

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: TA VANGUARD LIFESTRATEGY GROWTH RET OPT
1b Three-digit plan number (PN): 502
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>TA VANGUARD LIFESTRATEGY GROWTH RET OPT</u>	B Three-digit plan number (PN)	<u>502</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CONTRACTORS AND EMPLOYEES RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor ASSOCIATED PREVAILING WAGE CONTRACTORS, INC.	c EIN-PN 74-2485508-001
a	Plan name THE CONTRACTORS AND EMPLOYEES RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor ASSOCIATED PREVAILING WAGE CONTRACTORS, INC.	c EIN-PN 74-2485507-001
a	Plan name 101 CONCEPTS, LLC 401(K) PLAN	
b	Name of plan sponsor 101 CONCEPTS, LLC	c EIN-PN 20-2176716-001
a	Plan name CIRCLE MEDICAL CARE OF CALIFORNIA 401(K) PLAN	
b	Name of plan sponsor CIRCLE MEDICAL CARE OF CALIFORNIA	c EIN-PN 47-4883537-001
a	Plan name CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001
a	Plan name CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a	Plan name CLASSIC PACKAGING COMPANY 401(K) PLAN	
b	Name of plan sponsor CLASSIC PACKAGING COMPANY	c EIN-PN 56-1710623-002
a	Plan name CLINTON PREFERRED PEDIATRICS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MACOMB COUNTY PEDIATRICS, P.C. DBA CLINTON PREFERRED PEDIATRICS, P.C	c EIN-PN 38-3309363-001
a	Plan name HARKER HEATING & COOLING, INC. 401(K) PLAN	
b	Name of plan sponsor HARKER HEATING & COOLING, INC.	c EIN-PN 39-1634801-001
a	Plan name MORRISTOWN DRIVERS SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor MORRISTOWN DRIVERS SERVICE INC.	c EIN-PN 62-1156959-001
a	Plan name SGI 401(K) PLAN	
b	Name of plan sponsor SGI	c EIN-PN 93-4216744-001
a	Plan name SHINDLER, ANDERSON, GOPLERUD & WEESE P.C. 401(K) PLAN	
b	Name of plan sponsor SHINDLER, ANDERSON, GOPLERUD & WEESE P.C.	c EIN-PN 42-1506318-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SHIRLEY'S COOKIE CO., INC. 401(K) PLAN	
b	Name of plan sponsor SHIRLEY'S COOKIES CO., INC.	c EIN-PN 25-1892923-001
a	Plan name SIGMON FAMILY INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor SIGMON FAMILY INVESTMENTS, INC.	c EIN-PN 20-3200494-001
a	Plan name SIGNATURE SALON & SPA LIMITED 401(K) PLAN	
b	Name of plan sponsor SIGNATURE SALON & SPA LIMITED	c EIN-PN 39-1743728-001
a	Plan name 20/20 CUSTOM MOLDED PLASTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor 20/20 CUSTOM MOLDED PLASTICS, LLC	c EIN-PN 34-1945124-001
a	Plan name ABERDEEN CAPTIONING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABERDEEN CAPTIONING, INC.	c EIN-PN 33-0983867-001
a	Plan name CONCIERGE PHYSICAL THERAPY, INC. 401(K) PLAN	
b	Name of plan sponsor CONCIERGE PHYSICAL THERAPY, INC.	c EIN-PN 47-4420844-001
a	Plan name CONTINUUM HEALTHCARE, LLC 401(K) PLAN	
b	Name of plan sponsor CONTINUUM HEALTHCARE, LLC	c EIN-PN 46-2972429-001
a	Plan name CONVERSIO HEALTH 401(K) PLAN	
b	Name of plan sponsor INTEGRATED HEALTH CONCEPTS, INC.	c EIN-PN 77-0572991-001
a	Plan name NATURAL SMILES 401(K) PLAN	
b	Name of plan sponsor SUJATHA NADIMPALLI DMD LLC	c EIN-PN 30-0341874-001
a	Plan name NEW HOPE OF ARIZONA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW HOPE OF ARIZONA INC.	c EIN-PN 26-2624451-001
a	Plan name SILVERDALE PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SILVERDALE PLUMBING & HEATING, INC.	c EIN-PN 91-0970631-001
a	Plan name SKIENCE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SKIENCE, LLC	c EIN-PN 54-2058238-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACADEMY MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	ACADEMY MANAGEMENT COMPANY	c EIN-PN 45-2344235-001
a	Plan name	AC CUTURN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AC CUTURN CORPORATION	c EIN-PN 95-2901000-001
a	Plan name	ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor	ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name	COSTELLO, VALENTE & GENTRY, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	COSTELLO, VALENTE & GENTRY, P.C.	c EIN-PN 03-0293974-001
a	Plan name	CRAFT CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CRAFT CONSTRUCTION COMPANY	c EIN-PN 86-0853895-001
a	Plan name	HUNTINGTON SURF & SPORT 401(K) PLAN	
b	Name of plan sponsor	HUNTINGTON SURF & SPORT, INC.	c EIN-PN 33-0342360-001
a	Plan name	IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IDAHO ASPHALT SUPPLY, INC.	c EIN-PN 82-0325664-001
a	Plan name	NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST CHRISTIAN SCHOOL	c EIN-PN 86-0445016-001
a	Plan name	SPACE METAL 401(K) PLAN	
b	Name of plan sponsor	SPACE METAL	c EIN-PN 57-0785643-001
a	Plan name	STAR TIRE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STAR TIRE, INC.	c EIN-PN 75-1502226-001
a	Plan name	STEMLER PLUMBING INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FRANK STEMLER & SONS, INC.	c EIN-PN 35-1177650-001
a	Plan name	REGULUS 401(K)	
b	Name of plan sponsor	REGULUS GROUP, LLC	c EIN-PN 33-1009928-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name STREB CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor STREB CONSTRUCTION CO., INC.	c EIN-PN 42-0892646-001
a	Plan name SUN COAST PAIN MANAGEMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SUN COAST PAIN MANAGEMENT, P.A.	c EIN-PN 64-0888705-001
a	Plan name ASSETS, INC. 401(K) PLAN	
b	Name of plan sponsor ASSETS, INC.	c EIN-PN 92-0076696-888
a	Plan name BW WATER AMERICAS 401(K) PLAN	
b	Name of plan sponsor BW WATER AMERICAS	c EIN-PN 03-0570656-001
a	Plan name VISUAL WORKPLACE INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VISUAL WORKPLACE	c EIN-PN 26-4045453-001
a	Plan name VOLT ELECTRIC, LLC 401(K) PLAN	
b	Name of plan sponsor VOLT ELECTRIC, LLC	c EIN-PN 80-0874548-001
a	Plan name WAKOTA FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor WAKOTA FEDERAL CREDIT UNION	c EIN-PN 41-0130070-002
a	Plan name WARSHAUER WOODWARD ATKINS, LLC 401(K) PLAN	
b	Name of plan sponsor WARSHAUER WOODWARD ATKINS, LLC.	c EIN-PN 88-2972581-001
a	Plan name WEIFIELD GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WEIFIELD GROUP HOLDINGS, LLC	c EIN-PN 46-4888948-001
a	Plan name WELLNESS LIFE CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor WELLNESS LIFE CENTER, LLC	c EIN-PN 45-2349447-001
a	Plan name DAIOHS U.S.A., INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor DAIOHS U.S.A., INC.	c EIN-PN 95-4746377-001
a	Plan name E&F PAVING CO, LLC 401(K) PLAN	
b	Name of plan sponsor E&F PAVING CO, LLC	c EIN-PN 20-8741401-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION 401(K) RETIREMENT PLAN
b	Name of plan sponsor	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION
c	EIN-PN	59-0657413-001
a	Plan name	INTEGRATED TAX ACCOUNTING INC. 401(K) PLAN
b	Name of plan sponsor	INTEGRATED TAX ACCOUNTING INC.
