

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: TA BLACKROCK LIFEPATH INDEX 2030 RET ACCT; 1b Three-digit plan number (PN): 163; 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.

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>TA BLACKROCK LIFEPATH INDEX 2030 RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>▶</u> <u>163</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>AOW CONSTRUCTION LLC</b>	<b>c</b> EIN-PN <b>83-2875089-001</b>
<b>a</b>	Plan name <b>APEX BULK CARRIERS, LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>APEX BULK CARRIERS, LLC</b>	<b>c</b> EIN-PN <b>11-3430280-001</b>
<b>a</b>	Plan name <b>CHAMPION WIRE AND CABLE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHAMPION WIRE AND CABLE LLC</b>	<b>c</b> EIN-PN <b>11-3253340-001</b>
<b>a</b>	Plan name <b>CHAPTER 13 BANKRUPTCY TRUSTEE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHAPTER 13 BANKRUPTCY TRUSTEE</b>	<b>c</b> EIN-PN <b>63-1029318-001</b>
<b>a</b>	Plan name <b>CHICAGOLAND INDEPENDENT AUCTION, INC. EMPLOYEES' 401(K) SAVINGS &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHICAGOLAND INDEPENDENT AUCTION, INC.</b>	<b>c</b> EIN-PN <b>85-3122017-001</b>
<b>a</b>	Plan name <b>ECHO INDUSTRIAL, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECHO INDUSTRIAL, INC.</b>	<b>c</b> EIN-PN <b>73-1686642-001</b>
<b>a</b>	Plan name <b>FSP POWERTEK, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FSP POWERTEK, INC.</b>	<b>c</b> EIN-PN <b>45-4614696-001</b>
<b>a</b>	Plan name <b>FURNITURE MARKETING GROUP, INC. 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FMG, INC.</b>	<b>c</b> EIN-PN <b>75-1774792-001</b>
<b>a</b>	Plan name <b>KAA DESIGN GROUP, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KAA DESIGN GROUP, INC.</b>	<b>c</b> EIN-PN <b>95-4631555-001</b>
<b>a</b>	Plan name <b>MONACO GROUP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MONACO, INC.</b>	<b>c</b> EIN-PN <b>33-0512544-001</b>
<b>a</b>	Plan name <b>MONAHAN LAW GROUP, LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MONAHAN LAW GROUP, LLC</b>	<b>c</b> EIN-PN <b>45-4055483-001</b>
<b>a</b>	Plan name <b>MONTANO MOTORS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MONTANO MOTORS, INC.</b>	<b>c</b> EIN-PN <b>74-2392667-002</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name MOOREFIELD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MOOREFIELD CONSTRUCTION, INC.	<b>c</b> EIN-PN 95-3419477-002
<b>a</b>	Plan name PARK EAST CARDIOLOGY ASSOCIATES, P.C. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PARK EAST CARDIOLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 11-2920020-001
<b>a</b>	Plan name PBC INDUSTRIAL SUPPLIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PBC INDUSTRIAL SUPPLIES, INC.	<b>c</b> EIN-PN 72-0833717-001
<b>a</b>	Plan name PERCY HOEK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PERCY HOEK, INC.	<b>c</b> EIN-PN 11-2125950-001
<b>a</b>	Plan name SEWON AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEWON AMERICA, INC.	<b>c</b> EIN-PN 26-1971648-001
<b>a</b>	Plan name SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SHANGRI-LA INTERNATIONAL HOTELS, INC.	<b>c</b> EIN-PN 95-3876666-001
<b>a</b>	Plan name THUNDERBIRD SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THUNDERBIRD SUPPLY COMPANY	<b>c</b> EIN-PN 85-0227746-002
<b>a</b>	Plan name TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION	<b>c</b> EIN-PN 95-4352606-001
<b>a</b>	Plan name TOM HENNES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TOM HENNES INC.	<b>c</b> EIN-PN 13-3692440-002
<b>a</b>	Plan name TOPAZ SYSTEMS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TOPAZ SYSTEMS, INC.	<b>c</b> EIN-PN 77-0402671-002
<b>a</b>	Plan name WORKFIT MEDICAL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor WORKFIT MEDICAL LLC	<b>c</b> EIN-PN 13-4208386-001
<b>a</b>	Plan name LAVANTURE PRODUCTS CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAVANTURE PRODUCTS, CO.	<b>c</b> EIN-PN 34-1041124-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	LAW OFFICES OF TRAVIS GAGNIER, INC. P.S. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF TRAVIS GAGNIER, INC. P.S.	<b>c</b> EIN-PN 91-1904079-001
<b>a</b>	Plan name	LEEMAN ARCHITECTURAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEEMAN CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 58-1793770-001
<b>a</b>	Plan name	LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEVITT & BOCCIO, LLP	<b>c</b> EIN-PN 47-2210945-001
<b>a</b>	Plan name	LEXEL CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LEXEL CORPORATION	<b>c</b> EIN-PN 11-2659092-001
<b>a</b>	Plan name	401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP	
<b>b</b>	Name of plan sponsor	C12 CAPITAL MANAGEMENT US LP	<b>c</b> EIN-PN 27-0582841-001
<b>a</b>	Plan name	A. COLARUSSO & SON, INC. PROFIT SHARING / 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A. COLARUSSO & SON, INC.	<b>c</b> EIN-PN 14-1424400-001
