

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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: JPMORGAN LARGE CAP GROWTH RET ACCT
1b Three-digit plan number (PN): 013
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): 83-1098532
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.

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>JPMORGAN LARGE CAP GROWTH RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>013</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>83-1098532</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUTLER, FITZGERALD & FIVESON, P.C.	<b>c</b> EIN-PN 20-2841166-001
<b>a</b>	Plan name	CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CROWN CRAFTS, INC.	<b>c</b> EIN-PN 58-0678148-002
<b>a</b>	Plan name	CTI CONTROLTECH, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CTI CONTROLTECH, INC.	<b>c</b> EIN-PN 46-0470086-002
<b>a</b>	Plan name	ENTERRA SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ENTERRA SOLUTIONS, LLC	<b>c</b> EIN-PN 30-0002607-001
<b>a</b>	Plan name	ENVIRO-TOTE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENVIRO-TOTE, INC.	<b>c</b> EIN-PN 02-0445490-001
<b>a</b>	Plan name	ETHOS BEHAVIORAL HEALTH GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ETHOS BEHAVIORAL HEALTH GROUP, LLC	<b>c</b> EIN-PN 84-2484878-001
<b>a</b>	Plan name	EVERLAST SYNTHETIC PRODUCTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERLAST SYNTHETIC PRODUCTS, LLC	<b>c</b> EIN-PN 20-3088560-001
<b>a</b>	Plan name	GLOBAL MACHINE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL MACHINE BROKERS, LLC	<b>c</b> EIN-PN 20-8173703-001
<b>a</b>	Plan name	GOLDEN YEARS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WP OPERATING LLC	<b>c</b> EIN-PN 46-5595093-001
<b>a</b>	Plan name	INTEGRITY HR MANAGEMENT, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY HR MANAGEMENT, LLC	<b>c</b> EIN-PN 82-0860806-001
<b>a</b>	Plan name	INTERNAL MED ID ASSOCIATES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INTERNAL MED ID ASSOCIATES, LLC	<b>c</b> EIN-PN 20-8374419-001
<b>a</b>	Plan name	INTERTEK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERTEK, LLC	<b>c</b> EIN-PN 20-3491428-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name LOCUS DESIGN COLLABORATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOCUS DESIGN COLLABORATIVE	<b>c</b> EIN-PN 81-4796699-001
<b>a</b>	Plan name LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	<b>c</b> EIN-PN 37-1654147-001
<b>a</b>	Plan name NATIONAL DOMESTIC WORKERS ALLIANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL DOMESTIC WORKERS ALLIANCE	<b>c</b> EIN-PN 35-2420942-001
<b>a</b>	Plan name NAUTICAL VENTURES GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor NAUTICAL VENTURES GROUP, INC.	<b>c</b> EIN-PN 46-4362332-001
<b>a</b>	Plan name NCA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEVADA CARDIOLOGY ASSOCIATES	<b>c</b> EIN-PN 88-0293130-001
<b>a</b>	Plan name ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
<b>b</b>	Name of plan sponsor ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	<b>c</b> EIN-PN 99-0222900-001
<b>a</b>	Plan name ROUGH OPENINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROUGH OPENINGS, LLC	<b>c</b> EIN-PN 47-3331910-001
<b>a</b>	Plan name TWIST BRANDS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TWIST BRANDS, LLC	<b>c</b> EIN-PN 85-3689218-001
<b>a</b>	Plan name UNIQUE PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIQUE PLUMBING	<b>c</b> EIN-PN 82-1924329-001
<b>a</b>	Plan name A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor A&B ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 76-0261001-001
<b>a</b>	Plan name CABRILLO HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CABRILLO HOLDINGS, LLC	<b>c</b> EIN-PN 35-2485780-001
<b>a</b>	Plan name D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor D H GRIFFIN OF TEXAS INC	<b>c</b> EIN-PN 76-0455054-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DALAD REALTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DALAD REALTY COMPANY	<b>c</b> EIN-PN 34-1001816-001
<b>a</b>	Plan name	DALY & ASSOCIATES, LLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	DALY & ASSOCIATES, LLC.	<b>c</b> EIN-PN 27-3461170-003
