

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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) C, 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: TRANSAMERICA RETIREMENT SOLUTIONS COLLECTIVE TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION
2b Employer Identification Number (EIN): 04-6784256
2c Plan Sponsor's telephone number: 914-627-3480
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>TRANSAMERICA RETIREMENT SOLUTIONS COLLECTIVE TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>04-6784256</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor RETAIL ASSOCIATION OF MAINE	<b>c</b> EIN-PN 01-0165117-333
<b>a</b>	Plan name SOURCE LOGISTICS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SOURCE LOGISTICS, INC.	<b>c</b> EIN-PN 01-0641800-001
<b>a</b>	Plan name MRO CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor MRO CORPORATION	<b>c</b> EIN-PN 01-0661910-001
<b>a</b>	Plan name ST. JOSEPH CORPORATE SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. JOSEPH HOSPITAL CORPORATE SERVICES, INC.	<b>c</b> EIN-PN 02-0405197-001
<b>a</b>	Plan name RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 02-0634519-003
<b>a</b>	Plan name CORNERSTONE MASONRY SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE MASONRY SERVICES, INC.	<b>c</b> EIN-PN 02-0675679-001
<b>a</b>	Plan name VERMONT MUTUAL INSURANCE COMPANY EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor VERMONT MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 03-0164650-001
<b>a</b>	Plan name VERMONT MUTUAL INSURANCE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor VERMONT MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 03-0164650-002
<b>a</b>	Plan name CAROL WILSON BALDWIN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAROL WILSON BALDWIN	<b>c</b> EIN-PN 03-5323155-001
<b>a</b>	Plan name CAROL WILSON BALDWIN MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor CAROL WILSON BALDWIN	<b>c</b> EIN-PN 03-5323155-001
<b>a</b>	Plan name INDEPENDENT PIPE & SUPPLY CORP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INDEPENDENT PIPE & SUPPLY CORP	<b>c</b> EIN-PN 04-2264738-003
<b>a</b>	Plan name FLEXCON HOLDINGS TRUST RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FLEXCON COMPANY, INC.	<b>c</b> EIN-PN 04-2266945-001

<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	CHESTNUT HILL REALTY CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHESTNUT HILL REALTY CORP.	<b>c</b> EIN-PN 04-2737440-001
<b>a</b>	Plan name	PTC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PTC INC.	<b>c</b> EIN-PN 04-2866152-001
<b>a</b>	Plan name	CHARLES DAHER'S COMMONWEALTH MOTORS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHARLES DAHER'S COMMONWEALTH MOTORS	<b>c</b> EIN-PN 04-3117669-001
<b>a</b>	Plan name	WHDH-TV, INC RETIREMENT PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	SUNBEAM TELEVISION CORP RET. PLAN WHDH-TV, INC. PENSION PLAN FOR TECH	<b>c</b> EIN-PN 04-3401364-002
<b>a</b>	Plan name	METAL DYNAMICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B.A. METAL DYNAMICS, INC.	<b>c</b> EIN-PN 05-0387379-001
<b>a</b>	Plan name	HEALTH CONCEPTS, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEALTH CONCEPTS, LTD.	<b>c</b> EIN-PN 05-0400913-002
<b>a</b>	Plan name	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES, P.C.	<b>c</b> EIN-PN 06-0931385-003
<b>a</b>	Plan name	HAYNES WIRE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAYNES INTERNATIONAL DBA HAYNES WIRE COMPANY	<b>c</b> EIN-PN 06-1185400-003
<b>a</b>	Plan name	FINN DIXON & HERLING LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FINN DIXON & HERLING LLP	<b>c</b> EIN-PN 06-1190097-001
<b>a</b>	Plan name	ADAMS & KNIGHT ADVERTISING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ADAMS & KNIGHT, INC.	<b>c</b> EIN-PN 06-1205328-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 06-1472945-001
<b>a</b>	Plan name	RUSSIAN MEDIA GROUP, LLC	
<b>b</b>	Name of plan sponsor	RUSSIAN MEDIA GROUP, LLC	<b>c</b> EIN-PN 06-1579129-001

<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	ZEMBA BROS., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ZEMBA BROS., INC.	<b>c</b> EIN-PN 06-1669800-001
<b>a</b>	Plan name	TRANSPORT WORKERS UNION OF AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSPORT WORKERS UNION OF AMERICA	<b>c</b> EIN-PN 13-1395075-002
<b>a</b>	Plan name	UNITED STATES GOLF ASSOCIATION DB PENS. PLAN	
<b>b</b>	Name of plan sponsor	UNITED STATES GOLF ASSOCIATION	<b>c</b> EIN-PN 13-1427105-001
<b>a</b>	Plan name	HARRY N. ABRAMS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HARRY N. ABRAMS, INC.	<b>c</b> EIN-PN 13-1601701-005
<b>a</b>	Plan name	DEFINED BENEFIT PENSION PLAN OF NYACK HOSPITAL	
<b>b</b>	Name of plan sponsor	NYACK HOSPITAL	<b>c</b> EIN-PN 13-1740119-001
<b>a</b>	Plan name	GR PENSION PL FOR EE OF THE FIN EXEC INST INC & ITS AFF FIN EXEC RSRCH FOUND	
<b>b</b>	Name of plan sponsor	FIN EXEC INTL & ITS AFFILIATES FIN EXEC RESEARCH FOUND, INC.	<b>c</b> EIN-PN 13-1981932-001
<b>a</b>	Plan name	TAP AIR PORTUGAL EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRANSPORTES AEREOS PORTUGUESSES S.A.	<b>c</b> EIN-PN 13-1991291-002
<b>a</b>	Plan name	EPSTEIN BECKER & GREEN, P.C. ASSOCIATES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EPSTEIN BECKER & GREEN, P.C.	<b>c</b> EIN-PN 13-3031033-006
<b>a</b>	Plan name	EPSTEIN BECKER & GREEN, P.C. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EPSTEIN BECKER & GREEN, P.C.	<b>c</b> EIN-PN 13-3031033-007
<b>a</b>	Plan name	THULE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THULE INC.	<b>c</b> EIN-PN 13-3053238-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 13-3133400-003
<b>a</b>	Plan name	MANNHEIMER SWARTLING 401(K) AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MANNHEIMER SWARTLING	<b>c</b> EIN-PN 13-3593468-001

<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	EVERLAST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERLAST WORLDWIDE INC.	<b>c</b> EIN-PN 13-3672716-001
<b>a</b>	Plan name	THE INSTITUTE OF CULINARY EDUCATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE INSTITUTE OF CULINARY EDUCATION, INC.	<b>c</b> EIN-PN 13-3847478-001
<b>a</b>	Plan name	MERLIN ENTERTAINMENTS GROUP US, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERLIN ENTERTAINMENTS GROUP US, LLC	<b>c</b> EIN-PN 13-3894317-001
<b>a</b>	Plan name	LEXINGTON MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEXINGTON MEDICAL GROUP	<b>c</b> EIN-PN 13-4125496-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 13-4191287-003
<b>a</b>	Plan name	SOURCE ONE TECHNICAL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOURCE ONE TECHNICAL SOLUTIONS, LLC	<b>c</b> EIN-PN 13-4224406-001
<b>a</b>	Plan name	AFFINITY FEDERAL CREDIT UNION	
<b>b</b>	Name of plan sponsor	AFFINITY FEDERAL CREDIT UNION	<b>c</b> EIN-PN 13-5562114-002
<b>a</b>	Plan name	WACOAL AMERICA, INC. SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WACOAL AMERICA, INC.	<b>c</b> EIN-PN 13-5613239-002
<b>a</b>	Plan name	DEPUTY SHERIFFS ASSOCIATION AND SENIOR DEPUTY SHERIFFS ASSOCIATION ANNUITY FUND	
<b>b</b>	Name of plan sponsor	NYC DEPUTY SHERIFFS ASSOC.	<b>c</b> EIN-PN 13-6286241-001
<b>a</b>	Plan name	VASSAR COLLEGE DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	VASSAR COLLEGE	<b>c</b> EIN-PN 14-1338587-001
<b>a</b>	Plan name	TACONIC BIOSCIENCES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TACONIC BIOSCIENCES, INC.	<b>c</b> EIN-PN 14-1381104-001
<b>a</b>	Plan name	KINGSWAY COMMUNITY / MOHAWK AMBULANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINGSWAY ARMS NURSING CENTER, INC.	<b>c</b> EIN-PN 14-1562919-001

