

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

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, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: TA BLACKROCK LIFEPATH INDEX 2055 RET ACCT; 1b Three-digit plan number (PN): 841; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>TA BLACKROCK LIFEPATH INDEX 2055 RET ACCT</u>	B Three-digit plan number (PN)	<u>841</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</u>	

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

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 1 SOURCE BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor 1 SOURCE BUSINESS SOLUTIONS, LLC	c EIN-PN 27-3793520-333
a	Plan name ARCHER SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor ARCHER SYSTEMS, LLC	c EIN-PN 82-2145883-001
a	Plan name ARIZONA LABOR FORCE AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor ARIZONA LABOR FORCE	c EIN-PN 86-0514245-333
a	Plan name ARMBRECHT & WIERENGA ORTHODONTICS PLC 401(K) PLAN	
b	Name of plan sponsor ARMBRECHT & WIERENGA ORTHODONTICS PLC	c EIN-PN 38-2163006-001
a	Plan name BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	c EIN-PN 91-0906923-001
a	Plan name BURKE DIGITAL 401(K) PLAN	
b	Name of plan sponsor BURKE DIGITAL LLC	c EIN-PN 87-4391255-001
a	Plan name BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
b	Name of plan sponsor BUTLER, FITZGERALD & FIVESON, P.C.	c EIN-PN 20-2841166-001
a	Plan name ERS PLAN	
b	Name of plan sponsor UNIVERSAL SITE SERVICES	c EIN-PN 94-1602345-001
a	Plan name GMH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor GMH ASSOCIATES, INC.	c EIN-PN 23-2618889-001
a	Plan name GODLEY, GLAZER, & FUNK PLLC 401(K) PLAN	
b	Name of plan sponsor GODLEY, GLAZER, & FUNK PLLC	c EIN-PN 84-4742362-001
a	Plan name INTEGRATED EMPLOYER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor INTEGRATED EMPLOYER SOLUTIONS, INC.	c EIN-PN 87-0653068-333
a	Plan name LONG BEACH AREA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor LONG BEACH AREA CHAMBER OF COMMERCE	c EIN-PN 95-0944550-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	c EIN-PN 37-1654147-001
a	Plan name PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PETE & PETE CONTAINER SERVICE, INC.	c EIN-PN 31-1548571-001
a	Plan name PHASE GENOMICS, INC. 401(K) PLAN	
b	Name of plan sponsor PHASE GENOMICS, INC.	c EIN-PN 47-3296977-001
a	Plan name ROCKET COMPOSITES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCKET COMPOSITES, INC.	c EIN-PN 27-0395707-001
a	Plan name ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
b	Name of plan sponsor ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	c EIN-PN 99-0222900-001
a	Plan name ROYAL POWDER CORPORATION 401(K) PLAN	
b	Name of plan sponsor ROYAL POWDER CORPORATION	c EIN-PN 34-1964799-001
a	Plan name UNDERDOG STRATEGIES LLC - 401(K)	
b	Name of plan sponsor UNDERDOG STRATEGIES, LLC	c EIN-PN 82-5345466-001
a	Plan name UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNISAND INCORPORATED	c EIN-PN 34-1658346-001
a	Plan name A LA CARTE FOODS 401(K) PLAN	
b	Name of plan sponsor A LA CARTE	c EIN-PN 81-2972833-001
a	Plan name ASSOCIATED BUILDERS AND CONTRACTORS, INC. UTAH CHAPTER MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor ASSOCIATED BUILDERS AND CONTRACTORS, INC. - UTAH CHAPTER	c EIN-PN 87-0343604-333
a	Plan name ASSOCIATED CONSTRUCTION PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED CONSTRUCTION PRODUCTS, INC.	c EIN-PN 59-2692893-001
a	Plan name C & R CONCRETE CORP 401(K) PLAN	
