

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (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: IVY SCIENCE & TECHNOLOGY RET OPT
1b Three-digit plan number (PN): 271
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>IVY SCIENCE & TECHNOLOGY RET OPT</u>	B Three-digit plan number (PN)	<u>271</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):		
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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	BLAHNIK INVESTMENT GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BLAHNIK INVESTMENT GROUP	c EIN-PN 46-0495940-001
a	Plan name	COMCARE, INC. 401(K) PLAN	
b	Name of plan sponsor	COMCARE, INC.	c EIN-PN 62-1019649-004
a	Plan name	FAMILY PET CLINIC OF REDONDO BEACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KKD PET VET	c EIN-PN 46-1590293-001
a	Plan name	GOPATH 401(K) PLAN	
b	Name of plan sponsor	GOPATH GLOBAL LLC	c EIN-PN 27-1105704-001
a	Plan name	HAUCK BROS, INC. 401(K) PLAN	
b	Name of plan sponsor	HAUCK BROTHERS, INC.	c EIN-PN 31-0599870-001
a	Plan name	J. AMBROGI FOOD DISTRIBUTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	J. AMBROGI FOOD DISTRIBUTION, INC.	c EIN-PN 51-0297646-001
a	Plan name	KEITH M. KOGA, DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEITH M. KOGA, DDS	c EIN-PN 99-0297840-001
a	Plan name	LAW OFFICES OF BRETT R. WISHART 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICES OF BRETT R. WISHART	c EIN-PN 46-5127007-001
a	Plan name	LAWRENCE TRACTOR COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAWRENCE TRACTOR COMPANY, INC.	c EIN-PN 94-1713405-001
a	Plan name	MARCOS CONSTRUCTION, INC. CASH BALANCE PLAN	
b	Name of plan sponsor	MARCOS CONSTRUCTIONS INC.	c EIN-PN 68-0512537-002
a	Plan name	MONTESSORI MANAGEMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor	MONTESSORI MANAGEMENT SERVICES LLC	c EIN-PN 86-2788423-001
a	Plan name	NORTHERN NJ CHAPTER, INC. NECA SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	NORTHERN NJ CHAPTER, INC. NECA	c EIN-PN 22-1455827-002

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	PACIFIC MEDICAL 401(K) PLAN	
b	Name of plan sponsor	PACIFIC MEDICAL MANAGEMENT SERVICES, INC.	c EIN-PN 56-2321193-001
a	Plan name	PAGE & ASSOCIATES INSURANCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAGE & ASSOCIATES INSURANCE, INC.	c EIN-PN 88-1074263-001
a	Plan name	PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PROTECTION TECHNOLOGIES, INC.	c EIN-PN 88-0163638-001
a	Plan name	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
b	Name of plan sponsor	RAO MANUFACTURING COMPANY	c EIN-PN 41-0494610-002
a	Plan name	REYES & SONS ELECTRIC, INC. PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor	REYES & SONS ELECTRIC, INC.	c EIN-PN 27-0007015-001
a	Plan name	RFNRCPAS RETIREMENT PLAN	
b	Name of plan sponsor	RFNR, LLP	c EIN-PN 95-4664923-001
a	Plan name	SAA LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHATZ, ANDERSON & ASSOCIATES LLC	c EIN-PN 05-0565472-001
a	Plan name	SILVER CREEK MODULAR LLC 401(K) PLAN	
b	Name of plan sponsor	SILVER CREEK MODULAR LLC	c EIN-PN 92-3730178-001
a	Plan name	STEVEN A. VARANO, ESQ. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STEVEN A. VARANO, ESQ.	c EIN-PN 22-3143496-001
a	Plan name	STEVENS TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor	STEVENS TRANSPORTATION, INC.	c EIN-PN 77-0009655-001
a	Plan name	AIR BROOK LIMOUSINE, INC. 401(K) PLAN	
b	Name of plan sponsor	AIR BROOK LIMOUSINE, INC.	c EIN-PN 22-1930499-001
a	Plan name	APS 401(K) PLAN	
b	Name of plan sponsor	ADVANCED POWDER SOLUTIONS OF TEXAS	c EIN-PN 20-3150581-001

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	ARBOR AND PIA EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	ARBOR INSURANCE GROUP	c EIN-PN 23-2669484-001
a	Plan name	EDUCATIUS GROUP 401(K) PLAN	
b	Name of plan sponsor	EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	c EIN-PN 26-4005699-001
a	Plan name	EL DABE / RITTER TRIAL LAWYERS, GP 401(K) PLAN	
b	Name of plan sponsor	EL DABE / RITTER TRIAL LAWYERS, GP	c EIN-PN 47-1257720-001
a	Plan name	FAMMA GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	FAMMA GROUP, INC.	c EIN-PN 45-5002659-001
a	Plan name	FRAZIER & SABIN, LLP 401(K) PLAN	
b	Name of plan sponsor	FRAZIER & SABIN, LLP	c EIN-PN 37-1137275-001
a	Plan name	FRC 401(K) PLAN	
b	Name of plan sponsor	THE FINANCIAL RESOURCE CENTER, INC.	c EIN-PN 35-1883522-001
a	Plan name	GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	c EIN-PN 95-4126355-001
a	Plan name	HUFFMAN, KELLEY & BROCK, LLC 401(K) PLAN	
b	Name of plan sponsor	HUFFMAN, KELLEY & BROCK, LLC	c EIN-PN 30-0237801-001
a	Plan name	HUNT INSURANCE AGENCY, INC. EMPLOYEES SALARY SAVINGS PLAN	
b	Name of plan sponsor	HUNT INSURANCE AGENCY, INC.	c EIN-PN 36-2730032-001
a	Plan name	KENWOOD FENCE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KENWOOD FENCE CO., INC.	c EIN-PN 68-0423518-001
a	Plan name	LAWYERS FOR JUSTICE PC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LAWYERS FOR JUSTICE PC	c EIN-PN 27-4652068-001
a	Plan name	MARK J. REDD DDS, INC. 401(K) PLAN	
b	Name of plan sponsor	MARK J. REDD DDS, INC.	c EIN-PN 72-1519503-001

