

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: TA BLACKROCK LIFEPATH INDEX RETIREMENT RET ACCT
1b Three-digit plan number (PN): 417
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%;"></td> </tr> </table>	5																					
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>			6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																					
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.	OMB No. 1210-0110 <hr/> 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>TA BLACKROCK LIFEPATH INDEX RETIREMENT RET ACCT</u>	B Three-digit plan number (PN)	<u>417</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 AOMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A-O-M-S PLLC	c EIN-PN 81-4839752-001
a	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AOW CONSTRUCTION LLC	c EIN-PN 83-2875089-001
a	Plan name ARACOR, INC. 401 (K) PLAN	
b	Name of plan sponsor ARACOR, INC.	c EIN-PN 74-1480428-002
a	Plan name CHAMPION WIRE AND CABLE 401(K) PLAN	
b	Name of plan sponsor CHAMPION WIRE AND CABLE LLC	c EIN-PN 11-3253340-001
a	Plan name CHICAGOLAND INDEPENDENT AUCTION, INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor CHICAGOLAND INDEPENDENT AUCTION, INC.	c EIN-PN 85-3122017-001
a	Plan name CICERONE ADVISERS LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CICERONE ADVISERS, LLC	c EIN-PN 06-1601609-001
a	Plan name ECHO INDUSTRIAL, INC. 401(K) PLAN	
b	Name of plan sponsor ECHO INDUSTRIAL, INC.	c EIN-PN 73-1686642-001
a	Plan name FSP POWERTEK, INC. 401(K) PLAN	
b	Name of plan sponsor FSP POWERTEK, INC.	c EIN-PN 45-4614696-001
a	Plan name FUNGUS FIGHTERS TERMITE & CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FUNGUS FIGHTERS TERMITE & CONSTRUCTION, INC.	c EIN-PN 68-0297799-001
a	Plan name FURNITURE MARKETING GROUP, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor FMG, INC.	c EIN-PN 75-1774792-001
a	Plan name MONACO GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONACO, INC.	c EIN-PN 33-0512544-001
a	Plan name MONAHAN LAW GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MONAHAN LAW GROUP, LLC	c EIN-PN 45-4055483-001

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 MONTANO MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor MONTANO MOTORS, INC.	c EIN-PN 74-2392667-002
a	Plan name MONTIEL BROTHERS INC. 401(K) PLAN	
b	Name of plan sponsor MONTIEL BROTHERS INC. D/B/A PALO VERDE HOMES	c EIN-PN 57-1238851-001
a	Plan name MOOREFIELD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOOREFIELD CONSTRUCTION, INC.	c EIN-PN 95-3419477-002
a	Plan name PARK EAST CARDIOLOGY ASSOCIATES, P.C. SAVINGS PLAN	
b	Name of plan sponsor PARK EAST CARDIOLOGY ASSOCIATES, P.C.	c EIN-PN 11-2920020-001
a	Plan name PBC INDUSTRIAL SUPPLIES, INC. 401(K) PLAN	
b	Name of plan sponsor PBC INDUSTRIAL SUPPLIES, INC.	c EIN-PN 72-0833717-001
a	Plan name PERCY HOEK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PERCY HOEK, INC.	c EIN-PN 11-2125950-001
a	Plan name SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor SELECTRODE INDUSTRIES, INC.	c EIN-PN 11-2677850-002
a	Plan name SEWON AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor SEWON AMERICA, INC.	c EIN-PN 26-1971648-001
a	Plan name SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SHANGRI-LA INTERNATIONAL HOTELS, INC.	c EIN-PN 95-3876666-001
a	Plan name THOROUGHbred SOFTWARE INTERNATIONAL, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor THOROUGHbred SOFTWARE INTERNATIONAL, INC.	c EIN-PN 22-2427223-401
a	Plan name THUNDERBIRD SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THUNDERBIRD SUPPLY COMPANY	c EIN-PN 85-0227746-002
a	Plan name TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION RETIREMENT TRUST	
b	Name of plan sponsor TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION	c EIN-PN 95-4352606-001

