

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLACKROCK HEALTH SCIENCES OPS RET OPT; 1b Three-digit plan number (PN): 365; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE (NEIL KOENCK, 08/21/2025).

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

Form 5500 (2024) v. 240311

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

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

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

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

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

| | | |
|--|--|------------|
| A Name of plan <u>BLACKROCK HEALTH SCIENCES OPS RET OPT</u> | B Three-digit plan number (PN) ▶ | <u>365</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> | D Employer Identification Number (EIN) <u>39-0989781</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|---|----------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
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| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A. | c EIN-PN 59-3188239-001 |
| a | Plan name | COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | COLORADO SURGICAL AFFILIATES, LLC | c EIN-PN 81-3228396-001 |
| a | Plan name | DIAKON LOGISTICS 401(K) PLAN | |
| b | Name of plan sponsor | DIAKON LOGISTICS, INC. | c EIN-PN 20-0446970-001 |
| a | Plan name | EDC OF DENVER, LLC 401(K) PLAN | |
| b | Name of plan sponsor | EDC OF DENVER, LLC | c EIN-PN 84-1595162-001 |
| a | Plan name | FAMILY PET CLINIC OF REDONDO BEACH 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | KKD PET VET | c EIN-PN 46-1590293-001 |
| a | Plan name | FOUR WHEELS OF TEXAS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | FOUR WHEELS OF TEXAS, INC. | c EIN-PN 75-2631966-001 |
| a | Plan name | FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | FRANK MARTIN SONS, INC. | c EIN-PN 01-0279609-003 |
| a | Plan name | HAUCK BROS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | HAUCK BROTHERS, INC. | c EIN-PN 31-0599870-001 |
| a | Plan name | J & P PAVING MASONRY & SEALANT RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | J & P PAVING MASONRY & SEALANT, INC. | c EIN-PN 31-1121622-001 |
| a | Plan name | J. AMBROGI FOOD DISTRIBUTORS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | J. AMBROGI FOOD DISTRIBUTION, INC. | c EIN-PN 51-0297646-001 |
| a | Plan name | LAVIN NATIONAL, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LAVIN NATIONAL, LLC | c EIN-PN 72-1482691-001 |
| a | Plan name | LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN | |
| b | Name of plan sponsor | LAW OFFICES OF ANDREW BLUMER | c EIN-PN 41-2145148-777 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name LAW OFFICES OF BRETT R. WISHART 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor LAW OFFICES OF BRETT R. WISHART | c EIN-PN 46-5127007-001 |
| a | Plan name MARCOS CONSTRUCTION, INC. CASH BALANCE PLAN | |
| b | Name of plan sponsor MARCOS CONSTRUCTIONS INC. | c EIN-PN 68-0512537-002 |
| a | Plan name MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN | |
| b | Name of plan sponsor MERRITT ISLAND AIR AND HEAT INC. | c EIN-PN 81-0579482-001 |
| a | Plan name MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor MOORETOWN RANCHERIA | c EIN-PN 68-0152435-003 |
| a | Plan name NORTHERN BUSINESS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor NORTHERN BUSINESS PRODUCTS, INC. | c EIN-PN 41-1423060-001 |
| a | Plan name NORTHERN ENERGY SERVICES, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor NORTHERN ENERGY SERVICES, INC. | c EIN-PN 04-3308382-001 |
| a | Plan name NORTHERN NJ CHAPTER, INC. NECA SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor NORTHERN NJ CHAPTER, INC. NECA | c EIN-PN 22-1455827-002 |
| a | Plan name NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN | |
| b | Name of plan sponsor NORTHWEST EYE CENTER S.C. | c EIN-PN 36-3145951-002 |
| a | Plan name PACIFIC DESIGN AND SOURCING 401(K) PLAN | |
| b | Name of plan sponsor PACIFIC DESIGN AND SOURCING | c EIN-PN 27-2403668-001 |
| a | Plan name PROPOINT TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PROPOINT TECHNOLOGY, INC | c EIN-PN 20-2925475-001 |
| a | Plan name PROSPERA LAW, LLP 401(K) PLAN | |
| b | Name of plan sponsor PROSPERA LAW, LLP | c EIN-PN 27-3613349-001 |
| a | Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor PROTECTION TECHNOLOGIES, INC. | c EIN-PN 88-0163638-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name REYES & SONS ELECTRIC, INC. PREVAILING WAGE RETIREMENT PLAN | |
| b | Name of plan sponsor REYES & SONS ELECTRIC, INC. | c EIN-PN 27-0007015-001 |
| a | Plan name RFNRCPAS RETIREMENT PLAN | |
| b | Name of plan sponsor RFNR, LLP | c EIN-PN 95-4664923-001 |
| a | Plan name RGS & G 401(K) PLAN | |
| b | Name of plan sponsor RUBIN, GLICKMAN, STEINBERG AND GIFFORD | c EIN-PN 23-2125472-002 |
| a | Plan name SABOT TECHNOLOGIES, INC. 401(K) PLAN & TRUST | |
| b | Name of plan sponsor SABOT TECHNOLOGIES, INC. | c EIN-PN 68-0462138-001 |
| a | Plan name SIGNMEDIA, INC. 401(K) PLAN | |
| b | Name of plan sponsor SIGNMEDIA, INC. | c EIN-PN 54-1254298-001 |
| a | Plan name SILVER CREEK MODULAR LLC 401(K) PLAN | |
| b | Name of plan sponsor SILVER CREEK MODULAR LLC | c EIN-PN 92-3730178-001 |
| a | Plan name STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor STEVENS CHILDREN'S HOME, INC. | c EIN-PN 04-2105950-002 |
| a | Plan name STEVENS TRANSPORTATION, INC. 401(K) PLAN | |
| b | Name of plan sponsor STEVENS TRANSPORTATION, INC. | c EIN-PN 77-0009655-001 |
| a | Plan name TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC. | c EIN-PN 84-2050914-001 |
| a | Plan name UNIVERSAL TAPE SUPPLY CORP. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor UNIVERSAL TAPE SUPPLY CORP. | c EIN-PN 22-1814877-002 |
| a | Plan name W.S. UNEMORI ENGINEERING, INC. PROFIT SHARING/401(K) PLAN | |
| b | Name of plan sponsor WARREN S. UNEMORI ENGINEERING, INC. | c EIN-PN 99-0149848-002 |
| a | Plan name XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN | |
| b | Name of plan sponsor XP SERVICES, INC. | c EIN-PN 80-0316734-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | AIR GROUP, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | AIR GROUP, LLC | c EIN-PN 22-3620908-001 |
| a | Plan name | ARBOR AND PIA EMPLOYEE RETIREMENT PLAN | |
| b | Name of plan sponsor | ARBOR INSURANCE GROUP | c EIN-PN 23-2669484-001 |
| a | Plan name | ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ARCHITECTURE, INC. | c EIN-PN 54-1371604-001 |
| a | Plan name | AZTECS TELECOM, INC. 401(K) PLAN | |
| b | Name of plan sponsor | AZTECS TELECOM, INC. | c EIN-PN 33-0915556-001 |
| a | Plan name | EDUCATIUS GROUP 401(K) PLAN | |
