

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 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
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1a Name of plan <u>CLEARBRIDGE SMALL CAP GROWTH RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>879</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 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.

SIGN HERE		Date	Enter name of individual signing as plan administrator
	Signature of plan administrator		
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor		
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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>CLEARBRIDGE SMALL CAP GROWTH RET OPT</u>	B Three-digit plan number (PN)	<u>879</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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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:

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d Entity code

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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 BAJ INCORPORATED 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BAJ INCORPORATED	c EIN-PN 38-3517795-001
a	Plan name BAKERY AGENCY 401(K) PLAN	
b	Name of plan sponsor BAKERY AGENCY LLC	c EIN-PN 27-4407040-001
a	Plan name BANDYS FIRE DEPARTMENT 401(K) PLAN	
b	Name of plan sponsor BANDYS CROSSROADS VOLUNTEER FIRE DEPARTMENT, INCORPORATED	c EIN-PN 56-6094194-001
a	Plan name ECHO PRODUCTION, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor ECHO PRODUCTION, INC.	c EIN-PN 75-1623080-001
a	Plan name EDESIGNC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EDESIGNC, INC.	c EIN-PN 26-2921452-001
a	Plan name EDMOND MUSIC, INC. 401(K) PLAN	
b	Name of plan sponsor EDMOND MUSIC, INC.	c EIN-PN 73-1499074-001
a	Plan name PLANET SMOOTHIE 401(K) PLAN	
b	Name of plan sponsor MANN'S DIVERSIFIED INDUSTRIES, INC. DBA PLANET SMOOTHIE	c EIN-PN 59-3565308-001
a	Plan name PLAY IT SAFE PLAYGROUNDS AND PARK EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor PLAY IT SAFE PLAYGROUNDS AND PARK EQUIPMENT, INC.	c EIN-PN 46-0775994-001
a	Plan name EPPRIGHT HOMES LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor EPPRIGHT HOMES LLC	c EIN-PN 47-2384404-001
a	Plan name EQUITY INVESTMENT MORTGAGE, LLC 401(K) PLAN	
b	Name of plan sponsor EQUITY INVESTMENT MORTGAGE, LLC	c EIN-PN 88-1901818-001
a	Plan name PROFESSIONAL RESTORATION 401(K) PLAN	
b	Name of plan sponsor DRS, INC.	c EIN-PN 84-1485846-002
a	Plan name BIG HORN WIRELINE 401(K) PLAN	
b	Name of plan sponsor BIG HORN WIRELINE, LLC	c EIN-PN 88-2234263-001

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	KRASHIDBUILT 401(K) + PROFIT SHARING PLAN	
b	Name of plan sponsor	KRASHIDBUILT LLC	c EIN-PN 81-5001167-001
a	Plan name	KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KREATIONS AUTO BODY	c EIN-PN 26-3285845-001
a	Plan name	FAIRFIELD GLADE COMMUNITY CLUB RETIREMENT PLAN	
b	Name of plan sponsor	FAIRFIELD GLADE COMMUNITY CLUB	c EIN-PN 71-0425507-001
a	Plan name	FALCONE & TRUMAN PLUMBING & HEATING INC. 401(K) PLAN	
b	Name of plan sponsor	FALCONE & TRUMAN PLUMBING & HEATING INC.	c EIN-PN 23-2386576-001
a	Plan name	PUMP SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	PUMP SUPPLY INCORPORATED	c EIN-PN 20-2415627-334
a	Plan name	BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHCOAST CYCLES, LLC DBA BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND	c EIN-PN 47-0911536-001
a	Plan name	BOIZELLE INSURANCE ASSOC. INC, 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BOIZELLE INSURANCE ASSOC., INC.	c EIN-PN 52-1379532-002
a	Plan name	TK JAMS DRYWALL 401(K) PLAN	
b	Name of plan sponsor	TK JAMS DRYWALL COMPANY	c EIN-PN 26-4725394-001
a	Plan name	TLC HOME HEALTH INC 401(K) PLAN	
b	Name of plan sponsor	TLC HOME HEALTH INC	c EIN-PN 86-1082396-001
a	Plan name	REGENCY ENTERPRISES SERVICES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	REGENCY ENTERPRISES SERVICES, LLC	c EIN-PN 05-0598254-001
a	Plan name	TURBONETICS ENGINEERING & SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TURBONETICS ENGINEERING & SERVICES, INC.	c EIN-PN 74-2999395-001
a	Plan name	TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO RETIREMENT PLAN	
b	Name of plan sponsor	TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO	c EIN-PN 36-4153559-001

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 BUTTERFLY DENTAL 401(K) PLAN	
b	Name of plan sponsor JIANYE CHEN DENTAL CORPORATION	c EIN-PN 27-2591884-001
a	Plan name LUTHERAN SOCIAL SERVICES OF COLORADO 401(K) PLAN	
b	Name of plan sponsor LUTHERAN SOCIAL SERVICES OF COLORADO DBA LUTHERAN FAMILY SERVICES RO	c EIN-PN 84-0775550-002
a	Plan name M2G VENTURES 401(K) PLAN	
b	Name of plan sponsor M2G VENTURES, LLC	c EIN-PN 46-2390264-001
a	Plan name CANOPY ROADS ADVISORS RETIREMENT PLAN	
b	Name of plan sponsor CANOPY ROADS ADVISORS, LLC	c EIN-PN 88-2788599-001
a	Plan name CAPCO STEEL ERECTION COMPANY 401(K) PLAN	
b	Name of plan sponsor CAPCO STEEL ERECTION COMPANY	c EIN-PN 27-1100663-001
a	Plan name CAPITOL METRO FINANCIAL SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor CAPITOL METRO FINANCIAL SERVICES, INC.	c EIN-PN 52-2069219-001
a	Plan name GENERAL MANUFACTURER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NANALU INDUSTRIES, LLC	c EIN-PN 26-4532527-001
a	Plan name MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor MARION HILL ASSOCIATES, INC.	c EIN-PN 34-1799727-001
a	Plan name MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor MARION HILL ASSOCIATES, INC.	c EIN-PN 34-1799727-222
a	Plan name MEDIA MATTERS SF LLC 401(K) PLAN	
b	Name of plan sponsor MEDIA MATTERS SF, LLC DBA ARS X MACHINA	c EIN-PN 72-1607686-001
a	Plan name GRAFFEN BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor GRAFFEN BUSINESS SYSTEMS, INC.	c EIN-PN 23-1908016-001
a	Plan name ROSE ORTHODONTICS 401(K) PLAN	
b	Name of plan sponsor ROSE ORTHODONTICS	c EIN-PN 82-2529653-001

