

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 (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLACKROCK EQUITY DIVIDEND RET ACCT
1b Three-digit plan number (PN): 236
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.

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>BLACKROCK EQUITY DIVIDEND RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>236</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):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**b** Name of sponsor of entity listed in (a):

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**d** Entity code

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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 365 HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor 365 HEALTHCARE STAFFING SERVICES, INC.	<b>c</b> EIN-PN 27-1213953-001
<b>a</b>	Plan name ARETE DENTAL EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ARETE DENTAL DBA NORTH HILLS DENTAL GROUP	<b>c</b> EIN-PN 46-5063631-001
<b>a</b>	Plan name ECHO INDUSTRIAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECHO INDUSTRIAL, INC.	<b>c</b> EIN-PN 73-1686642-001
<b>a</b>	Plan name ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECOLOGY SERVICES, INC.	<b>c</b> EIN-PN 52-1633980-001
<b>a</b>	Plan name JOSEPH J. SCHIFINI MD, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOSEPH J. SCHIFINI MD, LTD	<b>c</b> EIN-PN 88-0424633-001
<b>a</b>	Plan name MOBILITY CENTERS HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOBILITY CENTERS HOLDINGS, LLC	<b>c</b> EIN-PN 82-2534661-001
<b>a</b>	Plan name MONTANO MOTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONTANO MOTORS, INC.	<b>c</b> EIN-PN 74-2392667-002
<b>a</b>	Plan name SERV-U 401(K) PLAN	
<b>b</b>	Name of plan sponsor SERV-U	<b>c</b> EIN-PN 37-1325760-002
<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 TKNG TRANSPORTATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TKNG TRANSPORTATION, INC.	<b>c</b> EIN-PN 20-8626215-001
<b>a</b>	Plan name XGS 401(K)	
<b>b</b>	Name of plan sponsor XG SCIENCES INC.	<b>c</b> EIN-PN 20-4998896-001
<b>a</b>	Plan name XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor XL SCREW CORPORATION	<b>c</b> EIN-PN 36-4426811-001

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 YORK INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor YORK INDUSTRIES, INC.	<b>c</b> EIN-PN 11-2195076-001
<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 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 MRK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MESISCA, RILEY, & KREITENBERG, LLP	<b>c</b> EIN-PN 14-1837873-001
<b>a</b>	Plan name MST FINANCIAL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MST FINANCIAL SOLUTIONS, LLC	<b>c</b> EIN-PN 47-2363345-001
<b>a</b>	Plan name MUNOZ ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MUNOZ ENGINEERING & LAND SURVEYING, P.C.	<b>c</b> EIN-PN 13-3241117-001
<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 59-9999998-889
<b>a</b>	Plan name ALL-AMERICAN FIRE EQUIPMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALL-AMERICAN FIRE EQUIPMENT INC.	<b>c</b> EIN-PN 31-1381503-001
<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 ACCESSORY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW YORK ACCESSORY GROUP, INC.	<b>c</b> EIN-PN 13-4175959-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	NIAGARA LUBRICANT COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NIAGARA LUBRICANT COMPANY, INC.	<b>c</b> EIN-PN 16-0570580-001
<b>a</b>	Plan name	ATLANTIC BINGO SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC BINGO SUPPLY, INC.	<b>c</b> EIN-PN 52-1552308-001
<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	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>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	ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C.	<b>c</b> EIN-PN 38-1859612-777
<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	ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ELECTECH HAWAII, INC.	<b>c</b> EIN-PN 99-0229338-001
<b>a</b>	Plan name	EMPIRE CONTROL ABATEMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OPPENHEIMER & CO., INC.	<b>c</b> EIN-PN 11-2945779-001
<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	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 94-2461685-003
<b>a</b>	Plan name	FASTENERS ETC., INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FASTENERS ETC., INC.	<b>c</b> EIN-PN 37-1362137-001