c	EIN-PN	81-0699291-001
a	Plan name	JONESVILLE HEALTH CARE 401(K) PLAN
b	Name of plan sponsor	JONESVILLE HEALTH CARE
c	EIN-PN	02-0697250-001
a	Plan name	JONESVILLE TOOL AND MANUFACTURING 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	JONESVILLE TOOL AND MANUFACTURING, INC.
c	EIN-PN	84-2214379-001
a	Plan name	JUST FOR KIX RETIREMENT PLAN
b	Name of plan sponsor	MINI KIX, INC.
c	EIN-PN	41-1426758-001
a	Plan name	KENNIE'S MARKETS, INC. 401(K) PLAN
b	Name of plan sponsor	KENNIE'S MARKETS, INC.
c	EIN-PN	23-1579478-001
a	Plan name	KENTUCKY CENTER FOR SPECIAL CHILDREN 401(K) PLAN
b	Name of plan sponsor	KENTUCKY CENTER FOR SPECIAL CHILDREN DBA CARRIAGE HOUSE EDUCATION SE
c	EIN-PN	61-0680753-001
a	Plan name	OOMA, INC. 401(K) PLAN
b	Name of plan sponsor	OOMA, INC.
c	EIN-PN	06-1713274-001
a	Plan name	P&C ENTERPRISES OF OHIO LLC 401(K) PLAN
b	Name of plan sponsor	P&C ENTERPRISES OF OHIO, LLC
c	EIN-PN	82-4358517-001
a	Plan name	PACBLU 401(K) PLAN
b	Name of plan sponsor	PACBLU
c	EIN-PN	11-3691833-001
a	Plan name	KINGWOOD CENTER GARDENS 401(K) RETIREMENT PLAN
b	Name of plan sponsor	KINGWOOD CENTER GARDENS
c	EIN-PN	34-0750349-001
a	Plan name	MAYBAR MANUFACTURING CO., INC. 401(K) PLAN
b	Name of plan sponsor	MAYBAR MANUFACTURING CO., INC.
c	EIN-PN	39-0842841-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor PARK SIDE FINANCIAL CREDIT UNION	c EIN-PN 23-7155544-001
a	Plan name PARTNER VALUATION ADVISORS LLC 401(K) PLAN	
b	Name of plan sponsor PARTNER VALUATION ADVISORS LLC	c EIN-PN 88-3351652-001
a	Plan name PAYNTER REALTY & INVESTMENTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PAYNTER REALTY & INVESTMENTS	c EIN-PN 33-0335741-001
a	Plan name RIMROCK ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIMROCK ENERGY PARTNERS LLC	c EIN-PN 82-3731112-001
a	Plan name RINAUDO ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor RINAUDO ENTERPRISES, INC.	c EIN-PN 59-3384145-001
a	Plan name RIVERTON DENTAL ARTS, PC PROFIT SHARING PLAN	
b	Name of plan sponsor RIVERTON DENTAL ARTS, P.C.	c EIN-PN 22-1994808-002
a	Plan name ALLERGY & ASTHMA SPECIALISTS OF NORTH FLORIDA, P.A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ALLERGY & ASTHMA SPECIALISTS OF NORTH FLORIDA, P.A.	c EIN-PN 20-3722480-001
a	Plan name ALPHA INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALPHA INDUSTRIES, INC.	c EIN-PN 62-0627504-002
a	Plan name TBONZ STEAKHOUSES OF GA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TMJH INCORPORATED DBA TBONZ STEAKHOUSE OF AUGUSTA	c EIN-PN 26-3937273-001
a	Plan name THE BRITISH EMBASSY 401(K) PLAN	
b	Name of plan sponsor THE BRITISH EMBASSY	c EIN-PN 52-2150359-002
a	Plan name AVANTECH 401(K) PLAN	
b	Name of plan sponsor SELF GROUP USA, LLC	c EIN-PN 92-3663081-001
a	Plan name B&F CONTRACTING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor B&F CONTRACTING, INC.	c EIN-PN 86-0677300-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	BATP 401(K) PLAN
b	Name of plan sponsor	BEHAVIOR ANALYSIS & THERAPY PARTNERS
c	EIN-PN	20-4756508-001
a	Plan name	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE
c	EIN-PN	56-1970120-001
a	Plan name	TRESTLEWOOD 401(K) PLAN
b	Name of plan sponsor	CANNON STRUCTURES, INC. DBA TRESTLEWOOD
c	EIN-PN	34-1112308-001
a	Plan name	WEST DES MOINES OB/GYN ASSOCIATES 401(K) PLAN
b	Name of plan sponsor	WEST DES MOINES OB/GYN ASSOCIATES, P.C.
c	EIN-PN	42-1391851-001
a	Plan name	WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	WESTERN EMULSIONS INC.
c	EIN-PN	86-0336082-001
a	Plan name	WHITE PROPERTIES OF WINCHESTER, INC 401K PLAN
b	Name of plan sponsor	WHITE PROPERTIES OF WINCHESTER, INC
c	EIN-PN	54-1370300-001
a	Plan name	WISEN, LLC PROFIT SHARING PLAN
b	Name of plan sponsor	WISEN, LLC
c	EIN-PN	84-1950390-001
a	Plan name	DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	DELTRAN OPERATIONS USA INC
c	EIN-PN	46-3331632-001
a	Plan name	DERMATOLOGY ASSOCIATES OF SOUTH JERSEY 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	DERMATOLOGY ASSOCIATES OF SOUTH JERSEY
c	EIN-PN	20-5595344-001
a	Plan name	DIRSEC, INC 401(K) PLAN
b	Name of plan sponsor	DIRSEC, INC.
c	EIN-PN	84-1595959-001
a	Plan name	ELMWOOD FAMILY PHYSICIANS LLC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	ELMWOOD FAMILY PHYSICIANS LLC
c	EIN-PN	20-1076147-001
a	Plan name	GATTON & ASSOCIATES, P.C. 401(K) PLAN
b	Name of plan sponsor	GATTON & ASSOCIATES, P.C.