<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	CENTRAL CAROLINA AIR CONDITIONING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL CAROLINA AIR CONDITIONING	<b>c</b> EIN-PN 14-1861471-001
<b>a</b>	Plan name	GROUP PENSION PLAN FOR EMPLOYEES OF CORTLAND MEMORIAL HOSPITAL	
<b>b</b>	Name of plan sponsor	CORTLAND MEMORIAL HOSPITAL, INC.	<b>c</b> EIN-PN 15-0532079-001
<b>a</b>	Plan name	HELIO HEALTH, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HELIO HEALTH, INC	<b>c</b> EIN-PN 15-0532288-002
<b>a</b>	Plan name	RETIREMENT PLAN FOR LICENSED PRACTICAL NURSES OF SAMARITAN MEDICAL CENTERS AND S AMARITAN KEEP NURSING HOME, INC.	
<b>b</b>	Name of plan sponsor	SAMARITAN MEDICAL CENTER	<b>c</b> EIN-PN 15-0533577-002
<b>a</b>	Plan name	RETIREMENT PLAN FOR LICENSED PRACTICAL NURSES OF SAMARITAN MEDICAL CENTERS AND S AMARITAN KEEP NURSING HOME, INC.	
<b>b</b>	Name of plan sponsor	SAMARITAN MEDICAL CENTER	<b>c</b> EIN-PN 15-0533577-003
<b>a</b>	Plan name	BURTON F. CLARK PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BURTON F. CLARK INC	<b>c</b> EIN-PN 16-0878015-001
<b>a</b>	Plan name	EXCEPTIONAL FAMILY RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXCEPTIONAL FAMILY RESOURCES	<b>c</b> EIN-PN 16-1098311-001
<b>a</b>	Plan name	THE MCGUIRE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE MCGUIRE GROUP	<b>c</b> EIN-PN 16-1294882-001
<b>a</b>	Plan name	SPORTSFIELD SPECIALTIES, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPORTSFIELD SPECIALTIES, INC.	<b>c</b> EIN-PN 16-1546924-001
<b>a</b>	Plan name	HUGHSTON HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HMMG, LLC	<b>c</b> EIN-PN 20-0359919-001
<b>a</b>	Plan name	SUNRISE DETOXIFICATION CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNRISE DETOXIFICATION CENTER, LLC	<b>c</b> EIN-PN 20-0724833-001
<b>a</b>	Plan name	FNAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRST NATIONAL ASSETS MANAGEMENT, LLC	<b>c</b> EIN-PN 20-0842769-001

<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	CIS SECURE COMPUTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CIS SECURE COMPUTING, INC.	<b>c</b> EIN-PN 20-0858084-001
<b>a</b>	Plan name	GAMBLIN LLC DBA ART GAMBLIN MOTORS	
<b>b</b>	Name of plan sponsor	GAMBLIN LLC DBA ART GAMBLIN MOTORS	<b>c</b> EIN-PN 20-0883879-001
<b>a</b>	Plan name	ACE HOTEL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACE HOTEL GROUP LLC	<b>c</b> EIN-PN 20-1164931-001
<b>a</b>	Plan name	SUNLINK HEALTHCARE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDCARE SOUTH, LLC	<b>c</b> EIN-PN 20-1353960-001
<b>a</b>	Plan name	IMC COMPANIES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IMC COMPANIES, LLC	<b>c</b> EIN-PN 20-1374088-001
<b>a</b>	Plan name	COOPER SALARIED EMPLOYEES PENSION ACCOUNT PLAN	
<b>b</b>	Name of plan sponsor	APEX TOOL GROUP, LLC	<b>c</b> EIN-PN 20-1686977-290
<b>a</b>	Plan name	CROSSCOM NATIONAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROSSCOM NATIONAL, LLC	<b>c</b> EIN-PN 20-1721299-001
<b>a</b>	Plan name	ABSOLUTE ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE ENERGY, L.L.C	<b>c</b> EIN-PN 20-3841025-001
<b>a</b>	Plan name	WESTERN DUBUQUE BIODIESEL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN DUBUQUE BIODIESEL, LLC	<b>c</b> EIN-PN 20-3857933-001
<b>a</b>	Plan name	KRAEMER MINING & MINERALS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KRAEMER MINING & MATERIALS, INC.	<b>c</b> EIN-PN 20-4804797-001
<b>a</b>	Plan name	MILLER BARONDESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLER BARONDESS, LLP	<b>c</b> EIN-PN 20-4939800-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 20-4943358-003

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 RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 20-5024273-003
<b>a</b>	Plan name JOERNS HEALTHCARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JOERNS HEALTHCARE LLC	<b>c</b> EIN-PN 20-5251510-001
<b>a</b>	Plan name JOSHUA M. BLOOM P.C. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOSHUA M. BLOOM P.C.	<b>c</b> EIN-PN 20-5444011-001
<b>a</b>	Plan name ALLIANT INTERNATIONAL UNIVERSITY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALLIANT INTERNATIONAL UNIVERSITY	<b>c</b> EIN-PN 20-5683516-003
<b>a</b>	Plan name HARD ROCK FUTURECARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEMINOLE HARD ROCK ENTERTAINMENT, INC.	<b>c</b> EIN-PN 20-8347464-001
<b>a</b>	Plan name THE MIRAGE CASINO-HOTEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEMINOLE HARD ROCK ENTERTAINMENT, INC.	<b>c</b> EIN-PN 20-8347464-002
<b>a</b>	Plan name MEDFORD LEAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE ESTAUGH T/A MEDFORD LEAS	<b>c</b> EIN-PN 21-0633410-001
<b>a</b>	Plan name SAKER SHOPRITES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAKER SHOPRITES, INC.	<b>c</b> EIN-PN 22-1729304-003
<b>a</b>	Plan name PERRITT LABORATORIES, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PERRITT LABORATORIES, INC.	<b>c</b> EIN-PN 22-2007841-001
<b>a</b>	Plan name A & S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor A&S PACKAGING AND DISPLAY CORPORATION	<b>c</b> EIN-PN 22-2458585-001
<b>a</b>	Plan name YKK 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor YKK CORPORATION OF AMERICA	<b>c</b> EIN-PN 22-2830094-002
<b>a</b>	Plan name LAMONT FINANCIAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAMONT FINANCIAL SERVICES CORPORATION	<b>c</b> EIN-PN 22-2857916-001

