

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 2025 RET ACCT; 1b Three-digit plan number (PN): 302; 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> <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>TA BLACKROCK LIFEPATH INDEX 2025 RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>302</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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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 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 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 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 NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEVYAS EYE ASSOCIATES, P.C.	<b>c</b> EIN-PN 23-1715581-005
<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 PFLUEGER, INC. SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PFLUEGER, INC.	<b>c</b> EIN-PN 99-0219468-001

<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	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>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	PSM INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PSM INDUSTRIES, INC.	<b>c</b> EIN-PN 93-1156046-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	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	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	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>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	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	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

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	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
<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	SPECIALTY PROPERTY, LTD 401(K) PLAN
<b>b</b>	Name of plan sponsor	SPECIALTY PROPERTY, LTD
<b>c</b>	EIN-PN	74-2938057-001
<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	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	TBDM LAW PLLC 401(K) P/S PLAN
<b>b</b>	Name of plan sponsor	TBDM LAW PLLC
<b>c</b>	EIN-PN	33-1623607-001
<b>a</b>	Plan name	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	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	AMERICAN MARINE SERVICES GROUP 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	AMERICAN WORKBOATS, INC.
<b>c</b>	EIN-PN	99-0164323-001

<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	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	AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES	<b>c</b> EIN-PN 88-0159433-001
<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	ANDERSON MULHOLLAND & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON MULHOLLAND & ASSOCIATES, INC.	<b>c</b> EIN-PN 13-3508264-001
<b>a</b>	Plan name	ANDERSON TRANSPORTATION COMPANY, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON TRANSPORTATION COMPANY, INC.	<b>c</b> EIN-PN 36-3606920-001
<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 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 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>	
(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 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	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	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	UTITEC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UTITEC, INC.	<b>c</b> EIN-PN 61-1698698-001

<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	VALLE MAKOFF LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLE MAKOFF LLP	<b>c</b> EIN-PN 27-1587480-001
<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
<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	BRO-TEX CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRO-TEX CO., INC.	<b>c</b> EIN-PN 41-0801968-002
<b>a</b>	Plan name	BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRYAN CHEVROLET LLC	<b>c</b> EIN-PN 72-0477660-001
<b>a</b>	Plan name	C.L. KNOX, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	C L KNOX, INC.	<b>c</b> EIN-PN 95-4626834-001
<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	VN HOME HEALTH CARE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VN HOME HEALTH CARE	<b>c</b> EIN-PN 47-0921521-001
<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>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>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	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	WEST VALLEY PLATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST VALLEY PLATING, INC.	<b>c</b> EIN-PN 95-4850881-001
<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	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	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>a</b>	Plan name	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	<b>c</b> EIN-PN 68-0025437-001

<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	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	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	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	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 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	FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC.	<b>c</b> EIN-PN 25-1603610-001

<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	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	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	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>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	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	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	HIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIES, INC.	<b>c</b> EIN-PN 99-0307452-001
<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>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	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	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
<b>a</b>	Plan name	IAI AMERICA, INC. 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	IAI AMERICA, INC.	<b>c</b> EIN-PN 33-0337859-001
<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	IMPERIAL RUBBER PRODUCTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IMPERIAL RUBBER	<b>c</b> EIN-PN 33-0350283-001
<b>a</b>	Plan name	INNOVANT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INNOVANT, INC.	<b>c</b> EIN-PN 45-0499207-001
<b>a</b>	Plan name	INNOVANT, INC. UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVANT, INC.	<b>c</b> EIN-PN 45-0499207-002
<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	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

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 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 KUPFERER BROTHERS ORNAMENTAL IRON WORKS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KUPFERER BROTHERS ORNAMENTAL IRON WORKS INC	<b>c</b> EIN-PN 43-0709304-001
<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>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 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

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 J & L WINES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor J & L WINES, INC.	<b>c</b> EIN-PN 25-1434953-001
<b>a</b>	Plan name J2C VALUATION SERVICES, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor J2C VALUATION SERVICES, LLC	<b>c</b> EIN-PN 86-2668373-001
<b>a</b>	Plan name MARINE INDUSTRY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NATIONAL MARINE MANUFACTURERS ASSOCIATION, INC.	<b>c</b> EIN-PN 36-2369301-333
<b>a</b>	Plan name MARPAC CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARPAC CONSTRUCTION LLC	<b>c</b> EIN-PN 91-1678599-001
<b>a</b>	Plan name MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARQUEZ BROTHERS INTERNATIONAL, INC.	<b>c</b> EIN-PN 94-2789431-889
<b>a</b>	Plan name MASSUMI + CONSOLI LLP EQUITY PARTNERS RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MASSUMI + CONSOLI LLP	<b>c</b> EIN-PN 47-3294527-002
<b>a</b>	Plan name MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	<b>c</b> EIN-PN 47-4609056-001
<b>a</b>	Plan name NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	<b>c</b> EIN-PN 51-0306007-001
<b>a</b>	Plan name NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NOTKIN HAWAII, INC.	<b>c</b> EIN-PN 99-0237335-001
<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>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	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	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
<b>a</b>	Plan name	SUN ENGINEERING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUN ENGINEERING SERVICES, INC.	<b>c</b> EIN-PN 33-0312587-001
<b>a</b>	Plan name	THE WORTHE REAL ESTATE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE WORTHE REAL ESTATE GROUP, INC.	<b>c</b> EIN-PN 95-4521084-001
<b>a</b>	Plan name	THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON & HARVEY BAY AREA, LLC	<b>c</b> EIN-PN 27-1531650-001

