

**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
  - 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
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>TA BLACKROCK LIFEPATH INDEX 2040 RET ACCT</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>838</u>
	<b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>  <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	<b>2b</b> Employer Identification Number (EIN) <u>36-6071399</u>
	<b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u>
	<b>2d</b> 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.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>TA BLACKROCK LIFEPATH INDEX 2040 RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>838</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):		
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name 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 ARCHER SYSTEMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARCHER SYSTEMS, LLC	<b>c</b> EIN-PN 82-2145883-001
<b>a</b>	Plan name ARIZONA LABOR FORCE AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARIZONA LABOR FORCE	<b>c</b> EIN-PN 86-0514245-333
<b>a</b>	Plan name ARMBRECHT & WIERENGA ORTHODONTICS PLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARMBRECHT & WIERENGA ORTHODONTICS PLC	<b>c</b> EIN-PN 38-2163006-001
<b>a</b>	Plan name BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	<b>c</b> EIN-PN 91-0906923-001
<b>a</b>	Plan name CUNNINGHAM, FOREHAND, MATHEWS & MOORE, ARCHITECTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CUNNINGHAM, FOREHAND, MATTHEWS & MOORE ARCHITECTS, INC.	<b>c</b> EIN-PN 58-0871550-001
<b>a</b>	Plan name GODLEY, GLAZER, & FUNK PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GODLEY, GLAZER, & FUNK PLLC	<b>c</b> EIN-PN 84-4742362-001
<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>a</b>	Plan name INTERNATIONAL PHOTOGRAPHY SERVICES INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL PHOTOGRAPHY SERVICES INC.	<b>c</b> EIN-PN 13-4052934-001
<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 LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	<b>c</b> EIN-PN 37-1654147-001
<b>a</b>	Plan name NATIONAL FIRE, CHILD & DRUG COUNCILS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL CHILD SAFETY COUNCIL	<b>c</b> EIN-PN 38-6035290-001

<b>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	PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETE & PETE CONTAINER SERVICE, INC.	<b>c</b> EIN-PN 31-1548571-001
<b>a</b>	Plan name	PGS/GS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRADKO, GALLAGHER AND SLANEC, PLLC	<b>c</b> EIN-PN 32-0095592-002
<b>a</b>	Plan name	PHASE GENOMICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHASE GENOMICS, INC.	<b>c</b> EIN-PN 47-3296977-001
<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	ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
<b>b</b>	Name of plan sponsor	ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	<b>c</b> EIN-PN 99-0222900-001
<b>a</b>	Plan name	UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNISAND INCORPORATED	<b>c</b> EIN-PN 34-1658346-001
<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	A LA CARTE FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A LA CARTE	<b>c</b> EIN-PN 81-2972833-001
<b>a</b>	Plan name	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	C & R CONCRETE CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C & R CONCRETE CORP	<b>c</b> EIN-PN 90-0585774-001
<b>a</b>	Plan name	CADUCEUS HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CADUCEUS HEALTHCARE	<b>c</b> EIN-PN 26-2585338-001
<b>a</b>	Plan name	CVR ASSOCIATES, INC. 401(K)	
<b>b</b>	Name of plan sponsor	CVR ASSOCIATES, INC.	<b>c</b> EIN-PN 04-3273457-777

