

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [X] a DFE (specify) P
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: FIDELITY ADVISOR NEW INSIGHTS RET OPT
1b Three-digit plan number (PN): 290
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.

<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>FIDELITY ADVISOR NEW INSIGHTS RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>290</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CALVARY CHRISTIAN SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALVARY CHRISTIAN SCHOOL	<b>c</b> EIN-PN 58-1259865-001
<b>a</b>	Plan name	FAMILY RESOURCE CENTER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAMILY RESOURCE CENTER	<b>c</b> EIN-PN 36-3532803-001
<b>a</b>	Plan name	HCA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOME CARE ADVANTAGE, LLC	<b>c</b> EIN-PN 14-1858113-001
<b>a</b>	Plan name	KENNEDY & HAN, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENNEDY & HAN, P.C.	<b>c</b> EIN-PN 85-0482265-001
<b>a</b>	Plan name	MARGUERITE CONCRETE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARGUERITE CONCRETE, INC.	<b>c</b> EIN-PN 04-3035873-001
<b>a</b>	Plan name	PACIFIC DESIGN AND SOURCING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC DESIGN AND SOURCING	<b>c</b> EIN-PN 27-2403668-001
<b>a</b>	Plan name	PROMAN STAFFING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROMAN GROUP, INC	<b>c</b> EIN-PN 82-2540923-001
<b>a</b>	Plan name	PROPOINT TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROPOINT TECHNOLOGY, INC	<b>c</b> EIN-PN 20-2925475-001
<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	SAA LAW, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHATZ, ANDERSON & ASSOCIATES LLC	<b>c</b> EIN-PN 05-0565472-001
<b>a</b>	Plan name	SAFARI KID 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TRIPLE 'E' KIDZ, INC DBA SAFARI KID - MB.	<b>c</b> EIN-PN 27-4729183-001

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 <b>STERLING ENERGY OPERATIONS, LLC PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STERLING ENERGY OPERATIONS, LLC</b>	<b>c</b> EIN-PN <b>33-0969595-001</b>
<b>a</b>	Plan name <b>THOMAS R. PATACCA, D.D.S., INC. RETIREMENT SAVINGS TRUST AND PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THOMAS R. PATACCA, D.D.S., INC.</b>	<b>c</b> EIN-PN <b>34-1133350-001</b>
<b>a</b>	Plan name <b>THOMPSON CHILD &amp; FAMILY FOCUS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THOMPSON CHILD &amp; FAMILY FOCUS</b>	<b>c</b> EIN-PN <b>56-0547460-004</b>
<b>a</b>	Plan name <b>THREAD INFORMATION DESIGN 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THREAD INFORMATION DESIGN</b>	<b>c</b> EIN-PN <b>34-1537882-001</b>
<b>a</b>	Plan name <b>WAGNER OVERHEAD DOOR CO., INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WAGNER OVERHEAD DOOR CO., INC.</b>	<b>c</b> EIN-PN <b>34-1232496-001</b>
<b>a</b>	Plan name <b>XERION ADVANCED BATTERY CORP. 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>XERION ADVANCED BATTERY CORP.</b>	<b>c</b> EIN-PN <b>45-3516563-001</b>
<b>a</b>	Plan name <b>YARBROUGH ELECTRONICS SALES, LLC 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>YARBROUGH ELECTRONICS SALES</b>	<b>c</b> EIN-PN <b>86-0911466-001</b>
<b>a</b>	Plan name <b>ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARCHITECTURE, INC.</b>	<b>c</b> EIN-PN <b>54-1371604-001</b>
<b>a</b>	Plan name <b>B&amp;F CERAMICS DESIGN SHOWROOM, INC. 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>B&amp;F CERAMICS DESIGN SHOWROOM, INC.</b>	<b>c</b> EIN-PN <b>54-1468088-001</b>
<b>a</b>	Plan name <b>FROST ROOFING, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FROST ROOFING, INC.</b>	<b>c</b> EIN-PN <b>34-4493960-001</b>
<b>a</b>	Plan name <b>HEART CENTER OF NEVADA 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOHAIL ANJUM-DOST WATTOO, M.D.'S, LTD.</b>	<b>c</b> EIN-PN <b>88-0161856-001</b>
<b>a</b>	Plan name <b>HUFFMAN, KELLEY &amp; BROCK, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HUFFMAN, KELLEY &amp; BROCK, LLC</b>	<b>c</b> EIN-PN <b>30-0237801-001</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	HWC LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HWC LOGISTICS, INC.	<b>c</b> EIN-PN 45-4917341-001
<b>a</b>	Plan name	KENTON FAMILY EYE CARE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENTON FAMILY EYE CARE, INC.	<b>c</b> EIN-PN 34-1214040-003
<b>a</b>	Plan name	KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENTUCKY EDUCATION ASSOCIATION	<b>c</b> EIN-PN 61-0245450-001
<b>a</b>	Plan name	LEADER ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEADER ENTERPRISES, INC.	<b>c</b> EIN-PN 59-3754529-001
<b>a</b>	Plan name	MARK J. REDD DDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARK J. REDD DDS, INC.	<b>c</b> EIN-PN 72-1519503-001
<b>a</b>	Plan name	SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIMPSON SPENCE YOUNG	<b>c</b> EIN-PN 13-5395270-001
<b>a</b>	Plan name	SIMS TRUCKING & BROKERAGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIMS TRUCKING & BROKERAGE, INC.	<b>c</b> EIN-PN 81-2382075-002
<b>a</b>	Plan name	TEXAS HEALTHCARE PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEXAS THCP OPERATIONS, LP	<b>c</b> EIN-PN 26-0058682-001
<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	TIRE SERVICES UNLIMITED, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIRE SERVICES UNLIMITED, LLC	<b>c</b> EIN-PN 26-0164707-001
<b>a</b>	Plan name	VADERSTAD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VADERSTAD INC.	<b>c</b> EIN-PN 90-1035412-001
<b>a</b>	Plan name	2-20 RECORDS MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	2-20 RECORDS MANAGEMENT LLC	<b>c</b> EIN-PN 27-3088670-001

