

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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A This return/report is for:	☐ a multiemployer plan	☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan	☐ a DFE (specify) _____	
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)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>TRINET 401K PLAN</u>	1b Three-digit plan number (PN) ►	<u>334</u>	
	1c Effective date of plan	<u>01/01/2003</u>	
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>TRINET HR III, INC.</u> <u>9000 TOWN CENTER PARKWAY</u> <u>BRADENTON, FL 34202</u>	2b Employer Identification Number (EIN) <u>48-1304650</u>	2c Plan Sponsor's telephone number <u>800-243-8489</u>	2d Business code (see instructions) <u>541214</u>

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	Filed with authorized/valid electronic signature.	09/15/2017	WILLIAM PORTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name TRINET HR CORPORATION	4b EIN 48-1304650 4c PN 334																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="width: 90%; text-align: right;">61762</td> </tr> </table>	5	61762																		
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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 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 that terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="width: 90%; text-align: right;">70960</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">59864</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">12918</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">72782</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">72782</td> </tr> <tr> <td style="text-align: center;">6g</td> <td style="text-align: right;">57110</td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">2856</td> </tr> </table>			6a(1)	70960	6a(2)	59864	6b		6c	12918	6d	72782	6e		6f	72782	6g	57110	6h	2856
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 3D 2T 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) <table style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">(1)</td> <td style="width: 5%; text-align: center;">☒</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td style="text-align: center;">(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td style="text-align: center;">(3)</td> <td style="text-align: center;">☒</td> <td>Trust</td> </tr> <tr> <td style="text-align: center;">(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☒	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor	9b Plan benefit arrangement (check all that apply) <table style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">(1)</td> <td style="width: 5%; text-align: center;">☒</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td style="text-align: center;">(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td style="text-align: center;">(3)</td> <td style="text-align: center;">☒</td> <td>Trust</td> </tr> <tr> <td style="text-align: center;">(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☒	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	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)																												
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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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan TRINET 401K PLAN	B Three-digit plan number (PN) ▶ 334
C Plan sponsor's name as shown on line 2a of Form 5500 TRINET HR III, INC.	D Employer Identification Number (EIN) 48-1304650

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932003-000	57110	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1721526430

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	90950957
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c Additions: (1) Contributions deposited during the year	7c(1)	24135019	
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	1290438	
(4) Transferred from separate account.....	7c(4)	55796293	
(5) Other (specify below).....	7c(5)	19284754	

▶ CONVERSION ASSETS,EBA CREDITS,FORFEITURE CREDITS,LOAN INTEREST,LOAN PRINCIPAL

(6)Total additions	7c(6)	100506504
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d Total of balance and additions (add lines 7b and 7c(6)).	7d	191457461
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1) 38675070

(2) Administration charge made by carrier.....

7e(2) 317677

(3) Transferred to separate account.....

7e(3) 25586131

(4) Other (specify below).....

7e(4) 4420874

▶ ADMINISTRATIVE FEE,EBA WITHDRAWAL,FORFEITURE, FORF. WITHDRAWAL,DISTRIBUTION AND LOAN FEES, LOANS,SPINOFFS

(5) Total deductions	7e(5)	68999752
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	122457709
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan TRINET 401K PLAN	B Three-digit plan number (PN) ► 334
C Plan sponsor's name as shown on line 2a of Form 5500 TRINET HR III, INC.	D Employer Identification Number (EIN) 48-1304650

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

	(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation TRANSAMERICA FINANCIAL LIFE INSURAN
	36-6071399

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	4180721	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

TRINET HR

65-0735612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	PLAN SPONSOR	299635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

DIMEO SCHNEIDER & ASSOCIATES LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY PLAN	55120	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MAYER HOFFMAN MCCANN

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	31500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WALTER AND SHUFFAIN PC

04-3236498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTING		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

AON CONSULTING, INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	CONSULTING	31389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NFP RETIREMENT

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY - PLA	6667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>TRINET 401K PLAN</u>	B Three-digit plan number (PN) ► <u>334</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRINET HR III, INC.</u>	D Employer Identification Number (EIN) <u>48-1304650</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: <u>AMERICAN FUNDS NEW PERSPECTIVE RET</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-255</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40702630</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN SMALL CAP VALUE RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-086</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32458152</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS MID-CAP OPPORTUNITIE</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-446</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>38369780</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORGAN STANLEY GROWTH RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-305</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>109155328</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO TOTAL RETURN RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-349</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>42319264</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RIDGEWORTH CEREDEX LARGE CAP VALUE</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-477</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55525674</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET U.S. BOND INDEX RET A</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-416</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33276659</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERNATIONAL INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15672968
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43582205
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP IND		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28167610
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109048880
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38798699
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL GROWTH RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-029	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24367256
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS TRITON RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-578	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51123268
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERGING MARKETS INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-169	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6753661
a Name of MTIA, CCT, PSA, or 103-12 IE: OAKMARK INTERNATIONAL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-539	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19034584
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-813	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51830680

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-812	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95090127
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-814	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8614595
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-805	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39013600
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-804	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9819698
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-811	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128988360
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-810	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131503607
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-809	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155726066
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-808	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134310873
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-807	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123232467
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-806	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78758459

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-815	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13735716
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY MID CAP VALUE RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-794	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62545564
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan TRINET 401K PLAN	B Three-digit plan number (PN) ►	334
C Plan sponsor's name as shown on line 2a of Form 5500 TRINET HR III, INC.	D Employer Identification Number (EIN) 48-1304650	

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.

Assets		(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)	6042031	9567875
(2) Participant contributions	1b(2)	6693644	11764291
(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)	25317798	30054430
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1214062791	1721526430
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	90950957	122457709
(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	1343067221	1895370735

Liabilities

g Benefit claims payable	1g	3176780	3246980
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3176780	3246980

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1339890441	1892123755
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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)	87169732	
(B) Participants	2a(1)(B)	360947313	
(C) Others (including rollovers)	2a(1)(C)	89538614	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		537655659
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)	1018118	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1018118
(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)		
(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)		126255400
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		1289402
d Total income. Add all income amounts in column (b) and enter total.....	2d		666218579

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	194852134	
(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)		194852134
f Corrective distributions (see instructions)	2f		3246980
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	4641126	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4641126
j Total expenses. Add all expense amounts in column (b) and enter total	2j		202740240

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		463478339
l Transfers of assets:			
(1) To this plan.....	2l(1)		278919000
(2) From this plan.....	2l(2)		190164025

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
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.)	4c		X	
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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
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?	4g		X	
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?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
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.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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)
SV ANGEL MANAGEMENT LLC 401K PLAN	27-2184765	001
4 CORNERS CONSTRUCTION RETIREMENT SAVINGS PLAN	20-2858923	002
ACT ON SOFTWARE INC 401(K) PLAN	20-4971292	001
ADP RETIREMENT SAVINGS PLAN	59-2452823	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information	
6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

		Yes	No	Amount
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.)	4c			
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.)	4d			
e Was this plan covered by a fidelity bond?	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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?	4g			
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?	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
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.)	4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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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)
ADP RETIREMENT SERVICES	26-4413774	001
ADP TOTAL SOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
INSPIRITY 401K PLAN	76-0178498	001
INSPIRITY RETIREMENT SERVICE	76-0178498	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

		Yes	No	Amount
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.)	4c			
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.)	4d			
e Was this plan covered by a fidelity bond?	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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?	4g			
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?	4h			
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l Has the plan failed to provide any benefit when due under the plan?	4l			
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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.	4n			
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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)
JUST WORTHY RETIREMENT SAVINGS PLAN	46-2283648	333
NEXTEP 401K RETIREMENT SAVINGD PLAN	73-1543198	333
NURSE ONE HOME HEALTH RETIREMENT PLAN	46-1436556	001
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

		Yes	No	Amount
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.)	4c			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SYNOPSIS INC 401K PLAN	56-1546236	001
ALL AMERICAN STORAGE OF BLOMMINGTON LLC	35-1970794	001
ALLEN MAXWELL & SILVER INC 401K PLAN	22-3192139	001
ALTRES GLOBAL BUSINESS SERVICES INC	99-0339845	333

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

		Yes	No	Amount
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
AMUR CAPITAL MANAGEMENT 401K PLAN	26-2561511	001
APPLICASTER 401K PSP AND TRUST	47-2495503	001
APPLIED BUSINESS SOLUTIONS LLC	88-0483076	002
AUTOTASH CORPORATION 401K PLAN	20-1028604	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

		Yes	No	Amount
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
AVAST SOFTWARE INC	45-3059103	001
BALLOT PEDIA RETIREMENT TRUST	50-8036372	001
BERKELEY LIGHTS INC	35-2415390	001
BITLY INC	47-4872674	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information	
6a Name of trust	6b Trust's EIN
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l Has the plan failed to provide any benefit when due under the plan?	4l			
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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.	4n			
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If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No **Amount:**

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)
BLUE COAT SYSTEMS 401K PLAN	91-1715963	001
BRILLIANT INK LLC RETIRMENT TRUST	26-4133781	001
CARDLYTICS INC	26-3039436	001
CB & T SIMPLE IRA	73-1359959	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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	Yes	No	Amount
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m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
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4o			

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

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)
CEPHALOPOD MEDIA LLC	27-2544279	001
CHAD GREEN INSURANCE INC	20-3424690	001
CINARRA SYSTEMS 401K PLAN	46-1201035	001
CISCO SYSTEMS INC 401K PLAN	27-3830858	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

		Yes	No	Amount
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.)	4c			
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.)	4d			
e Was this plan covered by a fidelity bond?	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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?	4g			
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?	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
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.)	4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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)
CLARIO MEDICAL IMAGING INC	20-3424690	001
CLICKATELL INC	34-2000355	001
CO ADVANTAGE CORPORATION RETIREMENT SP	27-3007025	333
COGNOS HR 401K PLAN	47-1846879	333

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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	Yes	No	Amount
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.)			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
COHERUS BIOSCIENCES INC RSP	27-3615821	001
COLLEGE SAVINGS BANK	43-1304650	001
DAILY GROMMET INC 401K PLAN	26-2442969	001
DAMBALLA INC	04-3319378	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year. (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DATA STORAGE SOFTWARE LABS DBA OPEN E 401K PLAN	72-1618303	001
DATAMEER INC 401K RETIREMENT PLAN	27-1163719	001
DBA MEDIA LLC	80-0648393	001
DECISION HR RETIREMENT SP	59-3082731	333

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information	
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EFOLDER INC	47-0897323	001
ENERGY INNOVATION POLICY & TECHNOLOGY LLC	45-4547608	001
ENLIGHTED INC 401K PLAN	26-4401097	001
EVO FEM HOLDINGS INC 401K PLAN	27-0893194	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EXTENSIS RETIREMENT SAVINGS PLAN	52-2136196	333
FACTUAL INC 401K PLAN	20-8683035	001
FIDELITY MANAGEMENT TRUST COMPANY	84-0753199	001
FIRST LOOK SERVICES 401K PLAN	46-3898235	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FIRST SECURITY BANK OF NEVADA 401K PSP	20-5785558	001
FLEXERA SOFTWARE LLC 401K PLAN	26-2093996	001
FOR US 401K	46-1803145	001
FRANKCRUM RETIREMENT SAVINGS PLAN	59-2626531	333

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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FRANKLY CO.	46-1062279	001
GARCES, GRABLER & LEBROCQ PC 401K PLAN	22-3162540	001
GEF CAPITAL ADVISORS LLC	46-4797644	001
GLOBAL TELECOM & TECHNOLOGY AMERICAS 401K PLAN	54-1913747	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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GORDION MEDICAL INC 401K PSP	32-0198007	001
GOT CHOSEN INC	45-2386858	001
HAYSTACKED ID LLC	90-0668512	001
HOME TEAM CARE 401K PLAN	46-5159913	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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HYPERSCIENCE RETIREMENT TRUST	46-5752283	001
IBM 401(K) PLUS PLAN	13-0871985	005
ICOT HOLDINGS LLC401K PLAN	73-1624618	001
INFINIO SYSTEMS INC	45-3788146	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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

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)
INSPIRITY RETIREMENT SERVICES	22-1724476	001
IONIC SECURITY INC	45-3344265	001
JUSTWORKS RETIREMENT SAVINGS PLAN	45-3823104	333
KAMINARIO 401K SAVINGS PLAN	46-0521570	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
4c			
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.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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?			
4g			
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?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
KIC MANAGEMENT 401K PLAN	47-1402503	001
KORVING AND COMPANY LLC	27-1120670	001
LEADERS FINANCIAL AND INSURANCE SERVICES	47-1627970	001
LEVEL FOUR ORTHOTICS & PROSTHETICS INC	83-0359603	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LIGHTHOUSE FAMILY RETREAT 401K PLAN	58-2509728	001
LINKED CORPORATION 401K PSP	47-0912023	001
LIQID INC	59-2452823	001
MADSEN CONSULTING ENGINEERING	27-2710486	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information	
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MARKET SHARE PARTNERS LLC	13-4355958	001
MASS MUTUAL	27-3007025	001
MDX MEDICAL 401K PLAN	02-3441881	001
MEMBERSHIP DRIVE LLC	46-5312682	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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MERGENT, INC.	01-0497791	001
MID SOUTH FINANCIAL GROUP LLC	47-1486825	001
MILES THOMAS MILLWORK INC	73-1107950	001
MISTRAL CAPITAL MANAGEMENT LLC RETIREMENT SAVINGS PLAN	20-8782861	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information	
6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MOBILE CAUSE INC	76-0178498	001
MODERNIZING MEDICINE INC. 401K PLAN	27-2070905	001
NETWORK DOCTORS LLC PSP	16-1657278	001
NEW HOPE COMMUNITY CHURCH	76-0319222	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NGINX SOFTWARE INC	45-2054484	001
OMADA HEALTH RETIREMENT PLAN	45-2355015	001
ONEVIEW HEALTHCARE INC	42-1776190	001
OPTUM EMPLOYER SOLUTIONS 401K SP	79-0828247	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PAXATA 401(K) PLAN	90-1018732	002
PBC MANAGEMENT LLC 401 K RETIREMENT PLAN	26-1915405	003
PERFORCE SOFTWARE INC 401K PLAN	94-3250959	001
PREMIER OILFIELD EQUIPMENT CO, RSP	45-4734240	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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PREMISE DATA CORPORATION	45-5294131	001
Q-SEE 401K PLAN	33-0036080	001
QUEST BACK 401K PLAN	20-8976585	001
RELX INC US SALARY INVESTMENT PLAN	52-1471842	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
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RIOT GAMES 401K PLAN	20-5278564	001
RIPPLE IT LLC RETIREMENT TRUST	20-8272681	001
ROBIN SYSTEMS INC	46-2779193	001
ROYALTY SHARE INC	13-1914734	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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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?			
4g			
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?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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.)			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
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l Has the plan failed to provide any benefit when due under the plan?			
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m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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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.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
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5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No Amount:

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)
S & J OUTDOOR POWER EQUIPMENT INC 401K PLAN	26-4677265	001
SAVOY CONSULTING SERVICES	83-0454276	001
SENZAR ASSET MANAGEMENT LLC	45-0929151	001
SEVEN MILE CAPITAL PARTNERS LP	45-3247850	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
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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.)			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SHEA WRITING & TRAINING SOLUTIONS INC	76-0528392	001
SHEKEL USA LLC	20-5452549	001
SNAP TRENDS INC	45-5503991	001
SNOWFLAKE COMPUTING INC PLAN	46-0636374	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information	
6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SOUTHLAND TECHNOLOGY INC 401K PLAN	33-0959405	001
SPHERO 401 K PLAN & PSP	27-1947501	001
STAFF ONE INC 401K PLAN	73-1332142	002
STEAMBOAT WINTER SPORTS CLUB INC	84-0395500	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information	
6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TARSUS PARTNERS 401K PLAN	36-4241096	001
TDS CONSTRUCTION INC	65-0351478	001
TECHSTARS CENTRAL LLC	26-4507415	001
TECHWOOD CONSULTING 401K PLAN	26-3408580	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THE ALCOTT GROUP 401(K) PLAN	26-1638437	001
THE CONTRACTORS RETIREMENT PLAN	81-0992401	001
TRIPADVISOR RETIREMENT SAVINGS PLAN	04-3503532	001
TUBULAR LABS INC 401K PLAN	45-5529213	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TWIST BIOSCIENCE CORP 401(K) PLAN	46-2058888	001
VALIANT CAPITAL MANAGEMENT 401K PLAN	26-2303018	001
VESPER TECHNOLOGIES INC 401(K) PLAN	27-0503927	001
VIRTUS PARTNERS INC	81-0673619	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
VLOCITY INC 401K PLAN	46-5146544	001
WEALTHFRONT INC	20-8280144	001
WHITEWAVE FOODS COMPANY 401K PLAN	43-0631061	001
WOMANCARE GLOBAL TRADING INC 401K PLAN	61-1647255	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
XCONOMY INC	02-0807038	001
XYLEME INC 401K PLAN	87-0734673	001
SPIN OFF AND TERMINATION PLAN FOR ALABAMA FLEETSERVE, INC. DBA FLEETSERVE	63-1114455	001
SPIN OFF AND TERMINATION PLAN FOR PUENTE-ROMER COMMUNICATIONS, INC DBA ALPHAGRAPHS	22-2991597	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION OF PLAN FOR OUTSOURCING TODAY, LLC	01-0585365	001
SPIN OFF AND TERMINATION OF PLAN FOR WHEELER MANAGEMENT, INC	59-3704842	001
SPIN OFF AND TERMINATION OF PLAN FOR OMNICARE MEDICAL GROUP, INC	95-4449869	001
SPIN OFF AND TERMINATION OF PLAN FOR THIS NEXT, INC	71-0989575	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No Amount:

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)
SPIN OFF AND TERMINATION OF PLAN FOR NOVA AMERICA, INC	74-3030083	001
SPIN OFF AND TERMINATION PLAN FOR TEI ANALYTICAL, INC	36-2647085	001
SPIN OFF AND TERMINATION OF PLAN FOR RG CAPITAL LLC	36-4552120	001
SPINOFF AND TERMINATION OF PLAN FOR ROYALTYSHARE, INC	81-0666544	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
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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.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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?			
4g			
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?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
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5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No **Amount:**

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)
SPIN OFF AND TERMINATION PLAN FOR JEITOSA GROUP INTERNATIONAL LLC	20-5635206	001
SPIN OFF AND TERMINATION PLAN FOR ASTRON SOLUTIONS, LLC	20-5619979	001
SPIN OFF AND TERMINATION OF PLAN FOR EGOOD, INC.	20-3175507	001
SPINOFF AND TERMINATION OF PLAN FOR NORA THERAPEUTICS	83-0509710	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN LOOT DROP, INC.	27-3908156	001
SPINOFF AND TERMINATION OF PLAN FOR NEXT BIG SOUND, INC	26-2939093	001
SPIN OFF AND TERMINATION PLAN FOR MUSEUM OF BIBLICAL ART (MOBIA)	20-1815394	001
SPIN OFF AND TERMINATION PLAN FOR ACTIVECUBES SOLUTIONS INDIA PRIVATE LIMITED	98-0541353	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR JUNE BLACKBOX, INC	43-1505254	001
SPIN OFF AND TERMINATION PLAN FOR MAIL BYPASS, INC DBA MESSAGE BUS	90-0603559	001
SPIN OFF AND TERMINATION PLAN FOR CALIFORNIA STEM LEARNING NETWORK	45-2587786	001
SPIN OFF AND TERMINATION OF PLAN FOR DRAMAFEVER CORP	27-1600660	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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SPIN OFF AND TERMINATION PLAN FOR HICONVERSION, INC	20-5234651	001
SPIN OFF AND TERMINATION PLAN FOR FOOD GENIUS, INC	45-2253733	001
SPIN OFF AND TERMINATION OF PLAN FOR EMOTIENT, INC.	26-3825924	001
SPINOFF AND TERMINATION OF PLAN FOR BETATRONIX, LLC	26-1298156	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR QBOTIX, INC	27-3606013	001
SPIN OFF AND TERMINATION OF PLAN FOR THE TARIQ KHAMISA FOUNDATION	33-0688465	001
SPIN OFF AND TERMINATION PLAN FOR APPFIRST, INC.	26-4736812	001
SPIN OFF AND TERMINATION PLAN FOR ADVANCED TRANSIT DYNAMICS, INC.	20-5951765	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR BOUNDARY INC	27-2315709	001
SPIN OFF AND TERMINATION PLAN FOR ICSYNERGY INTERNATIONAL, LP	20-2086447	001
SPIN OFF AND TERMINATION OF PLAN FOR BRANCHBIRD LLC	46-0923085	001
SPIN OFF AND TERMINATION OF PLAN FOR AVVASI CORP	33-1218923	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR BENEFITTER INSURANCE SOLUTIONS, INC	46-1134506	001
SPIN OFF AND TERMINATION PLAN FOR ALTURA MEDICAL INC.	26-3623090	001
SPIN OFF AND TERMINATION PLAN FOR TRUNITY, INC.	27-0627900	001
SPIN OFF AND TERMINATION OF PLAN FOR DOCBOX, INC	20-8919227	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION OF PLAN FOR COUNSELWORKS, LLC	20-8367069	001
SPIN OFF AND TERMINATION OF PLAN FOR THE ROYALTY EXCHANGE, INC	45-2812542	001
SPIN OFF AND TERMINATION OF PLAN FOR PALOMINODB, INC	45-5564399	001
SPIN OFF AND TERMINATION PLAN FOR FIRST NATIONWIDE TITLE AGENCY, LLC	45-5292110	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR PI-CORAL, INC.	80-0833830	001
SPIN OFF AND TERMINATION OF PLAN FOR MEDIALETS, INC	26-3505628	001
SPIN OFF AND TERMINATION PLAN FOR KENDA CAPITAL LLC	20-8686494	001
SPIN OFF AND TERMINATION OF PLAN FOR ASSURED LABOR, INC	38-3784438	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
4c			
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.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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?			
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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?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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.)			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
4o			

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

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)
SPIN OFF AND TERMINATION PLAN FOR PROOFHQ, INC.	33-1228915	001
SPIN OFF AND TERMINATION PLAN FOR GILAT NORTH AMERICA, LLC	20-5157049	001
SPIN OFF AND TERMINATION OF PLAN FOR CAMBRIOS TECHNOLOGIES CORPORATION	75-3101196	001
SPIN OFF AND TERMINATION OF PLAN FOR OP3 INC	95-4839446	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR ALBAKE INC DBA AIR CONDITIONING BY SAN SOUCI	45-3363410	001
SPIN OFF AND TERMINATION PLAN FOR DOGHOUSE SYSTEMS, INC	30-0479517	001
SPIN OFF AND TERMINATION OF PLAN FOR DOUBLEWIDE PARTNERS II, DBA ZENCASH	45-5551562	001
SPIN OFF AND TERMINATION PLAN FOR SOCIAL MEDIA FOR NONPROFITS	46-2485483	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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	Yes	No	Amount
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION OF PLAN FOR NEXTCODE HEALTH US, INC	46-2178860	001
SPIN OFF AND TERMINATION OF PLAN FOR CAI PHOTONICS LLC	46-4117356	001
SPIN OFF AND TERMINATION OF PLAN FOR C3DNA INC	46-2582287	001
SPIN OFF AND TERMINATION PLAN FOR REVERE DIGITAL LLC	46-4083361	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION OF PLAN FOR SLICE OF LIME	84-1586476	001
SPIN OFF AND TERMINATION OF PLAN FOR APPTAP, INC	20-1870663	001
SPIN OFF AND TERMINATION OF PLAN FOR FUNNELFIRE, INC	46-0588805	001
SPIN OFF AND TERMINATION OF PLAN FOR SCIFINITI INC	26-1228884	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION OF PLAN FOR PENN VENTURE MANAGEMENT COMPANY LLC	51-0469232	001
SPIN OFF AND TERMINATION PLAN FOR ATLANTIC AUTOMOTIVE ENTERPRISES, LLC	43-1967935	001
SPIN OFF AND TERMINATION PLAN FOR INTERSECTION MEDICAL, INC.	20-5205486	001
SPIN OFF AND TERMINATION PLAN FOR SACRAMENTO AREA REGIONAL TECHNOLOGY ALLIANCE	68-0332874	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION OF PLAN FOR OUYA, INC	45-5042516	001
SPIN OFF AND TERMINATION PLAN FOR COVER MEDIA LABS, INC.	46-4657243	001
SPIN OFF AND TERMINATION PLAN FOR SWITCHRAY, INC.	46-1607270	001
SPIN OFF AND TERMINATION PLAN FOR SLG INNOVATION, INC	27-3060396	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION OF PLAN FOR SUPRAMED, INC	46-0752289	001
SPIN OFF AND TERMINATION PLAN FOR PARLAI TECHNOLOGIES, INC	46-5312660	001
SPINOFF AND TERMINATION PLAN FOR SAFFRON DIGITAL, INC	01-0938321	001
SPIN OFF AND TERMINATION OF PLAN FOR BORO PARK INSURANCE AGENCY	20-3522784	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR XBORDER VENTURES LLC DBA IQ LICENSE	46-2327355	001
SPIN OFF AND TERMINATION PLAN FOR DECISIVELY, INC	30-0829534	001
SPIN OFF AND TERMINATION OF PLAN FOR OA CONSULTING LLC	61-1741720	001
SPIN OFF AND TERMINATION PLAN FOR RASA NETWORKS, INC	46-4153241	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR PRISM MICROWAVE, INC.	27-0464945	001
SPIN OFF AND TERMINATION PLAN FOR PIXABLE, INC.	26-4624939	001
SPIN OFF AND TERMINATION PLAN FOR RAVELLO SYSTEMS INC.	98-1036189	001
SPIN OFF AND TERMINATION OF PLAN FOR RADIANT TECHNOLOGIES	35-2263030	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
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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.)			
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e Was this plan covered by a fidelity bond?			
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f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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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?			
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4i			
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.)			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
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l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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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.			
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o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
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5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No Amount:

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)
SPIN OFF AND TERMINATION OF PLAN FOR THALMIC LABS CORPORATION	47-3681319	001
SPIN OFF AND TERMINATION PLAN FOR HEALTH ACCESS SOLUTIONS, INC	45-5543037	001
SPIN OFF AND TERMINATION PLAN FOR UVA MOBILE, INC.	46-3907648	001
SPIN OFF AND TERMINATION PLAN FOR TRIPDA, INC	47-2086706	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION OF PLAN FOR AES DISTRIBUTED ENERGY, INC	27-0195803	001
SPIN OFF AND TERMINATION PLAN FOR URBIO, INC.	45-4553142	001
SPIN OFF AND TERMINATION OF PLAN FOR HALTIAN INC.	47-2052047	001
SPIN OFF AND TERMINATION PLAN FOR TRECTO, INC	46-1107056	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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SPINOFF AND TERMINATION OF PLAN FOR PURE AUTO, LLC	26-1499328	001
SPIN OFF AND TERMINATION OF PLAN FOR PIVOTCLOUD, INC	45-4006634	001
SPIN OFF AND TERMINATION PLAN FOR MAKO NETWORKS SALES & MARKETING, INC	98-0616877	001
SPIN OFF AND TERMINATION PLAN FOR PRIMARY SUPPORT SOLUTIONS, INC	13-4110915	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information	
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR ENVIRONMENT FURNITURE, INC	95-4510662	001
SPIN OFF AND TERMINATION OF PLAN FOR TASMAN CONSULTING LLC	27-3836192	001
SPIN OFF AND TERMINATION OF PLAN FOR PHASE 1 CONSULTING, INC	20-0171019	001
SPIN OFF AND TERMINATION PLAN XFIRE HOLDING, INC.	27-1958268	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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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.)			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION OF PLAN FOR HUDAK CONSULTING GROUP, LLC	46-0659583	001
SPIN OFF AND TERMINATION PLAN FOR OPS RULES PARTNERS, LLC	45-4720236	001
SPINOFF AND TERMINATION OF PLAN FOR NEXGEN STORAGE, INC	27-3519601	001
SPIN OFF AND TERM OF PLAN FOR INSCRIPTS CONSULTING SOLUTIONS, LLC	46-5221921	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information	
6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPINOFF AND TERMINATION PLAN FOR READY PULSE, INC	27-4870258	001
SPIN OFF AND TERMINATION OF PLAN FOR TAMPA BAY TECHNOLOGY FORUM INC	51-0444271	001
SPIN OFF AND TERMINATION OF PLAN FOR SELLIGENT, INC	37-1741877	001
SPIN OFF AND TERMINATION OF PLAN FOR LAGUNA PHARMACEUTICALS, INC	26-3084202	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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SPIN OFF AND TERMINATION PLAN FOR VACATION FUTURES, INC	46-2593060	001
SPIN OFF AND TERMINATION PLAN FOR CALM.IO INC.	47-4912282	001
SPIN OFF AND TERMINATION PLAN FOR INERTIA ADVISORY GROUP, LLC	47-3636299	001
SPIN OFF AND TERMINATION PLAN FOR CANNAPHARMARX, INC.	27-4635140	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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SPIN OFF AND TERMINATION PLAN FOR 3SCALE, INC.	80-0912049	001
SPIN OFF AND TERMINATION PLAN FOR PANORAMIC POWER INC	46-2298333	001
SPIN OFF AND TERMINATION PLAN FOR JEREY CONSOLIDATED (JERSEY)	46-1764882	001
SPIN OFF AND TERMINATION PLAN FOR APPLIED IMMUNOLOGY, INC	45-0678326	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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SPIN OFF AND TERMINATION PLAN FOR THE TIPSTONE GROUP	26-0868352	001
SPIN OFF AND TERMINATION PLAN FOR BEE CAVE GAMES, INC.	61-1307310	001
SPIN OFF AND TERMINATION PLAN FOR FORSTAR RESOURCES LTD	11-3495195	001
SPIN OFF AND TERMINATION PLAN FOR ADVISORS MARKETING, INC.	72-1562971	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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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?			
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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?			
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i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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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.)			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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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.			
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o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
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5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No **Amount:**

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)
SPIN OFF AND TERMINATION FOR ANSON PARTNERS, LLC/MB OILFIELD SERVICES CORPORATION	73-1289729	001
SPIN OFF AND TERMINATION PLAN FOR BETTS TELECOM OKLAHOMA	73-1522241	001
SPIN OFF AND TERMINATION PLAN FOR COMMERCIAL TECHNOLOGY GROUP, LLC	68-0499505	001
SPIN OF AND TERMINATION PLAN FOR STEELE BROTHERS HEATING INC.	84-1247814	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR TESTCO, INC.	73-0985818	001
SPIN OFF AND TERMINATION PLAN FOR EVEREST MANAGEMENT CO.	20-2903379	001
SPIN OFF AND TERMATION PLAN FOR TRANS INC.	73-1464814	001
SPIN OFF AND TERMINATION PLAN FOR WADE SYSTEMS, LLC	73-1562638	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR H & M STEEL, INC.	73-1336765	001
SPIN OFF AND TERMINATION PLAN FOR INTERGENETICS, INC.	73-1561816	001
SPIN OFF AND TERMINATION PLAN FOR PARKWOOD PHARMACY, INC	59-2152502	001
SPIN OFF AND TERMINATION PLAN FOR RANZ CONSULTING INC. DBA CORE MEDICAL RESOURCES	20-3969994	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR MOURER MASONRY	71-0627311	001
SPIN OFF AND TERMINATION PLAN FOR NASHERT CONSTRUCTORS, INC.	73-1321200	001
SPIN OFF AND TERMINATION PLAN FOR NCDC IMAGING	84-1542908	001
SPIN OFF AND TERMINATION PLAN FOR SINE CONSTRUCTION LLP	73-1590512	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR THE UPPER HAND, LLC	76-0540681	001
SPIN OFF AND TERMINATION PLAN FOR JLT, INC. DBA EXTRA CARE ANIMAL HOSPITAL	30-0227864	001
SPIN OFF AND TERMINATION PLAN FOR KUBE, LLC	35-2255555	001
SPIN OFF AND TERMINATION PLAN FOR TIPPING POINT PARTNERS, LLC	20-2065985	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR SUN AND SKIN CARE RESEARCH, LLC	59-3200396	001
SPIN OFF AND TERMINATION PLAN FOR EXP INTERNATIONAL, LLC	27-0612012	001
SPIN OFF AND TERMINATION OF PLAN FOR INFONOW CORPORATION	04-3083360	001
SPIN OFF AND TERMINATION PLAN FOR KULBYT, INC.	27-3064649	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR FAB.COM, INC.	27-1643929	001
SPIN OFF AND TERMINATION OF PLAN FOR CODENOMICON, LTD.	20-2343471	001
SPIN OFF AND TERMINATION OF PLAN FOR ON-X LIFE TECHNOLOGIES, INC.	26-0257313	001
SPIN OFF AND TERMINATION PLAN FOR TEMPIQ INC.	45-4050935	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
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SPIN OFF AND TERMINATION OF PLAN FOR PERSPECSYS USA INC	45-4066238	001
SPIN OFF AND TERMINATION PLAN FOR MOBILEDAY, INC.	80-0662909	001
SPIN OFF AND TERMINATION PLAN FOR CONFLUEX, INC.	45-3828062	001
SPIN OFF AND TERMINATION PLAN FOR BRIGHT KIDS NYC	46-0739482	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR BLUE WAVE DESIGN AUTOMATION, CORP.	45-5076712	001
SPIN OFF AND TERMINATION PLAN FOR COLSPACE CORPORATION	13-4131175	001
SPIN OFF AND TERMINATION PLAN FOR COUNTRYBANK	81-0562606	001
SPIN OFF AND TERMINATION PLAN FOR LIFECODE, INC.	45-2929135	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
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m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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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.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
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5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No Amount:

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)
SPIN OFF AND TERMINATION PLAN FOR NMG LLC	27-3052750	001
SPIN OFF AND TERMINATION PLAN FOR NUVUE BUSINESS SOLUTIONS INC.	04-3729929	001
SPIN OFF AND TERMINATION PLAN FOR CASHIE COMMERCE	45-4046197	001
SPIN OFF AND TERMINATION PLAN FOR POWA TECHNOLOGIES INC.	45-2817182	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
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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.)			
4d			
e Was this plan covered by a fidelity bond?			
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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?			
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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?			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR MEASUREMENT SCIENCE ENTERPRISE, INC.	20-3126321	001
SPIN OFF AND TERMINATION PLAN FOR BLUETUBE INTERACTIVE	20-5256222	001
SPIN OFF AND TERMINATION PLAN FOR TIDAI LABS, INC.	27-0185829	001
SPIN OFF AND TERMINATION OF PLAN FOR CASE DESIGN, INC.	26-3844325	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPINOFF AND TERMINATION OF PLAN FOR TECHPUBS, INC.	26-1805907	001
SPINOFF AND TERMINATION OF PLAN FOR TECHPUBS, INC.	26-1805907	001
SPIN OFF AND TERMINATION PLAN FOR TRUECHOICE TELECOM, LLC	45-3940914	001
SPIN OFF AND TERMINATION PLAN FOR CASTLE ROCK AGENCY, INC.	20-4745966	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR PROMORPHICS, LLC	20-5869221	001
SPIN OFF AND TERMINATION PLAN FOR BEYONDCORE, INC.	77-0630339	001
SPIN OFF AND TERMINATION PLAN FOR SIX4THREE INSURANCE SERVICES, LLC	27-4029659	001
SPIN OFF AND TERMINATION PLAN FOR JOYCO MULTIMEDIA LLC	84-1375751	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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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.)			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION OF PLAN FOR AMPCO PRODUCTS, LLC	26-3215156	001
SPIN OFF AND TERMINATION OF PLAN FOR GOTCHOSEN, INC.	45-2386858	001
SPIN OFF AND TERMINATION PLAN FOR LULUVISE INC.	45-1198122	001
SPIN OFF AND TERMINATION PLAN FOR SALESPREDICT INC.	33-1231111	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR HELLO GIGGLES, INC.	27-5305459	001
SPIN OFF AND TERMINATION PLAN FOR SMOKE FREE TECHNOLOGIES INC.	46-2602783	001
SPIN OFF AND TERMINATION PLAN FOR BRIGHTSKY LABS, INC.	46-4390412	001
SPIN OFF AND TERMINATION PLAN FOR ALCOHOOT, INC.	47-3487660	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR FLINT MOBILE, INC.	45-2834412	001
SPINOFF AND TERMINATION OF PLAN FOR RESTORGENEX CORPORATION	30-0645032	001
SPIN OFF AND TERMINATION PLAN FOR REV WORLDWIDE, INC.	27-0594421	001
SPIN OFF AND TERMINATION PLAN FOR IRSA INTERNATIONAL LLC	30-0502985	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR MICROPOWER TECHNOLOGIES, INC.	26-2075804	001
SPIN OFF AND TERMINATION PLAN FOR NERVANA SYSTEMS	46-4927199	001
SPIN OFF AND TERMINATION PLAN FOR MISSION TECHNOLOGY GROUP, INC.	20-8225271	001
SPIN OFF AND TERMINATION PLAN FOR IDIBON, INC.	46-2193012	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR FASTER, LLC	46-5205244	001
SPIN OFF AND TERMINATION PLAN FOR SOCIALCLICKS INC.	30-0780603	001
SPIN OFF AND TERMINATION PLAN FOR HIPPO USA, INC.	26-1876985	001
SPIN OFF AND TERMINATION PLAN FOR ELASTICBOX, INC.	45-4880247	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
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5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No Amount:

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)
SPIN OFF AND TERMINATION PLAN FOR ARKIN NET INC.	46-3127767	001
SPIN OFF AND TERMINATION PLAN FOR SECURE ISLANDS, INC.	37-1769343	001
SPIN OFF AND TERMINATION PLAN FOR RUG PRO, INC.	46-5029260	001
SPIN OFF AND TERMINATION PLAN FO ONECARE, LLC	27-4739179	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
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e Was this plan covered by a fidelity bond?			
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f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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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?			
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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.)			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
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l Has the plan failed to provide any benefit when due under the plan?			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR LILIUM CAPITAL	36-4819665	001
SPIN OFF AND TERMINATION PLAN FOR BLAZEMETER INCORPORATED	46-3410734	001
SPIN OFF AND TERMINATION PLAN FOR ABRAHAM'S BONDING CO.	73-1139140	001
SPIN OFF AND TERMINATION PLAN FOR ARCHER PRINTING	20-0693536	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR ASSOCIATED CONSTRUCTION CONCEPTS	84-1331788	001
SPIN OFF AND TERMINATION PLAN FOR AUTO TECH PAINT & BODY, INC.	73-1428637	001
SPIN OFF AND TERMINATION PLAN FOR SLEEP CENTERS OF AMERICA AT NORMAN	73-1660469	001
SPIN OFF AND TERMINATION PLAN FOR BOMAC MORTGAGE HOLDINGS	75-2856163	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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SPIN OFF AND TERMINATION PLAN FOR BRITANIA MANAGEMENT COMPANY, LLC	20-2576705	001
SPIN OFF AND TERMINATION PLAN FOR CAYUGA CO. VENDING, INC.	16-0842987	001
SPIN OFF AND TERMINATION PLAN FOR COLLECT-IT CORP.	95-4684531	001
SPIN OFF AND TERMINATION PLAN FOR SOUTHWEST NANO TECHNOLOGIES	75-3043414	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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SPIN OFF AND TERMINATION PLAN FOR CREATIVE TILE, INC.	94-2860420	001
SPIN OFF AND TERMINATION PLAN FOR STAIRPARTS & MILLWORK UNLIMITED	59-2977348	001
SPIN OFF AND TERMINATION PLAN FOR D&D ELECTRICAL SERVICES, INC.	20-4330703	001
SPIN OFF AND TERMINATION PLAN FOR D.R. PAYNE & ASSOCIATES, INC.	73-1407971	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year. (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR STRATUS HEALTH HOLDINGS, LLC	84-1635986	001
SPIN OFF AND TERMINATION PLAN FOR SURYANI INTERNATIONAL, INC.	13-3970196	001
SPIN OFF AND TERMINATION PLAN FOR EMERALD GREENS AT CARROLLWOOD, LLC	01-0796380	001
SPIN OFF AND TERMINATION PLAN FOR THE CLAIMS TRUST	73-1287571	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SPIN OFF AND TERMINATION PLAN FOR ENERGY RECOVERY, LLC	20-1878142	001
SPIN OFF AND TERMINATION PLAN FOR TIGER INDUSTRIAL TRANS SYSTEMS, INC.	73-1249523	001
SPIN OFF AND TERMINATION PLAN FOR TYSON'S MEN'S WEAR, INC.	59-2001206	001
SPIN OFF AND TERMINATION PLAN FOR GLOBAL SOFTWARE CORPORATION	73-1534514	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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SPIN OFF AND TERMINATION PLAN FOR WASHITA CONST. & RENOVATION, INC.	73-1531390	001
SPIN OFF AND TERMINATION PLAN FOR HAR PRO, LLC	20-2935252	001
SPIN OFF AND TERMINATION PLAN FOR HILLSIDE GARDEN APARTMENTS	16-1097445	001
SPIN OFF AND TERMINATION PLAN FOR IMLAY CITY CONCRETE, INC.	38-3468737	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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SPIN OFF AND TERMINATION PLAN FOR OKLAHOMA LUBE ASSOCIATES	13-3540409	001
SPIN OFF AND TERMINATION PLAN FOR INFOTECH SOLUTIONS FB, INC.	90-0138041	001
SPIN OFF AND TERMINATION PLAN FOR OPTIM ONCOLOGY OKLAHOMA, LLC/ST. JOSEPH'S CANCER CENTER	20-8256168	001
SPIN OFF AND TERMINATION PLAN FOR INSURANCE RESOURCES AGENCY OF AMERICA, INC.	73-1011488	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
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5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No Amount:

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)
SPIN OFF AND TERMINATION PLAN FOR INTECK, INC.	84-1587285	001
SPIN OFF AND TERMINATION PLAN FOR P & E, INC.	75-2590456	001
SPIN OFF AND TERMINATION PLAN FOR PREM, INC.	06-0953912	001
SPIN OFF AND TERMINATION PLAN FOR K.W. BAXLEY, INC. DBA BAXLEY OIL COMPANY	59-1661313	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
4c			
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.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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?			
4g			
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?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
4o			

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

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)
SPIN OFF AND TERMINATION PLAN FOR MAIN STREET PROPERTIES, LLC	73-1447545	001
SPIN OFF AND TERMINATION PLAN FOR MORGENTHAU-FREDERICKS OPTICIANS, INC.	13-3069353	001
SPIN OFF AND TERMINATION PLAN FOR ROCKFORD ENERGY PARTNERS II	02-0586670	001
SPIN OFF AND TERMINATION PLAN FOR SAI MEDICAL CENTER, LLC	59-3649278	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
4c			
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.)			
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f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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?			
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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?			
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i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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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.)			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
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m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
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o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
4o			

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

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)
SPIN OFF AND TERMINATION PLAN FOR SARASOTA LANES	59-1947497	001
SPIN OFF AND TERMINATION PLAN FOR SCOUT CAPITAL MANAGEMENT, L.L.C.	13-4069905	001
SPIN OFF AND TERMINATION PLAN FOR NRF CAPITAL LP	20-3960645	001
SPIN OFF AND TERMINATION PLAN FOR NRJ ASSOCIATES, INC.	16-1600046	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
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.)			
4c			
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.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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?			
4g			
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?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
4o			

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

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)
SPIN OFF AND TERMINATION PLAN FOR SERVICE MASTER CLEAN IN A WINK	48-1139883	001
SPIN OFF AND TERMINATION PLAN FOR ST GLOBAL SERVICES FKA 591 SERVICES, LLC	46-4818460	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>TRINET 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRINET HR III, INC.</u>	D Employer Identification Number (EIN) <u>48-1304650</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

TRINET 401(K) PLAN

**Financial Statements
and
Supplemental Schedule**

**December 31, 2016 and 2015
(With Independent Auditor's Report Thereon)**

TRINET 401(K) PLAN

Table of Contents

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13577 Feather Sound Drive, Suite 400 ■ Clearwater, Florida 33762
Main: 727.572.1400 ■ Fax: 727.571.1933 ■ www.mhm-pc.com

Independent Auditor's Report

To the Trustees of
TriNet 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of TriNet 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Transamerica Financial Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.



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Disclaimer of Opinion

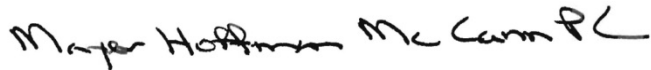
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink, appearing to read "Mayer Hoffman McCann P.C.", is written above the date and location.

September 14, 2017
Clearwater, Florida

TRINET 401(K) PLAN**Statements of Net Assets Available for Benefits****December 31, 2016 and 2015**

	<u>2016</u>	<u>2015</u>
Assets		
Investments:		
Pooled separate accounts, at fair value	\$ 1,721,526,430	1,214,062,791
General account obligation, at contract value	<u>122,457,709</u>	<u>90,950,957</u>
Total investments	1,843,984,139	1,305,013,748
Receivables:		
Employers' contributions	9,567,875	6,042,031
Participants' contributions	11,764,291	6,693,644
Notes receivable from participants	<u>30,054,430</u>	<u>25,317,798</u>
Total receivables	<u>51,386,596</u>	<u>38,053,473</u>
Total assets	1,895,370,735	1,343,067,221
Liabilities		
Excess contributions payable:		
Due to participants	<u>3,246,980</u>	<u>3,176,780</u>
Total liabilities	<u>3,246,980</u>	<u>3,176,780</u>
Net assets available for benefits	<u>\$ 1,892,123,755</u>	<u>1,339,890,441</u>

TRINET 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2016

Additions to net assets attributed to:

Contributions:

Employers	\$ 87,169,732
Participants	360,947,313
Other	<u>89,538,614</u>

Total contributions 537,655,659

Investment income:

Net appreciation in pooled separate accounts	126,255,400
Interest on notes receivable from participants	1,018,118
Interest income of general account obligation	<u>1,289,402</u>

Total investment income 128,562,920

Total additions 666,218,579

Deductions from net assets attributed to:

Benefits paid to participants	198,099,114
Administrative expenses and other	<u>4,641,126</u>

Total deductions 202,740,240

Net increase 463,478,339

Net assets transferred in 88,754,975

Net assets available for benefits: beginning of year 1,339,890,441

Net assets available for benefits: end of year \$ 1,892,123,755

TRINET 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(1) Description of Plan

The following description of the TriNet 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan was established effective January 1, 2003 with the adoption of the Transamerica Financial Life Insurance Company Volume Submitter Multiple Employer Tax-Favored Savings and Discretionary Contribution Plan and Trust Agreement (Transamerica Agreement) and is sponsored by TriNet HR Corporation (the Company). The Plan operates under a group annuity contract with Transamerica Financial Life Insurance Company (TFLIC) who acts as the custodian of the Plan.

(b) Administration of Plan Assets

The Plan is a multiple employer defined contribution plan which is offered to the employees of the associated employers of the Sponsor (collectively, the Employers). An associated employer is a company that leases its worksite employees from the Company.

Effective January 1, 2016 the Plan adopted the amended and restated plan document of the Transamerica Financial Life Insurance Company Volume Submitter Multiple Employer Tax-Favored Savings and Discretionary Contribution Plan.

The Plan operates in compliance with the regulations under the Internal Revenue Code of 1986 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2015 the Trustees of the Plan approved the merger of the Accord Human Resources Retirement Savings Plan (Accord), which is also sponsored by the Company, with the Plan. Contributions into Accord were stopped effective April 1, 2016, and all assets were transferred into the Plan on April 5, 2016.

(c) Mergers and Transfers

The Plan permits mergers and transfers of assets into and out of the Plan, providing that affected participants would receive a benefit immediately after the merger or transfer equal to or greater than the benefit the affected participants would have received immediately before the merger or transfer.

TRINET 401(K) PLAN

Notes to Financial Statements - Continued

(1) **Description of Plan - Continued**

(d) **Eligibility**

Employees are eligible to participate in the Plan after attainment of age 21 and one hour of service. Employers may elect to reduce the age requirements to any age between 18 and 21 years and increase the service requirement to a maximum of one year. Participants may enter the Plan on the first day of the calendar month coinciding with or following completion of the eligibility requirement.

(e) **Contributions**

Participants may elect to contribute a portion of their pretax compensation up to limits allowed by the Internal Revenue Service (IRS). The Employers may, at their discretion, elect to match up to 100% of their employees' contributions. Only elective contributions deferred through payroll deductions will be matched.

The Plan includes an option for enhanced safe harbor match on catch up contributions whereby Employers can elect to make mandatory contributions of 100% of the first 4% - 6% of elective contributions that will be 100% vested immediately. Employers may also make an additional discretionary contribution to the Plan, regardless of whether or not a deferral contribution was made during the year. Participants may also transfer money from other qualified plans into the Plan as rollover contributions or direct transfers.

The Plan accepts Roth Elective Deferrals as salary deferrals and rollover contributions.

(f) **Participant Accounts**

Participant accounts are credited with participant contributions and an allocation of the Employers' contributions and Plan earnings and expenses. The benefit to which a participant is entitled is equal to the vested value of their account.

(g) **Vesting**

Participants are immediately vested in their voluntary contributions and safe harbor employer match and non-elective contributions plus actual earnings thereon. Employers may elect an alternative vesting schedule for additional discretionary contributions.

(h) **Investment Options**

Plan assets are invested in pooled separate accounts and a general account obligation. Contributions made by the Employers are allocated based on the funds selected by the participants for the employee contributions. Upon enrollment in the Plan, a participant may direct employee contributions in any of several available investments. Participants are allowed to execute investment transfers between the Plan's investment options on a daily basis.

TRINET 401(K) PLAN

Notes to Financial Statements - Continued

(1) Description of Plan - Continued

(i) Payment of Benefits

At age 59½ and thereafter, active employees can withdraw any portion of their vested balance at any time. Participants, while employed, may make withdrawals against their vested account balance in accordance with the Plan, which generally requires the demonstration of financial hardship.

Upon termination, retirement, death, or disability, participants or their beneficiaries may elect to receive a lump sum amount equal to the value of the vested interest in their account. Any nonvested balances are forfeited. Terminated participants may also elect to maintain their accounts in the Plan.

(j) Forfeited Accounts

Any nonvested amounts in a terminated participant's account are forfeited by the participant and transferred to a forfeiture account. Forfeitures shall be used to pay Plan expenses or to reduce the Employers' future matching contributions. Any unused forfeitures shall be reallocated as nonelective contributions. Approximately \$1,483,000 of forfeited nonvested accounts was utilized during the year ended December 31, 2016 for plan expenses and to reduce employer contributions. At December 31, 2016 and 2015, forfeited nonvested accounts available for use totaled approximately \$2,085,000 and \$1,381,000, respectively.