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	VVH CONSULTING ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	VVH CONSULTING ENGINEERS	c EIN-PN 27-2604454-001
a	Plan name	MILLER VALVE & CONTROLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MILLER VALVE & CONTROLS, LLC	c EIN-PN 85-4352454-001
a	Plan name	MILLS ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	MILLS VETERINARY SERVICES DBA MILLS ANIMAL HOSPITAL	c EIN-PN 81-1149328-001
a	Plan name	ACADIA.IO LLC 401(K) PLAN	
b	Name of plan sponsor	ACADIA.IO LLC	c EIN-PN 86-2788877-001
a	Plan name	ACCUTROL COMPLETE HOME SERVICES 401(K) PLAN	
b	Name of plan sponsor	ACCUTROL COMPLETE HOME SERVICES, LLC	c EIN-PN 86-3952569-001
a	Plan name	ACCUTURN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ACCUTURN CORPORATION	c EIN-PN 95-2901000-001
a	Plan name	CONNOLLY ELECTRIC & MECHANICAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHRIS CONNOLLY INC. DBA CONNOLLY ELECTRIC & MECHANICAL	c EIN-PN 86-0892259-001
a	Plan name	HEC SOFTWARE INC 401(K) PLAN	
b	Name of plan sponsor	HEC SOFTWARE, INC. DBA READING HORIZONS	c EIN-PN 86-0495240-001
a	Plan name	HERITAGE AUTO 401(K) PLAN	
b	Name of plan sponsor	HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	c EIN-PN 87-0306275-001
a	Plan name	HERITAGE FORD OF VERNAL 401K PLAN	
b	Name of plan sponsor	HERITAGE FORD OF VERNAL	c EIN-PN 83-3589085-001
a	Plan name	NATURESCAPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NATURESCAPE	c EIN-PN 03-0448406-001
a	Plan name	SILVER BIRCH LIVING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SILVER BIRCH SERVICES, LLC	c EIN-PN 82-3479583-001

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 HIMES 401(K) PLAN	
b	Name of plan sponsor DAILY RECYCLING EQUIPMENT & SERVICE INC DBA HIMES SERVICE COMPANY	c EIN-PN 74-2842230-001
a	Plan name ADVANCED SHORING & UNDERPINNING 401(K)	
b	Name of plan sponsor ADVANCED SHORING & UNDERPINNING	c EIN-PN 68-0532733-001
a	Plan name ADVANCED WASTE & RECYCLING, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED WASTE & RECYCLING, INC.	c EIN-PN 20-0110311-001
a	Plan name CORRIDOR MEDIA GROUP 401(K) PLAN	
b	Name of plan sponsor CORRIDOR MEDIA GROUP	c EIN-PN 76-0758768-001
a	Plan name DAWN WAREHOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor DAWN WAREHOUSING, INC.	c EIN-PN 54-1234908-001
a	Plan name DC SHEETMETAL, LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DC SHEETMETAL, LLC	c EIN-PN 06-1570038-002
a	Plan name INNER CITY MISSION 401(K) PLAN	
b	Name of plan sponsor INNER CITY MISSION OF SPRINGFIELD, INC.	c EIN-PN 37-1156121-001
a	Plan name INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INSTRUMEDICAL TECHNOLOGIES, INC.	c EIN-PN 35-1515768-001
a	Plan name ONAL GALLANT & PARTNERS PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ONAL GALLANT & PARTNERS PC	c EIN-PN 82-2968635-001
a	Plan name STEWARDSHIP SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor STEWARDSHIP SOLUTIONS, INC.	c EIN-PN 46-1656504-001
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 DES MOINES STEEL COMPANY	
b	Name of plan sponsor DES MOINES STEEL COMPANY	c EIN-PN 42-1397053-001

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 DESERT VISTA DENTAL WEST, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DESERT VISTA DENTAL WEST, PLLC	c EIN-PN 43-1971397-001
a	Plan name PECK FLANNERY GREAM WARREN, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PECK FLANNERY GREAM WARREN, INC.	c EIN-PN 61-0674873-001
a	Plan name ASSETS, INC. 401(K) PLAN	
b	Name of plan sponsor ASSETS, INC.	c EIN-PN 92-0076696-888
a	Plan name JENNIFER WEAVER AND ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JENNIFER WEAVER AND ASSOCIATES, PLLC	c EIN-PN 26-3123439-001
a	Plan name TAKIGAWA CORPORATION AMERICAN 401(K) PLAN	
b	Name of plan sponsor TAKIGAWA CORPORATION AMERICAN	c EIN-PN 82-0819824-001
a	Plan name TARRY MEDICAL PRODUCTS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor TARRY MEDICAL PRODUCTS, INC.	c EIN-PN 06-1683982-001
a	Plan name RENEW IT GROUP 401(K) PLAN	
b	Name of plan sponsor RENEW IT GROUP LLC	c EIN-PN 46-5146944-001
a	Plan name REPI LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REPI, LLC	c EIN-PN 54-2101581-001
a	Plan name U.S. GOT PEOPLE RETIREMENT PLAN	
b	Name of plan sponsor DILLIGAS CORP. DBA U.S. GOT PEOPLE	c EIN-PN 26-2968177-001
a	Plan name UNI-GRIP, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor UNI-GRIP, INC.	c EIN-PN 34-1108705-001
a	Plan name C.C. BATTERY CO., INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C.C. BATTERY CO., INC.	c EIN-PN 74-1871509-002
a	Plan name MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MACROMATIC INDUSTRIAL CONTROLS, INC.	c EIN-PN 20-3910631-001