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 ALERT-O-LITE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALERT-O-LITE, INC.	<b>c</b> EIN-PN 94-2752915-001
<b>a</b>	Plan name AREA AMBULANCE SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor AREA AMBULANCE SERVICE	<b>c</b> EIN-PN 20-3693455-001
<b>a</b>	Plan name BACKERWORKS MANUFACTURING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BACKERWORKS MANUFACTURING, LLC	<b>c</b> EIN-PN 85-0481972-001
<b>a</b>	Plan name BAIN ENTERPRISES SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAIN ENTERPRISES LLC	<b>c</b> EIN-PN 02-0770037-001
<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 CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CANNON MEDICAL, INC.	<b>c</b> EIN-PN 94-3251623-001
<b>a</b>	Plan name LEINGANG HOME CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEINGANG GROUP, INC. D/B/A LEINGANG HOME CENTER	<b>c</b> EIN-PN 46-3955538-001
<b>a</b>	Plan name LESLIE W.H. AU, D.M.D. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LESLIE W.H. AU, D.M.D.	<b>c</b> EIN-PN 99-6046340-001
<b>a</b>	Plan name MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOXY MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 99-0431387-002
<b>a</b>	Plan name MR DRYWALL SERVICES LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MR DRYWALL SERVICES, L.L.C.	<b>c</b> EIN-PN 35-2514184-001
<b>a</b>	Plan name OPERAM SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OPERAM, INC.	<b>c</b> EIN-PN 47-4299682-001

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 RATHBUN ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor RATHBUN ASSOCIATES	<b>c</b> EIN-PN 94-1653463-001
<b>a</b>	Plan name SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SOUTHWEST 66 CREDIT UNION	<b>c</b> EIN-PN 75-0815084-002
<b>a</b>	Plan name THE CARLTON LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CARLTON LAW FIRM, P.L.L.C.	<b>c</b> EIN-PN 27-5059291-001
<b>a</b>	Plan name BARBARA E. WHITWORTH, D.D.S. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BARBARA E. WHITWORTH, D.D.S.	<b>c</b> EIN-PN 75-2633818-001
<b>a</b>	Plan name BARBICH HOOPER KING DILL HOFFMAN LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BARBICH HOOPER KING DILL HOFFMAN	<b>c</b> EIN-PN 95-3705481-001
<b>a</b>	Plan name BARCLAY BRAND FERDON EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor BARCLAY BRAND CORPORATION	<b>c</b> EIN-PN 22-3414541-001
<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 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 AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor AARON A. ADAOAG, M.D., LTD.	<b>c</b> EIN-PN 26-0880609-001
<b>a</b>	Plan name AMERITEC MACHINING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERITEC MACHINING, INC.	<b>c</b> EIN-PN 42-1393974-001
<b>a</b>	Plan name CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHILES & SONS-LAMAN, INC.	<b>c</b> EIN-PN 34-4492949-003
<b>a</b>	Plan name COUNTRY CLUB OF WATERBURY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor COUNTRY CLUB OF WATERBURY INC.	<b>c</b> EIN-PN 06-0309310-001

