

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 2045 RET ACCT; 1b Three-digit plan number (PN): 306; 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.

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>TA BLACKROCK LIFEPATH INDEX 2045 RET ACCT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>306</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>83-1098532</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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d Entity code

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b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MISSISSIPPI MARINE CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MISSISSIPPI MARINE CORPORATION	c EIN-PN 64-0524327-001
a	Plan name MOCERI MANAGEMENT CO. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MOCERI MANAGEMENT CO	c EIN-PN 38-6175411-001
a	Plan name MRC CREATIONS, LLC 401(K)	
b	Name of plan sponsor MRC CREATIONS, LLC	c EIN-PN 46-4236344-002
a	Plan name NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor NAMDHARI USAGRISEEDS, INC.	c EIN-PN 26-4558159-001
a	Plan name NATIONAL CHILDREN'S CANCER SOCIETY 401(K) PLAN	
b	Name of plan sponsor NATIONAL CHILDREN'S CANCER SOCIETY	c EIN-PN 37-1227890-001
a	Plan name NATIONAL WATER SERVICES 401(K) PLAN	
b	Name of plan sponsor NATIONAL WATER SERVICES	c EIN-PN 35-2158046-222
a	Plan name NAUTICAL VENTURES GROUP 401(K) PLAN	
b	Name of plan sponsor NAUTICAL VENTURES GROUP, INC.	c EIN-PN 46-4362332-001
a	Plan name NCA RETIREMENT PLAN	
b	Name of plan sponsor NEVADA CARDIOLOGY ASSOCIATES	c EIN-PN 88-0293130-001
a	Plan name NEALIS ENGINEERING 401(K) PLAN	
b	Name of plan sponsor NEALIS ENGINEERING, INC.	c EIN-PN 38-3335420-001
a	Plan name NEVADA ORTHOPEDIC & SPINE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEVADA ORTHOPEDIC & SPINE CENTER, LLC	c EIN-PN 88-0313907-001
a	Plan name NEW CLASSIC FURNITURE 401(K) PLAN	
b	Name of plan sponsor NEW CLASSIC FURNITURE	c EIN-PN 33-0976223-001
a	Plan name NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC 401(K) PS PLAN	
b	Name of plan sponsor NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC DBA BARBIER	c EIN-PN 22-2918632-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NEWELL MACHINERY COMPANY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor NEWELL MACHINERY COMPANY, INC.	c EIN-PN 42-0646297-002
a	Plan name PFLUEGER, INC. SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor PFLUEGER, INC.	c EIN-PN 99-0219468-001
a	Plan name PGS/GS 401(K) PLAN	
b	Name of plan sponsor PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095592-002
a	Plan name PGS/GS DENTISTRY 401K PLAN	
b	Name of plan sponsor PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095590-001
a	Plan name PK HOUSING 401(K) PLAN	
b	Name of plan sponsor PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001
a	Plan name PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, LLC	c EIN-PN 22-2116608-002
a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name PMI KYOTO 401(K) PLAN	
b	Name of plan sponsor PMI KYOTO PACKAGING SYSTEMS, INC.	c EIN-PN 36-3900736-001
a	Plan name POWER QUALITY INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor POWER QUALITY INTERNATIONAL, LLC	c EIN-PN 46-3119531-001
a	Plan name POWERS GENERATOR 401(K) PLAN	
b	Name of plan sponsor POWERS GENERATOR	c EIN-PN 02-0523661-001
a	Plan name PRAIRIE PHARMACY 401(K) PLAN	
b	Name of plan sponsor PHARM PROPERTIES, LLC	c EIN-PN 75-3117555-001
a	Plan name PRECISION 2000 401(K) PLAN	
b	Name of plan sponsor PRECISION 2000, INC.	c EIN-PN 58-2427359-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PRODUCT DEVELOPMENT ASSOCIATES, INC.	c EIN-PN 41-1791080-001
a	Plan name PROVIDENCE GROUPS, LLC - MEP 401(K) PLAN	
b	Name of plan sponsor PROVIDENCE GROUPS, LLC	c EIN-PN 47-3117697-001
a	Plan name R&D MEDICAL PRODUCTS INC. 401(K) PLAN	
b	Name of plan sponsor R&D MEDICAL PRODUCTS INC.	c EIN-PN 33-0765631-001
a	Plan name RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RABIN & BERDO, P.C.	c EIN-PN 52-1763604-001
a	Plan name SCADA PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor SCADA PRODUCTS, LLC	c EIN-PN 61-1711852-001
a	Plan name SCHRAM AUTO & TRUCK PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor SCHRAM AUTO & TRUCK PARTS, INC.	c EIN-PN 38-3453628-001
a	Plan name SCOT MAILING & SHIPPING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor SCOT MAILING & SHIPPING SYSTEMS, INC.	c EIN-PN 61-1336536-001
a	Plan name SDS STORES & SLS BIG BOY 401K PLAN	
b	Name of plan sponsor SDS STORES & SLS BIG BOY RESTAURANTS	c EIN-PN 20-1759333-001
a	Plan name SEA REACH, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SEA REACH, LTD	c EIN-PN 93-0965673-777
a	Plan name SECRET CHARM 401(K) PLAN	
b	Name of plan sponsor SECRET CHARM	c EIN-PN 73-1678960-001
a	Plan name SGCP MANAGEMENT CO., LLC 401(K) PLAN	
b	Name of plan sponsor SGCP MANAGEMENT CO., LLC	c EIN-PN 82-4752245-001
a	Plan name SHAFER SURGICAL, LLC 401(K) PLAN	
b	Name of plan sponsor SHAFER SURGICAL, LLC	c EIN-PN 26-2056483-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SHIPMAN DIXON & LIVINGSTON CO. LPA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHIPMAN DIXON & LIVINGSTON	c EIN-PN 31-1434412-601
a	Plan name SIGNALS AUDIO VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIGNALS AUDIO VIDEO, INC.	c EIN-PN 95-4602729-001
