

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN CENTURY MID CAP VALUE RET OPT
1b Three-digit plan number (PN): 280
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.

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>AMERICAN CENTURY MID CAP VALUE RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>280</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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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 <b>BLAHNIK INVESTMENT GROUP RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLAHNIK INVESTMENT GROUP</b>	<b>c</b> EIN-PN <b>46-0495940-001</b>
<b>a</b>	Plan name <b>CAMRETT COMPANIES 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAMRETT LOGISTICS, INC.</b>	<b>c</b> EIN-PN <b>54-1747281-001</b>
<b>a</b>	Plan name <b>CERTIFIED WELDING, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CERTIFIED WELDING, LLC</b>	<b>c</b> EIN-PN <b>82-2109373-001</b>
<b>a</b>	Plan name <b>CHAHTA HOLDING GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHAHTA HOLDING GROUP, INC.</b>	<b>c</b> EIN-PN <b>26-4761691-001</b>
<b>a</b>	Plan name <b>DEXTER W. WHITE CONSTRUCTION, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DEXTER W. WHITE CONSTRUCTION, LLC</b>	<b>c</b> EIN-PN <b>62-1761678-001</b>
<b>a</b>	Plan name <b>FAMCO MACHINE DIVISION 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BELCO INDUSTRIES, INC.</b>	<b>c</b> EIN-PN <b>39-1220550-001</b>
<b>a</b>	Plan name <b>FOY &amp; ASSOCIATES, PC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FOY &amp; ASSOCIATES, PC</b>	<b>c</b> EIN-PN <b>38-3687296-001</b>
<b>a</b>	Plan name <b>FRANK C. LAWRENCE DAIRY PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FRANK LAWRENCE DAIRY</b>	<b>c</b> EIN-PN <b>94-1220748-001</b>
<b>a</b>	Plan name <b>GOGANIAN &amp; ASSOCIATES, P.C. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOGANIAN &amp; ASSOCIATES, P.C.</b>	<b>c</b> EIN-PN <b>47-4203482-001</b>
<b>a</b>	Plan name <b>GORILLA CIRCUITS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GORILLA CIRCUITS</b>	<b>c</b> EIN-PN <b>94-1694315-001</b>
<b>a</b>	Plan name <b>J GOOD-IN INC. - 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>J GOOD-IN INC.</b>	<b>c</b> EIN-PN <b>95-4100491-001</b>
<b>a</b>	Plan name <b>KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KENNEDY AUTOMOTIVE GROUP, INC.</b>	<b>c</b> EIN-PN <b>23-2545536-001</b>

<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	LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LAURAS INTERNATIONAL USA LLP	<b>c</b> EIN-PN 26-1603445-002
<b>a</b>	Plan name	LAW OFFICES OF CHARLES WEBB, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEBB, CASON, COVICH P.C.	<b>c</b> EIN-PN 74-2387856-001
<b>a</b>	Plan name	MAPP DIGITAL US, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAPP DIGITAL US, LLC	<b>c</b> EIN-PN 33-0901880-001
<b>a</b>	Plan name	MONTALVO ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONTALVO ASSOCIATION	<b>c</b> EIN-PN 94-1249283-001
<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	NORTHWEST ELECTRIC OF VANCOUVER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST ELECTRIC OF VANCOUVER, INC.	<b>c</b> EIN-PN 20-8108991-001
<b>a</b>	Plan name	PHILIP CIAMPA SALON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHILIP CIAMPA SALON	<b>c</b> EIN-PN 04-2784425-001
<b>a</b>	Plan name	PHOENIX INTERNATIONAL PUBLICATIONS, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX INTERNATIONAL PUBLICATIONS, INC.	<b>c</b> EIN-PN 47-1100568-001
<b>a</b>	Plan name	PHOTON INFOTECH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHOTON INFOTECH, INC.	<b>c</b> EIN-PN 26-0106960-001
<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>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	SIMON CHANG, MD, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIMON CHANG, MD, LLC	<b>c</b> EIN-PN 80-0112427-001
<b>a</b>	Plan name	STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STEVENS CHILDREN'S HOME, INC.	<b>c</b> EIN-PN 04-2105950-002
<b>a</b>	Plan name	TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC.	<b>c</b> EIN-PN 84-2050914-001
<b>a</b>	Plan name	TENSILE TESTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TENSILE TESTING, INC.	<b>c</b> EIN-PN 34-1029460-001
<b>a</b>	Plan name	THOMAS R. PATACCA, D.D.S., INC. RETIREMENT SAVINGS TRUST AND PLAN	
<b>b</b>	Name of plan sponsor	THOMAS R. PATACCA, D.D.S., INC.	<b>c</b> EIN-PN 34-1133350-001
<b>a</b>	Plan name	THOMPSON CHILD & FAMILY FOCUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON CHILD & FAMILY FOCUS	<b>c</b> EIN-PN 56-0547460-004
<b>a</b>	Plan name	UNIVERSITY PAIN MEDICINE CENTER LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY PAIN MEDICINE CENTER LLC	<b>c</b> EIN-PN 11-3822342-001
<b>a</b>	Plan name	DIE TECH SERVICES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIE TECH SERVICES, INC.	<b>c</b> EIN-PN 38-3644732-001
<b>a</b>	Plan name	DIGITAL TOOL & DIE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIGITAL TOOL & DIE, INC.	<b>c</b> EIN-PN 38-2852638-001
<b>a</b>	Plan name	EDUCATIUS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	<b>c</b> EIN-PN 26-4005699-001
<b>a</b>	Plan name	FRC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE FINANCIAL RESOURCE CENTER, INC.	<b>c</b> EIN-PN 35-1883522-001
<b>a</b>	Plan name	HEART CENTER OF NEVADA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOHAIL ANJUM-DOST WATTOO, M.D.'S, LTD.	<b>c</b> EIN-PN 88-0161856-001

