

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: VICTORY SYCAMORE ESTABLISHED VALUE RET OPT; 1b Three-digit plan number (PN): 613; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE (NEIL KOENCK, 08/22/2025).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
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:	4b EIN
a Sponsor's name	4d PN
c Plan Name	
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	6a(1)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	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:

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 01/01/2024 and ending 12/31/2024

A Name of plan <u>VICTORY SYCAMORE ESTABLISHED VALUE RET OPT</u>	B Three-digit plan number (PN)	<u>613</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

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d Entity code

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d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BLAGER CONCRETE COMPANY 401(K) PLAN	
b	Name of plan sponsor BLAGER CONCRETE COMPANY	c EIN-PN 20-0634151-001
a	Plan name BLAHNIK INVESTMENT GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BLAHNIK INVESTMENT GROUP	c EIN-PN 46-0495940-001
a	Plan name CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT	c EIN-PN 45-2648658-001
a	Plan name COLORADO CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor COLORADO CREDIT UNION	c EIN-PN 84-0660269-003
a	Plan name CUMBERLAND RIVER BEHAVIORAL HEALTH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CUMBERLAND RIVER BEHAVIORAL HEALTH, INC.	c EIN-PN 23-7313241-001
a	Plan name DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEVINE ORGANICS LLC	c EIN-PN 46-1867921-001
a	Plan name DIABLO COUNTRY CLUB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DIABLO COUNTRY CLUB	c EIN-PN 94-0699700-003
a	Plan name FOUR WHEELS OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor FOUR WHEELS OF TEXAS, INC.	c EIN-PN 75-2631966-001
a	Plan name GODIRECTINC.COM, INC. 401(K) PLAN	
b	Name of plan sponsor GODIRECTINC.COM, INC.	c EIN-PN 26-0155233-001
a	Plan name GOPATH 401(K) PLAN	
b	Name of plan sponsor GOPATH GLOBAL LLC	c EIN-PN 27-1105704-001
a	Plan name HAWKE MEDIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAWKE MEDIA, LLC	c EIN-PN 46-3254493-001
a	Plan name HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-222

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	KELLY PROPERTY MANAGEMENT, INC. 401(K) PLAN	
b Name of plan sponsor	KELLY PROPERTY MANAGEMENT, INC.	c EIN-PN 20-2067590-001
a Plan name	KENNETH O. KARP, MD, PA 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KENNETH O. KARP, MD, PA	c EIN-PN 20-0112151-001
a Plan name	LAVIN NATIONAL, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	LAVIN NATIONAL, LLC	c EIN-PN 72-1482691-001
a Plan name	MENCHIE'S GLOBAL HEADQUARTERS 401(K) RETIREMENT PLAN	
b Name of plan sponsor	MENCHIE'S GLOBAL HEADQUARTERS	c EIN-PN 26-1658984-777
a Plan name	MERCER COUNTY ELECTRIC 401(K) PLAN	
b Name of plan sponsor	MERCER COUNTY ELECTRIC, INC.	c EIN-PN 34-1278022-001
a Plan name	MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
b Name of plan sponsor	MERRITT ISLAND AIR AND HEAT INC.	c EIN-PN 81-0579482-001
a Plan name	MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN	
b Name of plan sponsor	MONROE URGENT CARE, INC.	c EIN-PN 26-0188188-001
a Plan name	NORTHEAST SUSTAINABLE ENERGY ASSOCIATION 401(K)	
b Name of plan sponsor	NORTHEAST SUSTAINABLE ENERGY ASSOCIATION	c EIN-PN 23-7437161-001
a Plan name	NORTHERN NJ CHAPTER, INC. NECA SAFE HARBOR 401(K) PLAN	
b Name of plan sponsor	NORTHERN NJ CHAPTER, INC. NECA	c EIN-PN 22-1455827-002
a Plan name	NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN	
b Name of plan sponsor	NORTHWEST EYE CENTER S.C.	c EIN-PN 36-3145951-002
a Plan name	PACIFIC LOCK & SAFE 401(K) PLAN	
b Name of plan sponsor	COMMERCIAL SERVICES, INC. DBA PACIFIC LOCK & SAFE	c EIN-PN 99-0285551-001
a Plan name	PHILLIP GALYEN PC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PHILLIP GALYEN PC DBA BAILEY & GALYEN	c EIN-PN 75-2218748-001

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	PROPERTY MANAGEMENT OF ANDOVER, INC. 401(K) PLAN	
b	Name of plan sponsor	PROPERTY MANAGEMENT OF ANDOVER, INC.	c EIN-PN 04-2978110-001
a	Plan name	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
b	Name of plan sponsor	RAO MANUFACTURING COMPANY	c EIN-PN 41-0494610-002
a	Plan name	SABOT TECHNOLOGIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	SABOT TECHNOLOGIES, INC.	c EIN-PN 68-0462138-001
a	Plan name	SILVER CREEK MODULAR LLC 401(K) PLAN	
b	Name of plan sponsor	SILVER CREEK MODULAR LLC	c EIN-PN 92-3730178-001
a	Plan name	STEVEN A. VARANO, ESQ. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STEVEN A. VARANO, ESQ.	c EIN-PN 22-3143496-001
a	Plan name	STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name	WADE'S FOOD CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	WADE'S FOOD CENTER, INC.	c EIN-PN 62-0976364-001
a	Plan name	YAMIBUY 401(K) PLAN	
b	Name of plan sponsor	TRANSOCEAN RESOURCES MANAGEMENT INC.	c EIN-PN 46-1019646-001
a	Plan name	AHWATUKEE SPORTS & SPINE, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AHWATUKEE SPORTS & SPINE, PLC	c EIN-PN 86-1002624-001
a	Plan name	APPAREL MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	APPAREL MANUFACTURING CO., INC.	c EIN-PN 58-1847018-001
a	Plan name	APPLIED AQUATIC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	APPLIED AQUATIC MANAGEMENT, INC.	c EIN-PN 59-2100923-001
a	Plan name	ARBOR AND PIA EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	ARBOR INSURANCE GROUP	c EIN-PN 23-2669484-001