(k) Notes Receivable from Participants

Participants may borrow money from their vested account balance for any reason. The maximum amount available for loans is the lesser of \$50,000 reduced by the participant's highest loan balance outstanding in the 12 months prior to the date of the loan or 50% of the participant's vested account balance. The minimum amount for a loan is \$1,000. The participant shall be charged with any costs associated with processing of the loan.

Loan repayments must have a definite repayment period not to exceed five years unless the loan is for the purchase of a principal residence, in which case the repayment period must not exceed IRS limits. A participant shall have only one loan outstanding at a time. Participant loans, including interest thereon, are taxable to the participant upon default, as well as subject to applicable excise penalties. Loans are collateralized by the balance in the participant's account and bear interest at any reasonable rate (prime plus 1% in 2016 for loans taken by participants through TFLIC). The Plan honors rates on notes receivable from participants transferred in from other plans. At December 31, 2016, rates ranged from 1.00% to 12.00%.

TRINET 401(K) PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) Investment Valuation and Income Recognition

Funds are invested in an unallocated group annuity insurance contract which is funded through pooled separate accounts and a general account obligation with TFLIC.

Investments in pooled separate accounts are stated at fair value as determined by TFLIC. Such fair values are based on quotations from active markets, such as national security exchanges or brokerage firms, on yields currently available on comparable securities and the Plan's participation units in the account.

The pooled separate accounts are credited with earnings in the underlying investments, net of investment management expenses.

Investments in the general account obligation allow participants to invest money in a general account of TFLIC which earns interest. The Sponsor has determined, based on recommendations from TFLIC, that this investment is fully-benefit responsive. Participant contributions are commingled with TFLIC's other assets and TFLIC assumes the risk of principal and accrued interest. An effective annual rate of interest is established before the first day of each month. Interest is credited to the general account obligation daily based on its daily balance, at a rate of interest that is the daily equivalent of the effective annual rate of interest applicable for each month.

The general account obligation is reported at contract value at December 31, 2016 and 2015. All participant transactions are at contract value.

Certain events limit the ability of the Plan to transact at contract value with TFLIC. Such events include the following: 1) amendments to the plan documents (including complete or partial termination), 2) bankruptcy of the Company or Employers, 3) other Company or Employers' events that cause a significant withdrawal from the Plan, or 4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Company does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Changes in the fair value of investments in pooled separate accounts and gains or losses on disposal of these investments are reported in the statement of changes in net assets available for benefits as net appreciation or depreciation in fair value of pooled separate accounts.

Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

TRINET 401(K) PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Administrative Expenses

Management fees and operating expenses are paid out of the Plan unless paid by the Company and the Company does not elect to be reimbursed by the Plan as permitted by the Plan agreement.

Participants are charged a quarterly recordkeeping fee and a contract asset charge calculated monthly on the combined asset balance of all contract accounts in the Plan as of the 15th day of each month. In addition, there are expense ratios and other costs associated with each investment option. There are also fees that relate to requesting loans and distributions. All charges to the participant accounts are recorded into the Expense Budget Account (EBA) which are then utilized to pay expenses of the Plan.

During 2016, the Plan's administrative expenses totaled approximately \$4,641,000, including approximately \$300,000 paid to the plan sponsor for services provided to the Plan, approximately \$4,181,000 paid to TFLIC for services provided, and approximately \$161,000 for other expenses such as legal and audit fees. All administrative expenses paid during the year were paid out of the EBA.

(d) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and the related changes therein. Actual results could differ from those estimates.

(e) Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

(f) Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The ASU removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value per share as a practical expedient provided by FASB Accounting Standards Codification Topic 820, *Fair Value Measurements* (ASC 820). Disclosures about investments in certain entities that calculate net asset value per share are limited under this ASU to investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 15, 2015. For all other entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016, with early adoption permitted. The Plan's management adopted ASU 2015-07 for the plan year ended December 31, 2016, however adoption had no impact on the financials.

TRINET 401(K) PLAN

Notes to Financial Statements - Continued

(3) **Asset Transfers and Mergers**

Qualified plans sponsored by certain Employers may be merged into the Plan in conjunction with such Employers' adoption of the Plan. New participant accounts are then created for such participants in the Plan.

In addition, the account balances of participants employed by certain Employers who terminate their leasing arrangements with the Company during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

Total assets transferred into the Plan from Employers for 2016 totaled approximately \$278,919,000. Assets transferred out of the Plan from Employers for 2016 totaled approximately \$190,164,000.

(4) **Excess Contributions Payable**

Excess contributions payable of \$3,246,980 and \$3,176,780 as of December 31, 2016 and 2015 respectively, represent payments made in 2017 and 2016 to participants to return to them excess contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

(5) **Income Tax Status**

The Plan adopted the amended and restated TFLIC volume submitter multiple employer plan document effective January 1, 2016, which obtained its latest opinion letter on July 07, 2014, in which the IRS stated that the plan document, as then designed, was in compliance with the applicable requirements of the IRS. The plan document has been amended since receiving the opinion letter. However, the Company and the Plan's tax counsel believe that the plan document is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(6) **Party-in-Interest Transactions**

Certain of the Plan's investments are managed by TFLIC. While this activity qualifies as party-in-interest activity as defined in Section 3(14) of ERISA, it is expressly exempted from the prohibited transaction rules. Participant loan transactions are considered to be party-in-interest transactions, because they are transacted with Plan participants.

Certain administrative expenses are paid to TFLIC and the plan sponsor and administrator (Note 2(c)) and as such are considered party-in-interest transactions.

TRINET 401(K) PLAN

Notes to Financial Statements - Continued

(7) **Plan Termination**

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. In the event of termination, the general obligation account is subject to a market valuation adjustment.

(8) **Risks and Uncertainties**

The Plan may invest in various types of investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

(9) **Information Certified by Transamerica Financial Life Insurance Company (Unaudited)**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TFLIC, the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2016 and 2015;
- Investment income and related investment activities, as included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2016;
- The Schedule of Assets (Held at End of Year) as of December 31, 2016 included in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in these financial statements.

TRINET 401(K) PLAN

Notes to Financial Statements - Continued

(10) Fair Value Measurements

ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- a) Quoted prices for similar assets or liabilities in active markets;
- b) Quoted prices for identical or similar assets or liabilities in inactive markets;
- c) Inputs other than quoted prices that are observable for the asset or liability;
- d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Pooled Separate Accounts

The Plan's separate accounts that invest exclusively in mutual funds are classified as either Level 1 investments, and are valued at the net asset value of the underlying mutual fund at year end, or as Level 2 investments, and are valued by outside valuation services at the mean of bid and ask prices or alternative pricing inputs.

TRINET 401(K) PLAN

Notes to Financial Statements - Continued

(10) Fair Value Measurements - Continued

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

<u>Description</u>	<u>Assets Measured at Fair Value at December 31, 2016</u>	<u>Fair Value Measurements at Reporting Date Using</u>		
		<u>Quoted Prices in Active Markets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Pooled separate accounts	\$ 1,721,526,430	1,313,132,083	408,394,347	-

<u>Description</u>	<u>Assets Measured at Fair Value at December 31, 2015</u>	<u>Fair Value Measurements at Reporting Date Using</u>		
		<u>Quoted Prices in Active Markets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Pooled separate accounts	\$ 1,214,062,791	895,731,401	318,331,390	-

(11) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through September 14, 2017, the date the financial statements were available to be issued.

During 2016 the Trustees of the Plan approved the merger of the Strategic Outsourcing, Inc. Multiple Employer 401(k) Plan (SOI), which is also sponsored by the Company, with the Plan. Contributions into SOI were stopped effective August 3, 2017, and all assets were transferred into the Plan on August 7, 2017.

TRINET 401(K) PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Employer Identification Number (EIN): 48-1304650

Plan Number: 334

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (if applicable)	(e) Current Value
*	Transmerica Pooled Separate Account	American Century Mid Cap Value	\$ 62,545,564
*	Transmerica Pooled Separate Account	American Funds New Perspective Ret Acct	40,702,630
*	Transmerica Pooled Separate Account	Franklin Small Cap Value Ret Acct	32,458,152
*	Transmerica Pooled Separate Account	Goldman Sachs Mid-Cap Opportunities Ret Acct	38,369,780
*	Transmerica Pooled Separate Account	Invesco International Growth Ret Acct	24,367,256
*	Transmerica Pooled Separate Account	Janus Triton Ret Acct	51,123,268
*	Transmerica Pooled Separate Account	Morgan Stanley Growth Ret Acct	109,155,328
*	Transmerica Pooled Separate Account	Oakmark International Ret Acct	19,034,584
*	Transmerica Pooled Separate Account	PIMCO Total Return Ret Acct	42,319,264
*	Transmerica Pooled Separate Account	RidgeWorth Large Cap Value Equity Ret Acct	55,525,674
*	Transmerica Pooled Separate Account	SSgA Emerging Markets Index Ret Acct	6,753,661
*	Transmerica Pooled Separate Account	SSgA International Index Ret Acct	15,672,968
*	Transmerica Pooled Separate Account	SSgA Russell Small Cap Index Ret Acct	28,167,610
*	Transmerica Pooled Separate Account	SSgA S&P Mid Cap Index Ret Acct	43,582,205
*	Transmerica Pooled Separate Account	SSgA U.S. Bond Index Ret Acct	33,276,659
*	TR Transamerica Stable Value	General Account Obligation	122,457,709
*	Transmerica Pooled Separate Account	Transamerica Partners Stock Index Ret Acct	109,048,880
*	Transmerica Pooled Separate Account	Vanguard REIT Index Ret Acct	38,798,699
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2010 Ret Acct	9,819,698
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2015 Ret Acct	39,013,600
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2020 Ret Acct	78,758,459
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2025 Ret Acct	123,232,467
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2030 Ret Acct	134,310,873
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2035 Ret Acct	155,726,066
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2040 Ret Acct	131,503,607
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2045 Ret Acct	128,988,360
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2050 Ret Acct	95,090,127
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2055 Ret Acct	51,830,680
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2060 Ret Acct	8,614,595
*	Transmerica Pooled Separate Account	Vanguard Target Retirement Income Ret Acct	13,735,716
			1,843,984,139
*	Participant Loans	(1.00% - 12.00% - various maturities)	30,054,430
			\$ <u>1,874,038,569</u>

* Party-in-interest

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: TriNet HR III, Inc.
Contract Number: 932003
Employer Identification Number: xx-xxx5612
Plan Identification Number: 334
Plan Year End: December 31, 2016