<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	FCSC/WALTON COUNTY 401(K) PLAN
<b>b</b>	Name of plan sponsor	FCSC/WALTON COUNTY
<b>c</b>	EIN-PN	59-2643266-001
<b>a</b>	Plan name	GEORGE UHE CO, INC. RETIREMENT AND 401(K) PLAN
<b>b</b>	Name of plan sponsor	GEORGE UHE CO., INC.
<b>c</b>	EIN-PN	13-5520180-001
<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	ILLINOIS INTERNATIONAL TRAVEL, LTD. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ILLINOIS INTERNATIONAL TRAVEL, LTD.
<b>c</b>	EIN-PN	36-2957959-001
<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	KAA DESIGN GROUP, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	KAA DESIGN GROUP, INC.
<b>c</b>	EIN-PN	95-4631555-001
<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	KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN
<b>b</b>	Name of plan sponsor	KETTMANN MACHINING INC.
<b>c</b>	EIN-PN	26-4023756-001
<b>a</b>	Plan name	KIMBERLITE 401(K) PLAN
<b>b</b>	Name of plan sponsor	KIMBERLITE CORPORATION
<b>c</b>	EIN-PN	77-0444505-001
<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	GUARDHILL FINANCIAL LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	GUARDHILL FINANCIAL LLC
<b>c</b>	EIN-PN	13-3670961-001
<b>a</b>	Plan name	INTEGRATED LEADERSHIP SYSTEMS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	INTEGRATED LEADERSHIP SYSTEMS
<b>c</b>	EIN-PN	94-3462501-001

<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 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>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	KOVACS SECURITY SYSTEMS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KOVACS SECURITY SYSTEMS INC	<b>c</b> EIN-PN 11-2806156-001
<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	ABRAZO HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABRAZO HOMES	<b>c</b> EIN-PN 26-0515234-001
<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	NAPCO OIL HEAT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAPCO OIL HEAT CORP.	<b>c</b> EIN-PN 11-2629891-001
<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	NOEL'S INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NOEL'S, INC.	<b>c</b> EIN-PN 85-0206170-001
<b>a</b>	Plan name	ATLANTIC CONCRETE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC CONCRETE COMPANY, INC.	<b>c</b> EIN-PN 51-0171445-001
<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

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 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 PK HOUSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PK HOUSING AND MANAGEMENT COMPANY	<b>c</b> EIN-PN 38-2964283-001
<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 ROY SAKUMA PRODUCTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROY SAKUMA PRODUCTIONS, INC.	<b>c</b> EIN-PN 99-0173485-001
<b>a</b>	Plan name RPM ENGINEERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RPM ENGINEERS, INC.	<b>c</b> EIN-PN 33-0725779-001
<b>a</b>	Plan name C & M GIANT TIRE, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor C & M GIANT TIRE, LLC	<b>c</b> EIN-PN 61-1372158-001
<b>a</b>	Plan name C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor C & S DRAPERIES, INC.	<b>c</b> EIN-PN 77-0072946-001
<b>a</b>	Plan name C2RL, INC. ENGINEERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor C2RL, INC. ENGINEERS	<b>c</b> EIN-PN 62-1838912-001
<b>a</b>	Plan name CLEARPATH WORKFORCE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEARPATH WORKFORCE MANAGEMENT, INC.	<b>c</b> EIN-PN 94-3374899-001
<b>a</b>	Plan name COLBY CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLBY CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 39-1418936-001
<b>a</b>	Plan name SKY BLUE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SKY BLUE BUILDERS, LLC	<b>c</b> EIN-PN 20-8411005-001
<b>a</b>	Plan name STRAUBE ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STRAUBE ASSOCIATES, INC.	<b>c</b> EIN-PN 94-1521643-001

