

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 RUSSELL SMALL CAP GROWTH INDEX RET ACCT
1b Three-digit plan number (PN): 172
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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
--	--

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)
---	---

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

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 RUSSELL SMALL CAP GROWTH INDEX RET ACCT</u>	B Three-digit plan number (PN)	<u>172</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)
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)
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)
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)

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)

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)

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)

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)

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

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

c EIN-PN

d Entity code

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	ARCH MANAGEMENT PROFIT SHARING PLAN
b	Name of plan sponsor	JOF, LLC
c	EIN-PN	47-2674762-001
a	Plan name	ARMBRECHT & WIERENGA ORTHODONTICS PLC 401(K) PLAN
b	Name of plan sponsor	ARMBRECHT & WIERENGA ORTHODONTICS PLC
c	EIN-PN	38-2163006-001
a	Plan name	BURGE MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING
b	Name of plan sponsor	BURGE MANAGEMENT GROUP, INC.
c	EIN-PN	27-2829648-001
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	ERT DESIGN GROUP 401(K) PLAN
b	Name of plan sponsor	ERT DESIGN GROUP LLC
c	EIN-PN	46-2799256-001
a	Plan name	GLENWOOD ELECTRIC 401(K) PLAN
b	Name of plan sponsor	GLENWOOD ELECTRIC
c	EIN-PN	31-0913270-001
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	INTELLIPRO SERVICE MEP
b	Name of plan sponsor	INTELLIPRO SERVICE INC.
c	EIN-PN	83-3224197-001
a	Plan name	LOCUS DESIGN COLLABORATIVE 401(K) PLAN
b	Name of plan sponsor	LOCUS DESIGN COLLABORATIVE
c	EIN-PN	81-4796699-001
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)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NCA RETIREMENT PLAN	
b	Name of plan sponsor NEVADA CARDIOLOGY ASSOCIATES	c EIN-PN 88-0293130-001
a	Plan name PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PETE & PETE CONTAINER SERVICE, INC.	c EIN-PN 31-1548571-777
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 PGS/GS DENTISTRY 401K PLAN	
b	Name of plan sponsor PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095590-001
a	Plan name PHILLIP ANDREWS, LLC 401(K) PLAN	
b	Name of plan sponsor PHILLIP ANDREWS, LLC	c EIN-PN 39-2074269-001
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 ROMAK IRON WORKS PROFIT SHARING PLAN	
b	Name of plan sponsor ROMAK IRON WORKS	c EIN-PN 94-1333435-001
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 TURNER ENGINEERING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TURNER ENGINEERING CORPORATION	c EIN-PN 20-3882870-002
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 ASCEND INNOVATIONS INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ASCEND INNOVATIONS INC.	c EIN-PN 47-3151550-001
a	Plan name ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
b	Name of plan sponsor ASSISTANCE LEAGUE OF LOS ANGELES	c EIN-PN 95-1641960-001

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 BUX-MONT TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor BUX-MONT TRANSPORTATION	c EIN-PN 23-1576223-001
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 CVIN, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CVIN, LLC	c EIN-PN 77-0407563-001
a	Plan name DALAD REALTY 401(K) PLAN	
b	Name of plan sponsor DALAD REALTY COMPANY	c EIN-PN 34-1001816-001
a	Plan name DANNIBLE & MCKEE, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DANNIBLE & MCKEE, LLP	c EIN-PN 33-0996661-001
a	Plan name EVERT & WEATHERSBY RETIREMENT PLAN	
b	Name of plan sponsor EVERT & WEATHERSBY, LLC	c EIN-PN 58-1830721-001
a	Plan name EWI CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor EWI CONSTRUCTION, LLC	c EIN-PN 26-0636307-001
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 GRAPE EXPECTATIONS 401(K) PLAN	
b	Name of plan sponsor GRAPE EXPECTATIONS	c EIN-PN 94-2423490-002
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
a	Plan name ISR OF LOUISIANA 401(K) PLAN	
b	Name of plan sponsor ISR OF LOUISIANA	c EIN-PN 46-4028718-001

