

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 2060 RET ACCT; 1b Three-digit plan number (PN): 309; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 83-1098532; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

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

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

Form 5500 (2024) v. 240311

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

**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)
---	---

---

**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 \_\_\_\_\_

---

<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>
---	--	---

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>TA BLACKROCK LIFEPATH INDEX 2060 RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>309</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)
---------------	--

<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)
<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)
<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)



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 MISSISSIPPI MARINE CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MISSISSIPPI MARINE CORPORATION	<b>c</b> EIN-PN 64-0524327-001
<b>a</b>	Plan name MOCERI MANAGEMENT CO. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MOCERI MANAGEMENT CO	<b>c</b> EIN-PN 38-6175411-001
<b>a</b>	Plan name MOJO RISING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOJO RISING DE, LLC	<b>c</b> EIN-PN 36-4903386-001
<b>a</b>	Plan name MRC CREATIONS, LLC 401(K)	
<b>b</b>	Name of plan sponsor MRC CREATIONS, LLC	<b>c</b> EIN-PN 46-4236344-002
<b>a</b>	Plan name NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NAMDHARI USAGRISEEDS, INC.	<b>c</b> EIN-PN 26-4558159-001
<b>a</b>	Plan name NATIONAL CHILDREN'S CANCER SOCIETY 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL CHILDREN'S CANCER SOCIETY	<b>c</b> EIN-PN 37-1227890-001
<b>a</b>	Plan name NATIONAL FIRE, CHILD & DRUG COUNCILS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL CHILD SAFETY COUNCIL	<b>c</b> EIN-PN 38-6035290-001
<b>a</b>	Plan name NATIONAL WATER SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL WATER SERVICES	<b>c</b> EIN-PN 35-2158046-222
<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 NEALIS ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEALIS ENGINEERING, INC.	<b>c</b> EIN-PN 38-3335420-001
<b>a</b>	Plan name NEST-FILLER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NF BEAUTY GROUP, INC.	<b>c</b> EIN-PN 95-4819694-001

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 NEVADA ORTHOPEDIC & SPINE CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEVADA ORTHOPEDIC & SPINE CENTER, LLC	<b>c</b> EIN-PN 88-0313907-001
<b>a</b>	Plan name NEW CLASSIC FURNITURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW CLASSIC FURNITURE	<b>c</b> EIN-PN 33-0976223-001
<b>a</b>	Plan name NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC DBA BARBIER	<b>c</b> EIN-PN 22-2918632-001
<b>a</b>	Plan name NEWELL MACHINERY COMPANY 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEWELL MACHINERY COMPANY, INC.	<b>c</b> EIN-PN 42-0646297-002
<b>a</b>	Plan name PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PETE & PETE CONTAINER SERVICE, INC.	<b>c</b> EIN-PN 31-1548571-777
<b>a</b>	Plan name PFLUEGER, INC. SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PFLUEGER, INC.	<b>c</b> EIN-PN 99-0219468-001
<b>a</b>	Plan name PGS/GS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRADKO, GALLAGHER AND SLANEC, PLLC	<b>c</b> EIN-PN 32-0095592-002
<b>a</b>	Plan name PGS/GS DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor PRADKO, GALLAGHER AND SLANEC, PLLC	<b>c</b> EIN-PN 32-0095590-001
<b>a</b>	Plan name PK HOUSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PK HOUSING AND MANAGEMENT COMPANY	<b>c</b> EIN-PN 38-2964283-001
<b>a</b>	Plan name PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, LLC	<b>c</b> EIN-PN 22-2116608-002
<b>a</b>	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 59-3707284-001
<b>a</b>	Plan name PMI KYOTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor PMI KYOTO PACKAGING SYSTEMS, INC.	<b>c</b> EIN-PN 36-3900736-001

<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	POWER QUALITY INTERNATIONAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWER QUALITY INTERNATIONAL, LLC	<b>c</b> EIN-PN 46-3119531-001
<b>a</b>	Plan name	POWERS GENERATOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWERS GENERATOR	<b>c</b> EIN-PN 02-0523661-001
<b>a</b>	Plan name	PRECISION 2000 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION 2000, INC.	<b>c</b> EIN-PN 58-2427359-001
<b>a</b>	Plan name	PRECISION FABRICATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION FABRICATING GROUP	<b>c</b> EIN-PN 47-1669880-001
<b>a</b>	Plan name	PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PRODUCT DEVELOPMENT ASSOCIATES, INC.	<b>c</b> EIN-PN 41-1791080-001
<b>a</b>	Plan name	PROVIDENCE GROUPS, LLC - MEP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE GROUPS, LLC	<b>c</b> EIN-PN 47-3117697-001
<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	RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RABIN & BERDO, P.C.	<b>c</b> EIN-PN 52-1763604-001
<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	SCHRAM AUTO & TRUCK PARTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHRAM AUTO & TRUCK PARTS, INC.	<b>c</b> EIN-PN 38-3453628-001
<b>a</b>	Plan name	SCOT MAILING & SHIPPING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCOT MAILING & SHIPPING SYSTEMS, INC.	<b>c</b> EIN-PN 61-1336536-001
<b>a</b>	Plan name	SDS STORES & SLS BIG BOY 401K PLAN	
<b>b</b>	Name of plan sponsor	SDS STORES & SLS BIG BOY RESTAURANTS	<b>c</b> EIN-PN 20-1759333-001

