

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 2035 RET ACCT; 1b Three-digit plan number (PN): 304; 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 2035 RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>304</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)
<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 CENTER FOR PLASTIC SURGERY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MISSISSIPPI CENTER FOR PLASTIC SURGERY, PLLC	<b>c</b> EIN-PN 47-1243565-001
<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 MODERN PAIN & SPINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MODERN PAIN & SPINE	<b>c</b> EIN-PN 85-2811269-001
<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>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	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
<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	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 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	PRAIRIE PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHARM PROPERTIES, LLC	<b>c</b> EIN-PN 75-3117555-001
<b>a</b>	Plan name	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>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>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	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	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	SENIOR SOLUTIONS FOR SENIOR CARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SENIOR SOLUTIONS FOR SENIOR CARE, LLC	<b>c</b> EIN-PN 47-2345213-001
<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
<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	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

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>SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHEAST PERSONNEL LEASING, INC.</b>	<b>c</b> EIN-PN <b>59-3298197-333</b>
<b>a</b>	Plan name <b>SPALDING HOSIERY SHOPPE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE SOCK SHOPPE, SPALDING HOSIERY SHOPPE, INC.</b>	<b>c</b> EIN-PN <b>58-0899136-001</b>
<b>a</b>	Plan name <b>SPECIALTY PROPERTY, LTD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPECIALTY PROPERTY, LTD</b>	<b>c</b> EIN-PN <b>74-2938057-001</b>
<b>a</b>	Plan name <b>SPERTUS LANDES &amp; JOSEPHS, LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPERTUS LANDES &amp; JOSEPHS, LLP</b>	<b>c</b> EIN-PN <b>46-1531301-001</b>
<b>a</b>	Plan name <b>360 ELECTRICAL &amp; ENGINEERING SERVICES, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>360 ELECTRICAL &amp; ENGINEERING</b>	<b>c</b> EIN-PN <b>84-1772949-001</b>
<b>a</b>	Plan name <b>TAMERX DIESEL PRODUCTS 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TAMERX DIESEL PRODUCTS</b>	<b>c</b> EIN-PN <b>81-2955885-001</b>
<b>a</b>	Plan name <b>TBC CONSTRUCTION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TBC CONSTRUCTION INC</b>	<b>c</b> EIN-PN <b>45-2195554-001</b>
<b>a</b>	Plan name <b>TERESI TRUCKING, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TERESI TRUCKING, LLC</b>	<b>c</b> EIN-PN <b>94-1712166-001</b>
<b>a</b>	Plan name <b>THE CONGRESS LAKE COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CONGRESS LAKE COMPANY</b>	<b>c</b> EIN-PN <b>34-0160950-001</b>
<b>a</b>	Plan name <b>ALVIN ARELLANO O. D. INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALVIN ARELLANO O. D. INC.</b>	<b>c</b> EIN-PN <b>26-0037948-001</b>
<b>a</b>	Plan name <b>AM-TREE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC.</b>	<b>c</b> EIN-PN <b>22-2761331-001</b>
<b>a</b>	Plan name <b>AMER TECHNOLOGY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMER TECHNOLOGY, INC.</b>	<b>c</b> EIN-PN <b>74-2828249-001</b>

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 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 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>	
(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	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	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	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	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

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 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 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 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