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 RICHWOODS ACADEMY, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor RICHWOODS ACADEMY, LLC	c EIN-PN 84-4059471-001
a	Plan name MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES	c EIN-PN 20-4106052-001
a	Plan name VALLEY OAKS MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor VOM-SONANI MANAGEMENT PLLC	c EIN-PN 85-0748921-001
a	Plan name WALLACE ELLIS PROFIT SHARING & RETIREMENT FUND	
b	Name of plan sponsor ELLIS, HEAD, OWENS, JUSTICE, ARNOLD & GRAHAM	c EIN-PN 63-0521098-001
a	Plan name CHILTON CONTRACTORS 401(K) PLAN	
b	Name of plan sponsor PAYTON ADMINISTRATIVE SERVICES, LLC	c EIN-PN 88-2161143-001
a	Plan name GRAND BAY MARINE, INC. 401(K) PLAN	
b	Name of plan sponsor GRAND BAY MARINE, INC.	c EIN-PN 38-3356449-001
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 GRC DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRC DEVELOPMENT, INC.	c EIN-PN 27-1135741-001
a	Plan name SAPHYRE, INC. 401(K) PLAN	
b	Name of plan sponsor SAPHYRE, INC.	c EIN-PN 82-3177747-001
a	Plan name WILDCAT OIL TOOLS 401(K) PLAN	
b	Name of plan sponsor WILDCAT OIL TOOLS, LLC	c EIN-PN 45-4421709-001
a	Plan name 10K CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor 10K LLC DBA 10K CONSTRUCTION	c EIN-PN 86-1833942-001
a	Plan name 365 HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor 365 HEALTH SERVICES, LLC	c EIN-PN 47-1842850-001

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 CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY 401(K) PLAN	
b	Name of plan sponsor CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY	c EIN-PN 31-1541953-001
a	Plan name CLIMATE SYSTEMS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CLIMATE SYSTEMS, INC.	c EIN-PN 46-0377208-001
a	Plan name CLINKSCALES PORTABLE TOILETS LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor CLINKSCALES PORTABLE TOILETS LLC	c EIN-PN 93-1086752-001
a	Plan name HABITAT FOR HUMANITY INLAND VALLEY, INC. 401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor HABITAT FOR HUMANITY INLAND VALLEY, INC.	c EIN-PN 33-0461804-001
a	Plan name MMB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MANAGEMENT SERVICES, INC.	c EIN-PN 73-1443852-001
a	Plan name MOCA ZEE 401(K) PLAN	
b	Name of plan sponsor MOCA ZEE, LLC	c EIN-PN 85-2626819-001
a	Plan name CONTROL ASSOCIATES, INC. PROFIT SHARING AND 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CONTROL ASSOCIATES, INC.	c EIN-PN 22-1629238-004
a	Plan name ACT LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor ACT LABORATORIES, INC.	c EIN-PN 30-0857299-001
a	Plan name NEFSP 401(K) PLAN	
b	Name of plan sponsor NEFSP HOLDINGS LLC	c EIN-PN 87-4240278-001
a	Plan name NEMO, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND MECHANICAL OVERLAY, INC.	c EIN-PN 76-0794575-001
a	Plan name SHOCO OIL, INC 401(K) PLAN	
b	Name of plan sponsor SHOCO OIL, INC.	c EIN-PN 84-1275009-001
a	Plan name SHOEMAKER LUMBER CO. 401(K) PLAN	
b	Name of plan sponsor SHOEMAKER LUMBER CO., INC.	c EIN-PN 22-1756787-001

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 ZAGAR INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ZAGAR INC.	c EIN-PN 34-0634856-001
a	Plan name ZEBRA ATHLETICS LLC 401(K) PLAN	
b	Name of plan sponsor REGUPOL ZEBRA ATHLETICS LLC	c EIN-PN 82-4317682-001
a	Plan name NODDLE SERVICES, LLC SALARY SAVINGS PLAN	
b	Name of plan sponsor NODDLE SERVICES, LLC	c EIN-PN 82-5468680-001
a	Plan name NOMAD GLOBAL COMMUNICATION SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor NOMAD GLOBAL COMMUNICATION SOLUTIONS	c EIN-PN 35-2182794-777
a	Plan name HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name HOME INSTEAD SENIOR CARE RETIREMENT PLAN	
b	Name of plan sponsor PAHOS, INC. DBA HOME INSTEAD SENIOR CARE	c EIN-PN 72-1351629-001
a	Plan name AERO PRECISION 401(K) PLAN	
b	Name of plan sponsor AERO PRECISION ENGINEERING, INC.	c EIN-PN 95-3922726-001
a	Plan name SJCC, LLC 401(K) PLAN	
b	Name of plan sponsor SJ CONSTRUCTION CONSULTING, LLC	c EIN-PN 81-1815964-001
a	Plan name SK MANAGEMENT, INC 401(K) PLAN	
b	Name of plan sponsor SK MANAGEMENT, INC	c EIN-PN 02-0456712-001
a	Plan name OPEN RANGE ENGINEERING SERVICES 401(K) PLAN	
b	Name of plan sponsor OPEN RANGE ENGINEERING SERVICES, PLLC	c EIN-PN 20-5674889-001
a	Plan name AMERICA WEST MEDICAL TRANSPORTATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AMERICA WEST MEDICAL TRANSPORTATION, INC.	c EIN-PN 27-4518471-001
a	Plan name AMERICAN BIOTECH LABS LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN BIOTECH LABS LLC	c EIN-PN 20-3029677-001

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 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 STAFFORD TAX & BUSINESS ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor STAFFORD TAX & BUSINESS ADVISORS, LLC	c EIN-PN 02-0724413-001
a	Plan name ANDREW CAPALDO, DMD, PC 401(K) PLAN	
b	Name of plan sponsor ANDREW CAPALDO, DMD, PC	c EIN-PN 23-2986985-001
a	Plan name ANIMAL NUTRITION SYSTEMS 401(K) PLAN	
b	Name of plan sponsor ANIMAL NUTRITION SYSTEMS, LLLP	c EIN-PN 86-0536485-001
a	Plan name ANN SULLIVAN LEWIS 401(K) PLAN	
b	Name of plan sponsor ANN M. SULLIVAN INSURANCE AGENCY, INC.	c EIN-PN 57-1142720-001
a	Plan name DESIMONE LOGISTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DESIMONE LOGISTICS, LLC	c EIN-PN 84-3096586-001
a	Plan name DEVOL ENGINEERING 401(K) PLAN	
b	Name of plan sponsor DEVOL ENGINEERING, INC.	c EIN-PN 52-7255997-001
a	Plan name DIAL-X AUTOMATED EQUIPMENT, INC. 401(K) RETIREMENT PROFIT SHARING PLAN	
b	Name of plan sponsor DIAL-X ACQUISITION COMPANY, INC. DBA DIAL-X AUTOMATED EQUIPMENT	c EIN-PN 46-4936140-001
a	Plan name IRON EAGLE WELDING ACADEMY 401(K) PLAN	
b	Name of plan sponsor IRON EAGLE WELDING ACADEMY	c EIN-PN 85-1505205-001
a	Plan name IRONMAN PIZZA 401(K) PLAN	
b	Name of plan sponsor IRONMAN PIZZA, INC.	c EIN-PN 46-1786435-001
a	Plan name STORIED DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor STORIED DEVELOPMENT, LLC	c EIN-PN 82-2999814-001
a	Plan name PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor PERKINS MOTOR PLEX LLC	c EIN-PN 26-4307208-001