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 DIRECT FLOORING, INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DIRECT FLOORING, INC.	c EIN-PN 27-3853454-001
a	Plan name EDGE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EDGE PLASTICS, INC.	c EIN-PN 33-0397325-001
a	Plan name EDGE ADHESIVES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EDGE ADHESIVES HOLDING, INC.	c EIN-PN 27-1980935-001
a	Plan name FAMILY RESOURCE CENTER RETIREMENT PLAN	
b	Name of plan sponsor FAMILY RESOURCE CENTER	c EIN-PN 36-3532803-001
a	Plan name FAMMA GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor FAMMA GROUP, INC.	c EIN-PN 45-5002659-001
a	Plan name FARIBORZ RODEF, DDS, INC. 401(K) PLAN	
b	Name of plan sponsor FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE	c EIN-PN 32-0012113-001
a	Plan name FARMERS BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FARMERS BANK	c EIN-PN 84-1599347-001
a	Plan name GRAND FUNDING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor GRAND FUNDING GROUP, INC.	c EIN-PN 27-3273076-002
a	Plan name GRAND-JEAN CAPITAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor GRAND-JEAN CAPITAL MANAGEMENT, INC.	c EIN-PN 94-3112978-001
a	Plan name HEALTHCARE BUSINESS MEDIA, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HEALTHCARE BUSINESS MEDIA, INC.	c EIN-PN 61-1362235-001
a	Plan name HULL BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HULL BROTHERS, INC.	c EIN-PN 34-0971398-001
a	Plan name LEE-SURE POOLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEE-SURE POOLS, INC.	c EIN-PN 85-0254390-001

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 MARGUERITE CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MARGUERITE CONCRETE, INC.	c EIN-PN 04-3035873-001
a	Plan name MEYLAN DAVITT JAIN AREVIAN & KIM LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEYLAN DAVITT JAIN AREVIAN & KIM LLP	c EIN-PN 46-1854265-777
a	Plan name MORRIS CERULLO WORLD EVANGELISM 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MORRIS CERULLO WORLD EVANGELISM	c EIN-PN 95-2372233-001
a	Plan name PALLO, MARKS & HERNANDEZ, P.A. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PALLO, MARKS & HERNANDEZ, GECHIJIAN & DEMAY, P.A.	c EIN-PN 65-0746369-001
a	Plan name PALMETTO REHABILITATION SPECIALISTS LLC 401(K) PLAN	
b	Name of plan sponsor PALMETTO REHABILITATION SPECIALISTS	c EIN-PN 20-4474119-001
a	Plan name RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001
a	Plan name SAME DAY SERVICE 401(K) PLAN	
b	Name of plan sponsor SAME DAY SERVICE COMPANY, INC.	c EIN-PN 06-1366425-001
a	Plan name SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAMTECH AUTOMOTIVE USA, INC.	c EIN-PN 95-4568597-001
a	Plan name STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor STOCKBRIDGE ENGINEERING, INC.	c EIN-PN 39-1732812-001
a	Plan name THA ARCHITECTS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	c EIN-PN 38-1561901-002
a	Plan name THE AEROLITE GROUP 401(K) PLAN	
b	Name of plan sponsor AEROLITE EXTRUSION COMPANY	c EIN-PN 82-3731073-001
a	Plan name TIRE SERVICES UNLIMITED, LLC 401(K) PLAN	
b	Name of plan sponsor TIRE SERVICES UNLIMITED, LLC	c EIN-PN 26-0164707-001

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	VALLEY ARMATURE & ELECTRIC CO. 401(K) PLAN	
b	Name of plan sponsor	VALLEY ARMATURE & ELECTRIC COMPANY INC.	c EIN-PN 74-1915576-002
a	Plan name	VALLEY CENTRAL VETERINARY REFERRAL AND EMERGENCY CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. CARLOS HODGES DVM PC DBA VALLEY CENTRAL VETERINARY REFERRAL AND	c EIN-PN 23-2874136-001
a	Plan name	WALBERG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALBERG, INC.	c EIN-PN 81-2702296-001
a	Plan name	CANAM MINERALS, INC. 401(K) PLAN	
b	Name of plan sponsor	CANAM MINERALS, INC.	c EIN-PN 94-1535782-001
a	Plan name	CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CANNON MEDICAL, INC.	c EIN-PN 94-3251623-001
a	Plan name	COMMUNITIES IN SCHOOLS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	COMMUNITIES IN SCHOOLS OF EL PASO, INC.	c EIN-PN 74-2024715-001
a	Plan name	COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY CHEVROLET COMPANY	c EIN-PN 84-0502030-002
a	Plan name	LEINGANG HOME CENTER 401(K) PLAN	
b	Name of plan sponsor	LEINGANG GROUP, INC. D/B/A LEINGANG HOME CENTER	c EIN-PN 46-3955538-001
a	Plan name	LESSITER PUBLICATIONS INC. 401(K) PLAN	
b	Name of plan sponsor	LESSITER PUBLICATIONS INC.	c EIN-PN 39-1169768-222
a	Plan name	MCCAULEY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	MCCAULEY MANAGEMENT, INC.	c EIN-PN 45-4536598-001
a	Plan name	MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MS INTERNATIONAL, INC.	c EIN-PN 35-1562013-003
a	Plan name	PMSI EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	PROPERTY MAINTENANCE SERVICES, INC.	c EIN-PN 31-1417835-001

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	SPA 401(K)
b	Name of plan sponsor	SEAFOOD PRODUCTS ASSOCIATION
c	EIN-PN	20-8459653-001
a	Plan name	THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN
b	Name of plan sponsor	THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.
c	EIN-PN	04-2103792-003
a	Plan name	WARREN KOZITZA PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	WARREN KOZITZA, INC.
c	EIN-PN	46-4265615-001
a	Plan name	A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	A BETTER CONTRACTOR, LLC
c	EIN-PN	46-4885039-002
a	Plan name	AMERICAN PHARMACY SERVICES CORPORATION 401(K) RETIREMENT PLAN
b	Name of plan sponsor	AMERICAN PHARMACY SERVICES CORPORATION
c	EIN-PN	38-2647024-001
a	Plan name	BARKING DOG, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BARKING DOG, INC. DBA FASTSIGNS KIRKLAND
c	EIN-PN	91-1637635-001
a	Plan name	BUG MAN EXTERMINATING, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BUG MAN EXTERMINATING, INC.
c	EIN-PN	54-1884547-001
a	Plan name	CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CHEM PRO LABORATORY, INC.
c	EIN-PN	95-2297708-001
a	Plan name	CHEROKEE 401(K) PLAN
b	Name of plan sponsor	CHEROKEE MANUFACTURING, LLC
c	EIN-PN	45-2735316-001
a	Plan name	CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CHILDREN'S RECEIVING HOME OF SACRAMENTO
c	EIN-PN	94-1322166-001
a	Plan name	CORNERSTONE MASONRY SERVICES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CORNERSTONE MASONRY SERVICES, INC.
c	EIN-PN	02-0675679-777
a	Plan name	DMD BUILDERS, INC. 401(K) PLAN
b	Name of plan sponsor	DMD WINDOW AND DOOR, INC.
c	EIN-PN	81-4449392-001