| b | Name of plan sponsor | EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL | c EIN-PN 26-4005699-001 |
| a | Plan name | FAMMA GROUP, INC. 401(K) PLAN | |
| b | Name of plan sponsor | FAMMA GROUP, INC. | c EIN-PN 45-5002659-001 |
| a | Plan name | FRC 401(K) PLAN | |
| b | Name of plan sponsor | THE FINANCIAL RESOURCE CENTER, INC. | c EIN-PN 35-1883522-001 |
| a | Plan name | GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP. | c EIN-PN 95-4126355-001 |
| a | Plan name | GRAEAGLE CONSTRUCTION 401(K) PLAN | |
| b | Name of plan sponsor | GRAEAGLE CONSTRUCTION | c EIN-PN 88-0499070-001 |
| a | Plan name | LAWYERS FOR JUSTICE PC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | LAWYERS FOR JUSTICE PC | c EIN-PN 27-4652068-001 |
| a | Plan name | MARIO SUSI & SON, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MARIO SUSI & SON, INC. | c EIN-PN 04-2213066-003 |
| a | Plan name | NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | NUHORIZON PROPERTIES, LLC | c EIN-PN 38-3521185-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PUTNAM TRUCKING, INC. | c EIN-PN 37-1272751-001 |
| a | Plan name | SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | SIMPSON SPENCE YOUNG | c EIN-PN 13-5395270-001 |
| a | Plan name | SKANES TECHNOLOGY GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | SKANES TECHNOLOGY GROUP, LLC | c EIN-PN 27-1433006-001 |
| a | Plan name | THA ARCHITECTS ENGINEERS 401(K) PLAN | |
| b | Name of plan sponsor | TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC. | c EIN-PN 38-1561901-002 |
| a | Plan name | THE ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | THE ART OF MANAGEMENT, LLP | c EIN-PN 47-2620180-001 |
| a | Plan name | VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN | |
| b | Name of plan sponsor | VACCINE RESEARCH INSTITUTE OF SAN DIEGO | c EIN-PN 33-0903864-001 |
| a | Plan name | VALLEY BULK, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | VALLEY BULK, INC. | c EIN-PN 33-0674207-001 |
| a | Plan name | YC RUBBER CO. (NORTH AMERICA) LLC 401(K) PLAN | |
| b | Name of plan sponsor | YC RUBBER CO. (NORTH AMERICA) LLC | c EIN-PN 47-2227720-001 |
| a | Plan name | ALERT-O-LITE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ALERT-O-LITE, INC. | c EIN-PN 94-2752915-001 |
| a | Plan name | AREA AMBULANCE SERVICE 401(K) PLAN | |
| b | Name of plan sponsor | AREA AMBULANCE SERVICE | c EIN-PN 20-3693455-001 |
| a | Plan name | ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN | |
| b | Name of plan sponsor | ARIAS, TOVAR & ASSOCIATES, P.A. | c EIN-PN 65-0971956-001 |
| a | Plan name | BOATMATE TRAILERS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | BOATMATE TRAILERS, LLC | c EIN-PN 20-8965178-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a Plan name | BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN | |
| b Name of plan sponsor | BOB RIDINGS, INC. | c EIN-PN 37-0994988-001 |
| a Plan name | BOG FARM, INC. PROFIT SHARING 401(K) PLAN & TRUST | |
| b Name of plan sponsor | BOG FARM, INC. | c EIN-PN 39-1642606-002 |
| a Plan name | CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN | |
| b Name of plan sponsor | CANNON MEDICAL, INC. | c EIN-PN 94-3251623-001 |
| a Plan name | CANYON MEDICAL CENTER 401(K) RETIREMENT PLAN | |
| b Name of plan sponsor | R. MUTHAIAH, M.D., P.C. DBA CANYON MEDICAL CENTER | c EIN-PN 20-3215319-001 |
| a Plan name | CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN | |
| b Name of plan sponsor | CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC. | c EIN-PN 85-0210055-002 |
| a Plan name | CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | CHEM PRO LABORATORY, INC. | c EIN-PN 95-2297708-001 |
| a Plan name | COMMUNITY CHEVROLET COMPANY 401(K) PLAN | |
| b Name of plan sponsor | COMMUNITY CHEVROLET COMPANY | c EIN-PN 84-0502030-002 |
| a Plan name | CYPRESS POINT CLUB 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | CYPRESS POINT CLUB | c EIN-PN 94-6008058-002 |
| a Plan name | D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN | |
| b Name of plan sponsor | D R SUMMIT WEALTH MANAGEMENT, INC. | c EIN-PN 27-1552262-001 |
| a Plan name | LESLY KAHN & COMPANY 401(K) PLAN | |
| b Name of plan sponsor | LESLY KAHN & COMPANY | c EIN-PN 95-4820708-001 |
| a Plan name | MBPIA 401(K) SAVINGS PLAN | |
| b Name of plan sponsor | MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION | c EIN-PN 38-1956049-002 |
| a Plan name | RAVEN RESOURCES, LLC 401(K) PLAN | |
| b Name of plan sponsor | RAVEN RESOURCES, LLC | c EIN-PN 36-4618634-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name SOUTHSIDE PEDIATRICS OF AIKEN, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SOUTHSIDE PEDIATRICS OF AIKEN, LLC | c EIN-PN 56-2228905-001 |
| a | Plan name SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor SOUTHWEST 66 CREDIT UNION | c EIN-PN 75-0815084-002 |
| a | Plan name THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN | |
| b | Name of plan sponsor THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC. | c EIN-PN 04-2103792-003 |
| a | Plan name TRIPLE CROWN PRODUCTS 401(K) EMPLOYEE SAVINGS AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor TRIPLE CROWN PRODUCTS | c EIN-PN 39-1785048-001 |
| a | Plan name A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor A CENTER FOR VISIONCARE | c EIN-PN 95-4435884-001 |
| a | Plan name A WISIALKO AND COMPANY 401(K) PLAN | |
| b | Name of plan sponsor A WISIALKO AND COMPANY LLC | c EIN-PN 46-1598908-001 |
| a | Plan name A-1 SERVICE INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor A-1 SERVICE INC. | c EIN-PN 72-0692706-001 |
| a | Plan name BARNARD MANUFACTURING CO., INC. 401(K) PLAN | |
| b | Name of plan sponsor BARNARD MANUFACTURING CO., INC. | c EIN-PN 38-1842231-001 |
| a | Plan name BUILDERS IRON SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor BUILDERS IRON | c EIN-PN 38-3128186-001 |
| a | Plan name CHILDPLACE, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor CHILDPLACE, INC. | c EIN-PN 35-1129180-001 |
| a | Plan name CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CHILDREN'S RECEIVING HOME OF SACRAMENTO | c EIN-PN 94-1322166-001 |
| a | Plan name CORRA 401(K) PLAN | |
| b | Name of plan sponsor CORRA | c EIN-PN 04-3819932-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name DMA HOLDINGS 401(K) PLAN | |
| b | Name of plan sponsor DMA HOLDINGS, INC. | c EIN-PN 26-1547833-001 |
| a | Plan name ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE | c EIN-PN 27-0047953-001 |
| a | Plan name FSY ARCHITECTS 401(K) PLAN | |
| b | Name of plan sponsor FSY ARCHITECTS | c EIN-PN 95-4638941-001 |
