

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: JANUS HENDERSON TRITON RET ACCT
1b Three-digit plan number (PN): 830
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

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

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>JANUS HENDERSON TRITON RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>830</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>	

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



<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	1 SOURCE BUSINESS SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	1 SOURCE BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 27-3793520-333
<b>a</b>	Plan name	ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARMER/NORMAN & ASSOCIATES	<b>c</b> EIN-PN 94-1686016-001
<b>a</b>	Plan name	ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE	<b>c</b> EIN-PN 31-1120194-001
<b>a</b>	Plan name	BUFFALO VETERINARY PRACTICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PET DEGREE HOSPITAL PLLC	<b>c</b> EIN-PN 81-2573552-001
<b>a</b>	Plan name	BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUTLER, FITZGERALD & FIVESON, P.C.	<b>c</b> EIN-PN 20-2841166-001
<b>a</b>	Plan name	BUTTONWILLOW WAREHOUSE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUTTONWILLOW WAREHOUSE COMPANY, INC.	<b>c</b> EIN-PN 95-1582925-001
<b>a</b>	Plan name	CREATIVE FLOORING OHIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOEY ENTERPRISES, INC. DBA CREATIVE FLOORING OHIO	<b>c</b> EIN-PN 31-1313161-001
<b>a</b>	Plan name	CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CROWN CRAFTS, INC.	<b>c</b> EIN-PN 58-0678148-002
<b>a</b>	Plan name	CROWN PACKAGING CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CROWN PACKAGING CORPORATION	<b>c</b> EIN-PN 31-0743880-001
<b>a</b>	Plan name	GLOBAL ASR CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL ASR CONSULTING	<b>c</b> EIN-PN 81-4948693-001
<b>a</b>	Plan name	GLOBAL SURVEILLANCE ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL SURVEILLANCE ASSOCIATES	<b>c</b> EIN-PN 88-0230434-001
<b>a</b>	Plan name	INTEGRATED EMPLOYER SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED EMPLOYER SOLUTIONS, INC.	<b>c</b> EIN-PN 87-0653068-333

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LIGHTVIEW CAPITAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIGHTVIEW CAPITAL LLC	<b>c</b> EIN-PN 46-0995263-001
<b>a</b>	Plan name	LIVEWIRE ELECTRICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LIVEWIRE ELECTRICAL SYSTEMS, INC.	<b>c</b> EIN-PN 46-1006222-001
<b>a</b>	Plan name	LONG BEACH AREA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LONG BEACH AREA CHAMBER OF COMMERCE	<b>c</b> EIN-PN 95-0944550-001
<b>a</b>	Plan name	NATIONAL CHILDREN'S CANCER SOCIETY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL CHILDREN'S CANCER SOCIETY	<b>c</b> EIN-PN 37-1227890-001
<b>a</b>	Plan name	NATIONAL DOMESTIC WORKERS ALLIANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL DOMESTIC WORKERS ALLIANCE	<b>c</b> EIN-PN 35-2420942-001
<b>a</b>	Plan name	NEALIS ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEALIS ENGINEERING, INC.	<b>c</b> EIN-PN 38-3335420-001
<b>a</b>	Plan name	PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	<b>c</b> EIN-PN 84-1864152-001
<b>a</b>	Plan name	ROMAK IRON WORKS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROMAK IRON WORKS	<b>c</b> EIN-PN 94-1333435-001
<b>a</b>	Plan name	ROTTET STUDIO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROTTET STUDIO LLC	<b>c</b> EIN-PN 26-1648926-001
<b>a</b>	Plan name	ROY SAKUMA PRODUCTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROY SAKUMA PRODUCTIONS, INC.	<b>c</b> EIN-PN 99-0173485-001
<b>a</b>	Plan name	TAKANO NAKAMURA LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAKANO NAKAMURA LANDSCAPING, INC.	<b>c</b> EIN-PN 99-0204144-001
<b>a</b>	Plan name	TAX FAVORED BENEFITS, INC. RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	TAX FAVORED BENEFITS, INC.	<b>c</b> EIN-PN 48-0912395-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name TBC CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor TBC CONSTRUCTION INC	<b>c</b> EIN-PN 45-2195554-001
<b>a</b>	Plan name UNION RESCUE MISSION 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNION RESCUE MISSION	<b>c</b> EIN-PN 95-1709293-001
<b>a</b>	Plan name UNISOURCE SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNISOURCE SOLUTIONS, INC.	<b>c</b> EIN-PN 95-4117599-001
<b>a</b>	Plan name 417 ROYAL RESTAURANT, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor 417 ROYAL RESTAURANT, LLC	<b>c</b> EIN-PN 46-3172979-001
<b>a</b>	Plan name A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor A&B ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 76-0261001-001
<b>a</b>	Plan name ARTISTS FIRST, INC. 401(K) PENSION PLAN	
<b>b</b>	Name of plan sponsor ARTISTS FIRST, INC.	<b>c</b> EIN-PN 13-4120908-001
<b>a</b>	Plan name ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSISTANCE LEAGUE OF LOS ANGELES	<b>c</b> EIN-PN 95-1641960-001
<b>a</b>	Plan name ASSOCIATED BUILDERS AND CONTRACTORS, INC. UTAH CHAPTER MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED BUILDERS AND CONTRACTORS, INC. - UTAH CHAPTER	<b>c</b> EIN-PN 87-0343604-333
<b>a</b>	Plan name BUX-MONT TRANSPORTATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUX-MONT TRANSPORTATION	<b>c</b> EIN-PN 23-1576223-001
<b>a</b>	Plan name C.F. POEPELMAAN, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor C.F. POEPELMAAN, INC.	<b>c</b> EIN-PN 31-0955223-001
<b>a</b>	Plan name CABRILLO HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CABRILLO HOLDINGS, LLC	<b>c</b> EIN-PN 35-2485780-001
<b>a</b>	Plan name D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor D H GRIFFIN OF TEXAS INC	<b>c</b> EIN-PN 76-0455054-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GRAPE EXPECTATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAPE EXPECTATIONS	<b>c</b> EIN-PN 94-2423490-002
<b>a</b>	Plan name	GREAT MOUNTAIN PARTNERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREAT MOUNTAIN PARTNERS LLC	<b>c</b> EIN-PN 84-3463093-001
<b>a</b>	Plan name	IR-G 401(K) RETIREMENT READINESS PLAN	
<b>b</b>	Name of plan sponsor	D & M INDUSTRIES, INC.	<b>c</b> EIN-PN 62-1393238-001
<b>a</b>	Plan name	ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	ISLAND PALM COMMUNITIES, LLC	<b>c</b> EIN-PN 20-1108750-001
<b>a</b>	Plan name	ISOLVED 401-K PLAN	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-310
<b>a</b>	Plan name	IVY K. REALTY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IVY K. REALTY, LLC	<b>c</b> EIN-PN 20-0977977-004
<b>a</b>	Plan name	LYMAN LAW FIRM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LYMAN LAW FIRM	<b>c</b> EIN-PN 46-5291861-001
<b>a</b>	Plan name	M & E, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	M & E, LLC DBA CLEVES AND LONNEMANN	<b>c</b> EIN-PN 81-4622672-002
<b>a</b>	Plan name	NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEVYAS EYE ASSOCIATES, P.C.	<b>c</b> EIN-PN 23-1715581-005
<b>a</b>	Plan name	NEW CANAAN MEDICAL GROUP, 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW CANAAN MEDICAL GROUP	<b>c</b> EIN-PN 06-0841383-002
<b>a</b>	Plan name	PILGRIM CHRISTAKIS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PILGRIM CHRISTAKIS LLP	<b>c</b> EIN-PN 26-3175990-001
<b>a</b>	Plan name	PINNACLE RESOURCE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINNACLE RESOURCE MANAGEMENT, LLC	<b>c</b> EIN-PN 47-5352312-333