<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	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	SECRET CHARM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SECRET CHARM	<b>c</b> EIN-PN 73-1678960-001
<b>a</b>	Plan name	SGCP MANAGEMENT CO., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SGCP MANAGEMENT CO., LLC	<b>c</b> EIN-PN 82-4752245-001
<b>a</b>	Plan name	SHAFER SURGICAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHAFER SURGICAL, LLC	<b>c</b> EIN-PN 26-2056483-001
<b>a</b>	Plan name	SHIMA SEIKI U.S.A., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHIMA SEIKI U.S.A., INC.	<b>c</b> EIN-PN 22-2708902-001
<b>a</b>	Plan name	SHIPMAN DIXON & LIVINGSTON CO. LPA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHIPMAN DIXON & LIVINGSTON	<b>c</b> EIN-PN 31-1434412-601
<b>a</b>	Plan name	SIGNALS AUDIO VIDEO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIGNALS AUDIO VIDEO, INC.	<b>c</b> EIN-PN 95-4602729-001
<b>a</b>	Plan name	SITE SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SITE SUPPLY, INC.	<b>c</b> EIN-PN 31-1350146-001
<b>a</b>	Plan name	SJB GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SJB GROUP, INC.	<b>c</b> EIN-PN 20-1963915-001
<b>a</b>	Plan name	SMITH EARLY CARE AND EDUCATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SMITH EARLY CARE AND EDUCATION, LLC	<b>c</b> EIN-PN 27-4608839-001
<b>a</b>	Plan name	SMX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMARTRONIX, LLC	<b>c</b> EIN-PN 52-1922012-001
<b>a</b>	Plan name	SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH BAY FORD	<b>c</b> EIN-PN 95-4451497-001

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 SOUTH LAKE PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DYL LLC DBA SOUTH LAKE PHARMACY	<b>c</b> EIN-PN 36-4503042-002
<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
<b>a</b>	Plan name SPALDING HOSIERY SHOPPE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE SOCK SHOPPE, SPALDING HOSIERY SHOPPE, INC.	<b>c</b> EIN-PN 58-0899136-001
<b>a</b>	Plan name SPERTUS LANDES & JOSEPHS, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPERTUS LANDES & JOSEPHS, LLP	<b>c</b> EIN-PN 46-1531301-001
<b>a</b>	Plan name 360 ELECTRICAL & ENGINEERING SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor 360 ELECTRICAL & ENGINEERING	<b>c</b> EIN-PN 84-1772949-001
<b>a</b>	Plan name 360 ENERGY SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor 360 ENERGY SOLUTIONS	<b>c</b> EIN-PN 46-2459351-001
<b>a</b>	Plan name TBC CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor TBC CONSTRUCTION INC	<b>c</b> EIN-PN 45-2195554-001
<b>a</b>	Plan name THE CONGRESS LAKE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CONGRESS LAKE COMPANY	<b>c</b> EIN-PN 34-0160950-001
<b>a</b>	Plan name ALTHON MICRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALTHON MICRO INC.	<b>c</b> EIN-PN 95-4285664-001
<b>a</b>	Plan name ALVIN ARELLANO O. D. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALVIN ARELLANO O. D. INC.	<b>c</b> EIN-PN 26-0037948-001
<b>a</b>	Plan name AM-TREE 401(K) PLAN	
<b>b</b>	Name of plan sponsor AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC.	<b>c</b> EIN-PN 22-2761331-001
<b>a</b>	Plan name AMARILLO PEDIATRIC DENTISTRY AND ORTHODONTICS, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMARILLO PEDIATRIC DENTISTRY AND ORTHODONTICS, PA	<b>c</b> EIN-PN 75-2779027-001

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 AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN PILE AND FOUNDATION, LLC	<b>c</b> EIN-PN 32-0400145-001
<b>a</b>	Plan name AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIGN ACQUISITION LLC	<b>c</b> EIN-PN 83-3073945-001
<b>a</b>	Plan name AMERICARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICARE, INC.	<b>c</b> EIN-PN 11-2608743-002
<b>a</b>	Plan name AMICABLE HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMICABLE HEALTHCARE, INC.	<b>c</b> EIN-PN 91-1814335-001
<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 THE EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORPORATE SOLUTIONS, INC.	<b>c</b> EIN-PN 74-2817774-333
<b>a</b>	Plan name THE FIRST MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE FIRST MEDICAL CENTER, INC.	<b>c</b> EIN-PN 33-0791088-001
<b>a</b>	Plan name THE HRB GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRAZAK & ASSOCIATES, LLC	<b>c</b> EIN-PN 81-4386443-333
<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 LITTLE PLUMBER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor REDLANDS PLUMBING, HEATING & AIR CONDITIONING	<b>c</b> EIN-PN 95-0828993-001
<b>a</b>	Plan name THE MEDIA CAPTAIN, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE MEDIA CAPTAIN, LLC	<b>c</b> EIN-PN 27-3370344-001
<b>a</b>	Plan name THE NAPOLI GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE NAPOLI GROUP, LLC	<b>c</b> EIN-PN 20-0100132-001

<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	THE PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE PEOPLES BANK COMPANY	<b>c</b> EIN-PN 34-4327300-002
<b>a</b>	Plan name	THE PRICE COMPANIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PRICE COMPANIES, INC.	<b>c</b> EIN-PN 71-0388495-001
<b>a</b>	Plan name	ANTIOCHIAN ORTHODOX CHRISTIAN ARCHDIOCESE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANTIOCHIAN ORTHODOX ARCHDIOCESE	<b>c</b> EIN-PN 11-6007930-001
<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	ARACOR, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ARACOR, INC.	<b>c</b> EIN-PN 74-1480428-002
<b>a</b>	Plan name	ARLINGTON MORTUARY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARLINGTON MORTUARY, INC.	<b>c</b> EIN-PN 95-2959977-001
<b>a</b>	Plan name	ARTISTS FIRST, INC. 401(K) PENSION PLAN	
<b>b</b>	Name of plan sponsor	ARTISTS FIRST, INC.	<b>c</b> EIN-PN 13-4120908-001
<b>a</b>	Plan name	ASBESTOS INSTANT RESPONSE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASBESTOS INSTANT RESPONSE, INC.	<b>c</b> EIN-PN 95-4824758-001
<b>a</b>	Plan name	ASCEND INNOVATIONS INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ASCEND INNOVATIONS INC.	<b>c</b> EIN-PN 47-3151550-001
<b>a</b>	Plan name	ASPIRE HIGHER EDUCATIONAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASPIRE HIGHER EDUCATIONAL SERVICES	<b>c</b> EIN-PN 81-3643454-001
<b>a</b>	Plan name	ASSOCIATED CONSTRUCTION PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED CONSTRUCTION PRODUCTS, INC.	<b>c</b> EIN-PN 59-2692893-001
<b>a</b>	Plan name	VANGUARD ENERGY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANGUARD ENERGY PARTNERS, LLC	<b>c</b> EIN-PN 26-4685348-002