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7290	0.00%
	xx-xxx1139	0.00%
	xx-xxx7159	0.00%
	xx-xxx7934	0.02%
	xx-xxx7701	0.00%
	xx-xxx3886	0.02%
	xx-xxx2767	0.03%
	xx-xxx9043	0.01%
	xx-xxx7900	0.00%
	xx-xxx6804	0.00%
	xx-xxx7665	0.01%
	xx-xxx5888	0.01%
	xx-xxx8972	0.00%
	xx-xxx1512	0.00%
	xx-xxx6661	0.00%
	xx-xxx0009	0.00%
	xx-xxx2953	0.08%
	xx-xxx1088	0.23%
	xx-xxx2574	0.01%
	xx-xxx5360	0.01%
	xx-xxx4490	0.01%
	xx-xxx0735	0.02%
	xx-xxx1622	0.02%
	xx-xxx5005	0.07%
	xx-xxx6538	0.00%
	xx-xxx8170	0.00%
	xx-xxx3825	0.00%
	xx-xxx9969	0.00%
	xx-xxx0016	0.00%
	xx-xxx6939	0.00%
	xx-xxx3638	0.01%
	xx-xxx1005	0.01%
	xx-xxx0741	0.00%
	xx-xxx7203	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0972	0.12%
	xx-xxx5600	0.00%
	xx-xxx0206	0.01%
	xx-xxx5131	0.02%
	xx-xxx2024	0.01%
	xx-xxx9876	0.01%
	xx-xxx7289	0.01%
	xx-xxx2176	0.01%
	xx-xxx8237	0.02%
	xx-xxx0480	0.00%
	xx-xxx3835	0.02%
	xx-xxx6002	0.01%
	xx-xxx3627	0.00%
	xx-xxx6469	0.00%
	xx-xxx4455	0.00%
	xx-xxx1950	0.03%
	xx-xxx2313	0.00%
	xx-xxx5704	0.06%
	xx-xxx5720	0.01%
	xx-xxx2841	0.06%
	xx-xxx0415	0.00%
	xx-xxx8146	0.00%
	xx-xxx5061	0.04%
	xx-xxx1331	0.02%
	xx-xxx9187	0.11%
	xx-xxx8192	0.03%
	xx-xxx2371	0.26%
	xx-xxx3681	0.02%
	xx-xxx2231	0.01%
	xx-xxx0555	0.02%
	xx-xxx4497	0.01%
	xx-xxx2011	0.03%
	xx-xxx7272	0.09%
	xx-xxx3991	0.11%
	xx-xxx2739	0.12%
	xx-xxx0935	0.00%
	xx-xxx1104	0.01%
	xx-xxx7601	0.01%
	xx-xxx5043	0.01%
	xx-xxx7753	0.27%
	xx-xxx6209	0.06%
	xx-xxx5579	0.05%
	xx-xxx5365	0.00%
	xx-xxx4761	0.07%
	xx-xxx2465	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1213	0.01%
	xx-xxx7850	0.00%
	xx-xxx7704	0.01%
	xx-xxx2909	0.00%
	xx-xxx9298	0.01%
	xx-xxx9628	0.01%
	xx-xxx1597	0.10%
	xx-xxx1261	0.16%
	xx-xxx4099	0.12%
	xx-xxx2429	0.01%
	xx-xxx9178	0.01%
	xx-xxx0010	0.01%
	xx-xxx8260	0.02%
	xx-xxx3261	0.01%
	xx-xxx7261	0.01%
	xx-xxx9328	0.15%
	xx-xxx1052	0.02%
	xx-xxx2749	0.00%
	xx-xxx5416	0.00%
	xx-xxx4302	0.04%
	xx-xxx3999	0.00%
	xx-xxx9635	0.01%
	xx-xxx7608	0.00%
	xx-xxx6596	0.03%
	xx-xxx8062	0.01%
	xx-xxx8576	0.00%
	xx-xxx8926	0.09%
	xx-xxx0660	0.04%
	xx-xxx7522	0.01%
	xx-xxx0391	0.02%
	xx-xxx3054	0.09%
	xx-xxx4152	0.06%
	xx-xxx5855	0.07%
	xx-xxx7375	0.04%
	xx-xxx1570	0.00%
	xx-xxx2953	0.07%
	xx-xxx8347	0.08%
	xx-xxx3411	0.04%
	xx-xxx8773	0.01%
	xx-xxx1292	0.01%
	xx-xxx6243	0.08%
	xx-xxx3299	0.00%
	xx-xxx8444	0.10%
	xx-xxx7983	0.02%
	xx-xxx4930	0.07%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4617	0.04%
	xx-xxx3868	0.00%
	xx-xxx4704	0.01%
	xx-xxx8320	0.01%
	xx-xxx7693	0.02%
	xx-xxx7959	0.00%
	xx-xxx8330	0.00%
	xx-xxx1609	0.01%
	xx-xxx5512	0.20%
	xx-xxx5517	0.03%
	xx-xxx2989	0.07%
	xx-xxx5082	0.14%
	xx-xxx2308	0.01%
	xx-xxx9213	0.00%
	xx-xxx3096	0.04%
	xx-xxx8519	0.00%
	xx-xxx8586	0.00%
	xx-xxx5275	0.07%
	xx-xxx0545	0.05%
	xx-xxx0078	0.02%
	xx-xxx0889	0.01%
	xx-xxx9661	0.00%
	xx-xxx7462	0.00%
	xx-xxx0363	0.06%
	xx-xxx1285	0.06%
	xx-xxx4665	0.00%
	xx-xxx8132	0.06%
	xx-xxx9789	0.02%
	xx-xxx6384	0.02%
	xx-xxx7303	0.01%
	xx-xxx1595	0.01%
	xx-xxx9745	0.02%
	xx-xxx6432	0.01%
	xx-xxx3827	0.03%
	xx-xxx8538	0.00%
	xx-xxx7606	0.00%
	xx-xxx2122	0.03%
	xx-xxx2536	0.01%
	xx-xxx0050	0.02%
	xx-xxx3775	0.00%
	xx-xxx2325	0.05%
	xx-xxx6147	0.02%
	xx-xxx5711	0.00%
	xx-xxx6193	0.00%
	xx-xxx2360	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6712	0.01%
	xx-xxx4240	0.00%
	xx-xxx8303	0.00%
	xx-xxx7004	0.04%
	xx-xxx1181	0.01%
	xx-xxx7719	0.11%
	xx-xxx6406	0.05%
	xx-xxx6182	0.09%
	xx-xxx1175	0.00%
	xx-xxx7594	0.01%
	xx-xxx1066	0.01%
	xx-xxx9097	0.06%
	xx-xxx5541	0.05%
	xx-xxx5793	0.00%
	xx-xxx8865	0.01%
	xx-xxx7584	0.03%
	xx-xxx6783	0.01%
	xx-xxx3346	0.00%
	xx-xxx0109	0.01%
	xx-xxx5633	0.02%
	xx-xxx2130	0.09%
	xx-xxx5736	0.02%
	xx-xxx0796	0.01%
	xx-xxx0487	0.00%
	xx-xxx6575	0.17%
	xx-xxx9253	0.00%
	xx-xxx0144	0.01%
	xx-xxx2359	0.20%
	xx-xxx9644	0.02%
	xx-xxx2003	0.02%
	xx-xxx5464	0.02%
	xx-xxx1395	0.01%
	xx-xxx4297	0.04%
	xx-xxx8635	0.01%
	xx-xxx4939	0.11%
	xx-xxx8260	0.01%
	xx-xxx9768	0.03%
	xx-xxx3733	0.01%
	xx-xxx0178	0.01%
	xx-xxx4921	0.05%
	xx-xxx3680	0.07%
	xx-xxx0670	0.00%
	xx-xxx7890	0.02%
	xx-xxx0897	0.16%
	xx-xxx6259	0.03%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3104	0.00%
	xx-xxx1746	0.01%
	xx-xxx4691	0.03%
	xx-xxx1419	0.00%
	xx-xxx4424	0.04%
	xx-xxx1124	0.02%
	xx-xxx2889	0.04%
	xx-xxx0589	0.04%
	xx-xxx8126	0.02%
	xx-xxx0355	0.00%
	xx-xxx9941	0.16%
	xx-xxx7055	0.03%
	xx-xxx3837	0.00%
	xx-xxx1035	0.00%
	xx-xxx1847	0.04%
	xx-xxx1742	0.14%
	xx-xxx1671	0.00%
	xx-xxx6070	0.01%
	xx-xxx0275	0.02%
	xx-xxx1066	0.00%
	xx-xxx1132	0.00%
	xx-xxx0935	0.04%
	xx-xxx6636	0.07%
	xx-xxx2974	0.11%
	xx-xxx6438	0.01%
	xx-xxx5924	0.00%
	xx-xxx4253	0.02%
	xx-xxx3839	0.05%
	xx-xxx7673	0.07%
	xx-xxx7493	0.16%
	xx-xxx2606	0.02%
	xx-xxx9135	0.01%
	xx-xxx1114	0.01%
	xx-xxx3635	0.00%
	xx-xxx5810	0.03%
	xx-xxx7673	0.05%
	xx-xxx9741	0.10%
	xx-xxx3774	0.00%
	xx-xxx0802	0.03%
	xx-xxx3089	0.05%
	xx-xxx3837	0.08%
	xx-xxx2494	0.05%
	xx-xxx5204	0.04%
	xx-xxx8156	0.00%
	xx-xxx9921	0.04%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4289	0.02%
	xx-xxx4297	0.03%
	xx-xxx5328	0.03%
	xx-xxx6293	0.01%
	xx-xxx3325	0.02%
	xx-xxx6093	0.00%
	xx-xxx1245	0.03%
	xx-xxx9696	0.02%
	xx-xxx8390	0.01%
	xx-xxx6350	0.02%
	xx-xxx9607	0.05%
	xx-xxx0858	0.01%
	xx-xxx5289	0.19%
	xx-xxx7038	0.00%
	xx-xxx1429	0.01%
	xx-xxx0410	0.02%
	xx-xxx6616	0.01%
	xx-xxx2302	0.02%
	xx-xxx8552	0.02%
	xx-xxx5276	0.00%
	xx-xxx5299	0.01%
	xx-xxx4299	0.03%
	xx-xxx9347	0.03%
	xx-xxx4057	0.08%
	xx-xxx0612	0.07%
	xx-xxx6013	0.00%
	xx-xxx1866	0.01%
	xx-xxx3475	0.15%
	xx-xxx5541	0.01%
	xx-xxx7070	0.01%
	xx-xxx3001	0.03%
	xx-xxx7351	0.03%
	xx-xxx8452	0.02%
	xx-xxx5671	0.03%
	xx-xxx7850	0.04%
	xx-xxx6461	0.01%
	xx-xxx8767	0.02%
	xx-xxx4230	0.07%
	xx-xxx6759	0.05%
	xx-xxx6812	0.01%
	xx-xxx6611	0.00%
	xx-xxx8252	0.04%
	xx-xxx5390	0.00%
	xx-xxx1765	0.00%
	xx-xxx2750	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1595	0.00%
	xx-xxx1029	0.01%
	xx-xxx5709	0.00%
	xx-xxx1233	0.01%
	xx-xxx6981	0.00%
	xx-xxx7328	0.01%
	xx-xxx8158	0.01%
	xx-xxx3261	0.00%
	xx-xxx8173	0.07%
	xx-xxx1691	0.07%
	xx-xxx8398	0.02%
	xx-xxx1341	0.04%
	xx-xxx6447	0.00%
	xx-xxx6333	0.01%
	xx-xxx5569	0.02%
	xx-xxx8063	0.00%
	xx-xxx9888	0.01%
	xx-xxx0838	0.02%
	xx-xxx3642	0.05%
	xx-xxx7384	0.03%
	xx-xxx1251	0.01%
	xx-xxx1905	0.01%
	xx-xxx8569	0.01%
	xx-xxx3085	0.00%
	xx-xxx7479	0.05%
	xx-xxx1267	0.04%
	xx-xxx1318	0.00%
	xx-xxx3810	0.29%
	xx-xxx2406	0.01%
	xx-xxx0479	0.04%
	xx-xxx8592	0.00%
	xx-xxx9541	0.17%
	xx-xxx0086	0.01%
	xx-xxx7401	0.02%
	xx-xxx0765	0.06%
	xx-xxx2555	0.00%
	xx-xxx8126	0.06%
	xx-xxx3530	0.00%
	xx-xxx5455	0.01%
	xx-xxx6711	0.01%
	xx-xxx8273	0.00%
	xx-xxx1105	0.01%
	xx-xxx0502	0.00%
	xx-xxx5012	0.09%
	xx-xxx2444	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3928	0.02%
	xx-xxx7637	0.01%
	xx-xxx8703	0.03%
	xx-xxx7823	0.01%
	xx-xxx1734	0.06%
	xx-xxx8896	0.11%
	xx-xxx6439	0.04%
	xx-xxx0743	0.02%
	xx-xxx6003	0.36%
	xx-xxx5435	0.04%
	xx-xxx9423	0.04%
	xx-xxx3560	0.00%
	xx-xxx9091	0.01%
	xx-xxx4566	0.01%
	xx-xxx1207	0.02%
	xx-xxx8206	0.02%
	xx-xxx6644	0.01%
	xx-xxx8951	0.02%
	xx-xxx7453	0.00%
	xx-xxx8923	0.00%
	xx-xxx4423	0.01%
	xx-xxx8675	0.04%
	xx-xxx9054	0.05%
	xx-xxx3081	0.12%
	xx-xxx5279	0.00%
	xx-xxx0352	0.00%
	xx-xxx5507	0.17%
	xx-xxx2731	0.03%
	xx-xxx6911	0.04%
	xx-xxx7894	0.05%
	xx-xxx0970	0.00%
	xx-xxx0266	0.02%
	xx-xxx5860	0.07%
	xx-xxx4506	0.00%
	xx-xxx7218	0.03%
	xx-xxx9929	0.00%
	xx-xxx1479	0.01%
	xx-xxx2464	0.03%
	xx-xxx9008	0.00%
	xx-xxx2719	0.01%
	xx-xxx1433	0.00%
	xx-xxx7652	0.01%
	xx-xxx5597	0.00%
	xx-xxx3391	0.00%
	xx-xxx3359	0.14%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0549	0.02%
	xx-xxx8634	0.06%
	xx-xxx9478	0.09%
	xx-xxx6585	0.02%
	xx-xxx7500	0.01%
	xx-xxx8969	0.00%
	xx-xxx9021	0.05%
	xx-xxx9330	0.00%
	xx-xxx5651	0.09%
	xx-xxx4983	0.01%
	xx-xxx3090	0.00%
	xx-xxx0058	0.08%
	xx-xxx2540	0.03%
	xx-xxx0029	0.05%
	xx-xxx4643	0.01%
	xx-xxx0737	0.01%
	xx-xxx4831	0.10%
	xx-xxx6648	0.06%
	xx-xxx0741	0.01%
	xx-xxx9449	0.00%
	xx-xxx0197	0.00%
	xx-xxx7208	0.00%
	xx-xxx8538	0.07%
	xx-xxx0939	0.00%
	xx-xxx5931	0.19%
	xx-xxx1175	0.07%
	xx-xxx7458	0.14%
	xx-xxx9975	0.01%
	xx-xxx4566	0.02%
	xx-xxx7900	0.00%
	xx-xxx2602	0.11%
	xx-xxx5966	0.05%
	xx-xxx3456	0.01%
	xx-xxx8224	0.05%
	xx-xxx6839	0.22%
	xx-xxx8903	0.00%
	xx-xxx9817	0.07%
	xx-xxx0579	0.01%
	xx-xxx2652	0.04%
	xx-xxx1736	0.03%
	xx-xxx9345	0.14%
	xx-xxx6134	0.06%
	xx-xxx4530	0.00%
	xx-xxx4289	0.00%
	xx-xxx2556	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3775	0.03%
	xx-xxx3534	0.02%
	xx-xxx2825	0.01%
	xx-xxx1075	0.00%
	xx-xxx0058	0.08%
	xx-xxx2585	0.01%
	xx-xxx0388	0.01%
	xx-xxx6831	0.01%
	xx-xxx8108	0.01%
	xx-xxx9501	0.01%
	xx-xxx9227	0.00%
	xx-xxx3348	0.03%
	xx-xxx6905	0.14%
	xx-xxx7227	0.03%
	xx-xxx7957	0.02%
	xx-xxx7069	0.01%
	xx-xxx5328	0.01%
	xx-xxx7655	0.00%
	xx-xxx5494	0.10%
	xx-xxx1310	0.00%
	xx-xxx8202	0.01%
	xx-xxx0582	0.02%
	xx-xxx5065	0.01%
	xx-xxx3486	0.24%
	xx-xxx6572	0.13%
	xx-xxx8255	0.06%
	xx-xxx2336	0.01%
	xx-xxx3799	0.02%
	xx-xxx8594	0.01%
	xx-xxx4242	0.08%
	xx-xxx1801	0.02%
	xx-xxx3925	0.01%
	xx-xxx2267	0.01%
	xx-xxx3979	0.00%
	xx-xxx4865	0.02%
	xx-xxx1290	0.01%
	xx-xxx2373	0.02%
	xx-xxx9930	0.04%
	xx-xxx7172	0.05%
	xx-xxx4399	0.00%
	xx-xxx3316	0.04%
	xx-xxx7575	0.06%
	xx-xxx0952	0.01%
	xx-xxx9452	0.04%
	xx-xxx2110	0.03%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx9193	0.00%
	xx-xxx3830	0.00%
	xx-xxx9782	0.11%
	xx-xxx3606	0.07%
	xx-xxx9708	0.01%
	xx-xxx1489	0.01%
	xx-xxx9897	0.01%
	xx-xxx5674	0.00%
	xx-xxx8619	0.01%
	xx-xxx4996	0.00%
	xx-xxx7114	0.03%
	xx-xxx8505	0.01%
	xx-xxx6359	0.01%
	xx-xxx4621	0.01%
	xx-xxx8888	0.05%
	xx-xxx7980	0.02%
	xx-xxx7093	0.01%
	xx-xxx6372	0.01%
	xx-xxx3250	0.00%
	xx-xxx1987	0.07%
	xx-xxx4354	0.00%
	xx-xxx3205	0.06%
	xx-xxx8427	0.15%
	xx-xxx7886	0.00%
	xx-xxx7770	0.02%
	xx-xxx8794	0.10%
	xx-xxx7367	0.11%
	xx-xxx6753	0.02%
	xx-xxx7600	0.01%
	xx-xxx9103	0.00%
	xx-xxx2761	0.02%
	xx-xxx5628	0.00%
	xx-xxx6197	0.00%
	xx-xxx5463	0.02%
	xx-xxx3190	0.08%
	xx-xxx2477	0.07%
	xx-xxx8390	0.09%
	xx-xxx6458	0.02%
	xx-xxx4114	0.00%
	xx-xxx8689	0.09%
	xx-xxx0759	0.01%
	xx-xxx5784	0.07%
	xx-xxx7182	0.01%
	xx-xxx2301	0.03%
	xx-xxx3710	0.14%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2822	0.00%
	xx-xxx1327	0.00%
	xx-xxx4320	0.01%
	xx-xxx7120	0.00%
	xx-xxx4109	0.02%
	xx-xxx9396	0.03%
	xx-xxx5185	0.00%
	xx-xxx2751	0.00%
	xx-xxx1386	0.01%
	xx-xxx2266	0.03%
	xx-xxx8622	0.02%
	xx-xxx9519	0.08%
	xx-xxx1738	0.06%
	xx-xxx1093	0.00%
	xx-xxx3204	0.00%
	xx-xxx8646	0.00%
	xx-xxx0036	0.05%
	xx-xxx7055	0.01%
	xx-xxx5553	0.02%
	xx-xxx6729	0.03%
	xx-xxx8101	0.03%
	xx-xxx9806	0.02%
	xx-xxx1450	0.02%
	xx-xxx4810	0.03%
	xx-xxx8561	0.08%
	xx-xxx8837	0.01%
	xx-xxx6321	0.01%
	xx-xxx2342	0.15%
	xx-xxx8253	0.06%
	xx-xxx4438	0.00%
	xx-xxx9469	0.01%
	xx-xxx6268	0.03%
	xx-xxx2802	0.00%
	xx-xxx1827	0.01%
	xx-xxx6368	0.07%
	xx-xxx8915	0.00%
	xx-xxx4061	0.03%
	xx-xxx6792	0.01%
	xx-xxx9148	0.02%
	xx-xxx3691	0.02%
	xx-xxx4881	0.10%
	xx-xxx1247	0.01%
	xx-xxx1479	0.05%
	xx-xxx2671	0.01%
	xx-xxx7049	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6222	0.01%
	xx-xxx1930	0.07%
	xx-xxx5732	0.00%
	xx-xxx4084	0.02%
	xx-xxx1896	0.00%
	xx-xxx1493	0.04%
	xx-xxx6070	0.01%
	xx-xxx9479	0.10%
	xx-xxx0996	0.07%
	xx-xxx9663	0.09%
	xx-xxx4281	0.01%
	xx-xxx4476	0.00%
	xx-xxx8438	0.02%
	xx-xxx7101	0.00%
	xx-xxx8463	0.01%
	xx-xxx4924	0.12%
	xx-xxx5099	0.07%
	xx-xxx4140	0.05%
	xx-xxx0114	0.00%
	xx-xxx0116	0.00%
	xx-xxx2546	0.11%
	xx-xxx5226	0.05%
	xx-xxx5069	0.00%
	xx-xxx7666	0.08%
	xx-xxx5059	0.00%
	xx-xxx2909	0.02%
	xx-xxx0197	0.04%
	xx-xxx7815	0.07%
	xx-xxx1259	0.03%
	xx-xxx0341	0.03%
	xx-xxx4931	0.60%
	xx-xxx4614	0.04%
	xx-xxx6517	0.00%
	xx-xxx0946	0.49%
	xx-xxx9491	0.15%
	xx-xxx4587	0.00%
	xx-xxx9788	0.01%
	xx-xxx9494	0.09%
	xx-xxx6918	0.08%
	xx-xxx7073	0.00%
	xx-xxx5117	0.03%
	xx-xxx6134	0.18%
	xx-xxx4558	0.01%
	xx-xxx0835	0.04%
	xx-xxx2641	0.15%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5829	0.00%
	xx-xxx3190	0.03%
	xx-xxx8136	0.00%
	xx-xxx5636	0.01%
	xx-xxx2354	0.02%
	xx-xxx4567	0.09%
	xx-xxx4423	0.01%
	xx-xxx0812	0.04%
	xx-xxx7967	0.02%
	xx-xxx1196	0.02%
	xx-xxx1534	0.00%
	xx-xxx1778	0.21%
	xx-xxx7806	0.00%
	xx-xxx7243	0.02%
	xx-xxx2077	0.01%
	xx-xxx2756	0.01%
	xx-xxx7906	0.09%
	xx-xxx3880	0.06%
	xx-xxx4364	0.02%
	xx-xxx4922	0.01%
	xx-xxx3199	0.00%
	xx-xxx4429	0.04%
	xx-xxx2166	0.00%
	xx-xxx1794	0.04%
	xx-xxx1149	0.01%
	xx-xxx1076	0.01%
	xx-xxx3722	0.06%
	xx-xxx8144	0.09%
	xx-xxx3340	0.13%
	xx-xxx2703	0.05%
	xx-xxx2244	0.03%
	xx-xxx7275	0.01%
	xx-xxx1720	0.00%
	xx-xxx4276	0.00%
	xx-xxx1471	0.02%
	xx-xxx3612	0.04%
	xx-xxx9290	0.02%
	xx-xxx3695	0.07%
	xx-xxx0289	0.00%
	xx-xxx6923	0.01%
	xx-xxx9985	0.02%
	xx-xxx1610	0.01%
	xx-xxx0652	0.01%
	xx-xxx0168	0.02%
	xx-xxx1078	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3203	0.03%
	xx-xxx5983	0.01%
	xx-xxx8490	0.01%
	xx-xxx1735	0.08%
	xx-xxx8600	0.08%
	xx-xxx8609	0.07%
	xx-xxx8046	0.03%
	xx-xxx5990	0.05%
	xx-xxx3289	0.01%
	xx-xxx1659	0.01%
	xx-xxx0304	0.01%
	xx-xxx4693	0.00%
	xx-xxx0752	0.01%
	xx-xxx6174	0.14%
	xx-xxx6399	0.01%
	xx-xxx8574	0.02%
	xx-xxx3882	0.07%
	xx-xxx1399	0.05%
	xx-xxx0309	0.04%
	xx-xxx9446	0.00%
	xx-xxx9517	0.03%
	xx-xxx7696	0.01%
	xx-xxx2310	0.00%
	xx-xxx5770	0.02%
	xx-xxx4522	0.04%
	xx-xxx4325	0.00%
	xx-xxx3531	0.00%
	xx-xxx5907	0.00%
	xx-xxx0959	0.02%
	xx-xxx9603	0.00%
	xx-xxx2095	0.16%
	xx-xxx8308	0.08%
	xx-xxx4505	0.03%
	xx-xxx7569	0.00%
	xx-xxx3410	0.00%
	xx-xxx5168	0.02%
	xx-xxx6816	0.04%
	xx-xxx2568	0.03%
	xx-xxx4813	0.02%
	xx-xxx4048	0.03%
	xx-xxx8427	0.00%
	xx-xxx4755	0.03%
	xx-xxx8732	0.00%
	xx-xxx6691	0.00%
	xx-xxx0279	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2065	0.02%
	xx-xxx2832	0.01%
	xx-xxx6668	0.01%
	xx-xxx1468	0.03%
	xx-xxx0530	0.01%
	xx-xxx4104	0.01%
	xx-xxx3810	0.01%
	xx-xxx7449	0.03%
	xx-xxx2680	0.06%
	xx-xxx1242	0.00%
	xx-xxx0065	0.01%
	xx-xxx3821	0.08%
	xx-xxx6817	0.01%
	xx-xxx0128	0.03%
	xx-xxx8691	0.00%
	xx-xxx0981	0.00%
	xx-xxx1885	0.03%
	xx-xxx8594	0.13%
	xx-xxx2749	0.04%
	xx-xxx1760	0.04%
	xx-xxx6200	0.07%
	xx-xxx7667	0.04%
	xx-xxx8140	0.10%
	xx-xxx9748	0.03%
	xx-xxx9082	0.05%
	xx-xxx9713	0.07%
	xx-xxx3472	0.02%
	xx-xxx0003	0.04%
	xx-xxx0122	0.00%
	xx-xxx4435	0.00%
	xx-xxx9961	0.00%
	xx-xxx1648	0.02%
	xx-xxx7801	0.09%
	xx-xxx0441	0.03%
	xx-xxx3291	0.01%
	xx-xxx9228	0.02%
	xx-xxx3655	0.04%
	xx-xxx8576	0.02%
	xx-xxx8747	0.02%
	xx-xxx9388	0.01%
	xx-xxx1815	0.01%
	xx-xxx0454	0.01%
	xx-xxx3160	0.00%
	xx-xxx9820	0.00%
	xx-xxx2735	0.04%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6146	0.04%
	xx-xxx4670	0.00%
	xx-xxx7564	0.00%
	xx-xxx1670	0.00%
	xx-xxx2799	0.09%
	xx-xxx9283	0.00%
	xx-xxx6935	0.03%
	xx-xxx6271	0.04%
	xx-xxx4041	0.02%
	xx-xxx9737	0.00%
	xx-xxx4687	0.07%
	xx-xxx8900	0.01%
	xx-xxx3729	0.01%
	xx-xxx8900	0.04%
	xx-xxx1338	0.01%
	xx-xxx3536	0.22%
	xx-xxx2942	0.00%
	xx-xxx0414	0.06%
	xx-xxx1977	0.03%
	xx-xxx2650	0.02%
	xx-xxx3136	0.39%
	xx-xxx2797	0.01%
	xx-xxx0914	0.00%
	xx-xxx5484	0.00%
	xx-xxx4053	0.04%
	xx-xxx8173	0.03%
	xx-xxx0337	0.03%
	xx-xxx7300	0.09%
	xx-xxx6374	0.00%
	xx-xxx7538	0.14%
	xx-xxx1817	0.01%
	xx-xxx9788	0.10%
	xx-xxx8685	0.02%
	xx-xxx8769	0.00%
	xx-xxx9157	0.03%
	xx-xxx3480	0.00%
	xx-xxx1645	0.06%
	xx-xxx0266	0.06%
	xx-xxx1748	0.00%
	xx-xxx2382	0.01%
	xx-xxx4484	0.00%
	xx-xxx2074	0.01%
	xx-xxx0274	0.02%
	xx-xxx0866	0.00%
	xx-xxx0146	0.09%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1057	0.01%
	xx-xxx7629	0.00%
	xx-xxx5966	0.00%
	xx-xxx3964	0.01%
	xx-xxx9461	0.00%
	xx-xxx7763	0.00%
	xx-xxx2882	0.05%
	xx-xxx1588	0.16%
	xx-xxx2460	0.04%
	xx-xxx5261	0.05%
	xx-xxx8860	0.00%
	xx-xxx7277	0.02%
	xx-xxx4220	0.00%
	xx-xxx2926	0.03%
	xx-xxx4677	0.08%
	xx-xxx5698	0.01%
	xx-xxx7302	0.02%
	xx-xxx1233	0.00%
	xx-xxx1389	0.06%
	xx-xxx5856	0.01%
	xx-xxx1567	0.02%
	xx-xxx9294	0.00%
	xx-xxx7307	0.01%
	xx-xxx5919	0.00%
	xx-xxx4292	0.00%
	xx-xxx1100	0.02%
	xx-xxx4389	0.00%
	xx-xxx3413	0.00%
	xx-xxx7894	0.00%
	xx-xxx2922	0.03%
	xx-xxx4690	0.00%
	xx-xxx6534	0.05%
	xx-xxx5368	0.04%
	xx-xxx9398	0.13%
	xx-xxx7121	0.00%
	xx-xxx7329	0.02%
	xx-xxx9221	0.00%
	xx-xxx0629	0.04%
	xx-xxx2033	0.01%
	xx-xxx5359	0.01%
	xx-xxx3648	0.00%
	xx-xxx7356	0.00%
	xx-xxx2010	0.02%
	xx-xxx2538	0.17%
	xx-xxx5092	0.14%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2287	0.00%
	xx-xxx4185	0.00%
	xx-xxx5830	0.03%
	xx-xxx8137	0.07%
	xx-xxx0339	0.03%
	xx-xxx0627	0.00%
	xx-xxx3361	0.00%
	xx-xxx6476	0.00%
	xx-xxx5224	0.06%
	xx-xxx3402	0.13%
	xx-xxx4773	0.02%
	xx-xxx9460	0.00%
	xx-xxx7208	0.04%
	xx-xxx0177	0.00%
	xx-xxx3688	0.02%
	xx-xxx2637	0.02%
	xx-xxx7340	0.03%
	xx-xxx4040	0.02%
	xx-xxx3954	0.05%
	xx-xxx5193	0.06%
	xx-xxx3201	0.00%
	xx-xxx2492	0.20%
	xx-xxx6808	0.01%
	xx-xxx0488	0.07%
	xx-xxx1085	0.02%
	xx-xxx6391	0.04%
	xx-xxx5938	0.07%
	xx-xxx2556	0.00%
	xx-xxx3149	0.00%
	xx-xxx6932	0.00%
	xx-xxx7396	0.32%
	xx-xxx6008	0.07%
	xx-xxx4200	0.06%
	xx-xxx3450	0.05%
	xx-xxx9454	0.00%
	xx-xxx2872	0.02%
	xx-xxx4242	0.01%
	xx-xxx8553	0.03%
	xx-xxx5055	0.00%
	xx-xxx9280	0.08%
	xx-xxx9651	0.01%
	xx-xxx7314	0.00%
	xx-xxx8805	0.00%
	xx-xxx8111	0.02%
	xx-xxx6301	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0345	0.23%
	xx-xxx3138	0.02%
	xx-xxx4152	0.00%
	xx-xxx0695	0.02%
	xx-xxx1174	0.02%
	xx-xxx1673	0.00%
	xx-xxx4253	0.00%
	xx-xxx3170	0.02%
	xx-xxx1953	0.02%
	xx-xxx9576	0.01%
	xx-xxx4994	0.00%
	xx-xxx2478	0.04%
	xx-xxx0216	0.04%
	xx-xxx8720	0.08%
	xx-xxx3219	0.00%
	xx-xxx8444	0.03%
	xx-xxx3846	0.01%
	xx-xxx1631	0.01%
	xx-xxx7331	0.04%
	xx-xxx7247	0.02%
	xx-xxx5205	0.18%
	xx-xxx3104	0.00%
	xx-xxx6105	0.00%
	xx-xxx9490	0.04%
	xx-xxx7323	0.02%
	xx-xxx1365	0.00%
	xx-xxx5240	0.05%
	xx-xxx2658	0.15%
	xx-xxx6336	0.05%
	xx-xxx8393	0.00%
	xx-xxx6440	0.11%
	xx-xxx4356	0.00%
	xx-xxx5621	0.01%
	xx-xxx8663	0.01%
	xx-xxx8884	0.00%
	xx-xxx8364	0.01%
	xx-xxx7297	0.00%
	xx-xxx9592	0.03%
	xx-xxx6308	0.03%
	xx-xxx9659	0.01%
	xx-xxx6317	0.02%
	xx-xxx0626	0.03%
	xx-xxx7365	0.05%
	xx-xxx0894	0.07%
	xx-xxx0018	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2986	0.05%
	xx-xxx5751	0.00%
	xx-xxx7469	0.00%
	xx-xxx4840	0.00%
	xx-xxx8989	0.02%
	xx-xxx7236	0.00%
	xx-xxx2305	0.02%
	xx-xxx0167	0.03%
	xx-xxx4862	0.01%
	xx-xxx9786	0.01%
	xx-xxx9422	0.02%
	xx-xxx6956	0.03%
	xx-xxx6939	0.05%
	xx-xxx3979	0.06%
	xx-xxx9771	0.02%
	xx-xxx5283	0.00%
	xx-xxx7833	0.00%
	xx-xxx7300	0.42%
	xx-xxx2190	0.11%
	xx-xxx2014	0.00%
	xx-xxx9679	0.00%
	xx-xxx5486	0.00%
	xx-xxx2079	0.00%
	xx-xxx9763	0.02%
	xx-xxx4427	0.04%
	xx-xxx9350	0.00%
	xx-xxx3711	0.00%
	xx-xxx9222	0.03%
	xx-xxx2795	0.02%
	xx-xxx2874	0.00%
	xx-xxx9956	0.02%
	xx-xxx2019	0.00%
	xx-xxx5156	0.01%
	xx-xxx2265	0.02%
	xx-xxx1027	0.32%
	xx-xxx3851	0.01%
	xx-xxx5966	0.00%
	xx-xxx4575	0.05%
	xx-xxx1746	0.00%
