

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS BALANCED RET ACCT; 1b Three-digit plan number (PN): 971; 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.

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERICAN FUNDS BALANCED RET ACCT</u>	B Three-digit plan number (PN)	<u>971</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	ARCHER SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor	ARCHER SYSTEMS, LLC	c EIN-PN 82-2145883-001
a	Plan name	CUNNINGHAM, FOREHAND, MATHEWS & MOORE, ARCHITECTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CUNNINGHAM, FOREHAND, MATTHEWS & MOORE ARCHITECTS, INC.	c EIN-PN 58-0871550-001
a	Plan name	ENTERRA SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ENTERRA SOLUTIONS, LLC	c EIN-PN 30-0002607-001
a	Plan name	ENVIRO-TOTE, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVIRO-TOTE, INC.	c EIN-PN 02-0445490-001
a	Plan name	ERMA MEP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EMPLOYERS' RISK MANAGEMENT ASSOCIATION & ALLIANCE, INC.	c EIN-PN 47-2684619-001
a	Plan name	ERS PLAN	
b	Name of plan sponsor	UNIVERSAL SITE SERVICES	c EIN-PN 94-1602345-001
a	Plan name	ETHOS BEHAVIORAL HEALTH GROUP 401(K) PLAN	
b	Name of plan sponsor	ETHOS BEHAVIORAL HEALTH GROUP, LLC	c EIN-PN 84-2484878-001
a	Plan name	EVANS-NORDBY FUNERAL HOMES, INC., 401(K) PSP	
b	Name of plan sponsor	EVANS-NORDBY FUNERAL HOMES, INC.	c EIN-PN 41-1671522-001
a	Plan name	GLENWOOD ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	GLENWOOD ELECTRIC	c EIN-PN 31-0913270-001
a	Plan name	GLOBAL ASR CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL ASR CONSULTING	c EIN-PN 81-4948693-001
a	Plan name	GOLDSMITH GALLERY JEWELERS, INC. 401(K) PLAN	
b	Name of plan sponsor	GOLDSMITH GALLERY JEWELERS, INC.	c EIN-PN 81-0504056-001
a	Plan name	INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NASHEVE, INC.	c EIN-PN 20-8664693-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	INTERNATIONAL MARKETING STRATEGIES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	INTERNATIONAL MARKETING STRATEGIES
c	EIN-PN	52-1523774-001
a	Plan name	LIGHTING & ELECTRICAL SALES CO., INC. 401(K) PLAN
b	Name of plan sponsor	LIGHTING & ELECTRICAL SALES CO., INC.
c	EIN-PN	74-1786305-001
a	Plan name	LIVEWIRE ELECTRICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	LIVEWIRE ELECTRICAL SYSTEMS, INC.
c	EIN-PN	46-1006222-001
a	Plan name	LOCAL 360 401(K) AND SEVERANCE PLAN
b	Name of plan sponsor	LOCAL 360
c	EIN-PN	22-2450938-009
a	Plan name	NATIONAL FIRE, CHILD & DRUG COUNCILS 401(K) PLAN
b	Name of plan sponsor	NATIONAL CHILD SAFETY COUNCIL
c	EIN-PN	38-6035290-001
a	Plan name	NATIONAL WATER SERVICES 401(K) PLAN
b	Name of plan sponsor	NATIONAL WATER SERVICES
c	EIN-PN	35-2158046-222
a	Plan name	NAUTICAL VENTURES GROUP 401(K) PLAN
b	Name of plan sponsor	NAUTICAL VENTURES GROUP, INC.
c	EIN-PN	46-4362332-001
a	Plan name	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	PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	PETE & PETE CONTAINER SERVICE, INC.
c	EIN-PN	31-1548571-777
a	Plan name	PFLUEGER, INC. SAVINGS & RETIREMENT PLAN
b	Name of plan sponsor	PFLUEGER, INC.
c	EIN-PN	99-0219468-001
a	Plan name	PGS/GS 401(K) PLAN
b	Name of plan sponsor	PRADKO, GALLAGHER AND SLANEC, PLLC
c	EIN-PN	32-0095592-002
a	Plan name	PGS/GS DENTISTRY 401K PLAN
b	Name of plan sponsor	PRADKO, GALLAGHER AND SLANEC, PLLC
c	EIN-PN	32-0095590-001

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 ROCKY MOUNTAIN BUSINESS SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCKY MOUNTAIN BUSINESS SYSTEMS, INC.	c EIN-PN 85-0330110-002
a	Plan name ROMAK IRON WORKS PROFIT SHARING PLAN	
b	Name of plan sponsor ROMAK IRON WORKS	c EIN-PN 94-1333435-001
a	Plan name ROUGH OPENINGS 401(K) PLAN	
b	Name of plan sponsor ROUGH OPENINGS, LLC	c EIN-PN 47-3331910-001
a	Plan name TAG WEALTH ENHANCEMENT GROUP 401(K) RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAG RESOURCES, LLC	c EIN-PN 62-1874774-012
a	Plan name A SNAILS PACE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor A SNAILS PACE, INC.	c EIN-PN 33-0667328-001
a	Plan name A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A&B ENVIRONMENTAL SERVICES, INC.	c EIN-PN 76-0261001-001
a	Plan name ARTISTS FIRST, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor ARTISTS FIRST, INC.	c EIN-PN 13-4120908-001
a	Plan name ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
b	Name of plan sponsor ASSISTANCE LEAGUE OF LOS ANGELES	c EIN-PN 95-1641960-001
a	Plan name ASSISTED HOME HEALTH AND HOSPICE 401(K) PLAN	
b	Name of plan sponsor ASSISTED HOME RECOVERY, INC.	c EIN-PN 95-4242428-001
a	Plan name C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C & S DRAPERIES, INC.	c EIN-PN 77-0072946-001
a	Plan name C.F. POEPELMAN, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C.F. POEPELMAN, INC.	c EIN-PN 31-0955223-001
a	Plan name CVIN, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CVIN, LLC	c EIN-PN 77-0407563-001