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 ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTA OFFICE TECHNOLOGIES, INC.	c EIN-PN 47-2600973-001
a	Plan name ATLAS ESSENTIALS 401(K) PLAN	
b	Name of plan sponsor ATLAS ESSENTIALS USA LLC	c EIN-PN 99-1874504-001
a	Plan name DUNCAN MACHINERY MOVERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN INDUSTRIAL CONTRACTORS LLC	c EIN-PN 20-0042037-001
a	Plan name TDK CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor TDK CONSTRUCTION CO., INC.	c EIN-PN 61-1025614-001
a	Plan name BARANOF HOLDINGS STORAGE LLC 401(K) PLAN	
b	Name of plan sponsor BARANOF HOLDINGS STORAGE LLC	c EIN-PN 47-4472605-001
a	Plan name EHLEN & FULLER, DDS RETIREMENT PLAN	
b	Name of plan sponsor EHLEN & FULLER, DDS, PLLC	c EIN-PN 27-5224563-001
a	Plan name THE CARLIN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor THE CARLIN COLLABORATIVE	c EIN-PN 83-2633004-001
a	Plan name THE CONNECTME 401(K) PLAN	
b	Name of plan sponsor MODERN HR, INC.	c EIN-PN 81-0741257-002
a	Plan name PROOF LOGISTICS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROOF LOGISTICS INC.	c EIN-PN 83-4204713-001
a	Plan name PROPER HOME, INC. 401(K)	
b	Name of plan sponsor PROPER HOME, INC.	c EIN-PN 87-1827057-001
a	Plan name LADD FAMILY DENTAL 401(K)	
b	Name of plan sponsor LADD FAMILY DENTAL	c EIN-PN 87-2951230-001
a	Plan name PURE ENERGY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor PURE ENERGY GROUP, INC.	c EIN-PN 86-2201015-001

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	PVA. INC 401(K) PLAN	
b	Name of plan sponsor	PVA INC.	c EIN-PN 35-1313976-001
a	Plan name	QMETRICS, INC. 401(K) PLAN	
b	Name of plan sponsor	QMETRICS, INC.	c EIN-PN 87-0761590-001
a	Plan name	BOOT RANCH 401(K) PLAN	
b	Name of plan sponsor	BOOT RANCH HR, LLC	c EIN-PN 47-4784683-001
a	Plan name	BOXCAST, INC. 401(K) PLAN	
b	Name of plan sponsor	BOXCAST, INC.	c EIN-PN 47-2276606-001
a	Plan name	FEDVEL CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	FEDVEL CONSTRUCTION, INC.	c EIN-PN 82-2603538-001
a	Plan name	LAW OFFICES OF LAWRENCE ROHLFING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICES OF LAWRENCE ROHLFING	c EIN-PN 22-8046503-001
a	Plan name	LAW OFFICES OF VANCE A. FUNK PA 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICES OF VANCE A. FUNK PA	c EIN-PN 03-0380002-001
a	Plan name	LAW PRACTICE, LTD. 401(K) PLAN	
b	Name of plan sponsor	LAW PRACTICE, LTD	c EIN-PN 20-5225227-001
a	Plan name	TOM CALVIN INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	TOM CALVIN INSURANCE AGENCY, INC.	c EIN-PN 20-3249017-001
a	Plan name	MANHATTAN MECHANICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	MANHATTAN MECHANICAL SERVICES, INC.	c EIN-PN 27-3969132-001
a	Plan name	MEYERING INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	MEYERING INSURANCE AGENCY	c EIN-PN 38-2217296-001
a	Plan name	MEYLAN CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	MEYLAN CONSTRUCTION, INC.	c EIN-PN 68-0300446-001

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 TITLE & TAG INC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	NORTHEAST TITLE & TAG INC
c	EIN-PN	23-3034907-001
a	Plan name	OUR COUNTRY HOME ENTERPRISES, INC CUSTOM RETIREMENT PLAN
b	Name of plan sponsor	OUR COUNTRY HOME ENTERPRISES, INC.
c	EIN-PN	34-1524285-001
a	Plan name	OUTDOORSY HOLDINGS, INC. 401(K) PLAN
b	Name of plan sponsor	OUTDOORSY HOLDINGS, INC.
c	EIN-PN	85-0558661-001
a	Plan name	PERMIAN INTERNATIONAL ENERGY SERVICES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PERMIAN INTERNATIONAL ENERGY SERVICES LLC
c	EIN-PN	82-1930351-001
a	Plan name	POWER HOLDINGS 401(K) PLAN
b	Name of plan sponsor	POWER HOLDINGS LLC
c	EIN-PN	20-0711558-001
a	Plan name	POZITIV FERTILITY 401(K) PLAN
b	Name of plan sponsor	POZITIV FERTILITY MANAGEMENT, LLC
c	EIN-PN	86-2291004-001
a	Plan name	PROTERIS 401(K) PLAN
b	Name of plan sponsor	PROTERIS COMPLIANCE SOLUTIONS, INC.
c	EIN-PN	92-1583768-001
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	RIVER MARKET 401(K) PLAN
b	Name of plan sponsor	RIVER MARKET COMMUNITY CO-OP
c	EIN-PN	41-1335460-001
a	Plan name	RYLIND CONSTRUCTION COMPANY, INC. RETIREMENT PLAN
b	Name of plan sponsor	RYLIND CONSTRUCTION COMPANY, INC.
c	EIN-PN	46-3278537-001
a	Plan name	STEP UP FAMILY SERVICE LLC- 401(K)
b	Name of plan sponsor	STEP UP FAMILY SERVICES LLC
c	EIN-PN	83-4093830-001
a	Plan name	SUMMIT DENTAL & IMPLANT CLINIC 401(K) PLAN
b	Name of plan sponsor	SUMMIT DENTAL & IMPLANT CLINIC
c	EIN-PN	82-1344355-001