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	SAMUEL P. MARTIN INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAMUEL P. MARTIN INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 22-2117154-001
<b>a</b>	Plan name	SAN DIEGO THEATRES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAN DIEGO THEATRES, INC.	<b>c</b> EIN-PN 14-1886373-001
<b>a</b>	Plan name	TBC CPAS P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEAL, BECKER & CHIARAMONTE, CPAS P.C.	<b>c</b> EIN-PN 14-1624930-001
<b>a</b>	Plan name	TBDM LAW PLLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	TBDM LAW PLLC	<b>c</b> EIN-PN 33-1623607-001
<b>a</b>	Plan name	TEAMWORK HUMAN RESOURCES, INC. MEP	
<b>b</b>	Name of plan sponsor	TEAMWORK HUMAN RESOURCES, INC.	<b>c</b> EIN-PN 68-0482464-001
<b>a</b>	Plan name	FLUENCE CORPORATION LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FLUENCE CORPORATION LLC	<b>c</b> EIN-PN 27-4214544-001
<b>a</b>	Plan name	SLS CONTROL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SLS CONTROL, INC.	<b>c</b> EIN-PN 82-2311359-001
<b>a</b>	Plan name	SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH BAY FORD	<b>c</b> EIN-PN 95-4451497-001
<b>a</b>	Plan name	GREENWOOD MOTORS 401(K) RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GREENWOOD MOTORS	<b>c</b> EIN-PN 77-0560344-001
<b>a</b>	Plan name	HALLKEEN MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HALLKEEN MANAGEMENT, INC.	<b>c</b> EIN-PN 04-3097814-001
<b>a</b>	Plan name	THE BERRY MAN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE BERRY MAN, INC.	<b>c</b> EIN-PN 77-0341777-001
<b>a</b>	Plan name	HAWAII PACIFIC X-RAY CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAWAII PACIFIC X-RAY CORPORATION	<b>c</b> EIN-PN 99-0250562-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HDR REMODELING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HDR REMODELING	<b>c</b> EIN-PN 94-3204168-001
<b>a</b>	Plan name	THE NAPOLI GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE NAPOLI GROUP, LLC	<b>c</b> EIN-PN 20-0100132-001
<b>a</b>	Plan name	ABO 401(K)	
<b>b</b>	Name of plan sponsor	AMERICA'S BACK OFFICE	<b>c</b> EIN-PN 47-4975107-001
<b>a</b>	Plan name	ACCURATE INGREDIENTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACCURATE INGREDIENTS, INC.	<b>c</b> EIN-PN 11-2571863-001
<b>a</b>	Plan name	ACE RETAIL SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ACE HARDWARE	<b>c</b> EIN-PN 36-0700810-001
<b>a</b>	Plan name	J & L HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J & L HOLDINGS, INC.	<b>c</b> EIN-PN 91-2146403-001
<b>a</b>	Plan name	J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J. J. MAUGET COMPANY, INC.	<b>c</b> EIN-PN 95-1968672-002
<b>a</b>	Plan name	J. MILANO CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J. MILANO CO., INC.	<b>c</b> EIN-PN 94-1653879-001
<b>a</b>	Plan name	ALABAMA AGC 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.	<b>c</b> EIN-PN 63-6049915-555
<b>a</b>	Plan name	ALAN SCHATZBERG & ASSOCIATES RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALAN SCHATZBERG & ASSOCIATES, INC.	<b>c</b> EIN-PN 22-3529223-001
<b>a</b>	Plan name	KAHUA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KAHUA INC.	<b>c</b> EIN-PN 27-0523308-001
<b>a</b>	Plan name	W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING	<b>c</b> EIN-PN 58-2352698-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	W. L. PETREY WHOLESALE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W. L. PETREY WHOLESALE	<b>c</b> EIN-PN 63-0672324-001
<b>a</b>	Plan name	W.L. MARKERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W.L. MARKERS, INC.	<b>c</b> EIN-PN 31-1657131-001
<b>a</b>	Plan name	W.M. GRACE CONSTRUCTION, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	W.M. GRACE CONSTRUCTION, INC.	<b>c</b> EIN-PN 43-0894463-002
<b>a</b>	Plan name	ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC. DISCRETIONARY DEFINED CONTRIBUTION / 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC.	<b>c</b> EIN-PN 95-4223153-001
<b>a</b>	Plan name	ASTI'S SOUTH HILLS PHARMACY LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CG HEALTH SOLUTIONS DBA ASTIS SOUTH HILLS PHARMACY	<b>c</b> EIN-PN 45-5632914-001