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 EPOCA INTERNATIONAL, LLC 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor EPOCA INTERNATIONAL, LLC	<b>c</b> EIN-PN 22-3126842-001
<b>a</b>	Plan name ZELDIS RESEARCH ASSOCIATES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ZELDIS RESEARCH ASSOCIATES	<b>c</b> EIN-PN 22-3175286-001
<b>a</b>	Plan name IDT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor IDT CORPORATION	<b>c</b> EIN-PN 22-3312700-001
<b>a</b>	Plan name IONBOND INC. SAVINGS INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor IONBOND LLC	<b>c</b> EIN-PN 22-3322481-001
<b>a</b>	Plan name MCGOWAN BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCGOWAN BUILDERS, INC.	<b>c</b> EIN-PN 22-3812539-001
<b>a</b>	Plan name GREENSPRING ADVISORS GROUP PLAN SOLUTIONS	
<b>b</b>	Name of plan sponsor NPPG FIDUCIARY SERVICES, LLC	<b>c</b> EIN-PN 22-3860676-001
<b>a</b>	Plan name ARNOLD TRANSPORTATION SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARNOLD TRANSPORTATION SERVICES, INC.	<b>c</b> EIN-PN 23-1582737-001
<b>a</b>	Plan name IUPAT DISTRICT COUNCIL NO. 21 OF NORTHEASTERN PA ANNUITY PLAN	
<b>b</b>	Name of plan sponsor IUPAT DISTRICT COUNCIL NO. 21 OF NORTHEASTERN PA	<b>c</b> EIN-PN 23-2481824-001
<b>a</b>	Plan name RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 23-2711599-003
<b>a</b>	Plan name ARBUTUS PARK MANOR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARBUTUS PARK MANOR	<b>c</b> EIN-PN 23-7064174-001
<b>a</b>	Plan name MID-AMERICA TRANSPLANT SERVICES SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor MID-AMERICA TRANSPLANT SERVICES	<b>c</b> EIN-PN 23-7426306-001
<b>a</b>	Plan name HOLY FAMILY INSTITUTE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOLY FAMILY INSTITUTE	<b>c</b> EIN-PN 25-0984606-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 25-1783865-003
<b>a</b>	Plan name GRADY MEMORIAL HOSPITAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRADY MEMORIAL HOSPITAL CORPORATION	<b>c</b> EIN-PN 26-2037695-001
<b>a</b>	Plan name ACE HOTEL NEW YORK UNION PENSION PLAN	
<b>b</b>	Name of plan sponsor ACE HOTEL NEW YORK UNION	<b>c</b> EIN-PN 26-2205148-002
<b>a</b>	Plan name BLACKWOOD OF DC LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLACKWOOD OF DC LLC	<b>c</b> EIN-PN 26-3165188-001
<b>a</b>	Plan name LINK RESTAURANT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LINK RESTAURANT GROUP, LLC	<b>c</b> EIN-PN 26-3553309-001
<b>a</b>	Plan name PINEBRIDGE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PINEBRIDGE INVESTMENTS HOLDINGS US LLC	<b>c</b> EIN-PN 26-4672666-001
<b>a</b>	Plan name JUSTICE FAMILY GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JUSTICE FAMILY GROUP, LLC	<b>c</b> EIN-PN 26-4812818-001
<b>a</b>	Plan name THE WINNER'S CIRCLE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor G-PEG 1 DBA CARSON VALLEY INN	<b>c</b> EIN-PN 27-0434496-001
<b>a</b>	Plan name INSIGHT ENVIRONMENTAL, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSIGHT ENVIRONMENTAL, INC	<b>c</b> EIN-PN 27-0533679-001
<b>a</b>	Plan name BERLIN PATTEN EBLING, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BERLIN PATTEN EBLING, PLLC	<b>c</b> EIN-PN 27-0876012-001
<b>a</b>	Plan name HIGHLANDS AUTOMOTIVE HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIGHLANDS AUTOMOTIVE HOLDINGS, INC	<b>c</b> EIN-PN 27-0881697-001
<b>a</b>	Plan name GRANDVIEW BROKERAGE CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GRANDVIEW BROKERAGE CORPORATION	<b>c</b> EIN-PN 27-1873805-001

<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	RBC GROUP RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN
<b>c</b>	EIN-PN	27-2089393-003
<b>a</b>	Plan name	COMPASS COMMERCIAL CONSTRUCTION GROUP 401(K) PLAN
<b>b</b>	Name of plan sponsor	COMPASS COMMERCIAL CONSTRUCTION GROUP
<b>c</b>	EIN-PN	27-3042323-001
<b>a</b>	Plan name	DLJ REAL ESTATE CAPITAL PARTNERS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	DLJ REAL ESTATE CAPITAL PARTNERS, LLC
<b>c</b>	EIN-PN	27-3051867-001
<b>a</b>	Plan name	EYE CENTERS OF AMERICA 401(K)
<b>b</b>	Name of plan sponsor	EYE CENTERS OF AMERICA LLC
<b>c</b>	EIN-PN	27-3654710-001
<b>a</b>	Plan name	PYRAMID COMPANIES GROUP
<b>b</b>	Name of plan sponsor	PYRAMID MANAGEMENT GROUP
<b>c</b>	EIN-PN	27-4115851-002
<b>a</b>	Plan name	L&W 401(K) ADVISORY RETIREMENT PLAN EXCHANGE
<b>b</b>	Name of plan sponsor	TAG RESOURCES
<b>c</b>	EIN-PN	27-4503657-028
<b>a</b>	Plan name	ATRIA SENIOR LIVING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ATRIA SENIOR LIVING, INC.
<b>c</b>	EIN-PN	27-4673765-001
<b>a</b>	Plan name	MIGIS HOTEL GROUP 401(K)
<b>b</b>	Name of plan sponsor	MIGIS HOTEL GROUP
<b>c</b>	EIN-PN	27-5333403-001
<b>a</b>	Plan name	MARINE ACQUISITION CORP. RETIREMENT INCOME PLAN
<b>b</b>	Name of plan sponsor	MARINE ACQUISITION CORP.
<b>c</b>	EIN-PN	27-5496404-002
<b>a</b>	Plan name	JENNINGS HOLDINGS 401(K) PLAN
<b>b</b>	Name of plan sponsor	HUMAN RESOURCE CONCEPTS, LLC
<b>c</b>	EIN-PN	30-0041952-001
<b>a</b>	Plan name	ALMATIS, INC. RET. PLAN
<b>b</b>	Name of plan sponsor	ALMATIS, INC.
<b>c</b>	EIN-PN	30-0222885-002
<b>a</b>	Plan name	THE COFFEE PACIFIC PROFIT SHARING INVESTMENT PLAN
<b>b</b>	Name of plan sponsor	COFFEE PACIFIC, LLC
<b>c</b>	EIN-PN	30-0307589-001

<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	A CUT ABOVE ROOFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECTRUM PENSION CONSULTANTS, INC.	<b>c</b> EIN-PN 30-1283491-001
<b>a</b>	Plan name	TOTES ISOTONER CORPORATION EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor	TOTES ISOTONER CORPORATION	<b>c</b> EIN-PN 31-0405270-002
<b>a</b>	Plan name	TBC RETAIL ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TBC CORPORATION	<b>c</b> EIN-PN 31-0600670-002
<b>a</b>	Plan name	TBC CORPORATION SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TBC CORPORATION	<b>c</b> EIN-PN 31-0600670-003
<b>a</b>	Plan name	R/K BELTING SPECIALTIES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	R/K BELTING SPECIALTIES, INC.	<b>c</b> EIN-PN 31-1023850-001
<b>a</b>	Plan name	THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TOLEDO NEWSPAPER UNIONS - BLADE	<b>c</b> EIN-PN 31-1571353-002
<b>a</b>	Plan name	RADIUS GLOBAL SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	RADIUS HOLDINGS LLC	<b>c</b> EIN-PN 32-0403214-001
<b>a</b>	Plan name	BRAVO SPORTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRAVO SPORTS	<b>c</b> EIN-PN 33-0223439-001
<b>a</b>	Plan name	A CUT ABOVE ROOFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECTRUM PENSION CONSULTANTS, INC.	<b>c</b> EIN-PN 33-0551032-001
<b>a</b>	Plan name	PRIME HEALTHCARE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIME HEALTHCARE SERVICES, INC.	<b>c</b> EIN-PN 33-0943449-001
<b>a</b>	Plan name	MIDWESTERN INDUSTRIES, INC.	
<b>b</b>	Name of plan sponsor	MIDWESTERN INDUSTRIES, INC.	<b>c</b> EIN-PN 34-0895545-001
<b>a</b>	Plan name	SPIETH, BELL, MCCURDY & NEWELL CO., LPA PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SPIETH, BELL, MCCURDY & NEWELL CO., L.P.A.	<b>c</b> EIN-PN 34-1145791-001