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	MOUNTAIN WEST HOLDING CO. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MOUNTAIN WEST HOLDING CO.	c EIN-PN 26-4507278-001
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	NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NUHORIZON PROPERTIES, LLC	c EIN-PN 38-3521185-001
a	Plan name	PAKOIL COMPANY EMPLOYEES' PROFIT-SHARING TRUST	
b	Name of plan sponsor	PAKOIL COMPANY	c EIN-PN 23-1940681-002
a	Plan name	PALMETTO REHABILITATION SPECIALISTS LLC 401(K) PLAN	
b	Name of plan sponsor	PALMETTO REHABILITATION SPECIALISTS	c EIN-PN 20-4474119-001
a	Plan name	PARADIGM HEALTH PLANS 401(K) PLAN	
b	Name of plan sponsor	PARADIGM HEALTH PLANS 401(K) PLAN	c EIN-PN 45-3581579-001
a	Plan name	RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001
a	Plan name	RINEY RONQUILLO SOULE, PLLC 401(K) PLAN	
b	Name of plan sponsor	RINEY RONQUILLO SOULE, PLLC	c EIN-PN 20-4072167-001
a	Plan name	SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name	SKANES TECHNOLOGY GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SKANES TECHNOLOGY GROUP, LLC	c EIN-PN 27-1433006-001
a	Plan name	SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SKL PRIME SERVICES, LLC	c EIN-PN 01-0551573-001
a	Plan name	TEXAS GOLF ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	TEXAS GOLF ASSOCIATION	c EIN-PN 75-0715222-001

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 TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
b	Name of plan sponsor TFC MANUFACTURING, INC.	c EIN-PN 91-1951857-001
a	Plan name THE ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ART OF MANAGEMENT, LLP	c EIN-PN 47-2620180-001
a	Plan name TILO INDUSTRIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TILO INDUSTRIES, LLC	c EIN-PN 46-1678521-002
a	Plan name TIM SNELSON'S PUMPING UNIT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TIM SNELSON'S PUMPING UNIT	c EIN-PN 75-2715506-001
a	Plan name VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	c EIN-PN 22-3220586-001
a	Plan name YC RUBBER CO. (NORTH AMERICA) LLC 401(K) PLAN	
b	Name of plan sponsor YC RUBBER CO. (NORTH AMERICA) LLC	c EIN-PN 47-2227720-001
a	Plan name AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001
a	Plan name ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor ARIAS, TOVAR & ASSOCIATES, P.A.	c EIN-PN 65-0971956-001
a	Plan name BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001
a	Plan name CANYON MEDICAL CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor R. MUTHAIAH, M.D., P.C. DBA CANYON MEDICAL CENTER	c EIN-PN 20-3215319-001
a	Plan name CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
b	Name of plan sponsor COMMUNITY CHEVROLET COMPANY	c EIN-PN 84-0502030-002

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	D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	D R SUMMIT WEALTH MANAGEMENT, INC.	c EIN-PN 27-1552262-001
a	Plan name	MCARDLE LTD. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MCARDLE LTD.	c EIN-PN 36-2949020-333
a	Plan name	MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MS INTERNATIONAL, INC.	c EIN-PN 35-1562013-003
a	Plan name	OPHTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OPHTHALMOLOGY CENTER OF ILLINOIS	c EIN-PN 46-3808527-001
a	Plan name	RALPHS - PUGH CO., INC. 401(K) PLAN	
b	Name of plan sponsor	RALPHS - PUGH CO., INC.	c EIN-PN 94-0791950-001
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	RAVEN RESOURCES, LLC 401(K) PLAN	
b	Name of plan sponsor	RAVEN RESOURCES, LLC	c EIN-PN 36-4618634-001
a	Plan name	SAV-MORE DRUG, LLC PHARMACISTS AND MANAGERS PLAN	
b	Name of plan sponsor	SAV-MORE DRUG, LLC	c EIN-PN 75-2047264-002
a	Plan name	SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SOUTHWEST 66 CREDIT UNION	c EIN-PN 75-0815084-002
a	Plan name	TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY DIRECT, LLC	c EIN-PN 22-3499334-001
a	Plan name	TRUCK SUPPLY COMPANY OF SOUTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor	TRUCK SUPPLY COMPANY OF SOUTH CAROLINA, INC.	c EIN-PN 56-2307511-001
a	Plan name	WARREN F THOMAS PLUMBING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WARREN F. THOMAS PLUMBING CO.	c EIN-PN 36-4058295-001