a	Plan name SJB GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor SJB GROUP, INC.	c EIN-PN 20-1963915-001
a	Plan name SMITH EARLY CARE AND EDUCATION RETIREMENT PLAN	
b	Name of plan sponsor SMITH EARLY CARE AND EDUCATION, LLC	c EIN-PN 27-4608839-001
a	Plan name SMX 401(K) PLAN	
b	Name of plan sponsor SMARTRONIX, LLC	c EIN-PN 52-1922012-001
a	Plan name SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN	
b	Name of plan sponsor SOUTH BAY FORD	c EIN-PN 95-4451497-001
a	Plan name SOUTH LAKE PHARMACY 401(K) PLAN	
b	Name of plan sponsor DYL LLC DBA SOUTH LAKE PHARMACY	c EIN-PN 36-4503042-002
a	Plan name SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SOUTHEAST PERSONNEL LEASING, INC.	c EIN-PN 59-3298197-333
a	Plan name SPALDING HOSIERY SHOPPE, INC. 401(K) PLAN	
b	Name of plan sponsor THE SOCK SHOPPE, SPALDING HOSIERY SHOPPE, INC.	c EIN-PN 58-0899136-001
a	Plan name SPECIALTY PROPERTY, LTD 401(K) PLAN	
b	Name of plan sponsor SPECIALTY PROPERTY, LTD	c EIN-PN 74-2938057-001
a	Plan name SPERTUS LANDES & JOSEPHS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPERTUS LANDES & JOSEPHS, LLP	c EIN-PN 46-1531301-001
a	Plan name TBC CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor TBC CONSTRUCTION INC	c EIN-PN 45-2195554-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TBDM LAW PLLC 401(K) P/S PLAN	
b	Name of plan sponsor TBDM LAW PLLC	c EIN-PN 33-1623607-001
a	Plan name THE CONGRESS LAKE COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CONGRESS LAKE COMPANY	c EIN-PN 34-0160950-001
a	Plan name ALTMAN DENTISTRY 401(K) PLAN	
b	Name of plan sponsor C. MICHAEL ALTMAN, DDS. PC.	c EIN-PN 74-3002036-001
a	Plan name AM-TREE 401(K) PLAN	
b	Name of plan sponsor AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC.	c EIN-PN 22-2761331-001
a	Plan name AMERICAN MARINE SERVICES GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN WORKBOATS, INC.	c EIN-PN 99-0164323-001
a	Plan name AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN PILE AND FOUNDATION, LLC	c EIN-PN 32-0400145-001
a	Plan name AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name AMERICARE, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICARE, INC.	c EIN-PN 11-2608743-002
a	Plan name AMICABLE HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor AMICABLE HEALTHCARE, INC.	c EIN-PN 91-1814335-001
a	Plan name ANDERSON MULHOLLAND & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDERSON MULHOLLAND & ASSOCIATES, INC.	c EIN-PN 13-3508264-001
a	Plan name ANDREW BRONSTEIN, M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor ANDREW BRONSTEIN, M.D., P.C.	c EIN-PN 88-0343249-001
a	Plan name THE EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor CORPORATE SOLUTIONS, INC.	c EIN-PN 74-2817774-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE FIRST MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE FIRST MEDICAL CENTER, INC.	c EIN-PN 33-0791088-001
a	Plan name THE HRB GROUP 401(K) PLAN	
b	Name of plan sponsor PRAZAK & ASSOCIATES, LLC	c EIN-PN 81-4386443-333
a	Plan name THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOE N. GUY COMPANY, INCORPORATED	c EIN-PN 58-1048254-001
a	Plan name THE LITTLE PLUMBER RETIREMENT PLAN	
b	Name of plan sponsor REDLANDS PLUMBING, HEATING & AIR CONDITIONING	c EIN-PN 95-0828993-001
a	Plan name THE MEDIA CAPTAIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE MEDIA CAPTAIN, LLC	c EIN-PN 27-3370344-001
a	Plan name THE NAPOLI GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor THE NAPOLI GROUP, LLC	c EIN-PN 20-0100132-001
a	Plan name THE PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE PEOPLES BANK COMPANY	c EIN-PN 34-4327300-002
a	Plan name THE PRICE COMPANIES, INC. 401(K) PLAN	
b	Name of plan sponsor THE PRICE COMPANIES, INC.	c EIN-PN 71-0388495-001
a	Plan name ANTIOCHIAN ORTHODOX CHRISTIAN ARCHDIOCESE 401(K) PLAN	
b	Name of plan sponsor ANTIOCHIAN ORTHODOX ARCHDIOCESE	c EIN-PN 11-6007930-001
a	Plan name APERION CARE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor APERION CARE, INC.	c EIN-PN 46-5646073-002
a	Plan name ARLINGTON MORTUARY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARLINGTON MORTUARY, INC.	c EIN-PN 95-2959977-001
a	Plan name ARTISTS FIRST, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor ARTISTS FIRST, INC.	c EIN-PN 13-4120908-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ASBESTOS INSTANT RESPONSE INC 401(K) PLAN	
b	Name of plan sponsor	ASBESTOS INSTANT RESPONSE, INC.	c EIN-PN 95-4824758-001
a	Plan name	ASCEND INNOVATIONS INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ASCEND INNOVATIONS INC.	c EIN-PN 47-3151550-001
a	Plan name	ASPIRE HIGHER EDUCATIONAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	ASPIRE HIGHER EDUCATIONAL SERVICES	c EIN-PN 81-3643454-001
a	Plan name	ASSOCIATED CONSTRUCTION PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED CONSTRUCTION PRODUCTS, INC.	c EIN-PN 59-2692893-001
a	Plan name	ASTI'S SOUTH HILLS PHARMACY LLC RETIREMENT PLAN	
b	Name of plan sponsor	C & G HEALTH SOLUTIONS DBA ASTI'S SOUTH HILLS PHARMACY	c EIN-PN 45-5632914-001
a	Plan name	UPSTATE OB/GYN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UPSTATE OB/GYN ASSOCIATES, P.C.	c EIN-PN 14-1600870-001
a	Plan name	UTITEC, INC. 401(K) PLAN	
b	Name of plan sponsor	UTITEC, INC.	c EIN-PN 61-1698698-001
