

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: STATE STREET EMERGING MARKETS INDEX RET ACCT; 1b Three-digit plan number (PN): 169; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 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 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.

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>STATE STREET EMERGING MARKETS INDEX RET ACCT</u>		B Three-digit plan number (PN) ▶	<u>169</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>36-6071399</u>	

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

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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d Entity code

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

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d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ARCHER SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor ARCHER SYSTEMS, LLC	c EIN-PN 82-2145883-001
a	Plan name BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	c EIN-PN 91-0906923-001
a	Plan name BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
b	Name of plan sponsor BUTLER, FITZGERALD & FIVESON, P.C.	c EIN-PN 20-2841166-001
a	Plan name CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CROWN CRAFTS, INC.	c EIN-PN 58-0678148-002
a	Plan name EVERLAST SYNTHETIC PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor EVERLAST SYNTHETIC PRODUCTS, LLC	c EIN-PN 20-3088560-001
a	Plan name GLOBAL REPAIR GROUP, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GLOBAL REPAIR GROUP, LLC	c EIN-PN 26-3998922-001
a	Plan name GODLEY, GLAZER, & FUNK PLLC 401(K) PLAN	
b	Name of plan sponsor GODLEY, GLAZER, & FUNK PLLC	c EIN-PN 84-4742362-001
a	Plan name INTEGRITY CONSTRUCTION MANAGEMENT, LLC 401K PLAN	
b	Name of plan sponsor INTEGRITY CONSTRUCTION MANAGEMENT, LLC	c EIN-PN 45-5124212-001
a	Plan name INTELLIPRO SERVICE MEP	
b	Name of plan sponsor INTELLIPRO SERVICE INC.	c EIN-PN 83-3224197-001
a	Plan name LIGHTING & ELECTRICAL SALES CO., INC. 401(K) PLAN	
b	Name of plan sponsor LIGHTING & ELECTRICAL SALES CO., INC.	c EIN-PN 74-1786305-001
a	Plan name LIGHTVIEW CAPITAL LLC 401(K) PLAN	
b	Name of plan sponsor LIGHTVIEW CAPITAL LLC	c EIN-PN 46-0995263-001
a	Plan name LONG ISLAND COMPREHENSIVE, PLLC CASH BALANCE PENSION PLAN	
b	Name of plan sponsor LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	c EIN-PN 37-1654147-002

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	NATIONS GAS TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONS GAS TECHNOLOGIES, INC.	c EIN-PN 85-0452769-001
a	Plan name	NCA RETIREMENT PLAN	
b	Name of plan sponsor	NEVADA CARDIOLOGY ASSOCIATES	c EIN-PN 88-0293130-001
a	Plan name	PETROLEUM EQUIPMENT INSTITUTE 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	PETROLEUM EQUIPMENT INSTITUTE	c EIN-PN 73-0593344-002
a	Plan name	ROCKET COMPOSITES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCKET COMPOSITES, INC.	c EIN-PN 27-0395707-001
a	Plan name	ROCKY MOUNTAIN BUSINESS SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCKY MOUNTAIN BUSINESS SYSTEMS, INC.	c EIN-PN 85-0330110-002
a	Plan name	ROMAK IRON WORKS PROFIT SHARING PLAN	
b	Name of plan sponsor	ROMAK IRON WORKS	c EIN-PN 94-1333435-001
a	Plan name	ROTTET STUDIO, LLC 401(K) PLAN	
b	Name of plan sponsor	ROTTET STUDIO LLC	c EIN-PN 26-1648926-001
a	Plan name	TAG GOALPATH SOLUTIONS 401(K) RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874768-001
a	Plan name	TBC CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	TBC CONSTRUCTION INC	c EIN-PN 45-2195554-001
a	Plan name	TBC CPAS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAL, BECKER & CHIARAMONTE, CPAS P.C.	c EIN-PN 14-1624930-001
a	Plan name	TWIST BRANDS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TWIST BRANDS, LLC	c EIN-PN 85-3689218-001
a	Plan name	417 ROYAL RESTAURANT, LLC 401 (K) PLAN	
b	Name of plan sponsor	417 ROYAL RESTAURANT, LLC	c EIN-PN 46-3172979-001

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	A LA CARTE FOODS 401(K) PLAN	
b	Name of plan sponsor	A LA CARTE	c EIN-PN 81-2972833-001
a	Plan name	A SNAILS PACE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	A SNAILS PACE, INC.	c EIN-PN 33-0667328-001
a	Plan name	A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A&B ENVIRONMENTAL SERVICES, INC.	c EIN-PN 76-0261001-001
a	Plan name	ASSOCIATED BUILDERS AND CONTRACTORS, INC. UTAH CHAPTER MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS AND CONTRACTORS, INC. - UTAH CHAPTER	c EIN-PN 87-0343604-333
a	Plan name	C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	C & S DRAPERIES, INC.	c EIN-PN 77-0072946-001
a	Plan name	CADILLAC OF MAHWAH LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CADILLAC OF MAHWAH LLC	c EIN-PN 01-0950579-001
a	Plan name	CVR ASSOCIATES, INC. 401(K)	
b	Name of plan sponsor	CVR ASSOCIATES, INC.	c EIN-PN 04-3273457-777
a	Plan name	EXOTIC FASTENERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EXOTIC FASTENERS, INC.	c EIN-PN 46-1551899-001
a	Plan name	GPA 401(K) PLAN	
b	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001
a	Plan name	GRAHAM-SEGO CORPORATION 401K PLAN	
b	Name of plan sponsor	GRAHAM-SEGO CORPORATION	c EIN-PN 59-1744449-001
a	Plan name	GRAPHIC COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor	PRINTING INDUSTRIES ASSOCIATION, INC. OF SOUTHERN CALIFORNIA	c EIN-PN 95-1501502-001
a	Plan name	GREAT MOUNTAIN PARTNERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GREAT MOUNTAIN PARTNERS LLC	c EIN-PN 84-3463093-001