	xx-xxx3880	0.25%
	xx-xxx0524	0.02%
	xx-xxx7468	0.02%
	xx-xxx2516	0.00%
	xx-xxx3675	0.02%
	xx-xxx7765	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6858	0.00%
	xx-xxx1057	0.01%
	xx-xxx7814	0.11%
	xx-xxx7243	0.00%
	xx-xxx2920	0.01%
	xx-xxx5052	0.00%
	xx-xxx2996	0.05%
	xx-xxx5453	0.01%
	xx-xxx2325	0.11%
	xx-xxx0691	0.00%
	xx-xxx8122	0.00%
	xx-xxx4543	0.00%
	xx-xxx6476	0.02%
	xx-xxx2385	0.03%
	xx-xxx7722	0.11%
	xx-xxx6578	0.01%
	xx-xxx6863	0.02%
	xx-xxx7270	0.01%
	xx-xxx7024	0.00%
	xx-xxx1519	0.01%
	xx-xxx6915	0.03%
	xx-xxx8427	0.00%
	xx-xxx4821	0.03%
	xx-xxx8886	0.02%
	xx-xxx4201	0.01%
	xx-xxx1396	0.01%
	xx-xxx9066	0.01%
	xx-xxx7914	0.00%
	xx-xxx0396	0.00%
	xx-xxx1453	0.02%
	xx-xxx3858	0.20%
	xx-xxx9793	0.01%
	xx-xxx5438	0.00%
	xx-xxx1111	0.00%
	xx-xxx1964	0.03%
	xx-xxx0908	0.01%
	xx-xxx5814	0.01%
	xx-xxx5552	0.09%
	xx-xxx3808	0.01%
	xx-xxx5883	0.02%
	xx-xxx7311	0.00%
	xx-xxx9140	0.02%
	xx-xxx5774	0.01%
	xx-xxx4844	0.09%
	xx-xxx8709	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6875	0.33%
	xx-xxx2681	0.00%
	xx-xxx2394	0.07%
	xx-xxx5459	0.00%
	xx-xxx0719	0.01%
	xx-xxx8460	0.00%
	xx-xxx8321	0.06%
	xx-xxx2549	0.00%
	xx-xxx5572	0.01%
	xx-xxx8348	0.04%
	xx-xxx0120	0.04%
	xx-xxx5137	0.00%
	xx-xxx8974	0.02%
	xx-xxx3247	0.00%
	xx-xxx2289	0.00%
	xx-xxx3320	0.06%
	xx-xxx5980	0.04%
	xx-xxx0439	0.03%
	xx-xxx7128	0.03%
	xx-xxx7776	0.03%
	xx-xxx6412	0.00%
	xx-xxx2955	0.09%
	xx-xxx9306	0.01%
	xx-xxx0116	0.02%
	xx-xxx5346	0.01%
	xx-xxx6394	0.01%
	xx-xxx9431	0.01%
	xx-xxx7384	0.01%
	xx-xxx0901	0.00%
	xx-xxx9823	0.03%
	xx-xxx4250	0.00%
	xx-xxx9835	0.01%
	xx-xxx4701	0.01%
	xx-xxx2024	0.01%
	xx-xxx8321	0.00%
	xx-xxx1554	0.01%
	xx-xxx6369	0.00%
	xx-xxx6363	0.04%
	xx-xxx4910	0.03%
	xx-xxx6565	0.09%
	xx-xxx6368	0.02%
	xx-xxx4159	0.02%
	xx-xxx7363	0.02%
	xx-xxx1532	0.02%
	xx-xxx7705	0.04%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4282	0.00%
	xx-xxx9504	0.00%
	xx-xxx6242	0.16%
	xx-xxx8927	0.01%
	xx-xxx4775	0.01%
	xx-xxx8255	0.01%
	xx-xxx3966	0.02%
	xx-xxx9842	0.01%
	xx-xxx3899	0.10%
	xx-xxx2992	0.04%
	xx-xxx6544	0.06%
	xx-xxx2784	0.00%
	xx-xxx0858	0.05%
	xx-xxx2682	0.00%
	xx-xxx5309	0.04%
	xx-xxx1027	0.04%
	xx-xxx8218	0.09%
	xx-xxx8886	0.04%
	xx-xxx1513	0.00%
	xx-xxx8730	0.00%
	xx-xxx2665	0.08%
	xx-xxx9838	0.00%
	xx-xxx6197	0.02%
	xx-xxx3448	0.00%
	xx-xxx2783	0.01%
	xx-xxx1162	0.03%
	xx-xxx9592	0.03%
	xx-xxx6446	0.01%
	xx-xxx3382	0.00%
	xx-xxx0286	0.06%
	xx-xxx5582	0.00%
	xx-xxx4265	0.18%
	xx-xxx6638	0.01%
	xx-xxx4623	0.00%
	xx-xxx0412	0.01%
	xx-xxx3579	0.01%
	xx-xxx1807	0.01%
	xx-xxx0759	0.01%
	xx-xxx8021	0.02%
	xx-xxx5502	0.05%
	xx-xxx8704	0.02%
	xx-xxx6135	0.06%
	xx-xxx8437	0.02%
	xx-xxx0731	0.02%
	xx-xxx6043	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx9713	0.00%
	xx-xxx4279	0.00%
	xx-xxx2574	0.00%
	xx-xxx7515	0.00%
	xx-xxx1629	0.00%
	xx-xxx4554	0.00%
	xx-xxx2141	0.00%
	xx-xxx5639	0.00%
	xx-xxx7177	0.02%
	xx-xxx5935	0.02%
	xx-xxx5405	0.03%
	xx-xxx3599	0.01%
	xx-xxx2117	0.03%
	xx-xxx1407	0.07%
	xx-xxx9539	0.00%
	xx-xxx1048	0.00%
	xx-xxx2151	0.10%
	xx-xxx3129	0.00%
	xx-xxx9441	0.01%
	xx-xxx3568	0.21%
	xx-xxx1878	0.01%
	xx-xxx2280	0.11%
	xx-xxx7689	0.00%
	xx-xxx8116	0.00%
	xx-xxx5990	0.06%
	xx-xxx3801	0.01%
	xx-xxx0488	0.01%
	xx-xxx0326	0.08%
	xx-xxx8324	0.05%
	xx-xxx1483	0.00%
	xx-xxx6256	0.01%
	xx-xxx9050	0.02%
	xx-xxx8467	0.01%
	xx-xxx1485	0.15%
	xx-xxx0921	0.04%
	xx-xxx3782	0.00%
	xx-xxx2683	0.01%
	xx-xxx3140	0.04%
	xx-xxx2072	0.01%
	xx-xxx4651	0.01%
	xx-xxx7388	0.01%
	xx-xxx6002	0.03%
	xx-xxx7621	0.06%
	xx-xxx7742	0.00%
	xx-xxx9228	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1657	0.01%
	xx-xxx9951	0.07%
	xx-xxx3241	0.01%
	xx-xxx0483	0.00%
	xx-xxx4770	0.00%
	xx-xxx7970	0.00%
	xx-xxx8672	0.03%
	xx-xxx3297	0.03%
	xx-xxx1867	0.00%
	xx-xxx4224	0.01%
	xx-xxx6117	0.01%
	xx-xxx7547	0.09%
	xx-xxx7116	0.01%
	xx-xxx7602	0.00%
	xx-xxx0378	0.00%
	xx-xxx8080	0.00%
	xx-xxx5500	0.01%
	xx-xxx7660	0.01%
	xx-xxx7934	0.00%
	xx-xxx4412	0.01%
	xx-xxx8504	0.02%
	xx-xxx5768	0.00%
	xx-xxx8112	0.01%
	xx-xxx1202	0.01%
	xx-xxx1641	0.09%
	xx-xxx4140	0.01%
	xx-xxx5032	0.02%
	xx-xxx1453	0.03%
	xx-xxx3696	0.01%
	xx-xxx5032	0.02%
	xx-xxx7210	0.01%
	xx-xxx4263	0.10%
	xx-xxx6825	0.00%
	xx-xxx3640	0.00%
	xx-xxx3947	0.00%
	xx-xxx6492	0.13%
	xx-xxx8876	0.02%
	xx-xxx5433	0.00%
	xx-xxx0548	0.66%
	xx-xxx4210	0.01%
	xx-xxx3781	0.00%
	xx-xxx3995	0.00%
	xx-xxx4421	0.01%
	xx-xxx4111	0.01%
	xx-xxx1807	0.04%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5641	0.00%
	xx-xxx7350	0.17%
	xx-xxx7507	0.22%
	xx-xxx4939	0.00%
	xx-xxx8808	0.00%
	xx-xxx0168	0.02%
	xx-xxx3531	0.00%
	xx-xxx3804	0.01%
	xx-xxx6188	0.00%
	xx-xxx3492	0.03%
	xx-xxx7417	0.05%
	xx-xxx2932	0.00%
	xx-xxx2412	0.02%
	xx-xxx3419	0.03%
	xx-xxx0357	0.03%
	xx-xxx8236	0.10%
	xx-xxx4026	0.00%
	xx-xxx8970	0.00%
	xx-xxx6443	0.00%
	xx-xxx9889	0.01%
	xx-xxx4795	0.00%
	xx-xxx1935	0.06%
	xx-xxx7574	0.02%
	xx-xxx8563	0.01%
	xx-xxx0612	0.06%
	xx-xxx7935	0.04%
	xx-xxx7176	0.00%
	xx-xxx3488	0.01%
	xx-xxx3194	0.03%
	xx-xxx8553	0.00%
	xx-xxx2985	0.00%
	xx-xxx2299	0.03%
	xx-xxx9394	0.01%
	xx-xxx6689	0.02%
	xx-xxx3500	0.01%
	xx-xxx5773	0.04%
	xx-xxx1733	0.02%
	xx-xxx6189	0.01%
	xx-xxx4642	0.03%
	xx-xxx4471	0.00%
	xx-xxx6579	0.04%
	xx-xxx1423	0.18%
	xx-xxx6573	0.01%
	xx-xxx2861	0.01%
	xx-xxx9883	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5731	0.02%
	xx-xxx7829	0.01%
	xx-xxx4715	0.01%
	xx-xxx2475	0.00%
	xx-xxx1035	0.03%
	xx-xxx4710	0.00%
	xx-xxx5432	0.00%
	xx-xxx9541	0.00%
	xx-xxx5247	0.02%
	xx-xxx3897	0.24%
	xx-xxx1050	0.08%
	xx-xxx1919	0.02%
	xx-xxx7756	0.06%
	xx-xxx7208	0.02%
	xx-xxx1352	0.02%
	xx-xxx5695	0.02%
	xx-xxx0588	0.07%
	xx-xxx5986	0.01%
	xx-xxx0713	0.03%
	xx-xxx2027	0.02%
	xx-xxx2209	0.03%
	xx-xxx1832	0.01%
	xx-xxx3927	0.00%
	xx-xxx2755	0.08%
	xx-xxx2138	0.00%
	xx-xxx4634	0.01%
	xx-xxx3634	0.03%
	xx-xxx9607	0.03%
	xx-xxx0934	0.02%
	xx-xxx4517	0.12%
	xx-xxx6807	0.01%
	xx-xxx8186	0.15%
	xx-xxx1176	0.00%
	xx-xxx4238	0.07%
	xx-xxx8441	0.02%
	xx-xxx4753	0.06%
	xx-xxx6565	0.02%
	xx-xxx6945	0.03%
	xx-xxx5803	0.01%
	xx-xxx6556	0.00%
	xx-xxx5888	0.04%
	xx-xxx9538	0.08%
	xx-xxx2077	0.04%
	xx-xxx2745	0.03%
	xx-xxx9921	0.06%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0997	0.02%
	xx-xxx2233	0.03%
	xx-xxx9496	0.01%
	xx-xxx8950	0.02%
	xx-xxx1897	0.01%
	xx-xxx7339	0.02%
	xx-xxx0980	0.03%
	xx-xxx9890	0.05%
	xx-xxx0926	0.00%
	xx-xxx1530	0.05%
	xx-xxx0282	0.00%
	xx-xxx2287	0.02%
	xx-xxx3037	0.00%
	xx-xxx5599	0.00%
	xx-xxx9727	0.01%
	xx-xxx7648	0.00%
	xx-xxx2949	0.06%
	xx-xxx0693	0.04%
	xx-xxx8133	0.03%
	xx-xxx8621	0.04%
	xx-xxx1890	0.07%
	xx-xxx8129	0.03%
	xx-xxx7199	0.08%
	xx-xxx9964	0.01%
	xx-xxx6675	0.02%
	xx-xxx2045	0.09%
	xx-xxx0054	0.01%
	xx-xxx5803	0.00%
	xx-xxx0765	0.15%
	xx-xxx3104	0.01%
	xx-xxx3584	0.02%
	xx-xxx1500	0.04%
	xx-xxx9753	0.00%
	xx-xxx3317	0.06%
	xx-xxx1689	0.00%
	xx-xxx3142	0.00%
	xx-xxx8396	0.02%
	xx-xxx1689	0.02%
	xx-xxx5748	0.13%
	xx-xxx7337	0.03%
	xx-xxx9462	0.02%
	xx-xxx2047	0.00%
	xx-xxx2709	0.01%
	xx-xxx7243	0.01%
	xx-xxx7056	0.04%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4703	0.03%
	xx-xxx9053	0.03%
	xx-xxx1600	0.01%
	xx-xxx8742	0.06%
	xx-xxx5680	0.02%
	xx-xxx6315	0.00%
	xx-xxx4887	0.03%
	xx-xxx1726	0.03%
	xx-xxx0124	0.02%
	xx-xxx1940	0.02%
	xx-xxx8336	0.07%
	xx-xxx0261	0.00%
	xx-xxx5689	0.05%
	xx-xxx3902	0.10%
	xx-xxx9577	0.17%
	xx-xxx7860	0.01%
	xx-xxx5503	0.14%
	xx-xxx3965	0.18%
	xx-xxx3828	0.02%
	xx-xxx3640	0.06%
	xx-xxx3550	0.45%
	xx-xxx7503	0.01%
	xx-xxx1912	0.05%
	xx-xxx5935	0.05%
	xx-xxx7056	0.00%
	xx-xxx5118	0.02%
	xx-xxx3547	0.01%
	xx-xxx2549	0.01%
	xx-xxx6513	0.08%
	xx-xxx3587	0.13%
	xx-xxx3815	0.10%
	xx-xxx1782	0.02%
	xx-xxx0211	0.03%
	xx-xxx5785	0.06%
	xx-xxx4788	0.13%
	xx-xxx4390	0.00%
	xx-xxx8668	0.02%
	xx-xxx9035	0.63%
	xx-xxx3556	0.02%
	xx-xxx0757	0.01%
	xx-xxx6978	0.10%
	xx-xxx6206	0.12%
	xx-xxx6076	0.00%
	xx-xxx*775	0.00%
	xx-xxx9632	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3363	0.02%
	xx-xxx5597	0.02%
	xx-xxx4821	0.01%
	xx-xxx6634	0.00%
	xx-xxx8104	0.10%
	xx-xxx0471	0.09%
	xx-xxx4131	0.06%
	xx-xxx4566	0.08%
	xx-xxx3181	0.00%
	xx-xxx9421	0.01%
	xx-xxx8317	0.09%
	xx-xxx1970	0.08%
	xx-xxx4175	0.03%
	xx-xxx5344	0.03%
	xx-xxx5571	0.01%
	xx-xxx8791	0.01%
	xx-xxx5015	0.01%
	xx-xxx8788	0.06%
	xx-xxx4329	0.04%
	xx-xxx9586	0.05%
	xx-xxx7433	0.04%
	xx-xxx5216	0.04%
	xx-xxx4728	0.01%
	xx-xxx2910	0.01%
	xx-xxx4423	0.04%
	xx-xxx2484	0.11%
	xx-xxx0202	0.01%
	xx-xxx2112	0.02%
	xx-xxx0887	0.00%
	xx-xxx0915	0.00%
	xx-xxx5809	0.01%
	xx-xxx3059	0.05%
	xx-xxx1287	0.02%
	xx-xxx4219	0.00%
	xx-xxx7874	0.01%
	xx-xxx5843	0.02%
	xx-xxx9419	0.00%
	xx-xxx0384	0.05%
	xx-xxx2980	0.00%
	xx-xxx5271	0.02%
	xx-xxx0677	0.02%
	xx-xxx1733	0.13%
	xx-xxx6828	0.02%
	xx-xxx6437	0.02%
	xx-xxx4484	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2331	0.02%
	xx-xxx1071	0.02%
	xx-xxx3073	0.01%
	xx-xxx5155	0.01%
	xx-xxx4267	0.01%
	xx-xxx8137	0.16%
	xx-xxx0796	0.00%
	xx-xxx1404	0.02%
	xx-xxx1523	0.01%
	xx-xxx6562	0.00%
	xx-xxx3708	0.00%
	xx-xxx3349	0.02%
	xx-xxx1365	0.00%
	xx-xxx0214	0.01%
	xx-xxx3565	0.11%
	xx-xxx4327	0.04%
	xx-xxx5899	0.01%
	xx-xxx1702	0.05%
	xx-xxx3760	0.09%
	xx-xxx8419	0.01%
	xx-xxx3472	0.20%
	xx-xxx4515	0.02%
	xx-xxx7633	0.05%
	xx-xxx3821	0.03%
	xx-xxx7411	0.13%
	xx-xxx4288	0.02%
	xx-xxx7350	0.16%
	xx-xxx5180	0.04%
	xx-xxx3989	0.00%
	xx-xxx0662	0.00%
	xx-xxx2717	0.00%
	xx-xxx6738	0.01%
	xx-xxx2410	0.00%
	xx-xxx6192	0.01%
	xx-xxx3949	0.03%
	xx-xxx3595	0.02%
	xx-xxx8013	0.00%
	xx-xxx6703	0.00%
	xx-xxx0366	0.06%
	xx-xxx5558	0.02%
	xx-xxx2470	0.00%
	xx-xxx3947	0.05%
	xx-xxx0228	0.00%
	xx-xxx9728	0.01%
	xx-xxx4388	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7055	0.01%
	xx-xxx0237	0.06%
	xx-xxx8847	0.23%
	xx-xxx9839	0.01%
	xx-xxx4293	0.01%
	xx-xxx2461	0.02%
	xx-xxx1019	0.00%
	xx-xxx8268	0.00%
	xx-xxx3489	0.00%
	xx-xxx0876	0.00%
	xx-xxx3449	0.01%
	xx-xxx6206	0.00%
	xx-xxx7989	0.06%
	xx-xxx2463	0.08%
	xx-xxx9515	0.03%
	xx-xxx4153	0.01%
	xx-xxx6332	0.01%
	xx-xxx3860	0.01%
	xx-xxx7950	0.04%
	xx-xxx9124	0.00%
	xx-xxx7291	0.01%
	xx-xxx8626	0.01%
	xx-xxx9906	0.00%
	xx-xxx3079	0.01%
	xx-xxx9583	0.00%
	xx-xxx9876	0.01%
	xx-xxx6231	0.00%
	xx-xxx1976	0.01%
	xx-xxx7992	0.02%
	xx-xxx6309	0.01%
	xx-xxx4218	0.02%
	xx-xxx9665	0.10%
	xx-xxx0820	0.03%
	xx-xxx7853	0.03%
	xx-xxx4591	0.02%
	xx-xxx0236	0.01%
	xx-xxx2792	0.05%
	xx-xxx5612	0.05%
	xx-xxx6114	0.01%
	xx-xxx0026	0.01%
	xx-xxx5702	0.02%
	xx-xxx4317	0.04%
	xx-xxx5143	0.00%
	xx-xxx8983	0.03%
	xx-xxx2530	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7219	0.01%
	xx-xxx5739	0.01%
	xx-xxx7602	0.04%
	xx-xxx2209	0.01%
	xx-xxx3968	0.02%
	xx-xxx8331	0.02%
	xx-xxx8777	0.03%
	xx-xxx6411	0.04%
	xx-xxx3104	0.07%
	xx-xxx3119	0.01%
	xx-xxx6095	0.03%
	xx-xxx9225	0.00%
	xx-xxx9612	0.06%
	xx-xxx0594	0.04%
	xx-xxx6298	0.00%
	xx-xxx0938	0.00%
	xx-xxx6027	0.00%
	xx-xxx7382	0.04%
	xx-xxx7590	0.02%
	xx-xxx0598	0.02%
	xx-xxx3346	0.02%
	xx-xxx9728	0.01%
	xx-xxx4908	0.01%
	xx-xxx7484	0.01%
	xx-xxx8885	0.15%
	xx-xxx8915	0.00%
	xx-xxx4007	0.01%
	xx-xxx4110	0.03%
	xx-xxx4519	0.02%
	xx-xxx1748	0.01%
	xx-xxx6080	0.02%
	xx-xxx9163	0.06%
	xx-xxx4396	0.01%
	xx-xxx9522	0.01%
	xx-xxx7488	0.03%
	xx-xxx1184	0.01%
	xx-xxx1154	0.07%
	xx-xxx4922	0.03%
	xx-xxx9601	0.03%
	xx-xxx4107	0.06%
	xx-xxx9351	0.03%
	xx-xxx0774	0.02%
	xx-xxx2111	0.02%
	xx-xxx9993	0.00%
	xx-xxx3861	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx8356	0.03%
	xx-xxx7837	0.03%
	xx-xxx9665	0.01%
	xx-xxx8002	0.08%
	xx-xxx0127	0.02%
	xx-xxx7271	0.06%
	xx-xxx5430	0.01%
	xx-xxx9616	0.06%
	xx-xxx2139	0.00%
	xx-xxx5821	0.03%
	xx-xxx5843	0.02%
	xx-xxx4651	0.00%
	xx-xxx7366	0.01%
	xx-xxx9037	0.01%
	xx-xxx4055	0.02%
	xx-xxx1862	0.12%
	xx-xxx4373	0.04%
	xx-xxx3654	0.01%
	xx-xxx7863	0.22%
	xx-xxx1211	0.01%
	xx-xxx0075	0.00%
	xx-xxx7257	0.14%
	xx-xxx8403	0.01%
	xx-xxx9312	0.02%
	xx-xxx5231	0.05%
	xx-xxx3012	0.02%
	xx-xxx7313	0.00%
	xx-xxx9405	0.07%
	xx-xxx9819	0.01%
	xx-xxx9345	0.01%
	xx-xxx5278	0.02%
	xx-xxx4499	0.00%
	xx-xxx1657	0.00%
	xx-xxx3320	0.02%
	xx-xxx3922	0.00%
	xx-xxx1737	0.02%
	xx-xxx3114	0.00%
	xx-xxx9404	0.00%
	xx-xxx2659	0.13%
	xx-xxx6915	0.00%
	xx-xxx5689	0.01%
	xx-xxx9641	0.01%
	xx-xxx5772	0.06%
	xx-xxx5929	0.00%
	xx-xxx1784	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4093	0.02%
	xx-xxx3558	0.00%
	xx-xxx4565	0.02%
	xx-xxx5244	0.00%
	xx-xxx5568	0.01%
	xx-xxx2315	0.00%
	xx-xxx7683	0.01%
	xx-xxx3354	0.02%
	xx-xxx7415	0.00%
	xx-xxx8468	0.01%
	xx-xxx5221	0.02%
	xx-xxx6800	0.00%
	xx-xxx3886	0.01%
	xx-xxx0630	0.04%
	xx-xxx1363	0.01%
	xx-xxx6930	0.05%
	xx-xxx8254	0.00%
	xx-xxx2014	0.01%
	xx-xxx4314	0.02%
	xx-xxx1335	0.01%
	xx-xxx2092	0.01%
	xx-xxx7241	0.08%
	xx-xxx5076	0.27%
	xx-xxx1224	0.00%
	xx-xxx1773	0.00%
	xx-xxx2854	0.00%
	xx-xxx1404	0.02%
	xx-xxx5795	0.02%
	xx-xxx9799	0.04%
	xx-xxx5837	0.02%
	xx-xxx0177	0.01%
	xx-xxx2457	0.02%
	xx-xxx8969	0.03%
	xx-xxx8713	0.05%
	xx-xxx5298	0.01%
	xx-xxx6030	0.02%
	xx-xxx7404	0.04%
	xx-xxx3428	0.00%
	xx-xxx3987	0.01%
	xx-xxx0178	0.00%
	xx-xxx4759	0.00%
	xx-xxx3283	0.01%
	xx-xxx0188	0.01%
	xx-xxx8967	0.00%
	xx-xxx2214	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2515	0.01%
	xx-xxx3778	0.00%
	xx-xxx0990	0.01%
	xx-xxx9191	0.01%
	xx-xxx8958	0.00%
	xx-xxx3976	0.01%
	xx-xxx5819	0.00%
	xx-xxx0144	0.01%
	xx-xxx8768	0.04%
	xx-xxx6011	0.03%
	xx-xxx2509	0.02%
	xx-xxx9168	0.02%
	xx-xxx9296	0.01%
	xx-xxx0936	0.02%
	xx-xxx6390	0.00%
	xx-xxx6409	0.00%
	xx-xxx5317	0.03%
	xx-xxx1281	0.00%
	xx-xxx0809	0.12%
	xx-xxx5565	0.04%
	xx-xxx4709	0.00%
	xx-xxx2846	0.00%
	xx-xxx8974	0.01%
	xx-xxx6781	0.00%
	xx-xxx7059	0.29%
	xx-xxx8604	0.01%
	xx-xxx4464	0.04%
	xx-xxx2897	0.01%
	xx-xxx0422	0.02%
	xx-xxx4156	0.02%
	xx-xxx0869	0.09%
	xx-xxx5789	0.00%
	xx-xxx1433	0.00%
	xx-xxx4737	0.01%
	xx-xxx5760	0.02%
	xx-xxx7254	0.06%
	xx-xxx6071	0.02%
	xx-xxx0477	0.00%
	xx-xxx0073	0.01%
	xx-xxx6414	0.02%
	xx-xxx8498	0.00%
	xx-xxx4270	0.17%
	xx-xxx0949	0.01%
	xx-xxx7236	0.07%
	xx-xxx7583	0.04%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7570	0.04%
	xx-xxx8873	0.03%
	xx-xxx9359	0.02%
	xx-xxx3802	0.01%
	xx-xxx5745	0.03%
	xx-xxx4726	0.06%
	xx-xxx3893	0.02%
	xx-xxx8857	0.02%
	xx-xxx4293	0.00%
	xx-xxx7689	0.02%
	xx-xxx0258	0.01%
	xx-xxx9324	0.01%
	xx-xxx4271	0.00%
	xx-xxx2483	0.01%
	xx-xxx2540	0.00%
	xx-xxx0204	0.01%
	xx-xxx1661	0.01%
	xx-xxx9150	0.04%
	xx-xxx6163	0.02%
	xx-xxx8643	0.08%
	xx-xxx0546	0.01%
	xx-xxx9621	0.02%
	xx-xxx7922	0.03%
	xx-xxx9791	0.04%
	xx-xxx1877	0.00%
	xx-xxx0603	0.00%
	xx-xxx7012	0.01%
	xx-xxx6669	0.00%
	xx-xxx3937	0.02%
	xx-xxx4814	0.01%
	xx-xxx3991	0.01%
	xx-xxx4363	0.02%
	xx-xxx6334	0.04%
	xx-xxx1809	0.00%
	xx-xxx5815	0.40%
	xx-xxx8845	0.01%
	xx-xxx1111	0.08%
	xx-xxx3529	0.04%
	xx-xxx6054	0.01%
	xx-xxx6544	0.00%
	xx-xxx9762	0.02%
	xx-xxx2447	0.04%
	xx-xxx4031	0.03%
	xx-xxx6985	0.00%
	xx-xxx6543	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx9080	0.01%
	xx-xxx3613	0.02%
	xx-xxx0949	0.14%
	xx-xxx9174	0.02%
	xx-xxx5747	0.07%
	xx-xxx7156	0.02%
	xx-xxx3109	0.01%
	xx-xxx6376	0.00%
	xx-xxx7927	0.01%
	xx-xxx6083	0.02%
	xx-xxx9756	0.02%
	xx-xxx9163	0.00%
	xx-xxx2560	0.01%
	xx-xxx3405	0.00%
	xx-xxx8693	0.03%
	xx-xxx1133	0.00%
	xx-xxx7729	0.01%
	xx-xxx2132	0.13%
	xx-xxx2519	0.03%
	xx-xxx8090	0.07%
	xx-xxx2605	0.01%
	xx-xxx3918	0.00%
	xx-xxx9838	0.01%
	xx-xxx7785	0.01%
	xx-xxx8216	0.03%
	xx-xxx2148	0.01%
	xx-xxx3808	0.05%
	xx-xxx9814	0.01%
	xx-xxx2384	0.03%
	xx-xxx4650	0.05%
	xx-xxx5727	0.02%
	xx-xxx6393	0.00%
	xx-xxx5846	0.00%
	xx-xxx5397	0.02%
	xx-xxx2678	0.00%
	xx-xxx6570	0.01%
	xx-xxx8712	0.02%
	xx-xxx3424	0.01%
	xx-xxx3060	0.01%
	xx-xxx8382	0.00%
	xx-xxx5824	0.06%
	xx-xxx7372	0.01%
	xx-xxx5437	0.02%
	xx-xxx1478	0.01%
	xx-xxx9391	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0084	0.07%
	xx-xxx1535	0.00%
	xx-xxx5609	0.01%
	xx-xxx0247	0.01%
	xx-xxx0311	0.01%
	xx-xxx4372	0.01%
	xx-xxx9104	0.03%
	xx-xxx2285	0.01%
	xx-xxx0098	0.00%
	xx-xxx3107	0.03%
	xx-xxx3135	0.00%
	xx-xxx6619	0.07%
	xx-xxx9993	0.00%
	xx-xxx7176	0.02%
	xx-xxx7351	0.02%
	xx-xxx0007	0.00%
	xx-xxx8653	0.02%
	xx-xxx1339	0.01%
	xx-xxx0491	0.01%
	xx-xxx0102	0.00%
	xx-xxx9089	0.00%
	xx-xxx8368	0.03%
	xx-xxx2799	0.00%
	xx-xxx9320	0.00%
	xx-xxx8840	0.00%
	xx-xxx8037	0.02%
	xx-xxx9190	0.01%
	xx-xxx9200	0.01%
	xx-xxx9449	0.01%
	xx-xxx5298	0.00%
	xx-xxx1171	0.00%
	xx-xxx4019	0.00%
	xx-xxx2204	0.00%
	xx-xxx4587	0.01%
	xx-xxx8869	0.01%
	xx-xxx7846	0.08%
	xx-xxx3456	0.01%
	xx-xxx4184	0.02%
	xx-xxx8852	0.01%
	xx-xxx1814	0.01%
	xx-xxx3238	0.02%
	xx-xxx4198	0.00%
	xx-xxx9061	0.02%
	xx-xxx6213	0.00%
	xx-xxx6631	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3161	0.05%
	xx-xxx5412	0.01%
	xx-xxx5617	0.04%
	xx-xxx3782	0.01%
	xx-xxx8982	0.00%
	xx-xxx0962	0.02%
	xx-xxx9590	0.01%
	xx-xxx2282	0.00%
	xx-xxx2335	0.01%
	xx-xxx2372	0.00%
	xx-xxx9464	0.01%
	xx-xxx2495	0.01%
	xx-xxx7559	0.02%
	xx-xxx3370	0.00%
	xx-xxx2736	0.02%
	xx-xxx1013	0.02%
	xx-xxx8254	0.01%
	xx-xxx8221	0.14%
	xx-xxx7767	0.01%
	xx-xxx7727	0.04%
	xx-xxx6618	0.03%
	xx-xxx8799	0.01%
	xx-xxx1438	0.01%
	xx-xxx6071	0.01%
	xx-xxx3359	0.00%
	xx-xxx5915	0.06%
	xx-xxx2169	0.01%
	xx-xxx0589	0.01%
	xx-xxx0964	0.00%
	xx-xxx2969	0.00%
	xx-xxx2102	0.02%
	xx-xxx0419	0.00%
	xx-xxx1748	0.01%
	xx-xxx4790	0.12%
	xx-xxx7797	0.00%
	xx-xxx5659	0.01%
	xx-xxx7291	0.00%
	xx-xxx0564	0.02%
	xx-xxx2851	0.00%
	xx-xxx8886	0.00%
	xx-xxx3178	0.02%
	xx-xxx5779	0.02%
	xx-xxx8311	0.08%
	xx-xxx*133	0.01%
	xx-xxx0815	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5858	0.01%
	xx-xxx0331	0.07%
	xx-xxx1245	0.00%
	xx-xxx1100	0.00%
	xx-xxx2283	0.00%
	xx-xxx6280	0.05%
	xx-xxx7919	0.07%
	xx-xxx7572	0.03%
	xx-xxx8228	0.01%
	xx-xxx3985	0.14%
	xx-xxx9551	0.26%
	xx-xxx5772	0.01%
	xx-xxx4081	0.02%
	xx-xxx3183	0.02%
	xx-xxx7879	0.07%
	xx-xxx7666	0.01%
	xx-xxx2623	0.01%
	xx-xxx4321	0.02%
	xx-xxx2830	0.00%
	xx-xxx8914	0.00%
	xx-xxx3379	0.05%
	xx-xxx6299	0.00%
	xx-xxx4555	0.00%
	xx-xxx6118	0.02%
	xx-xxx6409	0.03%
	xx-xxx2160	0.01%
	xx-xxx5140	0.00%
	xx-xxx5901	0.00%
	xx-xxx0160	0.02%
	xx-xxx2188	0.00%
	xx-xxx9952	0.03%
	xx-xxx8512	0.01%
	xx-xxx2849	0.00%
	xx-xxx2049	0.00%
	xx-xxx2286	0.02%
	xx-xxx9360	0.08%
	xx-xxx1323	0.01%
	xx-xxx7668	0.02%
	xx-xxx5962	0.02%
	xx-xxx4476	0.09%
	xx-xxx0619	0.00%
	xx-xxx5826	0.03%
	xx-xxx3050	0.03%
	xx-xxx1570	0.01%
	xx-xxx7384	0.04%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0723	0.01%
	xx-xxx8333	0.00%
	xx-xxx1871	0.04%
	xx-xxx3966	0.00%
	xx-xxx2638	0.01%
	xx-xxx4601	0.00%
	xx-xxx0616	0.02%
	xx-xxx0629	0.01%
	xx-xxx4302	0.14%
	xx-xxx8885	0.06%
	xx-xxx7757	0.00%
	xx-xxx9398	0.09%
	xx-xxx4642	0.03%
	xx-xxx2693	0.00%
	xx-xxx8752	0.02%
	xx-xxx1807	0.00%
	xx-xxx5419	0.00%
	xx-xxx5271	0.00%
	xx-xxx4821	0.03%
	xx-xxx7632	0.00%
	xx-xxx7228	0.00%
	xx-xxx5594	0.03%
	xx-xxx2554	0.01%