a	Plan name	VALLE MAKOFF LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLE MAKOFF LLP	c EIN-PN 27-1587480-001
a	Plan name	VANGUARD ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	VANGUARD ENERGY PARTNERS, LLC	c EIN-PN 26-4685348-002
a	Plan name	VIKING ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor	VIKING ROOFING, INC.	c EIN-PN 02-0525250-001
a	Plan name	VINTNERS DISTRIBUTORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	VINTNERS DISTRIBUTORS, INC.	c EIN-PN 94-3023379-005
a	Plan name	BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BOSS COMMUNICATION TECHNOLOGIES, INC.	c EIN-PN 99-0259632-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BRIAN S. KUBO, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRIAN S. KUBO, DDS, INC.	c EIN-PN 99-0333085-001
a	Plan name BRO-TEX CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BRO-TEX CO., INC.	c EIN-PN 41-0801968-002
a	Plan name BROADWAY SMILES 401(K) PLAN	
b	Name of plan sponsor BROADWAY SMILES	c EIN-PN 84-1525882-777
a	Plan name BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRYAN CHEVROLET LLC	c EIN-PN 72-0477660-001
a	Plan name BRYLAK & ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BRYLAK & ASSOCIATES, LLC	c EIN-PN 37-1510264-001
a	Plan name BUCKLES-SMITH ELECTRIC CO. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor BUCKLES-SMITH ELECTRIC COMPANY	c EIN-PN 94-1460248-003
a	Plan name C.L. KNOX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor C L KNOX, INC.	c EIN-PN 95-4626834-001
a	Plan name VIRDI EYE CLINIC, P.C. 401(K) SAVINGS PLAN	
b	Name of plan sponsor VIRDI EYE CLINIC, P.C.	c EIN-PN 36-3313791-002
a	Plan name VISIONSPARK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VISIONSPARK	c EIN-PN 45-4202552-001
a	Plan name VN HOME HEALTH CARE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VN HOME HEALTH CARE	c EIN-PN 47-0921521-001
a	Plan name W.E. LYONS CONSTRUCTION CO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor W.E. LYONS CONSTRUCTION CO.	c EIN-PN 94-1450704-001
a	Plan name W.L. LOGAN TRUCKING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W.L. LOGAN TRUCKING CO.	c EIN-PN 34-1039888-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	W.L. STATON PLUMBING, HEATING & COOLING, LLC 401(K) PLAN	
b	Name of plan sponsor	W.L. STATON PLUMBING, HEATING & COOLING, LLC	c EIN-PN 45-5074350-002
a	Plan name	W.M. GRACE CONSTRUCTION, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	W.M. GRACE CONSTRUCTION, INC.	c EIN-PN 43-0894463-002
a	Plan name	WALTON ISAACSON 401(K) PLAN	
b	Name of plan sponsor	WALTON ISAACSON LLC	c EIN-PN 20-3735704-001
a	Plan name	CADUCEUS HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	CADUCEUS HEALTHCARE	c EIN-PN 26-2585338-001
a	Plan name	CAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAL, INC.	c EIN-PN 77-0002188-001
a	Plan name	CALSOFT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALSOFT SYSTEMS	c EIN-PN 33-0593327-001
a	Plan name	CAPITAL AREA TITLE, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	CAPITAL AREA TITLE, LLC	c EIN-PN 20-4865361-001
a	Plan name	CAPRICORN SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPRICORN SYSTEMS, INC.	c EIN-PN 58-2514176-002
a	Plan name	CARE MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	CARE MANAGEMENT, INC.	c EIN-PN 11-3117425-001
a	Plan name	CARSON & ACASIO DENTAL OFFICE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CARSON & ACASIO DENTAL PARTNERSHIP	c EIN-PN 87-3791350-001
a	Plan name	CARSON, CLELLAND & SCHREDER, PLLP 401(K) PLAN	
b	Name of plan sponsor	CARSON, CLELLAND & SCHREDER, PLLP	c EIN-PN 41-1356458-003
a	Plan name	CCINTEGRATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CCINTEGRATION, INC.	c EIN-PN 77-0197130-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CENTRIC 401(K) PLAN	
b	Name of plan sponsor	CENTRIC CONSTRUCTION, INC.	c EIN-PN 81-0608550-001
a	Plan name	COXSACKIE TRANSPORT INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COXSACKIE TRANSPORT INC.	c EIN-PN 14-1745890-001
a	Plan name	CVR ASSOCIATES, INC. 401(K)	
b	Name of plan sponsor	CVR ASSOCIATES, INC.	c EIN-PN 04-3273457-777
a	Plan name	DALAD REALTY 401(K) PLAN	
b	Name of plan sponsor	DALAD REALTY COMPANY	c EIN-PN 34-1001816-001
a	Plan name	DANNIBLE & MCKEE, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DANNIBLE & MCKEE, LLP	c EIN-PN 33-0996661-001
a	Plan name	DAVID MANCINI & SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID MANCINI & SONS, INC.	c EIN-PN 27-3716806-001
a	Plan name	DE MATTEI CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DE MATTEI CONSTRUCTION INC.	c EIN-PN 77-0210774-001
a	Plan name	DECON LABORATORIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DECON LABORATORIES, INC.	c EIN-PN 23-2097317-002
a	Plan name	DIESELSITE INC. 401(K) PLAN	
b	Name of plan sponsor	DIESELSITE INC.	c EIN-PN 45-4660009-001
a	Plan name	DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DNJ ENGINE COMPONENTS, INC.	c EIN-PN 95-4637381-001
a	Plan name	DOGWOOD SITE CONTRACTORS LLC 401(K) PLAN	
b	Name of plan sponsor	DOGWOOD SITE CONTRACTORS LLC	c EIN-PN 87-1345377-001
a	Plan name	DRILLING SUPPLY & MANUFACTURING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	DRILLING SUPPLY & MANUFACTURING	c EIN-PN 74-1903853-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FERREIRA POWER WEST, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER WEST LLC	c EIN-PN 83-3211774-001
