

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) P

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>TRANSAMERICA LIFE GOAL 2065 WITH BLACKROCK RET OPT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>445</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>82-5217478</u></p> <hr/> <p><b>2c</b> Plan Sponsor's telephone number</p> <hr/> <p><b>2d</b> Business code (see instructions)</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>TRANSAMERICA LIFE GOAL 2065 WITH BLACKROCK RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>445</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>82-5217478</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>CKS MASONRY &amp; CONCRETE, INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CKS MASONRY &amp; CONCRETE, INC</b>	<b>c</b> EIN-PN <b>59-3368456-002</b>
<b>a</b>	Plan name <b>CLASSIC PACKAGING COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLASSIC PACKAGING COMPANY</b>	<b>c</b> EIN-PN <b>56-1710623-002</b>
<b>a</b>	Plan name <b>CLEAR GUIDANCE PARTNERS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLEAR GUIDANCE PARTNERS, LP</b>	<b>c</b> EIN-PN <b>83-3177675-001</b>
<b>a</b>	Plan name <b>COLLEGIUM HOLDINGS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COLLEGIUM HOLDINGS, INC.</b>	<b>c</b> EIN-PN <b>22-3221879-001</b>
<b>a</b>	Plan name <b>COLT RECYCLING SOLUTIONS, LLC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COLT RECYCLING SOLUTIONS, LLC</b>	<b>c</b> EIN-PN <b>26-3901372-002</b>
<b>a</b>	Plan name <b>COMBINED POOL &amp; SPA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COMBINED POOL &amp; SPA, INC.</b>	<b>c</b> EIN-PN <b>90-0066428-001</b>
<b>a</b>	Plan name <b>H &amp; W PLUMBING, HEATING &amp; AIR CONDITIONING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>H &amp; W PLUMBING, HEATING &amp; A/C, INC.</b>	<b>c</b> EIN-PN <b>26-1797438-001</b>
<b>a</b>	Plan name <b>H&amp;A FINANCING &amp; SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>H&amp;A FINANCING &amp; SERVICES CORP</b>	<b>c</b> EIN-PN <b>01-0961192-001</b>
<b>a</b>	Plan name <b>HAIR BY SAINT ROSE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAGGIE OVERALL &amp; COMPANY, LLC</b>	<b>c</b> EIN-PN <b>81-0925911-001</b>
<b>a</b>	Plan name <b>HAMILTON PARK OPCO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAMILTON PARK OPCO LLC</b>	<b>c</b> EIN-PN <b>46-1324162-001</b>
<b>a</b>	Plan name <b>HANCOCK BOTTLING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HANCOCK BOTTLING, INC.</b>	<b>c</b> EIN-PN <b>38-2251900-001</b>
<b>a</b>	Plan name <b>HARMONY HEALTHCARE IT 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUSINESS INTERACTIONS LLC DBA HARMONY HEALTHCARE IT</b>	<b>c</b> EIN-PN <b>32-0157950-002</b>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	HAS 401(K) PLAN
<b>b</b>	Name of plan sponsor	HASELHOFF AIR SOLUTIONS
<b>c</b>	EIN-PN	45-3831374-001
<b>a</b>	Plan name	HAYLIE POMROY GROUP, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	HAYLIE POMROY GROUP, INC.
<b>c</b>	EIN-PN	46-0597976-001
<b>a</b>	Plan name	HEART & HANDS 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	HEART & HANDS MIDWIFERY AND FAMILY HEALTHCARE
<b>c</b>	EIN-PN	46-5257926-001
<b>a</b>	Plan name	MORNSTAIR INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MORNSTAIR INC.
<b>c</b>	EIN-PN	35-2748426-001
<b>a</b>	Plan name	MSW CORP 401(K) PLAN
<b>b</b>	Name of plan sponsor	MARINE STORES WHOLESALE CORP.
<b>c</b>	EIN-PN	45-3934995-001
<b>a</b>	Plan name	MTI EVENTS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MTI EVENTS
<b>c</b>	EIN-PN	48-1021453-001
<b>a</b>	Plan name	MY FIRST MONTESSORI, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MY FIRST MONTESSORI, INC.
<b>c</b>	EIN-PN	80-0770264-001
<b>a</b>	Plan name	SERTOMA CENTER, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SERTOMA CENTER INCORPORATED
<b>c</b>	EIN-PN	62-0818599-002
<b>a</b>	Plan name	SHEN-PACO INDUSTRIES, INC. 401(K) AND PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SHEN-PACO INDUSTRIES, INC.
<b>c</b>	EIN-PN	54-0972487-001
<b>a</b>	Plan name	SHOCO OIL, INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SHOCO OIL, INC.
<b>c</b>	EIN-PN	84-1275009-001
<b>a</b>	Plan name	SIGN ME UP 401(K) PLAN
<b>b</b>	Name of plan sponsor	SIGN ME UP OF WISCONSIN, LLC
<b>c</b>	EIN-PN	01-0793749-001
<b>a</b>	Plan name	4R RESTAURANT GROUP 401(K) PLAN
<b>b</b>	Name of plan sponsor	4R RESTAURANT GROUP, LLC
<b>c</b>	EIN-PN	27-2064689-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	A & A DELIVERY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A & A DELIVERY LLC	<b>c</b> EIN-PN 30-1353541-001
<b>a</b>	Plan name	ABA THERAPY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABA THERAPY, LLC	<b>c</b> EIN-PN 83-4320445-001
<b>a</b>	Plan name	ABBEYVILLE HOLDINGS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ABBEYVILLE HOLDINGS, LLC	<b>c</b> EIN-PN 88-0625324-001
<b>a</b>	Plan name	ABEL SCHILLINGER, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABEL SCHILLINGER, LLP	<b>c</b> EIN-PN 27-4813054-001
<b>a</b>	Plan name	COMMUNITY SUPPORTS NETWORK LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY SUPPORTS NETWORK LLC	<b>c</b> EIN-PN 82-1093213-001
<b>a</b>	Plan name	COMPUTER TIES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMPUTER TIES, LLC	<b>c</b> EIN-PN 26-0414943-001
<b>a</b>	Plan name	CONCIERGE PHYSICAL THERAPY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONCIERGE PHYSICAL THERAPY, INC.	<b>c</b> EIN-PN 47-4420844-001
<b>a</b>	Plan name	CONTINUUM HEALTHCARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTINUUM HEALTHCARE, LLC	<b>c</b> EIN-PN 46-2972429-001
<b>a</b>	Plan name	CONTRACT EQUITIES EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTRACT EQUITIES, INC.	<b>c</b> EIN-PN 91-1405646-001
<b>a</b>	Plan name	CONVERSIO HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED HEALTH CONCEPTS, INC.	<b>c</b> EIN-PN 77-0572991-001
<b>a</b>	Plan name	CORA CONSTRUCTORS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CORA CONSTRUCTORS, INC.	<b>c</b> EIN-PN 20-2005772-001
<b>a</b>	Plan name	CORDEVALLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORDEVALLE L.P.	<b>c</b> EIN-PN 20-8456270-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CORNEILLE LAW GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORNEILLE LAW GROUP, LLC	<b>c</b> EIN-PN 39-1927889-001
<b>a</b>	Plan name	CORNERSTONE PARKING GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORNERSTONE PARKING GROUP, INC.	<b>c</b> EIN-PN 20-5195370-001
<b>a</b>	Plan name	HERITAGE HILL DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE HILL DENTAL P.C.	<b>c</b> EIN-PN 45-3849054-001
<b>a</b>	Plan name	HERZOG ROOFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERZOG ROOFING, INC.	<b>c</b> EIN-PN 41-1380767-001
<b>a</b>	Plan name	HI MARLEY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HI MARLEY, INC.	<b>c</b> EIN-PN 82-1259445-001
<b>a</b>	Plan name	HIGHLAND COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGHLAND COUNTRY CLUB	<b>c</b> EIN-PN 61-0225185-001
<b>a</b>	Plan name	HIGHLIGHT HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HLH HOLDINGS, LLC	<b>c</b> EIN-PN 85-0802402-001
<b>a</b>	Plan name	HILLSDALE CONSTRUCTION AND EXCAVATING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HILLSDALE CONSTRUCTION AND EXCAVATION COMPANY, INC.	<b>c</b> EIN-PN 25-1570704-001
<b>a</b>	Plan name	NATIONAL WATER SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL WATER SERVICES	<b>c</b> EIN-PN 35-2158046-001
<b>a</b>	Plan name	NAVITURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAVITURE, LLC	<b>c</b> EIN-PN 86-2975339-001