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	TKNG TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor	TKNG TRANSPORTATION, INC.	c EIN-PN 20-8626215-001
a	Plan name	TOM HENNES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TOM HENNES INC.	c EIN-PN 13-3692440-002
a	Plan name	TOPAZ SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	TOPAZ SYSTEMS, INC.	c EIN-PN 77-0402671-002
a	Plan name	WORKFIT MEDICAL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WORKFIT MEDICAL LLC	c EIN-PN 13-4208386-001
a	Plan name	YORK INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	YORK INDUSTRIES, INC.	c EIN-PN 11-2195076-001
a	Plan name	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	LAW OFFICES OF TRAVIS GAGNIER, INC. P.S. RETIREMENT TRUST	
b	Name of plan sponsor	LAW OFFICES OF TRAVIS GAGNIER, INC. P.S.	c EIN-PN 91-1904079-001
a	Plan name	LEEMAN ARCHITECTURAL 401(K) PLAN	
b	Name of plan sponsor	LEEMAN CONSTRUCTION COMPANY, INC.	c EIN-PN 58-1793770-001
a	Plan name	ABC OF IOWA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ABC OF IOWA	c EIN-PN 42-1029016-001
a	Plan name	ABILITIES FIRST, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ABILITIES FIRST, INC.	c EIN-PN 14-1467427-002
a	Plan name	MPA MEDIA 401(K) PLAN	
b	Name of plan sponsor	MAXWELL PETERSEN ASSOCIATES, INC.	c EIN-PN 95-3788215-001
a	Plan name	MR ARCHITECTURE & DECOR P.C. 401(K) PLAN	
b	Name of plan sponsor	MR ARCHITECTURE & DECOR, P.C.	c EIN-PN 13-4115412-001

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	MY HR PROS 401(K) PLAN	
b	Name of plan sponsor	MY HR PROS	c EIN-PN 71-0772119-333
a	Plan name	AIR SYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR SYSTEMS LLC	c EIN-PN 61-1497192-001
a	Plan name	AIR TREK, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	AIR TREK, INC.	c EIN-PN 59-9999998-889
a	Plan name	NEW YORK CENTER FOR REHABILITATION AND NURSING EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	NEW YORK REHABILITATION CARE MANAGEMENT, LLC DBA NY CENTER FOR REHAB	c EIN-PN 11-3626586-002
a	Plan name	NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
b	Name of plan sponsor	NEWBROOK INSURANCE AGENCY, INC.	c EIN-PN 11-2718154-001
a	Plan name	ARTHUR R. GREN CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARTHUR R. GREN CO., INC.	c EIN-PN 16-0777488-777
a	Plan name	PERKINS MANUFACTURING NON-UNION 401(K) PLAN	
b	Name of plan sponsor	PERKINS MANUFACTURING	c EIN-PN 36-2809543-001
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	PHI RETIREMENT PLAN	
b	Name of plan sponsor	PARAPROFESSIONAL HEALTHCARE INSTITUTE	c EIN-PN 13-3575492-001
a	Plan name	RICHIE & GUERINGER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RICHIE & GUERINGER, P.C.	c EIN-PN 74-2744788-777
a	Plan name	RICHLINE GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RICHLINE GROUP, INC.	c EIN-PN 26-0232774-001
a	Plan name	RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001

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	RIVERHEAD NISSAN 112 401(K) PLAN	
b	Name of plan sponsor	RIVERHEAD AUTO MALL	c EIN-PN 11-2888474-001
a	Plan name	ROBERTS COMPANIES 401(K) PLAN	
b	Name of plan sponsor	ROBERTS COMPANIES	c EIN-PN 43-1460955-001
a	Plan name	BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	BRONX CENTER FOR REHABILITATION AND HEALTHCARE	c EIN-PN 13-4021585-001
a	Plan name	BUILDERS 401(K) PLAN	
b	Name of plan sponsor	MHP BUILDERS, INC.	c EIN-PN 26-4034743-001
a	Plan name	CIPEX 401(K) PLAN	
b	Name of plan sponsor	CIPEX INTERNATIONAL, LTD.	c EIN-PN 95-3751982-001
a	Plan name	CLEAR PEO, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CLEAR PEO, LLC	c EIN-PN 35-2535759-333
a	Plan name	SIELKEN DAVIS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SIELKEN DAVIS, LLC	c EIN-PN 20-4365146-001
a	Plan name	CONTINENTAL EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTINENTAL EXPRESS, INC	c EIN-PN 34-1434240-001
a	Plan name	CORD CONTRACTING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	CORD CONTRACTING CO., INC.	c EIN-PN 11-3194814-003
a	Plan name	CORE TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CORE TECHNOLOGY SOLUTIONS, INC.	c EIN-PN 57-0918602-001
a	Plan name	CORTECH, LLC 401(K) PLAN	
b	Name of plan sponsor	CORTECH, LLC	c EIN-PN 58-2449456-001
a	Plan name	ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ST. JOSEPH HOLDINGS, LLC	c EIN-PN 80-0109664-001