<b>a</b>	Plan name	ATHERTON & ASSOCIATES LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATHERTON & ASSOCIATES LLP	<b>c</b> EIN-PN 94-1239084-001
<b>a</b>	Plan name	BEAR INDUSTRIES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BEAR INDUSTRIES, INC.	<b>c</b> EIN-PN 72-0861682-001
<b>a</b>	Plan name	NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	<b>c</b> EIN-PN 51-0306007-001
<b>a</b>	Plan name	ONEPATH 401(K) GPS	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-007
<b>a</b>	Plan name	ONTEL PRODUCTS CORP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ONTEL PRODUCTS CORP	<b>c</b> EIN-PN 22-3177912-001
<b>a</b>	Plan name	PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PLANSOURCE FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 59-3707284-001
<b>a</b>	Plan name	POLY SCIENTIFIC R & D CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POLY SCIENTIFIC R & D CORP.	<b>c</b> EIN-PN 11-2196414-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DARRYL BURKE DDS PC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DARRYL BURKE DDS PC	<b>c</b> EIN-PN 94-3297654-001
<b>a</b>	Plan name	DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAVE ARBOGAST GROUP, INC.	<b>c</b> EIN-PN 31-1409301-001
<b>a</b>	Plan name	DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVID&GOLIATH, LLC	<b>c</b> EIN-PN 13-4088671-001
<b>a</b>	Plan name	QUAD PLUS LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUAD PLUS LLC	<b>c</b> EIN-PN 20-2033561-001
<b>a</b>	Plan name	DOGWOOD SITE CONTRACTORS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOGWOOD SITE CONTRACTORS LLC	<b>c</b> EIN-PN 87-1345377-001
<b>a</b>	Plan name	SANDERS CANDY FACTORY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANDERS CANDY FACTORY, INC.	<b>c</b> EIN-PN 95-4248513-001
<b>a</b>	Plan name	SCULLY SPORTSWEAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCULLY SPORTSWEAR, INC.	<b>c</b> EIN-PN 95-2240766-001
<b>a</b>	Plan name	FACILITIES ENGINEERING ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FACILITIES ENGINEERING ASSOCIATES, PC	<b>c</b> EIN-PN 26-1542141-001
<b>a</b>	Plan name	FACILITY SOLUTIONS PLUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FACILITY SOLUTIONS PLUS, INC.	<b>c</b> EIN-PN 46-4765121-001
<b>a</b>	Plan name	FARIA 401(K) COMMITTEE	
<b>b</b>	Name of plan sponsor	FARIA BEEDE INSTRUMENTS, INC.	<b>c</b> EIN-PN 06-0774164-001
<b>a</b>	Plan name	ATTAWAY SERVICES CAROLINA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATTAWAY SERVICE CAROLINA, INC.	<b>c</b> EIN-PN 82-2912532-001
<b>a</b>	Plan name	MASSUMI + CONSOLI LLP 401(K) RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MASSUMI + CONSOLI LLP	<b>c</b> EIN-PN 47-3294527-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">MASSUMI + CONSOLI LLP EQUITY PARTNERS RETIREMENT PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MASSUMI + CONSOLI LLP</a>	<b>c</b> EIN-PN <a href="#">47-3294527-002</a>
<b>a</b>	Plan name <a href="#">MASTERY LOGISTICS SYSTEMS, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MASTERY LOGISTICS SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">83-1185597-001</a>
<b>a</b>	Plan name <a href="#">BENO J. GUNDLACH COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BJG INVESTMENTS COMPANY</a>	<b>c</b> EIN-PN <a href="#">46-1578021-002</a>
<b>a</b>	Plan name <a href="#">BEST BRANDS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BEST BRANDS INC.</a>	<b>c</b> EIN-PN <a href="#">62-1177514-001</a>
<b>a</b>	Plan name <a href="#">BETMGM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BETMGM, LLC</a>	<b>c</b> EIN-PN <a href="#">83-1679867-001</a>
<b>a</b>	Plan name <a href="#">BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BETTER NEWSPAPERS, INC.</a>	<b>c</b> EIN-PN <a href="#">37-1300470-001</a>
<b>a</b>	Plan name <a href="#">NORTHWEST 401(K) BENEFITS GROUP</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUND FORD, INC</a>	<b>c</b> EIN-PN <a href="#">91-0906207-001</a>
<b>a</b>	Plan name <a href="#">NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTHWEST EYE SPECIALISTS, PLLC</a>	<b>c</b> EIN-PN <a href="#">86-0720868-005</a>
<b>a</b>	Plan name <a href="#">NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC. 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC.</a>	<b>c</b> EIN-PN <a href="#">31-1528403-001</a>