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	SUMMIT SITEWORKS LLC, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUMMIT SITEWORKS LLC	c EIN-PN 47-0967899-001
a	Plan name	SUNBURY ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUNBURY ANIMAL HOSPITAL	c EIN-PN 20-1018098-001
a	Plan name	TED GROB CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TED GROB CORPORATION	c EIN-PN 39-1027921-001
a	Plan name	THE DOVE AGENCY 401(K) PLAN	
b	Name of plan sponsor	THE DOVE AGENCY, LLC	c EIN-PN 82-2809327-001
a	Plan name	THE GREATER HOUSTON NEUROSURGERY CENTER, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE GREATER HOUSTON NEUROSURGERY CENTER, P.A.	c EIN-PN 76-0523049-001
a	Plan name	TILO INDUSTRIES CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	TILO INDUSTRIES, LLC	c EIN-PN 46-1678521-001
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	WILL CLARK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	WILL CLARK ELECTRIC INC.	c EIN-PN 46-0382827-001
a	Plan name	A TO Z SPEECH THERAPY 401(K) PLAN	
b	Name of plan sponsor	A TO Z SPEECH THERAPY	c EIN-PN 81-4796737-001
a	Plan name	ADRIAN PULKRABEK DDS PLLC 401(K) PLAN	
b	Name of plan sponsor	ADRIAN PULKRABEK DDS PLLC	c EIN-PN 76-0716251-001
a	Plan name	AGRICAPTURE 401(K) PLAN	
b	Name of plan sponsor	AGRICAPTURE, INC.	c EIN-PN 86-3882425-001
a	Plan name	AGX SITEWORX 401(K) PLAN	
b	Name of plan sponsor	EAC ENTERPRISES, LLC DBA AGX SITEWORX	c EIN-PN 47-2997502-001

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	AHB TOOLING & MACHINERY 401(K) PLAN & TRUST	
b	Name of plan sponsor	AHB TOOLING & MACHINERY, LLC	c EIN-PN 83-3280314-001
a	Plan name	AUSTERE 401(K) PLAN	
b	Name of plan sponsor	CARE ADVOCATE INC.	c EIN-PN 36-4567027-001
a	Plan name	AUSTIN PX 401(K) PLAN	
b	Name of plan sponsor	AUSTIN PX, LLC	c EIN-PN 26-0769754-001
a	Plan name	BAY AREA PROPANE RETIREMENT PLAN	
b	Name of plan sponsor	BAY AREA PROPANE	c EIN-PN 84-3871195-001
a	Plan name	BAYOTECH 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BAYOTECH, INC.	c EIN-PN 47-4398706-334
a	Plan name	BLUE CLOUD SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUE CLOUD SOLUTIONS, INC.	c EIN-PN 85-3966443-001
a	Plan name	BOYS & GIRLS CLUB OF GREATER NEW HAVEN 401(K) PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUBS OF GREATER NEW HAVEN	c EIN-PN 06-0646935-002
a	Plan name	CADILLAC COFFEE COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	CADILLAC COFFEE COMPANY	c EIN-PN 38-0570380-001
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	COLORADO PHYSICIAN PARTNERS 401(K) PLAN	
b	Name of plan sponsor	COLORADO PHYSICIAN PARTNERS	c EIN-PN 90-0995056-001
a	Plan name	COLT NECK LABS, LLC - 401(K)	
b	Name of plan sponsor	COLT NECK LABS, LLC	c EIN-PN 83-4534512-001
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

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	DIEFFENBACH'S POTATO CHIPS 401(K) PLAN	
b	Name of plan sponsor	DIEFFENBACH'S POTATO CHIPS, INC.	c EIN-PN 23-3044270-001
a	Plan name	DIGIOH LLC 401(K) PLAN	
b	Name of plan sponsor	DIGIOH LLC	c EIN-PN 45-2780632-001
a	Plan name	DIRT POOR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HELMS & SONS EXCAVATING, INC.	c EIN-PN 31-1547042-001
a	Plan name	DURA PEOPLE 401(K) PLAN	
b	Name of plan sponsor	DURA SOFTWARE, INC.	c EIN-PN 83-3229458-777
a	Plan name	DWIGHT LEWIS STATE FARM INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	DWIGHT LEWIS STATE FARM INSURANCE AGENCY	c EIN-PN 47-2834035-001
a	Plan name	EL PRADO STONE LP 401(K) PLAN	
b	Name of plan sponsor	EL PRADO STONE LP	c EIN-PN 47-2747432-001
a	Plan name	EYNCON 401(K) PLAN	
b	Name of plan sponsor	EYNCON, LLC	c EIN-PN 47-2720798-001
a	Plan name	FIELD FRESH FOODS 401(K) PLAN	
b	Name of plan sponsor	FIELD FRESH FOODS	c EIN-PN 95-4489479-001
a	Plan name	GATEWAY TO PREVENTION AND RECOVERY, INC. 401(K) PLAN	
b	Name of plan sponsor	GATEWAY TO PREVENTION AND RECOVERY, INC.	c EIN-PN 73-1215510-001
a	Plan name	GAZI ATASEVEN 401(K) PLAN	
b	Name of plan sponsor	A TO Z REAL ESTATE TRANSACTION LLC	c EIN-PN 86-1384624-001
a	Plan name	GILSTER-MARY LEE CORPORATION EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	GILSTER-MARY LEE	c EIN-PN 37-0951425-002
a	Plan name	GKC 401(K) PLAN	
b	Name of plan sponsor	GERDING, KORTE, & CHITWOOD PC	c EIN-PN 43-1260512-001

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	GL KREINER, INC. 401(K) PLAN	
b	Name of plan sponsor	GL KREINER, INC.	c EIN-PN 81-1723713-001
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	HONOR CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor	HONOR CONTRACTING LLC	c EIN-PN 81-4244688-001
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	KEOTA TRANSMISSION & REPAIR LLC 401(K) PLAN	
b	Name of plan sponsor	KEOTA TRANSMISSION & REPAIR LLC	c EIN-PN 27-1263484-001
a	Plan name	AISTHETIKOS, INC. 401(K) PLAN	
b	Name of plan sponsor	AISTHETIKOS, INC.	c EIN-PN 26-4099842-001
a	Plan name	APPLIED TECH SERVICES LLC 401(K)	
b	Name of plan sponsor	APPLIED TECH SERVICES LLC	c EIN-PN 82-5498381-001
a	Plan name	BREAK IT DOWN, LLC 401(K) PLAN	
b	Name of plan sponsor	BREAK IT DOWN, LLC	c EIN-PN 27-1788791-001
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	CBD INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor	CBD INDUSTRIES, LLC	c EIN-PN 83-2775806-001
a	Plan name	CEDAR VALLEY CHEESE STORE	
b	Name of plan sponsor	CEDAR VALLEY CHEESE STORE	c EIN-PN 20-2863599-001