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	A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	A CENTER FOR VISIONCARE	c EIN-PN 95-4435884-001
a	Plan name	A WISIALKO AND COMPANY 401(K) PLAN	
b	Name of plan sponsor	A WISIALKO AND COMPANY LLC	c EIN-PN 46-1598908-001
a	Plan name	AMERICAN PHARMACY SERVICES CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN PHARMACY SERVICES CORPORATION	c EIN-PN 38-2647024-001
a	Plan name	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	BUILDERS STEEL SERVICE, INC. 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor	BUILDER'S STEEL SERVICE, INC.	c EIN-PN 34-1719798-002
a	Plan name	CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHESLER CONSTRUCTION, INC.	c EIN-PN 68-0378142-002
a	Plan name	CORRA 401(K) PLAN	
b	Name of plan sponsor	CORRA	c EIN-PN 04-3819932-001
a	Plan name	DIXON AUTOMATIC TOOL, INC. EMPLOYEES' PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DIXON AUTOMATIC TOOL, INC.	c EIN-PN 36-2231217-001
a	Plan name	FULCRUM TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	FULCRUM TECHNOLOGIES, INC.	c EIN-PN 77-0357662-001
a	Plan name	GUINCO SERVICE 401(K) PLAN	
b	Name of plan sponsor	GUINCO ENTERPRISES CORPORATION	c EIN-PN 46-5256563-001
a	Plan name	HY-TEST SAFETY SHOE SERVICE, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HY-TEST SAFETY SHOE SERVICE, INC.	c EIN-PN 39-1533534-001
a	Plan name	A ACTION RENTS PROFIT SHARING PLAN	
b	Name of plan sponsor	GRILL BROTHERS PARTNERSHIP DBA A ACTION RENTS	c EIN-PN 94-2373673-001

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	AMES, INC. 401(K) PLAN	
b	Name of plan sponsor	AMES, INC.	c EIN-PN 52-1039531-001
a	Plan name	BARR & MORGAN 401(K) PLAN	
b	Name of plan sponsor	BARR & MORGAN	c EIN-PN 27-1775148-001
a	Plan name	BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BUILDING SYSTEMS TRANSPORTATION CO.	c EIN-PN 31-1289790-001
a	Plan name	CHINATOWN PHARMACY 401(K) PLAN	
b	Name of plan sponsor	CHINATOWN PHARMACY	c EIN-PN 47-5552705-001
a	Plan name	EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	EQUINE MEDICAL CENTER OF OCALA	c EIN-PN 20-3993544-001
a	Plan name	ESSNER MANUFACTURING, L.P. 401(K) PLAN	
b	Name of plan sponsor	ESSNER MANUFACTURING, L.P.	c EIN-PN 52-2439789-001
a	Plan name	ESTATE & PENSION ADVISORY BOARD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	M PENSION GROUP LIMITED, D.B.A. ESTATE & PENSION ADVISORY BOARD	c EIN-PN 27-0475956-001
a	Plan name	HAGOOD HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor	HAGOOD HOMES, INC.	c EIN-PN 56-1965580-001
a	Plan name	JOHNSON QUARRIES 401(K) PLAN	
b	Name of plan sponsor	JOHNSON QUARRIES, INC.	c EIN-PN 23-2976143-001
a	Plan name	MUSTO WINE GRAPE CO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MUSTO WINE GRAPE CO, LLC	c EIN-PN 26-1316055-001
a	Plan name	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.	c EIN-PN 95-1685796-002
a	Plan name	ORANGE-SOL BLENDING & PACKAGING, INC. 401(K) PLAN	
b	Name of plan sponsor	ORANGE-SOL BLENDING & PACKAGING, INC.	c EIN-PN 86-0772941-001

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	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	RAZOR, USA, LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	RAZOR, USA, LLC	c EIN-PN 95-4807765-001
a	Plan name	RDC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCK & DIRT CONSTRUCTION	c EIN-PN 20-0382886-001
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	THE CEDAR RAPIDS DENTAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CEDAR RAPIDS DENTAL CENTER	c EIN-PN 42-1012892-002
a	Plan name	THE CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE CELLAR LUMBER COMPANY	c EIN-PN 31-4144745-001
a	Plan name	THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
b	Name of plan sponsor	THE CLASSIC CATERING PEOPLE, INC.	c EIN-PN 52-1715183-001
a	Plan name	TRUE & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE & ASSOCIATES	c EIN-PN 22-2472821-002
a	Plan name	TRUTECH, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	TRUTECH, L.L.C.	c EIN-PN 82-0509464-001
a	Plan name	TRUXAW & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	JOSEPH C. TRUXAW AND ASSOCIATES, INC.	c EIN-PN 95-2992708-001
a	Plan name	WATKINS CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	WATKINS CONSTRUCTION COMPANY, INC.	c EIN-PN 95-3084079-001
a	Plan name	WATTS COPY SYSTEMS, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WATTS COPY SYSTEMS, INC.	c EIN-PN 37-1117989-001