<b>a</b>	Plan name	ABC OF IOWA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ABC OF IOWA	<b>c</b> EIN-PN 42-1029016-001
<b>a</b>	Plan name	ABILITIES FIRST, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABILITIES FIRST, INC.	<b>c</b> EIN-PN 14-1467427-002
<b>a</b>	Plan name	ABILITIES FIRST, INC. UNION 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	ABILITIES FIRST, INC.	<b>c</b> EIN-PN 14-1467427-004
<b>a</b>	Plan name	MPA MEDIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAXWELL PETERSEN ASSOCIATES, INC.	<b>c</b> EIN-PN 95-3788215-001
<b>a</b>	Plan name	MR ARCHITECTURE & DECOR P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MR ARCHITECTURE & DECOR, P.C.	<b>c</b> EIN-PN 13-4115412-001
<b>a</b>	Plan name	MY HR PROS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MY HR PROS	<b>c</b> EIN-PN 71-0772119-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AIR TREK, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor AIR TREK, INC.	<b>c</b> EIN-PN 59-999998-889
<b>a</b>	Plan name ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLEGRO CONSULTANTS, INC.	<b>c</b> EIN-PN 94-2932628-002
<b>a</b>	Plan name NEW YORK CENTER FOR REHABILITATION AND NURSING EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEW YORK REHABILITATION CARE MANAGEMENT, LLC DBA NY CENTER FOR REHAB	<b>c</b> EIN-PN 11-3626586-002
<b>a</b>	Plan name NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEWBROOK INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 11-2718154-001
<b>a</b>	Plan name NEWSTUDIO ARCHITECTURE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEWSTUDIO ARCHITECTURE, LLC	<b>c</b> EIN-PN 45-1631448-001
<b>a</b>	Plan name ARTHUR R. GREN CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARTHUR R. GREN CO., INC.	<b>c</b> EIN-PN 16-0777488-777
<b>a</b>	Plan name ARTISAN MACHINING, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ARTISAN MACHINING, INC.	<b>c</b> EIN-PN 11-2917010-001
<b>a</b>	Plan name PERKINS MANUFACTURING NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERKINS MANUFACTURING	<b>c</b> EIN-PN 36-2809543-001
<b>a</b>	Plan name PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	<b>c</b> EIN-PN 27-3841580-001
<b>a</b>	Plan name PHI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PARAPROFESSIONAL HEALTHCARE INSTITUTE	<b>c</b> EIN-PN 13-3575492-001
<b>a</b>	Plan name RICHLINE GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RICHLINE GROUP, INC.	<b>c</b> EIN-PN 26-0232774-001
<b>a</b>	Plan name RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIDGEMONT EQUITY PARTNERS	<b>c</b> EIN-PN 27-2566095-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RIVERHEAD NISSAN 112 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVERHEAD AUTO MALL	<b>c</b> EIN-PN 11-2888474-001
<b>a</b>	Plan name	ROBERTS COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERTS COMPANIES	<b>c</b> EIN-PN 43-1460955-001
<b>a</b>	Plan name	BRIDGEMAN ART LIBRARY INTERNATIONAL LTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRIDGEMAN IMAGES	<b>c</b> EIN-PN 13-3947335-001
<b>a</b>	Plan name	BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRONX CENTER FOR REHABILITATION AND HEALTHCARE	<b>c</b> EIN-PN 13-4021585-001
<b>a</b>	Plan name	BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MHP BUILDERS, INC.	<b>c</b> EIN-PN 26-4034743-001
<b>a</b>	Plan name	CIPEX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CIPEX INTERNATIONAL, LTD.	<b>c</b> EIN-PN 95-3751982-001
<b>a</b>	Plan name	CLEAR PEO, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CLEAR PEO, LLC	<b>c</b> EIN-PN 35-2535759-333
<b>a</b>	Plan name	SILC-NAKFOOR RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JENNIFER T. SILC DDS MS, LTD.	<b>c</b> EIN-PN 85-1209970-001
<b>a</b>	Plan name	CONTINENTAL EXPRESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTINENTAL EXPRESS, INC	<b>c</b> EIN-PN 34-1434240-001
<b>a</b>	Plan name	CORD CONTRACTING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORD CONTRACTING CO., INC.	<b>c</b> EIN-PN 11-3194814-003
<b>a</b>	Plan name	CORE TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORE TECHNOLOGY SOLUTIONS, INC.	<b>c</b> EIN-PN 57-0918602-001
<b>a</b>	Plan name	CORTECH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORTECH, LLC	<b>c</b> EIN-PN 58-2449456-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name SPURLIN & SPURLIN, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPURLIN & SPURLIN, LLC	<b>c</b> EIN-PN 58-2666339-001
<b>a</b>	Plan name ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. JOSEPH HOLDINGS, LLC	<b>c</b> EIN-PN 80-0109664-001
<b>a</b>	Plan name STEVE BEAN CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEVE BEAN CONSTRUCTION, INC.	<b>c</b> EIN-PN 73-1499089-001
<b>a</b>	Plan name EFFINGHAM BUILDERS SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EFFINGHAM BUILDERS SUPPLY, INC.	<b>c</b> EIN-PN 37-1287109-002
<b>a</b>	Plan name ELLENOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor REAL GREEK LLC	<b>c</b> EIN-PN 45-5592934-001