c	EIN-PN	85-0471754-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name INTERSTATE COMMERCIAL GLASS & DOOR, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor INTERSTATE COMMERCIAL GLASS & DOOR, INC.	c EIN-PN 38-2822716-001
a	Plan name JADT FOOD GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor JADT FOOD GROUP, LLC	c EIN-PN 41-1891521-001
a	Plan name AMERICAN ACE SUPPLY ANAHEIM, INC. 401K PLAN	
b	Name of plan sponsor AMERICAN ACE SUPPLY ANAHEIM INC	c EIN-PN 26-0250304-001
a	Plan name AMERICAN RELIANCE INDUSTRIES COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN RELIANCE INDUSTRIES COMPANY	c EIN-PN 35-2131825-001
a	Plan name BAY AREA TECH WORKERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAY AREA TECH WORKERS	c EIN-PN 94-3310364-001
a	Plan name BEACON HILL AT EASTGATE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BEACON HILL AT EASTGATE	c EIN-PN 38-1586704-002
a	Plan name BERKS FIRE WATER RESTORATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor BERKS FIRE WATER RESTORATIONS, INC.	c EIN-PN 23-3048910-001
a	Plan name CARROLL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor CARROLL INSURANCE AGENCY, LTD	c EIN-PN 76-0297522-001
a	Plan name CBD INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor CBD INDUSTRIES, LLC	c EIN-PN 83-2775806-001
a	Plan name CENTURY BUILDING SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CENTURY BUILDING SOLUTIONS, INC.	c EIN-PN 46-0631230-001
a	Plan name DR. PAUL FISCHER, PC 401(K) PLAN	
b	Name of plan sponsor DR. PAUL FISCHER, PC	c EIN-PN 06-1329220-001
a	Plan name EUFORA INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor EUFORA INTERNATIONAL	c EIN-PN 33-0617396-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name EVOLVE FAMILY LAW, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor EVOLVE FAMILY LAW LLC	c EIN-PN 46-2961857-001
a	Plan name GMS MINE REPAIR & MAINTENANCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GMS MINE REPAIR & MAINTENANCE, INC.	c EIN-PN 52-1908118-001
a	Plan name JKA WELL DRILLING 401(K) PLAN	
b	Name of plan sponsor JKA ENTERPRISES, INC. DBA JKA WELL DRILLING & PUMP	c EIN-PN 91-1893642-001
a	Plan name LANE'S BBQ, LLC 401(K) PLAN	
b	Name of plan sponsor LANE'S BBQ, LLC	c EIN-PN 46-4792315-001
a	Plan name MCCAULEY CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor MCCAULEY CONSTRUCTORS, INC.	c EIN-PN 20-3374514-001
a	Plan name MCLEAN SPEECH AND LANGUAGE SERVICES 401(K) PLAN	
b	Name of plan sponsor MCLEAN SPEECH AND LANGUAGE SERVICES	c EIN-PN 54-2035552-001
a	Plan name MICRO-DATA SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor MICRO-DATA SYSTEMS, INC.	c EIN-PN 22-3146038-001
a	Plan name PETOSKEY SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PETOSKEY SURGEONS, P.C.	c EIN-PN 38-3448511-001
a	Plan name PETRO-VALVE, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor PETRO-VALVE, INC.	c EIN-PN 74-2088515-001
a	Plan name QUALITY FABRICATION & DESIGN 401(K) PLAN	
b	Name of plan sponsor QUALITY FABRICATION & DESIGN	c EIN-PN 75-2191833-001
a	Plan name RUE & ZIFFRA, P.A. 401(K) PLAN	
b	Name of plan sponsor RUE & ZIFFRA, P.A.	c EIN-PN 59-3154090-001
a	Plan name RUSSELL PETROLEUM 401(K) SAVINGS PLAN	
b	Name of plan sponsor RUSSELL PETROLEUM CORP.	c EIN-PN 27-1487169-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE PETROLEUM ALLIANCE OF OKLAHOMA PROFIT SHARING PLAN	
b	Name of plan sponsor THE PETROLEUM ALLIANCE OF OKLAHOMA	c EIN-PN 73-0667344-002
a	Plan name THE SPEECH CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor THE SPEECH CLINIC, INC.	c EIN-PN 51-0352115-001
a	Plan name TRUEMAN WELTERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRUEMAN WELTERS, INC.	c EIN-PN 41-0909356-001
a	Plan name UNITED GRANITE PENNA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNITED GRANITE PENNA, LLC	c EIN-PN 84-4073225-001
a	Plan name BRAND VELOCITY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BRAND VELOCITY, INC.	c EIN-PN 58-2464671-001
a	Plan name BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN	
b	Name of plan sponsor BREVARD MEDICAL DERMATOLOGY	c EIN-PN 36-4796769-001
a	Plan name BRINKERHOFF EXCAVATING 401(K) PLAN	
b	Name of plan sponsor BRINKERHOFF EXCAVATING AND CONSTRUCTION, LNC.	c EIN-PN 87-0560259-001
a	Plan name LAW OFFICES OF JACOB SONNEBORN 401(K) PSP	
b	Name of plan sponsor LAW OFFICES OF JACOB SONNEBORN	c EIN-PN 57-4626348-001
a	Plan name LEGENDARY SVS, LLC 401(K) PLAN	
b	Name of plan sponsor LEGENDARY SVS, LLC	c EIN-PN 37-1915944-001
a	Plan name LINDAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LINDAR CORPORATION	c EIN-PN 41-1752658-001
a	Plan name RAYMOND HANDLING CONSULTANTS, LC 401(K) PLAN	
b	Name of plan sponsor RAYMOND HANDLING CONSULTANTS, LC	c EIN-PN 59-3331430-001
a	Plan name REALEFLOW, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor REALEFLOW, LLC	c EIN-PN 20-8679477-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VANS DELIVERY SERVICE, INC.	c EIN-PN 38-2487912-001
a	Plan name VAUGHN WATER COMPANY 401(K) PLAN	
b	Name of plan sponsor VAUGHN WATER COMPANY	c EIN-PN 95-1600230-002
a	Plan name CHAHAL & ASSOCIATES, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CHAHAL & ASSOCIATES, INC	c EIN-PN 20-8145988-001
a	Plan name CHILDRENS SPECIALIZED ABA 401K PLAN	
b	Name of plan sponsor BLUE BALLOON LLC	c EIN-PN 85-4302391-001
a	Plan name GRAPHIC WEST PACKAGING MACHINERY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRAPHIC WEST PACKAGING MACHINERY, LLC	c EIN-PN 06-1622227-001
a	Plan name GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP 401(K) PLAN	