| a | Plan name FULCRUM TECHNOLOGIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor FULCRUM TECHNOLOGIES, INC. | c EIN-PN 77-0357662-001 |
| a | Plan name GUINCO SERVICE 401(K) PLAN | |
| b | Name of plan sponsor GUINCO ENTERPRISES CORPORATION | c EIN-PN 46-5256563-001 |
| a | Plan name HY-TEST SAFETY SHOE SERVICE, INC. PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor HY-TEST SAFETY SHOE SERVICE, INC. | c EIN-PN 39-1533534-001 |
| a | Plan name JOHN MOORE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor JOHN MOORE & ASSOCIATES, INC. | c EIN-PN 62-0867747-001 |
| a | Plan name JOHN P. FRANGIE, M.D., P.C. RETIREMENT PLAN | |
| b | Name of plan sponsor JOHN P. FRANGIE, M.D., P.C. | c EIN-PN 46-0538578-001 |
| a | Plan name JOHN R. MADISON, M.D., INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor JOHN R. MADISON, M.D., INC. | c EIN-PN 34-1080310-002 |
| a | Plan name BASIS INTERNATIONAL LTD. 401(K) PLAN | |
| b | Name of plan sponsor BASIS INTERNATIONAL LTD. | c EIN-PN 85-0327924-001 |
| a | Plan name BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor BUILDING SYSTEMS TRANSPORTATION CO. | c EIN-PN 31-1289790-001 |
| a | Plan name CHINATOWN PHARMACY 401(K) PLAN | |
| b | Name of plan sponsor CHINATOWN PHARMACY | c EIN-PN 47-5552705-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name ESSNER MANUFACTURING, L.P. 401(K) PLAN | |
| b | Name of plan sponsor ESSNER MANUFACTURING, L.P. | c EIN-PN 52-2439789-001 |
| a | Plan name GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN | |
| b | Name of plan sponsor GAINLINE FINANCIAL PARTNERS, LLC | c EIN-PN 87-2523664-001 |
| a | Plan name HAGOOD HOMES, INC. 401(K) PLAN | |
| b | Name of plan sponsor HAGOOD HOMES, INC. | c EIN-PN 56-1965580-001 |
| a | Plan name JOHNSON COUNTY DERMATOLOGY, P. A. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor JOHNSON COUNTY DERMATOLOGY, P.A. | c EIN-PN 04-3586031-002 |
| a | Plan name JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor JOHNSON FINANCIAL SOLUTIONS, INC. | c EIN-PN 20-8464483-001 |
| a | Plan name JOHNSON QUARRIES 401(K) PLAN | |
| b | Name of plan sponsor JOHNSON QUARRIES, INC. | c EIN-PN 23-2976143-001 |
| a | Plan name LIBB COMPANY 401(K) PLAN | |
| b | Name of plan sponsor LIBB COMPANY, INC. | c EIN-PN 34-1115976-001 |
| a | Plan name MCDONALD LIQUOR INC. 401(K) PLAN | |
| b | Name of plan sponsor MCDONALD LIQUOR INC. | c EIN-PN 41-1833330-001 |
| a | Plan name MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN | |
| b | Name of plan sponsor MCDONALDS' DESIGN & BUILD, INC. | c EIN-PN 34-1313478-001 |
| a | Plan name MUNCIE FAMILY DENTAL CARE, INC. 401(K) PLAN | |
| b | Name of plan sponsor MUNCIE FAMILY DENTAL CARE, INC. | c EIN-PN 35-1520023-001 |
| a | Plan name MUSSEY FORESTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MUSSEY FORESTS, INC. | c EIN-PN 25-0683190-001 |
| a | Plan name MUSTO WINE GRAPE CO, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MUSTO WINE GRAPE CO, LLC | c EIN-PN 26-1316055-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. | c EIN-PN 95-1685796-002 |
| a | Plan name | RAZOR, USA, LLC EMPLOYEES' 401(K) PLAN | |
| b | Name of plan sponsor | RAZOR, USA, LLC | c EIN-PN 95-4807765-001 |
| a | Plan name | RDC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ROCK & DIRT CONSTRUCTION | c EIN-PN 20-0382886-001 |
| a | Plan name | SPAULDING BRICK CO., INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SPAULDING BRICK CO., INC. | c EIN-PN 04-1203530-001 |
| a | Plan name | SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SAMCO PROPERTIES, INC. | c EIN-PN 59-2396906-001 |
| a | Plan name | THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | THE CLASSIC CATERING PEOPLE, INC. | c EIN-PN 52-1715183-001 |
| a | Plan name | TRUE STONE COFFEE ROASTERS 401(K) PLAN | |
| b | Name of plan sponsor | TRUE STONE COFFEE ROASTERS | c EIN-PN 11-3684648-001 |
| a | Plan name | TRUXAW & ASSOCIATES 401(K) PLAN | |
| b | Name of plan sponsor | JOSEPH C. TRUXAW AND ASSOCIATES, INC. | c EIN-PN 95-2992708-001 |
| a | Plan name | ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ABSOLUTE BUSINESS SOLUTIONS CORPORATION | c EIN-PN 54-2061431-777 |
| a | Plan name | ABSOLUTE ENERGY RETIREMENT PLAN | |
| b | Name of plan sponsor | ABSOLUTE ENERGY, L.L.C | c EIN-PN 20-3841025-777 |
| a | Plan name | ALIKA C. GARCIA 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ALIKA C. GARCIA | c EIN-PN 81-0742572-001 |
| a | Plan name | ALLEN'S TREE SERVICE, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ALLEN'S TREE SERVICE, INC. | c EIN-PN 58-1997275-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | BOOTHWYN PHARMACY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | BPI HOLDINGS, LLC | c EIN-PN 23-2774727-001 |
| a | Plan name | CARDIOLOGY & VASCULAR ASSOCIATES, P.C. 401(K) SAFE HARBOR PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CARDIOLOGY & VASCULAR ASSOCIATES, P.C. | c EIN-PN 38-3468933-001 |
| a | Plan name | COMMUNITY TIES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | COMMUNITY TIES OF AMERICA, INC. | c EIN-PN 62-1733882-001 |
| a | Plan name | COMPREHENSIVE DENTAL SERVICES, LTD. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | COMPREHENSIVE DENTAL SERVICES, LTD. | c EIN-PN 39-1154725-001 |
| a | Plan name | FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN | |
| b | Name of plan sponsor | FEDERAL MACHINERY & EQUIPMENT COMPANY | c EIN-PN 34-0811973-001 |
| a | Plan name | GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. | c EIN-PN 20-8143829-001 |
| a | Plan name | HERITAGE ACADEMY 401(K) PLAN | |
| b | Name of plan sponsor | EDUCATION SERVICES DBA HERITAGE ACADEMY | c EIN-PN 57-1002951-001 |
| a | Plan name | INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | INDEPENDENCE BANCSHARES, INC. | c EIN-PN 42-1191386-001 |
| a | Plan name | KEYSTONE SPRING SERVICE, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | KEYSTONE SPRING SERVICE, INC. | c EIN-PN 25-1329257-002 |
| a | Plan name | LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LINGLE DESIGN GROUP | c EIN-PN 36-4398800-001 |
| a | Plan name | MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MARPLES GEARS, INC. | c EIN-PN 95-4226164-001 |
| a | Plan name | MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | NEWBRIDGE SECURITIES CORPORATION | c EIN-PN 54-1879031-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | MY OFFICE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MY OFFICE, INC. | c EIN-PN 48-1289900-001 |
| a | Plan name | O2 SOLUTIONS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | O2 SOLUTIONS, LLC | c EIN-PN 14-1964996-001 |
| a | Plan name | PVIM RETIREMENT PLAN | |
| b | Name of plan sponsor | PIONEER VALLEY INTERNAL MEDICINE, PC | c EIN-PN 20-4133434-001 |
