

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 INCOME RET OPT
1b Three-digit plan number (PN): 503
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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

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 INCOME RET OPT</u>	B Three-digit plan number (PN)	<u>503</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)
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d Entity code

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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)

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 CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001
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 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 SEVILLA MEDICAL GROUP DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor SEVILLA MEDICAL GROUP	c EIN-PN 20-3891267-002
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
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

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 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 HEARTH HOME COMMUNITIES 401(K) PLAN	
b	Name of plan sponsor HEARTH HOME COMMUNITIES LLC	c EIN-PN 47-3611972-001
a	Plan name HILLCREST HOME, INC. 401(K) PLAN	
b	Name of plan sponsor HILLCREST HOME, INC.	c EIN-PN 42-0892136-001
a	Plan name NFOCUS 401(K) PLAN	
b	Name of plan sponsor NFOCUS CONSULTING, INC.	c EIN-PN 31-1325229-001
a	Plan name SKIENCE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SKIENCE, LLC	c EIN-PN 54-2058238-001
a	Plan name ACCUTURN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ACCUTURN 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 CRAFT CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CRAFT CONSTRUCTION COMPANY	c EIN-PN 86-0853895-001
a	Plan name HONOLULU SMILES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HONOLULU SMILES	c EIN-PN 42-1592502-001
a	Plan name HUTKER ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001

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	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	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	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	WARD IMPLEMENT COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	WARD IMPLEMENT COMPANY, INC.	c EIN-PN 61-0870978-001
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	DACO PRECISION-TOOL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DACO PRECISION, INC.	c EIN-PN 39-1710167-001
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
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

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	IKE HEAPHY, D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor	IKE HEAPHY, D.D.S., P.C.	c EIN-PN 90-0074728-001
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	KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
b	Name of plan sponsor	KEAR CIVIL CORPORATION	c EIN-PN 20-8257122-001
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	LOUISVILLE LAW, PLLC	
b	Name of plan sponsor	LOUISVILLE LAW, PLLC	c EIN-PN 84-4442393-001
a	Plan name	OOMA, INC. 401(K) PLAN	
b	Name of plan sponsor	OOMA, INC.	c EIN-PN 06-1713274-001
a	Plan name	PACBLU 401(K) PLAN	
b	Name of plan sponsor	PACBLU	c EIN-PN 11-3691833-001
a	Plan name	MARTIN'S METAL FABRICATION & WELDING, INC.	
b	Name of plan sponsor	MARTIN'S METAL FABRICATION & WELDING, INC.	c EIN-PN 68-0157908-001
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
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	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

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	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	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
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	CARMEN TERREROS, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARMEN TERREROS, M.D., INC.	c EIN-PN 20-1750839-001
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	GATTON & ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor	GATTON & ASSOCIATES, P.C.	c EIN-PN 85-0471754-001
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

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 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 BEAR RIVER ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEAR RIVER ELECTRIC COMPANY	c EIN-PN 38-3264163-001
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
a	Plan name EVERGREEN USA PENSION PLAN	
b	Name of plan sponsor EVERGREEN USA	c EIN-PN 80-0817046-002
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 JIM BURKE EXCAVATING 401(K) PLAN	
b	Name of plan sponsor JIM BURKE EXCAVATING INC.	c EIN-PN 36-4055755-001
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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name QUALITY FABRICATION & DESIGN 401(K) PLAN	
b	Name of plan sponsor QUALITY FABRICATION & DESIGN	c EIN-PN 75-2191833-001
a	Plan name QUERREY & HARROW LTD. SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor QUERREY & HARROW, LTD.	c EIN-PN 36-2777440-001
a	Plan name ROMEO N. LAUREANO, DMD, PSC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROMEO N. LAUREANO, DMD, PSC	c EIN-PN 61-1371980-001
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
a	Plan name THE HARBINGER GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARBINGER GROUP	c EIN-PN 61-1452906-001
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 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 RABB WATER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor RABB WATER SYSTEMS, INC.	c EIN-PN 35-1750694-001

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 CHILDRENS SPECIALIZED ABA 401K PLAN	
b	Name of plan sponsor BLUE BALLOON LLC	c EIN-PN 85-4302391-001
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 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 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