b	Name of plan sponsor C & R CONCRETE CORP	c EIN-PN 90-0585774-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CAIL 401(K) PLAN	
b	Name of plan sponsor COMMONWEALTH ACCIDENT INJURY LAW, PC	c EIN-PN 47-4546366-001
a	Plan name DALY & ASSOCIATES, LLC 401K PS PLAN	
b	Name of plan sponsor DALY & ASSOCIATES, LLC.	c EIN-PN 27-3461170-003
a	Plan name EVERLAST SYNTHETIC PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor EVERLAST SYNTHETIC PRODUCTS, LLC	c EIN-PN 20-3088560-001
a	Plan name EVOLVE TREATMENT CENTERS 401(K) PLAN	
b	Name of plan sponsor EVOLVE GROWTH INITIATIVE, LLC, DBA EVOLVE TREATMENT CENTERS	c EIN-PN 46-5716785-003
a	Plan name GRACE SMITH HOUSE, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRACE SMITH HOUSE, INC	c EIN-PN 14-1626657-002
a	Plan name GRAPHIC COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor PRINTING INDUSTRIES ASSOCIATION, INC. OF SOUTHERN CALIFORNIA	c EIN-PN 95-1501502-001
a	Plan name ISOLVED 401-K PLAN	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-310
a	Plan name IVY HAWN 401(K) PLAN	
b	Name of plan sponsor VOLUSIA CHARTER SCHOOL OF EXCELLENCE	c EIN-PN 30-0600042-001
a	Plan name MAKAI HR RETIREMENT PLAN	
b	Name of plan sponsor KCPHI SERVICES, LLC DBA MAKAI HR	c EIN-PN 82-3809240-333
a	Plan name NEHAL CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEHAL CONTRACTING, INC.	c EIN-PN 58-2587356-001
a	Plan name PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	c EIN-PN 84-1864152-001
a	Plan name PIPELINE SYSTEM HOLDINGS, LLC	
b	Name of plan sponsor PIPELINE HEALTH SYSTEM, LLC	c EIN-PN 82-3626084-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PK HOUSING 401(K) PLAN	
b	Name of plan sponsor	PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001
a	Plan name	TEAMWORK HUMAN RESOURCES, INC. MEP	
b	Name of plan sponsor	TEAMWORK HUMAN RESOURCES, INC.	c EIN-PN 68-0482464-001
a	Plan name	TEE BAR CORPORATION 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	TEE BAR CORPORATION	c EIN-PN 14-1437138-001
a	Plan name	TEKSECUTE TECHNOLOGY GROUP 401K PLAN	
b	Name of plan sponsor	TEKSECUTE TECHNOLOGY GROUP, LLC	c EIN-PN 01-0548119-001
a	Plan name	UPPER HUDSON VALLEY DERMATOLOGY, PC 401(K) PLAN	
b	Name of plan sponsor	UPPER HUDSON VALLEY DERMATOLOGY, PC	c EIN-PN 14-1818287-004
a	Plan name	UPSHIFT HR 401(K) PLAN	
b	Name of plan sponsor	UPSHIFT HR	c EIN-PN 87-4055304-001
a	Plan name	FLEET DRIVER SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	FLEET DRIVER SERVICE, INC.	c EIN-PN 45-3685803-333
a	Plan name	FLUENCE CORPORATION LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLUENCE CORPORATION LLC	c EIN-PN 27-4214544-001
a	Plan name	FOCUS HR, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FOCUS HR, INC.	c EIN-PN 14-1871027-001
a	Plan name	SLR SERVICE 401K PLAN	
b	Name of plan sponsor	SIGMA HEALTH REHAB LLC	c EIN-PN 30-0565417-001
a	Plan name	SMX 401(K) PLAN	
b	Name of plan sponsor	SMARTRONIX, LLC	c EIN-PN 52-1922012-001
a	Plan name	SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN	
b	Name of plan sponsor	SOUTH BAY FORD	c EIN-PN 95-4451497-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GUHROO 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EXECUTIVE RESOURCE GROUP LLC DBA GUHROO	c EIN-PN 46-4868112-001
a	Plan name	TEXO MEMBERS 401(K) PLAN	
b	Name of plan sponsor	TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002
a	Plan name	THE BERRY MAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE BERRY MAN, INC.	c EIN-PN 77-0341777-001
a	Plan name	HELPSIDE INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HELPSIDE INC.	c EIN-PN 87-0476353-333