| a | Plan name | PWA RETIREMENT PLAN | |
| b | Name of plan sponsor | PERHATS WENSTROM ASSOCIATES, INC. | c EIN-PN 36-3611103-002 |
| a | Plan name | RIOUX EYE CENTER, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | RIOUX EYE CENTER, INC. | c EIN-PN 87-4253844-001 |
| a | Plan name | SMC CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SMC CONSTRUCTION CO. | c EIN-PN 88-0319132-001 |
| a | Plan name | THE CREDIT UNION FOR ROBERTSON COUNTY 401(K) PLAN | |
| b | Name of plan sponsor | THE CREDIT UNION FOR ROBERTSON COUNTY | c EIN-PN 62-6118790-001 |
| a | Plan name | TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO | c EIN-PN 47-5068498-002 |
| a | Plan name | TOM MALLOY CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | TOM MALLOY CORPORATION | c EIN-PN 95-2674327-004 |
| a | Plan name | VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN | |
| b | Name of plan sponsor | VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY | c EIN-PN 38-1917556-001 |
| a | Plan name | WELSH-HAGEN 401(K) PLAN | |
| b | Name of plan sponsor | WELSH HAGEN | c EIN-PN 45-4918589-001 |
| a | Plan name | CECOS 401(K) PLAN | |
| b | Name of plan sponsor | CYRIACKS ENVIRONMENTAL CONSULTING SERVICES, INC. | c EIN-PN 90-0106680-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN | |
| b | Name of plan sponsor CEDAR VALLEY PEDIATRIC DENTISTRY | c EIN-PN 27-0521322-001 |
| a | Plan name PEJU PROVINCE CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PEJU PROVINCE CORPORATION | c EIN-PN 46-1570692-002 |
| a | Plan name PENNSYLVANIA CENTRE FOR PLASTIC SURGERY, PC 401(K) PLAN | |
| b | Name of plan sponsor PENNSYLVANIA CENTRE FOR PLASTIC SURGERY, PC | c EIN-PN 23-2851398-001 |
| a | Plan name PENNY LANE 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor PENNY LANE | c EIN-PN 95-2633765-001 |
| a | Plan name TAMARA L. HIESTER, D.D.S. 401(K) PLAN | |
| b | Name of plan sponsor TAMARA L. HIESTER, D.D.S. | c EIN-PN 35-2051065-001 |
| a | Plan name ACCESS TO INDEPENDENCE 401(K) PLAN | |
| b | Name of plan sponsor ACCESS TO INDEPENDENCE | c EIN-PN 34-1389369-001 |
| a | Plan name CITRON CLOTHING, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor CITRON CLOTHING, INC. | c EIN-PN 95-4145110-001 |
| a | Plan name CITY OF GIRARD RETIREMENT PLAN | |
| b | Name of plan sponsor CITY OF GIRARD ILLINOIS | c EIN-PN 37-6001364-001 |
| a | Plan name GENERA ENERGY 401(K) PLAN | |
| b | Name of plan sponsor GENERA ENERGY, INC. | c EIN-PN 45-4907881-001 |
| a | Plan name GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN | |
| b | Name of plan sponsor GENERAL TRANSERVICE, INC. | c EIN-PN 23-1717902-001 |
| a | Plan name LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor LOMONT MOLDING, LLC | c EIN-PN 47-1306587-001 |
| a | Plan name LONE WOLF RESOURCES 401(K) PLAN | |
| b | Name of plan sponsor LONE WOLF RESOURCES, LLC | c EIN-PN 75-2815928-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name PREACHER, LLC 401(K) PLAN | |
| b | Name of plan sponsor PREACHER, LLC | c EIN-PN 46-4405855-001 |
| a | Plan name PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN | |
| b | Name of plan sponsor PRECISION INDUSTRIAL CONTRACTORS, INC. | c EIN-PN 91-2139290-001 |
| a | Plan name THE FINANCIAL GROUP OF PHILADELPHIA, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor THE FINANCIAL GROUP OF PHILADELPHIA, LLC | c EIN-PN 20-2128204-001 |
| a | Plan name THE FLAH 401(K) PLAN | |
| b | Name of plan sponsor CORPORATE PLAN SERVICES, INC. | c EIN-PN 59-2832682-002 |
| a | Plan name THE FRATE GROUP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor THE FRATE GROUP | c EIN-PN 20-5168941-001 |
| a | Plan name ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ADVANCED MANUFACTURING TECHNOLOGY | c EIN-PN 84-1390588-001 |
| a | Plan name GILTON SOLID WASTE MANAGEMENT, INC. | |
| b | Name of plan sponsor GILTON SOLID WASTE MANAGEMENT, INC. | c EIN-PN 94-2268035-001 |
| a | Plan name GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. | c EIN-PN 04-2178889-001 |
| a | Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1 | |
| b | Name of plan sponsor MAD DOGG ATHLETICS, INC. | c EIN-PN 95-4481055-002 |
| a | Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 2 | |
| b | Name of plan sponsor MAD DOGG ATHLETICS, INC. | c EIN-PN 95-4481055-003 |
| a | Plan name MAETZOLD HOMES, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor MAETZOLD HOMES, INC. | c EIN-PN 41-2009271-001 |
| a | Plan name PRIORITY MORTGAGE CORP. 401(K) PLAN | |
| b | Name of plan sponsor PRIORITY MORTGAGE CORP. | c EIN-PN 31-1088264-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | THE PRESTWICK GROUP, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | PRESTWICK GROUP, INC. | c EIN-PN 39-1888813-222 |
| a | Plan name | THE REALTIME GROUP 401(K) PLAN | |
| b | Name of plan sponsor | RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC | c EIN-PN 46-0876004-001 |
| a | Plan name | CONNECTICUT VALLEY BIOLOGICAL SUPPLY CO., INC. 401(K) PLAN | |
| b | Name of plan sponsor | CONNECTICUT VALLEY BIOLOGICAL SUPPLY CO., INC. | c EIN-PN 04-2322709-001 |
| a | Plan name | MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | MARYLAND PORTABLE CONCRETE, INC. | c EIN-PN 52-1207242-002 |
| a | Plan name | TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN | |
| b | Name of plan sponsor | TURNBRIDGE CAPITAL MANAGEMENT, LLC | c EIN-PN 47-0963603-001 |
| a | Plan name | AMPAC 401(K) PLAN | |
| b | Name of plan sponsor | AEROSPACE MASS PROPERTIES ANALYSIS, INC. | c EIN-PN 23-1949127-001 |
| a | Plan name | CPMM SERVICES GROUP, INC. 401(K) PLAN | |
| b | Name of plan sponsor | CPMM SERVICES GROUP, INC. | c EIN-PN 31-1579010-001 |
| a | Plan name | HAMILTON THIES & LORCH 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HAMILTON THIES & LORCH | c EIN-PN 20-2795886-001 |
| a | Plan name | MCR SERVICES LLC 401(K) PLAN | |
| b | Name of plan sponsor | MCR SERVICES LLC | c EIN-PN 39-1969575-002 |
| a | Plan name | MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MCZ CONSTRUCTION, INC. | c EIN-PN 20-0634943-001 |
| a | Plan name | ROADRUNNER GLASS COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ROADRUNNER GLASS COMPANY, INC. | c EIN-PN 86-0713467-001 |
| a | Plan name | DASTON CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | DASTON CORPORATION | c EIN-PN 54-1638058-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name HICKORY GROVE VENTURES, LLC 401(K) PLAN | |
| b | Name of plan sponsor TIGHE-ZEMAN EQUIPMENT LLC | c EIN-PN 75-3093043-001 |
| a | Plan name HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN | |
| b | Name of plan sponsor HICKORY HILL RETIREMENT COMMUNITY, LLC | c EIN-PN 37-1544274-001 |
