

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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, a single-employer plan, a DFE (specify) P
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: AB HIGH INCOME RET OPT
1b Three-digit plan number (PN): 508
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> <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
--	--

**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)
---	---

---

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

---

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

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

---

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

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

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

---

<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>
---	--	---

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>AB HIGH INCOME RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>508</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)
---------------	--

<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)
<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)
<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)
<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)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<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	FAMILY DENTAL EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAMILY DENTAL PRACTICE	<b>c</b> EIN-PN 55-0764474-001
<b>a</b>	Plan name	FRANK C. LAWRENCE DAIRY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRANK LAWRENCE DAIRY	<b>c</b> EIN-PN 94-1220748-001
<b>a</b>	Plan name	GOLDEN GIANT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN GIANT, INC.	<b>c</b> EIN-PN 34-1087997-001
<b>a</b>	Plan name	HAUCK BROS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAUCK BROTHERS, INC.	<b>c</b> EIN-PN 31-0599870-001
<b>a</b>	Plan name	HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA MONEY PURCHASE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA	<b>c</b> EIN-PN 02-1234567-001
<b>a</b>	Plan name	HSC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEALTHCARE STAFFING & CONSULTANTS, L.L.C.	<b>c</b> EIN-PN 22-3789693-001
<b>a</b>	Plan name	KEITH A. COHRS D.D.S., P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEITH A. COHRS D.D.S., P.C.	<b>c</b> EIN-PN 20-2818829-001
<b>a</b>	Plan name	KENNETH O. KARP, MD, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENNETH O. KARP, MD, PA	<b>c</b> EIN-PN 20-0112151-001
<b>a</b>	Plan name	NORTHERN NJ CHAPTER, INC. NECA SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN NJ CHAPTER, INC. NECA	<b>c</b> EIN-PN 22-1455827-002
<b>a</b>	Plan name	NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST EYE CENTER S.C.	<b>c</b> EIN-PN 36-3145951-002
<b>a</b>	Plan name	PACIFIC LOCK & SAFE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL SERVICES, INC. DBA PACIFIC LOCK & SAFE	<b>c</b> EIN-PN 99-0285551-001
<b>a</b>	Plan name	PHOENIX BUSINESS SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 36-4358996-001

<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	PHOENIX PRINTING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX PRINTING GROUP, INC. D/B/A PHOENIX PRINTING	<b>c</b> EIN-PN 26-1995352-001
<b>a</b>	Plan name	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
<b>b</b>	Name of plan sponsor	RAO MANUFACTURING COMPANY	<b>c</b> EIN-PN 41-0494610-002
<b>a</b>	Plan name	TENNESSEE ASSOCIATED ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TENNESSEE ASSOCIATED ELECTRIC, LLC	<b>c</b> EIN-PN 46-1537499-001
<b>a</b>	Plan name	THUAN VAN NGUYEN, M.D. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	THUAN VAN NGUYEN, M.D.	<b>c</b> EIN-PN 95-3914970-001
<b>a</b>	Plan name	UNIVERSITY PAIN MEDICINE CENTER, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY PAIN MEDICINE CENTER, LLC	<b>c</b> EIN-PN 11-3822343-001
<b>a</b>	Plan name	UNIVERSITY VILLAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTPORT HOLDINGS TAMPA, LP	<b>c</b> EIN-PN 65-1059079-001
<b>a</b>	Plan name	URGENT CARE AT LAKE LUCILLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	URGENT CARE AT LAKE LUCILLE, INC.	<b>c</b> EIN-PN 92-0144617-001
<b>a</b>	Plan name	VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VULCAN FIRE SYSTEMS, INC.	<b>c</b> EIN-PN 61-1057957-001
<b>a</b>	Plan name	WAGNER OVERHEAD DOOR CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WAGNER OVERHEAD DOOR CO., INC.	<b>c</b> EIN-PN 34-1232496-001
<b>a</b>	Plan name	AIR BROOK LIMOUSINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIR BROOK LIMOUSINE, INC.	<b>c</b> EIN-PN 22-1930499-001
<b>a</b>	Plan name	AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AIR CLEANING TECHNOLOGIES, INC.	<b>c</b> EIN-PN 54-2003736-001
<b>a</b>	Plan name	AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AIRMAX LLC	<b>c</b> EIN-PN 84-1440204-001

