

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: LOOMIS SAYLES INVESTMENT GRADE BOND RET ACCT
1b Three-digit plan number (PN): 094
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.

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>LOOMIS SAYLES INVESTMENT GRADE BOND RET ACCT</u>	B Three-digit plan number (PN) ▶ <u>094</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</u>

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

c EIN-PN

d Entity code

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

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 BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
b	Name of plan sponsor BUTLER, FITZGERALD & FIVESON, P.C.	c EIN-PN 20-2841166-001
a	Plan name TBC CPAS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor TEAL, BECKER & CHIARAMONTE, CPAS P.C.	c EIN-PN 14-1624930-001
a	Plan name RTL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor RTL CONSTRUCTION, INC.	c EIN-PN 41-1735902-001
a	Plan name GROWING GENERATIONS 401(K) PLAN	
b	Name of plan sponsor GROWING GENERATIONS	c EIN-PN 95-4619204-001
a	Plan name THE CONGRESS LAKE COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CONGRESS LAKE COMPANY	c EIN-PN 34-0160950-001
a	Plan name THE NAPOLI GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor THE NAPOLI GROUP, LLC	c EIN-PN 20-0100132-001
a	Plan name ABC OF DELAWARE 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED BUILDERS AND CONTRACTORS OF DELAWARE	c EIN-PN 51-0101352-333
a	Plan name BCS CALLPROCESSING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BCS CALLPROCESSING, INC.	c EIN-PN 27-4419289-001
a	Plan name MEDICAL SOCIETY OF DELAWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEDICAL SOCIETY OF DELAWARE	c EIN-PN 51-0061011-333
a	Plan name FACILITIES ENGINEERING ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FACILITIES ENGINEERING ASSOCIATES, PC	c EIN-PN 26-1542141-001
a	Plan name BEST CONTRACTING SERVICES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor BEST CONTRACTING SERVICES, INC.	c EIN-PN 95-3781209-001
a	Plan name OX ORTHODONTIX, LLC 401(K) PLAN	
b	Name of plan sponsor OX ORTHODONTIX, LLC	c EIN-PN 52-2150566-001

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 ALLRED METAL PRODUCTS INC PROFIT SHARING PLAN	
b	Name of plan sponsor ALLRED METAL PRODUCTS	c EIN-PN 86-0648390-001
a	Plan name ADVANCED TEXTILES ASSOCIATION	
b	Name of plan sponsor ADVANCED TEXTILES ASSOCIATION	c EIN-PN 41-0434683-001
a	Plan name MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MAUER CHEVROLET	c EIN-PN 26-4600875-777
a	Plan name PROVEN PARTNERS MANUFACTURING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PROVEN PARTNERS MANUFACTURING	c EIN-PN 20-2145505-001
a	Plan name AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor AMERICAN TEXTILE MAINTENANCE COMPANY	c EIN-PN 95-2076802-004
a	Plan name RESOLUTE INDEPENDENT ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor RESOLUTE INDEPENDENT ADVISORS, LLC	c EIN-PN 82-1263122-001
a	Plan name LEGAL ASSISTANCE FOR SENIORS 401(K) PLAN	
b	Name of plan sponsor LEGAL ASSISTANCE FOR SENIORS, INC.	c EIN-PN 94-2941697-001
a	Plan name SUPERIOR STEEL PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUPERIOR STEEL PRODUCTS, INC.	c EIN-PN 82-0484250-001
a	Plan name LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	c EIN-PN 36-3584029-002
a	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AOW CONSTRUCTION LLC	c EIN-PN 83-2875089-001
a	Plan name APEX BULK CARRIERS, LLC RETIREMENT PLAN	
b	Name of plan sponsor APEX BULK CARRIERS, LLC	c EIN-PN 11-3430280-001
a	Plan name APPLIANCE CENTER OF TOLEDO, INC. RETIREMENT PLAN	
b	Name of plan sponsor APPLIANCE CENTER OF TOLEDO, INC.	c EIN-PN 34-0924335-777

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 ARC ENVIRONMENTAL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ARC ENVIRONMENTAL, LLC	c EIN-PN 52-1905017-001
a	Plan name ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor ARMER/NORMAN & ASSOCIATES	c EIN-PN 94-1686016-001
a	Plan name CHAMPION WIRE AND CABLE 401(K) PLAN	
b	Name of plan sponsor CHAMPION WIRE AND CABLE LLC	c EIN-PN 11-3253340-001
a	Plan name CHAPTER 13 BANKRUPTCY TRUSTEE 401(K) PLAN	
b	Name of plan sponsor CHAPTER 13 BANKRUPTCY TRUSTEE	c EIN-PN 63-1029318-001
a	Plan name CHRISTOPHER J. WOLFE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHRISTOPHER J. WOLFE	c EIN-PN 82-1310367-001
a	Plan name CICERONE ADVISERS LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CICERONE ADVISERS, LLC	c EIN-PN 06-1601609-001
a	Plan name EBERHART ACCOUNTING SERVICES, P.C. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor EBERHART ACCOUNTING SERVICES, P.C.	c EIN-PN 36-3996751-001
a	Plan name ECG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ECG, INC.	c EIN-PN 22-2944262-001
a	Plan name ECHO INDUSTRIAL, INC. 401(K) PLAN	
b	Name of plan sponsor ECHO INDUSTRIAL, INC.	c EIN-PN 73-1686642-001
a	Plan name ECHTER'S GREENHOUSES, INC. 401(K) PLAN	
b	Name of plan sponsor ECHTER'S GREENHOUSES, INC.	c EIN-PN 84-0491743-002
a	Plan name ECOLOGY SERVICES, INC. (NON-UNION) 401(K) PLAN	
b	Name of plan sponsor ECOLOGY SERVICES, INC.	c EIN-PN 52-1633982-002
a	Plan name EDISON MEDIA RESEARCH, INC. 401(K) PSP	
b	Name of plan sponsor EDISON MEDIA RESEARCH, INC.	c EIN-PN 22-3305873-001

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	FSP POWERTEK, INC. 401(K) PLAN	
b	Name of plan sponsor	FSP POWERTEK, INC.	c EIN-PN 45-4614696-001
a	Plan name	FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FULL SERVICE CONTRACTING, INC.	c EIN-PN 11-2601825-001
a	Plan name	FUSION EMPLOYER SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FUSION EMPLOYER SERVICES, LLC	c EIN-PN 13-4337327-001
a	Plan name	JOHN MAYE COMPANY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN MAYE COMPANY INC.	c EIN-PN 46-3255828-001
a	Plan name	KAA DESIGN GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KAA DESIGN GROUP, INC.	c EIN-PN 95-4631555-001
a	Plan name	MONACO GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MONACO, INC.	c EIN-PN 33-0512544-001
a	Plan name	MONTANO MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	MONTANO MOTORS, INC.	c EIN-PN 74-2392667-002
a	Plan name	MOORE & JACKSON, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MOORE & JACKSON, LLC	c EIN-PN 52-2336032-001
a	Plan name	MOOREFIELD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOOREFIELD CONSTRUCTION, INC.	c EIN-PN 95-3419477-002
a	Plan name	PBC INDUSTRIAL SUPPLIES, INC. 401(K) PLAN	
b	Name of plan sponsor	PBC INDUSTRIAL SUPPLIES, INC.	c EIN-PN 72-0833717-001
a	Plan name	PEDIATRIC MEDICINE, PLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PEDIATRIC MEDICINE, PLC	c EIN-PN 03-0230997-001
a	Plan name	PERCY HOEK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERCY HOEK, INC.	c EIN-PN 11-2125950-001