<b>a</b>	Plan name	NE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NE CONSTRUCTION LLC	<b>c</b> EIN-PN 27-0721649-001
<b>a</b>	Plan name	NEMO, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND MECHANICAL OVERLAY, INC.	<b>c</b> EIN-PN 76-0794575-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>NETT CONSTRUCTION COMPANY, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NETT CONSTRUCTION COMPANY, LLC</b>	<b>c</b> EIN-PN <b>61-1346621-001</b>
<b>a</b>	Plan name <b>NEW DIMENSIONS FEDERAL CREDIT UNION PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>NEW DIMENSIONS FEDERAL CREDIT UNION</b>	<b>c</b> EIN-PN <b>01-0244585-001</b>
<b>a</b>	Plan name <b>NEW GEORGIA PROJECT ACTION FUND 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>NEW GEORGIA PROJECT ACTION FUND</b>	<b>c</b> EIN-PN <b>82-0934131-001</b>
<b>a</b>	Plan name <b>NEW PERCEPTIONS, INC. D/C RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEW PERCEPTIONS, INC.</b>	<b>c</b> EIN-PN <b>61-0705047-001</b>
<b>a</b>	Plan name <b>SIMPLE MILLS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SIMPLE MILLS, INC.</b>	<b>c</b> EIN-PN <b>47-1100664-001</b>
<b>a</b>	Plan name <b>SIMPLY TAXES CPA, PLLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SIMPLY TAXES CPA, PLLC</b>	<b>c</b> EIN-PN <b>52-7759464-001</b>
<b>a</b>	Plan name <b>SKELLY HOME RENOVATIONS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SKELLY HOME RENOVATION, LLC</b>	<b>c</b> EIN-PN <b>81-5055958-001</b>
<b>a</b>	Plan name <b>SOLITRON DEVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOLITRON DEVICES, INC.</b>	<b>c</b> EIN-PN <b>22-1684144-001</b>
<b>a</b>	Plan name <b>SOMERVILLE COMMUNITY CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOMERVILLE COMMUNITY CORPORATION</b>	<b>c</b> EIN-PN <b>23-7293380-001</b>
<b>a</b>	Plan name <b>ACADIA.IO LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ACADIA.IO LLC</b>	<b>c</b> EIN-PN <b>86-2788877-001</b>
<b>a</b>	Plan name <b>ADAGIO FOR HAIR, INC. 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ADAGIO FOR HAIR, INC.</b>	<b>c</b> EIN-PN <b>46-3214555-001</b>
<b>a</b>	Plan name <b>CORRIDOR MEDIA GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CORRIDOR MEDIA GROUP</b>	<b>c</b> EIN-PN <b>76-0758768-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COUNTRY LIFE NATURAL FOODS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COUNTRY LIFE NATURAL FOODS, INC.	<b>c</b> EIN-PN 93-4397710-001
<b>a</b>	Plan name CRAWFORD EQUIPMENT SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRAWFORD EQUIPMENT SUPPLY, LLC	<b>c</b> EIN-PN 84-3726969-001
<b>a</b>	Plan name CRESCENT MARKETING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRESCENT MARKETING, INC.	<b>c</b> EIN-PN 33-0806686-001
<b>a</b>	Plan name CRIMSON VISTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRIMSON VISTA, INC.	<b>c</b> EIN-PN 81-1640781-001
<b>a</b>	Plan name CRISP ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRISP ENTERPRISES, INC.	<b>c</b> EIN-PN 33-0934203-001
<b>a</b>	Plan name CRISWELL AUTOMOTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRISWELL CHEVROLET INC.	<b>c</b> EIN-PN 52-0950184-001
<b>a</b>	Plan name HOLTEBECK EYE CENTER SC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor HOLTEBECK EYE CENTER S.C.	<b>c</b> EIN-PN 86-1480374-001
<b>a</b>	Plan name HOWELL IXL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOWELL IXL, LLC	<b>c</b> EIN-PN 27-2002177-001
<b>a</b>	Plan name HRC DELUXE RETIREMENT PLAN ONE	
<b>b</b>	Name of plan sponsor HEART RHYTHM CLINICS, PC	<b>c</b> EIN-PN 27-3486125-001
<b>a</b>	Plan name HRG MANAGEMENT, LLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor HRG MANAGEMENT, LLC	<b>c</b> EIN-PN 81-1773216-001
<b>a</b>	Plan name HSC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEALTHCARE STAFFING & CONSULTANTS, L.L.C.	<b>c</b> EIN-PN 22-3789693-001
<b>a</b>	Plan name HUBLER FAMILY AUTOMOTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HRH AUTOMOTIVE LLC	<b>c</b> EIN-PN 83-2110831-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name HUDSON METALS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUDSON TOOL STEEL CORPORATION	<b>c</b> EIN-PN 46-0505721-001
<b>a</b>	Plan name HUY FONG FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUY FONG FOODS, INC.	<b>c</b> EIN-PN 95-3540018-003
<b>a</b>	Plan name HYDRATE WFB LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HYDRATE WFB LLC	<b>c</b> EIN-PN 92-0265378-001
<b>a</b>	Plan name HYDRAULIC SOLUTIONS LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JOHN S. MOSSER DBA HYDRAULIC SOLUTIONS LLC	<b>c</b> EIN-PN 83-3161925-001
<b>a</b>	Plan name IBUSINESS SOLUTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor IBUSINESS SOLUTION, LLC	<b>c</b> EIN-PN 25-1752472-001
<b>a</b>	Plan name ICE-AMERICA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SEASIDE ICE, LLC DBA ICE-AMERICA	<b>c</b> EIN-PN 26-3400891-001
<b>a</b>	Plan name ICI FLOORING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ICI FLOORING, INC.	<b>c</b> EIN-PN 22-2705209-001
<b>a</b>	Plan name NODDLE SERVICES, LLC SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NODDLE SERVICES, LLC	<b>c</b> EIN-PN 82-5468680-001
<b>a</b>	Plan name NOVA AMP 401(K) PLAN	
<b>b</b>	Name of plan sponsor NOVA ASSOCIATION MANAGEMENT PARTNERS, LLC	<b>c</b> EIN-PN 83-3585159-001
<b>a</b>	Plan name NUOVO SALON & SPA 401(K)PLAN	
<b>b</b>	Name of plan sponsor NUOVO SALON GROUP	<b>c</b> EIN-PN 59-2737928-001
<b>a</b>	Plan name OBJECTIVE GROUP OF COMPANIES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OBJECTIVE GROUP OF COMPANIES	<b>c</b> EIN-PN 81-0806963-333
<b>a</b>	Plan name SONNEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SONNEN, INC.	<b>c</b> EIN-PN 47-3043045-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name SONSHINE FAMILY TELEVISION CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor SONSHINE FAMILY TELEVISION CORP	<b>c</b> EIN-PN 22-2672541-001
<b>a</b>	Plan name SOUTH FLORIDA FAIR & PALM BEACH EXPOSITIONS INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTH FLORIDA FAIR AND PALM BEACH COUNTY EXPOSITIONS INC.	<b>c</b> EIN-PN 59-0870057-001
<b>a</b>	Plan name SOUTHWEST EMERGENCY PHYSICIANS, L.L.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST EMERGENCY PHYSICIANS, L.L.C.	<b>c</b> EIN-PN 87-0545902-001
<b>a</b>	Plan name SPORTS SPECIALISTS OF MILWAUKEE, INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPORTS SPECIALISTS OF MILWAUKEE, INC.	<b>c</b> EIN-PN 39-1624600-001
<b>a</b>	Plan name ST. PETE AVIATION SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. PETE AVIATION SERVICES, LLC	<b>c</b> EIN-PN 45-2474818-001
<b>a</b>	Plan name ST. VRAIN BLOCK COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ST. VRAIN BLOCK COMPANY	<b>c</b> EIN-PN 84-0685373-001
<b>a</b>	Plan name STALWART AIR CONDITIONING & HEATING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor STALWART AIR CONDITIONING & HEATING SERVICES, LLC	<b>c</b> EIN-PN 88-2865461-001
<b>a</b>	Plan name POWERSAT COMMUNICATIONS USA LP 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor POWERSAT COMMUNICATIONS USA LP	<b>c</b> EIN-PN 99-0375588-001
<b>a</b>	Plan name POZITIVF FERTILITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor POZITIVF FERTILITY MANAGEMENT, LLC	<b>c</b> EIN-PN 86-2291004-001
<b>a</b>	Plan name PREMIER GRAPHICS 401K PLAN	
<b>b</b>	Name of plan sponsor PREMIER FLEET GRAPHICS, LLC	<b>c</b> EIN-PN 92-1031465-001
<b>a</b>	Plan name PREMIER TOOL GRINDING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PREMIER TOOL GRINDING, INC.	<b>c</b> EIN-PN 86-0820076-001
