

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [X] a DFE (specify) P
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: TA BLACKROCK LIFEPATH INDEX 2025 RET ACCT
1b Three-digit plan number (PN): 018
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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

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

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

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

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

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

---

**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 \_\_\_\_\_

---

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

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

<b>A</b> Name of plan <u>TA BLACKROCK LIFEPATH INDEX 2025 RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>018</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>	

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

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

**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)

**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)

**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)

**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)

**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)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name 401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP	
<b>b</b>	Name of plan sponsor C12 CAPITAL MANAGEMENT US LP	<b>c</b> EIN-PN 27-0582841-001
<b>a</b>	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AOW CONSTRUCTION LLC	<b>c</b> EIN-PN 83-2875089-001
<b>a</b>	Plan name APEX BULK CARRIERS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor APEX BULK CARRIERS, LLC	<b>c</b> EIN-PN 11-3430280-001
<b>a</b>	Plan name CHAPTER 13 BANKRUPTCY TRUSTEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAPTER 13 BANKRUPTCY TRUSTEE	<b>c</b> EIN-PN 63-1029318-001
<b>a</b>	Plan name CHICAGOLAND INDEPENDENT AUCTION, INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHICAGOLAND INDEPENDENT AUCTION, INC.	<b>c</b> EIN-PN 85-3122017-001
<b>a</b>	Plan name FSP POWERTEK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FSP POWERTEK, INC.	<b>c</b> EIN-PN 45-4614696-001
<b>a</b>	Plan name FUNGUS FIGHTERS TERMITE & CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FUNGUS FIGHTERS TERMITE & CONSTRUCTION, INC.	<b>c</b> EIN-PN 68-0297799-001
<b>a</b>	Plan name FURNITURE MARKETING GROUP, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FMG, INC.	<b>c</b> EIN-PN 75-1774792-001
<b>a</b>	Plan name JOE TANNER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JOE TANNER & ASSOCIATES, INC.	<b>c</b> EIN-PN 58-2339665-001
<b>a</b>	Plan name JORGE L. GARDYN MD FACP PC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JORGE L. GARDYN, MD, FAC	<b>c</b> EIN-PN 11-3277614-001
<b>a</b>	Plan name KAA DESIGN GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KAA DESIGN GROUP, INC.	<b>c</b> EIN-PN 95-4631555-001
<b>a</b>	Plan name MONACO GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MONACO, INC.	<b>c</b> EIN-PN 33-0512544-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name MONTANO MOTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONTANO MOTORS, INC.	<b>c</b> EIN-PN 74-2392667-002
<b>a</b>	Plan name MOOREFIELD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MOOREFIELD CONSTRUCTION, INC.	<b>c</b> EIN-PN 95-3419477-002
<b>a</b>	Plan name PAMPALONE INSURANCE AGENCY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PAMPALONE INSURANCE AGENCY	<b>c</b> EIN-PN 35-0958304-001
<b>a</b>	Plan name PBC INDUSTRIAL SUPPLIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PBC INDUSTRIAL SUPPLIES, INC.	<b>c</b> EIN-PN 72-0833717-001
<b>a</b>	Plan name PEPPERTREE CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PEPPERTREE CONSULTING GROUP, INC.	<b>c</b> EIN-PN 20-0076218-001
<b>a</b>	Plan name PERCY HOEK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PERCY HOEK, INC.	<b>c</b> EIN-PN 11-2125950-001
<b>a</b>	Plan name SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SHANGRI-LA INTERNATIONAL HOTELS, INC.	<b>c</b> EIN-PN 95-3876666-001
<b>a</b>	Plan name THUNDERBIRD SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THUNDERBIRD SUPPLY COMPANY	<b>c</b> EIN-PN 85-0227746-002
<b>a</b>	Plan name TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION	<b>c</b> EIN-PN 95-4352606-001
<b>a</b>	Plan name TOM HENNES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TOM HENNES INC.	<b>c</b> EIN-PN 13-3692440-002
<b>a</b>	Plan name TOPAZ SYSTEMS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TOPAZ SYSTEMS, INC.	<b>c</b> EIN-PN 77-0402671-002
<b>a</b>	Plan name WORKFIT MEDICAL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor WORKFIT MEDICAL LLC	<b>c</b> EIN-PN 13-4208386-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name YORK INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor YORK INDUSTRIES, INC.	<b>c</b> EIN-PN 11-2195076-001
<b>a</b>	Plan name LAVANTURE PRODUCTS CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAVANTURE PRODUCTS, CO.	<b>c</b> EIN-PN 34-1041124-001
<b>a</b>	Plan name LAW OFFICE OF MARK A. VICKNESS 401K PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICE OF MARK A. VICKNESS	<b>c</b> EIN-PN 86-1126683-001