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 SEWON AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor SEWON AMERICA, INC.	c EIN-PN 26-1971648-001
a	Plan name SHAFERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COONEY, PARRIS & RIEKE CORPORATION	c EIN-PN 91-1862618-001
a	Plan name SHARFI HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHARFI HOLDINGS, INC.	c EIN-PN 82-3806579-001
a	Plan name TIME STRIPING, INC. 401K	
b	Name of plan sponsor TIME STRIPING, INC.	c EIN-PN 71-0669392-333
a	Plan name TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION RETIREMENT TRUST	
b	Name of plan sponsor TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION	c EIN-PN 95-4352606-001
a	Plan name TOPAZ SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TOPAZ SYSTEMS, INC.	c EIN-PN 77-0402671-002
a	Plan name WORLD CLASS PLASTICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WORLD CLASS PLASTICS, INC.	c EIN-PN 34-1781164-001
a	Plan name YORK INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor YORK INDUSTRIES, INC.	c EIN-PN 11-2195076-001
a	Plan name ZAUDERER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor ZAUDERER ASSOCIATES, INC.	c EIN-PN 13-1820511-001
a	Plan name LEEMAN ARCHITECTURAL 401(K) PLAN	
b	Name of plan sponsor LEEMAN CONSTRUCTION COMPANY, INC.	c EIN-PN 58-1793770-001
a	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEVITT & BOCCIO, LLP	c EIN-PN 47-2210945-001
a	Plan name LEXEL CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor LEXEL CORPORATION	c EIN-PN 11-2659092-001

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	401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP	
b	Name of plan sponsor	C12 CAPITAL MANAGEMENT US LP	c EIN-PN 27-0582841-001
a	Plan name	A&J VINEYARD SUPPLY INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	A&J VINEYARD SUPPLY INC.	c EIN-PN 26-1669835-001
a	Plan name	A-Z BUS SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	A-Z BUS SALES, INC.	c EIN-PN 33-0065644-001
a	Plan name	ABC OF IOWA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ABC OF IOWA	c EIN-PN 42-1029016-001
a	Plan name	ABILITIES FIRST, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ABILITIES FIRST, INC.	c EIN-PN 14-1467427-002
a	Plan name	ABILITIES FIRST, INC. UNION 401(K) P/S PLAN	
b	Name of plan sponsor	ABILITIES FIRST, INC.	c EIN-PN 14-1467427-004
a	Plan name	MPA MEDIA 401(K) PLAN	
b	Name of plan sponsor	MAXWELL PETERSEN ASSOCIATES, INC.	c EIN-PN 95-3788215-001
a	Plan name	MPRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MPRM, LLC	c EIN-PN 95-4676804-001
a	Plan name	MURPHY & HARTELIUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MURPHY & HARTELIUS UNIFORMS	c EIN-PN 94-1712886-002
a	Plan name	MY HR PROS 401(K) PLAN	
b	Name of plan sponsor	MY HR PROS	c EIN-PN 71-0772119-333
a	Plan name	AIR TREK, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	AIR TREK, INC.	c EIN-PN 59-9999998-889
a	Plan name	ALASKA TRAILBLAZING, INC. 401(K) PLAN	
b	Name of plan sponsor	ALASKA TRAILBLAZING, INC.	c EIN-PN 20-5716253-001

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	ALC STEAKS 401(K) PLAN	
b	Name of plan sponsor	AUSTIN STEAKHOUSE, INC.	c EIN-PN 74-2673768-001
a	Plan name	ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ALLEGRO CONSULTANTS, INC.	c EIN-PN 94-2932628-002
a	Plan name	ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLEVITY, INC.	c EIN-PN 94-2264491-001
a	Plan name	NEW YORK ACCESSORY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	NEW YORK ACCESSORY GROUP, INC.	c EIN-PN 13-4175959-002
a	Plan name	NIAGARA LUBRICANT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	NIAGARA LUBRICANT COMPANY, INC.	c EIN-PN 16-0570580-001
a	Plan name	ASSOCIATION HOUSE OF CHICAGO 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ASSOCIATION HOUSE OF CHICAGO	c EIN-PN 36-2166961-001
a	Plan name	ATLANTIC BINGO SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC BINGO SUPPLY, INC.	c EIN-PN 52-1552308-001
a	Plan name	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 27-3841580-001
a	Plan name	PGF TECHNOLOGY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PGF TECHNOLOGY GROUP, INC.	c EIN-PN 38-2043637-001
a	Plan name	PHI RETIREMENT PLAN	
b	Name of plan sponsor	PARAPROFESSIONAL HEALTHCARE INSTITUTE	c EIN-PN 13-3575492-001
a	Plan name	RICHLINE GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RICHLINE GROUP, INC.	c EIN-PN 26-0232774-001
a	Plan name	ROBERTS COMPANIES 401(K) PLAN	
b	Name of plan sponsor	ROBERTS COMPANIES	c EIN-PN 43-1460955-001

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	ROBINSON-BROWN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBINSON-BROWN & ASSOCIATES, INC.	c EIN-PN 34-1664427-001
a	Plan name	ROGERS & TENBROOK, INC. 401(K) PLAN	
b	Name of plan sponsor	ROGERS & TENBROOK, INC.	c EIN-PN 16-1246036-001
a	Plan name	BRO-TEX CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRO-TEX CO., INC.	c EIN-PN 41-0801968-002
a	Plan name	BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRYAN CHEVROLET LLC	c EIN-PN 72-0477660-001
a	Plan name	BUILDERS 401(K) PLAN	
b	Name of plan sponsor	MHP BUILDERS, INC.	c EIN-PN 26-4034743-001
a	Plan name	BUILDERS HARDWARE & SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUILDERS HARDWARE & SUPPLY CO., INC.	c EIN-PN 91-0715362-001
a	Plan name	CIPEX 401(K) PLAN	
b	Name of plan sponsor	CIPEX INTERNATIONAL, LTD.	c EIN-PN 95-3751982-001
a	Plan name	CLEAR PEO, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CLEAR PEO, LLC	c EIN-PN 35-2535759-333
a	Plan name	SIELKEN DAVIS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SIELKEN DAVIS, LLC	c EIN-PN 20-4365146-001
a	Plan name	SILC-NAKFOOR RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	JENNIFER T. SILC DDS MS, LTD.	c EIN-PN 85-1209970-001
a	Plan name	CORD CONTRACTING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	CORD CONTRACTING CO., INC.	c EIN-PN 11-3194814-003
a	Plan name	CORE 401(K) PLAN	
b	Name of plan sponsor	C & C PROPERTIES GROUP, INC. DBA CORE TRUCKING	c EIN-PN 20-1907597-001