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	CW LAW LLP 401(K) PLAN	
b	Name of plan sponsor	CW LAW LLP	c EIN-PN 85-3275179-001
a	Plan name	D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	D H GRIFFIN OF TEXAS INC	c EIN-PN 76-0455054-001
a	Plan name	EVOLUTION MECHANICAL LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	EVOLUTION MECHANICAL LLC	c EIN-PN 81-4132663-001
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	GPA 401(K) PLAN	
b	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001
a	Plan name	GRAHAM-SEGO CORPORATION 401K PLAN	
b	Name of plan sponsor	GRAHAM-SEGO CORPORATION	c EIN-PN 59-1744449-001
a	Plan name	ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	ISLAND PALM COMMUNITIES, LLC	c EIN-PN 20-1108750-001
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	MAGNOLIA COMMUNITY SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MAGNOLIA COMMUNITY SERVICES, INC.	c EIN-PN 72-0423625-001
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	NEST-FILLER RETIREMENT PLAN	
b	Name of plan sponsor	NF BEAUTY GROUP, INC.	c EIN-PN 95-4819694-001

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 NEVADA ORTHOPEDIC & SPINE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEVADA ORTHOPEDIC & SPINE CENTER, LLC	c EIN-PN 88-0313907-001
a	Plan name NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor NEVYAS EYE ASSOCIATES, P.C.	c EIN-PN 23-1715581-005
a	Plan name NEW CANAAN MEDICAL GROUP, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW CANAAN MEDICAL GROUP	c EIN-PN 06-0841383-002
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 SACCO & FILLAS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SACCO & FILLAS, LLP	c EIN-PN 16-1706802-001
a	Plan name SACKSTEDER WORLAND INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor SACKSTEDER WORLAND INSURANCE AGENCY, INC.	c EIN-PN 31-1567830-001
a	Plan name SAGE HEALTH SERVICES OF INDIANA, INC. 401(K) PLAN	
b	Name of plan sponsor SAGE HEALTH SERVICES OF INDIANA	c EIN-PN 35-1811450-001
a	Plan name SAMUEL P. MARTIN INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SAMUEL P. MARTIN INSURANCE AGENCY, INC.	c EIN-PN 22-2117154-001
a	Plan name TBC CPAS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor TEAL, BECKER & CHIARAMONTE, CPAS P.C.	c EIN-PN 14-1624930-001
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 TECHNOFLO SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TECHNOFLO SYSTEMS	c EIN-PN 77-0557580-001
a	Plan name TEKSECUTE TECHNOLOGY GROUP 401K PLAN	
b	Name of plan sponsor TEKSECUTE TECHNOLOGY GROUP, LLC	c EIN-PN 01-0548119-001

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 UNITED RECYCLING AND CONTAINER 401(K) PLAN AND TRUST	
b	Name of plan sponsor TOPSOILS, INC. DBA UNITED RECYCLING AND CONTAINER	c EIN-PN 91-1688438-001
a	Plan name UNIVERSAL TANK & FABRICATION INC. 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL TANK & FABRICATION INC.	c EIN-PN 94-4428204-001
a	Plan name 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 FOCUS HR, INC. RETIREMENT PLAN	
b	Name of plan sponsor FOCUS HR, INC.	c EIN-PN 14-1871027-001
a	Plan name SMX 401(K) PLAN	
b	Name of plan sponsor SMARTRONIX, LLC	c EIN-PN 52-1922012-001
a	Plan name SOLO PRINTING 401(K) SAVINGS PLAN	
b	Name of plan sponsor SOLO PRINTING, LLC	c EIN-PN 59-2571138-001
a	Plan name SOLUTIONS HOME MORTGAGE 401(K) PLAN	
b	Name of plan sponsor SOLUTIONS HOME MORTGAGE, INC.	c EIN-PN 14-1837420-001
a	Plan name SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN	
b	Name of plan sponsor SOUTH BAY FORD	c EIN-PN 95-4451497-001
a	Plan name TERESI TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TERESI TRUCKING, LLC	c EIN-PN 94-1712166-001
a	Plan name TEXTILES COATED, INC. 401(K) PLAN	
b	Name of plan sponsor TEXTILES COATED, INC.	c EIN-PN 02-0385288-001
a	Plan name THE 401(K) PLAN ADVOCATE POWERED BY TAG TRANSAMERICA RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAG RESOURCES, LLC	c EIN-PN 62-1874766-001
a	Plan name HAWAII ONCOLOGY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAWAII ONCOLOGY, INC.	c EIN-PN 81-2343960-001

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	HDR REMODELING 401(K) PLAN & TRUST	
b	Name of plan sponsor	HDR REMODELING	c EIN-PN 94-3204168-001
a	Plan name	HEALTHTEC SOLUTIONS, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	HEALTHTEC SOLUTIONS INC.	c EIN-PN 04-3371227-001
a	Plan name	THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST	
b	Name of plan sponsor	WMOG, INC.	c EIN-PN 34-1133357-003
a	Plan name	THE PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE PEOPLES BANK COMPANY	c EIN-PN 34-4327300-002
a	Plan name	ABIGDESTINATION 401(K) PLAN	
b	Name of plan sponsor	ABIGDESTINATION LLC	c EIN-PN 26-2206411-001
a	Plan name	ACCURATE INGREDIENTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ACCURATE INGREDIENTS, INC.	c EIN-PN 11-2571863-001
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	VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN	
b	Name of plan sponsor	VALENTI-HELD CONTRACTOR/DEVELOPER, INC.	c EIN-PN 35-1457294-001
a	Plan name	ALADDIN CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALADDIN CONSTRUCTION COMPANY, INC.	c EIN-PN 64-0691303-001
a	Plan name	ALAN SCHATZBERG & ASSOCIATES RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	ALAN SCHATZBERG & ASSOCIATES, INC.	c EIN-PN 22-3529223-001
a	Plan name	ALCON ENTERTAINMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALCON ENTERTAINMENT	c EIN-PN 62-1674411-001
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