<b>Part II 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	APS 401(K) PLAN
<b>b</b>	Name of plan sponsor	ADVANCED POWDER SOLUTIONS OF TEXAS
<b>c</b>	EIN-PN	20-3150581-001
<b>a</b>	Plan name	FRAZER DENTAL CARE 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FRAZER DENTAL CARE
<b>c</b>	EIN-PN	23-3077648-001
<b>a</b>	Plan name	FRIEDMAN LAW, P.A. 401(K) PLAN
<b>b</b>	Name of plan sponsor	FRIEDMAN LAW, P.A
<b>c</b>	EIN-PN	46-4480334-001
<b>a</b>	Plan name	GRAEAGLE CONSTRUCTION 401(K) PLAN
<b>b</b>	Name of plan sponsor	GRAEAGLE CONSTRUCTION
<b>c</b>	EIN-PN	88-0499070-001
<b>a</b>	Plan name	GRAND FUNDING GROUP, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	GRAND FUNDING GROUP, INC.
<b>c</b>	EIN-PN	27-3273076-002
<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	LAWYERS FOR JUSTICE PC 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	LAWYERS FOR JUSTICE PC
<b>c</b>	EIN-PN	27-4652068-001
<b>a</b>	Plan name	LAZAR LANDSCAPE DESIGN & CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	LAZAR LANDSCAPE DESIGN & CONSTRUCTION, INC.
<b>c</b>	EIN-PN	30-0160288-001
<b>a</b>	Plan name	MARK A. PRICE, DDS, MSD, P.C. 401 (K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MARK A. PRICE, DDS, MSD, P.C.
<b>c</b>	EIN-PN	03-0352887-001
<b>a</b>	Plan name	METALLIC RECOVERY GROUP, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	METALLIC RECOVERY GROUP, INC.
<b>c</b>	EIN-PN	23-2949661-001
<b>a</b>	Plan name	PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PUTNAM TRUCKING, INC.
<b>c</b>	EIN-PN	37-1272751-001
<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

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 SKANES TECHNOLOGY GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SKANES TECHNOLOGY GROUP, LLC	<b>c</b> EIN-PN 27-1433006-001
<b>a</b>	Plan name SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor SKL PRIME SERVICES, LLC	<b>c</b> EIN-PN 01-0551573-001
<b>a</b>	Plan name VALLEY BULK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALLEY BULK, INC.	<b>c</b> EIN-PN 33-0674207-001
<b>a</b>	Plan name A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor A BETTER CONTRACTOR, LLC	<b>c</b> EIN-PN 46-4885039-002
<b>a</b>	Plan name ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARGENT FEDERAL CREDIT UNION	<b>c</b> EIN-PN 54-0623641-002
<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 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 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 CANAM MINERALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CANAM MINERALS, INC.	<b>c</b> EIN-PN 94-1535782-001
<b>a</b>	Plan name MCARDLE LTD. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MCARDLE LTD.	<b>c</b> EIN-PN 36-2949020-333
<b>a</b>	Plan name MCCLAIN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCCLAIN PRINTING COMPANY, INC.	<b>c</b> EIN-PN 55-0421933-002
<b>a</b>	Plan name MRG CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor METALLIC RECOVERY GROUP, INC.	<b>c</b> EIN-PN 23-2949661-002