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 DJ'S SPORTS BAR, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DJ'S SPORTS BAR, INC.	c EIN-PN 36-3924989-001
a	Plan name ELMBROOK FAMILY DENTAL PARTNERS, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELMBROOK FAMILY DENTAL PARTNERS, S.C.	c EIN-PN 27-0556470-001
a	Plan name GLLC 401(K) PLAN	
b	Name of plan sponsor GREEN LIGHT LAWN CARE	c EIN-PN 26-2036398-001
a	Plan name HARTLEY'S PROFIT SHARING 40L(K) PLAN	
b	Name of plan sponsor HARTLEY'S	c EIN-PN 01-0278553-001
a	Plan name JACOBY MARKETING 401(K) PLAN	
b	Name of plan sponsor JACOBY MARKETING, INC. DBA JACO SUPERIOR PRODUCTS	c EIN-PN 47-2028024-001
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 MOUNTAIN STATES GLASS LLC 401(K) PLAN	
b	Name of plan sponsor MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001
a	Plan name NORTHGATE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHGATE	c EIN-PN 38-2503040-001
a	Plan name NORTHWEST DRAFT 401(K) PLAN	
b	Name of plan sponsor NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	c EIN-PN 45-4915664-001
a	Plan name PARKS JOHNSON AGENCY 401(K) PLAN	
b	Name of plan sponsor PARKS JOHNSON AGENCY	c EIN-PN 85-2713186-001
a	Plan name R.J. GAESTEL, INC. DBA MERCED HONDA 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor R.J. GAESTEL, INC. DBA MERCED HONDA	c EIN-PN 77-0344466-001
a	Plan name RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor RJ NOLAN & ASSOCIATES, INC.	c EIN-PN 39-1090667-001

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 ROADMAP RESEARCH GLOBAL 401(K) PLAN	
b	Name of plan sponsor LEXICON AND LINE DBA ROADMAP RESEARCH GLOBAL	c EIN-PN 47-2210159-001
a	Plan name SOCCER SHOTS SACRAMENTO, LLC 401(K) PLAN	
b	Name of plan sponsor SOCCER SHOTS SACRAMENTO, LLC	c EIN-PN 47-0976792-001
a	Plan name SOL DIGITAL 401(K) PLAN	
b	Name of plan sponsor SOL DIGITAL, LLC	c EIN-PN 84-3111821-001
a	Plan name TRADER PHD 401(K)	
b	Name of plan sponsor TRADER PHD, LLC	c EIN-PN 47-4703769-001
a	Plan name HYPER HOME SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor HYPER HOME SOLUTIONS LLC	c EIN-PN 87-3928812-001
a	Plan name KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a	Plan name KINGS SALES GROUP 401(K)	
b	Name of plan sponsor KINGS SALES GROUP, LLC	c EIN-PN 82-3721984-001
a	Plan name MCCOLLOUGH SCHOLTEN 401(K) SAVINGS PLAN	
b	Name of plan sponsor MCCOLLOUGH SCHOLTEN CONSTRUCTION	c EIN-PN 35-1685271-001
a	Plan name PARTS AND SCREENS, INC. 401(K) PLAN	
b	Name of plan sponsor PARTS AND SCREENS DBA BROWN MANUFACTURING	c EIN-PN 38-3266935-001
a	Plan name PATZOLDT 401(K) PLAN	
b	Name of plan sponsor TALON SANITATION, LLC	c EIN-PN 82-2238692-001
a	Plan name PRIME DOCK SUPPLIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN EAGLE GOLF VENTURES INC. DBA PRIME DOCK SUPPLIES	c EIN-PN 74-2905200-001
a	Plan name RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor RADD CAPITAL, LLC	c EIN-PN 82-2026337-001

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 ROBERTS ENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor ROBERTS ENERGY, LLC	c EIN-PN 81-3450263-001
a	Plan name ROBIN CHIANG & COMPANY 401(K) PLAN	
b	Name of plan sponsor ROBIN CHIANG & COMPANY	c EIN-PN 94-3271917-001
a	Plan name ROCK & ROSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCK & ROSE, INC.	c EIN-PN 30-0117391-001
a	Plan name SOLOMON GROUP PRODUCTIONS 401(K) PLAN	
b	Name of plan sponsor SOLOMON GROUP PRODUCTIONS, L.L.C.	c EIN-PN 45-2497756-001
a	Plan name SYMONS ADVANCED VALUED EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor SYMONS FIRE PROTECTION, INC.	c EIN-PN 03-0378557-001
a	Plan name SYNDEX CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SYNDEX CORPORATION	c EIN-PN 74-1750316-001
a	Plan name TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor TRANSITIONAL LIVING CENTERS, INC.	c EIN-PN 34-1752737-001
a	Plan name VERRATERRA 401(K) PLAN	
b	Name of plan sponsor VERRATERRA PROPERTY MANAGEMENT LLC	c EIN-PN 27-3256545-001
a	Plan name VEXUS FIBER, LLC DBA VEXUS FIBER 401K PLAN	
b	Name of plan sponsor VEXUS FIBER, LLC	c EIN-PN 75-1791082-001
a	Plan name WOODFIELD DEVELOPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor WOODFIELD DEVELOPMENT COMPANY, LLC	c EIN-PN 45-3995607-001
a	Plan name ARCHIVIST CAPITAL MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCHIVIST CAPITAL MANAGEMENT LLC	c EIN-PN 81-4554277-001
a	Plan name ARCO LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCO LOGISTICS, INC	c EIN-PN 34-1885155-001