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.)	
<b>a</b>	Plan name VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VICKERS & NOLAN ENTERPRISES, LLC	<b>c</b> EIN-PN 20-0759070-002
<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>a</b>	Plan name BROADWAY SMILES 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROADWAY SMILES	<b>c</b> EIN-PN 84-1525882-777
<b>a</b>	Plan name BRYLAK & ASSOCIATES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BRYLAK & ASSOCIATES, LLC	<b>c</b> EIN-PN 37-1510264-001
<b>a</b>	Plan name BUDGET HEATING, COOLING & PLUMBING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUDGET AIR CONDITIONING, HEATING AND PLUMBING, LLC	<b>c</b> EIN-PN 26-4617777-001
<b>a</b>	Plan name VINTNERS DISTRIBUTORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VINTNERS DISTRIBUTORS, INC.	<b>c</b> EIN-PN 94-3023379-005
<b>a</b>	Plan name VIRDI EYE CLINIC, P.C. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VIRDI EYE CLINIC, P.C.	<b>c</b> EIN-PN 36-3313791-002
<b>a</b>	Plan name VISIONSPARK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VISIONSPARK	<b>c</b> EIN-PN 45-4202552-001
<b>a</b>	Plan name W.E. LYONS CONSTRUCTION CO 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor W.E. LYONS CONSTRUCTION CO.	<b>c</b> EIN-PN 94-1450704-001
<b>a</b>	Plan name W.L. LOGAN TRUCKING CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor W.L. LOGAN TRUCKING CO.	<b>c</b> EIN-PN 34-1039888-001
<b>a</b>	Plan name W.L. STATON PLUMBING, HEATING & COOLING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor W.L. STATON PLUMBING, HEATING & COOLING, LLC	<b>c</b> EIN-PN 45-5074350-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	W.M. GRACE CONSTRUCTION, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	W.M. GRACE CONSTRUCTION, INC.	<b>c</b> EIN-PN 43-0894463-002
<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	CADUCEUS HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CADUCEUS HEALTHCARE	<b>c</b> EIN-PN 26-2585338-001
<b>a</b>	Plan name	CALIFORNIA VISION & VISAGE MEDICAL GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA VISION & VISAGE MEDICAL GROUP, INC.	<b>c</b> EIN-PN 27-1434580-001
<b>a</b>	Plan name	CALSOFT SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALSOFT SYSTEMS	<b>c</b> EIN-PN 33-0593327-001
<b>a</b>	Plan name	CAPITAL AREA TITLE, LLC 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	CAPITAL AREA TITLE, LLC	<b>c</b> EIN-PN 20-4865361-001
<b>a</b>	Plan name	CAPRICORN SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPRICORN SYSTEMS, INC.	<b>c</b> EIN-PN 58-2514176-002
<b>a</b>	Plan name	CARE MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARE MANAGEMENT, INC.	<b>c</b> EIN-PN 11-3117425-001
<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	CARSON, CLELLAND & SCHREDER, PLLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARSON, CLELLAND & SCHREDER, PLLP	<b>c</b> EIN-PN 41-1356458-003
<b>a</b>	Plan name	CCINTEGRATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CCINTEGRATION, INC.	<b>c</b> EIN-PN 77-0197130-001

<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	CENTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRIC CONSTRUCTION, INC.	<b>c</b> EIN-PN 81-0608550-001
<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>a</b>	Plan name	CVR ASSOCIATES, INC. 401(K)	
<b>b</b>	Name of plan sponsor	CVR ASSOCIATES, INC.	<b>c</b> EIN-PN 04-3273457-777
<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	DANNIBLE & MCKEE, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DANNIBLE & MCKEE, LLP	<b>c</b> EIN-PN 33-0996661-001
<b>a</b>	Plan name	DAVID MANCINI & SONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVID MANCINI & SONS, INC.	<b>c</b> EIN-PN 27-3716806-001
<b>a</b>	Plan name	DE MATTEI CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DE MATTEI CONSTRUCTION INC.	<b>c</b> EIN-PN 77-0210774-001
<b>a</b>	Plan name	DECON LABORATORIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DECON LABORATORIES, INC.	<b>c</b> EIN-PN 23-2097317-002
<b>a</b>	Plan name	DIESELSITE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIESELSITE INC.	<b>c</b> EIN-PN 45-4660009-001
<b>a</b>	Plan name	DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DNJ ENGINE COMPONENTS, INC.	<b>c</b> EIN-PN 95-4637381-001
<b>a</b>	Plan name	DOGWOOD SITE CONTRACTORS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOGWOOD SITE CONTRACTORS LLC	<b>c</b> EIN-PN 87-1345377-001
<b>a</b>	Plan name	DON ENGA INSURANCE AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DON ENGA INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 82-3476569-001

