

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] 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 (less than 12 months)
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 (enter description)
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 2055 RET ACCT
1b Three-digit plan number (PN): 505
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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> <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 2055 RET ACCT</u>	B Three-digit plan number (PN)	<u>505</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>36-6071399</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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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 AOMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A-O-M-S PLLC	c EIN-PN 81-4839752-001
a	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AOW CONSTRUCTION LLC	c EIN-PN 83-2875089-001
a	Plan name CHAMPION WIRE AND CABLE 401(K) PLAN	
b	Name of plan sponsor CHAMPION WIRE AND CABLE LLC	c EIN-PN 11-3253340-001
a	Plan name FURNITURE MARKETING GROUP, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor FMG, INC.	c EIN-PN 75-1774792-001
a	Plan name JORGE L. GARDYN MD FACP PC RETIREMENT PLAN	
b	Name of plan sponsor JORGE L. GARDYN, MD, FAC	c EIN-PN 11-3277614-001
a	Plan name MONAHAN LAW GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MONAHAN LAW GROUP, LLC	c EIN-PN 45-4055483-001
a	Plan name MONTANO MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor MONTANO MOTORS, INC.	c EIN-PN 74-2392667-002
a	Plan name MONTIEL BROTHERS INC. 401(K) PLAN	
b	Name of plan sponsor MONTIEL BROTHERS INC. D/B/A PALO VERDE HOMES	c EIN-PN 57-1238851-001
a	Plan name MOOREFIELD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOOREFIELD CONSTRUCTION, INC.	c EIN-PN 95-3419477-002
a	Plan name PARTNERSHIP PROJECT INC. 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor PARTNERSHIP PROJECT INC. DBA COMMUNITY BUILDERS	c EIN-PN 68-0431719-001
a	Plan name SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor SELECTRODE INDUSTRIES, INC.	c EIN-PN 11-2677850-002
a	Plan name SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SHANGRI-LA INTERNATIONAL HOTELS, INC.	c EIN-PN 95-3876666-001

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 THUNDERBIRD SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THUNDERBIRD SUPPLY COMPANY	c EIN-PN 85-0227746-002
a	Plan name TOM HENNES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TOM HENNES INC.	c EIN-PN 13-3692440-002
a	Plan name TOPAZ SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TOPAZ SYSTEMS, INC.	c EIN-PN 77-0402671-002
a	Plan name WORKFIT MEDICAL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WORKFIT MEDICAL LLC	c EIN-PN 13-4208386-001
a	Plan name LAVANTURE PRODUCTS CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAVANTURE PRODUCTS, CO.	c EIN-PN 34-1041124-001
a	Plan name LEEMAN ARCHITECTURAL 401(K) PLAN	
b	Name of plan sponsor LEEMAN CONSTRUCTION COMPANY, INC.	c EIN-PN 58-1793770-001
a	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEVITT & BOCCIO, LLP	c EIN-PN 47-2210945-001
a	Plan name 401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP	
b	Name of plan sponsor C12 CAPITAL MANAGEMENT US LP	c EIN-PN 27-0582841-001
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 ABC OF IOWA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ABC OF IOWA	c EIN-PN 42-1029016-001
a	Plan name ABILITIES FIRST, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ABILITIES FIRST, INC.	c EIN-PN 14-1467427-002
a	Plan name MPA MEDIA 401(K) PLAN	
b	Name of plan sponsor MAXWELL PETERSEN ASSOCIATES, INC.	c EIN-PN 95-3788215-001