a	Plan name	THE PARTNERS COMPANIES 401(K) PLAN	
b	Name of plan sponsor	THE PARTNER COMPANIES LLC	c EIN-PN 85-2379191-001
a	Plan name	ABC OF DELAWARE 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS AND CONTRACTORS OF DELAWARE	c EIN-PN 51-0101352-333
a	Plan name	ABO 401(K)	
b	Name of plan sponsor	AMERICA'S BACK OFFICE	c EIN-PN 47-4975107-001
a	Plan name	ACE RETAIL SAVINGS PLAN	
b	Name of plan sponsor	ACE HARDWARE	c EIN-PN 36-0700810-001
a	Plan name	URSULOVA LAW OFFICES, P.C. 401(K) PLAN	
b	Name of plan sponsor	URSULOVA LAW OFFICES, P.C.	c EIN-PN 06-1562861-001
a	Plan name	UTAH MANUFACTURERS ASSOCIATION MEP 401(K) PLAN	
b	Name of plan sponsor	UTAH MANUFACTURERS ASSOCIATION	c EIN-PN 87-0187660-333
a	Plan name	AIMSUN, INC. 401(K) PLAN	
b	Name of plan sponsor	AIMSUN INC.	c EIN-PN 46-0525028-001
a	Plan name	ALABAMA AGC 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.	c EIN-PN 63-6049915-555

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, PC	c EIN-PN 38-2380905-001
a	Plan name AST/ACME, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AST/ACME, INC.	c EIN-PN 61-1278559-001
a	Plan name MAPLE LEAF CHEESEMAKERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAPLE LEAF CHEESEMAKERS, INC.	c EIN-PN 39-1895024-001
a	Plan name MARINE INDUSTRY RETIREMENT PLAN	
b	Name of plan sponsor NATIONAL MARINE MANUFACTURERS ASSOCIATION, INC.	c EIN-PN 36-2369301-333
a	Plan name BARBER & BORG LLC PROFIT SHARING PLAN	
b	Name of plan sponsor BARBER & BORG LLC	c EIN-PN 74-3147169-002
a	Plan name BEACON HOSPITAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor BEACON HOSPITAL MANAGEMENT, INC.	c EIN-PN 27-3174264-002
a	Plan name MEDICAL SOCIETY OF DELAWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEDICAL SOCIETY OF DELAWARE	c EIN-PN 51-0061011-333
a	Plan name CALCAGNI & KANEFSKY LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALCAGNI & KANEFSKY LLP	c EIN-PN 81-2712035-001
a	Plan name NEXT RETIREMENT PLAN - EMERGING MARKET	
b	Name of plan sponsor NEXT RETIREMENT PLAN - EMERGING	c EIN-PN 26-2480211-001
a	Plan name NEXT RETIREMENT PLAN - ENTERPRISE	
b	Name of plan sponsor NEXT RETIREMENT PLAN - ENTERPRISE	c EIN-PN 26-2480212-001
a	Plan name OKLAHOMA HOME BUILDERS MEP 401(K)	
b	Name of plan sponsor OKLAHOMA HOME BUILDERS ASSOCIATION	c EIN-PN 73-0683222-333
a	Plan name ONEPATH 401(K) GPS	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-007

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
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a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name PWARE, LLC 401K PLAN	
b	Name of plan sponsor PWARE, LLC	c EIN-PN 83-4410439-001
a	Plan name QUAD PLUS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor QUAD PLUS LLC	c EIN-PN 20-2033561-001
a	Plan name QUALITY FORMIKA 401(K) PLAN	
b	Name of plan sponsor QUALITY FORMIKA, INC.	c EIN-PN 42-1561005-001
a	Plan name DWC EXCHANGE 401(K) PLAN	
b	Name of plan sponsor DWC ERISA CONSULTANTS (DBA DWC - THE 401(K) EXPERTS)	c EIN-PN 24-2091417-001
a	Plan name SCOTT LITMAN INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCOTT LITMAN INSURANCE AGENCY, INC.	c EIN-PN 95-4544781-001
a	Plan name FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name AVMA LIFE TRUST, LLC MEP 401(K) PS PLAN	
b	Name of plan sponsor AVMA LIFE TRUST, LLC	c EIN-PN 84-2685033-001
a	Plan name MASTERY LOGISTICS SYSTEMS, INC. 401K PLAN	
b	Name of plan sponsor MASTERY LOGISTICS SYSTEMS, INC.	c EIN-PN 83-1185597-001
a	Plan name MEDICALERT 401(K) PLAN	
b	Name of plan sponsor MEDICALERT FOUNDATION UNITED STATES, INC.	c EIN-PN 94-1494446-002