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 DRILLING SUPPLY & MANUFACTURING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DRILLING SUPPLY & MANUFACTURING	<b>c</b> EIN-PN 74-1903853-001
<b>a</b>	Plan name FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERREIRA POWER SOUTH 401(K)	<b>c</b> EIN-PN 88-2909820-001
<b>a</b>	Plan name FERREIRA POWER WEST, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERREIRA POWER WEST LLC	<b>c</b> EIN-PN 83-3211774-001
<b>a</b>	Plan name FINANCE ONE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FINANCE ONE INC.	<b>c</b> EIN-PN 95-4713873-001
<b>a</b>	Plan name FINISHING EDGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor FINISHING EDGE CURB & SIDEWALK, LLC	<b>c</b> EIN-PN 91-1658323-001
<b>a</b>	Plan name FORM GRINDING TECH INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FORM GRINDING TECH INC	<b>c</b> EIN-PN 38-3502129-001
<b>a</b>	Plan name FORTE HUMAN CAPITAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FORTE HUMAN CAPITAL, INC.	<b>c</b> EIN-PN 85-1718906-001
<b>a</b>	Plan name FOSTER MARINE CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOSTER MARINE CONTRACTORS, INC.	<b>c</b> EIN-PN 59-1054370-001
<b>a</b>	Plan name FOSTER/PREMIER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOSTER/PREMIER, INC.	<b>c</b> EIN-PN 36-4139399-001
<b>a</b>	Plan name FREEMAN'S CONSTRUCTION & CUSTOM TRACKHOE SERVICE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FREEMAN'S CONSTRUCTION & CUSTOM TRACKHOE SERVICE, LLC	<b>c</b> EIN-PN 20-5068251-001
<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 GACE 401(K) PLAN	
<b>b</b>	Name of plan sponsor GACE CONSULTING ENGINEERS, P.C.	<b>c</b> EIN-PN 20-5995207-001

<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	GANDEE & ASSOCIATES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GANDEE & ASSOCIATES, INC.	<b>c</b> EIN-PN 31-1080359-001
<b>a</b>	Plan name	GAS PLUS CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GAS PLUS CORPORATION	<b>c</b> EIN-PN 36-3181722-001
<b>a</b>	Plan name	GASKINS LECRAW 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOVEREIGNS ENGINEERING & SURVEYING HOLDINGS INC DBA GASKINS LECRAW	<b>c</b> EIN-PN 58-1500550-002
<b>a</b>	Plan name	HERTZ, CHERSON & ROSENTHAL, P.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERTZ, CHERSON & ROSENTHAL, P.C.	<b>c</b> EIN-PN 11-3138051-004
<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	HIGH PROPERTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGH PROPERTY MANAGEMENT LLC	<b>c</b> EIN-PN 42-1516913-001
<b>a</b>	Plan name	HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGHTOWERS PETROLEUM CO.	<b>c</b> EIN-PN 31-1151689-001
<b>a</b>	Plan name	HINKLEY OPTOMETRIC CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HINKLEY OPTOMETRIC CORPORATION	<b>c</b> EIN-PN 94-2419643-001
<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	HOFMEYER PLUMBING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOFMEYER PLUMBING COMPANY	<b>c</b> EIN-PN 31-0724144-001
<b>a</b>	Plan name	HUDDLE HOUSE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUDDLE HOUSE, INC.	<b>c</b> EIN-PN 58-0916623-003
<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

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 IAMIC MEMBERSHIP RETIREMENT OPTION	
<b>b</b>	Name of plan sponsor ILLINOIS ASSOCIATION OF MUTUAL INSURANCE COMPANIES	<b>c</b> EIN-PN 36-1252847-002
<b>a</b>	Plan name ICON EQUIPMENT DISTRIBUTORS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ICON EQUIPMENT DISTRIBUTORS, INC.	<b>c</b> EIN-PN 22-2435580-001
<b>a</b>	Plan name INSPIRING HEALTHCARE RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSPIRING HEALTHCARE RESOURCES, LLC	<b>c</b> EIN-PN 45-0663989-001
<b>a</b>	Plan name INSTANT INFOSYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INSTANT INFOSYSTEMS	<b>c</b> EIN-PN 95-4400744-001
<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 KESTREL TELLEVATE LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KESTREL TELLEVATE LLC	<b>c</b> EIN-PN 45-2180090-001
<b>a</b>	Plan name KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KETTMANN MACHINING INC.	<b>c</b> EIN-PN 26-4023756-001
<b>a</b>	Plan name KIVU CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor KIVU CONSULTING, INC.	<b>c</b> EIN-PN 27-1257543-001
<b>a</b>	Plan name LANDIVAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor LANDIVAR & ASSOCIATES, LLC	<b>c</b> EIN-PN 75-3088910-001
<b>a</b>	Plan name LAZY DAY LIQUORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAZY DAY LIQUORS, LLC	<b>c</b> EIN-PN 85-2076114-001
<b>a</b>	Plan name LEGAL ASSISTANCE FOR SENIORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEGAL ASSISTANCE FOR SENIORS, INC.	<b>c</b> EIN-PN 94-2941697-001
<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>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	LIFESTAR TALENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIFESTAR TALENT, LLC	<b>c</b> EIN-PN 88-1228443-001
<b>a</b>	Plan name	LIGHTING & ELECTRICAL SALES CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIGHTING & ELECTRICAL SALES CO., INC.	<b>c</b> EIN-PN 74-1786305-001
<b>a</b>	Plan name	LOCAL 360 401(K) AND SEVERANCE PLAN	
<b>b</b>	Name of plan sponsor	LOCAL 360	<b>c</b> EIN-PN 22-2450938-009
<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	LOUGHRAN STUDIOS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOUGHRAN STUDIOS LLC	<b>c</b> EIN-PN 92-1118844-001
<b>a</b>	Plan name	MANAGE MEDICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANAGE MEDICAL, LLC	<b>c</b> EIN-PN 85-1244420-001
<b>a</b>	Plan name	INTEGRITY CONSTRUCTION MANAGEMENT, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY CONSTRUCTION MANAGEMENT, LLC	<b>c</b> EIN-PN 45-5124212-001
<b>a</b>	Plan name	INTELLIPRO SERVICE MEP	
<b>b</b>	Name of plan sponsor	INTELLIPRO SERVICE INC.	<b>c</b> EIN-PN 83-3224197-001
<b>a</b>	Plan name	J COSMETIC SERVICES, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	J COSMETIC SERVICES, LLC DBA PERILLO COLLISION CENTER	<b>c</b> EIN-PN 20-3181332-001
<b>a</b>	Plan name	JAFCO AMERICA VENTURES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAFCO AMERICA VENTURES, INC. DBA ICON VENTURES	<b>c</b> EIN-PN 94-2948334-001
<b>a</b>	Plan name	JEFF'S PRESCRIPTION SHOP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEFF'S PRESCRIPTION SHOP	<b>c</b> EIN-PN 61-1051036-001
<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

