

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 VALUE INDEX RET ACCT
1b Three-digit plan number (PN): 355
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

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 VALUE INDEX RET ACCT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>355</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 1 SOURCE BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor 1 SOURCE BUSINESS SOLUTIONS, LLC	c EIN-PN 27-3793520-333
a	Plan name ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor ARMER/NORMAN & ASSOCIATES	c EIN-PN 94-1686016-001
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 CUNNINGHAM, FOREHAND, MATHEWS & MOORE, ARCHITECTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CUNNINGHAM, FOREHAND, MATTHEWS & MOORE ARCHITECTS, INC.	c EIN-PN 58-0871550-001
a	Plan name ERS PLAN	
b	Name of plan sponsor UNIVERSAL SITE SERVICES	c EIN-PN 94-1602345-001
a	Plan name EVERLAST SYNTHETIC PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor EVERLAST SYNTHETIC PRODUCTS, LLC	c EIN-PN 20-3088560-001
a	Plan name 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 GMH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor GMH ASSOCIATES, INC.	c EIN-PN 23-2618889-001
a	Plan name INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor NASHEVE, INC.	c EIN-PN 20-8664693-001

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	INTELLIPRO SERVICE MEP	
b	Name of plan sponsor	INTELLIPRO SERVICE INC.	c EIN-PN 83-3224197-001
a	Plan name	INTERNATIONAL MARKETING STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNATIONAL MARKETING STRATEGIES	c EIN-PN 52-1523774-001
a	Plan name	INTERPLAN LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERPLAN, LLC	c EIN-PN 59-3667640-001
a	Plan name	LINCOLN LAND SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	LINCOLN LAND SERVICES, LLC	c EIN-PN 20-5535148-001
a	Plan name	LOCAL 360 401(K) AND SEVERANCE PLAN	
b	Name of plan sponsor	LOCAL 360	c EIN-PN 22-2450938-009
a	Plan name	LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	c EIN-PN 37-1654147-001
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
a	Plan name	NATIONAL CHILDREN'S CANCER SOCIETY 401(K) PLAN	
b	Name of plan sponsor	NATIONAL CHILDREN'S CANCER SOCIETY	c EIN-PN 37-1227890-001
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 401(K) PLAN	
b	Name of plan sponsor	PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095592-002

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 PGS/GS DENTISTRY 401K PLAN	
b	Name of plan sponsor PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095590-001
a	Plan name PHASE GENOMICS, INC. 401(K) PLAN	
b	Name of plan sponsor PHASE GENOMICS, INC.	c EIN-PN 47-3296977-001
a	Plan name PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	c EIN-PN 84-1864152-001
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 ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
b	Name of plan sponsor ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	c EIN-PN 99-0222900-001
a	Plan name TAG GOALPATH SOLUTIONS 401(K) RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874768-001
a	Plan name TBC CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor TBC CONSTRUCTION INC	c EIN-PN 45-2195554-001
a	Plan name 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 UNISOURCE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor UNISOURCE SOLUTIONS, INC.	c EIN-PN 95-4117599-001
a	Plan name A LA CARTE FOODS 401(K) PLAN	
b	Name of plan sponsor A LA CARTE	c EIN-PN 81-2972833-001
a	Plan name A&J VINEYARD SUPPLY INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor A&J VINEYARD SUPPLY INC.	c EIN-PN 26-1669835-001

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	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
a	Plan name	ASSISTED HOME HEALTH AND HOSPICE 401(K) PLAN	
b	Name of plan sponsor	ASSISTED HOME RECOVERY, INC.	c EIN-PN 95-4242428-001
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	C.L. KNOX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	C L KNOX, INC.	c EIN-PN 95-4626834-001
a	Plan name	CADILLAC OF MAHWAH LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CADILLAC OF MAHWAH LLC	c EIN-PN 01-0950579-001
a	Plan name	CVR ASSOCIATES, INC. 401(K)	
b	Name of plan sponsor	CVR ASSOCIATES, INC.	c EIN-PN 04-3273457-777
a	Plan name	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	EVOLUTION MECHANICAL LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	EVOLUTION MECHANICAL LLC	c EIN-PN 81-4132663-001
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	GREAT MOUNTAIN PARTNERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GREAT MOUNTAIN PARTNERS LLC	c EIN-PN 84-3463093-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	J & L HOLDINGS, INC. 401(K) PLAN	
b Name of plan sponsor	J & L HOLDINGS, INC.	c EIN-PN 91-2146403-001
a Plan name	LYMAN LAW FIRM 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	LYMAN LAW FIRM	c EIN-PN 46-5291861-001
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	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	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	SAN DIEGO THEATRES, INC. 401(K) PLAN	
b Name of plan sponsor	SAN DIEGO THEATRES, INC.	c EIN-PN 14-1886373-001
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	TEALL CAPITAL PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TEALL CAPITAL PARTNERS, LLC	c EIN-PN 83-0591973-222
a Plan name	TECHNOFLO SYSTEMS 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TECHNOFLO SYSTEMS	c EIN-PN 77-0557580-001
a Plan name	TEE BAR CORPORATION 401K PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	TEE BAR CORPORATION	c EIN-PN 14-1437138-001