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 EO TECHNICAL SOLUTIONS RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor EO TECHNICAL SOLUTIONS LLC	<b>c</b> EIN-PN 80-0517205-001
<b>a</b>	Plan name EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EPIC HEALTHCARE MANAGEMENT, LLC	<b>c</b> EIN-PN 27-4757579-001
<b>a</b>	Plan name W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor W. BRUCE CLARK, M.D., P.C.	<b>c</b> EIN-PN 14-1659231-002
<b>a</b>	Plan name FIDELITY ROOF COMPANY, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FIDELITY ROOF COMPANY INC.	<b>c</b> EIN-PN 94-1326440-003
<b>a</b>	Plan name AMERICAN HYDROPONICS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUN CIRCLE, INC. DBA AMERICAN HYDROPONICS	<b>c</b> EIN-PN 68-0013191-001
<b>a</b>	Plan name BEACON HOSPITAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEACON HOSPITAL MANAGEMENT, INC.	<b>c</b> EIN-PN 27-3174264-002
<b>a</b>	Plan name BEARDOWADAMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEARDOWADAMS, INC.	<b>c</b> EIN-PN 99-0372789-001
<b>a</b>	Plan name CAMINO FEDERAL CREDIT UNION 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor CAMINO FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1676228-002
<b>a</b>	Plan name CAMPBELL UROLOGY, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAMPBELL UROLOGY P.A.	<b>c</b> EIN-PN 75-2712166-001
<b>a</b>	Plan name CANTON CENTER CHIROPRACTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CANTON CENTER CHIROPRACTIC CLINIC	<b>c</b> EIN-PN 40-0016691-001
<b>a</b>	Plan name COMPREHENSIVE HEALTHCARE MANAGEMENT SYSTEMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPREHENSIVE HEALTHCARE MANAGEMENT	<b>c</b> EIN-PN 22-3532069-001
<b>a</b>	Plan name DAVIS & PLOMIN, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DAVIS & PLOMIN MECHANICAL, INC.	<b>c</b> EIN-PN 61-1153242-777

<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	DAY SECKLER LLP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DAY SECKLER LLP	<b>c</b> EIN-PN 26-2310586-001
<b>a</b>	Plan name	DECON LABORATORIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DECON LABORATORIES, INC.	<b>c</b> EIN-PN 23-2097317-002
<b>a</b>	Plan name	ERC CONCEPTS CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ERC CONCEPTS COMPANY	<b>c</b> EIN-PN 77-0344798-002
<b>a</b>	Plan name	FLASH RAISE FUNDING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLASH RAISE FUNDING, LLC	<b>c</b> EIN-PN 87-2600294-001
<b>a</b>	Plan name	FLOW-FX PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	<b>c</b> EIN-PN 37-1650185-001
<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	HABITAT FOR HUMANITY NEW CASTLE COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HABITAT FOR HUMANITY NEW CASTLE COUNTY	<b>c</b> EIN-PN 51-0294138-001
<b>a</b>	Plan name	HALVORSEN DEVELOPMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HALVORSEN DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 65-0445337-001
<b>a</b>	Plan name	J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J. J. MAUGET COMPANY, INC.	<b>c</b> EIN-PN 95-1968672-002
<b>a</b>	Plan name	J. MILANO CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J. MILANO CO., INC.	<b>c</b> EIN-PN 94-1653879-001
<b>a</b>	Plan name	JAFCO AMERICA VENTURES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAFCO AMERICA VENTURES, INC. DBA ICON VENTURES	<b>c</b> EIN-PN 94-2948334-001
<b>a</b>	Plan name	JANESVILLE TOOL & MANUFACTURING CO. SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	JANESVILLE TOOL & MANUFACTURING, INC	<b>c</b> EIN-PN 39-0958881-001

<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	NUBEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEST & COMPANY HAIRCUTTERS, LTD, D.B.A. NUBEST	<b>c</b> EIN-PN 11-2302223-001
<b>a</b>	Plan name	OLAN LAW CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLAN LAW CORP.	<b>c</b> EIN-PN 95-4690783-001
<b>a</b>	Plan name	PNB REMITTANCE CENTERS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PNB REMITTANCE CENTERS INC.	<b>c</b> EIN-PN 94-3136317-001
<b>a</b>	Plan name	POLSINELLO FUELS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POLSINELLO FUELS, INC.	<b>c</b> EIN-PN 14-1495096-002
<b>a</b>	Plan name	POQUET AUTO SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POQUET AUTO SALES, INC.	<b>c</b> EIN-PN 41-1888983-001
<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	PRECISION FABRICATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION FABRICATING GROUP	<b>c</b> EIN-PN 47-1669880-001
<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
<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	SY KATZ PRODUCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SY KATZ PRODUCE, INC.	<b>c</b> EIN-PN 59-2069613-002