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 STEPHEN PERLITSH, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor STEPHEN M. PERLITSH, P.C.	c EIN-PN 13-3805593-001
a	Plan name STEVE BEAN CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor STEVE BEAN CONSTRUCTION, INC.	c EIN-PN 73-1499089-001
a	Plan name EFFINGHAM BUILDERS SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor EFFINGHAM BUILDERS SUPPLY, INC.	c EIN-PN 37-1287109-002
a	Plan name ELLENOS 401(K) PLAN	
b	Name of plan sponsor REAL GREEK LLC	c EIN-PN 45-5592934-001
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 TOPCO SALES 401(K) PLAN	
b	Name of plan sponsor TOPCO SALES	c EIN-PN 45-5582989-001
a	Plan name TRIUMPH HOSPITALITY GROUP PLAN	
b	Name of plan sponsor TRIUMPH HOSPITALITY GROUP, LLC	c EIN-PN 13-4201198-001
a	Plan name TRUE NORTH HUMAN CAPITAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRUE NORTH HUMAN CAPITAL, LLC	c EIN-PN 47-4797475-777
a	Plan name TURBO EXCHANGE 401(K) SAVINGS PLAN	
b	Name of plan sponsor TURBO EXCHANGE	c EIN-PN 75-1842998-001
a	Plan name VALENTE YEAST COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VALENTE YEAST COMPANY, INC.	c EIN-PN 11-2437305-001
a	Plan name VAZ BROS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VAZ BROS, INC.	c EIN-PN 91-1787391-001
a	Plan name VINCO, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor VINCO, INC.	c EIN-PN 41-1874693-001

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 FABER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor FABER ASSOCIATES, INC.	c EIN-PN 22-1550176-001
a	Plan name GEORGIA PAIN MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GEORGIA PAIN MANAGEMENT	c EIN-PN 30-0008411-001
a	Plan name GLOBAL BROADBAND SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL BROADBAND SOLUTIONS, LLC	c EIN-PN 54-1871592-001
a	Plan name GMH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor GMH ASSOCIATES, INC.	c EIN-PN 23-2618889-001
a	Plan name HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUNT ENTERPRISES, INC.	c EIN-PN 11-2236013-001
a	Plan name HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor HUTCHINSON AUTOMOTIVE, INC.	c EIN-PN 20-5463282-001
a	Plan name ILLINOIS INTERNATIONAL TRAVEL, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor ILLINOIS INTERNATIONAL TRAVEL, LTD.	c EIN-PN 36-2957959-001
a	Plan name ILMDA 401(K) EMPLOYER PLAN	
b	Name of plan sponsor ILLINOIS LUMBER AND MATERIAL DEALERS ASSOCIATION	c EIN-PN 37-0344130-002
a	Plan name INFORMATION TECHNOLOGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor INFORMATION TECHNOLOGY PARTNERS	c EIN-PN 39-1737556-001
a	Plan name KAA DESIGN GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KAA DESIGN GROUP, INC.	c EIN-PN 95-4631555-001
a	Plan name KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KELLIHER/SAMETS, LTD.	c EIN-PN 03-0270393-001
a	Plan name KIMBERLITE 401(K) PLAN	
b	Name of plan sponsor KIMBERLITE CORPORATION	c EIN-PN 77-0444505-001

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 GREATER INDIANAPOLIS CHAMBER OF COMMERCE THRIFT AND SAVINGS PLAN	
b	Name of plan sponsor GREATER INDIANAPOLIS CHAMBER OF COMMERCE	c EIN-PN 35-0412920-002
a	Plan name GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GROUP MANAGEMENT SERVICES, INC.	c EIN-PN 34-1707723-001
a	Plan name INNOVANT, INC. UNION 401(K) PLAN	
b	Name of plan sponsor INNOVANT, INC.	c EIN-PN 45-0499207-002
a	Plan name ISHR 401(K) PLAN	
b	Name of plan sponsor ISHR, LLC.	c EIN-PN 26-1160348-333
a	Plan name ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor ISLAND PALM COMMUNITIES, LLC	c EIN-PN 20-1108750-001
a	Plan name KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor KINGBRIGHT COMPANY, LLC.	c EIN-PN 46-0987944-001
a	Plan name KINNEY MANAGEMENT SERVICES, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor KINNEY MANAGEMENT SERVICES, LLC	c EIN-PN 56-2620013-002
a	Plan name KOVACS SECURITY SYSTEMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor KOVACS SECURITY SYSTEMS INC	c EIN-PN 11-2806156-001
a	Plan name LIDDELL BROTHERS, INC. 401(K) PLAN	
b	Name of plan sponsor LIDDELL BROTHERS, INC.	c EIN-PN 04-3553967-001
a	Plan name LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	c EIN-PN 36-3584029-002
a	Plan name LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLENNIUM ADVISORS, INC. DBA LIVING CARE LIFESTYLES	c EIN-PN 91-1644545-001
a	Plan name LOCAL UNION 18, IBEW 401(K) PLAN	
b	Name of plan sponsor LOCAL UNION 18, IBEW	c EIN-PN 95-0865960-001