a	Plan name	FERREIRA UTEC LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA UTEC LLC	c EIN-PN 88-3544893-001
a	Plan name	FINANCE ONE INC. 401(K) PLAN	
b	Name of plan sponsor	FINANCE ONE INC.	c EIN-PN 95-4713873-001
a	Plan name	FORM GRINDING TECH INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FORM GRINDING TECH INC	c EIN-PN 38-3502129-001
a	Plan name	FOSTER/PREMIER, INC. 401(K) PLAN	
b	Name of plan sponsor	FOSTER/PREMIER, INC.	c EIN-PN 36-4139399-001
a	Plan name	FUKUDA DENSHI RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FUKUDA DENSHI USA, INC.	c EIN-PN 91-1725100-001
a	Plan name	GACE 401(K) PLAN	
b	Name of plan sponsor	GACE CONSULTING ENGINEERS, P.C.	c EIN-PN 20-5995207-001
a	Plan name	GARZA PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GARZA INDUSTRIES, INC.	c EIN-PN 33-0505475-001
a	Plan name	GAS PLUS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GAS PLUS CORPORATION	c EIN-PN 36-3181722-001
a	Plan name	GASKINS LECRAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOVEREIGNS ENGINEERING & SURVEYING HOLDINGS INC DBA GASKINS LECRAW	c EIN-PN 58-1500550-002
a	Plan name	HERTZ, CHERSON & ROSENTHAL, P.C. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	HERTZ, CHERSON & ROSENTHAL, P.C.	c EIN-PN 11-3138051-004
a	Plan name	HICI 401(K) PLAN	
b	Name of plan sponsor	BEAUTY CAREER'S INSTITUTE, INC.	c EIN-PN 65-1025807-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HIES, INC. 401(K) PLAN	
b	Name of plan sponsor	HIES, INC.	c EIN-PN 99-0307452-001
a	Plan name	HIGH PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	HIGH PROPERTY MANAGEMENT LLC	c EIN-PN 42-1516913-001
a	Plan name	HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
b	Name of plan sponsor	HIGHTOWERS PETROLEUM CO.	c EIN-PN 31-1151689-001
a	Plan name	HINKLEY OPTOMETRIC CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HINKLEY OPTOMETRIC CORPORATION	c EIN-PN 94-2419643-001
a	Plan name	HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	HISTORICAL RESEARCH ASSOCIATES, INC.	c EIN-PN 81-0373761-001
a	Plan name	HUDDLE HOUSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HUDDLE HOUSE, INC.	c EIN-PN 58-0916623-003
a	Plan name	HUDSON COMMUNITY ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	HUDSON COMMUNITY ENTERPRISES, INC.	c EIN-PN 22-1629147-001
a	Plan name	IAI AMERICA, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	IAI AMERICA, INC.	c EIN-PN 33-0337859-001
a	Plan name	IAMIC MEMBERSHIP RETIREMENT OPTION	
b	Name of plan sponsor	ILLINOIS ASSOCIATION OF MUTUAL INSURANCE COMPANIES	c EIN-PN 36-1252847-002
a	Plan name	ICON EQUIPMENT DISTRIBUTORS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ICON EQUIPMENT DISTRIBUTORS, INC.	c EIN-PN 22-2435580-001
a	Plan name	IMPERIAL RUBBER PRODUCTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	IMPERIAL RUBBER	c EIN-PN 33-0350283-001
a	Plan name	INNOVANT, INC. UNION 401(K) PLAN	
b	Name of plan sponsor	INNOVANT, INC.	c EIN-PN 45-0499207-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name INSPIRING HEALTHCARE RESOURCES 401(K) PLAN	
b	Name of plan sponsor INSPIRING HEALTHCARE RESOURCES, LLC	c EIN-PN 45-0663989-001
a	Plan name INSTANT INFOSYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INSTANT INFOSYSTEMS	c EIN-PN 95-4400744-001
a	Plan name KESTREL TELLEVATE LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor KESTREL TELLEVATE LLC	c EIN-PN 45-2180090-001
a	Plan name KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor KETTMANN MACHINING INC.	c EIN-PN 26-4023756-001
a	Plan name KIDDER LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KIDDER LAW FIRM, LLC	c EIN-PN 47-3161211-002
a	Plan name KIVU CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor KIVU CONSULTING, INC.	c EIN-PN 27-1257543-001
a	Plan name LA MADE CREATIVE 401(K) PLAN	
b	Name of plan sponsor LA MADE CREATIVE, INC.	c EIN-PN 47-1699482-001
a	Plan name LANDIVAR 401(K) PLAN	
b	Name of plan sponsor LANDIVAR & ASSOCIATES, LLC	c EIN-PN 75-3088910-001
a	Plan name LAZY DAY LIQUORS 401(K) PLAN	
b	Name of plan sponsor LAZY DAY LIQUORS, LLC	c EIN-PN 85-2076114-001
a	Plan name LE-VIET DENTAL AND SURGICAL ARTS DBA NICK L. LE, DDS 401(K) PLAN	
b	Name of plan sponsor NICK LE, DDS	c EIN-PN 87-1747138-001
a	Plan name LEGACY SENIOR LIVING, LLC 401(K) PLAN	
b	Name of plan sponsor LEGACY SENIOR LIVING, LLC	c EIN-PN 20-5770211-001
a	Plan name LETTS PLUMBING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LETTS PLUMBING	c EIN-PN 80-8780287-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LIFESTAR TALENT 401(K) PLAN	
b	Name of plan sponsor	LIFESTAR TALENT, LLC	c EIN-PN 88-1228443-001
a	Plan name	LIGHTING & ELECTRICAL SALES CO., INC. 401(K) PLAN	
b	Name of plan sponsor	LIGHTING & ELECTRICAL SALES CO., INC.	c EIN-PN 74-1786305-001
a	Plan name	LOCAL 360 401(K) AND SEVERANCE PLAN	
b	Name of plan sponsor	LOCAL 360	c EIN-PN 22-2450938-009
a	Plan name	LOCUS DESIGN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	LOCUS DESIGN COLLABORATIVE	c EIN-PN 81-4796699-001
a	Plan name	MANAGE MEDICAL 401(K) PLAN	
b	Name of plan sponsor	MANAGE MEDICAL, LLC	c EIN-PN 85-1244420-001
a	Plan name	INTEGRITY CONSTRUCTION MANAGEMENT, LLC 401K PLAN	
b	Name of plan sponsor	INTEGRITY CONSTRUCTION MANAGEMENT, LLC	c EIN-PN 45-5124212-001
a	Plan name	INTELLIPRO SERVICE MEP	
