

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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 MODERATE GROWTH RET OPT; 1b Three-digit plan number (PN): 504; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator; Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor; Filed with authorized/valid electronic signature, 09/23/2025, NEIL KOENCK; Signature of DFE, Date, Enter name of individual signing as DFE

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>TA VANGUARD LIFESTRATEGY MODERATE GROWTH RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>504</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

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

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**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.)	
<b>a</b>	Plan name <b>CONTRACTORS AND EMPLOYEES RETIREMENT PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ASSOCIATED PREVAILING WAGE CONTRACTORS, INC.</b>	<b>c</b> EIN-PN <b>74-2485508-001</b>
<b>a</b>	Plan name <b>THE CONTRACTORS AND EMPLOYEES RETIREMENT PLAN MASTER TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ASSOCIATED PREVAILING WAGE CONTRACTORS, INC.</b>	<b>c</b> EIN-PN <b>74-2485507-001</b>
<b>a</b>	Plan name <b>101 CONCEPTS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>101 CONCEPTS, LLC</b>	<b>c</b> EIN-PN <b>20-2176716-001</b>
<b>a</b>	Plan name <b>CITIZEN ACCESS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CITIZEN ACCESS RESIDENTIAL RESOURCES</b>	<b>c</b> EIN-PN <b>03-0440255-001</b>
<b>a</b>	Plan name <b>CKW ADVISORS, LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CKW ADVISORS, LLC</b>	<b>c</b> EIN-PN <b>81-0584816-001</b>
<b>a</b>	Plan name <b>CLASSIC PACKAGING COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLASSIC PACKAGING COMPANY</b>	<b>c</b> EIN-PN <b>56-1710623-002</b>
<b>a</b>	Plan name <b>HARKER HEATING &amp; COOLING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARKER HEATING &amp; COOLING, INC.</b>	<b>c</b> EIN-PN <b>39-1634801-001</b>
<b>a</b>	Plan name <b>HASSAYAMPA INN 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HASSAYAMPA INN, LLC</b>	<b>c</b> EIN-PN <b>86-1012069-001</b>
<b>a</b>	Plan name <b>MURTCO, INC. PROFIT SHARING TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MURTCO, INC.</b>	<b>c</b> EIN-PN <b>61-1127838-001</b>
<b>a</b>	Plan name <b>SEVILLA MEDICAL GROUP DEFINED BENEFIT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SEVILLA MEDICAL GROUP</b>	<b>c</b> EIN-PN <b>20-3891267-002</b>
<b>a</b>	Plan name <b>SHINDLER, ANDERSON, GOPLERUD &amp; WEESE P.C. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SHINDLER, ANDERSON, GOPLERUD &amp; WEESE P.C.</b>	<b>c</b> EIN-PN <b>42-1506318-001</b>
<b>a</b>	Plan name <b>SIGNATURE SALON &amp; SPA LIMITED 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SIGNATURE SALON &amp; SPA LIMITED</b>	<b>c</b> EIN-PN <b>39-1743728-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	20/20 CUSTOM MOLDED PLASTICS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	20/20 CUSTOM MOLDED PLASTICS, LLC	<b>c</b> EIN-PN 34-1945124-001
<b>a</b>	Plan name	401(K) ADVANTAGE, 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAG RESOURCES	<b>c</b> EIN-PN 62-1874771-002
<b>a</b>	Plan name	ABERDEEN CAPTIONING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABERDEEN CAPTIONING, INC.	<b>c</b> EIN-PN 33-0983867-001
<b>a</b>	Plan name	COMMERCIAL DOOR AND HARDWARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL DOOR AND HARDWARE, INC.	<b>c</b> EIN-PN 61-1169293-001
<b>a</b>	Plan name	CONCIERGE PHYSICAL THERAPY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONCIERGE PHYSICAL THERAPY, INC.	<b>c</b> EIN-PN 47-4420844-001
<b>a</b>	Plan name	CONTINUUM HEALTHCARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTINUUM HEALTHCARE, LLC	<b>c</b> EIN-PN 46-2972429-001
<b>a</b>	Plan name	NATURAL SMILES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUJATHA NADIMPALLI DMD LLC	<b>c</b> EIN-PN 30-0341874-001
<b>a</b>	Plan name	NEW HOPE OF ARIZONA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW HOPE OF ARIZONA INC.	<b>c</b> EIN-PN 26-2624451-001
<b>a</b>	Plan name	NFOCUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NFOCUS CONSULTING, INC.	<b>c</b> EIN-PN 31-1325229-001
<b>a</b>	Plan name	SILVERDALE PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SILVERDALE PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 91-0970631-001
<b>a</b>	Plan name	SKIENCE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SKIENCE, LLC	<b>c</b> EIN-PN 54-2058238-001
<b>a</b>	Plan name	ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADAMS COUNTY LIBRARY SYSTEM	<b>c</b> EIN-PN 23-1352002-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CRAFT CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CRAFT CONSTRUCTION COMPANY	<b>c</b> EIN-PN 86-0853895-001
<b>a</b>	Plan name HUNTINGTON SURF & SPORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUNTINGTON SURF & SPORT, INC.	<b>c</b> EIN-PN 33-0342360-001
<b>a</b>	Plan name HUTKER ARCHITECTS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUTKER ARCHITECTS INC.	<b>c</b> EIN-PN 04-2983622-001
<b>a</b>	Plan name IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor IDAHO ASPHALT SUPPLY, INC.	<b>c</b> EIN-PN 82-0325664-001
<b>a</b>	Plan name NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST CHRISTIAN SCHOOL	<b>c</b> EIN-PN 86-0445016-001
<b>a</b>	Plan name SPACE METAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPACE METAL	<b>c</b> EIN-PN 57-0785643-001
<b>a</b>	Plan name SPECIALTY INCENTIVES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPECIALTY INCENTIVES, INC.	<b>c</b> EIN-PN 84-0878658-001
<b>a</b>	Plan name STAR TIRE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STAR TIRE, INC.	<b>c</b> EIN-PN 75-1502226-001
<b>a</b>	Plan name STEMLER PLUMBING INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FRANK STEMLER & SONS, INC.	<b>c</b> EIN-PN 35-1177650-001
<b>a</b>	Plan name REGULUS 401(K)	
<b>b</b>	Name of plan sponsor REGULUS GROUP, LLC	<b>c</b> EIN-PN 33-1009928-002
<b>a</b>	Plan name AHEAD ENGINEERING LLC LIBERTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor AHEAD ENGINEERING LLC	<b>c</b> EIN-PN 82-3826108-001
<b>a</b>	Plan name AIR COMPRESSOR SOLUTIONS, INC. EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor AIR COMPRESSOR SOLUTIONS, INC.	<b>c</b> EIN-PN 27-0017675-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SUN COAST PAIN MANAGEMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUN COAST PAIN MANAGEMENT, P.A.	<b>c</b> EIN-PN 64-0888705-001
<b>a</b>	Plan name	ASSETS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSETS, INC.	<b>c</b> EIN-PN 92-0076696-888
<b>a</b>	Plan name	THOMAS S. LAYTON, D.D.S. P.A. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THOMAS LAYTON, D.D.S.	<b>c</b> EIN-PN 56-2145157-001
<b>a</b>	Plan name	VISUAL WORKPLACE INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VISUAL WORKPLACE	<b>c</b> EIN-PN 26-4045453-001
<b>a</b>	Plan name	VOLT ELECTRIC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOLT ELECTRIC, LLC	<b>c</b> EIN-PN 80-0874548-001
<b>a</b>	Plan name	WAKOTA FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAKOTA FEDERAL CREDIT UNION	<b>c</b> EIN-PN 41-0130070-002
<b>a</b>	Plan name	WEIFIELD GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WEIFIELD GROUP HOLDINGS, LLC	<b>c</b> EIN-PN 46-4888948-001
<b>a</b>	Plan name	DAIOHS U.S.A., INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAIOHS U.S.A., INC.	<b>c</b> EIN-PN 95-4746377-001
<b>a</b>	Plan name	E&F PAVING CO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	E&F PAVING CO, LLC	<b>c</b> EIN-PN 20-8741401-001
<b>a</b>	Plan name	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION	<b>c</b> EIN-PN 59-0657413-001
<b>a</b>	Plan name	IED GROUP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IED GROUP, INC.	<b>c</b> EIN-PN 56-2303651-001
<b>a</b>	Plan name	INTEGRATED TAX ACCOUNTING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED TAX ACCOUNTING INC.	<b>c</b> EIN-PN 81-0699291-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN	<b>c</b> EIN-PN 82-2382763-001
<b>a</b>	Plan name	KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEAR CIVIL CORPORATION	<b>c</b> EIN-PN 20-8257122-001
<b>a</b>	Plan name	KENNIE'S MARKETS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENNIE'S MARKETS, INC.	<b>c</b> EIN-PN 23-1579478-001
<b>a</b>	Plan name	KENTUCKY CENTER FOR SPECIAL CHILDREN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENTUCKY CENTER FOR SPECIAL CHILDREN DBA CARRIAGE HOUSE EDUCATION SE	<b>c</b> EIN-PN 61-0680753-001
<b>a</b>	Plan name	LOUISIANA OFFICE PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOUISIANA OFFICE PRODUCTS, INC	<b>c</b> EIN-PN 72-0763449-002
<b>a</b>	Plan name	OOMA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OOMA, INC.	<b>c</b> EIN-PN 06-1713274-001
<b>a</b>	Plan name	PACBLU 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACBLU	<b>c</b> EIN-PN 11-3691833-001
<b>a</b>	Plan name	KINGWOOD CENTER GARDENS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KINGWOOD CENTER GARDENS	<b>c</b> EIN-PN 34-0750349-001
<b>a</b>	Plan name	MARTIN'S METAL FABRICATION & WELDING, INC.	