<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	COUNTRY ROADS TRUCKING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COUNTRY ROADS TRUCKING SYSTEMS, INC.	<b>c</b> EIN-PN 35-1696225-001
<b>a</b>	Plan name	EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EQUINE MEDICAL CENTER OF OCALA	<b>c</b> EIN-PN 20-3993544-001
<b>a</b>	Plan name	GANDOLFO EXCAVATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GANDOLFO EXCAVATING, INC.	<b>c</b> EIN-PN 51-0667390-001
<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	ILAPAK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ILAPAK, INC.	<b>c</b> EIN-PN 13-3036089-002
<b>a</b>	Plan name	JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON FINANCIAL SOLUTIONS, INC.	<b>c</b> EIN-PN 20-8464483-001
<b>a</b>	Plan name	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	MXD PROCESS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MIXER DIRECT INC., DBA MXD PROCESS	<b>c</b> EIN-PN 27-1855081-001
<b>a</b>	Plan name	OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OREGON COLLEGE OF ORIENTAL MEDICINE	<b>c</b> EIN-PN 93-0845182-001
<b>a</b>	Plan name	ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORLANDO SPRING CORP	<b>c</b> EIN-PN 95-1933966-001
<b>a</b>	Plan name	THE CENTER FOR LEARNING UNLIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CENTER FOR LEARNING UNLIMITED	<b>c</b> EIN-PN 33-0960142-001
<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

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 ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ABSOLUTE BUSINESS SOLUTIONS CORPORATION	<b>c</b> EIN-PN 54-2061431-777
<b>a</b>	Plan name 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 BOOTHWYN PHARMACY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BPI HOLDINGS, LLC	<b>c</b> EIN-PN 23-2774727-001
<b>a</b>	Plan name BOURNE ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BOURNE ENTERPRISES, INC.	<b>c</b> EIN-PN 04-2489300-001
<b>a</b>	Plan name CAR-X AUTO SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAR-X AUTO SERVICE	<b>c</b> EIN-PN 74-3022523-001
<b>a</b>	Plan name CHRISTOPHER H. NGUYEN, DMD, MSD, A PROFESSIONAL DENTAL CORP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHRISTOPHER NGUYEN, DMD, A PROFESSIONAL DENTAL CORPORATION	<b>c</b> EIN-PN 41-2045223-001
<b>a</b>	Plan name CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHRISTOPHER M. PENNISI, DDS, PLLC	<b>c</b> EIN-PN 26-3030636-001
<b>a</b>	Plan name DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAIRY-MIX, INC.	<b>c</b> EIN-PN 59-0659640-001
<b>a</b>	Plan name FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FCNB BANK	<b>c</b> EIN-PN 43-0224380-001
<b>a</b>	Plan name GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA ENGINEERING, LLC	<b>c</b> EIN-PN 77-0489033-001
<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 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>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	HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HENSLEY LAMKIN RACHEL, INC.	<b>c</b> EIN-PN 75-2377361-001
<b>a</b>	Plan name	IMPORT LOGISTICS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IMPORT LOGISTICS, INC.	<b>c</b> EIN-PN 36-3798354-001
<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	LITHOGRAPHICS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LITHOGRAPHICS, INC.	<b>c</b> EIN-PN 62-0952563-001
<b>a</b>	Plan name	MIAMI-CAST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIAMI-CAST, INC.	<b>c</b> EIN-PN 31-1379313-001
<b>a</b>	Plan name	QUALEX MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUALEX MANUFACTURING, LLC	<b>c</b> EIN-PN 61-1273995-001
<b>a</b>	Plan name	RIVERMOOR ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIVERMOOR ENGINEERING, LLC	<b>c</b> EIN-PN 20-0597795-001
<b>a</b>	Plan name	SCHULKAMP ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHULKAMP COMPANY, INC.	<b>c</b> EIN-PN 26-1505393-001
<b>a</b>	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SLIM CHICKENS	<b>c</b> EIN-PN 45-3985800-001
<b>a</b>	Plan name	SMC CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMC CONSTRUCTION CO.	<b>c</b> EIN-PN 88-0319132-001
<b>a</b>	Plan name	SUMMIT MECHANICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT MECHANICAL	<b>c</b> EIN-PN 06-1778760-001
<b>a</b>	Plan name	TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	<b>c</b> EIN-PN 47-5068498-002