b	Name of plan sponsor	INTELLIPRO SERVICE INC.	c EIN-PN 83-3224197-001
a	Plan name	J & L WINES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J & L WINES, INC.	c EIN-PN 25-1434953-001
a	Plan name	J COSMETIC SERVICES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	J COSMETIC SERVICES, LLC DBA PERILLO COLLISION CENTER	c EIN-PN 20-3181332-001
a	Plan name	JAFCO AMERICA VENTURES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JAFCO AMERICA VENTURES, INC. DBA ICON VENTURES	c EIN-PN 94-2948334-001
a	Plan name	JEFF'S PRESCRIPTION SHOP 401(K) PLAN	
b	Name of plan sponsor	JEFF'S PRESCRIPTION SHOP	c EIN-PN 61-1051036-001
a	Plan name	MAP MARKETING & INCENTIVES LLC 401K PLAN	
b	Name of plan sponsor	MAP MARKETING & INCENTIVES LLC	c EIN-PN 13-4220408-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MARC NIMETZ FARMERS INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor MARC NIMETZ FARMERS INSURANCE	c EIN-PN 45-5540883-001
a	Plan name MARINE INDUSTRY RETIREMENT PLAN	
b	Name of plan sponsor NATIONAL MARINE MANUFACTURERS ASSOCIATION, INC.	c EIN-PN 36-2369301-333
a	Plan name MARPAC CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor MARPAC CONSTRUCTION LLC	c EIN-PN 91-1678599-001
a	Plan name MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor MARQUEZ BROTHERS INTERNATIONAL, INC	c EIN-PN 94-2789431-889
a	Plan name MASSUMI + CONSOLI LLP 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-001
a	Plan name MASSUMI + CONSOLI LLP EQUITY PARTNERS RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-002
a	Plan name MAVERICK MIDWEST 401(K) PLAN	
b	Name of plan sponsor MAVERICK MIDWEST LLC	c EIN-PN 82-2181672-001
a	Plan name MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	c EIN-PN 47-4609056-001
a	Plan name MCGINNIS ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor MCGINNIS ELECTRICAL CONTRACTING COMPANY	c EIN-PN 25-1151382-001
a	Plan name NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	c EIN-PN 51-0306007-001
a	Plan name NOVA MEDICAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOVA MEDICAL ASSOCIATES, LLC	c EIN-PN 56-2106086-777
a	Plan name NULLABLE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NULLABLE, INC.	c EIN-PN 47-1671054-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name OLE MEXICAN FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor OLE MEXICAN FOODS, INC.	c EIN-PN 58-1847060-001
a	Plan name ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C. 401(K) PLAN	
b	Name of plan sponsor ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C.	c EIN-PN 38-3553403-001
a	Plan name OVERHEAD DOOR COMPANY OF COVINGTON, INC. 401(K) PLAN	
b	Name of plan sponsor OVERHEAD DOOR COMPANY OF COVINGTON, INC.	c EIN-PN 61-0718497-001
a	Plan name REGIONAL PARAMEDICAL SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REGIONAL PARAMEDICAL SERVICES	c EIN-PN 63-0957564-001
a	Plan name REISCHLING PRESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REISCHLING PRESS, INC.	c EIN-PN 91-1013222-001
a	Plan name RFC RETIREMENT PLAN	
b	Name of plan sponsor ROMANOFF FLOOR COVERING, INC.	c EIN-PN 58-1349072-001
a	Plan name RICHARDSON WAYLAND FERREIRA 401(K) PLAN	
b	Name of plan sponsor RICHARDSON-WAYLAND FERREIRA, LLC	c EIN-PN 93-4818877-001
a	Plan name RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001
a	Plan name STACK VETERINARY HOSPITAL PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STACK VETERINARY HOSPITAL, PLLC	c EIN-PN 30-0773499-777
a	Plan name STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor STANGENES INDUSTRIES, INC.	c EIN-PN 94-2247016-001
a	Plan name STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STORMS DWORAK, LLC	c EIN-PN 46-2104644-001
a	Plan name SUMMIT VETERINARY SERVICES 401(K) PLAN	
b	Name of plan sponsor PRESTIGE WORLDWIDE VETERINARY SERVICES, LLC	c EIN-PN 88-2882796-777

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SUN ENGINEERING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUN ENGINEERING SERVICES, INC.	c EIN-PN 33-0312587-001
a	Plan name SUNMIGHT USA CORPORATION 401(K) PLAN	
b	Name of plan sponsor SUNMIGHT USA CORP.	c EIN-PN 20-4626532-001
a	Plan name SUPERIOR AUTO BODY 401(K) PLAN	
b	Name of plan sponsor SGS HOLDINGS DBA SUPERIOR AUTO BODY	c EIN-PN 20-3365670-001
a	Plan name SUPERIOR STEEL PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUPERIOR STEEL PRODUCTS, INC.	c EIN-PN 82-0484250-001
a	Plan name THE WORTHE REAL ESTATE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE WORTHE REAL ESTATE GROUP, INC.	c EIN-PN 95-4521084-001
a	Plan name THERAFIT REHAB 401(K) PLAN	
b	Name of plan sponsor THERAFIT REHAB, INC	c EIN-PN 26-2417596-001
a	Plan name THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON & HARVEY BAY AREA, LLC	c EIN-PN 27-1531650-001
a	Plan name THOMPSON MEDICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON MEDICAL P.C.	c EIN-PN 45-4601631-001
a	Plan name TIL GAMING, LLC 401(K) PLAN	
b	Name of plan sponsor TIL GAMING LLC	c EIN-PN 30-0855844-001
a	Plan name WILLIAM H. SCHUH, MD PROF, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WILLIAM H. SCHUH, MD PROF, LLC	c EIN-PN 20-8266294-001
a	Plan name WILLITS & NEWCOMB 401(K) PLAN	
b	Name of plan sponsor JOHNSTON NURSERIES, FLP, DBA WILLITS & NEWCOMB	c EIN-PN 47-2188570-001
a	Plan name WILLOWBROOK FORD, INC. 401(K) PLAN	