<b>a</b>	Plan name LEEMAN ARCHITECTURAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEEMAN CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 58-1793770-001
<b>a</b>	Plan name LEGON FODIMAN & SUDDUTH, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEGON FODIMAN & SUDDUTH, P.A.	<b>c</b> EIN-PN 65-0520887-001
<b>a</b>	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEVITT & BOCCIO, LLP	<b>c</b> EIN-PN 47-2210945-001
<b>a</b>	Plan name LIDDELL BROTHERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIDDELL BROTHERS, INC.	<b>c</b> EIN-PN 04-3553967-001
<b>a</b>	Plan name A. COLARUSSO & SON, INC. PROFIT SHARING / 401(K) PLAN	
<b>b</b>	Name of plan sponsor A. COLARUSSO & SON, INC.	<b>c</b> EIN-PN 14-1424400-001
<b>a</b>	Plan name ABC OF IOWA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ABC OF IOWA	<b>c</b> EIN-PN 42-1029016-001
<b>a</b>	Plan name ABILITIES FIRST, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ABILITIES FIRST, INC.	<b>c</b> EIN-PN 14-1467427-002
<b>a</b>	Plan name ABILITIES FIRST, INC. UNION 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor ABILITIES FIRST, INC.	<b>c</b> EIN-PN 14-1467427-004
<b>a</b>	Plan name MY HR PROS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MY HR PROS	<b>c</b> EIN-PN 71-0772119-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC 401(K) PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC DBA BARBIER</a>	<b>c</b> EIN-PN <a href="#">22-2918632-001</a>
<b>a</b>	Plan name <a href="#">NEW YORK CENTER FOR REHABILITATION AND NURSING EMPLOYEE RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEW YORK REHABILITATION CARE MANAGEMENT, LLC DBA NY CENTER FOR REHAB</a>	<b>c</b> EIN-PN <a href="#">11-3626586-002</a>
<b>a</b>	Plan name <a href="#">NEWBROOK INSURANCE AGENCY RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEWBROOK INSURANCE AGENCY, INC.</a>	<b>c</b> EIN-PN <a href="#">11-2718154-001</a>
<b>a</b>	Plan name <a href="#">NEWSTUDIO ARCHITECTURE, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEWSTUDIO ARCHITECTURE, LLC</a>	<b>c</b> EIN-PN <a href="#">45-1631448-001</a>
<b>a</b>	Plan name <a href="#">ARTHUR R. GREN CO., INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARTHUR R. GREN CO., INC.</a>	<b>c</b> EIN-PN <a href="#">16-0777488-777</a>
<b>a</b>	Plan name <a href="#">ARTISAN MACHINING, INC. PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARTISAN MACHINING, INC.</a>	<b>c</b> EIN-PN <a href="#">11-2917010-001</a>
<b>a</b>	Plan name <a href="#">PERKINS MANUFACTURING NON-UNION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PERKINS MANUFACTURING</a>	<b>c</b> EIN-PN <a href="#">36-2809543-001</a>
<b>a</b>	Plan name <a href="#">PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">27-3841580-001</a>
<b>a</b>	Plan name <a href="#">PETROLEUM EQUIPMENT INSTITUTE 401(K)/PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PETROLEUM EQUIPMENT INSTITUTE</a>	<b>c</b> EIN-PN <a href="#">73-0593344-002</a>
<b>a</b>	Plan name <a href="#">PHI RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARAPROFESSIONAL HEALTHCARE INSTITUTE</a>	<b>c</b> EIN-PN <a href="#">13-3575492-001</a>
<b>a</b>	Plan name <a href="#">RICHLINE GROUP, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RICHLINE GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">26-0232774-001</a>
<b>a</b>	Plan name <a href="#">RIDGEMONT EQUITY PARTNERS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RIDGEMONT EQUITY PARTNERS</a>	<b>c</b> EIN-PN <a href="#">27-2566095-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	RIVERHEAD NISSAN 112 401(K) PLAN	
<b>b</b> Name of plan sponsor	RIVERHEAD AUTO MALL	<b>c</b> EIN-PN 11-2888474-001
<b>a</b> Plan name	ROBERTS COMPANIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	ROBERTS COMPANIES	<b>c</b> EIN-PN 43-1460955-001
<b>a</b> Plan name	BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
<b>b</b> Name of plan sponsor	BRONX CENTER FOR REHABILITATION AND HEALTHCARE	<b>c</b> EIN-PN 13-4021585-001
<b>a</b> Plan name	BUCKLES-SMITH ELECTRIC CO. SAVINGS AND INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	BUCKLES-SMITH ELECTRIC COMPANY	<b>c</b> EIN-PN 94-1460248-003
<b>a</b> Plan name	BUILDERS 401(K) PLAN	
<b>b</b> Name of plan sponsor	MHP BUILDERS, INC.	<b>c</b> EIN-PN 26-4034743-001
<b>a</b> Plan name	CIPEX 401(K) PLAN	
<b>b</b> Name of plan sponsor	CIPEX INTERNATIONAL, LTD.	<b>c</b> EIN-PN 95-3751982-001
<b>a</b> Plan name	CLEAR PEO, LLC 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	CLEAR PEO, LLC	<b>c</b> EIN-PN 35-2535759-333
<b>a</b> Plan name	SHEATS & BAILEY, PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	SHEATS & BAILEY, PLLC	<b>c</b> EIN-PN 90-0781687-001
<b>a</b> Plan name	SILC-NAKFOOR RETIREMENT PLAN & TRUST	
<b>b</b> Name of plan sponsor	JENNIFER T. SILC DDS MS, LTD.	<b>c</b> EIN-PN 85-1209970-001
<b>a</b> Plan name	CONTINENTAL EXPRESS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CONTINENTAL EXPRESS, INC	<b>c</b> EIN-PN 34-1434240-001
<b>a</b> Plan name	CORD CONTRACTING CO., INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CORD CONTRACTING CO., INC.	<b>c</b> EIN-PN 11-3194814-003