<b>a</b>	Plan name EMPLOY SOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EMPLOY SOURCE, INC.	<b>c</b> EIN-PN 27-0477134-333
<b>a</b>	Plan name TRUE NORTH HUMAN CAPITAL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRUE NORTH HUMAN CAPITAL, LLC	<b>c</b> EIN-PN 47-4797475-777
<b>a</b>	Plan name VALENTE YEAST COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor VALENTE YEAST COMPANY, INC.	<b>c</b> EIN-PN 11-2437305-001
<b>a</b>	Plan name VAZ BROS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor VAZ BROS, INC.	<b>c</b> EIN-PN 91-1787391-001
<b>a</b>	Plan name VENPRO COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VENTILATION SPECIALTIES GROUP, INC. DBA VENPRO COMPANY	<b>c</b> EIN-PN 01-0817395-001
<b>a</b>	Plan name VINCO, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor VINCO, INC.	<b>c</b> EIN-PN 41-1874693-001
<b>a</b>	Plan name FABER ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FABER ASSOCIATES, INC.	<b>c</b> EIN-PN 22-1550176-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name GLOBAL BROADBAND SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLOBAL BROADBAND SOLUTIONS, LLC	<b>c</b> EIN-PN 54-1871592-001
<b>a</b>	Plan name GLOBAL SURVEILLANCE ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL SURVEILLANCE ASSOCIATES	<b>c</b> EIN-PN 88-0230434-001
<b>a</b>	Plan name GMH ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GMH ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2618889-001
<b>a</b>	Plan name HUGO HIGA, M.D., LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HUGO HIGA, M.D., LLC	<b>c</b> EIN-PN 20-1158895-001
<b>a</b>	Plan name HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HUNT ENTERPRISES, INC.	<b>c</b> EIN-PN 11-2236013-001
<b>a</b>	Plan name HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUTCHINSON AUTOMOTIVE, INC.	<b>c</b> EIN-PN 20-5463282-001
<b>a</b>	Plan name INFORMATION TECHNOLOGY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INFORMATION TECHNOLOGY PARTNERS	<b>c</b> EIN-PN 39-1737556-001
<b>a</b>	Plan name KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KELLIHER/SAMETS, LTD.	<b>c</b> EIN-PN 03-0270393-001
<b>a</b>	Plan name GREATER INDIANAPOLIS CHAMBER OF COMMERCE THRIFT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GREATER INDIANAPOLIS CHAMBER OF COMMERCE	<b>c</b> EIN-PN 35-0412920-002
<b>a</b>	Plan name GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor GROUP MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 34-1707723-001
<b>a</b>	Plan name ISHR 401(K) PLAN	
<b>b</b>	Name of plan sponsor ISHR, LLC.	<b>c</b> EIN-PN 26-1160348-333
<b>a</b>	Plan name ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor ISLAND PALM COMMUNITIES, LLC	<b>c</b> EIN-PN 20-1108750-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ISLAND SURGICAL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ISLAND SURGICAL AND VASCULAR GROUP P.C.	<b>c</b> EIN-PN 11-2232585-005
<b>a</b>	Plan name	KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KINGBRIGHT COMPANY, LLC.	<b>c</b> EIN-PN 46-0987944-001
<b>a</b>	Plan name	KINNEY MANAGEMENT SERVICES, LLC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KINNEY MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 56-2620013-002
<b>a</b>	Plan name	KITCHENMASTERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KITCHENMASTERS, INC.	<b>c</b> EIN-PN 11-3171971-002
<b>a</b>	Plan name	LIDDELL BROTHERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIDDELL BROTHERS, INC.	<b>c</b> EIN-PN 04-3553967-001
<b>a</b>	Plan name	LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	<b>c</b> EIN-PN 36-3584029-002
<b>a</b>	Plan name	LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILLENNIUM ADVISORS, INC. DBA LIVING CARE LIFESTYLES	<b>c</b> EIN-PN 91-1644545-001
<b>a</b>	Plan name	LOCAL UNION 18, IBEW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOCAL UNION 18, IBEW	<b>c</b> EIN-PN 95-0865960-001
<b>a</b>	Plan name	LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LOVEJOY CONTROLS CORPORATION	<b>c</b> EIN-PN 39-1297009-001
<b>a</b>	Plan name	ABRUZZO & KINN LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ABRUZZO & KINN LLP	<b>c</b> EIN-PN 20-4815695-001
<b>a</b>	Plan name	ACF WEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NW GEOSYNTHETICS, INC. DBA ACF WEST, INC.	<b>c</b> EIN-PN 93-1052778-001
<b>a</b>	Plan name	NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAMDHARI USAGRISEEDS, INC.	<b>c</b> EIN-PN 26-4558159-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name NAPA VALLEY FAMILY MEDICAL GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NAPA VALLEY FAMILY MEDICAL GROUP, INC.	<b>c</b> EIN-PN 68-0258366-001
<b>a</b>	Plan name NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NASSAU SHORES AUTOMOTIVE INC.	<b>c</b> EIN-PN 11-3146542-001
<b>a</b>	Plan name ALPHARETTA CONVENTION & VISITORS BUREAU 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALPHARETTA CONVENTION & VISITORS BUREAU	<b>c</b> EIN-PN 58-2418260-001