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 JYGA TECH USA 401(K) PLAN	
b	Name of plan sponsor JYGA TECH USA, INC	c EIN-PN 61-1898802-001
a	Plan name W. L. PETREY WHOLESALE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor W. L. PETREY WHOLESALE	c EIN-PN 63-0672324-001
a	Plan name W.L. LOGAN TRUCKING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W.L. LOGAN TRUCKING CO.	c EIN-PN 34-1039888-001
a	Plan name W.L. STATON PLUMBING, HEATING & COOLING, LLC 401(K) PLAN	
b	Name of plan sponsor W.L. STATON PLUMBING, HEATING & COOLING, LLC	c EIN-PN 45-5074350-002
a	Plan name ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC. DISCRETIONARY DEFINED CONTRIBUTION / 401(K) PLAN	
b	Name of plan sponsor ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC.	c EIN-PN 95-4223153-001
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 ATLAS PAYROLL RESOURCES, INC. 401(K)	
b	Name of plan sponsor ATLAS PAYROLL RESOURCES, INC.	c EIN-PN 45-5180704-001
a	Plan name MAP MARKETING & INCENTIVES LLC 401K PLAN	
b	Name of plan sponsor MAP MARKETING & INCENTIVES LLC	c EIN-PN 13-4220408-001
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 BALL ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor BALL ENTERPRISES, INC.	c EIN-PN 82-0456920-001
a	Plan name BARNUM & CELILLO ELECTRIC, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor BARNUM & CELILLO ELECTRIC, INC.	c EIN-PN 68-0227342-001
a	Plan name BARTELS, POWALSKI & WEISSMAN, M.D., P.C. DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor BARTELS, POWALSKI & WEISSMAN, M.D., P.C.	c EIN-PN 16-1021580-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BAYSHORE HEALTH & HOMEMAKER SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor BAYSHORE HEALTH & HOMEMAKER SERVICES, INC.	c EIN-PN 59-2833315-001
a	Plan name BCS CALLPROCESSING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BCS CALLPROCESSING, INC.	c EIN-PN 27-4419289-001
a	Plan name BEAR INDUSTRIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor BEAR INDUSTRIES, INC.	c EIN-PN 72-0861682-001
a	Plan name MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	c EIN-PN 47-4609056-001
a	Plan name MGINNIS ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor MGINNIS ELECTRICAL CONTRACTING COMPANY	c EIN-PN 25-1151382-001
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 CALSOFT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALSOFT SYSTEMS	c EIN-PN 33-0593327-001
a	Plan name CAMINO FEDERAL CREDIT UNION 401(K) PROFIT SHARING	
b	Name of plan sponsor CAMINO FEDERAL CREDIT UNION	c EIN-PN 95-1676228-002
a	Plan name CAMRON PUBLIC RELATIONS U.S., LLC 401(K) PLAN	
b	Name of plan sponsor CAMRON PUBLIC RELATIONS U.S., LLC	c EIN-PN 83-3466137-001
a	Plan name NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	c EIN-PN 51-0306007-001
a	Plan name OKLAHOMA HOME BUILDERS MEP 401(K)	
b	Name of plan sponsor OKLAHOMA HOME BUILDERS ASSOCIATION	c EIN-PN 73-0683222-333
a	Plan name OLSON FAMILY DENTISTRY, PLLC 401K SAVINGS PLAN	
b	Name of plan sponsor OLSON FAMILY DENTISTRY PLLC	c EIN-PN 27-2882682-001

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 ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C. 401(K) PLAN	
b	Name of plan sponsor ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C.	c EIN-PN 38-3553403-001
a	Plan name ONEPATH 401(K) GPS	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-007
a	Plan name ONEPAYHR 401(K) PLAN	
b	Name of plan sponsor ONEPAYHR, LLC	c EIN-PN 27-2563885-001
a	Plan name ONESOURCE PROS 401(K) PLAN	
b	Name of plan sponsor ONESOURCE PROFESSIONAL SEARCH, LLC	c EIN-PN 13-4301164-001
a	Plan name CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTRAL PAPER STOCK CO., INC	c EIN-PN 43-1234352-001
a	Plan name CETERA 401(K) RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-025
a	Plan name CETERA ADVANTAGE(K) GROUP PLAN SOLUTION	
b	Name of plan sponsor CETERA RETIREMENT PLAN SPECIALISTS	c EIN-PN 94-2779761-001
a	Plan name CHAPCO, INC. 401(K) PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor CHAPCO, INC.	c EIN-PN 06-0947088-001
a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name PMI KYOTO 401(K) PLAN	
b	Name of plan sponsor PMI KYOTO PACKAGING SYSTEMS, INC.	c EIN-PN 36-3900736-001
a	Plan name POLLUX SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor POLLUX SYSTEMS, INC.	c EIN-PN 35-1813327-001
a	Plan name DAYTON BEHAVIORAL CARE, LLC 401(K) PLAN	
b	Name of plan sponsor DAYTON BEHAVIORAL CARE, LLC	c EIN-PN 20-0273590-001