<b>a</b> Plan name	CORTECH, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	CORTECH, LLC	<b>c</b> EIN-PN 58-2449456-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. JOSEPH HOLDINGS, LLC	<b>c</b> EIN-PN 80-0109664-001
<b>a</b>	Plan name	STEPHEN PERLITSH, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STEPHEN M. PERLITSH, P.C.	<b>c</b> EIN-PN 13-3805593-001
<b>a</b>	Plan name	EFFINGHAM BUILDERS SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EFFINGHAM BUILDERS SUPPLY, INC.	<b>c</b> EIN-PN 37-1287109-002
<b>a</b>	Plan name	ELLENOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REAL GREEK LLC	<b>c</b> EIN-PN 45-5592934-001
<b>a</b>	Plan name	EMPLOY SOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPLOY SOURCE, INC.	<b>c</b> EIN-PN 27-0477134-333
<b>a</b>	Plan name	TRIUMPH HOSPITALITY GROUP PLAN	
<b>b</b>	Name of plan sponsor	TRIUMPH HOSPITALITY GROUP, LLC	<b>c</b> EIN-PN 13-4201198-001
<b>a</b>	Plan name	TRUE NORTH HUMAN CAPITAL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRUE NORTH HUMAN CAPITAL, LLC	<b>c</b> EIN-PN 47-4797475-777
<b>a</b>	Plan name	TWEEZERMAN INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWEEZERMAN INTERNATIONAL, LLC	<b>c</b> EIN-PN 20-1872710-001
<b>a</b>	Plan name	VAZ BROS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VAZ BROS, INC.	<b>c</b> EIN-PN 91-1787391-001
<b>a</b>	Plan name	VINCO, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VINCO, INC.	<b>c</b> EIN-PN 41-1874693-001
<b>a</b>	Plan name	FABER ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FABER ASSOCIATES, INC.	<b>c</b> EIN-PN 22-1550176-001
<b>a</b>	Plan name	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FALCON TRADING COMPANY, INC.	<b>c</b> EIN-PN 94-2863170-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name FARVIEW ASSOCIATES, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FARVIEW ASSOCIATES, LLC	<b>c</b> EIN-PN 46-0695871-001
<b>a</b>	Plan name FCBI 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOOTHILLS COMMERCIAL BUILDERS, INC.	<b>c</b> EIN-PN 84-1150396-222
<b>a</b>	Plan name FERNCROFT HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AFFINITY GOLF MANAGEMENT	<b>c</b> EIN-PN 20-3965825-001
<b>a</b>	Plan name GEORGIA PAIN MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GEORGIA PAIN MANAGEMENT	<b>c</b> EIN-PN 30-0008411-001
<b>a</b>	Plan name GLOBAL BROADBAND SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLOBAL BROADBAND SOLUTIONS, LLC	<b>c</b> EIN-PN 54-1871592-001
<b>a</b>	Plan name GLOBAL SURVEILLANCE ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL SURVEILLANCE ASSOCIATES	<b>c</b> EIN-PN 88-0230434-001
<b>a</b>	Plan name GMH ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GMH ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2618889-001
<b>a</b>	Plan name HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HUNT ENTERPRISES, INC.	<b>c</b> EIN-PN 11-2236013-001
<b>a</b>	Plan name HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUTCHINSON AUTOMOTIVE, INC.	<b>c</b> EIN-PN 20-5463282-001
<b>a</b>	Plan name ILLINOIS INTERNATIONAL TRAVEL, LTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ILLINOIS INTERNATIONAL TRAVEL, LTD.	<b>c</b> EIN-PN 36-2957959-001
<b>a</b>	Plan name ILMDA 401(K) EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor ILLINOIS LUMBER AND MATERIAL DEALERS ASSOCIATION	<b>c</b> EIN-PN 37-0344130-002
<b>a</b>	Plan name INFORMATION TECHNOLOGY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INFORMATION TECHNOLOGY PARTNERS	<b>c</b> EIN-PN 39-1737556-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KELLIHER/SAMETS, LTD.	<b>c</b> EIN-PN 03-0270393-001
<b>a</b>	Plan name KIMBERLITE 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIMBERLITE CORPORATION	<b>c</b> EIN-PN 77-0444505-001
<b>a</b>	Plan name KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor KINGBRIGHT COMPANY, LLC.	<b>c</b> EIN-PN 46-0987944-001
<b>a</b>	Plan name GREAT AMERICAN TITLE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT AMERICAN TITLE OF HOUSTON, LLC DBA GREAT AMERICAN TITLE COMPAN	<b>c</b> EIN-PN 20-5228476-001
<b>a</b>	Plan name GREATER INDIANAPOLIS CHAMBER OF COMMERCE THRIFT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GREATER INDIANAPOLIS CHAMBER OF COMMERCE	<b>c</b> EIN-PN 35-0412920-002
<b>a</b>	Plan name GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor GROUP MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 34-1707723-001
<b>a</b>	Plan name GUARDIAN CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor GUARDIAN CREDIT UNION	<b>c</b> EIN-PN 39-0334442-002
<b>a</b>	Plan name ISHR 401(K) PLAN	
<b>b</b>	Name of plan sponsor ISHR, LLC.	<b>c</b> EIN-PN 26-1160348-333
<b>a</b>	Plan name ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor ISLAND PALM COMMUNITIES, LLC	<b>c</b> EIN-PN 20-1108750-001
<b>a</b>	Plan name ISLAND SURGICAL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ISLAND SURGICAL AND VASCULAR GROUP P.C.	<b>c</b> EIN-PN 11-2232585-005
<b>a</b>	Plan name KOVACS SECURITY SYSTEMS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KOVACS SECURITY SYSTEMS INC	<b>c</b> EIN-PN 11-2806156-001
<b>a</b>	Plan name KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KRAFT & KENNEDY, INC.	<b>c</b> EIN-PN 80-0610191-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	<b>c</b> EIN-PN 36-3584029-002