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	MR ARCHITECTURE & DECOR P.C. 401(K) PLAN	
b	Name of plan sponsor	MR ARCHITECTURE & DECOR, P.C.	c EIN-PN 13-4115412-001
a	Plan name	AIR SYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR SYSTEMS LLC	c EIN-PN 61-1497192-001
a	Plan name	AIR TREK, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	AIR TREK, INC.	c EIN-PN 59-9999998-889
a	Plan name	NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
b	Name of plan sponsor	NEWBROOK INSURANCE AGENCY, INC.	c EIN-PN 11-2718154-001
a	Plan name	NEWSTUDIO ARCHITECTURE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEWSTUDIO ARCHITECTURE, LLC	c EIN-PN 45-1631448-001
a	Plan name	ARTHUR R. GREN CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARTHUR R. GREN CO., INC.	c EIN-PN 16-0777488-777
a	Plan name	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 27-3841580-001
a	Plan name	RICHLINE GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RICHLINE GROUP, INC.	c EIN-PN 26-0232774-001
a	Plan name	BRIDGEMAN ART LIBRARY INTERNATIONAL LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIDGEMAN IMAGES	c EIN-PN 13-3947335-001
a	Plan name	BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	BRONX CENTER FOR REHABILITATION AND HEALTHCARE	c EIN-PN 13-4021585-001
a	Plan name	BUILDERS 401(K) PLAN	
b	Name of plan sponsor	MHP BUILDERS, INC.	c EIN-PN 26-4034743-001
a	Plan name	CIMPAR, S.C. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	CIMPAR S.C.	c EIN-PN 20-3621866-002

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	CLEAR CREEK ENDODONTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	CLEAR CREEK ENDODONTICS, LLC	c EIN-PN 06-1834691-001
a	Plan name	CLEAR PEO, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CLEAR PEO, LLC	c EIN-PN 35-2535759-333
a	Plan name	SHEATS & BAILEY, PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SHEATS & BAILEY, PLLC	c EIN-PN 90-0781687-001
a	Plan name	SILC-NAKFOOR RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	JENNIFER T. SILC DDS MS, LTD.	c EIN-PN 85-1209970-001
a	Plan name	CORD CONTRACTING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	CORD CONTRACTING CO., INC.	c EIN-PN 11-3194814-003
a	Plan name	CORE TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CORE TECHNOLOGY SOLUTIONS, INC.	c EIN-PN 57-0918602-001
a	Plan name	CORTECH, LLC 401(K) PLAN	
b	Name of plan sponsor	CORTECH, LLC	c EIN-PN 58-2449456-001
a	Plan name	ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ST. JOSEPH HOLDINGS, LLC	c EIN-PN 80-0109664-001
a	Plan name	EFFINGHAM BUILDERS SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	EFFINGHAM BUILDERS SUPPLY, INC.	c EIN-PN 37-1287109-002
a	Plan name	ELLENOS 401(K) PLAN	
b	Name of plan sponsor	REAL GREEK LLC	c EIN-PN 45-5592934-001
a	Plan name	TOPCO SALES 401(K) PLAN	
b	Name of plan sponsor	TOPCO SALES	c EIN-PN 45-5582989-001
a	Plan name	TRUE NORTH HUMAN CAPITAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRUE NORTH HUMAN CAPITAL, LLC	c EIN-PN 47-4797475-777

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	VALENTE YEAST COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VALENTE YEAST COMPANY, INC.	c EIN-PN 11-2437305-001
a	Plan name	VENPRO COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	VENTILATION SPECIALTIES GROUP, INC. DBA VENPRO COMPANY	c EIN-PN 01-0817395-001
a	Plan name	VINCO, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	VINCO, INC.	c EIN-PN 41-1874693-001
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	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 BROADBAND SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL BROADBAND SOLUTIONS, LLC	c EIN-PN 54-1871592-001
a	Plan name	HUDSON RIVER PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor	DAVID ANDRE LEVI MC PEDIATRICS PLLC	c EIN-PN 45-3952387-001
a	Plan name	HUDSON VALLEY CHRYSLER DODGE JEEP RAM 401(K) PLAN	
b	Name of plan sponsor	HUDSON VLLY AUTOMOTIVE ENTERPRISES LLC DBA HUDSON VALLEY CHRYSLER DO	c EIN-PN 46-3836303-001
a	Plan name	HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HUNT ENTERPRISES, INC.	c EIN-PN 11-2236013-001
a	Plan name	HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	HUTCHINSON AUTOMOTIVE, INC.	c EIN-PN 20-5463282-001
a	Plan name	KAA DESIGN GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KAA DESIGN GROUP, INC.	c EIN-PN 95-4631555-001
a	Plan name	KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KELLIHER/SAMETS, LTD.	c EIN-PN 03-0270393-001