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 CORE SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor CORE SOLUTIONS LLC	c EIN-PN 72-1401158-001
a	Plan name CORTECH, LLC 401(K) PLAN	
b	Name of plan sponsor CORTECH, LLC	c EIN-PN 58-2449456-001
a	Plan name COTTERMAN & COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COTTERMAN & COMPANY, INC.	c EIN-PN 34-1391975-001
a	Plan name COUNTY CORVETTE 401(K) SAVINGS PLAN	
b	Name of plan sponsor COUNTY CORVETTE SALES, INC.	c EIN-PN 23-2925644-001
a	Plan name ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C.	c EIN-PN 38-1859612-777
a	Plan name STEPHEN GUIDONE, D.D.S. 401(K) PLAN	
b	Name of plan sponsor STEPHEN GUIDONE, D.D.S.	c EIN-PN 95-3672928-001
a	Plan name STEPHEN PERLITSH, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor STEPHEN M. PERLITSH, P.C.	c EIN-PN 13-3805593-001
a	Plan name ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELECTECH HAWAII, INC.	c EIN-PN 99-0229338-001
a	Plan name ELECTRIPACK, INC. 401(K) PLAN	
b	Name of plan sponsor ELECTRIPACK, INC.	c EIN-PN 37-1440638-001
a	Plan name ELITE TOOL & MANUFACTURING LLC 401(K) PLAN	
b	Name of plan sponsor ELITE TOOL & MANUFACTURING LLC	c EIN-PN 83-3913745-001
a	Plan name EMPIRE CONTROL ABATEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor OPPENHEIMER & CO., INC.	c EIN-PN 11-2945779-001
a	Plan name EMPLOY SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor EMPLOY SOURCE, INC.	c EIN-PN 27-0477134-333

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	TRINITY MANAGEMENT GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY MANAGEMENT GROUP, LLC	c EIN-PN 06-1799100-001
a	Plan name	TRIUMPH HOSPITALITY GROUP PLAN	
b	Name of plan sponsor	TRIUMPH HOSPITALITY GROUP, LLC	c EIN-PN 13-4201198-001
a	Plan name	TWEEZERMAN INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	TWEEZERMAN INTERNATIONAL, LLC	c EIN-PN 20-1872710-001
a	Plan name	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	c EIN-PN 94-2461685-003
a	Plan name	VENPRO COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	VENTILATION SPECIALTIES GROUP, INC. DBA VENPRO COMPANY	c EIN-PN 01-0817395-001
a	Plan name	VINCO, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	VINCO, INC.	c EIN-PN 41-1874693-001
a	Plan name	VINERIPE SALES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINERIPE SALES, LLC	c EIN-PN 46-2080161-001
a	Plan name	FABER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	FABER ASSOCIATES, INC.	c EIN-PN 22-1550176-001
a	Plan name	FCSC/WALTON COUNTY 401(K) PLAN	
b	Name of plan sponsor	FCSC/WALTON COUNTY	c EIN-PN 59-2643266-001
a	Plan name	GLOBAL BROADBAND SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL BROADBAND SOLUTIONS, LLC	c EIN-PN 54-1871592-001
a	Plan name	GMG GENERAL, INC. EE SAVINGS TRUST	
b	Name of plan sponsor	GMG GENERAL, INC.	c EIN-PN 92-0138234-001
a	Plan name	HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HUNT ENTERPRISES, INC.	c EIN-PN 11-2236013-001

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	HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN
b	Name of plan sponsor	HUTCHINSON AUTOMOTIVE, INC.
c	EIN-PN	20-5463282-001
a	Plan name	INFORMATION TECHNOLOGY PARTNERS 401(K) PLAN
b	Name of plan sponsor	INFORMATION TECHNOLOGY PARTNERS
c	EIN-PN	39-1737556-001
a	Plan name	KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	KELLIHER/SAMETS, LTD.
c	EIN-PN	03-0270393-001
a	Plan name	KIDS IN MOTION PHYSICAL THERAPY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	KIDS IN MOTION PEDIATRIC THERAPY
c	EIN-PN	20-2836967-001
a	Plan name	KIMBERLITE 401(K) PLAN
b	Name of plan sponsor	KIMBERLITE CORPORATION
c	EIN-PN	77-0444505-001
a	Plan name	GRAPE EXPECTATIONS 401(K) PLAN
b	Name of plan sponsor	GRAPE EXPECTATIONS
c	EIN-PN	94-2423490-002
a	Plan name	GREAT AMERICAN CAPITAL 401(K) PLAN
b	Name of plan sponsor	GREAT AMERICAN CAPITAL
c	EIN-PN	88-0302449-001
a	Plan name	GUARDHILL FINANCIAL LLC 401(K) PLAN
b	Name of plan sponsor	GUARDHILL FINANCIAL LLC
c	EIN-PN	13-3670961-001
a	Plan name	GUARDIAN CREDIT UNION 401(K) PLAN AND TRUST
b	Name of plan sponsor	GUARDIAN CREDIT UNION
c	EIN-PN	39-0334442-002
a	Plan name	ISLAND PUMP AND TANK, LLC 401(K) EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	ISLAND PUMP AND TANK, LLC
c	EIN-PN	11-2564960-777
a	Plan name	ISLAND SURGICAL PROFIT SHARING PLAN
b	Name of plan sponsor	ISLAND SURGICAL AND VASCULAR GROUP P.C.
c	EIN-PN	11-2232585-005
a	Plan name	KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN
b	Name of plan sponsor	KINGBRIGHT COMPANY, LLC.
c	EIN-PN	46-0987944-001

