

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA ASSET ALLOCATION - CONSERVATIVE PORTFOLIO RET OPT
1b Three-digit plan number (PN): 052
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
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, Date, and Name. Rows include plan administrator, 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> <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
--	--

**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)
---	---

---

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

---

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

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

---

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

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

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

---

<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>
---	--	---

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 ASSET ALLOCATION - CONSERVATIVE PORTFOLIO RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>052</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>39-0989781</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)
---------------	--

<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)
<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)
<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)
<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)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

<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	COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COLORADO MEDICAL SOCIETY	<b>c</b> EIN-PN 84-0174440-001
<b>a</b>	Plan name	CYM AUTO PARTS DISTRIBUTORS, INC. - RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CYM AUTO PARTS	<b>c</b> EIN-PN 66-0421766-001
<b>a</b>	Plan name	KEENO FARMS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KEENO FARMS CONSTRUCTION, INC.	<b>c</b> EIN-PN 30-0205931-001
<b>a</b>	Plan name	KENNEDY & HAN, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENNEDY & HAN, P.C.	<b>c</b> EIN-PN 85-0482265-001
<b>a</b>	Plan name	MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MERRITT ISLAND AIR AND HEAT INC.	<b>c</b> EIN-PN 81-0579482-001
<b>a</b>	Plan name	MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MONROE URGENT CARE, INC.	<b>c</b> EIN-PN 26-0188188-001
<b>a</b>	Plan name	MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOODY PRICE, LLC	<b>c</b> EIN-PN 72-1044462-003
<b>a</b>	Plan name	PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC HEALTHCARE GROUP LLC	<b>c</b> EIN-PN 88-4181241-777
<b>a</b>	Plan name	PHILIP CIAMPA SALON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHILIP CIAMPA SALON	<b>c</b> EIN-PN 04-2784425-001
<b>a</b>	Plan name	PHOENIX INTERNATIONAL PUBLICATIONS, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX INTERNATIONAL PUBLICATIONS, INC.	<b>c</b> EIN-PN 47-1100568-001
<b>a</b>	Plan name	RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIC-MAN INTERNATIONAL, INC.	<b>c</b> EIN-PN 59-2300398-001
<b>a</b>	Plan name	SIGNATURE PAYMENTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CKC HOLDINGS, INC.	<b>c</b> EIN-PN 61-2013413-001

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 WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
<b>b</b>	Name of plan sponsor WAILEA GOLF LLC	<b>c</b> EIN-PN 76-0741485-001
<b>a</b>	Plan name WULCO, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WULCO, INC.	<b>c</b> EIN-PN 61-1171211-222
<b>a</b>	Plan name AIR & LUBE SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor AIR & LUBE SYSTEMS, INC.	<b>c</b> EIN-PN 94-3284282-001
<b>a</b>	Plan name AIR MECHANICAL SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AIR MECHANICAL SALES, INC.	<b>c</b> EIN-PN 54-2061425-001
<b>a</b>	Plan name AIREKO CONSTRUCTION LLC CODA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AIREKO CONSTRUCTION, LLC	<b>c</b> EIN-PN 66-0286068-001
<b>a</b>	Plan name AXXIOME USA LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AXXIOME USA LLC	<b>c</b> EIN-PN 90-1017436-001
<b>a</b>	Plan name AZURE GREEN CONSULTANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AZURE GREEN CONSULTANTS, LLC	<b>c</b> EIN-PN 20-5174912-001
<b>a</b>	Plan name DIGINELI INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIGINELI INDUSTRIES, INC.	<b>c</b> EIN-PN 20-4154800-001
<b>a</b>	Plan name DISHMAN DODGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor M&G INVESTMENTS, INC. DBA DISHMAN DODGE	<b>c</b> EIN-PN 91-0953903-002
<b>a</b>	Plan name EKA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EARLE KINLAW & ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1328598-001
<b>a</b>	Plan name FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FCNB BANK	<b>c</b> EIN-PN 43-0224380-001
<b>a</b>	Plan name FRED LAU HAWAIIAN LANDSCAPE CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRED LAU HAWAIIAN LANDSCAPE CO., INC.	<b>c</b> EIN-PN 99-0321837-002