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	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	METAL CONSTRUCTION MATERIALS, LLC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	METAL CONSTRUCTION MATERIALS, LLC.	c EIN-PN 74-2064793-001
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	PACIFIC MEDICAL 401(K) PLAN	
b	Name of plan sponsor	PACIFIC MEDICAL MANAGEMENT SERVICES, INC.	c EIN-PN 56-2321193-001
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	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	SIMON CHANG, MD, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMON CHANG, MD, LLC	c EIN-PN 80-0112427-001
a	Plan name	TERRANET, INC. 401(K) PLAN	
b	Name of plan sponsor	TERRANET, INC.	c EIN-PN 52-1782317-001
a	Plan name	THOMAS TRI QUACH, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMAS TRI QUACH, M.D., INC.	c EIN-PN 33-0856862-001

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 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 THUAN VAN NGUYEN, M.D. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor THUAN VAN NGUYEN, M.D.	c EIN-PN 95-3914970-001
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
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 FARIBORZ RODEF, DDS, INC. 401(K) PLAN	
b	Name of plan sponsor FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE	c EIN-PN 32-0012113-001
a	Plan name FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor FREER MECHANICAL CONTRACTOR'S INC.	c EIN-PN 75-1046142-002
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 HUE N. VO, MD 401(K) PLAN	
b	Name of plan sponsor HUE N. VO, MD	c EIN-PN 84-1172195-002
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

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	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	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	RIDGE GLOBAL, LLC PROFIT SHARING & 401(K) PLAN AND TRUST	
b	Name of plan sponsor	RIDGE GLOBAL, LLC	c EIN-PN 20-4147521-001
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
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	STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	STOCKBRIDGE ENGINEERING, INC.	c EIN-PN 39-1732812-001
a	Plan name	TEXAS HEALTHCARE PHARMACY 401(K) PLAN	
b	Name of plan sponsor	TEXAS THCP OPERATIONS, LP	c EIN-PN 26-0058682-001
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	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	YC RUBBER CO. (NORTH AMERICA) LLC 401(K) PLAN	
b	Name of plan sponsor	YC RUBBER CO. (NORTH AMERICA) LLC	c EIN-PN 47-2227720-001

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 A & K EARTH MOVERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor A & K EARTH MOVERS, INC.	c EIN-PN 88-0097157-002
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 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 ONO ENTERPRISE LTD. 401(K) PROFIT SHARING PLAN (001)	
b	Name of plan sponsor ONO ENTERPRISE LTD.	c EIN-PN 99-0090333-001
a	Plan name OPEN UP RESOURCES 401(K) PLAN	
b	Name of plan sponsor OPEN UP RESOURCES	c EIN-PN 47-3240638-001
a	Plan name ORANGE COAST PRINTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ORANGE COAST PRINTER, INC.	c EIN-PN 34-2031275-001
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

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	TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TRIPLE H FOOD PROCESSORS, LLC.
c	EIN-PN	47-4431714-001
a	Plan name	WARREN'S CONCRETE SERVICES, INC. 401(K) PLAN
b	Name of plan sponsor	WARREN'S CONCRETE SERVICES, INC.
c	EIN-PN	65-0102699-001
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	BUILDERS STEEL SERVICE, INC. 401(K) PROFIT SHARING & TRUST
b	Name of plan sponsor	BUILDER'S STEEL SERVICE, INC.
c	EIN-PN	34-1719798-002
a	Plan name	CHESTA COMPANY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CHESTA COMPANY, INC.
c	EIN-PN	31-1459569-001
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
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	BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	BUILDING SYSTEMS TRANSPORTATION CO.
c	EIN-PN	31-1289790-001

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	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	BULVERDE GLASS 401(K) PLAN	
b	Name of plan sponsor	BULVERDE GLASS, INC	c EIN-PN 74-2941775-001
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	HAGEN INSURANCE 401(K) PLAN	
b	Name of plan sponsor	HO'O ILINA, INC. DBA HAGEN INSURANCE	c EIN-PN 51-0640656-001
a	Plan name	JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
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	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	SCG CAPITAL CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SCG CAPITAL CORPORATION	c EIN-PN 06-0961259-005
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	THE CENTRAL INDUSTRIAL SUPPLY 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	CENTRAL INDUSTRIAL SUPPLY, INC.	c EIN-PN 63-0711103-001
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
a	Plan name	ACADEMIA MENONITA RETIREMENT PLAN	
b	Name of plan sponsor	ACADEMIA MENONITA	c EIN-PN 66-0238935-001

