

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: OAKMARK INTERNATIONAL RET OPT
1b Three-digit plan number (PN): 539
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
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
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>OAKMARK INTERNATIONAL RET OPT</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>539</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT	<b>c</b> EIN-PN 45-2648658-001
<b>a</b>	Plan name CAM CONSTRUCTION & PAINTING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor CAM CONSTRUCTION & PAINTING INC.	<b>c</b> EIN-PN 45-5255646-001
<b>a</b>	Plan name COLORADO CREDIT UNION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor COLORADO CREDIT UNION	<b>c</b> EIN-PN 84-0660269-003
<b>a</b>	Plan name CUTHBERTSON RESTORATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUTHBERTSON RESTORATION, INC.	<b>c</b> EIN-PN 26-2059511-001
<b>a</b>	Plan name FAMILY PET CLINIC OF REDONDO BEACH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KKD PET VET	<b>c</b> EIN-PN 46-1590293-001
<b>a</b>	Plan name FOY & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FOY & ASSOCIATES, PC	<b>c</b> EIN-PN 38-3687296-001
<b>a</b>	Plan name GOPATH 401(K) PLAN	
<b>b</b>	Name of plan sponsor GOPATH GLOBAL LLC	<b>c</b> EIN-PN 27-1105704-001
<b>a</b>	Plan name HAVIN RED E MIX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAVIN RED E MIX, LLC	<b>c</b> EIN-PN 87-3702291-001
<b>a</b>	Plan name HOTEL MANAGEMENT AND CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOTEL MANAGEMENT AND CONSULTING	<b>c</b> EIN-PN 45-3388643-001
<b>a</b>	Plan name J & P PAVING MASONRY & SEALANT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor J & P PAVING MASONRY & SEALANT, INC.	<b>c</b> EIN-PN 31-1121622-001
<b>a</b>	Plan name J. AMBROGI FOOD DISTRIBUTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor J. AMBROGI FOOD DISTRIBUTION, INC.	<b>c</b> EIN-PN 51-0297646-001
<b>a</b>	Plan name LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	<b>c</b> EIN-PN 26-1603445-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF ANDREW BLUMER	<b>c</b> EIN-PN 41-2145148-777
<b>a</b>	Plan name MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MERRITT ISLAND AIR AND HEAT INC.	<b>c</b> EIN-PN 81-0579482-001
<b>a</b>	Plan name MONTANO'S RESTAURANT 401(K) PLAN	
<b>b</b>	Name of plan sponsor BADDOC'S, INC. DBA MONTANO'S RESTAURANT	<b>c</b> EIN-PN 04-3021643-001
<b>a</b>	Plan name NORTHWEST ELECTRIC OF VANCOUVER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST ELECTRIC OF VANCOUVER, INC.	<b>c</b> EIN-PN 20-8108991-001
<b>a</b>	Plan name PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PACIFIC HEALTHCARE GROUP LLC	<b>c</b> EIN-PN 88-4181241-777
<b>a</b>	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 88-0163638-001
<b>a</b>	Plan name REYNOLDS & ROWELLA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor REYNOLDS & ROWELLA, LLP	<b>c</b> EIN-PN 06-1143555-001
<b>a</b>	Plan name RICARDO BEVERLY HILLS 401(K) SALARY REDUCTION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RICARDO BEVERLY HILLS, INC.	<b>c</b> EIN-PN 95-4446380-001
<b>a</b>	Plan name SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SIGHT SAVERS OF AMERICA, INC.	<b>c</b> EIN-PN 30-0188234-001
<b>a</b>	Plan name SILVERMAN GROUP, INC. PROFIT SHARING 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SILVERMAN GROUP, INC.	<b>c</b> EIN-PN 06-1000488-001
<b>a</b>	Plan name SIMONS BROTHERS COMPANY, INC. 401(K) THRIFT/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SIMONS BROTHERS COMPANY, INC.	<b>c</b> EIN-PN 23-1089910-001
<b>a</b>	Plan name STEVEN G. SAFRAN, MD, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEVEN G. SAFRAN, M.D., P.A.	<b>c</b> EIN-PN 22-3282121-001

<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	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	<b>c</b> EIN-PN 38-3424306-001
<b>a</b>	Plan name	WADE'S FOOD CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WADE'S FOOD CENTER, INC.	<b>c</b> EIN-PN 62-0976364-001
<b>a</b>	Plan name	AIR BROOK LIMOUSINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIR BROOK LIMOUSINE, INC.	<b>c</b> EIN-PN 22-1930499-001
<b>a</b>	Plan name	AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AIR CLEANING TECHNOLOGIES, INC.	<b>c</b> EIN-PN 54-2003736-001
<b>a</b>	Plan name	ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARCHITECTURE, INC.	<b>c</b> EIN-PN 54-1371604-001
<b>a</b>	Plan name	DIDAX, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIDAX, INC.	<b>c</b> EIN-PN 04-2599602-001
<b>a</b>	Plan name	EDGE ADHESIVES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EDGE ADHESIVES HOLDING, INC.	<b>c</b> EIN-PN 27-1980935-001
<b>a</b>	Plan name	EDUCATIUS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	<b>c</b> EIN-PN 26-4005699-001
<b>a</b>	Plan name	FRAZER DENTAL CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRAZER DENTAL CARE	<b>c</b> EIN-PN 23-3077648-001
<b>a</b>	Plan name	GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOTEC PLUS SUN, LLC	<b>c</b> EIN-PN 20-4320976-001
<b>a</b>	Plan name	HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HURON VALLEY RESTAURANT EQUIPMENT, INC.	<b>c</b> EIN-PN 38-3072272-001
<b>a</b>	Plan name	JACOBS & CLEVINGER, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JACOBS AND CLEVINGER, INC.	<b>c</b> EIN-PN 36-3196244-001