<b>b</b>	Name of plan sponsor	MARTIN'S METAL FABRICATION & WELDING, INC.	<b>c</b> EIN-PN 68-0157908-001
<b>a</b>	Plan name	MAYBAR MANUFACTURING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAYBAR MANUFACTURING CO., INC.	<b>c</b> EIN-PN 39-0842841-001
<b>a</b>	Plan name	PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PARK SIDE FINANCIAL CREDIT UNION	<b>c</b> EIN-PN 23-7155544-001
<b>a</b>	Plan name	PARTNER VALUATION ADVISORS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARTNER VALUATION ADVISORS LLC	<b>c</b> EIN-PN 88-3351652-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PAYNTER REALTY & INVESTMENTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAYNTER REALTY & INVESTMENTS	<b>c</b> EIN-PN 33-0335741-001
<b>a</b>	Plan name	PECK FLANNERY GREAM WARREN, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PECK FLANNERY GREAM WARREN, INC.	<b>c</b> EIN-PN 61-0674873-001
<b>a</b>	Plan name	RINAUDO ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RINAUDO ENTERPRISES, INC.	<b>c</b> EIN-PN 59-3384145-001
<b>a</b>	Plan name	RIVERTON DENTAL ARTS, PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIVERTON DENTAL ARTS, P.C.	<b>c</b> EIN-PN 22-1994808-002
<b>a</b>	Plan name	ALPHA INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALPHA INDUSTRIES, INC.	<b>c</b> EIN-PN 62-0627504-002
<b>a</b>	Plan name	TBONZ STEAKHOUSES OF GA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TMJH INCORPORATED DBA TBONZ STEAKHOUSE OF AUGUSTA	<b>c</b> EIN-PN 26-3937273-001
<b>a</b>	Plan name	THE BRITISH EMBASSY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE BRITISH EMBASSY	<b>c</b> EIN-PN 52-2150359-002
<b>a</b>	Plan name	AVANTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SELF GROUP USA, LLC	<b>c</b> EIN-PN 92-3663081-001
<b>a</b>	Plan name	B&F CONTRACTING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	B&F CONTRACTING, INC.	<b>c</b> EIN-PN 86-0677300-002
<b>a</b>	Plan name	BASCOM PHARMACY, LLC PENSION PLAN	
<b>b</b>	Name of plan sponsor	BASCOM PHARMACY, LLC	<b>c</b> EIN-PN 57-1220247-001
<b>a</b>	Plan name	BATP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEHAVIOR ANALYSIS & THERAPY PARTNERS	<b>c</b> EIN-PN 20-4756508-001
<b>a</b>	Plan name	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	<b>c</b> EIN-PN 56-1970120-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name CAREN FRANZ, DMD, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAREN FRANZ, DMD, P.C.	<b>c</b> EIN-PN 42-1564871-001
<b>a</b>	Plan name CARMEN TERREROS, M.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARMEN TERREROS, M.D., INC.	<b>c</b> EIN-PN 20-1750839-001
<b>a</b>	Plan name WEST DES MOINES OB/GYN ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor WEST DES MOINES OB/GYN ASSOCIATES, P.C.	<b>c</b> EIN-PN 42-1391851-001
<b>a</b>	Plan name WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WESTERN EMULSIONS INC.	<b>c</b> EIN-PN 86-0336082-001
<b>a</b>	Plan name WHITE PROPERTIES OF WINCHESTER, INC 401K PLAN	
<b>b</b>	Name of plan sponsor WHITE PROPERTIES OF WINCHESTER, INC	<b>c</b> EIN-PN 54-1370300-001
<b>a</b>	Plan name GATTON & ASSOCIATES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GATTON & ASSOCIATES, P.C.	<b>c</b> EIN-PN 85-0471754-001
<b>a</b>	Plan name GENUS HOME CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENUS HOME CARE, INC.	<b>c</b> EIN-PN 33-0937721-001
<b>a</b>	Plan name INTERSTATE COMMERCIAL GLASS & DOOR, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor INTERSTATE COMMERCIAL GLASS & DOOR, INC.	<b>c</b> EIN-PN 38-2822716-001
<b>a</b>	Plan name IRA PLAN PARTNERS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor IRA PLAN PARTNERS LLC	<b>c</b> EIN-PN 46-4246162-001
<b>a</b>	Plan name JADT FOOD GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JADT FOOD GROUP, LLC	<b>c</b> EIN-PN 41-1891521-001
<b>a</b>	Plan name AMERICAN ACE SUPPLY ANAHEIM, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor AMERICAN ACE SUPPLY ANAHEIM INC	<b>c</b> EIN-PN 26-0250304-001
<b>a</b>	Plan name AMERICAN RELIANCE INDUSTRIES COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN RELIANCE INDUSTRIES COMPANY	<b>c</b> EIN-PN 35-2131825-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AMERICAN STRUCTURAL CONCRETE 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN STRUCTURAL CONCRETE	<b>c</b> EIN-PN 46-5535836-003
<b>a</b>	Plan name BAY AREA TECH WORKERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BAY AREA TECH WORKERS	<b>c</b> EIN-PN 94-3310364-001
<b>a</b>	Plan name BEACON HILL AT EASTGATE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BEACON HILL AT EASTGATE	<b>c</b> EIN-PN 38-1586704-002
<b>a</b>	Plan name BEAR RIVER ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEAR RIVER ELECTRIC COMPANY	<b>c</b> EIN-PN 38-3264163-001
<b>a</b>	Plan name BERKS FIRE WATER RESTORATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BERKS FIRE WATER RESTORATIONS, INC.	<b>c</b> EIN-PN 23-3048910-001
<b>a</b>	Plan name DR. PAUL FISCHER, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DR. PAUL FISCHER, PC	<b>c</b> EIN-PN 06-1329220-001
<b>a</b>	Plan name EUFORA INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor EUFORA INTERNATIONAL	<b>c</b> EIN-PN 33-0617396-001
<b>a</b>	Plan name FAIRCLOUGH ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FAIRCLOUGH ENTERPRISES, INC.	<b>c</b> EIN-PN 22-3718463-001
<b>a</b>	Plan name JERKINS GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALAN JERKINS PLUMBING COMPANY, INC	<b>c</b> EIN-PN 20-4645002-001
<b>a</b>	Plan name JERSEY SHORE LAWN SPRINKLER 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JERSEY SHORE LAWN AND SPRINKLER CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 22-3042964-001
<b>a</b>	Plan name JKA WELL DRILLING 401(K) PLAN	
<b>b</b>	Name of plan sponsor JKA ENTERPRISES, INC. DBA JKA WELL DRILLING & PUMP	<b>c</b> EIN-PN 91-1893642-001
<b>a</b>	Plan name MCLEAN SPEECH AND LANGUAGE SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCLEAN SPEECH AND LANGUAGE SERVICES	<b>c</b> EIN-PN 54-2035552-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MICRO-DATA SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICRO-DATA SYSTEMS, INC.	<b>c</b> EIN-PN 22-3146038-001
<b>a</b>	Plan name	PETOSKEY SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETOSKEY SURGEONS, P.C.	<b>c</b> EIN-PN 38-3448511-001
<b>a</b>	Plan name	PETRO-VALVE, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETRO-VALVE, INC.	<b>c</b> EIN-PN 74-2088515-001
<b>a</b>	Plan name	RUE & ZIFFRA, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUE & ZIFFRA, P.A.	<b>c</b> EIN-PN 59-3154090-001
<b>a</b>	Plan name	WOOD CHEVROLET PLUMVILLE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WOOD CHEVROLET PLUMVILLE, INC.	<b>c</b> EIN-PN 25-1024311-001