<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	EVERLAST SYNTHETIC PRODUCTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERLAST SYNTHETIC PRODUCTS, LLC	<b>c</b> EIN-PN 20-3088560-001
<b>a</b>	Plan name	EVOLVE TREATMENT CENTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVOLVE GROWTH INITIATIVE, LLC, DBA EVOLVE TREATMENT CENTERS	<b>c</b> EIN-PN 46-5716785-003
<b>a</b>	Plan name	GRACE SMITH HOUSE, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRACE SMITH HOUSE, INC	<b>c</b> EIN-PN 14-1626657-002
<b>a</b>	Plan name	GRAPHIC COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRINTING INDUSTRIES ASSOCIATION, INC. OF SOUTHERN CALIFORNIA	<b>c</b> EIN-PN 95-1501502-001
<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 HAWN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOLUSIA CHARTER SCHOOL OF EXCELLENCE	<b>c</b> EIN-PN 30-0600042-001
<b>a</b>	Plan name	MAKAI HR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KCPHI SERVICES, LLC DBA MAKAI HR	<b>c</b> EIN-PN 82-3809240-333
<b>a</b>	Plan name	NEHAL CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEHAL CONTRACTING, INC.	<b>c</b> EIN-PN 58-2587356-001
<b>a</b>	Plan name	PIPELINE SYSTEM HOLDINGS, LLC	
<b>b</b>	Name of plan sponsor	PIPELINE HEALTH SYSTEM, LLC	<b>c</b> EIN-PN 82-3626084-001
<b>a</b>	Plan name	RPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RADIOLOGICAL PHYSICS ASSOCIATES INC.	<b>c</b> EIN-PN 62-1442497-001
<b>a</b>	Plan name	RUSCO MANUFACTURING 401(K) MEP	
<b>b</b>	Name of plan sponsor	RUSCO MANUFACTURING, INC.	<b>c</b> EIN-PN 36-3501249-001
<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

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 TEE BAR CORPORATION 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor TEE BAR CORPORATION	<b>c</b> EIN-PN 14-1437138-001
<b>a</b>	Plan name TEKSECUTE TECHNOLOGY GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor TEKSECUTE TECHNOLOGY GROUP, LLC	<b>c</b> EIN-PN 01-0548119-001
<b>a</b>	Plan name TENNESSEE UNDERGROUND LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor TENNESSEE UNDERGROUND LLC	<b>c</b> EIN-PN 47-4641751-001
<b>a</b>	Plan name UPPER HUDSON VALLEY DERMATOLOGY, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor UPPER HUDSON VALLEY DERMATOLOGY, PC	<b>c</b> EIN-PN 14-1818287-004
<b>a</b>	Plan name UPSHIFT HR 401(K) PLAN	
<b>b</b>	Name of plan sponsor UPSHIFT HR	<b>c</b> EIN-PN 87-4055304-001
<b>a</b>	Plan name FLEET DRIVER SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLEET DRIVER SERVICE, INC.	<b>c</b> EIN-PN 45-3685803-333
<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 FOCUS HR, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOCUS HR, INC.	<b>c</b> EIN-PN 14-1871027-001
<b>a</b>	Plan name SKYWAVE ANTENNAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SKYWAVE ANTENNAS, INC.	<b>c</b> EIN-PN 33-1052797-001
<b>a</b>	Plan name SLR SERVICE 401K PLAN	
<b>b</b>	Name of plan sponsor SIGMA HEALTH REHAB LLC	<b>c</b> EIN-PN 30-0565417-001
<b>a</b>	Plan name GUHROO 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EXECUTIVE RESOURCE GROUP LLC DBA GUHROO	<b>c</b> EIN-PN 46-4868112-001
<b>a</b>	Plan name TEXO MEMBERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEXO ABC/AGC, INC.	<b>c</b> EIN-PN 32-0274111-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	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	HEALTHTEC SOLUTIONS, INC. 401(K) PENSION PLAN	
<b>b</b>	Name of plan sponsor	HEALTHTEC SOLUTIONS INC.	<b>c</b> EIN-PN 04-3371227-001
<b>a</b>	Plan name	HELPSIDE INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HELPSIDE INC.	<b>c</b> EIN-PN 87-0476353-333
<b>a</b>	Plan name	THE PARTNERS COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PARTNER COMPANIES LLC	<b>c</b> EIN-PN 85-2379191-001
<b>a</b>	Plan name	ABC OF DELAWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED BUILDERS AND CONTRACTORS OF DELAWARE	<b>c</b> EIN-PN 51-0101352-333
<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	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	UTAH MANUFACTURERS ASSOCIATION MEP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UTAH MANUFACTURERS ASSOCIATION	<b>c</b> EIN-PN 87-0187660-333
<b>a</b>	Plan name	AIMSUN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIMSUN INC.	<b>c</b> EIN-PN 46-0525028-001
<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	ALCHEMY GLOBAL NETWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALCHEMY GLOBAL NETWORKS, LLC	<b>c</b> EIN-PN 81-0874754-001
<b>a</b>	Plan name	JR STRUCTURAL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JR STRUCTURAL ENGINEERING, INC.	<b>c</b> EIN-PN 94-3347891-001