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 JAE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JEWELL ASSOCIATES ENGINEERS, INC.	<b>c</b> EIN-PN 26-1811972-001
<b>a</b>	Plan name LAZAR LANDSCAPE DESIGN & CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAZAR LANDSCAPE DESIGN & CONSTRUCTION, INC.	<b>c</b> EIN-PN 30-0160288-001
<b>a</b>	Plan name LEGACY TRUCKING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LEGACY TRUCKING, INC.	<b>c</b> EIN-PN 84-1268710-001
<b>a</b>	Plan name MARK D. WOOD, DDS, MS, PC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARK D. WOOD, DDS, MS, PC	<b>c</b> EIN-PN 80-0026824-001
<b>a</b>	Plan name METALLIC RECOVERY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor METALLIC RECOVERY GROUP, INC.	<b>c</b> EIN-PN 23-2949661-001
<b>a</b>	Plan name MEYLAN DAVITT JAIN AREVIAN & KIM LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEYLAN DAVITT JAIN AREVIAN & KIM LLP	<b>c</b> EIN-PN 46-1854265-777
<b>a</b>	Plan name NOT-FOR-PROFIT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY LIVING OPTIONS, INC.	<b>c</b> EIN-PN 37-1079626-001
<b>a</b>	Plan name PARADIGM HEALTH PLANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARADIGM HEALTH PLANS 401(K) PLAN	<b>c</b> EIN-PN 45-3581579-001
<b>a</b>	Plan name PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C.	<b>c</b> EIN-PN 23-2704845-002
<b>a</b>	Plan name RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RICHLAND COMPANY & ASSOCIATES, INC.	<b>c</b> EIN-PN 34-1342190-001
<b>a</b>	Plan name SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor SKL PRIME SERVICES, LLC	<b>c</b> EIN-PN 01-0551573-001
<b>a</b>	Plan name SKLO 401(K) PLAN	
<b>b</b>	Name of plan sponsor SKLO STUDIO, INC.	<b>c</b> EIN-PN 27-4554699-001

<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	TEXAS GOLF ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEXAS GOLF ASSOCIATION	<b>c</b> EIN-PN 75-0715222-001
<b>a</b>	Plan name	THE AEROLITE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROLITE EXTRUSION COMPANY	<b>c</b> EIN-PN 82-3731073-001
<b>a</b>	Plan name	TIRE SERVICES UNLIMITED, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIRE SERVICES UNLIMITED, LLC	<b>c</b> EIN-PN 26-0164707-001
<b>a</b>	Plan name	WAKEMAN EQUIPMENT SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAKEMAN EQUIPMENT SALES, INC.	<b>c</b> EIN-PN 39-1747018-001
<b>a</b>	Plan name	WALEED MARI & ASSOCIATES SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALEED MARI & ASSOCIATES	<b>c</b> EIN-PN 77-0453687-001
<b>a</b>	Plan name	ALBRECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ALBRECO, INC.	<b>c</b> EIN-PN 31-1638056-001
<b>a</b>	Plan name	ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARGENT FEDERAL CREDIT UNION	<b>c</b> EIN-PN 54-0623641-002
<b>a</b>	Plan name	BAIN ENTERPRISES SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAIN ENTERPRISES LLC	<b>c</b> EIN-PN 02-0770037-001
<b>a</b>	Plan name	BOB BITER ELECTRICAL ENTERPRISES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOB BITER ELECTRICAL ENTERPRISES, INC.	<b>c</b> EIN-PN 25-1301034-001
<b>a</b>	Plan name	BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOB RIDINGS, INC.	<b>c</b> EIN-PN 37-0994988-001
<b>a</b>	Plan name	BONE & JOINT CLINIC OF HAWAII LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BONE & JOINT CLINIC OF HAWAII LLC	<b>c</b> EIN-PN 61-1747406-001
<b>a</b>	Plan name	BONINFANTE FRICTON INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BONINFANTE FRICTON INC.	<b>c</b> EIN-PN 27-4188636-001

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 CHARLTON CHIROPRACTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHARLTON CHIROPRACTIC & WELLNESS CENTER, LLC	<b>c</b> EIN-PN 34-1960690-001
<b>a</b>	Plan name COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL WATERPROOFING, INC.	<b>c</b> EIN-PN 23-2589948-001
<b>a</b>	Plan name MCARDLE LTD. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MCARDLE LTD.	<b>c</b> EIN-PN 36-2949020-333
<b>a</b>	Plan name MCCLAIN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCCLAIN PRINTING COMPANY, INC.	<b>c</b> EIN-PN 55-0421933-002
<b>a</b>	Plan name ONO ENTERPRISE LTD. 401(K) PROFIT SHARING PLAN (001)	
<b>b</b>	Name of plan sponsor ONO ENTERPRISE LTD.	<b>c</b> EIN-PN 99-0090333-001
<b>a</b>	Plan name OPERAM SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OPERAM, INC.	<b>c</b> EIN-PN 47-4299682-001
<b>a</b>	Plan name PMLG 401(K)	
<b>b</b>	Name of plan sponsor PROJECT MANAGEMENT LEADERSHIP GROUP, INC.	<b>c</b> EIN-PN 91-1885751-002
<b>a</b>	Plan name THE BLACK HAWK CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAUK BUSINESS ENTERPRISES	<b>c</b> EIN-PN 02-0713814-001
<b>a</b>	Plan name TRIPLE CROWN PRODUCTS 401(K) EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRIPLE CROWN PRODUCTS	<b>c</b> EIN-PN 39-1785048-001
<b>a</b>	Plan name WARREN F THOMAS PLUMBING CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WARREN F. THOMAS PLUMBING CO.	<b>c</b> EIN-PN 36-4058295-001
<b>a</b>	Plan name A-1 SERVICE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor A-1 SERVICE INC.	<b>c</b> EIN-PN 72-0692706-001
<b>a</b>	Plan name AMERICAN NATION BANK SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN NATION BANK	<b>c</b> EIN-PN 73-1258880-001