a	Plan name MERRELL LLC EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor MERRELL LLC	c EIN-PN 81-2931810-001
a	Plan name BETMGM 401(K) PLAN	
b	Name of plan sponsor BETMGM, LLC	c EIN-PN 83-1679867-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NORTHWEST 401(K) BENEFITS GROUP	
b	Name of plan sponsor	SOUND FORD, INC	c EIN-PN 91-0906207-001
a	Plan name	NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NOTKIN HAWAII, INC.	c EIN-PN 99-0237335-001
a	Plan name	OPTIMUM THERAPEUTICS PT & OT PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OPTIMUM THERAPEUTICS PT & OT PLLC	c EIN-PN 45-2839564-001
a	Plan name	CLARK BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLARK BROTHERS, INC.	c EIN-PN 94-1572305-002
a	Plan name	PRECISION 2000 401(K) PLAN	
b	Name of plan sponsor	PRECISION 2000, INC.	c EIN-PN 58-2427359-001
a	Plan name	PREPARING 4 TOMORROW 401(K) PLAN	
b	Name of plan sponsor	MARRICK MEDICAL FINANCE, LLC	c EIN-PN 20-8059557-001
a	Plan name	PRESIDIO EMPLOYEE CO LLC 401(K) PLAN	
b	Name of plan sponsor	PRESIDIO EMPLOYEE CO LLC	c EIN-PN 82-5116779-001
a	Plan name	PRINT AND GRAPHICS RETIREMENT PLAN	
b	Name of plan sponsor	PRINTING INDUSTRIES ALLIANCE	c EIN-PN 16-1037029-001
a	Plan name	DYNAMIC RESEARCH, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DYNAMIC RESEARCH	c EIN-PN 95-3385947-001
a	Plan name	RALLY FOR RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	GREAT SALONS OF KNOXVILLE, INC.	c EIN-PN 84-1616153-002
a	Plan name	FORRESTALL PLAN	
b	Name of plan sponsor	JEFF FORRESTALL CPA PC	c EIN-PN 58-2514091-333
a	Plan name	SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SOUTHEAST PERSONNEL LEASING, INC.	c 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.)			
a	Plan name	HANSEN & ROSASCO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HANSEN & ROSASCO LLP	c EIN-PN 84-4715027-001
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-001
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-002
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-003
a	Plan name	HEXAGON HR, LLC 401(K) PLAN	
b	Name of plan sponsor	HEXAGON HR, LLC	c EIN-PN 88-1314552-001
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	
b	Name of plan sponsor	RETAIL ASSOCIATION OF MAINE	c EIN-PN 01-0165117-334
a	Plan name	ALLPRO CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ALLPRO CORPORATION	c EIN-PN 59-3347302-001
a	Plan name	KIMIL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	KIMIL CO., INC.	c EIN-PN 16-1376982-001
a	Plan name	WARREN LEX LLP 401(K) PLAN	
b	Name of plan sponsor	WARREN LEX LLP	c EIN-PN 47-1931598-001
a	Plan name	ADVANCED ORTHOPEDIC PSP	
b	Name of plan sponsor	ADVANCED ORTHOPEDIC	c EIN-PN 45-3021800-002
a	Plan name	ADVANCED TEXTILES ASSOCIATION	
b	Name of plan sponsor	ADVANCED TEXTILES ASSOCIATION	c EIN-PN 41-0434683-001
a	Plan name	AGILEX BUSINESS SOLUTIONS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AGILEX BUSINESS SOLUTIONS, LLC	c EIN-PN 81-1011017-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name AMERICA'S RETIREMENT PLAN	
b	Name of plan sponsor R.E. BERLA LIMITED	c EIN-PN 46-0999083-002
a	Plan name AXIOM ACQUISITION VENTURES MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor AXIOM ACQUISITION VENTURES MANAGEMENT, LLC	c EIN-PN 85-3091143-001
a	Plan name AXIOM MULTIPLE EMPLOYER 401(K) SAVINGS PLAN	
b	Name of plan sponsor AXIOM HUMAN RESOURCE SOLUTIONS INC.	c EIN-PN 45-2777523-333
a	Plan name BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor BADGER TRUCK & AUTOMOTIVE GROUP	c EIN-PN 39-1044839-002