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>BUG MAN EXTERMINATING, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUG MAN EXTERMINATING, INC.</b>	<b>c</b> EIN-PN <b>54-1884547-001</b>
<b>a</b>	Plan name <b>BUILDERS STEEL SERVICE, INC. 401(K) PROFIT SHARING &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BUILDER'S STEEL SERVICE, INC.</b>	<b>c</b> EIN-PN <b>34-1719798-002</b>
<b>a</b>	Plan name <b>DMA HOLDINGS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DMA HOLDINGS, INC.</b>	<b>c</b> EIN-PN <b>26-1547833-001</b>
<b>a</b>	Plan name <b>DMD BUILDERS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DMD WINDOW AND DOOR, INC.</b>	<b>c</b> EIN-PN <b>81-4449392-001</b>
<b>a</b>	Plan name <b>DMLOGIC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>DMLOGIC</b>	<b>c</b> EIN-PN <b>27-1024409-001</b>
<b>a</b>	Plan name <b>ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE</b>	<b>c</b> EIN-PN <b>27-0047953-001</b>
<b>a</b>	Plan name <b>GUYMON MACHINING &amp; FABRICATION, INC. SAFE HARBOR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GUYMON MACHINING &amp; FABRICATION INC</b>	<b>c</b> EIN-PN <b>82-0461511-001</b>
<b>a</b>	Plan name <b>GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GWINNETT COUNTY HABITAT FOR HUMANITY, INC.</b>	<b>c</b> EIN-PN <b>58-1795694-001</b>
<b>a</b>	Plan name <b>HWO, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HWO, INC.</b>	<b>c</b> EIN-PN <b>83-2185021-001</b>
<b>a</b>	Plan name <b>I WOOD DESIGN 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>I WOOD DESIGN, INC.</b>	<b>c</b> EIN-PN <b>95-4805073-001</b>
<b>a</b>	Plan name <b>AMERICAN TIRE &amp; AUTO 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN TIRE &amp; AUTO CARE, INC.</b>	<b>c</b> EIN-PN <b>47-5563950-001</b>
<b>a</b>	Plan name <b>BULLDOG RACK COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BULLDOG RACK COMPANY, WEIRTON</b>	<b>c</b> EIN-PN <b>02-0669159-001</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	BULLDOG RACK HOLDING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BULLDOG RACK HOLDING COMPANY	<b>c</b> EIN-PN 46-1606192-001
<b>a</b>	Plan name	CHINATOWN PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHINATOWN PHARMACY	<b>c</b> EIN-PN 47-5552705-001
<b>a</b>	Plan name	CHRISSELLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHRISSELLE, INC.	<b>c</b> EIN-PN 27-2841262-001
<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	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	LINCOLN FOUNDRY, INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LINCOLN FOUNDRY, INC.	<b>c</b> EIN-PN 25-1255600-001
<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	MUKILTEO VETERINARY HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUKILTEO VETERINARY HOSPITAL AQUISITION, P.S.	<b>c</b> EIN-PN 47-2244407-001
<b>a</b>	Plan name	MUNCIE FAMILY DENTAL CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUNCIE FAMILY DENTAL CARE, INC.	<b>c</b> EIN-PN 35-1520023-001
<b>a</b>	Plan name	MUSTO WINE GRAPE CO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MUSTO WINE GRAPE CO, LLC	<b>c</b> EIN-PN 26-1316055-001
<b>a</b>	Plan name	ORION COMMERCIAL PARTNERS, LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ORION COMMERCIAL PARTNERS, LLC.	<b>c</b> EIN-PN 27-3247725-001
<b>a</b>	Plan name	POE & CRONK 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	POE & CRONK REAL ESTATE GROUP, INC.	<b>c</b> EIN-PN 54-1212380-002

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 RDC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROCK & DIRT CONSTRUCTION	<b>c</b> EIN-PN 20-0382886-001
<b>a</b>	Plan name THE CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE CELLAR LUMBER COMPANY	<b>c</b> EIN-PN 31-4144745-001
<b>a</b>	Plan name TRUE STONE COFFEE ROASTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRUE STONE COFFEE ROASTERS	<b>c</b> EIN-PN 11-3684648-001
<b>a</b>	Plan name WATER WORKS INDUSTRIAL SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WATER WORKS INDUSTRIAL SERVICES, LLC	<b>c</b> EIN-PN 72-1399822-001
<b>a</b>	Plan name WAVE CREST DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor WAVE CREST DEVELOPMENT	<b>c</b> EIN-PN 94-2349728-001
<b>a</b>	Plan name ABEL'S EXPRESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABEL'S EXPRESS, INC.	<b>c</b> EIN-PN 23-2245413-001
<b>a</b>	Plan name ABSOLUTE ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ABSOLUTE ENERGY, L.L.C	<b>c</b> EIN-PN 20-3841025-777
<b>a</b>	Plan name ARICA CONSULTING & CONTRACTING, LLC 401(K)	
<b>b</b>	Name of plan sponsor ARICA CONSULTING & CONTRACTING, LLC	<b>c</b> EIN-PN 52-2292509-001
<b>a</b>	Plan name BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BASSETT SALES CORPORATION	<b>c</b> EIN-PN 95-3666930-001
<b>a</b>	Plan name BCA LAW FIRM, LLC -- DB / CASH BALANCE	
<b>b</b>	Name of plan sponsor BHAVYA CHAUDHARY & ASSOCIATES LAW FIRM, LLC	<b>c</b> EIN-PN 27-3350933-002
<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 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