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	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	ABRAZO HOMES 401(K) PLAN	
b	Name of plan sponsor	ABRAZO HOMES	c EIN-PN 26-0515234-001
a	Plan name	ACF WEST 401(K) PLAN	
b	Name of plan sponsor	NW GEOSYNTHETICS, INC. DBA ACF WEST, INC.	c EIN-PN 93-1052778-001
a	Plan name	N.I.T. INC. 401(K) PLAN	
b	Name of plan sponsor	NETWORK INFRASTRUCTURE TECHNOLOGIES, INC.	c EIN-PN 06-1649373-001
a	Plan name	NAPA VALLEY FAMILY MEDICAL GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	NAPA VALLEY FAMILY MEDICAL GROUP, INC.	c EIN-PN 68-0258366-001
a	Plan name	ALPHARETTA CONVENTION & VISITORS BUREAU 401(K) PLAN	
b	Name of plan sponsor	ALPHARETTA CONVENTION & VISITORS BUREAU	c EIN-PN 58-2418260-001
a	Plan name	AMBASSADOR PERSONNEL, INC. 401(K) PLAN	
b	Name of plan sponsor	AMBASSADOR PERSONNEL, INC.	c EIN-PN 27-4676978-001
a	Plan name	NMS PROPERTY SERVICES CORP. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	NMS PROPERTY SERVICES CORPORATION	c EIN-PN 95-4848549-001
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	NORTHROCK DENTAL 401(K) PLAN	
b	Name of plan sponsor	NORTHROCK DENTAL, P.A.	c EIN-PN 48-0858037-001
a	Plan name	ATLANTIC SMART TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC SMART TECHNOLOGIES, INC.	c EIN-PN 20-1523617-001
a	Plan name	AVANTE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	AVANTE GROUP, INC.	c EIN-PN 65-1033707-001

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	PHOENIX WOODWORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHOENIX WOODWORKS	c EIN-PN 94-3288279-001
a	Plan name	ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC.	c EIN-PN 27-2479460-001
a	Plan name	ROSINA FOOD PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROSINA FOOD PRODUCTS, INC.	c EIN-PN 16-0876738-002
a	Plan name	RPM ENGINEERS, INC. 401(K) PLAN	
b	Name of plan sponsor	RPM ENGINEERS, INC.	c EIN-PN 33-0725779-001
a	Plan name	SAINT COLMAN'S HOME, INC. 401(K) PLAN	
b	Name of plan sponsor	SAINT COLMAN'S HOME, INC.	c EIN-PN 14-1338501-001
a	Plan name	SALES TO INDUSTRY CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	SALES TO INDUSTRY	c EIN-PN 11-2032808-003
a	Plan name	CLUB CARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CLUB CARE, INC.	c EIN-PN 11-3106265-001
a	Plan name	COMMERCIAL ENERGY 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL ENERGY OF MONTANA, INC.	c EIN-PN 84-1413218-002
a	Plan name	CRUICKSHANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRUICKSHANK, INC.	c EIN-PN 58-1409679-001
a	Plan name	STONY POINT DENTAL, PC	
b	Name of plan sponsor	STONY POINT DENTAL, PC	c EIN-PN 27-2392177-002
a	Plan name	STRATUS.HR RETIREMENT PLAN	
b	Name of plan sponsor	STRATUS.HR	c EIN-PN 45-3548842-333
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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TWEEZERMAN INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor TWEEZERMAN INTERNATIONAL, LLC	c EIN-PN 20-1872710-001
a	Plan name U.S. ARMOR CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor U.S. ARMOR CORPORATION	c EIN-PN 95-4068319-001
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 U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor U3 ADVISORS, INC.	c EIN-PN 46-4252021-001
a	Plan name ULTRA POWER CORP. 401(K) PLAN	
b	Name of plan sponsor ULTRA POWER CORP.	c EIN-PN 14-1576983-002
a	Plan name W.R. COLE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W.R. COLE & ASSOCIATES, INC.	c EIN-PN 61-0940946-002
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 WASHINGTON MEDICAL PC 401(K) PLAN	
b	Name of plan sponsor WASHINGTON MEDICAL, P.C.	c EIN-PN 13-4323150-001
a	Plan name FIDELITY ROOF COMPANY, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor FIDELITY ROOF COMPANY INC.	c EIN-PN 94-1326440-003
a	Plan name FINALLY RESTAURANTS 401(K) PLAN	
b	Name of plan sponsor FINALLY, INC.	c EIN-PN 81-0541002-001
a	Plan name FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK	c EIN-PN 13-5604180-002
a	Plan name ADMINISTRATIVE ONESOURCE 401(K) PLAN	
b	Name of plan sponsor ADMINISTRATIVE ONESOURCE, LLC	c EIN-PN 20-0714959-001