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="#">W.M. GRACE CONSTRUCTION, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">W.M. GRACE CONSTRUCTION, INC.</a>	<b>c</b> EIN-PN <a href="#">43-0894463-002</a>
<b>a</b>	Plan name <a href="#">WALTON ISAACSON 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WALTON ISAACSON LLC</a>	<b>c</b> EIN-PN <a href="#">20-3735704-001</a>
<b>a</b>	Plan name <a href="#">WEST VALLEY PLATING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WEST VALLEY PLATING, INC.</a>	<b>c</b> EIN-PN <a href="#">95-4850881-001</a>
<b>a</b>	Plan name <a href="#">CADUCEUS HEALTHCARE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CADUCEUS HEALTHCARE</a>	<b>c</b> EIN-PN <a href="#">26-2585338-001</a>
<b>a</b>	Plan name <a href="#">CAL, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAL, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0002188-001</a>
<b>a</b>	Plan name <a href="#">CALIFORNIA VISION &amp; VISAGE MEDICAL GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CALIFORNIA VISION &amp; VISAGE MEDICAL GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">27-1434580-001</a>
<b>a</b>	Plan name <a href="#">CAPITAL AREA TITLE, LLC 401(K) PROFIT SHARING PLAN TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAPITAL AREA TITLE, LLC</a>	<b>c</b> EIN-PN <a href="#">20-4865361-001</a>
<b>a</b>	Plan name <a href="#">CAPRICORN SYSTEMS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAPRICORN SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">58-2514176-002</a>
<b>a</b>	Plan name <a href="#">CARE MANAGEMENT, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CARE MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">11-3117425-001</a>
<b>a</b>	Plan name <a href="#">CARSON, CLELLAND &amp; SCHREDER, PLLP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CARSON, CLELLAND &amp; SCHREDER, PLLP</a>	<b>c</b> EIN-PN <a href="#">41-1356458-003</a>
<b>a</b>	Plan name <a href="#">CCINTEGRATION, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CCINTEGRATION, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0197130-001</a>
<b>a</b>	Plan name <a href="#">CENTRIC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTRIC CONSTRUCTION, INC.</a>	<b>c</b> EIN-PN <a href="#">81-0608550-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	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	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	DIFIORE CONSTRUCTION, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIFIORE CONSTRUCTION, INC.	<b>c</b> EIN-PN 16-0741509-002
<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	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
<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>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	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
<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	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	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>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	GATOR HOME TECH 401K PLAN	
<b>b</b>	Name of plan sponsor	GATOR TECH INTEGRATION, INC.	<b>c</b> EIN-PN 54-2077009-002

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 <b>HERTZ, CHERSON &amp; ROSENTHAL, P.C. PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HERTZ, CHERSON &amp; ROSENTHAL, P.C.</b>	<b>c</b> EIN-PN <b>11-3138051-004</b>
<b>a</b>	Plan name <b>HICI 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEAUTY CAREER'S INSTITUTE, INC.</b>	<b>c</b> EIN-PN <b>65-1025807-001</b>
<b>a</b>	Plan name <b>HIGH PROPERTIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HIGH PROPERTY MANAGEMENT LLC</b>	<b>c</b> EIN-PN <b>42-1516913-001</b>
<b>a</b>	Plan name <b>HIGHTOWERS PETROLEUM CO. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HIGHTOWERS PETROLEUM CO.</b>	<b>c</b> EIN-PN <b>31-1151689-001</b>
<b>a</b>	Plan name <b>HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HISTORICAL RESEARCH ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>81-0373761-001</b>
<b>a</b>	Plan name <b>HUDDLE HOUSE, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HUDDLE HOUSE, INC.</b>	<b>c</b> EIN-PN <b>58-0916623-003</b>
<b>a</b>	Plan name <b>HUDSON COMMUNITY ENTERPRISES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HUDSON COMMUNITY ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>22-1629147-001</b>
<b>a</b>	Plan name <b>IAI AMERICA, INC. 401(K) SALARY REDUCTION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IAI AMERICA, INC.</b>	<b>c</b> EIN-PN <b>33-0337859-001</b>
<b>a</b>	Plan name <b>IAMIC MEMBERSHIP RETIREMENT OPTION</b>	
<b>b</b>	Name of plan sponsor <b>ILLINOIS ASSOCIATION OF MUTUAL INSURANCE COMPANIES</b>	<b>c</b> EIN-PN <b>36-1252847-002</b>
<b>a</b>	Plan name <b>ICON EQUIPMENT DISTRIBUTORS, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ICON EQUIPMENT DISTRIBUTORS, INC.</b>	<b>c</b> EIN-PN <b>22-2435580-001</b>
<b>a</b>	Plan name <b>INNOVANT, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INNOVANT, INC.</b>	<b>c</b> EIN-PN <b>45-0499207-001</b>
<b>a</b>	Plan name <b>INNOVANT, INC. UNION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INNOVANT, INC.</b>	<b>c</b> EIN-PN <b>45-0499207-002</b>