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	LRP MANAGEMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LRP MANAGEMENT NY CORP	c EIN-PN 86-2827816-001
a	Plan name	MAGNOLIA COMMUNITY SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MAGNOLIA COMMUNITY SERVICES, INC.	c EIN-PN 72-0423625-001
a	Plan name	MANAGE MEDICAL 401(K) PLAN	
b	Name of plan sponsor	MANAGE MEDICAL, LLC	c EIN-PN 85-1244420-001
a	Plan name	NELLA MEDIA GROUP, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NELLA MEDIA GROUP, LLC	c EIN-PN 26-2724679-001
a	Plan name	NEST-FILLER RETIREMENT PLAN	
b	Name of plan sponsor	NF BEAUTY GROUP, INC.	c EIN-PN 95-4819694-001
a	Plan name	PK HOUSING 401(K) PLAN	
b	Name of plan sponsor	PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001
a	Plan name	PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, LLC	c EIN-PN 22-2116608-002
a	Plan name	RPA 401(K) PLAN	
b	Name of plan sponsor	RADIOLOGICAL PHYSICS ASSOCIATES INC.	c EIN-PN 62-1442497-001
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	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	TEKSECUTE TECHNOLOGY GROUP 401K PLAN	
b	Name of plan sponsor	TEKSECUTE TECHNOLOGY GROUP, LLC	c EIN-PN 01-0548119-001
a	Plan name	UPSTATE OB/GYN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UPSTATE OB/GYN ASSOCIATES, P.C.	c EIN-PN 14-1600870-001

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	SLR SERVICE 401K PLAN	
b	Name of plan sponsor	SIGMA HEALTH REHAB LLC	c EIN-PN 30-0565417-001
a	Plan name	SMITHTOWN ACUPUNCTURE & WELLNESS, P.C. 401K PLAN	
b	Name of plan sponsor	SMITHTOWN ACUPUNCTURE & WELLNESS, P.C.	c EIN-PN 03-0451440-001
a	Plan name	SMX 401(K) PLAN	
b	Name of plan sponsor	SMARTRONIX, LLC	c EIN-PN 52-1922012-001
a	Plan name	SOLIDUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION EQUIPMENT SYSTEMS, LLC DBA SOLIDUS	c EIN-PN 46-5723146-001
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	HAWTHORNE CHEVROLET 401(K) PLAN	
b	Name of plan sponsor	HAWTHORNE CHEVROLET	c EIN-PN 22-0981720-001
a	Plan name	HEALTHTEC SOLUTIONS, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	HEALTHTEC SOLUTIONS INC.	c EIN-PN 04-3371227-001
a	Plan name	THE PRISM GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE PRISM GROUP, LLC	c EIN-PN 80-0329401-001
a	Plan name	JAY'S CUSTOM CABINETS 401(K) PLAN	
b	Name of plan sponsor	JAY'S CUSTOM CABINETS, INC	c EIN-PN 26-1712172-001
a	Plan name	JEFF'S PRESCRIPTION SHOP 401(K) PLAN	
b	Name of plan sponsor	JEFF'S PRESCRIPTION SHOP	c EIN-PN 61-1051036-001
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 ALABAMA GROCERS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor ALABAMA GROCERS ASSOCIATION	c EIN-PN 63-1025911-333
a	Plan name ALCHEMY GLOBAL NETWORKS 401(K) PLAN	
b	Name of plan sponsor ALCHEMY GLOBAL NETWORKS, LLC	c EIN-PN 81-0874754-001
a	Plan name KAHUA 401(K) PLAN	
b	Name of plan sponsor KAHUA INC.	c EIN-PN 27-0523308-001
a	Plan name W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING	c EIN-PN 58-2352698-001
a	Plan name W. L. PETREY WHOLESALE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor W. L. PETREY WHOLESALE	c EIN-PN 63-0672324-001
a	Plan name MARIA SCHWARTZ, PC 401(K)	
b	Name of plan sponsor MARIA SCHWARTZ, PC	c EIN-PN 82-1680509-001
a	Plan name BAUERSCHMIDT & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor BAUERSCHMIDT & SONS, INC.	c EIN-PN 11-2287095-001
a	Plan name MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	c EIN-PN 47-4609056-001
a	Plan name MGINNIS ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor MGINNIS ELECTRICAL CONTRACTING COMPANY	c EIN-PN 25-1151382-001
a	Plan name MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCR DONUTS, INC.	c EIN-PN 06-1432375-001
a	Plan name MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCR DONUTS, INC.	c EIN-PN 06-1432375-777
a	Plan name CAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAL, INC.	c EIN-PN 77-0002188-001