<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	MORRIS DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORRIS DISTRIBUTING	<b>c</b> EIN-PN 68-0301995-001
<b>a</b>	Plan name	MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOXY MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 99-0431387-002
<b>a</b>	Plan name	PALMER DISTRIBUTORS, INC. EMPLOYEES 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PALMER DISTRIBUTORS, INC.	<b>c</b> EIN-PN 38-1942134-001
<b>a</b>	Plan name	PIRZADEH & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PIRZADEH & ASSOCIATES, INC.	<b>c</b> EIN-PN 33-0841279-002
<b>a</b>	Plan name	SAN PABLO DEVELOPERS, INC. 1165(E) PLAN	
<b>b</b>	Name of plan sponsor	SAN PABLO DEVELOPERS, INC.	<b>c</b> EIN-PN 66-0493660-001
<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
<b>a</b>	Plan name	TILLERY CHEVROLET/GMC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TILLERY CHEVROLET/GMC	<b>c</b> EIN-PN 85-0281064-001
<b>a</b>	Plan name	WAILEA GOLF LLC 401(K) PLAN FOR HOURLY BARGAINING EMPLOYEES	
<b>b</b>	Name of plan sponsor	WAILEA GOLF LLC	<b>c</b> EIN-PN 76-0741485-002
<b>a</b>	Plan name	WAILEA OLD BLUE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAILEA OLD BLUE, LLC	<b>c</b> EIN-PN 87-0777083-001
<b>a</b>	Plan name	WAILEA OLD BLUE NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAILEA OLD BLUE, LLC	<b>c</b> EIN-PN 87-0777083-002
<b>a</b>	Plan name	WAIPIO VALLEY TRADING CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WAIPIO VALLEY TRADING CO.	<b>c</b> EIN-PN 99-0317703-001
<b>a</b>	Plan name	D & D PLUMBING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D & D PLUMBING, LLC	<b>c</b> EIN-PN 88-0164801-001

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>D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D R SUMMIT WEALTH MANAGEMENT, INC.</b>	<b>c</b> EIN-PN <b>27-1552262-001</b>
<b>a</b>	Plan name <b>LERMAN CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LERMAN CORPORATION</b>	<b>c</b> EIN-PN <b>38-1776786-001</b>
<b>a</b>	Plan name <b>MBPIA 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION</b>	<b>c</b> EIN-PN <b>38-1956049-002</b>
<b>a</b>	Plan name <b>OPAL SOFT, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OPALSOFT, INC.</b>	<b>c</b> EIN-PN <b>94-3280543-001</b>
<b>a</b>	Plan name <b>PLAN DE RETIRO 1081.01(D) PARA EMPLEADOS DE GOYA DE PUERTO RICO, INC.</b>	
<b>b</b>	Name of plan sponsor <b>GOYA DE PUERTO RICO, INC.</b>	<b>c</b> EIN-PN <b>66-0429097-002</b>
<b>a</b>	Plan name <b>RAPT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RICHMOND AUTO PARTS TECHNOLOGY, INC.</b>	<b>c</b> EIN-PN <b>61-1321586-001</b>
<b>a</b>	Plan name <b>THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE ART SOURCE, INC.</b>	<b>c</b> EIN-PN <b>99-0280665-001</b>
<b>a</b>	Plan name <b>TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRINITY DIRECT, LLC</b>	<b>c</b> EIN-PN <b>22-3499334-001</b>
<b>a</b>	Plan name <b>WARREN F THOMAS PLUMBING CO. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WARREN F. THOMAS PLUMBING CO.</b>	<b>c</b> EIN-PN <b>36-4058295-001</b>
<b>a</b>	Plan name <b>A-1 SIGNS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>A-1 SIGNS, INC.</b>	<b>c</b> EIN-PN <b>72-0647398-001</b>
<b>a</b>	Plan name <b>AMERICAN PAPER CORPORATION CODA PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN PAPER CORPORATION</b>	<b>c</b> EIN-PN <b>66-0392240-001</b>
<b>a</b>	Plan name <b>BAR 20 PENSION PROFIT SHARING - 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAR 20 DAIRY LLC</b>	<b>c</b> EIN-PN <b>20-2670418-001</b>