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	AGC SELECT 401(K)	
b	Name of plan sponsor	AGC SELECT 401(K)	c EIN-PN 74-0490820-002
a	Plan name	AGS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	AGS SERVICES, LLC	c EIN-PN 83-2603713-001
a	Plan name	AMERICAN SUBCONTRACTORS ASSOCIATION OF COLORADO 401(K) PLAN	
b	Name of plan sponsor	AMERICAN SUBCONTRACTORS ASSOCIATION OF COLORADO	c EIN-PN 84-0639802-001
a	Plan name	AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AMIEE LYNN, INC.	c EIN-PN 65-1160566-001
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	BALKAN MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BALKAN MANUFACTURING, INC.	c EIN-PN 94-2574978-001
a	Plan name	BEEZLEY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEEZLEY MANAGEMENT LLC	c EIN-PN 71-0938631-001
a	Plan name	CALL A HEAD CORP RETIREMENT PLAN	
b	Name of plan sponsor	CALL A HEAD CORP	c EIN-PN 11-3635650-001
a	Plan name	CAM 401(K) PLAN	
b	Name of plan sponsor	C&A MACHINE AND REPAIR SERVICE	c EIN-PN 74-1915871-001
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	CONFIDENCE PLUMBING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	CONFIDENCE PLUMBING COMPANY, INC.	c EIN-PN 84-1073735-001
a	Plan name	CONSENSUS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONSENSUS INC.	c EIN-PN 95-4236230-001

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 CVR ASSOCIATES, INC. 401(K)	
b	Name of plan sponsor CVR ASSOCIATES, INC.	c EIN-PN 04-3273457-777
a	Plan name DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor DAYTON ROGERS MANUFACTURING COMPANY	c EIN-PN 41-0844462-002
a	Plan name DEBRINO CAULKING ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor DEBRINO CAULKING ASSOCIATES, INC.	c EIN-PN 14-1588127-001
a	Plan name EVERGREEN INFORMATION TECHNOLOGY SERVICES, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EVERGREEN TECHNOLOGY	c EIN-PN 52-2258038-001
a	Plan name EXCELL HOME CARE 401(K) PLAN	
b	Name of plan sponsor EXCELL HOME CARE, INC.	c EIN-PN 03-0403112-001
a	Plan name FOCUS HOPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FOCUS HOPE	c EIN-PN 38-1948285-002
a	Plan name GUARDIAN CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor GUARDIAN CREDIT UNION	c EIN-PN 39-0334442-002
a	Plan name HAPPY FACES CHILDREN'S CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor HAPPY FACES CHILDREN'S CENTER, LLC	c EIN-PN 20-1362273-001
a	Plan name ISLAND SURGICAL PROFIT SHARING PLAN	
b	Name of plan sponsor ISLAND SURGICAL AND VASCULAR GROUP P.C.	c EIN-PN 11-2232585-005
a	Plan name ISOLVED 401-K PLAN	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-310
a	Plan name J.J.L.G. MOTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J.J.L.G. MOTORS, INC.	c EIN-PN 13-4181580-001
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