<b>a</b>	Plan name AMBASSADOR PERSONNEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMBASSADOR PERSONNEL, INC.	<b>c</b> EIN-PN 27-4676978-001
<b>a</b>	Plan name NMS PROPERTY SERVICES CORP. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NMS PROPERTY SERVICES CORPORATION	<b>c</b> EIN-PN 95-4848549-001
<b>a</b>	Plan name NORTHEASTERN NONWOVENS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHEASTERN NONWOVENS, INC.	<b>c</b> EIN-PN 86-1130560-001
<b>a</b>	Plan name NORTHTOWNS CARDIOLOGY, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHTOWNS CARDIOLOGY, PLLC	<b>c</b> EIN-PN 45-1765093-001
<b>a</b>	Plan name NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NOTKIN HAWAII, INC.	<b>c</b> EIN-PN 99-0237335-001
<b>a</b>	Plan name ATLANTIC SMART TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC SMART TECHNOLOGIES, INC.	<b>c</b> EIN-PN 20-1523617-001
<b>a</b>	Plan name AVANTE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AVANTE GROUP, INC.	<b>c</b> EIN-PN 65-1033707-001
<b>a</b>	Plan name AVATARLABS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AVATARLABS, INC.	<b>c</b> EIN-PN 91-2169053-001
<b>a</b>	Plan name AVEX FUNDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AVEX FUNDING	<b>c</b> EIN-PN 87-0691651-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name PHOENIX WOODWORKS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PHOENIX WOODWORKS	<b>c</b> EIN-PN 94-3288279-001
<b>a</b>	Plan name PINNACLE WALL SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PINNACLE WALL SYSTEMS, INC.	<b>c</b> EIN-PN 26-4353827-001
<b>a</b>	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 59-3707284-001
<b>a</b>	Plan name ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 27-2479460-001
<b>a</b>	Plan name ROSINA FOOD PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROSINA FOOD PRODUCTS, INC.	<b>c</b> EIN-PN 16-0876738-002
<b>a</b>	Plan name SAINT COLMAN'S HOME, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAINT COLMAN'S HOME, INC.	<b>c</b> EIN-PN 14-1338501-001
<b>a</b>	Plan name SALES TO INDUSTRY CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SALES TO INDUSTRY	<b>c</b> EIN-PN 11-2032808-003
<b>a</b>	Plan name COMMERCIAL ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL ENERGY OF MONTANA, INC.	<b>c</b> EIN-PN 84-1413218-002
<b>a</b>	Plan name SK USA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SK AMERICAS, INC.	<b>c</b> EIN-PN 13-4187356-777
<b>a</b>	Plan name SMART CONSULTING, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor SMART CONSULTING, INC.	<b>c</b> EIN-PN 65-0264973-001
<b>a</b>	Plan name SOFM 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTH OAKS FAMILY MEDICINE, P.A.	<b>c</b> EIN-PN 74-2978615-001
<b>a</b>	Plan name SOURCEPOINTEHR, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOURCEPOINTEHR, LLC	<b>c</b> EIN-PN 26-3800519-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COUNTY CORVETTE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COUNTY CORVETTE SALES, INC.	<b>c</b> EIN-PN 23-2925644-001
<b>a</b>	Plan name	CUSTOM FINANCIAL SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM FINANCIAL SOLUTIONS, INC.	<b>c</b> EIN-PN 72-1433820-001
<b>a</b>	Plan name	CVR ASSOCIATES, INC. 401(K)	
<b>b</b>	Name of plan sponsor	CVR ASSOCIATES, INC.	<b>c</b> EIN-PN 04-3273457-777
<b>a</b>	Plan name	STRATFORD CHIROPRACTIC LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STRATFORD CHIROPRACTIC LLC	<b>c</b> EIN-PN 33-0994708-001
<b>a</b>	Plan name	STRATUS.HR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STRATUS.HR	<b>c</b> EIN-PN 45-3548842-333
<b>a</b>	Plan name	ENGLANDER CONTAINER CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGLANDER CONTAINER CORPORATION	<b>c</b> EIN-PN 74-1588088-002
<b>a</b>	Plan name	ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH	<b>c</b> EIN-PN 31-0569979-001
<b>a</b>	Plan name	TWEEZERMAN INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWEEZERMAN INTERNATIONAL, LLC	<b>c</b> EIN-PN 20-1872710-001
<b>a</b>	Plan name	U.S. ARMOR CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	U.S. ARMOR CORPORATION	<b>c</b> EIN-PN 95-4068319-001
<b>a</b>	Plan name	U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	U.S. TECHNICAL CERAMICS, INC.	<b>c</b> EIN-PN 77-0333972-001
<b>a</b>	Plan name	U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	U3 ADVISORS, INC.	<b>c</b> EIN-PN 46-4252021-001
<b>a</b>	Plan name	ULTRA TAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ULTRA TAN, INC	<b>c</b> EIN-PN 58-2318583-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">W. BRUCE CLARK, M.D., P.C.</a>	<b>c</b> EIN-PN <a href="#">14-1659231-002</a>
<b>a</b>	Plan name <a href="#">W.R. COLE &amp; ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">W.R. COLE &amp; ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">61-0940946-002</a>
<b>a</b>	Plan name <a href="#">WATSON ADVENTURES, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WATSON ADVENTURES, LLC</a>	<b>c</b> EIN-PN <a href="#">52-2186522-001</a>