<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	BARBICH HOOPER KING DILL HOFFMAN LLP 401(K) PLAN
<b>b</b>	Name of plan sponsor	BARBICH HOOPER KING DILL HOFFMAN
<b>c</b>	EIN-PN	95-3705481-001
<b>a</b>	Plan name	BARNARD MANUFACTURING CO., INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	BARNARD MANUFACTURING CO., INC.
<b>c</b>	EIN-PN	38-1842231-001
<b>a</b>	Plan name	BUCK HILL FALLS COMPANY 401(K) PLAN
<b>b</b>	Name of plan sponsor	BUCK HILL FALLS COMPANY
<b>c</b>	EIN-PN	24-0536840-001
<b>a</b>	Plan name	BUILDING & BEYOND, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BUILDING & BEYOND, INC.
<b>c</b>	EIN-PN	77-0390287-001
<b>a</b>	Plan name	CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CHESLER CONSTRUCTION, INC.
<b>c</b>	EIN-PN	68-0378142-002
<b>a</b>	Plan name	DIXON AUTOMATIC TOOL, INC. EMPLOYEES' PROFIT SHARING & 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	DIXON AUTOMATIC TOOL, INC.
<b>c</b>	EIN-PN	36-2231217-001
<b>a</b>	Plan name	DODDS BODYWORKS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DODDS BODYWORKS, INC.
<b>c</b>	EIN-PN	31-1018566-001
<b>a</b>	Plan name	ENVIRONMENTAL RESOURCES MANAGEMENT PUERTO RICO, INC. 1165E PLAN
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL RESOURCES MANAGEMENT PUERTO RICO, INC
<b>c</b>	EIN-PN	66-0535987-001
<b>a</b>	Plan name	AAA MODERN AIR 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	AAA MODERN AIR INC.
<b>c</b>	EIN-PN	59-2300160-001
<b>a</b>	Plan name	BUILDING MAINTENANCE SERVICES, LLC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BUILDING MAINTENANCE SERVICES, LLC
<b>c</b>	EIN-PN	95-4782894-001
<b>a</b>	Plan name	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS' ASSOCIATION 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS'
<b>c</b>	EIN-PN	41-2153109-001
<b>a</b>	Plan name	CHIRCO TEAM LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	CHIRCO TEAM LLC
<b>c</b>	EIN-PN	26-3741789-001

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 DOMESTIC FORGE & FORMING INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DOMESTIC FORGE & FORMING, INC,	<b>c</b> EIN-PN 38-3148363-001
<b>a</b>	Plan name DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DON'S TRUCK SALES, INC.	<b>c</b> EIN-PN 42-0816951-001
<b>a</b>	Plan name GABRIEL COSMETICS, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GABRIEL COSMETICS, INC.	<b>c</b> EIN-PN 91-1568874-001
<b>a</b>	Plan name GAMBI DISPOSAL, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GAMBI DISPOSAL, INC.	<b>c</b> EIN-PN 68-0137750-002
<b>a</b>	Plan name H3O, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor H3O, INC.	<b>c</b> EIN-PN 26-3221103-001
<b>a</b>	Plan name HAGOOD HOMES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAGOOD HOMES, INC.	<b>c</b> EIN-PN 56-1965580-001
<b>a</b>	Plan name IITC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ISLAND INFORMATION TECHNOLOGY CONSULTANTS, INC.	<b>c</b> EIN-PN 20-1314597-001
<b>a</b>	Plan name MCKIM CHIROPRACTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTH VALLEY CHIROPRACTIC, LLC DBA MCKIM CHIROPRACTIC	<b>c</b> EIN-PN 82-0452136-001
<b>a</b>	Plan name MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MUSKEGON COUNTY MUSEUM	<b>c</b> EIN-PN 38-1367319-001
<b>a</b>	Plan name ORANGE-SOL BLENDING & PACKAGING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORANGE-SOL BLENDING & PACKAGING, INC.	<b>c</b> EIN-PN 86-0772941-001
<b>a</b>	Plan name OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor OREGON COLLEGE OF ORIENTAL MEDICINE	<b>c</b> EIN-PN 93-0845182-001
<b>a</b>	Plan name RCB AND SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RCB AND SONS, INC.	<b>c</b> EIN-PN 95-3175574-001