<b>a</b>	Plan name LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MILLENNIUM ADVISORS, INC. DBA LIVING CARE LIFESTYLES	<b>c</b> EIN-PN 91-1644545-001
<b>a</b>	Plan name LOCAL UNION 18, IBEW 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOCAL UNION 18, IBEW	<b>c</b> EIN-PN 95-0865960-001
<b>a</b>	Plan name LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LOVEJOY CONTROLS CORPORATION	<b>c</b> EIN-PN 39-1297009-001
<b>a</b>	Plan name ABRUZZO & KINN LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ABRUZZO & KINN LLP	<b>c</b> EIN-PN 20-4815695-001
<b>a</b>	Plan name ACF WEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor NW GEOSYNTHETICS, INC. DBA ACF WEST, INC.	<b>c</b> EIN-PN 93-1052778-001
<b>a</b>	Plan name ADMINISTRATIVE ONESOURCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADMINISTRATIVE ONESOURCE, LLC	<b>c</b> EIN-PN 20-0714959-001
<b>a</b>	Plan name N.I.T. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NETWORK INFRASTRUCTURE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 06-1649373-001
<b>a</b>	Plan name NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NAMDHARI USAGRISEEDS, INC.	<b>c</b> EIN-PN 26-4558159-001
<b>a</b>	Plan name NAPA VALLEY FAMILY MEDICAL GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NAPA VALLEY FAMILY MEDICAL GROUP, INC.	<b>c</b> EIN-PN 68-0258366-001
<b>a</b>	Plan name NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NASSAU SHORES AUTOMOTIVE INC.	<b>c</b> EIN-PN 11-3146542-001
<b>a</b>	Plan name ALPHARETTA CONVENTION & VISITORS BUREAU 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALPHARETTA CONVENTION & VISITORS BUREAU	<b>c</b> EIN-PN 58-2418260-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">AMBASSADOR PERSONNEL, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMBASSADOR PERSONNEL, INC.</a>	<b>c</b> EIN-PN <a href="#">27-4676978-001</a>
<b>a</b>	Plan name <a href="#">NORTHEASTERN NONWOVENS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTHEASTERN NONWOVENS, INC.</a>	<b>c</b> EIN-PN <a href="#">86-1130560-001</a>
<b>a</b>	Plan name <a href="#">NORTHROCK DENTAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTHROCK DENTAL, P.A.</a>	<b>c</b> EIN-PN <a href="#">48-0858037-001</a>
<b>a</b>	Plan name <a href="#">NORTHTOWNS CARDIOLOGY, PLLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTHTOWNS CARDIOLOGY, PLLC</a>	<b>c</b> EIN-PN <a href="#">45-1765093-001</a>
<b>a</b>	Plan name <a href="#">NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NOTKIN HAWAII, INC.</a>	<b>c</b> EIN-PN <a href="#">99-0237335-001</a>
<b>a</b>	Plan name <a href="#">AVANTE GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AVANTE GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">65-1033707-001</a>
<b>a</b>	Plan name <a href="#">AVEX FUNDING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AVEX FUNDING</a>	<b>c</b> EIN-PN <a href="#">87-0691651-001</a>
<b>a</b>	Plan name <a href="#">AVISTON LUMBER CO. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AVISTON LUMBER CO.</a>	<b>c</b> EIN-PN <a href="#">37-0859839-003</a>
<b>a</b>	Plan name <a href="#">PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PLANSOURCE FINANCIAL SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">59-3707284-001</a>
<b>a</b>	Plan name <a href="#">ROSINA FOOD PRODUCTS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROSINA FOOD PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">16-0876738-002</a>
<b>a</b>	Plan name <a href="#">SAINT COLMAN'S HOME, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SAINT COLMAN'S HOME, INC.</a>	<b>c</b> EIN-PN <a href="#">14-1338501-001</a>
<b>a</b>	Plan name <a href="#">CADUCEUS HEALTHCARE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CADUCEUS HEALTHCARE</a>	<b>c</b> EIN-PN <a href="#">26-2585338-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">CALL A HEAD CORP RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CALL A HEAD CORP</a>	<b>c</b> EIN-PN <a href="#">11-3635650-001</a>
<b>a</b>	Plan name <a href="#">COMMERCIAL ENERGY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMMERCIAL ENERGY OF MONTANA, INC.</a>	<b>c</b> EIN-PN <a href="#">84-1413218-002</a>
<b>a</b>	Plan name <a href="#">SOURCEPOINTEHR, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOURCEPOINTEHR, LLC</a>	<b>c</b> EIN-PN <a href="#">26-3800519-001</a>
<b>a</b>	Plan name <a href="#">CUSTOM FINANCIAL SOLUTIONS, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CUSTOM FINANCIAL SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">72-1433820-001</a>
<b>a</b>	Plan name <a href="#">CUTTRISS &amp; HAMBLETON 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CUTTRISS &amp; HAMBLETON</a>	<b>c</b> EIN-PN <a href="#">94-3167262-001</a>
<b>a</b>	Plan name <a href="#">CVR ASSOCIATES, INC. 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">CVR ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">04-3273457-777</a>
<b>a</b>	Plan name <a href="#">STRATUS.HR RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STRATUS.HR</a>	<b>c</b> EIN-PN <a href="#">45-3548842-333</a>
<b>a</b>	Plan name <a href="#">ENGLANDER CONTAINER CO. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ENGLANDER CONTAINER CORPORATION</a>	<b>c</b> EIN-PN <a href="#">74-1588088-002</a>