<b>a</b>	Plan name <a href="#">FIDELITY ROOF COMPANY, INC. 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">FIDELITY ROOF COMPANY INC.</a>	<b>c</b> EIN-PN <a href="#">94-1326440-003</a>
<b>a</b>	Plan name <a href="#">FINALLY RESTAURANTS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FINALLY, INC.</a>	<b>c</b> EIN-PN <a href="#">81-0541002-001</a>
<b>a</b>	Plan name <a href="#">FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK</a>	<b>c</b> EIN-PN <a href="#">13-5604180-002</a>
<b>a</b>	Plan name <a href="#">ADMINISTRATIVE ONESOURCE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADMINISTRATIVE ONESOURCE, LLC</a>	<b>c</b> EIN-PN <a href="#">20-0714959-001</a>
<b>a</b>	Plan name <a href="#">AGC SELECT 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">AGC SELECT 401(K)</a>	<b>c</b> EIN-PN <a href="#">74-0490820-002</a>
<b>a</b>	Plan name <a href="#">AGS SERVICES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AGS SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">83-2603713-001</a>
<b>a</b>	Plan name <a href="#">AIR SYSTEMS LLC PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AIR SYSTEMS LLC</a>	<b>c</b> EIN-PN <a href="#">61-1497192-001</a>
<b>a</b>	Plan name <a href="#">AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES</a>	<b>c</b> EIN-PN <a href="#">88-0159433-001</a>
<b>a</b>	Plan name <a href="#">AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMIEE LYNN, INC.</a>	<b>c</b> EIN-PN <a href="#">65-1160566-001</a>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	B&S ELECTRIC SUPPLY CO., INC.	<b>c</b> EIN-PN 58-1278855-001
<b>a</b> Plan name	BADDERS LAW FIRM, P.C. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BADDERS LAW FIRM, P.C.	<b>c</b> EIN-PN 38-3685440-001
<b>a</b> Plan name	BALDWINVILLE VILLAGE HARDWARE INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BALDWINVILLE VILLAGE HARDWARE INC.	<b>c</b> EIN-PN 16-1185092-001
<b>a</b> Plan name	BALKAN MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BALKAN MANUFACTURING, INC.	<b>c</b> EIN-PN 94-2574978-001
<b>a</b> Plan name	CALL A HEAD CORP RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CALL A HEAD CORP	<b>c</b> EIN-PN 11-3635650-001
<b>a</b> Plan name	CAM 401(K) PLAN	
<b>b</b> Name of plan sponsor	C&A MACHINE AND REPAIR SERVICE	<b>c</b> EIN-PN 74-1915871-001
<b>a</b> Plan name	CANTEEN 401(K) RETIREMENT PROGRAM	
<b>b</b> Name of plan sponsor	CANTEEN FOOD & VENDING OF COASTAL CA, INC.	<b>c</b> EIN-PN 95-3084005-001
<b>a</b> Plan name	COMPLETE WOMEN'S IMAGING, P.C. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	COMPLETE WOMEN'S IMAGING, P.C.	<b>c</b> EIN-PN 20-5036805-002
<b>a</b> Plan name	CONFIDENCE PLUMBING COMPANY PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CONFIDENCE PLUMBING COMPANY, INC.	<b>c</b> EIN-PN 84-1073735-001
<b>a</b> Plan name	CONSENSUS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CONSENSUS INC.	<b>c</b> EIN-PN 95-4236230-001
<b>a</b> Plan name	DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
<b>b</b> Name of plan sponsor	DAYTON ROGERS MANUFACTURING COMPANY	<b>c</b> EIN-PN 41-0844462-002
<b>a</b> Plan name	DEBRINO CAULKING ASSOCIATES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	DEBRINO CAULKING ASSOCIATES, INC.	<b>c</b> EIN-PN 14-1588127-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DECKER AND BEEBE, INC	<b>c</b> EIN-PN 06-0628355-001
<b>a</b>	Plan name DELAWARE ENGINEERING, D.P.C. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DELAWARE ENGINEERING, D.P.C.	<b>c</b> EIN-PN 16-1370126-001
<b>a</b>	Plan name EPOCH SOLUTIONS GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EPOCH SOLUTIONS GROUP LLC	<b>c</b> EIN-PN 20-4472485-001
<b>a</b>	Plan name EVERGREEN INFORMATION TECHNOLOGY SERVICES, INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EVERGREEN TECHNOLOGY	<b>c</b> EIN-PN 52-2258038-001
<b>a</b>	Plan name EXCELL HOME CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor EXCELL HOME CARE, INC.	<b>c</b> EIN-PN 03-0403112-001
<b>a</b>	Plan name FOCUS HOPE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOCUS HOPE	<b>c</b> EIN-PN 38-1948285-002
<b>a</b>	Plan name HAPPY FACES CHILDREN'S CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAPPY FACES CHILDREN'S CENTER, LLC	<b>c</b> EIN-PN 20-1362273-001
<b>a</b>	Plan name HAPPY ROCK MERCHANT SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAPPY ROCK MERCHANT SOLUTIONS, LLC	<b>c</b> EIN-PN 26-4074545-001
<b>a</b>	Plan name ISOLVED 401-K PLAN	
<b>b</b>	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-310
<b>a</b>	Plan name J.J.L.G. MOTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor J.J.L.G. MOTORS, INC.	<b>c</b> EIN-PN 13-4181580-001
<b>a</b>	Plan name JAGRO CUSTOM BROKERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JAGRO CUSTOM BROKERS & INTERNATIONAL FREIGHT FORWARDERS, INC.	<b>c</b> EIN-PN 13-3009245-002
<b>a</b>	Plan name JAY KNIGHT, DDS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JAY KNIGHT DDS, PLC	<b>c</b> EIN-PN 05-0539009-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KRAFT & KENNEDY, INC.	<b>c</b> EIN-PN 80-0610191-001