<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	TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOM AHL CHRYSLER-BUICK, INC.	<b>c</b> EIN-PN 34-1151496-001
<b>a</b>	Plan name	CCEDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION	<b>c</b> EIN-PN 94-3080095-001
<b>a</b>	Plan name	KYRA TRANG NGUYEN DDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KYRA TRANG NGUYEN, D.D.S., INC.	<b>c</b> EIN-PN 03-0588309-001
<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>a</b>	Plan name	GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC.	<b>c</b> EIN-PN 20-0481533-002
<b>a</b>	Plan name	LLEWELLYN DENTAL ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LLEWELLYN DENTAL ASSOCIATES, P.A.	<b>c</b> EIN-PN 22-2902056-002
<b>a</b>	Plan name	LPM ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LPM ELECTRIC, INC	<b>c</b> EIN-PN 03-0396161-001
<b>a</b>	Plan name	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	<b>c</b> EIN-PN 04-2178889-001
<b>a</b>	Plan name	M & J LOAN, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	M & J LOAN, LLC/DBA GRIFFIN CAPITAL FUNDING	<b>c</b> EIN-PN 87-0708717-001
<b>a</b>	Plan name	MACOMB NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MACOMB NEUROLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 38-3587490-001
<b>a</b>	Plan name	PRINCETON CORPORATE CONSULTANTS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRINCETON CORPORATE CONSULTANTS, INC.	<b>c</b> EIN-PN 95-3169800-001
<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

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 TOWER CORPORATE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOWER CORPORATE CENTER	<b>c</b> EIN-PN 95-4415249-002
<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 GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	<b>c</b> EIN-PN 20-2458255-001
<b>a</b>	Plan name QUIKILL PEST ELIMINATORS, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor QUIKILL PEST ELIMINATORS, INC.	<b>c</b> EIN-PN 36-2840496-001
<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 AMTECH PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUTOMATED MACHINE & TECHNOLOGY, INC.	<b>c</b> EIN-PN 54-1104196-001
<b>a</b>	Plan name ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-001
<b>a</b>	Plan name ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN	
<b>b</b>	Name of plan sponsor ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-003
<b>a</b>	Plan name ANDRADE GONZALEZ, LLP CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-002
<b>a</b>	Plan name CP TECH LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CP TECH, LLC	<b>c</b> EIN-PN 20-5616082-001
<b>a</b>	Plan name MED ONE MEDICAL GROUP EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MED ONE FAMILY MEDICAL GROUP, INC.	<b>c</b> EIN-PN 33-0776463-001
<b>a</b>	Plan name MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MED-FAST PHARMACY, INC.	<b>c</b> EIN-PN 25-1631348-001

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 ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 94-3295212-002
<b>a</b>	Plan name ARTHUR Y. MORI & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARTHUR Y. MORI & ASSOCIATES, INC.	<b>c</b> EIN-PN 99-0112411-001
<b>a</b>	Plan name DANNY DAVIS CONTRACTORS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DANNY DAVIS CONTRACTORS, INC.	<b>c</b> EIN-PN 62-1392604-001
<b>a</b>	Plan name DARTMOUTH BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor DARTMOUTH BUSINESS SERVICES, INC.	<b>c</b> EIN-PN 36-4348934-001
<b>a</b>	Plan name DATA PATH, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor DATA PATH, INC.	<b>c</b> EIN-PN 90-0242296-001
<b>a</b>	Plan name VARSITY STRIPING & CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VARSITY STRIPING & CONSTRUCTION, CO.	<b>c</b> EIN-PN 37-1094788-002
<b>a</b>	Plan name DEL AMO MOTORSPORTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TOO FAST INC. DBA DEL AMO MOTORSPORTS OF REDONDO BEACH	<b>c</b> EIN-PN 33-0546509-001
<b>a</b>	Plan name ROUNDERS 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ROUNDERS BAR & GRILL, INC.	<b>c</b> EIN-PN 20-5823096-001
<b>a</b>	Plan name VIRGINIA IPAPO-AGUSTIN DDS INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VIRGINIA IPAPO DDS, INC.	<b>c</b> EIN-PN 26-4554490-001
<b>a</b>	Plan name NATHANIEL LEEDY, DMD, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NATHANIEL LEEDY, DMD, PA	<b>c</b> EIN-PN 84-3728355-001
<b>a</b>	Plan name BECKWITH LUMBER COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BECKWITH LUMBER COMPANY, INC.	<b>c</b> EIN-PN 55-0525058-001
<b>a</b>	Plan name INNOVATION EDGE 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INNOVATION EDGE	<b>c</b> EIN-PN 20-8196742-002