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 TEKSECUTE TECHNOLOGY GROUP 401K PLAN	
b	Name of plan sponsor TEKSECUTE TECHNOLOGY GROUP, LLC	c EIN-PN 01-0548119-001
a	Plan name UNIVERSAL TANK & FABRICATION INC. 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL TANK & FABRICATION INC.	c EIN-PN 94-4428204-001
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
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 GREENWOOD MOTORS 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor GREENWOOD MOTORS	c EIN-PN 77-0560344-001
a	Plan name GROWING GENERATIONS 401(K) PLAN	
b	Name of plan sponsor GROWING GENERATIONS	c EIN-PN 95-4619204-001
a	Plan name GUHROO 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EXECUTIVE RESOURCE GROUP LLC DBA GUHROO	c EIN-PN 46-4868112-001
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

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 CONGRESS LAKE COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CONGRESS LAKE COMPANY	c EIN-PN 34-0160950-001
a	Plan name HAWTHORNE CHEVROLET 401(K) PLAN	
b	Name of plan sponsor HAWTHORNE CHEVROLET	c EIN-PN 22-0981720-001
a	Plan name HDR REMODELING 401(K) PLAN & TRUST	
b	Name of plan sponsor HDR REMODELING	c EIN-PN 94-3204168-001
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 PRICE COMPANIES, INC. 401(K) PLAN	
b	Name of plan sponsor THE PRICE COMPANIES, INC.	c EIN-PN 71-0388495-001
a	Plan name A.M.E. INC. 401(K)	
b	Name of plan sponsor A.M.E. INC.	c EIN-PN 22-3603962-001
a	Plan name J & L WINES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J & L WINES, INC.	c EIN-PN 25-1434953-001
a	Plan name J COSMETIC SERVICES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor J COSMETIC SERVICES, LLC DBA PERILLO COLLISION CENTER	c EIN-PN 20-3181332-001
a	Plan name J. MILANO CO., INC. 401(K) PLAN	
b	Name of plan sponsor J. MILANO CO., INC.	c EIN-PN 94-1653879-001
a	Plan name V & A INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor V & A INC.	c EIN-PN 26-3968624-001
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 JR STRUCTURAL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JR STRUCTURAL ENGINEERING, INC.	c EIN-PN 94-3347891-001

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 JRB ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JRB ASSOCIATES, INC.	c EIN-PN 05-0504611-001
a	Plan name KAHUA 401(K) PLAN	
b	Name of plan sponsor KAHUA INC.	c EIN-PN 27-0523308-001
a	Plan name W.L. MARKERS, INC. 401(K) PLAN	
b	Name of plan sponsor W.L. MARKERS, INC.	c EIN-PN 31-1657131-001
a	Plan name ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC. DISCRETIONARY DEFINED CONTRIBUTION / 401(K) PLAN	
b	Name of plan sponsor ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC.	c EIN-PN 95-4223153-001
a	Plan name ASTI'S SOUTH HILLS PHARMACY LLC RETIREMENT PLAN	
b	Name of plan sponsor C & G HEALTH SOLUTIONS DBA ASTIS SOUTH HILLS PHARMACY	c EIN-PN 45-5632914-001
a	Plan name ATHERTON & ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor ATHERTON & ASSOCIATES LLP	c EIN-PN 94-1239084-001
a	Plan name BEAR INDUSTRIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor BEAR INDUSTRIES, INC.	c EIN-PN 72-0861682-001
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 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 CALCAGNI & KANEFSKY LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALCAGNI & KANEFSKY LLP	c EIN-PN 81-2712035-001
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