<b>a</b>	Plan name	KRUSE & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRUSE & ASSOCIATES, INC.	<b>c</b> EIN-PN 73-1444019-001
<b>a</b>	Plan name	LA PALOMA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LA PALOMA FUNERAL SERVICES	<b>c</b> EIN-PN 26-0296007-001
<b>a</b>	Plan name	LRS ARCHITECTS EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LRS ARCHITECTS, INC.	<b>c</b> EIN-PN 93-1259453-001
<b>a</b>	Plan name	LTI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LABEL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 39-1627601-001
<b>a</b>	Plan name	M&W DISTRIBUTION SERVICES, INC. TAX-FAVORED SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	M&W DISTRIBUTION SERVICES, INC.	<b>c</b> EIN-PN 58-1164068-001
<b>a</b>	Plan name	NEFI	
<b>b</b>	Name of plan sponsor	THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION	<b>c</b> EIN-PN 04-2078321-001
<b>a</b>	Plan name	OCEAN ELECTRIC CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEAN ELECTRIC CORPORATION	<b>c</b> EIN-PN 11-3172942-001
<b>a</b>	Plan name	ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC.	<b>c</b> EIN-PN 54-1247912-001
<b>a</b>	Plan name	PORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PORT GROUP	<b>c</b> EIN-PN 11-2145400-001
<b>a</b>	Plan name	SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SALINAS MANAGEMENT, LLC	<b>c</b> EIN-PN 45-4187623-001
<b>a</b>	Plan name	SARATOGA CLINICAL RESEARCH, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SARATOGA CLINICAL RESEARCH, LLC	<b>c</b> EIN-PN 54-2194372-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name SAUNA360 INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SAUNA360 INC.	<b>c</b> EIN-PN 41-1502759-001
<b>a</b>	Plan name SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SBARRO, INC.	<b>c</b> EIN-PN 11-2501939-001
<b>a</b>	Plan name SC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUNLED COMPANY, LLC.	<b>c</b> EIN-PN 46-0992147-001
<b>a</b>	Plan name SCHMELING CONSTRUCTION CO. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCHMELING CONSTRUCTION CO.	<b>c</b> EIN-PN 36-2687104-001
<b>a</b>	Plan name SOUTHERN STRUCTURAL STEEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN STRUCTURAL STEEL, INC.	<b>c</b> EIN-PN 54-1809752-001
<b>a</b>	Plan name SPENSIERI DIVERSIFIED, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPENSIERI DIVERSIFIED, LLC	<b>c</b> EIN-PN 26-4073098-001
<b>a</b>	Plan name SPORTIME RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SPORTIME CLUBS, LLC	<b>c</b> EIN-PN 11-3224021-222
<b>a</b>	Plan name SUNCOOK DENTAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUNCOOK FAMILY DENTISTRY DBA SUNCOOK DENTAL	<b>c</b> EIN-PN 02-0371806-001
<b>a</b>	Plan name T.R. GOLDSMITH & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor T.R. GOLDSMITH & SON, INC.	<b>c</b> EIN-PN 16-0750517-001
<b>a</b>	Plan name TABNER, RYAN & KENIRY LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor TABNER, RYAN & KENIRY LLP	<b>c</b> EIN-PN 14-1402805-001
<b>a</b>	Plan name TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TARBELL MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 27-3567818-002
<b>a</b>	Plan name UPLAND INDUSTRIES NORTH, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UPLAND INDUSTRIES NORTH, LLC	<b>c</b> EIN-PN 46-4479880-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name UPSTATE OB/GYN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UPSTATE OB/GYN ASSOCIATES, P.C.	<b>c</b> EIN-PN 14-1600870-001
<b>a</b>	Plan name US POLYCHEMICAL CORPORATION SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor US POLYCHEMICAL CORPORATION	<b>c</b> EIN-PN 14-1424538-001
<b>a</b>	Plan name USG SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor USG SERVICES, LLC	<b>c</b> EIN-PN 45-4658823-001
<b>a</b>	Plan name ANGELINA COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE ANGELINA GROUP, LP	<b>c</b> EIN-PN 20-4299819-001
<b>a</b>	Plan name AOMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor A-O-M-S PLLC	<b>c</b> EIN-PN 81-4839752-001
<b>a</b>	Plan name CENCAL INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENCAL INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 68-0120370-002
<b>a</b>	Plan name CENTRAL STAFF SERVICES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CENTRAL STAFF SERVICES, INC.	<b>c</b> EIN-PN 11-3586360-222
<b>a</b>	Plan name CERRI & SON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CERRI & SON, INC.	<b>c</b> EIN-PN 45-3450785-001
<b>a</b>	Plan name CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAMPION SOLUTIONS GROUP, INC.	<b>c</b> EIN-PN 59-2347579-001
<b>a</b>	Plan name DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DOCTOR & ASSOCIATES	<b>c</b> EIN-PN 06-0857902-001
<b>a</b>	Plan name DOCUNEST EGG 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOCUNET	<b>c</b> EIN-PN 41-1727273-001