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	KIDS IN MOTION PHYSICAL THERAPY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KIDS IN MOTION PEDIATRIC THERAPY	c EIN-PN 20-2836967-001
a	Plan name	KIMBERLITE 401(K) PLAN	
b	Name of plan sponsor	KIMBERLITE CORPORATION	c EIN-PN 77-0444505-001
a	Plan name	GREATER INDIANAPOLIS CHAMBER OF COMMERCE THRIFT AND SAVINGS PLAN	
b	Name of plan sponsor	GREATER INDIANAPOLIS CHAMBER OF COMMERCE	c EIN-PN 35-0412920-002
a	Plan name	GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GROUP MANAGEMENT SERVICES, INC.	c EIN-PN 34-1707723-001
a	Plan name	ISHR 401(K) PLAN	
b	Name of plan sponsor	ISHR, LLC.	c EIN-PN 26-1160348-333
a	Plan name	KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	KINGBRIGHT COMPANY, LLC.	c EIN-PN 46-0987944-001
a	Plan name	LIDDELL BROTHERS, INC. 401(K) PLAN	
b	Name of plan sponsor	LIDDELL BROTHERS, INC.	c EIN-PN 04-3553967-001
a	Plan name	LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	c EIN-PN 36-3584029-002
a	Plan name	LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLENNIUM ADVISORS, INC. DBA LIVING CARE LIFESTYLES	c EIN-PN 91-1644545-001
a	Plan name	LOCAL UNION 18, IBEW 401(K) PLAN	
b	Name of plan sponsor	LOCAL UNION 18, IBEW	c EIN-PN 95-0865960-001
a	Plan name	ABILITIES FIRST, INC. UNION 401(K) P/S PLAN	
b	Name of plan sponsor	ABILITIES FIRST, INC.	c EIN-PN 14-1467427-004
a	Plan name	ABRAZO HOMES 401(K) PLAN	
b	Name of plan sponsor	ABRAZO HOMES	c EIN-PN 26-0515234-001

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	ACF WEST 401(K) PLAN
b	Name of plan sponsor	NW GEOSYNTHETICS, INC. DBA ACF WEST, INC.
c	EIN-PN	93-1052778-001
a	Plan name	MY HR PROS 401(K) PLAN
b	Name of plan sponsor	MY HR PROS
c	EIN-PN	71-0772119-333
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	NAPA VALLEY FAMILY MEDICAL GROUP, INC. RETIREMENT PLAN
b	Name of plan sponsor	NAPA VALLEY FAMILY MEDICAL GROUP, INC.
c	EIN-PN	68-0258366-001
a	Plan name	NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NASSAU SHORES AUTOMOTIVE INC.
c	EIN-PN	11-3146542-001
a	Plan name	ALLIANCE OF THERAPY SPECIALISTS, INC. 401(K) PLAN
b	Name of plan sponsor	ALLIANCE OF THERAPY SPECIALISTS, INC.
c	EIN-PN	84-1465539-001
a	Plan name	ALPHARETTA CONVENTION & VISITORS BUREAU 401(K) PLAN
b	Name of plan sponsor	ALPHARETTA CONVENTION & VISITORS BUREAU
c	EIN-PN	58-2418260-001
a	Plan name	AMBASSADOR PERSONNEL, INC. 401(K) PLAN
b	Name of plan sponsor	AMBASSADOR PERSONNEL, INC.
c	EIN-PN	27-4676978-001
a	Plan name	NMS PROPERTY SERVICES CORP. 401(K)/PROFIT SHARING PLAN
b	Name of plan sponsor	NMS PROPERTY SERVICES CORPORATION
c	EIN-PN	95-4848549-001
a	Plan name	NORTHEASTERN NONWOVENS, INC. 401(K) PLAN
b	Name of plan sponsor	NORTHEASTERN NONWOVENS, INC.
c	EIN-PN	86-1130560-001
a	Plan name	NORTHROCK DENTAL 401(K) PLAN
b	Name of plan sponsor	NORTHROCK DENTAL, P.A.
c	EIN-PN	48-0858037-001
a	Plan name	NORTHTOWNS CARDIOLOGY, PLLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NORTHTOWNS CARDIOLOGY, PLLC
c	EIN-PN	45-1765093-001