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 WEST OLIVE ANIMAL HOSPITAL, L.L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WEST OLIVE ANIMAL HOSPITAL, L.L.C.	<b>c</b> EIN-PN 86-0902939-001
<b>a</b>	Plan name BERGSTRESSER & POLLOCK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BERGSTRESSER & POLLOCK, LLC	<b>c</b> EIN-PN 45-3592245-001
<b>a</b>	Plan name DWELLINGS ON MADISON 401(K) PLAN	
<b>b</b>	Name of plan sponsor DWELLINGS ON MADISON	<b>c</b> EIN-PN 45-4310435-001
<b>a</b>	Plan name DYNAMIC DOWNHOLE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DYNAMIC DOWNHOLE SERVICES, LLC	<b>c</b> EIN-PN 26-2612443-001
<b>a</b>	Plan name INTERNATIONAL TANK SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL TANK SERVICE, INC.	<b>c</b> EIN-PN 34-1277387-001
<b>a</b>	Plan name INTERPRINT INCORPORATED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTERPRINT, INC.	<b>c</b> EIN-PN 59-0871253-001
<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 NEW ENGLAND ORBITAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW ENGLAND ORBITAL SERVICES, INC.	<b>c</b> EIN-PN 02-0508263-001
<b>a</b>	Plan name ELEVATE GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ELEVATE GROUP, LLC	<b>c</b> EIN-PN 26-4319131-001
<b>a</b>	Plan name ELITE PT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELITE PT LLC	<b>c</b> EIN-PN 20-8004587-001
<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
<b>a</b>	Plan name BURCH COURT DENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BURCH COURT DENTAL	<b>c</b> EIN-PN 61-1338337-001

<b>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	EXCHANGE BANK OF MISSOURI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EXCHANGE BANK OF MISSOURI	<b>c</b> EIN-PN 43-0263000-001
<b>a</b>	Plan name	PAT BRUCH EXCAVATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAT BRUCH EXCAVATING, INC.	<b>c</b> EIN-PN 47-1140233-005
<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	SUPERIOR PAINT SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR PAINT SUPPLY, INC.	<b>c</b> EIN-PN 87-0241620-001
<b>a</b>	Plan name	SUPERMAX HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERMAX HEALTHCARE INC.	<b>c</b> EIN-PN 27-2105941-001
<b>a</b>	Plan name	THE GOLF CLUB OF TENNESSEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE GOLF CLUB OF TENNESSEE	<b>c</b> EIN-PN 58-1831848-001
<b>a</b>	Plan name	THE INFORMATION CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE INFORMATION CENTER, INC.	<b>c</b> EIN-PN 51-0136113-001
<b>a</b>	Plan name	THE LENTZ COMPANIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LENTZ COMPANIES, INC.	<b>c</b> EIN-PN 75-2750789-001
<b>a</b>	Plan name	CLARK'S AUTO REPAIR, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLARK'S AUTO REPAIR, LLC	<b>c</b> EIN-PN 46-4186489-001
<b>a</b>	Plan name	CLARKE PACKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLARKE PACKING & CRATING COMPANY	<b>c</b> EIN-PN 36-3828267-001
<b>a</b>	Plan name	GENTILOZZI REAL ESTATE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENTILOZZI REAL ESTATE, INC.	<b>c</b> EIN-PN 38-2361521-001
<b>a</b>	Plan name	ADVIT CONSULTING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVIT CONSULTING, INC.	<b>c</b> EIN-PN 36-4402278-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	GLAZE 'N' SEAL PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLAZE 'N' SEAL PRODUCTS, INC.	<b>c</b> EIN-PN 45-3147432-001
<b>a</b>	Plan name	THE SELECT FAMILY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE SELECT FAMILY	<b>c</b> EIN-PN 93-0994537-001
<b>a</b>	Plan name	CONSOLIDATED DOORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIDATED DOORS, INC.	<b>c</b> EIN-PN 39-1757450-001
<b>a</b>	Plan name	GREEN SPOT PACKAGING, INC. TAX-FAVORED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GREEN SPOT PACKAGING	<b>c</b> EIN-PN 95-3750837-001
<b>a</b>	Plan name	GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREENSBORO FARMER'S CO-OP	<b>c</b> EIN-PN 63-0645197-001
<b>a</b>	Plan name	GRINDSTONE PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRINDSTONE PARTNERS, LLC	<b>c</b> EIN-PN 31-1758301-001
<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	CROSBY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CROSBY ENERGY SERVICES	<b>c</b> EIN-PN 72-1232473-001
<b>a</b>	Plan name	HARLEY AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARLEY AUTOMOTIVE GROUP, INC.	<b>c</b> EIN-PN 41-1711881-001
<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	ASSURANCE LABS RETIREMENT READINESS PLAN	
<b>b</b>	Name of plan sponsor	ASSURANCE DRUG TESTING LABORATORIES, LLC	<b>c</b> EIN-PN 20-4013455-001
<b>a</b>	Plan name	HIGH GROUND INSURANCE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGH GROUND INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 20-8202870-001