<b>a</b>	Plan name	EVOLVE TREATMENT CENTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVOLVE GROWTH INITIATIVE, LLC, DBA EVOLVE TREATMENT CENTERS	<b>c</b> EIN-PN 46-5716785-003
<b>a</b>	Plan name	F.G .SCHAEFER COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	F.G. SCHAEFER COMPANY, INC.	<b>c</b> EIN-PN 31-0749184-001
<b>a</b>	Plan name	GRAPHIC COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRINTING INDUSTRIES ASSOCIATION, INC. OF SOUTHERN CALIFORNIA	<b>c</b> EIN-PN 95-1501502-001
<b>a</b>	Plan name	ISOLVED 401-K PLAN	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-310
<b>a</b>	Plan name	IVY HAWN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOLUSIA CHARTER SCHOOL OF EXCELLENCE	<b>c</b> EIN-PN 30-0600042-001
<b>a</b>	Plan name	LT ROSE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LT ROSE MANAGEMENT, LLC	<b>c</b> EIN-PN 85-2823852-001
<b>a</b>	Plan name	LYMAN LAW FIRM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LYMAN LAW FIRM	<b>c</b> EIN-PN 46-5291861-001
<b>a</b>	Plan name	MAGNOLIA COMMUNITY SERVICES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAGNOLIA COMMUNITY SERVICES, INC.	<b>c</b> EIN-PN 72-0423625-001
<b>a</b>	Plan name	MAK CHEMICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAK CHEMICALS, INC.	<b>c</b> EIN-PN 45-4836928-001
<b>a</b>	Plan name	MANASWI'S ORTHOPEDIC & JOINT REPLACEMENT INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANASWI'S ORTHOPEDIC AND JOINT REPLACEMENT INSTITUTE PLLC	<b>c</b> EIN-PN 83-1463534-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">NEST-FILLER RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NF BEAUTY GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">95-4819694-001</a>
<b>a</b>	Plan name <a href="#">PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PLANSOURCE FINANCIAL SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">59-3707284-001</a>
<b>a</b>	Plan name <a href="#">SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SACATE PELLET MILLS, INC.</a>	<b>c</b> EIN-PN <a href="#">86-0509246-001</a>
<b>a</b>	Plan name <a href="#">SACCO &amp; FILLAS, LLP 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SACCO &amp; FILLAS, LLP</a>	<b>c</b> EIN-PN <a href="#">16-1706802-001</a>
<b>a</b>	Plan name <a href="#">SAMUEL P. MARTIN INSURANCE AGENCY, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SAMUEL P. MARTIN INSURANCE AGENCY, INC.</a>	<b>c</b> EIN-PN <a href="#">22-2117154-001</a>
<b>a</b>	Plan name <a href="#">TBDM LAW PLLC 401(K) P/S PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TBDM LAW PLLC</a>	<b>c</b> EIN-PN <a href="#">33-1623607-001</a>
<b>a</b>	Plan name <a href="#">UPSHIFT HR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">UPSHIFT HR</a>	<b>c</b> EIN-PN <a href="#">87-4055304-001</a>
<b>a</b>	Plan name <a href="#">FLEET DRIVER SERVICE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLEET DRIVER SERVICE, INC.</a>	<b>c</b> EIN-PN <a href="#">45-3685803-333</a>
<b>a</b>	Plan name <a href="#">SLR SERVICE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SIGMA HEALTH REHAB LLC</a>	<b>c</b> EIN-PN <a href="#">30-0565417-001</a>
<b>a</b>	Plan name <a href="#">SOLO PRINTING 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOLO PRINTING, LLC</a>	<b>c</b> EIN-PN <a href="#">59-2571138-001</a>
<b>a</b>	Plan name <a href="#">SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTH BAY FORD</a>	<b>c</b> EIN-PN <a href="#">95-4451497-001</a>
<b>a</b>	Plan name <a href="#">TEXTILES COATED, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEXTILES COATED, INC.</a>	<b>c</b> EIN-PN <a href="#">02-0385288-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE CALUDA LAW FIRM PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROBERT J CALUDA APLC	<b>c</b> EIN-PN 72-1004127-002
<b>a</b>	Plan name	HAWAII PACIFIC X-RAY CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAWAII PACIFIC X-RAY CORPORATION	<b>c</b> EIN-PN 99-0250562-001
<b>a</b>	Plan name	HERITAGE POOLS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE POOLS, LLC	<b>c</b> EIN-PN 68-0597720-001
<b>a</b>	Plan name	JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY	<b>c</b> EIN-PN 26-2257289-001
<b>a</b>	Plan name	UTAH MANUFACTURERS ASSOCIATION MEP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UTAH MANUFACTURERS ASSOCIATION	<b>c</b> EIN-PN 87-0187660-333
<b>a</b>	Plan name	VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VALENTI-HELD CONTRACTOR/DEVELOPER, INC.	<b>c</b> EIN-PN 35-1457294-001
