTNERS, INC.
<b>c</b>	EIN-PN	41-1800701-001
<b>a</b>	Plan name	AREA AMBULANCE SERVICE 401(K) PLAN
<b>b</b>	Name of plan sponsor	AREA AMBULANCE SERVICE
<b>c</b>	EIN-PN	20-3693455-001
<b>a</b>	Plan name	BOATMATE TRAILERS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	BOATMATE TRAILERS, LLC
<b>c</b>	EIN-PN	20-8965178-001
<b>a</b>	Plan name	BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BOB RIDINGS, INC.
<b>c</b>	EIN-PN	37-0994988-001
<b>a</b>	Plan name	CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC.
<b>c</b>	EIN-PN	85-0210055-002
<b>a</b>	Plan name	COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	COMMERCIAL WATERPROOFING, INC.
<b>c</b>	EIN-PN	23-2589948-001
<b>a</b>	Plan name	COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN
<b>b</b>	Name of plan sponsor	COMMUNITY STATE BANK
<b>c</b>	EIN-PN	26-0620241-001
<b>a</b>	Plan name	MCCLELLAND LAW GROUP 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MCCLELLAND LAW GROUP
<b>c</b>	EIN-PN	26-0787424-001
<b>a</b>	Plan name	MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	MOXY MANAGEMENT COMPANY, LLC
<b>c</b>	EIN-PN	99-0431387-002
<b>a</b>	Plan name	MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MS INTERNATIONAL, INC.
<b>c</b>	EIN-PN	35-1562013-003
<b>a</b>	Plan name	MT SPOKANE 2000 401(K) PLAN
<b>b</b>	Name of plan sponsor	MT SPOKANE 2000
<b>c</b>	EIN-PN	91-1553730-001
<b>a</b>	Plan name	OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	OPEN MRI OF NEW ENGLAND, INC.
<b>c</b>	EIN-PN	05-0495348-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name OPTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OPTHALMOLOGY CENTER OF ILLINOIS	<b>c</b> EIN-PN 46-3808527-001
<b>a</b>	Plan name RATHBUN ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor RATHBUN ASSOCIATES	<b>c</b> EIN-PN 94-1653463-001
<b>a</b>	Plan name SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SOUTHWEST 66 CREDIT UNION	<b>c</b> EIN-PN 75-0815084-002
<b>a</b>	Plan name THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	<b>c</b> EIN-PN 04-2103792-003
<b>a</b>	Plan name TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRINITY DIRECT, LLC	<b>c</b> EIN-PN 22-3499334-001
<b>a</b>	Plan name TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRIPLE H FOOD PROCESSORS, LLC.	<b>c</b> EIN-PN 47-4431714-001
<b>a</b>	Plan name TROPICAL CREATIONS, INC. AND AFFIL. EMPLOYER SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor TROPICAL CREATIONS, INC.	<b>c</b> EIN-PN 95-4884511-001
<b>a</b>	Plan name WARNER CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WARNER CONSTRUCTION, INC.	<b>c</b> EIN-PN 82-0524180-001
<b>a</b>	Plan name A-1 SERVICE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor A-1 SERVICE INC.	<b>c</b> EIN-PN 72-0692706-001
<b>a</b>	Plan name BARLEVI & CO., ACCOUNTANCY CORPORATION 401(K) PSP	
<b>b</b>	Name of plan sponsor BARLEVI & CO., ACCOUNTANCY CORPORATION	<b>c</b> EIN-PN 54-2081513-001
<b>a</b>	Plan name BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BUILDERS IRON	<b>c</b> EIN-PN 38-3128186-001
<b>a</b>	Plan name CORETRUST MANAGEMENT, LP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CORETRUST MANAGEMENT, LP	<b>c</b> EIN-PN 32-0475371-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COSTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COSTA FRUIT & PRODUCE COMPANY INC.	<b>c</b> EIN-PN 04-2076359-001
<b>a</b>	Plan name	FSY ARCHITECTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FSY ARCHITECTS	<b>c</b> EIN-PN 95-4638941-001
<b>a</b>	Plan name	FULCRUM TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FULCRUM TECHNOLOGIES, INC.	<b>c</b> EIN-PN 77-0357662-001
<b>a</b>	Plan name	A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	A/E GRAPHICS, INC.	<b>c</b> EIN-PN 39-1252452-001
<b>a</b>	Plan name	AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN SOCIETY FOR SURGERY OF THE HAND	<b>c</b> EIN-PN 31-6051199-001
<b>a</b>	Plan name	BURCH COURT DENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BURCH COURT DENTAL	<b>c</b> EIN-PN 61-1338337-001