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="#">MARC NIMETZ FARMERS INSURANCE AGENCY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARC NIMETZ FARMERS INSURANCE</a>	<b>c</b> EIN-PN <a href="#">45-5540883-001</a>
<b>a</b>	Plan name <a href="#">MARINE INDUSTRY RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NATIONAL MARINE MANUFACTURERS ASSOCIATION, INC.</a>	<b>c</b> EIN-PN <a href="#">36-2369301-333</a>
<b>a</b>	Plan name <a href="#">MARPAC CONSTRUCTION, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARPAC CONSTRUCTION LLC</a>	<b>c</b> EIN-PN <a href="#">91-1678599-001</a>
<b>a</b>	Plan name <a href="#">MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARQUEZ BROTHERS INTERNATIONAL, INC</a>	<b>c</b> EIN-PN <a href="#">94-2789431-889</a>
<b>a</b>	Plan name <a href="#">MASSUMI + CONSOLI LLP 401(K) RETIREMENT PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MASSUMI + CONSOLI LLP</a>	<b>c</b> EIN-PN <a href="#">47-3294527-001</a>
<b>a</b>	Plan name <a href="#">MASTER SHEET METAL, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MASTER SHEET METAL, INC.</a>	<b>c</b> EIN-PN <a href="#">99-0144725-001</a>
<b>a</b>	Plan name <a href="#">MATCHSTICK VENTURES LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MATCHSTICK VENTURES LLC</a>	<b>c</b> EIN-PN <a href="#">47-2994395-001</a>
<b>a</b>	Plan name <a href="#">MAVERICK MIDWEST 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAVERICK MIDWEST LLC</a>	<b>c</b> EIN-PN <a href="#">82-2181672-001</a>
<b>a</b>	Plan name <a href="#">MC GROUP HAWAII, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MC GROUP HAWAII, INC.</a>	<b>c</b> EIN-PN <a href="#">27-3701730-001</a>
<b>a</b>	Plan name <a href="#">MCALLISTER, DETAR, SHOWALTER &amp; WALKER, LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCALLISTER, DETAR, SHOWALTER &amp; WALKER, LLC</a>	<b>c</b> EIN-PN <a href="#">47-4609056-001</a>
<b>a</b>	Plan name <a href="#">NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.</a>	<b>c</b> EIN-PN <a href="#">51-0306007-001</a>
<b>a</b>	Plan name <a href="#">NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NOTKIN HAWAII, INC.</a>	<b>c</b> EIN-PN <a href="#">99-0237335-001</a>

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 NOVA MEDICAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NOVA MEDICAL ASSOCIATES, LLC	<b>c</b> EIN-PN 56-2106086-777
<b>a</b>	Plan name NULLABLE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NULLABLE, INC.	<b>c</b> EIN-PN 47-1671054-001
<b>a</b>	Plan name OLE MEXICAN FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OLE MEXICAN FOODS, INC.	<b>c</b> EIN-PN 58-1847060-001
<b>a</b>	Plan name ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C.	<b>c</b> EIN-PN 38-3553403-001
<b>a</b>	Plan name REGIONAL PARAMEDICAL SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor REGIONAL PARAMEDICAL SERVICES	<b>c</b> EIN-PN 63-0957564-001
<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>a</b>	Plan name RFC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ROMANOFF FLOOR COVERING, INC.	<b>c</b> EIN-PN 58-1349072-001
<b>a</b>	Plan name RICHARDSON WAYLAND FERREIRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICHARDSON-WAYLAND FERREIRA, LLC	<b>c</b> EIN-PN 93-4818877-001
<b>a</b>	Plan name RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIDGEMONT EQUITY PARTNERS	<b>c</b> EIN-PN 27-2566095-001
<b>a</b>	Plan name STACK VETERINARY HOSPITAL PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STACK VETERINARY HOSPITAL, PLLC	<b>c</b> EIN-PN 30-0773499-777
<b>a</b>	Plan name STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STANGENES INDUSTRIES, INC.	<b>c</b> EIN-PN 94-2247016-001
<b>a</b>	Plan name STONEWOOD DESIGN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STONEWOOD DESIGN, INC.	<b>c</b> EIN-PN 47-0878684-001

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="#">STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STORMS DWORAK, LLC</a>	<b>c</b> EIN-PN <a href="#">46-2104644-001</a>
<b>a</b>	Plan name <a href="#">SUNMIGHT USA CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUNMIGHT USA CORP.</a>	<b>c</b> EIN-PN <a href="#">20-4626532-001</a>
<b>a</b>	Plan name <a href="#">SUPERIOR STEEL PRODUCTS, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUPERIOR STEEL PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">82-0484250-001</a>
<b>a</b>	Plan name <a href="#">THERAFIT REHAB 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THERAFIT REHAB, INC</a>	<b>c</b> EIN-PN <a href="#">26-2417596-001</a>
<b>a</b>	Plan name <a href="#">THOMPSON MEDICAL 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THOMPSON MEDICAL P.C.</a>	<b>c</b> EIN-PN <a href="#">45-4601631-001</a>
<b>a</b>	Plan name <a href="#">TIL GAMING, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TIL GAMING LLC</a>	<b>c</b> EIN-PN <a href="#">30-0855844-001</a>
<b>a</b>	Plan name <a href="#">WILLIAM H. SCHUH, MD PROF, LLC 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">WILLIAM H. SCHUH, MD PROF, LLC</a>	<b>c</b> EIN-PN <a href="#">20-8266294-001</a>
<b>a</b>	Plan name <a href="#">WILLOWBROOK FORD, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WILLOWBROOK FORD, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3063579-001</a>
<b>a</b>	Plan name <a href="#">WINDES, INC. RETIREMENT TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">WINDES, INC.</a>	<b>c</b> EIN-PN <a href="#">95-3001179-016</a>
<b>a</b>	Plan name <a href="#">ZEAM MEDICAL GROUP 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ZEAM MEDICAL GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">86-3657363-001</a>
<b>a</b>	Plan name <a href="#">A LA CARTE FOODS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A LA CARTE</a>	<b>c</b> EIN-PN <a href="#">81-2972833-001</a>
<b>a</b>	Plan name <a href="#">A. COLARUSSO &amp; SON, INC. PROFIT SHARING / 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A. COLARUSSO &amp; SON, INC.</a>	<b>c</b> EIN-PN <a href="#">14-1424400-001</a>