<b>a</b>	Plan name PRESIDENT THAI CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRESIDENT THAI CORPORATION	<b>c</b> EIN-PN 26-0777015-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	REGAL RESTORATION USA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REGAL RESTORATION USA	<b>c</b> EIN-PN 46-1342416-001
<b>a</b>	Plan name	RENEWED STRENGTH MEDICAL GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RENEWED STRENGTH MEDICAL GROUP	<b>c</b> EIN-PN 84-2057268-001
<b>a</b>	Plan name	ADVANCED COSMETIC RESEARCH LABORATORIES, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED COSMETIC RESEARCH LABORATORIES, INC	<b>c</b> EIN-PN 95-4493756-001
<b>a</b>	Plan name	ADVANCED HYDROVAC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED HYDROVAC, INC.	<b>c</b> EIN-PN 20-5030859-001
<b>a</b>	Plan name	AFFINITY DESIGN, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	AFFINITY DESIGN, LLC	<b>c</b> EIN-PN 47-2084931-001
<b>a</b>	Plan name	AFFIRMEDRX PBC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AFFIRMEDRX PBC	<b>c</b> EIN-PN 86-2807587-001
<b>a</b>	Plan name	AGRICAPTURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGRICAPTURE, INC.	<b>c</b> EIN-PN 86-3882425-001
<b>a</b>	Plan name	AH FACILITIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANTAGE REHABILITATION SERVICES, LLC	<b>c</b> EIN-PN 22-3789700-001
<b>a</b>	Plan name	AHEAD ENGINEERING LLC LIBERTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AHEAD ENGINEERING LLC	<b>c</b> EIN-PN 82-3826108-001
<b>a</b>	Plan name	AIR RESOURCES HELICOPTERS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIR RESOURCES HELICOPTERS INC	<b>c</b> EIN-PN 47-1314819-001
<b>a</b>	Plan name	AIR THERM COMPANY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AIR THERM COMPANY INC.	<b>c</b> EIN-PN 58-1086218-002
<b>a</b>	Plan name	STRATEGIC CONTRACTING SERVICES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STRATEGIC CONTRACTING SERVICES INC.	<b>c</b> EIN-PN 20-8612710-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SUMMIT POINT 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUMMIT POINT ROOFING, LLC	<b>c</b> EIN-PN 47-3363896-001
<b>a</b>	Plan name SUNSATON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUNSATON, INC.	<b>c</b> EIN-PN 04-3742175-001
<b>a</b>	Plan name SUSTAINABLE SOLUTIONA & TECHNOLOGY GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUSTAINABLE SOLUTIONS & TECHNOLOGY GROUP LLC	<b>c</b> EIN-PN 88-1766291-001
<b>a</b>	Plan name SWANN MECHANICAL SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SWANN MECHANICAL SERVICES, LLC	<b>c</b> EIN-PN 46-4512161-001
<b>a</b>	Plan name SYMBIOTE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SYMBIOTE, INC	<b>c</b> EIN-PN 38-2421800-001
<b>a</b>	Plan name SYMETRICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYMETRICA, INC.	<b>c</b> EIN-PN 20-4144926-001
<b>a</b>	Plan name T & T CARE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor T & T CARE INC.	<b>c</b> EIN-PN 47-3749950-001
<b>a</b>	Plan name APS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC PIPE SERVICES, LLC	<b>c</b> EIN-PN 81-4515509-001
<b>a</b>	Plan name AR ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AR ELECTRIC LLC	<b>c</b> EIN-PN 88-1264491-001
<b>a</b>	Plan name ARMCORP CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARMCORP CONSTRUCTION, INC.	<b>c</b> EIN-PN 27-0308374-001
<b>a</b>	Plan name ASAP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASAP, INC.	<b>c</b> EIN-PN 26-0518910-001
<b>a</b>	Plan name ASCEND REHAB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASCEND REHAB SERVICES, INC.	<b>c</b> EIN-PN 20-0927823-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ASPEN TREE EXPERT CO INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASPEN TREE EXPERT CO INC	<b>c</b> EIN-PN 22-2817065-001
<b>a</b>	Plan name	ASSEMBLY SPECIALTY PRODUCTS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSEMBLY SPECIALTY PRODUCTS, INC.	<b>c</b> EIN-PN 34-1082183-003
<b>a</b>	Plan name	ATLAS DEVELOPMENT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLAS DEVELOPMENT GROUP, LLC	<b>c</b> EIN-PN 47-2377876-001
<b>a</b>	Plan name	ATLAS ESSENTIALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLAS ESSENTIALS USA LLC	<b>c</b> EIN-PN 99-1874504-001
<b>a</b>	Plan name	THE TREATMENT SKIN BOUTIQUE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE TREATMENT SKIN BOUTIQUE, INC	<b>c</b> EIN-PN 82-2277610-001
<b>a</b>	Plan name	THERMAL SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THERMAL SOLUTIONS, LLC	<b>c</b> EIN-PN 14-1922983-001
<b>a</b>	Plan name	THREE AMIGOS VENTURE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THREE AMIGOS VENTURE, INC.	<b>c</b> EIN-PN 47-0963732-001
<b>a</b>	Plan name	TMG PLUMBING & DISASTER SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TMG PLUMBING & DISASTER SOLUTIONS	<b>c</b> EIN-PN 81-2837231-001
<b>a</b>	Plan name	BROADLEAF, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BROADLEAF, INC.	<b>c</b> EIN-PN 26-2561880-001
<b>a</b>	Plan name	BROWN-DAUB AUTO SALES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB AUTO SALES INC.	<b>c</b> EIN-PN 38-3686385-001
<b>a</b>	Plan name	BROWN-DAUB CHEVROLET OF NAZARETH INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB OF NAZARETH INC.	<b>c</b> EIN-PN 24-0864624-001
<b>a</b>	Plan name	BROWN-DAUB INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB, INC.	<b>c</b> EIN-PN 24-0535610-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BROWN-DAUB OF LEHIGH VALLEY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB OF LEHIGH VALLEY, INC	<b>c</b> EIN-PN 27-1528308-001
<b>a</b>	Plan name	BSG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BSG 401(K)	<b>c</b> EIN-PN 68-0568326-001
<b>a</b>	Plan name	BUILD-TEK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUILD-TEK, INC.	<b>c</b> EIN-PN 94-2464329-003
<b>a</b>	Plan name	BUILDING BRIDGES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUILDING BRIDGES, LLC	<b>c</b> EIN-PN 20-5458633-001
<b>a</b>	Plan name	CADILLAC COFFEE COMPANY EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CADILLAC COFFEE COMPANY	<b>c</b> EIN-PN 38-0570380-001
<b>a</b>	Plan name	WARNER CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARNER CONSTRUCTION, INC.	<b>c</b> EIN-PN 82-0524180-001
<b>a</b>	Plan name	WASTE RECOVERY SYSTEMS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WASTE RECOVERY SYSTEMS	<b>c</b> EIN-PN 20-8706604-001
<b>a</b>	Plan name	WATER WELL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WATER WELL INVESTMENTS, LLC	<b>c</b> EIN-PN 85-2736894-001
<b>a</b>	Plan name	WAYNE PALLA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAYNE E. PALLA	<b>c</b> EIN-PN 95-2431917-001
<b>a</b>	Plan name	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	
<b>b</b>	Name of plan sponsor	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	<b>c</b> EIN-PN 42-0680307-002
<b>a</b>	Plan name	WDM FOOTWEAR AND ACCESSORIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WDM FOOTWEAR AND ACCESSORIES, INC.	<b>c</b> EIN-PN 37-1844422-001
<b>a</b>	Plan name	DAIOHS U.S.A., INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAIOHS U.S.A., INC.	<b>c</b> EIN-PN 95-4746377-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	DSLRC ENTERPRISES, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	DSLRC ENTERPRISES, LLC
<b>c</b>	EIN-PN	47-1912232-001
<b>a</b>	Plan name	DUNCAN MACHINERY MOVERS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	AMERICAN INDUSTRIAL CONTRACTORS LLC
<b>c</b>	EIN-PN	20-0042037-001
<b>a</b>	Plan name	DURAMARK TECHNOLOGIES 401(K) PLAN
<b>b</b>	Name of plan sponsor	DURAMARK TECHNOLOGIES, INC.