<b>a</b>	Plan name	DORIC PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DORIC PRODUCTS, INC.	<b>c</b> EIN-PN 35-1391396-003
<b>a</b>	Plan name	ETNA STAFFING SOLUTIONS (ESS) LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ETNA STAFFING SOLUTIONS (ESS) LLC	<b>c</b> EIN-PN 26-2379410-001
<b>a</b>	Plan name	GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GAINLINE FINANCIAL PARTNERS, LLC	<b>c</b> EIN-PN 87-2523664-001
<b>a</b>	Plan name	JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON FINANCIAL SOLUTIONS, INC.	<b>c</b> EIN-PN 20-8464483-001
<b>a</b>	Plan name	MUNCIE FAMILY DENTAL CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUNCIE FAMILY DENTAL CARE, INC.	<b>c</b> EIN-PN 35-1520023-001
<b>a</b>	Plan name	MXD PROCESS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MIXER DIRECT INC., DBA MXD PROCESS	<b>c</b> EIN-PN 27-1855081-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.	<b>c</b> EIN-PN 95-1685796-002
<b>a</b>	Plan name	OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OREGON COLLEGE OF ORIENTAL MEDICINE	<b>c</b> EIN-PN 93-0845182-001
<b>a</b>	Plan name	RAY HENSLEY, INC. RET. PLAN	
<b>b</b>	Name of plan sponsor	RAY HENSLEY, INC.	<b>c</b> EIN-PN 31-0889689-001
<b>a</b>	Plan name	SCG CAPITAL CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SCG CAPITAL CORPORATION	<b>c</b> EIN-PN 06-0961259-005
<b>a</b>	Plan name	THE CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THE CELLAR LUMBER COMPANY	<b>c</b> EIN-PN 31-4144745-001
<b>a</b>	Plan name	TRUE LINE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUE LINE, INC.	<b>c</b> EIN-PN 55-0651663-001
<b>a</b>	Plan name	WATKINS CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WATKINS CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 95-3084079-001
<b>a</b>	Plan name	WATTS COPY SYSTEMS, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WATTS COPY SYSTEMS, INC.	<b>c</b> EIN-PN 37-1117989-001
<b>a</b>	Plan name	ABEL'S EXPRESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABEL'S EXPRESS, INC.	<b>c</b> EIN-PN 23-2245413-001
<b>a</b>	Plan name	ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE BUSINESS SOLUTIONS CORPORATION	<b>c</b> EIN-PN 54-2061431-777
<b>a</b>	Plan name	CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHRISTOPHER M. PENNISI, DDS, PLLC	<b>c</b> EIN-PN 26-3030636-001
<b>a</b>	Plan name	COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY TIES OF AMERICA, INC.	<b>c</b> EIN-PN 62-1733882-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">FEDERAL MACHINERY &amp; EQUIPMENT CO. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FEDERAL MACHINERY &amp; EQUIPMENT COMPANY</a>	<b>c</b> EIN-PN <a href="#">34-0811973-001</a>
<b>a</b>	Plan name <a href="#">INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INDEPENDENCE BANCSHARES, INC.</a>	<b>c</b> EIN-PN <a href="#">42-1191386-001</a>
<b>a</b>	Plan name <a href="#">JAMES R. DETTLING M.D. LTD. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JAMES R. DETTLING, M.D. LTD</a>	<b>c</b> EIN-PN <a href="#">88-0469527-001</a>
<b>a</b>	Plan name <a href="#">KIM &amp; LAVOY, S.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KIM &amp; LAVOY, S.C.</a>	<b>c</b> EIN-PN <a href="#">20-0771810-001</a>
<b>a</b>	Plan name <a href="#">MIAMI-CAST, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIAMI-CAST, INC.</a>	<b>c</b> EIN-PN <a href="#">31-1379313-001</a>
<b>a</b>	Plan name <a href="#">MICHAEL DIAZ, M.D. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MICHAEL DIAZ, M.D.</a>	<b>c</b> EIN-PN <a href="#">90-1121315-001</a>
<b>a</b>	Plan name <a href="#">MY OFFICE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MY OFFICE, INC.</a>	<b>c</b> EIN-PN <a href="#">48-1289900-001</a>
<b>a</b>	Plan name <a href="#">O'HARA WARD &amp; ASSOCIATES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">O'HARA WARD &amp; ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">23-2706776-001</a>
<b>a</b>	Plan name <a href="#">PWA RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PERHATS WENSTROM ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3611103-002</a>