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 REALTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor REALTECH CONSTRUCTION CO., LLC	<b>c</b> EIN-PN 95-4709478-001
<b>a</b>	Plan name THE CENTER FOR LEARNING UNLIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CENTER FOR LEARNING UNLIMITED	<b>c</b> EIN-PN 33-0960142-001
<b>a</b>	Plan name TRUECONTEXT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRUECONTEXT	<b>c</b> EIN-PN 98-0474577-001
<b>a</b>	Plan name ABLE SALES COMPANY, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor ABLE SALES COMPANY INC.	<b>c</b> EIN-PN 66-0320315-001
<b>a</b>	Plan name ALLENS PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALLENS PLUMBING, INC.	<b>c</b> EIN-PN 99-0241127-001
<b>a</b>	Plan name ARROW TRAILER AND EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARROW TRAILER AND EQUIPMENT CO.	<b>c</b> EIN-PN 37-0755336-001
<b>a</b>	Plan name BORINQUEN CONTAINER 1165(E) CODA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BORINQUEN CONTAINER CORP.	<b>c</b> EIN-PN 66-0275132-001
<b>a</b>	Plan name CHRISTIAN HERITAGE ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHRISTIAN HERITAGE ACADEMY	<b>c</b> EIN-PN 36-3237612-001
<b>a</b>	Plan name CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHRISTOPHER M. PENNISI, DDS, PLLC	<b>c</b> EIN-PN 26-3030636-001
<b>a</b>	Plan name COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP	<b>c</b> EIN-PN 59-3426104-001
<b>a</b>	Plan name D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor D.I.J. CONSTRUCTION, INC.	<b>c</b> EIN-PN 74-2291006-001
<b>a</b>	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOUGLASS INDUSTRIES	<b>c</b> EIN-PN 22-1912538-002

<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	ELATERAL INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELATERAL INC. DBA BRANDGILITY	<b>c</b> EIN-PN 51-0396708-001
<b>a</b>	Plan name	JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JARMER ELECTRIC, INC.	<b>c</b> EIN-PN 93-0694887-001
<b>a</b>	Plan name	KIMBERLY PARK DENTAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KIMBERLY PARK DENTAL ASSOCIATES, P.C.	<b>c</b> EIN-PN 42-1049323-001
<b>a</b>	Plan name	LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LINGLE DESIGN GROUP	<b>c</b> EIN-PN 36-4398800-001
<b>a</b>	Plan name	MARKETING SOLUTIONS INC. & DESIGN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARKETING SOLUTIONS INC. & DESIGN	<b>c</b> EIN-PN 46-5300350-001
<b>a</b>	Plan name	MICHAEL BORNEMANN, M.D., LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL BORNEMANN, M.D., LLC	<b>c</b> EIN-PN 26-3849577-001
<b>a</b>	Plan name	MICHAEL R COWART & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL R. COWART & ASSOCIATES	<b>c</b> EIN-PN 20-1641169-001
<b>a</b>	Plan name	PRAIRIEFIRE COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRAIRIEFIRE COMMUNICATIONS, INC.	<b>c</b> EIN-PN 26-1885084-001
<b>a</b>	Plan name	QMSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QMSI	<b>c</b> EIN-PN 62-1539705-001
<b>a</b>	Plan name	RIPLEY INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIPLEY INDUSTRIES, INC.	<b>c</b> EIN-PN 62-0606312-001
<b>a</b>	Plan name	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	<b>c</b> EIN-PN 95-2846605-001
<b>a</b>	Plan name	SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHUMANN HANLON LLC	<b>c</b> EIN-PN 20-1967882-001

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 SLADE GLASS CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor IMMACULATE GLASS, LLC	<b>c</b> EIN-PN 87-3806033-001
<b>a</b>	Plan name SMC RECYCLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMC RECYCLING, INC.	<b>c</b> EIN-PN 62-1723264-001
<b>a</b>	Plan name SUCESION J. SERRALLES, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor SUCESION J. SERRALLES, INC.	<b>c</b> EIN-PN 66-0378432-001
<b>a</b>	Plan name THE EMF COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE EMF COMPANY, INC.	<b>c</b> EIN-PN 75-1552044-001
<b>a</b>	Plan name VAN UNEN/MIERSMA PROPANE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor VAN UNEN/MIERSMA PROPANE INC	<b>c</b> EIN-PN 68-0291244-001
<b>a</b>	Plan name CCALA CORP. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CCALA CORP.	<b>c</b> EIN-PN 66-0430969-001
<b>a</b>	Plan name GENCOM TRANSPORTATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENCOM TRANSPORTATION, INC.	<b>c</b> EIN-PN 84-1291031-001
<b>a</b>	Plan name GENESEE HEMATOLOGY ONCOLOGY, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GENESEE HEMATOLOGY-ONCOLOGY, P.C.	<b>c</b> EIN-PN 38-2278871-001
<b>a</b>	Plan name ADVANCED MACHINING & AUTOMATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCED MACHINING & AUTOMATION, INC.	<b>c</b> EIN-PN 42-1482013-001
<b>a</b>	Plan name ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADVANCED MANUFACTURING TECHNOLOGY	<b>c</b> EIN-PN 84-1390588-001
<b>a</b>	Plan name QUALITY LAPEL PINS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUALITY LAPEL PINS, INC.	<b>c</b> EIN-PN 41-2119859-001
<b>a</b>	Plan name TUCKER, ALBIN & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor TUCKER, ALBIN & ASSOCIATES	<b>c</b> EIN-PN 32-0386771-001