<b>c</b>	EIN-PN	26-0529942-001
<b>a</b>	Plan name	DWC 401(K) PLAN
<b>b</b>	Name of plan sponsor	CONSUMER CRUSADERS DBA DISTRIBUTOR WIRE & CABLE
<b>c</b>	EIN-PN	01-0692123-001
<b>a</b>	Plan name	DWELL HOME FURNISHINGS & INTERIOR DESIGN
<b>b</b>	Name of plan sponsor	DWELL HOME FURNISHINGS & INTERIOR DESIGN
<b>c</b>	EIN-PN	39-1907603-001
<b>a</b>	Plan name	DYNICS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DYNICS, INC.
<b>c</b>	EIN-PN	38-3563648-001
<b>a</b>	Plan name	E CARGO INC, KARGOSMART GLOBAL, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	E CARGO INC.
<b>c</b>	EIN-PN	82-1848342-001
<b>a</b>	Plan name	EAST COAST COLLISION 401(K) PLAN
<b>b</b>	Name of plan sponsor	EAST COAST COLLISION
<b>c</b>	EIN-PN	22-3510895-001
<b>a</b>	Plan name	ECO LIPS 401(K) PLAN
<b>b</b>	Name of plan sponsor	ECO LIPS
<b>c</b>	EIN-PN	54-2113077-001
<b>a</b>	Plan name	FOUR FEATHERS COUNSELING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	FOUR FEATHERS COUNSELING, INC.
<b>c</b>	EIN-PN	20-8667755-001
<b>a</b>	Plan name	FOUR STAR MECHANICAL 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FOUR STAR MECHANICAL, INC.
<b>c</b>	EIN-PN	31-1590413-001
<b>a</b>	Plan name	FULCRUM CONSTRUCTION GROUP 401(K) PLAN
<b>b</b>	Name of plan sponsor	FULCRUM CONSTRUCTION GROUP
<b>c</b>	EIN-PN	45-5390504-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	IDEOLOGY PRODUCTIONS, LLC	<b>c</b> EIN-PN 46-4992929-001
<b>a</b> Plan name	IN FOCUS PSYCHIATRY 401K PLAN	
<b>b</b> Name of plan sponsor	IN FOCUS PSYCHIATRY	<b>c</b> EIN-PN 81-2638084-001
<b>a</b> Plan name	INDEAVOR CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	INDEAVOR CORPORATION	<b>c</b> EIN-PN 39-1870041-001
<b>a</b> Plan name	INFINITI CREATIONS RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	INFINITI CREATIONS, LLC	<b>c</b> EIN-PN 27-2501647-001
<b>a</b> Plan name	INNOVATIVE HARDWARE 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	INNOVATIVE HARDWARE, INC.	<b>c</b> EIN-PN 31-1328642-001
<b>a</b> Plan name	INSPIRATION FIELD 401(K) PLAN	
<b>b</b> Name of plan sponsor	INSPIRATION FIELD	<b>c</b> EIN-PN 84-0570914-001
<b>a</b> Plan name	JORGE A. ENRIQUEZ, M.D., FACS INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	JORGE A. ENRIQUEZ, M.D., INC.	<b>c</b> EIN-PN 75-3097644-002
<b>a</b> Plan name	JSS ALMONDS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	JSS ALMONDS, LLC	<b>c</b> EIN-PN 45-4443854-001
<b>a</b> Plan name	JUST FOR KIX RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	MINI KIX, INC.	<b>c</b> EIN-PN 41-1426758-001
<b>a</b> Plan name	KAISERMAN JEWISH COMMUNITY CENTER RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	KAISERMAN JEWISH COMMUNITY CENTER	<b>c</b> EIN-PN 27-0841715-002
<b>a</b> Plan name	KAUAI NURSERY & LANDSCAPING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	KAUAI NURSERY & LANDSCAPING, INC.	<b>c</b> EIN-PN 99-0183986-001
<b>a</b> Plan name	KENECT RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	KENECT, LLC	<b>c</b> EIN-PN 82-1997153-777

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KENNIE'S MARKETS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENNIE'S MARKETS, INC.	<b>c</b> EIN-PN 23-1579478-001
<b>a</b>	Plan name	LOUISIANA OFFICE PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOUISIANA OFFICE PRODUCTS, INC	<b>c</b> EIN-PN 72-0763449-002
<b>a</b>	Plan name	LOUKUS TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOUKUS TECHNOLOGIES, INC.	<b>c</b> EIN-PN 82-4773107-001
<b>a</b>	Plan name	LOVE CITY INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOVE CITY INC.	<b>c</b> EIN-PN 47-5206106-001
<b>a</b>	Plan name	LPT CPA'S + ADVISORS PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LPT CPA'S + ADVISORS PLLC	<b>c</b> EIN-PN 75-2618166-001
<b>a</b>	Plan name	LUTHERAN SOCIAL SERVICES OF COLORADO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUTHERAN SOCIAL SERVICES OF COLORADO DBA LUTHERAN FAMILY SERVICES RO	<b>c</b> EIN-PN 84-0775550-002
<b>a</b>	Plan name	MAGID ANWAR DVM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAGID ANWAR DVM, INC.	<b>c</b> EIN-PN 81-1217645-001
<b>a</b>	Plan name	MAGNETIC TECHNOLOGIES LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAGNETIC TECHNOLOGIES LTD.	<b>c</b> EIN-PN 04-2836991-005
<b>a</b>	Plan name	MAJ, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAJ, INC.	<b>c</b> EIN-PN 38-3782959-001
<b>a</b>	Plan name	MANHART INSURANCE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANHART INSURANCE GROUP, INC.	<b>c</b> EIN-PN 46-4812835-001
<b>a</b>	Plan name	OMEGA BENEFIT STRATEGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMEGA BENEFIT STRATEGIES, INC.	<b>c</b> EIN-PN 83-1866543-001
<b>a</b>	Plan name	OUTDOORSY HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OUTDOORSY HOLDINGS, INC.	<b>c</b> EIN-PN 85-0558661-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	OUTSOURCE UTILITY CONTRACTOR CORP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	OUTSOURCE UTILITY CONTRACTOR, LLC	<b>c</b> EIN-PN 01-0963229-001
<b>a</b>	Plan name	PACIFIC CONCEPTS GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC CONCEPTS GROUP, INC.	<b>c</b> EIN-PN 33-0796996-001
<b>a</b>	Plan name	PACIFIC DRIVE-INS LLC 401(K)	
<b>b</b>	Name of plan sponsor	PACIFIC DRIVE-INS LLC	<b>c</b> EIN-PN 46-3867535-001
<b>a</b>	Plan name	KIRBY'S ADULT FOSTER CARE SERVICES, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	KIRBY'S ADULT FOSTER CARE SERVICES, INC.	<b>c</b> EIN-PN 27-2547090-001
<b>a</b>	Plan name	KLEAN KANTEEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KLEAN KANTEEN	<b>c</b> EIN-PN 94-2537951-002
<b>a</b>	Plan name	KONZEL CONSTRUCTION COMPANY, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KONZEL CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 45-3596434-001
<b>a</b>	Plan name	KW CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KW CORPORATION	<b>c</b> EIN-PN 26-0355410-001
<b>a</b>	Plan name	MAS FINANCIAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAS FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 33-0919816-001
<b>a</b>	Plan name	MATRIX VISUAL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	<b>c</b> EIN-PN 33-0773727-001
<b>a</b>	Plan name	PARADYME MANAGEMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARADYME MANAGEMENT, INC.	<b>c</b> EIN-PN 13-4271306-004
<b>a</b>	Plan name	PARTNER VALUATION ADVISORS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARTNER VALUATION ADVISORS LLC	<b>c</b> EIN-PN 88-3351652-001
<b>a</b>	Plan name	PARTS AND SCREENS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARTS AND SCREENS DBA BROWN MANUFACTURING	<b>c</b> EIN-PN 38-3266935-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name PAULK FUNERAL HOME OF GEORGIA, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PAULK FUNERAL HOME OF GEORGIA, LTD.	<b>c</b> EIN-PN 58-1748650-001
<b>a</b>	Plan name PEDIATRICS FOR ALL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PEDIATRICS FOR ALL, INC.	<b>c</b> EIN-PN 84-3194225-001
<b>a</b>	Plan name PRO SAFETY & RESCUE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRO SAFETY & RESCUE, INC.	<b>c</b> EIN-PN 46-4617132-001
<b>a</b>	Plan name PRO-MEC ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRO-MEC ENGINEERING SERVICES, INC.	<b>c</b> EIN-PN 20-3786112-001