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	KRUSE & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	KRUSE & ASSOCIATES, INC.	c EIN-PN 73-1444019-001
a	Plan name	LA PALOMA 401(K) PLAN	
b	Name of plan sponsor	LA PALOMA FUNERAL SERVICES	c EIN-PN 26-0296007-001
a	Plan name	LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	LOVEJOY CONTROLS CORPORATION	c EIN-PN 39-1297009-001
a	Plan name	LRS ARCHITECTS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	LRS ARCHITECTS, INC.	c EIN-PN 93-1259453-001
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	LUMINUS DIAGNOSTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	LUMINUS DIAGNOSTICS, LLC	c EIN-PN 45-4133635-001
a	Plan name	LUSCO PAPER COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	LUSCO PAPER COMPANY, INC.	c EIN-PN 14-0849890-001
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	NUBEST 401(K) PLAN	
b	Name of plan sponsor	BEST & COMPANY HAIRCUTTERS, LTD, D.B.A. NUBEST	c EIN-PN 11-2302223-001
a	Plan name	OCEAN ELECTRIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor	OCEAN ELECTRIC CORPORATION	c EIN-PN 11-3172942-001
a	Plan name	PORT 401(K) PLAN	
b	Name of plan sponsor	THE PORT GROUP	c EIN-PN 11-2145400-001
a	Plan name	SAUNA360 INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAUNA360 INC.	c EIN-PN 41-1502759-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SBARRO, INC.	c EIN-PN 11-2501939-001
a	Plan name	SC RETIREMENT PLAN	
b	Name of plan sponsor	SUNLED COMPANY, LLC.	c EIN-PN 46-0992147-001
a	Plan name	SCHMELING CONSTRUCTION CO. PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHMELING CONSTRUCTION CO.	c EIN-PN 36-2687104-001
a	Plan name	SOURCEPOINTEHR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SOURCEPOINTEHR, LLC	c EIN-PN 26-3800519-001
a	Plan name	SOUTHERN STRUCTURAL STEEL, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN STRUCTURAL STEEL, INC.	c EIN-PN 54-1809752-001
a	Plan name	SOUTHMINSTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor	SOUTHMINSTER SCHOOL	c EIN-PN 76-0030225-001
a	Plan name	SPENSIERI DIVERSIFIED, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPENSIERI DIVERSIFIED, LLC	c EIN-PN 26-4073098-001
a	Plan name	SPORTIME RETIREMENT PLAN	
b	Name of plan sponsor	SPORTIME CLUBS, LLC	c EIN-PN 11-3224021-222
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	SUN ENGINEERING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUN ENGINEERING SERVICES, INC.	c EIN-PN 33-0312587-001
a	Plan name	SUNCOOK DENTAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUNCOOK FAMILY DENTISTRY DBA SUNCOOK DENTAL	c EIN-PN 02-0371806-001
a	Plan name	T.R. GOLDSMITH & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	T.R. GOLDSMITH & SON, INC.	c EIN-PN 16-0750517-001

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	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	URBAN ARCHAEOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	URBAN ARCHAEOLOGY	c EIN-PN 13-2946298-001
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	USG SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	USG SERVICES, LLC	c EIN-PN 45-4658823-001
a	Plan name	CENCAL INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENCAL INSURANCE SERVICES, INC.	c EIN-PN 68-0120370-002
a	Plan name	CENTRAL STAFF SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CENTRAL STAFF SERVICES, INC.	c EIN-PN 11-3586360-222
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	CERRI & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CERRI & SON, INC.	c EIN-PN 45-3450785-001
a	Plan name	CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CHAMPION SOLUTIONS GROUP, INC.	c EIN-PN 59-2347579-001
a	Plan name	DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	DOCTOR & ASSOCIATES	c EIN-PN 06-0857902-001
a	Plan name	FORTRON/SOURCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FORTRON/SOURCE CORPORATION	c EIN-PN 94-2912689-001
a	Plan name	FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor	FOUTZ & BURSUM CONSTRUCTION CO., INC.	c EIN-PN 85-0115169-002