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	CALSOFT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALSOFT SYSTEMS	c EIN-PN 33-0593327-001
a	Plan name	CAMINO FEDERAL CREDIT UNION 401(K) PROFIT SHARING	
b	Name of plan sponsor	CAMINO FEDERAL CREDIT UNION	c EIN-PN 95-1676228-002
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	NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	c EIN-PN 51-0306007-001
a	Plan name	OM SHIV SAI GURU INC. PENSION PLAN	
b	Name of plan sponsor	OM SHIV SAI GURU INC.	c EIN-PN 26-2926035-777
a	Plan name	CENTRIC 401(K) PLAN	
b	Name of plan sponsor	CENTRIC CONSTRUCTION, INC.	c EIN-PN 81-0608550-001
a	Plan name	CHAPCO, INC. 401(K) PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	CHAPCO, INC.	c EIN-PN 06-0947088-001
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	PMI KYOTO 401(K) PLAN	
b	Name of plan sponsor	PMI KYOTO PACKAGING SYSTEMS, INC.	c EIN-PN 36-3900736-001
a	Plan name	POLLUX SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	POLLUX SYSTEMS, INC.	c EIN-PN 35-1813327-001

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 DARRYL BURKE DDS PC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor DARRYL BURKE DDS PC	c EIN-PN 94-3297654-001
a	Plan name DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor DAVE ARBOGAST GROUP, INC.	c EIN-PN 31-1409301-001
a	Plan name DBHMS 401(K) PLAN	
b	Name of plan sponsor NEST BUILDERS, INC D/B/A DBHMS	c EIN-PN 35-2185639-001
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 PURPLE USA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PURPLE USA, INC.	c EIN-PN 46-4128782-001
a	Plan name DONIGER/BURROUGHS 401(K)	
b	Name of plan sponsor DONIGER/BURROUGHS	c EIN-PN 27-4329677-001
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 SCULLY SPORTSWEAR 401(K) PLAN	
b	Name of plan sponsor SCULLY SPORTSWEAR, INC.	c EIN-PN 95-2240766-001
a	Plan name F.W. ASSOCIATES, INC. SALARY DEFERRAL PLAN	
b	Name of plan sponsor F.W. ASSOCIATES, INC.	c EIN-PN 94-2841974-001
a	Plan name FACTORY DIRECT SUPPLY WPB, LLC 401(K) PLAN	
b	Name of plan sponsor FACTORY DIRECT SUPPLY WPB LLC	c EIN-PN 46-2159293-001
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

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	AUTISM SPECTRUM CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUTISM SPECTRUM CONSULTANTS, INC.	c EIN-PN 20-0401114-001
a	Plan name	MARY ANN HANLON INC. 401(K) PLAN	
b	Name of plan sponsor	MARY ANN HANLON INC.	c EIN-PN 31-1479865-001
a	Plan name	MATCHSTICK VENTURES LLC 401(K) PLAN	
b	Name of plan sponsor	MATCHSTICK VENTURES LLC	c EIN-PN 47-2994395-001
a	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002
a	Plan name	BENO J. GUNDLACH COMPANY 401(K) PLAN	
b	Name of plan sponsor	BJG INVESTMENTS COMPANY	c EIN-PN 46-1578021-002
a	Plan name	BEST BRANDS 401(K) PLAN	
b	Name of plan sponsor	BEST BRANDS INC.	c EIN-PN 62-1177514-001
a	Plan name	BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BETTER NEWSPAPERS, INC.	c EIN-PN 37-1300470-001
a	Plan name	NORTHWEST 401(K) BENEFITS GROUP	
b	Name of plan sponsor	SOUND FORD, INC	c EIN-PN 91-0906207-001
a	Plan name	NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC.	c EIN-PN 31-1528403-001
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
a	Plan name	CAPITAL AUTO BODY 401(K) PLAN	
b	Name of plan sponsor	CAPITAL AUTO BODY DBA FIX AUTO COLUMBUS	c EIN-PN 47-3943596-222
a	Plan name	CAPRICORN SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPRICORN SYSTEMS, INC.	c EIN-PN 58-2514176-002

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	CARE MANAGEMENT, INC. 401(K) PLAN
b	Name of plan sponsor	CARE MANAGEMENT, INC.
c	EIN-PN	11-3117425-001
a	Plan name	CARSON & ACASIO DENTAL OFFICE 401K PROFIT SHARING PLAN
b	Name of plan sponsor	CARSON & ACASIO DENTAL PARTNERSHIP
c	EIN-PN	87-3791350-001
a	Plan name	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	OUTBOARD MOTOR SHOP 401(K) PLAN
b	Name of plan sponsor	OUTBOARD MOTOR SHOP
c	EIN-PN	94-3159599-001
a	Plan name	PRECISION 2000 401(K) PLAN
b	Name of plan sponsor	PRECISION 2000, INC.
c	EIN-PN	58-2427359-001
a	Plan name	PRESIDIO EMPLOYEE CO LLC 401(K) PLAN
b	Name of plan sponsor	PRESIDIO EMPLOYEE CO LLC
c	EIN-PN	82-5116779-001
a	Plan name	PRINT AND GRAPHICS RETIREMENT PLAN
b	Name of plan sponsor	PRINTING INDUSTRIES ALLIANCE
c	EIN-PN	16-1037029-001
a	Plan name	DECON LABORATORIES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DECON LABORATORIES, INC.
c	EIN-PN	23-2097317-002
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	EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	EAR MEDICAL GROUP, P.A.
c	EIN-PN	74-2283401-001
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