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 JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, PC	<b>c</b> EIN-PN 38-2380905-001
<b>a</b>	Plan name AST/ACME, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AST/ACME, INC.	<b>c</b> EIN-PN 61-1278559-001
<b>a</b>	Plan name MAPLE LEAF CHEESEMAKERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAPLE LEAF CHEESEMAKERS, INC.	<b>c</b> EIN-PN 39-1895024-001
<b>a</b>	Plan name MARINE INDUSTRY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NATIONAL MARINE MANUFACTURERS ASSOCIATION, INC.	<b>c</b> EIN-PN 36-2369301-333
<b>a</b>	Plan name MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	<b>c</b> EIN-PN 47-4609056-001
<b>a</b>	Plan name MEDICAL SOCIETY OF DELAWARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEDICAL SOCIETY OF DELAWARE	<b>c</b> EIN-PN 51-0061011-333
<b>a</b>	Plan name CALCAGNI & KANEFSKY LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CALCAGNI & KANEFSKY LLP	<b>c</b> EIN-PN 81-2712035-001
<b>a</b>	Plan name NEWELL MACHINERY COMPANY 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEWELL MACHINERY COMPANY, INC.	<b>c</b> EIN-PN 42-0646297-002
<b>a</b>	Plan name NEXT RETIREMENT PLAN - EMERGING MARKET	
<b>b</b>	Name of plan sponsor NEXT RETIREMENT PLAN - EMERGING	<b>c</b> EIN-PN 26-2480211-001
<b>a</b>	Plan name OKLAHOMA HOME BUILDERS MEP 401(K)	
<b>b</b>	Name of plan sponsor OKLAHOMA HOME BUILDERS ASSOCIATION	<b>c</b> EIN-PN 73-0683222-333
<b>a</b>	Plan name OM SHIV SAI GURU INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OM SHIV SAI GURU INC.	<b>c</b> EIN-PN 26-2926035-001
<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>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	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	PLUTUS CAPITAL NY INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PLUTUS CAPITAL NY INC.	<b>c</b> EIN-PN 82-2739089-001
<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>a</b>	Plan name	PSM INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PSM INDUSTRIES, INC.	<b>c</b> EIN-PN 93-1156046-002
<b>a</b>	Plan name	PWARE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PWARE, LLC	<b>c</b> EIN-PN 83-4410439-001
<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	QUALITY FORMIKA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUALITY FORMIKA, INC.	<b>c</b> EIN-PN 42-1561005-001
<b>a</b>	Plan name	DWC EXCHANGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DWC ERISA CONSULTANTS (DBA DWC - THE 401(K) EXPERTS)	<b>c</b> EIN-PN 24-2091417-001
<b>a</b>	Plan name	SAUNA360 INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SAUNA360 INC.	<b>c</b> EIN-PN 41-1502759-001
<b>a</b>	Plan name	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	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FALCON TRADING COMPANY, INC.	<b>c</b> EIN-PN 94-2863170-001
<b>a</b>	Plan name	AVMA LIFE TRUST, LLC MEP 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	AVMA LIFE TRUST, LLC	<b>c</b> EIN-PN 84-2685033-001