<b>a</b>	Plan name <a href="#">NOVA MEDICAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NOVA MEDICAL ASSOCIATES, LLC</a>	<b>c</b> EIN-PN <a href="#">56-2106086-777</a>
<b>a</b>	Plan name <a href="#">CAROLINA DEALERSHIPS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAROLINA DEALERSHIPS, INC.</a>	<b>c</b> EIN-PN <a href="#">20-0465434-001</a>
<b>a</b>	Plan name <a href="#">CAROLINA DENTAL STUDIO, PA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAROLINA DENTAL STUDIO, PA</a>	<b>c</b> EIN-PN <a href="#">57-1089630-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	OUTBOARD MOTOR SHOP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OUTBOARD MOTOR SHOP	<b>c</b> EIN-PN 94-3159599-001
<b>a</b>	Plan name	OVERHEAD DOOR COMPANY OF COVINGTON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OVERHEAD DOOR COMPANY OF COVINGTON, INC.	<b>c</b> EIN-PN 61-0718497-001
<b>a</b>	Plan name	OX ORTHODONTIX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OX ORTHODONTIX, LLC	<b>c</b> EIN-PN 52-2150566-001
<b>a</b>	Plan name	CHILD & MARTON LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHILD & MARTON LLP	<b>c</b> EIN-PN 80-0051807-001
<b>a</b>	Plan name	PRECISION 2000 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION 2000, INC.	<b>c</b> EIN-PN 58-2427359-001
<b>a</b>	Plan name	EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EAR MEDICAL GROUP, P.A.	<b>c</b> EIN-PN 74-2283401-001
<b>a</b>	Plan name	EASTCOAST ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EASTCOAST ENTERTAINMENT, INC.	<b>c</b> EIN-PN 54-1024623-001
<b>a</b>	Plan name	QUICK STOP RECYCLING INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUICK STOP RECYCLING INC.	<b>c</b> EIN-PN 20-5072935-001
<b>a</b>	Plan name	RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RABIN & BERDO, P.C.	<b>c</b> EIN-PN 52-1763604-001
<b>a</b>	Plan name	RACK PROCESSING COMPANY UNION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RACK PROCESSING COMPANY	<b>c</b> EIN-PN 31-0535048-001
<b>a</b>	Plan name	RACK/T&R WELDING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RACK PROCESSING COMPANY	<b>c</b> EIN-PN 31-0535048-002
<b>a</b>	Plan name	RALLY FOR RETIREMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT SALONS OF KNOXVILLE, INC.	<b>c</b> EIN-PN 84-1616153-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SDS STORES & SLS BIG BOY 401K PLAN	
<b>b</b>	Name of plan sponsor SDS STORES & SLS BIG BOY RESTAURANTS	<b>c</b> EIN-PN 20-1759333-001
<b>a</b>	Plan name FCBI 401(K) PLAN	
<b>b</b>	Name of plan sponsor Foothills Commercial Builders, Inc.	<b>c</b> EIN-PN 84-1150396-222
<b>a</b>	Plan name FELTON DENTAL CARE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor BRETT R. FELTON, DMD, PC	<b>c</b> EIN-PN 27-0215608-001
<b>a</b>	Plan name FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERREIRA CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 22-3334957-001
<b>a</b>	Plan name FERREIRA POWER GROUP, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERREIRA POWER GROUP, LLC	<b>c</b> EIN-PN 81-4055817-001
<b>a</b>	Plan name FORTIN WELDING & MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FORTIN WELDING & MANUFACTURING, INC.	<b>c</b> EIN-PN 31-0873755-002
<b>a</b>	Plan name FOX MANAGEMENT REHABILITATION SERVICES LLC, 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOX MANAGEMENT REHABILITATION SERVICES, LLC	<b>c</b> EIN-PN 22-3729445-001
<b>a</b>	Plan name SPECIALTY PROPERTY, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPECIALTY PROPERTY, LTD	<b>c</b> EIN-PN 74-2938057-001
<b>a</b>	Plan name ST. JOHN MEDICAL ENDEAVORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. JOHN MEDICAL ENDEAVORS, INC.	<b>c</b> EIN-PN 45-2411775-001
<b>a</b>	Plan name HAMMOND ENTERPRISES, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HAMMOND ENTERPRISES, INC.	<b>c</b> EIN-PN 91-1757749-001
<b>a</b>	Plan name HANSEN & ROSASCO, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HANSEN & ROSASCO LLP	<b>c</b> EIN-PN 84-4715027-001
<b>a</b>	Plan name THE EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORPORATE SOLUTIONS, INC.	<b>c</b> EIN-PN 74-2817774-333