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	KITCHENMASTERS, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	KITCHENMASTERS, INC.
c	EIN-PN	11-3171971-002
a	Plan name	KOVACS SECURITY SYSTEMS, INC. RETIREMENT PLAN
b	Name of plan sponsor	KOVACS SECURITY SYSTEMS INC
c	EIN-PN	11-2806156-001
a	Plan name	LIDDELL BROTHERS, INC. 401(K) PLAN
b	Name of plan sponsor	LIDDELL BROTHERS, INC.
c	EIN-PN	04-3553967-001
a	Plan name	LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN
b	Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE
c	EIN-PN	36-3584029-002
a	Plan name	LOCAL UNION 18, IBEW 401(K) PLAN
b	Name of plan sponsor	LOCAL UNION 18, IBEW
c	EIN-PN	95-0865960-001
a	Plan name	LOFTIN DENTAL 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TODD A. LOFTIN DDS A DENTAL CORPORATION, INC.
c	EIN-PN	45-5257377-001
a	Plan name	ABRUZZO & KINN LLP RETIREMENT PLAN
b	Name of plan sponsor	ABRUZZO & KINN LLP
c	EIN-PN	20-4815695-001
a	Plan name	ACADIA HR MEP
b	Name of plan sponsor	HUDSON VALLEY STAFF, LTD. DBA ACADIA HR
c	EIN-PN	14-1725479-001
a	Plan name	ACCENT STRIPE, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ACCENT STRIPE, INC.
c	EIN-PN	16-1063430-001
a	Plan name	ACF WEST 401(K) PLAN
b	Name of plan sponsor	NW GEOSYNTHETICS, INC. DBA ACF WEST, INC.
c	EIN-PN	93-1052778-001
a	Plan name	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN
b	Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC
c	EIN-PN	13-3990791-002
a	Plan name	ADHAN PIPING COMPANY, INC. PREVAILING WAGE RETIREMENT PLAN
b	Name of plan sponsor	ADHAN PIPING COMPANY, INC.
c	EIN-PN	16-1370100-001

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 N.I.T. INC. 401(K) PLAN	
b	Name of plan sponsor NETWORK INFRASTRUCTURE TECHNOLOGIES, INC.	c EIN-PN 06-1649373-001
a	Plan name NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor NAMDHARI USAGRISEEDS, INC.	c EIN-PN 26-4558159-001
a	Plan name NARTKER, GRUNEWALD & CO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NARTKER, GRUNEWALD, ESCHLEMAN AND COOPER, LLC	c EIN-PN 31-0872466-001
a	Plan name NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NASSAU SHORES AUTOMOTIVE INC.	c EIN-PN 11-3146542-001
a	Plan name NATHAN W. MOGREN, D.M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor NATHAN W. MOGREN, D.M.D., P.C.	c EIN-PN 27-1009572-001
a	Plan name ALOHA VETERINARY CENTER, LLC 401(K) RETIREMENT SAVINGS PLAN (001)	
b	Name of plan sponsor ALOHA VETERINARY CENTER, LLC	c EIN-PN 99-0304364-001
a	Plan name AMBASSADOR PERSONNEL, INC. 401(K) PLAN	
b	Name of plan sponsor AMBASSADOR PERSONNEL, INC.	c EIN-PN 27-4676978-001
a	Plan name AMENDED AND RESTATED ORAL SURGERY GROUP, P.A. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor ORAL SURGERY GROUP, P.A.	c EIN-PN 22-1996401-001
a	Plan name NMS PROPERTY SERVICES CORP. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor NMS PROPERTY SERVICES CORPORATION	c EIN-PN 95-4848549-001
a	Plan name NOEL'S INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOEL'S, INC.	c EIN-PN 85-0206170-001
a	Plan name NOLL-FISHER, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor NOLL-FISHER, INC.	c EIN-PN 31-1098448-001
a	Plan name NORTHROCK DENTAL 401(K) PLAN	
b	Name of plan sponsor NORTHROCK DENTAL, P.A.	c EIN-PN 48-0858037-001

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	NORTHSIDE ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	NORTHSIDE ELECTRIC, INC.	c EIN-PN 72-0633686-001
a	Plan name	AVANTE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	AVANTE GROUP, INC.	c EIN-PN 65-1033707-001
a	Plan name	AVATARLABS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AVATARLABS, INC.	c EIN-PN 91-2169053-001
a	Plan name	AVEX FUNDING, INC. 401(K) PLAN	
b	Name of plan sponsor	AVEX FUNDING	c EIN-PN 87-0691651-001
a	Plan name	PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PINNACLE EMPLOYEE SERVICES, LLC	c EIN-PN 47-1368882-333
a	Plan name	RUBIN ABRAMSON, LLP 401(K) PLAN	
b	Name of plan sponsor	RUBIN ABRAMSON, LLP	c EIN-PN 20-2676525-001
a	Plan name	RUSH ORDER, INC. 401(K) PLAN	
b	Name of plan sponsor	RUSH ORDER, INC.	c EIN-PN 77-0325742-001
a	Plan name	S & S INDUSTRIAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	S & S INDUSTRIAL SUPPLY, INC.	c EIN-PN 38-1914712-001
a	Plan name	SAINT COLMAN'S HOME, INC. 401(K) PLAN	
b	Name of plan sponsor	SAINT COLMAN'S HOME, INC.	c EIN-PN 14-1338501-001
a	Plan name	SALES TO INDUSTRY CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	SALES TO INDUSTRY	c EIN-PN 11-2032808-003
a	Plan name	SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SALINAS MANAGEMENT, LLC	c EIN-PN 45-4187623-001
a	Plan name	BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	c EIN-PN 91-0906923-001

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	BUTTONWILLOW WAREHOUSE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUTTONWILLOW WAREHOUSE COMPANY, INC.	c EIN-PN 95-1582925-001
a	Plan name	BYRON PRODUCTS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BYRON PRODUCTS	c EIN-PN 31-1192208-001
a	Plan name	C & M GIANT TIRE, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C & M GIANT TIRE, LLC	c EIN-PN 61-1372158-001
a	Plan name	CLEARPATH WORKFORCE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	CLEARPATH WORKFORCE MANAGEMENT, INC.	c EIN-PN 94-3374899-001
a	Plan name	COLBY CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	COLBY CONSTRUCTION COMPANY, INC.	c EIN-PN 39-1418936-001
a	Plan name	COLUMBUS CITIZENS HOUSE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COLUMBUS CITIZENS HOUSE INC.	c EIN-PN 13-2852037-001
a	Plan name	COMMERCIAL ENERGY 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL ENERGY OF MONTANA, INC.	c EIN-PN 84-1413218-002
a	Plan name	SK USA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SK AMERICAS, INC.	c EIN-PN 13-4187356-777
a	Plan name	SOFTGENETICS, LLC 401(K) PLAN	
b	Name of plan sponsor	SOFTGENETICS, LLC	c EIN-PN 25-1899879-001
a	Plan name	CROWN PACKAGING CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	CROWN PACKAGING CORPORATION	c EIN-PN 31-0743880-001
a	Plan name	STONY POINT DENTAL, PC	
b	Name of plan sponsor	STONY POINT DENTAL, PC	c EIN-PN 27-2392177-002
a	Plan name	SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor	SUBURBAN PSYCHIATRIC ASSOCIATES LLP	c EIN-PN 16-1492077-001