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 CALIFORNIA VISION & VISAGE MEDICAL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA VISION & VISAGE MEDICAL GROUP, INC.	c EIN-PN 27-1434580-001
a	Plan name CAMPAIGN INBOX 401(K) PLAN	
b	Name of plan sponsor CAMPAIGN INBOX LLC	c EIN-PN 82-0752905-001
a	Plan name CAPITAL AREA TITLE, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CAPITAL AREA TITLE, LLC	c EIN-PN 20-4865361-001
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 NEWELL MACHINERY COMPANY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor NEWELL MACHINERY COMPANY, INC.	c EIN-PN 42-0646297-002
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 PLATINUM DENTAL SPECIALTIES LLC 401(K) PLAN	
b	Name of plan sponsor PLATINUM DENTAL SPECIALTIES LLC	c EIN-PN 27-1385150-001
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 POLLUX SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor POLLUX SYSTEMS, INC.	c EIN-PN 35-1813327-001
a	Plan name DE MATTEI CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DE MATTEI CONSTRUCTION INC.	c EIN-PN 77-0210774-001
a	Plan name DEALERDNA	
b	Name of plan sponsor DEALERDNA, INC.	c EIN-PN 46-2762607-001
a	Plan name PURPLE USA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PURPLE USA, INC.	c EIN-PN 46-4128782-001

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 DYKE NELSON ARCHITECTURE LLC 401(K) PLAN	
b	Name of plan sponsor DYKE NELSON ARCHITECTURE LLC	c EIN-PN 45-4214031-001
a	Plan name SAN MARINO PEDIATRIC ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAN MARINO PEDIATRIC ASSOCIATES	c EIN-PN 80-0949721-001
a	Plan name SCHAAP MOVING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor SCHAAP MOVING SYSTEMS, INC.	c EIN-PN 14-1465618-001
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 FACILITIES ENGINEERING ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FACILITIES ENGINEERING ASSOCIATES, PC	c EIN-PN 26-1542141-001
a	Plan name 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 FARM PUMP AND IRRIGATION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FARM PUMP AND IRRIGATION COMPANY, INC.	c EIN-PN 95-3868044-001
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 MEDICALERT 401(K) PLAN	
b	Name of plan sponsor MEDICALERT FOUNDATION UNITED STATES, INC.	c EIN-PN 94-1494446-002
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 BETMGM 401(K) PLAN	
b	Name of plan sponsor BETMGM, LLC	c EIN-PN 83-1679867-001
a	Plan name NOVA AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOVA AUTOMOTIVE INC.	c EIN-PN 26-0025508-002

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	CAPITAL DISTRICT ADVANCED DENTAL ARTS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CAPITAL DISTRICT ADVANCED DENTAL ARTS
c	EIN-PN	27-1404048-001
a	Plan name	CAPRICORN SYSTEMS, INC. 401(K) PLAN
b	Name of plan sponsor	CAPRICORN SYSTEMS, INC.
c	EIN-PN	58-2514176-002
a	Plan name	CATARACT STEEL INDUSTRIES 401(K) PLAN
b	Name of plan sponsor	COSTANZO'S WELDING INC. DBA CATARACT STEEL INDUSTRIES
c	EIN-PN	16-1095041-001
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	ORCHESTRA MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	ORCHESTRA MANAGEMENT SOLUTIONS
c	EIN-PN	22-3737010-001
a	Plan name	CHRISTINE LYNCH, MA, LPC, INC. 401(K) PLAN
b	Name of plan sponsor	CHRISTINE LYNCH, MA, LPC INC.
c	EIN-PN	84-1905388-001
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	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
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	EAST HARTFORD ORTHODONTICS, LLC 401(K) PLAN
b	Name of plan sponsor	EAST HARTFORD ORTHODONTICS, LLC
c	EIN-PN	45-3967784-001

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	EASTCOAST ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EASTCOAST ENTERTAINMENT, INC.	c EIN-PN 54-1024623-001
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	SEA REACH, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SEA REACH, LTD	c EIN-PN 93-0965673-777
a	Plan name	FASHION ANGELS ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	M&G PARTNERS, LLP DBA FASHION ANGELS ENTERPRISES	c EIN-PN 39-1724800-001
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	FOSTER/PREMIER, INC. 401(K) PLAN	
b	Name of plan sponsor	FOSTER/PREMIER, INC.	c EIN-PN 36-4139399-001
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	SRC 401(K) PLAN	
b	Name of plan sponsor	SRC SERVICES, INC.	c EIN-PN 77-0713955-001
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
a	Plan name	HARBOR POINT REALTY 401(K) PLAN	
b	Name of plan sponsor	HARBOR POINT REALTY & INVESTMENTS, LLC	c EIN-PN 54-2064398-001
a	Plan name	HARD SAFARI CORP 401(K)	
b	Name of plan sponsor	HARD SAFARI CORP.	c EIN-PN 47-1919954-001