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 ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor ISLAND PALM COMMUNITIES, LLC	c EIN-PN 20-1108750-001
a	Plan name MAKAI HR RETIREMENT PLAN	
b	Name of plan sponsor KCPHI SERVICES, LLC DBA MAKAI HR	c EIN-PN 82-3809240-333
a	Plan name NEVADA ORTHOPEDIC & SPINE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEVADA ORTHOPEDIC & SPINE CENTER, LLC	c EIN-PN 88-0313907-001
a	Plan name NEW CLASSIC FURNITURE 401(K) PLAN	
b	Name of plan sponsor NEW CLASSIC FURNITURE	c EIN-PN 33-0976223-001
a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name SACCO & FILLAS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SACCO & FILLAS, LLP	c EIN-PN 16-1706802-001
a	Plan name SAMUEL P. MARTIN INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SAMUEL P. MARTIN INSURANCE AGENCY, INC.	c EIN-PN 22-2117154-001
a	Plan name TEKSECUTE TECHNOLOGY GROUP 401K PLAN	
b	Name of plan sponsor TEKSECUTE TECHNOLOGY GROUP, LLC	c EIN-PN 01-0548119-001
a	Plan name FLEET DRIVER SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor FLEET DRIVER SERVICE, INC.	c EIN-PN 45-3685803-333
a	Plan name SLR SERVICE 401K PLAN	
b	Name of plan sponsor SIGMA HEALTH REHAB LLC	c EIN-PN 30-0565417-001
a	Plan name SMX 401(K) PLAN	
b	Name of plan sponsor SMARTRONIX, LLC	c EIN-PN 52-1922012-001
a	Plan name GROWING GENERATIONS 401(K) PLAN	
b	Name of plan sponsor GROWING GENERATIONS	c EIN-PN 95-4619204-001

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 TERESI TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TERESI TRUCKING, LLC	c EIN-PN 94-1712166-001
a	Plan name TEXO MEMBERS 401(K) PLAN	
b	Name of plan sponsor TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002
a	Plan name THE CALUDA LAW FIRM PROFIT SHARING PLAN	
b	Name of plan sponsor ROBERT J CALUDA APLC	c EIN-PN 72-1004127-002
a	Plan name THE CONGRESS LAKE COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CONGRESS LAKE COMPANY	c EIN-PN 34-0160950-001
a	Plan name HAWTHORNE CHEVROLET 401(K) PLAN	
b	Name of plan sponsor HAWTHORNE CHEVROLET	c EIN-PN 22-0981720-001
a	Plan name THE PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE PEOPLES BANK COMPANY	c EIN-PN 34-4327300-002
a	Plan name A.M.E. INC. 401(K)	
b	Name of plan sponsor A.M.E. INC.	c EIN-PN 22-3603962-001
a	Plan name ABO 401(K)	
b	Name of plan sponsor AMERICA'S BACK OFFICE	c EIN-PN 47-4975107-001
a	Plan name JA USA 401(K) PLAN	
b	Name of plan sponsor JUNIOR ACHIEVEMENT USA	c EIN-PN 84-1267604-334
a	Plan name JAFCO AMERICA VENTURES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JAFCO AMERICA VENTURES, INC. DBA ICON VENTURES	c EIN-PN 94-2948334-001
a	Plan name VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN	
b	Name of plan sponsor VALENTI-HELD CONTRACTOR/DEVELOPER, INC.	c EIN-PN 35-1457294-001
a	Plan name VALIANT CONTRACTING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VALIANT CONTRACTING LLC	c EIN-PN 46-0950651-001

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 ALADDIN CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALADDIN CONSTRUCTION COMPANY, INC.	c EIN-PN 64-0691303-001
a	Plan name ALCON ENTERTAINMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALCON ENTERTAINMENT	c EIN-PN 62-1674411-001
a	Plan name JYGA TECH USA 401(K) PLAN	
b	Name of plan sponsor JYGA TECH USA, INC	c EIN-PN 61-1898802-001
a	Plan name KAHUA 401(K) PLAN	
b	Name of plan sponsor KAHUA INC.	c EIN-PN 27-0523308-001
a	Plan name W.L. MARKERS, INC. 401(K) PLAN	
b	Name of plan sponsor W.L. MARKERS, INC.	c EIN-PN 31-1657131-001
a	Plan name ATHERTON & ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor ATHERTON & ASSOCIATES LLP	c EIN-PN 94-1239084-001
a	Plan name MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor MARQUEZ BROTHERS INTERNATIONAL, INC	c EIN-PN 94-2789431-889
a	Plan name BALL ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor BALL ENTERPRISES, INC.	c EIN-PN 82-0456920-001
a	Plan name BEACON HOSPITAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor BEACON HOSPITAL MANAGEMENT, INC.	c EIN-PN 27-3174264-002
a	Plan name NEWBURY CONTRACTORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEWBURY CONTRACTORS, LLC	c EIN-PN 81-3308303-001
a	Plan name OM SHIV SAI GURU INC. PENSION PLAN	
b	Name of plan sponsor OM SHIV SAI GURU INC.	c EIN-PN 26-2926035-777
a	Plan name ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C. 401(K) PLAN	
b	Name of plan sponsor ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C.	c EIN-PN 38-3553403-001

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	PLUTUS CAPITAL NY INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PLUTUS CAPITAL NY INC.	c EIN-PN 82-2739089-001
a	Plan name	PSM INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	PSM INDUSTRIES, INC.	c EIN-PN 93-1156046-002
a	Plan name	DOGWOOD SITE CONTRACTORS LLC 401(K) PLAN	
b	Name of plan sponsor	DOGWOOD SITE CONTRACTORS LLC	c EIN-PN 87-1345377-001
a	Plan name	SCHRAM AUTO & TRUCK PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHRAM AUTO & TRUCK PARTS, INC.	c EIN-PN 38-3453628-001
a	Plan name	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name	FARIA 401(K) COMMITTEE	
b	Name of plan sponsor	FARIA BEEDE INSTRUMENTS, INC.	c EIN-PN 06-0774164-001
a	Plan name	AVW EQUIPMENT COMPANY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AVW EQUIPMENT COMPANY INC.	c EIN-PN 36-2780525-001
a	Plan name	MARSHALL RADIO TELEMTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARSHALL RADIO TELEMTRY INC.	c EIN-PN 84-1377195-001
a	Plan name	MASTERY LOGISTICS SYSTEMS, INC. 401K PLAN	
b	Name of plan sponsor	MASTERY LOGISTICS SYSTEMS, INC.	c EIN-PN 83-1185597-001
a	Plan name	MATCHSTICK VENTURES LLC 401(K) PLAN	
b	Name of plan sponsor	MATCHSTICK VENTURES LLC	c EIN-PN 47-2994395-001
a	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002
a	Plan name	BEST BRANDS 401(K) PLAN	
b	Name of plan sponsor	BEST BRANDS INC.	c EIN-PN 62-1177514-001