<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	HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HECO, INC.	<b>c</b> EIN-PN 38-1817538-001
<b>a</b>	Plan name	HUNT INSURANCE AGENCY, INC. EMPLOYEES SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HUNT INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 36-2730032-001
<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	MARIO SUSI & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARIO SUSI & SON, INC.	<b>c</b> EIN-PN 04-2213066-003
<b>a</b>	Plan name	NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NU-TIER BRANDS, INC.	<b>c</b> EIN-PN 90-0541753-001
<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	PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENT MANAGEMENT CORPORATION	<b>c</b> EIN-PN 59-1870484-001
<b>a</b>	Plan name	SAME DAY SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAME DAY SERVICE COMPANY, INC.	<b>c</b> EIN-PN 06-1366425-001
<b>a</b>	Plan name	SAN JOSE SHARKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAN JOSE SHARKS, LLC	<b>c</b> EIN-PN 73-1638357-002
<b>a</b>	Plan name	TEXAS GOLF ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEXAS GOLF ASSOCIATION	<b>c</b> EIN-PN 75-0715222-001
<b>a</b>	Plan name	THE ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ART OF MANAGEMENT, LLP	<b>c</b> EIN-PN 47-2620180-001
<b>a</b>	Plan name	TIM MCCLOSKEY ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIM MCCLOSKEY ELECTRIC, INC.	<b>c</b> EIN-PN 94-3347825-001

<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	YOUNG AUDIENCES OF NEW JERSEY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YOUNG AUDIENCES OF NEW JERSEY, INC.	<b>c</b> EIN-PN 23-7384991-001
<b>a</b>	Plan name	A & K EARTH MOVERS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	A & K EARTH MOVERS, INC.	<b>c</b> EIN-PN 88-0097157-002
<b>a</b>	Plan name	ARGO MANAGEMENT 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARGO MANAGEMENT INC.	<b>c</b> EIN-PN 65-1046532-001
<b>a</b>	Plan name	ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARIAS, TOVAR & ASSOCIATES, P.A.	<b>c</b> EIN-PN 65-0971956-001
<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	CHELDAN HOMES 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHELDAN HOMES	<b>c</b> EIN-PN 75-2508204-001
<b>a</b>	Plan name	LEHMAN DAMAN CONSTRUCTION SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEHMAN DAMAN CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 31-1123984-001
<b>a</b>	Plan name	MBCI TRIBAL GOVERNMENT ENTERPRISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSISSIPPI BAND OF CHOCTAW INDIANS	<b>c</b> EIN-PN 64-0345731-002
<b>a</b>	Plan name	MBCI TRIBAL GOVERNMENT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSISSIPPI BAND OF CHOCTAW INDIANS	<b>c</b> EIN-PN 64-0345731-001
<b>a</b>	Plan name	PLAY VISIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLAY VISIONS, INC.	<b>c</b> EIN-PN 91-1242563-001
<b>a</b>	Plan name	PMLG 401(K)	
<b>b</b>	Name of plan sponsor	PROJECT MANAGEMENT LEADERSHIP GROUP, INC.	<b>c</b> EIN-PN 91-1885751-002

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 <b>SOUTHWEST NEUROSPINE INSTITUTE RETIREMENT TRUST</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHWEST NEUROSPINE INSTITUTE, P.A.</b>	<b>c</b> EIN-PN <b>26-2906915-001</b>
<b>a</b>	Plan name <b>THE CALIFORNIA CLUB 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CALIFORNIA CLUB</b>	<b>c</b> EIN-PN <b>95-0593940-003</b>
<b>a</b>	Plan name <b>TRIPLE CROWN PRODUCTS 401(K) EMPLOYEE SAVINGS AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRIPLE CROWN PRODUCTS</b>	<b>c</b> EIN-PN <b>39-1785048-001</b>
<b>a</b>	Plan name <b>TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRIPLE H FOOD PROCESSORS, LLC.</b>	<b>c</b> EIN-PN <b>47-4431714-001</b>
<b>a</b>	Plan name <b>TRIS PHARMA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRIS PHARMA, INC.</b>	<b>c</b> EIN-PN <b>22-3747409-001</b>
<b>a</b>	Plan name <b>AMERICAN PROFICIENCY INSTITUTE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN PROFICIENCY INSTITUTE, INC.</b>	<b>c</b> EIN-PN <b>38-2949312-001</b>
<b>a</b>	Plan name <b>BUILDERS GROUP CONSTRUCTION CORP. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUILDERS GROUP CONSTRUCTION CORP.</b>	<b>c</b> EIN-PN <b>45-5107509-001</b>
<b>a</b>	Plan name <b>BUILDERS IRON SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUILDERS IRON</b>	<b>c</b> EIN-PN <b>38-3128186-001</b>
<b>a</b>	Plan name <b>CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHESLER CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>68-0378142-002</b>
<b>a</b>	Plan name <b>CORETRUST MANAGEMENT, LP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CORETRUST MANAGEMENT, LP</b>	<b>c</b> EIN-PN <b>32-0475371-001</b>
<b>a</b>	Plan name <b>CORR FLIGHT S, INC. 401(K) PROFIT SHARING PLAN TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CORR FLIGHT S INC.</b>	<b>c</b> EIN-PN <b>47-2376307-777</b>
<b>a</b>	Plan name <b>DIXON AUTOMATIC TOOL, INC. EMPLOYEES' PROFIT SHARING &amp; 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIXON AUTOMATIC TOOL, INC.</b>	<b>c</b> EIN-PN <b>36-2231217-001</b>