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 CORNERSTONE ANESTHESIA GROUP, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE ANESTHESIA GROUP, PLLC	<b>c</b> EIN-PN 46-5671673-001
<b>a</b>	Plan name CORNERSTONE FELLOWSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE FELLOWSHIP	<b>c</b> EIN-PN 73-1316703-001
<b>a</b>	Plan name DK SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DK SYSTEMS, INC.	<b>c</b> EIN-PN 75-3054397-001
<b>a</b>	Plan name DOCUFREE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOCUFREE CORPORATION	<b>c</b> EIN-PN 58-2483016-001
<b>a</b>	Plan name FULCRUM TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FULCRUM TECHNOLOGIES, INC.	<b>c</b> EIN-PN 77-0357662-001
<b>a</b>	Plan name GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	<b>c</b> EIN-PN 58-1795694-001
<b>a</b>	Plan name HWO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HWO, INC.	<b>c</b> EIN-PN 83-2185021-001
<b>a</b>	Plan name AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor AARON A. ADAOAG, M.D., LTD.	<b>c</b> EIN-PN 26-0880609-001
<b>a</b>	Plan name ABBATELLO ELECTRIC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABBATELLO ELECTRIC, LLC	<b>c</b> EIN-PN 06-1632260-001
<b>a</b>	Plan name ABCO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ABCO CORPORATION	<b>c</b> EIN-PN 54-0838480-001
<b>a</b>	Plan name BULLDOG RACK HOLDING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor BULLDOG RACK HOLDING COMPANY	<b>c</b> EIN-PN 46-1606192-001
<b>a</b>	Plan name CHINATOWN PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHINATOWN PHARMACY	<b>c</b> EIN-PN 47-5552705-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>ETNA STAFFING SOLUTIONS (ESS) LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ETNA STAFFING SOLUTIONS (ESS) LLC</b>	<b>c</b> EIN-PN <b>26-2379410-001</b>
<b>a</b>	Plan name <b>GAMBI DISPOSAL, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GAMBI DISPOSAL, INC.</b>	<b>c</b> EIN-PN <b>68-0137750-002</b>
<b>a</b>	Plan name <b>H &amp; R HEALTHCARE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>H &amp; R HEALTHCARE</b>	<b>c</b> EIN-PN <b>22-3324234-001</b>
<b>a</b>	Plan name <b>HAGOOD HOMES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAGOOD HOMES, INC.</b>	<b>c</b> EIN-PN <b>56-1965580-001</b>
<b>a</b>	Plan name <b>JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JOHNSON PRODUCTS, INC.</b>	<b>c</b> EIN-PN <b>95-3412748-001</b>
<b>a</b>	Plan name <b>JOHNSON-FRANK &amp; ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JOHNSON-FRANK &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>95-3086260-001</b>
<b>a</b>	Plan name <b>MCDONALDS' DESIGN &amp; BUILD PROFIT SHARING AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCDONALDS' DESIGN &amp; BUILD, INC.</b>	<b>c</b> EIN-PN <b>34-1313478-001</b>
<b>a</b>	Plan name <b>MUSSER FORESTS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MUSSER FORESTS, INC.</b>	<b>c</b> EIN-PN <b>25-0683190-001</b>
<b>a</b>	Plan name <b>MUSTO WINE GRAPE CO, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MUSTO WINE GRAPE CO, LLC</b>	<b>c</b> EIN-PN <b>26-1316055-001</b>
<b>a</b>	Plan name <b>ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ORLANDO SPRING CORP</b>	<b>c</b> EIN-PN <b>95-1933966-001</b>
<b>a</b>	Plan name <b>PORT PUBLICATIONS, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PORT PUBLICATIONS, INC.</b>	<b>c</b> EIN-PN <b>39-1017137-001</b>
<b>a</b>	Plan name <b>PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PORTER KIAKONA KOPPER, LLP</b>	<b>c</b> EIN-PN <b>99-0210947-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PORTO'S BAKERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PORTO'S BAKERY, INC.	<b>c</b> EIN-PN 95-4610775-777
<b>a</b>	Plan name	RDC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROCK & DIRT CONSTRUCTION	<b>c</b> EIN-PN 20-0382886-001
<b>a</b>	Plan name	TRUE STONE COFFEE ROASTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUE STONE COFFEE ROASTERS	<b>c</b> EIN-PN 11-3684648-001
<b>a</b>	Plan name	TRUTRON CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUTRON CORPORATION	<b>c</b> EIN-PN 38-1858530-001
<b>a</b>	Plan name	WAVE CREST DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WAVE CREST DEVELOPMENT	<b>c</b> EIN-PN 94-2349728-001
<b>a</b>	Plan name	ABEL'S EXPRESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABEL'S EXPRESS, INC.	<b>c</b> EIN-PN 23-2245413-001
<b>a</b>	Plan name	ACADEMIC ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACADEMIC ENDOCRINE, METABOLISM & NUTRITION, INC.	<b>c</b> EIN-PN 36-4180316-001
<b>a</b>	Plan name	ALEX TATUM CONSTRUCTION CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALEX TATUM CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 58-1520046-002
<b>a</b>	Plan name	ALI IRANMANESH, DMD. MD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALI IRANMANESH, DMD, MD, INC.	<b>c</b> EIN-PN 20-4791452-001
<b>a</b>	Plan name	ARICA CONSULTING & CONTRACTING, LLC 401(K)	
<b>b</b>	Name of plan sponsor	ARICA CONSULTING & CONTRACTING, LLC	<b>c</b> EIN-PN 52-2292509-001
<b>a</b>	Plan name	ARISE HIGH SCHOOL 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ARISE HIGH SCHOOL	<b>c</b> EIN-PN 20-8887944-001
<b>a</b>	Plan name	BOOTHWYN PHARMACY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BPI HOLDINGS, LLC	<b>c</b> EIN-PN 23-2774727-001

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 CAPRI & ASSOCIATES INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAPRI & ASSOCIATES INC.	<b>c</b> EIN-PN 23-3095696-002
<b>a</b>	Plan name CARDEN ARBOR VIEW SCHOOL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARDEN ARBOR VIEW SCHOOL, INC.	<b>c</b> EIN-PN 95-3695686-002
<b>a</b>	Plan name CARDIOVASCULAR CONSULTANTS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CARDIOVASCULAR CONSULTANTS PA	<b>c</b> EIN-PN 59-1923037-001
<b>a</b>	Plan name DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAIRY-MIX, INC.	<b>c</b> EIN-PN 59-0659640-001
<b>a</b>	Plan name DOUGLAS TELECOMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOUGLAS TELECOMMUNICATIONS, INC.	<b>c</b> EIN-PN 94-3215975-001
<b>a</b>	Plan name GBCA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GENERAL BUILDING CONTRACTORS ASSOCIATION, INC.	<b>c</b> EIN-PN 23-0847495-003
<b>a</b>	Plan name INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INDEPENDENT CAPITAL MANAGEMENT LLC	<b>c</b> EIN-PN 26-3029556-001
<b>a</b>	Plan name JAMES G. MURPHY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JAMES G. MURPHY, INC.	<b>c</b> EIN-PN 91-0901239-002
<b>a</b>	Plan name KIDD-LUUKKO CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIDD-LUUKKO CORPORATION	<b>c</b> EIN-PN 43-1950614-002
<b>a</b>	Plan name LINNEMAN LAW, LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LINNEMAN LAW, LLP	<b>c</b> EIN-PN 94-1165008-001
<b>a</b>	Plan name LITHOGRAPHICS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LITHOGRAPHICS, INC.	<b>c</b> EIN-PN 62-0952563-001
<b>a</b>	Plan name MY OFFICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MY OFFICE, INC.	<b>c</b> EIN-PN 48-1289900-001