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 SUCCESS ADVERTISING, INC. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUCCESS ADVERTISING, INC.	c EIN-PN 22-1919260-001
a	Plan name EMPLOYEE BENEFIT PLAN OF SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	
b	Name of plan sponsor SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	c EIN-PN 13-4063379-777
a	Plan name ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH PROFIT SHARING PLAN	
b	Name of plan sponsor ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH	c EIN-PN 31-0569979-001
a	Plan name ENVIRONET SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor ENVIRONET SYSTEMS, LLC	c EIN-PN 13-3851048-001
a	Plan name EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor EPIC HEALTHCARE MANAGEMENT, LLC	c EIN-PN 27-4757579-001
a	Plan name U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor U.S. TECHNICAL CERAMICS, INC.	c EIN-PN 77-0333972-001
a	Plan name U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor U3 ADVISORS, INC.	c EIN-PN 46-4252021-001
a	Plan name VOICES FOR INTERNATIONAL BUSINESS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VOICES FOR INTERNATIONAL BUSINESS AND EDUCATION	c EIN-PN 27-0649868-001
a	Plan name W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W. BRUCE CLARK, M.D., P.C.	c EIN-PN 14-1659231-002
a	Plan name W.A. HAMMOND DRIERITE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor W.A. HAMMOND DRIERITE COMPANY, L.T.D.	c EIN-PN 31-1140535-002
a	Plan name WALTER'S WEST END SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor WALTER'S WEST END SUPPLY, INC.	c EIN-PN 11-2909455-001
a	Plan name FIDELITY ROOF COMPANY, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor FIDELITY ROOF COMPANY INC.	c EIN-PN 94-1326440-003

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	FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
b	Name of plan sponsor	FIGLIOZZI & COMPANY, PC	c EIN-PN 11-2924109-001
a	Plan name	FILCO INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FILCO INDUSTRIES, INC.	c EIN-PN 20-4431613-001
a	Plan name	FINALLY RESTAURANTS 401(K) PLAN	
b	Name of plan sponsor	FINALLY, INC.	c EIN-PN 81-0541002-001
a	Plan name	FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK	c EIN-PN 13-5604180-002
a	Plan name	FJP MECHANICAL INC. 401(K) PLAN	
b	Name of plan sponsor	FJP MECHANICAL INC.	c EIN-PN 11-3289992-001
a	Plan name	AEON NEXUS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AEON NEXUS CORPORATION	c EIN-PN 54-1983534-002
a	Plan name	AGC SELECT 401(K)	
b	Name of plan sponsor	AGC SELECT 401(K)	c EIN-PN 74-0490820-002
a	Plan name	AGS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	AGS SERVICES, LLC	c EIN-PN 83-2603713-001
a	Plan name	AIR SYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR SYSTEMS LLC	c EIN-PN 61-1497192-001
a	Plan name	AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor	SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name	ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANAN FAIDI MD, INC.	c EIN-PN 68-0285302-001
a	Plan name	BADDERS LAW FIRM, P.C. 401(K) PLAN	
b	Name of plan sponsor	BADDERS LAW FIRM, P.C.	c EIN-PN 38-3685440-001

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	BALDWINSVILLE VILLAGE HARDWARE INC. 401(K) PLAN	
b	Name of plan sponsor	BALDWINSVILLE VILLAGE HARDWARE INC.	c EIN-PN 16-1185092-001
a	Plan name	BEACON HOSPITAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	BEACON HOSPITAL MANAGEMENT, INC.	c EIN-PN 27-3174264-002
a	Plan name	BEN'S WORKSHOP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOREY MOTORWURKS DBA BEN'S WORKSHOP	c EIN-PN 20-8083843-001
a	Plan name	CALL A HEAD CORP RETIREMENT PLAN	
b	Name of plan sponsor	CALL A HEAD CORP	c EIN-PN 11-3635650-001
a	Plan name	CAM 401(K) PLAN	
b	Name of plan sponsor	C&A MACHINE AND REPAIR SERVICE	c EIN-PN 74-1915871-001
a	Plan name	CANTEEN 401(K) RETIREMENT PROGRAM	
b	Name of plan sponsor	CANTEEN FOOD & VENDING OF COASTAL CA, INC.	c EIN-PN 95-3084005-001
a	Plan name	CATSKILL MOUNTAINKEEPER INC. 401(K) PLAN	
b	Name of plan sponsor	CATSKILL MOUNTAIN KEEPER INC.	c EIN-PN 51-0583769-001
a	Plan name	COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC	c EIN-PN 46-5167460-001
a	Plan name	COMPLETE WOMEN'S IMAGING, P.C. RETIREMENT PLAN	
b	Name of plan sponsor	COMPLETE WOMEN'S IMAGING, P.C.	c EIN-PN 20-5036805-002
a	Plan name	COMPREHENSIVE HEALTHCARE MANAGEMENT SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor	COMPREHENSIVE HEALTHCARE MANAGEMENT	c EIN-PN 22-3532069-001
a	Plan name	CONSENSUS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONSENSUS INC.	c EIN-PN 95-4236230-001
a	Plan name	CONSOLIDATED PERSONNEL SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CPS, INC.	c EIN-PN 86-0745045-001

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 DAVIS, BENGTSON & YOUNG, APLC 401(K) PLAN & TRUST	
b	Name of plan sponsor DAVIS, BENGTSON & YOUNG, APLC	c EIN-PN 27-0646365-001
a	Plan name DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor DAYTON ROGERS MANUFACTURING COMPANY	c EIN-PN 41-0844462-002
a	Plan name DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor DECKER AND BEEBE, INC	c EIN-PN 06-0628355-001
a	Plan name ERC CONCEPTS CO., INC. 401(K) PLAN	
b	Name of plan sponsor ERC CONCEPTS COMPANY	c EIN-PN 77-0344798-002
a	Plan name EXCELL HOME CARE 401(K) PLAN	
b	Name of plan sponsor EXCELL HOME CARE, INC.	c EIN-PN 03-0403112-001
a	Plan name FLOW-FX PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	c EIN-PN 37-1650185-001
a	Plan name FLOW-TECHNICS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor FLOW-TECHNICS, INC.	c EIN-PN 36-3590219-001
a	Plan name HAITONG INTERNATIONAL SECURITIES (USA) INC. 401(K) PLAN	
b	Name of plan sponsor HAITONG INTERNATIONAL SECURITIES (USA) INC.	c EIN-PN 20-1250173-001
a	Plan name HALVORSEN DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor HALVORSEN DEVELOPMENT CORPORATION	c EIN-PN 65-0445337-001
a	Plan name HAND INSTITUTE 401(K) PLAN	
b	Name of plan sponsor THE MINIMALLY INVASIVE HAND INSTITUTE	c EIN-PN 27-1952351-001
a	Plan name HANKIN & MAZEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HANKIN & MAZEL, PLLC	c EIN-PN 01-0647238-001
a	Plan name HAPPY ROCK MERCHANT SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAPPY ROCK MERCHANT SOLUTIONS, LLC	c EIN-PN 26-4074545-001