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 <b>MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.</b>	<b>c</b> EIN-PN <b>39-1832237-002</b>
<b>a</b>	Plan name <b>ROCHESTER TELEPHONE COMPANY INC EMPLOYEES' RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROCHESTER TELEPHONE COMPANY INC</b>	<b>c</b> EIN-PN <b>35-0619275-777</b>
<b>a</b>	Plan name <b>ROCKY'S HARDWARE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROCKY'S HARDWARE, INC.</b>	<b>c</b> EIN-PN <b>04-2373758-001</b>
<b>a</b>	Plan name <b>AUTOMATED GIVING SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AUTOMATED GIVING SOLUTIONS, LLC.</b>	<b>c</b> EIN-PN <b>90-0284345-333</b>
<b>a</b>	Plan name <b>DELTA SYSTEMS &amp; AUTOMATION LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DELTA SYSTEMS &amp; AUTOMATION LLC</b>	<b>c</b> EIN-PN <b>83-2468256-001</b>
<b>a</b>	Plan name <b>MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOBILE SYSTEMS WIRELESS INC.</b>	<b>c</b> EIN-PN <b>91-1879582-001</b>
<b>a</b>	Plan name <b>RUNNING AWAY INCORPORATED 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RUNNING AWAY INCORPORATED DBA JOHN'S RUN WALK SHOP</b>	<b>c</b> EIN-PN <b>61-0950094-001</b>
<b>a</b>	Plan name <b>BEEM CONSTRUCTION INC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEEM CONSTRUCTION INC.</b>	<b>c</b> EIN-PN <b>34-1267106-001</b>
<b>a</b>	Plan name <b>BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BELGRADE STATE BANK</b>	<b>c</b> EIN-PN <b>43-0177195-001</b>
<b>a</b>	Plan name <b>BELINDA S. GRANADA DDS CASH BALANCE</b>	
<b>b</b>	Name of plan sponsor <b>BELINDA S. GRANADA DDS PC</b>	<b>c</b> EIN-PN <b>47-1502317-002</b>
<b>a</b>	Plan name <b>BELINDA S. GRANADA DDS PC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BELINDA S. GRANADA DDS PC</b>	<b>c</b> EIN-PN <b>47-1502317-001</b>
<b>a</b>	Plan name <b>INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INSTITUTIONAL CASEWORK, INC.</b>	<b>c</b> EIN-PN <b>20-4225695-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	INTEGRI, LLC	<b>c</b> EIN-PN 20-2613358-001
<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>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	SHAWNEE COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHAWNEE COUNTRY CLUB	<b>c</b> EIN-PN 34-4353200-001
<b>a</b>	Plan name	SHEILA C. SKIP NOWELL LEADERSHIP ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHEILA C. SKIP NOWELL LEADERSHIP ACADEMY	<b>c</b> EIN-PN 46-2385806-001
<b>a</b>	Plan name	WMX LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WMX LOGISTICS	<b>c</b> EIN-PN 82-0570015-001
<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	JDM TECHNOLOGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPUTER GUIDANCE	<b>c</b> EIN-PN 46-4707871-001
<b>a</b>	Plan name	JENNIFER A. KENNEDY, DDS., LLC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JENNIFER A. KENNEDY, DDS., LLC.	<b>c</b> EIN-PN 37-1101326-001
<b>a</b>	Plan name	OHIO READY MIX, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OHIO READY MIX, INC.	<b>c</b> EIN-PN 34-1086697-001
<b>a</b>	Plan name	OLDHAM HARDWOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLDHAM HARDWOODS, LLC	<b>c</b> EIN-PN 88-2687277-001
<b>a</b>	Plan name	SOFTCRYLIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOFTCRYLIC, LLC	<b>c</b> EIN-PN 13-4137658-001