<b>a</b>	Plan name <a href="#">ENTERPRISE ROOFING &amp; SHEET METAL CO. OF DAYTON OH PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ENTERPRISE ROOFING &amp; SHEET METAL CO. OF DAYTON OH</a>	<b>c</b> EIN-PN <a href="#">31-0569979-001</a>
<b>a</b>	Plan name <a href="#">EPOCH SOLUTIONS GROUP 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EPOCH SOLUTIONS GROUP LLC</a>	<b>c</b> EIN-PN <a href="#">20-4472485-001</a>
<b>a</b>	Plan name <a href="#">U.S. ARMOR CORPORATION 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">U.S. ARMOR CORPORATION</a>	<b>c</b> EIN-PN <a href="#">95-4068319-001</a>
<b>a</b>	Plan name <a href="#">U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">U.S. TECHNICAL CERAMICS, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0333972-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor U3 ADVISORS, INC.	<b>c</b> EIN-PN 46-4252021-001
<b>a</b>	Plan name ULTRA TAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor ULTRA TAN, INC	<b>c</b> EIN-PN 58-2318583-001
<b>a</b>	Plan name W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor W. BRUCE CLARK, M.D., P.C.	<b>c</b> EIN-PN 14-1659231-002
<b>a</b>	Plan name W.R. COLE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor W.R. COLE & ASSOCIATES, INC.	<b>c</b> EIN-PN 61-0940946-002
<b>a</b>	Plan name FIDELITY ROOF COMPANY, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FIDELITY ROOF COMPANY INC.	<b>c</b> EIN-PN 94-1326440-003
<b>a</b>	Plan name FINALLY RESTAURANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor FINALLY, INC.	<b>c</b> EIN-PN 81-0541002-001
<b>a</b>	Plan name FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK	<b>c</b> EIN-PN 13-5604180-002
<b>a</b>	Plan name AGC SELECT 401(K)	
<b>b</b>	Name of plan sponsor AGC SELECT 401(K)	<b>c</b> EIN-PN 74-0490820-002
<b>a</b>	Plan name AGS SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AGS SERVICES, LLC	<b>c</b> EIN-PN 83-2603713-001
<b>a</b>	Plan name AIR SYSTEMS LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AIR SYSTEMS LLC	<b>c</b> EIN-PN 61-1497192-001
<b>a</b>	Plan name AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIGN ACQUISITION LLC	<b>c</b> EIN-PN 83-3073945-001
<b>a</b>	Plan name AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AMIEE LYNN, INC.	<b>c</b> EIN-PN 65-1160566-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BADDERS LAW FIRM, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BADDERS LAW FIRM, P.C.	<b>c</b> EIN-PN 38-3685440-001
<b>a</b>	Plan name	BALDWINVILLE VILLAGE HARDWARE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BALDWINVILLE VILLAGE HARDWARE INC.	<b>c</b> EIN-PN 16-1185092-001
<b>a</b>	Plan name	BEN'S WORKSHOP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOREY MOTORWURKS DBA BEN'S WORKSHOP	<b>c</b> EIN-PN 20-8083843-001
<b>a</b>	Plan name	CANTEEN 401(K) RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor	CANTEEN FOOD & VENDING OF COASTAL CA, INC.	<b>c</b> EIN-PN 95-3084005-001
<b>a</b>	Plan name	CENCAL INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENCAL INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 68-0120370-002
<b>a</b>	Plan name	COMMUNICATION ELECTRONIC SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMUNICATIONS ELECTRONIC SYSTEMS, INC.	<b>c</b> EIN-PN 99-2126159-001
<b>a</b>	Plan name	CONFIDENCE PLUMBING COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONFIDENCE PLUMBING COMPANY, INC.	<b>c</b> EIN-PN 84-1073735-001
<b>a</b>	Plan name	DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAYTON ROGERS MANUFACTURING COMPANY	<b>c</b> EIN-PN 41-0844462-002
<b>a</b>	Plan name	DELAWARE ENGINEERING, D.P.C. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DELAWARE ENGINEERING, D.P.C.	<b>c</b> EIN-PN 16-1370126-001
<b>a</b>	Plan name	ERC CONCEPTS CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ERC CONCEPTS COMPANY	<b>c</b> EIN-PN 77-0344798-002
<b>a</b>	Plan name	EVERGREEN INFORMATION TECHNOLOGY SERVICES, INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EVERGREEN TECHNOLOGY	<b>c</b> EIN-PN 52-2258038-001
<b>a</b>	Plan name	EXCELL HOME CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXCELL HOME CARE, INC.	<b>c</b> EIN-PN 03-0403112-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	FOCUS HOPE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOCUS HOPE	<b>c</b> EIN-PN 38-1948285-002
<b>a</b>	Plan name	ITN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ITN	<b>c</b> EIN-PN 55-2247649-001
<b>a</b>	Plan name	J.J.L.G. MOTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J.J.L.G. MOTORS, INC.	<b>c</b> EIN-PN 13-4181580-001
<b>a</b>	Plan name	JAFCO AMERICA VENTURES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAFCO AMERICA VENTURES, INC. DBA ICON VENTURES	<b>c</b> EIN-PN 94-2948334-001
<b>a</b>	Plan name	KRUSE & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRUSE & ASSOCIATES, INC.	<b>c</b> EIN-PN 73-1444019-001
<b>a</b>	Plan name	LA PALOMA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LA PALOMA FUNERAL SERVICES	<b>c</b> EIN-PN 26-0296007-001
<b>a</b>	Plan name	LRS ARCHITECTS EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LRS ARCHITECTS, INC.	<b>c</b> EIN-PN 93-1259453-001
<b>a</b>	Plan name	LTI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LABEL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 39-1627601-001