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 NORTHWEST 401(K) BENEFITS GROUP	
b	Name of plan sponsor SOUND FORD, INC	c EIN-PN 91-0906207-001
a	Plan name NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHWEST EYE SPECIALISTS, PLLC	c EIN-PN 86-0720868-005
a	Plan name CARSON & ACASIO DENTAL OFFICE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CARSON & ACASIO DENTAL PARTNERSHIP	c EIN-PN 87-3791350-001
a	Plan name OPTIMUM THERAPEUTICS PT & OT PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OPTIMUM THERAPEUTICS PT & OT PLLC	c EIN-PN 45-2839564-001
a	Plan name OVERHEAD DOOR COMPANY OF COVINGTON, INC. 401(K) PLAN	
b	Name of plan sponsor OVERHEAD DOOR COMPANY OF COVINGTON, INC.	c EIN-PN 61-0718497-001
a	Plan name CIVIC CENTER PHARMACY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CIVIC CENTER PHARMACY	c EIN-PN 86-0824256-001
a	Plan name CLAIMS RESOURCE SERVICES, INC 401(K) PLAN & TRUST	
b	Name of plan sponsor CLAIMS RESOURCE SERVICES, INC.	c EIN-PN 94-3241983-001
a	Plan name CLARK BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLARK BROTHERS, INC.	c EIN-PN 94-1572305-002
a	Plan name POWERS GENERATOR 401(K) PLAN	
b	Name of plan sponsor POWERS GENERATOR	c EIN-PN 02-0523661-001
a	Plan name PRECISION 2000 401(K) PLAN	
b	Name of plan sponsor PRECISION 2000, INC.	c EIN-PN 58-2427359-001
a	Plan name PRESIDIO EMPLOYEE CO LLC 401(K) PLAN	
b	Name of plan sponsor PRESIDIO EMPLOYEE CO LLC	c EIN-PN 82-5116779-001
a	Plan name PRINT AND GRAPHICS RETIREMENT PLAN	
b	Name of plan sponsor PRINTING INDUSTRIES ALLIANCE	c EIN-PN 16-1037029-001

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	DELTA CONSTRUCTORS, LLC 401(K) PLAN	
b	Name of plan sponsor	DELTA CONSTRUCTORS, LLC	c EIN-PN 37-1552952-001
a	Plan name	DYNAMIC RESEARCH, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DYNAMIC RESEARCH	c EIN-PN 95-3385947-001
a	Plan name	RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RABIN & BERDO, P.C.	c EIN-PN 52-1763604-001
a	Plan name	RAIDER OUTBOARDS 401(K) PLAN	
b	Name of plan sponsor	RAIDER OUTBOARDS INC.	c EIN-PN 47-3627794-001
a	Plan name	FELTON DENTAL CARE 401(K) PLAN & TRUST	
b	Name of plan sponsor	BRETT R. FELTON, DMD, PC	c EIN-PN 27-0215608-001
a	Plan name	FORRESTALL PLAN	
b	Name of plan sponsor	JEFF FORRESTALL CPA PC	c EIN-PN 58-2514091-333
a	Plan name	FOSTER MARINE CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	FOSTER MARINE CONTRACTORS, INC.	c EIN-PN 59-1054370-001
a	Plan name	FOX MANAGEMENT REHABILITATION SERVICES LLC, 401(K) PLAN	
b	Name of plan sponsor	FOX MANAGEMENT REHABILITATION SERVICES, LLC	c EIN-PN 22-3729445-001
a	Plan name	FPMA 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	FLORIDA PODIATRIC MEDICAL ASSOCIATION	c EIN-PN 59-3134492-333
a	Plan name	SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SOUTHEAST PERSONNEL LEASING, INC.	c EIN-PN 59-3298197-333
a	Plan name	SPOONER RISK CONTROL SERVICES, INC. MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SURETY HR, INC.	c EIN-PN 82-1825780-003
a	Plan name	HANKOOK & COMPANY ES AMERICA RETIREMENT PLAN	
b	Name of plan sponsor	HANKOOK & COMPANY ES AMERICA CORP	c EIN-PN 36-4858427-001

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	THE ENDODONTIC GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE ENDODONTIC GROUP, LLC	c EIN-PN 35-2318768-001
a	Plan name	HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	HICKAM COMMUNITIES, LLC	c EIN-PN 45-0530100-001
a	Plan name	HINKLEY OPTOMETRIC CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HINKLEY OPTOMETRIC CORPORATION	c EIN-PN 94-2419643-001
a	Plan name	THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMPSON & HARVEY BAY AREA, LLC	c EIN-PN 27-1531650-001
a	Plan name	ADC LTD NM 401(K) PLAN	
b	Name of plan sponsor	ADC LTD NM	c EIN-PN 85-0464911-001
a	Plan name	ADC LTD NM UNION 401(K) PLAN	
b	Name of plan sponsor	ADC LTD NM	c EIN-PN 85-0464911-003
a	Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-777
a	Plan name	JERMAN FAMILY DENTISTRY, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JERMAN FAMILY DENTISTRY, LTD	c EIN-PN 31-1731223-001
a	Plan name	VALLE MAKOFF LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLE MAKOFF LLP	c EIN-PN 27-1587480-001
a	Plan name	ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ALLEGRO CONSULTANTS, INC.	c EIN-PN 94-2932628-002
a	Plan name	KESTREL TELLEVATE LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KESTREL TELLEVATE LLC	c EIN-PN 45-2180090-001
a	Plan name	WALSH MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	LEBEL INC. DBA WALSH MECHANICAL	c EIN-PN 04-2997565-001

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	ADW KLEINHENZ, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADW KLEINHENZ, LLC	c EIN-PN 82-1876316-222
a	Plan name	AIMSUN, INC. 401(K) PLAN	
b	Name of plan sponsor	AIMSUN INC.	c EIN-PN 46-0525028-001
a	Plan name	ALTHON MICRO, INC. 401(K) PLAN	
b	Name of plan sponsor	ALTHON MICRO INC.	c EIN-PN 95-4285664-001
a	Plan name	ALVIN ARELLANO O. D. INC. 401(K) PLAN	
b	Name of plan sponsor	ALVIN ARELLANO O. D. INC.	c EIN-PN 26-0037948-001
a	Plan name	AMARILLO PEDIATRIC DENTISTRY AND ORTHODONTICS, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMARILLO PEDIATRIC DENTISTRY AND ORTHODONTICS, PA	c EIN-PN 75-2779027-001
a	Plan name	AMERICA'S HR DEPT. 401(K) PLAN	
b	Name of plan sponsor	AMERICAS HR DEPT. EMPLOYEES ONLY III, INC.	c EIN-PN 82-4338934-001
a	Plan name	AMERICAN CONCRETE EMPLOYEE'S RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN CONCRETE, INC.	c EIN-PN 58-2060679-001
a	Plan name	B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
b	Name of plan sponsor	B&S ELECTRIC SUPPLY CO., INC.	c EIN-PN 58-1278855-001
a	Plan name	BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	BADGER TRUCK & AUTOMOTIVE GROUP	c EIN-PN 39-1044839-002
a	Plan name	BIOTAP MEDICAL 401K RETIREMENT PLAN	
b	Name of plan sponsor	VERRALAB JA, LLC	c EIN-PN 45-4430352-001
a	Plan name	CCINTEGRATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CCINTEGRATION, INC.	c EIN-PN 77-0197130-001
a	Plan name	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	c EIN-PN 68-0025437-001