<b>a</b>	Plan name <a href="#">QUALITY ASSURED LABEL, INC. SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">QUALITY ASSURED LABEL, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1492638-002</a>
<b>a</b>	Plan name <a href="#">SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC 401(K)/PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC</a>	<b>c</b> EIN-PN <a href="#">58-2519444-002</a>
<b>a</b>	Plan name <a href="#">TLG DEFINED CONTRIBUTION PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">TINGLEY LAW GROUP, PC</a>	<b>c</b> EIN-PN <a href="#">46-2705875-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	<b>c</b> EIN-PN 22-3220586-001
<b>a</b>	Plan name CDSS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTER FOR DISEASES & SURGERY OF THE SPINE	<b>c</b> EIN-PN 88-0340195-001
<b>a</b>	Plan name CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CEDAR VALLEY PEDIATRIC DENTISTRY	<b>c</b> EIN-PN 27-0521322-001
<b>a</b>	Plan name GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GENERAL TRANSERVICE, INC.	<b>c</b> EIN-PN 23-1717902-001
<b>a</b>	Plan name GENERATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JWALANT K. VADALIA, MD, PC	<b>c</b> EIN-PN 02-0474068-001
<b>a</b>	Plan name LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LOMONT MOLDING, LLC	<b>c</b> EIN-PN 47-1306587-001
<b>a</b>	Plan name THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIRST TRUST HOLDINGS, INC.	<b>c</b> EIN-PN 37-1307139-222
<b>a</b>	Plan name ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADVANCED MANUFACTURING TECHNOLOGY	<b>c</b> EIN-PN 84-1390588-001
<b>a</b>	Plan name GILTON SOLID WASTE MANAGEMENT, INC.	
<b>b</b>	Name of plan sponsor GILTON SOLID WASTE MANAGEMENT, INC.	<b>c</b> EIN-PN 94-2268035-001
<b>a</b>	Plan name M.F. HUSEBY COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor M.F. HUSEBY COMPANY, INC.	<b>c</b> EIN-PN 95-1729316-001
<b>a</b>	Plan name PRIORITY MOTOR GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRIORITY MOTOR GROUP, INC.	<b>c</b> EIN-PN 47-2044656-001
<b>a</b>	Plan name PRISM TECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRISM TECH, INC.	<b>c</b> EIN-PN 82-3966297-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE REALTIME GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC	<b>c</b> EIN-PN 46-0876004-001
<b>a</b>	Plan name CONNERY CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CONNERY CONSTRUCTION, INC.	<b>c</b> EIN-PN 39-1845420-001
<b>a</b>	Plan name TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor TURNBRIDGE CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 47-0963603-001
<b>a</b>	Plan name AMPAC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AEROSPACE MASS PROPERTIES ANALYSIS, INC.	<b>c</b> EIN-PN 23-1949127-001
<b>a</b>	Plan name MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCZ CONSTRUCTION, INC.	<b>c</b> EIN-PN 20-0634943-001
<b>a</b>	Plan name REGAL ELECTRONICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor REGAL ELECTRONICS, INC.	<b>c</b> EIN-PN 77-0297406-001
<b>a</b>	Plan name ARTHUR Y. MORI & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARTHUR Y. MORI & ASSOCIATES, INC.	<b>c</b> EIN-PN 99-0112411-001
<b>a</b>	Plan name DASTON CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor DASTON CORPORATION	<b>c</b> EIN-PN 54-1638058-001
<b>a</b>	Plan name DATA PATH, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor DATA PATH, INC.	<b>c</b> EIN-PN 90-0242296-001
<b>a</b>	Plan name HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HI-TECH LABELS, INC.	<b>c</b> EIN-PN 95-3836900-001
<b>a</b>	Plan name HICKORY GROVE VENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIGHE-ZEMAN EQUIPMENT LLC	<b>c</b> EIN-PN 75-3093043-001
<b>a</b>	Plan name HLN CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HLN CONSULTING, LLC	<b>c</b> EIN-PN 22-3516344-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	HM MEDICAL CONSULTANTS PROFESS 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	HM MEDICAL CONSULTANTS PROFESS	<b>c</b> EIN-PN 84-1440532-001