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 DOCUFREE CORPORATION 401(K) PLAN	
b	Name of plan sponsor DOCUFREE CORPORATION	c EIN-PN 58-2483016-001
a	Plan name ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	c EIN-PN 27-0047953-001
a	Plan name FURRER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NORTH VALLEY FINANCIAL SERVICES LLC DBA FURRER AND ASSOCIATES	c EIN-PN 87-2736693-001
a	Plan name GULF SOUTH EYE ASSOCIATES (APMC) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GULF SOUTH EYE ASSOCIATES (APMC)	c EIN-PN 72-1076001-777
a	Plan name A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor A/E GRAPHICS, INC.	c EIN-PN 39-1252452-001
a	Plan name ABBATELLO ELECTRIC, LLC 401(K) PLAN	
b	Name of plan sponsor ABBATELLO ELECTRIC, LLC	c EIN-PN 06-1632260-001
a	Plan name ABCO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ABCO CORPORATION	c EIN-PN 54-0838480-001
a	Plan name AMERITEC MACHINING, INC. 401(K) PLAN	
b	Name of plan sponsor AMERITEC MACHINING, INC.	c EIN-PN 42-1393974-001
a	Plan name AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC.	c EIN-PN 47-4037872-001
a	Plan name BASE CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor BASE CONSTRUCTION, INC.	c EIN-PN 74-3103732-001
a	Plan name BASIC METALS, INC. RETIREMENT PLAN	
b	Name of plan sponsor BASIC METALS, INC.	c EIN-PN 39-1515822-222
a	Plan name GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor GAINLINE FINANCIAL PARTNERS, LLC	c EIN-PN 87-2523664-001

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	GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	c EIN-PN 58-1795694-001
a	Plan name	ILAPAK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ILAPAK, INC.	c EIN-PN 13-3036089-002
a	Plan name	JOHNSON UNITED, INC. 401(K) PLAN	
b	Name of plan sponsor	JOHNSON UNITED, INC.	c EIN-PN 77-0401727-001
a	Plan name	JOHNSON-FRANK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON-FRANK & ASSOCIATES, INC.	c EIN-PN 95-3086260-001
a	Plan name	LIBERTY BUSINESS ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	LIBERTY BUSINESS ASSOCIATES, LLC	c EIN-PN 30-0079001-001
a	Plan name	MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	MCDONALDS' DESIGN & BUILD, INC.	c EIN-PN 34-1313478-001
a	Plan name	PORT PUBLICATIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PORT PUBLICATIONS, INC.	c EIN-PN 39-1017137-001
a	Plan name	RDC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCK & DIRT CONSTRUCTION	c EIN-PN 20-0382886-001
a	Plan name	SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAMCO PROPERTIES, INC.	c EIN-PN 59-2396906-001
a	Plan name	TRUE STONE COFFEE ROASTERS 401(K) PLAN	
b	Name of plan sponsor	TRUE STONE COFFEE ROASTERS	c EIN-PN 11-3684648-001
a	Plan name	ALEX TATUM CONSTRUCTION CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALEX TATUM CONSTRUCTION CO., INC.	c EIN-PN 58-1520046-002
a	Plan name	ALL POINTS 401(K) PLAN	
b	Name of plan sponsor	ALL POINTS PACKAGING	c EIN-PN 58-2174673-001

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	ALLEN'S TREE SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLEN'S TREE SERVICE, INC.	c EIN-PN 58-1997275-001
a	Plan name	ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	ARRASMITH, JUDD, RAPP, CHOVAN INC.	c EIN-PN 16-1627907-001
a	Plan name	ARROW TRAILER AND EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	ARROW TRAILER AND EQUIPMENT CO.	c EIN-PN 37-0755336-001
a	Plan name	BOULDER HILLS LANDSCAPING RETIREMENT READINESS PLAN	
b	Name of plan sponsor	BOULDER HILLS LANDSCAPING, INC.	c EIN-PN 45-2747964-001
a	Plan name	BOURNE ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOURNE ENTERPRISES, INC.	c EIN-PN 04-2489300-001
a	Plan name	BOW CONSTRUCTION MANAGEMENT SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN (001)	
b	Name of plan sponsor	BOW CONSTRUCTION MANAGEMENT SERVICE, INC.	c EIN-PN 26-3709796-001
a	Plan name	BOWEN INDUSTRIAL CONTRACTORS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BOWEN INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 74-2326815-222
a	Plan name	COMPASS COMMERCIAL CONSTRUCTION GROUP 401(K) PLAN	
b	Name of plan sponsor	COMPASS COMMERCIAL CONSTRUCTION GROUP	c EIN-PN 27-3042323-777
a	Plan name	COMPOSITE LINING SYSTEMS LP 401(K) PLAN	
b	Name of plan sponsor	COMPOSITE LINING SYSTEMS LP	c EIN-PN 20-2691597-001
a	Plan name	D. S. ERICKSON & ASSOCIATES, PLLC 401(K) PLAN	
b	Name of plan sponsor	D. S. ERICKSON & ASSOCIATES, PLLC	c EIN-PN 20-5957980-001
a	Plan name	DOVER TANK AND PLATE CO. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE DOVER TANK & PLATE CO.	c EIN-PN 34-0188810-002
a	Plan name	FEIST CABINETS & WOODWORKS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	FEIST CABINETS & WOODWORKS, INC.	c EIN-PN 68-0130480-001