<b>a</b>	Plan name FOREST HILL HEALTH CARE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOREST HILL HEALTH CARE CENTER, INC.	<b>c</b> EIN-PN 22-3074070-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FOUR POINT HR SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FOUR POINT HR	<b>c</b> EIN-PN 26-3070913-001
<b>a</b>	Plan name	FRANCISCO TAVARES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANCISCO TAVARES, INC.	<b>c</b> EIN-PN 04-2318951-001
<b>a</b>	Plan name	FRANK EVANS CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANK EVANS COMPANY, INC.	<b>c</b> EIN-PN 04-2422078-001
<b>a</b>	Plan name	JEFF WILSON POOL SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEFF WILSON POOL SERVICE, INC.	<b>c</b> EIN-PN 59-2596150-001
<b>a</b>	Plan name	JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JETSON TV & APPLIANCE CENTERS, INC.	<b>c</b> EIN-PN 59-1508381-001
<b>a</b>	Plan name	JIM BOWDEN, D.D.S., P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JIM BOWDEN, D.D.S., P.A.	<b>c</b> EIN-PN 74-2603277-001
<b>a</b>	Plan name	MARAN, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARAN, INC.	<b>c</b> EIN-PN 94-2444640-777
<b>a</b>	Plan name	MARONI CUISINE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARONI CUISINE	<b>c</b> EIN-PN 11-3585206-001
<b>a</b>	Plan name	MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARQUEZ BROTHERS INTERNATIONAL, INC	<b>c</b> EIN-PN 94-2789431-889
<b>a</b>	Plan name	MCKINSEY STEEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCKINSEY STEEL & SUPPLY OF FLORIDA, INC.	<b>c</b> EIN-PN 59-2293118-001
<b>a</b>	Plan name	OVERTON, RUSSELL, DOERR AND DONOVAN, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OVERTON, RUSSELL, DOERR AND DONOVAN, LLP	<b>c</b> EIN-PN 14-1625607-001
<b>a</b>	Plan name	PALPILOT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALPILOT INTERNATIONAL CORP.	<b>c</b> EIN-PN 77-0320008-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION	<b>c</b> EIN-PN 99-0268773-001
<b>a</b>	Plan name	SEAWAY VALLEY AMBULANCE SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHIL GRAY, INC. DBA SEAWAY VALLEY AMBULANCE SERVICES	<b>c</b> EIN-PN 16-1556443-001
<b>a</b>	Plan name	SEFI FABRICATORS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	P & M LLC DBA SEFI FABRICATORS	<b>c</b> EIN-PN 11-3380649-001
<b>a</b>	Plan name	SEIU HEALTHCARE MICHIGAN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEIU HEALTHCARE MICHIGAN	<b>c</b> EIN-PN 01-0897469-001
<b>a</b>	Plan name	SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SELECTRODE INDUSTRIES, INC.	<b>c</b> EIN-PN 11-2677850-002
<b>a</b>	Plan name	THE ECRM CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	<b>c</b> EIN-PN 34-1752681-001
<b>a</b>	Plan name	WILDER AUTO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WILDER AUTO GROUP, INC. DBA WILDER TOYOTA	<b>c</b> EIN-PN 91-1130065-001
<b>a</b>	Plan name	WILLIAM A. SMITH & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM A. SMITH & SON, INC.	<b>c</b> EIN-PN 14-1433702-002
<b>a</b>	Plan name	BENCHMARK TECHNOLOGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BENCHMARK TECHNOLOGY GROUP, INC.	<b>c</b> EIN-PN 58-1639110-001
<b>a</b>	Plan name	BENEFITS AND PAYROLL, INC. MULTIPLE EMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BENEFITS AND PAYROLL, INC.	<b>c</b> EIN-PN 45-4965806-001
<b>a</b>	Plan name	BENSING AVIATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BENSING AVIATION, INC.	<b>c</b> EIN-PN 38-3774345-001
<b>a</b>	Plan name	BETTINGER CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BETTINGER CO., INC.	<b>c</b> EIN-PN 23-2536584-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	DELTA PACKAGING, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DELTA PACKAGING, INC.
<b>c</b>	EIN-PN	23-2424721-001
<b>a</b>	Plan name	DELTA-RAY INDUSTRIES, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	DELTA-RAY INDUSTRIES, INC.
<b>c</b>	EIN-PN	06-1547159-001
<b>a</b>	Plan name	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC
<b>c</b>	EIN-PN	99-0143112-001
<b>a</b>	Plan name	MACASAET CPA, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	EARL B. MACASAET CPA, INC.
<b>c</b>	EIN-PN	95-4733946-001
<b>a</b>	Plan name	MACROVEY 401(K) PLAN
<b>b</b>	Name of plan sponsor	MACROVEY, LLC
<b>c</b>	EIN-PN	45-5205376-001
<b>a</b>	Plan name	MANURSING ISLAND CLUB 401(K) PLAN
<b>b</b>	Name of plan sponsor	MANURSING ISLAND CLUB
<b>c</b>	EIN-PN	13-1719395-001
<b>a</b>	Plan name	PREMIER HOUSING MANAGEMENT 401(K) PLAN
<b>b</b>	Name of plan sponsor	PREMIER HOUSING MANAGEMENT, LLC
<b>c</b>	EIN-PN	27-3531707-001
<b>a</b>	Plan name	PRIMEGLOBAL SAFE HARBOR 401(K) PLAN
<b>b</b>	Name of plan sponsor	PRIMEGLOBAL
<b>c</b>	EIN-PN	36-2983725-001
<b>a</b>	Plan name	TECH VALLEY TALENT LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	TECH VALLEY TALENT LLC
<b>c</b>	EIN-PN	26-2582540-001
<b>a</b>	Plan name	TECHNICOM SERVICES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	TECHNICOM SERVICES, INC. DBA INTERBAY TECHNOLOGIES
<b>c</b>	EIN-PN	36-4412325-001
<b>a</b>	Plan name	PS 260, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PS 260, INC.