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 AVANTE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor AVANTE GROUP, INC.	c EIN-PN 65-1033707-001
a	Plan name AVATARLABS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AVATARLABS, INC.	c EIN-PN 91-2169053-001
a	Plan name PHI RETIREMENT PLAN	
b	Name of plan sponsor PARAPROFESSIONAL HEALTHCARE INSTITUTE	c EIN-PN 13-3575492-001
a	Plan name PHOENIX WOODWORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PHOENIX WOODWORKS	c EIN-PN 94-3288279-001
a	Plan name PINNACLE WALL SYSTEMS 401(K) PLAN	
b	Name of plan sponsor PINNACLE WALL SYSTEMS, INC.	c EIN-PN 26-4353827-001
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 ROSINA FOOD PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor ROSINA FOOD PRODUCTS, INC.	c EIN-PN 16-0876738-002
a	Plan name RPM ENGINEERS, INC. 401(K) PLAN	
b	Name of plan sponsor RPM ENGINEERS, INC.	c EIN-PN 33-0725779-001
a	Plan name SAINT COLMAN'S HOME, INC. 401(K) PLAN	
b	Name of plan sponsor SAINT COLMAN'S HOME, INC.	c EIN-PN 14-1338501-001
a	Plan name CADUCEUS HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor CADUCEUS HEALTHCARE	c EIN-PN 26-2585338-001
a	Plan name CLUB CARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor CLUB CARE, INC.	c EIN-PN 11-3106265-001
a	Plan name SK USA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SK AMERICAS, INC.	c EIN-PN 13-4187356-777

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	SOFM 401(K) PLAN	
b Name of plan sponsor	SOUTH OAKS FAMILY MEDICINE, P.A.	c EIN-PN 74-2978615-001
a Plan name	SOLON / GWK RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	GRAND WEST KIA	c EIN-PN 77-0661943-001
a Plan name	COUNTY CORVETTE 401(K) SAVINGS PLAN	
b Name of plan sponsor	COUNTY CORVETTE SALES, INC.	c EIN-PN 23-2925644-001
a Plan name	CUSTOM FINANCIAL SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	CUSTOM FINANCIAL SOLUTIONS, INC.	c EIN-PN 72-1433820-001
a Plan name	STONY POINT DENTAL, PC	
b Name of plan sponsor	STONY POINT DENTAL, PC	c EIN-PN 27-2392177-002
a Plan name	STRATEGY/PR CONSULTING, LLC RETIREMENT PLAN	
b Name of plan sponsor	STRATEGY/PR CONSULTING, LLC	c EIN-PN 45-3144122-001
a Plan name	STRATFORD CHIROPRACTIC LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	STRATFORD CHIROPRACTIC LLC	c EIN-PN 33-0994708-001
a Plan name	STRATUS.HR RETIREMENT PLAN	
b Name of plan sponsor	STRATUS.HR	c EIN-PN 45-3548842-333
a Plan name	EMPLOY SOURCE, INC. 401(K) PLAN	
b Name of plan sponsor	EMPLOY SOURCE, INC.	c EIN-PN 27-0477134-333
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	ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH PROFIT SHARING PLAN	
b Name of plan sponsor	ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH	c EIN-PN 31-0569979-001
a Plan name	ENVIRONET SYSTEMS, LLC RETIREMENT PLAN	
b Name of plan sponsor	ENVIRONET SYSTEMS, LLC	c EIN-PN 13-3851048-001