<b>a</b>	Plan name	YARDCO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YARDCO, INC.	<b>c</b> EIN-PN 65-1040678-001
<b>a</b>	Plan name	BRAND VELOCITY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BRAND VELOCITY, INC.	<b>c</b> EIN-PN 58-2464671-001
<b>a</b>	Plan name	BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BREVARD MEDICAL DERMATOLOGY	<b>c</b> EIN-PN 36-4796769-001
<b>a</b>	Plan name	LEGENDARY SVS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEGENDARY SVS, LLC	<b>c</b> EIN-PN 37-1915944-001
<b>a</b>	Plan name	LINDAR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LINDAR CORPORATION	<b>c</b> EIN-PN 41-1752658-001
<b>a</b>	Plan name	RABB WATER SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RABB WATER SYSTEMS, INC.	<b>c</b> EIN-PN 35-1750694-001
<b>a</b>	Plan name	RAYMOND HANDLING CONSULTANTS, LC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAYMOND HANDLING CONSULTANTS, LC	<b>c</b> EIN-PN 59-3331430-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name VAUGHN WATER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor VAUGHN WATER COMPANY	<b>c</b> EIN-PN 95-1600230-002
<b>a</b>	Plan name CHAHAL & ASSOCIATES, INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CHAHAL & ASSOCIATES, INC	<b>c</b> EIN-PN 20-8145988-001
<b>a</b>	Plan name CHILDRENS SPECIALIZED ABA 401K PLAN	
<b>b</b>	Name of plan sponsor BLUE BALLOON LLC	<b>c</b> EIN-PN 85-4302391-001
<b>a</b>	Plan name GRAPHIC WEST PACKAGING MACHINERY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GRAPHIC WEST PACKAGING MACHINERY, LLC	<b>c</b> EIN-PN 06-1622227-001
<b>a</b>	Plan name GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP	<b>c</b> EIN-PN 58-2490090-001
<b>a</b>	Plan name GREAT LAKES ENERGY NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES ENERGY COOPERATIVE, INC.	<b>c</b> EIN-PN 38-3321875-001
<b>a</b>	Plan name GREAT LAKES ENERGY UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES ENERGY COOPERATIVE, INC.	<b>c</b> EIN-PN 38-3321875-003
<b>a</b>	Plan name MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOOSE INTERNATIONAL, INC.	<b>c</b> EIN-PN 36-1408120-005
<b>a</b>	Plan name SECURE FUTURE SAVINGS AND INVESTING PLAN	
<b>b</b>	Name of plan sponsor RIVER CITY EQUIPMENT RENTAL & SALES	<b>c</b> EIN-PN 20-8799242-222
<b>a</b>	Plan name CGT U.S. LIMITED / TEXTILEATHER CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CGT U.S. LIMITED / TEXTILEATHER CORPORATION	<b>c</b> EIN-PN 34-1648509-002
<b>a</b>	Plan name COLORADO CREDIT UNION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor COLORADO CREDIT UNION	<b>c</b> EIN-PN 84-0660269-003
<b>a</b>	Plan name COMCARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMCARE, INC.	<b>c</b> EIN-PN 62-1019649-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	<b>c</b> EIN-PN 23-7198801-001
<b>a</b>	Plan name DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DEVINE ORGANICS LLC	<b>c</b> EIN-PN 46-1867921-001
<b>a</b>	Plan name DIABLO COUNTRY CLUB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DIABLO COUNTRY CLUB	<b>c</b> EIN-PN 94-0699700-003
<b>a</b>	Plan name ECLIPSE ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECLIPSE ENGINEERING, INC.	<b>c</b> EIN-PN 84-1477890-001
<b>a</b>	Plan name FRANK C. LAWRENCE DAIRY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRANK LAWRENCE DAIRY	<b>c</b> EIN-PN 94-1220748-001
<b>a</b>	Plan name HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA MONEY PURCHASE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA	<b>c</b> EIN-PN 02-1234567-001
<b>a</b>	Plan name J. AMBROGI FOOD DISTRIBUTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor J. AMBROGI FOOD DISTRIBUTION, INC.	<b>c</b> EIN-PN 51-0297646-001
<b>a</b>	Plan name KELDERMAN MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KELDERMAN MANUFACTURING, INC.	<b>c</b> EIN-PN 42-1145969-001
<b>a</b>	Plan name KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KENNEDY AUTOMOTIVE GROUP, INC.	<b>c</b> EIN-PN 23-2545536-001
<b>a</b>	Plan name LAVIN NATIONAL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAVIN NATIONAL, LLC	<b>c</b> EIN-PN 72-1482691-001
<b>a</b>	Plan name METAL CONSTRUCTION MATERIALS, LLC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor METAL CONSTRUCTION MATERIALS, LLC.	<b>c</b> EIN-PN 74-2064793-001
<b>a</b>	Plan name NORTHEAST FLORIDA AIDS NETWORK 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor NORTHEAST FLORIDA AIDS NETWORK	<b>c</b> EIN-PN 59-2974694-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PACIFIC DESIGN AND SOURCING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC DESIGN AND SOURCING	<b>c</b> EIN-PN 27-2403668-001
<b>a</b>	Plan name	PACIFIC MEDICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC MEDICAL MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 56-2321193-001
<b>a</b>	Plan name	PROSPERA LAW, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROSPERA LAW, LLP	<b>c</b> EIN-PN 27-3613349-001
<b>a</b>	Plan name	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
<b>b</b>	Name of plan sponsor	RAO MANUFACTURING COMPANY	<b>c</b> EIN-PN 41-0494610-002
<b>a</b>	Plan name	RFNRCPAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RFNR, LLP	<b>c</b> EIN-PN 95-4664923-001
<b>a</b>	Plan name	SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIGHT SAVERS OF AMERICA, INC.	<b>c</b> EIN-PN 30-0188234-001
<b>a</b>	Plan name	TERRANET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TERRANET, INC.	<b>c</b> EIN-PN 52-1782317-001
<b>a</b>	Plan name	THOMAS TRI QUACH, M.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THOMAS TRI QUACH, M.D., INC.	<b>c</b> EIN-PN 33-0856862-001
<b>a</b>	Plan name	THOMPSON PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON PHARMACY, INC.	<b>c</b> EIN-PN 38-2171852-001
<b>a</b>	Plan name	UPLAND EYE CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HENLEY OPTOMETRIC CORPORATION DBA UPLAND EYE CARE, INC.	<b>c</b> EIN-PN 87-0695819-001
<b>a</b>	Plan name	W/S MACHINE & TOOL, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	W/S MACHINE & TOOL, INC.	<b>c</b> EIN-PN 39-1764609-001
<b>a</b>	Plan name	ARAPAHOE ROOFING & SHEET METAL 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ARAPAHOE ROOFING & SHEET METAL, INC.	<b>c</b> EIN-PN 84-0633163-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name B & B TRUCKING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor B & B TRUCKING, INC.	<b>c</b> EIN-PN 38-2003867-002
<b>a</b>	Plan name FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FREER MECHANICAL CONTRACTOR'S INC.	<b>c</b> EIN-PN 75-1046142-002
<b>a</b>	Plan name GRAEAGLE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRAEAGLE CONSTRUCTION	<b>c</b> EIN-PN 88-0499070-001