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 PASCARELLA EYE CARE AND CONTACT LENSES 401(K) PLAN	
<b>b</b>	Name of plan sponsor PASCARELLA EYE CARE AND CONTACT LENSES	<b>c</b> EIN-PN 27-1874057-001
<b>a</b>	Plan name PRACTICE DIAGNOSTIC SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRACTICE DIAGNOSTIC SYSTEMS, LLC DBA PRACTICAL DATA SOLUTIONS	<b>c</b> EIN-PN 27-0410486-001
<b>a</b>	Plan name PYRAMID SOLUTIONS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PYRAMID SOLUTIONS, INC.	<b>c</b> EIN-PN 38-2951993-001
<b>a</b>	Plan name SCHULKAMP ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHULKAMP COMPANY, INC.	<b>c</b> EIN-PN 26-1505393-001
<b>a</b>	Plan name TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	<b>c</b> EIN-PN 47-5068498-002
<b>a</b>	Plan name VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
<b>b</b>	Name of plan sponsor VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	<b>c</b> EIN-PN 38-1917556-001
<b>a</b>	Plan name WELL GO USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WELL GO USA, INC.	<b>c</b> EIN-PN 75-2542366-001
<b>a</b>	Plan name FONTAINEBLEAU CLINIC AND URGENT CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor GINA ESCHER CFNP LLC	<b>c</b> EIN-PN 47-2152331-001
<b>a</b>	Plan name KYRA TRANG NGUYEN DDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KYRA TRANG NGUYEN, D.D.S., INC.	<b>c</b> EIN-PN 03-0588309-001
<b>a</b>	Plan name LA-Z-BOY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MGM GALLERIES LLC DBA LA-Z-BOY FURNITURE GALLERIES	<b>c</b> EIN-PN 46-0513963-001
<b>a</b>	Plan name LABORATORY CERTIFICATION SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LABORATORY CERTIFICATION SERVICES, INC.	<b>c</b> EIN-PN 31-1187082-001
<b>a</b>	Plan name PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PELION ACTUARIAL SERVICES, INC.	<b>c</b> EIN-PN 45-2927368-001

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="#">TAHLEQUAH LUMBER COMPANY 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TAHLEQUAH LUMBER COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">73-0733285-001</a>
<b>a</b>	Plan name <a href="#">GENERAL PLASTICS, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GENERAL PLASTICS, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1593017-001</a>
<b>a</b>	Plan name <a href="#">GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GENERAL TRANSERVICE, INC.</a>	<b>c</b> EIN-PN <a href="#">23-1717902-001</a>
<b>a</b>	Plan name <a href="#">LIVONIA DERMATOLOGY, PLLC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">LIVONIA DERMATOLOGY PLLC</a>	<b>c</b> EIN-PN <a href="#">85-0486422-001</a>
<b>a</b>	Plan name <a href="#">PRATT &amp; ASSOCIATES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRATT &amp; ASSOCIATES, LLC</a>	<b>c</b> EIN-PN <a href="#">62-1725882-001</a>
<b>a</b>	Plan name <a href="#">MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAD DOGG ATHLETICS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-4481055-002</a>
<b>a</b>	Plan name <a href="#">MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 2</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAD DOGG ATHLETICS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-4481055-003</a>
<b>a</b>	Plan name <a href="#">MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MADDEN ELEVATOR COMPANY</a>	<b>c</b> EIN-PN <a href="#">27-4404800-001</a>
<b>a</b>	Plan name <a href="#">PRINCESS ANNE ENT &amp; ALLERGY, PC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRINCESS ANNE ENT &amp; ALLERGY, P.C.</a>	<b>c</b> EIN-PN <a href="#">45-5573995-001</a>
<b>a</b>	Plan name <a href="#">THE PARK HOME DBA THE MEADOWS PERSONAL CARE COMMUNITY 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE PARK HOME DBA THE MEADOWS PERSONAL CARE COMMUNITY</a>	<b>c</b> EIN-PN <a href="#">24-0522575-001</a>
<b>a</b>	Plan name <a href="#">THE PRESTWICK GROUP, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRESTWICK GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1888813-222</a>
<b>a</b>	Plan name <a href="#">GREAT LAKES PULMONARY AND SLEEP ASSOCIATES S.C. PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREAT LAKES PULMONARY AND SLEEP ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">20-0676469-001</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 GREATER MILWAUKEE PLASTIC SURGEONS, S.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREATER MILWAUKEE PLASTIC SURGEONS, S.C.	<b>c</b> EIN-PN 39-1819941-001
<b>a</b>	Plan name GREEN CHARGE ENVIRONMENTAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GREEN CHARGE ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 46-2745824-001
<b>a</b>	Plan name GREEN CHARGE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GREEN CHARGE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 81-2651743-001
<b>a</b>	Plan name QUALITY AUTO BODY 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUALITY AUTO BODY	<b>c</b> EIN-PN 22-2130034-001
<b>a</b>	Plan name QUALITY LAPEL PINS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUALITY LAPEL PINS, INC.	<b>c</b> EIN-PN 41-2119859-001
<b>a</b>	Plan name MCR SERVICES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCR SERVICES LLC	<b>c</b> EIN-PN 39-1969575-002
<b>a</b>	Plan name MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCZ CONSTRUCTION, INC.	<b>c</b> EIN-PN 20-0634943-001
<b>a</b>	Plan name REICH INSTALLATION SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor REICH INSTALLATION SERVICES, INC.	<b>c</b> EIN-PN 39-1727024-001
<b>a</b>	Plan name RJ WRIGHT & SONS 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RJ WRIGHT & SONS, LTD	<b>c</b> EIN-PN 34-1693478-001
<b>a</b>	Plan name ROAM ARTISAN BURGERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROAM RESTAURANT GROUP, INC.	<b>c</b> EIN-PN 88-3541442-001
<b>a</b>	Plan name ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 94-3295212-002
<b>a</b>	Plan name DATA PATH, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor DATA PATH, INC.	<b>c</b> EIN-PN 90-0242296-001