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	DBHMS 401(K) PLAN	
b	Name of plan sponsor	NEST BUILDERS, INC D/B/A DBHMS	c EIN-PN 35-2185639-001
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	DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DNJ ENGINE COMPONENTS, INC.	c EIN-PN 95-4637381-001
a	Plan name	DRILLING SUPPLY & MANUFACTURING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	DRILLING SUPPLY & MANUFACTURING	c EIN-PN 74-1903853-001
a	Plan name	DU PAGE SWIMMING CENTER 401(K) PLAN	
b	Name of plan sponsor	DU PAGE SWIMMING CENTER, INC.	c EIN-PN 40-3733626-001
a	Plan name	SC ENVIRONMENTAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	SC ENVIRONMENTAL SERVICES	c EIN-PN 26-2811552-001
a	Plan name	SCADA PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor	SCADA PRODUCTS, LLC	c EIN-PN 61-1711852-001
a	Plan name	SCHAAP MOVING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHAAP MOVING SYSTEMS, INC.	c EIN-PN 14-1465618-001
a	Plan name	SCHRAM AUTO & TRUCK PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHRAM AUTO & TRUCK PARTS, INC.	c EIN-PN 38-3453628-001
a	Plan name	SCULLY SPORTSWEAR 401(K) PLAN	
b	Name of plan sponsor	SCULLY SPORTSWEAR, INC.	c EIN-PN 95-2240766-001
a	Plan name	FACILITIES ENGINEERING ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FACILITIES ENGINEERING ASSOCIATES, PC	c EIN-PN 26-1542141-001
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

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	MASTER SERVICE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	MASTER SERVICE COMPANIES, LLC	c EIN-PN 26-2874958-001
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	MEDICOM TECHNOLOGIES RETIREMENT PLAN	
b	Name of plan sponsor	MEDICOM TECHNOLOGIES, INC	c EIN-PN 47-5342804-001
a	Plan name	MEDINA ORTHODONTICS 401(K) PLAN	
b	Name of plan sponsor	J.M. MEDINA, DMD, PA	c EIN-PN 16-1741159-001
a	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002
a	Plan name	BENCHMARK WIRELINE PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor	BENCHMARK WIRELINE PRODUCTS, INC.	c EIN-PN 74-2036988-001
a	Plan name	BEST BRANDS 401(K) PLAN	
b	Name of plan sponsor	BEST BRANDS INC.	c EIN-PN 62-1177514-001
a	Plan name	BEST CONTRACTING SERVICES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BEST CONTRACTING SERVICES, INC.	c EIN-PN 95-3781209-001
a	Plan name	BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BETTER NEWSPAPERS, INC.	c EIN-PN 37-1300470-001
a	Plan name	BIAERO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIAERO, LLC	c EIN-PN 20-1990837-001
a	Plan name	NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHWEST EYE SPECIALISTS, PLLC	c EIN-PN 86-0720868-005
a	Plan name	CAPITAL AREA TITLE, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	CAPITAL AREA TITLE, LLC	c EIN-PN 20-4865361-001

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	CAROLINA DEALERSHIPS, INC. 401(K) PLAN	
b	Name of plan sponsor	CAROLINA DEALERSHIPS, INC.	c EIN-PN 20-0465434-001
a	Plan name	CARSON & ACASIO DENTAL OFFICE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CARSON & ACASIO DENTAL PARTNERSHIP	c EIN-PN 87-3791350-001
a	Plan name	OPSPRO 401(K) PLAN	
b	Name of plan sponsor	TDI OPERATIONS LLC DBA OPSPRO	c EIN-PN 45-5597348-001
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	CHRISTINE LYNCH, MA, LPC, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRISTINE LYNCH, MA, LPC INC.	c EIN-PN 84-1905388-001
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	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	DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	DECKER AND BEEBE, INC	c EIN-PN 06-0628355-001
a	Plan name	DYNAMIC RESEARCH, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DYNAMIC RESEARCH	c EIN-PN 95-3385947-001
a	Plan name	EARLY SULLIVAN WRIGHT GIZER & MCRAE, LLP 401(K) PLAN	
b	Name of plan sponsor	EARLY SULLIVAN	c EIN-PN 27-2410239-001
a	Plan name	EASTCOAST ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EASTCOAST ENTERTAINMENT, INC.	c EIN-PN 54-1024623-001
a	Plan name	SECRET CHARM 401(K) PLAN	
b	Name of plan sponsor	SECRET CHARM	c EIN-PN 73-1678960-001