<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	EYE CARE OF MAINE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EYE CARE OF MAINE, P.A.	<b>c</b> EIN-PN 01-0316462-004
<b>a</b>	Plan name	KO STONE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KO STONE, INC.	<b>c</b> EIN-PN 46-2842689-001
<b>a</b>	Plan name	KOMET USA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOMET USA, LLC	<b>c</b> EIN-PN 84-1719571-001
<b>a</b>	Plan name	PAUL HEATH AUDIO, LTD. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PAUL HEATH AUDIO, LTD.	<b>c</b> EIN-PN 36-2838514-003
<b>a</b>	Plan name	PAUL'S AUTO REPAIR, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAUL'S AUTO REPAIR, LLC	<b>c</b> EIN-PN 27-2538433-001
<b>a</b>	Plan name	PAYROLL EXPRESS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAYROLL EXPRESS, LLC	<b>c</b> EIN-PN 45-3517823-001
<b>a</b>	Plan name	SUPERSTORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FURNITURE SUPERSTORE LLC	<b>c</b> EIN-PN 87-0698757-001
<b>a</b>	Plan name	FOREMAN TOOL AND MOLD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOREMAN TOOL AND MOLD	<b>c</b> EIN-PN 82-3225815-001
<b>a</b>	Plan name	LAMONI LIVESTOCK AUCTION MARKET, LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAMONI LIVESTOCK AUCTION MARKET, LLC	<b>c</b> EIN-PN 83-1452702-001
<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	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	WHITE EYE ASSOCIATES, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WHITE EYE ASSOCIATES, P.A.	<b>c</b> EIN-PN 56-1341154-001

<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	AVKARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AVKARE, LLC	<b>c</b> EIN-PN 20-8622803-001
<b>a</b>	Plan name	AVMEDICAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AVMEDICAL, LLC	<b>c</b> EIN-PN 83-2573744-001
<b>a</b>	Plan name	WOMENFIRST, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOMENFIRST, LLC	<b>c</b> EIN-PN 41-2192392-001
<b>a</b>	Plan name	BRUCE C. WINTERSTEEN, D.D.S. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRUCE C. WINTERSTEEN, D.D.S.	<b>c</b> EIN-PN 37-1209635-002
<b>a</b>	Plan name	BUCHHOLZ TRANSPORT 401(K) & PSP	
<b>b</b>	Name of plan sponsor	BUCHHOLZ TRANSPORT INC.	<b>c</b> EIN-PN 38-2497552-001
<b>a</b>	Plan name	COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL	<b>c</b> EIN-PN 71-0577085-004
<b>a</b>	Plan name	COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLONIAL HEIGHTS VETERINARY HOSPITAL	<b>c</b> EIN-PN 54-2031691-001
<b>a</b>	Plan name	CROWN HILL DENTISTRY RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRITTANY D. GOODING, D.D.S., P.C.	<b>c</b> EIN-PN 45-4069228-001
<b>a</b>	Plan name	DEVILS LAKE WATER SPORTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DEVILS LAKE WATER SPORTS, INC.	<b>c</b> EIN-PN 38-2824763-001
<b>a</b>	Plan name	EAST TENNESSEE NEPHROLOGY, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAST TENNESSEE NEPHROLOGY, P.C.	<b>c</b> EIN-PN 62-1835816-001
<b>a</b>	Plan name	EMPLOYEE SALARY REDUCTION PLAN OF MEGA HERTZ SALES COMPANY	
<b>b</b>	Name of plan sponsor	MEGA HERTZ SALES COMPANY	<b>c</b> EIN-PN 84-0855727-001
<b>a</b>	Plan name	ENGINEERED SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERED SYSTEMS, INC.	<b>c</b> EIN-PN 04-3194781-001