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 CAPSTONE COMMERCIAL PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPSTONE COMMERCIAL PROPERTIES, INC.	c EIN-PN 73-1691050-001
a	Plan name CAR-X AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor CAR-X AUTO SERVICE	c EIN-PN 74-3022523-001
a	Plan name CARDIOLOGY & VASCULAR ASSOCIATES, P.C. 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor CARDIOLOGY & VASCULAR ASSOCIATES, P.C.	c EIN-PN 38-3468933-001
a	Plan name COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP	c EIN-PN 59-3426104-001
a	Plan name DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAIRY-MIX, INC.	c EIN-PN 59-0659640-001
a	Plan name FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor FCNB BANK	c EIN-PN 43-0224380-001
a	Plan name FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN	
b	Name of plan sponsor FEDERAL MACHINERY & EQUIPMENT COMPANY	c EIN-PN 34-0811973-001
a	Plan name GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA ENGINEERING, LLC	c EIN-PN 77-0489033-001
a	Plan name HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor HENNESSEY ENGINEERS, INC.	c EIN-PN 38-2047389-004
a	Plan name HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HENSLEY LAMKIN RACHEL, INC.	c EIN-PN 75-2377361-001
a	Plan name INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INDEPENDENCE BANCSHARES, INC.	c EIN-PN 42-1191386-001
a	Plan name JAMES R. DETTLING M.D. LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAMES R. DETTLING, M.D. LTD	c EIN-PN 88-0469527-001

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 KILLION COMMUNICATIONS CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KILLION COMMUNICATIONS CONSULTANTS, INC.	c EIN-PN 37-1367165-001
a	Plan name NADER DAKAK, M.D., P.A. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NADER DAKAK, M.D., P.A.	c EIN-PN 51-0492533-001
a	Plan name NANIA ENERGY 401(K) PLAN	
b	Name of plan sponsor NANIA ENERGY	c EIN-PN 36-4273465-001
a	Plan name PARAGON SOFTWARE GROUP CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PARAGON SOFTWARE GROUP CORPORATION	c EIN-PN 26-2745098-001
a	Plan name POWER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POWER SOLUTIONS, LLC.	c EIN-PN 52-2100793-222
a	Plan name PWA RETIREMENT PLAN	
b	Name of plan sponsor PERHATS WENSTROM ASSOCIATES, INC.	c EIN-PN 36-3611103-002
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 QUALITY ASSURED LABEL, INC. SAVINGS PLAN	
b	Name of plan sponsor QUALITY ASSURED LABEL, INC.	c EIN-PN 41-1492638-002
a	Plan name SLEEP SOLUTIONS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor SLEEP SOLUTIONS SERVICES, LLC	c EIN-PN 43-2067227-001
a	Plan name SMC CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMC CONSTRUCTION CO.	c EIN-PN 88-0319132-001
a	Plan name TOM MALLOY CORPORATION 401(K) PLAN	
b	Name of plan sponsor TOM MALLOY CORPORATION	c EIN-PN 95-2674327-004
a	Plan name WEINBERG & COMPANY 401K PLAN	
b	Name of plan sponsor WEINBERG & COMPANY, LLP	c EIN-PN 05-0401635-001

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	WELLMAN SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WELLMAN SERVICES, LLC	c EIN-PN 27-1434287-001
a	Plan name	WELSH-HAGEN 401(K) PLAN	
b	Name of plan sponsor	WELSH HAGEN	c EIN-PN 45-4918589-001
a	Plan name	CECOS 401(K) PLAN	
b	Name of plan sponsor	CYRIACKS ENVIRONMENTAL CONSULTING SERVICES, INC.	c EIN-PN 90-0106680-001
a	Plan name	CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	CEDAR VALLEY PEDIATRIC DENTISTRY	c EIN-PN 27-0521322-001
a	Plan name	LA-Z-BOY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MGM GALLERIES LLC DBA LA-Z-BOY FURNITURE GALLERIES	c EIN-PN 46-0513963-001
a	Plan name	PELEMAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PELEMAN INDUSTRIES, INC.	c EIN-PN 58-2412784-003
a	Plan name	ACC-U-SET 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ACC-U-SET CONSTRUCTION	c EIN-PN 91-2101492-001
a	Plan name	CITRON CLOTHING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CITRON CLOTHING, INC.	c EIN-PN 95-4145110-001
a	Plan name	GENERA ENERGY 401(K) PLAN	
b	Name of plan sponsor	GENERA ENERGY, INC.	c EIN-PN 45-4907881-001
a	Plan name	GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
b	Name of plan sponsor	GENERAL TRANSERVICE, INC.	c EIN-PN 23-1717902-001
a	Plan name	LONE WOLF RESOURCES 401(K) PLAN	
b	Name of plan sponsor	LONE WOLF RESOURCES, LLC	c EIN-PN 75-2815928-001
a	Plan name	THE FINANCIAL GROUP OF PHILADELPHIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FINANCIAL GROUP OF PHILADELPHIA, LLC	c EIN-PN 20-2128204-001