<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	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
<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	LASTING IMAGE PROMOTIONAL PRODUCTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LASTING IMAGE PROMOTIONAL PRODUCTS CO.	<b>c</b> EIN-PN 23-2872152-001
<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	LEGACY SENIOR LIVING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEGACY SENIOR LIVING, LLC	<b>c</b> EIN-PN 20-5770211-001
<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	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

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 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 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 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 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 JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JEFFREY A. WELLER, D.D.S., PC	<b>c</b> EIN-PN 36-4052634-777
<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

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 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 MAVERICK MIDWEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAVERICK MIDWEST LLC	<b>c</b> EIN-PN 82-2181672-001
<b>a</b>	Plan name MC GROUP HAWAII, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MC GROUP HAWAII, INC.	<b>c</b> EIN-PN 27-3701730-001
<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 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 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 REINTJES & HITER CO., INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor REINTJES & HITER CO., INC.	<b>c</b> EIN-PN 48-0762809-001

<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	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	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	STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STORMS DWORAK, LLC	<b>c</b> EIN-PN 46-2104644-001
<b>a</b>	Plan name	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	SUNMIGHT USA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNMIGHT USA CORP.	<b>c</b> EIN-PN 20-4626532-001
<b>a</b>	Plan name	SUPERIOR STEEL PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR STEEL PRODUCTS, INC.	<b>c</b> EIN-PN 82-0484250-001
<b>a</b>	Plan name	THERAFIT REHAB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THERAFIT REHAB, INC	<b>c</b> EIN-PN 26-2417596-001
<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	THOMPSON MEDICAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON MEDICAL P.C.	<b>c</b> EIN-PN 45-4601631-001
<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	WILLIAM H. SCHUH, MD PROF, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WILLIAM H. SCHUH, MD PROF, LLC	<b>c</b> EIN-PN 20-8266294-001
<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	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

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 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 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 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 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 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 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 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 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 ECG, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ECG, INC.	<b>c</b> EIN-PN 22-2944262-001

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 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 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 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
<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

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="#">GRAHAM-SEGO CORPORATION 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRAHAM-SEGO CORPORATION</a>	<b>c</b> EIN-PN <a href="#">59-1744449-001</a>
<b>a</b>	Plan name <a href="#">GREAT MOUNTAIN PARTNERS 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREAT MOUNTAIN PARTNERS LLC</a>	<b>c</b> EIN-PN <a href="#">84-3463093-001</a>
<b>a</b>	Plan name <a href="#">JET SET TRANNY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JET SET TRANNY, LLC</a>	<b>c</b> EIN-PN <a href="#">88-2656261-001</a>
<b>a</b>	Plan name <a href="#">JIM'S ORIGINAL 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">JIM'S ORIGINAL INCORPORATED DBA JIM'S ORIGINAL HOT DOG</a>	<b>c</b> EIN-PN <a href="#">36-4152300-001</a>
<b>a</b>	Plan name <a href="#">JOBSOURCE NORTH AMERICA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JOBSOURCE NORTH AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">81-5133458-001</a>
<b>a</b>	Plan name <a href="#">JR STRUCTURAL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JR STRUCTURAL ENGINEERING, INC.</a>	<b>c</b> EIN-PN <a href="#">94-3347891-001</a>
<b>a</b>	Plan name <a href="#">KAHUA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KAHUA INC.</a>	<b>c</b> EIN-PN <a href="#">27-0523308-001</a>
<b>a</b>	Plan name <a href="#">KELLEHER + HOLLAND GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KELLEHER + HOLLAND, LLC</a>	<b>c</b> EIN-PN <a href="#">85-2363788-001</a>
<b>a</b>	Plan name <a href="#">MCINTOSH COMMUNICATIONS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCINTOSH COMMUNICATIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">88-0255787-001</a>
<b>a</b>	Plan name <a href="#">MEDICALERT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEDICALERT FOUNDATION UNITED STATES, INC.</a>	<b>c</b> EIN-PN <a href="#">94-1494446-002</a>
<b>a</b>	Plan name <a href="#">MEHRAN FOTOVATJAH, DDS 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEHRAN FOTOVATJAH, DDS, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0516617-002</a>
<b>a</b>	Plan name <a href="#">MERRELL LLC EMPLOYEE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERRELL LLC</a>	<b>c</b> EIN-PN <a href="#">81-2931810-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	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	MILLER MAYS & ASSOCIATES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLER MAYS & ASSOCIATES, LLC	<b>c</b> EIN-PN 45-4818677-001
<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>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	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	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>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	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	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>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	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