<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	DMA HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DMA HOLDINGS, INC.	<b>c</b> EIN-PN 26-1547833-001
<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	GUINCO SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUINCO ENTERPRISES CORPORATION	<b>c</b> EIN-PN 46-5256563-001
<b>a</b>	Plan name	GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	<b>c</b> EIN-PN 58-1795694-001
<b>a</b>	Plan name	HY-TEST SAFETY SHOE SERVICE, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HY-TEST SAFETY SHOE SERVICE, INC.	<b>c</b> EIN-PN 39-1533534-001
<b>a</b>	Plan name	HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HYPOTENUSE, INC. DBA SURVEYUSA	<b>c</b> EIN-PN 13-3592138-001
<b>a</b>	Plan name	I-TECH USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	I-TECH USA	<b>c</b> EIN-PN 32-0015143-001
<b>a</b>	Plan name	JOHN KENNEDY FORD JENKINTOWN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	<b>c</b> EIN-PN 23-1881816-001
<b>a</b>	Plan name	JOHN MAGALHAES AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN MAGALHAES AND ASSOCIATES, INC.	<b>c</b> EIN-PN 04-3539096-001
<b>a</b>	Plan name	JOHN P. CALCATERA 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN P. CALCATERA DPM PC	<b>c</b> EIN-PN 26-1562402-001
<b>a</b>	Plan name	AACTION RENTS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRILL BROTHERS PARTNERSHIP DBA AACTION RENTS	<b>c</b> EIN-PN 94-2373673-001
<b>a</b>	Plan name	AMERICAN STEEL TREATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN STEEL TREATING, INC.	<b>c</b> EIN-PN 34-1614413-001

<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	BARR & MORGAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARR & MORGAN	<b>c</b> EIN-PN 27-1775148-001
<b>a</b>	Plan name	BASNEY DEALER GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BASNEY IMPORTS, INC.	<b>c</b> EIN-PN 35-1283526-001
<b>a</b>	Plan name	BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BUILDING SYSTEMS TRANSPORTATION CO.	<b>c</b> EIN-PN 31-1289790-001
<b>a</b>	Plan name	DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DON'S TRUCK SALES, INC.	<b>c</b> EIN-PN 42-0816951-001
<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	ETORI USA, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ETORI USA, INC.	<b>c</b> EIN-PN 20-1728643-001
<b>a</b>	Plan name	HAGEN INSURANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HO'O ILINA, INC. DBA HAGEN INSURANCE	<b>c</b> EIN-PN 51-0640656-001
<b>a</b>	Plan name	HAGOOD HOMES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAGOOD HOMES, INC.	<b>c</b> EIN-PN 56-1965580-001
<b>a</b>	Plan name	MCDERMOTT-COSTA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCDERMOTT-COSTA CO., INC.	<b>c</b> EIN-PN 94-1375883-002
<b>a</b>	Plan name	MCDOUGALL & SONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MCDOUGALL & SONS, INC.	<b>c</b> EIN-PN 91-0978839-001
<b>a</b>	Plan name	PONY EXPRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W.C.W. CORPORATION	<b>c</b> EIN-PN 88-0206170-001
<b>a</b>	Plan name	PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PORTER KIAKONA KOPPER, LLP	<b>c</b> EIN-PN 99-0210947-001

<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	RAZOR, USA, LLC EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAZOR, USA, LLC	<b>c</b> EIN-PN 95-4807765-001
<b>a</b>	Plan name	REALEYES MEDIA, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	REALEYES MEDIA, LLC	<b>c</b> EIN-PN 51-0491459-001
<b>a</b>	Plan name	SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAVANT SYSTEMS, INC.	<b>c</b> EIN-PN 85-1002349-777
<b>a</b>	Plan name	SCALAMBRINO & ARNOFF, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCALAMBRINO & ARNOFF, LLP	<b>c</b> EIN-PN 36-3843693-001
<b>a</b>	Plan name	SPAULDING CLINICAL RESEARCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPAULDING CLINICAL RESEARCH	<b>c</b> EIN-PN 26-0647166-222
<b>a</b>	Plan name	THE CITIZENS BANK EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE CITIZENS BANK	<b>c</b> EIN-PN 61-0156390-002
<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	TRUTRON CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUTRON CORPORATION	<b>c</b> EIN-PN 38-1858530-001
<b>a</b>	Plan name	WASSERMAN & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WASSERMAN & ASSOCIATES	<b>c</b> EIN-PN 46-1597804-001
<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	ACADEMIC ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACADEMIC ENDOCRINE, METABOLISM & NUTRITION, INC.	<b>c</b> EIN-PN 36-4180316-001
<b>a</b>	Plan name	ALIKA C. GARCIA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALIKA C. GARCIA	<b>c</b> EIN-PN 81-0742572-001

<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	ALL STATES LIGHTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL STATES LIGHTING, INC.	<b>c</b> EIN-PN 59-3045526-001
<b>a</b>	Plan name	ARISE HIGH SCHOOL 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ARISE HIGH SCHOOL	<b>c</b> EIN-PN 20-8887944-001
<b>a</b>	Plan name	BAY TRADERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BAY TRADERS, INC.	<b>c</b> EIN-PN 92-0140124-002
<b>a</b>	Plan name	BCP SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BCP SYSTEMS, INC.	<b>c</b> EIN-PN 33-0753105-001
<b>a</b>	Plan name	CAPSTONE COMMERCIAL PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAPSTONE COMMERCIAL PROPERTIES, INC.	<b>c</b> EIN-PN 73-1691050-001
<b>a</b>	Plan name	CHSU 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA HEALTH SCIENCES UNIVERSITY	<b>c</b> EIN-PN 45-4846058-001
<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
<b>a</b>	Plan name	D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	D.I.J. CONSTRUCTION, INC.	<b>c</b> EIN-PN 74-2291006-001
<b>a</b>	Plan name	FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEDERAL MACHINERY & EQUIPMENT COMPANY	<b>c</b> EIN-PN 34-0811973-001
<b>a</b>	Plan name	FELDMAN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FELDMAN & ASSOCIATES, INC.	<b>c</b> EIN-PN 95-4814253-001
<b>a</b>	Plan name	GEMINI CORP. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GEMINI CORP.	<b>c</b> EIN-PN 45-2731123-001
<b>a</b>	Plan name	GRAY SERVICES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GRAY SERVICES, LLC	<b>c</b> EIN-PN 27-0480631-001