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 COASTLINE FACILITIES & MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRS DBA COASTLINE FACILITIES & MAINTENANCE	c EIN-PN 82-4678956-001
a	Plan name DISCOVERY KIDS LEARNING CENTER 401(K) PLAN	
b	Name of plan sponsor DISCOVERY KIDS LEARNING CENTER, INC.	c EIN-PN 16-1551791-001
a	Plan name ECG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ECG, INC.	c EIN-PN 22-2944262-001
a	Plan name ECOLOGY SERVICES, INC. (NON-UNION) 401(K) PLAN	
b	Name of plan sponsor ECOLOGY SERVICES, INC.	c EIN-PN 52-1633982-002
a	Plan name ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
b	Name of plan sponsor ECOLOGY SERVICES, INC.	c EIN-PN 52-1633980-001
a	Plan name FETTE FORD 401(K) PLAN	
b	Name of plan sponsor FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name FRANKLIN TEMPLETON TOTAL 401(K) GROUP PLAN SOLUTION	
b	Name of plan sponsor DWC ERISA CONSULTANTS (DBA DWC - THE 401(K) EXPERTS)	c EIN-PN 24-2091417-006
a	Plan name FREEMAN'S CONSTRUCTION & CUSTOM TRACKHOE SERVICE, LLC 401(K) PLAN	
b	Name of plan sponsor FREEMAN'S CONSTRUCTION & CUSTOM TRACKHOE SERVICE, LLC	c EIN-PN 20-5068251-001
a	Plan name FRIST 401(K) PLAN	
b	Name of plan sponsor WILLIAM H. FRIST, MD	c EIN-PN 62-1497827-001
a	Plan name HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor HATTERAS PRESS, INC.	c EIN-PN 22-2491250-001
a	Plan name HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor HISTORICAL RESEARCH ASSOCIATES, INC.	c EIN-PN 81-0373761-001
a	Plan name HOFMEYER PLUMBING COMPANY 401(K) PLAN	
b	Name of plan sponsor HOFMEYER PLUMBING COMPANY	c EIN-PN 31-0724144-001

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	HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC)	c EIN-PN 72-0846620-001
a	Plan name	JOHNSTON FARMS FLP 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON FARMS, FLP	c EIN-PN 95-2377683-001
a	Plan name	KIVU CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KIVU CONSULTING, INC.	c EIN-PN 27-1257543-001
a	Plan name	MATTRESS DIRECT 401(K) PLAN	
b	Name of plan sponsor	MATTRESS DIRECT, LLC	c EIN-PN 72-1502440-001
a	Plan name	MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MAUER CHEVROLET	c EIN-PN 26-4600875-777
a	Plan name	MILLARD WIRE COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MILLARD WIRE CO.	c EIN-PN 05-0460409-001
a	Plan name	NYFTA INC. 401(K) PLAN	
b	Name of plan sponsor	NYFTA INC.	c EIN-PN 81-4187517-001
a	Plan name	PAIN MEDICINE, INC. 401(K) PLAN	
b	Name of plan sponsor	PAIN MEDICINE, INC.	c EIN-PN 26-2725955-001
a	Plan name	PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN	
b	Name of plan sponsor	PALM BEACH HEALTH CONSULTING	c EIN-PN 92-1435276-001
a	Plan name	PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL EYE ASSOCIATES, INC.	c EIN-PN 58-1148820-001
a	Plan name	PROFILE RACING INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	PROFILE RACING, INC.	c EIN-PN 22-1921633-001
a	Plan name	PROPACK LOGISTICS US, LLC 401(K) PLAN	
b	Name of plan sponsor	PROPACK LOGISTICS US, LLC	c EIN-PN 82-1965778-001

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	RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RALPH BRENNAN RESTAURANT GROUP, L.L.C.	c EIN-PN 72-1350467-001
a	Plan name	RED SKY STUDIOS, LLC 401(K) PLAN	
b	Name of plan sponsor	RED SKY STUDIOS, LLC	c EIN-PN 46-4530150-001
a	Plan name	REGIONAL PARAMEDICAL SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	REGIONAL PARAMEDICAL SERVICES	c EIN-PN 63-0957564-001
a	Plan name	REGIS FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	REGIS FINANCIAL PARTNERS, LLC	c EIN-PN 20-8083708-001
a	Plan name	SITE SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	SITE SUPPLY, INC.	c EIN-PN 31-1350146-001
a	Plan name	SJB GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	SJB GROUP, INC.	c EIN-PN 20-1963915-001
a	Plan name	STAG INDUSTRIAL MANAGEMENT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STAG INDUSTRIAL MANAGEMENT LLC	c EIN-PN 27-3647617-001
a	Plan name	STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	STANGENES INDUSTRIES, INC.	c EIN-PN 94-2247016-001
a	Plan name	THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOE N. GUY COMPANY, INCORPORATED	c EIN-PN 58-1048254-001
a	Plan name	TITUS PRECISION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TITUS PRECISION COMPANY	c EIN-PN 87-3842552-222
a	Plan name	VINTNERS DISTRIBUTORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	VINTNERS DISTRIBUTORS, INC.	c EIN-PN 94-3023379-005
a	Plan name	WILD, CARTER AND TIPTON A PROFESSIONAL CORP 401(K) PLAN	
b	Name of plan sponsor	WILD, CARTER AND TIPTON A PROFESSIONAL CORP	c EIN-PN 94-2589967-002

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 AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name AMERICARE, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICARE, INC.	c EIN-PN 11-2608743-002
a	Plan name BLUSH MED SPA 401(K) PLAN	
b	Name of plan sponsor BLUSH CT, LLC	c EIN-PN 83-2891621-001
a	Plan name BOGHOSIAN RAISIN PACKING COMPANY, INC. 401(K)	
b	Name of plan sponsor BOGHOSIAN RAISIN PACKING COMPANY, INC.	c EIN-PN 94-2175344-002
a	Plan name COLUMBIA PAINT CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor COLUMBIA PAINT CORPORATION	c EIN-PN 55-0380524-001
a	Plan name COMMUNICATION ELECTRONIC SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNICATIONS ELECTRONIC SYSTEMS, INC.	c EIN-PN 99-2126159-001
a	Plan name ELEMENTAL MANAGEMENT GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor ELEMENTAL MANAGEMENT GROUP, LLC	c EIN-PN 82-3203908-001
a	Plan name GAHCC 401(K) PLAN	
b	Name of plan sponsor GREATER AUSTIN HISPANIC CHAMBER OF COMMERCE	c EIN-PN 74-0492475-001
a	Plan name HR PARTNERS 401(K) PLAN	
b	Name of plan sponsor HR PARTNERS, INC.	c EIN-PN 58-2394083-333
a	Plan name HUDDLE HOUSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUDDLE HOUSE, INC.	c EIN-PN 58-0916623-003
a	Plan name KTIMEHR PROFIT SHARING AND RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor KIMSTAFFHR, INC. DBA KTIMEHR	c EIN-PN 33-0748641-001
a	Plan name KTX - AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor KTX - AMERICA, INC.	c EIN-PN 30-0031143-001