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 FRANK EVANS CO. 401(K) PLAN	
b	Name of plan sponsor FRANK EVANS COMPANY, INC.	c EIN-PN 04-2422078-001
a	Plan name JEFF WILSON POOL SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor JEFF WILSON POOL SERVICE, INC.	c EIN-PN 59-2596150-001
a	Plan name JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
b	Name of plan sponsor JETSON TV & APPLIANCE CENTERS, INC.	c EIN-PN 59-1508381-001
a	Plan name MARAN, INC. RETIREMENT PLAN	
b	Name of plan sponsor MARAN, INC.	c EIN-PN 94-2444640-777
a	Plan name MARONI CUISINE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARONI CUISINE	c EIN-PN 11-3585206-001
a	Plan name MAVERICK SOFTWARE CONSULTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAVERICK SOFTWARE CONSULTING	c EIN-PN 41-1979904-001
a	Plan name ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC.	c EIN-PN 54-1247912-001
a	Plan name OUTSOURCE SOLUTIONS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OUTSOURCE SOLUTIONS, LLC	c EIN-PN 27-1547735-001
a	Plan name OVERTON, RUSSELL, DOERR AND DONOVAN, LLP 401(K) PLAN	
b	Name of plan sponsor OVERTON, RUSSELL, DOERR AND DONOVAN, LLP	c EIN-PN 14-1625607-001
a	Plan name PALPILOT 401(K) PLAN	
b	Name of plan sponsor PALPILOT INTERNATIONAL CORP.	c EIN-PN 77-0320008-001
a	Plan name SEFI FABRICATORS 401(K) SAVINGS PLAN	
b	Name of plan sponsor P & M LLC DBA SEFI FABRICATORS	c EIN-PN 11-3380649-001
a	Plan name SEIU HEALTHCARE MICHIGAN RETIREMENT PLAN	
b	Name of plan sponsor SEIU HEALTHCARE MICHIGAN	c EIN-PN 01-0897469-001

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 BENNETT GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BENNETT CHRYSLER, DODGE, JEEP LLC	c EIN-PN 58-2366187-001
a	Plan name THE ECRM CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	c EIN-PN 34-1752681-001
a	Plan name THE LAW OFFICES OF VINCENT TOOMEY, ESQ. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE LAW OFFICES OF VINCENT TOOMEY, ESQ.	c EIN-PN 11-3039057-001
a	Plan name WILDER AUTO RETIREMENT PLAN	
b	Name of plan sponsor WILDER AUTO GROUP, INC. DBA WILDER TOYOTA	c EIN-PN 91-1130065-001
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 BENCHMARK TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor BENCHMARK TECHNOLOGY GROUP, INC.	c EIN-PN 58-1639110-001
a	Plan name BETTINGER CO., INC. 401(K) PLAN	
b	Name of plan sponsor BETTINGER CO., INC.	c EIN-PN 23-2536584-001
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 PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DELTA PACKAGING, INC.	c EIN-PN 23-2424721-001
a	Plan name DELTA-RAY INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DELTA-RAY INDUSTRIES, INC.	c EIN-PN 06-1547159-001
a	Plan name DENNIS BETHEL AND ASSOCIATES ENGINEERING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DENNIS BETHEL AND ASSOCIATES ENGINEERING	c EIN-PN 95-3751455-001

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 MACASAET CPA, INC. 401(K) PLAN	
b	Name of plan sponsor EARL B. MACASAET CPA, INC.	c EIN-PN 95-4733946-001
a	Plan name MACROVEY 401(K) PLAN	
b	Name of plan sponsor MACROVEY, LLC	c EIN-PN 45-5205376-001
a	Plan name PRECISION FABRICATING 401(K) PLAN	
b	Name of plan sponsor PRECISION FABRICATING GROUP	c EIN-PN 47-1669880-001
a	Plan name PRECISION PAVING OF TAMPA, INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION PAVINGS	c EIN-PN 59-2359657-001
a	Plan name PREMIER HOUSING MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor PREMIER HOUSING MANAGEMENT, LLC	c EIN-PN 27-3531707-001
a	Plan name PRIMEGLOBAL SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor PRIMEGLOBAL	c EIN-PN 36-2983725-001
a	Plan name PROFIT SHARING & 401(K) PLAN FOR JOSEPH M. NUNEZ, DDS INC.	
b	Name of plan sponsor JOSEPH M. NUNEZ, DDS INC.	c EIN-PN 77-0502698-001
a	Plan name PROVIDENCE CATHOLIC SCHOOL 401(K) PLAN	
b	Name of plan sponsor PROVIDENCE CATHOLIC SCHOOL, INC.	c EIN-PN 74-1222275-001
a	Plan name TECHNICOM SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor TECHNICOM SERVICES, INC. DBA INTERBAY TECHNOLOGIES	c EIN-PN 36-4412325-001
a	Plan name QUALITY PAYROLL & BENEFITS 401(K) PLAN	
b	Name of plan sponsor QUALITY PAYROLL & BENEFITS	c EIN-PN 35-2175330-001
a	Plan name R.C.I. PLBG INC. 401(K) PLAN	
b	Name of plan sponsor R.C.I. PLBG INC.	c EIN-PN 45-2239899-001
a	Plan name RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RED RIVER MANAGEMENT	c EIN-PN 30-0220873-001