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 HARDLINE EQUIPMENT LLC 401(K) PLAN	
b	Name of plan sponsor HARDLINE EQUIPMENT LLC	c EIN-PN 27-2085949-001
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 THE WILHELM GROUP RETIREMENT PLAN & TRUST	
b	Name of plan sponsor THE WILHELM GROUP RETIREMENT PLAN & TRUST	c EIN-PN 81-5035218-001
a	Plan name THOMAS D. BLORE ARCHITECT PC 401(K) PLAN	
b	Name of plan sponsor THOMAS D. BLORE ARCHITECT PC	c EIN-PN 20-8781670-001
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 ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor ACQUIS CONSULTING GROUP, LLC	c EIN-PN 13-3990791-002
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 VAN DE POEL, LEVY, THOMAS LLP 401(K) PLAN	
b	Name of plan sponsor VAN DE POEL	c EIN-PN 68-0485819-001
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	
b	Name of plan sponsor RETAIL ASSOCIATION OF MAINE	c EIN-PN 01-0165117-334
a	Plan name ALLPRO CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALLPRO CORPORATION	c EIN-PN 59-3347302-001
a	Plan name KELLEHER + HOLLAND GROUP 401(K) PLAN	
b	Name of plan sponsor KELLEHER + HOLLAND, LLC	c EIN-PN 85-2363788-001
a	Plan name KESTREL TELLEVATE LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor KESTREL TELLEVATE LLC	c EIN-PN 45-2180090-001

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 KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor KETTMANN MACHINING INC.	c EIN-PN 26-4023756-001
a	Plan name WALSH MECHANICAL 401(K) PLAN	
b	Name of plan sponsor LEBEL INC. DBA WALSH MECHANICAL	c EIN-PN 04-2997565-001
a	Plan name AIMSUN, INC. 401(K) PLAN	
b	Name of plan sponsor AIMSUN INC.	c EIN-PN 46-0525028-001
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 BLACK OPTICAL LLC 401(K) PLAN	
b	Name of plan sponsor BLACK OPTICAL LLC	c EIN-PN 86-3692802-001
a	Plan name BLUE DARNER GROUP, LTD PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE DARNER GROUP, LTD	c EIN-PN 20-3008356-001
a	Plan name BLUE OPS, LLC 401(K) PLAN	
b	Name of plan sponsor BLUE OPS, LLC	c EIN-PN 82-5030716-001
a	Plan name BLUE RUNNER FOODS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE RUNNER FOODS, INC.	c EIN-PN 72-1238130-001
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
a	Plan name COASTAL REALTY ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor COASTAL REALTY ADVISORS, LLC	c EIN-PN 86-1887280-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DIRECT A/V 401K PLAN	
b	Name of plan sponsor DIRECT A/V	c EIN-PN 95-4735867-003
a	Plan name DISCLOSURE LAW GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DISCLOSURE LAW GROUP	c EIN-PN 81-1103971-001
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 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 EDGAR R. BLECKER, M.D., P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLECKER M.D. LLC	c EIN-PN 88-1935646-001
a	Plan name EGGSHELL LIGHTING COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EGGSHELL LIGHTING COMPANY, INC.	c EIN-PN 99-0284485-001
a	Plan name FILM SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor FILM SOLUTIONS, LLC	c EIN-PN 47-4848508-001
a	Plan name FINANCE ONE INC. 401(K) PLAN	
b	Name of plan sponsor FINANCE ONE INC.	c EIN-PN 95-4713873-001
a	Plan name FRANK, FRANK, GOLDSTEIN & NAGER, P.C.401(K)PLAN	
b	Name of plan sponsor FRANK, FRANK, GOLDSTEIN & NAGER, PC	c EIN-PN 13-2829967-001
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 HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor HATTERAS PRESS, INC.	c EIN-PN 22-2491250-001

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	HINSHAW, MARSH, STILL & HINSHAW, LLP PROFIT SHARING AND TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	HINSHAW, MARSH, STILL & HINSHAW, LLP	c EIN-PN 35-2447620-001
a	Plan name	HONOLULU BEERWORKS 401(K) PLAN	
b	Name of plan sponsor	HONOLULU BEERWORKS LLC	c EIN-PN 46-0821421-001
a	Plan name	JOHN E. FOX, INC. 401(K) PLAN	
b	Name of plan sponsor	JOHN E. FOX, INC.	c EIN-PN 56-1094403-001
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	JOSEPH J. SCHIFINI MD, LTD 401(K) PLAN	
b	Name of plan sponsor	JOSEPH J. SCHIFINI MD, LTD	c EIN-PN 88-0424633-001
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	KJM DESIGN 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KJM DESIGN	c EIN-PN 82-4415458-001
a	Plan name	KNEGO CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	DAN KNEGO CONSTRUCTION, INC.	c EIN-PN 27-4440861-001
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	MERRY DENTAL PROFIT SHARING PLAN	
b	Name of plan sponsor	MERRY DENTAL CARE CENTER, P.A.	c EIN-PN 27-0790312-001
a	Plan name	MIA 401(K) PLAN	
b	Name of plan sponsor	MALAIS INSURANCE AGENCY, INC.	c EIN-PN 90-0181266-001
a	Plan name	MIDWAY TRAILERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWAY TRAILERS, INC.	c EIN-PN 43-1204852-002