<b>a</b>	Plan name HEFTY SEED COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AGRONOMY SCIENCES, LLC DBA HEFTY SEED COMPANY	<b>c</b> EIN-PN 20-2149647-001
<b>a</b>	Plan name HUE N. VO, MD 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUE N. VO, MD	<b>c</b> EIN-PN 84-1172195-002
<b>a</b>	Plan name LAWRENCE TRACTOR COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAWRENCE TRACTOR COMPANY, INC.	<b>c</b> EIN-PN 94-1713405-001
<b>a</b>	Plan name MARK A. PRICE, DDS, MSD, P.C. 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARK A. PRICE, DDS, MSD, P.C.	<b>c</b> EIN-PN 03-0352887-001
<b>a</b>	Plan name METRO WIRE AND CABLE COMPANY EMPLOYEES' PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor METRO WIRE AND CABLE COMPANY	<b>c</b> EIN-PN 38-2147100-001
<b>a</b>	Plan name PICKERING MANOR HOME 401(K) PLAN	
<b>b</b>	Name of plan sponsor PICKERING MANOR HOME	<b>c</b> EIN-PN 51-0244585-001
<b>a</b>	Plan name RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RICHLAND COMPANY & ASSOCIATES, INC.	<b>c</b> EIN-PN 34-1342190-001
<b>a</b>	Plan name RIDGE GLOBAL, LLC PROFIT SHARING & 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RIDGE GLOBAL, LLC	<b>c</b> EIN-PN 20-4147521-001
<b>a</b>	Plan name SALON AURA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SALON AURA	<b>c</b> EIN-PN 39-1885637-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SAME DAY SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAME DAY SERVICE COMPANY, INC.	<b>c</b> EIN-PN 06-1366425-001
<b>a</b>	Plan name SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SAMTECH AUTOMOTIVE USA, INC.	<b>c</b> EIN-PN 95-4568597-001
<b>a</b>	Plan name STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STOCKBRIDGE ENGINEERING, INC.	<b>c</b> EIN-PN 39-1732812-001
<b>a</b>	Plan name TEXAS HEALTHCARE PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEXAS THCP OPERATIONS, LP	<b>c</b> EIN-PN 26-0058682-001
<b>a</b>	Plan name TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor TFC MANUFACTURING, INC.	<b>c</b> EIN-PN 91-1951857-001
<b>a</b>	Plan name THE AEROLITE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor AEROLITE EXTRUSION COMPANY	<b>c</b> EIN-PN 82-3731073-001
<b>a</b>	Plan name TINARI ENTITIES, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor TINARI CONTAINER, INC.	<b>c</b> EIN-PN 23-2302499-001
<b>a</b>	Plan name VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
<b>b</b>	Name of plan sponsor VACCINE RESEARCH INSTITUTE OF SAN DIEGO	<b>c</b> EIN-PN 33-0903864-001
<b>a</b>	Plan name BADGER ALLOYS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BADGER ALLOYS, INC.	<b>c</b> EIN-PN 39-1055261-001
<b>a</b>	Plan name CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor CANTEX CONTINUING CARE NETWORK, LLC	<b>c</b> EIN-PN 26-1252206-222
<b>a</b>	Plan name CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHEM PRO LABORATORY, INC.	<b>c</b> EIN-PN 95-2297708-001
<b>a</b>	Plan name COMMUNITIES IN SCHOOLS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COMMUNITIES IN SCHOOLS OF EL PASO, INC.	<b>c</b> EIN-PN 74-2024715-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY CHEVROLET COMPANY	<b>c</b> EIN-PN 84-0502030-002
<b>a</b>	Plan name	LESSITER PUBLICATIONS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LESSITER PUBLICATIONS INC.	<b>c</b> EIN-PN 39-1169768-222
<b>a</b>	Plan name	MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MS INTERNATIONAL, INC.	<b>c</b> EIN-PN 35-1562013-003
<b>a</b>	Plan name	ONEGENERATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONEGENERATION	<b>c</b> EIN-PN 95-4066979-001
<b>a</b>	Plan name	SANDHILLS STATE BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANDHILLS STATE BANK	<b>c</b> EIN-PN 47-0130530-001
<b>a</b>	Plan name	THE BOYLAND GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BOYLAND AUTO ORLANDO, LLC	<b>c</b> EIN-PN 05-0546979-777
<b>a</b>	Plan name	WARREN'S CONCRETE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARREN'S CONCRETE SERVICES, INC.	<b>c</b> EIN-PN 65-0102699-001
<b>a</b>	Plan name	A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	A CENTER FOR VISIONCARE	<b>c</b> EIN-PN 95-4435884-001
<b>a</b>	Plan name	CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHEROKEE FARM DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 46-1180603-001
<b>a</b>	Plan name	CHESTA COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHESTA COMPANY, INC.	<b>c</b> EIN-PN 31-1459569-001
<b>a</b>	Plan name	CHILDPLACE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHILDPLACE, INC.	<b>c</b> EIN-PN 35-1129180-001
<b>a</b>	Plan name	CHILDREN'S LEARNING ADVENTURE 401(K)	
<b>b</b>	Name of plan sponsor	CHILDREN'S LEARNING ADVENTURE USA, LLC	<b>c</b> EIN-PN 20-5808736-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">DOCUFREE CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOCUFREE CORPORATION</a>	<b>c</b> EIN-PN <a href="#">58-2483016-001</a>
<b>a</b>	Plan name <a href="#">FSY ARCHITECTS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FSY ARCHITECTS</a>	<b>c</b> EIN-PN <a href="#">95-4638941-001</a>
<b>a</b>	Plan name <a href="#">FULCRUM TECHNOLOGIES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FULCRUM TECHNOLOGIES, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0357662-001</a>
<b>a</b>	Plan name <a href="#">GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GWINNETT COUNTY HABITAT FOR HUMANITY, INC.</a>	<b>c</b> EIN-PN <a href="#">58-1795694-001</a>
<b>a</b>	Plan name <a href="#">JOHN KENNEDY JENKINTOWN UNION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN</a>	<b>c</b> EIN-PN <a href="#">23-1881816-002</a>
<b>a</b>	Plan name <a href="#">AMERICAN STEEL TREATING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN STEEL TREATING, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1614413-001</a>
<b>a</b>	Plan name <a href="#">BARR &amp; MORGAN 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BARR &amp; MORGAN</a>	<b>c</b> EIN-PN <a href="#">27-1775148-001</a>
<b>a</b>	Plan name <a href="#">BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUILDING SYSTEMS TRANSPORTATION CO.</a>	<b>c</b> EIN-PN <a href="#">31-1289790-001</a>
<b>a</b>	Plan name <a href="#">BULTYNCK &amp; CO. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BULTYNCK &amp; CO., P.L.L.C.</a>	<b>c</b> EIN-PN <a href="#">20-3920878-777</a>
<b>a</b>	Plan name <a href="#">COUNTRYSIDE CULLIGAN 401(K) &amp; INCENTIVE SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COUNTRYSIDE MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1813535-001</a>
<b>a</b>	Plan name <a href="#">DORIC PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DORIC PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">35-1391396-003</a>