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 PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE PEOPLES BANK COMPANY	c EIN-PN 34-4327300-002
a	Plan name	THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	POWER DOOR PRODUCTS, INC.	c EIN-PN 13-2746069-001
a	Plan name	BILL'S BOOKKEEPING SERVICES 401(K) PLAN	
b	Name of plan sponsor	BILL'S BOOKKEEPING SERVICES, LLC	c EIN-PN 27-0420780-001
a	Plan name	BIOGENEX LABORATORIES FLEXPLUS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BIOGENEX LABORATORIES, INC.	c EIN-PN 94-2768927-001
a	Plan name	BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BK MILL & FIXTURES	c EIN-PN 94-2366234-001
a	Plan name	BLAU PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor	BLAU PLUMBING, INC.	c EIN-PN 39-1031201-002
a	Plan name	BLEDSOE, DIESTEL, TREPPA & CRANE LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLEDSOE, DIESTEL, TREPPA & CRANE LLP	c EIN-PN 94-1259547-002
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	DR. STIG PEITERSEN 401(K) PLAN	
b	Name of plan sponsor	DR. STIG PEITERSEN, M.D., P.A.	c EIN-PN 75-2684703-001
a	Plan name	DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DURHAM CONSTRUCTION COMPANY, INC.	c EIN-PN 02-0642097-001
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	HIRANI ENGINEERING & LAND SURVEYING, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HIRANI ENGINEERING & LAND SURVEYING, PC	c EIN-PN 11-3467754-001

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	MCKINSEY STEEL 401(K) PLAN
b	Name of plan sponsor	MCKINSEY STEEL & SUPPLY OF FLORIDA, INC.
c	EIN-PN	59-2293118-001
a	Plan name	MEDICALERT 401(K) PLAN
b	Name of plan sponsor	MEDICALERT FOUNDATION UNITED STATES, INC.
c	EIN-PN	94-1494446-002
a	Plan name	MICHAEL'S / MFH, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	MICHAEL'S / MFH, INC.
c	EIN-PN	31-1117594-001
a	Plan name	EARLYBIRDCAPITAL, INC. 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	EARLYBIRDCAPITAL, INC.
c	EIN-PN	65-0379410-001
a	Plan name	EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	EASTERN ARMORED SERVICES, INC.
c	EIN-PN	22-3193394-001
a	Plan name	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	EASTSIDE GLASS AND SEALANTS 401(K) RETIREMENT PLAN
b	Name of plan sponsor	EASTSIDE GLASS CONTRACT GLAZING SPECIALISTS COMPANY DBA EASTSIDE
c	EIN-PN	26-1564849-001
a	Plan name	HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC
c	EIN-PN	61-1403889-001
a	Plan name	MILAN INSTITUTE PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	AMARILLO COLLEGE OF HAIRDRESSING DBA MILAN INSTITUTE
c	EIN-PN	75-1640547-001
a	Plan name	MILESTONE PRESENTATIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	MILESTONE PRESENTATION, LLC
c	EIN-PN	84-1350240-001
a	Plan name	MIRRAM GROUP INCENTIVE SAVINGS PLAN & TRUST
b	Name of plan sponsor	MIRRAM GROUP, LLC
c	EIN-PN	13-4066469-002
a	Plan name	RETIRE READY 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	RETIRE READY
c	EIN-PN	20-1826963-333

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	RICE FINANCIAL PRODUCTS L.P. 401(K) PLAN AND TRUST	
b Name of plan sponsor	RICE DERIVATIVE HOLDINGS, L.P.	c EIN-PN 13-3750267-001

a Plan name	THE ROYSTER GROUP, INC. 401(K) PLAN	
b Name of plan sponsor	THE ROYSTER GROUP, INC.	c EIN-PN 58-2639075-001

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

a Plan name		
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

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

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.	<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 TA BLACKROCK LIFEPATH INDEX RETIREMENT RET ACCT	B Three-digit plan number (PN) ▶ 417
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)	72921575
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	61045904
(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	72921575	61045904
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	72921575	61045904

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)	4252761	
(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		4252761

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		4252761
l Transfers of assets:			
(1) To this plan.....	2l(1)		6410167
(2) From this plan	2l(2)		22538599

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 _____.