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 FARM PUMP AND IRRIGATION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FARM PUMP AND IRRIGATION COMPANY, INC.	c EIN-PN 95-3868044-001
a	Plan name FELTON DENTAL CARE 401(K) PLAN & TRUST	
b	Name of plan sponsor BRETT R. FELTON, DMD, PC	c EIN-PN 27-0215608-001
a	Plan name FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FERREIRA CONSTRUCTION CO., INC.	c EIN-PN 22-3334957-001
a	Plan name FERREIRA POWER GROUP, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor FERREIRA POWER GROUP, LLC	c EIN-PN 81-4055817-001
a	Plan name FOSTER MARINE CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor FOSTER MARINE CONTRACTORS, INC.	c EIN-PN 59-1054370-001
a	Plan name FOX MANAGEMENT REHABILITATION SERVICES LLC, 401(K) PLAN	
b	Name of plan sponsor FOX MANAGEMENT REHABILITATION SERVICES, LLC	c EIN-PN 22-3729445-001
a	Plan name SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SOUTHEAST PERSONNEL LEASING, INC.	c EIN-PN 59-3298197-333
a	Plan name SPERTUS LANDES & JOSEPHS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPERTUS LANDES & JOSEPHS, LLP	c EIN-PN 46-1531301-001
a	Plan name HALLKEEN MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HALLKEEN MANAGEMENT, INC.	c EIN-PN 04-3097814-001
a	Plan name HANKOOK & COMPANY ES AMERICA RETIREMENT PLAN	
b	Name of plan sponsor HANKOOK & COMPANY ES AMERICA CORP	c EIN-PN 36-4858427-001
a	Plan name THE CONGRESS LAKE COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CONGRESS LAKE COMPANY	c EIN-PN 34-0160950-001
a	Plan name HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor HICKAM COMMUNITIES, LLC	c EIN-PN 45-0530100-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE WORTHE REAL ESTATE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE WORTHE REAL ESTATE GROUP, INC.	c EIN-PN 95-4521084-001
a	Plan name	JMOR MACHINERY MOVERS 401(K) PLAN	
b	Name of plan sponsor	JMOR MACHINERY MOVERS, INC	c EIN-PN 81-1341428-001
a	Plan name	VANGUARD ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	VANGUARD ENERGY PARTNERS, LLC	c EIN-PN 26-4685348-002
a	Plan name	VENTERRA REALTY INC. 401(K) PLAN	
b	Name of plan sponsor	VENTERRA REALTY INC.	c EIN-PN 52-2351470-001
a	Plan name	VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	VETERINARY PHARMACEUTICALS, INC.	c EIN-PN 94-2185252-001
a	Plan name	ALL IN THE FAMILY DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL IN THE FAMILY DENTAL	c EIN-PN 35-1399233-001
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	KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	KETTMANN MACHINING INC.	c EIN-PN 26-4023756-001
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	WALSH MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	LEBEL INC. DBA WALSH MECHANICAL	c EIN-PN 04-2997565-001
a	Plan name	WAREHOUSING OF EVANSVILLE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WAREHOUSING OF EVANSVILLE	c EIN-PN 27-3827525-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	WASCHITZ PAVLOFF CPA 401(K) PLAN	
b	Name of plan sponsor	WASCHITZ PAVLOFF CPA LLP	c EIN-PN 82-2240084-001
a	Plan name	ADVANCED ORTHOPEDIC PSP	
b	Name of plan sponsor	ADVANCED ORTHOPEDIC	c EIN-PN 45-3021800-002
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
a	Plan name	ALTHON MICRO, INC. 401(K) PLAN	
b	Name of plan sponsor	ALTHON MICRO INC.	c EIN-PN 95-4285664-001
a	Plan name	AMER TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	AMER TECHNOLOGY, INC.	c EIN-PN 74-2828249-001
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	B & B SHEET METAL AND ROOFING, INC. 401(K) SALARY SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	B & B SHEET METAL & ROOFING, INC.	c EIN-PN 41-1668760-222
a	Plan name	B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
b	Name of plan sponsor	B&S ELECTRIC SUPPLY CO., INC.	c EIN-PN 58-1278855-001
a	Plan name	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	c EIN-PN 68-0025437-001
a	Plan name	CLARK MOVING & STORAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLARK MOVING & STORAGE, INC.	c EIN-PN 16-1253070-001
a	Plan name	CLARKE VENEERS AND PLYWOOD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLARKE VENEERS & PLYWOOD	c EIN-PN 64-0365220-001
a	Plan name	CLEAR CAR CONCEPTS 401(K) PLAN	
b	Name of plan sponsor	CLEAR CAR CONCEPTS, LLC	c EIN-PN 47-2483599-001

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	COASTAL REALTY ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor	COASTAL REALTY ADVISORS, LLC	c EIN-PN 86-1887280-001
a	Plan name	FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER SOUTH 401(K)	c EIN-PN 88-2909820-001
a	Plan name	FERREIRA POWER WEST, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER WEST LLC	c EIN-PN 83-3211774-001
a	Plan name	FETTE FORD 401(K) PLAN	
b	Name of plan sponsor	FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name	FILM SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FILM SOLUTIONS, LLC	c EIN-PN 47-4848508-001
a	Plan name	FINANCE ONE INC. 401(K) PLAN	
b	Name of plan sponsor	FINANCE ONE INC.	c EIN-PN 95-4713873-001
a	Plan name	FINCHAM ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FINCHAM ENTERPRISES, INC.	c EIN-PN 85-0382554-001
a	Plan name	FRANK, FRANK, GOLDSTEIN & NAGER, P.C.401(K)PLAN	
b	Name of plan sponsor	FRANK, FRANK, GOLDSTEIN & NAGER, PC	c EIN-PN 13-2829967-001
a	Plan name	HARMS CARPET CENTER, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	HARMS CARPET CENTER, INC.	c EIN-PN 34-1327861-001
a	Plan name	HAT CREEK CONSTRUCTION & MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor	HAT CREEK CONSTRUCTION & MATERIALS, INC.	c EIN-PN 68-0203789-001
a	Plan name	HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	HATTERAS PRESS, INC.	c EIN-PN 22-2491250-001
a	Plan name	HINSHAW, MARSH, STILL & HINSHAW, LLP PROFIT SHARING AND TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	HINSHAW, MARSH, STILL & HINSHAW, LLP	c EIN-PN 35-2447620-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	HOFMEYER PLUMBING COMPANY 401(K) PLAN	
b	Name of plan sponsor	HOFMEYER PLUMBING COMPANY	c EIN-PN 31-0724144-001
a	Plan name	JOHN E. FOX, INC. 401(K) PLAN	
b	Name of plan sponsor	JOHN E. FOX, INC.	c EIN-PN 56-1094403-001
a	Plan name	JOHNSTON FARMS FLP 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON FARMS, FLP	c EIN-PN 95-2377683-001
a	Plan name	JONES & SONS PLUMBING AND AIR, INC. 401(K) PLAN	
b	Name of plan sponsor	JONES & SONS PLUMBING AND AIR, INC.	c EIN-PN 85-0668622-001
a	Plan name	KINGDOM TITLE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	KINGDOM TITLE SOLUTIONS, INC.	c EIN-PN 20-8646472-001
a	Plan name	KITCO LOGISTICS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KITCO LOGISTICS INC.	c EIN-PN 04-3845329-001
a	Plan name	KJM DESIGN 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KJM DESIGN	c EIN-PN 82-4415458-001
a	Plan name	MAX SALES GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAX SALES GROUP, INC.	c EIN-PN 20-3694079-001
a	Plan name	MC GROUP HAWAII, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MC GROUP HAWAII, INC.	c EIN-PN 27-3701730-001
a	Plan name	NPE ENTERPRISE, LLC 401(K) PLAN	
b	Name of plan sponsor	NPE ENTERPRISE, LLC	c EIN-PN 20-8229316-001
a	Plan name	NPE ENTERPRISE, LLC 401(K) PLAN	
b	Name of plan sponsor	NPE ENTERPRISE, LLC	c EIN-PN 20-8229316-222
a	Plan name	OKAHARA AND ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OKAHARA AND ASSOCIATES, INC.	c EIN-PN 99-0186805-001