<b>a</b>	Plan name PROSERVICE HAWAII 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	<b>c</b> EIN-PN 61-1582293-001
<b>a</b>	Plan name RICHMOND HYDRAULIC SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICHMOND HYDRAULIC SERVICE, INC.	<b>c</b> EIN-PN 35-2108419-001
<b>a</b>	Plan name RIVER MARKET 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIVER MARKET COMMUNITY CO-OP	<b>c</b> EIN-PN 41-1335460-001
<b>a</b>	Plan name RIVERTON DENTAL ARTS, PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVERTON DENTAL ARTS, P.C.	<b>c</b> EIN-PN 22-1994808-002
<b>a</b>	Plan name ROBERTS ENERGY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROBERTS ENERGY, LLC	<b>c</b> EIN-PN 81-3450263-001
<b>a</b>	Plan name ROCKET CITY FAMILY MEDICINE PROFIT SHARING 401(K)	
<b>b</b>	Name of plan sponsor ROCKET CITY FAMILY MEDICINE, LLC	<b>c</b> EIN-PN 85-3080942-001
<b>a</b>	Plan name ALBERTELLI LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor JAMES E. ALBERTELLI, P.A.	<b>c</b> EIN-PN 26-0659686-001
<b>a</b>	Plan name ALL GLASS & WINDOWS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALL GLASS & WINDOWS, LLC	<b>c</b> EIN-PN 36-4845255-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ALLIANCE INTERVENTIONAL INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE INTERVENTIONAL INSTITUTE	<b>c</b> EIN-PN 81-2894030-001
<b>a</b>	Plan name	TAKIGAWA CORPORATION AMERICAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAKIGAWA CORPORATION AMERICAN	<b>c</b> EIN-PN 82-0819824-001
<b>a</b>	Plan name	TALMAN CONSULTANTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TALMAN CONSULTANTS, LLC	<b>c</b> EIN-PN 81-2709261-001
<b>a</b>	Plan name	TATE INSURANCE GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TATE INSURANCE GROUP, INC.	<b>c</b> EIN-PN 45-5467885-001
<b>a</b>	Plan name	TAYLOR HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR HOLDINGS, INC.	<b>c</b> EIN-PN 61-0680425-001
<b>a</b>	Plan name	TEAM SAN JOSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEAM SAN JOSE	<b>c</b> EIN-PN 20-0507663-001
<b>a</b>	Plan name	TEC EXCAVATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEC EXCAVATION, LLC	<b>c</b> EIN-PN 20-3227277-001
<b>a</b>	Plan name	TEC INTEGRATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEC INTEGRATION, INC.	<b>c</b> EIN-PN 20-3127383-001
<b>a</b>	Plan name	TEN X TEN LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TEN X TEN LLC	<b>c</b> EIN-PN 47-3522886-001
<b>a</b>	Plan name	TENGA USA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TENGA USA INC.	<b>c</b> EIN-PN 81-3958971-001
<b>a</b>	Plan name	TEXAS HUMANE HEROES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEXAS HUMANE HEROES, INC.	<b>c</b> EIN-PN 74-2069592-001
<b>a</b>	Plan name	TFC CONCRETE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TFC CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2997350-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE AME GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE AME GROUP	<b>c</b> EIN-PN 35-1630314-001
<b>a</b>	Plan name	AUSTIN PX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUSTIN PX, LLC	<b>c</b> EIN-PN 26-0769754-001
<b>a</b>	Plan name	AXION RMS, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AXION RMS, LTD	<b>c</b> EIN-PN 47-2464302-002
<b>a</b>	Plan name	B & A CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B & A CONSTRUCTION, INC.	<b>c</b> EIN-PN 86-0387275-001
<b>a</b>	Plan name	B&D HOUSE OF CARPETS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B&D HOUSE OF CARPETS INC	<b>c</b> EIN-PN 04-2653551-001
<b>a</b>	Plan name	BABCOCK NEIGHBORHOOD SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BABCOCK NEIGHBORHOOD SCHOOL, INC.	<b>c</b> EIN-PN 37-1842600-001
<b>a</b>	Plan name	BALDWIN, BRISCOE, & STEINMETZ, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BALDWIN, BRISCOE, & STEINMETZ, P.C.	<b>c</b> EIN-PN 52-1564009-001
<b>a</b>	Plan name	BARRY, BARALL, TAYLOR & LEVESQUE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BARRY, BARALL, TAYLOR & LEVESQUE LLC	<b>c</b> EIN-PN 26-3428300-001
<b>a</b>	Plan name	TOOLMAX DESIGNING & TOOLING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOOLMAX DESIGNING & TOOLING, INC.	<b>c</b> EIN-PN 36-4625497-001
<b>a</b>	Plan name	TOVIN INSULATION CONCEPTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOVIN INSULATION CONCEPTS, INC.	<b>c</b> EIN-PN 46-5577680-001
<b>a</b>	Plan name	TOWN & COUNTRY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TOWN & COUNTRY UNDERGROUND UTILITY CONSTRUCTION, INC.	<b>c</b> EIN-PN 39-1198448-001
<b>a</b>	Plan name	TRADELINK TRANSPORT INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRADELINK TRANSPORT INC.	<b>c</b> EIN-PN 33-0822165-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TRADER PHD 401(K)	
<b>b</b>	Name of plan sponsor	TRADER PHD, LLC	<b>c</b> EIN-PN 47-4703769-001
<b>a</b>	Plan name	TREES FORESTS & LANDSCAPES INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TREES FOREST & LANDSCAPES INC.	<b>c</b> EIN-PN 43-1535797-001
<b>a</b>	Plan name	TRIDENT ALLOYS, INC. EMPLOYEES' SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRIDENT ALLOYS, INC.	<b>c</b> EIN-PN 04-2672846-001
<b>a</b>	Plan name	CAN SHED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAN SHED LLC	<b>c</b> EIN-PN 39-1909536-001
<b>a</b>	Plan name	CAPE COD OYSTER COMPANY INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAPE COD OYSTER COMPANY INC	<b>c</b> EIN-PN 04-2788929-001
<b>a</b>	Plan name	CARROLL DENTAL CLINIC P.L.C. RETIREMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARROLL DENTAL CLINIC P.L.C	<b>c</b> EIN-PN 20-5699792-001
<b>a</b>	Plan name	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.	<b>c</b> EIN-PN 95-2673204-001
<b>a</b>	Plan name	WESTMOUNT MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTMOUNT MANAGEMENT, INC.	<b>c</b> EIN-PN 06-1007732-001
<b>a</b>	Plan name	WHITCHER BUILDERS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAVID R. WHITCHER BUILDERS, INC.	<b>c</b> EIN-PN 02-0301661-001
<b>a</b>	Plan name	WISCONSIN WOMEN'S HEALTH FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN WOMEN'S HEALTH FOUNDATION	<b>c</b> EIN-PN 39-1900678-001
<b>a</b>	Plan name	WITTMACK LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WITTMACK LAW FIRM PC	<b>c</b> EIN-PN 99-2000152-001
<b>a</b>	Plan name	DIRIGO SLIPFORM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIRIGO SLIPFORM	<b>c</b> EIN-PN 04-3366760-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EGER EYE GROUP, PC EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EGER EYE GROUP, PC	<b>c</b> EIN-PN 25-1634387-001
<b>a</b>	Plan name	EGF ENERGY PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EGF ENERGY PARTNERS, LLC	<b>c</b> EIN-PN 71-0975243-001
<b>a</b>	Plan name	EJOULE, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	EJOULE, INC.	<b>c</b> EIN-PN 47-4653062-001
<b>a</b>	Plan name	EMBRACE CARE MANAGEMENT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EMBRACE CARE MANAGEMENT, LLC	<b>c</b> EIN-PN 56-2666112-001
<b>a</b>	Plan name	ENCOMPASS DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENCOMPASS DESIGN INC	<b>c</b> EIN-PN 26-1677400-001
<b>a</b>	Plan name	ENGINEERED TOOLS EMPLOYEE'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERED TOOLS CORPORATION	<b>c</b> EIN-PN 38-2315702-001