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 RAIDER OUTBOARDS 401(K) PLAN	
b	Name of plan sponsor RAIDER OUTBOARDS INC.	c EIN-PN 47-3627794-001
a	Plan name SDS STORES & SLS BIG BOY 401K PLAN	
b	Name of plan sponsor SDS STORES & SLS BIG BOY RESTAURANTS	c EIN-PN 20-1759333-001
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 SECRET CHARM 401(K) PLAN	
b	Name of plan sponsor SECRET CHARM	c EIN-PN 73-1678960-001
a	Plan name SENIOR SOLUTIONS FOR SENIOR CARE, LLC 401(K) PLAN	
b	Name of plan sponsor SENIOR SOLUTIONS FOR SENIOR CARE, LLC	c EIN-PN 47-2345213-001
a	Plan name FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FERREIRA CONSTRUCTION CO., INC.	c EIN-PN 22-3334957-001
a	Plan name FERREIRA POWER GROUP, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor FERREIRA POWER GROUP, LLC	c EIN-PN 81-4055817-001
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 FOUST FOUNDATIONS 401(K) PLAN	
b	Name of plan sponsor FOUST FOUNDATIONS, INC.	c EIN-PN 39-2021879-001
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 ST. JOHN MEDICAL ENDEAVORS, INC. 401(K) PLAN	
b	Name of plan sponsor ST. JOHN MEDICAL ENDEAVORS, INC.	c EIN-PN 45-2411775-001

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 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 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 VET CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE VET CLINIC	c EIN-PN 88-0671082-001
a	Plan name THE WORTHE REAL ESTATE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE WORTHE REAL ESTATE GROUP, INC.	c EIN-PN 95-4521084-001
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 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 JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-777
a	Plan name JERMAN FAMILY DENTISTRY, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JERMAN FAMILY DENTISTRY, LTD	c EIN-PN 31-1731223-001
a	Plan name VANGUARD ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor VANGUARD ENERGY PARTNERS, LLC	c EIN-PN 26-4685348-002
a	Plan name ALLIANCE BUS GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLIANCE BUS GROUP, INC.	c EIN-PN 27-4466560-001
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 KERN, INC. 401(K) PLAN	
b	Name of plan sponsor KERN, INC.	c EIN-PN 22-3538481-001

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	KESTREL TELLEVATE LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KESTREL TELLEVATE LLC	c EIN-PN 45-2180090-001
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	ADVANCED VISION CARE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ADVANCED VISION CARE	c EIN-PN 27-3268070-001
a	Plan name	AIMSUN, INC. 401(K) PLAN	
b	Name of plan sponsor	AIMSUN INC.	c EIN-PN 46-0525028-001
a	Plan name	AMERICA'S RETIREMENT PLAN	
b	Name of plan sponsor	R.E. BERLA LIMITED	c EIN-PN 46-0999083-002
a	Plan name	AMERICAN CONCRETE EMPLOYEE'S RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN CONCRETE, INC.	c EIN-PN 58-2060679-001
a	Plan name	B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
b	Name of plan sponsor	B&S ELECTRIC SUPPLY CO., INC.	c EIN-PN 58-1278855-001
a	Plan name	BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	BADGER TRUCK & AUTOMOTIVE GROUP	c EIN-PN 39-1044839-002
a	Plan name	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	CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
b	Name of plan sponsor	CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	c EIN-PN 15-0235250-777
a	Plan name	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	c EIN-PN 68-0025437-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DIRECT A/V 401K PLAN	
b	Name of plan sponsor	DIRECT A/V	c EIN-PN 95-4735867-003
a	Plan name	FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER SOUTH 401(K)	c EIN-PN 88-2909820-001
a	Plan name	FETTE FORD 401(K) PLAN	
b	Name of plan sponsor	FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name	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
a	Plan name	HOSPICE OF SAN JOAQUIN 401(K) PLAN	
b	Name of plan sponsor	HOSPICE OF SAN JOAQUIN	c EIN-PN 94-2777980-005
a	Plan name	JOLI DIAGNOSTIC, INC. 401(K) PLAN	
b	Name of plan sponsor	JOLI DIAGNOSTIC, INC.	c EIN-PN 16-1454895-001
a	Plan name	JONES & SONS PLUMBING AND AIR, INC. 401(K) PLAN	
b	Name of plan sponsor	JONES & SONS PLUMBING AND AIR, INC.	c EIN-PN 85-0668622-001
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