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	BOULDER HILLS LANDSCAPING RETIREMENT READINESS PLAN	
b	Name of plan sponsor	BOULDER HILLS LANDSCAPING, INC.	c EIN-PN 45-2747964-001
a	Plan name	CARDIOLOGY & VASCULAR ASSOCIATES, P.C. 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	CARDIOLOGY & VASCULAR ASSOCIATES, P.C.	c EIN-PN 38-3468933-001
a	Plan name	COMPREHENSIVE DENTAL SERVICES, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor	COMPREHENSIVE DENTAL SERVICES, LTD.	c EIN-PN 39-1154725-001
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	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	JAMES R. DETTLING, MD. LTD. CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	JAMES R. DETTLING, M.D. LTD	c EIN-PN 88-0469527-002
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)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARPLES GEARS, INC.	c EIN-PN 95-4226164-001
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	PARAGON SOFTWARE GROUP CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARAGON SOFTWARE GROUP CORPORATION	c EIN-PN 26-2745098-001
a	Plan name	PYRAMID SOLUTIONS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PYRAMID SOLUTIONS, INC.	c EIN-PN 38-2951993-001
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	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	LONE WOLF RESOURCES 401(K) PLAN	
b	Name of plan sponsor	LONE WOLF RESOURCES, LLC	c EIN-PN 75-2815928-001
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

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	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	MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 2	
b	Name of plan sponsor	MAD DOGG ATHLETICS, INC.	c EIN-PN 95-4481055-003
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
a	Plan name	TOUCHTURNS, LLC 401(K) PLAN	
b	Name of plan sponsor	TOUCHTURNS, LLC	c EIN-PN 45-2688671-001
a	Plan name	MASTER GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	MASTER PRODUCTS COPORATION	c EIN-PN 66-0407424-002
a	Plan name	MATERIALS TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor	MATERIALS TESTING, INC.	c EIN-PN 06-1321309-001
a	Plan name	QUALITY ASSURED LABEL, INC. SAVINGS PLAN	
b	Name of plan sponsor	QUALITY ASSURED LABEL, INC.	c EIN-PN 41-1492638-002
a	Plan name	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

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	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	ASHLEY HUONG HO, DMD, INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	ASHLEY HUONG HO, DMD, INC.	c EIN-PN 26-0631507-001
a	Plan name	DANNY DAVIS CONTRACTORS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	DANNY DAVIS CONTRACTORS, INC.	c EIN-PN 62-1392604-001
a	Plan name	DATA PATH, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	DATA PATH, INC.	c EIN-PN 90-0242296-001
a	Plan name	DATASOFT, INC. EMPLOYEES' PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DATASOFT, INC.	c EIN-PN 11-2618286-001
a	Plan name	HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	HICKORY HILL RETIREMENT COMMUNITY, LLC	c EIN-PN 37-1544274-001
a	Plan name	MID-VALLEY 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	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	INDUSTRIAL COMPONENTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL COMPONENTS SALES, INC.	c EIN-PN 39-2001134-001

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	SCI 401(K) PLAN	
b	Name of plan sponsor	SYSTEM CONTROLS & INSTRUMENTATION, LTD.	c EIN-PN 46-0638297-001
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	NEW LIFE VENTURES, INC. 401(K) PS PLAN	
b	Name of plan sponsor	NEW LIFE VENTURES, INC.	c EIN-PN 20-0339207-001
a	Plan name	NEW TITLE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	NEW TITLE SERVICES	c EIN-PN 20-0337649-001
a	Plan name	WILLIAM J.T. COULMAN, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. BILL COULMAN, D.D.S., INC.	c EIN-PN 31-1643764-001
a	Plan name	OASYS 401(K) PLAN	
b	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	c EIN-PN 52-1747644-001
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	ETTLESON 401(K) PLAN	
b	Name of plan sponsor	ETTLESON CADILLAC-BUICK-HYUNDAI, INC.	c EIN-PN 36-3420816-002
a	Plan name	JSC REALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JSC REALTY SERVICES, INC.	c EIN-PN 75-2319565-001