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 MICHIGAN STATE UTILITY WORKERS COUNCIL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN STATE UTILITY WORKERS COUNCIL	<b>c</b> EIN-PN 38-0830708-001
<b>a</b>	Plan name VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VANDERVART CONCRETE PRODUCTS, LLC	<b>c</b> EIN-PN 46-5469386-001
<b>a</b>	Plan name AUSSIE PET MOBILE, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUSSIE PET MOBILE, INC.	<b>c</b> EIN-PN 33-0861292-001
<b>a</b>	Plan name ROWE-THRUSH, INC. SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ROWE-THRUSH, INC.	<b>c</b> EIN-PN 26-2014519-001
<b>a</b>	Plan name RSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor RECYCLING SYSTEMS, INC.	<b>c</b> EIN-PN 36-4343734-001
<b>a</b>	Plan name BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BEACON TRI-STATE SOLUTIONS, INC.	<b>c</b> EIN-PN 32-0277555-001
<b>a</b>	Plan name DR. GEORGE T. MATHAI PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DR. GEORGE T. MATHAI PLLC	<b>c</b> EIN-PN 20-0461962-001
<b>a</b>	Plan name INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	<b>c</b> EIN-PN 59-1745402-001
<b>a</b>	Plan name DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DUVALL FORD COMPANY, INC.	<b>c</b> EIN-PN 58-1538949-001
<b>a</b>	Plan name OC AUTO TEAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	<b>c</b> EIN-PN 16-1690678-002
<b>a</b>	Plan name ODESUS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ODESUS, INC.	<b>c</b> EIN-PN 95-4864544-001
<b>a</b>	Plan name ELEIT TECHNOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELEIT TECHNOLOGY, INC.	<b>c</b> EIN-PN 72-1388587-002

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 C & C INSULATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C & C INSULATION, INC.	<b>c</b> EIN-PN 23-2110326-001
<b>a</b>	Plan name JOSEPH PEDOTT ADVERTISING & MARKETING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOSEPH PEDOTT ADVERTISING & MARKETING, INC.	<b>c</b> EIN-PN 94-2346172-001
<b>a</b>	Plan name PASTERKAMP HEATING & AIR CONDITIONING COMPANY 401(K)	
<b>b</b>	Name of plan sponsor PASTERKAMP HEATING & AIR CONDITIONING	<b>c</b> EIN-PN 84-0568191-001
<b>a</b>	Plan name PATHFINDER SOFTWARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PATHFINDER SOFTWARE, LLC	<b>c</b> EIN-PN 45-1068132-001
<b>a</b>	Plan name CARNEVALE & LOHR, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARNEVALE & LOHR, INC.	<b>c</b> EIN-PN 95-1988768-003
<b>a</b>	Plan name FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERNANDES & CHAREST, P.C.	<b>c</b> EIN-PN 04-3099857-001
<b>a</b>	Plan name KING CHIROPRACTIC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KING CHIROPRACTIC INSTITUTE	<b>c</b> EIN-PN 52-2210480-001
<b>a</b>	Plan name KLEIN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KLEIN PRODUCTS, INC.	<b>c</b> EIN-PN 95-2105141-001
<b>a</b>	Plan name LUCTOR INTERNATIONAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LUCTOR INTERNATIONAL, LLC D/B/A VAN GOGH IMPORTS	<b>c</b> EIN-PN 86-0880585-001
<b>a</b>	Plan name ACME LIFT COMPANY CO. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ACME LIFT COMPANY LLC	<b>c</b> EIN-PN 86-0900122-001
<b>a</b>	Plan name GENTILOZZI REAL ESTATE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENTILOZZI REAL ESTATE, INC.	<b>c</b> EIN-PN 38-2361521-001
<b>a</b>	Plan name GEORGIA CAREER INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HMS EDUCATIONAL SERVICES, INC. DBA GEORGIA CAREER INSTITUTE	<b>c</b> EIN-PN 58-1838344-001