<b>a</b>	Plan name <a href="#">JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JOHNSON PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-3412748-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MCDONALDS' DESIGN & BUILD, INC.	<b>c</b> EIN-PN 34-1313478-001
<b>a</b>	Plan name	PORTO'S BAKERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PORTO'S BAKERY, INC.	<b>c</b> EIN-PN 95-4610775-777
<b>a</b>	Plan name	SCG CAPITAL CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SCG CAPITAL CORPORATION	<b>c</b> EIN-PN 06-0961259-005
<b>a</b>	Plan name	THE CENTRAL INDUSTRIAL SUPPLY 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL INDUSTRIAL SUPPLY, INC.	<b>c</b> EIN-PN 63-0711103-001
<b>a</b>	Plan name	AC CRANE & SIGN SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AC CRANE & SIGN SERVICE, INC.	<b>c</b> EIN-PN 52-1914457-001
<b>a</b>	Plan name	ACADEMIA MENONITA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACADEMIA MENONITA	<b>c</b> EIN-PN 66-0238935-001
<b>a</b>	Plan name	ACADEMIC ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACADEMIC ENDOCRINE, METABOLISM & NUTRITION, INC.	<b>c</b> EIN-PN 36-4180316-001
<b>a</b>	Plan name	ALL POINTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL POINTS PACKAGING	<b>c</b> EIN-PN 58-2174673-001
<b>a</b>	Plan name	BCP SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BCP SYSTEMS, INC.	<b>c</b> EIN-PN 33-0753105-001
<b>a</b>	Plan name	BOULDER HILLS LANDSCAPING RETIREMENT READINESS PLAN	
<b>b</b>	Name of plan sponsor	BOULDER HILLS LANDSCAPING, INC.	<b>c</b> EIN-PN 45-2747964-001
<b>a</b>	Plan name	CAPRI & ASSOCIATES INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAPRI & ASSOCIATES INC.	<b>c</b> EIN-PN 23-3095696-002
<b>a</b>	Plan name	CARDIOLOGY & VASCULAR ASSOCIATES, P.C. 401(K) SAFE HARBOR PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARDIOLOGY & VASCULAR ASSOCIATES, P.C.	<b>c</b> EIN-PN 38-3468933-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">COMPREHENSIVE DENTAL SERVICES, LTD. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMPREHENSIVE DENTAL SERVICES, LTD.</a>	<b>c</b> EIN-PN <a href="#">39-1154725-001</a>
<b>a</b>	Plan name <a href="#">DOUGLAS TELECOMMUNICATIONS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOUGLAS TELECOMMUNICATIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">94-3215975-001</a>
<b>a</b>	Plan name <a href="#">GREASEWOOD SPRINGS COMMUNITY SCHOOL 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREASEWOOD SPRINGS COMMUNITY SCHOOL</a>	<b>c</b> EIN-PN <a href="#">86-0823088-001</a>
<b>a</b>	Plan name <a href="#">HERSH FAMILY LAW PRACTICE, A PROFESSIONAL CORPORATION 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HERSH FAMILY LAW PRACTICE, A PROFESSIONAL CORPORATION</a>	<b>c</b> EIN-PN <a href="#">94-2418593-002</a>
<b>a</b>	Plan name <a href="#">INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INDEPENDENCE BANCSHARES, INC.</a>	<b>c</b> EIN-PN <a href="#">42-1191386-001</a>
<b>a</b>	Plan name <a href="#">JAMES G. MURPHY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JAMES G. MURPHY, INC.</a>	<b>c</b> EIN-PN <a href="#">91-0901239-002</a>
<b>a</b>	Plan name <a href="#">KIA OF LAGRANGE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KIA OF LAGRANGE</a>	<b>c</b> EIN-PN <a href="#">27-0980531-001</a>
<b>a</b>	Plan name <a href="#">MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARPLES GEARS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-4226164-001</a>
<b>a</b>	Plan name <a href="#">MARTHINSEN AND SALVITTI INSURANCE GROUP 401(K) SALARY REDUCTION PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARTHINSEN AND SALVITTI INSURANCE GROUP</a>	<b>c</b> EIN-PN <a href="#">25-1724440-001</a>
<b>a</b>	Plan name <a href="#">MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEWBRIDGE SECURITIES CORPORATION</a>	<b>c</b> EIN-PN <a href="#">54-1879031-001</a>
<b>a</b>	Plan name <a href="#">PARAGON SOFTWARE GROUP CORPORATION 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARAGON SOFTWARE GROUP CORPORATION</a>	<b>c</b> EIN-PN <a href="#">26-2745098-001</a>
<b>a</b>	Plan name <a href="#">PYRAMID SOLUTIONS, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PYRAMID SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2951993-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name RIVERMOOR ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVERMOOR ENGINEERING, LLC	<b>c</b> EIN-PN 20-0597795-001
<b>a</b>	Plan name SMART, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMART, LLC	<b>c</b> EIN-PN 30-0269003-001
<b>a</b>	Plan name STRUCTURAL IMAGING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor STRUCTURAL IMAGING, LLC	<b>c</b> EIN-PN 91-2076151-001
<b>a</b>	Plan name THE DYNAMIC CONSTRUCTION, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DYNAMIC CONSTRUCTION, INC.	<b>c</b> EIN-PN 31-1526251-001
<b>a</b>	Plan name TOM MALLOY CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOM MALLOY CORPORATION	<b>c</b> EIN-PN 95-2674327-004
<b>a</b>	Plan name VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
<b>b</b>	Name of plan sponsor VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	<b>c</b> EIN-PN 38-1917556-001
<b>a</b>	Plan name WEINBERG & COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor WEINBERG & COMPANY, LLP	<b>c</b> EIN-PN 05-0401635-001
<b>a</b>	Plan name L.K. RANCHES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor L.K. RANCHES	<b>c</b> EIN-PN 77-0100089-001
<b>a</b>	Plan name LA ROSA DEL MONTE EXPRESS, INC. CODA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LA ROSA DEL MONTE EXPRESS, INC.	<b>c</b> EIN-PN 66-0310813-001
<b>a</b>	Plan name CITRON CLOTHING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CITRON CLOTHING, INC.	<b>c</b> EIN-PN 95-4145110-001
<b>a</b>	Plan name GENERA ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENERA ENERGY, INC.	<b>c</b> EIN-PN 45-4907881-001
<b>a</b>	Plan name LONE WOLF RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LONE WOLF RESOURCES, LLC	<b>c</b> EIN-PN 75-2815928-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name PREACHER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PREACHER, LLC	<b>c</b> EIN-PN 46-4405855-001
<b>a</b>	Plan name PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRECISION CABLE ASSEMBLIES, INC.	<b>c</b> EIN-PN 39-1787647-002
<b>a</b>	Plan name THE FLAH 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORPORATE PLAN SERVICES, INC.	<b>c</b> EIN-PN 59-2832682-002
<b>a</b>	Plan name COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COCHRANE SUPPLY ENGINEERING, INC.	<b>c</b> EIN-PN 38-1854848-001
<b>a</b>	Plan name GILTON SOLID WASTE MANAGEMENT, INC.	