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	P & I 401(K) AND PENSION PLAN	
b	Name of plan sponsor	PERLITER & INGALSBE	c EIN-PN 95-2124423-003
a	Plan name	P&L AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	P&L AUTOMOTIVE	c EIN-PN 41-1437177-001
a	Plan name	PACIFIC AGGREGATE 401(K) PLAN	
b	Name of plan sponsor	SPHERE, LLC DBA PACIFIC AGGREGATE	c EIN-PN 91-1937495-001
a	Plan name	PACIFIC ELECTRONIC ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC ELECTRONIC ENTERPRISES, INC.	c EIN-PN 95-2220026-001
a	Plan name	PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN	
b	Name of plan sponsor	PALM BEACH HEALTH CONSULTING	c EIN-PN 92-1435276-001
a	Plan name	PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PRODUCT DEVELOPMENT ASSOCIATES, INC.	c EIN-PN 41-1791080-001
a	Plan name	RCI 401(K) PLAN	
b	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-777
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	STAG INDUSTRIAL MANAGEMENT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STAG INDUSTRIAL MANAGEMENT LLC	c EIN-PN 27-3647617-001
a	Plan name	STALKER & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	STALKER & ASSOCIATES, INC.	c EIN-PN 23-2756743-001
a	Plan name	STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	STANGENES INDUSTRIES, INC.	c EIN-PN 94-2247016-001
a	Plan name	STARR, DARCY, AND STARR 401(K) PLAN	
b	Name of plan sponsor	STARR, DARCY, AND STARR, P.C, CPA'S	c EIN-PN 22-2775971-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE KENWOOD 401(K) PLAN	
b	Name of plan sponsor	THE KENWOOD CONGREGATE ASSOCIATES	c EIN-PN 36-3382337-001
a	Plan name	THRIVE BY 5 401(K) PLAN	
b	Name of plan sponsor	TB5 MANAGEMENT, LLC	c EIN-PN 92-0493249-001
a	Plan name	THRIVE PEO 401(K) PLAN	
b	Name of plan sponsor	THRIVE	c EIN-PN 84-4818583-001
a	Plan name	VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	VICKERS & NOLAN ENTERPRISES, LLC	c EIN-PN 20-0759070-002
a	Plan name	VOLO'S AUTO SUPPLY 401(K) PLAN	
b	Name of plan sponsor	VOLOS AUTO SUPPLY	c EIN-PN 20-1529129-001
a	Plan name	WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST GEORGIA EYE CARE CENTER	c EIN-PN 58-1075293-001
a	Plan name	AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN	
b	Name of plan sponsor	AMERICAN PILE AND FOUNDATION, LLC	c EIN-PN 32-0400145-001
a	Plan name	AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN TEXTILE MAINTENANCE COMPANY	c EIN-PN 95-2076802-004
a	Plan name	BLUEBERRY BLVD., LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUEBERRY BLVD., LLC	c EIN-PN 11-3559983-001
a	Plan name	BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
b	Name of plan sponsor	BOLAND MARINE & INDUSTRIAL, LLC	c EIN-PN 85-0485227-001
a	Plan name	COLLINS FISH & SEAFOOD, INC. 401(K) PLAN	
b	Name of plan sponsor	COLLINS FISH & SEAFOOD, INC.	c EIN-PN 59-1211830-001
a	Plan name	COLLINSON LAW, A PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COLLINSON LAW, A PROFESSIONAL CORPORATION	c EIN-PN 26-2250142-001