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	NYFTA INC. 401(K) PLAN	
b	Name of plan sponsor	NYFTA INC.	c EIN-PN 81-4187517-001
a	Plan name	OBERG FREIGHT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	OBERG FREIGHT	c EIN-PN 42-1233437-001
a	Plan name	ODENKIRK PROVISSIERO CONSOLIDATED, LLC 401(K) PLAN	
b	Name of plan sponsor	ODENKIRK PROVISSIERO CONSOLIDATED, LLC	c EIN-PN 27-0674406-002
a	Plan name	PAKLAB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAKLAB	c EIN-PN 95-4109799-001
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	PROCTEK, INC. RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	PROCTEK, INC.	c EIN-PN 20-8271050-001
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	PROPACK LOGISTICS US, LLC 401(K) PLAN	
b	Name of plan sponsor	PROPACK LOGISTICS US, LLC	c EIN-PN 82-1965778-001
a	Plan name	RCI 401(K) PLAN	
b	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-777
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	SIGNALS AUDIO VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIGNALS AUDIO VIDEO, INC.	c EIN-PN 95-4602729-001
a	Plan name	STARR, DARCY, AND STARR 401(K) PLAN	
b	Name of plan sponsor	STARR, DARCY, AND STARR, P.C, CPA'S	c EIN-PN 22-2775971-001

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	STERLING HEALTHCARE LOGISTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	STERLING HEALTHCARE LOGISTICS, LLC	c EIN-PN 46-1843222-001
a	Plan name	THE HOYT ORGANIZATION, INC. 401(K) PLAN	
b	Name of plan sponsor	THE HOYT ORGANIZATION, INC.	c EIN-PN 33-0414128-001
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	THE LOUDERMILK COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	THE LOUDERMILK COMPANIES, LLC	c EIN-PN 45-4095096-001
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	VIKING ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor	VIKING ROOFING, INC.	c EIN-PN 02-0525250-001
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	AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor	SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name	AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN TEXTILE MAINTENANCE COMPANY	c EIN-PN 95-2076802-004
a	Plan name	BOARDMAN, LLC 401(K) PLAN	
b	Name of plan sponsor	BOARDMAN, LLC	c EIN-PN 73-1470937-003
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	ELEMENT DESIGN GROUP 401(K) PLAN	
b	Name of plan sponsor	EDC, INC.	c EIN-PN 03-0546249-001

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	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	FURMAN & HAUSWIRTH 401 (K) PLAN	
b	Name of plan sponsor	FURMAN & HAUSWIRTH CPAS	c EIN-PN 11-3134883-001
a	Plan name	GACE 401(K) PLAN	
b	Name of plan sponsor	GACE CONSULTING ENGINEERS, P.C.	c EIN-PN 20-5995207-001
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	HUDSON COMMUNITY ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	HUDSON COMMUNITY ENTERPRISES, INC.	c EIN-PN 22-1629147-001
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	KUHANA ASSOCIATES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KUHANA ASSOCIATES, LLC	c EIN-PN 99-0335219-001
a	Plan name	LAKE HILL DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor	LAKE HILL DENTAL CARE P.C.	c EIN-PN 83-1908844-001
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	MOM & POP MUSIC CO. LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOM & POP MUSIC CO. LLC	c EIN-PN 26-2920997-001
a	Plan name	PARKSIDE EQUITIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARKSIDE EQUITIES, LLC	c EIN-PN 81-2783964-001
a	Plan name	PARRAID 401(K) PLAN	
b	Name of plan sponsor	PARRAID, LLC	c EIN-PN 84-3537759-001