a	Plan name BIANCELLA ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BIANCELLA ENTERPRISES, INC.	c EIN-PN 22-2716653-001
a	Plan name BIOTAP MEDICAL 401K RETIREMENT PLAN	
b	Name of plan sponsor VERRALAB JA, LLC	c EIN-PN 45-4430352-001
a	Plan name BLACK OPTICAL LLC 401(K) PLAN	
b	Name of plan sponsor BLACK OPTICAL LLC	c EIN-PN 86-3692802-001
a	Plan name CAVAN BUILDERS CORP. 401(K) PLAN	
b	Name of plan sponsor CAVAN BUILDERS CORP.	c EIN-PN 82-4046385-001
a	Plan name CCINTEGRATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CCINTEGRATION, INC.	c EIN-PN 77-0197130-001
a	Plan name CLEAR CAR CONCEPTS 401(K) PLAN	
b	Name of plan sponsor CLEAR CAR CONCEPTS, LLC	c EIN-PN 47-2483599-001
a	Plan name COASTLINE FACILITIES & MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRS DBA COASTLINE FACILITIES & MAINTENANCE	c EIN-PN 82-4678956-001
a	Plan name DISCOVERY KIDS LEARNING CENTER 401(K) PLAN	
b	Name of plan sponsor DISCOVERY KIDS LEARNING CENTER, INC.	c EIN-PN 16-1551791-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DISTRIBUTION-PUBLICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	DISTRIBUTION-PUBLICATIONS, INC.	c EIN-PN 68-0448262-001
a	Plan name	ECHOUSER 401(K)	
b	Name of plan sponsor	ECHOUSER, INC.	c EIN-PN 20-5836268-001
a	Plan name	EDWARD LESKE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EDWARD LESKE COMPANY	c EIN-PN 22-1506426-001
a	Plan name	FPMA 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	FLORIDA PODIATRIC MEDICAL ASSOCIATION	c EIN-PN 59-3134492-333
a	Plan name	HAWAII HEALTH & HARM REDUCTION CENTER 401K PLAN	
b	Name of plan sponsor	HAWAII HEALTH & HARM REDUCTION CENTER	c EIN-PN 99-0284222-001
a	Plan name	JOHN HOWARD COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JOHN HOWARD COMPANY, INC.	c EIN-PN 95-3273463-001
a	Plan name	KIVU CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KIVU CONSULTING, INC.	c EIN-PN 27-1257543-001
a	Plan name	MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MAUER CHEVROLET	c EIN-PN 26-4600875-777
a	Plan name	MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP	c EIN-PN 11-3481599-001
a	Plan name	MICLEE MANAGEMENT GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	MICLEE MANAGEMENT GROUP, LLC	c EIN-PN 27-1717856-001
a	Plan name	NYFTA INC. 401(K) PLAN	
b	Name of plan sponsor	NYFTA INC.	c EIN-PN 81-4187517-001
a	Plan name	PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN	
b	Name of plan sponsor	PALM BEACH HEALTH CONSULTING	c EIN-PN 92-1435276-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PROBABLYMONSTERS INC 401(K) PLAN	
b	Name of plan sponsor	PROBABLYMONSTERS, INC.	c EIN-PN 81-1839022-222
a	Plan name	REGIONAL PARAMEDICAL SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	REGIONAL PARAMEDICAL SERVICES	c EIN-PN 63-0957564-001
a	Plan name	REGIS FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	REGIS FINANCIAL PARTNERS, LLC	c EIN-PN 20-8083708-001
a	Plan name	SKYVIEW CHOICE, LLC 401(K) PLAN	
b	Name of plan sponsor	SKYVIEW CHOICE, LLC	c EIN-PN 82-3517647-001
a	Plan name	STEUBER CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	STEUBER CORPORATION	c EIN-PN 33-0436736-001
a	Plan name	THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOE N. GUY COMPANY, INCORPORATED	c EIN-PN 58-1048254-001
a	Plan name	THOMPSON BROS PLUMBING 401K PLAN	
b	Name of plan sponsor	THOMPSON BROS PLUMBING	c EIN-PN 37-1458920-001
a	Plan name	VINEBURG LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINEBURG LLC	c EIN-PN 68-0466361-001