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 TWEEZERMAN INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor TWEEZERMAN INTERNATIONAL, LLC	c EIN-PN 20-1872710-001
a	Plan name U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor U.S. TECHNICAL CERAMICS, INC.	c EIN-PN 77-0333972-001
a	Plan name U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor U3 ADVISORS, INC.	c EIN-PN 46-4252021-001
a	Plan name W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W. BRUCE CLARK, M.D., P.C.	c EIN-PN 14-1659231-002
a	Plan name FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
b	Name of plan sponsor FIGLIOZZI & COMPANY, PC	c EIN-PN 11-2924109-001
a	Plan name FINALLY RESTAURANTS 401(K) PLAN	
b	Name of plan sponsor FINALLY, INC.	c EIN-PN 81-0541002-001
a	Plan name FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK	c EIN-PN 13-5604180-002
a	Plan name ADMINISTRATIVE ONESOURCE 401(K) PLAN	
b	Name of plan sponsor ADMINISTRATIVE ONESOURCE, LLC	c EIN-PN 20-0714959-001
a	Plan name AGC SELECT 401(K)	
b	Name of plan sponsor AGC SELECT 401(K)	c EIN-PN 74-0490820-002
a	Plan name AGS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor AGS SERVICES, LLC	c EIN-PN 83-2603713-001
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 AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AMIEE LYNN, INC.	c EIN-PN 65-1160566-001

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	BALDWINSVILLE VILLAGE HARDWARE INC. 401(K) PLAN	
b	Name of plan sponsor	BALDWINSVILLE VILLAGE HARDWARE INC.	c EIN-PN 16-1185092-001
a	Plan name	CAM 401(K) PLAN	
b	Name of plan sponsor	C&A MACHINE AND REPAIR SERVICE	c EIN-PN 74-1915871-001
a	Plan name	COMMERCIAL ENERGY 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL ENERGY OF MONTANA, INC.	c EIN-PN 84-1413218-002
a	Plan name	COMPLETE WOMEN'S IMAGING, P.C. RETIREMENT PLAN	
b	Name of plan sponsor	COMPLETE WOMEN'S IMAGING, P.C.	c EIN-PN 20-5036805-002
a	Plan name	CONFIDENCE PLUMBING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	CONFIDENCE PLUMBING COMPANY, INC.	c EIN-PN 84-1073735-001
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	DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor	DAYTON ROGERS MANUFACTURING COMPANY	c EIN-PN 41-0844462-002
a	Plan name	DEBRINO CAULKING ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	DEBRINO CAULKING ASSOCIATES, INC.	c EIN-PN 14-1588127-001
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	EPOCH SOLUTIONS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EPOCH SOLUTIONS GROUP LLC	c EIN-PN 20-4472485-001
a	Plan name	EVERGREEN INFORMATION TECHNOLOGY SERVICES, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EVERGREEN TECHNOLOGY	c EIN-PN 52-2258038-001
a	Plan name	EXCELL HOME CARE 401(K) PLAN	
b	Name of plan sponsor	EXCELL HOME CARE, INC.	c EIN-PN 03-0403112-001

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	FOCUS HOPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FOCUS HOPE	c EIN-PN 38-1948285-002
a	Plan name	GUARDIAN CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GUARDIAN CREDIT UNION	c EIN-PN 39-0334442-002
a	Plan name	HAPPY FACES CHILDREN'S CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	HAPPY FACES CHILDREN'S CENTER, LLC	c EIN-PN 20-1362273-001
a	Plan name	ISLAND SURGICAL PROFIT SHARING PLAN	
b	Name of plan sponsor	ISLAND SURGICAL AND VASCULAR GROUP P.C.	c EIN-PN 11-2232585-005
a	Plan name	ISOLVED 401-K PLAN	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-310
a	Plan name	J.J.L.G. MOTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J.J.L.G. MOTORS, INC.	c EIN-PN 13-4181580-001
a	Plan name	KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KRAFT & KENNEDY, INC.	c EIN-PN 80-0610191-001
a	Plan name	KRUSE & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	KRUSE & ASSOCIATES, INC.	c EIN-PN 73-1444019-001
a	Plan name	LA PALOMA 401(K) PLAN	
b	Name of plan sponsor	LA PALOMA FUNERAL SERVICES	c EIN-PN 26-0296007-001
a	Plan name	LANDIVAR 401(K) PLAN	
b	Name of plan sponsor	LANDIVAR & ASSOCIATES, LLC	c EIN-PN 75-3088910-001
a	Plan name	LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	LOVEJOY CONTROLS CORPORATION	c EIN-PN 39-1297009-001
a	Plan name	LRS ARCHITECTS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	LRS ARCHITECTS, INC.	c EIN-PN 93-1259453-001