| a | Plan name MID-VALLEY PLUMBING SUPPLY, INC. EMPLOYEE PROFIT SHARING PLAN | |
| b | Name of plan sponsor MID-VALLEY PLUMBING SUPPLY, INC. | c EIN-PN 23-1691324-001 |
| a | Plan name VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor VANDERVART CONCRETE PRODUCTS, LLC | c EIN-PN 46-5469386-001 |
| a | Plan name AUGUSTA ONCOLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN | |
| b | Name of plan sponsor AUGUSTA ONCOLOGY ASSOCIATES, P.C. | c EIN-PN 58-1481590-002 |
| a | Plan name HLN CONSULTING, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor HLN CONSULTING, LLC | c EIN-PN 22-3516344-001 |
| a | Plan name HM MEDICAL CONSULTANTS PROFESS 401(K) PROFIT SHARING PLAN TRUST | |
| b | Name of plan sponsor HM MEDICAL CONSULTANTS PROFESS | c EIN-PN 84-1440532-001 |
| a | Plan name HOANG TRAN NGUYEN, MD., INC. DEFINED BENEFIT PENSION PLAN | |
| b | Name of plan sponsor HOANG TRAN NGUYEN, MD., INC. | c EIN-PN 20-1880873-002 |
| a | Plan name ROTO-ROOTER 401(K) PLAN | |
| b | Name of plan sponsor ROOTER SEWER CLEANERS, INC. | c EIN-PN 39-0989392-222 |
| a | Plan name VILLAGE GREEN LANDSCAPES 401(K) PLAN | |
| b | Name of plan sponsor VILLAGE GREEN LAWN MAINTENANCE & LANDSCAPING, INC. | c EIN-PN 41-1933240-001 |
| a | Plan name BECK COMPANIES INC. 401(K) PLAN & TRUST | |
| b | Name of plan sponsor BECK READYMIX CONCRETE COMPANY, INC. | c EIN-PN 74-2341756-001 |
| a | Plan name INNOVATION EDGE 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor INNOVATION EDGE | c EIN-PN 20-8196742-002 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | SCI 401(K) PLAN | |
| b | Name of plan sponsor | SYSTEM CONTROLS & INSTRUMENTATION, LTD. | c EIN-PN 46-0638297-001 |
| a | Plan name | WEST OLIVE ANIMAL HOSPITAL, L.L.C. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WEST OLIVE ANIMAL HOSPITAL, L.L.C. | c EIN-PN 86-0902939-001 |
| a | Plan name | SEWINGMACHINESPLUS.COM, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SEWINGMACHINESPLUS.COM, INC. | c EIN-PN 26-4413184-001 |
| a | Plan name | SGF MANAGEMENT, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | SGF MANAGEMENT, INC. | c EIN-PN 34-1850857-001 |
| a | Plan name | BETHANY LUTHERAN CHURCH RETIREMENT PLAN | |
| b | Name of plan sponsor | BETHANY LUTHERAN CHURCH | c EIN-PN 84-0528677-001 |
| a | Plan name | DYNAMIC PLASTICS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | DYNAMIC PLASTICS, INC. | c EIN-PN 38-3094135-001 |
| a | Plan name | INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | INTERPRET, LLC | c EIN-PN 20-4554232-002 |
| a | Plan name | INTERPRINT INCORPORATED SAVINGS PLAN | |
| b | Name of plan sponsor | INTERPRINT, INC. | c EIN-PN 59-0871253-001 |
| a | Plan name | INTRINSYX TECHNOLOGIES 401(K) PLAN | |
| b | Name of plan sponsor | INTRINSYX TECHNOLOGIES | c EIN-PN 77-0539893-001 |
| a | Plan name | NEW LIFE VENTURES, INC. 401(K) PS PLAN | |
| b | Name of plan sponsor | NEW LIFE VENTURES, INC. | c EIN-PN 20-0339207-001 |
| a | Plan name | JCJ, LLP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | JCJ, LLP | c EIN-PN 27-4442059-001 |
| a | Plan name | SMOLAR ENTERPRISES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | SMOLAR ENTERPRISES, LLC | c EIN-PN 52-2226180-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | BURCH COURT DENTAL RETIREMENT PLAN | |
| b | Name of plan sponsor | BURCH COURT DENTAL | c EIN-PN 61-1338337-001 |
| a | Plan name | BURNETTE LAW FIRM PENSION & PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SUSAN L. BURNETTE, P.C. | c EIN-PN 02-0625716-001 |
| a | Plan name | EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN | |
| b | Name of plan sponsor | EVERGREEN AVIATION & SPACE MUSEUM | c EIN-PN 93-1069203-001 |
| a | Plan name | EXCEL PAYROLL SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | EXCEL PAYROLL SERVICES, INC. | c EIN-PN 26-1943089-001 |
| a | Plan name | JS CONSTRUCTION 401(K) PLAN | |
| b | Name of plan sponsor | JS CONSTRUCTION MT LLC | c EIN-PN 86-2261409-001 |
| a | Plan name | PAT BRUCH EXCAVATING 401(K) PLAN | |
| b | Name of plan sponsor | PAT BRUCH EXCAVATING, INC. | c EIN-PN 47-1140233-005 |
| a | Plan name | PATEL, GREENE & ASSOCIATES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | PATEL, GREENE & ASSOCIATES, LLC | c EIN-PN 45-2209743-001 |
| a | Plan name | PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PATRICK COUNTY FAMILY PRACTICE | c EIN-PN 54-1583691-001 |
| a | Plan name | CARPET ONE 401(K) PLAN | |
| b | Name of plan sponsor | HOUSE OF CARPET, INC. | c EIN-PN 43-0957081-001 |
| a | Plan name | FILOLI CENTER 401(K) PLAN | |
| b | Name of plan sponsor | FILOLI CENTER | c EIN-PN 95-2996648-001 |
| a | Plan name | FINANCIAL ASSET MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | FINANCIAL ASSET MANAGEMENT, LLC | c EIN-PN 27-1609426-001 |
| a | Plan name | KLEIN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | KLEIN PRODUCTS, INC. | c EIN-PN 95-2105141-001 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs) | | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name | SUPERMAX HEALTHCARE 401(K) PLAN |
| b | Name of plan sponsor | SUPERMAX HEALTHCARE INC. |
| c | EIN-PN | 27-2105941-001 |
| a | Plan name | ACON LABORATORIES, INC. 401(K) PLAN |
| b | Name of plan sponsor | ACON LABORATORIES, INC. |
| c | EIN-PN | 22-3642050-001 |
| a | Plan name | CLARITY TELECOM, LLC 401(K) PLAN |
| b | Name of plan sponsor | CLARITY TELECOM LLC DBA BLUEPEAK |
| c | EIN-PN | 46-2667900-001 |
| a | Plan name | CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN |
| b | Name of plan sponsor | CLASSIC CARRIERS, INC. |
| c | EIN-PN | 31-1152938-001 |
| a | Plan name | PRECISION OF NEW HAMPTON, INC. 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | PRECISION OF NEW HAMPTON, INC. |
| c | EIN-PN | 42-1294107-222 |
| a | Plan name | PREMIER DENTAL ASSOCIATES, PLLC SAFE HARBOR 401(K) PSP |
| b | Name of plan sponsor | PREMIER DENTAL ASSOCIATES, PLLC |
| c | EIN-PN | 20-2051976-001 |
| a | Plan name | COD & CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN |
| b | Name of plan sponsor | COD & CAPERS SEAFOOD |
| c | EIN-PN | 59-2349811-001 |
| a | Plan name | COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN |
| b | Name of plan sponsor | COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION |
| c | EIN-PN | 47-1612263-222 |
| a | Plan name | GLENN A ZEH, DDS, PC 401(K) PLAN |
| b | Name of plan sponsor | GLENN A ZEH, DDS, PC |
| c | EIN-PN | 84-1596272-001 |
| a | Plan name | GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | GLESSNER & ASSOCIATES, PLLC |
| c | EIN-PN | 55-0761731-001 |
| a | Plan name | PRO-SAFETY, INC. 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | PRO-SAFETY, INC. |
| c | EIN-PN | 39-1570779-001 |