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	REINTJES & HITER CO., INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	REINTJES & HITER CO., INC.	c EIN-PN 48-0762809-001
a	Plan name	SUMMERTOWN METALS 401(K) PLAN	
b	Name of plan sponsor	SUMMERTOWN METALS, LLC.	c EIN-PN 84-1705951-001
a	Plan name	SUMMIT VETERINARY SERVICES 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE WORLDWIDE VETERINARY SERVICES, LLC	c EIN-PN 88-2882796-777
a	Plan name	TOSA PEDIATRICS, S.C. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	TOSA PEDIATRICS, S.C.	c EIN-PN 39-1387768-001
a	Plan name	WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor	WILLE ELECTRIC SUPPLY CO., INC.	c EIN-PN 94-1433043-001
a	Plan name	WILLITS & NEWCOMB 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON NURSERIES, FLP, DBA WILLITS & NEWCOMB	c EIN-PN 47-2188570-001
a	Plan name	WINDES, INC. RETIREMENT TRUST	
b	Name of plan sponsor	WINDES, INC.	c EIN-PN 95-3001179-016
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	BONDY-HANEY SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BONDY-HANEY SERVICE, INC.	c EIN-PN 95-2391151-002
a	Plan name	BOS ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BOS ENTERTAINMENT, INC. DBA THE EXCHANGE	c EIN-PN 45-1962530-001
a	Plan name	BRADFORD INDEPENDENT INSURANCE AGENCIES, INC. 401(K) PLAN	
b	Name of plan sponsor	BRADFORD INDEPENDENT INSURANCE AGENCIES, INC.	c EIN-PN 11-2817906-001
a	Plan name	BRBC I, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BRBC I, LLC	c EIN-PN 13-4246539-001

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	ELK GROVE RANCH, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELK GROVE RANCH, LLC	c EIN-PN 95-2733525-001
a	Plan name	ELM MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ELM MANAGEMENT SERVICES, LLC	c EIN-PN 82-2104879-001
a	Plan name	EMERGENT CARE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	EMERGENT CARE ASSOCIATES, INC.	c EIN-PN 46-1336939-001
a	Plan name	IAMIC MEMBERSHIP RETIREMENT OPTION	
b	Name of plan sponsor	ILLINOIS ASSOCIATION OF MUTUAL INSURANCE COMPANIES	c EIN-PN 36-1252847-002
a	Plan name	LANDIVAR 401(K) PLAN	
b	Name of plan sponsor	LANDIVAR & ASSOCIATES, LLC	c EIN-PN 75-3088910-001
a	Plan name	PAUL ANDERSON 401(K) PLAN	
b	Name of plan sponsor	PAUL ANDERSON YOUTH HOME, INC.	c EIN-PN 58-6041868-001
a	Plan name	RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 62-1874774-013
a	Plan name	SUPERIOR STEEL PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUPERIOR STEEL PRODUCTS, INC.	c EIN-PN 82-0484250-001
a	Plan name	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	WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	LLOYD A WISE MOTOR INC	c EIN-PN 26-2658328-001
a	Plan name	WORKCENTRIC RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	WORKCENTRIC, LLC	c EIN-PN 84-3894931-333
a	Plan name	MPRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MPRM, LLC	c EIN-PN 95-4676804-001

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 MR. BS BISTRO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MR. B'S BISTRO, INC.	c EIN-PN 72-0847066-001
a	Plan name PDCA PROFIT SHARING PLAN	
b	Name of plan sponsor PERITONEAL DIALYSIS CENTER OF AMERICA	c EIN-PN 95-4430908-001
a	Plan name PEDIATRIC PARTNERS OF NORTHERN KENTUCKY PSC 401(K) PLAN	
b	Name of plan sponsor PEDIATRIC PARTNERS OF NORTHERN KENTUCKY, PSC	c EIN-PN 20-1127554-001
a	Plan name PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	c EIN-PN 72-0885035-001
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 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 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 ZIEHL-ABEGG, INC. 401(K) PLAN	
b	Name of plan sponsor ZIEHL-ABEGG, INC.	c EIN-PN 20-0338305-001
a	Plan name BREEDLOVE, DENNIS, & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor BREEDLOVE, DENNIS, & ASSOCIATES, INC.	c EIN-PN 59-1694414-001
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 BUDGET HEATING, COOLING & PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor BUDGET AIR CONDITIONING, HEATING AND PLUMBING, LLC	c EIN-PN 26-4617777-001