<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	MASTERY LOGISTICS SYSTEMS, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	MASTERY LOGISTICS SYSTEMS, INC.	<b>c</b> EIN-PN 83-1185597-001
<b>a</b> Plan name	BETMGM 401(K) PLAN	
<b>b</b> Name of plan sponsor	BETMGM, LLC	<b>c</b> EIN-PN 83-1679867-001
<b>a</b> Plan name	NORTHWEST 401(K) BENEFITS GROUP	
<b>b</b> Name of plan sponsor	SOUND FORD, INC	<b>c</b> EIN-PN 91-0906207-001
<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	PREPARING 4 TOMORROW 401(K) PLAN	
<b>b</b> Name of plan sponsor	MARRICK MEDICAL FINANCE, LLC	<b>c</b> EIN-PN 20-8059557-001
<b>a</b> Plan name	PRESIDIO EMPLOYEE CO LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	PRESIDIO EMPLOYEE CO LLC	<b>c</b> EIN-PN 82-5116779-001
<b>a</b> Plan name	PRINT AND GRAPHICS RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	PRINTING INDUSTRIES ALLIANCE	<b>c</b> EIN-PN 16-1037029-001
<b>a</b> Plan name	DYNAMIC RESEARCH, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	DYNAMIC RESEARCH	<b>c</b> EIN-PN 95-3385947-001
<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
<b>a</b> Plan name	SG SALES, INC. 401(K) PSP	
<b>b</b> Name of plan sponsor	SG SALES, INC.	<b>c</b> EIN-PN 04-3814003-001
<b>a</b> Plan name	FORRESTALL PLAN	
<b>b</b> Name of plan sponsor	JEFF FORRESTALL CPA PC	<b>c</b> EIN-PN 58-2514091-333
<b>a</b> Plan name	SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	SOUTHEAST PERSONNEL LEASING, INC.	<b>c</b> EIN-PN 59-3298197-333

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 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 HAMOND SAFETY MANAGEMENT LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAMOND SAFETY MANAGEMENT, LLC	<b>c</b> EIN-PN 11-3350879-002
<b>a</b>	Plan name THE CONTRACTORS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FRINGE BENEFIT GROUP, INC.	<b>c</b> EIN-PN 74-2124394-001
<b>a</b>	Plan name THE CONTRACTORS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FRINGE BENEFIT GROUP, INC.	<b>c</b> EIN-PN 74-2124394-002
<b>a</b>	Plan name THE CONTRACTORS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FRINGE BENEFIT GROUP, INC.	<b>c</b> EIN-PN 74-2124394-003
<b>a</b>	Plan name HEXAGON HR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEXAGON HR, LLC	<b>c</b> EIN-PN 88-1314552-001
<b>a</b>	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor RETAIL ASSOCIATION OF MAINE	<b>c</b> EIN-PN 01-0165117-334
<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 KIMIL CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIMIL CO., INC.	<b>c</b> EIN-PN 16-1376982-001
<b>a</b>	Plan name ADVANCED TEXTILES ASSOCIATION	
<b>b</b>	Name of plan sponsor ADVANCED TEXTILES ASSOCIATION	<b>c</b> EIN-PN 41-0434683-001
<b>a</b>	Plan name AGILEX BUSINESS SOLUTIONS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AGILEX BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 81-1011017-001
<b>a</b>	Plan name AMERICA'S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor R.E. BERLA LIMITED	<b>c</b> EIN-PN 46-0999083-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AXIOM ACQUISITION VENTURES MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AXIOM ACQUISITION VENTURES MANAGEMENT, LLC	<b>c</b> EIN-PN 85-3091143-001
<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	CLEAR CAR CONCEPTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEAR CAR CONCEPTS, LLC	<b>c</b> EIN-PN 47-2483599-001
<b>a</b>	Plan name	EDWARD LESKE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EDWARD LESKE COMPANY	<b>c</b> EIN-PN 22-1506426-001
<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	HAWAII HEALTH & HARM REDUCTION CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	HAWAII HEALTH & HARM REDUCTION CENTER	<b>c</b> EIN-PN 99-0284222-001
<b>a</b>	Plan name	JOHN MULLEN & COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN - PLAN A	
<b>b</b>	Name of plan sponsor	JOHN MULLEN & COMPANY, INC.	<b>c</b> EIN-PN 99-0109877-001
<b>a</b>	Plan name	KIVU CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KIVU CONSULTING, INC.	<b>c</b> EIN-PN 27-1257543-001
<b>a</b>	Plan name	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	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	MICLEE MANAGEMENT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICLEE MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 27-1717856-001