<b>a</b>	Plan name	FUSION TECH INTEGRATED INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUSION TECH INTEGRATED INC.	<b>c</b> EIN-PN 20-3032924-001
<b>a</b>	Plan name	GARDEN GROVE MEDICAL GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GARDEN GROVE MEDICAL GROUP, INC.	<b>c</b> EIN-PN 33-0827257-002
<b>a</b>	Plan name	GAVRILOV LAW CORPORATION 401(K) PROFIT SHARING & TRUST	
<b>b</b>	Name of plan sponsor	GAVRILOV LAW CORPORATION	<b>c</b> EIN-PN 27-0151979-001
<b>a</b>	Plan name	GEAR MASTER, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEAR MASTER, INC.	<b>c</b> EIN-PN 38-3356549-001
<b>a</b>	Plan name	GERALD GRAIN INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GERALD GRAIN CENTER, INC.	<b>c</b> EIN-PN 34-1526549-001
<b>a</b>	Plan name	GERKEN RENT-ALL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERKEN RENT-ALL, INC.	<b>c</b> EIN-PN 75-3082715-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name GIENAPP ARCHITECTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIENAPP ARCHITECTS, LLC	<b>c</b> EIN-PN 87-0759464-001
<b>a</b>	Plan name IOWA WALLS CONCRETE CONSTRUCTION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor IOWA WALLS CONCRETE CONSTRUCTION INC.	<b>c</b> EIN-PN 42-1418150-777
<b>a</b>	Plan name J.E. JOHNSON, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor J.E. JOHNSON CONTRACTING, INC.	<b>c</b> EIN-PN 38-2247698-001
<b>a</b>	Plan name JABBA COMMUNICATIONS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor JABBA COMMUNICATIONS, INC.	<b>c</b> EIN-PN 26-1562882-001
<b>a</b>	Plan name JAMES O'BRIEN & CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JAMES O'BRIEN & CO., INC.	<b>c</b> EIN-PN 36-3813259-001
<b>a</b>	Plan name AMP STAFFING NETWORK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMP STAFFING NETWORK, LLC	<b>c</b> EIN-PN 46-1188061-001
<b>a</b>	Plan name BBB AUTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor BBB AUTOMOTIVE	<b>c</b> EIN-PN 85-2848240-001
<b>a</b>	Plan name BDG 401(K) PLAN	
<b>b</b>	Name of plan sponsor BARBARO DENTAL GROUP, LLC	<b>c</b> EIN-PN 38-4060034-001
<b>a</b>	Plan name BEACON SPECIALIZED LIVING 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEACON SPECIALIZED LIVING, INC.	<b>c</b> EIN-PN 38-3411707-001
<b>a</b>	Plan name BIG JOHN'S MARKET 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DRY CREEK VENTURES DBA BIG JOHN'S MARKET	<b>c</b> EIN-PN 91-1790321-002
<b>a</b>	Plan name BIRD-KULTGEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIRD-KULTGEN, INC.	<b>c</b> EIN-PN 74-1053237-001
<b>a</b>	Plan name BITTERSWEET CHOCOLATE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BITTERSWEET CHOCOLATE, INC.	<b>c</b> EIN-PN 20-5415523-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CASA DE LOS NINOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CASA DE LOS NINOS	<b>c</b> EIN-PN 86-0314595-002
<b>a</b>	Plan name	CCS SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CCS SERVICES, LLC	<b>c</b> EIN-PN 75-3026195-001
<b>a</b>	Plan name	CEDAR VALLEY CHEESE STORE	
<b>b</b>	Name of plan sponsor	CEDAR VALLEY CHEESE STORE	<b>c</b> EIN-PN 20-2863599-001
<b>a</b>	Plan name	DOUBLE H LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOUBLE H, LLC	<b>c</b> EIN-PN 01-0930386-002
<b>a</b>	Plan name	DOUBLE L REINFORCING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOUBLE L REINFORCING, LLC	<b>c</b> EIN-PN 85-2401857-001
<b>a</b>	Plan name	DOVER COMMUNITY PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KASMANI INVESTMENTS, LLC DBA DOVER COMMUNITY PHARMACY	<b>c</b> EIN-PN 27-4082927-001
<b>a</b>	Plan name	DOWNS COMPANIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOWNS ENERGY	<b>c</b> EIN-PN 77-0445131-002
<b>a</b>	Plan name	DPIM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DPI MERCHANDISING, INC.	<b>c</b> EIN-PN 37-2029278-001
<b>a</b>	Plan name	DR. MIKE'S WALK IN CLINIC INC. 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DR. MIKE'S WALK IN CLINIC INC.	<b>c</b> EIN-PN 20-0100753-001
<b>a</b>	Plan name	DR. STEPHEN ESTNER, PC 401(K)	
<b>b</b>	Name of plan sponsor	DR. STEPHEN ESTNER, PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 51-0416798-001
<b>a</b>	Plan name	DRUID HILLS GOLF CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRUID HILLS GOLF CLUB	<b>c</b> EIN-PN 58-0225900-001
<b>a</b>	Plan name	DRUM CORPS INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRUM CORPS INTERNATIONAL, INC.	<b>c</b> EIN-PN 36-2754480-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EYEONE, P.L.C. 401(K) PROFIT SHARING PLAN 002	
<b>b</b>	Name of plan sponsor	EYEONE, P.L.C.	<b>c</b> EIN-PN 54-1738160-002
<b>a</b>	Plan name	FAIRFIELD GLADE COMMUNITY CLUB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAIRFIELD GLADE COMMUNITY CLUB	<b>c</b> EIN-PN 71-0425507-001
<b>a</b>	Plan name	FAITHFUL COMPANION 401(K)	
<b>b</b>	Name of plan sponsor	FAITHFUL COMPANION MEMORIALS INC	<b>c</b> EIN-PN 26-1689634-001
<b>a</b>	Plan name	GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL RESOURCE ENGINEERING, LTD.	<b>c</b> EIN-PN 61-1843495-001
<b>a</b>	Plan name	GO PERMITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GO PERMITS LLC	<b>c</b> EIN-PN 38-3897068-001
<b>a</b>	Plan name	GRACE INTEGRATED, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRACE INTEGRATED, INC.	<b>c</b> EIN-PN 81-3178586-001
<b>a</b>	Plan name	JET HELSETH MFG, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JET HELSETH MANUFACTURING, INC.	<b>c</b> EIN-PN 59-3402920-001
<b>a</b>	Plan name	JOBCONNECTION SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOBCONNECTION SERVICES, INC.	<b>c</b> EIN-PN 23-2913722-001
<b>a</b>	Plan name	JOE'S REAL B-B-Q 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARVEST MERCANTILE COMPANY, INC.	<b>c</b> EIN-PN 86-0883424-001
<b>a</b>	Plan name	LAJ PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAJ RETAIL CORP, INC.	<b>c</b> EIN-PN 45-4841005-001
<b>a</b>	Plan name	LANDBRIDGE ECOLOGICAL SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANDBRIDGE ECOLOGICAL	<b>c</b> EIN-PN 27-2058011-001
<b>a</b>	Plan name	MCGUFF ROOFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCGUFF ROOFING, INC.	<b>c</b> EIN-PN 35-1693215-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name MEDBEAUTY LA 401(K) PLAN	
<b>b</b>	Name of plan sponsor LORI ALIKSANIAN, MD DBA MEDBEAUTY LA	<b>c</b> EIN-PN 46-0737090-001
<b>a</b>	Plan name MEHAR ACCOUNTING SERVICES, PLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEHAR ACCOUNTING SERVICES, PLC	<b>c</b> EIN-PN 20-2723557-001
<b>a</b>	Plan name MEKRA LANG 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEKRA LANG NORTH AMERICA, LLC	<b>c</b> EIN-PN 58-2442603-001
<b>a</b>	Plan name MELODY LIVING 401K PLAN	
<b>b</b>	Name of plan sponsor MELODY LIVING ASSOCIATES- IL, L.L.C	<b>c</b> EIN-PN 84-4995261-001
<b>a</b>	Plan name MERJIL'S STEEL FABRICATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERJIL'S STEEL FABRICATION, INC.	<b>c</b> EIN-PN 42-1732830-001
<b>a</b>	Plan name MEROS, SMITH, BRENNAN, BRENNAN AND GREGG, P.A. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEROS, SMITH, BRENNAN, BRENNAN AND GREGG, P.A.	<b>c</b> EIN-PN 59-1458887-002
<b>a</b>	Plan name MIKE'S TREE COMPANY LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MIKE'S TREE COMPANY LLC	<b>c</b> EIN-PN 20-1018080-001