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 MOCERI MANAGEMENT CO. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MOCERI MANAGEMENT CO	c EIN-PN 38-6175411-001
a	Plan name PAOLI LAW FIRM, P.C. 401(K) PLAN	
b	Name of plan sponsor PAOLI LAW FIRM, P.C.	c EIN-PN 84-1384608-001
a	Plan name PARAMOUNT MACHINE CO 401(K) PLAN	
b	Name of plan sponsor PARAMOUNT MACHINE COMPANY	c EIN-PN 06-0994304-002
a	Plan name PARRAID 401(K) PLAN	
b	Name of plan sponsor PARRAID, LLC	c EIN-PN 84-3537759-001
a	Plan name PASADENA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor CHAMBER OF COMMERCE AND CIVIC ASSOCIATION OF PASADENA	c EIN-PN 95-0616125-002
a	Plan name STRATA SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STRATA SYSTEMS, LLC	c EIN-PN 92-1336363-001
a	Plan name AMICABLE HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor AMICABLE HEALTHCARE, INC.	c EIN-PN 91-1814335-001
a	Plan name ANDERSON MULHOLLAND & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDERSON MULHOLLAND & ASSOCIATES, INC.	c EIN-PN 13-3508264-001
a	Plan name BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor BOONE KARLBERG P.C.	c EIN-PN 81-0522567-001
a	Plan name BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BOSS COMMUNICATION TECHNOLOGIES, INC.	c EIN-PN 99-0259632-001
a	Plan name CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED EMPLOYER SERVICES, INC.	c EIN-PN 47-2468992-001
a	Plan name GASKINS LECRAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOVEREIGNS ENGINEERING & SURVEYING HOLDINGS INC DBA GASKINS LECRAW	c EIN-PN 58-1500550-002

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	INNOVANT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	INNOVANT, INC.	c EIN-PN 45-0499207-001
a	Plan name	RICCO DENTAL, PLLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	RICCO DENTAL, PLLC	c EIN-PN 45-3587049-001
a	Plan name	RICE ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor	RICE ENTERPRISES, LLC	c EIN-PN 27-1171330-002
a	Plan name	SUPREME COLOR GRAPHICS 401(K) PLAN	
b	Name of plan sponsor	SUPREME COLOR GRAPHICS, LLC	c EIN-PN 46-4088562-001
a	Plan name	TOWER INSURANCE ASSOCIATES, INC 401(K) PSP	
b	Name of plan sponsor	TOWER INSURANCE ASSOCIATES, INC	c EIN-PN 95-2129075-001
a	Plan name	TRAVEL YESTERDAY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAVEL YESTERDAY INC DBA FISCHER TRAVEL ENTERPRISES	c EIN-PN 13-2768026-001
a	Plan name	WORKCENTRIC RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	WORKCENTRIC, LLC	c EIN-PN 84-3894931-333
a	Plan name	MRC CREATIONS, LLC 401(K)	
b	Name of plan sponsor	MRC CREATIONS, LLC	c EIN-PN 46-4236344-002
a	Plan name	PENA AND BROMBERG, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PENA AND BROMBERG PC	c EIN-PN 38-3852466-001
a	Plan name	RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001
a	Plan name	RIVERSIDE MFG., LLC 401(K) PLAN	
b	Name of plan sponsor	RIVERSIDE MFG., LLC	c EIN-PN 26-0332652-001
a	Plan name	SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	C SYSTEMS, LLC	c EIN-PN 20-1820942-001

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	T & D MACHINE HANDLING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T & D MACHINE HANDLING, INC.	c EIN-PN 58-1630426-001
a	Plan name	TAB SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAB SERVICES	c EIN-PN 58-2655930-001
a	Plan name	TAG GOALPATH SOLUTIONS 1 401(K) RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 62-1874767-001
a	Plan name	ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANIMAL & BIRD HOSPITAL, INC.	c EIN-PN 33-0078013-001
a	Plan name	BREVARD FAMILY WALK-IN CLINIC, LLC 401K PLAN	
b	Name of plan sponsor	BREVARD FAMILY WALK-IN CLINIC, LLC	c EIN-PN 20-4661281-001
a	Plan name	BROADWAY SMILES 401(K) PLAN	
b	Name of plan sponsor	BROADWAY SMILES	c EIN-PN 84-1525882-777
a	Plan name	BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRYAN CHEVROLET LLC	c EIN-PN 72-0477660-001
a	Plan name	EMPLOYER FLEXIBLE 401(K) PLAN	
b	Name of plan sponsor	EMPLOYER FLEXIBLE HR, LLC	c EIN-PN 27-4406361-333
a	Plan name	GENERAL WHOLESALE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GENERAL WHOLESALE COMPANY, INC.	c EIN-PN 58-0525744-001
a	Plan name	INSPIRING HEALTHCARE RESOURCES 401(K) PLAN	
b	Name of plan sponsor	INSPIRING HEALTHCARE RESOURCES, LLC	c EIN-PN 45-0663989-001
a	Plan name	INSURANCE PROFESSIONALS OF TENNESSEE, LLC 401(K) PLAN	
b	Name of plan sponsor	INSURANCE PROFESSIONALS OF TENNESSEE, LLC	c EIN-PN 20-1340121-001
a	Plan name	LETTS PLUMBING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LETTS PLUMBING	c EIN-PN 80-8780287-001