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 F.N. CUTHBERT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor F. N. CUTHBERT, INC.	<b>c</b> EIN-PN 34-4412513-001
<b>a</b>	Plan name FAIRGROUNDS TRANSPORTATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FAIRGROUNDS TRANSPORTATION	<b>c</b> EIN-PN 26-1692517-001
<b>a</b>	Plan name GIBSON OVERSEAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIBSON OVERSEAS, INC.	<b>c</b> EIN-PN 95-3393699-002
<b>a</b>	Plan name GIBSON WINE COMPANY EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIBSON WINE COMPANY	<b>c</b> EIN-PN 94-0840555-003
<b>a</b>	Plan name GLOBAL WIDGET, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL WIDGET, LLC	<b>c</b> EIN-PN 81-2430361-001
<b>a</b>	Plan name INTERNAL MEDICINE PRIMARY CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERNAL MEDICINE PRIMARY CARE, INC.	<b>c</b> EIN-PN 34-1712938-001
<b>a</b>	Plan name KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KRIEGEL HOLDING COMPANY, INC.	<b>c</b> EIN-PN 30-0227844-001
<b>a</b>	Plan name LUX GLOBAL LABEL PR LLC 1081.01(D) RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor LUX GLOBAL LABEL PR LLC	<b>c</b> EIN-PN 66-0881458-001
<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 MAX A. SASS & SONS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAX A. SASS & SONS, INC.	<b>c</b> EIN-PN 39-1129503-001
<b>a</b>	Plan name MODERN WOMEN'S CARE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MODERN WOMEN'S CARE	<b>c</b> EIN-PN 27-1337010-001
<b>a</b>	Plan name MOHRFELD ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOHRFELD ELECTRIC	<b>c</b> EIN-PN 27-1617896-001

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 NELSON PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor NELSON PHARMACY CONSULTING SERVICES, PLC	<b>c</b> EIN-PN 01-0667577-001
<b>a</b>	Plan name ONE SEMICONDUCTOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ONE SEMICONDUCTOR, LLC	<b>c</b> EIN-PN 45-2992076-001
<b>a</b>	Plan name PETROVAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETROVAL, INC.	<b>c</b> EIN-PN 72-1559851-001
<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 REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor REPUBLICAN ATTORNEYS GENERAL ASSOCIATION	<b>c</b> EIN-PN 46-4501717-001
<b>a</b>	Plan name ROI DNA 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROI DNA	<b>c</b> EIN-PN 27-1203715-001
<b>a</b>	Plan name ROONEY'S WELDING & FABRICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ROONEY'S WELDING & FABRICATION, INC.	<b>c</b> EIN-PN 02-0514973-001
<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 SHERIDAN SHEET METAL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SHERIDAN SHEET METAL COMPANY	<b>c</b> EIN-PN 41-1631666-001
<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>a</b>	Plan name STEEL - FAB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEEL-FAB, INC.	<b>c</b> EIN-PN 04-2396722-004
<b>a</b>	Plan name T K GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor T K GROUP, INC.	<b>c</b> EIN-PN 36-3489575-001

<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	TEKTEAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TECHTEAM, LLC DBA TEKTEAM	<b>c</b> EIN-PN 94-3335438-001
<b>a</b>	Plan name	THE WOOD GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE WOOD GROUP, LLC	<b>c</b> EIN-PN 31-1504201-001
<b>a</b>	Plan name	AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROSPACE & MARINE INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 77-0280581-001
<b>a</b>	Plan name	AGGRESSIVE CONCEPTS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AGGRESSIVE CONCEPTS	<b>c</b> EIN-PN 30-0801925-001
<b>a</b>	Plan name	APARTMENT HOUSE BUILDERS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	APARTMENT HOUSE BUILDERS, INC.	<b>c</b> EIN-PN 71-0649991-001
<b>a</b>	Plan name	ATLANTA HEADACHE SPECIALIST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTA HEADACHE SPECIALISTS	<b>c</b> EIN-PN 26-3517084-001
<b>a</b>	Plan name	ATLANTIS AIR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIS AIR CONDITIONING CORP.	<b>c</b> EIN-PN 59-2380821-001
<b>a</b>	Plan name	VON'S JEWELRY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VON'S JEWELRY, INC.	<b>c</b> EIN-PN 34-1162214-001
<b>a</b>	Plan name	VOSS BELTING & SPECIALTY CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOSS BELTING & SPECIALTY CO., INC.	<b>c</b> EIN-PN 36-2109945-001
<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>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>FIDELITY ADVISOR NEW INSIGHTS RET OPT</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>290</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	39640740      43840656
<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>	39640740	43840656
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	39640740	43840656

**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>		
<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>	13759866	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		13759866

**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>	331558	
(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>		331558
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		331558

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		13428308
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		3224522
(2) From this plan .....	<b>2l(2)</b>		12452914

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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