<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	TIL GAMING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIL GAMING LLC	<b>c</b> EIN-PN 30-0855844-001
<b>a</b>	Plan name	WILLITS & NEWCOMB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSTON NURSERIES, FLP, DBA WILLITS & NEWCOMB	<b>c</b> EIN-PN 47-2188570-001
<b>a</b>	Plan name	WILLOWBROOK FORD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLOWBROOK FORD, INC.	<b>c</b> EIN-PN 36-3063579-001
<b>a</b>	Plan name	WINDES, INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	WINDES, INC.	<b>c</b> EIN-PN 95-3001179-016
<b>a</b>	Plan name	ZEAM MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ZEAM MEDICAL GROUP, INC.	<b>c</b> EIN-PN 86-3657363-001
<b>a</b>	Plan name	A LA CARTE FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A LA CARTE	<b>c</b> EIN-PN 81-2972833-001
<b>a</b>	Plan name	A. COLARUSSO & SON, INC. PROFIT SHARING / 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A. COLARUSSO & SON, INC.	<b>c</b> EIN-PN 14-1424400-001
<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	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	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	BAYSHORE HEALTH & HOMEMAKER SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAYSHORE HEALTH & HOMEMAKER SERVICES, INC.	<b>c</b> EIN-PN 59-2833315-001
<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>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	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	CLAIMS RESOURCE SERVICES, INC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CLAIMS RESOURCE SERVICES, INC.	<b>c</b> EIN-PN 94-3241983-001
<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	COAST DIAMOND, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COAST DIAMOND, INC.	<b>c</b> EIN-PN 94-2551495-002
<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	ELITE SALES AND SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELITE SALES AND SOLUTIONS, INC.	<b>c</b> EIN-PN 46-2503930-001
<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>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	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	ENGLANDER CONTAINER CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGLANDER CONTAINER CORPORATION	<b>c</b> EIN-PN 74-1588088-002
<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	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	GLENWOOD ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLENWOOD ELECTRIC	<b>c</b> EIN-PN 31-0913270-001
<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 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	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	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	JOHN MULLEN & COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN - PLAN A	
<b>b</b>	Name of plan sponsor	JOHN MULLEN & COMPANY, INC.	<b>c</b> EIN-PN 99-0109877-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>KAHUA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KAHUA INC.</b>	<b>c</b> EIN-PN <b>27-0523308-001</b>
<b>a</b>	Plan name <b>KELLEHER + HOLLAND GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KELLEHER + HOLLAND, LLC</b>	<b>c</b> EIN-PN <b>85-2363788-001</b>
<b>a</b>	Plan name <b>MCINTOSH COMMUNICATIONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCINTOSH COMMUNICATIONS, INC.</b>	<b>c</b> EIN-PN <b>88-0255787-001</b>
<b>a</b>	Plan name <b>MEDICALERT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEDICALERT FOUNDATION UNITED STATES, INC.</b>	<b>c</b> EIN-PN <b>94-1494446-002</b>
<b>a</b>	Plan name <b>MERRELL LLC EMPLOYEE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MERRELL LLC</b>	<b>c</b> EIN-PN <b>81-2931810-001</b>
<b>a</b>	Plan name <b>MESA UNITED WAY PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MESA UNITED WAY, INC.</b>	<b>c</b> EIN-PN <b>86-0198599-002</b>
<b>a</b>	Plan name <b>MICHELL ENTERPRISES, LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MICHELL ENTERPRISES, LLC</b>	<b>c</b> EIN-PN <b>20-0354910-001</b>
<b>a</b>	Plan name <b>MILLER MAYS &amp; ASSOCIATES LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MILLER MAYS &amp; ASSOCIATES, LLC</b>	<b>c</b> EIN-PN <b>45-4818677-001</b>
<b>a</b>	Plan name <b>P.A. THOMPSON ENGINEERING 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>P.A. THOMPSON ENGINEERING</b>	<b>c</b> EIN-PN <b>33-0541883-001</b>
<b>a</b>	Plan name <b>PACIFIC AGGREGATE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPHERE, LLC DBA PACIFIC AGGREGATE</b>	<b>c</b> EIN-PN <b>91-1937495-001</b>
<b>a</b>	Plan name <b>PACIFIC ELECTRONIC ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PACIFIC ELECTRONIC ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>95-2220026-001</b>
<b>a</b>	Plan name <b>PAIN MEDICINE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PAIN MEDICINE, INC.</b>	<b>c</b> EIN-PN <b>26-2725955-001</b>