<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	CLEVELAND ASBESTOS WORKERS DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL ASSOC OF HEAT AND FROST INSULATORS & ALLIED LOCAL #3	<b>c</b> EIN-PN 34-1311911-001
<b>a</b>	Plan name	PEN PLAN FOR EE'S OF FIRST CITIZENS BANC CORP & ITS AFFLS.	
<b>b</b>	Name of plan sponsor	CIVISTA BANCSHARES, INC.	<b>c</b> EIN-PN 34-1558688-001
<b>a</b>	Plan name	AUTO SYSTEMS CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUTO SYSTEMS CENTERS, INC.	<b>c</b> EIN-PN 34-1841648-002
<b>a</b>	Plan name	MAINTHIA TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAINTHIA TECHNOLOGIES, INC.	<b>c</b> EIN-PN 34-1844305-001
<b>a</b>	Plan name	THE 401(K) SALARY DEFFERAL PROGRAM FOR TOLEDO EMPLOYEES	
<b>b</b>	Name of plan sponsor	CITY OF TOLEDO	<b>c</b> EIN-PN 34-6401447-001
<b>a</b>	Plan name	PORTER-STARKE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PORTER-STARKE SERVICES, INC.	<b>c</b> EIN-PN 35-1330771-001
<b>a</b>	Plan name	MERRITT HALL ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MERRITT HALL ENTERPRISES	<b>c</b> EIN-PN 35-1722653-001
<b>a</b>	Plan name	ADKEV/REGAL 401K PLAN	
<b>b</b>	Name of plan sponsor	ADKEV, INC.	<b>c</b> EIN-PN 35-1807005-001
<b>a</b>	Plan name	THE MCLEOD COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCLEOD EXPRESS, LLC	<b>c</b> EIN-PN 35-2156793-001
<b>a</b>	Plan name	RET PLAN EES OF LIONS CLUBS	
<b>b</b>	Name of plan sponsor	THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS	<b>c</b> EIN-PN 36-1263962-001
<b>a</b>	Plan name	DEVRO, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DEVRO, INC.	<b>c</b> EIN-PN 36-2704043-001
<b>a</b>	Plan name	DEVRO EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	DEVRO, INC.	<b>c</b> EIN-PN 36-2704043-009

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 LEVIN & GINSBURG LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEVIN & GINSBURG LTD.	<b>c</b> EIN-PN 36-3007629-001
<b>a</b>	Plan name MESIROW FINANCIAL SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MESIROW FINANCIAL ADMINISTRATIVE CORPORATION	<b>c</b> EIN-PN 36-3429602-003
<b>a</b>	Plan name MCCULLOUGH, CAMPBELL & LANE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MCCULLOUGH, CAMPBELL & LANE LLP	<b>c</b> EIN-PN 36-3510131-001
<b>a</b>	Plan name TRANSPORTATION SPECIALIST 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRANSPORTATION MANAGEMENT CONSULTANTS, INC.	<b>c</b> EIN-PN 36-3926639-001
<b>a</b>	Plan name PAUL REILLY COMPANY ILLINOIS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PAUL REILLY COMPANY	<b>c</b> EIN-PN 36-4477925-001
<b>a</b>	Plan name HARD ROCK SACRAMENTO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ENTERPRISE DVLPMT AUTHORITY DBA HARD ROCK HOTEL AND CASINO SACRAMENTO	<b>c</b> EIN-PN 36-4878288-001
<b>a</b>	Plan name THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIRST TRUST HOLDINGS, INC.	<b>c</b> EIN-PN 37-1307139-003
<b>a</b>	Plan name CHELSEA MILLING COMPANY CHELSEA MILLING DIVISION DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor CHELSEA MILLING COMPANY	<b>c</b> EIN-PN 38-0415770-001
<b>a</b>	Plan name L&L PRODUCTS EMPLOYEES' PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor L&L PRODUCTS, INC.	<b>c</b> EIN-PN 38-1587867-002
<b>a</b>	Plan name ORT TOOL & DIE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORT TOOL & DIE CORPORATION	<b>c</b> EIN-PN 38-1655920-001
<b>a</b>	Plan name LAKEWOOD FAMILY MEDICINE, PLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAKEWOOD FAMILY MEDICINE, PLC	<b>c</b> EIN-PN 38-2314636-001
<b>a</b>	Plan name DOETSCH INDUSTRIAL SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DOETSCH INDUSTRIAL SERVICES, INC.	<b>c</b> EIN-PN 38-2321717-001

<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	FENTURA FINANCIAL, INC. EMPLOYEE DEFERRED COMPENSATION AND STOCK OWNERSHIP	
<b>b</b>	Name of plan sponsor	FENTURA FINANCIAL, INC.	<b>c</b> EIN-PN 38-2806518-002
<b>a</b>	Plan name	CHARTER INDUSTRIES EXTRUSIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHARTER INDUSTRIES	<b>c</b> EIN-PN 38-3126373-001
<b>a</b>	Plan name	PROVIDERS STAFFING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROVIDERS STAFFING, INC.	<b>c</b> EIN-PN 38-3209826-001
<b>a</b>	Plan name	FICOSA NORTH AMERICA CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor	FICOSA NORTH AMERICA CORPORATION	<b>c</b> EIN-PN 38-3247924-002
<b>a</b>	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	<b>c</b> EIN-PN 38-3279069-002
<b>a</b>	Plan name	THE LEONA GROUP, L.L.C. EMPLOYEE DEFERRAL COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	THE LEONA GROUP, L.L.C.	<b>c</b> EIN-PN 38-3311066-001
<b>a</b>	Plan name	FLINT PLUMBERS & PIPEFITTERS MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	FLINT PLUMBING AND PIPEFITTING INDUSTRY	<b>c</b> EIN-PN 38-6254230-002
<b>a</b>	Plan name	THE RELIABLE OF MILWAUKEE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RELIABLE OF MILWAUKEE	<b>c</b> EIN-PN 39-0564740-006
<b>a</b>	Plan name	ROTO-ROOTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROOTER SEWER CLEANERS, INC.	<b>c</b> EIN-PN 39-0989392-001
<b>a</b>	Plan name	AEGON USA, LLC PENSION PLAN	
<b>b</b>	Name of plan sponsor	AEGON USA, LLC	<b>c</b> EIN-PN 39-0989781-002
<b>a</b>	Plan name	PIONEER PRODUCTS, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PIONEER PRODUCTS, INC.	<b>c</b> EIN-PN 39-1078454-003
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 39-1154208-003

<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	FCP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOREST COUNTY POTAWATOMI COMMUNITY	<b>c</b> EIN-PN 39-1225059-002
<b>a</b>	Plan name	MIXER SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIXER SYSTEMS, INC.	<b>c</b> EIN-PN 39-1322267-001
<b>a</b>	Plan name	GREENFIELD REHABILITATION AGENCY, INC. EMPLOYEES' 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GREENFIELD REHABILITATION AGENCY, INC.	<b>c</b> EIN-PN 39-1385825-001
<b>a</b>	Plan name	SCHLOSSMANN AUTOMOTIVE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHLOSSMANN AUTOMOTIVE GROUP	<b>c</b> EIN-PN 39-1501205-001
<b>a</b>	Plan name	AFFILIATED PRODUCTS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AFFILIATED PRODUCTS, INC.	<b>c</b> EIN-PN 39-1525389-777
<b>a</b>	Plan name	THE BOUCHER GROUP 401(K) PROFIT-SHARING SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE BOUCHER GROUP, INC.	<b>c</b> EIN-PN 39-1607079-001
<b>a</b>	Plan name	PREVEA CLINIC, INC. 401(K) AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PREVEA CLINIC, INC.	<b>c</b> EIN-PN 39-1839349-004
<b>a</b>	Plan name	MASTERMOLD LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	MASTERMOLD LLC	<b>c</b> EIN-PN 39-1863073-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 39-1878956-001
<b>a</b>	Plan name	ONEIDA NATION ENTERPRISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONEIDA NATION	<b>c</b> EIN-PN 39-6081138-004
<b>a</b>	Plan name	MINNESOTA NATIONAL BANK 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MINNESOTA NATIONAL BANK	<b>c</b> EIN-PN 41-0406600-333
<b>a</b>	Plan name	W.D. LARSONCOMPANIES LTD, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	W.D. LARSON COMPANIES LTD, INC.	<b>c</b> EIN-PN 41-1244294-001