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	GRAYCO ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	GRAYCO ENTERPRISES, INC.	c EIN-PN 36-4322896-001
a	Plan name	INDUSTRIA LECHERA DE PUERTO RICO NON UNION RETIREMENT PLAN	
b	Name of plan sponsor	INDUSTRIA LECHERA DE PUERTO RICO	c EIN-PN 66-0211588-002
a	Plan name	JAMES E. FULTON & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	JAMES E. FULTON & SONS, INC.	c EIN-PN 38-2064280-001
a	Plan name	JAMES G. MURPHY, INC. 401(K) PLAN	
b	Name of plan sponsor	JAMES G. MURPHY, INC.	c EIN-PN 91-0901239-002
a	Plan name	JANITORS SUPPLY CO., INC. EMPLOYEES' SAVINGS AND RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	THE JANITORS SUPPLY CO., INC.	c EIN-PN 35-0981768-001
a	Plan name	KGA STUDIO ARCHITECTS, P.C. 401(K) PLAN	
b	Name of plan sponsor	KGA STUDIO ARCHITECTS P.C.	c EIN-PN 84-0808019-001
a	Plan name	LIVING INDEPENDENT IS FOR EVERYONE, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	LIVING INDEPENDENT IS FOR EVERYONE, INC.	c EIN-PN 27-4619816-001
a	Plan name	MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARPLES GEARS, INC.	c EIN-PN 95-4226164-001
a	Plan name	MIAMI REGIONAL UNIVERSITY INVEST YOUR FUTURE PLAN	
b	Name of plan sponsor	MANAGEMENT RESOURCES, INC. DBA MIAMI REGIONAL UNIVERSITY	c EIN-PN 65-0633679-001
a	Plan name	NADER DAKAK, M.D., P.A. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NADER DAKAK, M.D., P.A.	c EIN-PN 51-0492533-001
a	Plan name	O SKIN CARE LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	O SKIN CARE LLC	c EIN-PN 26-0374403-001
a	Plan name	O'CONNELL LANDSCAPE MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	O'CONNELL LANDSCAPE MAINTENANCE INC.	c EIN-PN 95-3141443-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PARADIGM PROPERTIES, LLC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	PARADIGM PROPERTIES, LLC	c EIN-PN 06-1533601-001
a	Plan name	QUALEX MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUALEX MANUFACTURING, LLC	c EIN-PN 61-1273995-001
a	Plan name	SCHOOL PORTRAITS BY ADAMS PHOTOGRAPHY, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHOOL PORTRAITS BY ADAMS PHOTOGRAPHY, INC.	c EIN-PN 27-2959933-001
a	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLIM CHICKENS	c EIN-PN 45-3985800-001
a	Plan name	SMART, LLC 401(K) PLAN	
b	Name of plan sponsor	SMART, LLC	c EIN-PN 30-0269003-001
a	Plan name	THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
b	Name of plan sponsor	THE CLASSIC CATERING PEOPLE, INC.	c EIN-PN 52-1715183-001
a	Plan name	THE COLUMBIA PROPERTY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE COLUMBIA PROPERTY GROUP, INC.	c EIN-PN 27-0013342-001
a	Plan name	THE DREAM CATCHER FOUNDATION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE DREAM CATCHER FOUNDATION, INC.	c EIN-PN 20-4996410-001
a	Plan name	TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION	c EIN-PN 84-4786495-001
a	Plan name	VALOR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	VALOR, LLC	c EIN-PN 61-1370293-001
a	Plan name	FLOYD AND HOWERTON PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLOYD AND HOWERTON PLUMBING, INC.	c EIN-PN 95-2779968-003
a	Plan name	FONDO FOMENTO INDUSTRIA LECHERA DE P.R. RETIREMENT PLAN	
b	Name of plan sponsor	FONDO FORMENTO INDUSTRIA LECHERA	c EIN-PN 66-0220036-001

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	CEAR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CALIFORNIA ELECTRONIC ASSET RECOVERY	c EIN-PN 68-0443725-001
a	Plan name	CEDAR VALLEY ELECTRIC CO., INC. 401(K) PLAN	
b	Name of plan sponsor	CEDAR VALLEY ELECTRIC	c EIN-PN 42-1468881-001
a	Plan name	KYRA TRANG NGUYEN DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KYRA TRANG NGUYEN, D.D.S., INC.	c EIN-PN 03-0588309-001
a	Plan name	TASTES ON THE FLY 401(K) PLAN	
b	Name of plan sponsor	TASTES ON THE FLY SAN FRANCISCO LLC	c EIN-PN 27-1859310-001
a	Plan name	ACCURATE CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	ACCURATE CONSTRUCTION COMPANY, INC.	c EIN-PN 35-2243037-001
a	Plan name	CITY CLUB APARTMENTS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	CITY CLUB APARTMENTS, LLC	c EIN-PN 81-1284363-001
a	Plan name	LIVONIA DERMATOLOGY, PLLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LIVONIA DERMATOLOGY PLLC	c EIN-PN 85-0486422-001
a	Plan name	PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION CABLE ASSEMBLIES, INC.	c EIN-PN 39-1787647-002
a	Plan name	ADVANCED ACCESS CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCED ACCESS CONTROLS, INC.	c EIN-PN 45-3587888-001
a	Plan name	ADVANCED MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED MECHANICAL, INC.	c EIN-PN 93-1321840-001
a	Plan name	COBCO ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	COBCO ENTERPRISES, LLC	c EIN-PN 31-1718329-001
a	Plan name	COBITCO INC 401(K) PLAN	
b	Name of plan sponsor	COBITCO, INC.	c EIN-PN 84-0504239-001

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 GISCLAIR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GISCLAIR & ASSOCIATES, INC.	c EIN-PN 72-1012609-001
a	Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1	
b	Name of plan sponsor MAD DOGG ATHLETICS, INC.	c EIN-PN 95-4481055-002
a	Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 2	
b	Name of plan sponsor MAD DOGG ATHLETICS, INC.	c EIN-PN 95-4481055-003
a	Plan name MAFIAPAPERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAFIAPAPERS, INC.	c EIN-PN 42-1634622-002
a	Plan name TOTAL NETWORK MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor TOTAL NETWORK MANUFACTURING	c EIN-PN 35-2644359-001
a	Plan name ALLIANCE CASTINGS COMPANY, LLC 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor ALLIANCE CASTINGS COMPANY, LLC	c EIN-PN 20-0254788-001
a	Plan name CONNELL & ASSOCIATES LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONNELL & ASSOCIATES LTD.	c EIN-PN 26-3776281-001
a	Plan name GREATER MILWAUKEE PLASTIC SURGEONS, S.C. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GREATER MILWAUKEE PLASTIC SURGEONS, S.C.	c EIN-PN 39-1819941-001
a	Plan name TUCKER, ALBIN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor TUCKER, ALBIN & ASSOCIATES	c EIN-PN 32-0386771-001
a	Plan name HAM BROADCASTING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAM BROADCASTING COMPANY, INC.	c EIN-PN 61-1193671-001
a	Plan name HAMILTON THIES & LORCH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAMILTON THIES & LORCH	c EIN-PN 20-2795886-001
a	Plan name RJ WRIGHT & SONS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RJ WRIGHT & SONS, LTD	c EIN-PN 34-1693478-001