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	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	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
<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	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	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	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	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

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>BENO J. GUNDLACH COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BJG INVESTMENTS COMPANY</b>	<b>c</b> EIN-PN <b>46-1578021-002</b>
<b>a</b>	Plan name <b>BEST BRANDS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEST BRANDS INC.</b>	<b>c</b> EIN-PN <b>62-1177514-001</b>
<b>a</b>	Plan name <b>BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BETTER NEWSPAPERS, INC.</b>	<b>c</b> EIN-PN <b>37-1300470-001</b>
<b>a</b>	Plan name <b>BIANCELLA ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIANCELLA ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>22-2716653-001</b>
<b>a</b>	Plan name <b>BILL BRADLEY PLUMBING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BILL BRADLEY PLUMBING, INC.</b>	<b>c</b> EIN-PN <b>63-0657536-001</b>
<b>a</b>	Plan name <b>BMR PARTNERS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BMR PARTNERS, INC.</b>	<b>c</b> EIN-PN <b>47-3763181-222</b>
<b>a</b>	Plan name <b>COASTLINE FACILITIES &amp; MAINTENANCE 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DRS DBA COASTLINE FACILITIES &amp; MAINTENANCE</b>	<b>c</b> EIN-PN <b>82-4678956-001</b>
<b>a</b>	Plan name <b>COMCARE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COMCARE PRIMARY MEDICAL GROUP</b>	<b>c</b> EIN-PN <b>46-1164827-001</b>
<b>a</b>	Plan name <b>COMMUNICATION ELECTRONIC SYSTEMS 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COMMUNICATIONS ELECTRONIC SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>99-2126159-001</b>
<b>a</b>	Plan name <b>CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONSOLIDATED EMPLOYER SERVICES, INC.</b>	<b>c</b> EIN-PN <b>47-2468992-001</b>
<b>a</b>	Plan name <b>CONSTRUCTION-CAD SOLUTIONS, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONSTRUCTION-CAD SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>36-4253943-002</b>
<b>a</b>	Plan name <b>CONTINENTAL EXPRESS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONTINENTAL EXPRESS, INC</b>	<b>c</b> EIN-PN <b>34-1434240-001</b>

<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	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	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	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	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	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	HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
<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>b</b>	Name of plan sponsor	HATTERAS PRESS, INC.	<b>c</b> EIN-PN 22-2491250-001



<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 2035 RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>304</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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</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>	88540686
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	104549655
<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>	88540686	104549655
<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>	88540686	104549655

**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>	9843683	
<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>		9843683

**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>		9843683
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		19320638
(2) From this plan .....	<b>2l(2)</b>		13155352

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