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 EGREEN MCS 401(K) PLAN	
b	Name of plan sponsor EGREEN MANAGEMENT AND CONSULTING SERVICES DBA EGREEN ROOFING SOLUTIO	c EIN-PN 36-4791684-001
a	Plan name ELEVATE PROPERTY MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ELEVATE PROPERTY MANAGEMENT LLC	c EIN-PN 27-3695592-001
a	Plan name ELEVATED TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ELEVATED TECHNOLOGIES INC.	c EIN-PN 38-3146138-001
a	Plan name ELITE SALES AND SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor ELITE SALES AND SOLUTIONS, INC.	c EIN-PN 46-2503930-001
a	Plan name FURMAN & HAUSWIRTH 401 (K) PLAN	
b	Name of plan sponsor FURMAN & HAUSWIRTH CPAS	c EIN-PN 11-3134883-001
a	Plan name GANDEE & ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor GANDEE & ASSOCIATES, INC.	c EIN-PN 31-1080359-001
a	Plan name HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC) PROFIT SHARING PLAN	
b	Name of plan sponsor HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC)	c EIN-PN 72-0846620-001
a	Plan name HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-001
a	Plan name HOWARD & ASSOCIATES INTERNATIONAL, INC 401(K) PLAN	
b	Name of plan sponsor HOWARD & ASSOCIATES INTERNATIONAL, INC	c EIN-PN 72-1290834-001
a	Plan name KTIMEHR PROFIT SHARING AND RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor KIMSTAFFHR, INC. DBA KTIMEHR	c EIN-PN 33-0748641-001
a	Plan name KTX - AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor KTX - AMERICA, INC.	c EIN-PN 30-0031143-001
a	Plan name KUHANA ASSOCIATES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KUHANA ASSOCIATES, LLC	c EIN-PN 99-0335219-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MISSISSIPPI MARINE CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MISSISSIPPI MARINE CORPORATION	c EIN-PN 64-0524327-001
a	Plan name	MOCERI MANAGEMENT CO. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MOCERI MANAGEMENT CO	c EIN-PN 38-6175411-001
a	Plan name	MOJO RISING 401(K) PLAN	
b	Name of plan sponsor	MOJO RISING DE, LLC	c EIN-PN 36-4903386-001
a	Plan name	PARRAID 401(K) PLAN	
b	Name of plan sponsor	PARRAID, LLC	c EIN-PN 84-3537759-001
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	PASCO SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PASCO SOLUTIONS, INC.	c EIN-PN 83-3733664-001
a	Plan name	RESA POWER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RESA POWER, LLC	c EIN-PN 45-2810331-001
a	Plan name	RESOLUTE INDEPENDENT ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor	RESOLUTE INDEPENDENT ADVISORS, LLC	c EIN-PN 82-1263122-001
a	Plan name	STRATA SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STRATA SYSTEMS, LLC	c EIN-PN 92-1336363-001
a	Plan name	TOP HAT UNIFORM 401(K) PLAN	
b	Name of plan sponsor	TOP HAT UNIFORM, INC.	c EIN-PN 11-1979505-001
a	Plan name	WILD, CARTER AND TIPTON A PROFESSIONAL CORP 401(K) PLAN	
b	Name of plan sponsor	WILD, CARTER AND TIPTON A PROFESSIONAL CORP	c EIN-PN 94-2589967-002
a	Plan name	WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor	WILLE ELECTRIC SUPPLY CO., INC.	c EIN-PN 94-1433043-001

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	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
a	Plan name	WINDES, INC. RETIREMENT TRUST	
b	Name of plan sponsor	WINDES, INC.	c EIN-PN 95-3001179-016
a	Plan name	ANDERSON TRANSPORTATION COMPANY, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	ANDERSON TRANSPORTATION COMPANY, INC.	c EIN-PN 36-3606920-001
a	Plan name	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	c EIN-PN 95-4887678-001
a	Plan name	BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	BOONE KARLBERG P.C.	c EIN-PN 81-0522567-001
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	BRAUN RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor	BRAUN RESEARCH	c EIN-PN 22-3408940-001
a	Plan name	COMMUNICATION ELECTRONIC SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNICATIONS ELECTRONIC SYSTEMS, INC.	c EIN-PN 99-2126159-001
a	Plan name	CONSTITUTION PARTNERS 401(K) PLAN	
b	Name of plan sponsor	CONSTITUTION PARTNERS LLC	c EIN-PN 92-2099552-001
a	Plan name	CONSTRUCTION INDUSTRY 401(K) PLAN	
b	Name of plan sponsor	BUILDERS EXCHANGE OF SOUTHERN TIER, INC.	c EIN-PN 16-0820649-333
a	Plan name	EMERGENT CARE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	EMERGENT CARE ASSOCIATES, INC.	c EIN-PN 46-1336939-001

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 EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ONONDAGA LEASING SERVICES	c EIN-PN 16-1254312-001
a	Plan name GARZA PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GARZA INDUSTRIES, INC.	c EIN-PN 33-0505475-001
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE I	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-301
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 GATEWAY 401(K) RETIREMENT PLAN EXCHANGE III	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-303
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE IV	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-304
a	Plan name GATEWAY AMP RETIREMENT PLAN EXCHANGE - ACTIVE	
b	Name of plan sponsor AMP	c EIN-PN 85-4019239-002
a	Plan name IAI AMERICA, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor IAI AMERICA, INC.	c EIN-PN 33-0337859-001
a	Plan name 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 IMPERIAL RUBBER PRODUCTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor IMPERIAL RUBBER	c EIN-PN 33-0350283-001
a	Plan name INNOVANT, INC. RETIREMENT PLAN	
b	Name of plan sponsor INNOVANT, INC.	c EIN-PN 45-0499207-001
a	Plan name LANDIVAR 401(K) PLAN	
b	Name of plan sponsor LANDIVAR & ASSOCIATES, LLC	c EIN-PN 75-3088910-001

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	LEGACY SENIOR LIVING, LLC 401(K) PLAN
b	Name of plan sponsor	LEGACY SENIOR LIVING, LLC
c	EIN-PN	20-5770211-001
a	Plan name	MONROVIA CHAMBER MEMBER 401(K) PLAN
b	Name of plan sponsor	MONROVIA CHAMBER OF COMMERCE
c	EIN-PN	95-1019540-001
a	Plan name	MONTESSORI INTERNATIONAL ACADEMY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MADOKA INTERNATIONAL, INC. DBA MONTESSORI INTERNATIONAL ACADEMY
c	EIN-PN	27-3946841-001
a	Plan name	MORNINGSIDE ELITE MANAGEMENT, LLC 401(K) PLAN
b	Name of plan sponsor	MORNINGSIDE ELITE MANAGEMENT, LLC
c	EIN-PN	85-3197674-001
a	Plan name	PATRIOT HEALTH PARTNERS INC. MULTIPLE EMPLOYER PLAN
b	Name of plan sponsor	PATRIOT HEALTH PARTNERS INC.
c	EIN-PN	84-1755108-001
a	Plan name	PAUL W. MAURER GENERAL CONTRACTING, INC. 401(K) RETIREMENT PLAN & TRUST
b	Name of plan sponsor	PAUL W. MAURER GENERAL CONTRACTING, INC.
c	EIN-PN	38-2338191-002
a	Plan name	RICHARDSON WAYLAND FERREIRA 401(K) PLAN
b	Name of plan sponsor	RICHARDSON-WAYLAND FERREIRA, LLC
c	EIN-PN	93-4818877-001
a	Plan name	SUNMIGHT USA CORPORATION 401(K) PLAN
b	Name of plan sponsor	SUNMIGHT USA CORP.
c	EIN-PN	20-4626532-001
a	Plan name	SURDYK'S 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SURDYK'S LIQUOR, INC.
c	EIN-PN	41-0878398-001
a	Plan name	SYSTEM RESOURCES TELECOM 401(K) PLAN
b	Name of plan sponsor	SYSTEM RESOURCES TELECOM, LLC
c	EIN-PN	72-1432916-001
a	Plan name	TOYOTA TSUSHO AMERICA, INC. ENTERPRISE MULTIPLE EMPLOYER PLAN
b	Name of plan sponsor	TOYOTA TSUSHO AMERICA, INC.
c	EIN-PN	13-1943519-001
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