<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	GRAYCO ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAYCO ENTERPRISES, INC.	<b>c</b> EIN-PN 36-4322896-001
<b>a</b>	Plan name	GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREAT KIDS, INC.	<b>c</b> EIN-PN 62-1798100-001
<b>a</b>	Plan name	INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INDEPENDENCE BANCSHARES, INC.	<b>c</b> EIN-PN 42-1191386-001
<b>a</b>	Plan name	JAMES E. FULTON & SONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAMES E. FULTON & SONS, INC.	<b>c</b> EIN-PN 38-2064280-001
<b>a</b>	Plan name	JAMES W. REILLY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JAMES W. REILLY, DDS PC	<b>c</b> EIN-PN 58-2592630-001
<b>a</b>	Plan name	JANET H. LEE, D.O., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JANET H. LEE	<b>c</b> EIN-PN 87-0754052-001
<b>a</b>	Plan name	MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEWBRIDGE SECURITIES CORPORATION	<b>c</b> EIN-PN 54-1879031-001
<b>a</b>	Plan name	NANIA ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NANIA ENERGY	<b>c</b> EIN-PN 36-4273465-001
<b>a</b>	Plan name	PASADENA SENIOR CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PASADENA SENIOR CENTER	<b>c</b> EIN-PN 95-2085393-001
<b>a</b>	Plan name	POTTS MASONRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POTTS MASONRY, INC.	<b>c</b> EIN-PN 38-3290788-001
<b>a</b>	Plan name	SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C.	<b>c</b> EIN-PN 39-1317185-001
<b>a</b>	Plan name	SKY ROAD LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SKY ROAD LLC	<b>c</b> EIN-PN 03-0571884-001

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 SUBURBAN MATERIALS COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUBURBAN MATERIALS COMPANY	<b>c</b> EIN-PN 23-1683256-001
<b>a</b>	Plan name SULLIVANS USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SULLIVANS USA, INC. 401(K) PLAN	<b>c</b> EIN-PN 36-3815229-001
<b>a</b>	Plan name TOM MALLOY CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOM MALLOY CORPORATION	<b>c</b> EIN-PN 95-2674327-004
<b>a</b>	Plan name VALUERX PHARMACY SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EVINE, LLC DBA VALUERX PHARMACY SERVICES	<b>c</b> EIN-PN 47-3313679-001
<b>a</b>	Plan name ZOULAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor KRISTINA ZOULAS, DDS, INC.	<b>c</b> EIN-PN 74-1856936-001
<b>a</b>	Plan name FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FLOWMASTER, INC.	<b>c</b> EIN-PN 46-4050504-002
<b>a</b>	Plan name FONTAINEBLEAU CLINIC AND URGENT CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor GINA ESCHER CFNP LLC	<b>c</b> EIN-PN 47-2152331-001
<b>a</b>	Plan name CECOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CYRIACKS ENVIRONMENTAL CONSULTING SERVICES, INC.	<b>c</b> EIN-PN 90-0106680-001
<b>a</b>	Plan name LADIES & GENTLEMEN HAIR STYLISTS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor LADIES & GENTLEMEN HAIR STYLISTS, INC.	<b>c</b> EIN-PN 34-1548748-001
<b>a</b>	Plan name PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PELION ACTUARIAL SERVICES, INC.	<b>c</b> EIN-PN 45-2927368-001
<b>a</b>	Plan name TACO ALOHA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TACO ALOHA, INC.	<b>c</b> EIN-PN 99-0171500-002
<b>a</b>	Plan name ACCESS TO INDEPENDENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCESS TO INDEPENDENCE	<b>c</b> EIN-PN 34-1389369-001

<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	CITY OF GIRARD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF GIRARD ILLINOIS	<b>c</b> EIN-PN 37-6001364-001
<b>a</b>	Plan name	CITY OF METTER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF METTER	<b>c</b> EIN-PN 58-6000621-001
<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	PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION INDUSTRIAL CONTRACTORS, INC.	<b>c</b> EIN-PN 91-2139290-001
<b>a</b>	Plan name	ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC.	<b>c</b> EIN-PN 43-1550825-002
<b>a</b>	Plan name	ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED NETWORK PRODUCTS, INC.	<b>c</b> EIN-PN 23-2316443-001
<b>a</b>	Plan name	COASTAL BANCSHARES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COASTAL BANCSHARES, INC.	<b>c</b> EIN-PN 76-0421550-001
<b>a</b>	Plan name	GILBERT C. DOLES, ATTORNEY AT LAW, A LAW CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GILBERT C. DOLES, ATTORNEY AT LAW, A LAW CORPORATION	<b>c</b> EIN-PN 99-0359339-001
<b>a</b>	Plan name	MAAS BROTHERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAAS BROTHERS, INC. PROFIT SHARING PLAN	<b>c</b> EIN-PN 91-1907561-001
<b>a</b>	Plan name	THE PILATES COLLECTIVE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PILATES COLLECTIVE, LLC	<b>c</b> EIN-PN 93-2783048-001
<b>a</b>	Plan name	THE RESEARCH FOUNDATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE RESEARCH FOUNDATION	<b>c</b> EIN-PN 43-1349021-001
<b>a</b>	Plan name	TOTAL NETWORK MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOTAL NETWORK MANUFACTURING	<b>c</b> EIN-PN 35-2644359-001

<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	ALLESCO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN SHURTLEFF COMPANY, INC.	<b>c</b> EIN-PN 73-0783500-001
<b>a</b>	Plan name	ALLIED UNIVERSAL CBU 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL SERVICES OF AMERICA, LP	<b>c</b> EIN-PN 27-1562945-002
<b>a</b>	Plan name	COMSTOCK JOHNSON ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMSTOCK JOHNSON ARCHITECTS, INC.	<b>c</b> EIN-PN 68-0039251-003
<b>a</b>	Plan name	CONCEPT 2001, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONCEPT 2001, INC. DBA CONCEPT HR	<b>c</b> EIN-PN 58-2453817-001
<b>a</b>	Plan name	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES S.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES, INC.	<b>c</b> EIN-PN 20-0676469-001
<b>a</b>	Plan name	GREAT LAKES WAREHOUSING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES WAREHOUSING, LLC	<b>c</b> EIN-PN 38-3352246-002
<b>a</b>	Plan name	MARZOLF IMPLEMENT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARZOLF IMPLEMENT COMPANY	<b>c</b> EIN-PN 41-1347518-001
<b>a</b>	Plan name	TSM VENTURES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TSM VENTURES, INC.	<b>c</b> EIN-PN 37-0809985-001
<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	ANCHORAGE CHRYSLER CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANCHORAGE CHRYSLER CENTER, INC.	<b>c</b> EIN-PN 92-0037629-001
<b>a</b>	Plan name	HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HAL HAYS CONSTRUCTION, INC.	<b>c</b> EIN-PN 54-2084366-001
<b>a</b>	Plan name	HANGMAN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HANGMAN PRODUCTS, INC.	<b>c</b> EIN-PN 95-4749074-001