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	RNR CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	RNR CONTRACTORS, INC.	c EIN-PN 22-3177714-001
a	Plan name	ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC.	c EIN-PN 94-3295212-002
a	Plan name	DASTON CORPORATION 401(K) PLAN	
b	Name of plan sponsor	DASTON CORPORATION	c EIN-PN 54-1638058-001
a	Plan name	HLN CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HLN CONSULTING, LLC	c EIN-PN 22-3516344-001
a	Plan name	MIPRO CONSULTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIPRO CONSULTING, LLC	c EIN-PN 20-2695598-001
a	Plan name	ROUNDERS 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ROUNDERS BAR & GRILL, INC.	c EIN-PN 20-5823096-001
a	Plan name	RSC, LLC 401(K) PLAN	
b	Name of plan sponsor	RSC, LLC	c EIN-PN 23-3050497-001
a	Plan name	BECKWITH LUMBER COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BECKWITH LUMBER COMPANY, INC.	c EIN-PN 55-0525058-001
a	Plan name	INDUSTRIA LECHERA DE PUERTO RICO UNION RETIREMENT PLAN	
b	Name of plan sponsor	INDUSTRIA LECHERA DE PUERTO RICO	c EIN-PN 66-0211588-001
a	Plan name	INDUSTRIAL COMPONENTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL COMPONENTS SALES, INC.	c EIN-PN 39-2001134-001
a	Plan name	INFRONT DEVICES & SYSTEMS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	INFRONT DEVICES & SYSTEMS, LLC	c EIN-PN 73-1646352-001
a	Plan name	INNOVA ZONES 401(K) PLAN	
b	Name of plan sponsor	INNOVA ZONES, LLC	c EIN-PN 46-5111106-001

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 WEST WIND DENTAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WEST WIND DENTAL	c EIN-PN 81-4317214-001
a	Plan name SHADOW FINANCIAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor SHADOW FINANCIAL SYSTEMS, INC.	c EIN-PN 22-3564167-001
a	Plan name BETAR DENTAL PC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BETAR DENTAL PC, INC.	c EIN-PN 25-1799034-001
a	Plan name DUNLOP & JOHNSTON, INC. SALARIED EMPLOYEES' RETIREMENT SAVINGS TRUST & PLAN	
b	Name of plan sponsor DUNLOP & JOHNSTON, INC.	c EIN-PN 34-0191480-001
a	Plan name INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor INTERPRET, LLC	c EIN-PN 20-4554232-002
a	Plan name INTERVENTIONAL PAIN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor INTERVENTIONAL PAIN CONSULTANTS LLC	c EIN-PN 83-0901793-001
a	Plan name OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name OCEANWIDE PLAZA LLC 401(K) PLAN	
b	Name of plan sponsor OCEANWIDE PLAZA LLC	c EIN-PN 68-0683629-001
a	Plan name BRETON VILLAGE TRAVEL SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor BRETON VILLAGE TRAVEL SERVICES INC.	c EIN-PN 38-2017934-001
a	Plan name ELKHORN CREEK CO., LLC DBA DARBY DAN FARM 401(K) PLAN	
b	Name of plan sponsor ELKHORN CREEK CO., LLC DBA DARBY DAN FARM	c EIN-PN 31-1529369-001
a	Plan name JCFA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JCFA	c EIN-PN 27-1822983-001
a	Plan name SMP 401(K) PLAN	
b	Name of plan sponsor SCOTT MCLEOD PLUMBING, INC.	c EIN-PN 32-0067594-001

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 OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OUR HOME PHARMACY, INC.	c EIN-PN 27-2618187-001
a	Plan name C & C DESIGN OF WISCONSIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor C & C DESIGN OF WISCONSIN, LLC	c EIN-PN 39-1480298-001
a	Plan name EVER READY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EVER READY ELECTRIC, INC.	c EIN-PN 39-1948378-001
a	Plan name JOLLEY'S COMPOUNDING PHARMACY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JOLLEY'S COMPOUNDING PHARMACY INC.	c EIN-PN 20-0513036-001
a	Plan name SSL LAW FIRM LLP RETIREMENT PLAN	
b	Name of plan sponsor SSL LAW FIRM, LLP	c EIN-PN 94-3397499-001
a	Plan name STAFF CONNECTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor MIPRO STAFFING, LLC	c EIN-PN 20-3309316-001
a	Plan name PATEL, GREENE & ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor PATEL, GREENE & ASSOCIATES, LLC	c EIN-PN 45-2209743-001
a	Plan name FERGUSON COX ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor FERGUSON COX ASSOCIATES, INC.	c EIN-PN 06-1242231-001
a	Plan name FFTT, LLC 401 (K) PLAN	
b	Name of plan sponsor FFTT, LLC	c EIN-PN 81-0860100-001
a	Plan name SUMMIT SEALANTS RETIREMENT PLAN	
b	Name of plan sponsor SUMMIT SEALANTS AND RESTORATION, INC.	c EIN-PN 20-1375534-001
a	Plan name SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
b	Name of plan sponsor MY WAY HOLDINGS, LLC	c EIN-PN 88-0475995-001
a	Plan name SUPERIOR DENTAL LABORATORY INC. 401(K) PLAN	
b	Name of plan sponsor SUPERIOR DENTAL LABORATORY INC.	c EIN-PN 88-0238763-002