b	Name of plan sponsor GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP	c EIN-PN 58-2490090-001
a	Plan name GREAT LAKES ENERGY NON-UNION 401(K) PLAN	
b	Name of plan sponsor GREAT LAKES ENERGY COOPERATIVE, INC.	c EIN-PN 38-3321875-001
a	Plan name GREAT LAKES ENERGY UNION 401(K) PLAN	
b	Name of plan sponsor GREAT LAKES ENERGY COOPERATIVE, INC.	c EIN-PN 38-3321875-003
a	Plan name MILKYWAY EDUCATION CENTER INC. 401(K) PLAN	
b	Name of plan sponsor MILKYWAY EDUCATION CENTER INC.	c EIN-PN 22-3261282-001
a	Plan name MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor MOOSE INTERNATIONAL, INC.	c EIN-PN 36-1408120-005
a	Plan name SAN MARINO VETERINARY CLINIC DEFINED BENEFIT PLAN	
b	Name of plan sponsor SAN MARINO VETERINARY CLINIC	c EIN-PN 45-5183160-002
a	Plan name SCOGGIN DICKEY CHEVROLET 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SCOGGIN DICKEY CHEVROLET BUICK, INC.	c EIN-PN 75-0744374-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS	c EIN-PN 94-6252725-001
a	Plan name CGT U.S. LIMITED / TEXTILEATHER CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CGT U.S. LIMITED / TEXTILEATHER CORPORATION	c EIN-PN 34-1648509-002
a	Plan name CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	c EIN-PN 23-7198801-001
a	Plan name DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEVINE ORGANICS LLC	c EIN-PN 46-1867921-001
a	Plan name DIABLO COUNTRY CLUB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DIABLO COUNTRY CLUB	c EIN-PN 94-0699700-003
a	Plan name ECLIPSE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor ECLIPSE ENGINEERING, INC.	c EIN-PN 84-1477890-001
a	Plan name HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA MONEY PURCHASE RETIREMENT PLAN	
b	Name of plan sponsor HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA	c EIN-PN 02-1234567-001
a	Plan name J. AMBROGI FOOD DISTRIBUTORS, INC. 401(K) PLAN	
b	Name of plan sponsor J. AMBROGI FOOD DISTRIBUTION, INC.	c EIN-PN 51-0297646-001
a	Plan name KELDERMAN MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor KELDERMAN MANUFACTURING, INC.	c EIN-PN 42-1145969-001
a	Plan name KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor KENNEDY AUTOMOTIVE GROUP, INC.	c EIN-PN 23-2545536-001
a	Plan name LAVIN NATIONAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAVIN NATIONAL, LLC	c EIN-PN 72-1482691-001
a	Plan name METAL CONSTRUCTION MATERIALS, LLC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor METAL CONSTRUCTION MATERIALS, LLC.	c EIN-PN 74-2064793-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	NORTHEAST FLORIDA AIDS NETWORK 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NORTHEAST FLORIDA AIDS NETWORK	c EIN-PN 59-2974694-001
a	Plan name	PACIFIC DESIGN AND SOURCING 401(K) PLAN	
b	Name of plan sponsor	PACIFIC DESIGN AND SOURCING	c EIN-PN 27-2403668-001
a	Plan name	PROSPERA LAW, LLP 401(K) PLAN	
b	Name of plan sponsor	PROSPERA LAW, LLP	c EIN-PN 27-3613349-001
a	Plan name	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
b	Name of plan sponsor	RAO MANUFACTURING COMPANY	c EIN-PN 41-0494610-002
a	Plan name	RFNRCPAS RETIREMENT PLAN	
b	Name of plan sponsor	RFNR, LLP	c EIN-PN 95-4664923-001
a	Plan name	SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SIGHT SAVERS OF AMERICA, INC.	c EIN-PN 30-0188234-001
a	Plan name	SIGNET MILLS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SIGNET MILLS, INC.	c EIN-PN 04-1399385-001
a	Plan name	STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	STOCKBRIDGE ENGINEERING, INC.	c EIN-PN 39-1732812-001
a	Plan name	TERRANET, INC. 401(K) PLAN	
b	Name of plan sponsor	TERRANET, INC.	c EIN-PN 52-1782317-001
a	Plan name	THOMPSON PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMPSON PHARMACY, INC.	c EIN-PN 38-2171852-001
a	Plan name	W/S MACHINE & TOOL, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	W/S MACHINE & TOOL, INC.	c EIN-PN 39-1764609-001
a	Plan name	ARAPAHOE ROOFING & SHEET METAL 401 (K) PLAN	
b	Name of plan sponsor	ARAPAHOE ROOFING & SHEET METAL, INC.	c EIN-PN 84-0633163-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name AYERS & BROWN, P.C. RETIREMENT PLAN	
b	Name of plan sponsor AYERS & BROWN, P.C.	c EIN-PN 86-0541873-001
a	Plan name B & B TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor B & B TRUCKING, INC.	c EIN-PN 38-2003867-002
a	Plan name GRAEAGLE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor GRAEAGLE CONSTRUCTION	c EIN-PN 88-0499070-001
a	Plan name HEFTY SEED COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor AGRONOMY SCIENCES, LLC DBA HEFTY SEED COMPANY	c EIN-PN 20-2149647-001
a	Plan name LAWRENCE TRACTOR COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAWRENCE TRACTOR COMPANY, INC.	c EIN-PN 94-1713405-001
a	Plan name MARK A. PRICE, DDS, MSD, P.C. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARK A. PRICE, DDS, MSD, P.C.	c EIN-PN 03-0352887-001
a	Plan name METRO WIRE AND CABLE COMPANY EMPLOYEES' PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor METRO WIRE AND CABLE COMPANY	c EIN-PN 38-2147100-001
a	Plan name MOUNTAIN VALLEY LIVESTOCK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOUNTAIN VALLEY LIVESTOCK, INC.	c EIN-PN 83-0220671-001
a	Plan name PICKERING MANOR HOME 401(K) PLAN	
b	Name of plan sponsor PICKERING MANOR HOME	c EIN-PN 51-0244585-001
a	Plan name RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001
a	Plan name SALON AURA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SALON AURA	c EIN-PN 39-1885637-001
a	Plan name SAME DAY SERVICE 401(K) PLAN	
b	Name of plan sponsor SAME DAY SERVICE COMPANY, INC.	c 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.)			