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HERTZ , CHERSON & ROSENTHAL, P.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERTZ, CHERSON & ROSENTHAL, P.C.	<b>c</b> EIN-PN 11-3138051-004
<b>a</b>	Plan name	HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	HICKAM COMMUNITIES, LLC	<b>c</b> EIN-PN 45-0530100-001
<b>a</b>	Plan name	HICKS LIN(K) GROUP PLAN SOLUTION	
<b>b</b>	Name of plan sponsor	HICKS PENSION SERVICES	<b>c</b> EIN-PN 77-0155091-001
<b>a</b>	Plan name	THE SCHUMACHER CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE SCHUMACHER CONSTRUCTION COMPANY	<b>c</b> EIN-PN 34-1091859-001
<b>a</b>	Plan name	THE VET CLINIC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE VET CLINIC	<b>c</b> EIN-PN 88-0671082-001
<b>a</b>	Plan name	THERAFIT REHAB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THERAFIT REHAB, INC	<b>c</b> EIN-PN 26-2417596-001
<b>a</b>	Plan name	ACUITY SURGICAL DEVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACUITY SURGICAL DEVICES, LLC	<b>c</b> EIN-PN 46-4569963-001
<b>a</b>	Plan name	ADVANCE VALVE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCE VALVE INC.	<b>c</b> EIN-PN 43-1040049-002
<b>a</b>	Plan name	ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC.	<b>c</b> EIN-PN 31-1456649-001
<b>a</b>	Plan name	VANCOUVER BOLT & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VANCOUVER BOLT & SUPPLY, INC.	<b>c</b> EIN-PN 91-1051191-001
<b>a</b>	Plan name	VANGUARD ENERGY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANGUARD ENERGY PARTNERS, LLC	<b>c</b> EIN-PN 26-4685348-002
<b>a</b>	Plan name	VENERUSO & ACCINELLI PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VENERUSO & ACCINELLI, ATTORNEYS AT LAW, LLP	<b>c</b> EIN-PN 81-3879700-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	VENTERRA REALTY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VENTERRA REALTY INC.	<b>c</b> EIN-PN 52-2351470-001
<b>a</b>	Plan name	ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLEGRO CONSULTANTS, INC.	<b>c</b> EIN-PN 94-2932628-002
<b>a</b>	Plan name	ALLIANCE BUS GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE BUS GROUP, INC.	<b>c</b> EIN-PN 27-4466560-001
<b>a</b>	Plan name	ALLPRO CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALLPRO CORPORATION	<b>c</b> EIN-PN 59-3347302-001
<b>a</b>	Plan name	KIDS FIRST PEDIATRIC DENTISTRY, PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KIDS FIRST PEDIATRIC DENTISTRY, PLLC	<b>c</b> EIN-PN 26-1449209-001
<b>a</b>	Plan name	WALTON ISAACSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WALTON ISAACSON LLC	<b>c</b> EIN-PN 20-3735704-001
<b>a</b>	Plan name	WASCHITZ PAVLOFF CPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WASCHITZ PAVLOFF CPA LLP	<b>c</b> EIN-PN 82-2240084-001
<b>a</b>	Plan name	ADVANCED ORTHOPEDIC PSP	
<b>b</b>	Name of plan sponsor	ADVANCED ORTHOPEDIC	<b>c</b> EIN-PN 45-3021800-002
<b>a</b>	Plan name	AG-WISE ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AG-WISE ENTERPRISES, INC.	<b>c</b> EIN-PN 77-0146782-001
<b>a</b>	Plan name	AGRITEK INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGRITEK INDUSTRIES, INC.	<b>c</b> EIN-PN 38-2742197-001
<b>a</b>	Plan name	AMARILLO PEDIATRIC DENTISTRY AND ORTHODONTICS, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMARILLO PEDIATRIC DENTISTRY AND ORTHODONTICS, PA	<b>c</b> EIN-PN 75-2779027-001
<b>a</b>	Plan name	AMERICA'S HR DEPT. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAS HR DEPT. EMPLOYEES ONLY III, INC.	<b>c</b> EIN-PN 82-4338934-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AXIOM MULTIPLE EMPLOYER 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AXIOM HUMAN RESOURCE SOLUTIONS INC.	<b>c</b> EIN-PN 45-2777523-333
<b>a</b>	Plan name BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BADGER TRUCK & AUTOMOTIVE GROUP	<b>c</b> EIN-PN 39-1044839-002
<b>a</b>	Plan name BALD PEAK COLONY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor BALD PEAK COLONY CLUB	<b>c</b> EIN-PN 02-0210407-002
<b>a</b>	Plan name BIOTAP MEDICAL 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VERRALAB JA, LLC	<b>c</b> EIN-PN 45-4430352-001
<b>a</b>	Plan name CAVAN BUILDERS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAVAN BUILDERS CORP.	<b>c</b> EIN-PN 82-4046385-001
<b>a</b>	Plan name CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	<b>c</b> EIN-PN 15-0235250-777
<b>a</b>	Plan name CEDAR HILL FURNITURE 401(K) SAFE HARBOR PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GFS CORP; CEDAR HILL COMFORT SHOPPE DBA CEDAR HILL FURNITURE	<b>c</b> EIN-PN 31-0920114-001
<b>a</b>	Plan name DIFIORE CONSTRUCTION, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIFIORE CONSTRUCTION, INC.	<b>c</b> EIN-PN 16-0741509-002
<b>a</b>	Plan name ECG, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ECG, INC.	<b>c</b> EIN-PN 22-2944262-001
<b>a</b>	Plan name EDERA L3C 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor EDERA L3C	<b>c</b> EIN-PN 82-5524927-001
<b>a</b>	Plan name FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERREIRA POWER SOUTH 401(K)	<b>c</b> EIN-PN 88-2909820-001
<b>a</b>	Plan name FETTE FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor FETTE FORD, INC.	<b>c</b> EIN-PN 22-1528045-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FISHERIES SUPPLY CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FISHERIES SUPPLY CO.	<b>c</b> EIN-PN 91-0222320-001
<b>a</b>	Plan name	FPMA 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA PODIATRIC MEDICAL ASSOCIATION	<b>c</b> EIN-PN 59-3134492-333
<b>a</b>	Plan name	FRESNO M, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRESNO M, LLC	<b>c</b> EIN-PN 38-4235861-001