	xx-xxx0131	0.01%
	xx-xxx4217	0.00%
	xx-xxx4352	0.01%
	xx-xxx2195	0.01%
	xx-xxx1992	0.02%
	xx-xxx1997	0.01%
	xx-xxx0930	0.00%
	xx-xxx2173	0.01%
	xx-xxx3459	0.03%
	xx-xxx6575	0.00%
	xx-xxx2728	0.01%
	xx-xxx7557	0.02%
	xx-xxx4882	0.00%
	xx-xxx4508	0.08%
	xx-xxx3144	0.06%
	xx-xxx3226	0.22%
	xx-xxx9285	0.00%
	xx-xxx2546	0.04%
	xx-xxx3328	0.00%
	xx-xxx3585	0.02%
	xx-xxx0257	0.02%
	xx-xxx3711	0.03%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0088	0.01%
	xx-xxx8326	0.01%
	xx-xxx8233	0.09%
	xx-xxx4980	0.00%
	xx-xxx0742	0.01%
	xx-xxx7416	0.11%
	xx-xxx2479	0.03%
	xx-xxx6510	0.01%
	xx-xxx3107	0.00%
	xx-xxx4787	0.01%
	xx-xxx0626	0.05%
	xx-xxx7447	0.01%
	xx-xxx7862	0.00%
	xx-xxx1727	0.00%
	xx-xxx7891	0.02%
	xx-xxx9820	0.01%
	xx-xxx6220	0.01%
	xx-xxx9020	0.01%
	xx-xxx3924	0.07%
	xx-xxx8390	0.01%
	xx-xxx7380	0.01%
	xx-xxx6525	0.07%
	xx-xxx2355	0.01%
	xx-xxx9189	0.01%
	xx-xxx1277	0.02%
	xx-xxx9130	0.05%
	xx-xxx3277	0.02%
	xx-xxx9343	0.01%
	xx-xxx0470	0.04%
	xx-xxx1546	0.00%
	xx-xxx7589	0.00%
	xx-xxx1384	0.00%
	xx-xxx1988	0.00%
	xx-xxx2705	0.07%
	xx-xxx8280	0.06%
	xx-xxx4755	0.01%
	xx-xxx9672	0.01%
	xx-xxx0222	0.02%
	xx-xxx1700	0.20%
	xx-xxx0302	0.00%
	xx-xxx5846	0.02%
	xx-xxx1746	0.00%
	xx-xxx2174	0.00%
	xx-xxx9813	0.01%
	xx-xxx2187	0.03%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6166	0.00%
	xx-xxx2294	0.03%
	xx-xxx7397	0.03%
	xx-xxx8120	0.05%
	xx-xxx6617	0.01%
	xx-xxx3491	0.02%
	xx-xxx3772	0.01%
	xx-xxx9343	0.01%
	xx-xxx*422	0.01%
	xx-xxx2687	0.01%
	xx-xxx5992	0.01%
	xx-xxx7642	0.01%
	xx-xxx1492	0.00%
	xx-xxx5760	0.01%
	xx-xxx1048	0.02%
	xx-xxx5274	0.03%
	xx-xxx3102	0.00%
	xx-xxx2710	0.02%
	xx-xxx5714	0.13%
	xx-xxx5599	0.01%
	xx-xxx5416	0.01%
	xx-xxx5279	0.01%
	xx-xxx3506	0.00%
	xx-xxx7974	0.02%
	xx-xxx4887	0.02%
	xx-xxx5594	0.02%
	xx-xxx5769	0.01%
	xx-xxx1769	0.03%
	xx-xxx0894	0.01%
	xx-xxx2928	0.01%
	xx-xxx4995	0.01%
	xx-xxx7352	0.01%
	xx-xxx8571	0.06%
	xx-xxx2751	0.00%
	xx-xxx4638	0.02%
	xx-xxx2387	0.04%
	xx-xxx0965	0.01%
	xx-xxx0142	0.00%
	xx-xxx4055	0.01%
	xx-xxx7618	0.05%
	xx-xxx1904	0.01%
	xx-xxx7768	0.02%
	xx-xxx1007	0.01%
	xx-xxx9769	0.01%
	xx-xxx4600	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5376	0.15%
	xx-xxx0133	0.01%
	xx-xxx9574	0.06%
	xx-xxx4996	0.02%
	xx-xxx1829	0.01%
	xx-xxx4943	0.10%
	xx-xxx1576	0.01%
	xx-xxx0286	0.04%
	xx-xxx4293	0.01%
	xx-xxx0253	0.01%
	xx-xxx1094	0.00%
	xx-xxx7618	0.02%
	xx-xxx3264	0.01%
	xx-xxx3937	0.12%
	xx-xxx6295	0.01%
	xx-xxx3903	0.01%
	xx-xxx4346	0.02%
	xx-xxx4468	0.00%
	xx-xxx1114	0.02%
	xx-xxx9056	0.11%
	xx-xxx1435	0.01%
	xx-xxx8305	0.01%
	xx-xxx7850	0.01%
	xx-xxx5680	0.03%
	xx-xxx7041	0.02%
	xx-xxx5288	0.00%
	xx-xxx2211	0.01%
	xx-xxx6747	0.01%
	xx-xxx4534	0.01%
	xx-xxx9446	0.00%
	xx-xxx2880	0.03%
	xx-xxx7718	0.06%
	xx-xxx5877	0.02%
	xx-xxx4510	0.00%
	xx-xxx4338	0.15%
	xx-xxx0247	0.01%
	xx-xxx2218	0.01%
	xx-xxx5729	0.01%
	xx-xxx1080	0.04%
	xx-xxx5922	0.02%
	xx-xxx8768	0.05%
	xx-xxx0348	0.01%
	xx-xxx0216	0.02%
	xx-xxx2839	0.01%
	xx-xxx9168	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4189	0.03%
	xx-xxx5547	0.02%
	xx-xxx5270	0.02%
	xx-xxx8972	0.01%
	xx-xxx7975	0.01%
	xx-xxx7494	0.03%
	xx-xxx9603	0.03%
	xx-xxx3348	0.04%
	xx-xxx1773	0.08%
	xx-xxx4999	0.01%
	xx-xxx6363	0.01%
	xx-xxx7800	0.05%
	xx-xxx0342	0.02%
	xx-xxx9845	0.01%
	xx-xxx*715	0.02%
	xx-xxx9719	0.01%
	xx-xxx7191	0.17%
	xx-xxx8177	0.07%
	xx-xxx5715	0.04%
	xx-xxx9314	0.02%
	xx-xxx6981	0.00%
	xx-xxx6570	0.00%
	xx-xxx9000	0.01%
	xx-xxx9673	0.01%
	xx-xxx5983	0.02%
	xx-xxx1333	0.04%
	xx-xxx3912	0.02%
	xx-xxx7114	0.01%
	xx-xxx9260	0.01%
	xx-xxx6608	0.06%
	xx-xxx0060	0.06%
	xx-xxx4429	0.01%
	xx-xxx3658	0.01%
	xx-xxx3004	0.00%
	xx-xxx3793	0.00%
	xx-xxx3499	0.00%
	xx-xxx5973	0.00%
	xx-xxx8020	0.03%
	xx-xxx0993	0.01%
	xx-xxx1848	0.03%
	xx-xxx0604	0.05%
	xx-xxx6202	0.00%
	xx-xxx5183	0.04%
	xx-xxx8077	0.01%
	xx-xxx0932	0.03%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3428	0.01%
	xx-xxx8309	0.00%
	xx-xxx7510	0.00%
	xx-xxx6917	0.00%
	xx-xxx6016	0.01%
	xx-xxx6614	0.03%
	xx-xxx7613	0.01%
	xx-xxx7454	0.00%
	xx-xxx8071	0.00%
	xx-xxx5842	0.01%
	xx-xxx0553	0.00%
	xx-xxx8530	0.04%
	xx-xxx3665	0.03%
	xx-xxx0124	0.01%
	xx-xxx1987	0.03%
	xx-xxx0486	0.01%
	xx-xxx1041	0.02%
	xx-xxx7596	0.08%
	xx-xxx0900	0.03%
	xx-xxx1220	0.03%
	xx-xxx9310	0.01%
	xx-xxx1168	0.03%
	xx-xxx2851	0.00%
	xx-xxx1466	0.01%
	xx-xxx8825	0.00%
	xx-xxx3437	0.00%
	xx-xxx4071	0.01%
	xx-xxx5752	0.01%
	xx-xxx2224	0.07%
	xx-xxx8713	0.01%
	xx-xxx2513	0.02%
	xx-xxx9297	0.00%
	xx-xxx5489	0.01%
	xx-xxx3513	0.05%
	xx-xxx3319	0.00%
	xx-xxx0925	0.01%
	xx-xxx3481	0.01%
	xx-xxx9573	0.04%
	xx-xxx5596	0.00%
	xx-xxx7450	0.04%
	xx-xxx5973	0.04%
	xx-xxx1632	0.01%
	xx-xxx7737	0.01%
	xx-xxx1628	0.00%
	xx-xxx7713	0.10%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7988	0.01%
	xx-xxx1120	0.02%
	xx-xxx6960	0.00%
	xx-xxx5266	0.00%
	xx-xxx7216	0.02%
	xx-xxx7764	0.00%
	xx-xxx7181	0.04%
	xx-xxx6026	0.00%
	xx-xxx0306	0.01%
	xx-xxx7191	0.12%
	xx-xxx4000	0.01%
	xx-xxx9115	0.05%
	xx-xxx3224	0.03%
	xx-xxx5081	0.02%
	xx-xxx6895	0.01%
	xx-xxx5797	0.05%
	xx-xxx5612	0.01%
	xx-xxx2509	0.00%
	xx-xxx4229	0.01%
	xx-xxx8352	0.01%
	xx-xxx0536	0.15%
	xx-xxx6349	0.02%
	xx-xxx5436	0.00%
	xx-xxx3710	0.03%
	xx-xxx5010	0.13%
	xx-xxx9724	0.06%
	xx-xxx4781	0.03%
	xx-xxx5281	0.02%
	xx-xxx5869	0.02%
	xx-xxx1786	0.07%
	xx-xxx4954	0.68%
	xx-xxx5210	0.01%
	xx-xxx8399	0.00%
	xx-xxx9382	0.01%
	xx-xxx2654	0.00%
	xx-xxx2182	0.01%
	xx-xxx4827	0.01%
	xx-xxx6172	0.01%
	xx-xxx0062	0.00%
	xx-xxx0192	0.03%
	xx-xxx0733	0.00%
	xx-xxx3769	0.00%
	xx-xxx8114	0.10%
	xx-xxx9399	0.01%
	xx-xxx7721	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1420	0.00%
	xx-xxx4456	0.01%
	xx-xxx5693	0.00%
	xx-xxx9279	0.01%
	xx-xxx0188	0.01%
	xx-xxx9381	0.02%
	xx-xxx2363	0.04%
	xx-xxx7185	0.01%
	xx-xxx9323	0.00%
	xx-xxx7634	0.06%
	xx-xxx5612	0.01%
	xx-xxx7902	0.00%
	xx-xxx4614	0.02%
	xx-xxx0978	0.06%
	xx-xxx2387	0.03%
	xx-xxx6615	0.09%
	xx-xxx9782	0.40%
	xx-xxx7515	0.03%
	xx-xxx9360	0.01%
	xx-xxx8611	0.01%
	xx-xxx8707	0.02%
	xx-xxx7391	0.03%
	xx-xxx9270	0.00%
	xx-xxx2568	0.03%
	xx-xxx1040	0.02%
	xx-xxx9839	0.01%
	xx-xxx1603	0.00%
	xx-xxx5584	0.02%
	xx-xxx5625	0.01%
	xx-xxx2400	0.01%
	xx-xxx8646	0.02%
	xx-xxx8748	0.01%
	xx-xxx9886	0.05%
	xx-xxx8562	0.01%
	xx-xxx3110	0.01%
	xx-xxx4315	0.01%
	xx-xxx0074	0.01%
	xx-xxx0216	0.05%
	xx-xxx7929	0.00%
	xx-xxx8662	0.04%
	xx-xxx4949	0.04%
	xx-xxx4805	0.00%
	xx-xxx0599	0.01%
	xx-xxx4818	0.03%
	xx-xxx6034	0.03%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3196	0.04%
	xx-xxx7127	0.01%
	xx-xxx4587	0.00%
	xx-xxx1590	0.00%
	xx-xxx8324	0.01%
	xx-xxx5840	0.00%
	xx-xxx7400	0.03%
	xx-xxx1597	0.02%
	xx-xxx8413	0.04%
	xx-xxx7749	0.28%
	xx-xxx2956	0.01%
	xx-xxx2066	0.03%
	xx-xxx6144	0.03%
	xx-xxx7454	0.00%
	xx-xxx5460	0.03%
	xx-xxx9860	0.01%
	xx-xxx3379	0.00%
	xx-xxx9126	0.01%
	xx-xxx3151	0.02%
	xx-xxx8750	0.01%
	xx-xxx5454	0.01%
	xx-xxx2680	0.02%
	xx-xxx8764	0.12%
	xx-xxx4881	0.00%
	xx-xxx1883	0.01%
	xx-xxx2011	0.03%
	xx-xxx6119	0.05%
	xx-xxx9219	0.00%
	xx-xxx4427	0.07%
	xx-xxx8931	0.02%
	xx-xxx2355	0.01%
	xx-xxx6282	0.01%
	xx-xxx8453	0.00%
	xx-xxx2216	0.04%
	xx-xxx4515	0.03%
	xx-xxx4307	0.02%
	xx-xxx9909	0.03%
	xx-xxx3814	0.01%
	xx-xxx2616	0.03%
	xx-xxx3519	0.01%
	xx-xxx9977	0.01%
	xx-xxx1190	0.02%
	xx-xxx3695	0.01%
	xx-xxx0503	0.02%
	xx-xxx5407	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3132	0.00%
	xx-xxx5866	0.04%
	xx-xxx3708	0.01%
	xx-xxx9022	0.01%
	xx-xxx9750	0.15%
	xx-xxx0265	0.00%
	xx-xxx2766	0.00%
	xx-xxx8280	0.02%
	xx-xxx2365	0.00%
	xx-xxx8452	0.03%
	xx-xxx1683	0.00%
	xx-xxx6774	0.01%
	xx-xxx2798	0.00%
	xx-xxx1245	0.00%
	xx-xxx4502	0.01%
	xx-xxx6759	0.03%
	xx-xxx2463	0.00%
	xx-xxx3110	0.01%
	xx-xxx2249	0.01%
	xx-xxx4054	0.02%
	xx-xxx7054	0.00%
	xx-xxx3086	0.01%
	xx-xxx2312	0.00%
	xx-xxx7554	0.00%
	xx-xxx7717	0.01%
	xx-xxx8020	0.00%
	xx-xxx7707	0.01%
	xx-xxx6285	0.00%
	xx-xxx8679	0.00%
	xx-xxx6066	0.00%
	xx-xxx1348	0.01%
	xx-xxx9374	0.03%
	xx-xxx1626	0.04%
	xx-xxx3527	0.06%
	xx-xxx0330	0.03%
	xx-xxx0215	0.01%
	xx-xxx3283	0.02%
	xx-xxx3457	0.01%
	xx-xxx9848	0.03%
	xx-xxx5079	0.05%
	xx-xxx5343	0.03%
	xx-xxx5505	0.01%
	xx-xxx3412	0.01%
	xx-xxx8209	0.10%
	xx-xxx8749	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7111	0.04%
	xx-xxx5714	0.01%
	xx-xxx4001	0.01%
	xx-xxx7850	0.01%
	xx-xxx6549	0.02%
	xx-xxx1766	0.15%
	xx-xxx7173	0.02%
	xx-xxx6191	0.02%
	xx-xxx0889	0.00%
	xx-xxx3186	0.04%
	xx-xxx5139	0.08%
	xx-xxx8580	0.03%
	xx-xxx7546	0.06%
	xx-xxx0635	0.00%
	xx-xxx8757	0.05%
	xx-xxx7428	0.04%
	xx-xxx2503	0.02%
	xx-xxx4051	0.00%
	xx-xxx8497	0.02%
	xx-xxx8449	0.02%
	xx-xxx5862	0.02%
	xx-xxx4639	0.01%
	xx-xxx1146	0.03%
	xx-xxx7728	0.01%
	xx-xxx0966	0.01%
	xx-xxx6236	0.00%
	xx-xxx1119	0.02%
	xx-xxx1338	0.00%
	xx-xxx4071	0.01%
	xx-xxx2725	0.00%
	xx-xxx9686	0.00%
	xx-xxx3357	0.00%
	xx-xxx0788	0.00%
	xx-xxx4609	0.00%
	xx-xxx0681	0.00%
	xx-xxx7864	0.00%
	xx-xxx5791	0.07%
	xx-xxx7054	0.00%
	xx-xxx8588	0.01%
	xx-xxx8954	0.00%
	xx-xxx2017	0.01%
	xx-xxx2413	0.00%
	xx-xxx3467	0.06%
	xx-xxx1924	0.01%
	xx-xxx3335	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5214	0.01%
	xx-xxx3138	0.01%
	xx-xxx2510	0.01%
	xx-xxx3420	0.03%
	xx-xxx3308	0.01%
	xx-xxx1549	0.09%
	xx-xxx4777	0.02%
	xx-xxx1107	0.02%
	xx-xxx7350	0.00%
	xx-xxx1226	0.01%
	xx-xxx5902	0.01%
	xx-xxx*100	0.02%
	xx-xxx5615	0.00%
	xx-xxx5612	0.01%
	xx-xxx1579	0.00%
	xx-xxx3576	0.01%
	xx-xxx0571	0.10%
	xx-xxx3575	0.00%
	xx-xxx0254	0.00%
	xx-xxx7188	0.00%
	xx-xxx8403	0.00%
	xx-xxx4582	0.01%
	xx-xxx2198	0.00%
	xx-xxx6900	0.00%
	xx-xxx8547	0.00%
	xx-xxx4659	0.00%
	xx-xxx9467	0.00%
	xx-xxx2508	0.01%
	xx-xxx0597	0.03%
	xx-xxx2255	0.02%
	xx-xxx9618	0.01%
	xx-xxx8202	0.00%
	xx-xxx5586	0.04%
	xx-xxx1539	0.02%
	xx-xxx8364	0.00%
	xx-xxx0283	0.02%
	xx-xxx5083	0.00%
	xx-xxx6905	0.01%
	xx-xxx0216	0.00%
	xx-xxx4887	0.01%
	xx-xxx4825	0.08%
	xx-xxx0182	0.01%
	xx-xxx7780	0.02%
	xx-xxx0560	0.01%
	xx-xxx2210	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx9452	0.00%
	xx-xxx7275	0.02%
	xx-xxx9319	0.02%
	xx-xxx3486	0.01%
	xx-xxx5161	0.00%
	xx-xxx8236	0.00%
	xx-xxx3008	0.00%
	xx-xxx1726	0.01%
	xx-xxx1911	0.00%
	xx-xxx5206	0.00%
	xx-xxx7694	0.00%
	xx-xxx7751	0.00%
	xx-xxx7451	0.01%
	xx-xxx3653	0.01%
	xx-xxx4882	0.00%
	xx-xxx1931	0.04%
	xx-xxx7574	0.06%
	xx-xxx9881	0.01%
	xx-xxx6280	0.08%
	xx-xxx9268	0.01%
	xx-xxx4521	0.01%
	xx-xxx0540	0.01%
	xx-xxx8945	0.05%
	xx-xxx3324	0.02%
	xx-xxx7691	0.02%
	xx-xxx7273	0.00%
	xx-xxx8832	0.02%
	xx-xxx6581	0.00%
	xx-xxx2708	0.00%
	xx-xxx7992	0.00%
	xx-xxx3167	0.00%
	xx-xxx8068	0.03%
	xx-xxx9179	0.00%
	xx-xxx5195	0.00%
	xx-xxx9238	0.01%
	xx-xxx2577	0.00%
	xx-xxx2989	0.00%
	xx-xxx1724	0.01%
	xx-xxx5312	0.00%
	xx-xxx1148	0.01%
	xx-xxx9115	0.07%
	xx-xxx4474	0.00%
	xx-xxx8855	0.01%
	xx-xxx6161	0.01%
	xx-xxx6035	0.04%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1669	0.02%
	xx-xxx0492	0.01%
	xx-xxx3584	0.00%
	xx-xxx6092	0.01%
	xx-xxx3613	0.04%
	xx-xxx8001	0.02%
	xx-xxx3867	0.03%
	xx-xxx7241	0.01%
	xx-xxx1194	0.00%
	xx-xxx5806	0.00%
	xx-xxx6716	0.02%
	xx-xxx4891	0.02%
	xx-xxx0379	0.01%
	xx-xxx8136	0.02%
	xx-xxx4044	0.02%
	xx-xxx8872	0.01%
	xx-xxx3671	0.00%
	xx-xxx4229	0.00%
	xx-xxx8322	0.00%
	xx-xxx1803	0.03%
	xx-xxx1421	0.00%
	xx-xxx2983	0.02%
	xx-xxx0364	0.02%
	xx-xxx9076	0.02%
	xx-xxx7646	0.00%
	xx-xxx7929	0.00%
	xx-xxx5101	0.06%
	xx-xxx5410	0.01%
	xx-xxx6563	0.08%
	xx-xxx5959	0.07%
	xx-xxx5483	0.02%
	xx-xxx1382	0.00%
	xx-xxx7511	0.01%
	xx-xxx7653	0.01%
	xx-xxx8189	0.01%
	xx-xxx2255	0.03%
	xx-xxx6984	0.01%
	xx-xxx4104	0.01%
	xx-xxx4663	0.01%
	xx-xxx1674	0.00%
	xx-xxx4129	0.02%
	xx-xxx3546	0.00%
	xx-xxx3842	0.01%
	xx-xxx2745	0.00%
	xx-xxx0661	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2915	0.02%
	xx-xxx2982	0.01%
	xx-xxx5388	0.00%
	xx-xxx5807	0.02%
	xx-xxx3503	0.00%
	xx-xxx2808	0.01%
	xx-xxx1987	0.01%
	xx-xxx0903	0.01%
	xx-xxx2584	0.02%
	xx-xxx7366	0.01%
	xx-xxx7477	0.01%
	xx-xxx8083	0.00%
	xx-xxx0220	0.01%
	xx-xxx9438	0.00%
	xx-xxx6993	0.03%
	xx-xxx8541	0.00%
	xx-xxx0707	0.02%
	xx-xxx9182	0.03%
	xx-xxx2484	0.03%
	xx-xxx8464	0.00%
	xx-xxx8094	0.07%
	xx-xxx9750	0.01%
	xx-xxx3544	0.01%
	xx-xxx1797	0.00%
	xx-xxx0295	0.03%
	xx-xxx8680	0.05%
	xx-xxx2282	0.00%
	xx-xxx9330	0.00%
	xx-xxx6163	0.01%
	xx-xxx4489	0.00%
	xx-xxx4093	0.01%
	xx-xxx7858	0.01%
	xx-xxx9568	0.03%
	xx-xxx1239	0.01%
	xx-xxx7211	0.02%
	xx-xxx6464	0.01%
	xx-xxx7969	0.02%
	xx-xxx8680	0.00%
	xx-xxx0878	0.00%
	xx-xxx3669	0.34%
	xx-xxx6569	0.13%
	xx-xxx9042	0.01%
	xx-xxx4026	0.00%
	xx-xxx2501	0.01%
	xx-xxx6647	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6366	0.00%
	xx-xxx1572	0.00%
	xx-xxx3839	0.01%
	xx-xxx0190	0.08%
	xx-xxx9721	0.01%
	xx-xxx8554	0.00%
	xx-xxx5548	0.30%
	xx-xxx1595	0.01%
	xx-xxx9665	0.00%
	xx-xxx2155	0.01%
	xx-xxx2293	0.00%
	xx-xxx8623	0.01%
	xx-xxx5352	0.00%
	xx-xxx9661	0.01%
	xx-xxx8982	0.05%
	xx-xxx5899	0.01%
	xx-xxx2674	0.00%
	xx-xxx2289	0.03%
	xx-xxx5264	0.00%
	xx-xxx4102	0.04%
	xx-xxx8730	0.01%
	xx-xxx4998	0.01%
	xx-xxx0728	0.00%
	xx-xxx6336	0.01%
	xx-xxx7974	0.00%
	xx-xxx8889	0.02%
	xx-xxx7097	0.02%
	xx-xxx5675	0.00%
	xx-xxx5040	0.01%
	xx-xxx7193	0.01%
	xx-xxx4317	0.01%
	xx-xxx2972	0.00%
	xx-xxx0734	0.01%
	xx-xxx5225	0.01%
	xx-xxx6035	0.01%
	xx-xxx6839	0.04%
	xx-xxx1088	0.00%
	xx-xxx2473	0.03%
	xx-xxx5190	0.01%
	xx-xxx6627	0.01%
	xx-xxx0025	0.01%
	xx-xxx1355	0.00%
	xx-xxx5683	0.06%
	xx-xxx0022	0.00%
	xx-xxx2023	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7534	0.01%
	xx-xxx8668	0.01%
	xx-xxx4171	0.00%
	xx-xxx2197	0.01%
	xx-xxx1882	0.01%
	xx-xxx6259	0.05%
	xx-xxx5382	0.00%
	xx-xxx1814	0.00%
	xx-xxx9492	0.00%
	xx-xxx9004	0.01%
	xx-xxx2102	0.05%
	xx-xxx9280	0.01%
	xx-xxx0377	0.00%
	xx-xxx1876	0.14%
	xx-xxx7042	0.03%
	xx-xxx8474	0.00%
	xx-xxx4768	0.00%
	xx-xxx6649	0.00%
	xx-xxx7966	0.00%
	xx-xxx2014	0.00%
	xx-xxx0269	0.01%
	xx-xxx2761	0.00%
	xx-xxx0722	0.00%
	xx-xxx1764	0.01%
	xx-xxx4224	0.00%
	xx-xxx2961	0.00%
	xx-xxx5506	0.00%
	xx-xxx6764	0.01%
	xx-xxx9389	0.01%
	xx-xxx8156	0.02%
	xx-xxx8358	0.02%
	xx-xxx6820	0.00%
	xx-xxx7034	0.02%
	xx-xxx3042	0.02%
	xx-xxx6402	0.12%
	xx-xxx6115	0.00%
	xx-xxx4699	0.01%
	xx-xxx6426	0.00%
	xx-xxx1089	0.02%
	xx-xxx8130	0.02%
	xx-xxx1395	0.01%
	xx-xxx8436	0.00%
	xx-xxx5341	0.01%
	xx-xxx1350	0.00%
	xx-xxx2500	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5413	0.02%
	xx-xxx7612	0.00%
	xx-xxx8709	0.00%
	xx-xxx4488	0.00%
	xx-xxx0911	0.00%
	xx-xxx0974	0.01%
	xx-xxx0492	0.01%
	xx-xxx2856	0.01%
	xx-xxx4156	0.00%
	xx-xxx7732	0.01%
	xx-xxx2280	0.01%
	xx-xxx3803	0.04%
	xx-xxx7539	0.00%
	xx-xxx2384	0.00%
	xx-xxx3930	0.01%
	xx-xxx6328	0.01%
	xx-xxx1356	0.00%
	xx-xxx3368	0.00%
	xx-xxx3602	0.01%
	xx-xxx7800	0.00%
	xx-xxx9209	0.01%
	xx-xxx9309	0.00%
	xx-xxx0238	0.00%
	xx-xxx9497	0.01%
	xx-xxx1682	0.00%
	xx-xxx5085	0.00%
	xx-xxx1311	0.00%
	xx-xxx0305	0.01%
	xx-xxx0638	0.01%
	xx-xxx7999	0.01%
	xx-xxx0792	0.02%
	xx-xxx6291	0.01%
	xx-xxx5081	0.04%
	xx-xxx4297	0.01%
	xx-xxx3392	0.00%
	xx-xxx0072	0.02%
	xx-xxx6050	0.01%
	xx-xxx9655	0.03%
	xx-xxx7038	0.00%
	xx-xxx4527	0.01%
	xx-xxx2259	0.01%
	xx-xxx8471	0.00%
	xx-xxx7702	0.01%
	xx-xxx9892	0.00%
	xx-xxx7823	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4648	0.01%
	xx-xxx8522	0.00%
	xx-xxx1565	0.00%
	xx-xxx8493	0.00%
	xx-xxx5612	0.05%
	xx-xxx2574	0.00%
	xx-xxx9124	0.00%
	xx-xxx7236	0.01%
	xx-xxx5691	0.00%
	xx-xxx1376	0.03%
	xx-xxx2715	0.00%
	xx-xxx9232	0.02%
	xx-xxx5332	0.01%
	xx-xxx7576	0.01%
	xx-xxx1381	0.01%
	xx-xxx2789	0.05%
	xx-xxx8817	0.00%
	xx-xxx9564	0.00%
	xx-xxx6035	0.03%
	xx-xxx1693	0.01%
	xx-xxx4506	0.00%
	xx-xxx5102	0.02%
	xx-xxx7503	0.00%
	xx-xxx1075	0.01%
	xx-xxx6270	0.05%
	xx-xxx8958	0.02%
	xx-xxx2828	0.00%
	xx-xxx6152	0.01%
	xx-xxx2226	0.00%
	xx-xxx8407	0.01%
	xx-xxx1485	0.03%
	xx-xxx7518	0.01%
	xx-xxx1402	0.00%
	xx-xxx0363	0.01%
	xx-xxx5157	0.00%
	xx-xxx7789	0.02%
	xx-xxx3331	0.00%
	xx-xxx2386	0.02%
	xx-xxx0176	0.02%
	xx-xxx0434	0.01%
	xx-xxx0783	0.04%
	xx-xxx1690	0.02%
	xx-xxx7750	0.00%
	xx-xxx0575	0.00%
	xx-xxx9224	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2472	0.00%
	xx-xxx1606	0.00%
	xx-xxx8732	0.01%
	xx-xxx0917	0.01%
	xx-xxx5041	0.00%
	xx-xxx9053	0.00%
	xx-xxx8072	0.00%
	xx-xxx3792	0.01%
	xx-xxx0388	0.00%
	xx-xxx2102	0.08%
	xx-xxx6433	0.01%
	xx-xxx9540	0.00%
	xx-xxx2450	0.01%
	xx-xxx4964	0.01%
	xx-xxx4138	0.00%
	xx-xxx7653	0.01%
	xx-xxx0803	0.00%
	xx-xxx8123	0.05%
	xx-xxx2277	0.08%
	xx-xxx7970	0.00%
	xx-xxx3535	0.00%
	xx-xxx7055	0.00%
	xx-xxx5726	0.01%
	xx-xxx4984	0.00%
	xx-xxx7943	0.00%
	xx-xxx9632	0.01%
	xx-xxx3532	0.00%
	xx-xxx9675	0.00%
	xx-xxx0239	0.00%
	xx-xxx4121	0.01%
	xx-xxx4851	0.00%
	xx-xxx0628	0.00%
	xx-xxx9861	0.05%
	xx-xxx5746	0.03%
	xx-xxx8145	0.01%
	xx-xxx5039	0.00%
	xx-xxx5194	0.00%
	xx-xxx2441	0.00%
	xx-xxx9034	0.00%
	xx-xxx3812	0.00%
	xx-xxx4226	0.00%
	xx-xxx1190	0.00%
	xx-xxx6453	0.00%
	xx-xxx9942	0.02%
	xx-xxx5286	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6111	0.01%
	xx-xxx8615	0.01%
	xx-xxx5403	0.00%
	xx-xxx4860	0.01%
	xx-xxx9122	0.01%
	xx-xxx2435	0.01%
	xx-xxx4096	0.00%
	xx-xxx4065	0.00%
	xx-xxx4411	0.01%
	xx-xxx1583	0.00%
	xx-xxx6876	0.00%
	xx-xxx3752	0.00%
	xx-xxx1134	0.02%
	xx-xxx8700	0.00%
	xx-xxx5612	0.00%
	xx-xxx8803	0.00%
	xx-xxx6975	0.00%
	xx-xxx4498	0.00%
	xx-xxx4397	0.00%
	xx-xxx0978	0.02%
	xx-xxx9472	0.01%
	xx-xxx7844	0.01%
	xx-xxx6927	0.01%
	xx-xxx5193	0.00%
	xx-xxx6172	0.00%
	xx-xxx9571	0.01%
	xx-xxx6655	0.00%
	xx-xxx5752	0.01%
	xx-xxx8863	0.00%
	xx-xxx9588	0.00%
	xx-xxx4675	0.06%
	xx-xxx2052	0.01%
	xx-xxx8738	0.00%
	xx-xxx8909	0.00%
	xx-xxx3081	0.01%
	xx-xxx4451	0.00%
	xx-xxx2140	0.01%
	xx-xxx4378	0.02%
	xx-xxx3436	0.01%
	xx-xxx1867	0.00%
	xx-xxx5249	0.00%
	xx-xxx1591	0.06%
	xx-xxx5025	0.00%
	xx-xxx3216	0.02%
	xx-xxx2442	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7193	0.01%
	xx-xxx0258	0.01%
	xx-xxx0531	0.00%
	xx-xxx7270	0.01%
	xx-xxx9119	0.00%
	xx-xxx4565	0.00%
	xx-xxx5777	0.01%
	xx-xxx2128	0.03%
	xx-xxx2898	0.00%
	xx-xxx1765	0.00%
	xx-xxx7041	0.01%
	xx-xxx8713	0.02%
	xx-xxx2851	0.01%
	xx-xxx9319	0.00%
	xx-xxx8401	0.00%
	xx-xxx7281	0.00%
	xx-xxx3628	0.01%
	xx-xxx4882	0.00%
	xx-xxx8470	0.01%
	xx-xxx6341	0.00%
	xx-xxx0444	0.00%
	xx-xxx8039	0.02%
	xx-xxx4457	0.01%
	xx-xxx4307	0.00%
	xx-xxx2080	0.01%
	xx-xxx7523	0.03%
	xx-xxx6814	0.01%
	xx-xxx7566	0.01%
	xx-xxx6623	0.01%
	xx-xxx0888	0.01%
	xx-xxx6121	0.01%
	xx-xxx8044	0.00%
	xx-xxx6168	0.00%
	xx-xxx4170	0.01%
	xx-xxx1927	0.00%
	xx-xxx2819	0.00%
	xx-xxx4614	0.00%
	xx-xxx4011	0.00%
	xx-xxx1955	0.03%
	xx-xxx6193	0.00%
	xx-xxx9762	0.00%
	xx-xxx2302	0.01%
	xx-xxx2398	0.01%
	xx-xxx5899	0.00%
	xx-xxx1876	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx9298	0.00%
	xx-xxx8015	0.02%
	xx-xxx8428	0.00%
	xx-xxx6160	0.01%
	xx-xxx3991	0.00%
	xx-xxx4168	0.00%
	xx-xxx5739	0.00%