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	MVPIZZA, LLC 401(K) PLAN	
b	Name of plan sponsor	MVPIZZA, LLC	c EIN-PN 83-1018941-001
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	NATIONAL AUTO CARE 401(K) PLAN	
b	Name of plan sponsor	NATIONAL AUTO CARE CORP.	c EIN-PN 31-1115893-001
a	Plan name	PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERSON & COVEY, INC.	c EIN-PN 95-2020861-001
a	Plan name	RIVER DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIVER DENTAL CARE	c EIN-PN 92-0862580-777
a	Plan name	RKPL, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RKPL INC.	c EIN-PN 34-1728279-001
a	Plan name	SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	C SYSTEMS, LLC	c EIN-PN 20-1820942-001
a	Plan name	SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	C SYSTEMS, LLC	c EIN-PN 20-1820942-002
a	Plan name	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	ZAPPONE CHRYSLER JEEP DODGE, INC. PROFIT SHARING 401 (K) PLAN	
b	Name of plan sponsor	ZAPPONE CHRYSLER JEEP DODGE, INC.	c EIN-PN 20-3142416-001
a	Plan name	ZIEHL-ABEGG, INC. 401(K) PLAN	
b	Name of plan sponsor	ZIEHL-ABEGG, INC.	c EIN-PN 20-0338305-001
a	Plan name	ARACOR, INC. 401 (K) PLAN	
b	Name of plan sponsor	ARACOR, INC.	c EIN-PN 74-1480428-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ARCADIA DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASHKAN SAADI, DMD, PC DBA ARCADIA DENTAL	c EIN-PN 46-4139267-001
a	Plan name	BRBC I, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BRBC I, LLC	c EIN-PN 13-4246539-001
a	Plan name	BREVARD FAMILY WALK-IN CLINIC, LLC 401K PLAN	
b	Name of plan sponsor	BREVARD FAMILY WALK-IN CLINIC, LLC	c EIN-PN 20-4661281-001
a	Plan name	CONTECH INSTRUMENTATION, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTECH INSTRUMENTATION, INC.	c EIN-PN 22-3226840-001
a	Plan name	CONTINENTAL EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTINENTAL EXPRESS, INC	c EIN-PN 34-1434240-001
a	Plan name	CONTRACT ENVIRONMENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONTRACT ENVIRONMENTS, INC.	c EIN-PN 51-0301181-001
a	Plan name	CORPORATE BUILDING SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor	CORPORATE BUILDING SERVICES INC	c EIN-PN 14-1732520-001
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	GATEWAY AMP RETIREMENT PLAN EXCHANGE - MFS	
b	Name of plan sponsor	AMP	c EIN-PN 85-4019239-005
a	Plan name	GATOR HOME TECH 401K PLAN	
b	Name of plan sponsor	GATOR TECH INTEGRATION, INC.	c EIN-PN 54-2077009-002
a	Plan name	GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GEAUGA MECHANICAL COMPANY, INC.	c EIN-PN 34-1296480-001

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	GENERAL WHOLESale COMPANY, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	58-0525744-001
b	Name of plan sponsor	GENERAL WHOLESale COMPANY, INC.	c	EIN-PN	58-0525744-001
a	Plan name	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC. MULTIPLE EMPLOYER 401(K) PLAN	c	EIN-PN	36-2512922-001
b	Name of plan sponsor	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC.	c	EIN-PN	36-2512922-001
a	Plan name	INSPIRE PR GROUP 401(K) PROFIT SHARING PLAN	c	EIN-PN	47-1101618-001
b	Name of plan sponsor	INSPIRE PR GROUP	c	EIN-PN	47-1101618-001
a	Plan name	INSTANT INFOSYSTEMS 401(K) PROFIT SHARING PLAN	c	EIN-PN	95-4400744-001
b	Name of plan sponsor	INSTANT INFOSYSTEMS	c	EIN-PN	95-4400744-001
a	Plan name	INTEGRA GROUP, INC. RETIREMENT SAVINGS PLAN	c	EIN-PN	31-1274443-001
b	Name of plan sponsor	INTEGRA GROUP, INC.	c	EIN-PN	31-1274443-001
a	Plan name	LEGON FODIMAN & SUDDUTH, P.A. PROFIT SHARING PLAN	c	EIN-PN	65-0520887-001
b	Name of plan sponsor	LEGON FODIMAN & SUDDUTH, P.A.	c	EIN-PN	65-0520887-001
a	Plan name	LIFESTAR TALENT 401(K) PLAN	c	EIN-PN	88-1228443-001
b	Name of plan sponsor	LIFESTAR TALENT, LLC	c	EIN-PN	88-1228443-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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 AMERICAN FUNDS BALANCED RET ACCT	B Three-digit plan number (PN) ▶ 971
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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	99172969
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	97782583
(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	99172969	97782583
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	99172969	97782583

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)	14291947	
(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		14291947

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		14291947
l Transfers of assets:			
(1) To this plan.....	2l(1)		12940332
(2) From this plan	2l(2)		28622665

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 _____.