<b>a</b>	Plan name	FRESNO PIPE & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRESNO PIPE & SUPPLY, INC.	<b>c</b> EIN-PN 77-0039687-001
<b>a</b>	Plan name	HAT CREEK CONSTRUCTION & MATERIALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAT CREEK CONSTRUCTION & MATERIALS, INC.	<b>c</b> EIN-PN 68-0203789-001
<b>a</b>	Plan name	HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HATTERAS PRESS, INC.	<b>c</b> EIN-PN 22-2491250-001
<b>a</b>	Plan name	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	<b>c</b> EIN-PN 99-0143112-001
<b>a</b>	Plan name	HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HISTORICAL RESEARCH ASSOCIATES, INC.	<b>c</b> EIN-PN 81-0373761-001
<b>a</b>	Plan name	HOFMEYER PLUMBING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOFMEYER PLUMBING COMPANY	<b>c</b> EIN-PN 31-0724144-001
<b>a</b>	Plan name	HOSPICE OF SAN JOAQUIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOSPICE OF SAN JOAQUIN	<b>c</b> EIN-PN 94-2777980-005
<b>a</b>	Plan name	JOHN MULLEN & COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN - PLAN A	
<b>b</b>	Name of plan sponsor	JOHN MULLEN & COMPANY, INC.	<b>c</b> EIN-PN 99-0109877-001
<b>a</b>	Plan name	JOHNSON MOTOR CO. OF GEORGIA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON MOTOR COMPANY OF GEORGIA	<b>c</b> EIN-PN 58-6015890-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name KOSHIBA & PRICE, AAL, ALC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KOSHIBA & PRICE, AAL, ALC	<b>c</b> EIN-PN 99-0173346-001
<b>a</b>	Plan name MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MAUER CHEVROLET	<b>c</b> EIN-PN 26-4600875-777
<b>a</b>	Plan name MAVERICK MIDWEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAVERICK MIDWEST LLC	<b>c</b> EIN-PN 82-2181672-001
<b>a</b>	Plan name MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP	<b>c</b> EIN-PN 11-3481599-001
<b>a</b>	Plan name MICHELL ENTERPRISES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor MICHELL ENTERPRISES, LLC	<b>c</b> EIN-PN 20-0354910-001
<b>a</b>	Plan name MILLER MAYS & ASSOCIATES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MILLER MAYS & ASSOCIATES, LLC	<b>c</b> EIN-PN 45-4818677-001
<b>a</b>	Plan name OHIO FACIAL PLASTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor OHIO FACIAL PLASTICS	<b>c</b> EIN-PN 81-2875464-001
<b>a</b>	Plan name P & I 401(K) AND PENSION PLAN	
<b>b</b>	Name of plan sponsor PERLITER & INGALSBE	<b>c</b> EIN-PN 95-2124423-003
<b>a</b>	Plan name PACIFIC TRANSPORTATION LINES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PACIFIC TRANSPORTATION LINES, INC.	<b>c</b> EIN-PN 99-0269857-001
<b>a</b>	Plan name PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PRODUCT DEVELOPMENT ASSOCIATES, INC.	<b>c</b> EIN-PN 41-1791080-001
<b>a</b>	Plan name PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROFESSIONAL EYE ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1148820-001
<b>a</b>	Plan name PROFILE RACING INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PROFILE RACING, INC.	<b>c</b> EIN-PN 22-1921633-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RALPH BRENNAN RESTAURANT GROUP, L.L.C.	<b>c</b> EIN-PN 72-1350467-001
<b>a</b>	Plan name	RBK CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RBK CONSTRUCTION INC.	<b>c</b> EIN-PN 52-2277650-001
<b>a</b>	Plan name	REGIONAL PARAMEDICAL SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	REGIONAL PARAMEDICAL SERVICES	<b>c</b> EIN-PN 63-0957564-001
<b>a</b>	Plan name	SKYVIEW CHOICE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKYVIEW CHOICE, LLC	<b>c</b> EIN-PN 82-3517647-001
<b>a</b>	Plan name	STALKER & ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STALKER & ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2756743-001
<b>a</b>	Plan name	STARR, DARCY, AND STARR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STARR, DARCY, AND STARR, P.C, CPA'S	<b>c</b> EIN-PN 22-2775971-001
<b>a</b>	Plan name	THE FIRST MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE FIRST MEDICAL CENTER, INC.	<b>c</b> EIN-PN 33-0791088-001
<b>a</b>	Plan name	THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOE N. GUY COMPANY, INCORPORATED	<b>c</b> EIN-PN 58-1048254-001
<b>a</b>	Plan name	THOMPSON MEDICAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON MEDICAL P.C.	<b>c</b> EIN-PN 45-4601631-001
<b>a</b>	Plan name	THRIVE BY 5 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TB5 MANAGEMENT, LLC	<b>c</b> EIN-PN 92-0493249-001
<b>a</b>	Plan name	VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VICKERS & NOLAN ENTERPRISES, LLC	<b>c</b> EIN-PN 20-0759070-002
<b>a</b>	Plan name	VOLO'S AUTO SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOLOS AUTO SUPPLY	<b>c</b> EIN-PN 20-1529129-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name WASHER HILL LIPSCOMB CABANISS ARCHITECTURE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor WASHER HILL LIPSCOMB CABANISS ARCHITECTURE LLC	<b>c</b> EIN-PN 86-1091681-001
<b>a</b>	Plan name WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WEST GEORGIA EYE CARE CENTER	<b>c</b> EIN-PN 58-1075293-001
<b>a</b>	Plan name AMERICAN MARINE SERVICES GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN WORKBOATS, INC.	<b>c</b> EIN-PN 99-0164323-001
<b>a</b>	Plan name AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN PILE AND FOUNDATION, LLC	<b>c</b> EIN-PN 32-0400145-001
<b>a</b>	Plan name AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICAN TEXTILE MAINTENANCE COMPANY	<b>c</b> EIN-PN 95-2076802-004
<b>a</b>	Plan name AMERICARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICARE, INC.	<b>c</b> EIN-PN 11-2608743-002