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 COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN	
b	Name of plan sponsor COASTAL BEND WORKFORCE DEVELOPMENT BOARD	c EIN-PN 74-2424633-001
a	Plan name GILTON SOLID WASTE MANAGEMENT, INC.	
b	Name of plan sponsor GILTON SOLID WASTE MANAGEMENT, INC.	c EIN-PN 94-2268035-001
a	Plan name GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	c EIN-PN 04-2178889-001
a	Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1	
b	Name of plan sponsor MAD DOGG ATHLETICS, INC.	c EIN-PN 95-4481055-002
a	Plan name MAETZOLD HOMES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAETZOLD HOMES, INC.	c EIN-PN 41-2009271-001
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 THE PRESTWICK GROUP, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PRESTWICK GROUP, INC.	c EIN-PN 39-1888813-222
a	Plan name THE REALTIME GROUP 401(K) PLAN	
b	Name of plan sponsor RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC	c EIN-PN 46-0876004-001
a	Plan name THE RESEARCH FOUNDATION RETIREMENT PLAN	
b	Name of plan sponsor THE RESEARCH FOUNDATION	c EIN-PN 43-1349021-001
a	Plan name CONNERY CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CONNERY CONSTRUCTION, INC.	c EIN-PN 39-1845420-001
a	Plan name MASTER GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor MASTER PRODUCTS COPORATION	c EIN-PN 66-0407424-002
a	Plan name MATERIALS TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor MATERIALS TESTING, INC.	c EIN-PN 06-1321309-001

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	QUALITY LAPEL PINS, INC. 401(K) PLAN	
b	Name of plan sponsor	QUALITY LAPEL PINS, INC.	c EIN-PN 41-2119859-001
a	Plan name	TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	TURNBRIDGE CAPITAL MANAGEMENT, LLC	c EIN-PN 47-0963603-001
a	Plan name	AMPAC 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
a	Plan name	AMTECH PROFIT SHARING PLAN	
b	Name of plan sponsor	AUTOMATED MACHINE & TECHNOLOGY, INC.	c EIN-PN 54-1104196-001
a	Plan name	CRAZY CAT CYCLERY 401(K) PLAN	
b	Name of plan sponsor	CRAZY CAT CYCLERY, LLC	c EIN-PN 46-1509105-001
a	Plan name	MCR SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	MCR SERVICES LLC	c EIN-PN 39-1969575-002
a	Plan name	ROBERT GELINAS, ESQUIRE 401(K) PLAN	
b	Name of plan sponsor	ROBERT GELINAS, ESQUIRE	c EIN-PN 23-2214116-001
a	Plan name	HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HI-TECH LABELS, INC.	c EIN-PN 95-3836900-001
a	Plan name	HICKORY GROVE VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor	TIGHE-ZEMAN EQUIPMENT LLC	c EIN-PN 75-3093043-001
a	Plan name	HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	HICKORY HILL RETIREMENT COMMUNITY, LLC	c EIN-PN 37-1544274-001
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	VANDERFORD & RUIZ, LLP 401(K) PLAN	
b	Name of plan sponsor	VANDERFORD & RUIZ, LLP	c EIN-PN 56-2531267-001

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	DELL-COMM, INC. 401(K) PLAN	
b	Name of plan sponsor	DELL-COMM, INC.	c EIN-PN 41-1660280-001
a	Plan name	HLN CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HLN CONSULTING, LLC	c EIN-PN 22-3516344-001
a	Plan name	ROTO-ROOTER 401(K) PLAN	
b	Name of plan sponsor	ROOTER SEWER CLEANERS, INC.	c EIN-PN 39-0989392-222
a	Plan name	VILLAGE GREEN LANDSCAPES 401(K) PLAN	
b	Name of plan sponsor	VILLAGE GREEN LAWN MAINTENANCE & LANDSCAPING, INC.	c EIN-PN 41-1933240-001
a	Plan name	SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001
a	Plan name	SCI 401(K) PLAN	
b	Name of plan sponsor	SYSTEM CONTROLS & INSTRUMENTATION, LTD.	c EIN-PN 46-0638297-001
a	Plan name	SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	PETER EPSTEIN, ASP	c EIN-PN 95-4170738-001
a	Plan name	BERGSTRESSER & POLLOCK, LLC 401(K) PLAN	
b	Name of plan sponsor	BERGSTRESSER & POLLOCK, LLC	c EIN-PN 45-3592245-001
a	Plan name	BI-QEM INC. 401(K) PLAN	
b	Name of plan sponsor	BI-QEM INC.	c EIN-PN 04-2783625-001
a	Plan name	INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INTERPRET, LLC	c EIN-PN 20-4554232-002
a	Plan name	INTERPRINT INCORPORATED SAVINGS PLAN	
b	Name of plan sponsor	INTERPRINT, INC.	c EIN-PN 59-0871253-001
a	Plan name	OASYS 401(K) PLAN	
b	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	c EIN-PN 52-1747644-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name BREEZWAY THRIFTY GLASS 401(K) PLAN	
b	Name of plan sponsor JOJO ENTERPRISES, INC. DBA BREEZWAY THRIFTY GLASS	c EIN-PN 33-0433751-001
a	Plan name BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 88-0401243-002
a	Plan name SPRINGFIELD TRACTOR & TRAILER SALES, INC. 401(K) PLAN	
b	Name of plan sponsor SPRINGFIELD TRACTOR & TRAILER SALES, INC.	c EIN-PN 37-1013499-003
a	Plan name CARR TOOL COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CARR TOOL COMPANY	c EIN-PN 31-0578372-002
a	Plan name FIDELITY BUILDERS SUPPLY INC. 401(K) PLAN	
b	Name of plan sponsor FIDELITY BUILDERS SUPPLY INC.	c EIN-PN 34-4477025-001
a	Plan name FINANCIAL ASSET MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FINANCIAL ASSET MANAGEMENT, LLC	c EIN-PN 27-1609426-001
a	Plan name FINANCIAL BALANCE GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FINANCIAL BALANCE GROUP, LLC	c EIN-PN 26-2990407-001
a	Plan name KLEIN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KLEIN PRODUCTS, INC.	c EIN-PN 95-2105141-001
a	Plan name THE LAW OFFICES OF ROBERT G. BERNHOFT PROFIT SHARING PLAN	
b	Name of plan sponsor LAW OFFICE OF ROBERT G. BERNHOLFT	c EIN-PN 72-1539134-001
a	Plan name ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
a	Plan name GEORGE T. MALY, MD, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GEORGE T. MALY, MD, LLC	c EIN-PN 20-5493129-002