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 MINNESOTA WILD 401(K) PLAN	
<b>b</b>	Name of plan sponsor MINNESOTA HOCKEY VENTURES GROUP, L.P.	<b>c</b> EIN-PN 41-1878884-001
<b>a</b>	Plan name ELECTRICAL WORKERS PENSION FUND PART A	
<b>b</b>	Name of plan sponsor ELECTRICAL WORKERS LOCAL 242 AND 294 PENSION FUND	<b>c</b> EIN-PN 41-6052631-001
<b>a</b>	Plan name ELECTRICAL WORKERS PENSION FUND PART B	
<b>b</b>	Name of plan sponsor ELECTRICAL WORKERS LOCAL 242 AND 294 PENSION FUND	<b>c</b> EIN-PN 41-6052631-001
<b>a</b>	Plan name ELECTRICAL WORKERS PENSION FUND PART C	
<b>b</b>	Name of plan sponsor ELECTRICAL WORKERS LOCAL 242 AND 294 PENSION FUND	<b>c</b> EIN-PN 41-6052631-001
<b>a</b>	Plan name FAREWAY STORES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FAREWAY STORES, INC.	<b>c</b> EIN-PN 42-0240920-002
<b>a</b>	Plan name BRUENING ROCK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRUENING ROCK PRODUCTS	<b>c</b> EIN-PN 42-0632195-001
<b>a</b>	Plan name AEGON USA, LLC PENSION PLAN	
<b>b</b>	Name of plan sponsor AEGON USA, LLC	<b>c</b> EIN-PN 42-1310237-002
<b>a</b>	Plan name AEGON USA PROFIT-SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TRANSAMERICA CORPORATION	<b>c</b> EIN-PN 42-1484983-003
<b>a</b>	Plan name RK STRATMAN, INC. 401(K) PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor RK STRATMAN, INC.	<b>c</b> EIN-PN 43-1432476-001
<b>a</b>	Plan name PIPE FITTERS LOCAL NO. 533 PENSION PLAN	
<b>b</b>	Name of plan sponsor PIPE FITTERS LOCAL NO. 533 PENSION PLAN	<b>c</b> EIN-PN 43-6175719-001
<b>a</b>	Plan name PIPEFITTERS LOCAL NO. 533 INDIVIDUAL ACCOUNT PLAN	
<b>b</b>	Name of plan sponsor PIPEFITTERS LOCAL NO. 533	<b>c</b> EIN-PN 43-6175719-002
<b>a</b>	Plan name SEMCO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEMCO, LLC	<b>c</b> EIN-PN 44-0668021-003

<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	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 45-1369950-001
<b>a</b>	Plan name	ENOVA INTERNATIONAL, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ENOVA INTERNATIONAL, INC.	<b>c</b> EIN-PN 45-3190813-001
<b>a</b>	Plan name	GLOBAL INFORMATION SYSTEMS, LLC PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GLOBAL INFORMATION SYSTEMS, LLC	<b>c</b> EIN-PN 45-4373758-001
<b>a</b>	Plan name	RL WEST OF NORTH CAROLINA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RL WEST OF NORTH CAROLINA, LLC	<b>c</b> EIN-PN 45-4907441-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 46-1224877-003
<b>a</b>	Plan name	ASCENT AEROSPACE HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASCENT AEROSPACE HOLDINGS, LLC	<b>c</b> EIN-PN 46-1243767-001
<b>a</b>	Plan name	A CUT ABOVE ROOFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECTRUM PENSION CONSULTANTS, INC.	<b>c</b> EIN-PN 46-1689457-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 46-4512989-003
<b>a</b>	Plan name	FLORIDA OMFS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FLORIDA OMFS LLC	<b>c</b> EIN-PN 46-5754024-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 47-1990704-003
<b>a</b>	Plan name	KRAEMER NORTH AMERICA, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KRAEMER NORTH AMERICA, LLC	<b>c</b> EIN-PN 47-2031815-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 47-2243203-003

<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	SPAY 401(K) PLAN	
<b>b</b> Name of plan sponsor	SPAY, INC.	<b>c</b> EIN-PN 47-4011165-001
<b>a</b> Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 47-5106136-003
<b>a</b> Plan name	SECU/S3 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	SECU CREDIT UNION	<b>c</b> EIN-PN 52-0627114-001
<b>a</b> Plan name	APPALACHIAN REGIONAL HEALTHCARE, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	APPALACHIAN REGIONAL HEALTHCARE, INC.	<b>c</b> EIN-PN 52-0795508-001
<b>a</b> Plan name	APPALACHIAN REGIONAL HEALTHCARE, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	APPALACHIAN REGIONAL HEALTHCARE, INC.	<b>c</b> EIN-PN 52-0795508-002
<b>a</b> Plan name	APPALACHIAN REGIONAL HEALTHCARE, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	APPALACHIAN REGIONAL HEALTHCARE, INC.	<b>c</b> EIN-PN 52-0795508-003
<b>a</b> Plan name	PLAZA FORD, INC. EMPLOYEES SAVINGS AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	PLAZA FORD, INC.	<b>c</b> EIN-PN 52-0847541-001
<b>a</b> Plan name	SHIMADZU SCIENTIFIC INSTRUMENTS, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	SHIMADZU SCIENTIFIC INSTRUMENTS, INC.	<b>c</b> EIN-PN 52-1035956-001
<b>a</b> Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 52-1119538-003
<b>a</b> Plan name	DXI CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	DXI CONSTRUCTION, INC.	<b>c</b> EIN-PN 52-1296506-001
<b>a</b> Plan name	OAPI RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	OAPI RETIREMENT PLAN	<b>c</b> EIN-PN 52-1630683-002
<b>a</b> Plan name	POWER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	POWER SOLUTIONS, LLC	<b>c</b> EIN-PN 52-2100793-001

<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	LINCOLN INDUSTRIAL CORP. OMNIBUS PLAN	
<b>b</b>	Name of plan sponsor	LINCOLN INDUSTRIAL CORPORATION	<b>c</b> EIN-PN 52-2361769-007
<b>a</b>	Plan name	AAFMAA ENTITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ARMED FORCES MUTUAL AID ASSOCIATION	<b>c</b> EIN-PN 53-0213841-003
<b>a</b>	Plan name	EPES TRANSPORT SYSTEM 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EPES TRANSPORT SYSTEM, LLC	<b>c</b> EIN-PN 54-0409030-001
<b>a</b>	Plan name	EYE SURGEONS OF RICHMOND, INC. PROFIT SHARING & TRUST	
<b>b</b>	Name of plan sponsor	EYE SURGEONS OF RICHMOND, INC.	<b>c</b> EIN-PN 54-1119248-001
<b>a</b>	Plan name	SENTRY EQUIPMENT ERECTORS, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SENTRY EQUIPMENT ERECTORS, INC.	<b>c</b> EIN-PN 54-1150258-001
<b>a</b>	Plan name	TRUCK SERVICE OF VIRGINIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUCK SERVICE OF VIRGINIA, INC.	<b>c</b> EIN-PN 54-1585426-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 54-1948479-003
<b>a</b>	Plan name	BLUESTONE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUESTONE RESOURCES, INC.	<b>c</b> EIN-PN 55-0673464-002
<b>a</b>	Plan name	EPES LOGISTICS SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EPES LOGISTICS SERVICES, INC.	<b>c</b> EIN-PN 56-1647161-001
<b>a</b>	Plan name	NCSFA POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	RETIREMENT PLAN SOLUTIONS, INC.	<b>c</b> EIN-PN 56-1762637-003
<b>a</b>	Plan name	RETAIL SPORTS MARKETING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RETAIL SPORTS MARKETING	<b>c</b> EIN-PN 56-1979360-001
<b>a</b>	Plan name	SOUTHERN GRAPHIC SYSTEMS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN GRAPHICS, INC.	<b>c</b> EIN-PN 56-2555719-001