<b>a</b>	Plan name BLUEBERRY BLVD., LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLUEBERRY BLVD., LLC	<b>c</b> EIN-PN 11-3559983-001
<b>a</b>	Plan name BLUFOX MOBILE 401(K) PLAN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLUFOX MOBILE	<b>c</b> EIN-PN 82-1471419-001
<b>a</b>	Plan name BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BOLAND MARINE & INDUSTRIAL, LLC	<b>c</b> EIN-PN 85-0485227-001
<b>a</b>	Plan name COLLINS FISH & SEAFOOD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLLINS FISH & SEAFOOD, INC.	<b>c</b> EIN-PN 59-1211830-001
<b>a</b>	Plan name ELITE PLUMBING, INC. 401(K) & P/S	
<b>b</b>	Name of plan sponsor ELITE PLUMBING, INC.	<b>c</b> EIN-PN 33-0595835-001
<b>a</b>	Plan name GANDEE & ASSOCIATES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GANDEE & ASSOCIATES, INC.	<b>c</b> EIN-PN 31-1080359-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">GARTH FISHER M.D., A MEDICAL CORP. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GARTH FISHER M.D., A MEDICAL CORP.</a>	<b>c</b> EIN-PN <a href="#">95-4440917-001</a>
<b>a</b>	Plan name <a href="#">HUDSON VALLEY PAIN MANAGEMENT, PLLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HUDSON VALLEY PAIN MANAGEMENT, PLLC</a>	<b>c</b> EIN-PN <a href="#">27-3736423-001</a>
<b>a</b>	Plan name <a href="#">KTX - AMERICA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KTX - AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">30-0031143-001</a>
<b>a</b>	Plan name <a href="#">PAOLI LAW FIRM, P.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PAOLI LAW FIRM, P.C.</a>	<b>c</b> EIN-PN <a href="#">84-1384608-001</a>
<b>a</b>	Plan name <a href="#">PARAMOUNT MACHINE CO 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARAMOUNT MACHINE COMPANY</a>	<b>c</b> EIN-PN <a href="#">06-0994304-002</a>
<b>a</b>	Plan name <a href="#">RESA POWER, LLC 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">RESA POWER, LLC</a>	<b>c</b> EIN-PN <a href="#">45-2810331-001</a>
<b>a</b>	Plan name <a href="#">SUMMERSET AND DURATEK BOAT LIFTS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUMMERSET AND DURATEK BOAT LIFTS</a>	<b>c</b> EIN-PN <a href="#">86-3812777-001</a>
<b>a</b>	Plan name <a href="#">TOP HAT UNIFORM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOP HAT UNIFORM, INC.</a>	<b>c</b> EIN-PN <a href="#">11-1979505-001</a>
<b>a</b>	Plan name <a href="#">TOPCO SALES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOPCO SALES</a>	<b>c</b> EIN-PN <a href="#">45-5582989-001</a>
<b>a</b>	Plan name <a href="#">TOTAL RETIREMENT SOLUTIONS POOLED EMPLOYER PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS</a>	<b>c</b> EIN-PN <a href="#">85-3213245-315</a>
<b>a</b>	Plan name <a href="#">BOO-KER OIL &amp; GAS CORP. SECTION 401 (K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOO-KER OIL &amp; GAS CORP.</a>	<b>c</b> EIN-PN <a href="#">72-0750276-001</a>
<b>a</b>	Plan name <a href="#">BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOONE KARLBERG P.C.</a>	<b>c</b> EIN-PN <a href="#">81-0522567-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOSS COMMUNICATION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 99-0259632-001
<b>a</b>	Plan name COMPTON CONSTRUCTION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor COMPTON CONSTRUCTION	<b>c</b> EIN-PN 27-5155259-001
<b>a</b>	Plan name CONSTRUCTION-CAD SOLUTIONS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor CONSTRUCTION-CAD SOLUTIONS, INC.	<b>c</b> EIN-PN 36-4253943-002
<b>a</b>	Plan name EMERALD ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EMERALD ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 34-1765185-001
<b>a</b>	Plan name EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ONONDAGA LEASING SERVICES	<b>c</b> EIN-PN 16-1254312-001
<b>a</b>	Plan name GASKINS LECRAW 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOVEREIGNS ENGINEERING & SURVEYING HOLDINGS INC DBA GASKINS LECRAW	<b>c</b> EIN-PN 58-1500550-002
<b>a</b>	Plan name INCLUSIVE HOUSING RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor INCLUSIVE HOUSING RESOURCES	<b>c</b> EIN-PN 84-3657368-001
<b>a</b>	Plan name INNOVANT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor INNOVANT, INC.	<b>c</b> EIN-PN 45-0499207-001
<b>a</b>	Plan name LASSEN LAND COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORLAND ALMONDS ACQUISITION COMPANY, LLC	<b>c</b> EIN-PN 83-2450302-001
<b>a</b>	Plan name LEGAL ASSISTANCE FOR SENIORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEGAL ASSISTANCE FOR SENIORS, INC.	<b>c</b> EIN-PN 94-2941697-001
<b>a</b>	Plan name MONTANA HEALTH NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONTANA HEALTH NETWORK	<b>c</b> EIN-PN 81-0440728-002
<b>a</b>	Plan name PATRIOT HEALTH PARTNERS INC. MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor PATRIOT HEALTH PARTNERS INC.	<b>c</b> EIN-PN 84-1755108-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PAYDAY EMPLOYER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAYDAY, INC.	<b>c</b> EIN-PN 85-0413891-003
<b>a</b>	Plan name	PBM, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PBM, LLC	<b>c</b> EIN-PN 26-3885918-004
<b>a</b>	Plan name	RFC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROMANOFF FLOOR COVERING, INC.	<b>c</b> EIN-PN 58-1349072-001
<b>a</b>	Plan name	RICCO DENTAL, PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RICCO DENTAL, PLLC	<b>c</b> EIN-PN 45-3587049-001
<b>a</b>	Plan name	RICE ENTERPRISES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICE ENTERPRISES, LLC	<b>c</b> EIN-PN 27-1171330-002