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 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 KOSHIBA & PRICE, AAL, ALC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KOSHIBA & PRICE, AAL, ALC	c EIN-PN 99-0173346-001
a	Plan name MATTRESS DIRECT 401(K) PLAN	
b	Name of plan sponsor MATTRESS DIRECT, LLC	c EIN-PN 72-1502440-001
a	Plan name MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MAUER CHEVROLET	c EIN-PN 26-4600875-777
a	Plan name MAVERICK MIDWEST 401(K) PLAN	
b	Name of plan sponsor MAVERICK MIDWEST LLC	c EIN-PN 82-2181672-001
a	Plan name MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP	c EIN-PN 11-3481599-001
a	Plan name MAX SALES GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAX SALES GROUP, INC.	c EIN-PN 20-3694079-001
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
a	Plan name MILLARD WIRE COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MILLARD WIRE CO.	c EIN-PN 05-0460409-001
a	Plan name MILLER MAYS & ASSOCIATES LLC 401(K) PLAN	
b	Name of plan sponsor MILLER MAYS & ASSOCIATES, LLC	c EIN-PN 45-4818677-001
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 OHIO FACIAL PLASTICS 401(K) PLAN	
b	Name of plan sponsor OHIO FACIAL PLASTICS	c EIN-PN 81-2875464-001

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 PACIFIC TRANSPORTATION LINES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC TRANSPORTATION LINES, INC.	c EIN-PN 99-0269857-001
a	Plan name PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN	
b	Name of plan sponsor PALM BEACH HEALTH CONSULTING	c EIN-PN 92-1435276-001
a	Plan name PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROFESSIONAL EYE ASSOCIATES, INC.	c EIN-PN 58-1148820-001
a	Plan name PROFILE RACING INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor PROFILE RACING, INC.	c EIN-PN 22-1921633-001
a	Plan name PROVEN PARTNERS MANUFACTURING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PROVEN PARTNERS MANUFACTURING	c EIN-PN 20-2145505-001
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 SKYVIEW CHOICE, LLC 401(K) PLAN	
b	Name of plan sponsor SKYVIEW CHOICE, LLC	c EIN-PN 82-3517647-001
a	Plan name STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor STANGENES INDUSTRIES, INC.	c EIN-PN 94-2247016-001
a	Plan name 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
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 KING & SOMMER, PLLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor KING & SOMMER, PLLC	c EIN-PN 26-0673255-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE LITTLE PLUMBER RETIREMENT PLAN	
b	Name of plan sponsor	REDLANDS PLUMBING, HEATING & AIR CONDITIONING	c EIN-PN 95-0828993-001
a	Plan name	THRIVE PEO 401(K) PLAN	
b	Name of plan sponsor	THRIVE	c EIN-PN 84-4818583-001
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	VN HOME HEALTH CARE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VN HOME HEALTH CARE	c EIN-PN 47-0921521-001
a	Plan name	WASHER HILL LIPSCOMB CABANISS ARCHITECTURE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WASHER HILL LIPSCOMB CABANISS ARCHITECTURE LLC	c EIN-PN 86-1091681-001
a	Plan name	AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN	
b	Name of plan sponsor	AMERICAN PILE AND FOUNDATION, LLC	c EIN-PN 32-0400145-001
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	AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES	c EIN-PN 88-0159433-001
a	Plan name	AMERICARE, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICARE, INC.	c EIN-PN 11-2608743-002
a	Plan name	BLUSH MED SPA 401(K) PLAN	
b	Name of plan sponsor	BLUSH CT, LLC	c EIN-PN 83-2891621-001
a	Plan name	BOARDMAN, LLC 401(K) PLAN	
b	Name of plan sponsor	BOARDMAN, LLC	c EIN-PN 73-1470937-003