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	M&W DISTRIBUTION SERVICES, INC. TAX-FAVORED SAVINGS TRUST	
b	Name of plan sponsor	M&W DISTRIBUTION SERVICES, INC.	c EIN-PN 58-1164068-001
a	Plan name	NEFI	
b	Name of plan sponsor	THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION	c EIN-PN 04-2078321-001
a	Plan name	OCEAN ELECTRIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor	OCEAN ELECTRIC CORPORATION	c EIN-PN 11-3172942-001
a	Plan name	PORT 401(K) PLAN	
b	Name of plan sponsor	THE PORT GROUP	c EIN-PN 11-2145400-001
a	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SBARRO, INC.	c EIN-PN 11-2501939-001
a	Plan name	SC RETIREMENT PLAN	
b	Name of plan sponsor	SUNLED COMPANY, LLC.	c EIN-PN 46-0992147-001
a	Plan name	SOURCEPOINTEHR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SOURCEPOINTEHR, LLC	c EIN-PN 26-3800519-001
a	Plan name	SPORTIME RETIREMENT PLAN	
b	Name of plan sponsor	SPORTIME CLUBS, LLC	c EIN-PN 11-3224021-222
a	Plan name	SUNCOOK DENTAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUNCOOK FAMILY DENTISTRY DBA SUNCOOK DENTAL	c EIN-PN 02-0371806-001
a	Plan name	TABNER, RYAN & KENIRY LLP 401(K) PLAN	
b	Name of plan sponsor	TABNER, RYAN & KENIRY LLP	c EIN-PN 14-1402805-001
a	Plan name	TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	TARBELL MANAGEMENT GROUP, LLC	c EIN-PN 27-3567818-002
a	Plan name	US POLYCHEMICAL CORPORATION SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	US POLYCHEMICAL CORPORATION	c EIN-PN 14-1424538-001

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	USG SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	USG SERVICES, LLC	c EIN-PN 45-4658823-001
a	Plan name	WATSON ADVENTURES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	WATSON ADVENTURES, LLC	c EIN-PN 52-2186522-001
a	Plan name	ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANAN FAIDI MD, INC.	c EIN-PN 68-0285302-001
a	Plan name	CENCAL INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENCAL INSURANCE SERVICES, INC.	c EIN-PN 68-0120370-002
a	Plan name	CENTRAL STAFF SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CENTRAL STAFF SERVICES, INC.	c EIN-PN 11-3586360-222
a	Plan name	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	c EIN-PN 94-2744760-002
a	Plan name	CERRI & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CERRI & SON, INC.	c EIN-PN 45-3450785-001
a	Plan name	CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CHAMPION SOLUTIONS GROUP, INC.	c EIN-PN 59-2347579-001
a	Plan name	DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	DOCTOR & ASSOCIATES	c EIN-PN 06-0857902-001
a	Plan name	FOUR POINT HR SAVINGS PLAN	
b	Name of plan sponsor	FOUR POINT HR	c EIN-PN 26-3070913-001
a	Plan name	FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor	FOUTZ & BURSUM CONSTRUCTION CO., INC.	c EIN-PN 85-0115169-002
a	Plan name	JAY KNIGHT, DDS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JAY KNIGHT DDS, PLC	c EIN-PN 05-0539009-001