<b>a</b>	Plan name PETOSKEY SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PETOSKEY SURGEONS, P.C.	<b>c</b> EIN-PN 38-3448511-001
<b>a</b>	Plan name PIGCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor PIGCO PRECISION MAINTENANCE LLC DBA INTEGRITY SITE MAINTENANCE LLC	<b>c</b> EIN-PN 47-1271141-001
<b>a</b>	Plan name PIPE PRO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PIPE PRO, INC.	<b>c</b> EIN-PN 77-0593688-001
<b>a</b>	Plan name PSG/TEP 401(K) PLAN	
<b>b</b>	Name of plan sponsor PENTENBURG SEARCH GROUP, INC.	<b>c</b> EIN-PN 26-4202912-001
<b>a</b>	Plan name PUMP SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PUMP SUPPLY INCORPORATED	<b>c</b> EIN-PN 20-2415627-334

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name PURE ARCHITECTURE & DEVELOPMENT, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PURE ARCHITECTURE & DEVELOPMENT, PLLC	<b>c</b> EIN-PN 85-2594068-001
<b>a</b>	Plan name PWI, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PWI, INC.	<b>c</b> EIN-PN 23-2068215-001
<b>a</b>	Plan name PWLEETSDALE EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PWLEETSDALE CORP.	<b>c</b> EIN-PN 88-1751703-001
<b>a</b>	Plan name PYLE'S POOLS RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PYLE POOLS, INC.	<b>c</b> EIN-PN 26-1661425-001
<b>a</b>	Plan name QUALITY CARTON AND CONVERTING 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor QUALITY CARTON & CONVERTING, LLC	<b>c</b> EIN-PN 04-3530095-001
<b>a</b>	Plan name RUIZ SALON GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RUIZ WEST END MANAGEMENT LC	<b>c</b> EIN-PN 74-2951507-001
<b>a</b>	Plan name S JACOBS INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor S JACOBS DBA ANNE BARGE	<b>c</b> EIN-PN 46-5423797-001
<b>a</b>	Plan name S.C. SWIDERSKI MANAGEMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor S.C. SWIDERSKI MANAGEMENT, INC.	<b>c</b> EIN-PN 47-2837847-001
<b>a</b>	Plan name SAARMAN CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SAARMAN CONSTRUCTION, LTD.	<b>c</b> EIN-PN 94-2929210-001
<b>a</b>	Plan name SABRE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SABRE ENGINEERING, INC.	<b>c</b> EIN-PN 27-2067753-001
<b>a</b>	Plan name SAINSTORE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAINSTORE, INC.	<b>c</b> EIN-PN 27-2707458-001
<b>a</b>	Plan name SAL'S BEVERAGE WORLD RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SAL'S BEVERAGE WORLD	<b>c</b> EIN-PN 36-3431038-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SALT LAKE BREWING CO., LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	SALT LAKE BREWING CO., LLC	<b>c</b> EIN-PN 87-0518311-001
<b>a</b>	Plan name	THE CONNECTME 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MODERN HR, INC.	<b>c</b> EIN-PN 81-0741257-002
<b>a</b>	Plan name	THE DIGIVAC COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE DIGIVAC COMPANY	<b>c</b> EIN-PN 22-3256851-001
<b>a</b>	Plan name	THE ERNST GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BETH ERNST REALTY GROUP LLC	<b>c</b> EIN-PN 83-2716141-001
<b>a</b>	Plan name	THE MEDIA LAB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STORY HORSE INC. DBA THE MEDIA LAB	<b>c</b> EIN-PN 84-3203491-001
<b>a</b>	Plan name	THE NORTHRIDGE HEALTH CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTERCARE, INC DBA NORTHRIDGE HEALTH CENTER	<b>c</b> EIN-PN 34-1400803-001
<b>a</b>	Plan name	THE SPARTAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BULLDOG LEASING COMPANY, INC.	<b>c</b> EIN-PN 90-0181558-001
<b>a</b>	Plan name	TRIDENT SYSTEMS, LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIDENT SYSTEMS, LLC	<b>c</b> EIN-PN 75-3054109-004
<b>a</b>	Plan name	TRINITY SAFETY COMPANY LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRINITY SAFETY COMPANY LLC	<b>c</b> EIN-PN 27-1811177-001
<b>a</b>	Plan name	TRUE COMFORT HEATING AND COOLING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUE COMFORT HEATING AND COOLING	<b>c</b> EIN-PN 87-2775920-001
<b>a</b>	Plan name	TRUENORTH COMPANIES, L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUENORTH COMPANIES, L.C.	<b>c</b> EIN-PN 42-1513015-001
<b>a</b>	Plan name	TUMBL TRAK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	V.T.L., INC	<b>c</b> EIN-PN 38-2824518-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TX TEAM REHAB, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TX TEAM REHAB, INC.	<b>c</b> EIN-PN 35-1565294-002
<b>a</b>	Plan name	U.S. GOT PEOPLE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DILLIGAS CORP. DBA U.S. GOT PEOPLE	<b>c</b> EIN-PN 26-2968177-001
<b>a</b>	Plan name	UNITED WAY OF ST. JOHNS COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNITED WAY OF ST. JOHNS COUNTY	<b>c</b> EIN-PN 59-6018986-002
<b>a</b>	Plan name	UNIVERSAL ELECTRIC OF FLORIDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL ELECTRIC OF FLORIDA, INC.	<b>c</b> EIN-PN 59-1898508-001
<b>a</b>	Plan name	WOMEN'S WELLNESS INSTITUTE OF DALLAS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WOMEN'S WELLNESS INSTITUTE	<b>c</b> EIN-PN 20-5451389-001
<b>a</b>	Plan name	WOODBINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOODBINE DEVELOPMENT I, LTD.	<b>c</b> EIN-PN 75-2574239-001
<b>a</b>	Plan name	WORKABLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WORKABLE, INC.	<b>c</b> EIN-PN 61-1747677-002
<b>a</b>	Plan name	WORLDWIDE PRODUCTION AGENCY LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WORLDWIDE PRODUCTION AGENCY LLC	<b>c</b> EIN-PN 46-4735048-001
<b>a</b>	Plan name	WRA ARCHITECTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WRA ARCHITECTS, INC	<b>c</b> EIN-PN 75-1084671-001
<b>a</b>	Plan name	YE OLD STATION AUTO BODY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YE OLD STATION AUTO BODY, INC.	<b>c</b> EIN-PN 06-0844760-001
<b>a</b>	Plan name	YOUR LOGISTICS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUR LOGISTICS CORP.	<b>c</b> EIN-PN 83-2760497-001
<b>a</b>	Plan name	YOUTH & OPPORTUNITY UNITED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	YOUTH & OPPORTUNITY UNITED	<b>c</b> EIN-PN 36-2734966-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ZAKS AUTO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ZAKS AUTO, LLC	<b>c</b> EIN-PN 26-4502349-001
<b>a</b>	Plan name BOOT RANCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOOT RANCH HR, LLC	<b>c</b> EIN-PN 47-4784683-001
<b>a</b>	Plan name BRAND JOURNALISTS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor BRAND JOURNALISTS LLC	<b>c</b> EIN-PN 27-4681999-001
<b>a</b>	Plan name BRANDT HEATING AND AIR CONDITIONING CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRANDT HEATING AND AIR CONDITIONING CO., INC.	<b>c</b> EIN-PN 42-1291576-001
<b>a</b>	Plan name BRIAN LUEDTKE & ASSOCIATES CONSTRUCTION LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRIAN LUEDTKE & ASSOCIATES CONSTRUCTION LLC	<b>c</b> EIN-PN 81-2000303-001
<b>a</b>	Plan name BRIDGE DIAGNOSTICS INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BRIDGE DIAGNOSTICS, INC.	<b>c</b> EIN-PN 84-1137406-001
<b>a</b>	Plan name BRIGHTINSIGHT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BRIGHTINSIGHT, INC.	<b>c</b> EIN-PN 82-2242267-001
<b>a</b>	Plan name BRIQUETTES 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRIQUETTES	<b>c</b> EIN-PN 46-1353447-001