<b>a</b>	Plan name	VALIANT CONTRACTING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VALIANT CONTRACTING LLC	<b>c</b> EIN-PN 46-0950651-001
<b>a</b>	Plan name	VALLARTA SUPERMARKETS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VALLARTA SUPERMARKETS	<b>c</b> EIN-PN 95-4704083-001
<b>a</b>	Plan name	ALABAMA GROCERS ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALABAMA GROCERS ASSOCIATION	<b>c</b> EIN-PN 63-1025911-333
<b>a</b>	Plan name	ALABAMA PLATING TECHNOLOGY	
<b>b</b>	Name of plan sponsor	ALABAMA PLATING TECH	<b>c</b> EIN-PN 83-3874580-001
<b>a</b>	Plan name	ALCON ENTERTAINMENT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALCON ENTERTAINMENT	<b>c</b> EIN-PN 62-1674411-001
<b>a</b>	Plan name	KAHUA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KAHUA INC.	<b>c</b> EIN-PN 27-0523308-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KEARNEY'S 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KEARNEY'S METALS INC.	<b>c</b> EIN-PN 94-1666953-001
<b>a</b>	Plan name	ATLAS PAYROLL RESOURCES, INC. 401(K)	
<b>b</b>	Name of plan sponsor	ATLAS PAYROLL RESOURCES, INC.	<b>c</b> EIN-PN 45-5180704-001
<b>a</b>	Plan name	ATLAS TESTING LABORATORIES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ATLAS TESTING LABORATORIES, INC.	<b>c</b> EIN-PN 95-3729677-001
<b>a</b>	Plan name	MANHATTAN BEACH TOYOTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEBO AUTOMOTIVE., DBA MANHATTAN BEACH TOYOTA	<b>c</b> EIN-PN 95-4838290-001
<b>a</b>	Plan name	MANNING LUMBER & MARINE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANNING LUMBER & MARINE, LLC	<b>c</b> EIN-PN 45-2084718-001
<b>a</b>	Plan name	MAR PAC CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAR PAC CONSTRUCTION LLC	<b>c</b> EIN-PN 91-1678599-001
<b>a</b>	Plan name	BELLINGER FAMILY, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BELLINGER DEVELOPMENT, LTD.	<b>c</b> EIN-PN 74-2831468-001
<b>a</b>	Plan name	MCINTOSH COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCINTOSH COMMUNICATIONS, INC.	<b>c</b> EIN-PN 88-0255787-001
<b>a</b>	Plan name	CAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAL, INC.	<b>c</b> EIN-PN 77-0002188-001
<b>a</b>	Plan name	CALCAGNI & KANESKY LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALCAGNI & KANESKY LLP	<b>c</b> EIN-PN 81-2712035-001
<b>a</b>	Plan name	CAMRON PUBLIC RELATIONS U.S., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAMRON PUBLIC RELATIONS U.S., LLC	<b>c</b> EIN-PN 83-3466137-001
<b>a</b>	Plan name	ONEPAYHR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONEPAYHR, LLC	<b>c</b> EIN-PN 27-2563885-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DBHMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEST BUILDERS, INC D/B/A DBHMS	<b>c</b> EIN-PN 35-2185639-001
<b>a</b>	Plan name	PURPLE USA INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PURPLE USA, INC.	<b>c</b> EIN-PN 46-4128782-001
<b>a</b>	Plan name	PWARE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PWARE, LLC	<b>c</b> EIN-PN 83-4410439-001
<b>a</b>	Plan name	DWC EXCHANGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DWC ERISA CONSULTANTS (DBA DWC - THE 401(K) EXPERTS)	<b>c</b> EIN-PN 24-2091417-001
<b>a</b>	Plan name	SCADA PRODUCTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCADA PRODUCTS, LLC	<b>c</b> EIN-PN 61-1711852-001
<b>a</b>	Plan name	SCHAAP MOVING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHAAP MOVING SYSTEMS, INC.	<b>c</b> EIN-PN 14-1465618-001
<b>a</b>	Plan name	FACTORY DIRECT SUPPLY WPB, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FACTORY DIRECT SUPPLY WPB LLC	<b>c</b> EIN-PN 46-2159293-001
<b>a</b>	Plan name	FARIA 401(K) COMMITTEE	
<b>b</b>	Name of plan sponsor	FARIA BEEDE INSTRUMENTS, INC.	<b>c</b> EIN-PN 06-0774164-001
<b>a</b>	Plan name	FARM PUMP AND IRRIGATION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FARM PUMP AND IRRIGATION COMPANY, INC.	<b>c</b> EIN-PN 95-3868044-001
<b>a</b>	Plan name	AVAMAR GASTROENTEROLOGY, INC. 401 K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVAMAR GASTROENTEROLOGY, INC.	<b>c</b> EIN-PN 34-1740051-001
<b>a</b>	Plan name	AXIOM ACQUISITION VENTURES MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AXIOM ACQUISITION VENTURES MANAGEMENT, LLC	<b>c</b> EIN-PN 85-3091143-001