b	Name of plan sponsor WILLOWBROOK FORD, INC.	c EIN-PN 36-3063579-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WINDES, INC. RETIREMENT TRUST	
b	Name of plan sponsor	WINDES, INC.	c EIN-PN 95-3001179-016
a	Plan name	ZEAM MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ZEAM MEDICAL GROUP, INC.	c EIN-PN 86-3657363-001
a	Plan name	A LA CARTE FOODS 401(K) PLAN	
b	Name of plan sponsor	A LA CARTE	c EIN-PN 81-2972833-001
a	Plan name	A. COLARUSSO & SON, INC. PROFIT SHARING / 401(K) PLAN	
b	Name of plan sponsor	A. COLARUSSO & SON, INC.	c EIN-PN 14-1424400-001
a	Plan name	A.M.E. INC. 401(K)	
b	Name of plan sponsor	A.M.E. INC.	c EIN-PN 22-3603962-001
a	Plan name	AUTISM SPECTRUM CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUTISM SPECTRUM CONSULTANTS, INC.	c EIN-PN 20-0401114-001
a	Plan name	AVW EQUIPMENT COMPANY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AVW EQUIPMENT COMPANY INC.	c EIN-PN 36-2780525-001
a	Plan name	AYKO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	AYKO GROUP LLC	c EIN-PN 47-4533642-001
a	Plan name	B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
b	Name of plan sponsor	B&S ELECTRIC SUPPLY CO., INC.	c EIN-PN 58-1278855-001
a	Plan name	BAUERSCHMIDT & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BAUERSCHMIDT & SONS, INC.	c EIN-PN 11-2287095-001
a	Plan name	BAYSHORE HEALTH & HOMEMAKER SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	BAYSHORE HEALTH & HOMEMAKER SERVICES, INC.	c EIN-PN 59-2833315-001
a	Plan name	CHAMPION DISCS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CHAMPION DISCS, INC.	c EIN-PN 95-3894688-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CHAPEL OAKS RETIREMENT PLAN	
b	Name of plan sponsor	CHAPEL OAKS	c EIN-PN 43-1401339-001
a	Plan name	CINGULAR HR 401(K) PLAN	
b	Name of plan sponsor	CINGULAR HR	c EIN-PN 46-1128124-001
a	Plan name	CLAIMS RESOURCE SERVICES, INC 401(K) PLAN & TRUST	
b	Name of plan sponsor	CLAIMS RESOURCE SERVICES, INC.	c EIN-PN 94-3241983-001
a	Plan name	CLARK BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLARK BROTHERS, INC.	c EIN-PN 94-1572305-002
a	Plan name	EARLY SULLIVAN WRIGHT GIZER & MCRAE, LLP 401(K) PLAN	
b	Name of plan sponsor	EARLY SULLIVAN	c EIN-PN 27-2410239-001
a	Plan name	EAST HARTFORD ORTHODONTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	EAST HARTFORD ORTHODONTICS, LLC	c EIN-PN 45-3967784-001
a	Plan name	EASTCOAST ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EASTCOAST ENTERTAINMENT, INC.	c EIN-PN 54-1024623-001
a	Plan name	ECG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ECG, INC.	c EIN-PN 22-2944262-001
a	Plan name	ECOLOGY SERVICES, INC. (NON-UNION) 401(K) PLAN	
b	Name of plan sponsor	ECOLOGY SERVICES, INC.	c EIN-PN 52-1633982-002
a	Plan name	ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
b	Name of plan sponsor	ECOLOGY SERVICES, INC.	c EIN-PN 52-1633980-001
a	Plan name	EGOODS SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	EGOODS SUPPLY, INC.	c EIN-PN 47-3500962-001
a	Plan name	ENERGY MANAGEMENT COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	ENERGY MANAGEMENT COLLABORATIVE, LLC	c EIN-PN 20-0029039-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ENGINEERING DESIGN TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ENGINEERING DESIGN TECHNOLOGIES, INC.	c EIN-PN 58-2034541-001
a	Plan name	ENGLANDER CONTAINER CO. 401(K) PLAN	
b	Name of plan sponsor	ENGLANDER CONTAINER CORPORATION	c EIN-PN 74-1588088-002
a	Plan name	ENTERRA SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ENTERRA SOLUTIONS, LLC	c EIN-PN 30-0002607-001
a	Plan name	GATOR HOME TECH 401K PLAN	
b	Name of plan sponsor	GATOR TECH INTEGRATION, INC.	c EIN-PN 54-2077009-002
a	Plan name	GEORGIA PAIN MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEORGIA PAIN MANAGEMENT	c EIN-PN 30-0008411-001
a	Plan name	GLOBAL ASR CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL ASR CONSULTING	c EIN-PN 81-4948693-001
a	Plan name	GLOBAL REPAIR GROUP, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GLOBAL REPAIR GROUP, LLC	c EIN-PN 26-3998922-001
a	Plan name	GLOBAL SURVEILLANCE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	GLOBAL SURVEILLANCE ASSOCIATES	c EIN-PN 88-0230434-001
a	Plan name	GMH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	GMH ASSOCIATES, INC.	c EIN-PN 23-2618889-001
a	Plan name	GPDDC, LLC 401 (K) PLAN	
b	Name of plan sponsor	GRAMERCY PARK DIGESTIVE DISEASE CENTER, LLC	c EIN-PN 04-3769350-001
a	Plan name	GRAHAM-SEGO CORPORATION 401K PLAN	
b	Name of plan sponsor	GRAHAM-SEGO CORPORATION	c EIN-PN 59-1744449-001
a	Plan name	GREAT MOUNTAIN PARTNERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GREAT MOUNTAIN PARTNERS LLC	c EIN-PN 84-3463093-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GREATER DAYTON AREA HOSPITAL A 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor GREATER DAYTON AREA HOSPITAL ASSOCIATES	c EIN-PN 31-1221836-004
a	Plan name JET SET TRANNY 401(K) PLAN	
b	Name of plan sponsor JET SET TRANNY, LLC	c EIN-PN 88-2656261-001
a	Plan name JIM'S ORIGINAL 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor JIM'S ORIGINAL INCORPORATED DBA JIM'S ORIGINAL HOT DOG	c EIN-PN 36-4152300-001
a	Plan name JOBSOURCE NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor JOBSOURCE NORTH AMERICA, INC.	c EIN-PN 81-5133458-001
a	Plan name JOHN MULLEN & COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN - PLAN A	