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 FERGUSON COX ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor FERGUSON COX ASSOCIATES, INC.	<b>c</b> EIN-PN 06-1242231-001
<b>a</b>	Plan name HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor HENNESSEY ENGINEERS, INC.	<b>c</b> EIN-PN 38-2047389-004
<b>a</b>	Plan name INDUSTRIA LECHERA DE PUERTO RICO NON UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor INDUSTRIA LECHERA DE PUERTO RICO	<b>c</b> EIN-PN 66-0211588-002
<b>a</b>	Plan name JAMES G. MURPHY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JAMES G. MURPHY, INC.	<b>c</b> EIN-PN 91-0901239-002
<b>a</b>	Plan name JAMES R. DETTLING M.D. LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JAMES R. DETTLING, M.D. LTD	<b>c</b> EIN-PN 88-0469527-001
<b>a</b>	Plan name JAMES R. DETTLING, MD. LTD. CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor JAMES R. DETTLING, M.D. LTD	<b>c</b> EIN-PN 88-0469527-002
<b>a</b>	Plan name KIA OF LAGRANGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIA OF LAGRANGE	<b>c</b> EIN-PN 27-0980531-001
<b>a</b>	Plan name KIM & LAVOY, S.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIM & LAVOY, S.C.	<b>c</b> EIN-PN 20-0771810-001
<b>a</b>	Plan name NADER DAKAK, M.D., P.A. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor NADER DAKAK, M.D., P.A.	<b>c</b> EIN-PN 51-0492533-001
<b>a</b>	Plan name NANOSHIFT 401(K) PLAN	
<b>b</b>	Name of plan sponsor NANOSHIFT	<b>c</b> EIN-PN 59-3810848-001
<b>a</b>	Plan name O SKIN CARE LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor O SKIN CARE LLC	<b>c</b> EIN-PN 26-0374403-001
<b>a</b>	Plan name OAHU METAL & GLAZING, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OAHU METAL & GLAZING, LLC	<b>c</b> EIN-PN 84-3089701-001