<b>a</b>	Plan name	MARY ANN HANLON INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARY ANN HANLON INC.	<b>c</b> EIN-PN 31-1479865-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name MASTERLUBE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPUR OIL, INC. DBA MASTERLUBE	<b>c</b> EIN-PN 81-0369842-001
<b>a</b>	Plan name MEDICOM TECHNOLOGIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MEDICOM TECHNOLOGIES, INC	<b>c</b> EIN-PN 47-5342804-001
<b>a</b>	Plan name BENCHMARK WIRELINE PRODUCTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BENCHMARK WIRELINE PRODUCTS, INC.	<b>c</b> EIN-PN 74-2036988-001
<b>a</b>	Plan name NOBEL CARGO SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NOBEL CARGO SYSTEMS, INC.	<b>c</b> EIN-PN 65-0911588-001
<b>a</b>	Plan name NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST EYE SPECIALISTS, PLLC	<b>c</b> EIN-PN 86-0720868-005
<b>a</b>	Plan name CAROLINA DEALERSHIPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAROLINA DEALERSHIPS, INC.	<b>c</b> EIN-PN 20-0465434-001
<b>a</b>	Plan name CAROLINA DENTAL STUDIO, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAROLINA DENTAL STUDIO, PA	<b>c</b> EIN-PN 57-1089630-001
<b>a</b>	Plan name CARSON & ACASIO DENTAL OFFICE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARSON & ACASIO DENTAL PARTNERSHIP	<b>c</b> EIN-PN 87-3791350-001
<b>a</b>	Plan name P & I 401(K) AND PENSION PLAN	
<b>b</b>	Name of plan sponsor PERLITER & INGALSBE	<b>c</b> EIN-PN 95-2124423-003
<b>a</b>	Plan name PRAIRIE PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor PHARM PROPERTIES, LLC	<b>c</b> EIN-PN 75-3117555-001
<b>a</b>	Plan name PREPARING 4 TOMORROW 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARRICK MEDICAL FINANCE, LLC	<b>c</b> EIN-PN 20-8059557-001
<b>a</b>	Plan name DYNAMIC RESEARCH, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DYNAMIC RESEARCH	<b>c</b> EIN-PN 95-3385947-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EAR MEDICAL GROUP, P.A.	<b>c</b> EIN-PN 74-2283401-001
<b>a</b>	Plan name	R&D MEDICAL PRODUCTS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R&D MEDICAL PRODUCTS INC.	<b>c</b> EIN-PN 33-0765631-001
<b>a</b>	Plan name	R&R DIRECT MAIL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	R&R DIRECT MAIL, INC.	<b>c</b> EIN-PN 11-2467943-002
<b>a</b>	Plan name	SEA REACH, LTD. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEA REACH, LTD	<b>c</b> EIN-PN 93-0965673-777
<b>a</b>	Plan name	SECURENET SYSTEMS DESIGN CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SECURENET SYSTEMS DESIGN CORP	<b>c</b> EIN-PN 11-3587122-001
<b>a</b>	Plan name	SESSUMS LAW GROUP, PA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SESSUMS LAW GROUP, PA	<b>c</b> EIN-PN 26-2276482-001
<b>a</b>	Plan name	FELTON DENTAL CARE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BRETT R. FELTON, DMD, PC	<b>c</b> EIN-PN 27-0215608-001
<b>a</b>	Plan name	FORSYTHE JEWELERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORSYTHE JEWELERS	<b>c</b> EIN-PN 57-0712293-001
<b>a</b>	Plan name	FORT WORTH EYE ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORT WORTH EYE ASSOCIATES	<b>c</b> EIN-PN 75-1645994-001
<b>a</b>	Plan name	FOUST FOUNDATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOUST FOUNDATIONS, INC.	<b>c</b> EIN-PN 39-2021879-001
<b>a</b>	Plan name	FPE 401(K)	
<b>b</b>	Name of plan sponsor	FORKLIFT PARTS AND EQUIPMENT IMPORT & EXPORT, INC.	<b>c</b> EIN-PN 65-0130280-001
<b>a</b>	Plan name	SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEAST PERSONNEL LEASING, INC.	<b>c</b> EIN-PN 59-3298197-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SPOONER RISK CONTROL SERVICES, INC. MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SURETY HR, INC.	<b>c</b> EIN-PN 82-1825780-003
<b>a</b>	Plan name THE FARBER COMPANIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FARBER SPECIALTY VEHICLES, INC.	<b>c</b> EIN-PN 41-2043544-001
<b>a</b>	Plan name HEXAGON HR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEXAGON HR, LLC	<b>c</b> EIN-PN 88-1314552-001
<b>a</b>	Plan name HICI 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEAUTY CAREER'S INSTITUTE, INC.	<b>c</b> EIN-PN 65-1025807-001
<b>a</b>	Plan name HICKS LIN(K) GROUP PLAN SOLUTION	
<b>b</b>	Name of plan sponsor HICKS PENSION SERVICES	<b>c</b> EIN-PN 77-0155091-001