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 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 ELITE SALES AND SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor ELITE SALES AND SOLUTIONS, INC.	c EIN-PN 46-2503930-001
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 GANAU AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor GANAU AMERICA, INC.	c EIN-PN 68-0304506-001
a	Plan name GARTH FISHER M.D., A MEDICAL CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor GARTH FISHER M.D., A MEDICAL CORP.	c EIN-PN 95-4440917-001
a	Plan name HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor WAEL ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-001
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 IAI AMERICA, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor IAI AMERICA, INC.	c EIN-PN 33-0337859-001
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 KUSTOM 401(K) PLAN	
b	Name of plan sponsor KUSTOMSCAPES & POOLS, LLC	c EIN-PN 84-2103194-001
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 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)		
<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	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	STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	STORMS DWORAK, LLC
c	EIN-PN	46-2104644-001
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	TOP HAT UNIFORM 401(K) PLAN
b	Name of plan sponsor	TOP HAT UNIFORM, INC.
c	EIN-PN	11-1979505-001
a	Plan name	WILD, CARTER AND TIPTON A PROFESSIONAL CORP 401(K) PLAN
b	Name of plan sponsor	WILD, CARTER AND TIPTON A PROFESSIONAL CORP
c	EIN-PN	94-2589967-002
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	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	BOO-KER OIL & GAS CORP. SECTION 401 (K) PLAN
b	Name of plan sponsor	BOO-KER OIL & GAS CORP.
c	EIN-PN	72-0750276-001
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	CONSTRUCTION-CAD SOLUTIONS, INC. 401K PLAN
b	Name of plan sponsor	CONSTRUCTION-CAD SOLUTIONS, INC.
c	EIN-PN	36-4253943-002
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

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 EMERALD ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EMERALD ENVIRONMENTAL, INC.	c EIN-PN 34-1765185-001
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 GASKINS LECRAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOVEREIGNS ENGINEERING & SURVEYING HOLDINGS INC DBA GASKINS LECRAW	c EIN-PN 58-1500550-002
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 INNOVANT, INC. RETIREMENT PLAN	
b	Name of plan sponsor INNOVANT, INC.	c EIN-PN 45-0499207-001
a	Plan name LANDIVAR 401(K) PLAN	
b	Name of plan sponsor LANDIVAR & ASSOCIATES, LLC	c EIN-PN 75-3088910-001
a	Plan name LAUGHING OUT LOUD, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor LAUGHING OUT LOUD, LLC	c EIN-PN 46-1324384-221
a	Plan name LAW OFFICES OF FRED C COHEN PA 401(K) PLAN	
b	Name of plan sponsor LAW OFFICES OF FRED C. COHEN P.A.	c EIN-PN 65-0219025-001
a	Plan name LEGAL ASSISTANCE FOR SENIORS 401(K) PLAN	
b	Name of plan sponsor LEGAL ASSISTANCE FOR SENIORS, INC.	c EIN-PN 94-2941697-001
a	Plan name PAUL K. WEIN M.D. P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor PAUL K. WEIN M.D. P.C.	c EIN-PN 11-2612651-001
a	Plan name RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TAG RESOURCES, LLC	c EIN-PN 62-1874774-013
a	Plan name RICE ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor RICE ENTERPRISES, LLC	c EIN-PN 27-1171330-002

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 RICHARDSON WAYLAND FERREIRA 401(K) PLAN	
b	Name of plan sponsor RICHARDSON-WAYLAND FERREIRA, LLC	c EIN-PN 93-4818877-001
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 TOURON LAW 401(K) PLAN	
b	Name of plan sponsor FRANCISCO TOURON III, LLC DBA TOURON LAW	c EIN-PN 26-3442183-001
a	Plan name TOWER ENGINEERING SOLUTIONS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOWER ENGINEERING SOLUTIONS, LLC.	c EIN-PN 46-2297448-001
a	Plan name TRANSMET CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRANSMET CORPORATION	c EIN-PN 31-0960153-001
a	Plan name TREVOR K IRISH O.D. INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor TREVOR K IRISH O.D. INC.	c EIN-PN 27-1758327-001
a	Plan name WOLF'S RIDGE BREWING 401(K)	
b	Name of plan sponsor WOLF'S RIDGE BREWING	c EIN-PN 45-4011666-001
a	Plan name MPRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MPRM, LLC	c EIN-PN 95-4676804-001
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 NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor NAMDHARI USAGRISEEDS, INC.	c EIN-PN 26-4558159-001
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 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

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 RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001
a	Plan name SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C SYSTEMS, LLC	c EIN-PN 20-1820942-001
a	Plan name SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor C SYSTEMS, LLC	c EIN-PN 20-1820942-002
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 TRIUNITY ENGINEERING AND MANAGEMENT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TRIUNITY ENGINEERING AND MANAGEMENT INC.	c EIN-PN 76-0747545-001
a	Plan name TRUE NORTH LAW 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TRUE NORTH LAW LLC	c EIN-PN 83-2936553-001
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 ANTEZANA & ANTEZANA LLC PROFIT SHARING PLAN	
b	Name of plan sponsor ANTEZANA & ANTEZANA LLC	c EIN-PN 52-2318393-001
a	Plan name APERION CARE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor APERION CARE, INC.	c EIN-PN 46-5646073-002
a	Plan name BRBC I, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BRBC I, LLC	c EIN-PN 13-4246539-001
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