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>RISER MOTORS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RISER MOTORS, INC.</b>	<b>c</b> EIN-PN <b>71-0857865-001</b>
<b>a</b>	Plan name <b>SCHOLZE, LUDWIG, GRUHN &amp; WISHAU, S.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SCHOLZE, LUDWIG, GRUHN &amp; WISHAU, S.C.</b>	<b>c</b> EIN-PN <b>39-1317185-001</b>
<b>a</b>	Plan name <b>TOIGO FOUNDATION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE ROBERT A. TOIGO FOUNDATION</b>	<b>c</b> EIN-PN <b>13-3565426-001</b>
<b>a</b>	Plan name <b>TOM MALLOY CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOM MALLOY CORPORATION</b>	<b>c</b> EIN-PN <b>95-2674327-004</b>
<b>a</b>	Plan name <b>WEINBERG &amp; COMPANY 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WEINBERG &amp; COMPANY, LLP</b>	<b>c</b> EIN-PN <b>05-0401635-001</b>
<b>a</b>	Plan name <b>FONDO FOMENTO INDUSTRIA LECHERA DE P.R. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FONDO FORMENTO INDUSTRIA LECHERA</b>	<b>c</b> EIN-PN <b>66-0220036-001</b>
<b>a</b>	Plan name <b>CECOS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CYRIACKS ENVIRONMENTAL CONSULTING SERVICES, INC.</b>	<b>c</b> EIN-PN <b>90-0106680-001</b>
<b>a</b>	Plan name <b>PEDIATRIC MINDS MEDICAL CENTER 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>PEDIATRIC MINDS MEDICAL CENTER, INC.</b>	<b>c</b> EIN-PN <b>27-3044815-001</b>
<b>a</b>	Plan name <b>PEJU PROVINCE CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PEJU PROVINCE CORPORATION</b>	<b>c</b> EIN-PN <b>46-1570692-002</b>
<b>a</b>	Plan name <b>PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PELION ACTUARIAL SERVICES, INC.</b>	<b>c</b> EIN-PN <b>45-2927368-001</b>
<b>a</b>	Plan name <b>ACADEMY WEST INVESTMENTS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ACADEMY WEST INVESTMENTS</b>	<b>c</b> EIN-PN <b>82-4195113-001</b>
<b>a</b>	Plan name <b>ACCURATE MACHINE CO., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ACCURATE MACHINE CO., INC.</b>	<b>c</b> EIN-PN <b>39-1615083-001</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 GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GENERAL TRANSERVICE, INC.	<b>c</b> EIN-PN 23-1717902-001
<b>a</b>	Plan name LONE WOLF RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LONE WOLF RESOURCES, LLC	<b>c</b> EIN-PN 75-2815928-001
<b>a</b>	Plan name CNJ, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CNJ, INC.	<b>c</b> EIN-PN 20-4459124-001
<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 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 CONNELL & ASSOCIATES LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONNELL & ASSOCIATES LTD.	<b>c</b> EIN-PN 26-3776281-001
<b>a</b>	Plan name CONNERY CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CONNERY CONSTRUCTION, INC.	<b>c</b> EIN-PN 39-1845420-001
<b>a</b>	Plan name 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 HAMILTON MARTENS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAMILTON MARTENS, LLC	<b>c</b> EIN-PN 20-1343616-001
<b>a</b>	Plan name MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCZ CONSTRUCTION, INC.	<b>c</b> EIN-PN 20-0634943-001
<b>a</b>	Plan name MEASUREMENT LIMITED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEASUREMENT LIMITED, INC.	<b>c</b> EIN-PN 20-4119092-001
<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>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	DASTON CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DASTON CORPORATION	<b>c</b> EIN-PN 54-1638058-001
<b>a</b>	Plan name	DATA PATH, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	DATA PATH, INC.	<b>c</b> EIN-PN 90-0242296-001
<b>a</b>	Plan name	MICHIGAN NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHIGAN NEUROLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 38-3258019-001
<b>a</b>	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	<b>c</b> EIN-PN 26-1365260-001
<b>a</b>	Plan name	ROTO-ROOTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROOTER SEWER CLEANERS, INC.	<b>c</b> EIN-PN 39-0989392-222
<b>a</b>	Plan name	INDUSTRIA LECHERA DE PUERTO RICO UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIA LECHERA DE PUERTO RICO	<b>c</b> EIN-PN 66-0211588-001
<b>a</b>	Plan name	SERVICE TRANSPORT GROUP, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor	SERVICE TRANSPORT GROUP, INC.	<b>c</b> EIN-PN 23-2981850-001
<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 AIR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC AIR, INC.	<b>c</b> EIN-PN 99-0322399-001
<b>a</b>	Plan name	INTRINSYX TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTRINSYX TECHNOLOGIES	<b>c</b> EIN-PN 77-0539893-001
<b>a</b>	Plan name	NEW LIFE VENTURES, INC. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	NEW LIFE VENTURES, INC.	<b>c</b> EIN-PN 20-0339207-001
<b>a</b>	Plan name	WILBURN HOLDING COMPANY, INC. DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WILBURN HOLDING COMPANY, INC.	<b>c</b> EIN-PN 46-1294150-002