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	JEFF WILSON POOL SERVICE, INC. 401(K) PLAN
b	Name of plan sponsor	JEFF WILSON POOL SERVICE, INC.
c	EIN-PN	59-2596150-001
a	Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN
b	Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC
c	EIN-PN	36-4052634-777
a	Plan name	JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN
b	Name of plan sponsor	JETSON TV & APPLIANCE CENTERS, INC.
c	EIN-PN	59-1508381-001
a	Plan name	MARAN, INC. RETIREMENT PLAN
b	Name of plan sponsor	MARAN, INC.
c	EIN-PN	94-2444640-777
a	Plan name	MARONI CUISINE 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MARONI CUISINE
c	EIN-PN	11-3585206-001
a	Plan name	MAVERICK SOFTWARE CONSULTING 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MAVERICK SOFTWARE CONSULTING
c	EIN-PN	41-1979904-001
a	Plan name	ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC.
c	EIN-PN	54-1247912-001
a	Plan name	OVERTON, RUSSELL, DOERR AND DONOVAN, LLP 401(K) PLAN
b	Name of plan sponsor	OVERTON, RUSSELL, DOERR AND DONOVAN, LLP
c	EIN-PN	14-1625607-001
a	Plan name	PALPILOT 401(K) PLAN
b	Name of plan sponsor	PALPILOT INTERNATIONAL CORP.
c	EIN-PN	77-0320008-001
a	Plan name	SEFI FABRICATORS 401(K) SAVINGS PLAN
b	Name of plan sponsor	P & M LLC DBA SEFI FABRICATORS
c	EIN-PN	11-3380649-001
a	Plan name	SEIU HEALTHCARE MICHIGAN RETIREMENT PLAN
b	Name of plan sponsor	SEIU HEALTHCARE MICHIGAN
c	EIN-PN	01-0897469-001
a	Plan name	THE BENNETT GROUP 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	BENNETT CHRYSLER, DODGE, JEEP LLC
c	EIN-PN	58-2366187-001

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	THE ECRM CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	c EIN-PN 34-1752681-001
a	Plan name	WILDER AUTO RETIREMENT PLAN	
b	Name of plan sponsor	WILDER AUTO GROUP, INC. DBA WILDER TOYOTA	c EIN-PN 91-1130065-001
a	Plan name	WILLIAM A. SMITH & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	WILLIAM A. SMITH & SON, INC.	c EIN-PN 14-1433702-002
a	Plan name	BENCHMARK ENGINEERING, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	BENCHMARK ENGINEERING, INC.	c EIN-PN 41-1752356-001
a	Plan name	DELAWARE ENGINEERING, D.P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	DELAWARE ENGINEERING, D.P.C.	c EIN-PN 16-1370126-001
a	Plan name	DELTA PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DELTA PACKAGING, INC.	c EIN-PN 23-2424721-001
a	Plan name	DELTA-RAY INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DELTA-RAY INDUSTRIES, INC.	c EIN-PN 06-1547159-001
a	Plan name	MACASAET CPA, INC. 401(K) PLAN	
b	Name of plan sponsor	EARL B. MACASAET CPA, INC.	c EIN-PN 95-4733946-001
a	Plan name	MACROVEY 401(K) PLAN	
b	Name of plan sponsor	MACROVEY, LLC	c EIN-PN 45-5205376-001
a	Plan name	MADISON AVENUE PHYSICIANS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MADISON AVENUE PHYSICIANS, P.C.	c EIN-PN 13-4177864-001
a	Plan name	MANURSING ISLAND CLUB 401(K) PLAN	
b	Name of plan sponsor	MANURSING ISLAND CLUB	c EIN-PN 13-1719395-001
a	Plan name	PREMIER HOUSING MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	PREMIER HOUSING MANAGEMENT, LLC	c EIN-PN 27-3531707-001