a	Plan name	SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SAMTECH AUTOMOTIVE USA, INC.	c EIN-PN 95-4568597-001
a	Plan name	STRASS-MAGUIRE ASSOCIATES EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	STRASS-MAGUIRE ASSOCIATES, INC.	c EIN-PN 39-0786040-001
a	Plan name	TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
b	Name of plan sponsor	TFC MANUFACTURING, INC.	c EIN-PN 91-1951857-001
a	Plan name	THE AEROLITE GROUP 401(K) PLAN	
b	Name of plan sponsor	AEROLITE EXTRUSION COMPANY	c EIN-PN 82-3731073-001
a	Plan name	TINARI ENTITIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	TINARI CONTAINER, INC.	c EIN-PN 23-2302499-001
a	Plan name	VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
b	Name of plan sponsor	VACCINE RESEARCH INSTITUTE OF SAN DIEGO	c EIN-PN 33-0903864-001
a	Plan name	AKJOHNSTON GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	AKJOHNSTON GROUP, LLC	c EIN-PN 47-4760375-001
a	Plan name	BADGER ALLOYS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BADGER ALLOYS, INC.	c EIN-PN 39-1055261-001
a	Plan name	CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	CANTEX CONTINUING CARE NETWORK, LLC	c EIN-PN 26-1252206-222
a	Plan name	COMMUNITIES IN SCHOOLS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	COMMUNITIES IN SCHOOLS OF EL PASO, INC.	c EIN-PN 74-2024715-001
a	Plan name	COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY CHEVROLET COMPANY	c EIN-PN 84-0502030-002
a	Plan name	LESLY KAHN & COMPANY 401(K) PLAN	
b	Name of plan sponsor	LESLY KAHN & COMPANY	c EIN-PN 95-4820708-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	LESSITER PUBLICATIONS INC. 401(K) PLAN	
b Name of plan sponsor	LESSITER PUBLICATIONS INC.	c EIN-PN 39-1169768-222
a Plan name	MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MS INTERNATIONAL, INC.	c EIN-PN 35-1562013-003
a Plan name	ONEGENERATION 401(K) PLAN	
b Name of plan sponsor	ONEGENERATION	c EIN-PN 95-4066979-001
a Plan name	SANDHILLS STATE BANK 401(K) PLAN	
b Name of plan sponsor	SANDHILLS STATE BANK	c EIN-PN 47-0130530-001
a Plan name	SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST	
b Name of plan sponsor	SOUTHWEST 66 CREDIT UNION	c EIN-PN 75-0815084-002
a Plan name	THE BOYLAND GROUP 401(K) SAVINGS PLAN	
b Name of plan sponsor	BOYLAND AUTO ORLANDO, LLC	c EIN-PN 05-0546979-777
a Plan name	A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN	
b Name of plan sponsor	A CENTER FOR VISIONCARE	c EIN-PN 95-4435884-001
a Plan name	CHILDPLACE, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	CHILDPLACE, INC.	c EIN-PN 35-1129180-001
a Plan name	CHILDREN'S LEARNING ADVENTURE 401(K)	
b Name of plan sponsor	CHILDREN'S LEARNING ADVENTURE USA, LLC	c EIN-PN 20-5808736-001
a Plan name	DOCUFREE CORPORATION 401(K) PLAN	
b Name of plan sponsor	DOCUFREE CORPORATION	c EIN-PN 58-2483016-001
a Plan name	FULCRUM TECHNOLOGIES, INC. 401(K) PLAN	
b Name of plan sponsor	FULCRUM TECHNOLOGIES, INC.	c EIN-PN 77-0357662-001
a Plan name	GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	c EIN-PN 58-1795694-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name JOHN KENNEDY FORD JENKINTOWN 401(K) PLAN	
b	Name of plan sponsor HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	c EIN-PN 23-1881816-001
a	Plan name AMERICAN STEEL TREATING, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICAN STEEL TREATING, INC.	c EIN-PN 34-1614413-001
a	Plan name BARR & MORGAN 401(K) PLAN	
b	Name of plan sponsor BARR & MORGAN	c EIN-PN 27-1775148-001
a	Plan name BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BUILDING SYSTEMS TRANSPORTATION CO.	c EIN-PN 31-1289790-001
a	Plan name BULTYNCK & CO. 401(K) PLAN	
b	Name of plan sponsor BULTYNCK & CO., P.L.L.C.	c EIN-PN 20-3920878-777
a	Plan name COUNTRYSIDE CULLIGAN 401(K) & INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor COUNTRYSIDE MANAGEMENT, INC.	c EIN-PN 41-1813535-001
a	Plan name DORIC PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DORIC PRODUCTS, INC.	c EIN-PN 35-1391396-003
a	Plan name MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor MCDONALDS' DESIGN & BUILD, INC.	c EIN-PN 34-1313478-001
a	Plan name MCKELVIE, MCKELVIE, YEE & EPACS, P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor MCKELVIE, MCKELVIE, YEE & EPACS, P.C.	c EIN-PN 81-5441353-001
a	Plan name PORTO'S BAKERY, INC. 401(K) PLAN	
b	Name of plan sponsor PORTO'S BAKERY, INC.	c EIN-PN 95-4610775-777
a	Plan name THE CASTLE 401(K) PLAN	
b	Name of plan sponsor T & M JEWELRY, INC. DBA THE CASTLE	c EIN-PN 62-1345081-001
a	Plan name AC CRANE & SIGN SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AC CRANE & SIGN SERVICE, INC.	c EIN-PN 52-1914457-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	ALL POINTS 401(K) PLAN	
b Name of plan sponsor	ALL POINTS PACKAGING	c EIN-PN 58-2174673-001
a Plan name	BCP SYSTEMS, INC. 401(K) PLAN	
b Name of plan sponsor	BCP SYSTEMS, INC.	c EIN-PN 33-0753105-001
a Plan name	COMPREHENSIVE DENTAL SERVICES, LTD. PROFIT SHARING PLAN	
b Name of plan sponsor	COMPREHENSIVE DENTAL SERVICES, LTD.	c EIN-PN 39-1154725-001
a Plan name	D. S. ERICKSON & ASSOCIATES, PLLC 401(K) PLAN	
b Name of plan sponsor	D. S. ERICKSON & ASSOCIATES, PLLC	c EIN-PN 20-5957980-001
a Plan name	DOUGLAS TELECOMMUNICATIONS, INC. 401(K) PLAN	
b Name of plan sponsor	DOUGLAS TELECOMMUNICATIONS, INC.	c EIN-PN 94-3215975-001
a Plan name	GREASEWOOD SPRINGS COMMUNITY SCHOOL 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	GREASEWOOD SPRINGS COMMUNITY SCHOOL	c EIN-PN 86-0823088-001
a Plan name	HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
b Name of plan sponsor	HENNESSEY ENGINEERS, INC.	c EIN-PN 38-2047389-004
a Plan name	HERITAGE ACADEMY 401(K) PLAN	
b Name of plan sponsor	EDUCATION SERVICES DBA HERITAGE ACADEMY	c EIN-PN 57-1002951-001
a Plan name	HERSH FAMILY LAW PRACTICE, A PROFESSIONAL CORPORATION 401(K) AND PROFIT SHARING PLAN	
b Name of plan sponsor	HERSH FAMILY LAW PRACTICE, A PROFESSIONAL CORPORATION	c EIN-PN 94-2418593-002
a Plan name	INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	INDEPENDENCE BANCSHARES, INC.	c EIN-PN 42-1191386-001
a Plan name	JAMES G. MURPHY, INC. 401(K) PLAN	
b Name of plan sponsor	JAMES G. MURPHY, INC.	c EIN-PN 91-0901239-002
a Plan name	KIA OF LAGRANGE 401(K) PLAN	
b Name of plan sponsor	KIA OF LAGRANGE	c EIN-PN 27-0980531-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MARTHINSEN AND SALVITTI INSURANCE GROUP 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	MARTHINSEN AND SALVITTI INSURANCE GROUP	c EIN-PN 25-1724440-001
a	Plan name	MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NEWBRIDGE SECURITIES CORPORATION	c EIN-PN 54-1879031-001