<b>b</b>	Name of plan sponsor GILTON SOLID WASTE MANAGEMENT, INC.	<b>c</b> EIN-PN 94-2268035-001
<b>a</b>	Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1	
<b>b</b>	Name of plan sponsor MAD DOGG ATHLETICS, INC.	<b>c</b> EIN-PN 95-4481055-002
<b>a</b>	Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 2	
<b>b</b>	Name of plan sponsor MAD DOGG ATHLETICS, INC.	<b>c</b> EIN-PN 95-4481055-003
<b>a</b>	Plan name TOTAL NETWORK MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOTAL NETWORK MANUFACTURING	<b>c</b> EIN-PN 35-2644359-001
<b>a</b>	Plan name TOWER CORPORATE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOWER CORPORATE CENTER	<b>c</b> EIN-PN 95-4415249-002
<b>a</b>	Plan name MASTER GROUP EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MASTER PRODUCTS COPORATION	<b>c</b> EIN-PN 66-0407424-002
<b>a</b>	Plan name MATERIALS TESTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MATERIALS TESTING, INC.	<b>c</b> EIN-PN 06-1321309-001
<b>a</b>	Plan name QUALITY ASSURED LABEL, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor QUALITY ASSURED LABEL, INC.	<b>c</b> EIN-PN 41-1492638-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CRAZY CAT CYCLERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRAZY CAT CYCLERY, LLC	<b>c</b> EIN-PN 46-1509105-001
<b>a</b>	Plan name	HAMILTON THIES & LORCH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HAMILTON THIES & LORCH	<b>c</b> EIN-PN 20-2795886-001
<b>a</b>	Plan name	MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MCZ CONSTRUCTION, INC.	<b>c</b> EIN-PN 20-0634943-001
<b>a</b>	Plan name	MED-ESSENTIALS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MED-ESSENTIALS, LLC	<b>c</b> EIN-PN 20-1980613-001
<b>a</b>	Plan name	REGAL ELECTRONICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REGAL ELECTRONICS, INC.	<b>c</b> EIN-PN 77-0297406-001
<b>a</b>	Plan name	ASHLEY HUONG HO, DMD, INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	ASHLEY HUONG HO, DMD, INC.	<b>c</b> EIN-PN 26-0631507-001
<b>a</b>	Plan name	MICHIGAN NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHIGAN NEUROLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 38-3258019-001
<b>a</b>	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	<b>c</b> EIN-PN 26-1365260-001
<b>a</b>	Plan name	VANDERFORD & RUIZ, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANDERFORD & RUIZ, LLP	<b>c</b> EIN-PN 56-2531267-001
<b>a</b>	Plan name	DELBIAGGIO CONSTRUCTION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DELBIAGGIO CONSTRUCTION, INC.	<b>c</b> EIN-PN 68-0257089-001
<b>a</b>	Plan name	HLN CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HLN CONSULTING, LLC	<b>c</b> EIN-PN 22-3516344-001
<b>a</b>	Plan name	ROTHSCHILD DOYNO COLLABORATIVE, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROTHSCHILD DOYNO COLLABORATIVE, P.C.	<b>c</b> EIN-PN 25-1802649-777

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	VINCENT GREENE ARCHITECTS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	VINCENT GREENE ARCHITECTS
<b>c</b>	EIN-PN	52-2066377-002
<b>a</b>	Plan name	BECKWITH LUMBER COMPANY, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BECKWITH LUMBER COMPANY, INC.
<b>c</b>	EIN-PN	55-0525058-001
<b>a</b>	Plan name	SCI 401(K) PLAN
<b>b</b>	Name of plan sponsor	SYSTEM CONTROLS & INSTRUMENTATION, LTD.
<b>c</b>	EIN-PN	46-0638297-001
<b>a</b>	Plan name	SEWINGMACHINESPLUS.COM, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SEWINGMACHINESPLUS.COM, INC.
<b>c</b>	EIN-PN	26-4413184-001
<b>a</b>	Plan name	INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	INTERPRET, LLC
<b>c</b>	EIN-PN	20-4554232-002
<b>a</b>	Plan name	NEW LIFE VENTURES, INC. 401(K) PS PLAN
<b>b</b>	Name of plan sponsor	NEW LIFE VENTURES, INC.
<b>c</b>	EIN-PN	20-0339207-001
<b>a</b>	Plan name	OASYS 401(K) PLAN
<b>b</b>	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.
<b>c</b>	EIN-PN	52-1747644-001
<b>a</b>	Plan name	ELITE PT LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	ELITE PT LLC
<b>c</b>	EIN-PN	20-8004587-001
<b>a</b>	Plan name	SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SNAPPY SPORT SENTER, INC.
<b>c</b>	EIN-PN	81-0426659-001
<b>a</b>	Plan name	OTOGENETICS CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	OTOGENETICS CORPORATION
<b>c</b>	EIN-PN	26-1343895-001
<b>a</b>	Plan name	BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	BURROWS WATER PURIFICATION, INC.
<b>c</b>	EIN-PN	95-3023432-001
<b>a</b>	Plan name	ETTLESON 401(K) PLAN
<b>b</b>	Name of plan sponsor	ETTLESON CADILLAC-BUICK-HYUNDAI, INC.