<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	NYFTA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NYFTA INC.	<b>c</b> EIN-PN 81-4187517-001
<b>a</b>	Plan name	OBERTS GALASSO LAW GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OG LAW GROUP	<b>c</b> EIN-PN 99-2233943-001
<b>a</b>	Plan name	PAKLAB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAKLAB	<b>c</b> EIN-PN 95-4109799-001
<b>a</b>	Plan name	PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALM BEACH HEALTH CONSULTING	<b>c</b> EIN-PN 92-1435276-001
<b>a</b>	Plan name	RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RED RIVER MANAGEMENT	<b>c</b> EIN-PN 30-0220873-001
<b>a</b>	Plan name	REGIS FINANCIAL PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REGIS FINANCIAL PARTNERS, LLC	<b>c</b> EIN-PN 20-8083708-001
<b>a</b>	Plan name	SIMPEO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIMPEO, LLC	<b>c</b> EIN-PN 83-1723892-001
<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	STEUBER CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STEUBER CORPORATION	<b>c</b> EIN-PN 33-0436736-001
<b>a</b>	Plan name	THOMPSON BROS PLUMBING 401K PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON BROS PLUMBING	<b>c</b> EIN-PN 37-1458920-001
<b>a</b>	Plan name	VINEBURG LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINEBURG LLC	<b>c</b> EIN-PN 68-0466361-001
<b>a</b>	Plan name	WASEYABEK DEVELOPMENT COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WASEYABEK DEVELOPMENT COMPANY, LLC	<b>c</b> EIN-PN 45-2425291-001

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 WEINSTEIN CARNEGIE PHILANTHROPIC GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WEINSTEIN CARNEGIE PHILANTHROPIC GROUP LLC	<b>c</b> EIN-PN 47-2616650-001
<b>a</b>	Plan name AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES	<b>c</b> EIN-PN 88-0159433-001
<b>a</b>	Plan name AMERICARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICARE, INC.	<b>c</b> EIN-PN 11-2608743-002
<b>a</b>	Plan name AMERICAS HEALTHCARE EMPLOYEE RETIREMENT PEP	
<b>b</b>	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-005
<b>a</b>	Plan name BMR PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BMR PARTNERS, INC.	<b>c</b> EIN-PN 47-3763181-001
<b>a</b>	Plan name COBBLE HILL BALLET 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COBBLE HILL BALLET LLC	<b>c</b> EIN-PN 81-4347282-001
<b>a</b>	Plan name EGREEN MCS 401(K) PLAN	
<b>b</b>	Name of plan sponsor EGREEN MANAGEMENT AND CONSULTING SERVICES DBA EGREEN ROOFING SOLUTIO	<b>c</b> EIN-PN 36-4791684-001
<b>a</b>	Plan name ELEMENTAL MANAGEMENT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELEMENTAL MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 82-3203908-001
<b>a</b>	Plan name GAHCC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREATER AUSTIN HISPANIC CHAMBER OF COMMERCE	<b>c</b> EIN-PN 74-0492475-001
<b>a</b>	Plan name HR PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HR PARTNERS, INC.	<b>c</b> EIN-PN 58-2394083-333
<b>a</b>	Plan name HYFVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HYFVE, INC.	<b>c</b> EIN-PN 47-2574638-001
<b>a</b>	Plan name KROLL INTERNATIONAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KROLL INTERNATIONAL, LLC	<b>c</b> EIN-PN 20-1135584-001