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	J.J.L.G. MOTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J.J.L.G. MOTORS, INC.	c EIN-PN 13-4181580-001
a	Plan name	JAGRO CUSTOM BROKERS 401(K) PLAN	
b	Name of plan sponsor	JAGRO CUSTOM BROKERS & INTERNATIONAL FREIGHT FORWARDERS, INC.	c EIN-PN 13-3009245-002
a	Plan name	JANESVILLE TOOL & MANUFACTURING CO. SALARY REDUCTION PLAN	
b	Name of plan sponsor	JANESVILLE TOOL & MANUFACTURING, INC	c EIN-PN 39-0958881-001
a	Plan name	JAY KNIGHT, DDS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JAY KNIGHT DDS, PLC	c EIN-PN 05-0539009-001
a	Plan name	KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KRAFT & KENNEDY, INC.	c EIN-PN 80-0610191-001
a	Plan name	LA PALOMA 401(K) PLAN	
b	Name of plan sponsor	LA PALOMA FUNERAL SERVICES	c EIN-PN 26-0296007-001
a	Plan name	LAKHANI & JORDAN PC 401(K) PLAN	
b	Name of plan sponsor	LAKHANI & JORDAN ENGINEERS, P.C.	c EIN-PN 13-3695218-003
a	Plan name	LAS VEGAS COLOR GRAPHICS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	LAS VEGAS COLOR GRAPHICS, INC.	c EIN-PN 65-0919583-001
a	Plan name	LRS ARCHITECTS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	LRS ARCHITECTS, INC.	c EIN-PN 93-1259453-001
a	Plan name	LUMUS CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	LUMUS CONSTRUCTION, INC.	c EIN-PN 04-3413392-001
a	Plan name	M&J ELECTRICAL CONTRACTORS CORP. 401(K) PLAN	
b	Name of plan sponsor	M&J ELECTRICAL CONTRACTORS CORP.	c EIN-PN 11-3128856-001
a	Plan name	NEFI	
b	Name of plan sponsor	THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION	c EIN-PN 04-2078321-001

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	NELSON BROTHERS SEWER AND PLUMBING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	NELSON BROTHERS SEWER AND PLUMBING INC.	c EIN-PN 38-1723671-001
a	Plan name	NETCOM INFORMATION TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor	NETCOM INFORMATION TECHNOLOGY, INC.	c EIN-PN 11-3464998-001
a	Plan name	NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor	NEVYAS EYE ASSOCIATES, P.C.	c EIN-PN 23-1715581-005
a	Plan name	OCEANWIDE CENTER NY LLC 401(K) PLAN	
b	Name of plan sponsor	OCEANWIDE CENTER NY LLC	c EIN-PN 81-1714900-001
a	Plan name	OFFICE FURNITURE DIRECT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	OFFICE FURNITURE DIRECT, INC.	c EIN-PN 11-3620000-001
a	Plan name	OHIO VALLEY EYE INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	OHIO VALLEY EYE INSTITUTE, P.C.	c EIN-PN 35-1907178-001
a	Plan name	OLAN LAW CORP. 401(K) PLAN	
b	Name of plan sponsor	OLAN LAW CORP.	c EIN-PN 95-4690783-001
a	Plan name	ORTHO SPINE ADVANCE HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor	ORTHO SPINE ADVANCE HEALTH, INC.	c EIN-PN 46-1326710-001
a	Plan name	POLSINELLO FUELS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	POLSINELLO FUELS, INC.	c EIN-PN 14-1495096-002
a	Plan name	POQUET AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	POQUET AUTO SALES, INC.	c EIN-PN 41-1888983-001
a	Plan name	PORT 401(K) PLAN	
b	Name of plan sponsor	THE PORT GROUP	c EIN-PN 11-2145400-001
a	Plan name	POWERBUILD CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	POWERBUILD CONSTRUCTION, LLC	c EIN-PN 81-1737022-001

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	PPHP RETIREMENT PLAN	
b	Name of plan sponsor	PLANNED PARENTHOOD HUDSON PECONIC, INC.	c EIN-PN 11-2454790-003
a	Plan name	PRECISION FABRICATING 401(K) PLAN	
b	Name of plan sponsor	PRECISION FABRICATING GROUP	c EIN-PN 47-1669880-001
a	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SBARRO, INC.	c EIN-PN 11-2501939-001
a	Plan name	SC RETIREMENT PLAN	
b	Name of plan sponsor	SUNLED COMPANY, LLC.	c EIN-PN 46-0992147-001
a	Plan name	SPECTRUM GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SPECTRUM GROUP MANAGEMENT, LLC	c EIN-PN 13-4060810-001
a	Plan name	SPECTRUM MONTESSORI 401(K) PLAN	
b	Name of plan sponsor	SPECTRUM MONTESSORI	c EIN-PN 45-5022138-001
a	Plan name	SPENSIERI DIVERSIFIED, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPENSIERI DIVERSIFIED, LLC	c EIN-PN 26-4073098-001
a	Plan name	TABNER, RYAN & KENIRY LLP 401(K) PLAN	
b	Name of plan sponsor	TABNER, RYAN & KENIRY LLP	c EIN-PN 14-1402805-001
a	Plan name	UPSTATE OB/GYN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UPSTATE OB/GYN ASSOCIATES, P.C.	c EIN-PN 14-1600870-001
a	Plan name	URBAN ARCHAEOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	URBAN ARCHAEOLOGY	c EIN-PN 13-2946298-001
a	Plan name	USG SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	USG SERVICES, LLC	c EIN-PN 45-4658823-001
a	Plan name	VALENTE YEAST COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VALENTE YEAST COMPANY, INC.	c EIN-PN 11-2437305-001

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	WELLPOWER U.E. LOCAL #1135 401(K) PLAN	
b	Name of plan sponsor	STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-010
a	Plan name	WELLPOWER UAW LOCAL #2571 401(K) PLAN	
b	Name of plan sponsor	STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-011
a	Plan name	WEST COAST CONSULTING 401(K) PLAN	
b	Name of plan sponsor	WEST COAST CONSULTING, LLC	c EIN-PN 33-0838176-001
a	Plan name	ANCHORS, SMITH, AND GRIMSLEY, P.A. 401(K) PLAN	
b	Name of plan sponsor	ANCHORS, SMITH AND GRIMSLEY, P.A.	c EIN-PN 59-1219936-001
a	Plan name	ANCHORSGORDON, P.A., 401(K) PLAN	
b	Name of plan sponsor	ANCHORSGORDON, P.A.	c EIN-PN 20-4084916-001
a	Plan name	ANGELINA COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ANGELINA GROUP, LP	c EIN-PN 20-4299819-001
a	Plan name	ANN M. HASHITATE, D.D.S., INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ANN HASHITATE, D.D.S. INC.	c EIN-PN 20-3665963-001
a	Plan name	CENCAL INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENCAL INSURANCE SERVICES, INC.	c EIN-PN 68-0120370-002
a	Plan name	CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTRAL PAPER STOCK CO., INC	c EIN-PN 43-1234352-001
a	Plan name	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	c EIN-PN 94-2744760-002
a	Plan name	CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CHAMPION SOLUTIONS GROUP, INC.	c EIN-PN 59-2347579-001
a	Plan name	DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIPONIO CONTRACTING, INC.	c EIN-PN 20-8039399-001