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	COXSACKIE TRANSPORT INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COXSACKIE TRANSPORT INC.	c EIN-PN 14-1745890-001
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	ENGINEERING DESIGN TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ENGINEERING DESIGN TECHNOLOGIES, INC.	c EIN-PN 58-2034541-001
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	LEGON FODIMAN & SUDDUTH, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	LEGON FODIMAN & SUDDUTH, P.A.	c EIN-PN 65-0520887-001
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	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	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	K & M DISTRIBUTING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	K & M DISTRIBUTING CO., INC.	c EIN-PN 43-0863357-001
a	Plan name	TIME STRIPING, INC. 401K	
b	Name of plan sponsor	TIME STRIPING, INC.	c EIN-PN 71-0669392-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name ZAUDERER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor ZAUDERER ASSOCIATES, INC.	c EIN-PN 13-1820511-001
a	Plan name LAVANTURE PRODUCTS CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAVANTURE PRODUCTS, CO.	c EIN-PN 34-1041124-001
a	Plan name 4AP HOLDINGS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor 4AP HOLDINGS INC.	c EIN-PN 93-2433840-222
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 MPRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MPRM, LLC	c EIN-PN 95-4676804-001
a	Plan name MST FINANCIAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor MST FINANCIAL SOLUTIONS, LLC	c EIN-PN 47-2363345-001
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 ALL-AMERICAN FIRE EQUIPMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor ALL-AMERICAN FIRE EQUIPMENT INC.	c EIN-PN 31-1381503-001
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 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 ROBERTS COMPANIES 401(K) PLAN	
b	Name of plan sponsor ROBERTS COMPANIES	c EIN-PN 43-1460955-001
a	Plan name BRO-TEX CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BRO-TEX CO., INC.	c EIN-PN 41-0801968-002

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 SHOWALTER CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHOWALTER CONSTRUCTION COMPANY, INC.	c EIN-PN 56-1525236-001
a	Plan name CORE TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CORE TECHNOLOGY SOLUTIONS, INC.	c EIN-PN 57-0918602-001
a	Plan name 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 HUDSON VALLEY CHRYSLER DODGE JEEP RAM 401(K) PLAN	
b	Name of plan sponsor HUDSON VLLY AUTOMOTIVE ENTERPRISES LLC DBA HUDSON VALLEY CHRYSLER DO	c EIN-PN 46-3836303-001
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 INVO PEO, INC. 401(K) PLAN	
b	Name of plan sponsor INVO PEO, INC.	c EIN-PN 27-1067748-001
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 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 AMENDED AND RESTATED ORAL SURGERY GROUP, P.A. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor ORAL SURGERY GROUP, P.A.	c EIN-PN 22-1996401-001
a	Plan name NORTHEASTERN NONWOVENS, INC. 401(K) PLAN	
b	Name of plan sponsor NORTHEASTERN NONWOVENS, INC.	c EIN-PN 86-1130560-001
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

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	ATLANTIC CONCRETE COMPANY, INC. 401(K) PLAN
b	Name of plan sponsor	ATLANTIC CONCRETE COMPANY, INC.
c	EIN-PN	51-0171445-001
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	ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH PROFIT SHARING PLAN
b	Name of plan sponsor	ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH
c	EIN-PN	31-0569979-001
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	U.S. SMALL BUSINESS EXCHANGE 401(K) PLAN
b	Name of plan sponsor	OMNIFY RETIREMENT LLC
c	EIN-PN	82-2083836-333
a	Plan name	U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	U.S. TECHNICAL CERAMICS, INC.
c	EIN-PN	77-0333972-001
a	Plan name	ULTRA POWER CORP. 401(K) PLAN
b	Name of plan sponsor	ULTRA POWER CORP.
c	EIN-PN	14-1576983-002
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