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 WILLIAM ZALLA CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WILLIAM ZALLA CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 61-0964984-001
<b>a</b>	Plan name ELECTRO-TECH, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELECTRO-TECH, INC.	<b>c</b> EIN-PN 06-1107977-001
<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 JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JARMER ELECTRIC, INC.	<b>c</b> EIN-PN 93-0694887-001
<b>a</b>	Plan name JD DOGGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JD DOGGY, INC.	<b>c</b> EIN-PN 47-3843337-001
<b>a</b>	Plan name SMITH'S ADDRESSING MACHINE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SMITH'S ADDRESSING MACHINE SERVICES, INC.	<b>c</b> EIN-PN 56-1099952-001
<b>a</b>	Plan name OTOGENETICS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor OTOGENETICS CORPORATION	<b>c</b> EIN-PN 26-1343895-001
<b>a</b>	Plan name C & C INSULATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C & C INSULATION, INC.	<b>c</b> EIN-PN 23-2110326-001
<b>a</b>	Plan name JOLLEY'S COMPOUNDING PHARMACY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor JOLLEY'S COMPOUNDING PHARMACY INC.	<b>c</b> EIN-PN 20-0513036-001
<b>a</b>	Plan name SST ENERGY CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SST ENERGY CORPORATION	<b>c</b> EIN-PN 84-1109846-001
<b>a</b>	Plan name ST. FRANCIS SCHOOL SAVINGS AND INVESTMENT PENSION PLAN	
<b>b</b>	Name of plan sponsor ST. FRANCIS SCHOOL	<b>c</b> EIN-PN 66-0327985-001
<b>a</b>	Plan name CARDIOVASCULAR SOLUTIONS, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARDIOVASCULAR SOLUTIONS, LLC	<b>c</b> EIN-PN 26-0170867-001

<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	CARLIN SALES CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARLIN SALES CORPORATION	<b>c</b> EIN-PN 39-1171459-001
<b>a</b>	Plan name	KING SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KING SYSTEMS, LLC	<b>c</b> EIN-PN 81-0553940-001
<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	SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MY WAY HOLDINGS, LLC	<b>c</b> EIN-PN 88-0475995-001
<b>a</b>	Plan name	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	CJ15 LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CJ15 LLC	<b>c</b> EIN-PN 47-4824628-001
<b>a</b>	Plan name	ADVANCED REPRODUCTIVE CENTER OF HAWAII 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHRISTOPHER T.F. HUANG, M.D., INC	<b>c</b> EIN-PN 01-0674989-001
<b>a</b>	Plan name	MATRIX MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATRIX MANUFACTURING, INC.	<b>c</b> EIN-PN 38-3622804-001
<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	QUIVX 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	QUIVX	<b>c</b> EIN-PN 26-4736334-001
<b>a</b>	Plan name	ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED COMPONENTS TECHNOLOGY, INC.	<b>c</b> EIN-PN 33-0439579-001
<b>a</b>	Plan name	ROCKY MOUNTAIN RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RMR INDUSTRIALS, INC. DBA ROCKY MOUNTAIN RESOURCES, INC.	<b>c</b> EIN-PN 46-0750094-001

<b>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	DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 34-1117652-001
<b>a</b>	Plan name	HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOME GUARD INDUSTRIES, INC.	<b>c</b> EIN-PN 35-1568735-001
<b>a</b>	Plan name	MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MJD TRUCKING, INC.	<b>c</b> EIN-PN 65-0831291-001
<b>a</b>	Plan name	RUPP SEEDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUPP SEEDS, INC.	<b>c</b> EIN-PN 34-1384132-001
<b>a</b>	Plan name	VITAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VITAL VENTURES	<b>c</b> EIN-PN 81-0972460-001
<b>a</b>	Plan name	SEMILAB USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEMILAB USA LLC	<b>c</b> EIN-PN 27-0347663-001
<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	WESTON PROPERTIES 401K	
<b>b</b>	Name of plan sponsor	WESTON PROPERTIES, LC	<b>c</b> EIN-PN 74-2722024-112
<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	INVESQUE HOLDINGS LP FINANCIAL FREEDOM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INVESQUE HOLDINGS LP	<b>c</b> EIN-PN 47-5355397-001
<b>a</b>	Plan name	SHARON MIA KIM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHARON MIA KIM	<b>c</b> EIN-PN 27-1418464-001
<b>a</b>	Plan name	SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SHAW'S COVE ORTHOPAEDICS, LLC	<b>c</b> EIN-PN 56-2397586-001