<b>c</b>	EIN-PN	36-3420816-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EXCEL PAYROLL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXCEL PAYROLL SERVICES, INC.	<b>c</b> EIN-PN 26-1943089-001
<b>a</b>	Plan name	JS CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JS CONSTRUCTION MT LLC	<b>c</b> EIN-PN 86-2261409-001
<b>a</b>	Plan name	SST ENERGY CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SST ENERGY CORPORATION	<b>c</b> EIN-PN 84-1109846-001
<b>a</b>	Plan name	STADLER PLUMBING & HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STADLER PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 38-3295246-001
<b>a</b>	Plan name	PATHMARK HR, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor	PATHMARK HR, INC.	<b>c</b> EIN-PN 81-4987330-001
<b>a</b>	Plan name	KING AND MACGREGOR ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KING AND MACGREGOR ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 38-3156488-001
<b>a</b>	Plan name	SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MY WAY HOLDINGS, LLC	<b>c</b> EIN-PN 88-0475995-001
<b>a</b>	Plan name	SUPERIOR DENTAL LABORATORY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR DENTAL LABORATORY INC.	<b>c</b> EIN-PN 88-0238763-002
<b>a</b>	Plan name	THE IMPERIAL HAWAII VACATION CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE IMPERIAL HAWAII VACATION CLUB	<b>c</b> EIN-PN 99-0206158-001
<b>a</b>	Plan name	ACME PALLET, INC. EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACME PALLET, INC.	<b>c</b> EIN-PN 38-1710471-001
<b>a</b>	Plan name	ACON LABORATORIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACON LABORATORIES, INC.	<b>c</b> EIN-PN 22-3642050-001
<b>a</b>	Plan name	GENESIS ENVIRONMENTAL SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENESIS ENVIRONMENTAL SOLUTIONS, INC.	<b>c</b> EIN-PN 20-1763158-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GERALD GRAIN INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GERALD GRAIN CENTER, INC.	<b>c</b> EIN-PN 34-1526549-001
<b>a</b>	Plan name	PREMIER PEO, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PREMIER PEO, INC.	<b>c</b> EIN-PN 80-0878405-001
<b>a</b>	Plan name	MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAJESTIC INDUSTRY HILLS, LLC	<b>c</b> EIN-PN 95-4795537-001
<b>a</b>	Plan name	AEM PARTNERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AEM PARTNERS, LLC	<b>c</b> EIN-PN 20-0857620-001
<b>a</b>	Plan name	GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLESSNER & ASSOCIATES, PLLC	<b>c</b> EIN-PN 55-0761731-001
<b>a</b>	Plan name	ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTAONE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1658623-222
<b>a</b>	Plan name	ALUMINUM COMPANY OF NC, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALUMINUM COMPANY OF NC, INC.	<b>c</b> EIN-PN 83-0791382-001
<b>a</b>	Plan name	MATRIX MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATRIX MANUFACTURING, INC.	<b>c</b> EIN-PN 38-3622804-001
<b>a</b>	Plan name	CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIDATED CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 20-5220958-001
<b>a</b>	Plan name	CREATIVE PACKAGING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE PACKAGING, LLC	<b>c</b> EIN-PN 31-1682777-001
<b>a</b>	Plan name	ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED COMPONENTS TECHNOLOGY, INC.	<b>c</b> EIN-PN 33-0439579-001
<b>a</b>	Plan name	ROBIN II, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ROBIN II, INC.	<b>c</b> EIN-PN 39-1314862-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VAUGHN A. VICTORINO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VAUGHN A. VICTORINO	<b>c</b> EIN-PN 81-0866840-001
<b>a</b>	Plan name	VELECTRON CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VELECTRON CORP.	<b>c</b> EIN-PN 33-0990551-001
<b>a</b>	Plan name	VELTEC, INC. THRIFT PLAN	
<b>b</b>	Name of plan sponsor	VELTEC, INC.	<b>c</b> EIN-PN 51-0308236-001
<b>a</b>	Plan name	VENTURA PACIFIC COMPANY 401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VENTURA PACIFIC COMPANY	<b>c</b> EIN-PN 95-3057749-001
<b>a</b>	Plan name	VENTURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VM SERVICES, INC.	<b>c</b> EIN-PN 77-0459829-222
<b>a</b>	Plan name	AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVENTURO, INC.	<b>c</b> EIN-PN 27-2417155-001
<b>a</b>	Plan name	DENBESTE COMPANIES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DENBESTE COMPANIES, INC.	<b>c</b> EIN-PN 93-3878708-001
<b>a</b>	Plan name	HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOME GUARD INDUSTRIES, INC.	<b>c</b> EIN-PN 35-1568735-001
<b>a</b>	Plan name	HOME PARAMOUNT PEST CONTROL COMPANY EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HOME PARAMOUNT PEST CONTROL COMPANY	<b>c</b> EIN-PN 54-0762970-001
<b>a</b>	Plan name	MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MKRS LAW, P.L.	<b>c</b> EIN-PN 20-3879249-001
<b>a</b>	Plan name	RUSCHES TRUCKING INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RUSCHE'S TRUCKING, INC.	<b>c</b> EIN-PN 38-1913633-001
<b>a</b>	Plan name	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE	<b>c</b> EIN-PN 76-0804445-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name DR. TODD S. LARSEN DMD PC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DR. TODD S. LARSEN, DMD, PC	<b>c</b> EIN-PN 87-0632806-001
<b>a</b>	Plan name INNOVATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor INNOVATIVE STAMPING CORP.	<b>c</b> EIN-PN 95-3018165-001
<b>a</b>	Plan name INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor INTEGRI, LLC	<b>c</b> EIN-PN 20-2613358-001
<b>a</b>	Plan name SECURITYMETRICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SECURITYMETRICS, INC.	<b>c</b> EIN-PN 87-0670276-001
<b>a</b>	Plan name SEMSA 401(K) PLAN FOR UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor SIERRA MEDICAL SERVICES ALLIANCE	<b>c</b> EIN-PN 68-0459931-003
<b>a</b>	Plan name WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WESTERN PACIFIC PULP & PAPER, INC.	<b>c</b> EIN-PN 94-2906199-001
<b>a</b>	Plan name BIRD LADDER & EQUIPMENT CO. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIRD LADDER & EQUIPMENT CO. INC.	<b>c</b> EIN-PN 39-1227787-001
<b>a</b>	Plan name EARTHLITE 401(K) PLAN	
<b>b</b>	Name of plan sponsor EARTHLITE ACQUISITION, INC.	<b>c</b> EIN-PN 33-0493452-001
<b>a</b>	Plan name INVEST CAST INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INVEST CAST INCORPORATED	<b>c</b> EIN-PN 41-1404239-001
<b>a</b>	Plan name NIELSEN MOTORS SALARY REDUCTION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NIELSEN CAPITAL LLC DBA NIELSEN MOTORS	<b>c</b> EIN-PN 93-2601344-001
<b>a</b>	Plan name ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELLEFSON TRANSPORTATION GROUP, INC.	<b>c</b> EIN-PN 58-1654796-001
<b>a</b>	Plan name EMERGENCY GROUPS' OFFICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor EGO, INC. DBA BRAULT	<b>c</b> EIN-PN 95-4278964-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	EXPOTEL HOSPITALITY SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	EXPOTEL HOSPITALITY SERVICES, INC.	<b>c</b> EIN-PN 72-1456101-001
<b>a</b>	Plan name	P & S CONSTRUCTION CO., INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	P. & S. CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 57-0721109-001
<b>a</b>	Plan name	STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC.	<b>c</b> EIN-PN 94-2178221-003
<b>a</b>	Plan name	STAUFFER'S LANDSCAPE, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STAUFFER'S LANDSCAPE, INC.	<b>c</b> EIN-PN 33-0428005-001
<b>a</b>	Plan name	CARS DAWYDIAK, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARS DAWYDIAK, INC.	<b>c</b> EIN-PN 94-3065583-001
<b>a</b>	Plan name	PAYROLL EXPRESS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAYROLL EXPRESS, LLC	<b>c</b> EIN-PN 45-3517823-001
<b>a</b>	Plan name	SUPRACOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPRACOR, INC.	<b>c</b> EIN-PN 94-2792545-001
<b>a</b>	Plan name	SUZANNE YEE COSMETIC SURGERY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMYPAY II, INC. DBA SUZANNE YEE COSMETIC SURGERY	<b>c</b> EIN-PN 20-4374022-001
<b>a</b>	Plan name	FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOREWAY TRANSPORTATION, INC.	<b>c</b> EIN-PN 38-2165402-001
<b>a</b>	Plan name	CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC	<b>c</b> EIN-PN 06-1485324-001