<b>c</b>	EIN-PN	13-3413729-777
<b>a</b>	Plan name	PULMONARY PHYSICIANS OF SARATOGA LLP P/S RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PULMONARY PHYSICIANS OF SARATOGA
<b>c</b>	EIN-PN	14-1750186-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	QUALITY PAYROLL & BENEFITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUALITY PAYROLL & BENEFITS	<b>c</b> EIN-PN 35-2175330-001
<b>a</b>	Plan name	RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RED RIVER MANAGEMENT	<b>c</b> EIN-PN 30-0220873-001
<b>a</b>	Plan name	THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	POWER DOOR PRODUCTS, INC.	<b>c</b> EIN-PN 13-2746069-001
<b>a</b>	Plan name	BHK OF AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BHK OF AMERICA	<b>c</b> EIN-PN 22-2114939-001
<b>a</b>	Plan name	BILL'S BOOKKEEPING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BILL'S BOOKKEEPING SERVICES, LLC	<b>c</b> EIN-PN 27-0420780-001
<b>a</b>	Plan name	BIOGENEX LABORATORIES FLEXPLUS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BIOGENEX LABORATORIES, INC.	<b>c</b> EIN-PN 94-2768927-001
<b>a</b>	Plan name	BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BK MILL & FIXTURES	<b>c</b> EIN-PN 94-2366234-001
<b>a</b>	Plan name	BLAU PLUMBING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLAU PLUMBING, INC.	<b>c</b> EIN-PN 39-1031201-002
<b>a</b>	Plan name	BLEDSOE, DIESTEL, TREPPA & CRANE LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLEDSOE, DIESTEL, TREPPA & CRANE LLP	<b>c</b> EIN-PN 94-1259547-002
<b>a</b>	Plan name	DOWLING CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOWLING CORPORATION	<b>c</b> EIN-PN 02-0395136-001
<b>a</b>	Plan name	DUKE MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LS INVESTMENT GROUP LLC DBA DUKE MANUFACTURING	<b>c</b> EIN-PN 20-5110012-002
<b>a</b>	Plan name	DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DURHAM CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 02-0642097-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HERITAGE PROPERTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND'S HERITAGE PROPERTIES, INC.	<b>c</b> EIN-PN 04-3585188-001
<b>a</b>	Plan name	HIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIES, INC.	<b>c</b> EIN-PN 99-0307452-001
<b>a</b>	Plan name	HIGH TECHNOLOGY VIDEO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HIGH TECHNOLOGY VIDEO, INC.	<b>c</b> EIN-PN 95-4518898-001
<b>a</b>	Plan name	HIRANI ENGINEERING & LAND SURVEYING, P.C. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HIRANI ENGINEERING & LAND SURVEYING, PC	<b>c</b> EIN-PN 11-3467754-001
<b>a</b>	Plan name	MEDICALERT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDICALERT FOUNDATION UNITED STATES, INC.	<b>c</b> EIN-PN 94-1494446-002
<b>a</b>	Plan name	MEHRAN FOTOVATJAH, DDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEHRAN FOTOVATJAH, DDS, INC.	<b>c</b> EIN-PN 77-0516617-002
<b>a</b>	Plan name	MICHAEL'S / MFH, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL'S / MFH, INC.	<b>c</b> EIN-PN 31-1117594-001
<b>a</b>	Plan name	BOARDMAN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOARDMAN, LLC	<b>c</b> EIN-PN 73-1470937-003
<b>a</b>	Plan name	BOLAND'S NORTH, INC. DAVIS BACON PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor	BOLAND'S NORTH, INC.	<b>c</b> EIN-PN 34-2047079-001
<b>a</b>	Plan name	BOSTER, KOBAYASHI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOSTER, KOBAYASHI & ASSOCIATES	<b>c</b> EIN-PN 94-2746874-001
<b>a</b>	Plan name	EARLYBIRDCAPITAL, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EARLYBIRDCAPITAL, INC.	<b>c</b> EIN-PN 65-0379410-001
<b>a</b>	Plan name	EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EASTERN ARMORED SERVICES, INC.	<b>c</b> EIN-PN 22-3193394-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name EASTERN METAL - USA-SIGN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EASTERN METAL - USA-SIGN	<b>c</b> EIN-PN 16-0757659-001
<b>a</b>	Plan name EASTSIDE GLASS AND SEALANTS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EASTSIDE GLASS CONTRACT GLAZING SPECIALISTS COMPANY DBA EASTSIDE	<b>c</b> EIN-PN 26-1564849-001
<b>a</b>	Plan name HOFMEYER PLUMBING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOFMEYER PLUMBING COMPANY	<b>c</b> EIN-PN 31-0724144-001
<b>a</b>	Plan name HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC	<b>c</b> EIN-PN 61-1403889-001
<b>a</b>	Plan name MIDWAY TRAILERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MIDWAY TRAILERS, INC.	<b>c</b> EIN-PN 43-1204852-002
<b>a</b>	Plan name MILAN INSTITUTE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMARILLO COLLEGE OF HAIRDRESSING DBA MILAN INSTITUTE	<b>c</b> EIN-PN 75-1640547-001
<b>a</b>	Plan name MIRRAM GROUP INCENTIVE SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor MIRRAM GROUP, LLC	<b>c</b> EIN-PN 13-4066469-002
<b>a</b>	Plan name RETIRE READY 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RETIRE READY	<b>c</b> EIN-PN 20-1826963-333
<b>a</b>	Plan name RICE FINANCIAL PRODUCTS L.P. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RICE DERIVATIVE HOLDINGS, L.P.	<b>c</b> EIN-PN 13-3750267-001
<b>a</b>	Plan name RICHARD P. STANKUS, PH.D., M.D. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RICHARD P. STANKUS, PHD, MD	<b>c</b> EIN-PN 16-1381451-001
<b>a</b>	Plan name THE ROYSTER GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE ROYSTER GROUP, INC.	<b>c</b> EIN-PN 58-2639075-001
<b>a</b>	Plan name THERMAL REFRIGERATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THERMAL REFRIGERATION, INC.	<b>c</b> EIN-PN 43-1598558-001

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

<b>a</b> Plan name	THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	THOMPSON & HARVEY BAY AREA, LLC	<b>c</b> EIN-PN 27-1531650-001

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

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TA BLACKROCK LIFEPATH INDEX 2030 RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>163</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	97687975	86374993
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	97687975	86374993
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	97687975	86374993

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	8027728	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		8027728

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		8027728
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		15328377
(2) From this plan .....	<b>2l(2)</b>		34669087

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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