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 LIBERTY RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-777
a	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AOW CONSTRUCTION LLC	c EIN-PN 83-2875089-001
a	Plan name APEX BULK CARRIERS, LLC RETIREMENT PLAN	
b	Name of plan sponsor APEX BULK CARRIERS, LLC	c EIN-PN 11-3430280-001
a	Plan name APPLIANCE CENTER OF TOLEDO, INC. RETIREMENT PLAN	
b	Name of plan sponsor APPLIANCE CENTER OF TOLEDO, INC.	c EIN-PN 34-0924335-777
a	Plan name CHAPTER 13 BANKRUPTCY TRUSTEE 401(K) PLAN	
b	Name of plan sponsor CHAPTER 13 BANKRUPTCY TRUSTEE	c EIN-PN 63-1029318-001
a	Plan name EDISON MEDIA RESEARCH, INC. 401(K) PSP	
b	Name of plan sponsor EDISON MEDIA RESEARCH, INC.	c EIN-PN 22-3305873-001
a	Plan name MOOREFIELD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOOREFIELD CONSTRUCTION, INC.	c EIN-PN 95-3419477-002
a	Plan name MORTENSEN FUNERAL HOME, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor MORTENSEN FUNERAL HOME, INC.	c EIN-PN 38-2420931-002
a	Plan name PEREGRINE 401(K) PLAN	
b	Name of plan sponsor PEREGRINE GLOBAL SERVICES CORPORATION	c EIN-PN 84-4298312-001
a	Plan name SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SHANGRI-LA INTERNATIONAL HOTELS, INC.	c EIN-PN 95-3876666-001
a	Plan name THUNDERBIRD SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THUNDERBIRD SUPPLY COMPANY	c EIN-PN 85-0227746-002
a	Plan name TIME STRIPING, INC. 401K	
b	Name of plan sponsor TIME STRIPING, INC.	c EIN-PN 71-0669392-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name YORK INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor YORK INDUSTRIES, INC.	c EIN-PN 11-2195076-001
a	Plan name LEEMAN ARCHITECTURAL 401(K) PLAN	
b	Name of plan sponsor LEEMAN CONSTRUCTION COMPANY, INC.	c EIN-PN 58-1793770-001
a	Plan name ABILITIES FIRST, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ABILITIES FIRST, INC.	c EIN-PN 14-1467427-002
a	Plan name ABILITIES FIRST, INC. UNION 401(K) P/S PLAN	
b	Name of plan sponsor ABILITIES FIRST, INC.	c EIN-PN 14-1467427-004
a	Plan name MY HR PROS 401(K) PLAN	
b	Name of plan sponsor MY HR PROS	c EIN-PN 71-0772119-333
a	Plan name BRIGHTON ESCROW, INC. 401(K) PLAN	
b	Name of plan sponsor BRIGHTON ESCROW, INC.	c EIN-PN 95-2886413-001
a	Plan name BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
b	Name of plan sponsor BRONX CENTER FOR REHABILITATION AND HEALTHCARE	c EIN-PN 13-4021585-001
a	Plan name BUILDERS 401(K) PLAN	
b	Name of plan sponsor MHP BUILDERS, INC.	c EIN-PN 26-4034743-001
a	Plan name CIPEX 401(K) PLAN	
b	Name of plan sponsor CIPEX INTERNATIONAL, LTD.	c EIN-PN 95-3751982-001
a	Plan name CLEAR CREEK ENDODONTICS, LLC 401(K) PLAN	
b	Name of plan sponsor CLEAR CREEK ENDODONTICS, LLC	c EIN-PN 06-1834691-001
a	Plan name SHOWALTER CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHOWALTER CONSTRUCTION COMPANY, INC.	c EIN-PN 56-1525236-001
a	Plan name SILC-NAKFOOR RETIREMENT PLAN & TRUST	
b	Name of plan sponsor JENNIFER T. SILC DDS MS, LTD.	c EIN-PN 85-1209970-001

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 CORD CONTRACTING CO., INC. 401(K) PLAN	
b	Name of plan sponsor CORD CONTRACTING CO., INC.	c EIN-PN 11-3194814-003
a	Plan name CORE 401(K) PLAN	
b	Name of plan sponsor C & C PROPERTIES GROUP, INC. DBA CORE TRUCKING	c EIN-PN 20-1907597-001
a	Plan name CORE TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CORE TECHNOLOGY SOLUTIONS, INC.	c EIN-PN 57-0918602-001
a	Plan name SPURLIN & SPURLIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPURLIN & SPURLIN, LLC	c EIN-PN 58-2666339-001
a	Plan name STEPHEN PERLITSH, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor STEPHEN M. PERLITSH, P.C.	c EIN-PN 13-3805593-001
a	Plan name STONEGATE MORTGAGE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor STONEGATE MORTGAGE ASSOCIATES, INC.	c EIN-PN 20-2885236-001
a	Plan name ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELECTECH HAWAII, INC.	c EIN-PN 99-0229338-001
a	Plan name TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP	c EIN-PN 95-4363145-001
a	Plan name VALENTE YEAST COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VALENTE YEAST COMPANY, INC.	c EIN-PN 11-2437305-001
a	Plan name GILCHRIST TINGLEY, P.C. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor GILCHRIST TINGLEY, P.C.	c EIN-PN 10-0001062-002
a	Plan name GLOBAL BROADBAND SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL BROADBAND SOLUTIONS, LLC	c EIN-PN 54-1871592-001
a	Plan name GLOBAL GATEWAY ADVISORS 401(K) PLAN	
b	Name of plan sponsor GLOBAL GATEWAY ADVISORS, LLC	c EIN-PN 27-3295802-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	HUTCHINSON AUTOMOTIVE, INC.	c EIN-PN 20-5463282-001
a	Plan name	KAA DESIGN GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KAA DESIGN GROUP, INC.	c EIN-PN 95-4631555-001
a	Plan name	KAUFFMANN & SIMS DENTISTRY 401K PLAN	
b	Name of plan sponsor	KAUFFMANN AND SIMS DENTISTRY PLLC	c EIN-PN 85-0670658-001
a	Plan name	GRAVES MCLAIN PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GRAVES MCLAIN PLLC	c EIN-PN 27-3216591-001
a	Plan name	INTEGRATED LEADERSHIP SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTEGRATED LEADERSHIP SYSTEMS	c EIN-PN 94-3462501-001
a	Plan name	ISHR 401(K) PLAN	
b	Name of plan sponsor	ISHR, LLC.	c EIN-PN 26-1160348-333
a	Plan name	LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	c EIN-PN 36-3584029-002
a	Plan name	LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLENNIUM ADVISORS, INC. DBA LIVING CARE LIFESTYLES	c EIN-PN 91-1644545-001
a	Plan name	ACF WEST 401(K) PLAN	
b	Name of plan sponsor	NW GEOSYNTHETICS, INC. DBA ACF WEST, INC.	c EIN-PN 93-1052778-001
a	Plan name	AMBIOPHARM, INC. 401(K) PLAN	
b	Name of plan sponsor	AMBIOPHARM, INC.	c EIN-PN 22-3940281-222
a	Plan name	NORTHROCK DENTAL 401(K) PLAN	
b	Name of plan sponsor	NORTHROCK DENTAL, P.A.	c EIN-PN 48-0858037-001
a	Plan name	NORWOLF TOOL WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORWOLF TOOL WORKS, INC.	c EIN-PN 22-3427279-001