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 AEM PARTNERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AEM PARTNERS, LLC	c EIN-PN 20-0857620-001
a	Plan name COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
b	Name of plan sponsor COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	c EIN-PN 47-1612263-222
a	Plan name GLENN A ZEH, DDS, PC 401(K) PLAN	
b	Name of plan sponsor GLENN A ZEH, DDS, PC	c EIN-PN 84-1596272-001
a	Plan name PRO-SAFETY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRO-SAFETY, INC.	c EIN-PN 39-1570779-001
a	Plan name PRO-TEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRO-TEK MANUFACTURING, INC.	c EIN-PN 94-2862885-002
a	Plan name PROFESSIONAL BROKERAGE WEST, INC. 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL BROKERAGE WEST, INC.	c EIN-PN 88-0222304-001
a	Plan name THE VISIT NAPA VALLEY 401(K) PLAN	
b	Name of plan sponsor VISIT NAPA VALLEY	c EIN-PN 68-0217381-001
a	Plan name ALTA PROFESSIONAL INSURANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALTA PROFESSIONAL INSURANCE SERVICES AGENCY, LLC	c EIN-PN 20-1151904-001
a	Plan name MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MATICH CORPORATION	c EIN-PN 95-1810911-002
a	Plan name MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MATIKON AMERICA INC.	c EIN-PN 38-3498737-002
a	Plan name MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
a	Plan name CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED CONSTRUCTION CO., INC.	c EIN-PN 20-5220958-001

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 CONSOLIDATED DOORS, INC. 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED DOORS, INC.	c EIN-PN 39-1757450-001
a	Plan name R & M EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor TRIBMS, LLC DBA R & M EQUIPMENT COMPANY	c EIN-PN 23-3084608-001
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 U.S. COMMUNICATION 401 (K) PLAN	
b	Name of plan sponsor U.S. COMMUNICATION INDUSTRIES, INC.	c EIN-PN 36-3138121-001
a	Plan name UBORA ENGINEERING & PLANNING RETIREMENT PLAN	
b	Name of plan sponsor UBORA ENGINEERING & PLANNING, INC	c EIN-PN 20-2459818-001
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 MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
a	Plan name MIKE COUNCIL PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor MIKE COUNCIL PLUMBING, INC.	c EIN-PN 77-0547651-001
a	Plan name VEGAS OPTICS, LLC 401(K) PLAN	
b	Name of plan sponsor VEGAS OPTICS, LLC	c EIN-PN 55-0896350-001
a	Plan name AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AVENTURO, INC.	c EIN-PN 27-2417155-001
a	Plan name DENBESTE COMPANIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor DENBESTE COMPANIES, INC.	c EIN-PN 93-3878708-001
a	Plan name HOLLY TREE COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor HOLLY TREE COUNTRY CLUB	c EIN-PN 57-0863116-001

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 MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MJD TRUCKING, INC.	c EIN-PN 65-0831291-001
a	Plan name MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOBILE SYSTEMS WIRELESS INC.	c EIN-PN 91-1879582-001
a	Plan name VISIT NEWPORT BEACH, INC. 401(K) PLAN	
b	Name of plan sponsor VISIT NEWPORT BEACH, INC.	c EIN-PN 51-0225353-001
a	Plan name BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor BEHRMANN MEAT & PROCESSING, INC	c EIN-PN 37-0920912-001
a	Plan name BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELGRADE STATE BANK	c EIN-PN 43-0177195-001
a	Plan name INNOVATIVE TURNAROUND CONTROLS 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE TURNAROUND CONTROLS	c EIN-PN 20-2435857-001
a	Plan name INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN	
b	Name of plan sponsor INSTITUTIONAL CASEWORK, INC.	c EIN-PN 20-4225695-001
a	Plan name SEMILAB USA 401(K) PLAN	
b	Name of plan sponsor SEMILAB USA LLC	c EIN-PN 27-0347663-001
a	Plan name WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name WESTMINSTER CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor WESTMINSTER CAPITAL, INC.	c EIN-PN 95-2157201-001
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 INVESQUE HOLDINGS LP FINANCIAL FREEDOM 401(K) PLAN	
b	Name of plan sponsor INVESQUE HOLDINGS LP	c EIN-PN 47-5355397-001