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	BUFFALO RIVER HEALTH CARE, LLC 401(K) PLAN
b	Name of plan sponsor	BUFFALO RIVER HEALTH CARE, LLC
c	EIN-PN	47-0896423-001
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	GATEWAY DEMO/CIVIL CORP. 401(K) PLAN
b	Name of plan sponsor	GATEWAY DEMO/CIVIL CORP.
c	EIN-PN	13-2873389-001
a	Plan name	GATOR HOME TECH 401K PLAN
b	Name of plan sponsor	GATOR TECH INTEGRATION, INC.
c	EIN-PN	54-2077009-002
a	Plan name	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC. MULTIPLE EMPLOYER 401(K) PLAN
b	Name of plan sponsor	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC.
c	EIN-PN	36-2512922-001
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	INTEGRATED CONTROL SYSTEMS 401(K) PLAN
b	Name of plan sponsor	INTEGRATED CONTROL SYSTEMS
c	EIN-PN	62-1538849-002
a	Plan name	LEIGHTON MCGINN COMPANY PROFIT SHARING PLAN
b	Name of plan sponsor	LEIGHTON MCGINN COMPANY
c	EIN-PN	65-0352005-777
a	Plan name	LETTS PLUMBING RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	LETTS PLUMBING
c	EIN-PN	80-8780287-001
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	LIEBERMAN LEBOVIT, PLLC INCENTIVE SAVINGS PLAN
b	Name of plan sponsor	LIEBERMAN LEBOVIT, PLLC
c	EIN-PN	84-2449886-001
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

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	JOE TANNER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	JOE TANNER & ASSOCIATES, INC.
c	EIN-PN	58-2339665-001
a	Plan name	MONTANO MOTORS, INC. 401(K) PLAN
b	Name of plan sponsor	MONTANO MOTORS, INC.
c	EIN-PN	74-2392667-002
a	Plan name	TIME STRIPING, INC. 401K
b	Name of plan sponsor	TIME STRIPING, INC.
c	EIN-PN	71-0669392-333
a	Plan name	TKNG TRANSPORTATION, INC. 401(K) PLAN
b	Name of plan sponsor	TKNG TRANSPORTATION, INC.
c	EIN-PN	20-8626215-001
a	Plan name	ZAUDERER ASSOCIATES, INC. 401(K) PLAN
b	Name of plan sponsor	ZAUDERER ASSOCIATES, INC.
c	EIN-PN	13-1820511-001
a	Plan name	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	NEW YORK ACCESSORY GROUP, INC. 401(K) PLAN
b	Name of plan sponsor	NEW YORK ACCESSORY GROUP, INC.
c	EIN-PN	13-4175959-002
a	Plan name	ASSOCIATIONS OF TEXAS MEP
b	Name of plan sponsor	OMNIFY RETIREMENT LLC
c	EIN-PN	74-1018556-002
a	Plan name	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN
b	Name of plan sponsor	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN
c	EIN-PN	27-3841580-001
a	Plan name	CIVIC ENTERTAINMENT GROUP, LLC 401(K) RETIREMENT PLAN AND TRUST
b	Name of plan sponsor	CIVIC ENTERTAINMENT GROUP, LLC
c	EIN-PN	13-4042407-001

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	SQUARE ENIX, INC. 401(K) PLAN	
b	Name of plan sponsor	SQUARE ENIX, INC.	c EIN-PN 91-1442488-001
a	Plan name	EMPLOY SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor	EMPLOY SOURCE, INC.	c EIN-PN 27-0477134-333
a	Plan name	GPDDC, LLC 401 (K) PLAN	
b	Name of plan sponsor	GRAMERCY PARK DIGESTIVE DISEASE CENTER, LLC	c EIN-PN 04-3769350-001
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	ISHR 401(K) PLAN	
b	Name of plan sponsor	ISHR, LLC.	c EIN-PN 26-1160348-333
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	NOTTHOFF ENGINEERING L.A., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NOTTHOFF ENGINEERING L.A., INC.	c EIN-PN 26-4530407-001
a	Plan name	PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, LLC	c EIN-PN 22-2116608-002
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	SMALL BUSINESS RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	SMALL BUSINESS RETIREMENT PLAN EXCHANGE	c EIN-PN 45-4813650-001
a	Plan name	CRUICKSHANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRUICKSHANK, INC.	c EIN-PN 58-1409679-001
a	Plan name	SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor	SUBURBAN PSYCHIATRIC ASSOCIATES LLP	c EIN-PN 16-1492077-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SUCCESS ADVERTISING, INC. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUCCESS ADVERTISING, INC.	c EIN-PN 22-1919260-001
a	Plan name EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor EPIC HEALTHCARE MANAGEMENT, LLC	c EIN-PN 27-4757579-001
a	Plan name VISIONARY PAYROLL SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor VISIONARY PAYROLL SOLUTIONS, LLC	c EIN-PN 45-4077661-001
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 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 HYDROPONICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUN CIRCLE, INC. DBA AMERICAN HYDROPONICS	c EIN-PN 68-0013191-001
a	Plan name BASELINE THEATRICAL LLC 401(K) PLAN	
b	Name of plan sponsor BASELINE THEATRICAL LLC	c EIN-PN 46-4079204-001
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 CATSKILL MOUNTAINKEEPER INC. 401(K) PLAN	
b	Name of plan sponsor CATSKILL MOUNTAIN KEEPER INC.	c EIN-PN 51-0583769-001