<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	TBDM LAW PLLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	TBDM LAW PLLC	<b>c</b> EIN-PN 33-1623607-001
<b>a</b>	Plan name	UNITED WAY OF THE OCOEE REGION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNITED WAY OF THE OCOEE REGION, INC.	<b>c</b> EIN-PN 62-0548418-001
<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	WEST COAST CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST COAST CONSULTING, LLC	<b>c</b> EIN-PN 33-0838176-001
<b>a</b>	Plan name	WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST GEORGIA EYE CARE CENTER	<b>c</b> EIN-PN 58-1075293-001
<b>a</b>	Plan name	WESTERN REGIONS NECA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN REGIONS NECA	<b>c</b> EIN-PN 33-0670046-333
<b>a</b>	Plan name	ANCHORS, SMITH, AND GRIMSLEY, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANCHORS, SMITH AND GRIMSLEY, P.A.	<b>c</b> EIN-PN 59-1219936-001
<b>a</b>	Plan name	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	<b>c</b> EIN-PN 95-4887678-001
<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	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	CES GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CES GROUP DBA CES, ERG AND NOVACOM	<b>c</b> EIN-PN 52-2356815-001
<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

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="#">DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIPONIO CONTRACTING, INC.</a>	<b>c</b> EIN-PN <a href="#">20-8039399-001</a>
<b>a</b>	Plan name <a href="#">DIVERSIFIED WIRE &amp; CABLE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIVERSIFIED WIRE &amp; CABLE, INC.</a>	<b>c</b> EIN-PN <a href="#">38-3444410-001</a>
<b>a</b>	Plan name <a href="#">FREYENHAGEN CONSTRUCTION INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FREYENHAGEN CONSTRUCTION INC.</a>	<b>c</b> EIN-PN <a href="#">81-0540738-001</a>
<b>a</b>	Plan name <a href="#">FRIEDMAN RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">FRIEDMAN RESEARCH CORPORATION</a>	<b>c</b> EIN-PN <a href="#">77-0514000-002</a>
<b>a</b>	Plan name <a href="#">JIFRAM EXTRUSIONS, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JIFRAM EXTRUSIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1388044-001</a>
<b>a</b>	Plan name <a href="#">JMK GROUP, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JMK GROUP, INC. DBA THE AGENCY</a>	<b>c</b> EIN-PN <a href="#">95-4133869-001</a>
<b>a</b>	Plan name <a href="#">MARAN, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARAN, INC.</a>	<b>c</b> EIN-PN <a href="#">94-2444640-777</a>
<b>a</b>	Plan name <a href="#">MARONI CUISINE 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARONI CUISINE</a>	<b>c</b> EIN-PN <a href="#">11-3585206-001</a>
<b>a</b>	Plan name <a href="#">PALPILOT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PALPILOT INTERNATIONAL CORP.</a>	<b>c</b> EIN-PN <a href="#">77-0320008-001</a>
<b>a</b>	Plan name <a href="#">SEDER ORTHODONTIC, LTD. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEDER ORTHODONTIC, LTD.</a>	<b>c</b> EIN-PN <a href="#">46-3619282-001</a>
<b>a</b>	Plan name <a href="#">SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SELECTRODE INDUSTRIES, INC.</a>	<b>c</b> EIN-PN <a href="#">11-2677850-002</a>
<b>a</b>	Plan name <a href="#">THE BENNETT GROUP 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">BENNETT CHRYSLER, DODGE, JEEP LLC</a>	<b>c</b> EIN-PN <a href="#">58-2366187-001</a>