<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	DAVIS & FLOYD, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVIS & FLOYD, INC.	<b>c</b> EIN-PN 57-0346458-001
<b>a</b>	Plan name	JOHNSON AUTOMOTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON AUTOMOTIVE	<b>c</b> EIN-PN 57-0991904-001
<b>a</b>	Plan name	THUNDER VALLEY CASINO 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THUNDER VALLEY CASINO	<b>c</b> EIN-PN 57-1136913-001
<b>a</b>	Plan name	THE OXFORD FINANCE SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	OXFORD FINANCE LLC	<b>c</b> EIN-PN 57-1199143-001
<b>a</b>	Plan name	RESURGENS ORTHOPAEDICS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RESURGENS, P.C.	<b>c</b> EIN-PN 58-1661116-002
<b>a</b>	Plan name	YKK AP AMERICA INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	YKK AP AMERICA INC.	<b>c</b> EIN-PN 58-1941588-001
<b>a</b>	Plan name	MICCOSUKEE TRIBE OF INDIANS OF FLORIDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICCOSUKEE TRIBE OF INDIANS OF FLORIDA	<b>c</b> EIN-PN 59-0996784-001
<b>a</b>	Plan name	SEMINOLE TRIBE OF FLORIDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEMINOLE TRIBE OF FLORIDA AND SEMINOLE TRIBE OF FLORIDA, INC.	<b>c</b> EIN-PN 59-1415030-001
<b>a</b>	Plan name	SEMINOLE INDIAN CASINO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEMINOLE TRIBE OF FLORIDA	<b>c</b> EIN-PN 59-1415030-002
<b>a</b>	Plan name	OCEAN REEF COMMUNITY ASSOCIATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEAN REEF COMMUNITY ASSOCIATION, INC.	<b>c</b> EIN-PN 59-1747817-001
<b>a</b>	Plan name	NORTH FLORIDA WOMEN'S CARE, P.A. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTH FLORIDA WOMEN'S CARE, P.A.	<b>c</b> EIN-PN 59-2825211-002
<b>a</b>	Plan name	HERNON MANUFACTURING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HERNON MANUFACTURING	<b>c</b> EIN-PN 59-2965375-001

<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	COMMUNITY FOUNDATION OF TAMPA 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COMMUNITY FOUNDATION OF TAMPA	<b>c</b> EIN-PN 59-3001853-001
<b>a</b>	Plan name	OCALA DERMATOLOGY AND SKIN CANCER CENTER, PA 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OCALA DERMATOLOGY AND SKIN CANCER CENTER, PA	<b>c</b> EIN-PN 59-3238249-001
<b>a</b>	Plan name	WHDH-TV,INC RETIREMENT PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	SUNBEAM TELEVISION CORP RET. PLAN WHDH-TV,INC. PENSION PLAN FOR TECH	<b>c</b> EIN-PN 59-6071944-001
<b>a</b>	Plan name	THE AGC OF KENTUCKY CONSTRUCTION INDUSTRY 401K PLAN	
<b>b</b>	Name of plan sponsor	AGC OF KENTUCKY	<b>c</b> EIN-PN 61-0263820-002
<b>a</b>	Plan name	BOEHL STOPHER & GRAVES AMENDED AND RESTATED RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BOEHL STOPHER & GRAVES, LLP	<b>c</b> EIN-PN 61-0465580-001
<b>a</b>	Plan name	BRANDSTETTER-CARROLL, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRANDSTETTER-CARROLL, INC.	<b>c</b> EIN-PN 61-1011570-001
<b>a</b>	Plan name	WULCO, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WULCO, INC.	<b>c</b> EIN-PN 61-1171211-001
<b>a</b>	Plan name	BURCH, PORTER & JOHNSON SELF EMPLOYED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BURCH, PORTER & JOHNSON, PLLC	<b>c</b> EIN-PN 62-0512769-001
<b>a</b>	Plan name	DEROYAL EMPLOYEES' SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DEROYAL INDUSTRIES, INC.	<b>c</b> EIN-PN 62-1047215-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 62-1353357-003
<b>a</b>	Plan name	LOGAN-THOMPSON, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LOGAN-THOMPSON, P.C.	<b>c</b> EIN-PN 62-1563422-001
<b>a</b>	Plan name	ADVANCED DIGITAL CABLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED DIGITAL CABLE, INC.	<b>c</b> EIN-PN 62-1690046-001

<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	DEFERRED SALARY PROFIT-SHARING PLAN FOR EMPLOYEES OF HICKS, INC.	
<b>b</b>	Name of plan sponsor	HICKS INC.	<b>c</b> EIN-PN 63-0374814-001
<b>a</b>	Plan name	W. L. PETREY WHOLESALE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W. L. PETREY WHOLESALE	<b>c</b> EIN-PN 63-0672324-003
<b>a</b>	Plan name	DSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOTHAN SECURITY, INC.	<b>c</b> EIN-PN 63-0748641-002
<b>a</b>	Plan name	SOUTHEASTERN PROPERTY MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEASTERN PROPERTY MANAGEMENT, LLC	<b>c</b> EIN-PN 63-0755228-001
<b>a</b>	Plan name	L&W 401(K) ADVISORY RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	TAG RESOURCES	<b>c</b> EIN-PN 63-0912885-028
<b>a</b>	Plan name	LAUDERDALE TANKERS CORP & LOT OCEAN TRANSPORT INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAUDERDALE TANKERS, CORP	<b>c</b> EIN-PN 65-0561287-001
<b>a</b>	Plan name	STANDARD LINES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STANDARD LINES BROKERAGE, LLC	<b>c</b> EIN-PN 65-1000465-001
<b>a</b>	Plan name	LIFE INSURANCE SETTLEMENTS, INC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	LIFE INSURANCE SETTLEMENTS, INC	<b>c</b> EIN-PN 65-1144797-001
<b>a</b>	Plan name	CPS PUERTO RICO, INC. 1165(E) PLAN	
<b>b</b>	Name of plan sponsor	CPS PUERTO RICO, INC.	<b>c</b> EIN-PN 66-0602419-001
<b>a</b>	Plan name	COMYNS, SMITH, MCCLEARY & DEEVER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMYNS, SMITH, MCCLEARY & DEEVER, LLP	<b>c</b> EIN-PN 68-0307221-001
<b>a</b>	Plan name	ENTERPRISE RANCHERIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENTERPRISE RANCHERIA ESTOM YUMEKA MAIDU INDIANS OF CALIFORNIA	<b>c</b> EIN-PN 68-0338086-001
<b>a</b>	Plan name	WRIGHT, LINDSEY & JENNINGS LLP PROFIT SHARING PLAN AND TRUST JENNINGS LLP	
<b>b</b>	Name of plan sponsor	WRIGHT LINDSEY & JENNINGS L L P	<b>c</b> EIN-PN 71-0239196-001