a	Plan name	WASEYABEK DEVELOPMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	WASEYABEK DEVELOPMENT COMPANY, LLC	c EIN-PN 45-2425291-001
a	Plan name	WEINSTEIN CARNEGIE PHILANTHROPIC GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEINSTEIN CARNEGIE PHILANTHROPIC GROUP LLC	c EIN-PN 47-2616650-001
a	Plan name	AMERICAS HEALTHCARE EMPLOYEE RETIREMENT PEP	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-005
a	Plan name	BMR PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	BMR PARTNERS, INC.	c EIN-PN 47-3763181-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COBBLE HILL BALLETT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COBBLE HILL BALLETT LLC	c EIN-PN 81-4347282-001
a	Plan name ELEMENTAL MANAGEMENT GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor ELEMENTAL MANAGEMENT GROUP, LLC	c EIN-PN 82-3203908-001
a	Plan name GAHCC 401(K) PLAN	
b	Name of plan sponsor GREATER AUSTIN HISPANIC CHAMBER OF COMMERCE	c EIN-PN 74-0492475-001
a	Plan name HR PARTNERS 401(K) PLAN	
b	Name of plan sponsor HR PARTNERS, INC.	c EIN-PN 58-2394083-333
a	Plan name HYFVE, INC. 401(K) PLAN	
b	Name of plan sponsor HYFVE, INC.	c EIN-PN 47-2574638-001
a	Plan name MIZUGUCHI PLASTIC SURGERY 401K PLAN	
b	Name of plan sponsor MIZUGUCHI PLASTIC SURGERY, PLLC	c EIN-PN 82-2460390-001
a	Plan name PASADENA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor CHAMBER OF COMMERCE AND CIVIC ASSOCIATION OF PASADENA	c EIN-PN 95-0616125-002
a	Plan name RETIRE READY 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RETIRE READY	c EIN-PN 20-1826963-333
a	Plan name STRUCTURE VENTURES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STRUCTURE VENTURES LLC	c EIN-PN 47-2665838-001
a	Plan name TITUS PRECISION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TITUS PRECISION COMPANY	c EIN-PN 87-3842552-222
a	Plan name WILLIAMS FIRE & HAZARD, LLC 401(K) PLAN	
b	Name of plan sponsor WILLIAMS FIRE & HAZARD, LLC	c EIN-PN 93-4675784-001
a	Plan name WILLOWBROOK FORD, INC. 401(K) PLAN	
b	Name of plan sponsor WILLOWBROOK FORD, INC.	c EIN-PN 36-3063579-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ANGELIC HEALTH 401(K) PLAN	
b	Name of plan sponsor	ANGELIC PRACTICE MANAGEMENT, LLC	c EIN-PN 82-5301108-001
a	Plan name	BRAD PEASLEY TRUCKING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BRAD PEASLEY TRUCKING LLC	c EIN-PN 20-3853328-001
a	Plan name	CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	
b	Name of plan sponsor	CONSOLIDATED EMPLOYER SERVICES, INC.	c EIN-PN 47-2468992-001
a	Plan name	GATEWAY 401(K) RETIREMENT PLAN EXCHANGE II	
b	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-302
a	Plan name	ICON SIGN COMPANY 401(K)	
b	Name of plan sponsor	ICON ACQUISTIONS, LLC DBA ICON SIGN COMPANY	c EIN-PN 82-1771476-001
a	Plan name	MONROVIA CHAMBER MEMBER 401(K) PLAN	
b	Name of plan sponsor	MONROVIA CHAMBER OF COMMERCE	c EIN-PN 95-1019540-001
a	Plan name	MORAN INDUSTRIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MORAN INDUSTRIES INC	c EIN-PN 23-2711171-001
a	Plan name	MPC DAIRY SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	MPC DAIRY SERVICE, INC. DBA SAN JOAQUIN VALLEY DAIRY EQUIPMENT	c EIN-PN 83-2852835-001
a	Plan name	PAYDAY EMPLOYER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAYDAY, INC.	c EIN-PN 85-0413891-003
a	Plan name	PBS ASO, LLC RETIREMENT PLAN	
b	Name of plan sponsor	PBS ASO, LLC	c EIN-PN 85-0768284-001
a	Plan name	PBS PEO SERVICES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	PBS PEO SERVICES	c EIN-PN 81-4175750-999
a	Plan name	SUSTAINABLEHR RETIREMENT PLAN	