<b>a</b>	Plan name	BECK COMPANIES INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BECK READYMIX CONCRETE COMPANY, INC.	<b>c</b> EIN-PN 74-2341756-001
<b>a</b>	Plan name	SCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYSTEM CONTROLS & INSTRUMENTATION, LTD.	<b>c</b> EIN-PN 46-0638297-001
<b>a</b>	Plan name	WEST COAST FIRESTOPPING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST COAST FIRESTOPPING, INC.	<b>c</b> EIN-PN 20-8550680-001
<b>a</b>	Plan name	WEST JERSEY AC & HEATING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WEST JERSEY AC & HEATING COMPANY	<b>c</b> EIN-PN 26-0003283-001
<b>a</b>	Plan name	WEST OLIVE ANIMAL HOSPITAL, L.L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST OLIVE ANIMAL HOSPITAL, L.L.C.	<b>c</b> EIN-PN 86-0902939-001
<b>a</b>	Plan name	SEWINGMACHINESPLUS.COM, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEWINGMACHINESPLUS.COM, INC.	<b>c</b> EIN-PN 26-4413184-001
<b>a</b>	Plan name	SGA DESIGN GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SGA DESIGN GROUP, P.C.	<b>c</b> EIN-PN 73-1466773-001
<b>a</b>	Plan name	BETHANY LUTHERAN CHURCH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BETHANY LUTHERAN CHURCH	<b>c</b> EIN-PN 84-0528677-001
<b>a</b>	Plan name	INTERNATIONAL PARKING DESIGN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL PARKING DESIGN, INC.	<b>c</b> EIN-PN 95-2696753-003
<b>a</b>	Plan name	INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INTERPRET, LLC	<b>c</b> EIN-PN 20-4554232-002
<b>a</b>	Plan name	INTRINSYX TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTRINSYX TECHNOLOGIES	<b>c</b> EIN-PN 77-0539893-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NEW ENGLAND ORBITAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND ORBITAL SERVICES, INC.	<b>c</b> EIN-PN 02-0508263-001
<b>a</b>	Plan name	OASYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	<b>c</b> EIN-PN 52-1747644-001
<b>a</b>	Plan name	JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO.	<b>c</b> EIN-PN 04-2679773-001
<b>a</b>	Plan name	JSC REALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JSC REALTY SERVICES, INC.	<b>c</b> EIN-PN 75-2319565-001
<b>a</b>	Plan name	SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MY WAY HOLDINGS, LLC	<b>c</b> EIN-PN 88-0475995-001
<b>a</b>	Plan name	THE LAW OFFICE OF PAUL M. GOODSON, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE LAW OFFICE OF PAUL M. GOODSON, P.C.	<b>c</b> EIN-PN 56-2227506-001
<b>a</b>	Plan name	ACME PALLET, INC. EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACME PALLET, INC.	<b>c</b> EIN-PN 38-1710471-001
<b>a</b>	Plan name	ACON LABORATORIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACON LABORATORIES, INC.	<b>c</b> EIN-PN 22-3642050-001
<b>a</b>	Plan name	CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
<b>b</b>	Name of plan sponsor	CIVIL DESIGN CONCEPTS PA	<b>c</b> EIN-PN 56-2244957-001
<b>a</b>	Plan name	PRECISION OF NEW HAMPTON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION OF NEW HAMPTON, INC.	<b>c</b> EIN-PN 42-1294107-222
<b>a</b>	Plan name	MAGNUM MACHINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAGCO MACHINE & MANUFACTURING DBA MAGNUM MACHINE & MANUFACTURING	<b>c</b> EIN-PN 74-2978531-001
<b>a</b>	Plan name	MAKETEWAH COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAKETEWAH COUNTRY CLUB	<b>c</b> EIN-PN 31-0308478-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name COLEMAN FROST LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLEMAN FROST LLP	<b>c</b> EIN-PN 20-0807972-001
<b>a</b>	Plan name GLEN CARBIDE, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GLEN CARBIDE, INC.	<b>c</b> EIN-PN 25-1065069-004
<b>a</b>	Plan name GLENN A ZEH, DDS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLENN A ZEH, DDS, PC	<b>c</b> EIN-PN 84-1596272-001
<b>a</b>	Plan name CONSOLIDATED DOORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONSOLIDATED DOORS, INC.	<b>c</b> EIN-PN 39-1757450-001