b	Name of plan sponsor JOHN MULLEN & COMPANY, INC.	c EIN-PN 99-0109877-001
a	Plan name JR STRUCTURAL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JR STRUCTURAL ENGINEERING, INC.	c EIN-PN 94-3347891-001
a	Plan name KAHUA 401(K) PLAN	
b	Name of plan sponsor KAHUA INC.	c EIN-PN 27-0523308-001
a	Plan name KELLEHER + HOLLAND GROUP 401(K) PLAN	
b	Name of plan sponsor KELLEHER + HOLLAND, LLC	c EIN-PN 85-2363788-001
a	Plan name MCINTOSH COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor MCINTOSH COMMUNICATIONS, INC.	c EIN-PN 88-0255787-001
a	Plan name MEDICALERT 401(K) PLAN	
b	Name of plan sponsor MEDICALERT FOUNDATION UNITED STATES, INC.	c EIN-PN 94-1494446-002
a	Plan name MEHRAN FOTOVATJAH, DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEHRAN FOTOVATJAH, DDS, INC.	c EIN-PN 77-0516617-002
a	Plan name MERRELL LLC EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor MERRELL LLC	c EIN-PN 81-2931810-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MERRY DENTAL PROFIT SHARING PLAN	
b	Name of plan sponsor	MERRY DENTAL CARE CENTER, P.A.	c EIN-PN 27-0790312-001
a	Plan name	MESA UNITED WAY PROFIT SHARING PLAN	
b	Name of plan sponsor	MESA UNITED WAY, INC.	c EIN-PN 86-0198599-002
a	Plan name	MICHELL ENTERPRISES, LLC 401K PLAN	
b	Name of plan sponsor	MICHELL ENTERPRISES, LLC	c EIN-PN 20-0354910-001
a	Plan name	P.A. THOMPSON ENGINEERING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	P.A. THOMPSON ENGINEERING	c EIN-PN 33-0541883-001
a	Plan name	PACIFIC AGGREGATE 401(K) PLAN	
b	Name of plan sponsor	SPHERE, LLC DBA PACIFIC AGGREGATE	c EIN-PN 91-1937495-001
a	Plan name	PACIFIC ELECTRONIC ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC ELECTRONIC ENTERPRISES, INC.	c EIN-PN 95-2220026-001
a	Plan name	PAIN MEDICINE, INC. 401(K) PLAN	
b	Name of plan sponsor	PAIN MEDICINE, INC.	c EIN-PN 26-2725955-001
a	Plan name	PAKLAB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAKLAB	c EIN-PN 95-4109799-001
a	Plan name	PARRAID 401(K) PLAN	
b	Name of plan sponsor	PARRAID, LLC	c EIN-PN 84-3537759-001
a	Plan name	PATRICKS GLASS, INC. 401(K) PLAN	
b	Name of plan sponsor	PATRICK'S GLASS, INC.	c EIN-PN 27-5286958-001
a	Plan name	PBM, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PBM, LLC	c EIN-PN 26-3885918-004
a	Plan name	PEARLMAN PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEARLMAN PROPERTY MANAGEMENT	c EIN-PN 77-0474584-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PENTAGON AUTOMOTIVE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor PENTAGON AUTOMOTIVE GROUP, LLC	c EIN-PN 86-1934080-001
a	Plan name PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PETE & PETE CONTAINER SERVICE, INC.	c EIN-PN 31-1548571-777
a	Plan name RIVER HOUSE ARTISTS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIVER HOUSE ARTISTS, LLC	c EIN-PN 81-0815058-001
a	Plan name ROUND TWO WINES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROUND TWO WINES, LLC	c EIN-PN 80-0274007-001
a	Plan name ROYAL CUPCAKE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROYAL CUPCAKE, INC.	c EIN-PN 92-0526312-001
a	Plan name RTL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor RTL CONSTRUCTION, INC.	c EIN-PN 41-1735902-001
a	Plan name S.S. WHITE EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor S.S. WHITE TECHNOLOGIES, INC.	c EIN-PN 22-2903476-001
a	Plan name SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SACATE PELLET MILLS, INC.	c EIN-PN 86-0509246-001
a	Plan name SACCO & FILLAS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SACCO & FILLAS, LLP	c EIN-PN 16-1706802-001
a	Plan name SANDERS CANDY FACTORY, INC. 401(K) PLAN	
b	Name of plan sponsor SANDERS CANDY FACTORY, INC.	c EIN-PN 95-4248513-001
a	Plan name SANFORD'S SERVICE CENTER, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SANFORD'S SERVICE CENTER, INC.	c EIN-PN 99-0209901-001
a	Plan name SAUNA360 INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SAUNA360 INC.	c EIN-PN 41-1502759-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SYSTEMS 2000 PLUMBING SERVICES, INC 401(K) PLAN	
b	Name of plan sponsor SYSTEMS 2000 PLUMBING SERVICES, INC	c EIN-PN 13-3781164-001
a	Plan name SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C SYSTEMS, LLC	c EIN-PN 20-1820942-001
a	Plan name SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor C SYSTEMS, LLC	c EIN-PN 20-1820942-002
a	Plan name TOWER INSURANCE ASSOCIATES, INC 401(K) PSP	
b	Name of plan sponsor TOWER INSURANCE ASSOCIATES, INC	c EIN-PN 95-2129075-001
a	Plan name TREVOR K IRISH O.D. INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor TREVOR K IRISH O.D. INC.	c EIN-PN 27-1758327-001
a	Plan name TRIHEX ATHLETIC APPAREL LLC 401(K) P/S PLAN	
b	Name of plan sponsor TRIHEX ATHLETIC APPAREL LLC	c EIN-PN 46-4045923-001
a	Plan name TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
b	Name of plan sponsor TRUE NORTH CUSTOM PUBLISHING, LLC.	c EIN-PN 62-1764489-001
a	Plan name ULTRA TAN 401(K) PLAN	
b	Name of plan sponsor ULTRA TAN, INC	c EIN-PN 58-2318583-001
a	Plan name UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNISAND INCORPORATED	c EIN-PN 34-1658346-777
a	Plan name UNISOURCE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor UNISOURCE SOLUTIONS, INC.	c EIN-PN 95-4117599-001
a	Plan name UNITED MISCELLANEOUS ORNAMENTAL STEEL, INC. 401(K) PLAN	