<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	LAKE COUNTRY EYE CARE 401(K) PLAN
<b>b</b>	Name of plan sponsor	LAKE COUNTRY EYE CARE, LLC
<b>c</b>	EIN-PN	47-2254444-001
<b>a</b>	Plan name	MIZUGUCHI PLASTIC SURGERY 401K PLAN
<b>b</b>	Name of plan sponsor	MIZUGUCHI PLASTIC SURGERY, PLLC
<b>c</b>	EIN-PN	82-2460390-001
<b>a</b>	Plan name	PASADENA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CHAMBER OF COMMERCE AND CIVIC ASSOCIATION OF PASADENA
<b>c</b>	EIN-PN	95-0616125-002
<b>a</b>	Plan name	RESOLUTE INDEPENDENT ADVISORS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	RESOLUTE INDEPENDENT ADVISORS, LLC
<b>c</b>	EIN-PN	82-1263122-001
<b>a</b>	Plan name	RETIRE READY 401(K) & PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	RETIRE READY
<b>c</b>	EIN-PN	20-1826963-333
<b>a</b>	Plan name	STRUCTURE VENTURES 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	STRUCTURE VENTURES LLC
<b>c</b>	EIN-PN	47-2665838-001
<b>a</b>	Plan name	TITUS PRECISION 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	TITUS PRECISION COMPANY
<b>c</b>	EIN-PN	87-3842552-222
<b>a</b>	Plan name	WILLIAMS FIRE & HAZARD, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WILLIAMS FIRE & HAZARD, LLC
<b>c</b>	EIN-PN	93-4675784-001
<b>a</b>	Plan name	ANGELIC HEALTH 401(K) PLAN
<b>b</b>	Name of plan sponsor	ANGELIC PRACTICE MANAGEMENT, LLC
<b>c</b>	EIN-PN	82-5301108-001
<b>a</b>	Plan name	BRAD PEASLEY TRUCKING LLC 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	BRAD PEASLEY TRUCKING LLC
<b>c</b>	EIN-PN	20-3853328-001
<b>a</b>	Plan name	CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN
<b>b</b>	Name of plan sponsor	CONSOLIDATED EMPLOYER SERVICES, INC.
<b>c</b>	EIN-PN	47-2468992-001
<b>a</b>	Plan name	CONSTRUCTORS, INCORPORATED 401(K) PLAN
<b>b</b>	Name of plan sponsor	CONSTRUCTORS, INCORPORATED
<b>c</b>	EIN-PN	85-0135619-001

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 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 GATEWAY 401(K) RETIREMENT PLAN EXCHANGE II	
<b>b</b>	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874769-302
<b>a</b>	Plan name ICON SIGN COMPANY 401(K)	
<b>b</b>	Name of plan sponsor ICON ACQUISTIONS, LLC DBA ICON SIGN COMPANY	<b>c</b> EIN-PN 82-1771476-001
<b>a</b>	Plan name LASTING IMAGE PROMOTIONAL PRODUCTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LASTING IMAGE PROMOTIONAL PRODUCTS CO.	<b>c</b> EIN-PN 23-2872152-001
<b>a</b>	Plan name LEADING EDGE HUMAN RESOURCES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LEADING EDGE LEADERSHIP GROUP LLC	<b>c</b> EIN-PN 80-0737702-001
<b>a</b>	Plan name MONROVIA CHAMBER MEMBER 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONROVIA CHAMBER OF COMMERCE	<b>c</b> EIN-PN 95-1019540-001
<b>a</b>	Plan name MORAN INDUSTRIES INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MORAN INDUSTRIES INC	<b>c</b> EIN-PN 23-2711171-001
<b>a</b>	Plan name MPC DAIRY SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MPC DAIRY SERVICE, INC. DBA SAN JOAQUIN VALLEY DAIRY EQUIPMENT	<b>c</b> EIN-PN 83-2852835-001
<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 PBS ASO, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PBS ASO, LLC	<b>c</b> EIN-PN 85-0768284-001
<b>a</b>	Plan name PBS PEO SERVICES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PBS PEO SERVICES	<b>c</b> EIN-PN 81-4175750-999
<b>a</b>	Plan name SUSTAINABLEHR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUSTAINABLEHR PEO, LLC	<b>c</b> EIN-PN 84-2747571-001