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	INVESTMENT CENTER 401(K) PLAN
b	Name of plan sponsor	INVESTMENT CENTER
c	EIN-PN	42-1485034-001
a	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN
b	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.
c	EIN-PN	20-0048495-001
a	Plan name	WOLTCOM, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WOLTCOM, INC.
c	EIN-PN	94-1690542-001
a	Plan name	ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ELLEFSON TRANSPORTATION GROUP, INC.
c	EIN-PN	58-1654796-001
a	Plan name	SONOMA GRAPHIC PRODUCTS 401(K) PLAN
b	Name of plan sponsor	SONOMA GRAPHIC PRODUCTS
c	EIN-PN	68-0441691-001
a	Plan name	SOUND & SECURE, INC. 401(K) PLAN
b	Name of plan sponsor	SOUND & SECURE, INC.
c	EIN-PN	88-0354066-001
a	Plan name	CABERY FERTILIZER, INC. PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	CABERY FERTILIZER, INC.
c	EIN-PN	37-0909029-001
a	Plan name	EXPOTEL HOSPITALITY SERVICES 401K PLAN
b	Name of plan sponsor	EXPOTEL HOSPITALITY SERVICES, INC.
c	EIN-PN	72-1456101-001
a	Plan name	F & K DELVOTEC INDIVIDUAL PENSION PLAN 401(K)
b	Name of plan sponsor	F & K DELVOTEC, INC.
c	EIN-PN	33-0605091-001
a	Plan name	OXFORD ECONOMICS USA, INC. AND TOURISM ECONOMICS, LLC 401(K) PLAN
b	Name of plan sponsor	OXFORD ECONOMICS USA, INC.
c	EIN-PN	23-2620656-001
a	Plan name	STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC.
c	EIN-PN	94-2178221-003
a	Plan name	FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN
b	Name of plan sponsor	FINANCIAL NETWORK FID WEST, LLC
c	EIN-PN	26-2039224-001

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	CARRION, LAFFITTE & CASELLAS RETIREMENT PLAN	
b	Name of plan sponsor	CARRION, LAFFITTE & CASELLAS, INC.	c EIN-PN 66-0635623-001
a	Plan name	CARROLL ACE HARDWARE 401(K) PLAN	
b	Name of plan sponsor	CARROLL ACE HARDWARE	c EIN-PN 42-1461838-001
a	Plan name	KOMET USA, LLC 401(K) PLAN	
b	Name of plan sponsor	KOMET USA, LLC	c EIN-PN 84-1719571-001
a	Plan name	FORMOSA CONTAINER LINE INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	FORMOSA CONTAINER LINE INC.	c EIN-PN 33-0252605-001
a	Plan name	LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LAKOTA CONTRACTING, INC.	c EIN-PN 26-0060538-001
a	Plan name	LANDSTONE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	LANDSTONE COMPANIES, LLC	c EIN-PN 27-0392043-001
a	Plan name	PENNY LANE SCHOOL, LTD. 401(K) PLAN	
b	Name of plan sponsor	PENNY LANE SCHOOL, LTD.	c EIN-PN 36-3864693-001
a	Plan name	PERSONNEL SPECIALISTS, LLC 401(K) PLAN	
b	Name of plan sponsor	PERSONNEL SPECIALISTS, LLC	c EIN-PN 39-1319507-001
a	Plan name	TCB 401(K) PLAN	
b	Name of plan sponsor	TYLER CORRUGATED BOX, INC.	c EIN-PN 75-1707434-001
a	Plan name	AVKARE, LLC 401(K) PLAN	
b	Name of plan sponsor	AVKARE, LLC	c EIN-PN 20-8622803-001
a	Plan name	AXAR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AXAR PHARMACEUTICALS, INC.	c EIN-PN 68-0665617-001
a	Plan name	AXIS FABRICATION & MACHINE CO. 401(K) PLAN	
b	Name of plan sponsor	AXIS FABRICATION & MACHINE COMPANY, LLC	c EIN-PN 26-3961265-001

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 BRUCE S. HEATER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRUCE S. HEATER, DDS, LLC	c EIN-PN 86-1138955-002
a	Plan name CALIBER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS	c EIN-PN 26-4751651-001
a	Plan name CASTILLO & WEST ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CASTILLO & WEST ACCOUNTANCY CORPORATION	c EIN-PN 56-2433686-001
a	Plan name CATALYST RETIREMENT PLAN	
b	Name of plan sponsor CATALYST COMMUNICATIONS NETWORK LLC	c EIN-PN 92-1890010-001
a	Plan name CLAYTON PHARMACY SERVICES 401(K) PLAN	
b	Name of plan sponsor CLAYTON PHARMACY SERVICES	c EIN-PN 45-4098818-001
a	Plan name CLEARBROOK, LLC 401(K) PLAN	
b	Name of plan sponsor CLEARBROOK LLC	c EIN-PN 63-1209080-001
a	Plan name CLINTON BROWN FINANCIAL 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CLINTON BROWN FINANCIAL	c EIN-PN 45-4767294-001
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 CSRA 401(K) PLAN	
b	Name of plan sponsor CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY	c EIN-PN 58-1369830-333
a	Plan name DEVILS LAKE WATER SPORTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEVILS LAKE WATER SPORTS, INC.	c EIN-PN 38-2824763-001
a	Plan name EAST MAIN DENTAL CENTER, LLP 401(K) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor EAST MAIN DENTAL CENTER, LLP	c EIN-PN 93-0679201-001
a	Plan name EMPLOYEE SALARY REDUCTION PLAN OF MEGA HERTZ SALES COMPANY	
b	Name of plan sponsor MEGA HERTZ SALES COMPANY	c EIN-PN 84-0855727-001