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 HICKORY GROVE VENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIGHE-ZEMAN EQUIPMENT LLC	<b>c</b> EIN-PN 75-3093043-001
<b>a</b>	Plan name MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	<b>c</b> EIN-PN 26-1365260-001
<b>a</b>	Plan name DELAWARE CLAIMS PROCESSING FACILITY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DELAWARE CLAIMS PROCESSING FACILITY, LLC	<b>c</b> EIN-PN 20-5453231-001
<b>a</b>	Plan name HOANG TRAN NGUYEN, MD., INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor HOANG TRAN NGUYEN, MD., INC.	<b>c</b> EIN-PN 20-1880873-002
<b>a</b>	Plan name MISTLIN MOTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MISTLIN MOTORS	<b>c</b> EIN-PN 94-2540043-001
<b>a</b>	Plan name ROTO-ROOTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROOTER SEWER CLEANERS, INC.	<b>c</b> EIN-PN 39-0989392-222
<b>a</b>	Plan name VIRGINIA IPAPO-AGUSTIN DDS INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VIRGINIA IPAPO DDS, INC.	<b>c</b> EIN-PN 26-4554490-001
<b>a</b>	Plan name NATIONAL WELDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL WELDING, INC.	<b>c</b> EIN-PN 56-2396369-001
<b>a</b>	Plan name DOYLE & ASSOCIATES, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOYLE & ASSOCIATES, PLLC	<b>c</b> EIN-PN 20-1414332-001
<b>a</b>	Plan name WEST WIND DENTAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WEST WIND DENTAL	<b>c</b> EIN-PN 81-4317214-001
<b>a</b>	Plan name WESTERN CAMPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WESTERN CAMPS, INC.	<b>c</b> EIN-PN 95-2499851-001
<b>a</b>	Plan name SEWINGMACHINESPLUS.COM, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SEWINGMACHINESPLUS.COM, INC.	<b>c</b> EIN-PN 26-4413184-001

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 SGA DESIGN GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SGA DESIGN GROUP, P.C.	<b>c</b> EIN-PN 73-1466773-001
<b>a</b>	Plan name BERGER & JEN KIN DDS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BERGER & JEN KIN DDS, INC.	<b>c</b> EIN-PN 95-4666002-001
<b>a</b>	Plan name BERICH MASONRY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor BERICH MASONRY, INC.	<b>c</b> EIN-PN 20-2612940-001
<b>a</b>	Plan name BESTCO ELECTRIC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BESTCO ELECTRIC, INC.	<b>c</b> EIN-PN 94-2212170-002
<b>a</b>	Plan name INTERNATIONAL TANK SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL TANK SERVICE, INC.	<b>c</b> EIN-PN 34-1277387-001
<b>a</b>	Plan name INTERPRINT INCORPORATED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTERPRINT, INC.	<b>c</b> EIN-PN 59-0871253-001
<b>a</b>	Plan name OC AUTO TEAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	<b>c</b> EIN-PN 16-1690678-002
<b>a</b>	Plan name BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC.	<b>c</b> EIN-PN 74-1179149-002
<b>a</b>	Plan name BREAKING GROUND EXCAVATION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BREAKING GROUND EXCAVATION INC.	<b>c</b> EIN-PN 91-2118848-001
<b>a</b>	Plan name BREEZWAY THRIFTY GLASS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOJO ENTERPRISES, INC. DBA BREEZWAY THRIFTY GLASS	<b>c</b> EIN-PN 33-0433751-001
<b>a</b>	Plan name JD DOGGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JD DOGGY, INC.	<b>c</b> EIN-PN 47-3843337-001
<b>a</b>	Plan name SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SNAPPY SPORT SENTER, INC.	<b>c</b> EIN-PN 81-0426659-001

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 OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OUR HOME PHARMACY, INC.	<b>c</b> EIN-PN 27-2618187-001
<b>a</b>	Plan name BURGESS CONCRETE CONSTRUCTION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BURGESS CONCRETE CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2694249-001
<b>a</b>	Plan name BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 88-0401243-002
<b>a</b>	Plan name EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor EVERGREEN AVIATION & SPACE MUSEUM	<b>c</b> EIN-PN 93-1069203-001
<b>a</b>	Plan name JOHNSTON & HUTCHINSON, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHNSTON & HUTCHINSON LLP	<b>c</b> EIN-PN 27-1473841-001
<b>a</b>	Plan name JOLLEY'S COMPOUNDING PHARMACY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor JOLLEY'S COMPOUNDING PHARMACY INC.	<b>c</b> EIN-PN 20-0513036-001
<b>a</b>	Plan name CARPETS UNLIMITED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPECIALTIES UNLIMITED, INC.	<b>c</b> EIN-PN 43-1986186-001
<b>a</b>	Plan name FFTT, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor FFTT, LLC	<b>c</b> EIN-PN 81-0860100-001
<b>a</b>	Plan name KLEAN KANTEEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KLEAN KANTEEN	<b>c</b> EIN-PN 94-2537951-002
<b>a</b>	Plan name SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor MY WAY HOLDINGS, LLC	<b>c</b> EIN-PN 88-0475995-001
<b>a</b>	Plan name LTC SUPPORT SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LTC SUPPORT SERVICES, LLC	<b>c</b> EIN-PN 20-8401158-001
<b>a</b>	Plan name LUDEMAN INSULATION & SUPPLY, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LUDEMAN INSULATION & SUPPLY, INC.	<b>c</b> EIN-PN 48-1041397-001