| a | Plan name | PROFESSIONAL BROKERAGE WEST, INC. 401(K) PLAN |
| b | Name of plan sponsor | PROFESSIONAL BROKERAGE WEST, INC. |
| c | EIN-PN | 88-0222304-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN | |
| b | Name of plan sponsor ROUND ROCK BASEBALL CLUB, LP | c EIN-PN 77-0646382-001 |
| a | Plan name THE SPAULDING FOUNDATION 401(K) PLAN | |
| b | Name of plan sponsor THE SPAULDING FOUNDATION | c EIN-PN 31-1096254-001 |
| a | Plan name THE TM GROUP, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor THE TM GROUP, INC. | c EIN-PN 38-3156552-777 |
| a | Plan name THE VISIT NAPA VALLEY 401(K) PLAN | |
| b | Name of plan sponsor VISIT NAPA VALLEY | c EIN-PN 68-0217381-001 |
| a | Plan name MATICH CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MATICH CORPORATION | c EIN-PN 95-1810911-002 |
| a | Plan name MATRIX VISUAL SOLUTIONS 401(K) PLAN | |
| b | Name of plan sponsor LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS | c EIN-PN 33-0773727-001 |
| a | Plan name CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN | |
| b | Name of plan sponsor CONSOLIDATED CONSTRUCTION CO., INC. | c EIN-PN 20-5220958-001 |
| a | Plan name CONSOLIDATED DOORS, INC. 401(K) PLAN | |
| b | Name of plan sponsor CONSOLIDATED DOORS, INC. | c EIN-PN 39-1757450-001 |
| a | Plan name GREENS OPERATIONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor GREENS OPERATIONS, INC | c EIN-PN 47-3688571-001 |
| a | Plan name R & M EQUIPMENT COMPANY 401(K) PLAN | |
| b | Name of plan sponsor TRIBMS, LLC DBA R & M EQUIPMENT COMPANY | c EIN-PN 23-3084608-001 |
| a | Plan name R&F, INC. EMPLOYEES BENEFIT PLAN | |
| b | Name of plan sponsor R&F, INC. | c EIN-PN 34-1016464-001 |
| a | Plan name R.C. FINE FOODS, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor R.C. FINE FOODS, INC. | c EIN-PN 22-2136686-002 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | HARKRIDER, DEMYAN & RODWELL LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HARKRIDER, DEMYAN & RODWELL LLC | c EIN-PN 41-2067761-001 |
| a | Plan name | HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | HARPREET SAINI DDS, INC. | c EIN-PN 27-4236646-001 |
| a | Plan name | U.S. COMMUNICATION 401 (K) PLAN | |
| b | Name of plan sponsor | U.S. COMMUNICATION INDUSTRIES, INC. | c EIN-PN 36-3138121-001 |
| a | Plan name | ULTRAGLOW 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | TANGLEWOOD SOLAR & ELECTRIC LLC | c EIN-PN 47-1163713-001 |
| a | Plan name | ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ASSOCIATED COMPONENTS TECHNOLOGY, INC. | c EIN-PN 33-0439579-001 |
| a | Plan name | MIKE COUNCIL PLUMBING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MIKE COUNCIL PLUMBING, INC. | c EIN-PN 77-0547651-001 |
| a | Plan name | VEGAS OPTICS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | VEGAS OPTICS, LLC | c EIN-PN 55-0896350-001 |
| a | Plan name | VENTURE 401(K) PLAN | |
| b | Name of plan sponsor | VM SERVICES, INC. | c EIN-PN 77-0459829-222 |
| a | Plan name | AUTOBODY EXPRESS 401(K) PLAN | |
| b | Name of plan sponsor | FLORIDA WHOLESALE DISTRIBUTORS, INC. | c EIN-PN 59-2714320-001 |
| a | Plan name | AVD 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ALTA VISTA DERMATOLOGY | c EIN-PN 27-1067307-001 |
| a | Plan name | DELTA SYSTEMS & AUTOMATION LLC 401(K) PLAN | |
| b | Name of plan sponsor | DELTA SYSTEMS & AUTOMATION LLC | c EIN-PN 83-2468256-001 |
| a | Plan name | HOLTORF MEDICAL GROUP, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HOLTORF MEDICAL GROUP, INC. | c EIN-PN 52-2401779-002 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name HOME PARAMOUNT PEST CONTROL COMPANY EMPLOYEES RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor HOME PARAMOUNT PEST CONTROL COMPANY | c EIN-PN 54-0762970-001 |
| a | Plan name MKRS LAW P.L. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MKRS LAW, P.L. | c EIN-PN 20-3879249-001 |
| a | Plan name RUPP SEEDS, INC. 401(K) PLAN | |
| b | Name of plan sponsor RUPP SEEDS, INC. | c EIN-PN 34-1384132-001 |
| a | Plan name NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor NAUTILUS INTERNATIONAL HOLDING CORPORATION | c EIN-PN 20-1833642-003 |
| a | Plan name NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN | |
| b | Name of plan sponsor NAUTILUS INTERNATIONAL HOLDING CORPORATION | c EIN-PN 20-1833642-002 |
| a | Plan name BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor BEHRMANN MEAT & PROCESSING, INC | c EIN-PN 37-0920912-001 |
| a | Plan name INNOVATIVE 401(K) PLAN | |
| b | Name of plan sponsor INNOVATIVE STAMPING CORP. | c EIN-PN 95-3018165-001 |
| a | Plan name INNOVATIVE INTEGRATION, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor INNOVATIVE INTEGRATION, INC. | c EIN-PN 20-3393992-001 |
| a | Plan name INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN | |
| b | Name of plan sponsor INSTITUTIONAL CASEWORK, INC. | c EIN-PN 20-4225695-001 |
| a | Plan name INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor INTEGRI, LLC | c EIN-PN 20-2613358-001 |
| a | Plan name SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN | |
| b | Name of plan sponsor PETER EPSTEIN, ASP | c EIN-PN 95-4170738-001 |
| a | Plan name SEHO 401(K) PLAN | |
| b | Name of plan sponsor SOUTHEASTERN HOME OXYGEN SERVICES, INC. | c EIN-PN 58-1475742-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | SEMILAB USA 401(K) PLAN | |
| b | Name of plan sponsor | SEMILAB USA LLC | c EIN-PN 27-0347663-001 |
| a | Plan name | WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WESTERN PACIFIC PULP & PAPER, INC. | c EIN-PN 94-2906199-001 |
| a | Plan name | BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN | |
| b | Name of plan sponsor | BIO-MED BEHAVIORAL HEALTH CARE, P.C. | c EIN-PN 38-3469611-001 |
| a | Plan name | EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | EARLEY & ASSOCIATES, INC. | c EIN-PN 38-3480813-001 |
| a | Plan name | EARTHLITE 401(K) PLAN | |
| b | Name of plan sponsor | EARTHLITE ACQUISITION, INC. | c EIN-PN 33-0493452-001 |
| a | Plan name | INVESTMENT CENTER 401(K) PLAN | |
| b | Name of plan sponsor | INVESTMENT CENTER | c EIN-PN 42-1485034-001 |
| a | Plan name | NIHC UNION 401(K) PLAN | |
| b | Name of plan sponsor | METROPOLITAN STEVEDORE I.A.M. | c EIN-PN 95-1002286-004 |
| a | Plan name | NISBET ENTERPRISES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | NISBET ENTERPRISES, INC. | c EIN-PN 65-0685929-001 |
| a | Plan name | SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST | |
| b | Name of plan sponsor | SHAW'S COVE ORTHOPAEDICS, LLC | c EIN-PN 56-2397586-001 |
| a | Plan name | SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN | |
| b | Name of plan sponsor | SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C. | c EIN-PN 20-0048495-001 |