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 PRIMEGLOBAL SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor PRIMEGLOBAL	c EIN-PN 36-2983725-001
a	Plan name PS 260, INC. RETIREMENT PLAN	
b	Name of plan sponsor PS 260, INC.	c EIN-PN 13-3413729-777
a	Plan name PULMONARY PHYSICIANS OF SARATOGA LLP P/S RETIREMENT PLAN	
b	Name of plan sponsor PULMONARY PHYSICIANS OF SARATOGA	c EIN-PN 14-1750186-001
a	Plan name QUALITY PAYROLL & BENEFITS 401(K) PLAN	
b	Name of plan sponsor QUALITY PAYROLL & BENEFITS	c EIN-PN 35-2175330-001
a	Plan name THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor POWER DOOR PRODUCTS, INC.	c EIN-PN 13-2746069-001
a	Plan name BILL'S BOOKKEEPING SERVICES 401(K) PLAN	
b	Name of plan sponsor BILL'S BOOKKEEPING SERVICES, LLC	c EIN-PN 27-0420780-001
a	Plan name DOWLING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOWLING CORPORATION	c EIN-PN 02-0395136-001
a	Plan name DUKE MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor LS INVESTMENT GROUP LLC DBA DUKE MANUFACTURING	c EIN-PN 20-5110012-002
a	Plan name DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DURHAM CONSTRUCTION COMPANY, INC.	c EIN-PN 02-0642097-001
a	Plan name HERITAGE PROPERTIES 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND'S HERITAGE PROPERTIES, INC.	c EIN-PN 04-3585188-001
a	Plan name HIGH TECHNOLOGY VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIGH TECHNOLOGY VIDEO, INC.	c EIN-PN 95-4518898-001
a	Plan name HIRANI ENGINEERING & LAND SURVEYING, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HIRANI ENGINEERING & LAND SURVEYING, PC	c EIN-PN 11-3467754-001

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	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	MCKINSEY STEEL 401(K) PLAN	
b	Name of plan sponsor	MCKINSEY STEEL & SUPPLY OF FLORIDA, INC.	c EIN-PN 59-2293118-001
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	MICHAEL'S / MFH, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL'S / MFH, INC.	c EIN-PN 31-1117594-001
a	Plan name	BLEDSOE, DIESTEL, TREPPA & CRANE LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLEDSOE, DIESTEL, TREPPA & CRANE LLP	c EIN-PN 94-1259547-002
a	Plan name	BOLAND'S NORTH, INC. DAVIS BACON PREVAILING WAGE PLAN	
b	Name of plan sponsor	BOLAND'S NORTH, INC.	c EIN-PN 34-2047079-001
a	Plan name	EARLYBIRDCAPITAL, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	EARLYBIRDCAPITAL, INC.	c EIN-PN 65-0379410-001
a	Plan name	EASTERN METAL - USA-SIGN PROFIT SHARING PLAN	
b	Name of plan sponsor	EASTERN METAL - USA-SIGN	c EIN-PN 16-0757659-001
a	Plan name	EASTSIDE GLASS AND SEALANTS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EASTSIDE GLASS CONTRACT GLAZING SPECIALISTS COMPANY DBA EASTSIDE	c EIN-PN 26-1564849-001
a	Plan name	HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC	c EIN-PN 61-1403889-001
a	Plan name	HRBENEFIX 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE MMGK HOLDING GROUP LLC DBA HR BENEFIX	c EIN-PN 27-4391628-001
a	Plan name	MILAN INSTITUTE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	AMARILLO COLLEGE OF HAIRDRESSING DBA MILAN INSTITUTE	c EIN-PN 75-1640547-001

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	RETIRE READY 401(K) & PROFIT SHARING PLAN	
b Name of plan sponsor	RETIRE READY	c EIN-PN 20-1826963-333

a Plan name	RICE FINANCIAL PRODUCTS L.P. 401(K) PLAN AND TRUST	
b Name of plan sponsor	RICE DERIVATIVE HOLDINGS, L.P.	c EIN-PN 13-3750267-001

a Plan name	THE QUINLAN LAW FIRM, LLC 401(K) PLAN	
b Name of plan sponsor	THE QUINLAN LAW FIRM, LLC	c EIN-PN 13-4347801-001

a Plan name	THE SINCLAIR GROUP, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THE SINCLAIR GROUP, INC.	c EIN-PN 59-3269797-001

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

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

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

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

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

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

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

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.	<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 TA BLACKROCK LIFEPATH INDEX 2055 RET ACCT	B Three-digit plan number (PN) ▶ 505
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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.

Assets	(a) Beginning of Year	(b) End of Year
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)	37415548
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	38542500
(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	37415548	38542500
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	37415548	38542500

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)	5705342	
(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		5705342

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		5705342
l Transfers of assets:			
(1) To this plan.....	2l(1)		9206324
(2) From this plan	2l(2)		13784714

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 _____.