<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	THE GOLF CLUB OF TENNESSEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE GOLF CLUB OF TENNESSEE	<b>c</b> EIN-PN 58-1831848-001
<b>a</b>	Plan name	MAGELLAN MEDICAL 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MAGELLAN MEDICAL TECHNOLOGY CONSULTANTS, INC.	<b>c</b> EIN-PN 41-1817386-002
<b>a</b>	Plan name	ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVERTISING CONSULTANTS, INC.	<b>c</b> EIN-PN 95-2465409-001
<b>a</b>	Plan name	GLAZE 'N' SEAL PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLAZE 'N' SEAL PRODUCTS, INC.	<b>c</b> EIN-PN 45-3147432-001
<b>a</b>	Plan name	PROACTIVE WEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROACTIVE ENGINEERING CONSULTANTS WEST, INC.	<b>c</b> EIN-PN 45-1479995-001
<b>a</b>	Plan name	CONSUMERTRACK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONSUMERTRACK, INC.	<b>c</b> EIN-PN 20-0849843-001
<b>a</b>	Plan name	GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREENSBORO FARMER'S CO-OP	<b>c</b> EIN-PN 63-0645197-001
<b>a</b>	Plan name	R&F, INC. EMPLOYEES BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	R&F, INC.	<b>c</b> EIN-PN 34-1016464-001
<b>a</b>	Plan name	TRADITIONAL BANK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRADITIONAL BANK, INC.	<b>c</b> EIN-PN 61-0284535-003
<b>a</b>	Plan name	MEDIA WATCH, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MEDIA WATCH, INC.	<b>c</b> EIN-PN 43-1587643-001
<b>a</b>	Plan name	ANGERMEIER & ROGERS LAW OFFICES SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANGERMEIER & ROGERS LAW OFFICES	<b>c</b> EIN-PN 39-1315157-001
<b>a</b>	Plan name	ANNAPOLIS ACCOUNTING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CJ BATTISTA, P.C. D/B/A ANNAPOLIS ACCOUNTING SERVICES	<b>c</b> EIN-PN 52-2248341-001

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 CROMPION INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CROMPION INTERNATIONAL, LLC	<b>c</b> EIN-PN 72-1468104-001
<b>a</b>	Plan name HARBOR AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARBOR AGENCY, INC.	<b>c</b> EIN-PN 38-2153954-001
<b>a</b>	Plan name HARLEY AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARLEY AUTOMOTIVE GROUP, INC.	<b>c</b> EIN-PN 41-1711881-001
<b>a</b>	Plan name ASSOCIATED SOILS ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED SOILS ENGINEERING, INC.	<b>c</b> EIN-PN 95-2896496-001
<b>a</b>	Plan name ASSURANCE LABS RETIREMENT READINESS PLAN	
<b>b</b>	Name of plan sponsor ASSURANCE DRUG TESTING LABORATORIES, LLC	<b>c</b> EIN-PN 20-4013455-001
<b>a</b>	Plan name HIGHLAND COMMUNITY MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIGHLAND COMMUNITY MANAGEMENT, LLC	<b>c</b> EIN-PN 59-3383539-001
<b>a</b>	Plan name ROBIN II, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ROBIN II, INC.	<b>c</b> EIN-PN 39-1314862-001
<b>a</b>	Plan name VAUGHN A. VICTORINO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VAUGHN A. VICTORINO	<b>c</b> EIN-PN 81-0866840-001
<b>a</b>	Plan name VENTURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor VM SERVICES, INC.	<b>c</b> EIN-PN 77-0459829-222
<b>a</b>	Plan name MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MJD TRUCKING, INC.	<b>c</b> EIN-PN 65-0831291-001
<b>a</b>	Plan name RULE CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RULE CONSTRUCTION, LTD.	<b>c</b> EIN-PN 39-1708690-001
<b>a</b>	Plan name RUSCHES TRUCKING INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RUSCHE'S TRUCKING, INC.	<b>c</b> EIN-PN 38-1913633-001

<b>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	RYAN & RYAN CONSTRUCTION, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RYAN & RYAN CONSTRUCTION, INC.	<b>c</b> EIN-PN 20-2312773-001
<b>a</b>	Plan name	VITALS INTERNATIONAL INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	VITALS INTERNATIONAL INC.	<b>c</b> EIN-PN 45-4069698-001
<b>a</b>	Plan name	NATURE DESIGNS LANDSCAPE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ESCONDIDO LANDSCAPE, INC.	<b>c</b> EIN-PN 33-0348276-001
<b>a</b>	Plan name	DR. TUNGS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DR. TUNG'S PRODUCTS, INC	<b>c</b> EIN-PN 94-3269880-001
<b>a</b>	Plan name	DRABIK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DRABIK MANUFACTURING, INC.	<b>c</b> EIN-PN 34-1503007-001
<b>a</b>	Plan name	DRAGON LINE, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRAGON LINE, LLC.	<b>c</b> EIN-PN 81-1828114-001
<b>a</b>	Plan name	INSPIRE MEDICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSPIRE MEDICAL, INC.	<b>c</b> EIN-PN 62-1691089-001
<b>a</b>	Plan name	INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTIONAL CASEWORK, INC.	<b>c</b> EIN-PN 20-4225695-001
<b>a</b>	Plan name	WESTERN SHEET METAL, INC. EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTERN SHEET METAL, INC.	<b>c</b> EIN-PN 87-0296587-001
<b>a</b>	Plan name	BIRD LADDER & EQUIPMENT CO. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIRD LADDER & EQUIPMENT CO. INC.	<b>c</b> EIN-PN 39-1227787-001
<b>a</b>	Plan name	EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	EASLEY HEAD & NECK SURGERY, P.A.	<b>c</b> EIN-PN 57-0752346-002
<b>a</b>	Plan name	INTRINSYX TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTRINSYX TECHNOLOGIES	<b>c</b> EIN-PN 77-0539893-001