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 COLEGIO DEL SAGRADO CORAZON DE JESUS 1165(E) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COLEGIO SAGRADO CORAZON	<b>c</b> EIN-PN 66-0214426-001
<b>a</b>	Plan name COLEGIO MARISTA MONEY PURCHASE THRIFT PLAN	
<b>b</b>	Name of plan sponsor COLEGIO MARISTA	<b>c</b> EIN-PN 66-0263752-001
<b>a</b>	Plan name PRO-TEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRO-TEK MANUFACTURING, INC.	<b>c</b> EIN-PN 94-2862885-002
<b>a</b>	Plan name ALWAYS BETTER CARE HOME PROVIDERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALWAYS BETTER CARE HOME HEALTH PROVIDERS, INC.	<b>c</b> EIN-PN 95-4574440-001
<b>a</b>	Plan name MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MATICH CORPORATION	<b>c</b> EIN-PN 95-1810911-002
<b>a</b>	Plan name MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MATIKON AMERICA INC.	<b>c</b> EIN-PN 38-3498737-002
<b>a</b>	Plan name CONSER HOMES, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CONSER HOMES, INC.	<b>c</b> EIN-PN 93-0670347-001
<b>a</b>	Plan name R&F, INC. EMPLOYEES BENEFIT PLAN	
<b>b</b>	Name of plan sponsor R&F, INC.	<b>c</b> EIN-PN 34-1016464-001
<b>a</b>	Plan name MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MEDI-WEIGHT LOSS CLINICS, LLC	<b>c</b> EIN-PN 20-3753744-001
<b>a</b>	Plan name ANNIE B. JONES COMMUNITY SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANNIE B. JONES CIVIC ARTS CENTER	<b>c</b> EIN-PN 36-3883523-001
<b>a</b>	Plan name CRESS INSURANCE CONSULTANTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CRESS INSURANCE CONSULTANTS, INC.	<b>c</b> EIN-PN 85-0324896-001
<b>a</b>	Plan name HANSFORD PHARMACY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor HANSFORD PHARMACY SERVICES, LLC	<b>c</b> EIN-PN 20-0564615-001

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 HARLEY AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARLEY AUTOMOTIVE GROUP, INC.	<b>c</b> EIN-PN 41-1711881-001
<b>a</b>	Plan name RENHILL STAFFING SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor RENHILL STAFFING SERVICE	<b>c</b> EIN-PN 74-2982537-001
<b>a</b>	Plan name ULRICHSEN, ROSEN & FREED LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ULRICHSEN ROSEN & FREED LLC	<b>c</b> EIN-PN 20-4413474-001
<b>a</b>	Plan name ASSIGN CORP. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ASSIGN CORP.	<b>c</b> EIN-PN 95-4664862-001
<b>a</b>	Plan name DAVET ROOFING'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAVET ROOFING INC.	<b>c</b> EIN-PN 80-0012440-001
<b>a</b>	Plan name MIDSTATE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MIDSTATE CORPORATION	<b>c</b> EIN-PN 88-0202584-002
<b>a</b>	Plan name VENTURE COMMERCIAL MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor VENTURE COMMERCIAL MANAGEMENT, LLC	<b>c</b> EIN-PN 75-2947910-001
<b>a</b>	Plan name HOLLY TREE COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOLLY TREE COUNTRY CLUB	<b>c</b> EIN-PN 57-0863116-001
<b>a</b>	Plan name HOLMAN'S OF NEVADA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HOLMAN'S OF NEVADA	<b>c</b> EIN-PN 88-0142663-001
<b>a</b>	Plan name BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEHRMANN MEAT & PROCESSING, INC	<b>c</b> EIN-PN 37-0920912-001
<b>a</b>	Plan name BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BELGRADE STATE BANK	<b>c</b> EIN-PN 43-0177195-001
<b>a</b>	Plan name DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DRILLING & PRODUCTION CO.	<b>c</b> EIN-PN 95-0803480-001