	xx-xxx4660	0.00%
	xx-xxx9379	0.00%
	xx-xxx4802	0.00%
	xx-xxx1540	0.00%
	xx-xxx5224	0.00%
	xx-xxx3137	0.00%
	xx-xxx2091	0.01%
	xx-xxx4171	0.00%
	xx-xxx4696	0.04%
	xx-xxx5492	0.00%
	xx-xxx4537	0.00%
	xx-xxx4259	0.00%
	xx-xxx1871	0.01%
	xx-xxx8985	0.00%
	xx-xxx1518	0.00%
	xx-xxx9672	0.00%
	xx-xxx4323	0.01%
	xx-xxx5857	0.00%
	xx-xxx9967	0.01%
	xx-xxx6356	0.00%
	xx-xxx9770	0.02%
	xx-xxx7597	0.00%
	xx-xxx3689	0.00%
	xx-xxx0273	0.01%
	xx-xxx1303	0.01%
	xx-xxx1578	0.03%
	xx-xxx3696	0.00%
	xx-xxx8798	0.00%
	xx-xxx8654	0.00%
	xx-xxx5256	0.03%
	xx-xxx9386	0.00%
	xx-xxx9133	0.02%
	xx-xxx7774	0.02%
	xx-xxx3548	0.00%
	xx-xxx4917	0.03%
	xx-xxx8490	0.00%
	xx-xxx0289	0.00%
	xx-xxx7072	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6778	0.00%
	xx-xxx9538	0.01%
	xx-xxx4258	0.02%
	xx-xxx5407	0.02%
	xx-xxx1615	0.00%
	xx-xxx4320	0.06%
	xx-xxx2443	0.01%
	xx-xxx5584	0.00%
	xx-xxx3888	0.00%
	xx-xxx7154	0.01%
	xx-xxx1404	0.00%
	xx-xxx0508	0.00%
	xx-xxx5610	0.01%
	xx-xxx6906	0.01%
	xx-xxx3521	0.00%
	xx-xxx6215	0.02%
	xx-xxx0138	0.01%
	xx-xxx0485	0.00%
	xx-xxx5628	0.00%
	xx-xxx0093	0.00%
	xx-xxx6460	0.01%
	xx-xxx3085	0.00%
	xx-xxx5278	0.01%
	xx-xxx9360	0.01%
	xx-xxx8794	0.02%
	xx-xxx8584	0.01%
	xx-xxx6601	0.02%
	xx-xxx3730	0.00%
	xx-xxx0917	0.00%
	xx-xxx1531	0.00%
	xx-xxx3177	0.00%
	xx-xxx8755	0.00%
	xx-xxx7847	0.00%
	xx-xxx9194	0.01%
	xx-xxx6024	0.00%
	xx-xxx7504	0.00%
	xx-xxx8749	0.00%
	xx-xxx0465	0.03%
	xx-xxx1955	0.01%
	xx-xxx7936	0.06%
	xx-xxx5363	0.00%
	xx-xxx5419	0.00%
	xx-xxx0519	0.01%
	xx-xxx2491	0.00%
	xx-xxx6234	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7284	0.04%
	xx-xxx0538	0.00%
	xx-xxx6118	0.00%
	xx-xxx0287	0.01%
	xx-xxx1899	0.01%
	xx-xxx3224	0.00%
	xx-xxx2675	0.00%
	xx-xxx0913	0.02%
	xx-xxx4951	0.01%
	xx-xxx0043	0.00%
	xx-xxx7736	0.00%
	xx-xxx1884	0.00%
	xx-xxx3372	0.01%
	xx-xxx4468	0.00%
	xx-xxx2553	0.01%
	xx-xxx6331	0.00%
	xx-xxx7241	0.00%
	xx-xxx8499	0.00%
	xx-xxx4904	0.00%
	xx-xxx9149	0.01%
	xx-xxx8088	0.01%
	xx-xxx1625	0.01%
	xx-xxx7064	0.00%
	xx-xxx2402	0.00%
	xx-xxx1238	0.00%
	xx-xxx8389	0.00%
	xx-xxx6259	0.01%
	xx-xxx6424	0.00%
	xx-xxx7677	0.00%
	xx-xxx5633	0.00%
	xx-xxx5793	0.00%
	xx-xxx8140	0.01%
	xx-xxx5800	0.00%
	xx-xxx9038	0.00%
	xx-xxx7148	0.00%
	xx-xxx9312	0.00%
	xx-xxx2992	0.00%
	xx-xxx8741	0.00%
	xx-xxx7289	0.01%
	xx-xxx8928	0.00%
	xx-xxx1030	0.00%
	xx-xxx0103	0.00%
	xx-xxx6873	0.00%
	xx-xxx6153	0.00%
	xx-xxx1104	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6890	0.00%
	xx-xxx5108	0.01%
	xx-xxx6671	0.00%
	xx-xxx5858	0.00%
	xx-xxx5064	0.00%
	xx-xxx0702	0.03%
	xx-xxx4302	0.01%
	xx-xxx6049	0.01%
	xx-xxx9136	0.00%
	xx-xxx7145	0.00%
	xx-xxx6355	0.00%
	xx-xxx4456	0.00%
	xx-xxx5184	0.00%
	xx-xxx4653	0.00%
	xx-xxx1667	0.02%
	xx-xxx7399	0.00%
	xx-xxx0983	0.00%
	xx-xxx0326	0.01%
	xx-xxx4214	0.00%
	xx-xxx1804	0.00%
	xx-xxx7899	0.00%
	xx-xxx3631	0.00%
	xx-xxx1158	0.00%
	xx-xxx5097	0.00%
	xx-xxx1128	0.01%
	xx-xxx3454	0.00%
	xx-xxx2537	0.00%
	xx-xxx8255	0.00%
	xx-xxx0439	0.01%
	xx-xxx6834	0.00%
	xx-xxx7389	0.20%
	xx-xxx0556	0.02%
	xx-xxx1615	0.01%
	xx-xxx0266	0.04%
	xx-xxx3150	0.01%
	xx-xxx4769	0.01%
	xx-xxx9615	0.00%
	xx-xxx2715	0.00%
	xx-xxx1134	0.00%
	xx-xxx4290	0.00%
	xx-xxx0864	0.01%
	xx-xxx2167	0.00%
	xx-xxx5013	0.00%
	xx-xxx8896	0.00%
	xx-xxx1375	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7785	0.00%
	xx-xxx2600	0.01%
	xx-xxx9877	0.00%
	xx-xxx3210	0.01%
	xx-xxx1774	0.01%
	xx-xxx0862	0.00%
	xx-xxx7688	0.01%
	xx-xxx7219	0.00%
	xx-xxx3284	0.00%
	xx-xxx7217	0.00%
	xx-xxx6635	0.01%
	xx-xxx9972	0.01%
	xx-xxx7490	0.00%
	xx-xxx9070	0.00%
	xx-xxx4639	0.00%
	xx-xxx6252	0.02%
	xx-xxx5654	0.00%
	xx-xxx3633	0.00%
	xx-xxx5786	0.00%
	xx-xxx3973	0.00%
	xx-xxx6057	0.00%
	xx-xxx4858	0.00%
	xx-xxx4891	0.00%
	xx-xxx1347	0.00%
	xx-xxx1963	0.01%
	xx-xxx8820	0.00%
	xx-xxx4178	0.00%
	xx-xxx7132	0.01%
	xx-xxx6381	0.00%
	xx-xxx1248	0.00%
	xx-xxx0252	0.00%
	xx-xxx7152	0.00%
	xx-xxx4009	0.00%
	xx-xxx6114	0.00%
	xx-xxx9544	0.00%
	xx-xxx3874	0.00%
	xx-xxx4570	0.00%
	xx-xxx0206	0.00%
	xx-xxx6283	0.00%
	xx-xxx7243	0.01%
	xx-xxx5351	0.00%
	xx-xxx3308	0.00%
	xx-xxx7088	0.01%
	xx-xxx3209	0.00%
	xx-xxx6035	0.03%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3376	0.00%
	xx-xxx9734	0.00%
	xx-xxx6669	0.00%
	xx-xxx0849	0.00%
	xx-xxx2793	0.01%
	xx-xxx7462	0.00%
	xx-xxx7777	0.00%
	xx-xxx6757	0.00%
	xx-xxx8991	0.00%
	xx-xxx1148	0.00%
	xx-xxx8480	0.00%
	xx-xxx3194	0.00%
	xx-xxx2502	0.01%
	xx-xxx7557	0.00%
	xx-xxx7574	0.01%
	xx-xxx8659	0.00%
	xx-xxx7369	0.00%
	xx-xxx3300	0.00%
	xx-xxx6012	0.00%
	xx-xxx2344	0.00%
	xx-xxx4224	0.00%
	xx-xxx3080	0.00%
	xx-xxx4823	0.00%
	xx-xxx6415	0.00%
	xx-xxx2127	0.00%
	xx-xxx5083	0.00%
	xx-xxx1753	0.00%
	xx-xxx9723	0.00%
	xx-xxx0882	0.00%
	xx-xxx3786	0.00%
	xx-xxx0211	0.00%
	xx-xxx2385	0.00%
	xx-xxx3258	0.00%
	xx-xxx8967	0.00%
	xx-xxx8441	0.00%
	xx-xxx6979	0.00%
	xx-xxx3594	0.00%
	xx-xxx8398	0.00%
	xx-xxx2780	0.00%
	xx-xxx5596	0.00%
	xx-xxx7062	0.00%
	xx-xxx1615	0.00%
	xx-xxx1307	0.00%
	xx-xxx1838	0.00%
	xx-xxx9973	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5650	0.00%
	xx-xxx9449	0.00%
	xx-xxx7176	0.00%
	xx-xxx0916	0.00%
	xx-xxx5612	0.00%
	xx-xxx0757	0.00%
	xx-xxx9258	0.00%
	xx-xxx3137	0.00%
	xx-xxx9431	0.00%
	xx-xxx3364	0.00%
	xx-xxx0499	0.00%
	xx-xxx3480	0.00%
	xx-xxx3548	0.00%
	xx-xxx0660	0.00%
	xx-xxx3499	0.00%
	xx-xxx9671	0.00%
	xx-xxx8665	0.00%
	xx-xxx8446	0.00%
	xx-xxx4917	0.00%
	xx-xxx2561	0.00%
	xx-xxx7600	0.00%
	xx-xxx6975	0.00%
	xx-xxx4469	0.00%
	xx-xxx2019	0.00%
	xx-xxx1932	0.00%
	xx-xxx3441	0.00%
	xx-xxx4170	0.00%
	xx-xxx8523	0.00%
	xx-xxx5245	0.00%
	xx-xxx8451	0.00%
	xx-xxx1007	0.00%
	xx-xxx7789	0.00%
	xx-xxx7972	0.00%
	xx-xxx2569	0.00%
	xx-xxx3492	0.00%
	xx-xxx4960	0.00%
	xx-xxx0859	0.00%
	xx-xxx9114	0.00%
	xx-xxx0119	0.00%
	xx-xxx0991	0.00%
	xx-xxx7879	0.00%
	xx-xxx4108	0.00%
	xx-xxx1990	0.00%
	xx-xxx3123	0.00%
	xx-xxx3819	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5663	0.00%
	xx-xxx7108	0.00%
	xx-xxx6832	0.00%
	xx-xxx2729	0.00%
	xx-xxx7001	0.00%
	xx-xxx9388	0.00%
	xx-xxx7220	0.00%
	xx-xxx4027	0.00%
	xx-xxx1475	0.00%
	xx-xxx2851	0.00%
	xx-xxx8977	0.00%
	xx-xxx1326	0.00%
	xx-xxx2924	0.00%
	xx-xxx0176	0.00%
	xx-xxx4265	0.00%
	xx-xxx9309	0.00%
	xx-xxx7334	0.00%
	xx-xxx9334	0.00%
	xx-xxx8143	0.00%
	xx-xxx9597	0.00%
	xx-xxx4700	0.00%
	xx-xxx0255	0.00%
	xx-xxx8161	0.00%
	xx-xxx1812	0.00%
	xx-xxx5246	0.00%
	xx-xxx6007	0.00%
	xx-xxx6119	0.00%
	xx-xxx8371	0.00%
	xx-xxx9941	0.00%
	xx-xxx5891	0.00%
	xx-xxx5751	0.00%
	xx-xxx4496	0.00%
	xx-xxx1612	0.00%
	xx-xxx8942	0.00%
	xx-xxx4194	0.00%
	xx-xxx0707	0.00%
	xx-xxx0966	0.00%
	xx-xxx4873	0.00%
	xx-xxx6297	0.00%
	xx-xxx6958	0.00%
	xx-xxx3939	0.00%
	xx-xxx6829	0.00%
	xx-xxx1164	0.00%
	xx-xxx7215	0.00%
	xx-xxx6894	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6168	0.00%
	xx-xxx9689	0.00%
	xx-xxx0218	0.00%
	xx-xxx2752	0.00%
	xx-xxx9661	0.00%
	xx-xxx3049	0.00%
	xx-xxx2057	0.00%
	xx-xxx8847	0.00%
	xx-xxx2795	0.00%
	xx-xxx6329	0.00%
	xx-xxx1301	0.00%
	xx-xxx0835	0.00%
	xx-xxx4190	0.00%
	xx-xxx7111	0.00%
	xx-xxx5753	0.00%
	xx-xxx9257	0.00%
	xx-xxx8264	0.00%
	xx-xxx2778	0.00%
	xx-xxx3411	0.00%
	xx-xxx7877	0.00%
	xx-xxx7901	0.00%
	xx-xxx9492	0.00%
	xx-xxx8746	0.00%
	xx-xxx7230	0.00%
	xx-xxx9588	0.00%
	xx-xxx3022	0.00%
	xx-xxx8363	0.00%
	xx-xxx2514	0.00%
	xx-xxx0223	0.00%
	xx-xxx7882	0.00%
	xx-xxx0182	0.00%
	xx-xxx4676	0.00%
	xx-xxx9920	0.00%
	xx-xxx9268	0.00%
	xx-xxx5926	0.00%
	xx-xxx2725	0.00%
	xx-xxx9380	0.00%
	xx-xxx6227	0.00%
	xx-xxx3580	0.00%
	xx-xxx8322	0.00%
	xx-xxx7332	0.00%
	xx-xxx5092	0.00%
	xx-xxx8102	0.00%
	xx-xxx8733	0.00%
	xx-xxx8147	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6792	0.00%
	xx-xxx8507	0.00%
	xx-xxx3380	0.00%
	xx-xxx2643	0.00%
	xx-xxx4723	0.00%
	xx-xxx7256	0.00%
	xx-xxx0277	0.00%
	xx-xxx6878	0.00%
	xx-xxx4914	0.00%
	xx-xxx1163	0.00%
	xx-xxx6073	0.00%
	xx-xxx5538	0.00%
	xx-xxx6193	0.00%
	xx-xxx7905	0.00%
	xx-xxx7921	0.00%
	xx-xxx5374	0.00%
	xx-xxx8682	0.00%
	xx-xxx4627	0.00%
	xx-xxx2288	0.00%
	xx-xxx6469	0.00%
	xx-xxx6566	0.00%
	xx-xxx6267	0.00%
	xx-xxx0332	0.00%
	xx-xxx8677	0.00%
	xx-xxx1147	0.00%
	xx-xxx1555	0.00%
	xx-xxx1150	0.00%
	xx-xxx2855	0.00%
	xx-xxx6673	0.00%
	xx-xxx3878	0.00%
	xx-xxx5612	0.00%
	xx-xxx5186	0.00%
	xx-xxx8491	0.00%
	xx-xxx9324	0.00%
	xx-xxx7723	0.00%
	xx-xxx2776	0.00%
	xx-xxx4301	0.00%
	xx-xxx5881	0.00%
	xx-xxx4746	0.00%
	xx-xxx4881	0.00%
	xx-xxx4475	0.00%
	xx-xxx7564	0.00%
	xx-xxx4285	0.00%
	xx-xxx8573	0.00%
	xx-xxx2051	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0531	0.01%
	xx-xxx7771	0.00%
	xx-xxx0443	0.00%
	xx-xxx2452	0.02%
	xx-xxx8117	0.01%
	xx-xxx8923	0.01%
	xx-xxx3004	0.01%
	xx-xxx9140	0.00%
	xx-xxx4178	0.00%
	xx-xxx6412	0.00%
	xx-xxx2680	0.00%
	xx-xxx9863	0.00%
	xx-xxx7853	0.01%
	xx-xxx0782	0.02%
	xx-xxx2060	0.00%
	xx-xxx9729	0.00%
	xx-xxx3536	0.00%
	xx-xxx1050	0.11%
	xx-xxx1788	0.00%
	xx-xxx5927	0.01%
	xx-xxx8637	0.00%
	xx-xxx2060	0.00%
	xx-xxx3358	0.00%
	xx-xxx2289	0.00%
	xx-xxx8136	0.05%
	xx-xxx0469	0.00%
	xx-xxx6163	0.00%
	xx-xxx7934	0.01%
	xx-xxx6705	0.00%
	xx-xxx5238	0.02%
	xx-xxx1029	0.00%
	xx-xxx9459	0.00%
	xx-xxx5075	0.01%
	xx-xxx1439	0.00%
	xx-xxx2987	0.00%
	xx-xxx9976	0.02%
	xx-xxx4531	0.00%
	xx-xxx9773	0.00%
	xx-xxx0470	0.00%
	xx-xxx4633	0.00%
	xx-xxx5956	0.03%
	xx-xxx4529	0.01%
	xx-xxx3414	0.00%
	xx-xxx0420	0.00%
	xx-xxx7348	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4657	0.01%
	xx-xxx5180	0.01%
	xx-xxx5382	0.03%
	xx-xxx9395	0.00%
	xx-xxx5207	0.01%
	xx-xxx4573	0.00%
	xx-xxx0703	0.00%
	xx-xxx5289	0.00%
	xx-xxx7971	0.00%
	xx-xxx5986	0.00%
	xx-xxx2732	0.04%
	xx-xxx7460	0.03%
	xx-xxx1904	0.01%
	xx-xxx0196	0.00%
	xx-xxx4589	0.00%
	xx-xxx2260	0.00%
	xx-xxx3759	0.01%
	xx-xxx5928	0.02%
	xx-xxx6380	0.00%
	xx-xxx7571	0.00%
	xx-xxx4664	0.00%
	xx-xxx5390	0.00%
	xx-xxx8142	0.00%
	xx-xxx2182	0.00%
	xx-xxx1549	0.01%
	xx-xxx3379	0.00%
	xx-xxx4709	0.00%
	xx-xxx9523	0.00%
	xx-xxx6539	0.01%
	xx-xxx2065	0.00%
	xx-xxx5518	0.01%
	xx-xxx1517	0.05%
	xx-xxx3657	0.07%
	xx-xxx0945	0.00%
	xx-xxx5422	0.00%
	xx-xxx1206	0.00%
	xx-xxx8826	0.00%
	xx-xxx0788	0.03%
	xx-xxx*542	0.01%
	xx-xxx1590	0.00%
	xx-xxx4514	0.00%
	xx-xxx8797	0.01%
	xx-xxx2638	0.00%
	xx-xxx1390	0.00%
	xx-xxx4674	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7939	0.02%
	xx-xxx8643	0.00%
	xx-xxx9487	0.00%
	xx-xxx7014	0.00%
	xx-xxx6765	0.00%
	xx-xxx5252	0.00%
	xx-xxx9940	0.00%
	xx-xxx0825	0.00%
	xx-xxx7641	0.00%
	xx-xxx0098	0.01%
	xx-xxx7445	0.00%
	xx-xxx4476	0.00%
	xx-xxx1435	0.01%
	xx-xxx8737	0.00%
	xx-xxx0409	0.00%
	xx-xxx8041	0.00%
	xx-xxx2050	0.02%
	xx-xxx6274	0.01%
	xx-xxx6168	0.00%
	xx-xxx1488	0.00%
	xx-xxx2088	0.00%
	xx-xxx7285	0.00%
	xx-xxx0198	0.00%
	xx-xxx0456	0.00%
	xx-xxx2502	0.00%
	xx-xxx5139	0.00%
	xx-xxx2544	0.00%
	xx-xxx7016	0.01%
	xx-xxx3912	0.00%
	xx-xxx1313	0.00%
	xx-xxx8686	0.00%
	xx-xxx7487	0.00%
	xx-xxx0290	0.00%
	xx-xxx0596	0.00%
	xx-xxx0848	0.00%
	xx-xxx0883	0.00%
	xx-xxx2520	0.02%
	xx-xxx6930	0.00%
	xx-xxx4545	0.01%
	xx-xxx7545	0.00%
	xx-xxx1116	0.01%
	xx-xxx9656	0.00%
	xx-xxx0106	0.02%
	xx-xxx4581	0.03%
	xx-xxx6368	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx8137	0.00%
	xx-xxx9078	0.01%
	xx-xxx8207	0.02%
	xx-xxx9017	0.00%
	xx-xxx9353	0.00%
	xx-xxx2399	0.01%
	xx-xxx6670	0.00%
	xx-xxx1200	0.00%
	xx-xxx5148	0.00%
	xx-xxx5422	0.00%
	xx-xxx9278	0.01%
	xx-xxx2908	0.00%
	xx-xxx7497	0.00%
	xx-xxx9905	0.00%
	xx-xxx0645	0.00%
	xx-xxx9716	0.00%
	xx-xxx0046	0.00%
	xx-xxx5760	0.01%
	xx-xxx9883	0.00%
	xx-xxx2316	0.00%
	xx-xxx5980	0.00%
	xx-xxx8110	0.00%
	xx-xxx0960	0.00%
	xx-xxx4618	0.01%
	xx-xxx2091	0.00%
	xx-xxx5153	0.00%
	xx-xxx5935	0.00%
	xx-xxx3481	0.00%
	xx-xxx2416	0.00%
	xx-xxx9443	0.00%
	xx-xxx3882	0.00%
	xx-xxx2870	0.00%
	xx-xxx0576	0.00%
	xx-xxx6529	0.00%
	xx-xxx0551	0.00%
	xx-xxx6690	0.00%
	xx-xxx9214	0.00%
	xx-xxx1074	0.00%
	xx-xxx2809	0.00%
	xx-xxx1960	0.00%
	xx-xxx5964	0.00%
	xx-xxx5653	0.00%
	xx-xxx7434	0.00%
	xx-xxx1605	0.00%
	xx-xxx0519	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6694	0.00%
	xx-xxx0894	0.01%
	xx-xxx2524	0.03%
	xx-xxx5555	0.00%
	xx-xxx0041	0.01%
	xx-xxx6846	0.00%
	xx-xxx1446	0.00%
	xx-xxx4930	0.01%
	xx-xxx5931	0.00%
	xx-xxx8971	0.00%
	xx-xxx0552	0.01%
	xx-xxx8351	0.06%
	xx-xxx8646	0.02%
	xx-xxx9984	0.01%
	xx-xxx1332	0.01%
	xx-xxx1894	0.00%
	xx-xxx7189	0.01%
	xx-xxx5365	0.00%
	xx-xxx8313	0.03%
	xx-xxx3330	0.03%
	xx-xxx9834	0.00%
	xx-xxx6448	0.00%
	xx-xxx5949	0.04%
	xx-xxx2494	0.00%
	xx-xxx8999	0.01%
	xx-xxx1391	0.00%
	xx-xxx1307	0.00%
	xx-xxx5164	0.00%
	xx-xxx0799	0.03%
	xx-xxx1393	0.03%
	xx-xxx8597	0.00%
	xx-xxx4219	0.00%
	xx-xxx6481	0.01%
	xx-xxx4641	0.00%
	xx-xxx5792	0.03%
	xx-xxx4806	0.00%
	xx-xxx6548	0.00%
	xx-xxx9869	0.00%
	xx-xxx4156	0.03%
	xx-xxx3478	0.00%
	xx-xxx0570	0.22%
	xx-xxx6153	0.01%
	xx-xxx1989	0.01%
	xx-xxx8045	0.01%
	xx-xxx2142	0.03%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7047	0.01%
	xx-xxx3709	0.12%
	xx-xxx6097	0.04%
	xx-xxx0090	0.02%
	xx-xxx9624	0.00%
	xx-xxx0364	0.00%
	xx-xxx6271	0.00%
	xx-xxx8556	0.04%
	xx-xxx2074	0.01%
	xx-xxx8007	0.00%
	xx-xxx6429	0.01%
	xx-xxx1484	0.01%
	xx-xxx1370	0.02%
	xx-xxx3110	0.06%
	xx-xxx9585	0.01%
	xx-xxx2030	0.01%
	xx-xxx3753	0.05%
	xx-xxx9481	0.04%
	xx-xxx1736	0.04%
	xx-xxx4323	0.01%
	xx-xxx9575	0.00%
	xx-xxx2187	0.01%
	xx-xxx0083	0.00%
	xx-xxx1231	0.00%
	xx-xxx4601	0.00%
	xx-xxx5265	0.00%
	xx-xxx1011	0.02%
	xx-xxx9982	0.00%
	xx-xxx0171	0.09%
	xx-xxx2048	0.00%
	xx-xxx3005	0.03%
	xx-xxx1922	0.01%
	xx-xxx8062	0.02%
	xx-xxx2630	0.03%
	xx-xxx8685	0.01%
	xx-xxx9852	0.00%
	xx-xxx5593	0.01%
	xx-xxx6854	0.01%
	xx-xxx6519	0.01%
	xx-xxx6323	0.00%
	xx-xxx6624	0.05%
	xx-xxx7417	0.03%
	xx-xxx7085	0.00%
	xx-xxx2697	0.01%
	xx-xxx2020	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2120	0.00%
	xx-xxx9345	0.01%
	xx-xxx2960	0.03%
	xx-xxx3753	0.05%
	xx-xxx5934	0.02%
	xx-xxx8829	0.11%
	xx-xxx9163	0.05%
	xx-xxx9527	0.00%
	xx-xxx8494	0.01%
	xx-xxx5490	0.01%
	xx-xxx0035	0.09%
	xx-xxx3115	0.34%
	xx-xxx6637	0.02%
	xx-xxx1313	0.01%
	xx-xxx6041	0.03%
	xx-xxx9260	0.05%
	xx-xxx6660	0.02%
	xx-xxx3130	0.02%
	xx-xxx7449	0.01%
	xx-xxx7727	0.00%
	xx-xxx1740	0.01%
	xx-xxx6544	0.00%
	xx-xxx0062	0.06%
	xx-xxx6186	0.10%
	xx-xxx5826	0.00%
	xx-xxx1169	0.02%
	xx-xxx9012	0.09%
	xx-xxx7791	0.03%
	xx-xxx4181	0.04%
	xx-xxx7332	0.04%
	xx-xxx3254	0.01%
	xx-xxx5461	0.03%
	xx-xxx4583	0.01%
	xx-xxx5206	0.00%
	xx-xxx4351	0.00%
	xx-xxx0276	0.07%
	xx-xxx2576	0.06%
	xx-xxx7212	0.03%
	xx-xxx6166	0.02%
	xx-xxx1555	0.01%
	xx-xxx6579	0.11%
	xx-xxx9653	0.01%
	xx-xxx0040	0.01%
	xx-xxx7265	0.00%
	xx-xxx0820	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1950	0.21%
	xx-xxx9540	0.06%
	xx-xxx4212	0.02%
	xx-xxx5613	0.03%
	xx-xxx3826	0.02%
	xx-xxx6152	0.17%
	xx-xxx8859	0.04%
	xx-xxx6552	0.02%
	xx-xxx4679	0.00%
	xx-xxx5432	0.04%
	xx-xxx7676	0.17%
	xx-xxx4961	0.04%
	xx-xxx4403	0.11%
	xx-xxx2275	0.04%
	xx-xxx6163	0.03%
	xx-xxx5985	0.00%
	xx-xxx8032	0.00%
	xx-xxx0850	0.77%
	xx-xxx3197	0.09%
	xx-xxx1056	0.00%
	xx-xxx4871	0.01%
	xx-xxx1780	0.08%
	xx-xxx7317	0.29%
	xx-xxx4352	0.00%
	xx-xxx7543	0.01%
	xx-xxx2137	0.10%
	xx-xxx7319	0.03%
	xx-xxx4261	0.07%
	xx-xxx0097	0.02%
	xx-xxx9334	0.00%
	xx-xxx8328	0.01%
	xx-xxx4026	0.26%
	xx-xxx6475	0.00%
	xx-xxx0815	0.04%
	xx-xxx5751	0.00%
	xx-xxx3047	0.04%
	xx-xxx3113	0.18%
	xx-xxx7501	0.00%
	xx-xxx3652	0.03%
	xx-xxx6754	0.02%
	xx-xxx8961	0.02%
	xx-xxx1947	0.02%
	xx-xxx9307	0.02%
	xx-xxx9701	0.08%
	xx-xxx3925	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1437	0.04%
	xx-xxx0524	0.01%
	xx-xxx5188	0.04%
	xx-xxx9366	0.01%
	xx-xxx4312	0.00%
	xx-xxx8440	0.04%
	xx-xxx1166	0.00%
	xx-xxx1629	0.26%
	xx-xxx0940	0.06%
	xx-xxx8142	0.02%
	xx-xxx5777	0.01%
	xx-xxx9558	0.00%
	xx-xxx4146	0.06%
	xx-xxx2098	0.01%
	xx-xxx0573	0.03%
	xx-xxx5225	0.06%
	xx-xxx5829	0.05%
	xx-xxx6270	0.00%
	xx-xxx0714	0.05%
	xx-xxx4555	0.10%
	xx-xxx4067	0.02%
	xx-xxx4147	0.01%
	xx-xxx1938	0.02%
	xx-xxx0129	0.01%
	xx-xxx3623	0.05%
	xx-xxx5947	0.01%
	xx-xxx6975	0.01%
	xx-xxx4577	0.00%
	xx-xxx8156	0.00%
	xx-xxx1934	0.04%
	xx-xxx3035	0.07%
	xx-xxx5983	0.00%
	xx-xxx4998	0.03%
	xx-xxx9093	0.00%
	xx-xxx5220	0.00%
	xx-xxx1265	0.01%
	xx-xxx7783	0.02%
	xx-xxx5119	0.01%
	xx-xxx9151	0.00%
	xx-xxx7278	0.00%
	xx-xxx3783	0.02%
	xx-xxx6069	0.02%
	xx-xxx7700	0.00%
	xx-xxx4009	0.05%
	xx-xxx5958	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1848	0.00%
	xx-xxx8013	0.01%
	xx-xxx9107	0.12%
	xx-xxx5394	0.00%
	xx-xxx0539	0.01%
	xx-xxx8945	0.00%
	xx-xxx5000	0.08%
	xx-xxx1928	0.03%
	xx-xxx9826	0.06%
	xx-xxx5500	0.16%
	xx-xxx7147	0.07%
	xx-xxx1617	0.00%
	xx-xxx4907	0.44%
	xx-xxx2054	0.01%
	xx-xxx9540	0.50%
	xx-xxx3279	0.20%
	xx-xxx0869	0.01%
	xx-xxx2189	0.05%
	xx-xxx9779	0.01%
	xx-xxx6389	0.03%
	xx-xxx9187	0.05%
	xx-xxx0072	0.23%
	xx-xxx9411	0.00%
	xx-xxx5939	0.00%
	xx-xxx5655	0.02%
	xx-xxx2125	0.00%
	xx-xxx0816	0.00%
	xx-xxx8084	0.06%
	xx-xxx7195	0.04%
	xx-xxx6900	0.16%
	xx-xxx2187	0.02%
	xx-xxx8094	0.13%
	xx-xxx9027	0.01%
	xx-xxx0057	0.03%
	xx-xxx8525	0.02%
	xx-xxx8773	0.00%
	xx-xxx5412	0.02%
	xx-xxx0396	0.00%
	xx-xxx7602	0.34%
	xx-xxx2012	0.00%
	xx-xxx0716	0.04%
	xx-xxx1000	0.05%
	xx-xxx3494	0.00%
	xx-xxx2063	0.01%
	xx-xxx6258	0.04%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx8108	0.02%
	xx-xxx8607	0.03%
	xx-xxx4822	0.20%
	xx-xxx9299	0.09%
	xx-xxx0851	0.00%
	xx-xxx8026	0.00%
	xx-xxx0505	0.05%
	xx-xxx3018	0.00%
	xx-xxx8750	0.02%
	xx-xxx8263	0.01%
	xx-xxx6449	0.02%
	xx-xxx9934	0.04%
	xx-xxx5567	0.04%
	xx-xxx9996	0.05%
	xx-xxx4060	0.02%
	xx-xxx0780	0.18%
	xx-xxx4263	0.09%
	xx-xxx1446	0.09%
	xx-xxx3637	0.03%
	xx-xxx9436	0.24%
	xx-xxx7347	0.43%
	xx-xxx7255	0.01%
	xx-xxx7058	0.09%
	xx-xxx5703	0.25%
	xx-xxx1097	0.00%
	xx-xxx2388	0.23%
	xx-xxx6388	0.56%
	xx-xxx2308	0.06%
	xx-xxx7936	0.06%
	xx-xxx3360	0.00%
	xx-xxx3559	0.00%
	xx-xxx2768	0.01%
	xx-xxx8659	0.26%
	xx-xxx8392	0.02%
	xx-xxx2822	0.01%
	xx-xxx4595	0.15%
	xx-xxx3671	0.07%
	xx-xxx5629	0.06%
	xx-xxx2270	0.01%
	xx-xxx3719	0.00%
	xx-xxx3850	0.01%
	xx-xxx1363	0.05%
	xx-xxx4649	0.00%
	xx-xxx9408	0.01%
	xx-xxx5476	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4666	0.00%
	xx-xxx2783	0.04%
	xx-xxx9061	0.05%
	xx-xxx7786	0.00%
	xx-xxx9724	0.03%
	xx-xxx3929	0.00%
	xx-xxx6176	0.04%
	xx-xxx9498	0.06%
	xx-xxx1881	0.04%
	xx-xxx7306	0.02%
	xx-xxx1267	0.03%
	xx-xxx2536	0.68%
	xx-xxx7073	0.06%
	xx-xxx4851	0.00%
	xx-xxx4014	0.00%
	xx-xxx1432	0.00%
	xx-xxx1149	0.02%
	xx-xxx7508	0.02%
	xx-xxx3471	0.00%
	xx-xxx0736	0.01%
	xx-xxx5009	0.00%
	xx-xxx5006	0.00%
	xx-xxx0903	0.00%
	xx-xxx6115	0.00%
	xx-xxx5552	0.19%
	xx-xxx9468	0.14%
	xx-xxx1712	0.00%
	xx-xxx7063	0.06%
	xx-xxx5625	0.05%
	xx-xxx3899	0.01%
	xx-xxx8204	0.03%
	xx-xxx8315	0.10%
	xx-xxx5821	0.00%
	xx-xxx7772	0.05%
	xx-xxx7213	0.01%
	xx-xxx9161	0.01%
	xx-xxx9573	0.01%
	xx-xxx3633	0.10%
	xx-xxx1360	0.00%