<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	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	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	PENTAGON AUTOMOTIVE GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PENTAGON AUTOMOTIVE GROUP, LLC	<b>c</b> EIN-PN 86-1934080-001
<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	ROCKY MOUNTAIN BUSINESS SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROCKY MOUNTAIN BUSINESS SYSTEMS, INC.	<b>c</b> EIN-PN 85-0330110-002
<b>a</b>	Plan name	ROMAK IRON WORKS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROMAK IRON WORKS	<b>c</b> EIN-PN 94-1333435-001
<b>a</b>	Plan name	RTL CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RTL CONSTRUCTION, INC.	<b>c</b> EIN-PN 41-1735902-001
<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	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</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	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	TRIHIX ATHLETIC APPAREL LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	TRIHIX ATHLETIC APPAREL LLC	<b>c</b> EIN-PN 46-4045923-001
<b>a</b>	Plan name	ULTRA TAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ULTRA TAN, INC	<b>c</b> EIN-PN 58-2318583-001
<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	UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNISAND INCORPORATED	<b>c</b> EIN-PN 34-1658346-777
<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	UNITED MISCELLANEOUS ORNAMENTAL STEEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UMO STEEL	<b>c</b> EIN-PN 33-1099263-001
<b>a</b>	Plan name	UNIVERSITY OF ANTELOPE VALLEY MEDICAL COLLEGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY OF ANTELOPE VALLEY	<b>c</b> EIN-PN 01-0767134-777
<b>a</b>	Plan name	UPSTATE OB/GYN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UPSTATE OB/GYN ASSOCIATES, P.C.	<b>c</b> EIN-PN 14-1600870-001
<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	ADC LTD NM UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADC LTD NM	<b>c</b> EIN-PN 85-0464911-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<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 ALAN SCHATZBERG & ASSOCIATES RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ALAN SCHATZBERG & ASSOCIATES, INC.	<b>c</b> EIN-PN 22-3529223-001
<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 ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLEGRO CONSULTANTS, INC.	<b>c</b> EIN-PN 94-2932628-002
<b>a</b>	Plan name 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 BEAR INDUSTRIES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BEAR INDUSTRIES, INC.	<b>c</b> EIN-PN 72-0861682-001
<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 BJG 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>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	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
<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	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	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	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 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	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	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	FAXON LAW GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAXON LAW GROUP	<b>c</b> EIN-PN 27-0061719-001
<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

**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	FERREIRA POWER GROUP, LLC 401(K) AND PROFIT SHARING PLAN	<b>c</b>	EIN-PN	81-4055817-001
<b>b</b>	Name of plan sponsor	FERREIRA POWER GROUP, LLC	<b>c</b>	EIN-PN	81-4055817-001
<b>a</b>	Plan name	FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN	<b>c</b>	EIN-PN	88-2909820-001
<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	HAMMOND ENTERPRISES, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	<b>c</b>	EIN-PN	91-1757749-001
<b>b</b>	Name of plan sponsor	HAMMOND ENTERPRISES, INC.	<b>c</b>	EIN-PN	91-1757749-001
<b>a</b>	Plan name	HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	<b>c</b>	EIN-PN	59-1523664-001
<b>b</b>	Name of plan sponsor	HARRY WARREN, INC.	<b>c</b>	EIN-PN	59-1523664-001
<b>a</b>	Plan name	HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	<b>c</b>	EIN-PN	22-2491250-001
<b>b</b>	Name of plan sponsor	HATTERAS PRESS, INC.	<b>c</b>	EIN-PN	22-2491250-001
<b>a</b>	Plan name	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	<b>c</b>	EIN-PN	99-0143112-001
<b>b</b>	Name of plan sponsor	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	<b>c</b>	EIN-PN	99-0143112-001
<b>a</b>	Plan name	HAWAII ONCOLOGY, INC. 401(K) RETIREMENT SAVINGS PLAN	<b>c</b>	EIN-PN	81-2343960-001
<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>c</b>	EIN-PN	22-0981720-001
<b>b</b>	Name of plan sponsor	HAWTHORNE CHEVROLET	<b>c</b>	EIN-PN	22-0981720-001
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<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>TA BLACKROCK LIFEPATH INDEX 2025 RET ACCT</b>	<b>B</b> Three-digit plan number (PN) <b>302</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.

Assets	(a) Beginning of Year	(b) End of Year
<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>	82700584
<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>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	82700584	
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	82700584	

**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: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	7226075	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<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>		7226075

**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>		7226075
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		10621251
(2) From this plan .....	<b>2l(2)</b>		100547910

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