<b>a</b>	Plan name R & M EQUIPMENT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIBMS, LLC DBA R & M EQUIPMENT COMPANY	<b>c</b> EIN-PN 23-3084608-001
<b>a</b>	Plan name TRANSTAR NATIONAL TITLE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRANSTAR NATIONAL TITLE	<b>c</b> EIN-PN 75-2948848-001
<b>a</b>	Plan name RENHILL STAFFING SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor RENHILL STAFFING SERVICE	<b>c</b> EIN-PN 74-2982537-001
<b>a</b>	Plan name U.S. COMMUNICATION 401 (K) PLAN	
<b>b</b>	Name of plan sponsor U.S. COMMUNICATION INDUSTRIES, INC.	<b>c</b> EIN-PN 36-3138121-001
<b>a</b>	Plan name ULRICHSEN, ROSEN & FREED LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ULRICHSEN ROSEN & FREED LLC	<b>c</b> EIN-PN 20-4413474-001
<b>a</b>	Plan name DAVE SCHMITT CONSTRUCTION COMPANY, INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVE SCHMITT CONSTRUCTION COMPANY, INC	<b>c</b> EIN-PN 42-0889038-001
<b>a</b>	Plan name MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	<b>c</b> EIN-PN 39-1832237-002
<b>a</b>	Plan name MIKE COUNCIL PLUMBING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIKE COUNCIL PLUMBING, INC.	<b>c</b> EIN-PN 77-0547651-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ROBIN II, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ROBIN II, INC.	<b>c</b> EIN-PN 39-1314862-001
<b>a</b>	Plan name	ROCKY MOUNTAIN RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RMR INDUSTRIALS, INC. DBA ROCKY MOUNTAIN RESOURCES, INC.	<b>c</b> EIN-PN 46-0750094-001
<b>a</b>	Plan name	AUTOBODY EXPRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA WHOLESALE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 59-2714320-001
<b>a</b>	Plan name	AUTOMOTIVE TRANSPORT UNION PLAN	
<b>b</b>	Name of plan sponsor	VALIANT MANAGEMENT, LLC UNION PLAN	<b>c</b> EIN-PN 20-4853723-001
<b>a</b>	Plan name	AUTOMOTIVE TRANSPORTATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RCS TRANSPORTATION, LLC	<b>c</b> EIN-PN 20-2646999-001
<b>a</b>	Plan name	HOLLY TREE COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOLLY TREE COUNTRY CLUB	<b>c</b> EIN-PN 57-0863116-001
<b>a</b>	Plan name	HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOME GUARD INDUSTRIES, INC.	<b>c</b> EIN-PN 35-1568735-001
<b>a</b>	Plan name	MIXER SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIXER SYSTEMS, INC.	<b>c</b> EIN-PN 39-1322266-222
<b>a</b>	Plan name	MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOBILE SYSTEMS WIRELESS INC.	<b>c</b> EIN-PN 91-1879582-001
<b>a</b>	Plan name	VIRTUAL OFFICEWARE (DE), LLC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VIRTUAL OFFICEWARE (DE), LLC.	<b>c</b> EIN-PN 38-3892710-001
<b>a</b>	Plan name	BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEHRMANN MEAT & PROCESSING, INC	<b>c</b> EIN-PN 37-0920912-001
<b>a</b>	Plan name	BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BELGRADE STATE BANK	<b>c</b> EIN-PN 43-0177195-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRILLING & PRODUCTION CO.	<b>c</b> EIN-PN 95-0803480-001
<b>a</b>	Plan name	INNOVATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE STAMPING CORP.	<b>c</b> EIN-PN 95-3018165-001
<b>a</b>	Plan name	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.	<b>c</b> EIN-PN 94-2906199-001
<b>a</b>	Plan name	WESTERN SHEET METAL, INC. EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTERN SHEET METAL, INC.	<b>c</b> EIN-PN 87-0296587-001
<b>a</b>	Plan name	BIRCKHEAD ELECTRIC, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BIRCKHEAD ELECTRIC, INC.	<b>c</b> EIN-PN 52-1614154-001
<b>a</b>	Plan name	INVESTMENT CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INVESTMENT CENTER	<b>c</b> EIN-PN 42-1485034-001
<b>a</b>	Plan name	NLA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NANCY LEDBETTER & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-3059985-001
<b>a</b>	Plan name	WINDFALL ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WINDFALL ASSOCIATES, INC.	<b>c</b> EIN-PN 04-3474966-001