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 WESTERN FILAMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WESTERN FILAMENT, INC.	<b>c</b> EIN-PN 95-3672588-001
<b>a</b>	Plan name IOWA CANCER SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor IOWA CANCER SPECIALISTS, P.C.	<b>c</b> EIN-PN 06-1666841-003
<b>a</b>	Plan name WINCUBIC.COM, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WINCUBIC.COM, INC.	<b>c</b> EIN-PN 99-0341892-001
<b>a</b>	Plan name BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRIDGEWAY, INC.	<b>c</b> EIN-PN 37-0984175-001
<b>a</b>	Plan name EMPIRE HYUNDAI, INC. EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor EMPIRE HYUNDAI, INC.	<b>c</b> EIN-PN 04-3498129-001
<b>a</b>	Plan name JEFF'S WELDING & MACHINE COMPANY 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JEFF'S WELDING & MACHINE COMPANY	<b>c</b> EIN-PN 20-1029521-001
<b>a</b>	Plan name SOMERVILLE ACQUISITION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOMERVILLE ACQUISITIONS	<b>c</b> EIN-PN 22-2950305-001
<b>a</b>	Plan name JULIAN ELECTRIC, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JULIAN ELECTRIC, INC.	<b>c</b> EIN-PN 36-2592808-001
<b>a</b>	Plan name P.J. ALBERT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor P.J. ALBERT, INC.	<b>c</b> EIN-PN 04-2787609-001
<b>a</b>	Plan name STARDUST CELEBRATIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STARDUST CELEBRATIONS, LLC	<b>c</b> EIN-PN 75-2839427-001
<b>a</b>	Plan name STATE READY MIX 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STATE READY MIX, INC.	<b>c</b> EIN-PN 77-0225273-001
<b>a</b>	Plan name FIRST MISSOURI CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FIRST MISSOURI CREDIT UNION	<b>c</b> EIN-PN 43-0492167-001

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 KOBER/HANSSEN/MITCHELL ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KOBER/HANSSEN/MITCHELL ARCHITECTS	<b>c</b> EIN-PN 99-0237714-001
<b>a</b>	Plan name PAXTON VAN LINES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PAXTON VAN LINES, INC.	<b>c</b> EIN-PN 54-0585256-001
<b>a</b>	Plan name SUTTON SWIM SCHOOL INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUTTON SWIM SCHOOL, INC.	<b>c</b> EIN-PN 77-0624364-001
<b>a</b>	Plan name FORREST GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARAGON CONTRACTORS, LLC	<b>c</b> EIN-PN 20-1749126-001
<b>a</b>	Plan name CEN PAC PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEN PAC PROPERTIES, INC.	<b>c</b> EIN-PN 99-0112223-001
<b>a</b>	Plan name LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAKOTA CONTRACTING, INC.	<b>c</b> EIN-PN 26-0060538-001
<b>a</b>	Plan name PENSION PLAN FOR SALARIED EMPLOYEES OF RIMCO, INC.	
<b>b</b>	Name of plan sponsor RIMCO, INC.	<b>c</b> EIN-PN 66-0399653-001
<b>a</b>	Plan name PETERS AGENCY CARE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETERS AGENCY CARE MANAGEMENT, LLC	<b>c</b> EIN-PN 83-0446469-001
<b>a</b>	Plan name BENJAMIN I. CLOVE, D.D.S., P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BENJAMIN I. CLOVE, D.D.S., P.C.	<b>c</b> EIN-PN 20-2878610-001
<b>a</b>	Plan name BIRMINGHAM PODIATRY, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BIRMINGHAM PODIATRY, P.C.	<b>c</b> EIN-PN 63-0826296-002
<b>a</b>	Plan name BROWARD HOUSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROWARD HOUSE, INC.	<b>c</b> EIN-PN 59-2913416-001
<b>a</b>	Plan name BRUCE C. WINTERSTEEN, D.D.S. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BRUCE C. WINTERSTEEN, D.D.S.	<b>c</b> EIN-PN 37-1209635-002

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 CALIFORNIA BOX COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA BOX COMPANY	<b>c</b> EIN-PN 95-3901917-002
<b>a</b>	Plan name CATALYST RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CATALYST COMMUNICATIONS NETWORK LLC	<b>c</b> EIN-PN 92-1890010-001
<b>a</b>	Plan name CBI REHABILITATION SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CBI REHABILITATION SERVICES, INC.	<b>c</b> EIN-PN 26-0894212-001
<b>a</b>	Plan name DUCT & VENT CLEANING OF AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DUCT & VENT CLEANING OF AMERICA, INC.	<b>c</b> EIN-PN 04-3175810-001
<b>a</b>	Plan name ENGAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGAGE, INC.	<b>c</b> EIN-PN 80-0001152-002
<b>a</b>	Plan name GLOBAL DISPLAY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLOBAL DISPLAY SOLUTIONS, INC.	<b>c</b> EIN-PN 34-1907707-001
<b>a</b>	Plan name GROUP CTI 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GROUP CTI	<b>c</b> EIN-PN 54-1960500-001
<b>a</b>	Plan name GSI CORPORATION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor GSI CORPORATION	<b>c</b> EIN-PN 52-0809975-001
<b>a</b>	Plan name HOMESTAR COMPANIES SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOMESTAR COMPANIES, LLC.	<b>c</b> EIN-PN 26-2775069-001
<b>a</b>	Plan name HORIZON TILE & CARPET SOUTHEAST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HORIZON TILE & CARPET SOUTHEAST, INC.	<b>c</b> EIN-PN 47-1027113-001
<b>a</b>	Plan name INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTEGRITY AUTOMOTIVE GROUP	<b>c</b> EIN-PN 34-1725656-001
<b>a</b>	Plan name ISPACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ISPACE, INC.	<b>c</b> EIN-PN 95-4833855-001