<b>a</b>	Plan name	PEREGRINE FALCON CORP. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEREGRINE FALCON CORPORATION	<b>c</b> EIN-PN 94-3209312-001
<b>a</b>	Plan name	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.	<b>c</b> EIN-PN 36-2817667-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WHISNANT & COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WHISNANT & COMPANY, LLC	<b>c</b> EIN-PN 56-1084523-001
<b>a</b>	Plan name	AXIS FABRICATION & MACHINE CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AXIS FABRICATION & MACHINE COMPANY, LLC	<b>c</b> EIN-PN 26-3961265-001
<b>a</b>	Plan name	WOMER AND ASSOCIATES, INC.401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WOMER AND ASSOCIATES, INC.	<b>c</b> EIN-PN 91-1570424-001
<b>a</b>	Plan name	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WOOD AG MANAGEMENT, INC.	<b>c</b> EIN-PN 81-4829814-001
<b>a</b>	Plan name	BIZLINK GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIZLINK TECHNOLOGY, INC.	<b>c</b> EIN-PN 94-3355611-001
<b>a</b>	Plan name	BSB RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE BIPPUS STATE BANK	<b>c</b> EIN-PN 35-0180140-001
<b>a</b>	Plan name	CAL-MED 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA MEDICAL PHARMACY	<b>c</b> EIN-PN 95-2320679-001
<b>a</b>	Plan name	CENTRAL DISTRIBUTING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN CENTRAL DISTRIBUTING, INC. DBA CENTRAL DISTRIBUTING	<b>c</b> EIN-PN 77-0135542-001
<b>a</b>	Plan name	CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CLEVELAND CITY FORGE, INC.	<b>c</b> EIN-PN 34-1972972-001
<b>a</b>	Plan name	CROSSCOM NATIONAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROSSCOM NATIONAL, LLC	<b>c</b> EIN-PN 20-1721299-777
<b>a</b>	Plan name	CSRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY	<b>c</b> EIN-PN 58-1369830-333
<b>a</b>	Plan name	EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTERN WAREHOUSE DISTRIBUTORS, LLC	<b>c</b> EIN-PN 23-2566520-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY</a>	<b>c</b> EIN-PN <a href="#">95-4467199-001</a>
<b>a</b>	Plan name <a href="#">GLOBAL WIDGET, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLOBAL WIDGET, LLC</a>	<b>c</b> EIN-PN <a href="#">81-2430361-001</a>
<b>a</b>	Plan name <a href="#">HISENSE PHOTONICS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HISENSE PHOTONICS, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0939548-001</a>
<b>a</b>	Plan name <a href="#">HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HIT PRODUCTS CORPORATION</a>	<b>c</b> EIN-PN <a href="#">94-2823123-001</a>
<b>a</b>	Plan name <a href="#">IRONWOOD INDUSTRIES, INC. 401(K) RETIREMENT &amp; SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">IRONWOOD INDUSTRIES, INC.</a>	<b>c</b> EIN-PN <a href="#">36-2590290-001</a>
<b>a</b>	Plan name <a href="#">JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JIM CRAWFORD CONSTRUCTION COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0072198-001</a>
<b>a</b>	Plan name <a href="#">KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KRIEGEL HOLDING COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">30-0227844-001</a>
<b>a</b>	Plan name <a href="#">LASKEY'S DISCOUNT FURNITURE PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LASKEY'S DISCOUNT FURNITURE</a>	<b>c</b> EIN-PN <a href="#">25-1450031-001</a>
<b>a</b>	Plan name <a href="#">MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAUNALANI NURSING AND REHABILITATION CENTER</a>	<b>c</b> EIN-PN <a href="#">99-0249327-222</a>
<b>a</b>	Plan name <a href="#">MINDSTAR AVIATION, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MINDSTAR AVIATION, LLC</a>	<b>c</b> EIN-PN <a href="#">45-4060758-001</a>
<b>a</b>	Plan name <a href="#">MINING EQUIPMENT 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MINING EQUIPMENT, LTD.</a>	<b>c</b> EIN-PN <a href="#">16-1646623-222</a>
<b>a</b>	Plan name <a href="#">NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTANT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTAN</a>	<b>c</b> EIN-PN <a href="#">20-3988984-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NEW DAY CHRISTIAN DISTRIBUTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW DAY CHRISTIAN DISTRIBUTORS, INC.	<b>c</b> EIN-PN 62-1126698-001
<b>a</b>	Plan name	P.L.P.S. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P.L.P.S. INC.	<b>c</b> EIN-PN 76-0471058-001
<b>a</b>	Plan name	P/A INDUSTRIES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P/A INDUSTRIES INC.	<b>c</b> EIN-PN 06-0862210-001
<b>a</b>	Plan name	PDMA CORPORATION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PDMA CORPORATION	<b>c</b> EIN-PN 59-3191224-001
<b>a</b>	Plan name	PROFESSIONAL MAINTENANCE OF COLUMBUS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL MAINTENANCE OF COLUMBUS, INC.	<b>c</b> EIN-PN 31-0624825-001
<b>a</b>	Plan name	PROGRESSIVE COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE COMMUNICATIONS, INC.	<b>c</b> EIN-PN 58-2431088-001
<b>a</b>	Plan name	PROGRESSIVEHEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVEHEALTH	<b>c</b> EIN-PN 35-1907348-002
<b>a</b>	Plan name	REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	REPRODUCTIVE MEDICINE INSTITUTE, LLC	<b>c</b> EIN-PN 27-1248611-001
<b>a</b>	Plan name	ROSCOE BROWN, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROSCOE BROWN, INC.	<b>c</b> EIN-PN 62-0810017-001
<b>a</b>	Plan name	S & W ELECTRIC COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S & W ELECTRIC COMPANY, INC.	<b>c</b> EIN-PN 63-0833028-001
<b>a</b>	Plan name	S.B.S. TRUST DEED NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S.B.S. TRUST DEED NETWORK	<b>c</b> EIN-PN 95-3783564-002
<b>a</b>	Plan name	SHERIDAN SHEET METAL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SHERIDAN SHEET METAL COMPANY	<b>c</b> EIN-PN 41-1631666-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SIAGEL PRODUCTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIAGEL PRODUCTIONS, INC.	<b>c</b> EIN-PN 04-2999213-001
<b>a</b>	Plan name	SYSLOGIC, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SYSLOGIC, INC.	<b>c</b> EIN-PN 39-1832556-001
<b>a</b>	Plan name	T K GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	T K GROUP, INC.	<b>c</b> EIN-PN 36-3489575-001
<b>a</b>	Plan name	THE MIRAZON GROUP LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE MIRAZON GROUP, LLC	<b>c</b> EIN-PN 61-1363720-001
<b>a</b>	Plan name	THE WESTFIELD COMPANY OF WISCONSIN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE WESTFIELD COMPANY OF WISCONSIN, INC.	<b>c</b> EIN-PN 39-1628929-001
<b>a</b>	Plan name	AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROSPACE & MARINE INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 77-0280581-001
<b>a</b>	Plan name	AMANI ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMANI ENGINEERING, INC.	<b>c</b> EIN-PN 76-0614439-001
<b>a</b>	Plan name	AMERICAN GALVANO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN GALVANO, INC.	<b>c</b> EIN-PN 20-0161792-001
<b>a</b>	Plan name	ANY WAY YOU WANT IT MOVING & STORAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANY WAY YOU WANT IT MOVING & STORAGE, INC.	<b>c</b> EIN-PN 11-3679750-001
<b>a</b>	Plan name	APG, INC. EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	APG OFFICE FURNISHINGS, INC.	<b>c</b> EIN-PN 31-0747489-002
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TA VANGUARD LIFESTRATEGY MODERATE GROWTH RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>504</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	176735716
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	208424604
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	176735716	208424604
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	176735716	208424604

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	20947499	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		20947499

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	641528	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		641528
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		641528

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		20305971
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		68454370
(2) From this plan .....	<b>2l(2)</b>		57071453

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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