a	Plan name	PYRAMID SOLUTIONS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PYRAMID SOLUTIONS, INC.	c EIN-PN 38-2951993-001
a	Plan name	SLEEP SOLUTIONS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	SLEEP SOLUTIONS SERVICES, LLC	c EIN-PN 43-2067227-001
a	Plan name	SMART, LLC 401(K) PLAN	
b	Name of plan sponsor	SMART, LLC	c EIN-PN 30-0269003-001
a	Plan name	THE DYNAMIC CONSTRUCTION, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DYNAMIC CONSTRUCTION, INC.	c EIN-PN 31-1526251-001
a	Plan name	TOM MALLOY CORPORATION 401(K) PLAN	
b	Name of plan sponsor	TOM MALLOY CORPORATION	c EIN-PN 95-2674327-004
a	Plan name	VALLEY INSTRUMENT CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY INSTRUMENT CO., INC.	c EIN-PN 23-1913777-001
a	Plan name	VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
b	Name of plan sponsor	VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-1917556-001
a	Plan name	WEINBERG & COMPANY 401K PLAN	
b	Name of plan sponsor	WEINBERG & COMPANY, LLP	c EIN-PN 05-0401635-001
a	Plan name	LA ROSA DEL MONTE EXPRESS, INC. CODA PROFIT SHARING PLAN	
b	Name of plan sponsor	LA ROSA DEL MONTE EXPRESS, INC.	c EIN-PN 66-0310813-001
a	Plan name	TAM K. NGUYEN M.D., PMC DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	TAM K. NGUYEN, M.D., PROFESSIONAL MEDICAL CORPORATION	c EIN-PN 35-2163907-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CITRON CLOTHING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CITRON CLOTHING, INC.	c EIN-PN 95-4145110-001
a	Plan name	GENERA ENERGY 401(K) PLAN	
b	Name of plan sponsor	GENERA ENERGY, INC.	c EIN-PN 45-4907881-001
a	Plan name	LONE WOLF RESOURCES 401(K) PLAN	
b	Name of plan sponsor	LONE WOLF RESOURCES, LLC	c EIN-PN 75-2815928-001
a	Plan name	PREACHER, LLC 401(K) PLAN	
b	Name of plan sponsor	PREACHER, LLC	c EIN-PN 46-4405855-001
a	Plan name	PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION CABLE ASSEMBLIES, INC.	c EIN-PN 39-1787647-002
a	Plan name	THE FLAH 401(K) PLAN	
b	Name of plan sponsor	CORPORATE PLAN SERVICES, INC.	c EIN-PN 59-2832682-002
a	Plan name	ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED NETWORK PRODUCTS, INC.	c EIN-PN 23-2316443-001
a	Plan name	COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	COCHRANE SUPPLY ENGINEERING, INC.	c EIN-PN 38-1854848-001
a	Plan name	GILTON SOLID WASTE MANAGEMENT, INC.	
b	Name of plan sponsor	GILTON SOLID WASTE MANAGEMENT, INC.	c EIN-PN 94-2268035-001
a	Plan name	MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1	
b	Name of plan sponsor	MAD DOGG ATHLETICS, INC.	c EIN-PN 95-4481055-002
a	Plan name	TONEMAN COMPANIES EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	TONEMAN COMPANIES	c EIN-PN 95-4626811-001
a	Plan name	TOTAL NETWORK MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	TOTAL NETWORK MANUFACTURING	c EIN-PN 35-2644359-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MASTER GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	MASTER PRODUCTS COPORATION	c EIN-PN 66-0407424-002
a	Plan name	MATERIALS TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor	MATERIALS TESTING, INC.	c EIN-PN 06-1321309-001
a	Plan name	TTL AUTOMOTIVE ENTERPRISES, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	TTL AUTOMOTIVE ENT. INC.	c EIN-PN 68-0461731-001
a	Plan name	ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C.	c EIN-PN 57-1122288-001
a	Plan name	CRAZY CAT CYCLERY 401(K) PLAN	
b	Name of plan sponsor	CRAZY CAT CYCLERY, LLC	c EIN-PN 46-1509105-001
a	Plan name	MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCZ CONSTRUCTION, INC.	c EIN-PN 20-0634943-001
a	Plan name	MED-ESSENTIALS, LLC 401(K) PLAN	
b	Name of plan sponsor	MED-ESSENTIALS, LLC	c EIN-PN 20-1980613-001
a	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	c EIN-PN 26-1365260-001
a	Plan name	VANDERFORD & RUIZ, LLP 401(K) PLAN	
b	Name of plan sponsor	VANDERFORD & RUIZ, LLP	c EIN-PN 56-2531267-001
a	Plan name	DELBIAGGIO CONSTRUCTION, INC. 401K PLAN	
b	Name of plan sponsor	DELBIAGGIO CONSTRUCTION, INC.	c EIN-PN 68-0257089-001
a	Plan name	HLN CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HLN CONSULTING, LLC	c EIN-PN 22-3516344-001
a	Plan name	ROTHSCHILD DOYNO COLLABORATIVE, P.C. 401(K) PLAN	
b	Name of plan sponsor	ROTHSCHILD DOYNO COLLABORATIVE, P.C.	c EIN-PN 25-1802649-777

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ROYALTY CLEARINGHOUSE, LTD. 401(K) PLAN	
b	Name of plan sponsor ROYALTY CLEARINGHOUSE, LTD	c EIN-PN 38-3687330-001
a	Plan name NATHANIEL LEEDY, DMD, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATHANIEL LEEDY, DMD, PA	c EIN-PN 84-3728355-001
a	Plan name BECKWITH LUMBER COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BECKWITH LUMBER COMPANY, INC.	c EIN-PN 55-0525058-001
a	Plan name SCI 401(K) PLAN	
b	Name of plan sponsor SYSTEM CONTROLS & INSTRUMENTATION, LTD.	c EIN-PN 46-0638297-001
a	Plan name WEST COAST FIRESTOPPING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEST COAST FIRESTOPPING, INC.	c EIN-PN 20-8550680-001
a	Plan name SEWINGMACHINESPLUS.COM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SEWINGMACHINESPLUS.COM, INC.	c EIN-PN 26-4413184-001
a	Plan name INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor INTERPRET, LLC	c EIN-PN 20-4554232-002
a	Plan name INTRINSYX TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor INTRINSYX TECHNOLOGIES	c EIN-PN 77-0539893-001
a	Plan name ELITE PT LLC 401(K) PLAN	
b	Name of plan sponsor ELITE PT LLC	c EIN-PN 20-8004587-001
a	Plan name SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SNAPPY SPORT SENTER, INC.	c EIN-PN 81-0426659-001
a	Plan name OTOGENETICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor OTOGENETICS CORPORATION	c EIN-PN 26-1343895-001
a	Plan name BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BURROWS WATER PURIFICATION, INC.	c EIN-PN 95-3023432-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ETTLESON 401(K) PLAN	
b	Name of plan sponsor	ETTLESON CADILLAC-BUICK-HYUNDAI, INC.	c EIN-PN 36-3420816-002
a	Plan name	EXCEL PAYROLL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	EXCEL PAYROLL SERVICES, INC.	c EIN-PN 26-1943089-001
a	Plan name	STADLER PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor	STADLER PLUMBING & HEATING, INC.	c EIN-PN 38-3295246-001
a	Plan name	SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
b	Name of plan sponsor	MY WAY HOLDINGS, LLC	c EIN-PN 88-0475995-001
a	Plan name	SUPERIOR DENTAL LABORATORY INC. 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR DENTAL LABORATORY INC.	c EIN-PN 88-0238763-002
a	Plan name	ACME PALLET, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	ACME PALLET, INC.	c EIN-PN 38-1710471-001
a	Plan name	ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