<b>a</b>	Plan name ACTUM I, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACTUM I, LLC	<b>c</b> EIN-PN 87-2890933-001
<b>a</b>	Plan name ADAPTIVE SOLUTIONS MULTI SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADAPTIVE SOLUTIONS MULTI SERVICES PLLC	<b>c</b> EIN-PN 27-4147286-001
<b>a</b>	Plan name ADVANCE VALVE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCE VALVE INC.	<b>c</b> EIN-PN 43-1040049-002
<b>a</b>	Plan name ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC.	<b>c</b> EIN-PN 31-1456649-001
<b>a</b>	Plan name JELLYFISH US LIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor JELLYFISH ONLINE MARKETING US LTD	<b>c</b> EIN-PN 45-5052905-001
<b>a</b>	Plan name JMOR MACHINERY MOVERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JMOR MACHINERY MOVERS, INC	<b>c</b> EIN-PN 81-1341428-001
<b>a</b>	Plan name VALLEY ALLERGY CLINIC, PC EMPLOYEES PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALLEY ALLERGY CLINIC, PC.	<b>c</b> EIN-PN 38-2209197-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VAN DE POEL, LEVY, THOMAS LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAN DE POEL	<b>c</b> EIN-PN 68-0485819-001
<b>a</b>	Plan name	VENTERRA REALTY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VENTERRA REALTY INC.	<b>c</b> EIN-PN 52-2351470-001
<b>a</b>	Plan name	VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VETERINARY PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 94-2185252-001
<b>a</b>	Plan name	ALLIANCE BUS GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE BUS GROUP, INC.	<b>c</b> EIN-PN 27-4466560-001
<b>a</b>	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RETAIL ASSOCIATION OF MAINE	<b>c</b> EIN-PN 01-0165117-334
<b>a</b>	Plan name	ALPHA BROKERS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALPHA BROKERS CORPORATION	<b>c</b> EIN-PN 65-0140528-001
<b>a</b>	Plan name	KELLEHER + HOLLAND GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KELLEHER + HOLLAND, LLC	<b>c</b> EIN-PN 85-2363788-001
<b>a</b>	Plan name	KIDS FIRST PEDIATRIC DENTISTRY, PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KIDS FIRST PEDIATRIC DENTISTRY, PLLC	<b>c</b> EIN-PN 26-1449209-001
<b>a</b>	Plan name	WALIER CHEVY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWO THIRDS MOTORS, INC.	<b>c</b> EIN-PN 02-0450291-001
<b>a</b>	Plan name	WALLER SALES CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALLER SALES CORPORATION	<b>c</b> EIN-PN 62-1624316-001
<b>a</b>	Plan name	WALTON ISAACSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WALTON ISAACSON LLC	<b>c</b> EIN-PN 20-3735704-001
<b>a</b>	Plan name	AGRITEK INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGRITEK INDUSTRIES, INC.	<b>c</b> EIN-PN 38-2742197-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	<b>c</b> EIN-PN 15-0235250-777
<b>a</b>	Plan name CLEAR CAR CONCEPTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEAR CAR CONCEPTS, LLC	<b>c</b> EIN-PN 47-2483599-001
<b>a</b>	Plan name COASTLINE FACILITIES & MAINTENANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DRS DBA COASTLINE FACILITIES & MAINTENANCE	<b>c</b> EIN-PN 82-4678956-001
<b>a</b>	Plan name DIXIE SEAL AND STAMP COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIXIE SEAL AND STAMP COMPANY, INC.	<b>c</b> EIN-PN 58-0222270-001
<b>a</b>	Plan name EDERA L3C 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor EDERA L3C	<b>c</b> EIN-PN 82-5524927-001
<b>a</b>	Plan name FRESNO PIPE & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRESNO PIPE & SUPPLY, INC.	<b>c</b> EIN-PN 77-0039687-001
<b>a</b>	Plan name FUKUDA DENSHI RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FUKUDA DENSHI USA, INC.	<b>c</b> EIN-PN 91-1725100-001
<b>a</b>	Plan name HARVEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARVEY & MADDING, INC. DBA DUBLIN HONDA	<b>c</b> EIN-PN 94-2435867-003
<b>a</b>	Plan name HAWAII HEALTH & HARM REDUCTION CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor HAWAII HEALTH & HARM REDUCTION CENTER	<b>c</b> EIN-PN 99-0284222-001
<b>a</b>	Plan name HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HISTORICAL RESEARCH ASSOCIATES, INC.	<b>c</b> EIN-PN 81-0373761-001
<b>a</b>	Plan name HOTEL MANAGEMENT OF NEW ORLEANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOTEL MANAGEMENT OF NEW ORLEANS, L.L.C.	<b>c</b> EIN-PN 72-0848974-001