<b>a</b>	Plan name	LUMINUS DIAGNOSTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUMINUS DIAGNOSTICS, LLC	<b>c</b> EIN-PN 45-4133635-001
<b>a</b>	Plan name	LUMUS CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUMUS CONSTRUCTION, INC.	<b>c</b> EIN-PN 04-3413392-001
<b>a</b>	Plan name	M&W DISTRIBUTION SERVICES, INC. TAX-FAVORED SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	M&W DISTRIBUTION SERVICES, INC.	<b>c</b> EIN-PN 58-1164068-001
<b>a</b>	Plan name	NEFI	
<b>b</b>	Name of plan sponsor	THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION	<b>c</b> EIN-PN 04-2078321-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	OCEAN ELECTRIC CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	OCEAN ELECTRIC CORPORATION
<b>c</b>	EIN-PN	11-3172942-001
<b>a</b>	Plan name	ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC.
<b>c</b>	EIN-PN	54-1247912-001
<b>a</b>	Plan name	PORT 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE PORT GROUP
<b>c</b>	EIN-PN	11-2145400-001
<b>a</b>	Plan name	SAUNA360 INC. RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	SAUNA360 INC.
<b>c</b>	EIN-PN	41-1502759-001
<b>a</b>	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	SBARRO, INC.
<b>c</b>	EIN-PN	11-2501939-001
<b>a</b>	Plan name	SC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SUNLED COMPANY, LLC.
<b>c</b>	EIN-PN	46-0992147-001
<b>a</b>	Plan name	SOUTHERN STRUCTURAL STEEL, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SOUTHERN STRUCTURAL STEEL, INC.
<b>c</b>	EIN-PN	54-1809752-001
<b>a</b>	Plan name	SOUTHMINSTER SCHOOL 401(K) PLAN
<b>b</b>	Name of plan sponsor	SOUTHMINSTER SCHOOL
<b>c</b>	EIN-PN	76-0030225-001
<b>a</b>	Plan name	SPENSIERI DIVERSIFIED, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SPENSIERI DIVERSIFIED, LLC
<b>c</b>	EIN-PN	26-4073098-001
<b>a</b>	Plan name	SPORTIME RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SPORTIME CLUBS, LLC
<b>c</b>	EIN-PN	11-3224021-222
<b>a</b>	Plan name	SUN ENGINEERING SERVICES, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SUN ENGINEERING SERVICES, INC.
<b>c</b>	EIN-PN	33-0312587-001
<b>a</b>	Plan name	SUNCOOK DENTAL 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SUNCOOK FAMILY DENTISTRY DBA SUNCOOK DENTAL
<b>c</b>	EIN-PN	02-0371806-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SY KATZ PRODUCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SY KATZ PRODUCE, INC.	<b>c</b> EIN-PN 59-2069613-002
<b>a</b>	Plan name	T.R. GOLDSMITH & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T.R. GOLDSMITH & SON, INC.	<b>c</b> EIN-PN 16-0750517-001
<b>a</b>	Plan name	TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TARBELL MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 27-3567818-002
<b>a</b>	Plan name	UPLAND INDUSTRIES NORTH, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UPLAND INDUSTRIES NORTH, LLC	<b>c</b> EIN-PN 46-4479880-001
<b>a</b>	Plan name	UPSTATE OB/GYN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UPSTATE OB/GYN ASSOCIATES, P.C.	<b>c</b> EIN-PN 14-1600870-001
<b>a</b>	Plan name	URBAN ARCHAEOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	URBAN ARCHAEOLOGY	<b>c</b> EIN-PN 13-2946298-001
<b>a</b>	Plan name	US POLYCHEMICAL CORPORATION SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	US POLYCHEMICAL CORPORATION	<b>c</b> EIN-PN 14-1424538-001
<b>a</b>	Plan name	USG SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	USG SERVICES, LLC	<b>c</b> EIN-PN 45-4658823-001
<b>a</b>	Plan name	ANGELINA COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ANGELINA GROUP, LP	<b>c</b> EIN-PN 20-4299819-001
<b>a</b>	Plan name	AOMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A-O-M-S PLLC	<b>c</b> EIN-PN 81-4839752-001
<b>a</b>	Plan name	CENTRAL STAFF SERVICES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL STAFF SERVICES, INC.	<b>c</b> EIN-PN 11-3586360-222
<b>a</b>	Plan name	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	<b>c</b> EIN-PN 94-2744760-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CERRI & SON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CERRI & SON, INC.	<b>c</b> EIN-PN 45-3450785-001
<b>a</b>	Plan name	CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHAMPION SOLUTIONS GROUP, INC.	<b>c</b> EIN-PN 59-2347579-001
<b>a</b>	Plan name	CHAMPION WIRE AND CABLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHAMPION WIRE AND CABLE LLC	<b>c</b> EIN-PN 11-3253340-001
<b>a</b>	Plan name	DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOCTOR & ASSOCIATES	<b>c</b> EIN-PN 06-0857902-001
<b>a</b>	Plan name	FOUR POINT HR SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FOUR POINT HR	<b>c</b> EIN-PN 26-3070913-001
<b>a</b>	Plan name	FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOUTZ & BURSUM CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 85-0115169-002
<b>a</b>	Plan name	FRANK EVANS CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANK EVANS COMPANY, INC.	<b>c</b> EIN-PN 04-2422078-001
<b>a</b>	Plan name	JEFF WILSON POOL SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEFF WILSON POOL SERVICE, INC.	<b>c</b> EIN-PN 59-2596150-001
<b>a</b>	Plan name	JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JETSON TV & APPLIANCE CENTERS, INC.	<b>c</b> EIN-PN 59-1508381-001
<b>a</b>	Plan name	MARIANNE L. MCCAIN, PA PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MARIANNE L. MCCAIN, PA	<b>c</b> EIN-PN 59-3013301-001