<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	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	BERK EYE CARE CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERK EYE CARE CENTER	<b>c</b> EIN-PN 31-1261693-001
<b>a</b>	Plan name	DELTA METALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELTA METALS, INC.	<b>c</b> EIN-PN 58-0812732-001
<b>a</b>	Plan name	DEM GROUP, LLC MULTIPLE EMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEM GROUP, LLC	<b>c</b> EIN-PN 36-4625473-333
<b>a</b>	Plan name	HARDMAN CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARDMAN CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2236416-001
<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	MACRI CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MACRI CONCRETE, INC.	<b>c</b> EIN-PN 25-1823760-001
<b>a</b>	Plan name	MANITOWOC MARINA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANITOWOC MARINA LLC	<b>c</b> EIN-PN 45-3057530-001
<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	TECHNOFLO SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TECHNOFLO SYSTEMS	<b>c</b> EIN-PN 77-0557580-001
<b>a</b>	Plan name	TEMPTED APPAREL CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEMPTED APPAREL CORP.	<b>c</b> EIN-PN 95-4561017-001

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 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>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 LEADER GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP	<b>c</b> EIN-PN 16-1597759-001
<b>a</b>	Plan name THE PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE PEOPLES BANK COMPANY	<b>c</b> EIN-PN 34-4327300-002
<b>a</b>	Plan name THE QUINLAN LAW FIRM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE QUINLAN LAW FIRM, LLC	<b>c</b> EIN-PN 13-4347801-001
<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 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>a</b>	Plan name HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIGHTOWERS PETROLEUM CO.	<b>c</b> EIN-PN 31-1151689-001
<b>a</b>	Plan name HOFFMAN FORDLAND 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HOFFMAN FORD SALES, INC.	<b>c</b> EIN-PN 23-1477451-003
<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 MHI 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MHI	<b>c</b> EIN-PN 95-4336411-001
<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

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>BLUSTEIN, SHAPIRO, FRANK &amp; BARONE, LLP 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BLUSTEIN, SHAPIRO, FRANK &amp; BARONE, LLP</b>	<b>c</b> EIN-PN <b>13-4065219-001</b>
<b>a</b>	Plan name <b>BMCO/BVCO 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BLAIR-MARTIN CO., INC.</b>	<b>c</b> EIN-PN <b>95-1786982-001</b>
<b>a</b>	Plan name <b>BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOONE KARLBERG P.C.</b>	<b>c</b> EIN-PN <b>81-0522567-001</b>
<b>a</b>	Plan name <b>BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOSS COMMUNICATION TECHNOLOGIES, INC.</b>	<b>c</b> EIN-PN <b>99-0259632-001</b>
<b>a</b>	Plan name <b>BOURQUE MECHANICAL SYSTEMS, INC. 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOURQUE MECHANICAL SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>14-1788006-002</b>
<b>a</b>	Plan name <b>BRAHMAN CAPITAL EMPLOYEES PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRAHMAN CAPITAL</b>	<b>c</b> EIN-PN <b>13-3542470-001</b>
<b>a</b>	Plan name <b>EARLYBIRDCAPITAL, INC. 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EARLYBIRDCAPITAL, INC.</b>	<b>c</b> EIN-PN <b>65-0379410-001</b>
<b>a</b>	Plan name <b>EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAST COAST TILE IMPORTS, INC</b>	<b>c</b> EIN-PN <b>04-2730786-001</b>
<b>a</b>	Plan name <b>EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EASTERN ARMORED SERVICES, INC.</b>	<b>c</b> EIN-PN <b>22-3193394-001</b>
<b>a</b>	Plan name <b>HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC</b>	<b>c</b> EIN-PN <b>61-1403889-001</b>
<b>a</b>	Plan name <b>HOUSTON MEDICAL CONSULTANTS PC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HOUSTON MEDICAL CONSULTANTS PC</b>	<b>c</b> EIN-PN <b>46-0754581-001</b>
<b>a</b>	Plan name <b>HRBENEFIX 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE MMGK HOLDING GROUP LLC DBA HR BENEFIX</b>	<b>c</b> EIN-PN <b>27-4391628-001</b>



<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>BLACKROCK EQUITY DIVIDEND RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>236</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>	1
<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>	22462886
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	28014652
<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>	28014653	22462886
<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>	28014653	22462886

**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>	2570925	
<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>		2570925

**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>		2570925
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		2125962
(2) From this plan .....	<b>2l(2)</b>		10248654

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