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 CROMWELL ARCHITECTS ENGINEERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CROMWELL ARCHITECTS ENGINEERS, INC.	<b>c</b> EIN-PN 71-0349938-002
<b>a</b>	Plan name PROFIT SHARING PLAN OF ROSE LAW FIRM, A PROFESSIONAL ASSOCIATION	
<b>b</b>	Name of plan sponsor ROSE LAW FIRM, A PROFESSIONAL ASSOCIATION	<b>c</b> EIN-PN 71-0438614-001
<b>a</b>	Plan name MAVERICK ADMINISTRATIVE SERVICES, LLC	
<b>b</b>	Name of plan sponsor MAVERICK USA, INC.	<b>c</b> EIN-PN 71-0532344-001
<b>a</b>	Plan name MIDDLETON, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MIDDLETON, INC.	<b>c</b> EIN-PN 71-0567934-001
<b>a</b>	Plan name NAB PENSION RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE NABHOLZ GROUP, INC.	<b>c</b> EIN-PN 71-0833356-001
<b>a</b>	Plan name RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 72-1553145-003
<b>a</b>	Plan name KARNES ELECTRIC COOPERATIVE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KARNES ELECTRIC COOPERATIVE, INC.	<b>c</b> EIN-PN 74-0720615-002
<b>a</b>	Plan name PALMER STEEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor PALMER STEEL SUPPLIES, INC.	<b>c</b> EIN-PN 74-1256878-001
<b>a</b>	Plan name KLEBERG COUNTY APPRAISAL DISTRICT MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor KLEBERG COUNTY APPRAISAL DISTRICT	<b>c</b> EIN-PN 74-2088215-001
<b>a</b>	Plan name REDI-CARPET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor REDI-CARPET, INC.	<b>c</b> EIN-PN 74-2207268-001
<b>a</b>	Plan name DOCTORS HOSPITAL AT RENAISSANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOCTORS HOSPITAL AT RENAISSANCE	<b>c</b> EIN-PN 74-2802643-001
<b>a</b>	Plan name THE PERFICIENT, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PERFICIENT, INC.	<b>c</b> EIN-PN 74-2853258-001

<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	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 74-2909379-003
<b>a</b>	Plan name	BUDWEISER DISTRIBUTING COMPANY OF BORGER, LP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BUDWEISER DISTRIBUTING COMPANY OF BORGER, LP	<b>c</b> EIN-PN 75-1325404-001
<b>a</b>	Plan name	GAGE VAN HORN & ASSOCIATES, INC. AND MILLER PAPER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GAGE VAN HORN & ASSOCIATES, INC.-	<b>c</b> EIN-PN 75-1478044-001
<b>a</b>	Plan name	ENERGYNET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENERGYNET.COM, INC.	<b>c</b> EIN-PN 75-2806162-001
<b>a</b>	Plan name	INTERMOUNTAIN SALES & MARKETING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERMOUNTAIN SALES & MARKETING, INC.	<b>c</b> EIN-PN 75-2971109-001
<b>a</b>	Plan name	COOPER SALARIED EMPLOYEES PENSION ACCOUNT PLAN	
<b>b</b>	Name of plan sponsor	APEX TOOL GROUP, LLC	<b>c</b> EIN-PN 76-0554126-046
<b>a</b>	Plan name	THOMPSON & HARVEY TRANSPORTATION, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON & HARVEY TRANSPORTATION, INC.	<b>c</b> EIN-PN 77-0456650-001
<b>a</b>	Plan name	GARLINGTON, LOHN & ROBINSON PLLP SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GARLINGTON, LOHN & ROBINSON PLLP	<b>c</b> EIN-PN 81-0173853-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 81-0269223-003
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 81-3337323-003
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 81-3355671-003
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 81-3704361-003

<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	PROPLOGIX, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PROPLOGIX, LLC	<b>c</b> EIN-PN 81-3763469-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 81-3982942-003
<b>a</b>	Plan name	CORRECTIONAL DENTAL PROVIDER NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORRECTIONAL DENTAL PROVIDER NETWORK, PLLC	<b>c</b> EIN-PN 81-4720135-001
<b>a</b>	Plan name	IDAHO FARM BUREAU FEDERATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IDAHO FARM BUREAU FEDERATION	<b>c</b> EIN-PN 82-0181284-004
<b>a</b>	Plan name	FARM BUREAU INSURANCE COMPANY OF IDAHO VOLUNTARY EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FARM BUREAU INSURANCE COMPANY OF IDAHO	<b>c</b> EIN-PN 82-0189910-004
<b>a</b>	Plan name	FOSUN PHARMA USA INC 401(K)	
<b>b</b>	Name of plan sponsor	FOSUN PHARMA USA, INC	<b>c</b> EIN-PN 82-2088959-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 82-2790494-003
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 82-3667591-003
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 82-3667726-003
<b>a</b>	Plan name	GREENSPRING ADVISORS GROUP PLAN SOLUTIONS	
<b>b</b>	Name of plan sponsor	NPPG FIDUCIARY SERVICES, LLC	<b>c</b> EIN-PN 82-3912659-001
<b>a</b>	Plan name	DURIEUX GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DURIEUX GROUP, INC.	<b>c</b> EIN-PN 82-4510521-001
<b>a</b>	Plan name	JC HOSPITALITY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JC HOSPITALITY LLC	<b>c</b> EIN-PN 82-4808806-001

<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	INTERDIGITAL SAVINGS AND PROTECTION PLAN	
<b>b</b>	Name of plan sponsor	INTERDIGITAL, INC.	<b>c</b> EIN-PN 82-4936666-001
<b>a</b>	Plan name	CENTURION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MHM SERVICES, INC., DBA, CENTURION GROUP, INC.	<b>c</b> EIN-PN 82-5316510-001
<b>a</b>	Plan name	MOUNTAIN WEST FARM BUREAU VOLUNTARY EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 83-0181634-003
<b>a</b>	Plan name	REXAIR LLC RETIREMENT SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	REXAIR LLC	<b>c</b> EIN-PN 83-0442194-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 83-0595203-003
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 83-0857308-003
<b>a</b>	Plan name	MANHEIM GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	H.B. REYNOLDS, INC.	<b>c</b> EIN-PN 83-1714136-001
<b>a</b>	Plan name	WOMEN'S CARE GROUP, PLLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WOMEN'S CARE GROUP, PC	<b>c</b> EIN-PN 83-1828248-001
<b>a</b>	Plan name	LIBERTY RETIREMENT POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 83-3213245-303
<b>a</b>	Plan name	SNELGROOES & CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SNELGROOES & CO.	<b>c</b> EIN-PN 83-3320964-001
<b>a</b>	Plan name	GREENSPRING ADVISORS GROUP PLAN SOLUTIONS	
<b>b</b>	Name of plan sponsor	NPPG FIDUCIARY SERVICES, LLC	<b>c</b> EIN-PN 83-3330914-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 83-3578053-003

<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	ALLIANCE RV 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE RV	<b>c</b> EIN-PN 83-4140477-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 83-4666627-003
<b>a</b>	Plan name	DMC GLOBAL INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DMC GLOBAL INC.	<b>c</b> EIN-PN 84-0608431-001
<b>a</b>	Plan name	TOTAL CONCRETE SERVICES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOTAL CONCRETE SERVICES, INC.	<b>c</b> EIN-PN 84-0998407-001
<b>a</b>	Plan name	APR CONSULTING CO.	
<b>b</b>	Name of plan sponsor	APR CONSULTING CO.	<b>c</b> EIN-PN 84-1570082-001
<b>a</b>	Plan name	MPI ENGINEERED TECHNOLOGIES, LLC 401(K) PROFIT SHARING & TRUST	
<b>b</b>	Name of plan sponsor	MPI ENGINEERED TECHNOLOGIES, LLC	<b>c</b> EIN-PN 84-3879993-001
<b>a</b>	Plan name	WYSH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NM GSB, LLC	<b>c</b> EIN-PN 84-4496374-001
<b>a</b>	Plan name	SIB MIDCO LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIB HOLDINGS LLC	<b>c</b> EIN-PN 84-5125323-001
<b>a</b>	Plan name	BOHANNAN-HUSTON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOHANNAN-HUSTON, INC.	<b>c</b> EIN-PN 85-0202170-001
<b>a</b>	Plan name	ULTRAMAIN SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ULTRAMAIN SYSTEMS, INC.	<b>c</b> EIN-PN 85-0286167-001
<b>a</b>	Plan name	SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAVANT SYSTEMS, INC.	<b>c</b> EIN-PN 85-1002349-001
<b>a</b>	Plan name	GREENSPRING ADVISORS GROUP PLAN SOLUTIONS	
<b>b</b>	Name of plan sponsor	NPPG FIDUCIARY SERVICES, LLC	<b>c</b> EIN-PN 85-2835341-001