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 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 HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HICKORY HILL RETIREMENT COMMUNITY, LLC	<b>c</b> EIN-PN 37-1544274-001
<b>a</b>	Plan name DELL-COMM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DELL-COMM, INC.	<b>c</b> EIN-PN 41-1660280-001
<b>a</b>	Plan name BEAMALLOY TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEAMALLOY TECHNOLOGIES, LLC	<b>c</b> EIN-PN 20-0326509-001
<b>a</b>	Plan name BEAUFORT ENGINEERING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEAUFORT ENGINEERING SERVICES, INC.	<b>c</b> EIN-PN 57-0693958-001
<b>a</b>	Plan name DOYLE & ASSOCIATES, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOYLE & ASSOCIATES, PLLC	<b>c</b> EIN-PN 20-1414332-001
<b>a</b>	Plan name SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE SCIENTIFIC CONSULTING GROUP, INC.	<b>c</b> EIN-PN 52-1719423-001
<b>a</b>	Plan name INTREIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTREIS	<b>c</b> EIN-PN 46-0855494-001
<b>a</b>	Plan name OCEAN VIEW DENTAL 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SUMMER T. WOOD, D.M.D. DBA OCEAN VIEW DENTAL	<b>c</b> EIN-PN 45-3512542-001
<b>a</b>	Plan name BREAKING GROUND EXCAVATION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BREAKING GROUND EXCAVATION INC.	<b>c</b> EIN-PN 91-2118848-001
<b>a</b>	Plan name ELECTRONIC CHROME CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELECTRONIC CHROME & GRINDING COMPANY, INC.	<b>c</b> EIN-PN 95-2489408-001
<b>a</b>	Plan name JCJ, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JCJ, LLP	<b>c</b> EIN-PN 27-4442059-001

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 SMITH & JOHNSON ATTORNEYS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SMITH & JOHNSON ATTORNEYS, P.C	<b>c</b> EIN-PN 38-2067637-001
<b>a</b>	Plan name SNRA COMMODITIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SNRA COMMODITIES, INC.	<b>c</b> EIN-PN 46-3031744-001
<b>a</b>	Plan name OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OUR HOME PHARMACY, INC.	<b>c</b> EIN-PN 27-2618187-001
<b>a</b>	Plan name OVERLAKE GOLF & COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OVERLAKE GOLF & COUNTRY CLUB	<b>c</b> EIN-PN 91-0588580-002
<b>a</b>	Plan name STADLER PLUMBING & HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STADLER PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 38-3295246-001
<b>a</b>	Plan name FIKES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIKES PUGET SOUND, INC	<b>c</b> EIN-PN 72-1572875-001
<b>a</b>	Plan name KING AND MACGREGOR ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KING AND MACGREGOR ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 38-3156488-001
<b>a</b>	Plan name SUNBELT GRAPHICS INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SUNBELT GRAPHICS, INC.	<b>c</b> EIN-PN 59-1756030-002
<b>a</b>	Plan name LPT CPA'S + ADVISORS PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LPT CPA'S + ADVISORS PLLC	<b>c</b> EIN-PN 75-2618166-001
<b>a</b>	Plan name LUANA GABRIELA BADEA 401(K) PLAN	
<b>b</b>	Name of plan sponsor LUANA GABRIELA BADEA	<b>c</b> EIN-PN 92-3209762-001
<b>a</b>	Plan name LUDEMAN INSULATION & SUPPLY, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LUDEMAN INSULATION & SUPPLY, INC.	<b>c</b> EIN-PN 48-1041397-001
<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>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 <b>ACOUSTIC CEILING &amp; PARTITION CO., INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ACOUSTIC CEILING &amp; PARTITION CO., INC.</b>	<b>c</b> EIN-PN <b>38-2627627-006</b>
<b>a</b>	Plan name <b>CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLASSIC CARRIERS, INC.</b>	<b>c</b> EIN-PN <b>31-1152938-001</b>
<b>a</b>	Plan name <b>MAGNUM MACHINE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAGCO MACHINE &amp; MANUFACTURING DBA MAGNUM MACHINE &amp; MANUFACTURING</b>	<b>c</b> EIN-PN <b>74-2978531-001</b>
<b>a</b>	Plan name <b>MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAJESTIC INDUSTRY HILLS, LLC</b>	<b>c</b> EIN-PN <b>95-4795537-001</b>
<b>a</b>	Plan name <b>ADVANCED REPRODUCTIVE CENTER OF HAWAII 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHRISTOPHER T.F. HUANG, M.D., INC</b>	<b>c</b> EIN-PN <b>01-0674989-001</b>
<b>a</b>	Plan name <b>ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ADVERTISING CONSULTANTS, INC.</b>	<b>c</b> EIN-PN <b>95-2465409-001</b>
<b>a</b>	Plan name <b>GLENWOOD HOT SPRINGS LODGE AND POOL SAVINGS &amp; RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLENWOOD HOT SPRINGS LODGE AND POOL, INC.</b>	<b>c</b> EIN-PN <b>84-0457400-001</b>
<b>a</b>	Plan name <b>PRO-SAFETY, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRO-SAFETY, INC.</b>	<b>c</b> EIN-PN <b>39-1570779-001</b>
<b>a</b>	Plan name <b>THE SCOTT GROUP BENEFIT SPECIALISTS, LLC 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE SCOTT GROUP BENEFIT SPECIALISTS, LLC</b>	<b>c</b> EIN-PN <b>20-2819811-001</b>
<b>a</b>	Plan name <b>THE THOROUGHbred CLUB OF AMERICA, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE THOROUGHbred CLUB OF AMERICA, INC.</b>	<b>c</b> EIN-PN <b>61-0488425-001</b>
<b>a</b>	Plan name <b>CONTACTUS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONTACTUS,LLC</b>	<b>c</b> EIN-PN <b>45-4001073-001</b>
<b>a</b>	Plan name <b>R &amp; L INSURANCE AGENCY LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>R &amp; L INSURANCE AGENCY, LLC</b>	<b>c</b> EIN-PN <b>30-0119097-001</b>