<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	KAPOOR ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KAPOOR ENTERPRISES, INC.	<b>c</b> EIN-PN 77-0374359-001
<b>a</b>	Plan name	KAWAIOLOA DEVELOPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAWAIOLOA DEVELOPMENT	<b>c</b> EIN-PN 99-0313071-001
<b>a</b>	Plan name	MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANAGEMENT MATERIALS INC.	<b>c</b> EIN-PN 38-2412976-001
<b>a</b>	Plan name	MEL'S COUNTRY CAFE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MEL'S COUNTRY CAFE	<b>c</b> EIN-PN 76-0557980-001
<b>a</b>	Plan name	MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MOHS CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 46-1727385-001
<b>a</b>	Plan name	NEUSOFT AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEUSOFT AMERICA, INC.	<b>c</b> EIN-PN 20-5601470-001
<b>a</b>	Plan name	PACIFIC COACH WORKS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC COACH WORKS	<b>c</b> EIN-PN 20-4850786-001
<b>a</b>	Plan name	PFDA ARCHITECTS, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PFDA ARCHITECTS, INC.	<b>c</b> EIN-PN 36-2929057-002
<b>a</b>	Plan name	PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE RESIDENTIAL CONSTRUCTION	<b>c</b> EIN-PN 91-1366230-001
<b>a</b>	Plan name	PRIMARY MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRIMARY MECHANICAL, INC.	<b>c</b> EIN-PN 33-0964975-001
<b>a</b>	Plan name	RAFAEL BENITEZ CARRILLO, INC. CODA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RAFAEL BENITEZ CARRILLO, INC.	<b>c</b> EIN-PN 66-0213972-002
<b>a</b>	Plan name	RAFIH AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAFIH AUTO GROUP, INC.	<b>c</b> EIN-PN 68-0676945-001

<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	ROGERS MANTESE & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROGERS MANTESE & ASSOCIATES, PC	<b>c</b> EIN-PN 20-4445973-001
<b>a</b>	Plan name	RYAN O.Y. DUNG, DDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RYAN O.Y. DUNG, INC. 401(K) PLAN	<b>c</b> EIN-PN 94-3272022-001
<b>a</b>	Plan name	S.P. PAZARGAD ENGINEERING CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S.P. PAZARGAD ENGINEERING CONSTRUCTION, INC.	<b>c</b> EIN-PN 95-4866753-001
<b>a</b>	Plan name	S4, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S4 INC.	<b>c</b> EIN-PN 04-3309384-001
<b>a</b>	Plan name	SENSOR MANUFACTURING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SENSOR MANUFACTURING COMPANY	<b>c</b> EIN-PN 38-2140109-001
<b>a</b>	Plan name	STERLING BV, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STERLING BV, INC.	<b>c</b> EIN-PN 81-1791939-001
<b>a</b>	Plan name	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	<b>c</b> EIN-PN 77-0000356-001
<b>a</b>	Plan name	AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN	
<b>b</b>	Name of plan sponsor	AON RISK SOLUTIONS OF PUERTO RICO, INC.	<b>c</b> EIN-PN 66-0274215-002
<b>a</b>	Plan name	ATLANTIC AND PACIFIC FREIGHTWAYS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC AND PACIFIC FREIGHTWAYS, INC.	<b>c</b> EIN-PN 93-0984994-001
<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>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>
--	--	--

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 ASSET ALLOCATION - CONSERVATIVE PORTFOLIO RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>052</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>39-0989781</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
<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>	1
<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>	21703162
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	21196185
<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>	21196185	21703163
<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>	21196185	21703163

**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>	609579	
<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>	933531	
<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>		1543110

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1543110
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		3118316
(2) From this plan .....	<b>2l(2)</b>		4154448

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