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	SST ENERGY CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor	SST ENERGY CORPORATION	c EIN-PN 84-1109846-001
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	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
a	Plan name	MAGNUM MACHINE 401(K) PLAN	
b	Name of plan sponsor	MAGCO MACHINE & MANUFACTURING DBA MAGNUM MACHINE & MANUFACTURING	c EIN-PN 74-2978531-001
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

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 COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
b	Name of plan sponsor COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	c EIN-PN 47-1612263-222
a	Plan name THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES	c EIN-PN 23-7433927-001
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 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
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 ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASSOCIATED COMPONENTS TECHNOLOGY, INC.	c EIN-PN 33-0439579-001
a	Plan name MIKE HALE COMPANIES 401(K) PLAN	
b	Name of plan sponsor MIKE HALE ACURA INC.	c EIN-PN 87-0430929-001
a	Plan name ROBIN II, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROBIN II, INC.	c EIN-PN 39-1314862-001

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	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	RUNNING AWAY INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	RUNNING AWAY INCORPORATED DBA JOHN'S RUN WALK SHOP	c EIN-PN 61-0950094-001
a	Plan name	INNOVATIVE 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE STAMPING CORP.	c EIN-PN 95-3018165-001
a	Plan name	INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	INTEGRI, LLC	c EIN-PN 20-2613358-001
a	Plan name	SECURITYMETRICS, INC. 401(K) PLAN	
b	Name of plan sponsor	SECURITYMETRICS, INC.	c EIN-PN 87-0670276-001

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 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 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 OHIO COUNCIL OF RETAIL MERCHANTS 401(K) PLAN	
b	Name of plan sponsor OHIO COUNCIL OF RETAIL MERCHANTS	c EIN-PN 31-4269320-002
a	Plan name EXPOTEL HOSPITALITY SERVICES 401K PLAN	
b	Name of plan sponsor EXPOTEL HOSPITALITY SERVICES, INC.	c EIN-PN 72-1456101-001
a	Plan name 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 PAYROLL EXPRESS, LLC 401(K) PLAN	
b	Name of plan sponsor PAYROLL EXPRESS, LLC	c EIN-PN 45-3517823-001
a	Plan name SUPERSTORE 401(K) PLAN	
b	Name of plan sponsor FURNITURE SUPERSTORE LLC	c EIN-PN 87-0698757-001
a	Plan name SUPRACOR, INC. 401(K) PLAN	
b	Name of plan sponsor SUPRACOR, INC.	c EIN-PN 94-2792545-001

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 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 PETE'S PLUMBING 401(K) PLAN	
b	Name of plan sponsor PETE'S PLUMBING, INC.	c EIN-PN 20-0937994-001
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 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 BIZLINK GROUP 401(K) PLAN	
b	Name of plan sponsor BIZLINK TECHNOLOGY, INC.	c EIN-PN 94-3355611-001
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 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 COLONIAL GENERAL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor COLONIAL GENERAL INSURANCE AGENCY, INC.	c EIN-PN 31-1125848-001
a	Plan name COLORADO CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor COLORADO CREDIT UNION	c EIN-PN 84-0660269-003

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	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	EASTERN COLORADO BANK 401(K) PLAN	
b	Name of plan sponsor	THE EASTERN COLORADO BANK	c EIN-PN 84-0361004-001
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	FISHMAN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROSS H. FISHMAN, D.M.D., M.S., P.A.	c EIN-PN 45-5429730-001
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	GLOBAL WIDGET, LLC 401(K) PLAN	
b	Name of plan sponsor	GLOBAL WIDGET, LLC	c EIN-PN 81-2430361-001
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

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 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
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 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

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	SIAGEL PRODUCTIONS 401(K) PLAN	
b	Name of plan sponsor	SIAGEL PRODUCTIONS, INC.	c EIN-PN 04-2999213-001
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 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	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
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 INCOME RET OPT	B Three-digit plan number (PN) ▶ 503
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)	88297404
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	74758986
(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	88297404	74758986
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	88297404	74758986

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)	4995089	
(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		4995089

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)	491470	
(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)		491470
j Total expenses. Add all expense amounts in column (b) and enter total	2j		491470

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4503619
l Transfers of assets:			
(1) To this plan	2l(1)		11154076
(2) From this plan	2l(2)		29196113

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 _____.