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 R.C. FINE FOODS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor R.C. FINE FOODS, INC.	<b>c</b> EIN-PN 22-2136686-002
<b>a</b>	Plan name TOYOBO KUREHA AMERICA CO., LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOYOBO KUREHA AMERICA CO., LTD.	<b>c</b> EIN-PN 31-1414533-001
<b>a</b>	Plan name TRADITIONAL BANK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRADITIONAL BANK, INC.	<b>c</b> EIN-PN 61-0284535-003
<b>a</b>	Plan name MEDICORE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEDICORE, LLC	<b>c</b> EIN-PN 30-0852928-001
<b>a</b>	Plan name ANGERMEIER & ROGERS LAW OFFICES SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ANGERMEIER & ROGERS LAW OFFICES	<b>c</b> EIN-PN 39-1315157-001
<b>a</b>	Plan name CRESS INSURANCE CONSULTANTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CRESS INSURANCE CONSULTANTS, INC.	<b>c</b> EIN-PN 85-0324896-001
<b>a</b>	Plan name CROMPION INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CROMPION INTERNATIONAL, LLC	<b>c</b> EIN-PN 72-1468104-001
<b>a</b>	Plan name HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN	
<b>b</b>	Name of plan sponsor HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA	<b>c</b> EIN-PN 34-1165089-001
<b>a</b>	Plan name RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor RELIABLE INDUSTRIES INC. OF NEW ORLEANS	<b>c</b> EIN-PN 72-0936490-001
<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 HIGHLAND COMMUNITY MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIGHLAND COMMUNITY MANAGEMENT, LLC	<b>c</b> EIN-PN 59-3383539-001
<b>a</b>	Plan name VAUGHN A. VICTORINO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VAUGHN A. VICTORINO	<b>c</b> EIN-PN 81-0866840-001

<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	AVERA & SMITH LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVERA & SMITH LLP	<b>c</b> EIN-PN 54-2118084-001
<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	RUSSELL J. S. TOM, D.D.S. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RUSSELL J. S. TOM, D.D.S.	<b>c</b> EIN-PN 99-0261249-001
<b>a</b>	Plan name	BELINDA S. GRANADA DDS CASH BALANCE	
<b>b</b>	Name of plan sponsor	BELINDA S. GRANADA DDS PC	<b>c</b> EIN-PN 47-1502317-002
<b>a</b>	Plan name	BELINDA S. GRANADA DDS PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BELINDA S. GRANADA DDS PC	<b>c</b> EIN-PN 47-1502317-001
<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	INNOVATIVE INTEGRATION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE INTEGRATION, INC.	<b>c</b> EIN-PN 20-3393992-001
<b>a</b>	Plan name	INSPIRE MEDICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSPIRE MEDICAL, INC.	<b>c</b> EIN-PN 62-1691089-001
<b>a</b>	Plan name	SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PETER EPSTEIN, ASP	<b>c</b> EIN-PN 95-4170738-001
<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	BIG PINE PAIUTE TRIBE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BIG PINE PAIUTE TRIBE	<b>c</b> EIN-PN 95-3059258-001

<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	BIRKENSTOCK LIGHTING DESIGNS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BIRKENSTOCK LIGHTING DESIGNS, INC.	<b>c</b> EIN-PN 45-4475590-001
<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	BRISTOL GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE BRISTOL GROUP, INC.	<b>c</b> EIN-PN 31-1491447-001
<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	EMERGENCY GROUPS' OFFICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EGO, INC. DBA BRAULT	<b>c</b> EIN-PN 95-4278964-001
<b>a</b>	Plan name	JEKK TOOLS & FASTENERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JEKK TOOLS & FASTENERS, INC.	<b>c</b> EIN-PN 23-2278532-001
<b>a</b>	Plan name	K & H CONCRETE CUTTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K&H CONCRETE CUTTING, INC.	<b>c</b> EIN-PN 38-2421612-001
<b>a</b>	Plan name	K KERN PAINTING LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	K KERN PAINTING LLC	<b>c</b> EIN-PN 54-2101884-001
<b>a</b>	Plan name	OXFORD ECONOMICS USA, INC. AND TOURISM ECONOMICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OXFORD ECONOMICS USA, INC.	<b>c</b> EIN-PN 23-2620656-001
<b>a</b>	Plan name	STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC.	<b>c</b> EIN-PN 94-2178221-003
<b>a</b>	Plan name	KOPPENHEFFER & SON TRUCKING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOPPENHEFFER & SON TRUCKING CO., INC.	<b>c</b> EIN-PN 23-2224832-001