<b>a</b>	Plan name	ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELLEFSON TRANSPORTATION GROUP, INC.	<b>c</b> EIN-PN 58-1654796-001
<b>a</b>	Plan name	ELM HEATING AND COOLING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELM HEATING & COOLING, INC.	<b>c</b> EIN-PN 36-4021033-001
<b>a</b>	Plan name	SOUND & SECURE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUND & SECURE, INC.	<b>c</b> EIN-PN 88-0354066-001
<b>a</b>	Plan name	CABERY FERTILIZER, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CABERY FERTILIZER, INC.	<b>c</b> EIN-PN 37-0909029-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CACTUS ROSE CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CACTUS ROSE CONSTRUCTION, INC.	<b>c</b> EIN-PN 86-0979336-001
<b>a</b>	Plan name	FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FINANCIAL NETWORK FID WEST, LLC	<b>c</b> EIN-PN 26-2039224-001
<b>a</b>	Plan name	CARROLL ACE HARDWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARROLL ACE HARDWARE	<b>c</b> EIN-PN 42-1461838-001
<b>a</b>	Plan name	KNS INTERNATIONAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KNS INTERNATIONAL	<b>c</b> EIN-PN 42-1539365-001
<b>a</b>	Plan name	PAXTON VAN LINES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAXTON VAN LINES, INC.	<b>c</b> EIN-PN 54-0585256-001
<b>a</b>	Plan name	SUTTON SWIM SCHOOL INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUTTON SWIM SCHOOL, INC.	<b>c</b> EIN-PN 77-0624364-001
<b>a</b>	Plan name	FOREMOST GRAPHICS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOREMOST GRAPHICS, L.L.C.	<b>c</b> EIN-PN 38-3213304-001
<b>a</b>	Plan name	FORMOSA CONTAINER LINE INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORMOSA CONTAINER LINE INC.	<b>c</b> EIN-PN 33-0252605-001
<b>a</b>	Plan name	LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAKOTA CONTRACTING, INC.	<b>c</b> EIN-PN 26-0060538-001
<b>a</b>	Plan name	PENNY LANE SCHOOL, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PENNY LANE SCHOOL, LTD.	<b>c</b> EIN-PN 36-3864693-001
<b>a</b>	Plan name	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.	<b>c</b> EIN-PN 36-2817667-001
<b>a</b>	Plan name	AVKARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AVKARE, LLC	<b>c</b> EIN-PN 20-8622803-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AXIUM HEALTHCARE DE PUERTO RICO 1165(E) PLAN	
<b>b</b>	Name of plan sponsor FARMACIA DORAL, INC. DBA AXIUM HEALTHCARE DE PUERTO RICO	<b>c</b> EIN-PN 66-0616318-001
<b>a</b>	Plan name BIRMINGHAM PODIATRY, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BIRMINGHAM PODIATRY, P.C.	<b>c</b> EIN-PN 63-0826296-002
<b>a</b>	Plan name BRUCE S. HEATER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRUCE S. HEATER, DDS, LLC	<b>c</b> EIN-PN 86-1138955-002
<b>a</b>	Plan name CASTOR GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CASTOR GROUP, LLC	<b>c</b> EIN-PN 20-0785510-001
<b>a</b>	Plan name CATALYST RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CATALYST COMMUNICATIONS NETWORK LLC	<b>c</b> EIN-PN 92-1890010-001
<b>a</b>	Plan name CLINTON BROWN FINANCIAL 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CLINTON BROWN FINANCIAL	<b>c</b> EIN-PN 45-4767294-001
<b>a</b>	Plan name COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLLEGIUM HOLDINGS, INC.	<b>c</b> EIN-PN 22-3221879-001
<b>a</b>	Plan name CSRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY	<b>c</b> EIN-PN 58-1369830-333
<b>a</b>	Plan name DTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DARNELL TECHNICAL SERVICES, INC.	<b>c</b> EIN-PN 77-0622546-777
<b>a</b>	Plan name F.N. CUTHBERT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor F. N. CUTHBERT, INC.	<b>c</b> EIN-PN 34-4412513-001
<b>a</b>	Plan name FAIRCOUNT INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor FAIRCOUNT, LLC	<b>c</b> EIN-PN 59-3566721-001
<b>a</b>	Plan name GROSOUTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor GROSOUTH OF ALABAMA, INC.	<b>c</b> EIN-PN 63-0464231-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name HARRY DAVIS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HARRY DAVIS, LLC	<b>c</b> EIN-PN 26-4098911-001