<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	NEXT LEVEL MARKETING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	NEXT LEVEL MARKETING, INC.
<b>c</b>	EIN-PN	59-3771780-001
<b>a</b>	Plan name	NIELSEN MOTORS SALARY REDUCTION PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NIELSEN CAPITAL LLC DBA NIELSEN MOTORS
<b>c</b>	EIN-PN	93-2601344-001
<b>a</b>	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.
<b>c</b>	EIN-PN	20-0048495-001
<b>a</b>	Plan name	EMBER, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	EMBER, LLC
<b>c</b>	EIN-PN	42-1760276-001
<b>a</b>	Plan name	EMG, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	EMG, INC.
<b>c</b>	EIN-PN	94-2903016-001
<b>a</b>	Plan name	JEKK TOOLS & FASTENERS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JEKK TOOLS & FASTENERS, INC.
<b>c</b>	EIN-PN	23-2278532-001
<b>a</b>	Plan name	SOLARCRAFT SERVICES, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SOLARCRAFT SERVICES, INC.
<b>c</b>	EIN-PN	68-0106478-001
<b>a</b>	Plan name	OXFORD ECONOMICS USA, INC. AND TOURISM ECONOMICS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	OXFORD ECONOMICS USA, INC.
<b>c</b>	EIN-PN	23-2620656-001
<b>a</b>	Plan name	FIRST CITIZENS BANK PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FIRST CITIZENS BANK
<b>c</b>	EIN-PN	63-0789504-001
<b>a</b>	Plan name	CARSON CORPORATION NON-UNION 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CARSON CORPORATION
<b>c</b>	EIN-PN	22-2852356-001
<b>a</b>	Plan name	CARSON CORPORATION RETIREMENT PLAN FOR LOCAL 55
<b>b</b>	Name of plan sponsor	CARSON CORPORATION
<b>c</b>	EIN-PN	22-2852356-003
<b>a</b>	Plan name	KMS 401(K) PLAN
<b>b</b>	Name of plan sponsor	KINETICS MECHANICAL SERVICES, INC.
<b>c</b>	EIN-PN	77-0476369-001

<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	KO STONE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KO STONE, INC.	<b>c</b> EIN-PN 46-2842689-001
<b>a</b>	Plan name	SUPERMAX HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERMAX HEALTHCARE INC.	<b>c</b> EIN-PN 27-2105941-001
<b>a</b>	Plan name	FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOREWAY TRANSPORTATION, INC.	<b>c</b> EIN-PN 38-2165402-001
<b>a</b>	Plan name	CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CEH AUTOMOTIVE CORP.	<b>c</b> EIN-PN 86-0200402-001
<b>a</b>	Plan name	LANDWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANDWORKS, LLC	<b>c</b> EIN-PN 39-1913555-001
<b>a</b>	Plan name	PEREGRINE FALCON CORP. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEREGRINE FALCON CORPORATION	<b>c</b> EIN-PN 94-3209312-001
<b>a</b>	Plan name	TEC ELECTRICAL CONTRACTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEC ELECTRICAL CONTRACTING, INC	<b>c</b> EIN-PN 46-0761832-001
<b>a</b>	Plan name	TECHNOALPIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TECHNOALPIN USA, INC.	<b>c</b> EIN-PN 22-3857446-001
<b>a</b>	Plan name	WESTPAC HOLDING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTPAC HOLDING COMPANY, INC.	<b>c</b> EIN-PN 20-5722172-003
<b>a</b>	Plan name	WHITE BRENNER LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHITE BRENNER LLP	<b>c</b> EIN-PN 46-1799572-001
<b>a</b>	Plan name	WHITEFAB, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WHITEFAB, INC.	<b>c</b> EIN-PN 63-0856879-001
<b>a</b>	Plan name	BENETRENDS, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BENETRENDS, INC.	<b>c</b> EIN-PN 35-2519056-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BENJAMIN DEL VENTO, P.A.	<b>c</b> EIN-PN 22-1943968-001
<b>a</b>	Plan name	BL AGRISERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BL AGRISERVICE, INC.	<b>c</b> EIN-PN 39-1485813-001
<b>a</b>	Plan name	BLACK LUMBER COMPANY, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLACK LUMBER COMPANY, INC.	<b>c</b> EIN-PN 35-0902347-001
<b>a</b>	Plan name	CAHFC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL AREA HOUSING FINANCE CORPORATION	<b>c</b> EIN-PN 42-1550637-001
<b>a</b>	Plan name	CENTRA SOTA COOPERATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRA SOTA COOPERATIVE	<b>c</b> EIN-PN 41-0488480-001
<b>a</b>	Plan name	CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CLEVELAND CITY FORGE, INC.	<b>c</b> EIN-PN 34-1972972-001
<b>a</b>	Plan name	CLINT PHARMACEUTICALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLINT PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 62-1322467-001
<b>a</b>	Plan name	CONTRACT SOURCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONTRACT SOURCE, INC.	<b>c</b> EIN-PN 34-1605726-001
<b>a</b>	Plan name	CTS PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CTS, INC.	<b>c</b> EIN-PN 36-4198749-001
<b>a</b>	Plan name	DAWN INDUSTRIES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DAWN INDUSTRIES, INC.	<b>c</b> EIN-PN 84-0798733-001
<b>a</b>	Plan name	DRYTECH, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRYTECH, INC.	<b>c</b> EIN-PN 63-1117842-001
<b>a</b>	Plan name	EAST WEST MARTIAL ARTS LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EAST WEST MARTIAL ARTS	<b>c</b> EIN-PN 91-2063355-001