<b>a</b>	Plan name	MCKINSEY STEEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCKINSEY STEEL & SUPPLY OF FLORIDA, INC.	<b>c</b> EIN-PN 59-2293118-001
<b>a</b>	Plan name	OVERTON, RUSSELL, DOERR AND DONOVAN, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OVERTON, RUSSELL, DOERR AND DONOVAN, LLP	<b>c</b> EIN-PN 14-1625607-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name OX ORTHODONTIX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor OX ORTHODONTIX, LLC	<b>c</b> EIN-PN 52-2150566-001
<b>a</b>	Plan name PALPILOT 401(K) PLAN	
<b>b</b>	Name of plan sponsor PALPILOT INTERNATIONAL CORP.	<b>c</b> EIN-PN 77-0320008-001
<b>a</b>	Plan name SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION	<b>c</b> EIN-PN 99-0268773-001
<b>a</b>	Plan name SEFI FABRICATORS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor P & M LLC DBA SEFI FABRICATORS	<b>c</b> EIN-PN 11-3380649-001
<b>a</b>	Plan name SEIU HEALTHCARE MICHIGAN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SEIU HEALTHCARE MICHIGAN	<b>c</b> EIN-PN 01-0897469-001
<b>a</b>	Plan name SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SELECTRODE INDUSTRIES, INC.	<b>c</b> EIN-PN 11-2677850-002
<b>a</b>	Plan name THE ECRM CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	<b>c</b> EIN-PN 34-1752681-001
<b>a</b>	Plan name THE LAW OFFICES OF VINCENT TOOMEY, ESQ. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE LAW OFFICES OF VINCENT TOOMEY, ESQ.	<b>c</b> EIN-PN 11-3039057-001
<b>a</b>	Plan name WILDER AUTO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WILDER AUTO GROUP, INC. DBA WILDER TOYOTA	<b>c</b> EIN-PN 91-1130065-001
<b>a</b>	Plan name WILLIAM A. SMITH & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILLIAM A. SMITH & SON, INC.	<b>c</b> EIN-PN 14-1433702-002
<b>a</b>	Plan name BENCHMARK TECHNOLOGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BENCHMARK TECHNOLOGY GROUP, INC.	<b>c</b> EIN-PN 58-1639110-001
<b>a</b>	Plan name BENEFITS AND PAYROLL, INC. MULTIPLE EMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor BENEFITS AND PAYROLL, INC.	<b>c</b> EIN-PN 45-4965806-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BETTINGER CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BETTINGER CO., INC.	<b>c</b> EIN-PN 23-2536584-001
<b>a</b>	Plan name	DELTA PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DELTA PACKAGING, INC.	<b>c</b> EIN-PN 23-2424721-001
<b>a</b>	Plan name	DELTA-RAY INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DELTA-RAY INDUSTRIES, INC.	<b>c</b> EIN-PN 06-1547159-001
<b>a</b>	Plan name	DENNIS BETHEL AND ASSOCIATES ENGINEERING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DENNIS BETHEL AND ASSOCIATES ENGINEERING	<b>c</b> EIN-PN 95-3751455-001
<b>a</b>	Plan name	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	<b>c</b> EIN-PN 99-0143112-001
<b>a</b>	Plan name	MACROVEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MACROVEY, LLC	<b>c</b> EIN-PN 45-5205376-001
<b>a</b>	Plan name	MARAN, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARAN, INC.	<b>c</b> EIN-PN 94-2444640-777
<b>a</b>	Plan name	PRECISION PAVING OF TAMPA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION PAVINGS	<b>c</b> EIN-PN 59-2359657-001
<b>a</b>	Plan name	PREMIER HOUSING MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER HOUSING MANAGEMENT, LLC	<b>c</b> EIN-PN 27-3531707-001
<b>a</b>	Plan name	PRIMEGLOBAL SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIMEGLOBAL	<b>c</b> EIN-PN 36-2983725-001
<b>a</b>	Plan name	PROFIT SHARING & 401(K) PLAN FOR JOSEPH M. NUNEZ, DDS INC.	
<b>b</b>	Name of plan sponsor	JOSEPH M. NUNEZ, DDS INC.	<b>c</b> EIN-PN 77-0502698-001
<b>a</b>	Plan name	PROVIDENCE CATHOLIC SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE CATHOLIC SCHOOL, INC.	<b>c</b> EIN-PN 74-1222275-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name THE BENNETT GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BENNETT CHRYSLER, DODGE, JEEP LLC	<b>c</b> EIN-PN 58-2366187-001
<b>a</b>	Plan name PULMONARY PHYSICIANS OF SARATOGA LLP P/S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PULMONARY PHYSICIANS OF SARATOGA	<b>c</b> EIN-PN 14-1750186-001
<b>a</b>	Plan name QUALITY PAYROLL & BENEFITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUALITY PAYROLL & BENEFITS	<b>c</b> EIN-PN 35-2175330-001
<b>a</b>	Plan name RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RED RIVER MANAGEMENT	<b>c</b> EIN-PN 30-0220873-001
<b>a</b>	Plan name THE PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE PEOPLES BANK COMPANY	<b>c</b> EIN-PN 34-4327300-002
<b>a</b>	Plan name THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor POWER DOOR PRODUCTS, INC.	<b>c</b> EIN-PN 13-2746069-001
<b>a</b>	Plan name THE QUINLAN LAW FIRM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE QUINLAN LAW FIRM, LLC	<b>c</b> EIN-PN 13-4347801-001
<b>a</b>	Plan name BHK OF AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor BHK OF AMERICA	<b>c</b> EIN-PN 22-2114939-001
<b>a</b>	Plan name BILL'S BOOKKEEPING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor BILL'S BOOKKEEPING SERVICES, LLC	<b>c</b> EIN-PN 27-0420780-001