b	Name of plan sponsor	SUSTAINABLEHR PEO, LLC	c EIN-PN 84-2747571-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TRAIN TIMES BROADWAY LP 401(K) PLAN	
b	Name of plan sponsor TRAIN TIMES BROADWAY LP	c EIN-PN 82-0813336-001
a	Plan name TRANSITION MANAGEMENT CORP 401(K) PLAN	
b	Name of plan sponsor TRANSITION MANAGEMENT CORP	c EIN-PN 52-2032600-001
a	Plan name TRAVEL YESTERDAY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRAVEL YESTERDAY INC DBA FISCHER TRAVEL ENTERPRISES	c EIN-PN 13-2768026-001
a	Plan name WORKCENTRIC RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor WORKCENTRIC, LLC	c EIN-PN 84-3894931-333
a	Plan name MSABC MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor MISSISSIPPI ASSOCIATED BUILDERS & CONTRACTORS, INC.	c EIN-PN 64-0415733-333
a	Plan name N-OVATION TECHNOLOGY GROUP WEALTH 401(K) PLAN	
b	Name of plan sponsor N-OVATION TECHNOLOGY GROUP	c EIN-PN 47-2961066-001
a	Plan name SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor C SYSTEMS, LLC	c EIN-PN 20-1820942-002
a	Plan name TAB LAW FIRM 401(K)	
b	Name of plan sponsor TAB LAW FIRM	c EIN-PN 20-5864838-001
a	Plan name TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	c EIN-PN 62-1874762-001
a	Plan name TRI-STATE VETERINARY GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TRI-STATE VETERINARY GROUP	c EIN-PN 14-1800585-001
a	Plan name TRIANGLE MANUFACTURING CO., INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor TRIANGLE MANUFACTURING CO., INC.	c EIN-PN 22-1578513-001
a	Plan name ZYNERGIA HR 401(K) PLAN	
b	Name of plan sponsor SYNERGY HR LLC	c EIN-PN 81-3943870-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	BRONX PARK REHABILITATION AND NURSING CENTER 401(K) PLAN
b	Name of plan sponsor	WHITE PLAINS NURSING HOME INC. D/B/A BRONX PARK
c	EIN-PN	13-3992987-001
a	Plan name	BUDGET HEATING, COOLING & PLUMBING, LLC 401(K) PLAN
b	Name of plan sponsor	BUDGET AIR CONDITIONING, HEATING AND PLUMBING, LLC
c	EIN-PN	26-4617777-001
a	Plan name	CONSTRUCTORS, INCORPORATED 401(K) PLAN
b	Name of plan sponsor	CONSTRUCTORS, INCORPORATED
c	EIN-PN	85-0135619-001
a	Plan name	EMPLOYER FLEXIBLE 401(K) PLAN
b	Name of plan sponsor	EMPLOYER FLEXIBLE HR, LLC
c	EIN-PN	27-4406361-333
a	Plan name	EMPLOYERS RESOURCE 401(K) PLAN
b	Name of plan sponsor	EMPLOYERS RESOURCE
c	EIN-PN	33-0688056-002
a	Plan name	EMPOWER HR RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	EMPOWER HR
c	EIN-PN	36-4115383-333
a	Plan name	ENDURANCE BUILDING SYSTEMS, INC. 401(K) PLAN
b	Name of plan sponsor	ENDURANCE BUILDING SYSTEMS, INC.
c	EIN-PN	92-3467996-001
a	Plan name	LIBERTY RETIREMENT PLAN EXCHANGE
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS
c	EIN-PN	85-3213245-777
a	Plan name	LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN
b	Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE
c	EIN-PN	36-3584029-002
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TA BLACKROCK LIFEPATH INDEX 2055 RET ACCT	B Three-digit plan number (PN) 841
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	86765388
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	155339550
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	86765388	155339550
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	86765388	155339550

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	13576141	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13576141

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13576141
l Transfers of assets:			
(1) To this plan.....	2l(1)		90073567
(2) From this plan	2l(2)		35075546

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.