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	THE LAW OFFICES OF ROBERT G. BERNHOFT PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICE OF ROBERT G. BERNHOLFT	c EIN-PN 72-1539134-001
a	Plan name	ACOUSTICAL SURFACES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACOUSTICAL SURFACES, INC.	c EIN-PN 81-0664002-001
a	Plan name	GEO 401(K) PLAN	
b	Name of plan sponsor	GLENWOOD ENERGY OF OXFORD INC.	c EIN-PN 26-0594712-001
a	Plan name	MAGELLAN MEDICAL 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MAGELLAN MEDICAL TECHNOLOGY CONSULTANTS, INC.	c EIN-PN 41-1817386-002
a	Plan name	ADVENTURER MANUFACTURING, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ADVENTURER MANUFACTURING INC.	c EIN-PN 26-2682258-001
a	Plan name	COHN RESTAURANT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	COHN RESTAURANT GROUP, INC.	c EIN-PN 33-0709920-777
a	Plan name	PROACTIVE WEST 401(K) PLAN	
b	Name of plan sponsor	PROACTIVE ENGINEERING CONSULTANTS WEST, INC.	c EIN-PN 45-1479995-001
a	Plan name	THE UROLOGY CLINIC PROFIT SHARING PLAN	
b	Name of plan sponsor	THE UROLOGY CLINIC	c EIN-PN 72-0597185-002
a	Plan name	ALPHA ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	ALPHA ENGINEERING OF INDIANA, INC. DBA ALPHA ENGINEERING, INC.	c EIN-PN 35-1463178-001
a	Plan name	ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	ALTAONE FEDERAL CREDIT UNION	c EIN-PN 95-1658623-222
a	Plan name	ALWAYS A PLEASURE 401(K) PLAN	
b	Name of plan sponsor	ALWAYS A PLEASURE, INC.	c EIN-PN 26-1101887-001
a	Plan name	TOYOTA OF RIDGECREST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOYOTA OF RIDGECREST	c EIN-PN 95-1774180-001

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	HARPER OPERATING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	HARPER OPERATING COMPANY, INC.	c EIN-PN 31-0855493-001
a	Plan name	UBORA ENGINEERING & PLANNING RETIREMENT PLAN	
b	Name of plan sponsor	UBORA ENGINEERING & PLANNING, INC	c EIN-PN 20-2459818-001
a	Plan name	DAVID FELKER, MD, P.A. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	DAVID FELKER, MD, P.A.	c EIN-PN 65-0932108-001
a	Plan name	DAVID K. WALTON, DDS, MS, PC 401(K) PLAN	
b	Name of plan sponsor	DAVID K. WALTON, DDS, MS, PC DBA WALTON IMPLANTS AND PERIODONTICS	c EIN-PN 45-4996143-001
a	Plan name	DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C. 401(K) PLAN	
b	Name of plan sponsor	DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C.	c EIN-PN 27-0631471-001
a	Plan name	VEEX 401(K) PLAN	
b	Name of plan sponsor	VEEX, INC.	c EIN-PN 20-4527700-001
a	Plan name	VENTURE 401(K) PLAN	
b	Name of plan sponsor	VM SERVICES, INC.	c EIN-PN 77-0459829-222
a	Plan name	DELTA SYSTEMS & AUTOMATION LLC 401(K) PLAN	
b	Name of plan sponsor	DELTA SYSTEMS & AUTOMATION LLC	c EIN-PN 83-2468256-001
a	Plan name	HOLOCENE RETIREMENT PLAN	
b	Name of plan sponsor	HOLOCENE DRILLING	c EIN-PN 88-1200636-001
a	Plan name	HOLOWICKI ENTERPRISES PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLOWICKI ENTERPRISES DBA MCDONALD'S	c EIN-PN 31-1177272-001
a	Plan name	RUPP SEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor	RUPP SEEDS, INC.	c EIN-PN 34-1384132-001
a	Plan name	VISION ELECTRIC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VISION ELECTRIC, INC.	c EIN-PN 06-1420597-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name VISTA BEHAVIORAL HEALTH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VISTA BEHAVIORAL HEALTH, INC.	c EIN-PN 45-2979166-001
a	Plan name VITALS INTERNATIONAL INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor VITALS INTERNATIONAL INC.	c EIN-PN 45-4069698-001
a	Plan name SEACOAST SUPPLY 401(K) PLAN	
b	Name of plan sponsor SEACOAST SUPPLY	c EIN-PN 20-2086169-001
a	Plan name SEER TEAM RETIREMENT PLAN	
b	Name of plan sponsor THE NEW EQUATION LIMITED LIABILITY COMPANY DBA SEER INTERACTIVE	c EIN-PN 03-0512205-001
a	Plan name SEMSA 401(K) PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor SIERRA MEDICAL SERVICES ALLIANCE	c EIN-PN 68-0459931-003
a	Plan name WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name WESTON PROPERTIES 401K	
b	Name of plan sponsor WESTON PROPERTIES, LC	c EIN-PN 74-2722024-112
a	Plan name EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN	
b	Name of plan sponsor EASLEY HEAD & NECK SURGERY, P.A.	c EIN-PN 57-0752346-002
a	Plan name INTRINSYX TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor INTRINSYX TECHNOLOGIES	c EIN-PN 77-0539893-001
a	Plan name INVEST CAST INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INVEST CAST INCORPORATED	c EIN-PN 41-1404239-001
a	Plan name NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEXT DAY DELIVERY SERVICE, INC.	c EIN-PN 81-2485203-001
a	Plan name NEXT DOOR SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor NEXT DOOR FOUNDATION, INC.	c EIN-PN 39-1162969-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SHAWNEE COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHAWNEE COUNTRY CLUB	c EIN-PN 34-4353200-001
a	Plan name WINTERGREEN CONSTRUCTION SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor WINTERGREEN CONSTRUCTION SERVICES, INC.	c EIN-PN 59-3034069-001
a	Plan name BRICK CITY PRIMARY CARE PLLC 401(K) PLAN	
b	Name of plan sponsor BRICK CITY PRIMARY CARE	c EIN-PN 26-4778038-001
a	Plan name OHIO COUNCIL OF RETAIL MERCHANTS 401(K) PLAN	
b	Name of plan sponsor OHIO COUNCIL OF RETAIL MERCHANTS	c EIN-PN 31-4269320-002
a	Plan name OHIO READY MIX, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OHIO READY MIX, INC.	c EIN-PN 34-1086697-001
a	Plan name OKMULGEE PEDIATRICS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor OKMULGEE PEDIATRICS	c EIN-PN 73-1473375-001
a	Plan name C. CARAMANICO & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor C. CARAMANICO & SONS, INC.	c EIN-PN 23-2349249-001
a	Plan name C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222
a	Plan name EXECUTIVE BENEFIT PROGRAMS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor EXECUTIVE BENEFIT PROGRAMS, INC.	c EIN-PN 95-3617290-001
a	Plan name EYE RESEARCH & FOUNDATION INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EYE RESEARCH FOUNDATION INC.	c EIN-PN 81-5052515-001
a	Plan name JULIE A. GUM, DMD P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor JULIE A. GUM, DMD P.C.	c EIN-PN 81-4299360-001
a	Plan name OXFORD GARDEN 401(K) PLAN	
b	Name of plan sponsor OXFORD LTD DBA OXFORD GARDEN	c EIN-PN 31-1525511-777