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 NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor NOTKIN HAWAII, INC.	c EIN-PN 99-0237335-001
a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name SALES TO INDUSTRY CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor SALES TO INDUSTRY	c EIN-PN 11-2032808-003
a	Plan name BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	c EIN-PN 91-0906923-001
a	Plan name C.F. POEPELMAN, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C.F. POEPELMAN, INC.	c EIN-PN 31-0955223-001
a	Plan name CLEARPATH WORKFORCE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CLEARPATH WORKFORCE MANAGEMENT, INC.	c EIN-PN 94-3374899-001
a	Plan name COMMERCIAL ENERGY 401(K) PLAN	
b	Name of plan sponsor COMMERCIAL ENERGY OF MONTANA, INC.	c EIN-PN 84-1413218-002
a	Plan name SK USA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SK AMERICAS, INC.	c EIN-PN 13-4187356-777
a	Plan name CREATIVE SUCCESS ALLIANCE CORP. 401(K) PLAN	
b	Name of plan sponsor CREATIVE SUCCESS ALLIANCE CORP.	c EIN-PN 46-1627458-001
a	Plan name CVR ASSOCIATES, INC. 401(K)	
b	Name of plan sponsor CVR ASSOCIATES, INC.	c EIN-PN 04-3273457-777
a	Plan name SUCCESS ADVERTISING, INC. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUCCESS ADVERTISING, INC.	c EIN-PN 22-1919260-001
a	Plan name EO TECHNICAL SOLUTIONS RETIREMENT TRUST	
b	Name of plan sponsor EO TECHNICAL SOLUTIONS LLC	c EIN-PN 80-0517205-001

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 TWEEZERMAN INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor TWEEZERMAN INTERNATIONAL, LLC	c EIN-PN 20-1872710-001
a	Plan name U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor U3 ADVISORS, INC.	c EIN-PN 46-4252021-001
a	Plan name W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W. BRUCE CLARK, M.D., P.C.	c EIN-PN 14-1659231-002
a	Plan name W.A. HAMMOND DRIERITE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor W.A. HAMMOND DRIERITE COMPANY, L.T.D.	c EIN-PN 31-1140535-002
a	Plan name WASHINGTON MEDICAL PC 401(K) PLAN	
b	Name of plan sponsor WASHINGTON MEDICAL, P.C.	c EIN-PN 13-4323150-001
a	Plan name FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
b	Name of plan sponsor FIGLIOZZI & COMPANY, PC	c EIN-PN 11-2924109-001
a	Plan name FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK	c EIN-PN 13-5604180-002
a	Plan name FIRST FREIGHT TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor FIRST FREIGHT TRANSPORT, INC.	c EIN-PN 16-1227272-001
a	Plan name AEON NEXUS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AEON NEXUS CORPORATION	c EIN-PN 54-1983534-002
a	Plan name AGC SELECT 401(K)	
b	Name of plan sponsor AGC SELECT 401(K)	c EIN-PN 74-0490820-002
a	Plan name AMERICAN ONE SOURCE, INC. MEP 401(K) PLAN	
b	Name of plan sponsor AMERICAN ONE SOURCE, INC.	c EIN-PN 71-0934616-001
a	Plan name AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AMIEE LYNN, INC.	c EIN-PN 65-1160566-001

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 BEN'S WORKSHOP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOREY MOTORWURKS DBA BEN'S WORKSHOP	c EIN-PN 20-8083843-001
a	Plan name CANTEEN 401(K) RETIREMENT PROGRAM	
b	Name of plan sponsor CANTEEN FOOD & VENDING OF COASTAL CA, INC.	c EIN-PN 95-3084005-001
a	Plan name CATSKILL MOUNTAINKEEPER INC. 401(K) PLAN	
b	Name of plan sponsor CATSKILL MOUNTAIN KEEPER INC.	c EIN-PN 51-0583769-001
a	Plan name COMMUNITY FOUNDATION OF TAMPA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor COMMUNITY FOUNDATION OF TAMPA	c EIN-PN 59-3001853-777
a	Plan name COMSTOCK, CROSSER & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor COMSTOCK, CROSSER & ASSOCIATES DEVELOPMENT COMPANY, LLC	c EIN-PN 95-4665584-001
a	Plan name CONNICO, LLC 401(K) PLAN	
b	Name of plan sponsor CONNICO, LLC	c EIN-PN 87-4308617-001
a	Plan name DAY SECKLER LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DAY SECKLER LLP	c EIN-PN 26-2310586-001
a	Plan name DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor DAYTON ROGERS MANUFACTURING COMPANY	c EIN-PN 41-0844462-002
a	Plan name DELAWARE ENGINEERING, D.P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor DELAWARE ENGINEERING, D.P.C.	c EIN-PN 16-1370126-001
a	Plan name ERC CONCEPTS CO., INC. 401(K) PLAN	
b	Name of plan sponsor ERC CONCEPTS COMPANY	c EIN-PN 77-0344798-002
a	Plan name EVENTS.COM 401(K) PLAN	
b	Name of plan sponsor EVENTS.COM	c EIN-PN 80-0488603-001
a	Plan name EXAKTIME INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EXAKTIME INNOVATIONS, INC.	c EIN-PN 01-0552589-001

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	FLASH RAISE FUNDING 401(K) PLAN	
b	Name of plan sponsor	FLASH RAISE FUNDING, LLC	c EIN-PN 87-2600294-001
a	Plan name	GUARDIAN ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GUARDIAN ENVIRONMENTAL SERVICES, INC.	c EIN-PN 38-2513074-001
a	Plan name	HAIGHT LAW GROUP, PC 401(K) PLAN	
b	Name of plan sponsor	HAIGHT LAW GROUP, PC	c EIN-PN 20-8962303-001
a	Plan name	HAITONG INTERNATIONAL SECURITIES (USA) INC. 401(K) PLAN	
b	Name of plan sponsor	HAITONG INTERNATIONAL SECURITIES (USA) INC.	c EIN-PN 20-1250173-001
a	Plan name	KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KRAFT & KENNEDY, INC.	c EIN-PN 80-0610191-001
a	Plan name	LAKHANI & JORDAN PC 401(K) PLAN	
b	Name of plan sponsor	LAKHANI & JORDAN ENGINEERS, P.C.	c EIN-PN 13-3695218-003
a	Plan name	LUMINUS DIAGNOSTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	LUMINUS DIAGNOSTICS, LLC	c EIN-PN 45-4133635-001
a	Plan name	M&W DISTRIBUTION SERVICES, INC. TAX-FAVORED SAVINGS TRUST	
b	Name of plan sponsor	M&W DISTRIBUTION SERVICES, INC.	c EIN-PN 58-1164068-001
a	Plan name	NEFI	
b	Name of plan sponsor	THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION	c EIN-PN 04-2078321-001
a	Plan name	NETCOM INFORMATION TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor	NETCOM INFORMATION TECHNOLOGY, INC.	c EIN-PN 11-3464998-001
a	Plan name	NEW ENGLAND WOODCRAFT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW ENGLAND WOODCRAFT, INC.	c EIN-PN 03-0265306-001
a	Plan name	OCEAN ELECTRIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor	OCEAN ELECTRIC CORPORATION	c EIN-PN 11-3172942-001