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 DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor DOCTOR & ASSOCIATES	c EIN-PN 06-0857902-001
a	Plan name DOCUNEST EGG 401(K) PLAN	
b	Name of plan sponsor DOCUNET	c EIN-PN 41-1727273-001
a	Plan name FORTRON/SOURCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORTRON/SOURCE CORPORATION	c EIN-PN 94-2912689-001
a	Plan name FORTUNA ACE HARDWARE & GARDEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORTUNA ACE HARDWARE & GARDEN, INC.	c EIN-PN 20-2925828-001
a	Plan name FRANCISCO TAVARES 401(K) PLAN	
b	Name of plan sponsor FRANCISCO TAVARES, INC.	c EIN-PN 04-2318951-001
a	Plan name JEFF WILSON POOL SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor JEFF WILSON POOL SERVICE, INC.	c EIN-PN 59-2596150-001
a	Plan name JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-777
a	Plan name JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
b	Name of plan sponsor JETSON TV & APPLIANCE CENTERS, INC.	c EIN-PN 59-1508381-001
a	Plan name JIFRAM EXTRUSIONS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JIFRAM EXTRUSIONS, INC.	c EIN-PN 39-1388044-001
a	Plan name JMARK BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor JMARK BUSINESS SOLUTIONS, INC.	c EIN-PN 43-1918976-001
a	Plan name OX ORTHODONTIX, LLC 401(K) PLAN	
b	Name of plan sponsor OX ORTHODONTIX, LLC	c EIN-PN 52-2150566-001
a	Plan name PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor PALADIN REALTY PARTNERS, LLC	c EIN-PN 13-4303956-001

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 SECOND HARVEST COMMUNITY SERVICES 401(K) PLAN	
b	Name of plan sponsor SECOND HARVEST COMMUNITY SERVICES OF NORTHWEST OHIO	c EIN-PN 57-1211683-001
a	Plan name SECURCOM, INC. 401(K) PLAN	
b	Name of plan sponsor SECURCOM, INC.	c EIN-PN 34-1852124-002
a	Plan name SEFI FABRICATORS 401(K) SAVINGS PLAN	
b	Name of plan sponsor P & M LLC DBA SEFI FABRICATORS	c EIN-PN 11-3380649-001
a	Plan name SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor SELECTRODE INDUSTRIES, INC.	c EIN-PN 11-2677850-002
a	Plan name THE BROWNSTONE AGENCY 401(K) PLAN	
b	Name of plan sponsor BROWNSTONE AGENCY, INC.	c EIN-PN 13-2766983-001
a	Plan name THE COUVILLION GROUP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE COUVILLION GROUP	c EIN-PN 20-2983099-001
a	Plan name THE ECRM CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	c EIN-PN 34-1752681-001
a	Plan name THE LEADER GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP	c EIN-PN 16-1597759-001
a	Plan name WILDER AUTO RETIREMENT PLAN	
b	Name of plan sponsor WILDER AUTO GROUP, INC. DBA WILDER TOYOTA	c EIN-PN 91-1130065-001
a	Plan name WILLIAM A. SMITH & SON, INC. 401(K) PLAN	
b	Name of plan sponsor WILLIAM A. SMITH & SON, INC.	c EIN-PN 14-1433702-002
a	Plan name WOMENS OB/GYN PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOMEN'S OB/GYN PC	c EIN-PN 81-0802359-001
a	Plan name BENCHMARK ENGINEERING, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor BENCHMARK ENGINEERING, INC.	c EIN-PN 41-1752356-001

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	BENSING AVIATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BENSING AVIATION, INC.	c EIN-PN 38-3774345-001
a	Plan name	BERK EYE CARE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BERK EYE CARE CENTER	c EIN-PN 31-1261693-001
a	Plan name	BERLI'S BODY & FINE AUTO FINISHES 401(K) PLAN	
b	Name of plan sponsor	BERLI'S BODY & FINE AUTO FINISHES	c EIN-PN 93-1259386-001
a	Plan name	DELTA PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DELTA PACKAGING, INC.	c EIN-PN 23-2424721-001
a	Plan name	DELTA ZETA SORORITY SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor	DELTA ZETA SORORITY	c EIN-PN 35-0267676-001
a	Plan name	DENNIS BETHEL AND ASSOCIATES ENGINEERING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DENNIS BETHEL AND ASSOCIATES ENGINEERING	c EIN-PN 95-3751455-001
a	Plan name	DENNY MACHINE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DENNY MACHINE, LLC	c EIN-PN 92-1449880-003
a	Plan name	HARDIN CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	HARDIN CONSTRUCTION COMPANY	c EIN-PN 72-1279212-001
a	Plan name	HARDMAN CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	HARDMAN CONSTRUCTION, INC.	c EIN-PN 38-2236416-001
a	Plan name	HEADLINE MEDIA MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	HEADLINE MEDIA MANAGEMENT, LLC	c EIN-PN 05-0592046-001
a	Plan name	MACASAET CPA, INC. 401(K) PLAN	
b	Name of plan sponsor	EARL B. MACASAET CPA, INC.	c EIN-PN 95-4733946-001
a	Plan name	MACRI CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	MACRI CONCRETE, INC.	c EIN-PN 25-1823760-001

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	MANNHEIMER SWARTLING 401(K) AND RETIREMENT PLAN	
b	Name of plan sponsor	MANNHEIMER SWARTLING	c EIN-PN 13-3593468-777
a	Plan name	MANURSING ISLAND CLUB 401(K) PLAN	
b	Name of plan sponsor	MANURSING ISLAND CLUB	c EIN-PN 13-1719395-001
a	Plan name	MARAN, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MARAN, INC.	c EIN-PN 94-2444640-777
a	Plan name	PRESCOTT PERIODONTICS & IMPLANT DENTISTRY, PLLC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	PRESCOTT PERIODONTICS & IMPLANT DENTISTRY, PLLC	c EIN-PN 68-0511997-001
a	Plan name	PRIMEGLOBAL SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	PRIMEGLOBAL	c EIN-PN 36-2983725-001
a	Plan name	PRO WIRELINE INC. 401(K) PLAN	
b	Name of plan sponsor	PRO WIRELINE INC.	c EIN-PN 04-3682361-001
a	Plan name	TECH VALLEY TALENT LLC 401(K) PLAN	
b	Name of plan sponsor	TECH VALLEY TALENT LLC	c EIN-PN 26-2582540-001
a	Plan name	TECHNICOM SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	TECHNICOM SERVICES, INC. DBA INTERBAY TECHNOLOGIES	c EIN-PN 36-4412325-001
a	Plan name	TEMPTED APPAREL CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEMPTED APPAREL CORP.	c EIN-PN 95-4561017-001
a	Plan name	TEXO MEMBERS 401(K) PLAN	
b	Name of plan sponsor	TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002
a	Plan name	PS 260, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PS 260, INC.	c EIN-PN 13-3413729-777
a	Plan name	PURPLE ONION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PURPLE ONION	c EIN-PN 39-1649217-001