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	BEEP 401(K) PLAN	
b	Name of plan sponsor	BEEP, INC.	c EIN-PN 61-1908700-334
a	Plan name	BELMONT HARDWARE 401(K) PLAN	
b	Name of plan sponsor	COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA	c EIN-PN 94-2724600-001
a	Plan name	BROADWAY BUILDERS 401(K) PLAN	
b	Name of plan sponsor	BROADWAY BUILDERS, INC.	c EIN-PN 42-1522144-001
a	Plan name	CENTERA BIOSCIENCE 401(K) PLAN	
b	Name of plan sponsor	CENTERA BIOSCIENCE INC.	c EIN-PN 46-3097866-001
a	Plan name	COMPASS RETIREMENT CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMPASS RETIREMENT CONSULTING GROUP, INC.	c EIN-PN 20-4795685-001
a	Plan name	COMPASS STUDIO 401(K) PLAN	
b	Name of plan sponsor	JP COMPASS CONSULTING AND CONSTRUCTION, INC. DBA COMPASS STUDIO	c EIN-PN 20-5387398-001
a	Plan name	COMPLETE INTERACTIVE TECHNOLOGIES INC 401(K) PLAN	
b	Name of plan sponsor	COMPLETE INTERACTIVE TECHNOLOGIES INC	c EIN-PN 38-2942737-001
a	Plan name	DOORWAY HOME LOANS 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL CITY MORTGAGE, INC.	c EIN-PN 33-0231744-001
a	Plan name	DORSETT AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	DORSETT'S AUTO SALES, INC.	c EIN-PN 35-1269099-001
a	Plan name	EMCO GLADE SPRINGS HOSPITALITY, LLC 401(K) PLAN	
b	Name of plan sponsor	EMCO GLADE SPRINGS HOSPITALITY, LLC	c EIN-PN 20-0976658-001
a	Plan name	EMERALD PROFESSIONAL STAFFING INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EMERALD PROFESSIONAL STAFFING INC.	c EIN-PN 46-1362080-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF ARC OF DENVER, INC.	
b	Name of plan sponsor	ARC OF DENVER, INC.	c EIN-PN 84-0614525-001

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	FIRST AMERICAN EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIRST AMERICAN PROPERTIES, LLC	c EIN-PN 36-4536252-001
a	Plan name	FIRST CHOICE MOBILE RADIOLOGY SERVICES 401(K) PLAN	
b	Name of plan sponsor	FIRST CHOICE MOBILE RADIOLOGY SERVICE, LLC	c EIN-PN 20-5724682-001
a	Plan name	FIRTH SPORTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FIRTH SPORTS, INC.	c EIN-PN 20-5805401-001
a	Plan name	FIS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	FIS GROUP, LLC	c EIN-PN 83-3475402-001
a	Plan name	MURTCO, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor	MURTCO, INC.	c EIN-PN 61-1127838-001
a	Plan name	PAV 401(K)	
b	Name of plan sponsor	PERFORMANCE AUDIO VIDEO, INC.	c EIN-PN 43-1988352-001
a	Plan name	RAPIDS WHOLESALE & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	DASCOA, INC. D/B/A RAPIDS WHOLESALE EQUIPMENT CO.	c EIN-PN 42-1378309-001
a	Plan name	SERTOMA CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	SERTOMA CENTER INCORPORATED	c EIN-PN 62-0818599-002
a	Plan name	SOUND EFFECTS ENTERTAINMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SOUND EFFECTS, LLC DBA SOUND EFFECTS ENTERTAINMENT	c EIN-PN 20-8018181-001
a	Plan name	T&T LIBERTY SAFES, INC. 401(K) PLAN	
b	Name of plan sponsor	T&T LIBERTY SAFES, INC.	c EIN-PN 32-0255663-001
a	Plan name	THE RUCKLE TEAM, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	TMR TEAM, INC.	c EIN-PN 84-4927543-001
a	Plan name	TRI CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor	TRI CONSTRUCTION CO., INC.	c EIN-PN 04-2786413-001

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 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 ACADEMY MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor ACADEMY MANAGEMENT COMPANY	c EIN-PN 45-2344235-001
a	Plan name ACADIA DERMATOLOGY 401(K) PLAN	
b	Name of plan sponsor ACADIA DERMATOLOGY	c EIN-PN 84-4302481-001
a	Plan name BROWN-DAUB AUTO SALES INC. 401(K) PLAN	
b	Name of plan sponsor BROWN-DAUB AUTO SALES INC.	c EIN-PN 38-3686385-001
a	Plan name BROWN-DAUB CHEVROLET OF NAZARETH INC. 401(K) PLAN	
b	Name of plan sponsor BROWN-DAUB OF NAZARETH INC.	c EIN-PN 24-0864624-001
a	Plan name BROWN-DAUB DODGE INC. 401(K) PLAN	
b	Name of plan sponsor BROWN-DAUB DODGE, INC.	c EIN-PN 23-2970402-001
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 COMPOSITE HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPOSITE HOLDINGS, INC.	c EIN-PN 47-0769139-001
a	Plan name DOWNS COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOWNS ENERGY	c EIN-PN 77-0445131-002
a	Plan name DR. MICHAEL GUIRGUIS, D.D.S., INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor DR. MICHAEL GUIRGUIS, D.D.S., INC.	c EIN-PN 27-0800677-001
a	Plan name FLORIDA COASTAL DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LISA D. ZACK, MD, PA	c EIN-PN 65-0156881-004
a	Plan name GOLDFISH SWIM SCHOOL, LLC 401(K) PLAN	
b	Name of plan sponsor KEVANE SWIM SCHOOL, LLC	c EIN-PN 37-1759034-001

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	HEARING SOLUTIONS OF INDIANA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATIVE HEARING SOLUTIONS OF INDIANA, INC.	c EIN-PN 83-2099523-001
a	Plan name	HEARTLAND FINANCIAL RESOURCE GROUP 401(K) PLAN	
b	Name of plan sponsor	RYAN SWALWELL DBA HEARTLAND FINANCIAL RESOURCE GROUP	c EIN-PN 47-4519658-001
a	Plan name	IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001
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	JAY HODGE AUTO 401(K) PLAN	
b	Name of plan sponsor	JAY HODGE CHEVROLET, INC.	c EIN-PN 75-2466263-001
a	Plan name	KNOTTS BUILDERS OF NC 401(K) PLAN	
b	Name of plan sponsor	KNOTTS BUILDERS OF NC, INC.	c EIN-PN 82-4670440-001
a	Plan name	LOH TAX GROUP 401(K) PLAN	
b	Name of plan sponsor	LOH TAX GROUP	c EIN-PN 26-2679374-001
a	Plan name	ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	ALLIANCE GROUP HOLDINGS, LLC DBA ALLIANCE MARKETING PARTNERS	c EIN-PN 20-1317574-001
a	Plan name	AXION RMS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AXION RMS, LTD	c EIN-PN 47-2464302-002
a	Plan name	BROWN-DAUB EURO INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB EURO, INC.	c EIN-PN 27-4502291-001
a	Plan name	BROWN-DAUB INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB, INC.	c EIN-PN 24-0535610-001
a	Plan name	BROWN-DAUB OF LEHIGH VALLEY INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB OF LEHIGH VALLEY, INC	c EIN-PN 27-1528308-001