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>JEKK TOOLS &amp; FASTENERS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JEKK TOOLS &amp; FASTENERS, INC.</b>	<b>c</b> EIN-PN <b>23-2278532-001</b>
<b>a</b>	Plan name <b>SOFTCRYLIC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOFTCRYLIC, LLC</b>	<b>c</b> EIN-PN <b>13-4137658-001</b>
<b>a</b>	Plan name <b>C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>C.C. CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>04-2903497-222</b>
<b>a</b>	Plan name <b>EXECUTIVE BENEFIT PROGRAMS, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>EXECUTIVE BENEFIT PROGRAMS, INC.</b>	<b>c</b> EIN-PN <b>95-3617290-001</b>
<b>a</b>	Plan name <b>K KERN PAINTING LLC RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>K KERN PAINTING LLC</b>	<b>c</b> EIN-PN <b>54-2101884-001</b>
<b>a</b>	Plan name <b>K&amp;S ASSOCIATES, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>K&amp;S ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>43-0986235-001</b>
<b>a</b>	Plan name <b>FIRST QUALITY HOME CARE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIRST QUALITY HOME CARE, INC</b>	<b>c</b> EIN-PN <b>65-0478803-001</b>
<b>a</b>	Plan name <b>CARSON CORPORATION RETIREMENT PLAN FOR LOCAL 55</b>	
<b>b</b>	Name of plan sponsor <b>CARSON CORPORATION</b>	<b>c</b> EIN-PN <b>22-2852356-003</b>
<b>a</b>	Plan name <b>KMS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KINETICS MECHANICAL SERVICES, INC.</b>	<b>c</b> EIN-PN <b>77-0476369-001</b>
<b>a</b>	Plan name <b>KNS INTERNATIONAL RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KNS INTERNATIONAL</b>	<b>c</b> EIN-PN <b>42-1539365-001</b>
<b>a</b>	Plan name <b>SUPERSTORE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FURNITURE SUPERSTORE LLC</b>	<b>c</b> EIN-PN <b>87-0698757-001</b>
<b>a</b>	Plan name <b>FOOD 4 LESS SALARY SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PAQ, INC. DBA FOOD 4 LESS</b>	<b>c</b> EIN-PN <b>68-0363934-002</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	WHITE BRENNER LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHITE BRENNER LLP	<b>c</b> EIN-PN 46-1799572-001
<b>a</b>	Plan name	BLACK DOG SALVAGE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BDS HOLDINGS, INC.	<b>c</b> EIN-PN 54-1968963-001
<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 DISTRIBUTING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN CENTRAL DISTRIBUTING, INC. DBA CENTRAL DISTRIBUTING	<b>c</b> EIN-PN 77-0135542-001
<b>a</b>	Plan name	CONTRACT SOURCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONTRACT SOURCE, INC.	<b>c</b> EIN-PN 34-1605726-001
<b>a</b>	Plan name	CROY CONTRACTING, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CROY CONTRACTING, INC.	<b>c</b> EIN-PN 54-1616963-001
<b>a</b>	Plan name	DESMOND WELL DRILLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DESMOND WELL DRILLING, INC.	<b>c</b> EIN-PN 04-2987656-001
<b>a</b>	Plan name	DRYTECH, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRYTECH, INC.	<b>c</b> EIN-PN 63-1117842-001
<b>a</b>	Plan name	DUCTCO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUCTCO, LLC	<b>c</b> EIN-PN 46-2763056-002
<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

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 FJW MACHINE CO, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FJW MACHINE CO, INC.	<b>c</b> EIN-PN 76-0487904-001
<b>a</b>	Plan name FLO-LINE TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLO-LINE TECHNOLOGY	<b>c</b> EIN-PN 20-4032669-001
<b>a</b>	Plan name HARRY DAVIS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HARRY DAVIS, LLC	<b>c</b> EIN-PN 26-4098911-001
<b>a</b>	Plan name JI IN KIM, D.D.S., PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JI IN KIM, D.D.S., PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 45-2050276-001
<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
<b>a</b>	Plan name KAA NAPALI OPERATIONS ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KAA NAPALI OPERATIONS ASSOCIATION, INC.	<b>c</b> EIN-PN 99-0323901-001
<b>a</b>	Plan name KORBER PHARMA PACKAGING MATERIALS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KORBER PHARMA PACKAGING MATERIALS LLC	<b>c</b> EIN-PN 47-5593447-001
<b>a</b>	Plan name MEL LANZER COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEL LANZER COMPANY	<b>c</b> EIN-PN 34-0965107-001
<b>a</b>	Plan name MINDSTAR AVIATION, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MINDSTAR AVIATION, LLC	<b>c</b> EIN-PN 45-4060758-001
<b>a</b>	Plan name MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MINING EQUIPMENT, LTD.	<b>c</b> EIN-PN 16-1646623-222
<b>a</b>	Plan name MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MOHS CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 46-1727385-001