a	Plan name	GENESIS ENVIRONMENTAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	GENESIS ENVIRONMENTAL SOLUTIONS, INC.	c EIN-PN 20-1763158-001
a	Plan name	GEO 401(K) PLAN	
b	Name of plan sponsor	GLENWOOD ENERGY OF OXFORD INC.	c EIN-PN 26-0594712-001
a	Plan name	GERALD GRAIN INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	GERALD GRAIN CENTER, INC.	c EIN-PN 34-1526549-001
a	Plan name	PRECISION SMALL ENGINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION SMALL ENGINE CO., INC.	c EIN-PN 59-1985940-001
a	Plan name	PREMIER PEO, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PREMIER PEO, INC.	c EIN-PN 80-0878405-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MAJESTIC INDUSTRY HILLS, LLC	c EIN-PN 95-4795537-001
a	Plan name	AEM PARTNERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AEM PARTNERS, LLC	c EIN-PN 20-0857620-001
a	Plan name	GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLESSNER & ASSOCIATES, PLLC	c EIN-PN 55-0761731-001
a	Plan name	PRODUCE WORLD INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRODUCE WORLD INCORPORATED	c EIN-PN 36-3787658-001
a	Plan name	ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	ALTAONE FEDERAL CREDIT UNION	c EIN-PN 95-1658623-222
a	Plan name	ALUMINUM COMPANY OF NC, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	ALUMINUM COMPANY OF NC, INC.	c EIN-PN 83-0791382-001
a	Plan name	MATRIX MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	MATRIX MANUFACTURING, INC.	c EIN-PN 38-3622804-001
a	Plan name	MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
a	Plan name	CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	CONSOLIDATED CONSTRUCTION CO., INC.	c EIN-PN 20-5220958-001
a	Plan name	CREATIVE PACKAGING 401(K) PLAN	
b	Name of plan sponsor	CREATIVE PACKAGING, LLC	c EIN-PN 31-1682777-001
a	Plan name	CROSSCOM NATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor	CROSSCOM NATIONAL, LLC	c EIN-PN 20-1721299-777
a	Plan name	HARLEY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	HARLEY AUTOMOTIVE GROUP, INC.	c EIN-PN 41-1711881-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name U.S. COMMUNICATION 401 (K) PLAN	
b	Name of plan sponsor U.S. COMMUNICATION INDUSTRIES, INC.	c EIN-PN 36-3138121-001
a	Plan name ROBIN II, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROBIN II, INC.	c EIN-PN 39-1314862-001
a	Plan name VELTEC, INC. THRIFT PLAN	
b	Name of plan sponsor VELTEC, INC.	c EIN-PN 51-0308236-001
a	Plan name VENTURA PACIFIC COMPANY 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor VENTURA PACIFIC COMPANY	c EIN-PN 95-3057749-001
a	Plan name VENTURE 401(K) PLAN	
b	Name of plan sponsor VM SERVICES, INC.	c EIN-PN 77-0459829-222
a	Plan name AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AVENTURO, INC.	c EIN-PN 27-2417155-001
a	Plan name DENBESTE COMPANIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor DENBESTE COMPANIES, INC.	c EIN-PN 93-3878708-001
a	Plan name HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HOME GUARD INDUSTRIES, INC.	c EIN-PN 35-1568735-001
a	Plan name HOME PARAMOUNT PEST CONTROL COMPANY EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HOME PARAMOUNT PEST CONTROL COMPANY	c EIN-PN 54-0762970-001
a	Plan name MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MKRS LAW, P.L.	c EIN-PN 20-3879249-001
a	Plan name RUSCHES TRUCKING INC. RETIREMENT PLAN	
b	Name of plan sponsor RUSCHE'S TRUCKING, INC.	c EIN-PN 38-1913633-001
a	Plan name INNOVATIVE 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE STAMPING CORP.	c EIN-PN 95-3018165-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	PETER EPSTEIN, ASP	c EIN-PN 95-4170738-001
a	Plan name	SECURITYMETRICS, INC. 401(K) PLAN	
b	Name of plan sponsor	SECURITYMETRICS, INC.	c EIN-PN 87-0670276-001
a	Plan name	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name	WESTMINSTER CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTMINSTER CAPITAL, INC.	c EIN-PN 95-2157201-001
a	Plan name	BIRD LADDER & EQUIPMENT CO. INC. 401(K) PLAN	
b	Name of plan sponsor	BIRD LADDER & EQUIPMENT CO. INC.	c EIN-PN 39-1227787-001
a	Plan name	EARTHLITE 401(K) PLAN	
b	Name of plan sponsor	EARTHLITE ACQUISITION, INC.	c EIN-PN 33-0493452-001
a	Plan name	INVEST CAST INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INVEST CAST INCORPORATED	c EIN-PN 41-1404239-001
a	Plan name	NIELSEN MOTORS SALARY REDUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor	NIELSEN CAPITAL LLC DBA NIELSEN MOTORS	c EIN-PN 93-2601344-001
a	Plan name	ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELLEFSON TRANSPORTATION GROUP, INC.	c EIN-PN 58-1654796-001
a	Plan name	EMERGENCY GROUPS' OFFICE 401(K) PLAN	
b	Name of plan sponsor	EGO, INC. DBA BRAULT	c EIN-PN 95-4278964-001
a	Plan name	OK MEDIA SOLUTIONS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OK MEDIA SOLUTIONS, INC.	c EIN-PN 45-2633274-001
a	Plan name	OLIVEIRA WEALTH PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	OLIVEIRA WEALTH	c EIN-PN 77-0514829-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name C. CARAMANICO & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor C. CARAMANICO & SONS, INC.	c EIN-PN 23-2349249-001
a	Plan name P & S CONSTRUCTION CO., INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor P. & S. CONSTRUCTION CO., INC.	c EIN-PN 57-0721109-001
a	Plan name CARS DAWYDIAK, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor CARS DAWYDIAK, INC.	c EIN-PN 94-3065583-001
a	Plan name PAYROLL EXPRESS, LLC 401(K) PLAN	
b	Name of plan sponsor PAYROLL EXPRESS, LLC	c EIN-PN 45-3517823-001
a	Plan name SUPRACOR, INC. 401(K) PLAN	
b	Name of plan sponsor SUPRACOR, INC.	c EIN-PN 94-2792545-001
a	Plan name SUZANNE YEE COSMETIC SURGERY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMYPAY II, INC. DBA SUZANNE YEE COSMETIC SURGERY	c EIN-PN 20-4374022-001
a	Plan name FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor FOREWAY TRANSPORTATION, INC.	c EIN-PN 38-2165402-001
a	Plan name FORT DEARBORN PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor FORT DEARBORN PARTNERS	c EIN-PN 36-3745996-001
a	Plan name PEREGRINE FALCON CORP. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor PEREGRINE FALCON CORPORATION	c EIN-PN 94-3209312-001
a	Plan name WHITEHEAD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WHITEHEAD & ASSOCIATES, INC.	c EIN-PN 58-1096001-001
a	Plan name AXIS FABRICATION & MACHINE CO. 401(K) PLAN	
b	Name of plan sponsor AXIS FABRICATION & MACHINE COMPANY, LLC	c EIN-PN 26-3961265-001
a	Plan name WOLTCOM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOLTCOM, INC.	c EIN-PN 94-1690542-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	WOMER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOMER AND ASSOCIATES, INC.	c EIN-PN 91-1570424-001