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	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	EXAKTIME INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EXAKTIME INNOVATIONS, INC.	c EIN-PN 01-0552589-001
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	FLOW-FX PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	c EIN-PN 37-1650185-001
a	Plan name	JAY KNIGHT, DDS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JAY KNIGHT DDS, PLC	c EIN-PN 05-0539009-001
a	Plan name	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	NATIONAL RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	NATIONAL RETIREMENT PLAN EXCHANGE	c EIN-PN 45-4813651-001
a	Plan name	SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SALINAS MANAGEMENT, LLC	c EIN-PN 45-4187623-001
a	Plan name	SOUTHMINSTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor	SOUTHMINSTER SCHOOL	c EIN-PN 76-0030225-001
a	Plan name	SPECIALIZED ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPECIALIZED ENGINEERING, LLC.	c EIN-PN 68-0454280-001
a	Plan name	TECH TRADING PROFIT SHARING PLAN	
b	Name of plan sponsor	TECH TRADING OF NEW YORK, INC.	c EIN-PN 14-1734227-001
a	Plan name	ANN M. HASHITATE, D.D.S., INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ANN HASHITATE, D.D.S. INC.	c EIN-PN 20-3665963-001

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	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	c EIN-PN 94-2744760-002
a	Plan name	FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor	FOUTZ & BURSUM CONSTRUCTION CO., INC.	c EIN-PN 85-0115169-002
a	Plan name	MCCLAIN LABORATORIES, LLC 401(K) PLAN	
b	Name of plan sponsor	MCCLAIN LABORATORIES, LLC	c EIN-PN 42-1600554-001
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	BENCHMARK TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor	BENCHMARK TECHNOLOGY GROUP, INC.	c EIN-PN 58-1639110-001
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	DELTA ZETA SORORITY SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor	DELTA ZETA SORORITY	c EIN-PN 35-0267676-001
a	Plan name	HEADLINE MEDIA MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	HEADLINE MEDIA MANAGEMENT, LLC	c EIN-PN 05-0592046-001
a	Plan name	HEALTHCARE GEORGIA FOUNDATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HEALTHCARE GEORGIA FOUNDATION INC.	c EIN-PN 58-2418091-001
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	TECHNICOM SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	TECHNICOM SERVICES, INC. DBA INTERBAY TECHNOLOGIES	c EIN-PN 36-4412325-001
a	Plan name	TEXO MEMBERS 401(K) PLAN	
b	Name of plan sponsor	TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002

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	THE MCLEOD COMPANIES 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	MCLEOD EXPRESS, LLC	c	EIN-PN	35-2156793-222
a	Plan name	THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	POWER DOOR PRODUCTS, INC.	c	EIN-PN	13-2746069-001
a	Plan name	HS1 MEDICAL MANAGEMENT, INC. 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	HS1 MEDICAL MANAGEMENT, INC.	c	EIN-PN	65-0622851-001
a	Plan name	MINA METALS COMPANY, INC. 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	MINA METALS COMPANY, INC.	c	EIN-PN	94-2771327-001
a	Plan name	REPEAT BUSINESS SYSTEMS, INC. 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	REPEAT BUSINESS SYSTEMS, INC.	c	EIN-PN	14-1718228-001
a	Plan name	RICHFORD HEALTH CENTER, INC. 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	RICHFORD HEALTH CENTER, INC.	c	EIN-PN	03-0215982-001
a	Plan name	THE VANDERVORT GROUP, LLC 401(K) PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	THE VANDERVORT GROUP, LLC	c	EIN-PN	14-1800633-001
a	Plan name	THOROUGHbred SOFTWARE INTERNATIONAL, INC. 401(K) SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	THOROUGHbred SOFTWARE INTERNATIONAL, INC.	c	EIN-PN	22-2427223-401
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STATE STREET RUSSELL SMALL CAP GROWTH INDEX RET ACCT	B Three-digit plan number (PN) ▶ 172
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
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29296869
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	31405369
(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	29296869	31405369
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	29296868	31405369

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)	4412594	
(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		4412594

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		4412594
l Transfers of assets:			
(1) To this plan.....	2l(1)		5448097
(2) From this plan	2l(2)		7752190

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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