<b>a</b>	Plan name JOHNSTON FARMS FLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHNSTON FARMS, FLP	<b>c</b> EIN-PN 95-2377683-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	KITCO LOGISTICS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KITCO LOGISTICS INC.	<b>c</b> EIN-PN 04-3845329-001
<b>a</b>	Plan name	KROLL INTERNATIONAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KROLL INTERNATIONAL, LLC	<b>c</b> EIN-PN 20-1135584-001
<b>a</b>	Plan name	MATTRESS DIRECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATTRESS DIRECT, LLC	<b>c</b> EIN-PN 72-1502440-001
<b>a</b>	Plan name	MEYBOHM REALTORS, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEYBOHM REALTORS, LLC	<b>c</b> EIN-PN 58-2508705-002
<b>a</b>	Plan name	MICLEE MANAGEMENT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICLEE MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 27-1717856-001
<b>a</b>	Plan name	NYFTA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NYFTA INC.	<b>c</b> EIN-PN 81-4187517-001
<b>a</b>	Plan name	OKLAHOMA HOME BUILDERS MEP 401(K)	
<b>b</b>	Name of plan sponsor	OKLAHOMA HOME BUILDERS ASSOCIATION	<b>c</b> EIN-PN 73-0683222-333
<b>a</b>	Plan name	PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALM BEACH HEALTH CONSULTING	<b>c</b> EIN-PN 92-1435276-001
<b>a</b>	Plan name	PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL EYE ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1148820-001
<b>a</b>	Plan name	REAGENT WORLD, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REAGENT WORLD, INC.	<b>c</b> EIN-PN 20-5190581-001
<b>a</b>	Plan name	RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RED RIVER MANAGEMENT	<b>c</b> EIN-PN 30-0220873-001
<b>a</b>	Plan name	REGARD MUSIC GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REGARD MUSIC GROUP, LLC	<b>c</b> EIN-PN 85-2122043-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SHRIKANT TAMHANE DO INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHRIKANT TAMHANE DO INC	<b>c</b> EIN-PN 81-4413278-001
<b>a</b>	Plan name STEUBER CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor STEUBER CORPORATION	<b>c</b> EIN-PN 33-0436736-001
<b>a</b>	Plan name THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOE N. GUY COMPANY, INCORPORATED	<b>c</b> EIN-PN 58-1048254-001
<b>a</b>	Plan name THE KING & SOMMER, PLLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KING & SOMMER, PLLC	<b>c</b> EIN-PN 26-0673255-001
<b>a</b>	Plan name THOMPSON BROS PLUMBING 401K PLAN	
<b>b</b>	Name of plan sponsor THOMPSON BROS PLUMBING	<b>c</b> EIN-PN 37-1458920-001
<b>a</b>	Plan name THRIVE BY 5 401(K) PLAN	
<b>b</b>	Name of plan sponsor TB5 MANAGEMENT, LLC	<b>c</b> EIN-PN 92-0493249-001
<b>a</b>	Plan name THRIVE PEO 401(K) PLAN	
<b>b</b>	Name of plan sponsor THRIVE	<b>c</b> EIN-PN 84-4818583-001
<b>a</b>	Plan name TITUS PRECISION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TITUS PRECISION COMPANY	<b>c</b> EIN-PN 87-3842552-222
<b>a</b>	Plan name VOLO'S AUTO SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor VOLOS AUTO SUPPLY	<b>c</b> EIN-PN 20-1529129-001
<b>a</b>	Plan name WEST COAST UTILITY SOLUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WEST COAST UTILITY SOLUTIONS	<b>c</b> EIN-PN 46-5588826-001
<b>a</b>	Plan name AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICAN TEXTILE MAINTENANCE COMPANY	<b>c</b> EIN-PN 95-2076802-004
<b>a</b>	Plan name BLUEBERRY BLVD., LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLUEBERRY BLVD., LLC	<b>c</b> EIN-PN 11-3559983-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BLUFOX MOBILE 401(K) PLAN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLUFOX MOBILE	<b>c</b> EIN-PN 82-1471419-001
<b>a</b>	Plan name	ELITE PLUMBING, INC. 401(K) & P/S	
<b>b</b>	Name of plan sponsor	ELITE PLUMBING, INC.	<b>c</b> EIN-PN 33-0595835-001
<b>a</b>	Plan name	GARZA PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GARZA INDUSTRIES, INC.	<b>c</b> EIN-PN 33-0505475-001
<b>a</b>	Plan name	HUDSON COMMUNITY ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUDSON COMMUNITY ENTERPRISES, INC.	<b>c</b> EIN-PN 22-1629147-001
<b>a</b>	Plan name	KTIMEHR PROFIT SHARING AND RETIREMENT SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIMSTAFFHR, INC. DBA KTIMEHR	<b>c</b> EIN-PN 33-0748641-001