a	Plan name	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOOD AG MANAGEMENT, INC.	c EIN-PN 81-4829814-001
a	Plan name	BERGER & JEN KIN DDS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BERGER & JEN KIN DDS, INC.	c EIN-PN 95-4666002-001
a	Plan name	BIZLINK GROUP 401(K) PLAN	
b	Name of plan sponsor	BIZLINK TECHNOLOGY, INC.	c EIN-PN 94-3355611-001
a	Plan name	BSB RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	THE BIPPUS STATE BANK	c EIN-PN 35-0180140-001
a	Plan name	CAL-MED 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CALIFORNIA MEDICAL PHARMACY	c EIN-PN 95-2320679-001
a	Plan name	CENTERPOINTE DENTAL GROUP, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTERPOINTE DENTAL GROUP, P.A.	c EIN-PN 41-1821880-001
a	Plan name	CENTRAL DISTRIBUTING RETIREMENT PLAN	
b	Name of plan sponsor	NORTHERN CENTRAL DISTRIBUTING, INC. DBA CENTRAL DISTRIBUTING	c EIN-PN 77-0135542-001
a	Plan name	CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CLEVELAND CITY FORGE, INC.	c EIN-PN 34-1972972-001
a	Plan name	COLORADO CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor	COLORADO CREDIT UNION	c EIN-PN 84-0660269-003
a	Plan name	CSRA 401(K) PLAN	
b	Name of plan sponsor	CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY	c EIN-PN 58-1369830-333
a	Plan name	DE LA GUARDIA VICTORIA ARCHITECTS AND URBANISTS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DE LA GUARDIA VICTORIA ARCHITECTS AND URBANISTS, INC	c EIN-PN 54-2099947-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DUNLOP & JOHNSTON, INC. SALARIED EMPLOYEES' RETIREMENT SAVINGS TRUST & PLAN	
b	Name of plan sponsor DUNLOP & JOHNSTON, INC.	c EIN-PN 34-0191480-001
a	Plan name EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
b	Name of plan sponsor EASTERN WAREHOUSE DISTRIBUTORS, LLC	c EIN-PN 23-2566520-001
a	Plan name F.A. PEINADO, LLC 401(K) PLAN	
b	Name of plan sponsor F.A. PEINADO, LLC	c EIN-PN 77-0647820-001
a	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001
a	Plan name HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001
a	Plan name HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001
a	Plan name IRONWOOD INDUSTRIES, INC. 401(K) RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor IRONWOOD INDUSTRIES, INC.	c EIN-PN 36-2590290-001
a	Plan name JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor JIM CRAWFORD CONSTRUCTION COMPANY, INC.	c EIN-PN 77-0072198-001
a	Plan name KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor KRIEGEL HOLDING COMPANY, INC.	c EIN-PN 30-0227844-001
a	Plan name LASKEY'S DISCOUNT FURNITURE PROFIT SHARING PLAN	
b	Name of plan sponsor LASKEY'S DISCOUNT FURNITURE	c EIN-PN 25-1450031-001
a	Plan name MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAUNALANI NURSING AND REHABILITATION CENTER	c EIN-PN 99-0249327-222
a	Plan name NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTANT 401(K) PLAN	
b	Name of plan sponsor NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTAN	c EIN-PN 20-3988984-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NEW DAY CHRISTIAN DISTRIBUTORS, INC. 401(K) PLAN	
b	Name of plan sponsor NEW DAY CHRISTIAN DISTRIBUTORS, INC.	c EIN-PN 62-1126698-001
a	Plan name P/A INDUSTRIES INC. 401(K) PLAN	
b	Name of plan sponsor P/A INDUSTRIES INC.	c EIN-PN 06-0862210-001
a	Plan name PCPS 401(K) PLAN	
b	Name of plan sponsor PREMIER CORPORATE PROFESSIONAL SERVICES	c EIN-PN 37-1704818-001
a	Plan name PDMA CORPORATION SAVINGS PLAN	
b	Name of plan sponsor PDMA CORPORATION	c EIN-PN 59-3191224-001
a	Plan name PROGRESSIVE COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor PROGRESSIVE COMMUNICATIONS, INC.	c EIN-PN 58-2431088-001
a	Plan name PROGRESSIVEHEALTH 401(K) PLAN	
b	Name of plan sponsor PROGRESSIVEHEALTH	c EIN-PN 35-1907348-002
a	Plan name REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REPRODUCTIVE MEDICINE INSTITUTE, LLC	c EIN-PN 27-1248611-001
a	Plan name ROSCOE BROWN, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ROSCOE BROWN, INC.	c EIN-PN 62-0810017-001
a	Plan name S & W ELECTRIC COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor S & W ELECTRIC COMPANY, INC.	c EIN-PN 63-0833028-001
a	Plan name SEMSA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIERRA MEDICAL SERVICES ALLIANCE	c EIN-PN 68-0459931-001
a	Plan name SHERIDAN SHEET METAL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SHERIDAN SHEET METAL COMPANY	c EIN-PN 41-1631666-001
a	Plan name SIAGEL PRODUCTIONS 401(K) PLAN	
b	Name of plan sponsor SIAGEL PRODUCTIONS, INC.	c EIN-PN 04-2999213-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SYSLOGIC, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	SYSLOGIC, INC.	c EIN-PN 39-1832556-001
a	Plan name	T K GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T K GROUP, INC.	c EIN-PN 36-3489575-001
a	Plan name	THE MIRAZON GROUP LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE MIRAZON GROUP, LLC	c EIN-PN 61-1363720-001
a	Plan name	THE WESTFIELD COMPANY OF WISCONSIN, INC. 401(K) PLAN	
b	Name of plan sponsor	THE WESTFIELD COMPANY OF WISCONSIN, INC.	c EIN-PN 39-1628929-001
a	Plan name	AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE & MARINE INTERNATIONAL CORPORATION	c EIN-PN 77-0280581-001
a	Plan name	AMANI ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	AMANI ENGINEERING, INC.	c EIN-PN 76-0614439-001
a	Plan name	AMERICAN GALVANO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN GALVANO, INC.	c EIN-PN 20-0161792-001
a	Plan name	ANY WAY YOU WANT IT MOVING & STORAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	ANY WAY YOU WANT IT MOVING & STORAGE, INC.	c EIN-PN 11-3679750-001
a	Plan name	APG, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	APG OFFICE FURNISHINGS, INC.	c EIN-PN 31-0747489-002
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TA VANGUARD LIFESTRATEGY GROWTH RET OPT	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	175390931
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	155889800
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	175390931	155889800
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	175390931	155889800

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	22173604	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		22173604

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	813327	
(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)		813327
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		813327

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21360277
l Transfers of assets:			
(1) To this plan.....	2l(1)		20061227
(2) From this plan	2l(2)		60922635

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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