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	GTXCEL, INC. 401(K) PLAN	
b	Name of plan sponsor	GTXCEL, INC.	c EIN-PN 04-3177056-001
a	Plan name	GUIDE WEALTH PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	GUIDE WEALTH PARTNERS, INC.	c EIN-PN 42-1350912-001
a	Plan name	HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001
a	Plan name	HOME REWARDS GROUP INC., 401(K) PLAN	
b	Name of plan sponsor	HOME REWARDS GROUP INC.	c EIN-PN 81-5201340-001
a	Plan name	INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	INTEGRITY AUTOMOTIVE GROUP	c EIN-PN 34-1725656-001
a	Plan name	INTELLISTREETS, INC. EMPLOYEES' PROFIT SHARING TRUST	
b	Name of plan sponsor	INTELLISTREETS, INC.	c EIN-PN 38-2424013-002
a	Plan name	ITC INFOTECH USA, INC. 401(K) PLAN	
b	Name of plan sponsor	ITC INFOTECH USA, INC.	c EIN-PN 22-3239723-001
a	Plan name	JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	JIM CRAWFORD CONSTRUCTION COMPANY, INC.	c EIN-PN 77-0072198-001
a	Plan name	JODESIGN, LLC 401(K) PLAN	
b	Name of plan sponsor	JODESIGN, LLC	c EIN-PN 68-0671125-001
a	Plan name	KAANAPALI OPERATIONS ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KAANAPALI OPERATIONS ASSOCIATION, INC.	c EIN-PN 99-0323901-001
a	Plan name	KAZI FOODS 401(K) PLAN	
b	Name of plan sponsor	KAZI FOODS, INC.	c EIN-PN 98-4287911-001
a	Plan name	KC SALLEY 401(K) PLAN	
b	Name of plan sponsor	OLER RELO ONE LTD.	c EIN-PN 20-4736622-001

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	LARICHE CHEVROLET CADILLAC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LARICHE CHEVROLET CADILLAC, INC.	c EIN-PN 34-1352811-001
a	Plan name	MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MINING EQUIPMENT, LTD.	c EIN-PN 16-1646623-222
a	Plan name	MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MOHAWK CONSTRUCTION AND SUPPLY CO., INC.	c EIN-PN 25-1382848-001
a	Plan name	MOHRFELD ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	MOHRFELD ELECTRIC	c EIN-PN 27-1617896-001
a	Plan name	NELSON PHARMACY 401(K) PLAN	
b	Name of plan sponsor	NELSON PHARMACY CONSULTING SERVICES, PLC	c EIN-PN 01-0667577-001
a	Plan name	NEUSOFT AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	NEUSOFT AMERICA, INC.	c EIN-PN 20-5601470-001
a	Plan name	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	OLYMPIATECH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	c EIN-PN 41-0919848-001
a	Plan name	ONE SEMICONDUCTOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ONE SEMICONDUCTOR, LLC	c EIN-PN 45-2992076-001
a	Plan name	ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor	ONE SOURCE INDUSTRIES, LLC	c EIN-PN 33-0835151-001
a	Plan name	PBHM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERSPECTIVE BEHAVIORAL HEALTH MANAGEMENT, LLC	c EIN-PN 33-1048513-001
a	Plan name	PDMA CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	PDMA CORPORATION	c EIN-PN 59-3191224-001

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 PETROVAL, INC. 401(K) PLAN	
b	Name of plan sponsor PETROVAL, INC.	c EIN-PN 72-1559851-001
a	Plan name PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.	c EIN-PN 54-1850850-001
a	Plan name PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM RETIREMENT PLAN	
b	Name of plan sponsor PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM	c EIN-PN 13-3140621-001
a	Plan name RADWELL INTERNATIONAL LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RADWELL INTERNATIONAL LLC	c EIN-PN 23-2106278-001
a	Plan name REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REPRODUCTIVE MEDICINE INSTITUTE, LLC	c EIN-PN 27-1248611-001
a	Plan name REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor REPUBLICAN ATTORNEYS GENERAL ASSOCIATION	c EIN-PN 46-4501717-001
a	Plan name SENSOR MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor SENSOR MANUFACTURING COMPANY	c EIN-PN 38-2140109-001
a	Plan name SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN	
b	Name of plan sponsor SEQUEL CONTRACTORS, INC.	c EIN-PN 95-4301424-002
a	Plan name STEEL - FAB, INC. 401(K) PLAN	
b	Name of plan sponsor STEEL-FAB, INC.	c EIN-PN 04-2396722-004
a	Plan name SYRBERUS, INC. 401(K) PLAN	
b	Name of plan sponsor SYRBERUS, INC.	c EIN-PN 20-4850238-001
a	Plan name SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name TELECOMMUNICATIONS LAW PROFESSIONALS PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TELECOMMUNICATIONS LAW PROFESSIONALS PLLC	c EIN-PN 45-2585545-001

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 IVY SCIENCE & TECHNOLOGY RET OPT	B Three-digit plan number (PN) ▶ 271
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	32653972
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	38942836
(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	32653972	38942836
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	32653972	38942836

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	4484555	
(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)		5214605
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9699160

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	116477	
(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)		116477
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		116477

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9582683
l Transfers of assets:			
(1) To this plan.....	2l(1)		6463259
(2) From this plan	2l(2)		9757079

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 _____.