<b>a</b>	Plan name	KTX - AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KTX - AMERICA, INC.	<b>c</b> EIN-PN 30-0031143-001
<b>a</b>	Plan name	MIRCI DENTAL, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIRCI DENTAL	<b>c</b> EIN-PN 84-2985731-001
<b>a</b>	Plan name	MONARCH SALES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONARCH SALES, LTD., INC.	<b>c</b> EIN-PN 65-0011355-001
<b>a</b>	Plan name	PAOLI LAW FIRM, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAOLI LAW FIRM, P.C.	<b>c</b> EIN-PN 84-1384608-001
<b>a</b>	Plan name	PARTNERS PEO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARTNERS PEO, LLC	<b>c</b> EIN-PN 82-5068730-001
<b>a</b>	Plan name	PASCO SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PASCO SOLUTIONS, INC.	<b>c</b> EIN-PN 83-3733664-001
<b>a</b>	Plan name	REISCHLING PRESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	REISCHLING PRESS, INC.	<b>c</b> EIN-PN 91-1013222-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	RESA POWER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RESA POWER, LLC	<b>c</b> EIN-PN 45-2810331-001
<b>a</b>	Plan name	STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STORMS DWORAK, LLC	<b>c</b> EIN-PN 46-2104644-001
<b>a</b>	Plan name	SUMMIT VETERINARY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE WORLDWIDE VETERINARY SERVICES, LLC	<b>c</b> EIN-PN 88-2882796-777
<b>a</b>	Plan name	WINTER PARK IMPORTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WINTER PARK IMPORTS, INC.	<b>c</b> EIN-PN 59-2955009-001
<b>a</b>	Plan name	AMI DISTRIBUTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMI DISTRIBUTORS	<b>c</b> EIN-PN 46-5048256-001
<b>a</b>	Plan name	ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON, JULIAN & HULL, LLP	<b>c</b> EIN-PN 82-0504369-001
<b>a</b>	Plan name	ANDREW BRONSTEIN, M.D., P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDREW BRONSTEIN, M.D., P.C.	<b>c</b> EIN-PN 88-0343249-001
<b>a</b>	Plan name	ANGELIC HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANGELIC PRACTICE MANAGEMENT, LLC	<b>c</b> EIN-PN 82-5301108-001
<b>a</b>	Plan name	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	<b>c</b> EIN-PN 95-4887678-001
<b>a</b>	Plan name	BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOONE KARLBERG P.C.	<b>c</b> EIN-PN 81-0522567-001
<b>a</b>	Plan name	BOS ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOS ENTERTAINMENT, INC. DBA THE EXCHANGE	<b>c</b> EIN-PN 45-1962530-001
<b>a</b>	Plan name	BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOSS COMMUNICATION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 99-0259632-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COMPUTER EXCHANGE, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPUTER EXCHANGE, LTD.	<b>c</b> EIN-PN 58-1649904-003
<b>a</b>	Plan name	CONSTITUTION PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSTITUTION PARTNERS LLC	<b>c</b> EIN-PN 92-2099552-001
<b>a</b>	Plan name	CONSTRUCTION-CAD SOLUTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CONSTRUCTION-CAD SOLUTIONS, INC.	<b>c</b> EIN-PN 36-4253943-002
<b>a</b>	Plan name	ELSIE DELI PROVISIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELSIE DELI PROVISIONS, LLC	<b>c</b> EIN-PN 47-1408009-001
<b>a</b>	Plan name	EMERGENT CARE ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMERGENT CARE ASSOCIATES, INC.	<b>c</b> EIN-PN 46-1336939-001
<b>a</b>	Plan name	INNOVATIVE PAYROLL PROCESSING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE PAYROLL PROCESSING, INC.	<b>c</b> EIN-PN 20-3907861-001
<b>a</b>	Plan name	LAUGHING OUT LOUD, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAUGHING OUT LOUD, LLC	<b>c</b> EIN-PN 46-1324384-221
<b>a</b>	Plan name	LAW OFFICES OF FRED C COHEN PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF FRED C. COHEN P.A.	<b>c</b> EIN-PN 65-0219025-001
<b>a</b>	Plan name	LDC SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LDC SERVICES, INC.	<b>c</b> EIN-PN 93-4769608-001
<b>a</b>	Plan name	MONTANA HEALTH NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONTANA HEALTH NETWORK	<b>c</b> EIN-PN 81-0440728-002
<b>a</b>	Plan name	PATRIOT HEALTH PARTNERS INC. MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PATRIOT HEALTH PARTNERS INC.	<b>c</b> EIN-PN 84-1755108-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR THE EMPLOYEES OF BUFFALO VALLEY, INC.	