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 PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.	<b>c</b> EIN-PN 74-2459387-001
<b>a</b>	Plan name FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOREWAY TRANSPORTATION, INC.	<b>c</b> EIN-PN 38-2165402-001
<b>a</b>	Plan name CENTER POINT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTER POINT FAMILY DENTISTRY, PLLC	<b>c</b> EIN-PN 27-4512893-002
<b>a</b>	Plan name LANCE INDUSTRIES, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LANCE INDUSTRIES, INC.	<b>c</b> EIN-PN 90-0613621-001
<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 PERFORMANCE TIRE AND AUTO SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PERFORMANCE TIRE AND AUTO SERVICE, INC.	<b>c</b> EIN-PN 39-1641254-001
<b>a</b>	Plan name PETERS AGENCY CARE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETERS AGENCY CARE MANAGEMENT, LLC	<b>c</b> EIN-PN 83-0446469-001
<b>a</b>	Plan name TATE WILSON JOHNSON MEYER CHERRY PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TATE WILSON JOHNSON MEYER CHERRY PLLC	<b>c</b> EIN-PN 20-5974889-001
<b>a</b>	Plan name TECHNOALPIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor TECHNOALPIN USA, INC.	<b>c</b> EIN-PN 22-3857446-001
<b>a</b>	Plan name WHITSON HOTEL INVESTORS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WHITSON HOTEL INVESTORS, LLC	<b>c</b> EIN-PN 46-2342594-001
<b>a</b>	Plan name BELL FORK LIFT, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BELL FORK LIFT, INC.	<b>c</b> EIN-PN 38-2094639-001
<b>a</b>	Plan name BERGER & JEN KIN DDS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BERGER & JEN KIN DDS, INC.	<b>c</b> EIN-PN 95-4666002-001

<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	BIZLINK GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIZLINK TECHNOLOGY, INC.	<b>c</b> EIN-PN 94-3355611-001
<b>a</b>	Plan name	BLACKBURN'S FABRICATION, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLACKBURN'S FABRICATION, INC.	<b>c</b> EIN-PN 31-1446789-001
<b>a</b>	Plan name	BRUNNER FUNERAL HOME 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRUNNER FUNERAL HOME, INC.	<b>c</b> EIN-PN 34-1239396-001
<b>a</b>	Plan name	BSB RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE BIPPUS STATE BANK	<b>c</b> EIN-PN 35-0180140-001
<b>a</b>	Plan name	CAHFC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL AREA HOUSING FINANCE CORPORATION	<b>c</b> EIN-PN 42-1550637-001
<b>a</b>	Plan name	CALIBER SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS	<b>c</b> EIN-PN 26-4751651-001
<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	CENTRAL OHIO BEHAVIORAL MEDICINE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL OHIO BEHAVIORAL MEDICINE, INC.	<b>c</b> EIN-PN 31-1532806-001
<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	CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROSSING BORDERS LANGUAGE CENTER, LLC.	<b>c</b> EIN-PN 45-5111582-001
<b>a</b>	Plan name	CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CROWN SEARCH SERVICES	<b>c</b> EIN-PN 31-1724430-001
<b>a</b>	Plan name	DBM ENGINEERING, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DBM ENGINEERING, PC	<b>c</b> EIN-PN 20-2917025-001

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 EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C.	<b>c</b> EIN-PN 58-2642240-001
<b>a</b>	Plan name FAIRMOUNT PARTNERS LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FAIRMOUNT PARTNERS, LLC	<b>c</b> EIN-PN 41-2094669-001
<b>a</b>	Plan name FIRST STOP URGENT CARE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FIRST STOP URGENT CARE	<b>c</b> EIN-PN 84-1649267-001
<b>a</b>	Plan name FLINT CHILDREN'S CENTER, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FLINT CHILDREN'S CENTER, P.C.	<b>c</b> EIN-PN 38-1858407-009
<b>a</b>	Plan name FORT MITCHELL COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor FORT MITCHELL COUNTRY CLUB	<b>c</b> EIN-PN 61-0195230-001
<b>a</b>	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	<b>c</b> EIN-PN 95-4467199-001
<b>a</b>	Plan name GLYMED PLUS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLYMED PLUS LLC	<b>c</b> EIN-PN 80-0112220-001
<b>a</b>	Plan name HATTERAS PRINTING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HATTERAS PRINTING, INC.	<b>c</b> EIN-PN 38-2168116-001
<b>a</b>	Plan name INTELLETRACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTELLETRACE, INC.	<b>c</b> EIN-PN 37-1514242-001
<b>a</b>	Plan name JHA MANAGEMENT, INC. & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor JHA MANAGEMENT, INC.	<b>c</b> EIN-PN 22-2378831-002
<b>a</b>	Plan name JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JIM CRAWFORD CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 77-0072198-001
<b>a</b>	Plan name JODESIGN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JODESIGN, LLC	<b>c</b> EIN-PN 68-0671125-001

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="#">KANO TRUCKING 401(K) RETIREMENT SAVINGS PLAN (001)</a>	
<b>b</b>	Name of plan sponsor <a href="#">THEOPHYLLUS, INC. DBA KANO TRUCKING SERVICE</a>	<b>c</b> EIN-PN <a href="#">99-0283834-001</a>
<b>a</b>	Plan name <a href="#">KAWANA &amp; GONG, LLP 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KAWANA &amp; GONG, LLP</a>	<b>c</b> EIN-PN <a href="#">20-0427747-001</a>
<b>a</b>	Plan name <a href="#">KC SALLEY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">OLER RELO ONE LTD.</a>	<b>c</b> EIN-PN <a href="#">20-4736622-001</a>
<b>a</b>	Plan name <a href="#">KORBER PHARMA PACKAGING MATERIALS LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KORBER PHARMA PACKAGING MATERIALS LLC</a>	<b>c</b> EIN-PN <a href="#">47-5593447-001</a>
<b>a</b>	Plan name <a href="#">KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KRIEGEL HOLDING COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">30-0227844-001</a>
<b>a</b>	Plan name <a href="#">KRIEGSMAN TRANSFER COMPANY MONEY PURCHASE PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KRIEGSMAN TRANSFER COMPANY</a>	<b>c</b> EIN-PN <a href="#">37-0635587-001</a>
<b>a</b>	Plan name <a href="#">LASKEY'S DISCOUNT FURNITURE PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LASKEY'S DISCOUNT FURNITURE</a>	<b>c</b> EIN-PN <a href="#">25-1450031-001</a>
<b>a</b>	Plan name <a href="#">LATITUDE 33 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LATITUDE 33 PLANNING &amp; ENGINEERING</a>	<b>c</b> EIN-PN <a href="#">33-0582561-001</a>
<b>a</b>	Plan name <a href="#">LAURAS INTERNATIONAL LLP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAURAS INTERNATIONAL USA LLP</a>	<b>c</b> EIN-PN <a href="#">26-1603445-001</a>
<b>a</b>	Plan name <a href="#">LUX GLOBAL LABEL PR LLC 1081.01(D) RETIREMENT PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">LUX GLOBAL LABEL PR LLC</a>	<b>c</b> EIN-PN <a href="#">66-0881458-001</a>
<b>a</b>	Plan name <a href="#">LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC.</a>	<b>c</b> EIN-PN <a href="#">36-4594126-001</a>
<b>a</b>	Plan name <a href="#">MANAGED HEALTHCARE UNLIMITED, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MANAGED HEALTHCARE UNLIMITED, INC.</a>	<b>c</b> EIN-PN <a href="#">95-4587291-001</a>