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>NEUSOFT AMERICA, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEUSOFT AMERICA, INC.</b>	<b>c</b> EIN-PN <b>20-5601470-001</b>
<b>a</b>	Plan name <b>OLYMPIATECH 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OLYMPIATECH ELECTRICAL CONTRACTOR, INC.</b>	<b>c</b> EIN-PN <b>41-0919848-001</b>
<b>a</b>	Plan name <b>PREMIERE BUILDING MAINTENANCE CORPORATION 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PREMIERE BUILDING MAINTENANCE CORPORATION</b>	<b>c</b> EIN-PN <b>62-1643357-001</b>
<b>a</b>	Plan name <b>PRIEST AMISTADI PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRIEST AMISTADI</b>	<b>c</b> EIN-PN <b>94-2507389-001</b>
<b>a</b>	Plan name <b>REPCO SALES LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REPCO SALES LLC</b>	<b>c</b> EIN-PN <b>99-3976601-001</b>
<b>a</b>	Plan name <b>ROSCOE BROWN, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROSCOE BROWN, INC.</b>	<b>c</b> EIN-PN <b>62-0810017-001</b>
<b>a</b>	Plan name <b>S4, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>S4 INC.</b>	<b>c</b> EIN-PN <b>04-3309384-001</b>
<b>a</b>	Plan name <b>SHORT LINE EXPRESS MARKET 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SHORT LINE EXPRESS MARKET</b>	<b>c</b> EIN-PN <b>88-0296690-001</b>
<b>a</b>	Plan name <b>STEEL - FAB, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STEEL-FAB, INC.</b>	<b>c</b> EIN-PN <b>04-2396722-004</b>
<b>a</b>	Plan name <b>TEKTEAM 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TECHTEAM, LLC DBA TEKTEAM</b>	<b>c</b> EIN-PN <b>94-3335438-001</b>
<b>a</b>	Plan name <b>THE VMC GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE VMC GROUP</b>	<b>c</b> EIN-PN <b>20-2305737-002</b>
<b>a</b>	Plan name <b>AERO-MARK LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AERO-MARK LLC</b>	<b>c</b> EIN-PN <b>26-4647620-001</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	AMERICAN GALVANO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN GALVANO, INC.	<b>c</b> EIN-PN 20-0161792-001
<b>a</b>	Plan name	AMERICAN HEAVY MOVING AND RIGGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN HEAVY MOVING AND RIGGING, INC.	<b>c</b> EIN-PN 95-3622763-001
<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	UNITED ENERGY WORKERS HEALTHCARE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNITED ENERGY WORKERS HEALTHCARE	<b>c</b> EIN-PN 88-2242746-001
<b>a</b>	Plan name	APOSTOLIC CHRISTIAN HOME 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APOSTOLIC CHRISTIAN HOME	<b>c</b> EIN-PN 37-1366082-001
<b>a</b>	Plan name	VERSITY INVESTMENTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERSITY INVESTMENTS, LLC	<b>c</b> EIN-PN 82-5315389-001
<b>a</b>	Plan name	VIBRATION MOUNTINGS & CONTROLS, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	THE VMC GROUP	<b>c</b> EIN-PN 20-2305737-003
<b>a</b>	Plan name	VOLAC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOLAC, INC.	<b>c</b> EIN-PN 51-0375769-001
<b>a</b>	Plan name	VORTOX AIR TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VORTOX AIR TECHNOLOGY, INC.	<b>c</b> EIN-PN 27-1402284-001
<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>
--	--	--

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>AB HIGH INCOME RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>508</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>
---------------	--------------------------------------

**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>	15332590
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	12123320
<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>	15332590	12123320
<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>	1	1
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1	1
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	15332589	12123319

**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>	912910	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		912910

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		912910

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	110003	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		110003
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		110003

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		802907
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		1036328
(2) From this plan .....	2l(2)		5048505

**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 \_\_\_\_\_.