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.M.E. INC. 401(K)
<b>b</b>	Name of plan sponsor	A.M.E. INC.
<b>c</b>	EIN-PN	22-3603962-001
<b>a</b>	Plan name	ASTI'S SOUTH HILLS PHARMACY LLC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	C & G HEALTH SOLUTIONS DBA ASTI'S SOUTH HILLS PHARMACY
<b>c</b>	EIN-PN	45-5632914-001
<b>a</b>	Plan name	AUTISM SPECTRUM CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	AUTISM SPECTRUM CONSULTANTS, INC.
<b>c</b>	EIN-PN	20-0401114-001
<b>a</b>	Plan name	AVW EQUIPMENT COMPANY INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	AVW EQUIPMENT COMPANY INC.
<b>c</b>	EIN-PN	36-2780525-001
<b>a</b>	Plan name	AYKO GROUP, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	AYKO GROUP LLC
<b>c</b>	EIN-PN	47-4533642-001
<b>a</b>	Plan name	B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	B&S ELECTRIC SUPPLY CO., INC.
<b>c</b>	EIN-PN	58-1278855-001
<b>a</b>	Plan name	CHAMPION DISCS, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CHAMPION DISCS, INC.
<b>c</b>	EIN-PN	95-3894688-001
<b>a</b>	Plan name	CHAPEL OAKS RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CHAPEL OAKS
<b>c</b>	EIN-PN	43-1401339-001
<b>a</b>	Plan name	CINGULAR HR 401(K) PLAN
<b>b</b>	Name of plan sponsor	CINGULAR HR
<b>c</b>	EIN-PN	46-1128124-001
<b>a</b>	Plan name	CLARK BROTHERS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CLARK BROTHERS, INC.
<b>c</b>	EIN-PN	94-1572305-002
<b>a</b>	Plan name	CLARKE VENEERS AND PLYWOOD 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CLARKE VENEERS & PLYWOOD
<b>c</b>	EIN-PN	64-0365220-001
<b>a</b>	Plan name	EARLY SULLIVAN WRIGHT GIZER & MCRAE, LLP 401(K) PLAN
<b>b</b>	Name of plan sponsor	EARLY SULLIVAN
<b>c</b>	EIN-PN	27-2410239-001

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 EAST HARTFORD ORTHODONTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EAST HARTFORD ORTHODONTICS, LLC	<b>c</b> EIN-PN 45-3967784-001
<b>a</b>	Plan name EASTCOAST ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EASTCOAST ENTERTAINMENT, INC.	<b>c</b> EIN-PN 54-1024623-001
<b>a</b>	Plan name ECOLOGY SERVICES, INC. (NON-UNION) 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECOLOGY SERVICES, INC.	<b>c</b> EIN-PN 52-1633982-002
<b>a</b>	Plan name ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECOLOGY SERVICES, INC.	<b>c</b> EIN-PN 52-1633980-001
<b>a</b>	Plan name EGOODS SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EGOODS SUPPLY, INC.	<b>c</b> EIN-PN 47-3500962-001
<b>a</b>	Plan name EMPLOYEES' 401(K) AND HEALTH/DISABILITY PLAN OF CALLISTER, BROBERG & BECKER, A LAW CORPORATION	
<b>b</b>	Name of plan sponsor CALLISTER, BROBERG & BECKER A LAW CORPORATION	<b>c</b> EIN-PN 82-1680303-001
<b>a</b>	Plan name ENERGY MANAGEMENT COLLABORATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENERGY MANAGEMENT COLLABORATIVE, LLC	<b>c</b> EIN-PN 20-0029039-001
<b>a</b>	Plan name ENGINEERING DESIGN TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGINEERING DESIGN TECHNOLOGIES, INC.	<b>c</b> EIN-PN 58-2034541-001
<b>a</b>	Plan name GATOR HOME TECH 401K PLAN	
<b>b</b>	Name of plan sponsor GATOR TECH INTEGRATION, INC.	<b>c</b> EIN-PN 54-2077009-002
<b>a</b>	Plan name GEORGIA PAIN MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GEORGIA PAIN MANAGEMENT	<b>c</b> EIN-PN 30-0008411-001
<b>a</b>	Plan name GLOBAL ASR CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLOBAL ASR CONSULTING	<b>c</b> EIN-PN 81-4948693-001
<b>a</b>	Plan name GLOBAL REPAIR GROUP, LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL REPAIR GROUP, LLC	<b>c</b> EIN-PN 26-3998922-001