<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	TRAVEL YESTERDAY INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRAVEL YESTERDAY INC DBA FISCHER TRAVEL ENTERPRISES	<b>c</b> EIN-PN 13-2768026-001
<b>a</b>	Plan name	MRO SYSTEMS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MRO SYSTEMS, LLC	<b>c</b> EIN-PN 82-4009874-001
<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	N-OVATION TECHNOLOGY GROUP WEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	N-OVATION TECHNOLOGY GROUP	<b>c</b> EIN-PN 47-2961066-001
<b>a</b>	Plan name	SYSTEMS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C SYSTEMS, LLC	<b>c</b> EIN-PN 20-1820942-001
<b>a</b>	Plan name	SYSTEMS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C SYSTEMS, LLC	<b>c</b> EIN-PN 20-1820942-002
<b>a</b>	Plan name	TAB LAW FIRM 401(K)	
<b>b</b>	Name of plan sponsor	TAB LAW FIRM	<b>c</b> EIN-PN 20-5864838-001
<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-STATE VETERINARY GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TRI-STATE VETERINARY GROUP	<b>c</b> EIN-PN 14-1800585-001
<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>a</b>	Plan name	ZYNERGIA HR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY HR LLC	<b>c</b> EIN-PN 81-3943870-002
<b>a</b>	Plan name	BRBC I, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRBC I, LLC	<b>c</b> EIN-PN 13-4246539-001

<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	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	CONTINENTAL EXPRESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTINENTAL EXPRESS, INC	<b>c</b> EIN-PN 34-1434240-001
<b>a</b>	Plan name	CORE PHYSICAL THERAPY & SPORTS PERFORMANCE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORE PHYSICAL THERAPY & SPORTS PERFORMANCE INC.	<b>c</b> EIN-PN 46-3841329-001
<b>a</b>	Plan name	CORPORATE BUILDING SERVICES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORPORATE BUILDING SERVICES INC	<b>c</b> EIN-PN 14-1732520-001
<b>a</b>	Plan name	EMPLOYER FLEXIBLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYER FLEXIBLE HR, LLC	<b>c</b> EIN-PN 27-4406361-333
<b>a</b>	Plan name	EMPLOYERS RESOURCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYERS RESOURCE	<b>c</b> EIN-PN 33-0688056-002
<b>a</b>	Plan name	EMPOWER HR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EMPOWER HR	<b>c</b> EIN-PN 36-4115383-333
<b>a</b>	Plan name	ENDURANCE BUILDING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENDURANCE BUILDING SYSTEMS, INC.	<b>c</b> EIN-PN 92-3467996-001
<b>a</b>	Plan name	ENGINEERING DESIGN TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERING DESIGN TECHNOLOGIES, INC.	<b>c</b> EIN-PN 58-2034541-001
<b>a</b>	Plan name	GEOSPHERE CAPITAL MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GEOSPHERE CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 20-8493181-003
<b>a</b>	Plan name	LIBERTY RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-777
<b>a</b>	Plan name	LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	<b>c</b> EIN-PN 36-3584029-002

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TA BLACKROCK LIFEPATH INDEX 2040 RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>838</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>	146488250	240682277
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

<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>	146488250	240682277
<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>	146488250	240682277

**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>		
<b>(3)</b> 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>	17874353	
<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>		17874353

**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>		17874353
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		128606284
(2) From this plan .....	<b>2l(2)</b>		52286610

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