<b>a</b>	Plan name HISENSE PHOTONICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HISENSE PHOTONICS, INC.	<b>c</b> EIN-PN 33-0939548-001
<b>a</b>	Plan name ISOVOLTA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ISOVOLTA, INC.	<b>c</b> EIN-PN 13-4263768-001
<b>a</b>	Plan name MANAGEMENT BENCH ADVISORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MANAGEMENT BENCH ADVISORS, LLC	<b>c</b> EIN-PN 85-2876498-001
<b>a</b>	Plan name MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MANTUCKET CAPITAL MANAGEMENT CORPORATION	<b>c</b> EIN-PN 47-0880782-001
<b>a</b>	Plan name MAYHEW & ASSOCIATES, INC. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor MAYHEW & ASSOCIATES, INC.	<b>c</b> EIN-PN 95-3396046-002
<b>a</b>	Plan name MILLER ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MILLER ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 33-0878786-002
<b>a</b>	Plan name MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MOHAWK CONSTRUCTION AND SUPPLY CO., INC.	<b>c</b> EIN-PN 25-1382848-001
<b>a</b>	Plan name NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor NEW ENGLAND DENTAL CENTER, P.C.	<b>c</b> EIN-PN 06-1001051-001
<b>a</b>	Plan name NORKING/MATRIX 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MATRIX METAL PRODUCTS/ THE NORKING COMPANY	<b>c</b> EIN-PN 04-2855070-001
<b>a</b>	Plan name PROGRESSIVEHEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROGRESSIVEHEALTH	<b>c</b> EIN-PN 35-1907348-002
<b>a</b>	Plan name ROMAR & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROMAR & ASSOCIATES	<b>c</b> EIN-PN 74-1565181-002

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b>	Plan name	SENECA PETROLEUM COMPANY, INC. 401(K) PLAN	<b>c</b>	EIN-PN	36-1755250-002
<b>b</b>	Name of plan sponsor	SENECA PETROLEUM COMPANY, INC.	<b>c</b>	EIN-PN	36-1755250-002
<b>a</b>	Plan name	SENSOR MANUFACTURING COMPANY 401(K) PLAN	<b>c</b>	EIN-PN	38-2140109-001
<b>b</b>	Name of plan sponsor	SENSOR MANUFACTURING COMPANY	<b>c</b>	EIN-PN	38-2140109-001
<b>a</b>	Plan name	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	<b>c</b>	EIN-PN	77-0000356-001
<b>b</b>	Name of plan sponsor	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	<b>c</b>	EIN-PN	77-0000356-001
<b>a</b>	Plan name	THE VMC GROUP 401(K) PLAN	<b>c</b>	EIN-PN	20-2305737-002
<b>b</b>	Name of plan sponsor	THE VMC GROUP	<b>c</b>	EIN-PN	20-2305737-002
<b>a</b>	Plan name	AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	<b>c</b>	EIN-PN	77-0280581-001
<b>b</b>	Name of plan sponsor	AEROSPACE & MARINE INTERNATIONAL CORPORATION	<b>c</b>	EIN-PN	77-0280581-001
<b>a</b>	Plan name	TRIDENT EDGE, INC. 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	26-0813587-001
<b>b</b>	Name of plan sponsor	TRIDENT EDGE, INC.	<b>c</b>	EIN-PN	26-0813587-001
<b>a</b>	Plan name	VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	<b>c</b>	EIN-PN	39-1085074-002
<b>b</b>	Name of plan sponsor	VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	<b>c</b>	EIN-PN	39-1085074-002
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PRUDENTIAL JENNISON NATURAL RESOURCES RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>272</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	<b>11599312</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	<b>8894087</b>
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	11599312	8894087
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	11599312	8894087

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	88034	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	68719	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		156753

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	29746	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		29746
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		29746

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		127007
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1121868
(2) From this plan .....	<b>2l(2)</b>		3954100

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.