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	PATTIS PRESCHOOL, INC. 401(K) PLAN	
b	Name of plan sponsor	PATTIS PRESCHOOL, INC.	c EIN-PN 30-0143660-001
a	Plan name	PAUL'S AUTO REPAIR, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAUL'S AUTO REPAIR, LLC	c EIN-PN 27-2538433-001
a	Plan name	CELINA COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	CELINA TENT, INC.	c EIN-PN 34-1894249-001
a	Plan name	LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LAGUNA SOURCE LLC	c EIN-PN 41-2223213-002
a	Plan name	LAMATTINA'S 401(K) PLAN	
b	Name of plan sponsor	LAMATTINA'S PLUMBING & HEATING CORP.	c EIN-PN 80-0007649-001
a	Plan name	PERSONNEL SPECIALISTS, LLC 401(K) PLAN	
b	Name of plan sponsor	PERSONNEL SPECIALISTS, LLC	c EIN-PN 39-1319507-001
a	Plan name	WHARTON FUNDING COMPANY 401(K) PLAN	
b	Name of plan sponsor	WHARTON FUNDING COMPANY	c EIN-PN 20-0408585-001
a	Plan name	AXAR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AXAR PHARMACEUTICALS, INC.	c EIN-PN 68-0665617-001
a	Plan name	WOMER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOMER AND ASSOCIATES, INC.	c EIN-PN 91-1570424-001
a	Plan name	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOOD AG MANAGEMENT, INC.	c EIN-PN 81-4829814-001
a	Plan name	WORKFORCE SOLUTIONS BORDERPLEX 401(K) PLAN	
b	Name of plan sponsor	WORKFORCE SOLUTIONS BORDERPLEX, INC.	c EIN-PN 74-2911834-001
a	Plan name	BITTNER'S, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BITTNER'S, LLC	c EIN-PN 61-1372128-001

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 BLACK DOG SALVAGE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BDS HOLDINGS, INC.	c EIN-PN 54-1968963-001
a	Plan name BROWNLEE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor BROWNLEE LUMBER COMPANY	c EIN-PN 25-1542521-001
a	Plan name CAFE EXPRESS 401(K) PLAN	
b	Name of plan sponsor CE ACQUISITION, LLC	c EIN-PN 81-1640096-001
a	Plan name CALCIUM PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CALCIUM PRODUCTS, INC.	c EIN-PN 42-1300275-001
a	Plan name CALCO FENCE, INC. 401(K) PLAN	
b	Name of plan sponsor CALCO FENCE, INC.	c EIN-PN 94-2926990-001
a	Plan name CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CROWN SEARCH SERVICES	c EIN-PN 31-1724430-001
a	Plan name DEFINITIVE SOLUTIONS COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor DEFINITIVE SOLUTIONS COMPANY, INC.	c EIN-PN 31-1490291-001
a	Plan name DEUMITE CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor DEUMITE CONSTRUCTION, LLC	c EIN-PN 01-0825625-001
a	Plan name DRYWALL SYSTEMS PLUS, INC. 401(K) PLAN	
b	Name of plan sponsor DRYWALL SYSTEMS PLUS, INC. AND MURRAY LAND AND LEASING, INC.	c EIN-PN 61-0571444-001
a	Plan name DUFF QUARRY, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor DUFF QUARRY, INC.	c EIN-PN 34-0929698-001
a	Plan name EAST WEST MARTIAL ARTS LLC RETIREMENT PLAN	
b	Name of plan sponsor EAST WEST MARTIAL ARTS	c EIN-PN 91-2063355-001
a	Plan name EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
b	Name of plan sponsor EASTERN WAREHOUSE DISTRIBUTORS, LLC	c EIN-PN 23-2566520-001

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 EMPLOYEES' 401(K) RETIREMENT TRUST FOR ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	
b	Name of plan sponsor ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	c EIN-PN 95-3084651-015
a	Plan name ENCORE GLASS 401(K) PLAN	
b	Name of plan sponsor ENCORE GLASS	c EIN-PN 45-4333619-001
a	Plan name FAIRCOUNT INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor FAIRCOUNT, LLC	c EIN-PN 59-3566721-001
a	Plan name FISCHER CUNNANE & ASSOCIATES LTD. TAX FAVORED SAVINGS PLAN	
b	Name of plan sponsor FISCHER CUNNANE & ASSOCIATES LTD.	c EIN-PN 23-3060583-001
a	Plan name GLOBALTEK COMPONENTS, LLC 401(K) PLAN	
b	Name of plan sponsor GLOBALTEK COMPONENTS, LLC	c EIN-PN 11-3777016-001
a	Plan name HATTERAS PRINTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HATTERAS PRINTING, INC.	c EIN-PN 38-2168116-001
a	Plan name HILLYER COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HILLYERS MID-CITY FORD, INC.	c EIN-PN 93-1118673-001
a	Plan name INTELLISTREETS, INC. EMPLOYEES' PROFIT SHARING TRUST	
b	Name of plan sponsor INTELLISTREETS, INC.	c EIN-PN 38-2424013-002
a	Plan name INTERFAITH HOUSING ASSISTANCE CORPORATION 401(K) PLAN	
b	Name of plan sponsor INTERFAITH HOUSING ASSISTANCE CORPORATION	c EIN-PN 95-3771946-002
a	Plan name INTERNAL MEDICINE ASSOCIATES OF FRANKFORT, P.S.C. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor INTERNAL MEDICINE ASSOCIATES OF FRANKFORT, P.S.C.	c EIN-PN 61-1098789-001
a	Plan name ITC INFOTECH USA, INC. 401(K) PLAN	
b	Name of plan sponsor ITC INFOTECH USA, INC.	c EIN-PN 22-3239723-001
a	Plan name JI IN KIM, D.D.S., PROFESSIONAL CORPORATION 401(K) PORIFT SHARING PLAN	
b	Name of plan sponsor JI IN KIM, D.D.S., PROFESSIONAL CORPORATION	c EIN-PN 45-2050276-001