| a | Plan name | BRICK CITY PRIMARY CARE PLLC 401(K) PLAN | |
| b | Name of plan sponsor | BRICK CITY PRIMARY CARE | c EIN-PN 26-4778038-001 |
| a | Plan name | JEANS' EXTRUSIONS 401(K) PLAN | |
| b | Name of plan sponsor | JEANS' EXTRUSIONS, INC. | c EIN-PN 35-1540242-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | SOUND & SECURE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SOUND & SECURE, INC. | c EIN-PN 88-0354066-001 |
| a | Plan name | C T LEWIS ENTERPRISES LP RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | C T LEWIS ENTERPRISES LP | c EIN-PN 51-0663685-001 |
| a | Plan name | EYE CARE OF MAINE PROFIT SHARING PLAN | |
| b | Name of plan sponsor | EYE CARE OF MAINE, P.A. | c EIN-PN 01-0316462-004 |
| a | Plan name | OXFORD ECONOMICS USA, INC. AND TOURISM ECONOMICS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | OXFORD ECONOMICS USA, INC. | c EIN-PN 23-2620656-001 |
| a | Plan name | FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN | |
| b | Name of plan sponsor | FINANCIAL NETWORK FID WEST, LLC | c EIN-PN 26-2039224-001 |
| a | Plan name | SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | SURGEONS CHOICE MEDICAL CENTER | c EIN-PN 38-3162435-001 |
| a | Plan name | FOREMOST GRAPHICS GROUP 401(K) PLAN | |
| b | Name of plan sponsor | FOREMOST GRAPHICS, L.L.C. | c EIN-PN 38-3213304-001 |
| a | Plan name | FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN | |
| b | Name of plan sponsor | FOREWAY TRANSPORTATION, INC. | c EIN-PN 38-2165402-001 |
| a | Plan name | FORMOSA CONTAINER LINE INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | FORMOSA CONTAINER LINE INC. | c EIN-PN 33-0252605-001 |
| a | Plan name | CELINA COMPANY EMPLOYEES RETIREMENT PLAN | |
| b | Name of plan sponsor | CELINA TENT, INC. | c EIN-PN 34-1894249-001 |
| a | Plan name | PENNY LANE SCHOOL, LTD. 401(K) PLAN | |
| b | Name of plan sponsor | PENNY LANE SCHOOL, LTD. | c EIN-PN 36-3864693-001 |
| a | Plan name | PERSONNEL SPECIALISTS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | PERSONNEL SPECIALISTS, LLC | c EIN-PN 39-1319507-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name PETERS AGENCY CARE MANAGEMENT 401(K) PLAN | |
| b | Name of plan sponsor PETERS AGENCY CARE MANAGEMENT, LLC | c EIN-PN 83-0446469-001 |
| a | Plan name TATE WILSON JOHNSON MEYER CHERRY PLLC 401(K) PLAN | |
| b | Name of plan sponsor TATE WILSON JOHNSON MEYER CHERRY PLLC | c EIN-PN 20-5974889-001 |
| a | Plan name WFGS, INC. DEFINED BENEFIT PLAN | |
| b | Name of plan sponsor WFGS INC. | c EIN-PN 47-3966630-001 |
| a | Plan name WHITE BRENNER LLP 401(K) PLAN | |
| b | Name of plan sponsor WHITE BRENNER LLP | c EIN-PN 46-1799572-001 |
| a | Plan name AXAR RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor AXAR PHARMACEUTICALS, INC. | c EIN-PN 68-0665617-001 |
| a | Plan name AXIS FABRICATION & MACHINE CO. 401(K) PLAN | |
| b | Name of plan sponsor AXIS FABRICATION & MACHINE COMPANY, LLC | c EIN-PN 26-3961265-001 |
| a | Plan name WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN | |
| b | Name of plan sponsor WOLVERINE POWER SUPPLY COOPERATIVE, INC. | c EIN-PN 38-1326766-002 |
| a | Plan name WORKFORCE SOLUTIONS BORDERPLEX 401(K) PLAN | |
| b | Name of plan sponsor WORKFORCE SOLUTIONS BORDERPLEX, INC. | c EIN-PN 74-2911834-001 |
| a | Plan name BSB RETIREMENT READINESS 401(K) PLAN | |
| b | Name of plan sponsor THE BIPPUS STATE BANK | c EIN-PN 35-0180140-001 |
| a | Plan name CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CALICO BUILDING SERVICES, INC. | c EIN-PN 33-0493568-001 |
| a | Plan name CENTRA SOTA COOPERATIVE 401(K) PLAN | |
| b | Name of plan sponsor CENTRA SOTA COOPERATIVE | c EIN-PN 41-0488480-001 |
| a | Plan name CLINTON BROWN FINANCIAL 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor CLINTON BROWN FINANCIAL | c EIN-PN 45-4767294-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | COLONIAL GENERAL INSURANCE AGENCY 401(K) PLAN | |
| b | Name of plan sponsor | COLONIAL GENERAL INSURANCE AGENCY, INC. | c EIN-PN 31-1125848-001 |
| a | Plan name | COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN | |
| b | Name of plan sponsor | COLONIAL HEIGHTS VETERINARY HOSPITAL | c EIN-PN 54-2031691-001 |
| a | Plan name | DTS RETIREMENT PLAN | |
| b | Name of plan sponsor | DARNELL TECHNICAL SERVICES, INC. | c EIN-PN 77-0622546-777 |
| a | Plan name | DUCTCO, LLC 401(K) PLAN | |
| b | Name of plan sponsor | DUCTCO, LLC | c EIN-PN 46-2763056-002 |
| a | Plan name | EAST MAIN DENTAL CENTER, LLP 401(K) DEFERRED COMPENSATION PLAN | |
| b | Name of plan sponsor | EAST MAIN DENTAL CENTER, LLP | c EIN-PN 93-0679201-001 |
| a | Plan name | EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. PROFIT SHARING/401(K) PLAN | |
| b | Name of plan sponsor | EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. | c EIN-PN 58-2642240-001 |
| a | Plan name | ENGAGE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ENGAGE, INC. | c EIN-PN 80-0001152-002 |
| a | Plan name | ENGINEERED METAL PRODUCTS 401(K) PLAN | |
| b | Name of plan sponsor | ENGINEERED METAL PRODUCTS, LLC | c EIN-PN 20-1958314-001 |
| a | Plan name | FAIRMOUNT PARTNERS LLC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | FAIRMOUNT PARTNERS, LLC | c EIN-PN 41-2094669-001 |
| a | Plan name | FISHMAN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ROSS H. FISHMAN, D.M.D., M.S., P.A. | c EIN-PN 45-5429730-001 |
| a | Plan name | FLOORGUARD, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | FLOORGUARD, INC. | c EIN-PN 36-4027503-001 |
| a | Plan name | FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY | c EIN-PN 95-4467199-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | GROVE HEALTH DENTAL 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GROVE HEALTH DENTAL | c EIN-PN 26-0281244-001 |
| a | Plan name | GUIDE WEALTH PARTNERS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | GUIDE WEALTH PARTNERS, INC. | c EIN-PN 42-1350912-001 |
| a | Plan name | HARROD & ASSOCIATES 401(K) PLAN | |
| b | Name of plan sponsor | HARROD & ASSOCIATES, PSC | c EIN-PN 61-1291670-001 |
| a | Plan name | HISENSE PHOTONICS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | HISENSE PHOTONICS, INC. | c EIN-PN 33-0939548-001 |
| a | Plan name | HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | HOSTAR MARINE TRANSPORT SYSTEMS, INC. | c EIN-PN 04-2910283-001 |
| a | Plan name | INTELLISTREETS, INC. EMPLOYEES' PROFIT SHARING TRUST | |
| b | Name of plan sponsor | INTELLISTREETS, INC. | c EIN-PN 38-2424013-002 |
| a | Plan name | ITC INFOTECH USA, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ITC INFOTECH USA, INC. | c EIN-PN 22-3239723-001 |