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 SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor SBARRO, INC.	c EIN-PN 11-2501939-001
a	Plan name SOUTHMINSTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor SOUTHMINSTER SCHOOL	c EIN-PN 76-0030225-001
a	Plan name SPEECH & VOICE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor SPEECH & VOICE SOLUTIONS	c EIN-PN 20-8174445-001
a	Plan name SUNCOOK DENTAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SUNCOOK FAMILY DENTISTRY DBA SUNCOOK DENTAL	c EIN-PN 02-0371806-001
a	Plan name URBAN ARCHAEOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor URBAN ARCHAEOLOGY	c EIN-PN 13-2946298-001
a	Plan name WELLPOWER U.E. LOCAL #1135 401(K) PLAN	
b	Name of plan sponsor STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-010
a	Plan name WELLPOWER UAW LOCAL #2571 401(K) PLAN	
b	Name of plan sponsor STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-011
a	Plan name WESTERN INTEGRATED 401(K) PLAN	
b	Name of plan sponsor WESTERN INTEGRATED MATERIALS	c EIN-PN 26-0852608-003
a	Plan name WESTERN REGIONS NECA 401(K) PLAN	
b	Name of plan sponsor WESTERN REGIONS NECA	c EIN-PN 33-0670046-333
a	Plan name ANN M. HASHITATE, D.D.S., INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ANN HASHITATE, D.D.S. INC.	c EIN-PN 20-3665963-001
a	Plan name AOMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A-O-M-S PLLC	c EIN-PN 81-4839752-001
a	Plan name CH INSURANCE BROKERAGE SERVICES CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CH INSURANCE BROKERAGE SERVICES CO., INC.	c EIN-PN 16-1363572-001

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	DOCUNEST EGG 401(K) PLAN	
b	Name of plan sponsor	DOCUNET	c EIN-PN 41-1727273-001
a	Plan name	MASTODON DESIGN, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MASTODON DESIGN, LLC	c EIN-PN 46-3846727-001
a	Plan name	OVERHEAD DOOR COMPANY OF COVINGTON, INC. 401(K) PLAN	
b	Name of plan sponsor	OVERHEAD DOOR COMPANY OF COVINGTON, INC.	c EIN-PN 61-0718497-001
a	Plan name	OVERVIEW BUSINESS HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	WILLET DAIRY, LLC	c EIN-PN 16-1453541-002
a	Plan name	PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	PALADIN REALTY PARTNERS, LLC	c EIN-PN 13-4303956-001
a	Plan name	THE BROWNSTONE AGENCY 401(K) PLAN	
b	Name of plan sponsor	BROWNSTONE AGENCY, INC.	c EIN-PN 13-2766983-001
a	Plan name	WILLIAM A. SMITH & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	WILLIAM A. SMITH & SON, INC.	c EIN-PN 14-1433702-002
a	Plan name	DELTA METALS, INC. 401(K) PLAN	
b	Name of plan sponsor	DELTA METALS, INC.	c EIN-PN 58-0812732-001
a	Plan name	MANURSING ISLAND CLUB 401(K) PLAN	
b	Name of plan sponsor	MANURSING ISLAND CLUB	c EIN-PN 13-1719395-001
a	Plan name	PREMIER HOUSING MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	PREMIER HOUSING MANAGEMENT, LLC	c EIN-PN 27-3531707-001
a	Plan name	PRIMEGLOBAL SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	PRIMEGLOBAL	c EIN-PN 36-2983725-001
a	Plan name	TECH VALLEY TALENT LLC 401(K) PLAN	
b	Name of plan sponsor	TECH VALLEY TALENT LLC	c EIN-PN 26-2582540-001

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	PS 260, INC. RETIREMENT PLAN	
b Name of plan sponsor	PS 260, INC.	c EIN-PN 13-3413729-777
a Plan name	THE MCLEOD COMPANIES 401(K) PLAN	
b Name of plan sponsor	MCLEOD EXPRESS, LLC	c EIN-PN 35-2156793-222
a Plan name	THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
b Name of plan sponsor	POWER DOOR PRODUCTS, INC.	c EIN-PN 13-2746069-001
a Plan name	BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	BK MILL & FIXTURES	c EIN-PN 94-2366234-001
a Plan name	DOWLING CORPORATION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	DOWLING CORPORATION	c EIN-PN 02-0395136-001
a Plan name	HERITAGE PROPERTIES 401(K) PLAN	
b Name of plan sponsor	NEW ENGLAND'S HERITAGE PROPERTIES, INC.	c EIN-PN 04-3585188-001
a Plan name	HIGH TECHNOLOGY VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	HIGH TECHNOLOGY VIDEO, INC.	c EIN-PN 95-4518898-001
a Plan name	BLUSTEIN, SHAPIRO, FRANK & BARONE, LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	BLUSTEIN, SHAPIRO, FRANK & BARONE, LLP	c EIN-PN 13-4065219-001
a Plan name	BMW FRESNO 401(K) PLAN	
b Name of plan sponsor	WEBER MOTORS FRESNO, INC.	c EIN-PN 94-2519844-001
a Plan name	EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	EASTERN ARMORED SERVICES, INC.	c EIN-PN 22-3193394-001
a Plan name	MILAN INSTITUTE PROFIT SHARING 401(K) PLAN	
b Name of plan sponsor	AMARILLO COLLEGE OF HAIRDRESSING DBA MILAN INSTITUTE	c EIN-PN 75-1640547-001
a Plan name	RICE FINANCIAL PRODUCTS L.P. 401(K) PLAN AND TRUST	
b Name of plan sponsor	RICE DERIVATIVE HOLDINGS, L.P.	c EIN-PN 13-3750267-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STATE STREET EMERGING MARKETS INDEX RET ACCT	B Three-digit plan number (PN) ▶ 169
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

		(a) Beginning of Year	(b) End of Year
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)	29416007	27096199
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	29416007	27096199
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	29416007	27096199

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1973486	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1973486

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1973486
l Transfers of assets:			
(1) To this plan	2l(1)		4790989
(2) From this plan	2l(2)		9084283

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.)	4a		
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.).....	4b		
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.)	4c		
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.).....	4d		
e Was this plan covered by a fidelity bond?	4e		
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		
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?.....	4g		
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?	4h		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		
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.).....	4j		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		
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.	4n		

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 _____.