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 GLOBAL SURVEILLANCE ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL SURVEILLANCE ASSOCIATES	<b>c</b> EIN-PN 88-0230434-001
<b>a</b>	Plan name GMH ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GMH ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2618889-001
<b>a</b>	Plan name GPDDC, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor GRAMERCY PARK DIGESTIVE DISEASE CENTER, LLC	<b>c</b> EIN-PN 04-3769350-001
<b>a</b>	Plan name GRAHAM-SEGO CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor GRAHAM-SEGO CORPORATION	<b>c</b> EIN-PN 59-1744449-001
<b>a</b>	Plan name GREAT MOUNTAIN PARTNERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GREAT MOUNTAIN PARTNERS LLC	<b>c</b> EIN-PN 84-3463093-001
<b>a</b>	Plan name GREATER DAYTON AREA HOSPITAL A 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor GREATER DAYTON AREA HOSPITAL ASSOCIATES	<b>c</b> EIN-PN 31-1221836-004
<b>a</b>	Plan name JET SET TRANNY 401(K) PLAN	
<b>b</b>	Name of plan sponsor JET SET TRANNY, LLC	<b>c</b> EIN-PN 88-2656261-001
<b>a</b>	Plan name JIM'S ORIGINAL 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JIM'S ORIGINAL INCORPORATED DBA JIM'S ORIGINAL HOT DOG	<b>c</b> EIN-PN 36-4152300-001
<b>a</b>	Plan name JOBSOURCE NORTH AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOBSOURCE NORTH AMERICA, INC.	<b>c</b> EIN-PN 81-5133458-001
<b>a</b>	Plan name JR STRUCTURAL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JR STRUCTURAL ENGINEERING, INC.	<b>c</b> EIN-PN 94-3347891-001
<b>a</b>	Plan name JT CONCRETE CONTRACTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JT CONCRETE CONTRACTORS LLC	<b>c</b> EIN-PN 45-4598377-001
<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	MCGINNIS ELECTRICAL CONTRACTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCGINNIS ELECTRICAL CONTRACTING COMPANY	<b>c</b> EIN-PN 25-1151382-001
<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	MCMAHAN WINSTEAD & RICHARDSON, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCMAHAN WINSTEAD & RICHARDSON, LLC	<b>c</b> EIN-PN 62-1740158-001
<b>a</b>	Plan name	MEDICALERT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDICALERT FOUNDATION UNITED STATES, INC.	<b>c</b> EIN-PN 94-1494446-002
<b>a</b>	Plan name	MEHRAN FOTOVATJAH, DDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEHRAN FOTOVATJAH, DDS, INC.	<b>c</b> EIN-PN 77-0516617-002
<b>a</b>	Plan name	MERRELL LLC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERRELL LLC	<b>c</b> EIN-PN 81-2931810-001
<b>a</b>	Plan name	MERRY DENTAL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MERRY DENTAL CARE CENTER, P.A.	<b>c</b> EIN-PN 27-0790312-001
<b>a</b>	Plan name	MESA UNITED WAY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MESA UNITED WAY, INC.	<b>c</b> EIN-PN 86-0198599-002
<b>a</b>	Plan name	MICHELL ENTERPRISES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHELL ENTERPRISES, LLC	<b>c</b> EIN-PN 20-0354910-001
<b>a</b>	Plan name	OVERHEAD DOOR COMPANY OF COVINGTON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OVERHEAD DOOR COMPANY OF COVINGTON, INC.	<b>c</b> EIN-PN 61-0718497-001
<b>a</b>	Plan name	P.A. THOMPSON ENGINEERING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	P.A. THOMPSON ENGINEERING	<b>c</b> EIN-PN 33-0541883-001
<b>a</b>	Plan name	PACIFIC AGGREGATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPHERE, LLC DBA PACIFIC AGGREGATE	<b>c</b> EIN-PN 91-1937495-001

<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	PACIFIC ELECTRONIC ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC ELECTRONIC ENTERPRISES, INC.	<b>c</b> EIN-PN 95-2220026-001
<b>a</b>	Plan name	PAIN MEDICINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAIN MEDICINE, INC.	<b>c</b> EIN-PN 26-2725955-001
<b>a</b>	Plan name	PAKLAB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAKLAB	<b>c</b> EIN-PN 95-4109799-001
<b>a</b>	Plan name	PARRAID 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARRAID, LLC	<b>c</b> EIN-PN 84-3537759-001
<b>a</b>	Plan name	PATRICKS GLASS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PATRICK'S GLASS, INC.	<b>c</b> EIN-PN 27-5286958-001
<b>a</b>	Plan name	PBM, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PBM, LLC	<b>c</b> EIN-PN 26-3885918-004
<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	S.S. WHITE EMPLOYEES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	S.S. WHITE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 22-2903476-001
<b>a</b>	Plan name	SACCO & FILLAS, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SACCO & FILLAS, LLP	<b>c</b> EIN-PN 16-1706802-001
<b>a</b>	Plan name	SANDERS CANDY FACTORY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANDERS CANDY FACTORY, INC.	<b>c</b> EIN-PN 95-4248513-001
<b>a</b>	Plan name	SANFORD'S SERVICE CENTER, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SANFORD'S SERVICE CENTER, INC.	<b>c</b> EIN-PN 99-0209901-001
<b>a</b>	Plan name	SAUNA360 INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SAUNA360 INC.	<b>c</b> EIN-PN 41-1502759-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	SWEET REPUBLIC 401(K) PLAN	
<b>b</b> Name of plan sponsor	SWEET REPUBLIC LLC	<b>c</b> EIN-PN 57-1241759-001
<b>a</b> Plan name	SYSTEMS 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	C SYSTEMS, LLC	<b>c</b> EIN-PN 20-1820942-001
<b>a</b> Plan name	SYSTEMS, LLC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	C SYSTEMS, LLC	<b>c</b> EIN-PN 20-1820942-002
<b>a</b> Plan name	TOWER INSURANCE ASSOCIATES, INC 401(K) PSP	
<b>b</b> Name of plan sponsor	TOWER INSURANCE ASSOCIATES, INC	<b>c</b> EIN-PN 95-2129075-001
<b>a</b> Plan name	TRIHEX ATHLETIC APPAREL LLC 401(K) P/S PLAN	
<b>b</b> Name of plan sponsor	TRIHEX ATHLETIC APPAREL LLC	<b>c</b> EIN-PN 46-4045923-001
<b>a</b> Plan name	UNION RESCUE MISSION 401(K) PLAN	
<b>b</b> Name of plan sponsor	UNION RESCUE MISSION	<b>c</b> EIN-PN 95-1709293-001
<b>a</b> Plan name	UNISOURCE SOLUTIONS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	UNISOURCE SOLUTIONS, INC.	<b>c</b> EIN-PN 95-4117599-001
<b>a</b> Plan name	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC	<b>c</b> EIN-PN 13-3990791-002
<b>a</b> Plan name	ADC LTD NM 401(K) PLAN	
<b>b</b> Name of plan sponsor	ADC LTD NM	<b>c</b> EIN-PN 85-0464911-001
<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	AERIE HEALTHCARE, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	AERIE HEALTHCARE, LLC	<b>c</b> EIN-PN 93-4636337-001
<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