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2016****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☐ a single-employer plan ☐ a DFE (specify) _____
- 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) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan TRINET 401K PLAN	1b Three-digit plan number (PN) ▶ 334
	1c Effective date of plan 01/01/2003
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) TriNet HR III, Inc. 9000 TOWN CENTER PARKWAY BRADENTON, FL 34202	2b Employer Identification Number (EIN) 48-1304650
	2c Plan Sponsor's telephone number (800) 243-8489
	2d Business code (see instructions) 541214

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 	9/15/2017	William Porter
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)		Preparer's telephone number

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

Form 5500 (2016)
v. 160205

2017-09-13 10:31:05 774-05 00

TRINET 401(K) PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Employer Identification Number (EIN): 48-1304650

Plan Number: 334

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (if applicable)	(e) Current Value
*	Transmerica Pooled Separate Account	American Century Mid Cap Value	\$ 62,545,564
*	Transmerica Pooled Separate Account	American Funds New Perspective Ret Acct	40,702,630
*	Transmerica Pooled Separate Account	Franklin Small Cap Value Ret Acct	32,458,152
*	Transmerica Pooled Separate Account	Goldman Sachs Mid-Cap Opportunities Ret Acct	38,369,780
*	Transmerica Pooled Separate Account	Invesco International Growth Ret Acct	24,367,256
*	Transmerica Pooled Separate Account	Janus Triton Ret Acct	51,123,268
*	Transmerica Pooled Separate Account	Morgan Stanley Growth Ret Acct	109,155,328
*	Transmerica Pooled Separate Account	Oakmark International Ret Acct	19,034,584
*	Transmerica Pooled Separate Account	PIMCO Total Return Ret Acct	42,319,264
*	Transmerica Pooled Separate Account	RidgeWorth Large Cap Value Equity Ret Acct	55,525,674
*	Transmerica Pooled Separate Account	SSgA Emerging Markets Index Ret Acct	6,753,661
*	Transmerica Pooled Separate Account	SSgA International Index Ret Acct	15,672,968
*	Transmerica Pooled Separate Account	SSgA Russell Small Cap Index Ret Acct	28,167,610
*	Transmerica Pooled Separate Account	SSgA S&P Mid Cap Index Ret Acct	43,582,205
*	Transmerica Pooled Separate Account	SSgA U.S. Bond Index Ret Acct	33,276,659
*	TR Transamerica Stable Value	General Account Obligation	122,457,709
*	Transmerica Pooled Separate Account	Transamerica Partners Stock Index Ret Acct	109,048,880
*	Transmerica Pooled Separate Account	Vanguard REIT Index Ret Acct	38,798,699
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2010 Ret Acct	9,819,698
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2015 Ret Acct	39,013,600
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2020 Ret Acct	78,758,459
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2025 Ret Acct	123,232,467
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2030 Ret Acct	134,310,873
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2035 Ret Acct	155,726,066
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2040 Ret Acct	131,503,607
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2045 Ret Acct	128,988,360
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2050 Ret Acct	95,090,127
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2055 Ret Acct	51,830,680
*	Transmerica Pooled Separate Account	Vanguard Target Retirement 2060 Ret Acct	8,614,595
*	Transmerica Pooled Separate Account	Vanguard Target Retirement Income Ret Acct	13,735,716
			1,843,984,139
*	Participant Loans	(1.00% - 12.00% - various maturities)	30,054,430
			\$ 1,874,038,569

* Party-in-interest