<b>a</b>	Plan name FERRY CONSTRUCTION SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FERRY CONSTRUCTION SERVICES, LLC	<b>c</b> EIN-PN 45-3775709-001
<b>a</b>	Plan name FIBERGLASS SOLUTIONS LLC 401K RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FIBERGLASS SOLUTIONS LLC	<b>c</b> EIN-PN 82-4663901-001
<b>a</b>	Plan name FIDDLEHEAD BREWING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIDDLEHEAD BREWERY	<b>c</b> EIN-PN 27-3621652-001
<b>a</b>	Plan name FIFTH WHEEL FREIGHT 401(K) PLAN	
<b>b</b>	Name of plan sponsor B&L SYSTEMS LLC DBA FIFTH WHEEL FREIGHT	<b>c</b> EIN-PN 46-1122501-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FILOLI CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FILOLI CENTER	<b>c</b> EIN-PN 95-2996648-001
<b>a</b>	Plan name	LAWYERS FOR JUSTICE PC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAWYERS FOR JUSTICE PC	<b>c</b> EIN-PN 27-4652068-001
<b>a</b>	Plan name	LEADING EDGE LOGISTIX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEADING EDGE LOGISTIX, LLC	<b>c</b> EIN-PN 86-2911991-001
<b>a</b>	Plan name	LEAN TECHNIQUES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEAN TECHNIQUES, INC.	<b>c</b> EIN-PN 38-3836804-001
<b>a</b>	Plan name	LEHMANN ELECTRICAL & DESIGN LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEHMANN ELECTRICAL & DESIGN LLC	<b>c</b> EIN-PN 84-2370688-001
<b>a</b>	Plan name	LEUDTKE AGENCY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEUDTKE AGENCY, LLC	<b>c</b> EIN-PN 93-2824047-001
<b>a</b>	Plan name	LIFEDECK COATING INSTALLATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC PEBBLES INC DBA LIFEDECK COATING INSTALLATIONS	<b>c</b> EIN-PN 95-3640020-001
<b>a</b>	Plan name	R.C. IOSSI CO., LLC 401(K)	
<b>b</b>	Name of plan sponsor	R.C. IOSSI CO., LLC	<b>c</b> EIN-PN 27-2084291-001
<b>a</b>	Plan name	RAPIDS WHOLESALE & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DASCOA, INC. D/B/A RAPIDS WHOLESALE EQUIPMENT CO.	<b>c</b> EIN-PN 42-1378309-001
<b>a</b>	Plan name	RAPT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHMOND AUTO PARTS TECHNOLOGY, INC.	<b>c</b> EIN-PN 61-1321586-001
<b>a</b>	Plan name	RAY'S ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAY'S ELECTRIC AND GENERAL CONTRACTING, INC.	<b>c</b> EIN-PN 02-0305343-001
<b>a</b>	Plan name	RCD DEMOLITION 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RCD DEMOLITION	<b>c</b> EIN-PN 46-3209242-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name RECONSTRUCT, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RECONSTRUCT, LLC	<b>c</b> EIN-PN 47-5497147-001
<b>a</b>	Plan name RED ROCKS COUNTRY CLUB 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RED ROCKS COUNTRY CLUB	<b>c</b> EIN-PN 84-1224150-001
<b>a</b>	Plan name REDBARN PET PRODUCTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor REDBARN PET PRODUCTS, LLC	<b>c</b> EIN-PN 80-0554839-001
<b>a</b>	Plan name UPTOWN DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor RHONDA R. SAVAGE DDS P.L.L.C. DBA UPTOWN DENTAL	<b>c</b> EIN-PN 46-4323416-001
<b>a</b>	Plan name VALLEY NORTH DISTRIBUTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALLEY NORTH DISTRIBUTING, INC.	<b>c</b> EIN-PN 39-1711392-001
<b>a</b>	Plan name VALLEY OAKS MEDICAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor VOM-SONANI MANAGEMENT PLLC	<b>c</b> EIN-PN 85-0748921-001
<b>a</b>	Plan name VAN-BAR, INCORPORATED PROFIT SHARING & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VAN-BAR, INC.	<b>c</b> EIN-PN 35-1522749-001
<b>a</b>	Plan name VANDALAY 401(K) PLAN	
<b>b</b>	Name of plan sponsor 1126 CENTRAL RESTAURANT, LLC	<b>c</b> EIN-PN 47-2873563-001
<b>a</b>	Plan name VELOCITY MACHINE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VELOCITY MACHINE INC.	<b>c</b> EIN-PN 39-1939229-001
<b>a</b>	Plan name CHEM TECH SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHEM TECH SERVICES INC	<b>c</b> EIN-PN 75-1724696-001
<b>a</b>	Plan name CHILDRENS SPECIALIZED ABA 401K PLAN	
<b>b</b>	Name of plan sponsor BLUE BALLOON LLC	<b>c</b> EIN-PN 85-4302391-001
<b>a</b>	Plan name CHILTON CONTRACTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PAYTON ADMINISTRATIVE SERVICES, LLC	<b>c</b> EIN-PN 88-2161143-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CHUNG CHIROPRACTIC CORP 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor CHUNG CHIROPRACTIC CORPORATION	<b>c</b> EIN-PN 68-0552857-001
<b>a</b>	Plan name GRANVILLE HOMES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GRANVILLE HOMES, INC.	<b>c</b> EIN-PN 77-0236102-002
<b>a</b>	Plan name GREAT LAKES ENERGY NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES ENERGY COOPERATIVE, INC.	<b>c</b> EIN-PN 38-3321875-001
<b>a</b>	Plan name GREAT LAKES ENERGY UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES ENERGY COOPERATIVE, INC.	<b>c</b> EIN-PN 38-3321875-003
<b>a</b>	Plan name GREENVILLE ENDODONTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREENVILLE ENDODONTICS, LLC	<b>c</b> EIN-PN 82-3388235-001
<b>a</b>	Plan name GRIFFIN DURHAM TANNER & CLARKSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor GDTC LAW, LLC DBA GRIFFIN DURHAM TANNER & CLARKSON, LLC	<b>c</b> EIN-PN 86-1503433-001
<b>a</b>	Plan name MIKE-TELL-CHAR, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIKE-TELL-CHAR, INC. DBA BASSETTS MARKET	<b>c</b> EIN-PN 34-1489585-001
<b>a</b>	Plan name MISSOURI KIDSFIRST 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MISSOURI NETWORK OF CHILD ADVOCACY CENTERS, INC. DBA MISSOURI KIDSFI	<b>c</b> EIN-PN 27-0124899-001
<b>a</b>	Plan name MO-TECH CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor MO-TECH CORPORATION	<b>c</b> EIN-PN 47-0884754-001
<b>a</b>	Plan name MOLON EXCAVATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOLON EXCAVATING, INC.	<b>c</b> EIN-PN 38-2904513-001
<b>a</b>	Plan name MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOOSE INTERNATIONAL, INC.	<b>c</b> EIN-PN 36-1408120-005
<b>a</b>	Plan name SAPHYRE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAPHYRE, INC.	<b>c</b> EIN-PN 82-3177747-001

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

<b>a</b> Plan name	SAPPHIRE COMPANIES, 401K PLAN	
<b>b</b> Name of plan sponsor	SAPPHIRE COMPANIES LLC	<b>c</b> EIN-PN 84-1934348-001

<b>a</b> Plan name	SENTINEL 401(K) AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SENTINEL OFFENDER SERVICES, LLC	<b>c</b> EIN-PN 33-0929945-001

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TRANSAMERICA LIFE GOAL 2065 WITH BLACKROCK RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>445</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>82-5217478</b>

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	<b>16990886</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>		16990886
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>		16990886

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-161158	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		-161158

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	2123	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2123
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2123

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-163281
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		18279058
(2) From this plan .....	<b>2l(2)</b>		1124891

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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