| a | Plan name | JODESIGN, LLC 401(K) PLAN | |
| b | Name of plan sponsor | JODESIGN, LLC | c EIN-PN 68-0671125-001 |
| a | Plan name | KORBER PHARMA PACKAGING MATERIALS LLC 401(K) PLAN | |
| b | Name of plan sponsor | KORBER PHARMA PACKAGING MATERIALS LLC | c EIN-PN 47-5593447-001 |
| a | Plan name | LARICHE CHEVROLET CADILLAC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | LARICHE CHEVROLET CADILLAC, INC. | c EIN-PN 34-1352811-001 |
| a | Plan name | LASKEY'S DISCOUNT FURNITURE PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LASKEY'S DISCOUNT FURNITURE | c EIN-PN 25-1450031-001 |
| a | Plan name | LUX GLOBAL LABEL PR LLC 1081.01(D) RETIREMENT PLAN & TRUST | |
| b | Name of plan sponsor | LUX GLOBAL LABEL PR LLC | c EIN-PN 66-0881458-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN | |
| b | Name of plan sponsor | MANAGEMENT MATERIALS INC. | c EIN-PN 38-2412976-001 |
| a | Plan name | MEDINA MEDIA, INC. CASH BALANCE PLAN | |
| b | Name of plan sponsor | MEDINA MEDIA INC. | c EIN-PN 46-2582556-002 |
| a | Plan name | MEL BUTTERFIELD & SON INSURANCE AGENCY, INC. 401(K) PSP | |
| b | Name of plan sponsor | MEL BUTTERFIELD & SON INSURANCE AGENCY, INC. | c EIN-PN 34-1242268-001 |
| a | Plan name | MEL LANZER COMPANY PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MEL LANZER COMPANY | c EIN-PN 34-0965107-001 |
| a | Plan name | MINING EQUIPMENT 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MINING EQUIPMENT, LTD. | c EIN-PN 16-1646623-222 |
| a | Plan name | NEUSOFT AMERICA, INC. 401(K) PLAN | |
| b | Name of plan sponsor | NEUSOFT AMERICA, INC. | c EIN-PN 20-5601470-001 |
| a | Plan name | NORKING/MATRIX 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MATRIX METAL PRODUCTS/ THE NORKING COMPANY | c EIN-PN 04-2855070-001 |
| a | Plan name | ONE SEMICONDUCTOR 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ONE SEMICONDUCTOR, LLC | c EIN-PN 45-2992076-001 |
| a | Plan name | ONE SOURCE INDUSTRIES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | ONE SOURCE INDUSTRIES, LLC | c EIN-PN 33-0835151-001 |
| a | Plan name | P/A INDUSTRIES INC. 401(K) PLAN | |
| b | Name of plan sponsor | P/A INDUSTRIES INC. | c EIN-PN 06-0862210-001 |
| a | Plan name | PBHM 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PERSPECTIVE BEHAVIORAL HEALTH MANAGEMENT, LLC | c EIN-PN 33-1048513-001 |
| a | Plan name | PCRM SAVINGS & RETIREMENT PLAN | |
| b | Name of plan sponsor | PARTNERSHIP CONCEPTS REALTY MANAGEMENT, INC. | c EIN-PN 36-2850850-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | PDMA CORPORATION SAVINGS PLAN | |
| b | Name of plan sponsor | PDMA CORPORATION | c EIN-PN 59-3191224-001 |
| a | Plan name | PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. | c EIN-PN 54-1850850-001 |
| a | Plan name | RAFAEL BENITEZ CARRILLO, INC. CODA PROFIT SHARING PLAN | |
| b | Name of plan sponsor | RAFAEL BENITEZ CARRILLO, INC. | c EIN-PN 66-0213972-002 |
| a | Plan name | RETIREMENT READINESS PLAN FOR EMPLOYEES OF ALVORD-POLK, INC. | |
| b | Name of plan sponsor | ALVORD-POLK, INC. | c EIN-PN 23-2046694-001 |
| a | Plan name | SENECA PETROLEUM COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SENECA PETROLEUM COMPANY, INC. | c EIN-PN 36-1755250-002 |
| a | Plan name | SENSOR MANUFACTURING COMPANY 401(K) PLAN | |
| b | Name of plan sponsor | SENSOR MANUFACTURING COMPANY | c EIN-PN 38-2140109-001 |
| a | Plan name | SERRA COMMUNITY MEDICAL CLINIC, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SERRA COMMUNITY MEDICAL CLINIC, INC. | c EIN-PN 95-4786125-001 |
| a | Plan name | SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | SHEPHERD DATA SERVICES, INC. | c EIN-PN 46-0469044-001 |
| a | Plan name | SHORT LINE EXPRESS MARKET 401(K) PLAN | |
| b | Name of plan sponsor | SHORT LINE EXPRESS MARKET | c EIN-PN 88-0296690-001 |
| a | Plan name | STELLAR VETERINARY SERVICES 401(K) PLAN | |
| b | Name of plan sponsor | STELLAR VETERINARY SERVICES, LLC | c EIN-PN 47-2964550-001 |
| a | Plan name | SYRBERUS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SYRBERUS, INC. | c EIN-PN 20-4850238-001 |
| a | Plan name | SYSTEM 22, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SYSTEM 22, INC. | c EIN-PN 23-2734281-001 |

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

| | | |
|-------------------------------|--|--------------------------------|
| a Plan name | TAB ENGINEERS, LLC 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | TAB ENGINEERS, LLC | c EIN-PN 46-1400045-001 |
| a Plan name | THE VMC GROUP 401(K) PLAN | |
| b Name of plan sponsor | THE VMC GROUP | c EIN-PN 20-2305737-002 |
| a Plan name | THE ZITA GROUP, LLC RETIREMENT PLAN | |
| b Name of plan sponsor | THE ZITA GROUP, LLC | c EIN-PN 20-8612123-001 |
| a Plan name | AMERICAN HEAVY MOVING AND RIGGING, INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | AMERICAN HEAVY MOVING AND RIGGING, INC. | c EIN-PN 95-3622763-001 |
| a Plan name | UNITED OIL HEAT, INC. 401(K) PLAN | |
| b Name of plan sponsor | UNITED OIL HEAT, INC. | c EIN-PN 04-2729039-001 |
| a Plan name | APEX TRAILER 401(K) PLAN | |
| b Name of plan sponsor | APEX TRAILER SALES AND RENTALS, INC. | c EIN-PN 61-1020316-001 |
| a Plan name | APOSTOLIC CHRISTIAN HOME 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | APOSTOLIC CHRISTIAN HOME | c EIN-PN 37-1366082-001 |
| a Plan name | VERENGO, INC. 401(K) PLAN | |
| b Name of plan sponsor | VERENGO, INC. | c EIN-PN 26-1996114-001 |
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan BLACKROCK HEALTH SCIENCES OPS RET OPT | B Three-digit plan number (PN) ▶ 365 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY | D Employer Identification Number (EIN) 39-0989781 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 36488936 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 32298266 |
| (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 | 36488936 | 32298266 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | | |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 36488936 | 32298266 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 116944 | |
| (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) | -963795 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 2636242 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 1789391 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 200557 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 200557 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 200557 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1588834 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 3606944 |
| (2) From this plan | 2l(2) | | 9386448 |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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