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 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 ALLRED METAL PRODUCTS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALLRED METAL PRODUCTS	<b>c</b> EIN-PN 86-0648390-001
<b>a</b>	Plan name BEACON HOSPITAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEACON HOSPITAL MANAGEMENT, INC.	<b>c</b> EIN-PN 27-3174264-002
<b>a</b>	Plan name BEL AIR BAY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEL AIR BAY CLUB, LTD	<b>c</b> EIN-PN 95-0537590-004
<b>a</b>	Plan name BENO J. GUNDLACH COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor BJO INVESTMENTS COMPANY	<b>c</b> EIN-PN 46-1578021-002
<b>a</b>	Plan name BEST BRANDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEST BRANDS INC.	<b>c</b> EIN-PN 62-1177514-001
<b>a</b>	Plan name BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BETTER NEWSPAPERS, INC.	<b>c</b> EIN-PN 37-1300470-001
<b>a</b>	Plan name BIAERO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BIAERO, LLC	<b>c</b> EIN-PN 20-1990837-001
<b>a</b>	Plan name BIANCELLA ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BIANCELLA ENTERPRISES, INC.	<b>c</b> EIN-PN 22-2716653-001
<b>a</b>	Plan name BILL BRADLEY PLUMBING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BILL BRADLEY PLUMBING, INC.	<b>c</b> EIN-PN 63-0657536-001
<b>a</b>	Plan name BISCO 401K PLAN	
<b>b</b>	Name of plan sponsor BONNEVILLE INDUSTRIAL SUPPLY	<b>c</b> EIN-PN 87-0329139-001
<b>a</b>	Plan name BLIND CHILDREN'S CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLIND CHILDREN'S CENTER, INC.	<b>c</b> EIN-PN 95-1656369-002

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.)	
<b>a</b>	Plan name BMR PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BMR PARTNERS, INC.	<b>c</b> EIN-PN 47-3763181-222
<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 COMCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMCARE PRIMARY MEDICAL GROUP	<b>c</b> EIN-PN 46-1164827-001
<b>a</b>	Plan name COMMUNICATION ELECTRONIC SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMUNICATIONS ELECTRONIC SYSTEMS, INC.	<b>c</b> EIN-PN 99-2126159-001
<b>a</b>	Plan name COMPTON CONSTRUCTION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor COMPTON CONSTRUCTION	<b>c</b> EIN-PN 27-5155259-001
<b>a</b>	Plan name CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONSOLIDATED EMPLOYER SERVICES, INC.	<b>c</b> EIN-PN 47-2468992-001
<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 CONTINENTAL EXPRESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONTINENTAL EXPRESS, INC	<b>c</b> EIN-PN 34-1434240-001
<b>a</b>	Plan name COXSACKIE PHYSICAL THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor COXSACKIE PHYSICAL THERAPY	<b>c</b> EIN-PN 05-0588304-001
<b>a</b>	Plan name ERS PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL SITE SERVICES	<b>c</b> EIN-PN 94-1602345-001
<b>a</b>	Plan name EXCEL CABINETS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EXCEL CABINETS, INC.	<b>c</b> EIN-PN 33-0521926-001
<b>a</b>	Plan name EXOTIC FASTENERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor EXOTIC FASTENERS, INC.	<b>c</b> EIN-PN 46-1551899-001

<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	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FALCON TRADING COMPANY, INC.	<b>c</b> EIN-PN 94-2863170-001
<b>a</b>	Plan name	FARRISILK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FARRISILK, INC.	<b>c</b> EIN-PN 95-4445372-002
<b>a</b>	Plan name	FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FERREIRA CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 22-3334957-001
<b>a</b>	Plan name	FERREIRA POWER GROUP, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FERREIRA POWER GROUP, LLC	<b>c</b> EIN-PN 81-4055817-001
<b>a</b>	Plan name	GROWING GENERATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GROWING GENERATIONS	<b>c</b> EIN-PN 95-4619204-001
<b>a</b>	Plan name	HAMMOND ENTERPRISES, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HAMMOND ENTERPRISES, INC.	<b>c</b> EIN-PN 91-1757749-001
<b>a</b>	Plan name	HARCOURTS PACIFIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARCOURTS PACIFIC, LLC	<b>c</b> EIN-PN 27-2915078-001
<b>a</b>	Plan name	HARRY WARREN OF GEORGIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	<b>c</b> EIN-PN 65-1179808-001
<b>a</b>	Plan name	HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HATTERAS PRESS, INC.	<b>c</b> EIN-PN 22-2491250-001
<b>a</b>	Plan name	HAWAII ONCOLOGY, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HAWAII ONCOLOGY, INC.	<b>c</b> EIN-PN 81-2343960-001
<b>a</b>	Plan name	HAWTHORNE CHEVROLET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAWTHORNE CHEVROLET	<b>c</b> EIN-PN 22-0981720-001
<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>
--	--	--

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>TA BLACKROCK LIFEPATH INDEX 2060 RET ACCT</b>	<b>B</b> Three-digit plan number (PN) <b>309</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>
---------------	--------------------------------------

**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>	<b>29208385</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)	<b>1c(14)</b>	<b>43772487</b>
<b>(15)</b> Other	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	29208385	43772487
<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>	29208385	43772487

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	5281424	
<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>		5281424

**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>		5281424
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		15208629
(2) From this plan .....	<b>2l(2)</b>		5925951

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