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 EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C.	<b>c</b> EIN-PN 58-2642240-001
<b>a</b>	Plan name FLINT CHILDREN'S CENTER, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FLINT CHILDREN'S CENTER, P.C.	<b>c</b> EIN-PN 38-1858407-009
<b>a</b>	Plan name GH GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GH GROUP, INC.	<b>c</b> EIN-PN 68-1040851-001
<b>a</b>	Plan name GIBSON & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIBSON & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2057660-001
<b>a</b>	Plan name GROVE HEALTH DENTAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GROVE HEALTH DENTAL	<b>c</b> EIN-PN 26-0281244-001
<b>a</b>	Plan name HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HIT PRODUCTS CORPORATION	<b>c</b> EIN-PN 94-2823123-001
<b>a</b>	Plan name HOME REWARDS GROUP INC., 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOME REWARDS GROUP INC.	<b>c</b> EIN-PN 81-5201340-001
<b>a</b>	Plan name INTELETRACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTELETRACE, INC.	<b>c</b> EIN-PN 37-1514242-001
<b>a</b>	Plan name ITC INFOTECH USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ITC INFOTECH USA, INC.	<b>c</b> EIN-PN 22-3239723-001
<b>a</b>	Plan name JERRY WAGNER PLUMBING INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JERRY WAGNER INC.	<b>c</b> EIN-PN 23-2635299-001
<b>a</b>	Plan name JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JIM CRAWFORD CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 77-0072198-001
<b>a</b>	Plan name KEEL ENTERPRISES OF LA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEEL ENTERPRISES OF LA LLC	<b>c</b> EIN-PN 72-1158560-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>KORBER PHARMA PACKAGING MATERIALS LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KORBER PHARMA PACKAGING MATERIALS LLC</b>	<b>c</b> EIN-PN <b>47-5593447-001</b>
<b>a</b>	Plan name <b>LANDWORKS 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LANDWORKS, LLC</b>	<b>c</b> EIN-PN <b>39-1913554-001</b>
<b>a</b>	Plan name <b>LARICHE CHEVROLET CADILLAC RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LARICHE CHEVROLET CADILLAC, INC.</b>	<b>c</b> EIN-PN <b>34-1352811-001</b>
<b>a</b>	Plan name <b>LASER TECH USA, INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LASER TECH USA, INC</b>	<b>c</b> EIN-PN <b>42-1459197-001</b>
<b>a</b>	Plan name <b>LATITUDE 33 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LATITUDE 33 PLANNING &amp; ENGINEERING</b>	<b>c</b> EIN-PN <b>33-0582561-001</b>
<b>a</b>	Plan name <b>LAURAS INTERNATIONAL LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAURAS INTERNATIONAL USA LLP</b>	<b>c</b> EIN-PN <b>26-1603445-001</b>
<b>a</b>	Plan name <b>MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MANAGEMENT MATERIALS INC.</b>	<b>c</b> EIN-PN <b>38-2412976-001</b>
<b>a</b>	Plan name <b>MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAUNALANI NURSING AND REHABILITATION CENTER</b>	<b>c</b> EIN-PN <b>99-0249327-222</b>
<b>a</b>	Plan name <b>MAX A. SASS &amp; SONS, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAX A. SASS &amp; SONS, INC.</b>	<b>c</b> EIN-PN <b>39-1129503-001</b>
<b>a</b>	Plan name <b>MILLER'S PAVING, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MILLER'S PAVING, LLC</b>	<b>c</b> EIN-PN <b>20-4161953-001</b>
<b>a</b>	Plan name <b>MOJO SOLO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOJO SOLO, INC.</b>	<b>c</b> EIN-PN <b>20-1101717-001</b>
<b>a</b>	Plan name <b>MONROE INDUSTRIAL MACHINE SHOP, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MONROE INDUSTRIAL MACHINE SHOP, LLC</b>	<b>c</b> EIN-PN <b>20-1041002-001</b>

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="#">NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEUMANN MONSON, INC.</a>	<b>c</b> EIN-PN <a href="#">42-1242646-222</a>
<b>a</b>	Plan name <a href="#">NEW DAY CHRISTIAN DISTRIBUTORS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEW DAY CHRISTIAN DISTRIBUTORS, INC.</a>	<b>c</b> EIN-PN <a href="#">62-1126698-001</a>
<b>a</b>	Plan name <a href="#">NORTH SHORE MANUFACTURING CORP. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTH SHORE MANUFACTURING CORPORATION</a>	<b>c</b> EIN-PN <a href="#">38-1885372-001</a>
<b>a</b>	Plan name <a href="#">ONE SOURCE INDUSTRIES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ONE SOURCE INDUSTRIES, LLC</a>	<b>c</b> EIN-PN <a href="#">33-0835151-001</a>
<b>a</b>	Plan name <a href="#">PETROLEUM EQUIPMENT COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PETROLEUM EQUIPMENT COMPANY</a>	<b>c</b> EIN-PN <a href="#">62-1366038-001</a>
<b>a</b>	Plan name <a href="#">PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.</a>	<b>c</b> EIN-PN <a href="#">54-1850850-001</a>
<b>a</b>	Plan name <a href="#">PROHEALTH GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PROHEALTH GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">47-5658024-002</a>
<b>a</b>	Plan name <a href="#">R.F.M.S., INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">R.F.M.S., INC.</a>	<b>c</b> EIN-PN <a href="#">36-3114893-001</a>
<b>a</b>	Plan name <a href="#">ROSCOE BROWN, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROSCOE BROWN, INC.</a>	<b>c</b> EIN-PN <a href="#">62-0810017-001</a>
<b>a</b>	Plan name <a href="#">S &amp; W ELECTRIC COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">S &amp; W ELECTRIC COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">63-0833028-001</a>
<b>a</b>	Plan name <a href="#">SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHEPHERD DATA SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">46-0469044-001</a>
<b>a</b>	Plan name <a href="#">SIAGEL PRODUCTIONS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SIAGEL PRODUCTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2999213-001</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 SOUTHERN AUTOBODY SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN AUTOBODY SUPPLY, INC.	<b>c</b> EIN-PN 62-1592592-001
<b>a</b>	Plan name SYRBERUS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYRBERUS, INC.	<b>c</b> EIN-PN 20-4850238-001
<b>a</b>	Plan name TEKTEAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor TECHTEAM, LLC DBA TEKTEAM	<b>c</b> EIN-PN 94-3335438-001
<b>a</b>	Plan name THE MIRAZON GROUP LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE MIRAZON GROUP, LLC	<b>c</b> EIN-PN 61-1363720-001
<b>a</b>	Plan name AERO-MARK LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AERO-MARK LLC	<b>c</b> EIN-PN 26-4647620-001
<b>a</b>	Plan name AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor AEROSPACE & MARINE INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 77-0280581-001
<b>a</b>	Plan name TRB + ASSOCIATES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor TRB + ASSOCIATES, INC.	<b>c</b> EIN-PN 20-5865052-001
<b>a</b>	Plan name AMERICAN GALVANO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN GALVANO, INC.	<b>c</b> EIN-PN 20-0161792-001
<b>a</b>	Plan name AMERICAN HEAVY MOVING AND RIGGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN HEAVY MOVING AND RIGGING, INC.	<b>c</b> EIN-PN 95-3622763-001
<b>a</b>	Plan name AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN	
<b>b</b>	Name of plan sponsor AON RISK SOLUTIONS OF PUERTO RICO, INC.	<b>c</b> EIN-PN 66-0274215-002
<b>a</b>	Plan name VERMILION ENERGY, USA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VERMILION ENERGY USA INC.	<b>c</b> EIN-PN 47-1769898-001
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>OAKMARK INTERNATIONAL RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>539</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</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>	30764281
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	29476237
<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>	30764281	29476237
<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>	30764281	29476237

**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>	3333363	
<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>		3333363

**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>	253789	
(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>		253789
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		253789

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3079574
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		3189273
(2) From this plan .....	<b>2l(2)</b>		7556891

**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 \_\_\_\_\_.