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 QSCS OF NY, INC. THRIFT INCENTIVE PLAN	
b	Name of plan sponsor QSCS OF NY, INC.	c EIN-PN 13-4083074-001
a	Plan name R.C.I. PLBG INC. 401(K) PLAN	
b	Name of plan sponsor R.C.I. PLBG INC.	c EIN-PN 45-2239899-001
a	Plan name THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL	c EIN-PN 37-0154973-002
a	Plan name THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor POWER DOOR PRODUCTS, INC.	c EIN-PN 13-2746069-001
a	Plan name THE QUINLAN LAW FIRM, LLC 401(K) PLAN	
b	Name of plan sponsor THE QUINLAN LAW FIRM, LLC	c EIN-PN 13-4347801-001
a	Plan name BILL'S BOOKKEEPING SERVICES 401(K) PLAN	
b	Name of plan sponsor BILL'S BOOKKEEPING SERVICES, LLC	c EIN-PN 27-0420780-001
a	Plan name BIOGENEX LABORATORIES FLEXPLUS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BIOGENEX LABORATORIES, INC.	c EIN-PN 94-2768927-001
a	Plan name BLEDSOE, DIESTEL, TREPPA & CRANE LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLEDSOE, DIESTEL, TREPPA & CRANE LLP	c EIN-PN 94-1259547-002
a	Plan name DOWLING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOWLING CORPORATION	c EIN-PN 02-0395136-001
a	Plan name DUNCAN OIL CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUNCAN OIL CO.	c EIN-PN 31-0925929-002
a	Plan name HIGH TECHNOLOGY VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIGH TECHNOLOGY VIDEO, INC.	c EIN-PN 95-4518898-001
a	Plan name HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SONGY HIGHROADS, LLC	c EIN-PN 45-4485594-001

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	HIRANI ENGINEERING & LAND SURVEYING, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HIRANI ENGINEERING & LAND SURVEYING, PC	c EIN-PN 11-3467754-001
a	Plan name	MHI 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MHI	c EIN-PN 95-4336411-001
a	Plan name	MICHAEL G. LORUSSO, PC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL G. LORUSSO, PC.	c EIN-PN 27-0944838-002
a	Plan name	BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BOSS COMMUNICATION TECHNOLOGIES, INC.	c EIN-PN 99-0259632-001
a	Plan name	BOSTER, KOBAYASHI 401(K) PLAN	
b	Name of plan sponsor	BOSTER, KOBAYASHI & ASSOCIATES	c EIN-PN 94-2746874-001
a	Plan name	BOURQUE MECHANICAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	BOURQUE MECHANICAL SYSTEMS, INC.	c EIN-PN 14-1788006-002
a	Plan name	BRANNON LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRANNON LAW FIRM	c EIN-PN 85-2740348-002
a	Plan name	EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	EAST COAST TILE IMPORTS, INC	c EIN-PN 04-2730786-001
a	Plan name	EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EASTERN ARMORED SERVICES, INC.	c EIN-PN 22-3193394-001
a	Plan name	EASTERN METAL - USA-SIGN PROFIT SHARING PLAN	
b	Name of plan sponsor	EASTERN METAL - USA-SIGN	c EIN-PN 16-0757659-001
a	Plan name	EASTSIDE GLASS AND SEALANTS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EASTSIDE GLASS CONTRACT GLAZING SPECIALISTS COMPANY DBA EASTSIDE	c EIN-PN 26-1564849-001
a	Plan name	EASYCARE 401(K) PLAN	
b	Name of plan sponsor	MCGRAYEL COMPANY INC.	c EIN-PN 77-0380138-001

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 HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC	c EIN-PN 61-1403889-001
a	Plan name HOUSTON MEDICAL CONSULTANTS PC 401(K) PLAN	
b	Name of plan sponsor HOUSTON MEDICAL CONSULTANTS PC	c EIN-PN 46-0754581-001
a	Plan name HR, INC. DBA SIMPLE HR 401(K) PLAN	
b	Name of plan sponsor HR, INC. DBA SIMPLE HR	c EIN-PN 81-0583874-333
a	Plan name MILAN INSTITUTE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMARILLO COLLEGE OF HAIRDRESSING DBA MILAN INSTITUTE	c EIN-PN 75-1640547-001
a	Plan name MILLENNIUM TECHNOLOGIES, LLC RETIREMENT READINESS PLAN	
b	Name of plan sponsor MILLENNIUM TECHNOLOGIES, LLC	c EIN-PN 39-1895415-001
a	Plan name MMR RESEARCH WORLD WIDE INC. 401(K) PLAN	
b	Name of plan sponsor MMR RESEARCH WORLD WIDE INC.	c EIN-PN 01-0788273-001
a	Plan name RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RENOWN TAG AND LABEL, INC.	c EIN-PN 11-2530597-001
a	Plan name REPEAT BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor REPEAT BUSINESS SYSTEMS, INC.	c EIN-PN 14-1718228-001
a	Plan name RICE FINANCIAL PRODUCTS L.P. 401(K) PLAN AND TRUST	
b	Name of plan sponsor RICE DERIVATIVE HOLDINGS, L.P.	c EIN-PN 13-3750267-001
a	Plan name RICHARD P. STANKUS, PH.D., M.D. PROFIT SHARING PLAN	
b	Name of plan sponsor RICHARD P. STANKUS, PHD, MD	c EIN-PN 16-1381451-001
a	Plan name RICHFORD HEALTH CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor RICHFORD HEALTH CENTER, INC.	c EIN-PN 03-0215982-001
a	Plan name RICHIE & GUERINGER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RICHIE & GUERINGER, P.C.	c EIN-PN 74-2744788-777

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 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

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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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LOOMIS SAYLES INVESTMENT GRADE BOND RET ACCT	B Three-digit plan number (PN) ▶ 094
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

	(a) Beginning of Year	(b) End of Year
Assets		
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)	59237063
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	54025260
(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	59237063	54025260
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	59237063	54025260

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1943039	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1943039

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1943039
l Transfers of assets:			
(1) To this plan.....	2l(1)		10729747
(2) From this plan	2l(2)		17884589

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 _____.