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	JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	JIM CRAWFORD CONSTRUCTION COMPANY, INC.	c EIN-PN 77-0072198-001
a	Plan name	KAANAPALI OPERATIONS ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KAANAPALI OPERATIONS ASSOCIATION, INC.	c EIN-PN 99-0323901-001
a	Plan name	KOPPENHEFFER & SON TRUCKING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	KOPPENHEFFER & SON TRUCKING CO., INC.	c EIN-PN 23-2224832-001
a	Plan name	KUNCAI AMERICAS, LLC 401(K) PLAN	
b	Name of plan sponsor	KUNCAI AMERICAS LLC	c EIN-PN 47-5443652-001
a	Plan name	LARRY KINGS CLUBHOUSE SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LARRY KING'S CLUBHOUSE	c EIN-PN 56-2245187-001
a	Plan name	LASER TECH USA, INC 401(K) PLAN	
b	Name of plan sponsor	LASER TECH USA, INC	c EIN-PN 42-1459197-001
a	Plan name	LUSONIA, INC 401(K) PLAN	
b	Name of plan sponsor	LUSONIA, INC.	c EIN-PN 81-2059728-001
a	Plan name	MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MAUNALANI NURSING AND REHABILITATION CENTER	c EIN-PN 99-0249327-222
a	Plan name	MEL LANZER COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	MEL LANZER COMPANY	c EIN-PN 34-0965107-001
a	Plan name	MINNEAPOLIS AREA ASSOCIATION OF REALTORS 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MINNEAPOLIS AREA ASSOCIATION OF REALTORS	c EIN-PN 41-0415490-003
a	Plan name	MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MOHAWK CONSTRUCTION AND SUPPLY CO., INC.	c EIN-PN 25-1382848-001
a	Plan name	MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MOHS CONSTRUCTION COMPANY, INC.	c EIN-PN 46-1727385-001

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	MONARCH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	MONARCH HOLDINGS, LLC	c EIN-PN 26-1687351-001
a	Plan name	ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES RETIREMENT TRUST	
b	Name of plan sponsor	ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES	c EIN-PN 45-1500375-001
a	Plan name	PBD 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THREE PIRATES, LLC DBA POINT BLANK DISTRIBUTING	c EIN-PN 76-0736584-001
a	Plan name	PHCM 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PROVIDENCE HEALTHCARE MANAGEMENT, INC.	c EIN-PN 01-0919235-001
a	Plan name	PRESTIGE WOMEN'S HEALTH CARE 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE WOMEN'S HEALTH CARE	c EIN-PN 27-0665184-001
a	Plan name	PRIEST AMISTADI PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	PRIEST AMISTADI	c EIN-PN 94-2507389-001
a	Plan name	RETIREMENT READINESS PLAN FOR EMPLOYEES OF ALVORD-POLK, INC.	
b	Name of plan sponsor	ALVORD-POLK, INC.	c EIN-PN 23-2046694-001
a	Plan name	ROONEY'S WELDING & FABRICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ROONEY'S WELDING & FABRICATION, INC.	c EIN-PN 02-0514973-001
a	Plan name	ROPE CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ROPE CORP	c EIN-PN 59-3585714-001
a	Plan name	SEMSA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIERRA MEDICAL SERVICES ALLIANCE	c EIN-PN 68-0459931-001
a	Plan name	SERRA COMMUNITY MEDICAL CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor	SERRA COMMUNITY MEDICAL CLINIC, INC.	c EIN-PN 95-4786125-001
a	Plan name	SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SHEPHERD DATA SERVICES, INC.	c EIN-PN 46-0469044-001

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 SHOREWOOD ENGINEERING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SHOREWOOD ENGINEERING, INC.	c EIN-PN 41-1620361-002
a	Plan name SHORT LINE EXPRESS MARKET 401(K) PLAN	
b	Name of plan sponsor SHORT LINE EXPRESS MARKET	c EIN-PN 88-0296690-001
a	Plan name SOUTHEAST PET 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SEACO NATIONAL CORP DBA SOUTHEAST PET	c EIN-PN 58-1478160-001
a	Plan name STEELY & SMITH LLC EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor STEELY & SMITH LLC	c EIN-PN 20-3383671-001
a	Plan name T-G ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor T-G ENTERPRISES, INC.	c EIN-PN 61-0864715-001
a	Plan name THERAPEUTIC HEALTHCARE CONCEPTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THERAPEUTIC HEALTHCARE CONCEPTS LLC DBA JOURNEY REHAB	c EIN-PN 27-1555728-001
a	Plan name AERIES SOFTWARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AERIES SOFTWARE, INC.	c EIN-PN 33-0427993-001
a	Plan name AGGRESSIVE CONCEPTS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AGGRESSIVE CONCEPTS	c EIN-PN 30-0801925-001
a	Plan name APARTMENT HOUSE BUILDERS, INC. 401K PLAN	
b	Name of plan sponsor APARTMENT HOUSE BUILDERS, INC.	c EIN-PN 71-0649991-001
a	Plan name APEX ENDODONTICS 401(K) PLAN	
b	Name of plan sponsor SANG YUN RO, DDS, PC	c EIN-PN 05-0577077-001
a	Plan name APEX TRAILER 401(K) PLAN	
b	Name of plan sponsor APEX TRAILER SALES AND RENTALS, INC.	c EIN-PN 61-1020316-001
a	Plan name APG, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor APG OFFICE FURNISHINGS, INC.	c EIN-PN 31-0747489-002

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

a Plan name	VMA COMMUNICATIONS, INC. 401(K) PLAN	
b Name of plan sponsor	VMA COMMUNICATIONS, INC.	c EIN-PN 47-0901842-001

a Plan name	VOLAC, INC. 401(K) PLAN	
b Name of plan sponsor	VOLAC, INC.	c EIN-PN 51-0375769-001

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

a Plan name		
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a Plan name		
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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.	OMB No. 1210-0110 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 VICTORY SYCAMORE ESTABLISHED VALUE RET OPT	B Three-digit plan number (PN) ▶ 613
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(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)	39779830
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	40490698
(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	39779830	40490698
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	39779830	40490698

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)	330110	
(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)	-490219	
(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)		3867820
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3707711

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)	12587	
(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)		12587
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12587

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3695124
l Transfers of assets:			
(1) To this plan.....	2l(1)		6125813
(2) From this plan	2l(2)		9110069

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 _____.