b	Name of plan sponsor UMO STEEL	c EIN-PN 33-1099263-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	UNIVERSAL TANK & FABRICATION INC. 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL TANK & FABRICATION INC.	c EIN-PN 94-4428204-001
a	Plan name	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC	c EIN-PN 13-3990791-002
a	Plan name	ADC LTD NM 401(K) PLAN	
b	Name of plan sponsor	ADC LTD NM	c EIN-PN 85-0464911-001
a	Plan name	ADC LTD NM UNION 401(K) PLAN	
b	Name of plan sponsor	ADC LTD NM	c EIN-PN 85-0464911-003
a	Plan name	ALABAMA GROCERS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	ALABAMA GROCERS ASSOCIATION	c EIN-PN 63-1025911-333
a	Plan name	ALAN SCHATZBERG & ASSOCIATES RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	ALAN SCHATZBERG & ASSOCIATES, INC.	c EIN-PN 22-3529223-001
a	Plan name	ALLRED METAL PRODUCTS INC PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLRED METAL PRODUCTS	c EIN-PN 86-0648390-001
a	Plan name	BEACON HOSPITAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	BEACON HOSPITAL MANAGEMENT, INC.	c EIN-PN 27-3174264-002
a	Plan name	BEAR INDUSTRIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BEAR INDUSTRIES, INC.	c EIN-PN 72-0861682-001
a	Plan name	BEL AIR BAY CLUB 401(K) PLAN	
b	Name of plan sponsor	BEL AIR BAY CLUB, LTD	c EIN-PN 95-0537590-004
a	Plan name	BENO J. GUNDLACH COMPANY 401(K) PLAN	
b	Name of plan sponsor	BJG INVESTMENTS COMPANY	c EIN-PN 46-1578021-002
a	Plan name	BEST BRANDS 401(K) PLAN	
b	Name of plan sponsor	BEST BRANDS INC.	c EIN-PN 62-1177514-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BETTER NEWSPAPERS, INC.	c EIN-PN 37-1300470-001
a	Plan name	BIAERO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIAERO, LLC	c EIN-PN 20-1990837-001
a	Plan name	BIANCELLA ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIANCELLA ENTERPRISES, INC.	c EIN-PN 22-2716653-001
a	Plan name	BILL BRADLEY PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor	BILL BRADLEY PLUMBING, INC.	c EIN-PN 63-0657536-001
a	Plan name	BISCO 401K PLAN	
b	Name of plan sponsor	BONNEVILLE INDUSTRIAL SUPPLY	c EIN-PN 87-0329139-001
a	Plan name	BMR PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	BMR PARTNERS, INC.	c EIN-PN 47-3763181-222
a	Plan name	COMCARE 401(K) PLAN	
b	Name of plan sponsor	COMCARE PRIMARY MEDICAL GROUP	c EIN-PN 46-1164827-001
a	Plan name	COMPTON CONSTRUCTION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COMPTON CONSTRUCTION	c EIN-PN 27-5155259-001
a	Plan name	CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	
b	Name of plan sponsor	CONSOLIDATED EMPLOYER SERVICES, INC.	c EIN-PN 47-2468992-001
a	Plan name	CONTINENTAL EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTINENTAL EXPRESS, INC	c EIN-PN 34-1434240-001
a	Plan name	COXSACKIE PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	COXSACKIE PHYSICAL THERAPY	c EIN-PN 05-0588304-001
a	Plan name	ERS PLAN	
b	Name of plan sponsor	UNIVERSAL SITE SERVICES	c EIN-PN 94-1602345-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EXCEL CABINETS, INC. 401(K) PLAN	
b	Name of plan sponsor	EXCEL CABINETS, INC.	c EIN-PN 33-0521926-001
a	Plan name	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name	FAXON LAW GROUP 401(K) PLAN	
b	Name of plan sponsor	FAXON LAW GROUP	c EIN-PN 27-0061719-001
a	Plan name	FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA CONSTRUCTION CO., INC.	c EIN-PN 22-3334957-001
a	Plan name	FERREIRA POWER GROUP, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER GROUP, LLC	c EIN-PN 81-4055817-001
a	Plan name	FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER SOUTH 401(K)	c EIN-PN 88-2909820-001
a	Plan name	GROWING GENERATIONS 401(K) PLAN	
b	Name of plan sponsor	GROWING GENERATIONS	c EIN-PN 95-4619204-001
a	Plan name	HAMMOND ENTERPRISES, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	HAMMOND ENTERPRISES, INC.	c EIN-PN 91-1757749-001
a	Plan name	HARRY WARREN OF GEORGIA 401(K) PLAN	
b	Name of plan sponsor	MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	c EIN-PN 65-1179808-001
a	Plan name	HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	HARRY WARREN, INC.	c EIN-PN 59-1523664-001
a	Plan name	HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	HATTERAS PRESS, INC.	c EIN-PN 22-2491250-001
a	Plan name	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	c EIN-PN 99-0143112-001

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

a Plan name	HAWAII ONCOLOGY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	HAWAII ONCOLOGY, INC.	c EIN-PN 81-2343960-001

a Plan name	HAWTHORNE CHEVROLET 401(K) PLAN	
b Name of plan sponsor	HAWTHORNE CHEVROLET	c EIN-PN 22-0981720-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TA BLACKROCK LIFEPATH INDEX 2045 RET ACCT	B Three-digit plan number (PN) ▶ 306
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 83-1098532

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	79814854	99098840
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	79814854	99098840
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	79814854	99098840

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	11977177	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11977177

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11977177
l Transfers of assets:			
(1) To this plan.....	2l(1)		19726686
(2) From this plan	2l(2)		12419877

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.