<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	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 85-2920914-003
<b>a</b>	Plan name	EZCHOICE 401(K) POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-306
<b>a</b>	Plan name	PREMIER 401(K) POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-311
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 86-0691686-003
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 86-0829858-001
<b>a</b>	Plan name	LAEG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEONA ARIZONA EMPLOYMENT GROUP, INC.	<b>c</b> EIN-PN 86-1011928-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 86-1702793-003
<b>a</b>	Plan name	OTERRA, LLC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OTERRA HOLDINGS, LLC	<b>c</b> EIN-PN 86-2251912-001
<b>a</b>	Plan name	GREENSPRING ADVISORS GROUP PLAN SOLUTIONS	
<b>b</b>	Name of plan sponsor	NPPG FIDUCIARY SERVICES, LLC	<b>c</b> EIN-PN 86-2896700-001
<b>a</b>	Plan name	BAND OF HANDS PROFESSIONAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOHPS, LLC	<b>c</b> EIN-PN 86-2950936-002
<b>a</b>	Plan name	DURAVANT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DURAVANT LLC	<b>c</b> EIN-PN 87-0752826-020
<b>a</b>	Plan name	ROOTS MANAGEMENT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	ROOTS MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 87-0855596-001

<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	GREENSPRING ADVISORS GROUP PLAN SOLUTIONS	
<b>b</b>	Name of plan sponsor	NPPG FIDUCIARY SERVICES, LLC	<b>c</b> EIN-PN 87-1276746-001
<b>a</b>	Plan name	PALMS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SMGHA NEVADA, LLC	<b>c</b> EIN-PN 87-1815815-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 87-1850646-003
<b>a</b>	Plan name	SG DENTAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SG DENTAL MANAGEMENT, LLC	<b>c</b> EIN-PN 87-3865059-001
<b>a</b>	Plan name	CENTURY GOLF 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GOLF MANAGEMENT OPERATING, LLC	<b>c</b> EIN-PN 88-0528324-003
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 88-0616140-003
<b>a</b>	Plan name	QUORUM HOTELS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCM HOTEL OPERATING COMPANY, LLC	<b>c</b> EIN-PN 88-1659254-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 88-1948249-003
<b>a</b>	Plan name	CBA MILLARD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CBA FRANCHISE ASSOCIATION	<b>c</b> EIN-PN 88-3542041-001
<b>a</b>	Plan name	L&W 401(K) ADVISORY RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	TAG RESOURCES	<b>c</b> EIN-PN 90-0406406-028
<b>a</b>	Plan name	SPINS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPINS LLC	<b>c</b> EIN-PN 90-0735560-001
<b>a</b>	Plan name	WASHINGTON FARM BUREAU AND AFFILIATES COMPANIES VOLUNTARY EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WASHINGTON FARM BUREAU FEDERATION	<b>c</b> EIN-PN 91-0462136-004

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 CONFEDERATED TRIBES OF THE CHEHALIS RESERVATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONFEDERATED TRIBES OF THE CHEHALIS RESERVATION	<b>c</b> EIN-PN 91-0887144-001
<b>a</b>	Plan name RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 91-0988618-001
<b>a</b>	Plan name RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 91-2130680-003
<b>a</b>	Plan name L&W 401(K) ADVISORY RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor TAG RESOURCES	<b>c</b> EIN-PN 92-0980645-028
<b>a</b>	Plan name RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 92-3883205-003
<b>a</b>	Plan name IV MEDIA LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor IV MEDIA LLC	<b>c</b> EIN-PN 93-2638679-001
<b>a</b>	Plan name A CUT ABOVE ROOFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPECTRUM PENSION CONSULTANTS, INC.	<b>c</b> EIN-PN 93-4067651-001
<b>a</b>	Plan name THE PENINSULA GOLF & COUNTRY CLUB EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE PENINSULA GOLF & COUNTRY CLUB	<b>c</b> EIN-PN 94-0318810-001
<b>a</b>	Plan name GUITTARD CHOCOLATE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GUITTARD CHOCOLATE COMPANY	<b>c</b> EIN-PN 94-0527750-002
<b>a</b>	Plan name CATHAY PACIFIC AIRWAYS LIMITED SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CATHAY PACIFIC AIRWAYS, LTD.	<b>c</b> EIN-PN 94-1656968-002
<b>a</b>	Plan name MOUNTAIN TRAVEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOUNTAIN TRAVEL	<b>c</b> EIN-PN 94-1682892-001
<b>a</b>	Plan name THE COOPER COMPANIES, INC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE COOPER COMPANIES, INC.	<b>c</b> EIN-PN 94-2657368-102

<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	INCYTE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INCYTE CORPORATION	<b>c</b> EIN-PN 95-3136539-001
<b>a</b>	Plan name	DANIEL F. GOODMAN, M.D. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DANIEL F. GOODMAN, M.D. A MEDICAL GROUP, INC.	<b>c</b> EIN-PN 94-3333741-001
<b>a</b>	Plan name	REULAND ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REULAND ELECTRIC COMPANY	<b>c</b> EIN-PN 95-1492980-002
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 95-2411743-003
<b>a</b>	Plan name	SAN DIEGO HOUSING COMMISSION PENSION PLAN	
<b>b</b>	Name of plan sponsor	SAN DIEGO HOUSING COMMISSION	<b>c</b> EIN-PN 95-3390896-001
<b>a</b>	Plan name	CPS SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CPS SOLUTIONS, LLC	<b>c</b> EIN-PN 95-3810548-001
<b>a</b>	Plan name	SMART & FINAL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SMART & FINAL LLC	<b>c</b> EIN-PN 95-4079584-001
<b>a</b>	Plan name	RBC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	<b>c</b> EIN-PN 95-4427386-003
<b>a</b>	Plan name	STERIPACK USA LTD, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STERIPACK USA LTD, LLC	<b>c</b> EIN-PN 98-1027627-002
<b>a</b>	Plan name	THE FOODLAND PROFIT SHARING INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	FOODLAND SUPER MARKET, LTD.	<b>c</b> EIN-PN 99-0068548-002
<b>a</b>	Plan name	THE FOOD PANTRY PROFIT SHARING INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	FOOD PANTRY, LTD.	<b>c</b> EIN-PN 99-0104984-001
<b>a</b>	Plan name	THE KALAMA BEACH EMPLOYEES PROFIT SHARING INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	KALAMA BEACH CORPORATION	<b>c</b> EIN-PN 99-0140660-001

**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	WAKUNAGA 401(K) PLAN	
<b>b</b> Name of plan sponsor	WAKUNAGA OF AMERICA	<b>c</b> EIN-PN 99-0148524-001

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

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TRANSAMERICA RETIREMENT SOLUTIONS COLLECTIVE TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>04-6784256</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	125264715	118710335
<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>	39860677	39717933
<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>	36850401	33932609
<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>	10471069	9914061
<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>	7803054691	9096510681
<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>	1724597620	2303288811
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	1660037162	2110111029
<b>(15)</b> Other.....	<b>1c(15)</b>	1348413	1614283

<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>	11401484748	13713799742
<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>	127791445	115601314
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	127791445	115601314
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	11273693303	13598198428

**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>	3523774	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3523774
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	53940994	
<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>		53940994
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	437576097	
<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>		646600193
(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>		92525270
<b>c</b> Other income .....	<b>2c</b>		17356234
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1251522562

**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>	9661758	
(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>		9661758
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		9661758

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1241860804
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		6279942363
(2) From this plan .....	<b>2l(2)</b>		5197298042

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