<b>b</b>	Name of plan sponsor	BUFFALO VALLEY, INC.	<b>c</b> EIN-PN 58-1374964-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TAG RESOURCES, LLC	<b>c</b> EIN-PN 62-1874774-013
<b>a</b>	Plan name	RICCO DENTAL, PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RICCO DENTAL, PLLC	<b>c</b> EIN-PN 45-3587049-001
<b>a</b>	Plan name	RICE ENTERPRISES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICE ENTERPRISES, LLC	<b>c</b> EIN-PN 27-1171330-002
<b>a</b>	Plan name	SYSTEM RESOURCES TELECOM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYSTEM RESOURCES TELECOM, LLC	<b>c</b> EIN-PN 72-1432916-001
<b>a</b>	Plan name	SYSTEMS 2000 PLUMBING SERVICES, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYSTEMS 2000 PLUMBING SERVICES, INC	<b>c</b> EIN-PN 13-3781164-001
<b>a</b>	Plan name	TOURON LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANCISCO TOURON III, LLC DBA TOURON LAW	<b>c</b> EIN-PN 26-3442183-001
<b>a</b>	Plan name	TOYOTA TSUSHO AMERICA, INC. ENTERPRISE MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	TOYOTA TSUSHO AMERICA, INC.	<b>c</b> EIN-PN 13-1943519-001
<b>a</b>	Plan name	TRAVEL YESTERDAY INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRAVEL YESTERDAY INC DBA FISCHER TRAVEL ENTERPRISES	<b>c</b> EIN-PN 13-2768026-001
<b>a</b>	Plan name	WJH ENGINEERING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WJH ENGINEERING, LLC	<b>c</b> EIN-PN 20-2223463-001
<b>a</b>	Plan name	YZER LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YZER LLC	<b>c</b> EIN-PN 82-2501890-001
<b>a</b>	Plan name	MSABC MULTIPLE EMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSISSIPPI ASSOCIATED BUILDERS & CONTRACTORS, INC.	<b>c</b> EIN-PN 64-0415733-333
<b>a</b>	Plan name	MVPIZZA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MVPIZZA, LLC	<b>c</b> EIN-PN 83-1018941-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name RIVER DENTAL CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVER DENTAL CARE	<b>c</b> EIN-PN 92-0862580-777
<b>a</b>	Plan name RIVER HOUSE ARTISTS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVER HOUSE ARTISTS, LLC	<b>c</b> EIN-PN 81-0815058-001
<b>a</b>	Plan name RIVERSIDE MFG., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIVERSIDE MFG., LLC	<b>c</b> EIN-PN 26-0332652-001
<b>a</b>	Plan name TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	<b>c</b> EIN-PN 62-1874762-001
<b>a</b>	Plan name TRINITY DESIGN BUILD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRINITY DESIGN BUILD, INC.	<b>c</b> EIN-PN 74-3111479-001
<b>a</b>	Plan name TRIUNITY ENGINEERING AND MANAGEMENT 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TRIUNITY ENGINEERING AND MANAGEMENT INC.	<b>c</b> EIN-PN 76-0747545-001
<b>a</b>	Plan name TRUSTED MEDICAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRUSTED MEDICAL, LLC	<b>c</b> EIN-PN 87-2670313-001
<b>a</b>	Plan name TURN-KEY TUNNELING, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TURN-KEY TUNNELING, INC.	<b>c</b> EIN-PN 05-0620667-002
<b>a</b>	Plan name ANTEZANA & ANTEZANA LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANTEZANA & ANTEZANA LLC	<b>c</b> EIN-PN 52-2318393-001
<b>a</b>	Plan name APERION CARE 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor APERION CARE, INC.	<b>c</b> EIN-PN 46-5646073-002
<b>a</b>	Plan name COXSACKIE TRANSPORT INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor COXSACKIE TRANSPORT INC.	<b>c</b> EIN-PN 14-1745890-001
<b>a</b>	Plan name CRAMERS' INC EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CRAMERS' INC	<b>c</b> EIN-PN 34-0671662-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EMPLOYERS RESOURCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYERS RESOURCE	<b>c</b> EIN-PN 33-0688056-002
<b>a</b>	Plan name	EMPOWER HR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EMPOWER HR	<b>c</b> EIN-PN 36-4115383-333
<b>a</b>	Plan name	ENDURANCE BUILDING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENDURANCE BUILDING SYSTEMS, INC.	<b>c</b> EIN-PN 92-3467996-001
<b>a</b>	Plan name	GENERAL WHOLESALE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GENERAL WHOLESALE COMPANY, INC.	<b>c</b> EIN-PN 58-0525744-001
<b>a</b>	Plan name	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC. MULTIPLE EMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC.	<b>c</b> EIN-PN 36-2512922-001
<b>a</b>	Plan name	INNOVATIVE RENEWABLE ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE RENEWABLE ENERGY, INC.	<b>c</b> EIN-PN 88-1351180-001
<b>a</b>	Plan name	INSURANCE PROFESSIONALS OF TENNESSEE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSURANCE PROFESSIONALS OF TENNESSEE, LLC	<b>c</b> EIN-PN 20-1340121-001
<b>a</b>	Plan name	LETTS PLUMBING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LETTS PLUMBING	<b>c</b> EIN-PN 80-8780287-001
<b>a</b>	Plan name	LIBERTY RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-777
<b>a</b>	Plan name	LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	<b>c</b> EIN-PN 36-3584029-002
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>JPMORGAN LARGE CAP GROWTH RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>013</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>83-1098532</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	130651350	179972431
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	130651350	179972431
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	130651350	179972431

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	47316168	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		47316168

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		47316168
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		56677916
(2) From this plan .....	<b>2l(2)</b>		54673003

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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