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	CIPM RETIREMENT PLAN	
b	Name of plan sponsor	CUSTOM INTERVENTIONAL PAIN MANAGEMENT, LLC	c EIN-PN 27-2527059-001
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	DAKINE SERVICES 401(K) PLAN	
b	Name of plan sponsor	DAKINE SERVICES, INC.	c EIN-PN 81-1390019-001
a	Plan name	DALLESFORT FOUNDRY RETIREMENT PLAN	
b	Name of plan sponsor	DALLESFORT FOUNDRY, LLC	c EIN-PN 91-1878495-001
a	Plan name	GREENFIELD DYNAMICS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	GREENFIELD DYNAMICS, LLC	c EIN-PN 26-0597299-001
a	Plan name	IN GOOD TASTE, LLC RETIREMENT PLAN	
b	Name of plan sponsor	IN GOOD TASTE, LLC	c EIN-PN 37-2000641-001
a	Plan name	INCAB AMERICA, LLC 401(K) PLAN	
b	Name of plan sponsor	INCAB AMERICA, LLC	c EIN-PN 82-0671947-001
a	Plan name	JOHNSON IRON INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON IRON, INC.	c EIN-PN 20-1832486-001
a	Plan name	LONG TERM CARE SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG TERM CARE SPECIALISTS, INC.	c EIN-PN 73-1202515-001
a	Plan name	MICHIGAN FENCE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN FENCE CO., INC.	c EIN-PN 38-2266859-001
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	OBRA RAMOS 401(K) PLAN	
b	Name of plan sponsor	OBRA RAMOS CONSTRUCTION, LLC	c EIN-PN 46-2310284-001

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	PGS 401(K) PLAN	
b	Name of plan sponsor	PRECISION GLOBAL SYSTEMS, INC.	c EIN-PN 38-2504223-001
a	Plan name	PHOENIX CENTER RETIREMENT PLAN	
b	Name of plan sponsor	PHOENIX CENTER FOR ADVANCED LEGAL & ECONOMIC PUBLIC POLICY STUDIES	c EIN-PN 52-2079266-001
a	Plan name	S.C. SWIDERSKI MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	S.C. SWIDERSKI MANAGEMENT, INC.	c EIN-PN 47-2837847-001
a	Plan name	SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.	
b	Name of plan sponsor	THE GUIDANCE CENTER, INC.	c EIN-PN 86-0223720-001
a	Plan name	TRIFECTA NETWORKS, LLC 401(K) PLAN	
b	Name of plan sponsor	TRIFECTA NETWORKS, LLC	c EIN-PN 82-3534139-001
a	Plan name	WEATHER TIGHT CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	WEATHER TIGHT CORPORATION	c EIN-PN 39-1647457-001
a	Plan name	WEAVER MEMORIALS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WEAVER MEMORIALS, INC.	c EIN-PN 23-1714594-001
a	Plan name	WELLRIGHT 401(K) PLAN	
b	Name of plan sponsor	WELLRIGHT, INC.	c EIN-PN 36-4763852-001
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	ALPHA RETIREMENT SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	ALPHA RETIREMENT SOLUTIONS, LLC	c EIN-PN 47-3848612-001
a	Plan name	B&J'S PIZZA 401(K) PLAN	
b	Name of plan sponsor	JAKC INC. DBA B&J'S PIZZA	c EIN-PN 74-2468849-001
a	Plan name	BUD'S AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	BUDS CHEVROLET, INC.	c EIN-PN 34-1626376-001

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	BULTHAUP SCOTTSDALE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BULTHAUP SCOTTSDALE, LLC	c EIN-PN 20-5667168-001
a	Plan name	CITYWIDE HOME HEALTH SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CITYWIDE HOME HEALTH SERVICES, INC.	c EIN-PN 26-1920951-001
a	Plan name	EAP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ELEGANT ALUMINUM PRODUCTS USA LLC	c EIN-PN 46-3034570-001
a	Plan name	FOUNDATION TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	FOUNDATION TECHNOLOGIES, LLC	c EIN-PN 41-1967504-001
a	Plan name	FOUNDATIONS FOR CHANGE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FOUNDATIONS FOR CHANGE, LLC	c EIN-PN 61-1687546-001
a	Plan name	FOUR SEASONS CONSULTING 401(K) PLAN	
b	Name of plan sponsor	FOUR SEASONS CONSULTING, INC.	c EIN-PN 20-4370441-001
a	Plan name	INDUSTRIAL POLYMER SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL POLYMER SYSTEMS, LLC	c EIN-PN 81-0967782-001
a	Plan name	INFINITE RESOURCE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	INFINITE RESOURCE SOLUTIONS LLC	c EIN-PN 46-2838507-001
a	Plan name	MILKMAID GOODS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILKMAID GOODS	c EIN-PN 47-4478047-001
a	Plan name	OMEGA THERMO PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor	OMEGA THERMO PRODUCTS, LLC	c EIN-PN 39-1930105-001
a	Plan name	REALOGIC SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	REALSCAPE GROUP LLC DBA REALOGIC SOLUTIONS	c EIN-PN 46-4805391-001
a	Plan name	REASON CONSULTING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	REASON CONSULTING CORPORATION	c EIN-PN 87-3746346-001

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 CLEARBRIDGE SMALL CAP GROWTH RET OPT	B Three-digit plan number (PN) ▶ 879
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
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)	22656042	20013136
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	22656042	20013136
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	22656042	20013136

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)	-265049	
(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)		1411778
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1146729

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1146729
l Transfers of assets:			
(1) To this plan.....	2l(1)		4000150
(2) From this plan	2l(2)		7789785

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 _____.