<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	MANSKE COMPANIES 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MANSKE MACHINERY INC.	<b>c</b> EIN-PN 39-1644408-001
<b>a</b>	Plan name	MILLER'S PAVING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLER'S PAVING, LLC	<b>c</b> EIN-PN 20-4161953-001
<b>a</b>	Plan name	MOLECULAR PATHOLOGY LABORATORY NETWORK, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOLECULAR PATHOLOGY LABORATORY NETWORK, INC.	<b>c</b> EIN-PN 81-0587881-001
<b>a</b>	Plan name	PREMIERE BUILDING MAINTENANCE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PREMIERE BUILDING MAINTENANCE CORPORATION	<b>c</b> EIN-PN 62-1643357-001
<b>a</b>	Plan name	PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE RESIDENTIAL CONSTRUCTION	<b>c</b> EIN-PN 91-1366230-001
<b>a</b>	Plan name	PROHEALTH GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROHEALTH GROUP, INC.	<b>c</b> EIN-PN 47-5658024-002
<b>a</b>	Plan name	RADIO SOUND, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RADIO SOUND, INC.	<b>c</b> EIN-PN 61-1083666-001
<b>a</b>	Plan name	REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	REPRODUCTIVE MEDICINE INSTITUTE, LLC	<b>c</b> EIN-PN 27-1248611-001
<b>a</b>	Plan name	S&S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	S&S MANAGEMENT, INC.	<b>c</b> EIN-PN 31-1493783-001
<b>a</b>	Plan name	SENECA PETROLEUM COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SENECA PETROLEUM COMPANY, INC.	<b>c</b> EIN-PN 36-1755250-002
<b>a</b>	Plan name	SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SHEPHERD DATA SERVICES, INC.	<b>c</b> EIN-PN 46-0469044-001
<b>a</b>	Plan name	SIAGEL PRODUCTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIAGEL PRODUCTIONS, INC.	<b>c</b> EIN-PN 04-2999213-001

<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	SIERRA WEST CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIERRA WEST CONSTRUCTION, INC.	<b>c</b> EIN-PN 68-0153330-002
<b>a</b>	Plan name	STELLAR VETERINARY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STELLAR VETERINARY SERVICES, LLC	<b>c</b> EIN-PN 47-2964550-001
<b>a</b>	Plan name	SWAN USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWAN ANALYTICAL USA	<b>c</b> EIN-PN 30-0516534-001
<b>a</b>	Plan name	SYSLOGIC, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SYSLOGIC, INC.	<b>c</b> EIN-PN 39-1832556-001
<b>a</b>	Plan name	T & D DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOOL & DIE DESIGN	<b>c</b> EIN-PN 38-3384452-001
<b>a</b>	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE OHIO ART COMPANY	<b>c</b> EIN-PN 34-4319140-004
<b>a</b>	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	THE OHIO ART COMPANY	<b>c</b> EIN-PN 34-4319140-005
<b>a</b>	Plan name	ACTION SALES + MARKETING INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACTION SALES + MARKETING INC.	<b>c</b> EIN-PN 41-1264273-001
<b>a</b>	Plan name	THE ZITA GROUP, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE ZITA GROUP, LLC	<b>c</b> EIN-PN 20-8612123-001
<b>a</b>	Plan name	AERO-MARK LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AERO-MARK LLC	<b>c</b> EIN-PN 26-4647620-001
<b>a</b>	Plan name	TRIDENT EDGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRIDENT EDGE, INC.	<b>c</b> EIN-PN 26-0813587-001
<b>a</b>	Plan name	AMANI ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMANI ENGINEERING, INC.	<b>c</b> EIN-PN 76-0614439-001

**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 AME COMMUNITY SERVICES 401 K PLAN		
<b>b</b> Name of plan sponsor	AME COMMUNITY SERVICES, INC.	<b>c</b> EIN-PN 41-1713577-001

<b>a</b> Plan name UNION CEMETERY ASSOCIATION EMPLOYEE BENEFIT RETIREMENT PLAN AND TRUST		
<b>b</b> Name of plan sponsor	THE UNION CEMETERY ASSOCIATION	<b>c</b> EIN-PN 34-0587510-002

<b>a</b> Plan name APEX GLOBAL LOGISTICS, INC. 401(K) PROFIT SHARING PLAN		
<b>b</b> Name of plan sponsor	APEX GLOBAL LOGISTICS, INC.	<b>c</b> EIN-PN 94-3343037-001

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

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

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

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

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

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

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

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

<b>a</b> Plan name		
<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>AMERICAN CENTURY MID CAP VALUE RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>280</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>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>	31471817	25299705
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</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>	31471817	25299705
<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>	2	1
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2	1
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	31471815	25299704

**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>	453896	
<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>	376791	
<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>		1682891
<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>		2513578

**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>	127116	
(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>		127116
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		127116

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2386462
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		2299514
(2) From this plan .....	<b>2l(2)</b>		10858087

**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.) .....	4a		
<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.).....	4b		
<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.) .....	4c		
<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.).....	4d		
<b>e</b> Was this plan covered by a fidelity bond? .....	4e		
<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? .....	4f		
<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?.....	4g		
<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? .....	4h		
<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.) .....	4i		
<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.).....	4j		
<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? .....	4k		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....	4l		
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	4m		
<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. ....	4n		

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

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

<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 \_\_\_\_\_.