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	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	ADMINISTRATIVE ONESOURCE 401(K) PLAN	
b	Name of plan sponsor	ADMINISTRATIVE ONESOURCE, LLC	c EIN-PN 20-0714959-001
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 FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AMERICAN FEDERATION OF MUSICIANS	c EIN-PN 22-1476432-001
a	Plan name	BALDWINVILLE VILLAGE HARDWARE INC. 401(K) PLAN	
b	Name of plan sponsor	BALDWINVILLE VILLAGE HARDWARE INC.	c EIN-PN 16-1185092-001
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	CANTEEN 401(K) RETIREMENT PROGRAM	
b	Name of plan sponsor	CANTEEN FOOD & VENDING OF COASTAL CA, INC.	c EIN-PN 95-3084005-001
a	Plan name	CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
b	Name of plan sponsor	CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	c EIN-PN 15-0235250-777
a	Plan name	COMSTOCK, CROSSER & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	COMSTOCK, CROSSER & ASSOCIATES DEVELOPMENT COMPANY, LLC	c EIN-PN 95-4665584-001
a	Plan name	EVENTS.COM 401(K) PLAN	
b	Name of plan sponsor	EVENTS.COM	c EIN-PN 80-0488603-001
a	Plan name	EXAKTIME INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EXAKTIME INNOVATIONS, INC.	c EIN-PN 01-0552589-001
a	Plan name	FLASH RAISE FUNDING 401(K) PLAN	
b	Name of plan sponsor	FLASH RAISE FUNDING, LLC	c EIN-PN 87-2600294-001

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 FORESIGHT WEST SURVEYING, INC. 401(K) PLAN	
b	Name of plan sponsor FORESIGHT WEST SURVEYING, INC.	c EIN-PN 84-0945722-001
a	Plan name KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KRAFT & KENNEDY, INC.	c EIN-PN 80-0610191-001
a	Plan name KRUSE & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor KRUSE & ASSOCIATES, INC.	c EIN-PN 73-1444019-001
a	Plan name LAKHANI & JORDAN PC 401(K) PLAN	
b	Name of plan sponsor LAKHANI & JORDAN ENGINEERS, P.C.	c EIN-PN 13-3695218-003
a	Plan name LTI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LABEL TECHNOLOGIES, INC.	c EIN-PN 39-1627601-001
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 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 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 TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor TARBELL MANAGEMENT GROUP, LLC	c EIN-PN 27-3567818-002
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 URBAN ARCHAEOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor URBAN ARCHAEOLOGY	c EIN-PN 13-2946298-001

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 US POLYCHEMICAL CORPORATION SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor US POLYCHEMICAL CORPORATION	c EIN-PN 14-1424538-001
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 OVERHEAD DOOR COMPANY OF COVINGTON, INC. 401(K) PLAN	
b	Name of plan sponsor OVERHEAD DOOR COMPANY OF COVINGTON, INC.	c EIN-PN 61-0718497-001
a	Plan name 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 ENGINEERING, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor BENCHMARK ENGINEERING, INC.	c EIN-PN 41-1752356-001
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 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 MADISON AVENUE PHYSICIANS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MADISON AVENUE PHYSICIANS, P.C.	c EIN-PN 13-4177864-001
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 TEXO MEMBERS 401(K) PLAN	
b	Name of plan sponsor TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002
a	Plan name THE QUINLAN LAW FIRM, LLC 401(K) PLAN	
b	Name of plan sponsor THE QUINLAN LAW FIRM, LLC	c EIN-PN 13-4347801-001

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	DOWLING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOWLING CORPORATION	c EIN-PN 02-0395136-001
a	Plan name	HIGH TECHNOLOGY VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGH TECHNOLOGY VIDEO, INC.	c EIN-PN 95-4518898-001
a	Plan name	EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	EAST COAST TILE IMPORTS, INC	c EIN-PN 04-2730786-001
a	Plan name	EASTERN METAL - USA-SIGN PROFIT SHARING PLAN	
b	Name of plan sponsor	EASTERN METAL - USA-SIGN	c EIN-PN 16-0757659-001
a	Plan name	EASYCARE 401(K) PLAN	
b	Name of plan sponsor	MCGRAYEL COMPANY INC.	c EIN-PN 77-0380138-001
a	Plan name	HS1 MEDICAL MANAGEMENT, INC. 401(K) PLAN	
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	
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	
b	Name of plan sponsor	REPEAT BUSINESS SYSTEMS, INC.	c EIN-PN 14-1718228-001
a	Plan name	THE VANDERVORT GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE VANDERVORT GROUP, LLC	c EIN-PN 14-1800633-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

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

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 VALUE INDEX RET ACCT	B Three-digit plan number (PN) ▶ 355
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)	30854003
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	31281327
(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	30854003	31281327
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	30854003	31281327

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)	2393335	
(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		2393335

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		2393335
l Transfers of assets:			
(1) To this plan.....	2l(1)		4635457
(2) From this plan	2l(2)		6601468

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 _____.