<b>a</b>	Plan name BIOGENEX LABORATORIES FLEXPLUS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BIOGENEX LABORATORIES, INC.	<b>c</b> EIN-PN 94-2768927-001
<b>a</b>	Plan name BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor BK MILL & FIXTURES	<b>c</b> EIN-PN 94-2366234-001
<b>a</b>	Plan name BLAU PLUMBING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLAU PLUMBING, INC.	<b>c</b> EIN-PN 39-1031201-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BLEDSOE, DIESTEL, TREPPA & CRANE LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLEDSOE, DIESTEL, TREPPA & CRANE LLP	<b>c</b> EIN-PN 94-1259547-002
<b>a</b>	Plan name	DON ENGA INSURANCE AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DON ENGA INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 82-3476569-001
<b>a</b>	Plan name	DOWLING CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOWLING CORPORATION	<b>c</b> EIN-PN 02-0395136-001
<b>a</b>	Plan name	DR. STIG PEITERSEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DR. STIG PEITERSEN, M.D., P.A.	<b>c</b> EIN-PN 75-2684703-001
<b>a</b>	Plan name	DUKE MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LS INVESTMENT GROUP LLC DBA DUKE MANUFACTURING	<b>c</b> EIN-PN 20-5110012-002
<b>a</b>	Plan name	DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DURHAM CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 02-0642097-001
<b>a</b>	Plan name	HERITAGE PROPERTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND'S HERITAGE PROPERTIES, INC.	<b>c</b> EIN-PN 04-3585188-001
<b>a</b>	Plan name	HIGH TECHNOLOGY VIDEO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HIGH TECHNOLOGY VIDEO, INC.	<b>c</b> EIN-PN 95-4518898-001
<b>a</b>	Plan name	HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGHTOWERS PETROLEUM CO.	<b>c</b> EIN-PN 31-1151689-001
<b>a</b>	Plan name	HIRANI ENGINEERING & LAND SURVEYING, P.C. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HIRANI ENGINEERING & LAND SURVEYING, PC	<b>c</b> EIN-PN 11-3467754-001
<b>a</b>	Plan name	MEDICALERT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDICALERT FOUNDATION UNITED STATES, INC.	<b>c</b> EIN-PN 94-1494446-002
<b>a</b>	Plan name	MEHRAN FOTOVATJAH, DDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEHRAN FOTOVATJAH, DDS, INC.	<b>c</b> EIN-PN 77-0516617-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MICHAEL'S / MFH, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL'S / MFH, INC.	<b>c</b> EIN-PN 31-1117594-001
<b>a</b>	Plan name	BOARDMAN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOARDMAN, LLC	<b>c</b> EIN-PN 73-1470937-003
<b>a</b>	Plan name	BOLAND'S NORTH, INC. DAVIS BACON PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor	BOLAND'S NORTH, INC.	<b>c</b> EIN-PN 34-2047079-001
<b>a</b>	Plan name	EARLYBIRDCAPITAL, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EARLYBIRDCAPITAL, INC.	<b>c</b> EIN-PN 65-0379410-001
<b>a</b>	Plan name	EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EASTERN ARMORED SERVICES, INC.	<b>c</b> EIN-PN 22-3193394-001
<b>a</b>	Plan name	EASTERN METAL - USA-SIGN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EASTERN METAL - USA-SIGN	<b>c</b> EIN-PN 16-0757659-001
<b>a</b>	Plan name	HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC	<b>c</b> EIN-PN 61-1403889-001
<b>a</b>	Plan name	MILAN INSTITUTE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMARILLO COLLEGE OF HAIRDRESSING DBA MILAN INSTITUTE	<b>c</b> EIN-PN 75-1640547-001
<b>a</b>	Plan name	MIRRAM GROUP INCENTIVE SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MIRRAM GROUP, LLC	<b>c</b> EIN-PN 13-4066469-002
<b>a</b>	Plan name	REISCHLING PRESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	REISCHLING PRESS, INC.	<b>c</b> EIN-PN 91-1013222-001
<b>a</b>	Plan name	RETIRE READY 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RETIRE READY	<b>c</b> EIN-PN 20-1826963-333
<b>a</b>	Plan name	RICE FINANCIAL PRODUCTS L.P. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RICE DERIVATIVE HOLDINGS, L.P.	<b>c</b> EIN-PN 13-3750267-001

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

**a** Plan name THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN

**b** Name of plan sponsor THOMPSON & HARVEY BAY AREA, LLC **c** EIN-PN 27-1531650-001

**a** Plan name THOROUGHbred SOFTWARE INTERNATIONAL, INC. 401(K) SAVINGS PLAN

**b** Name of plan sponsor THOROUGHbred SOFTWARE INTERNATIONAL, INC. **c** EIN-PN 22-2427223-401

**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

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

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TA BLACKROCK LIFEPATH INDEX 2025 RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>018</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	80236544
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	64314048
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	80236544	64314048
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	80236544	64314048

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	4856824	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		4856824

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4856824
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		9640424
(2) From this plan .....	<b>2l(2)</b>		30419744

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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