<b>a</b>	Plan name	RICHARDSON WAYLAND FERREIRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHARDSON-WAYLAND FERREIRA, LLC	<b>c</b> EIN-PN 93-4818877-001
<b>a</b>	Plan name	SURGICAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SURGICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 99-0287995-002
<b>a</b>	Plan name	TRAIN TIMES BROADWAY LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRAIN TIMES BROADWAY LP	<b>c</b> EIN-PN 82-0813336-001
<b>a</b>	Plan name	TRANSITION MANAGEMENT CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSITION MANAGEMENT CORP	<b>c</b> EIN-PN 52-2032600-001
<b>a</b>	Plan name	TRANSMET CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRANSMET CORPORATION	<b>c</b> EIN-PN 31-0960153-001
<b>a</b>	Plan name	WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	LLOYD A WISE MOTOR INC	<b>c</b> EIN-PN 26-2658328-001
<b>a</b>	Plan name	WITMER'S, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WITMER'S, INC.	<b>c</b> EIN-PN 34-1016582-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WOLF'S RIDGE BREWING 401(K)	
<b>b</b>	Name of plan sponsor	WOLF'S RIDGE BREWING	<b>c</b> EIN-PN 45-4011666-001
<b>a</b>	Plan name	MSABC MULTIPLE EMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSISSIPPI ASSOCIATED BUILDERS & CONTRACTORS, INC.	<b>c</b> EIN-PN 64-0415733-333
<b>a</b>	Plan name	NATIONAL AUTO CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL AUTO CARE CORP.	<b>c</b> EIN-PN 31-1115893-001
<b>a</b>	Plan name	PEACHTREE PARK PEDIATRICS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEACHTREE PARK PEDIATRICS, LLP	<b>c</b> EIN-PN 58-0966853-001
<b>a</b>	Plan name	PEARLMAN PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEARLMAN PROPERTY MANAGEMENT	<b>c</b> EIN-PN 77-0474584-001
<b>a</b>	Plan name	PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	<b>c</b> EIN-PN 72-0885035-001
<b>a</b>	Plan name	PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERSON & COVEY, INC.	<b>c</b> EIN-PN 95-2020861-001
<b>a</b>	Plan name	RIVER OAKS OB/GYN ASSOCIATES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVER OAKS OB/GYN ASSOCIATES, P.C.	<b>c</b> EIN-PN 35-1162606-001
<b>a</b>	Plan name	RIVERSIDE MFG., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE MFG., LLC	<b>c</b> EIN-PN 26-0332652-001
<b>a</b>	Plan name	TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	<b>c</b> EIN-PN 62-1874762-001
<b>a</b>	Plan name	TRI STAR SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI STAR SERVICES, LLC	<b>c</b> EIN-PN 62-1828852-001
<b>a</b>	Plan name	TRUE NORTH LAW 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRUE NORTH LAW LLC	<b>c</b> EIN-PN 83-2936553-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	TRUSTED MEDICAL, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	TRUSTED MEDICAL, LLC
<b>c</b>	EIN-PN	87-2670313-001
<b>a</b>	Plan name	YZER LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	YZER LLC
<b>c</b>	EIN-PN	82-2501890-001
<b>a</b>	Plan name	ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ANIMAL & BIRD HOSPITAL, INC.
<b>c</b>	EIN-PN	33-0078013-001
<b>a</b>	Plan name	ARACOR, INC. 401 (K) PLAN
<b>b</b>	Name of plan sponsor	ARACOR, INC.
<b>c</b>	EIN-PN	74-1480428-002
<b>a</b>	Plan name	BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BRYAN CHEVROLET LLC
<b>c</b>	EIN-PN	72-0477660-001
<b>a</b>	Plan name	COUNTRY CLUB EXPRESS WASH 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	COUNTRY CLUB EXPRESS WASH, LLC
<b>c</b>	EIN-PN	43-1506960-001
<b>a</b>	Plan name	EMPLOYEES' 401(K) AND HEALTH/DISABILITY PLAN OF CALLISTER, BROBERG & BECKER, A LAW CORPORATION
<b>b</b>	Name of plan sponsor	CALLISTER, BROBERG & BECKER A LAW CORPORATION
<b>c</b>	EIN-PN	82-1680303-001
<b>a</b>	Plan name	ENERGY MANAGEMENT COLLABORATIVE 401(K) PLAN
<b>b</b>	Name of plan sponsor	ENERGY MANAGEMENT COLLABORATIVE, LLC
<b>c</b>	EIN-PN	20-0029039-001
<b>a</b>	Plan name	GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	GEAUGA MECHANICAL COMPANY, INC.
<b>c</b>	EIN-PN	34-1296480-001
<b>a</b>	Plan name	INSTANT INFOSYSTEMS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	INSTANT INFOSYSTEMS
<b>c</b>	EIN-PN	95-4400744-001
<b>a</b>	Plan name	INSTITUTE FOR EDUCATIONAL ACHIEVEMENT 401(K) PLAN
<b>b</b>	Name of plan sponsor	INSTITUTE FOR EDUCATIONAL ACHIEVEMENT
<b>c</b>	EIN-PN	22-3391706-001
<b>a</b>	Plan name	INSURANCE PROFESSIONALS OF TENNESSEE, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	INSURANCE PROFESSIONALS OF TENNESSEE, LLC
<b>c</b>	EIN-PN	20-1340121-001

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

<b>a</b> Plan name	INTEGRA GROUP, INC. RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	INTEGRA GROUP, INC.	<b>c</b> EIN-PN 31-1274443-001

<b>a</b> Plan name	LIFESTAR TALENT 401(K) PLAN	
<b>b</b> Name of plan sponsor	LIFESTAR TALENT, LLC	<b>c</b> EIN-PN 88-1228443-001

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

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>JANUS HENDERSON TRITON RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>830</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	31163027
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	27052800
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	31163027	27052800
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	31163027	27052800

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	3270307	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		3270307

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3270307
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		4929508
(2) From this plan .....	<b>2l(2)</b>		12310042

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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